

DBHDD Region 6 Regional Advisory Council Minutes

Wednesday, January 10, 2018

Present:

Glynda King	Pike	Ted Kirk	Fayette	Jeffrey Cantor	Coweta
Geraldine Jackson	Spalding	Jan Rayfield	Heard	Annie Davis	Muscogee
Valerie West	Troup	Irene Cheyne	Fayette	Beverly Richter	Dooly
Cynthia Smith	Muscogee	LaVonne Harn	Houston	Francis Peed	Houston
Alan Everidge	Houston	Maggie McGruther	Sumter		

Conference Call:

Cathy McGill	Crisp	Edward Barnwell	Muscogee	Sher'Londa Walker	Talbot
Mike Patterson	Macon	Syntel Brown	Spalding	Beverly Garland	Muscogee

Absent:

Betty Cason	Carroll	Lesley McNary	Taylor	Melissa Johnson	Troup
Ryran Traylor	Lamar				

Guest:

Tiffany Hutchinson	Mental Health Coordinator	Tarusa Stewart	Respect Institute
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DBHDD Staff:

Michael Link	Director Statewide Community Relations
Valona Baldwin	Regional Services Administrator (DD)
Juanita Jackson	Transition Coordinator (BH) Presenting on behalf of Ann Riley
Lawonna Parks	Behavioral Health Executive Secretary/ RAC Assistant

	AGENDA ITEMS	PRESENTER(S)	DISCUSSION
	I. Call To Order	Valerie West, Chair	<p>Meeting called to order – 1:03PM</p> <p>A. Welcome and Introductions</p> <ul style="list-style-type: none"> • Valerie West – Welcome everyone, could we please go around the room and introduce ourselves. We have several new members who have joined. Could you please tell us a little something about yourself? Peed: I’m the Clinical Director at the Houston Medical Center. We get a lot of exposure to the Mental Health population and I hope I can contribute in any way I can, to help make their lives better. Rayfield: I’ve worked 32 years in the Heard County School District in the field of Special Education. For the past 12 years I was the Special Ed Director and I just retired 3 years ago. <p>B. Review of November 8, 2017 Meeting Minutes</p> <ul style="list-style-type: none"> • Corrections: Cheyne: Page 5, time: 10a – 1:30p. Kirk: Motion to accept the minutes with the corrections. Cantor: I accept • Motion to Accept/ Approve: Majority vote: Approved
	II. Guest Presentations and Public Comments		<p>A. Respect Institute</p> <ul style="list-style-type: none"> • Tarusa Stewart, Executive Dir. iHope Inc. <p>B. Coweta Judicial Circuit Mental Health Court</p> <ul style="list-style-type: none"> • Tiffani Hutchinson, Mental Health Coordinator <p>C. Public Comments (3 Minutes per Comment)</p> <ul style="list-style-type: none"> • Annie Davis – I had a concern in reference to the Participant Direct Waivers. For those of you who do not know I participant direct for my son and in doing so, we do our own payroll for our employees. I do it because my son is not able to. On December 21st all families received an email stating that there would be changes, that’s great however, the changes took place two weeks later which was January 1st. I’m making this public on behalf of the families I participant direct for as well as myself. I’m experiencing difficulties myself and I have reached out to Acumen and what has occurred, when we log in, the old web time site is no longer there. The

changes happened in just two weeks. Along with the sudden changes, it has now become a confidentiality issue as well. I had a parent call me and tell me when she logs in, she can see my son's name on her computer. I have not seen it for myself, I do not know if it's true or not but I believe that's a breach of confidentiality if it is true. It's an Acumen issue because it's our physical agent however Acumen stated that they were told by the state and the Region, to create this system in this way. It may not be as bad as it may seem but I'm presenting a list of concerns in hopes of drawing the attention for the need of investigating. **Cheyne:** If you don't mind, would you read the letter you are going to present to Valona. **Davis:** Yes, I will skip around the personal issues addressing my son.

1. The new web payroll has too many glitches to maintain professionalism and seems to be a breach of confidentiality.
2. Clarification, is this really happening, we were told by Acumen that the employees/ staff will have the capability to review the client budget. This is a main concern we are having, it should be at the discretion of the family if they want to share that information. The budget consist of the services being performed, not how much the staff will be paid.

