

# The Behavioral Health Coordinating Council Annual Report

2014



Submitted by:

Georgia Department of Behavioral Health &  
Developmental Disabilities

Frank W. Berry, Commissioner

March 2015

# THE BEHAVIORAL HEALTH COORDINATING COUNCIL

## ANNUAL REPORT

### MARCH 2015

#### BACKGROUND

---

In 2009, the 150<sup>th</sup> Georgia General Assembly established the Behavioral Health Coordinating Council (O.C.G.A. § 37-2-4) when it passed HB 228, which reorganized and reestablished Georgia's state health and human services agencies. HB 228 was signed by Governor Sonny Perdue and went into effect on July 1, 2009. The Behavioral Health Coordinating Council is administratively attached to the Department of Behavioral Health and Developmental Disabilities, as provided by O.C.G.A. § 50-4-3.

#### COUNCIL PURPOSE AND MISSION

---

The purpose and mission of the council is to identify overlapping services, funding and policy issues within the behavioral health system.

#### COUNCIL AUTHORITY, POWERS AND FUNCTIONS

---

The Behavioral Health Coordinating Council performs four categorical functions:

- Making recommendations
- Setting goals
- Developing outcome metrics
- Monitoring and evaluating

The council is specifically tasked with developing solutions to systemic barriers and challenges to the delivery of behavioral health services. It does this by making recommendations on funding, policy and practice changes, and by evaluating specific goals designed to improve service delivery and outcomes for individuals served by the state agencies represented on the council. The council works to resolve issues related to the provision of services that affect individuals being served by at least two of the council's agencies. Additionally, the council establishes common outcome measures to monitor and evaluate the implementation of goals.

#### COUNCIL COMPOSITION

---

By statute, the council is comprised of the following representatives:

- The commissioner of the Department of Behavioral Health and Developmental Disabilities
- The commissioner of the Department of Community Affairs
- The commissioner of the Department of Community Health
- The commissioner of the Department of Corrections
- The commissioner of the Department of Human Services
- The commissioner of the Department of Juvenile Justice
- The commissioner of the Department of Labor
- The commissioner of the Department of Public Health
- The state school superintendent

- The chair of the State Board of Pardons and Paroles
- The state disabilities services ombudsman
- A member of the Georgia House of Representatives
- A member of the Georgia State Senate
- An adult consumer of public behavioral health services
- A family member of a consumer of public behavioral health services
- A parent of a child receiving public behavioral health services

## **2014 Council**

Chairman:

Commissioner Frank W. Berry, *Department of Behavioral Health and Developmental Disabilities*

Vice Chair:

Commissioner Clyde L. Reese, III, Esq., *Department of Community Health*

Secretary:

Corinna Magelund, *Governor's Office of Disability Services Ombudsman*

Members:

Commissioner Camila Knowles, *Department of Community Affairs*

Commissioner Brian Owens, *Department of Corrections*

Commissioner Keith Horton, *Department of Human Services*

Commissioner Avery D. Niles, *Department of Juvenile Justice*

Commissioner Mark Butler, *Department of Labor*

Commissioner Brenda Fitzgerald, *Department of Public Health*

State School Superintendent John Barge, *Department of Education*

Chairman Terry E. Barnard, *State Board of Pardons and Paroles*

Representative Katie Dempsey, *Georgia House of Representatives*

Senator Renee Unterman, *Georgia State Senate*

Julie Spores, *adult consumer of public behavioral health services*

Stanley Jones, *family member of consumer of public behavioral health services*

Diane Reeder, *parent of a child receiving public behavioral health services*

The various agency commissioners, the state school superintendent, the chair of pardons and paroles, and the ombudsman are members of the council as a matter of law. The adult consumer of public behavioral health services; the family member of a consumer of public behavioral health services; and the parent of a child consumer of behavioral health services are appointed by Governor Nathan Deal. Representative Katie Dempsey of the 13th district represents the Georgia House of Representatives and was appointed by Speaker David Ralston. Senator Renee Unterman of the 45th district represents the Georgia State Senate and was appointed by Lieutenant Governor Casey Cagle. All members serve at the pleasure of their appointing authority with no term limit.

## **COUNCIL LEADERSHIP**

The council is led by a five-member executive committee comprised of a chair, vice chair, secretary, and two members-at-large. The commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD) serves as the chair of the executive committee. The vice chair and secretary are elected by the members of the council and serve two-year terms; they may succeed themselves.

