



Behavioral Health Coordinating Council Annual Report

Submitted by Georgia Department of Behavioral Health and Developmental Disabilities
Judy Fitzgerald, Commissioner

Behavioral Health Coordinating Council 2018 Annual Report

BACKGROUND

In 2009, the 150th Georgia General Assembly reorganized Georgia's health and human services agencies and established the Behavioral Health Coordinating Council (O.C.G.A. § 37-2-4), which is administratively attached to the Department of Behavioral Health and Developmental Disabilities, as provided by O.C.G.A. § 50-4-3.

COUNCIL AUTHORITY, POWERS, AND FUNCTIONS

The Behavioral Health Coordinating Council (the "Council," or "BHCC") supports Georgia's behavioral health-serving agencies and partners by establishing goals, monitoring and evaluating those goals, and recommending measures for improved efficacy and access to services. Specifically, the Council is tasked with:

- **Recommending funding, policy, and practice changes** that address systemic barriers to the delivery of behavioral health services;
- **Focusing on specific goals** designed to resolve issues related to coordination of care for individuals receiving services from at least two member agencies;
- **Monitoring and evaluating the implementation** of established goals; and
- **Establishing common outcome measures.**

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 Community Supervision
- 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 Chair of the State Board of Pardons and Paroles
- The State Disability Services Ombudsman
- The State School Superintendent
- A member of the Georgia House of Representatives
- A member of the Georgia State Senate
- An adult who uses public behavioral health services
- A family member of someone who uses public behavioral health services
- A parent of a child receiving public behavioral health services

COUNCIL LEADERSHIP

Chairman:

Commissioner Judy Fitzgerald, *Department of Behavioral Health and Developmental Disabilities*

Vice Chair:

Commissioner Frank W. Berry, *Department of Community Health*

Secretary:

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

Members:

Commissioner Christopher Nunn, *Department of Community Affairs*

Commissioner Michael Nail, *Department of Community Supervision*

Commissioner Gregory Dozier, *Department of Corrections*

Commissioner Robyn A. Crittenden, *Department of Human Services*

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

Commissioner Mark Butler, *Department of Labor*

Commissioner J. Patrick O'Neal, M.D., *Department of Public Health*

Chairman James Mills, *State Board of Pardons and Paroles*

Ombudsman Lavinia Luca, *Office of Disability Services Ombudsman*

State School Superintendent Richard Woods, *Department of Education*

State Representative Katie Dempsey, *Georgia House of Representatives*

State Senator Renee Unterman, *Georgia State Senate*

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

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

The various agency commissioners, the chair of pardons and paroles, the ombudsman, and the state school superintendent 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 EXECUTIVE COMMITTEE

The BHCC 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.

Commissioner Judy Fitzgerald, Chair

Department of Behavioral Health and Developmental Disabilities

Commissioner Frank W. Berry, Vice Chair

Department of Community Health

Stanley Jones, Esq., Secretary

Family Representative

Commissioner Robyn Crittenden

Department of Human Services

Lavinia Luca

Office of Disability Services Ombudsman

COUNCIL MEETINGS

In 2018, council meeting were scheduled, 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 DBHDD's website at: <http://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>.

COUNCIL INITIATIVES

Georgia Interagency Directors Team (IDT)

This abridged IDT Annual report provides an overview of the activities of Georgia's Interagency Directors Team (IDT) for state fiscal year (FY) 2018: July 1, 2017 through June 30, 2018.¹ The Georgia IDT is a multi-agency, public-private collaborative created to design, manage, facilitate, and implement an integrated approach to a child and adolescent System of Care (SOC) that informs policy and practice, and shares resources and funding. The IDT functions as a workgroup of the [Behavioral Health Coordinating Council](#) and currently consists of more than 30 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs in

¹ The full IDT Annual Report, SFY2018 is available on the IDT website, at <http://gacoeonline.gsu.edu/idt/>.

Georgia (please see the [IDT website](#) for a full list of members). The group finds its roots in the Substance Abuse and Mental Health Services Administration (SAMHSA) Child and Adolescent State Infrastructure Grant (CASIG) Interagency Workgroup (“Kidsnet Georgia”), which focused on supporting local SOC development, and ran from 2004 through March 2011. Since then, the workgroup has continued to work together as the IDT in order to improve the lives of those with behavioral health challenges. Responsibility for children’s behavioral health in Georgia is shared among multiple state and local agencies. The IDT provides the opportunity for partnership building between agency program directors to develop and implement shared strategic objectives to multiple audiences with a unified voice.

