



Department of Behavioral Health and Developmental Disabilities
Region 4 Mental Health, Developmental Disabilities & Addictive Diseases Regional Advisory Council

MEETING MINUTES

D·B·H·D·D

Tuesday, February 13, 2018 | 1:00 PM – 3:00 PM | Turning Point Hospital • 3015 S. Veterans Pkwy., Moultrie, GA

Attendance

Members Present:

Sandra Cosby (Worth), Valeria Creel (Tift), Louise Darley (Terrell), Virginia Herring (Seminole), Landra Lane (Calhoun), Paul “Rusty” Nail (Brooks), Dale Niday (Ben Hill), James Parrott (Thomas), Debra Robinson (Cook), Cheree Terry (Echols) and Billy Zorn (Irwin).

Members Absent:

Leon Anthony (Dougherty), Deanie Campbell (Mitchell), Wilhelmenia Howell (Lowndes), Amy Lollis (Lanier), Angela McVey (Early), Sabrina Owens-Hayes (Dougherty), Brad Stephenson (Berrien) and Christopher Yarbrough (Lowndes).

Guests:

Tara Dawkins (RESPECT), Zach Deese (Turning Point), Jay Desselle (Turning Point), Betty Durham (RESPECT), Judy Payne (Turning Point) and Kerri Worth (RESPECT).

DBHDD Staff:

Jimmy Bennett (R4/BH), Laurie Bradford (R4/DD), Jackie Davis (R4), Jennifer Dunn (R4/BH), Michael Link (Statewide Community Relations) and Robyn McQueen (R4/DD).

Call to Order: Sandra Cosby called the meeting to order and thanked Turning Point Hospital for hosting the meeting and for providing lunch.

Welcome and Introductions: Ms. Cosby welcomed meeting attendees. All meeting attendees introduced themselves.

RESPECT Speaker (Kerri Worth): Realized at an early age that something was different about herself and struggled as a teen and young adult before hearing about the detox program at Turning Point Hospital in 2014. Over the years, Kerri never received a proper diagnosis and was diagnosed with many different things. It was a nightmare because she couldn't get the help that she needed which led to her becoming depressed. Kerri is now finally able to see that a lot of what was happening was not happening “to” her over the years, but a lot of it she was doing to herself. Kerri has finally started the process of rebuilding her life and is taking care of herself. She finally saw a doctor who gave her the right diagnosis and she believes that she received her diagnosis at exactly the right time; because if she had heard the diagnosis months before she would have had a “victim” attitude and would not have received it. What Kerri loves the most about Turning Point Hospital is that everybody's process is different. She now challenges herself to do things that she is uncomfortable with. Kerri does a lot of things in her recovery to stay well. There is no one specific thing that works best for her; many different things work for her and they all make her feel better. Service work is at the top of the list of things that make her feel better. This keeps her humble and keeps her clean and in her recovery. Kerri knows from experience to keep



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doing what works. She has a job now; teaching gymnastics to kids and she loves this. Kerri's physical health is a work in progress, but is so much better than before. Kerri's advice to Peers is; love yourself; know you are worth it and never give up. To employers; never lose your compassion, always remember why you got in this field in the first place and take care of yourself.

Turning Point Hospital (Judy Payne): Ms. Payne welcomed Advisory Council members and spoke to the council about the programs and services offered at Turning Point Hospital. Services provided include detoxification/Rehabilitation, Psychiatric Disorders, Women's Trauma, Partial Hospitalization, Intensive Outpatient Treatment, Family Education and Counseling and Patient Referral/Placement. Turning Point is a private facility that contracts with DBHDD to provide some beds to the state when needed and this has been a great relationship. Turning Point has worked hand in hand with the Region 4 Field Office staff. The hospital has submitted renewal contract and would love to have number of beds increased. Turning Point also works closely with the CSBs in Region 4. All stories are not like the one shared by the graduate speaker today. There are patients who are not successfully using their coping skills and they relapse; but that's why Turning Point is here and places no judgement on those folks who come back time and time again. Turning Point has faith in the people they serve. Additional information regarding Turning Point Hospital is available at [1-800-342-1075](tel:1-800-342-1075), [229-985-4815](tel:229-985-4815) or by visiting the hospital's webpage www.turningpointcare.com.

Approval of Agenda: Billy Zorn made a motion to approve the agenda as printed. Rusty Nail seconded the motion. The motion passed.

Approval of Minutes: Rusty Nail made a motion to approve the minutes of the December 12, 2017 meeting as printed. Billy Zorn seconded the motion. The motion passed.

