

# Board Meeting

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental  
Disabilities

February 26, 2026



# Agenda

## Roll Call

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## Call to Order

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## Introduction of Guest Speaker

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## Action Items

- Board Meeting Minutes – February 26, 2026
- Rules Update Presentation
  - Rules and Regulations for Drug Abuse Treatment and Education Programs-Request for approval of publication of revised proposed DATEP Rules for additional 30-day comment period
  - Rules and Regulations for Licensure Enforcement and Sanctions – Request for Final Adoption

## Commissioner's Report

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- Co-Responder Budget Presentation
- UGA Ralston Institute Overview
- 2026 Legislative and Budget Update
- Board Engagement

## Chair's Report

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## Public Comment

# Roll Call

Chelsee Nabritt

*Board and Special Project Manager*

# Call to Order

Lasa Joiner

*Chair*

# Introduction to Guest Speaker

Ursula Berger

*Outreach Coordinator, Respect Institute of Georgia*

# Action Item

- Board Meeting Minutes – February 26, 2026

# Rules Update Presentation

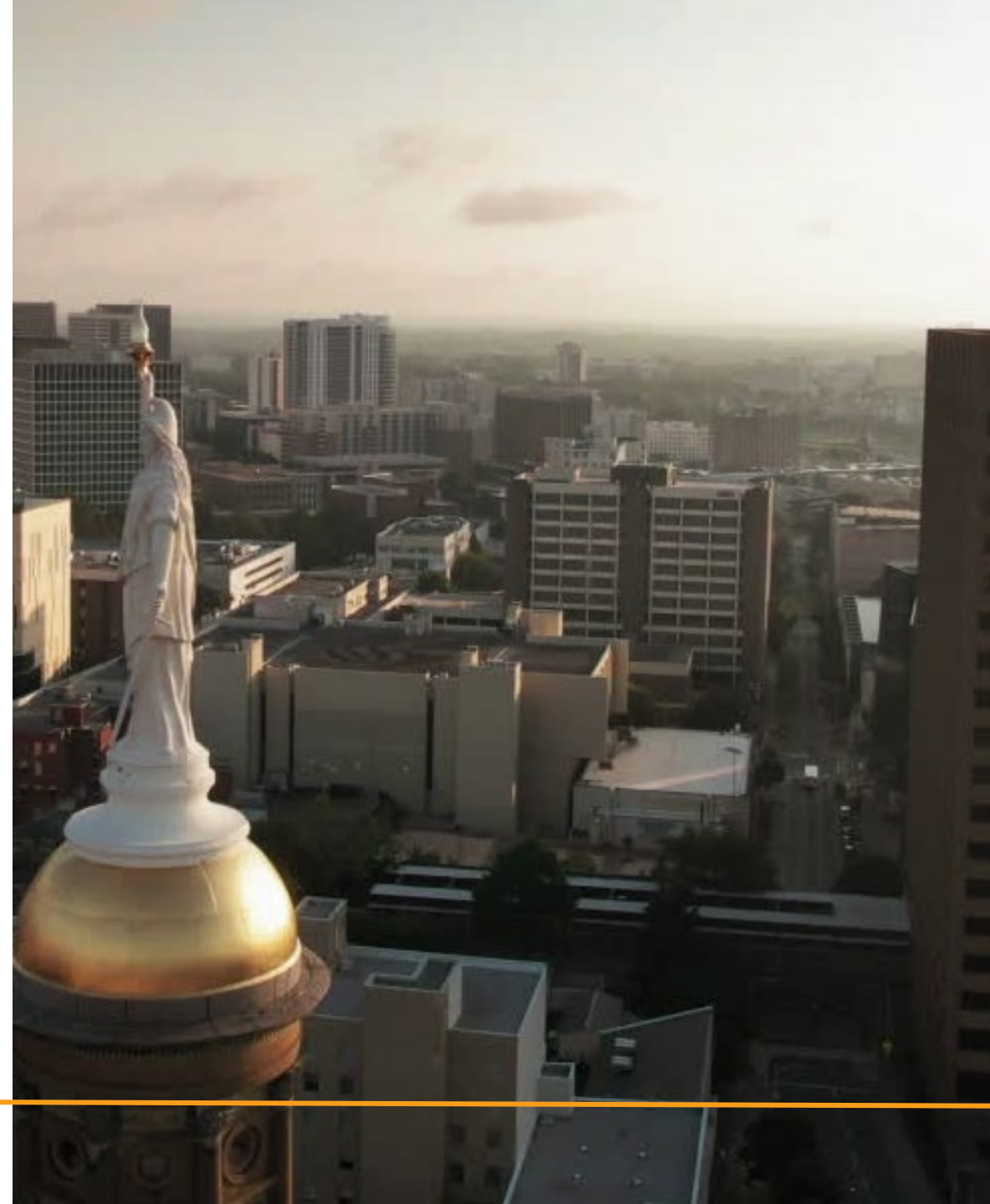


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# Licensure Updates

**Melissa Sperbeck**

Director, Division of Strategy, Technology, and Performance





# Licensure Rules

## Process for approval and implementation

**Currently:** Facilities are subject to existing HFRD rules.

**DBHDD is updating rules in 2026 to reflect the change in Licensing Authority and make any needed modifications.**



### Board Presentation

Proposed rules are presented to the DBHDD Board starting the formal rulemaking process



### Public Comment Period

A public comment period allows for stakeholder input and potential revisions