**Behavioral Health Coordinating Council**  
***Executive Committee Members***

**Commissioner Frank W. Berry, Chair**  
Department of Behavioral Health and Developmental Disabilities

**Commissioner Clyde L. Reese, III, Esq., Vice Chair**  
Department of Community Health

**Corinna Magelund, Secretary**  
Governor's Office of Disability Services Ombudsman

**Chairman Terry E. Barnard**  
State Board of Pardons and Paroles

**Commissioner Brian Owens**  
Department of Corrections

## **COUNCIL MEETINGS**

---

The council maintained a quarterly meeting schedule in 2014. Meetings were open to the public and well attended by a variety of stakeholders. Meeting minutes and supporting documentation are posted in accordance with the Open Meetings Act (O.C.G.A. § 5-18-70 et. seq.) and can be found on the DBHDD website at: <http://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>.

### **2014 BHCC Meeting Schedule**

**MARCH 26, 2014**

**JUNE 25, 2014**

**SEPTEMBER 24, 2014**

**DECEMBER 17, 2014**

### **2014 BHCC Executive Committee Meeting Schedule**

**MARCH 6, 2014**

**MARCH 13, 2014**

**AUGUST 12, 2014**

**NOVEMBER 18, 2014**

### Interagency Directors Team

The Interagency Directors Team (IDT) was created by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to design, manage, facilitate, and implement an integrated approach to a child and adolescent system of care that informs policy and practice, and shares resources and funding. The IDT is made up of more than 20 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs in Georgia. The team reports to the BHCC. The BHCC may assign specific projects to IDT, and in turn, the BHCC provides high-level support for IDT initiatives.

#### 2014 Summary

The IDT operates on the state fiscal calendar (July 1 to June 30). DBHDD's director of behavioral health, Monica Parker, chaired the IDT during fiscal year 2014. In calendar year 2014, the IDT continued to explore current efforts in Georgia to diagnose and treat attention deficit hyperactivity disorder (ADHD) in young children (ages 0-6). The team investigated means of identifying and promoting optimum practices (including behavioral therapies) for this age group to service providers (such as physicians, teachers, counselors and social workers) and parents. In 2013, the IDT partnered with ADHD experts at the Center for Disease Control and Prevention (CDC) to study ADHD treatment in Georgia by analyzing Georgia Medicaid claims data and comparing this data to national trends. During 2014, the IDT identified and adopted best practices for ADHD treatment in children ages 0-6. The team shared its findings about Georgia ADHD trends and best practices through a variety of presentations and outlets. These included:

- The Carter Center's Nineteenth Annual Rosalynn Carter Georgia Mental Health Forum (May 16, 2014; Atlanta, Georgia): Representatives of the IDT, Georgia Center of Excellence for Child and Adolescent Mental Health, and CDC presented their work on ADHD in accordance with the IDT's fiscal year 2014 strategic plan.
- *New York Times* (May 16, 2014): As a result of the Carter Center presentation, and in particular, Dr. Susanna Visser's (CDC) presentation, Georgia's ADHD diagnosis and corresponding prescription drug rates for children under 4 years old received national attention: [http://www.nytimes.com/2014/05/17/us/among-experts-scrutiny-of-attention-disorder-diagnoses-in-2-and-3-year-olds.html?\\_r=0](http://www.nytimes.com/2014/05/17/us/among-experts-scrutiny-of-attention-disorder-diagnoses-in-2-and-3-year-olds.html?_r=0).
- *Mental Health Weekly* (May 26, 2014): A second article cited the ADHD data presented by Dr. Visser at the Carter Center, and the IDT's work on ADHD.
- Pediatrics by the Sea (June 11, 2014; Amelia Island, Florida): Dr. Visser presented the IDT's ADHD work, national ADHD data, and behavioral treatments at the Georgia Chapter of the American Academy of Pediatrics' annual conference.
- System of Care Academy (June 25, 2014; Stone Mountain, Georgia): Dr. Visser presented ADHD best practices.

