



# Behavioral Health Coordinating Council

## Meeting Minutes

JUNE 25, 2014

10:00 A.M.

BOARD ROOM 24-260

<b>MEETING CALLED BY</b>	Commissioner Frank at approximately 10:05 a.m.	
<b>FACILITATOR</b>	Commissioner Frank W. Berry	
<b>NOTE TAKER</b>	Tracy Gamble	
<b>EXECUTIVE COMMITTEE MEMBERS PRESENT</b>	Commissioner Frank Berry (DBHDD) Commissioner Brian Owens (DOC) Commissioner Avery Niles (DJJ) Chairman Albert Murray (PAP) Commissioner Gretchen Corbin (DCA) Corinna Magelund (ombudsman, ODSO)	State Senator Renee Unterman State Representative Katie Dempsey Stanley Jones, family representative Diane Reeder, parent representative Julie Spores, consumer representative

### AGENDA

<b>CALL TO ORDER</b>	<b>COMMISSIONER FRANK BERRY</b>
<b>DISCUSSION</b>	Commissioner Frank Berry called the June 25, 2014 Behavioral Health Coordinating Council to order at approximately 10:05 a.m.
<b>CONCLUSIONS</b>	There was no action taken.
<b>RECOVERY PRESENTATION</b>	<b>ALFRED BROOKS, II OUTREACH COORDINATOR MENTAL HEALTH AMERICA OF GEORGIA RESPECT INSTITUTE</b>
<b>DISCUSSION</b>	<p>Alfred Brooks reported that the RESPECT Institute has conducted 48 trainings in the last 18 months. In that time, graduates have spoken to over 25,000 individuals about recovery. Brooks said the training has been very therapeutic for the individuals who have gone through the program.</p> <p>Brooks introduced Danny Riddle, a graduate of the RESPECT institute in Athens, Georgia.</p> <p>Riddle has been in recovery for three years and nine months. He said his road to recovery allowed him to be a good father and gave him the opportunity to reach back and help others. Riddle told the BHCC that for years he felt like "it was the State of Georgia vs. Danny Riddle," and he feels blessed and honored to present his story of recovery to the Council.</p>
<b>CONCLUSIONS</b>	There was no action taken.

<b>ACTION ITEMS</b>	
<b>APPROVAL OF MINUTES</b>	<b>COMMISSIONER FRANK BERRY</b>
<b>DISCUSSION</b>	Commissioner Berry requested a motion to approve the March 26, 2014 BHCC meeting minutes. A motion was made by Senator Unterman to approve the minutes from the March 26, 2014 meeting. The motion was seconded by Chairman Albert Murray.
<b>CONCLUSIONS</b>	The March 26, 2014 BHCC minutes were unanimously approved.
<b>CRIMINAL BACKGROUND CHECK</b>	
<b>CASSANDRA PRICE, DIRECTOR DBHDD DIVISION OF ADDICTIVE DISEASES</b>	
<b>DISCUSSION</b>	<p>Commissioner Berry introduced Cassandra Price, director of the Division of Addictive Diseases, to give an update on criminal background checks for DBHDD contractors and their employees:</p> <p>Promoting Recovery and Rehabilitation through Hiring Practices: DBHDD's revised policy criminal history records checks for contractors</p> <p>The proposed changes to DBHDD policy 04-104 Criminal History Records Checks emphasizes the agency's commitment to independent living and recovery by enhancing the policy on criminal history records checks for contractors to:</p> <ul style="list-style-type: none"> <li>▪ Support the department's efforts to operate in a recovery-oriented system of care.</li> <li>▪ Provide employment opportunities to those who can demonstrate suitability for a position.</li> <li>▪ Align the department's hiring practices with Equal Employment Opportunity Commission (EEOC) guidance by implementing a two-step screening process and establishing a review committee comprised of representatives from each DBHDD division.</li> </ul> <p>Under the new policy, applicants with a past conviction of a targeted offense may request an individual assessment of his or her application.</p> <p><b>Comment:</b> Commissioner Owens congratulated Commissioner Berry and DBHDD staff for taking steps toward revising the policy.</p> <p><b>Question:</b> Diane Reeder asked, "When does the process start?"</p> <p><b>Answer:</b> Price stated that the program begins when the individual has completed their sentence.</p> <p><b>Comment:</b> Commissioner Niles said, "It's good taking this prospective." He agreed that the goal is to manage risk, not punish people for the rest of their lives.</p> <p><b>Comment:</b> Chairman Murray said, "this is great work." He can see where it will benefit many people who otherwise wouldn't get an opportunity. Murray asked about the requirement for applicants to submit "clear and convincing evidence" of rehabilitation.</p> <p><b>Answer:</b> Price said the policy has not yet been implemented. The list of items that a person submits is not mandatory. The person must show a disposition of their conviction, submit letters of reference, completion of community service, etc.</p> <p><b>Comment:</b> Stanley Jones said what was described sounded more like a "preponderance of the evidence." He asked if the subcontractors are subject to the policies of the department.</p> <p><b>Answer:</b> Price said yes, and that any provider that employs direct service personnel is subject to the policy.</p> <p><b>Comment:</b> Commissioner Berry said the fascinating piece is how many departments have embraced this concept of helping people.</p>
<b>CONCLUSIONS</b>	There was no action was taken.

