



Behavioral Health Coordinating Council Annual Report

2017



Submitted by

Georgia Department of Behavioral Health and Developmental Disabilities

Judy Fitzgerald, Commissioner



Behavioral Health Coordinating Council 2016 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 Camila Knowles, *Department of Community Affairs* (January-March)

Commissioner Christopher Nunn, *Department of Community Affairs* (April-December)

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 Brenda Fitzgerald, *Department of Public Health*

Chairman Terry E. Barnard, *State Board of Pardons and Paroles* (January-June)

Chairman James Willis, *State Board of Pardons and Paroles* (July-December)

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 2017, council meeting were scheduled, opened 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) 2017: July 1, 2016 through June 30, 2017. The Georgia IDT was created by Georgia's 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 (SOC) that informs policy and practice, and shares resources and funding. The IDT is made up of more than 30 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs in Georgia (full member list available on the IDT website: <http://gacoeonline.gsu.edu/idt/>). 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 agencies. The IDT provides the opportunity for much needed partnership building between agency program directors to develop and implement shared strategic objectives, and communicate behavioral health issues 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 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 2017, the IDT was chaired by Linda McCall, program director for long-term care/behavioral health for the Department of Community Health, and co-chaired by Kristen Toliver, wellness program manager for the Department of Human Services’ Division of Family and Children Services. 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. Decisions regarding strategic plan work are typically determined by way of group discussion and agreement, or a vote if necessary, with the majority ruling. 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 2017 Strategic Plan Work

In FY 2016, the IDT focused on drafting a 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 SOC State Plan symbolizes a renewed commitment among Georgia’s child-serving agencies and organizations to improving children’s behavioral health. To create this plan, the IDT formed a SOC State Plan subgroup, open to all interested IDT members, which identified areas of need and populations to be addressed by the plan. During FY 2017, the IDT worked to further develop and finalize the SOC State Plan. The detailed plan, which will guide the IDT’s future work, includes strategies and action items built around five focus areas: Access, Coordination, Workforce Development, Funding and Financing, and Evaluation, which form a “framework” for the state plan (see Figure 1, below).

SOC Plan Development: Areas of Influence / Goals

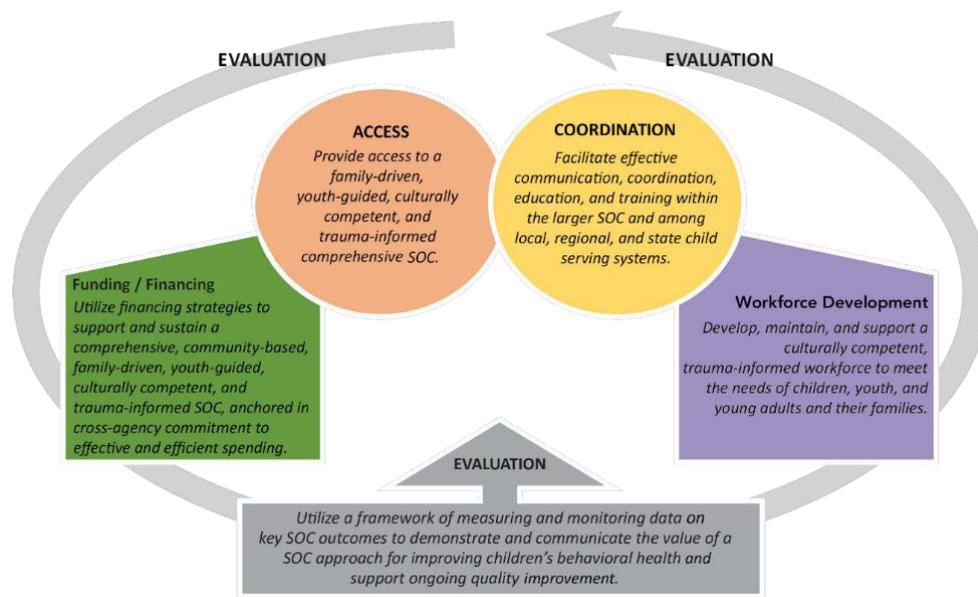


Fig. 1 SOC State Plan Framework

Facilitated by the COE, the IDT broke into four workgroups, one for each focus area except Evaluation, and began to flesh out the goals, goal statements, and short- and long-term objectives for each area. Additionally, IDT workgroup members identified both higher-level strategies and more detailed action items and outputs for their focus areas.

