

**Behavioral Health  
Coordinating Council  
2015 Annual Report**



**DBHDD**

*Submitted by*

Georgia Department of Behavioral Health  
& Developmental Disabilities  
Frank W. Berry, Commissioner

March 2016

# Behavioral Health Coordinating Council 2015 Annual Report

## BACKGROUND

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In 2009, the 150<sup>th</sup> 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

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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

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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**

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**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:**

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

**Members:**

Commissioner Camila Knowles, *Department of Community Affairs*

Commissioner Homer Bryson, *Department of Corrections*

Commissioner Michael Nail, *Department of Community Supervision*

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*

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**

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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 Frank W. Berry, Chair**

Department of Behavioral Health and Developmental Disabilities

**Commissioner Clyde L. Reese, III, Esq., Vice Chair**

Department of Community Health

**Stanley Jones, Esq., Secretary**

Family Representative

**Chairman Terry E. Barnard**

State Board of Pardons and Paroles

**Commissioner Homer Bryson**

Department of Corrections

## **COUNCIL MEETINGS**

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In 2015, the Council maintained a quarterly meeting schedule. 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 DBHDD's website at: <http://dbhdd.georgia.gov/georgia-behavioral-health-coordinating-council>.

### **BHCC Full Council Meeting Schedule**

March 25, 2015

June 24, 2015

September 23, 2015

December 16, 2015

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

February 18, 2015

May 13, 2015

August 12, 2015

November 18, 2015

## Georgia Interagency Directors Team (IDT)

The Georgia Interagency Directors Team (IDT) was created by DBHDD in 2011, and reports to the BHCC. The IDT is a public-private partnership that seeks to improve children's behavioral health in Georgia by designing, facilitating, implementing, and managing an integrated approach to a child and adolescent system of care that informs policy and practice, and shares resources and funding. The BHCC may assign specific work requests to the IDT, and in turn, the BHCC provides high-level support for IDT initiatives.

Members of the IDT workgroup include more than 20 representatives from state child-serving agencies, child, family, advocacy, and provider groups, as well as the Centers for Disease Control and Prevention, which serves as a federal consulting partner. The group was borne out of SAMHSA's Child and Adolescent State Infrastructure Grant (CASIG) Interagency Workgroup ("KidsNet Georgia"), which focused on supporting local system of care development, and ran from 2004 through March 2011.

The IDT fosters collaboration between agency program directors and community partners to develop and implement shared strategic objectives, and communicate behavioral health issues to multiple audiences with a unified voice. IDT members in fiscal year 2015 included:

- Amerigroup Community Care/Georgia Families 360°
- The Carter Center
- The Centers for Disease Control and Prevention
- Center of Excellence for Children's Behavioral Health (Georgia State University)
- Center for Leadership in Disability (Georgia State University)
- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Community Health
- Georgia Department of Education
- Georgia Department of Early Care and Learning
- Georgia Department of Human Services
- Georgia Department of Juvenile Justice
- Georgia Department of Public Health
- Georgia Parent Support Network
- Georgia Vocational Rehabilitation Agency
- Get Georgia Reading – Campaign for Grade Level Reading
- Together Georgia
- Voices for Georgia's Children

### Summary

The IDT's positive and cooperative atmosphere, fostered by the commitment of its members and leadership, allows the group to provide a unique forum for discussing and collaborating on children's behavioral health in Georgia.

The IDT report highlights the group's activities and accomplishments during fiscal year 2015. These include:

- Creating a memorandum of understanding (MOU) between all partnering agencies that outlines the IDT's purpose and goals;
- Creating a draft of operating guidelines to support the IDT's sustainability and ability for members to work together effectively;
- Presenting the workgroup's fiscal year 2014 findings on ADHD to the BHCC, and setting up an in-depth study of ADHD and psychotropic medication patterns among children in state care;
- Furthering the IDT's fiscal year 2014 work for Children in Need of Services (CHINS), by surveying school personnel on their understanding of the juvenile justice code rewrite (as it relates to CHINS), and collaborating with the Barton Law Center to create informational documents for schools;
- Developing resources for transition-aged youth and young adults (TAYYA), including: an online list of services and supports for TAYYA in Georgia; a document about TAYYAs to help service providers better understand this population; and publication of TAYYA competency trainings; and
- Creating an ongoing record of the partnerships that have been created or furthered between IDT members (and others outside of the workgroup).

The Center of Excellence for Children's Behavioral Health (COE), under Georgia State University's Georgia Health Policy Center, plays a critical role for the IDT by providing the group with administrative, research/evaluation, and strategic planning support. The COE organizes monthly IDT meetings and pre-meeting planning sessions with IDT chairs, and manages the IDT website (<http://gacoeonline.gsu.edu/idt/>) and listserv ([idt@gsu.edu](mailto:idt@gsu.edu)).