DISCUSSION

Commissioner Berry introduced David Crews and asked him to update council members on changes that have been made at Gateway Behavioral Health Services.

Commissioner Berry, with Governor Nathan Deal’s approval, appointed Crews as interim manager to conduct a 60-day assessment on July 18, 2013.

**The following are results of the assessment:**

Gateway BHS has established five 501 (c) 3 corporations.

- GEM required an annual \$350,000 in supplemental funding from Gateway and only provided a consumer payroll of \$65,000.
- The “Unrestricted Fund Balance” declined from a \$3.1 million deficit at the end of fiscal year 2009, and remained at a deficit of \$3.8 in the last four fiscal years.
- Two members of the Gateway Board of Directors had conflicts of interest because they were doing business with Gateway in addition to serving on the governance board.
- Gateway purchased a motor court motel in May 2009 that was not appraised and approved by the board.
- The electronic health record used by Gateway was not designed for behavioral health services, and it was ineffective and contributed to the cash flow deficiencies.
- Former CEO Frank Bonati’s contract terms provided, upon retirement, paid forfeited annual leave, ninety days of severance, and six months as a consultant. He was given a 2% raise in October 2010 that was not approved by the board.

**Reform measures:**

- A better trained and more experienced governance board (see Senate Bill 349)
- More accountability for the CEO compensation package (see Senate Bill 349)
- A more effective and lasting partnership between the CSBs as the public safety net and DBHDD
- An electronic health record (EHR) that is proven effective by leading behavioral health providers in Georgia (CareLogic implemented in January 2014)
- An internal and external culture of cooperation, team work and success on behalf of individuals served and their families; and
- Competent financial management

Senate Bill 349 was enacted to strengthen the Community Service Boards.

**Comment:** Stanley Jones asked if there are other structural lessons that can be learned from this experience with Gateway CSB.

**Answer:** Commissioner Berry said the core redesign initiative is examining what services and infrastructure are needed for a CSB to be successful. The CSBs are a public system and must be strong, and viable well-run. There needs to be strong board governance and partnerships.

**Answer:** Judy Fitzgerald said the first critical step is to gather accurate information about services delivery and financing.

CONCLUSIONS

There was no action taken.

<b>DISCUSSION</b>	<p>Commissioner Berry asked Monica Parker, director of Community Mental Health to provide an update on the Interagency Directors' Team collaborative (IDT):</p>
	<ul style="list-style-type: none"> <li>▪ This year, the IDT focused on children in Georgia with behavioral health disorders (ADHD, ODD and conduct disorders). The collaborative developed a great partnership with the Center for Disease Control and Prevention (CDC) and looked at data that they put forth. The CDC has guided the IDT in supplying best practices information to prescribers, providers, clinicians and case managers in Georgia.</li> <li>▪ In June 2014, the IDT and CDC partnered with the Georgia State University to host a panel at the Carter Center to talk about the work that is being done in Georgia.</li> <li>▪ The CDC presented at the Georgia American Association of Pediatrics conference in Florida as one of the strategies to talk to the prescribers and start a dialog about serving children in other ways.</li> <li>▪ The CDC is presenting the Statewide System of Care Academy, which focuses on best practices related to ADHD. These best practices were developed though the CDC's collaborative efforts with the IDT. The work has been recognized by the <i>New York Times</i> and <i>Mental Health Weekly</i>.</li> </ul>
<b>CONCLUSIONS</b>	<p>There was no action taken.</p>