### Final Adoption

Final adoption occurs at a subsequent board meeting, incorporating public comments

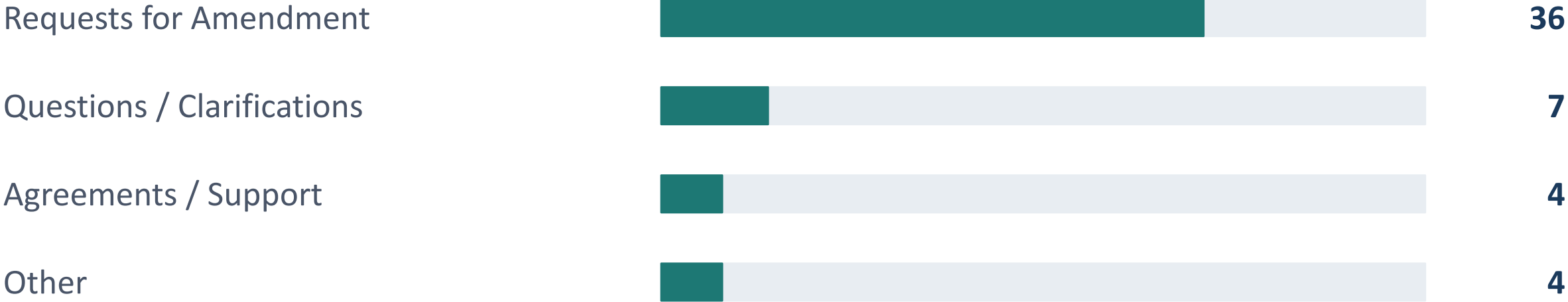
An aerial photograph of a multi-lane highway in a city, with a dense skyline of skyscrapers in the background. The image is overlaid with a semi-transparent blue filter. The text is centered in a large, bold, yellow font.

# **DATEP & Licensure Enforcement and Sanctions Rules**

# Overview: Comment Activity



## Comment Categories



# Drug Abuse Treatment and Education Program

Drug abuse treatment and education program (“DATEP”) means any system of treatment or therapeutic advice, or counsel provided for the rehabilitation of drug dependent persons and shall include programs offered in residential and/or nonresidential settings.

Ambulatory detoxification program

Outpatient drug treatment program

Residential sub-acute detoxification program

Residential intensive treatment program

Residential transitional treatment program

Specialized day treatment program

# DATEP Rules— Key Themes from Public Comment

1

## Outpatient Program Definition

Providers sought clarification on the 20-hour threshold. Upon revisiting the rule, DBHDD determined that the definition and exceptions provided clarification without the hours-based threshold. Added the word "structured" to Outpatient definition.

Rule Change

2

## LPN Role in Admission Assessments

Several commenters requested LPNs perform preliminary assessments under RN supervision. DBHDD revised Rule 82-10-1-.14 to clarify the distinction between screening and assessment activities, addressing LPN participation within scope-of-practice constraints under the Nursing Practice Act.

Rule Change

3

## TB Screening for Staff

Outpatient providers objected to annual TB screening for all staff. DBHDD revised Rule 82-10-1-.10(7): testing now required at hire; annual tuberculosis risk assessment and symptom evaluation required, with testing only as clinically indicated.