Additionally in June 2014, the IDT distributed a survey on ADHD diagnosis and treatment practices to members of the Georgia Chapter of the American Academy of Pediatrics at the organization's Pediatrics by the Sea conference. Although the response rate was somewhat low, the information gathered added critical context to the results of the initial ADHD data found in the 2013 Medicaid claims data analysis. Key findings included lack of availability of subspecialists for initial evaluation, co-

management, and ongoing care of ADHD; lack of parental engagement in behavioral treatments; and lack of availability of ADHD behavioral therapies in the community.

The IDT's special project on Children in Need of Services (CHINS) was also furthered during 2014. The CHINS resource document created by the team was explained in a PowerPoint presentation with accompanying audio. The presentation is available on the IDT website: <http://gacoeonline.gsu.edu/idt/>.

In June 2014, the BHCC asked the IDT dissect the issue of crisis service shortages for children in rural Georgia, and to make recommendations for policy change in this area. The IDT found the following:

- Georgia's current system of care for children is struggling to prevent crises in rural areas, and to quickly return "kids in crisis" to the community.
- Reasons for this struggle may include: an eroding capacity for preventing and handling crises (decreased local budgets, lack of providers), an increased need for services (growing population with needs), and the apparent worsening of symptoms (as well as increased media attention).
- Opportunities to remedy the status quo include: increasing local prevention capacity by linking to outside resources through tele-health or other innovative means, and engaging local partners.

The IDT also worked to promote its collaboration more generally in 2014, through the following presentations:

- Children's Mental Health Research and Policy Conference (March 2014; Tampa, Florida): The Georgia Center of Excellence for Child and Adolescent Mental Health displayed a poster on its work with IDT, entitled "Systems Mapping and University Partners Help Georgia Collaborative's Strategic Focus."
- Academy Health Annual Research Meeting (June 8-10, 2014; San Diego, California): The Georgia Center of Excellence for Child and Adolescent Mental Health displayed a poster on the IDT's work.
- System of Care Academy (June 25, 2014; Stone Mountain, Georgia): IDT representatives from the departments of Behavioral Health and Developmental Disabilities, Education, and Juvenile Justice, as well as the Division of Family and Children Services and the Georgia Center of Excellence for Child and Adolescent Mental Health, provided the opening presentation for the System of Care Academy. IDT speakers presented the team's history, collaborative methods, fiscal year 2014 strategic plan, accomplishments and goals for fiscal year 2015 and beyond. Additionally, the IDT panel participated in a question and answer session with the audience, and conducted a live poll to assess the community's interest in a variety of potential projects for fiscal year 2015.
- Georgetown University 2014 Training Institutes (July 16-20, 2014; Washington, DC): The Georgia Center of Excellence for Child and Adolescent Mental Health displayed a poster on the IDT's work entitled, "Improving Children's Mental Health Care in an Era of Change, Challenge and Innovation: The Role of the System of Care Approach."

On July 1, 2014, Debbie Gay, director of special education services and support for the Department of Education, became chair of the IDT. The team developed a strategic plan for fiscal year 2015. For the

remainder of 2014, IDT continued work on ADHD and CHINS, while also undertaking a new strategic goal of understanding and developing services and supports for transition-age youth and young adults (ages 16-24).

### **Progress Update**

The IDT's strategic plan for fiscal year 2015 is focused on transition-age youth and young adults (ages 14-26). The decision to focus on services available to this age group was based on a request from 2014 System of Care Academy attendees and IDT members' recognition of the need for improved coordination and collaboration among agencies for this critical age group. In addition to this goal, the IDT is building on last year's efforts with ADHD and CHINS, and also developing IDT-specific policies to strengthen and ensure sustainability of the IDT.

### **Transition-age Youth and Young Adults**

- 2015 goals include:
  - Developing an easily accessible repository for agency protocols or policies on transition-age youth and young adults, available for agencies and the public;
  - Creating a "transition-age youth and young adults competency" tool or document, made available within the system of care;
  - Identifying best programs and practices for transition-age youth and young adults, to share among agencies; and
  - Identifying services (and service gaps) currently existing for Georgia's transition-age youth and young adults.
- The IDT has compiled existing state agency policies on transition-age youth and young adults into a spreadsheet, which has been reviewed by an IDT workgroup. The entire IDT group will review the document, and it will be uploaded to the IDT website. As agencies develop or change policies related to transition-age youth and young adults, the online document will be updated by the Georgia Center of Excellence for Child and Adolescent Mental Health.
- An initial literature scan has been conducted, and the "transition-age youth and young adults competency" document outline has been approved by the IDT workgroup. The document is currently being enhanced with information from the literature, and will be reviewed by the IDT in April. The goal is to have the document available for distribution to providers and others at the System of Care Academy in July.
- The IDT has compiled best programs and practices for transition-age youth and young adults, and the workgroup has reviewed the information and identified preferred practices. The workgroup will present these practices to the entire IDT, which will brainstorm opportunities to promote the programs and practices statewide.
- The IDT is coordinating with a provider group led by Chris Kids to identify services available to transition-age youth and young adults. The policy compilation has already helped to identify a number of these services. The IDT will continue to coordinate with the provider group, and once all services are identified, the IDT will review for gaps and identify potential solutions.