Director of Community Relations Report (Michael Link): Priorities for DBHDD for this year include:

1. **Completion of the ADA Settlement Agreement.** The extension period of the Agreement is due to end June 30 this year.
2. **Continuation and strengthening the safety net of the Community Service Board (CSB) provider network.** The CSBs provide services to those who are uninsured and/or underinsured. DBHDD wants to make sure the safety net stays strong throughout the state.
3. **Innovations.** A lot of changes that the department has made call for innovations (i.e., strengthened services for the IDD population). Another example is that 3 years ago there were no standards and outcomes for providers. This has changed in that now there are standards in place that hold them and DBHDD accountable to make sure that people who receive services are getting better. The healthcare environment changes so rapidly; the department wants to ensure that it is ready to handle the next challenge coming down. The goal is to continue these innovations that were started going forward.
4. **Mental Health First Aid Training.** The Office of Recovery Transformation contracts with the Georgia Mental Health Consumer Network (GMHCN) to do Mental Health First Aid Training. Training opportunity for individuals, agencies, etc. To assist someone who goes into



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crisis. If you have an opportunity to take the 8 hour course, take advantage of this. There is an upcoming training on March 8 in Moultrie. Additional information provided in meeting materials folder.

5. [Recover, Wellness and Recovery Policy 15-150](#). Policy recently released was sent to Advisory Council members prior to today's meeting. The policy provides insight regarding the values that DBHDD rests itself on. Advisory Council members are encouraged to read and familiarize yourself with the policy. If you have questions, reach out with Jennifer Dunn or Tim Hester in the Region 4 Field Office.
6. [IDD Advocacy Day](#) is today at the capitol in Atlanta. February 28 IDD advocates will gather at the capitol and advocate for services. Today was about Medicaid. The upcoming event is regarding community integration. Good opportunity to advocate for IDD service. Georgia Council on Developmental Disabilities (GCCD) is the sponsoring agency on Advocacy days. Additional information is available on their webpage <https://gcdd.org/>.

Opioid Block Grant Funds. Response to question asked at the December R4 RAC meeting regarding how counties selected were chosen to receiving funding for Prevention programs included in meeting materials folder. Region 4 staff recently conducted a site visit at a MAT (Methadone Addiction Treatment) center in Albany. This provider has locations in Albany and Tifton and they have been open between 12 – 14 years. They have applied to become a DBHDD contracted provider.

Leadership Council County Reports

Worth	Ms. Cosby. Worth County Probate Judge and Ms. Cosby attended the Benchmark Community Collaborative in Valdosta on June 25. Very informative and very well attended meeting. Worth BOCC meeting date changed from February to March. Ms. County plans to attend the rescheduled meeting.
Thomas	James Parrott. Had unofficial dialog with County Commissioners & Sheriff's office regarding mental health transports in Thomas County. Law enforcement is feeling the strain of the closure of SWS Hospital more now than when it closed. Thomas County has 5 deputies on the road (other staff on leave, etc.). 2 of the 5 deputies spend most of their time making mental health transports. There is no existing transport data from before the hospital closed. A review of the data provided by Captain Steve Jones reflects that 85-90% of the transports referred to are for people who have private insurance. Captain Jones shares this information with Jennifer (R4 Field Office) so that a determination can be made as to whether these are DBHDD customers or people with private insurance. Thomasville Police Department, Thomas County Sheriff's Office and Archbold met recently to discuss transports and to see if they could help each other with mental health transports. There are currently more mental health beds and more people being seen now than when the hospital was open. People are being seen and served daily.
Seminole	Virginia Herring. Still learning, but is now involved with Family Connections in Seminole County. Currently substitute teaching at the High School which has given an opportunity to observe students at the Alternative School.



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Irwin

Billy Zorn. Request for clarification when/if an Order To Apprehend (OTA) is written. Will GCAL go outside of the county to get an individual? Yes. The probate judge usually answers this question. When someone is in another county and they need to be transported; per the law; it is based on the person's county of residence. Always refer back to the statute for clarification. Some of the statutes were written a long time ago when technology that exists today (i.e., cell phones, etc.) did not exist. Things are quicker now and easier. Anyone (insured and uninsured) can call the Georgia Crisis Access Line (GCAL) they will receive assistance, however GCAL's priority focus is on the population (indigent/uninsured) that DBHDD serves. Mr. Zorn is still working on getting a Drug Court started in Irwin County.