Rule Change

4

## Lab Requirements at Admission

Multiple providers noted concerns about laboratory requirements. DBHDD clarified the distinction between screening and assessment and revised Rule 82-10-1-.14 to allow labs to be ordered at admission by protocol/as clinically indicated — completion is not a condition of admission.

Addressed

# DATEP Rules— Additional Comments and Responses

Topic / Rule	Comment Summary & Response	Outcome
<b>Ambulatory Detox — Medical Coverage 82-10-1-.20(3)(b)</b>	Providers sought clarification on whether "on duty" requires physical presence. DBHDD revised: a physician/physician extender or RN must be on duty and on premises during all hours of operation.	Rule Change
<b>Branch Program Licensing 82-10-1-.03(3) / .05(2)</b>	CSBs requested parent programs retain shared licensure for branches. DBHDD declined; each site requires an individual license to enable site-specific enforcement actions.	No Change
<b>Drug Definition (Alcohol) 82-10-1-.03(8)</b>	Two comments requested alcohol be added to the definition of "drugs." DBHDD noted O.C.G.A. §26-5-3(4) explicitly excludes alcohol; a legislative change would be required.	No Change
<b>CARF Accreditation &amp; Survey Frequency 82-10-1-.06</b>	One provider requested accredited facilities be exempt from annual state surveys. DBHDD will continue on-site reviews of all agencies regardless of accreditation status.	No Change
<b>SAMHSA Drug Panel Clarification 82-10-1-.14(1)(b)(1)(i)</b>	Request clarification that the SAMHSA panel is a minimum standard. DBHDD confirmed: it refers to the current 5-drug panel; additional tests may be ordered as clinically indicated.	Addressed
<b>Treatment Plan Approval 82-10-1-.15(3)</b>	Commenters requested removal of the clinical director approval requirement. DBHDD revised Rule 82-10-1-.15(3) to require sign-off by an independently licensed practitioner or certified addiction counselor.	Rule Change

# Licensure Enforcement and Sanctions Rules

Licensure Enforcement and Sanctions Rules provide general licensing and enforcement actions requirements by the Department, ensuring consistent oversight practices.

General Licensing Requirements

Fee Schedules

Enforcement

Sanctions

Surveys, Investigations, and Corrective Action Plans

# Licensure Enforcement & Sanctions (82-14-1)

1

## NTP Annual Fee (\$1,500)

Four commenters objected to the \$1,500 NTP annual fee as disproportionate.

No Change

2

## Civil Penalty Structure & Sanctions

A provider association submitted amendments on penalty structure, violations, corrective action plans, and appeals processes.

Addressed

3

## Interpretive Guidelines

Request for publication of interpretive guidelines to ensure consistent application across surveyors and providers.

Addressed

4

## Accreditation Fee Discount (82-14-1-.04)

Question regarding whether the 25% accreditation discount (\$125 for DATEP) continues under the new fee schedule.

Confirmed

5

## Fee Schedule — CSB & Licensing Structure

Provider Association requested outpatient programs be exempt from DATEP licensure, that CSBs maintain a single license with branches, and that accreditation/ASO monitoring substitute for DBHDD surveys.

No Change

# Recommended Board Actions

✓ All public comments have been reviewed and addressed.

1

**Approve publication of revised proposed DATEP Rules (82-10-1) with ten rule changes incorporated.**

Changes to TB screening, admission screening/labs, LPN participation, treatment plan approval, outpatient definition, and ambulatory **detox** medical coverage.

2

**Adopt proposed Licensure Enforcement and Sanctions Rules (82-14-1) as proposed.**

No rule changes required. DBHDD will address interpretive questions through the operational sanctions matrix already developed.

# Ongoing Work

## **Drug Abuse Treatment & Education Programs**

Facilities providing substance use disorder treatment in residential and outpatient settings

## **Narcotic Treatment Programs**

Specialized programs administering medication-assisted treatment for opioid use disorder

## **Criminal History Background Checks**

DBHDD's review of criminal history background checks to determine suitability for licensure and employment.