## **Grants**

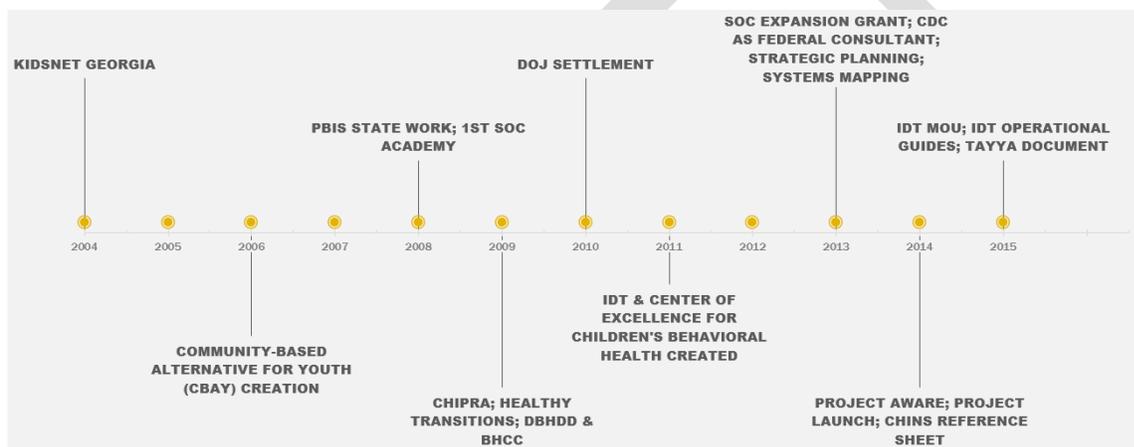
IDT partners received three important grants in fiscal year 2015:

- Department of Education:  
Project AWARE (*Advancing Wellness and Resilience in Education*) is a five-year federal grant from SAMHSA to increase mental health awareness among youth, provide Youth Mental Health First Aid training, and connect youth with appropriate services within schools. Project AWARE is currently operating in Muscogee, Newton, and Spalding counties.
- Department of Public Health and Department of Behavioral Health:  
Project LAUNCH (*Linking Actions for Unmet Needs in Children's Health*) is a \$4 million grant managed by SAMHSA, with guidance from the Administration for Children and Families, the Health Resources and Services Administration, and

the CDC. Over the course of five years, project LAUNCH aims to promote overall young child (birth to eight years) wellness—including emotional, cognitive, and behavioral development—in preparation for school readiness, learning, and success. Project LAUNCH will be implemented in Muscogee County. In fiscal year 2015, the IDT helped Project LAUNCH evaluators with an environmental scan of all programs, services, and other supports provided to the program’s target group.

- Amerigroup (Georgia’s sole care management organization for foster youth), the Division of Family and Children Services, and Families First: COACHES (*Coaching and Comprehensive Health Supports*) is a five-year, \$5.8 million award to support Georgia’s youth (ages 17-20), who are transitioning out of foster care and have a documented history of behavioral health needs.

### Timeline of defining moments in the IDT’s history



### Fiscal Year 2015 Strategic Plan

Live polls conducted with Georgia parents, youth, providers, agency employees, and advocates at the 2014 System of Care Academy conference allowed attendees to express desired priority areas for the IDT’s next strategic plan. The majority of those polled (54 percent) indicated that they would like for the IDT to focus on expanding resources for TAYYA. During its fiscal year 2015 strategic planning process, the IDT discussed the poll result and other potential focuses, including rural crisis services/provider shortage, CHINS, and continuing to study appropriate ADHD diagnosis/treatment. After an open group discussion and anonymous live voting, the IDT decided to focus its fiscal year 2015 strategic plan “sub-goal” and action items on TAYYA. Additionally, two special projects were dedicated to continuation of the ADHD and CHINS projects.

### Sub-Goal

Develop and promote programs, services, and supports that engage TAYYA to ensure their successful transition to adulthood.

IDT members provided information on resources available to TAYYA, and the COE organized the information for group discussion. Data highlights:

- Transition-age youth make up approximately 14 percent of Georgia’s population. The CDC’s 2013 Youth Risk Behavior Survey indicates that, among Georgia’s youth (grades 9-12):
  - 28 percent have felt sad or hopeless every day for two or more weeks
  - 14.3 percent had suicidal ideations
  - 20.3 percent reported marijuana use
  - 17.7 percent reported illegal prescription drug use
  - 13.3 percent reported binge drinking
  - Georgia’s youth had more reported eating disorders and dating violence than youth nationally.