## ADHD

- The IDT has continued its ADHD work by investigating policies that may help facilitate proper diagnosis and treatment of ADHD in young children; and by incorporating ADHD treatment best practices for young children in Muskogee County through a current grant, Project LAUNCH.
- The CDC is currently working with Project LAUNCH to establish an evidence-based behavioral training program and sustainability model for the program in Muskogee County.
- The CDC is leading an evaluation of the impact of Amerigroup's policy on ADHD treatment of young children receiving foster care, adoption assistance, or services from the Department of Juvenile Justice. The CDC has received approval for this project from the Department of Community Health and Amerigroup's Georgia director, and is waiting on final approval for the project from Amerigroup's national director. Pending final approval, trends will be summarized and shared with the appropriate agencies and groups by the end of 2015.

## CHINS

- The IDT is continuing to work on changes to the Georgia juvenile justice code with respect to CHINS because this population provides a special intervention opportunity, as it is served by all IDT members. Because truancy is one of the most common issues affecting CHINS, the IDT focused on schools as the CHINS intervention point.
- The IDT plans to survey school personnel's knowledge of new CHINS protocols. Based on responses and need, the IDT will create an informational document on CHINS tailored towards schools. After distribution of the document, the IDT will again survey schools to see if the document has been effective.
- The IDT has created the survey which will be distributed to schools in positive behavioral intervention and support districts. CHINS council members and other subject matter experts have reviewed the survey, and the final survey will be distributed pending approval by the Georgia Center of Excellence for Child and Adolescent Mental Health.
- Creation of the informational document will follow in April or May, once survey results have been collected and analyzed by the Georgia Center of Excellence for Child and Adolescent Mental Health. The document will be distributed to schools, and made available to other partners and the general public through the IDT website.

## IDT Policies

- In order to ensure sustainability and effectiveness of the group, the IDT seeks to create an interagency memorandum of understanding supporting the IDT's work, and operating guidelines to help conduct the day-to-day processes of the group.
- The IDT has drafted a memorandum of understanding, which has undergone two rounds of discussion and final feedback from the entire IDT group. With the final draft approved by the IDT, the agency members will present it to their respective agencies for feedback, edits and eventual signature.

- The IDT has created draft operating guidelines, which have gone through two rounds of discussion and feedback with the entire IDT group. Based on feedback, updated guidelines will be sent out to IDT members for final approval and individual member signatures, which allows all IDT members, both public and private, to recognize their participation in the group and their adherence to its principles and procedures.

### **IDT Connections and Collaborations FY2014-FY2015**

One of the most important aspects of the IDT has been the opportunity to make connections between IDT members working on similar projects beyond those identified by the group for the yearly strategic plan work. This year, the following connections were made:

- The Division of Family and Children Services and the CDC are collaborating on an “Ask the Expert” webinar about ADHD, young children, medication, and behavioral health therapies. The webinar will be designed for staff and foster parents.
- The Department of Public Health helped the Division of Family and Children Services are providing autism training for staff and for foster parents.
- The CDC, the Department of Community Health, and the Division of Family and Children Services helped Amerigroup study its psychotropic medication policy for Medicaid children receiving foster care, adoption assistance or services from the Department of Juvenile Justice.
- The departments of Early Care and Learning and Education are working together on positive behavioral interventions and supports, including a state plan.
- Georgia State University’s Center for Leadership in Disability is working with the Department of Juvenile Justice on person-centered planning.
- The departments of Behavioral Health and Developmental Disabilities and Education are partnering to bring mental health services into school settings.
- The Department of Behavioral Health and Developmental Disabilities, the Georgia Parent Support Network, Voices for Georgia’s Children, and others will coordinate efforts for Children’s Mental Health Week.
- Amerigroup connected with the Department of Early Care and Learning and others for training opportunities and to distribute messages about the COACHES project.