## **Community Living Arrangements**

Residential facilities serving adults with developmental disabilities and others, through DBHDD-funded supports

## **Adult Residential Mental Health Programs**

Short-term intensive residential treatment programs for adults with mental illness

# Action Item

- Rules and Regulations for Drug Abuse Treatment and Education Programs-Request for approval of publication of revised proposed DATEP Rules for additional 30-day comment period

# Action Item

- Rules and Regulations for Licensure Enforcement and Sanctions-Request for final adoption

# Commissioner's Report

Kevin Tanner  
*Commissioner*

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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Joy Bell, MPA  
Director, Office of Mental Health Justice Programs

04/23/2026



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# State Funded Co-Responder Programs

Advantage

Loganville/Monroe

Clayton Center

Clayton County

Georgia Pines

Mitchell County

Colquitt County

Highland Rivers

Floyd County

McIntosh Trail

Stockbridge

Middle Flint

Perry

New Horizons

Harris County

Pineland

Bulloch County

Unison

Ware County

# Co-Responder Models

Clinician/First Responder Ride-Along

Dispatch

Telehealth/Virtual

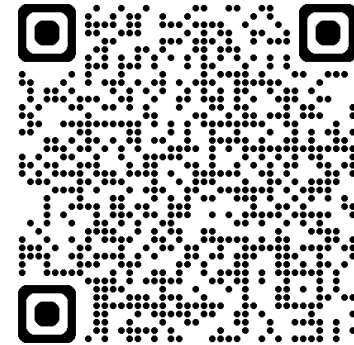
Multi-Jurisdictional

Behavioral Health Professional

School-Based

# Annual Report and Provider Manual

SB 403 requires an annual report be completed to summarize the work that is being done by co-responder programs across the state, this includes data from the programs funded by DBHDD and those who receive funding from other sources.



DBHDD publishes its expectations, requirements, and standards for community providers via policies and the respective Behavioral Health or Developmental Disabilities Provider Manuals. The manuals are updated quarterly throughout each fiscal year (July – June) and are posted one month prior to the effective date.



# Budget Summary

## State Total Budget Justification

<b>Personnel</b>	
<b>Total:</b>	<b>\$8,227,772</b>
<b>General Supplies</b>	
<b>Total:</b>	<b>\$187,615</b>
<b>Transportation - Specific to costs incurred by CSB - does not include LEA co-response vehicle</b>	
<b>Total:</b>	<b>\$329,297</b>
<b>Technology</b>	
<b>Total:</b>	<b>\$239,629</b>
<b>Training</b>	
<b>Total:</b>	<b>\$201,665</b>
<b>Total Direct Costs:</b>	<b>\$9,185,979</b>
<b>Administrative</b>	
<b>Total:</b>	<b>\$844,351</b>
<b>Total</b>	
<b>Grant Request:</b>	<b>\$10,030,330</b>

# Areas of Progress – Georgia Co-Responder Conference 2026

- Gathered law enforcement, behavioral health professionals, and community partners from across the state.
- Focused on strengthening co-responder models and cross-system collaboration
- Featured best practices, program outcomes, and innovative response strategies
- Provided a platform for knowledge-sharing and statewide alignment
- Plans for 3<sup>rd</sup> conference – February 2027



**Peachtree City, GA 2026**

# Areas of Progress - Georgia Partnership in Action for Co-Responders Training (GPACT)

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- Specialized training targeting first responders and behavioral health professionals; including effective techniques, language, and sensitivities to the first responder and behavioral health cultures to improve connection and partnership.
- 1st and 2nd cohorts have been completed
- Working on curriculum for the Train-the-Trainer for sustainability
- First Train-the-Trainer to take place Summer 2026
- Future efforts will prioritize the development of additional modules to enhance the curriculum



# Areas of Progress – School-Based Co-Responder

Georgia Pines has implemented a School-Based Co-Responder Program in partnership with Colquitt County Schools, Thomas County Schools and local law enforcement to address the increasing mental health and behavioral health needs of students.



# Areas of Progress – School-Based Co-Responder

## Colquitt County School Co-Responder

- A licensed clinician works in coordination with School Resource Officers to respond to school-based and community incidents involving students experiencing mental health crises, substance use disorders, or developmental disabilities. We will be adding a case manager to the team which will help provide crisis intervention, early intervention, individual and family support, service coordination, and follow-up services across school, home, and community settings, both in person and virtually as appropriate.