In 2012, 66.3 percent of all STD cases in Georgia were from people ages 15-24. From 2008-2012, the top 10 causes of ER admissions for people ages 15-19 included genitourinary diseases, pregnancy/childbirth, behavioral or mental health disorders, battery, and homicide. Georgia’s four-year high school graduation rate from 2011-2012 was 10 percent below the national average for both low-income students and the general population. Nearly 35 percent of active inmates in the Georgia prison system were between ages 14-25 at the time of admission. Nationally, more than 25 percent of youth previously enrolled in foster care reported being incarcerated in the past two years; 25 percent also reported being homeless in the last two years.

The IDT divided into five workgroups to focus on the specific priority areas identified in the fiscal year 2015 strategic plan. These areas include:

- TAYYA Strategy Area #1: Training & Education
  - Develop a cross-system agency guide for TAYYA protocols using models from other state agency guides; circulate the guide among agencies; and adapt into a resource for families.
  - Identify youth competency training to implement in the system of care.
- TAYYA Strategy Area #2: Services & Supports
  - Identify successful programs/practices for TAYYA in other states (focusing on school-based programs), as well as gaps in Georgia’s gaps in services.
- TAYYA Strategy Area #3: Policy & Practice
  - Create MOU between IDT agencies
  - Create operating guidelines for IDT
- Special Project: CHINS (continued from fiscal year 2014)
  - Create document tailored toward school personnel that contains information, resources, and prevention guidelines for CHINS; survey school personnel’s knowledge before and after reading the document.
- Special Project: ADHD (continued from fiscal year 2014)
  - Incorporate best practices for ADHD treatment of young children in Muscogee County, through the Project LAUNCH grant; evaluate the effect

of Amerigroup policy changes on the trends in ADHD treatment of young children, including those in foster care and adoption assistance

- The CDC and Amerigroup amended the evaluation reports that track the effectiveness of the Georgia Families 360 prescription drug program. The results of the evaluation will be incorporated into the fiscal year 2016 plan.

### **Presentations and Publicity**

Members of the IDT have given a number of state and national presentations; the group's work has also been recognized in the news:

- July 16-20, 2014: The COE presented a poster entitled, "Improving Children's Mental Health Care in an Era of Change, Challenge and Innovation: The Role of the System of Care Approach," at the Georgetown University 2014 Training Institutes in Washington, DC.
- September 24, 2014: CDC leaders presented to the BHCC on ADHD.
- January 12, 2015: The COE informed state legislators about the IDT's rural youth crisis systems mapping during a systems mapping/health policy course.
- January 21, 2015: The COE presented on both general IDT collaborative work and CHINS-specific initiatives at a CHINS Advisory Council meeting.
- March 24, 2015: The CDC spoke about ADHD during DFCS' Ask the Expert Series.
- May 15, 2015: DCH, CDC, and Amerigroup led a presentation on ADHD treatment practices in Georgia at the 20<sup>th</sup> Annual Rosalyn Carter Georgia Mental Health Forum.
- May 18, 2015: National Public Radio/WABE reported on the Carter Center Mental Health Forum presentation (<http://wabe.org/post/cdc-ga-s-use-adhd-medication-children-above-average>).

The IDT's work over the last two years has been extremely well received among Georgia's state agencies, providers, and advocates, as well as nationally among similar parties, researchers, and thought leaders. The IDT continues to record, share, and promote its work to improve children's behavioral health and strengthen Georgia's system of care.

### **Partnerships**

One of the most important aspects of the IDT has been the opportunity for partnership between IDT members working on similar projects (beyond those identified by the group in its annual strategic plans). 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 provide 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 Department of Early Care and Learning and the Department of 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 Department of Behavioral Health and Developmental Disabilities and the Department of 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 coordinated 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.
- The Georgia Vocational Rehabilitation Agency and the Department of Behavioral Health and Developmental Disabilities signed a memorandum of understanding for the provision of shared access to resources to coordinate the delivery of services to adults and transition age youth and young adults.
- 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.

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.

### **Evaluation of the Collaborative**

A key part of the COE's role in the IDT partnership is to help the team assess its success as a collaborative, and in particular, assess members' perceptions of factors related to

successful collaboration. Near the end of fiscal year 2015, the COE administered a survey to IDT members. Feedback for areas of improvement included:

- Developing short-term steps to move forward long-term goals;
- More accessible meetings and better post-meeting documentation;
- Increased opportunity for all members to have their ideas recognized;
- Shared leadership and ownership; and
- Stronger alignment within the system of care for goals, objectives, and strategies.

The survey results were discussed with the group during the first IDT meeting of fiscal year 2016. Areas for improvement will be prioritized and addressed where feasible.

### **Next Steps: Fiscal Year 2016 Strategic Planning**

The IDT began with a discussion of stewardship, led by Karen Minyard, executive director of the Georgia Health Policy Center. The group completed a live survey to measure adaptive capacity. Momentum from this exercise was directed into an informal group discussion about fiscal year 2016 focus areas, which included:

- Crisis mental health services,
- Underserved areas,
- Autism,
- School-based mental health, and
- Telehealth.

