

October 6, 2008

To the Editor:

Gov. Sonny Perdue recently announced plans to dismantle the mammoth Department of Human Resources (DHR) and spread its programs among three state agencies. As a former member of both the State House of Representatives and the State Board of Human Resources, I can only observe that the restructuring is long overdue. I chaired the Mental Health, Developmental Disabilities, and Addictive Diseases (MH/DD/AD) Committee of the Board of Human Resources, and observed first hand how dysfunctional DHR has become.

The restructuring of DHR began in the State House of Representatives with a 2007 Study Committee on the State Health System. Led by House Appropriations Committee chair Ben Harbin and fellow committee member Rep. Mark Butler, the Study Committee's findings prompted the Governor to appoint this year his own Taskforce on Health and Human Resources. Sens. Jack Hill and Renee Unterman joined Reps. Harbin and Hill on the Taskforce.

The Taskforce's recommendations were embraced by the Governor. First, there will be a new Department of Behavioral Health to house DHR's mental health and addictive diseases programs. Second, the Department of Community Health, the state's Medicaid agency, will be renamed the Department of Health and add DHR's Division of Public Health and health facilities regulatory functions. Third, DHR will become the Department of Human Services and retain the Division of Family and Children Services, the Division of Aging, and the developmental disabilities programs. Legislation will be needed to be enacted in the 2009 session of the General Assembly. The forecasted effective date of these changes is July 1, 2009.

Splitting the current MH/DD/AD Division's programs among two state agencies is a terrible idea. Apparently, "advocates" for the developmentally disabled convinced the Governor that these programs have a different mission than behavioral health. These advocates are in fact the same private providers and their supporters who brought us House Bill 100 in 1993. This reform intended to place decision making in regional boards and offices which were separate from the public service providers, the community service boards (CSBs). This artificial separation of planning and service delivery resulted in a bloated regional bureaucracy at the expense of the CSBs and other providers. The last fifteen years have witnessed a surprising deterioration in the state hospitals for persons with mental illness, addiction, and developmental disability.

I do not believe it is in the best interest of those with developmental disabilities to remain with the remnants of DHR in the new Department of Human Services. There should be a Department of Behavioral Health and Developmental Disabilities. The service needs of persons with mental health illness and developmental disabilities often overlap, and many are diagnosed with both conditions. They do not need to become volleyballs batted across the net dividing the Department of Behavioral Health and the developmental disabilities programs of the Department of Human Services.

The state's programs for the mentally ill, the addicted, and the developmentally disabled must be under the direction of qualified and experienced professionals. Service providers who call themselves advocates need to pick one role or the other.

Family members and caregivers need to be heard and included in discussions about restructuring. This is not to say that they are the only persons knowledgeable about MH/DD/AD issues. Unless you have a disability or are a family member of someone with a disability, you really do not have an understanding the problems – both present and future. Presently, little is being done to address their issues.

I fully support the direction the Governor, Sens. Hill and Unterman, and Reps. Harbin and Butler have charted, but hope the legislation eventually enacted by the General Assembly will place programs for those with developmental disability into a Department of Behavioral Health and Developmental Disabilities.

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