## Thomas County School Co-Responder

- The co-responder team is present in schools during the school day, when incidents most often occur, and remains available for consultation after hours. Services include crisis intervention, short-term counseling, family support, care coordination, and follow-up to ensure continuity of care beyond the initial incident. This approach helps stabilize students quickly and keeps them engaged in school whenever possible.

# Areas of Progress - Co-Responder/ Jail In-Reach Hybrid Pilot



**Morgan County Sheriff's Office and Advantage**

The Co-Responder/Jail In-Reach Hybrid model is a coordinated, cross-system approach designed to address the behavioral health needs of justice-involved individuals at multiple intercept points.

The co-responder model pairs law enforcement with behavioral health professionals to respond to crises in the community, enabling real-time assessment, de-escalation, and diversion from arrest when appropriate. This approach reduces unnecessary incarceration and connects individuals to community-based treatment and supports.

The jail in-reach component ensures continuity of care by identifying individuals with mental health and substance use needs during incarceration and engaging them prior to release. Through assessment, care planning, and direct linkage to community services, jail in-reach helps reduce recidivism, prevent relapse, and support successful reentry.

# Tiered Funding Approach

## **A Request for Proposals (RFP) was issued for a Tiered Funding Approach.**

- This is a funding model where financial support gradually decreases over time as a program becomes more established and moves toward sustainability and independence.

## **Key Purposes:**

- Promote sustainability
- Prevent dependency on state funding
- Encourage diversified funding streams (Medicaid, local partnerships, grants)

## **For a jail in-reach, co-responder, or hybrid program:**

- **Year 1:** State funds 75%, 25% local funding
- **Year 2:** State funds 50%, 50% local funding
- **Year 3:** State funds 25%, 75% local funding
- **Year 4:** 100% local funding

\* This is an open solicitation currently undergoing evaluation.

# The Ralston Institute: Building Stronger Behavioral Health and Developmental Disability Systems in Georgia

Orion Mowbray, PhD  
Executive Director and Professor  
David Ralston Institute for Behavioral Health and Developmental Disabilities

April 23, 2026



**David Ralston Institute for Behavioral Health and Developmental Disabilities**  
*College of Family and Consumer Sciences*  
**UNIVERSITY OF GEORGIA**



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*College of Family and Consumer Sciences*

# Introduction



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# Big questions I try to answer in my research

- How do we better integrate mental health services into other systems?
- How do we expand the supports available to individuals and families?
- How do we redefine what counts as a behavioral health service?
- **Focus areas:**
  - Criminal justice and behavioral health
  - Community-based care and housing
  - Peer support and workforce innovation





# The David Ralston Institute for Behavioral Health and Developmental Disabilities



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# What is the Ralston Institute?

- **Dedicated to improving behavioral health and developmental disability systems in Georgia**
  - Established in 2024
  - Named in honor of David Ralston, a champion for mental health reform
  - Housed at the University of Georgia, College of Family and Consumer Sciences
- **Our role**
  - A statewide hub connecting research, practice, and policy
  - Supporting agencies, communities, and providers with knowledge, data, training, and program implementation
  - Disseminating knowledge to improve the lives for people and families with disability and behavioral health needs



# Areas of emphasis within the Ralston Institute

- **Education**
  - Expanding training, sharing knowledge and outreach/advocacy within behavioral health and developmental disabilities settings
- **Technical Assistance & System Change**
  - Helping systems implement evidence-based practices
- **Public Resources**
  - Developing accessible, Georgia-specific tools and resources
  - Connecting stakeholders to data, best practices, and training opportunities
- **Research & Evaluation**
  - Partnering with state agencies to evaluate programs and inform policy



# Organization of the Ralston Institute

- **Education**
  - Degrees/certifications
  - Training programs
  - Direct Support Caregiver Certification
- **Research and Evaluation**
  - Statewide program evaluation
  - Data and policy support
- **Clearinghouse**
  - Data-driven, public facing dashboards and tools to improve service delivery
- **Center on Human Development and Disabilities**
  - Assistive Technology
  - Employment and community support programs
  - Waiver and service system support



# Foundational Accomplishments 2025-2026

- Joined the national Behavioral Health Workforce Center Alliance to strengthen the Georgia behavioral health workforce through collaboration on best practices from universities across the country.
- **Georgia Behavioral Health Professions Hub:** Reviewed all public-sector behavioral health careers to create a knowledge hub for those exploring the field.
- Created a database of all behavioral health degrees and programs across the University System of Georgia to support coordination with administrators and educators.
- Designated as the evaluation entity for the Georgia Opioid Abatement Trust to understand the impact of the Opioid Settlement fund investments.
- FACS established a new master's degree in Couple and Family Therapy, the first of its kind in the state of Georgia, and a new Behavioral Health minor.





