



# BEHAVIORAL HEALTH COORDINATING COUNCIL

## MEETING MINUTES

DECEMBER 17, 2014

10:00 A.M.

DBHDD BOARD ROOM 24-260

<b>MEETING CALLED BY</b>	Commissioner Frank Berry at approximately 10:05 a.m.	
<b>FACILITATOR</b>	Commissioner Frank Berry	
<b>NOTE TAKER</b>	Tracy Gamble	
<b>COUNCIL MEMBERS PRESENT</b>	Commissioner Frank Berry (DBHDD) Commissioner Brian Owens (DOC) Stanley Jones (family representative) Senator Renee Unterman	Representative Katie Dempsey Chair Terry Bernard (PAP) Ombudsman Corinna Magelund (ODSO) Commissioner Brenda Fitzgerald (DPH)
<b>COUNCIL MEMBER PRESENT VIA TELECONFERENCE</b>	Julie Spores (consumer)	
<b>COUNCIL MEMBERS ABSENT</b>	Superintendent John Barge Commissioner Gretchen Corbin (DCA) Diane Reeder (parent representative) Commissioner Avery Niles (DJJ)	Commissioner Clyde Reese (DCH) Commissioner Keith Horton (DHS) Commissioner Mark Butler (DOL)

<b>AGENDA</b>	
<b>CALL TO ORDER</b>	<b>COMMISSIONER FRANK BERRY</b>
<b>DISCUSSION</b>	Commissioner Frank Berry called the December 17, 2014 Behavioral Health Coordinating Council to order at approximately 10:05 a.m.

**RECOVERY PRESENTATION** **COMMISSIONER FRANK BERRY**

**INTRODUCTION OF GUEST SPEAKER** **ALFRED BROOKS, II OUTREACH COORDINATOR  
MENTAL HEALTH AMERICA OF GEORGIA RESPECT INSTITUTE**

<b>DISCUSSION</b>	<p>Brooks announced that the RESPECT Institute has graduated over 700 individuals. The institute enhanced its program and began coaching graduates on how to train other individuals in their communities. State agencies are increasingly requesting speakers from the RESPECT Institute. Brooks attributed the additional requests to continued support for recovery presentations by DBHDD and the council.</p> <p>Brooks introduced Ashley Smith, a graduate of the RESPECT Institute. Smith shared vivid details of experiences that led to her diagnosis of paranoid schizophrenia. She led a normal life until she started feeling over whelmed during her junior year of college. She took a break from school as psychosis started to interrupt her life. Eventually, she was hospitalized. Over a period of time, treatment, medication and therapy helped her through the recovery process. The ACT team was very instrumental in Smith's road to recovery. She had access to a team that consisted of a nurse, therapist, employment and housing specialist. In March 2014, Smith published her first book, "What's On My Mind," a collection of blog entries about overcoming paranoid schizophrenia. Today, Smith lives independently. She is a mother, an author, a certified peer specialist, and an advocate for others who have paranoid schizophrenia. Smith credits her recovery to support from her ACT team, friends at the National Alliance on Mental Illness (NAMI), co-workers and her family.</p>
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CONCLUSIONS	There was no action taken.
<b>ACTION ITEMS</b>	
<b>APPROVAL OF SEPTEMBER 24, 2014 MEETING MINUTES</b>	
<b>COMMISSIONER FRANK BERRY</b>	
DISCUSSION	Commissioner Berry asked for a motion to approve the September 24, 2014 BHCC meeting minutes. A motion was made by Commissioner Fitzgerald and seconded by Senator Renee Unterman.
CONCLUSIONS	The September 24, 2014 BHCC meeting minutes were unanimously approved.