Structure of the IDT

The IDT operates as a work group of, and reports to, the Behavioral Health Coordinating Council (BHCC). The BHCC may pass on specific work requests to the IDT, and in turn, the BHCC gives high-level support to IDT initiatives. The IDT is headed by a chair, who is the key facilitator of meetings, strategic planning, and initiative development. The IDT co-chair, or incoming chair for the following year, works alongside the IDT chair to develop meeting agendas and strategic planning methods. In FY 2018, IDT was chaired by Linda McCall, program director for long-term care/behavioral health, Department of Community Health, and the co-chair was Danté McKay, director of the Office of Children, Young Adults and Families at the Department of Behavioral Health and Developmental Disabilities. Strong leadership, commitment, and varied agency representation from the IDT chair and co-chair have been critical components of the group’s success over the past five years. All IDT members have a voice in decision-making. Each member agency and partner organization representative participating in the IDT is entitled to one vote on each matter submitted to a vote (one vote per person). In voting matters that are determined by the IDT chair and vice-chair to be purely state agency decisions, only agency member representatives may cast a vote (one vote per person). IDT consulting members do not vote. For IDT decision-making, consensus is preferred, but when required, majority vote rules. For purposes of voting, a quorum is defined as attendance by representatives of at least half of member and partner organizations, including representation from at least half of member state agencies. The Center of Excellence for Children’s Behavioral Health (COE), housed at Georgia State University’s Georgia Health Policy Center, provides backbone support to the group through administration, communications, project management, research, evaluation, strategic planning, and thought partnership.

FY 2018 Strategic Plan Work

In FY 2018, the IDT focused on finalizing and implementing the Georgia SOC State Plan for children’s behavioral health – a strategic roadmap for improving children’s behavioral health in the state over the next three years. The detailed plan, which guides the IDT’s future work, includes strategies and action items built around the focus areas of access, coordination, workforce development, funding and financing, and evaluation,

and symbolizes a renewed commitment in the state to improving children's behavioral health services. The IDT focused the majority of its efforts in FY 2018 on implementing year one of the SOC State Plan. In order to achieve this goal, the IDT first spent time creating the SOC State Plan's year one implementation plan. This included identifying all of the activities and steps required in order to achieve action items/strategic goals, creating accurate implementation timelines, identifying individuals from member agencies and organizations to work on the goals, and further prioritizing year one action items/strategic goals.

In order to manage the scope of work under the SOC State Plan, the IDT devoted a substantial amount of time during each monthly meeting to the SOC State Plan work, as well as time outside of regularly scheduled IDT meetings for document content reviews, subgroup meetings and project planning. All IDT members divided into self-selected subgroups designated for each of the action items outlined for year one of implementation. COE staff facilitated the subgroup meetings, managed research tasks and owned the project management processes for the action items, which enabled the IDT members to focus on providing subject matter expertise and content creation for the deliverables. Robust and varied input from the diverse group of IDT and subgroup members ensured that all stakeholders in the children's behavioral health system were represented, and able to inform the implementation of the plan. In particular, the continuous involvement of family and youth representatives with lived experience helped to ensure that the family and youth voice was present throughout the process.

The IDT was successful in executing the first year of the plan which resulted in some impressive accomplishments, including:

- Collecting data from over more than school counselors on school-based mental health. Preliminary results indicate that about one-third of the schools in Georgia represented in the sample are implementing some school-based mental health initiatives, including universal mental health promotion through social emotional learning and mental health in-service trainings; targeted services for at-risk students, including individual therapy; and intensive interventions for students with a diagnosable mental health concern, including crisis services and behavioral assessments.
- Creating and disseminating behavioral health services navigation guides for family and young adult clients and the "Little Green Book," a pocket behavioral health glossary, in order to improve SOC communication and coordination.
- Creating process and baseline measures to track the use of Intensive Customized Care Coordination (IC3) Services.
- Mapping behavioral health telemedicine services, sites, and resources in Georgia.
- Creating a webpage linking Georgia providers to recommended behavioral health evidence-based practice (EBP) clearinghouses.

- Conducting a crosswalk of agency member workforce trainings and identifying key SOC workforce competencies to promote.
- Creating model SOC language for inclusion in behavioral health contracts.
- Developing initial measures and recommending next steps in order to evaluate the SOC in Georgia.