# Upcoming Ralston Institute Projects in Behavioral Health and Disability



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# Justice-Focused Behavioral Health Extension Network

- A partnership with Ralston Institute and the UGA Extension infrastructure to deliver behavioral health education
- Embedding trained behavioral health extension agents in communities across Georgia
  - Goal to strengthen coordination between behavioral health and justice systems
- Focus on prevention and early intervention
- **Goal:** Address behavioral health needs before they become crises



# Behavioral Health in Schools

- **Building capacity across Georgia schools**
  - Statewide training and placement of student advocates aligned with HB 268
  - Focus on trauma-informed practice and early identification
  - Training designed for all
  - Emphasis on consistent, system-wide response
- **Impact:** More responsive school environments and earlier support for students



# Intellectual and Developmental Disability Systems

- **Improving access to services for individuals with IDD**
  - Supporting implementation of a standardized statewide waiver assessment
  - Improving fairness and transparency in service access
  - Providing training, evaluation, and technical assistance
- **Impact:**
  - Improved planning and resource allocation
  - More clear communication for individuals and families





# Defining Institute Success



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# What does Institute success look like?

- 1) A unified network of individuals, groups, and organizations with a shared mission
  - 2) A stronger, more prepared workforce
  - 3) Early identification and support for individuals and families
  - 4) Better coordination across systems
  - 5) Expanded access in rural communities
  - 6) Improved outcomes for individuals with behavioral health and developmental disability needs
- **Partnership is central to our mission**
    - Collaborate on training and education
    - Support for community-based initiatives
    - Sharing tools, data, and best practices
    - Helping to identify and respond to local needs

# The people behind the work



# Thank you

Contact:

Orion Mowbray

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850 College Station Road  
Athens, GA 30602





# **2026 Legislative & Budget Recap**

**Georgia Department of Behavioral Health and Developmental Disabilities**

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Commissioner Kevin Tanner



# What's Next: AFY 2026 Funding for Hospital Beds

## Targeted Investment to Reduce Jail Backlogs & Protect Hospital Capacity

### **\$20.7M for Jail Restoration Center at Augusta Hospital**

- AFY 2026: \$20.7 million for 40-bed standalone JRC
- Data shows faster restoration and better system flow
- This model is scalable, responsible, and cost-effective
- Location: Georgia Regional Hospital—Augusta campus

### **\$409M for 300-bed Facility at Atlanta Hospital**

- AFY 2026: \$409 million for the design, engineering & construction of a new 300-bed hospital facility
- This investment covers multi-year construction timeline.
- Location: Georgia Regional Hospital—Atlanta campus

# FY 2027 BUDGET ADJUSTMENTS

HB 974 PENDING THE GOVERNOR'S SIGNATURE



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## Summary of Statewide Adjustments

<b>(\$84,700)</b>	Reflect an adjustment in telecommunications and infrastructure rates for the Georgia Technology Authority
<b>(\$45.3 M)</b>	Reduce funds to reflect a reduction in the employer contribution rate for the State Health Benefit Plan from 29.454% to 20.264%
<b>\$21,700</b>	Increase funds for the Teachers Retirement System to reflect an increase in the actuarially determined employer contribution rate from 21.91% to 22.32%
<b>(\$1.9 M)</b>	Reflect an adjustment to agency premiums for Department of Administrative Services administered insurance programs
<b>\$218,600</b>	Reflect an adjustment for GA@Work billings to meet projected expenditures
<b>\$6.2 M</b>	Increase funds to reflect an additional 2.92% increase in the employer contribution for the Employees' Retirement System.