<b>BHCC INITIATIVES</b>	<b>COMMISSIONER FRANK BERRY</b>
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DISCUSSION	<p><b>Community Behavioral Health Core Redesign Initiative</b></p> <p>Commissioner Berry called on Monica Parker, director of DBHDD's Division of Community Mental Health, to provide and update on DBHDD's core redesign initiative. A summary of Parker's presentation is below:</p> <ul style="list-style-type: none"> <li>○ <b>Present Landscape</b></li> <li>○ <b>Landscape of the Future</b></li> <li>○ <b>Core Provider</b> is the term used to describe an array of providers that offer a set of essential benefit package services, including: <ul style="list-style-type: none"> <li>● Psychiatric treatment</li> <li>● Nursing treatment</li> <li>● Individual, family and group counseling</li> <li>● Case management</li> <li>● Behavioral health assessments</li> </ul> </li> <li>○ <b>Challenges and Opportunities</b></li> <li>○ <b>A three-tiered system approach has been established</b></li> <li>○ <b>Compliance Standards – Policy Stat 01-200:</b>  <a href="https://gadbhdd.policystat.com/policy/992494/latest/">https://gadbhdd.policystat.com/policy/992494/latest/</a></li> <li>○ <b>Compliance and Monitoring</b> <ul style="list-style-type: none"> <li>● Providers are required to operate in compliance with DBHDD standards for core community providers.</li> <li>● Each standard, where applicable, has key performance indicators that identify targets for expected outcomes.</li> <li>● Providers will be evaluated annually on their performance of the overall annually (with a mid-year progress review).</li> </ul> </li> </ul> <p>Robert Dorr, director of DBHDD's Office of Internal Audits, reported on the financial changes that are needed in our network to provide easy access to high-quality care as we move forward with the community behavioral health core redesign initiative:</p> <ul style="list-style-type: none"> <li>○ <b>Financial Infrastructure for State Funds in Community Behavioral Health</b>  Evolving the current funding infrastructure to achieve: <ul style="list-style-type: none"> <li>● More equitable distribution of available funding where services are actually being delivered</li> <li>● More effective use of scarce public resources by shifting to a performance-based, predominantly fee-for-service, operating environment</li> <li>● Greater accountability and transparency across the network of public and private services providers</li> </ul> </li> <li>○ <b>Provider Preparations</b></li> </ul>
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- DBHDD offering technical assistance
- Phased roll-out of new financial and reporting requirements
- Quarterly reviews of financial performance during fiscal year 2015
- Phased fee-for-service implementation during fiscal year 2016

○ **How Will We Manage the Changes**

- Leadership review of the department’s operating structure
- Better definition of roles and responsibilities
- Greater accountability
- “Eyes Wide Open” review of operating policies and practices
- Team-based approaches for many activities
- Improved training and communications
- Greater emphasis on risk management practices

Additional information can be located on DBHDD’s website at:

<http://dbhdd.georgia.gov/behavioral-health-core-provider-redesign-initiative>

**The Georgia Collaborative Administrative Services Organization (ASO)**

Commissioner Berry asked Melissa Sperbeck, DBHDD’s deputy chief of staff, to give an update on the Georgia Collaborative Administrative Services Organization (ASO), which is in the implementation stage:

○ Overview & Current State

Goals and Impact of the Georgia Collaborative ASO

- Where it is beneficial, coordinate previously disparate systems between behavioral health and developmental disabilities
- Capitalize on new advancement in technologies in the health care industry
- Improve statewide and provider-specific outcomes and performance
- Employ meaningful involvement of recipients and participants, family members and other stakeholders
- Promote recovery, access, coordination and intentional service delivery and outcomes
- Cost effective use of state resources to improve individuals’ outcomes and overall quality of life
- Implementation process (implementation activities began upon contract award)
- Workgroups actively engaging across DBHDD and the collaborative to define and develop the future state of the program
- New team members: Anna McLaughlin, ASO project director, and Jason Bearden, Georgia Collaborative CEO
- Support to providers
- Coordination with other large initiatives in the department and with the Department of Community Health
- Communication with and input sought from internal and external stakeholders
- Maintenance of existing processes and vendors during transition

Updates, deliverables, and ValueOptions’ procurement are available on DBHDD’s website: <https://dbhdd.georgia.gov/administrative-services-organization>

There was no action was taken.

