

**Public Health Commission
Monday, August 9, 2010**

Presentation by W. Douglas Skelton, M.D., District Health Director for the Coastal Health District, and a former commissioner of the Department of Human Resources and former director of the Division of Mental Health in the Department of Human Resources.

Congratulations on your appointments to the Commission, and thank you for the opportunity to speak with you today. I have been asked to address Public Health as a component of an Umbrella Agency and I will do so, but will include other comments which I hope will be helpful to you.

Brief Historical Perspective: The initial Department of Health in Georgia was created at the urging of the Medical Association of Georgia. It did not include mental health services until 1959 when an expose of inhumane care at Central State Hospital in Milledgeville culminated in transferring the state psychiatric hospitals from the Department of Welfare to the Department of Health. By the time of the Carter Administration the mental health component of the Department of Health budget was around 80%, and advocates were urging Governor Carter to free mental health from a perceived dominance by public health. He did so by creating the Department of Human Resources with separate divisions of public health, labeled as physical health, and mental health. A similar problem would be created today if Public Health was merged with Behavioral Health, plus the problems in the behavioral health system, including potential oversight by a federal court likely would leave public health struggling to be heard.

Division Director in an Umbrella Agency: My experience as a division director of mental health was positive. However, to move the mental health program forward I had to work with a deputy commissioner who had a vision of a common human resource staff and a single human resource record, the former not professionally possible and the latter a violation of confidentiality laws, plus deal with a young CPA commissioner who kept designing flow charts and competing with the deputy commissioner for the leadership role.

So why was my experience positive? It was positive and productive because Governor Carter and Mrs. Carter were strong supporters of mental health and Governor Carter was personally involved in my efforts, including having me update him personally on the changes being made, and his moving our budget priorities higher.

The lesson is clear. If a division director in an umbrella agency has the governor's support the agency will be supported. If, on the other hand, the governor is disinterested or even non supportive, the division director will have to convince his or her superior or superiors of the agency's needs and to depend upon others to make the agency's needs known. The recent advocacy to split DHR by creating

separate departments of behavioral health, public health, and aging testifies to the views of advocates that the umbrella structure was not meeting the needs of those served by the three divisions.

Properly supported, a division can succeed, but support will wax or wane with changes in the departmental leadership and the office of governor. One advantage is that a division director may survive a change in administrations, cabinet officials usually do not.

The Independent Agency Perspective: I agree totally with Dr. Shlep's comments. The advantages for the agency is the agency's leader has direct access to the Governor, the General Assembly, the Office of Planning and Budget, the Legislative Budget Office, the Senate Budget Office, the media, and advocacy groups. Successful advocacy and leadership moves the agency forward, lack of success usually, and should, leads to dismissal. The only negative I see is that the agency leader, as a governor's cabinet officer, usually leaves with a change in administration.

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