



DBHDD

Behavioral Health Coordinating Council

Meeting Minutes

MARCH 26, 2014

10:00 AM

BOARD ROOM 24-260

MEETING CALLED BY	Commissioner Frank at approximately 10:47 a.m.	
FACILITATOR	Commissioner Frank W. Berry	
NOTE TAKER	Tracy Gamble	
EXECUTIVE COMMITTEE MEMBERS PRESENT	Commissioner Frank Berry (DBHDD) Commissioner Brian Owens (DOC) Ombudsman Corinna Magelund ODSO Commissioner Clyde Reese (DCH)	Commissioner Keith Horton (DHS) Commissioner Gretchen Corbin (DCA) State Representative Katie Dempsey Stanley Jones (family representative) Diane Reeder (parent representative)

AGENDA

CALL TO ORDER	COMMISSIONER FRANK BERRY	
DISCUSSION	Commissioner Frank Berry stated there was not a quorum present and moved forward by calling on Mark Baker, director of DBHDD Recovery Transformation to introduce the guest speaker, Candice Stevens.	
CONCLUSIONS	There was no action taken.	
RECOVERY PRESENTATION	MARK BAKER, DBHDD DIRECTOR OF RECOVERY TRANSFORMATION	
DISCUSSION	<p>Mark Baker introduced the guest speaker, Candice Stevens.</p> <p>Stevens shared her story of lived experience of being addicted to drugs and gave a summary of her road to recovery: She is married and has one child. She was a functioning addict until she was introduced to the McIntosh Trail Community Service Board and the New Choices program in Barnesville. New Choices is a six-to-nine month residential treatment program serving adult women who suffer from addictive diseases. In addition to the supports from New Choices, Candice received Temporary Assistance for Needed Families (TANF), Medicaid and Food Stamps from the Georgia Department of Human Services. These supports allowed Candice to work, purchase her necessities and become independent. It meant so much for Candice to gain her independence, pay her own bills and provide for her son. She continues to attend AA meetings as a part of her recovery.</p>	
	Comment:	Commissioner Berry and staff met Stevens at one of the site visits. He said the best way to describe recovery is to have people share their stories.
CONCLUSIONS	There was no action taken.	

Corinna Magelund discussed the role of the Governor's Office of Disability Services Ombudsman and Olmstead Coordinator. She also provided an overview of Olmstead. This year marks the 15th Anniversary of the Olmstead Decision, the U.S. Supreme Court's 1999 landmark ruling that declared that people with disabilities have the right to live in the community rather than institutions.

In 2011, Governor Nathan Deal combined the Disability Services ombudsman and Olmstead coordinator positions and appointed Magelund to serve in both capacities as the Governor's Office of Disability Services ombudsman. The ombudsman acts independently of any state official, department or agency in the performance of its duties. Magelund reported that the effect of combining the two positions has streamlined responses to requests for assistance and complaints and in reducing institutionalization of individuals with disabilities.

The role of the disability services ombudsman is:

- Appointed by the Governor.
- Supported by legislation (O.C.G.A. 37-2-35).
- Promotes the safety, well-being and rights of individuals with disabilities.
- Establishes procedures to investigate complaints.
- Responds to complaints as well as requests for assistance and information.
- Reports suspected criminal activity, abuse neglect, exploitation, abandonment or violation of professional codes.
- Creates biennial report to the Governor, General Assembly, State Agency Commissioners and other appropriate agencies or organizations,
- Serves as chairman of the Medical Review Group (O.C.G.A. 37-2-35).

DISCUSSION

It is the responsibility of Olmstead coordinator to monitor state compliance with the U.S. Supreme Court's Olmstead Decision, coordinate Olmstead initiatives with state agencies and to Chair the Olmstead Planning Committee (OPC).

Magelund provided a historical overview of Olmstead, while highlighting that Georgia is considered "The Olmstead State." Ms. Magelund also explained how many states, including Georgia, struggled with how to comply with the Olmstead Decision, and that Georgia's years of struggling with Olmstead compliance brought about a legal battle that resulted in Georgia and the U.S. Department of Justice (DOJ) signing an Olmstead-related settlement agreement in October 2010.

The ADA settlement agreement is the current *Olmstead priority*. The goal of Olmstead, Magelund emphasized, is for individuals with disabilities to live in an integrated setting - where they live in their own homes, interact routinely with non-disabled people, and enjoy life in the community.