The group also wanted to continue working on ADHD and TAYYA initiatives, with the overarching theme for these focus areas being increasing access to behavioral health services. After voting on priority areas, the group chose to focus on emerging adults (TAYYA), school-based mental health, and telehealth – all within the framework of increasing access to services. In fiscal year 2016, the IDT plans to continue its collaborative efforts to strengthen and improve the system of care for Georgia’s children.

## **Transition Reentry Workgroup**

The Transition Reentry Workgroup was convened by the BHCC in 2013 to bring together partners from multiple state agencies involved with the corrections population. The workgroup explores interagency barriers to reentry, and develops strategies to better coordinate services between agencies. Its goal is to improve access to community mental health services for people transitioning out of the correctional system.

### **Workgroup Co-Chairs**

Jay Neal, former director of the Governor’s Office of Transition, Support and Reentry  
Terri Timberlake, Ph.D., director of DBHDD’s 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: Offices of Forensic Services; Jail Diversion and Trauma Recovery; Adult Mental Health; and Child and Adolescent Mental Health
- Department of Community Affairs
- Department of Community Health
- Department of Community Supervision
- Department of Corrections
- Department of Juvenile Justice
- Department of Veteran Services
- Emory University Fuqua Center for Late-Life Depression
- Georgia Vocational Rehabilitation Agency
- State Board of Pardons and Paroles

### **Barriers and Systemic Challenges**

During early meetings, the group identified several barriers and systemic challenges for both state agencies and people transitioning back into the community following incarceration. The workgroup chose to focus on four priority areas:

1. *Stigma*: Addressing stereotypes and misconceptions about people with histories of behavioral health challenges
2. *Capacity and Access*: Addressing the ability to meet service and support needs
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

### **2015 Accomplishments and Findings**

- Ongoing data-sharing between agencies helps the workgroup stay focused on the reentry population as it discusses service needs. At each BHCC and BHCC Executive Committee meeting, the workgroup provides statistics specific to the population of individuals with a level 3 or 4 classification in the corrections system, as well as those being released who have a mental health diagnosis.
- Several state partnering agencies have incorporated RESPECT Institute speakers 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.
- The Forensic Peer Mentor (FPM) program is a partnership of DBHDD, the Department of Corrections (GDC), the Department of Community Supervision (DCS), and the Georgia Mental Health Consumer Network. In 2015, the Transition Reentry Workgroup implemented the first FPM collaboration in Georgia. This effort involved developing a Georgia-specific training curriculum; training certified peer specialists who have lived experience both with mental illness and the criminal justice system; and employing trained peers in a state

prison and two day reporting centers. The program has served 107 individuals, and FPMs have completed 1,739 transition planning sessions with participants at Lee Arrendale State Prison, the Augusta Day Reporting Center, the Atlanta Day Reporting Center, and Georgia Regional Hospital at Atlanta.

The second cohort of FPM training began in December 2015 and includes 12-14 peers. The workgroup has agreements with additional facilities and will expand this collaboration into two more prisons and three more day reporting centers.

- The workgroup developed a comprehensive re-offender survey designed to help identify, better understand, and address specific issues that contribute to recidivism for people with mental illness. The 21-item survey was given to 200 inmates at Lee Arrendale and Phillips State Prisons with level 3, 4, or 5 categorization. A full report of outcomes and summary of key findings was distributed to all workgroup participants, as well as leadership within DBHDD, GDC, and DCS. Planning is underway for strategies to target the identified needs.

## **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**

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#### **Enhanced Interagency Collaboration**

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 2015:

- 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.

## **2016 BHCC MEETING SCHEDULE**

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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 2016 meeting dates are:

March 23, 2016

June 22, 2016

September 21, 2016

December 14, 2016

## **CONTACTS**

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## Appendix A

### Acronyms

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

## Appendix B

### History of Behavioral Health Coordinating Council Executive Committee

	<b>CHAIR</b>	<b>VICE-CHAIR</b>	<b>SECRETARY</b>	<b>MEMBERS-AT-LARGE</b>
<b>2009</b>	<b>Frank E. Shelp, M.D.</b> DBHDD Commissioner	<b>Albert Murray</b> DJJ Commissioner	<b>BJ Walker</b> DHS Commissioner	N/A
<b>2010</b>	<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
<b>2011</b>	<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
<b>2012</b>	<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
<b>2013</b>	<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
<b>2014</b>	<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
<b>2015</b>	<b>Frank W. Berry</b> DBHDD Commissioner	<b>Clyde Reese</b> DCH Commissioner	<b>Stanley Jones</b> Family Representative	<b>Terry Bernard</b> PAP Chairman  <b>Homer Bryson</b> DOC Commissioner