**TRANSITION CARE WORK GROUP UPDATE**

<b>DISCUSSION</b>	<p>Commissioner Berry called on Dr. Terri Timberlake, director of Adult Mental Health, to give an update on the Transition Care workgroup:</p>
	<p>The primary focus of the Transition Care Workgroup is to address the needs of individuals with behavioral health diagnoses who are transitioning from jail to into the community. The workgroup is charged with looking at barriers between agencies to reentry.</p> <p>The workgroup will recommend anti-stigma curricula to state agencies to incorporate into their new employee training. Any curricula must be in a format that is approved by the Peace Officers Standard Training (POST). The workgroup is looking at the curricula from the following organizations:</p> <ul style="list-style-type: none"> <li>▪ Foundation of Mental Health</li> <li>▪ NAMI</li> <li>▪ Mental Health Connection</li> </ul>
	<p>The workgroup would like to encourage all partnering agencies to invite speakers from the RESPECT Institute to talk about their road to recovery and the success that they have achieved in meetings, orientation and training.</p>

The Georgia Department of Community Health (DCH) is exploring some funding options that can incorporate mental health first aid training for property managers.

DCH provides a handbook to individuals who are being released from prison. The workgroup would like to get feedback and determine if the workbook is effective and useful. The workgroup is developing a survey to access 25 male and 25 female re-offenders with mental health diagnoses who are in the transition centers and prisons. The survey will help identify information or tools that would have been helpful to prevent the individuals from re-offending.

On June 1, 2014 DBHDD SOAR training specialist partnered with DOC community transition re-entry specialist. They have begun a series of trainings to help the re-entry specialists deliver the supports that an individual will need to complete their entitlement benefits applications upon release from prison. This program is being piloted at Phillips and Lee Arrandale State Prisons.

The workgroup also identified employment a barrier successful re-entry. The workgroup will partner with the Georgia Department of Labor to identify a person's specific skills that are best-matched to the labor market demand and provide training once there is release plan.

In August, DBHDD will hold a symposium for providers. The program will include a workshop led by the Governor's Office of Transition and Re-entry to discuss the actions being taken, and a session on effectively transitioning individuals with mental illnesses from the correctional system back into the community.

**CONCLUSIONS**

- There was no action taken.


<b>COMMISSIONER'S REPORT</b>		<b>COMMISSIONER FRANK BERRY</b>
<b>DISCUSSION</b>	Commissioner Berry gave a update on the following topics: <ul style="list-style-type: none"> <li>▪ Emergency Task Force</li> <li>▪ Comprehensive Re-engineering of the hospital system</li> <li>▪ 15<sup>th</sup> Anniversary of the Olmstead decision</li> </ul>	
<b>CONCLUSIONS</b>	There was no action taken.	
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>DISCUSSION</b>		
<b>CONCLUSION</b>	There was no action taken.	

<b>ADJOURNMENT</b>	Commissioner Berry requested a motion to approve the March 26, 2014 BHCC meeting minutes. A motion was made by Senator Unterman to approve the minutes from the March 26, 2014 meeting. The motion was seconded by Chairman Albert Murray.  The meeting was adjourned at 11:44 a.m.	
<b>SPECIAL NOTES</b>	The next scheduled meeting of the Behavioral Health Coordinating Council is September 24, 2014.	

**RESPECTFULLY SUBMITTED BY**

**TRACY GAMBLE**

**SIGNATURES**

	<b>CHAIR</b> 
	<b>SECRETARY</b> 