Magelund provided the following information regarding services and supports that Georgia has put in place to comply with Olmstead since the 2010 ADA settlement agreement:

- Hospital Transitions: There were 482 individuals with developmental disabilities (DD) who transitioned from state hospitals to the community after the ADA settlement began. Over 90% were enrolled in Money Follows the Person.
- Supported Employment Services: An important part of the community integration process is to allow individuals with DD to work in typical jobs in

the community at competitive wages in support of living an independent life. In FY 2013 the state enrolled 2,430 individuals into Supported Employment Services.

- Family Support: Another major factor in a successful life for DD individuals in the community is family support. Providing strong supports to families will lead to successful community integration. In 2013, \$9.8 million were allocated for family support funding; 622 new families were enrolled services in FY 2013; and a total of 3,909 families are being supported.
- Build-Up of Community Services: Magelund provided highlights on the state's progress in building up community-based services for individuals with behavioral health challenges. She reported that by July 1, 2014, all 159 counties will be served by Mobile Crisis Response Services. She also reported that Georgia's crisis stabilization units and crisis service centers are the major local alternatives to state hospitals. During FY 2014, there has been an expansion of these services most notable in the Valdosta, Albany and Thomasville areas. Other expansions that derived from the 2010 ADA settlement agreement are: intensive community treatment services (such as assertive community treatment & community support teams); case management services; and supported employment.
- Department of Community Affairs – Housing Options: Ms. Magelund said that a critical part of helping individuals leave hospitals and stay out of institutions is stable housing. The Georgia Housing Voucher Program will provide vouchers to more than 1400 individuals. The Georgia Department of Community Affairs (DCA) plays a major role in providing housing options for those individuals. Magelund emphasized that DCA has made Olmstead a priority by choosing strategic initiatives that promote the Olmstead philosophies related to the settlement agreement and the Money Follows the Person Demonstration Grant.
- New and Continuing Initiatives: Magelund highlighted some of the new and continuing initiatives that are aligned with Olmstead, including: supporting family throughout lifespan and structured family caregiving; integrated and customized employment; integrated and independent housing or housing vouchers; community resource development such as dental care, education, primary care and support groups; mental health and accountability courts; the Governor's Office of Transition, Support and Re-entry; and criminal justice reform.
- Hospital Census Decline: Magelund reported that the overall state hospital census has declined due to the following factors: no new admissions of individuals with developmental disabilities; the closure of the Northwest Georgia Regional Hospital, Central State Hospital and Southwestern State Hospital; and the ongoing work to close the James B. Craig Nursing Center this year. The 2010 ADA settlement agreement includes requirements for continued reductions through 2015. One of Georgia's Olmstead initiatives for the next two years is to sustain the reductions in hospital census beyond 2015.

Magelund emphasized that a lot of partners are working together to accomplish the intent of Olmstead and the ADA Settlement, particularly the Governor, DBHDD and DCH as signees. She also noted that Olmstead encompasses all disabilities and that the settlement agreement is only the beginning. The state will work to do more for physical disability, brain injury, and substance use disorder populations and for individuals who are in other facilities other than state institutions that want to live in the community.

Magelund thanked the Council and invited members to ask questions.

Question: Stanley Jones asked if part of the settlement agreement is to get the developmental disabilities and adult mental health admissions to zero (referring to the power point presentation state hospital census slide.)

Answer: Magelund said that the Olmstead initiative is to have all individuals moved out of the hospitals. She asked Commissioner Berry to speak about the state census.

Answer: Berry explained that the settlement agreement requires DBHDD to move all individuals with developmental disabilities from state hospitals into community placements. There are some individuals at the Craig Center who are medically fragile and have been in state care for a long time. They will move to a nursing home. DBHDD will probably continue to have a skilled nursing unit at one of its hospitals, likely Georgia Regional Hospital at Atlanta.

Regarding to adult mental health, DBHDD plans to keep some of its hospitals open and continue to have forensic individuals and people with chronic behavioral health challenges who will need long-term hospital stays. The ultimate goal is to help more individuals get services closer to their homes so that they can access the aftercare services they desperately need once they are discharged from a crisis stabilization unit.