\*Totals are approximated. For exact totals, please visit: <https://www.legis.ga.gov/legislation/72234>

# FY 2027 BUDGET ADJUSTMENTS

*HB 974 PENDING THE GOVERNOR'S SIGNATURE*



## Adult Addictive Diseases Services

**(\$142,900)**

Replace state general funds with other funds for the expansion of Hepatitis C screening services at core behavioral health provider sites (net impact to program is \$0)

**(\$50,000)**

Eliminate funds for one-time funding for Hope House

**(\$4 M)**

Reduce funds and utilize Opioid Settlement Trust Funds to provide a continuum of programs, services, and supports for adults who abuse opioids

*\*Totals are approximated. For exact totals, please visit: <https://www.legis.ga.gov/legislation/72234>*

# FY 2027 BUDGET ADJUSTMENTS

HB 974 PENDING THE GOVERNOR'S SIGNATURE



## Adult Developmental Disabilities Services

**\$3.2 M**

Increase funds to annualize 150 NOW/COMP slots for individuals with IDD

**\$11.5 M**

Increase funds and recognize additional waiver enrollment due to attrition for NOW/COMP programs to support 900 new slots for individuals IDD

**(\$2.8 M)**

Reduce funds to reflect an adjustment in the Federal Medical Assistance Percentage (FMAP) from 66.40% to 66.63%

**\$284,000**

Increase funds for NOW/COMP administration

**\$150,000**

Increase funds for family support services

*\*Totals are approximated. For exact totals, please visit: <https://www.legis.ga.gov/legislation/72234>*

# FY 2027 BUDGET ADJUSTMENTS

*HB 974 PENDING THE GOVERNOR'S SIGNATURE*



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## Adult Forensic Services

**\$1.6 M**

Increase funds to annualize operations of the Operation New Hope forensic unit at the West Central Georgia Regional Hospital in Columbus

**\$250,000**

Restore funds for jail-based competency restoration in Cobb County Jail

*\*Totals are approximated. For exact totals, please visit: <https://www.legis.ga.gov/legislation/72234>*

# FY 2027 BUDGET ADJUSTMENTS

HB 974 PENDING THE GOVERNOR'S SIGNATURE



## Adult Mental Health Services

<b>\$2.3 M</b>	Increase funds for mobile crisis response teams to support mental health crisis services
<b>\$2.9 M</b>	Increase funds to support mental health crisis intervention services via the 988 Lifeline
<b>\$9.3 M</b>	Increase funds for the Georgia Housing Voucher Program for 404 additional housing vouchers to achieve substantial compliance with and termination of the behavioral health requirements of the Department of Justice (DOJ) Settlement Agreement
<b>(\$326,000)</b>	Reduction to reflect an adjustment in the Federal Medical Assistance Percentage (FMAP) from 66.40% to 66.63%

\*Totals are approximated. For exact totals, please visit: <https://www.legis.ga.gov/legislation/72234>

# FY 2027 BUDGET ADJUSTMENTS

HB 974 PENDING THE GOVERNOR'S SIGNATURE



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## Child and Adolescent Mental Health Services

**\$ 1.1 M**

Increase funds to annualize the operational cost of the new Gateway child and adolescent crisis stabilization unit in Savannah

**\$500,000**

Increase funds for UGA's Ralston Institute and utilize existing funds (\$1,181,216) for positions and development of resources to include behavioral health training to 300 high-needs elementary and middle schools pursuant to HB 268 (2025 Session).

# FY 2027 BUDGET ADJUSTMENTS

HB 974 PENDING THE GOVERNOR'S SIGNATURE



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## Direct Care Support Services

**(\$200,000)**

Transfer funds from DBHDD to the Department of Veterans Service for one-time funding of debris cleanup, with funds to be restored in FY 2028

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## Departmental Administration (DBHDD)

**\$14,000**

Increase hourly rates for special assistant attorneys general (SAAGs) and paralegals

**\$125,000**

Increase funds for citizen outreach and advocacy

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*\*Totals are approximated. For exact totals, please visit: <https://www.legis.ga.gov/legislation/72234>*

# AGENCY LEGISLATION: Senate Bill 535

*PENDING GOVERNOR'S SIGNATURE*

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## **Sponsors:**

Representative Sharon Cooper

Senator Kay Kirkpatrick

- Focuses on **strengthening Georgia's CSBs**, which make up the backbone of the state's public behavioral health safety net
- **Improves accountability, consistency, and oversight across the CSB system**
- Aligns leadership more closely with DBHDD so **the state can ensure services are meeting community needs and performance standards**
- Helps **strengthen recovery-oriented services** a stronger, more reliable system of care