To manage this large undertaking, the IDT devoted a substantial amount of time during each monthly meeting to SOC State Plan work, as well as time outside of regularly scheduled IDT meetings for document content reviews, brainstorming sessions, and additional meetings.

A critical piece of the SOC State Plan's development was the engagement of all IDT members throughout the process – including child-serving agency directors, provider representatives, care management organizations, family and youth representatives, child advocates, and behavioral health researchers. In particular, the continuous involvement of family and youth representatives with lived experience ensured that the family and youth voice was present throughout the plan. Additionally, strong leadership from the IDT chair and co-chair helped the group to stay on track and motivated throughout the development and finalization process. The IDT chair provided detailed updates on the progress and content of the SOC State Plan at BHCC quarterly meetings, and relayed BHCC feedback to the IDT for incorporation and reconciliation with the plan.

In addition to finalizing the SOC State Plan, the IDT continued its work on a number of children's behavioral health initiatives. In the area of Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosis and treatment best practices, IDT members presented on

ADHD work at the Rosalynn Carter Mental Health Forum, and worked to further examine the availability of appropriate behavioral treatments in Georgia. 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. Moreover, the IDT increased the reach of grant activities to more children, families, and service providers and worked to solidify its cross-sector collaborations and partnerships. The IDT's positive and cooperative atmosphere, fostered by the commitment of its members and leadership, allows the group to continue to serve as a unique forum for children's behavioral health discussion, learning, and collaboration in Georgia.

Next Steps

By the end of FY 2017 (June 2017), the SOC State Plan was finalized by the IDT, and on August 16, 2017 (FY 2018), the BHCC approved SOC State Plan (full copy available on the IDT website: <http://gacoeonline.gsu.edu/idt/>). The IDT will focus most its FY 2018 efforts on implementing year one of the SOC State Plan. To achieve this goal, the IDT will first spend time fleshing out, in detail, the SOC State Plan's year one implementation plan. This includes identifying activities and steps required to achieve action items and strategic goals; creating accurate implementation timelines; identifying individuals from member agencies and organizations to work on goals; and further prioritizing year one action items and strategic goals. The IDT members will use current feedback loops within member agencies and organizations to solicit public input on the SOC State Plan to inform years two and three of the plan. The IDT members will also develop and implement a SOC State Plan communications plan, outlining how to communicate progress on the SOC state plan to key constituencies (including families and youth), IDT member agencies and organizations, and the BHCC, in order to maintain ongoing support for and input on the plan. Finally, IDT chairs (supported by the COE) will project SOC State Plan implementation funding requirements, initiate funding discussions with member agencies, and identify funding. The COE will work closely with IDT chairs to staff, manage, and drive forward the finalized year one SOC State Plan work.

The full IDT Annual Report, SFY2017 is available on the IDT website, at <http://gacoeonline.gsu.edu/idt/>.

Transition Reentry Workgroup

Initially convened in May 2013, the Transition Reentry Workgroup is charged with developing strategies to address interagency barriers and formulating plans and recommendations targeting interagency collaboration that will better facilitate access to community mental health services and supports for individuals with serious mental illnesses transitioning from the correctional system into the community.