### **Grant Projects**

The IDT has also become particularly valuable in integrating and supporting efforts related to grant projects. The team serves as the “multi-agency collaborative body” required by many grants; allows agencies to connect and share progress on current grant work in order to harmonize resources and efforts; and provides a forum to present and discuss future grant opportunities for collaboration. Grant examples include:

- The departments of Public Health and Education received grants for Project LAUNCH and Project AWARE; the departments of Behavioral Health and Developmental Disabilities and Public Health are working with the Georgia Center of Excellence for Child and Adolescent Mental Health to evaluate the project.

- The departments of Behavioral Health and Developmental Disabilities and Community Health worked with the Division of Family and Children Services, the Department of Juvenile Justice, the Georgia Parent Support Network, and the Georgia Center of Excellence for Child and Adolescent Mental Health on the Children’s Health Insurance Program Reauthorization Act. Accomplishments include:
  - Designing and implementing a new certified peer specialist training for parents of youth with severe emotional disturbance and addiction disorders. Eighty parents are certified to date.
  - Designing a new certified peer specialist training for young adults with severe emotional disturbance and addiction disorders. The first certification training will be held in the summer of 2015.
  - A feature at the National Federation of Families for Children's Mental Health conference on the development of family support organizations.
  - A feature on a national Centers for Medicare and Medicaid Services webinar on the development of peer support initiatives.
  - A highlight by the federal Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) for work in engaging stakeholders to improve the quality of children’s health care.

The relationships between members that grow from monthly IDT meetings and collaborative work have been one of IDT’s most valuable “products.” The development of trust, comradery, and a better understanding of the scope of each other’s work will continue to foster future successful coordination of resources and collaboration among members.

## **Transition Care Workgroup**

The Transition Care Workgroup is charged with exploring interagency barriers and developing a plan to coordinate services between agencies to better facilitate access to community mental health services and supports for individuals transitioning from the correctional system into the community. The workgroup initially convened in May 2013 and has held 14 meetings.

### **Workgroup Co-Chairs**

Jay Neal, Director of the Governor’s Office of Transition, Support and Reentry

Terri Timberlake, Ph.D., Director of the Georgia Department of Behavioral Health and Developmental Disabilities’ Office of Adult Mental Health

### **Workgroup Committee Representation**

- Governor’s Office of Transition, Support and Reentry
- Department of Behavioral Health and Developmental Disabilities:
  - Division of Developmental Disabilities
  - Division of Mental Health: Office of Forensic Services; Jail Diversion and Trauma Recovery; Adult Mental Health; Child and Adolescent Mental Health

- Department of Community Affairs
- Department of Community Health
- Department of Corrections
- Department of Juvenile Justice
- Department of Veteran Services
- Georgia Vocational Rehabilitation Agency
- State Board of Pardons and Paroles
- Emory University Fuqua Center for Late-Life Depression

### **Workgroup Accomplishments and Findings**

- Each partnering agency within the correctional system (the Department of Corrections, the Department of Juvenile Justice, and the State Board of Pardons and Paroles) has provided information on its processes for diagnosis, treatment, pre-release planning and discharge.
- Identified barriers to successful transition into community services
- Developed recommendations for top four priority barriers
- Presentation on the Aging & Disability Resource Connection (ADRC) website ([www.georgiaadrc.com](http://www.georgiaadrc.com)); users can access information and search the comments section which captures more specialized information such as cost, needs accommodated, services offered
- Established ongoing data sharing for total mental health population incarcerated from month-to-month
- The Department of Corrections offers systems training for behavioral health providers
- Inclusion of RESPECT Institute speakers at multi-agency staff meetings and trainings for all partnering agencies
- Development and implementation of new forensic peer specialist initiative, partnership between the departments of Behavioral Health and Developmental Disabilities and Corrections
- Increased collaboration of state agency information, awareness and access via Department of Behavioral Health and Developmental Disabilities' website
- Identified two anti-stigma training curricula for state agency usage in staff training and orientation
- Development of a re-offender survey
- Partnership between the departments of Behavioral Health and Developmental Disabilities and Corrections to increase access to SOAR training for multifunctional corrections officers and transition re-entry specialists

### **Barriers and systemic challenges**

Eight specific categories of barriers were initially identified. Four were chosen as priority areas of focus:

- a. **Stigma** creates barriers to employment and housing for the reentry population.
- b. **Capacity and access** seems to be related to availability of services and access to those services.
- c. **Awareness and access to knowledge** on the part of parole officers and individuals is needed.
- d. **Housing** resource expansion is needed.