In addition to finalizing the SOC State Plan, the IDT continued its work on a number of children's behavioral health initiatives in FY 2018. In the area of Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosis and treatment best practices, IDT members worked to revise a survey of behavioral health providers about the provision of evidence-based treatments for children with ADHD and developed a webinar as an incentive for survey completion, offering continuing education credits (CECs) to licensed providers. The IDT continued to serve as the advisory body for three SAMHSA grants supporting the SOC framework in Georgia: Project AWARE (Advancing Wellness and Resilience in Education), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), and the SOC Expansion and Implementation grant. Furthermore, in FY 2018, the IDT was charged with advising the implementation of the Governor's Commission on Children's Mental Health recommendations, which included \$22 million of new funding for the expansion and fortification of children's behavioral health services in Georgia. The IDT's positive and cooperative atmosphere, fostered by the commitment of its members and leadership, has allowed the group to continue to serve as a unique forum for children's behavioral health discussions, learning, and collaboration in the state of Georgia.

Next Steps

The IDT will focus the majority of its FY 2019 efforts on implementing year two of the SOC State Plan, which will include similar activities to determine project planning and subgroup formation that occurred for the projects in year one. Projects from year one that will continue with implementation in year two include school-based mental health, telemedicine, navigation guide and SOC dictionary dissemination, and the state mental health workforce development recommendations. New upcoming projects for year two include pursuing solutions for a shared interagency data hub, children going on and off Medicaid rolls, behavioral health workforce shortages; building and maintaining feedback loops between local, regional and state systems; pursuing collaborative funding initiatives; and finalizing evaluation methods and tools. The IDT will also continue to advise the implementation of the Commission on Children's Mental Health recommendations in FY 2019, which includes expansion of behavioral health services through expanding school-based mental health; creating supported education/supported employment programming; adding levels of support in the continuum of care; strengthening telemedicine infrastructure; and, enhancing and expanding high-fidelity wraparound, as well as opioid and suicide prevention services.

Transition Re-Entry Committee

Workgroup Co-Chairs:

Terri Timberlake, Ph.D., Director, Office of Adult Mental Health, DBHDD

Michelle Stanley, Deputy Director, Reentry Services, Field Operations Division, DCS

Initially convened in May 2013, this committee is charged by the BHCC with developing strategies to address interagency barriers and formulate plans, programs and or recommendations targeting inter-agency collaboration that will better facilitate access to community mental health services and supports for individuals with serious mental illness transitioning from the correctional system into the community.

Workgroup Committee Representation:

Department of Corrections (GDC)

Department of Pardons and Paroles (PAP)

Department of Community Supervision (DCS)

Department of Juvenile Justice (DJJ)

Department of Family & Children's Services (DFCS)

Georgia Vocational Rehabilitation Agency (GVRA)

Department of Community Affairs (DCA)

Department of Community Health (DHC)

Department of Human Services (DHS)

Department of Behavioral Health & Developmental Disabilities (DBHDD)

Barriers and systemic challenges

The committee identified four primary barriers and systemic challenges that are faced by state agencies serving this population and returning citizens as priority areas of focus for the committee:

- a. *Stigma* - addressing stereotypes and misconceptions about persons with histories of behavioral health challenges
- b. *Capacity and Access* - collaboratively addressing the ability to meet the needs of this population via services and supports
- c. *Awareness and Access to Knowledge* - increasing opportunities for sharing and disseminating information on appropriate and available services and resources
- d. *Housing* - collaboratively addressing access and resource planning

Current Year Accomplishments/Learnings

- Continued data sharing: 1) total mental health population incarcerated from month to month and 2) total number of persons released from a level 3 or 4

categorization back into the community (Georgia Department of Corrections, GDC). These statistics are provided during each BHCC Transition Re-Entry committee meeting and Behavioral Health Coordinating Council meeting. As service needs are being discussed, this allows the committee and council to be continually mindful of the population of focus.

- Continued inclusion of RESPECT Institute speakers at agency staff meetings and trainings for all partnering agencies. Several partnering state agencies have incorporated a RESPECT Institute speaker into agency meetings, trainings, and orientations to share their personal experience of mental illness or mental illness and criminal history, and their process of recovery. This targets the area of stigma.
- Continued inclusion of the ‘Introduction to Behavioral Health; Decreasing Stigma & Improving Interactions between Community Supervision Officers and Individuals Living with Behavioral Health Problems’ into the Department of Community Supervision (DCS) in-service annual training. The BHCC Transition Re-Entry Committee developed this anti-stigma train-the-trainer curriculum to address the need for increased understanding and awareness of behavioral health challenges for DCS officers. This is in its second years of inclusion as part of the annual mandatory in-service for officers statewide.