Co-Chairs

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

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

Workgroup Committee Representation

Department of Behavioral Health and Developmental Disabilities

Department of Community Affairs

Department of Community Health

Department of Community Supervision

Department of Corrections

Department of Human Services

Department of Juvenile Justice

Department of Veterans Affairs

Division of Family & Children Services (DHS)

Georgia Vocational Rehabilitation Agency

State Board of Pardons and Paroles

Priorities

During early meetings, the workgroup identified several barriers and systemic challenges faced by state agencies and people transitioning back into the community following incarceration. Multiple barriers were initially identified, and four were chosen as priority areas of focus for the workgroup:

1. *Stigma*: Addressing stereotypes and misconceptions about people with histories of behavioral health challenges
2. *Capacity and Access*: Addressing the ability to meet the need for services and supports
3. *Awareness and Access to Knowledge*: Increasing opportunities for sharing and disseminating information on appropriate and available services and resources
4. *Housing*: Addressing access and resource planning

Accomplishments and Findings

- Ongoing data-sharing between agencies helps the workgroup stay focused on the reentry population's service needs. During each workgroup meeting and BHCC meeting, data is provided on the total mental health population incarcerated from month-to-month and total number of people released who have a level 3 or 4 classification in the GDC system. As service needs are being discussed, this allows the workgroup and council to be continually mindful of the population of focus.
- Several partnering state agencies have incorporated RESPECT Institute speakers into agency meetings, trainings, and orientations to share their personal experiences of mental illness or mental illness and criminal history, and their process of recovery. This targets the area of stigma.

Forensic Peer Mentor Program

FY 2017 witnessed completion of the fourth cohort of Forensic Peer Mentor training (FPM). This is a partnership involving DBHDD, GDC, DCS, and the Georgia Mental Health Consumer Network (GMHCN). The FPM program developed as an initiative of the transition reentry workgroup, and was the first forensic peer mentor collaboration in the state involving development of a Georgia-specific training curriculum; training of certified peer specialists who have lived experience both with mental illness and criminal justice; and employment of trained peers in state prisons and day reporting centers. In FY 2017, the FPM program had 26 certified forensic peer mentors, 21 of whom were actively employed. They worked in Lee Arrendale State Prison; Baldwin State Prison; Phillips Transition Center; Pulaski State Prison; day reporting centers in Atlanta, Athens, Clayton County, Gainesville, Griffin, and Rome; mental health treatment courts in Cobb and Hall counties; and the forensic units of Georgia Regional Hospital-Atlanta and Central State Hospital. Across all prisons, day reporting centers, and state forensic units, a total of 380 individuals were served by the Forensic Peer Mentor Program. At each of the sites, FPMs participate in discharge planning and/or transition planning sessions for the people whom they support. A total of 16,059 sessions were facilitated in FY 2017.

FPMs provide support to individuals as they transition from prisons, hospital forensic units or day reporting centers back into the community. Outcomes for participants are tracked for as long as they remain engaged with the FPM. Of the 283 people for whom post-release data was tracked:

- 54% obtained employment;
- 47% obtained housing;
- 32% participated in community behavioral health services; and
- There were only 2 re-arrests (0.95%), 0 reconvictions, and 1 probation parole revocation (0.47%).

This program continues to be a great success, and we hope to receive additional funding to support its expansion into more facilities.

Prison to Purpose Video Project

The Transition Reentry Workgroup has been focusing on strategies to extend messaging about the Forensic Peer Mentor Program throughout Georgia and beyond. The concept developed of creating a video to be shared on each of the websites and social media sites of our partnering state agencies. On December 7, 2017, the first half of the Forensic Peer Mentor video, "From Prison to Purpose," was filmed at Lee Arrendale State Prison. This segment of the video features commentary from the former warden Kathleen Kennedy, who despite initial concerns about the project, was one of the first in Georgia to allow the forensic peer mentor program into her prison. Also interviewed were two current certified Forensic Peer Mentors, one who currently serves as program coordinator, and one who was a participant in the FPM Program at Lee Arrendale when the program first began and is now certified as an FPM. Footage of an actual transition planning session with a current returning citizen at Lee Arrendale was also filmed. Once completed, this video will be used to highlight how the Forensic Peer Mentor Program is key in interrupting the cycle of recidivism among returning citizens with mental health and substance use disorders for whom transition back into the

community can be extremely challenging. In addition, this video may be used to promote expansion of the program into other prisons and day reporting centers across the state, as a recruitment tool for new forensic peer mentors, and to continue DBHDD's efforts to reduce stigma. The second half of video development will take place in January 2018, with project completion and distribution of the video link by March 2018.