Cook

Debra Robinson. Put general mental health information on Facebook. Hopefully this help to get the information out to the public about resources. Also continuing to educate the Cook BOCC about the Regional Advisory Council and Mental Health.

DBHDD Regional Services Administrator Report (Jennifer Dunn):

- **Pending Requests for Proposal (RFP).** There are currently 2 RFPs in the bid process. One RFP is for a new Mobile Crisis model. Currently BH and IDD models are set up separately. Under the new RFP, there will be 1 team. Benchmark currently does both the IDD and BH teams. The second RFP is for state contracted beds. When the Crisis Center gets full; DBHDD can purchase beds locally in lieu of sending them to a state hospital in Savannah or Columbus. Currently DBHDD contracts with Greenleaf, Turning Point and Archbold Northside. Recent expansion of Greenleaf contract for children (age 12 – 18).
- **Community Collaborative Schedule.** Schedule included in today's meeting materials. If you plan to attend, please let Jennifer know in advance so that she can provide you with specific information regarding the meeting and agenda items.
- **Review of Meeting Materials / Handouts.** Review of meeting materials handouts.
- **Question:** *If an Order to Apprehend (OTA) is signed by a judge; then they will send out deputies to pick the individual up; is this put on file anywhere?* Yes. This is put on file with the probate court. R4 & R6 are hosting a Probate Judge training on February 20th. This will cover specific training for probate judges to get them all on the same page. Follow up training will include the Community Service Boards.

Announcements (Ms. Cosby):

- **Delphi Process/Drafting Questions.** The process is moving forward. The letter for the first round of questions has just been sent out to anonymous participants. Tried to ensure receipt of candid answers to the questions. If you want to move forward and begin writing down questions or if you have interest in having community questions for Community Forums, etc., please begin writing those questions down. Make sure the questions are focused on *access to care, quality of care, continuum of care leading to recovery and independence, prevention, early intervention and/or the ability to innovate and adapt.* Forward these to Ms. Cosby (Delphi Team Member) and she will submit/send them to the Statewide Leadership Intern.



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- **Orientation and Training Committee Meeting.** An O&T committee meeting is scheduled for February 20 at the home Cynthia Wainscott to develop a Work Plan to address new member Orientation PowerPoint, reviewing E-Manual and reviewing 2018 Training Events.
- **Opioid Training – Cartersville.** RAC members are encouraged to attend the upcoming Opioid Training in Cartersville. This is a 2 day training from 8:00 – 5:00.
- **Standards of Conduct Acknowledgements.** R4 members have all signed and returned policy acknowledgements. Thank you.
- **RAC Meeting Schedule.** Need meeting locations for June, August and October. Please send meeting location suggestions and ideas to Jackie Davis (Jacqueline.Davis@dbhdd.ga.gov).

Meeting Attendance. RACs across the state have been asked to review meeting attendance. R4 RAC has some members who have been consistently absent from meetings. Ms. Cosby recommended authorizing Jackie Davis to send letters to the BOCCs for members who have consistently missed meetings, to ask them to appoint someone else. Billy Zorn made a motion that Jackie Davis send a letter to BOCCs of members who have consistently missed 3 or more meetings without an acceptable excuse to request appointment to replace member who has missed meetings. Rusty Nail seconded the motion. The motion passed.

Priorities Process Follow up (Jennifer Dunn):

Priority #1	Children & Adolescent Beds. <i>Increase the number of child and adolescent Behavioral Health (BH) / Addictive Diseases (AD) / Intellectual and Developmental Disabilities (IDD) inpatient and Crisis Stabilization Unit (CSU) beds.</i> DBHDD now has a contract with Greenleaf.
Priority #2	Rural Access. <i>Improve the ease of access to outpatient treatment for Behavioral Health (BH), Addictive Diseases (AD), and Intellectual Developmental Disabilities (IDD) in rural areas.</i> Some of the strategies recommended by RAC must be by the provider; not DBHDD. DBHDD now tracks provider performance via consultants (i.e., Beacon Health Options).
Priority #3	Prevention/Early Intervention. <i>Expand early intervention/education/prevention to identify at-risk children and adolescents for behavioral health, addictive diseases, and intellectual/developmental disabilities.</i> Response provided via memo included in today's meeting materials from the DBHDD Prevention department.

Next Meeting: June 12, 2018 from 1:00 pm – 3:00 pm. Location to be determined.

Meeting Adjourned.

Tour (optional). Jay Desselle and Zach Deese provided a riding (shuttle bus) tour of Turning Point Programs immediately following the meeting.