Partnership Council of Accountability Court Judges (CACJ)

DBHDD’s partnership with CACJ continues to be an ongoing collaboration that involves members of the Transition Re-Entry Committee who are DBHDD team members, CACJ staff, accountability courts, and judges who work together to increase access to treatment for court participants diagnosed with mental health, substance use, and or co-occurring disorders.

BHCC Employment Sub Committee

This sub-committee is an extension of the BHCC and is working to address barriers to gainful and reliable employment opportunities for individuals with criminal justice involvement who are diagnosed with mental health, substance use, or co-occurring disorders. This sub-committee will be working to identify and partner with employers who will champion this effort.

Forensic Peer Mentor Program

The FPM Program is funded by DBHDD and continues as a collaboration involving DBHDD, GDC, DCS, and the Georgia Mental Health Consumer Network (GMHCN). The FPM Program was initially developed in 2014 as an initiative of the Transition Re-Entry Committee and was the first forensic peer mentor collaboration in the state. The ground-breaking program involves a Georgia-specific training curriculum which is used to train certified peer specialists who have lived experience both with mental illness and criminal justice. After completing the week-long training, forensic peers are employed

in state prisons and day reporting centers. In 2018, the fifth cohort of new FPM training was completed, which added 15 new certified peer specialists to the pool. In 2018, the FPM Program employed 12 certified forensic peer mentors working in Lee Arrendale, Baldwin, Rutledge, and Pulaski state prisons; Phillips Transition Center; Athens, Atlanta, Clayton, Columbus, Gainesville, Griffin, and Rome day reporting centers; Cobb and Hall county mental health treatment courts; and the forensic units of Georgia Regional Hospital-Atlanta and Central State Hospital.

In 2018, across all prisons, day reporting centers, and state forensic units, a total of 462 individuals with behavioral health needs were served by the Forensic Peer Mentor Program. At each of the sites, FPMs participate in discharge planning and transition planning sessions. A total of 18,953 sessions were facilitated in 2018. FPMs support individuals as they transition from prison, day reporting center, or hospital forensic unit back into the community. Outcomes for participants are tracked for as long as they remain engaged with the FPM. In 2018, there were 265 returning citizens who participated in the FPM program tracked post-release. Of those, 38.1% obtained employment, 51.7% obtained housing, and 26% participated in community behavioral health services. There were only two re-arrests (0.0075%), and 0 convictions, and 1 probation or parole revocation (0.0037%).

This program continues to be a great success. Expansion of FPMs into additional facilities has been requested and we hope to receive additional funding in order to support program growth.

Prison to Purpose video project

The “From Prison to Purpose” video was completed and released in July 2018. This was an outcome of the collaboration between DBHDD, DCS, and GDC and the result of the BHCC Transition Re-Entry Committee’s focus on strategies to extend messaging about the FPM Program throughout the state and beyond. The video features instrumental stakeholders responsible for the program’s inception, development, and growth and is proudly posted on multiple partnering agency websites. “From Prison to Purpose” serves to highlight the integral role of the Forensic Peer Mentor Program in interrupting the cycle of recidivism among Georgia’s returning citizens who have mental health and substance use disorders and for whom transition back into the community can be extremely challenging.

3rd Annual Respect in Recovery 5k

The 3rd Annual Respect in Recovery 5k Race/Walk took place October 12, 2018 in Grant Park. Approximately 220 staff, providers, partners, and advocates came together walked, ran, fellowshiped, ate lunch, and listened to speakers sharing impactful messages of recovery. The event included messages affirming our collaboration from partnering state agency leadership of Georgia’s Department of Corrections (GDC), Department of Community Supervision (DCS), Pardons and Parole Board (PAP), and the Department of Behavioral Health and Developmental Disabilities (DBHDD). In addition to speakers, we showcased an artists’ gallery for peers to display their works of

art. The Annual Respect in Recovery Race successfully highlighted the collaborative work of DBHDD, GDC, DCS, and PAP, along with other local and state agencies in support of individuals with behavioral health needs who are transitioning from Georgia's correctional system back into the community. There are approximately 10,000 people, or 20% of the total population, in GDC with behavioral health needs who will be released at some point back into the community. Our state agencies partner to ensure that services and supports are accessible to this population and that they have opportunities to live lives of independence and recovery.