# AGENCY LEGISLATION: House Bill 1097

*PENDING GOVERNOR'S SIGNATURE*

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## **Sponsors:**

Representative Jesse Petrea

Senator Matt Brass

- Strengthens and streamlines DBHDD's authority to **conduct criminal background checks for certain licensed facilities:**
  - Narcotic Treatment Programs
  - Drug Abuse Treatment and Education Programs
  - Community Living Arrangements for IDD
  - Adult Residential Mental Health Programs
- Improves DBHDD's vetting process and **ensure the safety of individuals receiving services**
- **Does not change the services being provided**

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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

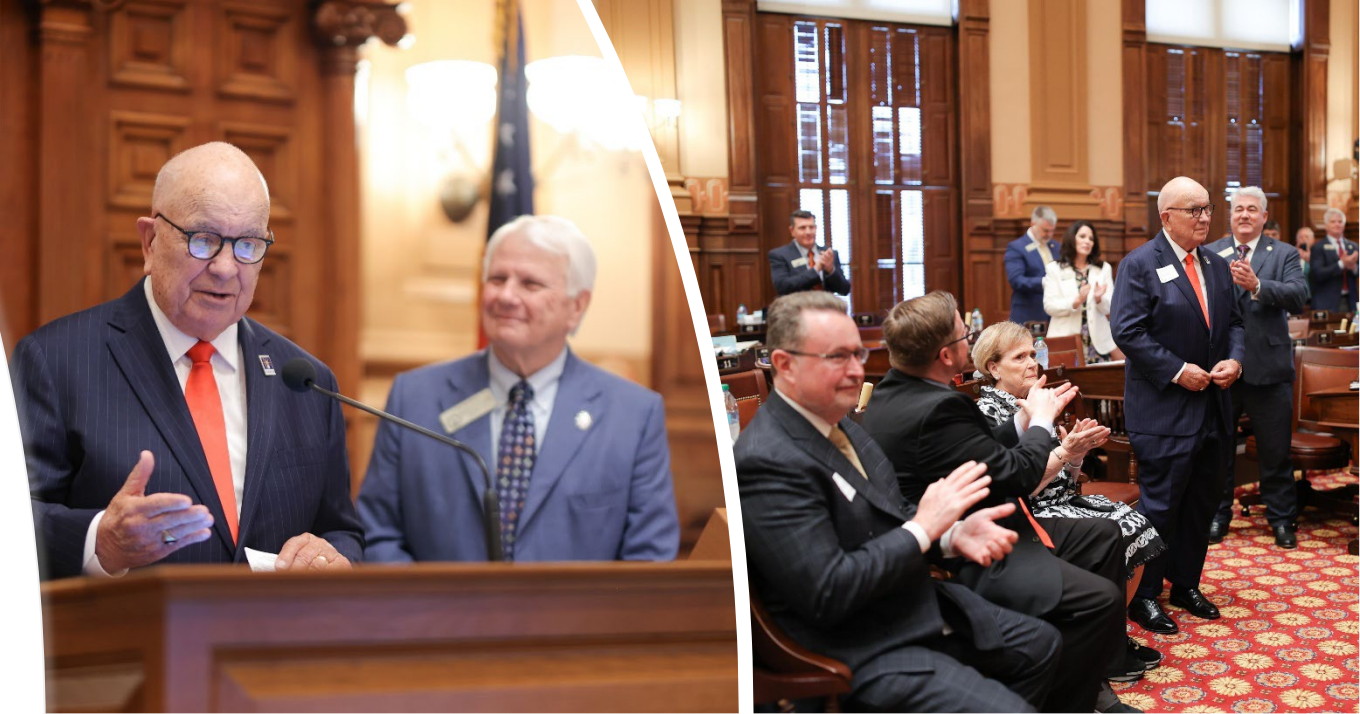
Commissioner Kevin Tanner



D·B·H·D·D

A Well-Deserved  
Tribute to  
Representative  
*James A. "Bubber"  
Epps, Jr.*

*Bubber Epps Interchange  
I-16 x State Route 96*



# Board Engagement

## DOJ Milestone Celebration



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# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



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# Chair's Report

Lasa Joiner

*Chair*

# Public Comment





# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



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