Comment: Commissioner Reese stated that Magelund has a difficult dual role working with state partners and the advocates. He said that sometimes the interests are the same, but the methods of getting there may be different. He recognized Magelund for doing a great job.

CONCLUSIONS

There was no action taken.

ACTION ITEMS

APPROVAL OF MINUTES

COMMISSIONER FRANK BERRY

Commissioner Berry informed the Coordinating Council that a quorum was present and officially called the BHCC March 26, 2014 meeting to order. He announced that the Council could address the action items as set forth on the agenda.

DISCUSSION

The first action item was to approve the March 26, 2014 BHCC meeting minutes.

Commissioner Berry made a motion to approve the March 26, 2014 BHCC meeting minutes. A motion was made by Commissioner Reese to approve the minutes from the December 18, 2013 meeting. The motion was seconded by Commissioner Owens.

CONCLUSIONS

The December 18, 2013 BHCC minutes were unanimously approved.

APPROVAL OF THE 2013 BHCC ANNUAL REPORT

COMMISSIONER FRANK BERRY

DISCUSSION

The second action item was to approve the 2013 BHCC Annual Report.

A motion was made by Commissioner Berry to approve the 2013 BHCC Annual Report. A motion was made by Commissioner Reese to approve the 2013 BHCC Annual Report. A motion was seconded by Ombudsman Corinna Magelund.

CONCLUSIONS

The 2013 BHCC Annual Report was unanimously approved.

TRANSITION CARE WORK GROUP UPDATE

**DR. TERI TIMBERLAKE, DIRECTOR
ADULT MENTAL HEALTH**

DISCUSSION

Commissioner Berry called on Dr. Terri Timberlake, director of adult mental health to give an update on the Transition Care workgroup.

Dr. Terri Timberlake – The Transition Care workgroup, which began meeting in May of 2013, is charged with investigating interagency barriers to services. The workgroup’s focus is to address the needs of individuals with behavioral health diagnosis who are transitioning from incarceration into the community. The following four barriers were selected as priorities:

- Stigma
- Capacity and access
- Awareness and access to information available service
- Housing

The workgroup recommended the following strategies to address the four barriers:

- Create regular mental health anti-stigma curricula that can be recommended to incorporate into DOC employment orientation
- Increase utilization of certified peer specialists into the pre-release and re-entry transition process;
- Create a resource handbook; develop survey for use in male and female facilities
- Extend the duration of the reentry partnership housing (RPH).

The workgroup also looked at employment as another barrier. There is a need to identify specific skills that may be best matched to the current job demand and provide training once there is release plan for the individual.

The group is also looking at furthering their partnership with NAMI.

Comment: Commissioner Owens said funding for 5 housing coordinators with the Office of Transition, Support and Re-entry was approved by the General Assembly.

INTERAGENCY DIRECTOR’S TEAM UPDATE

**MONICA PARKER, DIRECTOR,
COMMUNITY MENTAL HEALTH**

Commissioner Berry asked Monica Parker, director of community mental health to provide an update on the Interagency Director’s Team (IDT) collaborative.

Parker reported the following:

This year, the IDT collaborative focused on children in Georgia with ADHD, ODD and conduct disorder primarily because of the system of care and the recent collaborative with the Center for Disease Control and Prevention (CDC).

The collaborative partnered with the CDC and looked at data that they put forth. The data showed that a lot of children are being diagnosed with ADHD at an early age. The younger the child, the more likelihood they will have multiple medications. Also, the data showed kids are seeing their primary doctor but are not being seeing by other practitioners that are giving them access to other behavioral health services.

Most of the kids were getting their medications but not necessarily receiving other interventions. The American Pediatric Association recommends that they receive both medication and other interventions.

The collaborative has taken the approach to inform and educate our system. In partnership with the CDC, the collaborative will present the recommended guidelines at the upcoming Georgia American Association of Pediatrics conference. Parker stated that it takes 17 to 20 years for guidelines to be picked up and implemented by the doctors.

Parker said Children in Need of Services (CHINS) are the special project of the collaborative. The guidance document for accessing community based services is completed. This document along with other presentations which will be available for a webinar on the Center of Excellence IDT website. A link is being developed for IDT related information.

The IDT collaborative is identifying new priorities for the new fiscal year. Effective July 1, 2014 Debbie Gay with the Department of Education will be the new chair of IDT.

Question: Diane Reeder asked if the child and adolescent psychiatrists were involved.