Family Reunification Project

A sub-committee of the Transition Re-Entry Committee has been working with a consultant from the National Incarceration Association to develop this program. Outcomes include convening focus groups that include returning citizens and forensic peers, developing of a 12-module training curriculum, identifying the pilot location (Metropolitan State Reentry Facility) and joint planning with facility staff. This program is the result of responses obtained from returning citizens who had previously recidivated and who identified stronger, more supportive family relationships as something that would have been beneficial in preventing their subsequent recidivism. Program implementation will begin May 1, 2019 and will involve returning citizens who have a behavioral health categorization and up to two of their natural supports, with program facilitation by a forensic peer and certified peer specialist-parent.

The goals of the Family Reunification Program are: (1) to assist returning citizens in strengthening positive communication and relationship outcomes with their family/support network members, as well as identify and manage familial/relational stressors that may hinder successful transition into the community; (2) to increase access to comprehensive community providers and other stakeholders and develop a continuum of service delivery from prison to the community; and (3) to evaluate the impact of designed intervention on recidivism rates and recovery outcomes for returning citizens. This new program will be an expansion of our DBHDD, GDC, DCS collaboration and programming to support returning citizens.

Training provided by BHCC Transition Reentry Committee members

- March 12-13: Forensic Peer Mentor training
- August 15: DCS mental health specialized training on behavioral health treatment court programs and other adult mental health services
- February 15: Georgia Sheriffs Association Jail Management Conference mental health training on supported housing and adult mental health community services.
- March 15-16: Council of Accountability Court Judges mental health court tune-up training on best court practices

- April 10: Georgia Public Defender Council housing and mental health training on accessing supported housing and adult mental health community services for returning citizens
- June 19: Georgia Department of Community Supervision and Georgia Department of Corrections Re-entry Summit, presentation “From Prison to Purpose: How Mentoring and Family Reunification Programs Support Reentry and Recovery”
- Georgia Department of Community Supervision (DCS) specialized mental health officer training on access to behavioral health resources for returning citizens

OUTCOMES AND RECOMMENDATIONS

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.

The Behavioral Health Coordinating Council has considerably improved 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.

The Council identified the following shared priority areas for 2018:

- Training and education
- Developing and promoting programs, services, and supports
- Sharing of health information
- Enhance relationships and interagency partnerships

Work on these issues takes place through ad-hoc groups comprised of key staff from the various agencies represented on the Council.

The BHCC continues to explore barriers to accessing services, as well as infrastructure, staffing, service, housing, and educational resources 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.

2018 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 30303) in the 24th floor board room. All meetings begin at 10:00 a.m., unless otherwise noted. The 2018 meeting dates are:

February 14, 2018
May 16, 2018
August 15, 2018
November 14, 2018

CONTACTS

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Appendix A

Acronyms

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

Appendix B

History of Behavioral Health Coordinating Council Executive Committee

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

2015

Frank W. Berry
DBHDD
Commissioner

Clyde Reese
DCH Commissioner

Stanley Jones
Family
Representative

Terry Barnard
PAP Chairman

Homer Bryson
DOC Commissioner

2016

Frank W. Berry
DBHDD
Commissioner
*(January–
November)*

Clyde Reese
DCH Commissioner
*(January–
November)*

Stanley Jones
Family
Representative

Terry Barnard
PAP Chairman

Homer Bryson
DOC Commissioner
*(January–
November)*

Judy Fitzgerald
DBHDD
Commissioner
*(November–
December)*

Frank W. Berry
DCH Commissioner
*(November–
December)*

Robyn Crittenden
DHS Commissioner
*(November–
December)*

2017

Judy Fitzgerald
DBHDD
Commissioner

Frank W. Berry
DCH Commissioner

Stanley Jones
Family
Representative

Robyn Crittenden
DHS Commissioner

Lavinia Luca
Disability Services
Ombudsman
(July-December)

2018

Judy Fitzgerald
DBHDD
Commissioner

Frank W. Berry
DCH Commissioner

Stanley Jones
Family
Representative

Robyn Crittenden
DHS Commissioner

Lavinia Luca
Disability Services
Ombudsman