## Recommendations

### I. **Stigma**

- Integrate forensic peer mentors into the pre-release and transition process; create a training module and a peer advisory committee.
- Add stigma training to new employee orientation and ongoing training with the Georgia Juvenile Services Association. The Department of Juvenile Justice currently offers an 8-10 hour training on stigma that includes videos and exercises on normal adolescent growth and development compared with impaired adolescent growth and development due to environmental trauma. The training also identifies healthy and unhealthy development. The juvenile justice department is one of ten systems in the country that receives the curriculum.
- Include a segment on mental health stigma for new corrections staff orientation. Incorporate this as a standard component of ongoing staff training.
- Suggest that the Peace Officer Standards and Training (POST) Council require annual mental health stigma training for all POST-certified officers; allow the training to qualify for POST credit.
- Include speakers from the RESPECT Institute at state agency trainings, meetings, staff orientation and professional development conferences. Staff will benefit from hearing the personal experiences of individuals with mental health challenges, and particularly what helped move them forward to recovery. RESPECT speakers would be an asset at the Department of Corrections' quarterly staff trainings and possibly shift briefings. Speakers may also motivate and support the offender population.

### II. **Capacity and Access**

- Improve data sharing among the Department of Corrections and Georgia's community service boards.
- Ensure that transition re-entry specialists are completing benefits applications early in the pre-release process.
- Integrate forensic peer specialists into the transition planning phase of pre-release planning.

### III. **Awareness and Access to Resource Information**

- Post each partnering agency's website link on all other agencies' websites. This will improve access to resources for housing, health care and vocational services.

- Increase cross-training opportunities between the departments of Corrections, Behavioral Health and Developmental Disabilities, Juvenile Justice, and other partnering agencies.

#### IV. Housing

- Use community coordinators and housing specialists from the Governor's Office of Transition, Support and Reentry to help identify problems and potential barriers *before* an individual is released.
- Enhance housing assessments, and increase training for corrections staff on available community resources.
- The housing planning process should include an assessment of the feasibility, safety and appropriateness of an individual living with family members.
- Individuals should receive information and training on strategies for finding and maintaining housing, and their legal rights as tenants. Prison counselors and reentry specialists, and parole and probation officers would benefit from training on housing laws, which would help them to better implement housing plans.
- SOAR-trained transition reentry specialists are needed to work specifically on access, entitlement and benefits.

#### Interagency Collaboration

State bureaucracy can lead to silos of policy, practice and communication. The work of state agencies can be strengthened by identifying approaches and solutions that address inefficiencies, gaps, challenges and effectiveness in Georgia's health and human service delivery systems.

### OUTCOMES AND RECOMMENDATIONS

---

#### Outcomes

1. Enhanced Council Governance:  
The council's by-laws were amended in October 2010 and November 2011 to reflect its growth and development.
2. Enhanced Interagency Collaboration:  
The work of the council has significantly enhanced interagency communication and relations. Congruity and shared interests have been created and identified through open discussions and dialogue between state agency heads and community stakeholders.
3. Identified Priority Areas:  
The council identified three issues as focal points for 2013-2014. In January 2013, the council began addressing these shared priority areas. Work towards these priorities taking place through ad-hoc groups comprised of key staff from the various agencies represented on the council. The priorities are:
  - Sharing of health information
  - Partnerships

- Workforce development

The Behavioral Health Coordinating Council continues to explore barriers, infrastructure, staffing, services, housing and educational needs for diverting and transitioning individuals with behavioral and developmental issues under the jurisdiction or care of the departments of Corrections, Juvenile Justice, Behavioral Health and Developmental Disabilities (forensic services), and the State Board of Pardons and Paroles.

The council supports a robust discussion of the multiple barriers inhibiting individuals' transitions from the corrections and justice systems into appropriate community behavioral health services along with access to essential supports.