**COMMISSIONER'S REPORT**

**COMMISSIONER FRANK BERRY**

**DISCUSSION**

Commissioner Berry began his report by asking Pamela Schuble, DBHDD's settlement coordinator, to provide an update on the DOJ settlement:

DBHDD is in the fifth year of its five-year agreement with the U.S. Department of Justice (DOJ). DBHDD's progress to date:

- Services:
  - 22 assertive community (ACT) teams
  - 8 community support teams (CST) teams
  - 8 of 14 intensive case management (ICM) teams (fiscal year 2014)
  - 45 case manager positions that provide support for core services
  - 3 new crisis services centers (fiscal year 2014); will build 3 more centers
  - 3 new 16-bed crisis stabilization units (CSU)
  - 35 community hospital beds
  - Georgia Crisis and Access Line (GCAL) will be woven into the ASO
  - Mobile crisis teams in 159 counties (14,981 emergencies contacts last year)
  - 18 crisis apartments (25 beds)
  - 2,000 vouchers have been provided through the Georgia Housing Voucher Program
  - Bridge funding to help 540 individuals transitioning from the hospital to the community and into their own apartments. There are currently 344 people receiving funding.
  - Supported employment to assist 550 people (22 providers across 6 regions).
  - At the end of the year, there will be 185 people in peer support services.
  
- ACT Teams:
  - Team-building and technical skills assistance
  - Developing policies and procedures related to corrective action plans
  - Tracking consumer level-data to look at the outcomes (ASO)
  - Self-scoring to see progress being made
  - Housing effort will be examined and evaluated
  
- Developmental Disabilities:
  - The department has engaged a group of national experts, led by Lynn Rucker and consultants at CRA Community Resources, to look at transitions and make sure people are getting the quality and type of care they need.
  - Pioneer project developed in Region 2 to test some of the new processes.
  - Tentatively set to transition two individuals this month
  - Mobile crisis teams are up and running in 159 counties
  - 11 crisis respite homes
  - Provided community support waivers to 379 people
  - Offered family supports to 1,950 families

Commissioner Berry shared the proposed FY 2015 BHCC meeting dates with the Council. He suggested Council members share the proposed dates with their administrative assistants to see if the dates selected are agreeable with their schedule. Approval of the proposed dates will be taken at the next council meeting in March.

	<ul style="list-style-type: none"> <li>▪ Proposed FY 2015 BHCC meeting dates:  <b>March 25, 2015</b>  <b>June 24, 2015</b>  <b>September 23, 2015</b>  <b>December 16, 2015</b></li> <li>▪ Berry congratulated Corinna Magelund on her appointment as the executive director of the Nonpublic Postsecondary Education Commission. Magelund's departure has created a vacancy for the secretary position for the executive committee. Nominations for the BHCC secretary position will be requested at a later date.</li> <li>▪ Commissioner Berry introduced Stuart Wilkinson, DBHDD's new legislative liaison.</li> </ul> <p>Berry concluded the meeting by saying that the department is building a better infrastructure to help ensure easy access to high-quality care for the people we serve.</p>
<b>CONCLUSIONS</b>	There was no action taken.
<b>PUBLIC COMMENT</b>	
<b>DISCUSSION</b>	There was no public comment.
<b>CONCLUSION</b>	There was no action taken.
<b>ADJOURNMENT</b>	Commissioner Berry called for a motion to adjourn the meeting. Stan Jones made a motion to adjourn the December 17, 2014 BHCC meeting. The motion was seconded by Commissioner Fitzgerald. The meeting was adjourned at 11:45 a.m.
<b>SPECIAL NOTES</b>	The next scheduled meeting of the Behavioral Health Coordinating Council will be held on <b>Wednesday, March 25, 2015.</b>

RESPECTFULLY SUBMITTED BY

TRACY GAMBLE  
Council and Committee Liaison

**SIGNATURES**

	CHAIR
	SECRETARY