Answer: Parker said that members of the IDT team are hopeful that they will reach some of those individuals through the Pediatric Association and through the System of Care Academy where a plethora of individuals that include psychiatrists and other clinicians are invited.

Comment: Commissioner Berry said there may be a new priority for the workgroup in Region 4. There is not a child and adolescent crisis stabilization unit covering the region. Stakeholders are interested since foster care has moved to CMO. Also there are not a lot of private psychiatric inpatient beds. Berry invited the workgroup can give recommendations to the Council.

Answer: Parker said she will share Commissioner Berry's suggestion with the collaborative.

Comment: Commissioner Brenda Fitzgerald: "Public Health would absolutely like to be included for a couple of reasons. One, they were looking at the Medicaid dollars to see what medications were being used most, out of the top ten, half of them were for asthma and the other half were for ADHD. The other reason is because we are very interested in looking at the Shape Initiative, 30 minutes of physical activity every day for every child in Georgia schools. We would like to track the data to see if increased physical activity in school has a positive impact." Fitzgerald asked Parker to reach out to Christian Green who is in charge of the Shape Initiative.

Comment: Commissioner Berry recognized Representative Dempsey for her leadership and hard work during the legislative session. Berry said that the funding that she helped secure for DBHDD touches a lot of other departments, and he believes that she will see the funding dollars being spent wisely.

CONCLUSIONS

- No action was taken.

Commissioner Berry called on Andrew Johnson, director of legislative affairs.

Johnson gave an update on the bills that passed the General Assembly that impact behavioral health care in Georgia.

- Senate Bill 65 authorizes a licensed professional counselor to sign 1013 forms and request psychiatric evaluations of persons who are mentally ill, alcoholic or drug dependent. The bill will sunset on March 15, 2015 due to concerns from different parties. This will be about a nine-month trial and will require further action from the General Assembly to become permanent.
- Senate Bill 128 gives professional counselors, social workers, and marriage and family therapists the authority to diagnose.
- Senate Bill 349 is DBHDD's legislation and restructures governance of the department's community service boards.

Comment: Commissioner Berry recognized Johnson and legislative liaison Lavi Luca, under Assistant Commissioner Lavin Gartland's leadership, for their work.

Commissioner Berry gave an update on the following:

- Southwestern State Hospital closure and Region 4 community services.
- DBHDD Emergency Task Force
- Gateway CSB
- Celebrated events

The 12th Annual Suicide Prevention Day was celebrated on March 20, 2014.

DISCUSSION

Meeting with Region 4 community services.

- Commissioner Berry, Judy Fitzgerald and Jeff Minor attended Highland Rivers Community Service Board retreat and met with their board members.
- Lavin Gartland coordinated a stakeholders meeting in Moultrie, Georgia where they met with providers and regional staff to talk about how we are doing since the closure of Southwestern State Hospital in Thomasville. They began by meeting with the regional office to hear some of the challenges from their perspective. They also met individually with the three community service boards that are running the behavior health crisis service center in Valdosta, Albany and Thomasville. Benchmark, which provides our mobile crisis, and BHL, which provides the Georgia Crisis and Access Line, also participated in the stakeholder meeting. Commissioner Berry stated that he wanted to make sure everyone understands our mission.
- On January 15, 2014, DBHDD successfully fulfilled all the provisions of the CRIPA settlement. Funding was allocated to improve our state hospitals and now the hospitals are in compliance. The U.S. Department of Justice made a motion to federal court to close the 2009 settlement agreement.
- The Olmstead decision and both the CRIPA and ADA settlements led to a national movement of serving people closer to home. Commissioner Berry and Commissioner Reese are working together on the ADA settlement agreement and are committed to fulfilling the settlement agreement

	requirements. The focus is to build communities so that people can receive services closer to home.
OTHER BUSINESS	COMMISSIONER FRANK BERRY
DISCUSSION	No other business was brought forward.
ADJOURNMENT	<ul style="list-style-type: none"> ▪ The meeting adjourned at 11:34 A.M.
SPECIAL NOTES	<ul style="list-style-type: none"> ▪ The next scheduled meeting of the Behavioral Health Coordinating Council is June 25, 2014.

RESPECTFULLY SUBMITTED BY

TRACY GAMBLE

SIGNATURES

	CHAIR
	SECRETARY