2nd Annual Respect in Recovery 5k

In 2016, the Transition Reentry Workgroup initiated an event that was intended to celebrate agency collaboration, respect, and recovery. This has become an annual event, and our 2nd Annual Respect in Recovery 5k Race/Walk took place October 13 at Grant Park. Approximately 260 staff, providers, partners, and advocates came together walked, ran, fellowshiped, ate lunch, and listened to speakers sharing inspiring 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), the U.S. Attorney's Office, Northern District Metro Atlanta Re-entry Coalition, and the Department of Behavioral Health and Developmental Disabilities (DBHDD). The event also featured a clip from the film, *Released*. In addition to speakers, we had an artist's gallery for peers to display their works of art, and we celebrated the peer whose winning design adorned the race t-shirts. Prizes were awarded for race winners by age category.

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 back into the community at some point. Our state agencies partner to ensure that services and supports are accessible to this population, and that they have opportunities to live lives of recovery and independence.

Anti-Stigma Training Curriculum

Realizing that there is a need for increased understanding and awareness of behavioral health challenges among Department of Community Supervision officers, the Transition Reentry Workgroup developed an anti-stigma train-the-trainer curriculum. The "Decreasing Stigma & Improving Interactions between Community Supervision Officers and Individuals Living with Behavioral Health Problems" curriculum was presented to DCS officers as part of an annual mandatory in-service for officers statewide. This training is ongoing and will allow community supervision officers to be better equipped to support individuals living in the community under court ordered supervision. FPMs attended the vast majority of trainings to offer a live perspective on the benefits of their lived experience and how they are using that experience to assist others in avoiding recidivism once they return to their communities following incarceration.

Family Reunification Project

Development of the Family Reunification Project is in response to the 2015 Transition Reentry Workgroup survey given to 100 returning citizens each at Lee Arrendale and Phillips state prisons. In the survey, returning citizens who had previously recidivated identified "fostering family relationships and support" as something that would have

been helped prevent their recidivism. With this insightful data, in early 2017, the DBHDD, GDC, DCS, and other stakeholders began convening a workgroup to develop the Family Reunification Project. Plans include concurrent completion of a six-month family-focused reentry curriculum, followed by six months of family counseling that will be co-facilitated by licensed therapists, certified FPMs, and certified peer specialist parents who have been specially trained to support family members of incarcerated individuals. These family sessions will be delivered via telehealth technology at Lee Arrendale and Phillips, and in-person at Metro State Prison. A significant accomplishment conducted by the workgroup thus far was leading two focus groups with certified peer specialist parents entitled, Expanding Peer Support – Forensic Peers and the Impact of Family Recovery. The results of both focus groups have guided the workgroup and will be instrumental in the development of the project’s curriculum and ongoing post-release programming. As it currently stands, this project will be an enhancement of the current Forensic Peer Mentor Program, focusing on strengthening the natural family support system that awaits at home once returning citizens transition back into the community. The goal is to begin implementation at Lee Arrendale, Philips, and Metro state prisons in 2018.

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 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.

The Council identified the following shared priority areas for 2017:

- 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 <i>(January–November)</i> -----	Clyde Reese DCH Commissioner <i>(January–November)</i> -----	Stanley Jones Family Representative	Terry Barnard PAP Chairman Homer Bryson DOC Commissioner <i>(January–November)</i> -----
	Judy Fitzgerald DBHDD Commissioner <i>(November–December)</i>	Frank W. Berry DCH Commissioner <i>(November–December)</i>		Robyn Crittenden DHS Commissioner <i>(November–December)</i>
2017	Judy Fitzgerald DBHDD Commissioner	Frank W. Berry DCH Commissioner	Stanley Jones Family Representative	Robyn Crittenden DHS Commissioner Lavinia Luca Disability Services Ombudsman <i>(July-December)</i>