### **2015 BHCC MEETING SCHEDULE**

---

The Behavioral Health Coordinating Council meetings are held at the Department of Behavioral Health and Developmental Disabilities (2 Peachtree St, NW, Atlanta, Georgia) in the 24<sup>th</sup> floor board room. All meetings begin at 10:00 a.m. unless otherwise noted. The 2015 proposed meeting dates are:

March 25, 2015

June 24, 2015

September 23, 2015

December 16, 2015

### **CONTACTS**

---

**Frank W. Berry**  
**DBHDD Commissioner**  
2 Peachtree Street, 24<sup>th</sup> Floor  
Atlanta, Georgia 30303  
[Frank.Berry@dbhdd.ga.gov](mailto:Frank.Berry@dbhdd.ga.gov)  
(404) 463-7945

**Tracy L. Gamble**  
**DBHDD Council Liaison**  
2 Peachtree Street, 24<sup>th</sup> Floor  
Atlanta, Georgia 30303  
[TracyLynn.Gamble@dbhdd.ga.gov](mailto:TracyLynn.Gamble@dbhdd.ga.gov)  
(404) 657-1526

## Acronyms

<b>ADRC</b>	Aging and Disability Resource Connection
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>BHCC</b>	Behavioral Health Coordinating Council
<b>CDC</b>	Center for Disease Control and Prevention
<b>CHINS</b>	Children in Need of Services
<b>CSB</b>	Community Service Board
<b>DBHDD</b>	Department of Behavioral Health and Developmental Disabilities
<b>DCA</b>	Department of Community Affairs
<b>DCH</b>	Department of Corrections
<b>DOC</b>	Department of Corrections
<b>DOE</b>	Department of Education
<b>DFCS</b>	Division of Family and Children Services (DHS)
<b>DHS</b>	Department of Human Services
<b>DJJ</b>	Department of Juvenile Justice
<b>DOL</b>	Department of Labor
<b>DPH</b>	Department of Public Health
<b>PAP</b>	State Board of Pardons and Parole
<b>GPSN</b>	Georgia Parent Support Network
<b>GPSTC</b>	Georgia Public Safety Training Center
<b>GSU</b>	Georgia State University
<b>SNAP</b>	Georgia Supplemental Nutrition Assistance Program
<b>IDT</b>	Interagency Directors Team
<b>NAMI</b>	National Alliance on Mental Illness
<b>POST</b>	Peace Officer Standards and Training
<b>RPH</b>	Re-entry Partnership Housing
<b>SSDI</b>	Social Security Disability Income
<b>SSI</b>	Social Security Income
<b>SOAR</b>	SSI/SSDI Outreach, Access, and Recovery
<b>SOC</b>	System of Care Academy
<b>TAP</b>	Technical Assistance to Providers
<b>CHIPRA</b>	The Children's Health Insurance Program Reauthorization Act



Appendix B

## History of Behavioral Health Coordinating Council Executive Committee

YEAR / OFFICE	CHAIR	VICE-CHAIR	SECRETARY	MEMBERS-AT-LARGE
2009	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Albert Murray</b> DJJ Commissioner	<b>BJ Walker</b> DHS Commissioner	N/A
2010	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Brian Owens</b> DOC Commissioner	<b>BJ Walker</b> DHS Commissioner	<b>Clyde Reese</b> DHS Commissioner  <b>Brian Owens</b> DOC Commissioner
2011	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Brian Owens</b> DOC Commissioner	<b>Clyde Reese</b> DHS Commissioner	<b>Amy Howell</b> DJJ Commissioner
2012	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner <i>(January–August)</i> ----- <b>Frank W. Berry</b> DBHDD Commissioner <i>(August–December)</i>	<b>Brian Owens</b> DOC Commissioner	<b>Clyde Reese</b> DHS Commissioner	<b>Albert Murray</b> PAP Chairman  <b>Corinna Magelund</b> Ombudsman – Disability Services
2013	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DHS Commissioner <i>(January–July)</i> DCH Commissioner <i>(July–December)</i>	<b>Corinna Magelund</b> Ombudsman – Disability Services	<b>Albert Murray</b> PAP Chairman  <b>Brian Owens</b> DOC Commissioner
2014	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DCH Commissioner	<b>Corinna Magelund</b> Ombudsman – Disability Services	<b>Brian Owens</b> DOC Commissioner  <b>Albert Murray</b> PAP Chairman <i>(January–June)</i>  <b>Terry Bernard</b> PAP Chairman