West: We will make sure Valona gets a copy of your letter and when she review the minutes she will be able to address that and we will include this in future agendas. **Garland:** I spoke with Acumen and Acumen responded by saying they are moving forward with this new system and this is what the state requires. I have an issue with this because anyone who is not a parent or guardian of my son can review his information. They are also incorporating a GPS feature where they know where staff is at all times. I have an issue with that because I do the payroll, we do the training and we take all the responsibility and we sign the MAU. To follow our staff around with all the hacking and identity theft GPS on a phone can tell them where they are at any given time and I think it leaves them at risk and I do not like the fact that anyone could know the location of my son when he's with staff. If I trust the staff, I evaluate them and I hire them, then it's my responsibility and I sure do not agree with sharing my son's information on this new website. If you need to know anything

about my son, ask me. I have also heard that you can withdraw funds, from that account using the phone app without approval. Logging on is another issue, I have spent an hour just trying to log on along with the help of an Acumen rep. **Cheyne:** Michael do you know how many people are doing self-direction in the state? **Link:** No **Cheyne:** Is there an advocacy group for parents who are self-direct that works along with DBHDD in terms of policy **Link:** Not so much parents who self-direct but there are advocacy groups of parents who have a child or children with Intellectual Developmental Disabilities (IDD) **Cheyne:** I'm very concerned that there is no advocacy group for those parents and here is why. The training went for a couple of years being terrible training but parents who were involved in it had no way of talking with DBHDD about the improvements necessary in the training and now we have this problem with Acumen. It seems as if we have a lot of problems with self-direction and we have parents who don't have any place to go. Is Acumen statewide? So this problem is statewide and there is no mechanism for DBHDD to hear what's going on with self-direction. **Link:** To that point it is a mechanism however in every county those parents could have called their RSA and voiced those concerns. The two ladies who have had those issues here, I recommend them to talk with Valona specifically about their issues. On the surface some of it does not sound right and I cannot believe the department would allow confidentiality to be broken and that violates everything we believe in. I'm not saying they are wrong, it just doesn't feel or sound right. Valona needs to be addressed about those concerns and then Valona has the obligation to address Ron Wakefield with those specific concerns. Ron is the head of (DD) while there may not be a mechanism for those parents to reach out to Ron but there is a mechanism for them to reach out to their local contact and if they can't resolve it then take it higher. That's what I advocate for the ladies here and anyone who has concerns. **Cheyne:** Thank you for that response, I would like to personally recommend DBHDD that it set up some type of mechanism for communicating. I know that there is Valona but it must be someone at 2 Peachtree who is directing the program who

			<p>can figure out when the training is and all of that and that person could allow parents to reach out to them. Link: Annie when you send the letter to Valona, copy me in on it as well as Ron Wakefield advocating what you just voiced here at least that way you could get a response. West: I was going to suggest if we get with Valona and get to the bottom of the issues and maybe have a report on by our next meeting and include it in our agenda. In the meantime let's work on resolving those issues because if it's a breach of confidentiality that needs to be addressed right away. If there are other complaints or concerns we would like a report on it and how it was resolved. This is the first that Valona has heard of this, so this gives her time to investigate and bring forth a report by our next meeting. Kirk: When you see something like this, the easiest way to show proof and or have evidence that it exist is to click print screen (prtsr) on your computer.</p>
	<p>III. Membership Updates and Actions</p>		<p>A. Informational Review of the Roster</p> <ul style="list-style-type: none"> • Roster in packet – review and make sure the information pertaining to you is correct. <p>B. Membership Changes</p> <ul style="list-style-type: none"> • Parks – In our previous meeting, the board with a majority vote, decided to remove 9 members who have not participated whether it was due to unexcused absences or could no longer attend. Those counties were: Butts, Carrol, Clay, Crawford, (2) Henry, Meriwether, Upson and Webster. I have sent vacancy letters to those counties asking for the Commissioners to fill those vacancies and also explain why those seats are vacant. In the process we have recruited three new members Jan Rayfield Heard Co. and along with the help of LaVonne Harn, two new members for Houston Co. Alan Everidge and Francis Peed. <p>C. Outreach to County Commissioners including Vacancies and 2017 Priorities</p> <ul style="list-style-type: none"> • Irene Cheyne – The following hand out was given to each of you in our previous meeting. This is from the report we developed in 2017 in terms of the top priorities. This happened across the state and all six regions developed three priorities, that's what Commissioner Fitzgerald ask for, three priorities for our region, for the year. The

three priorities we came up with are mentioned in that letter but this gives you the background information on them. The Statewide Leadership Council has identified three priorities for the state as well. I think this is a great tool to talk with people about, what kind of progress has been made on the CSB level, in the community. You may have some Commissioners asking what can they do on a community level and making sure they receive a copy of this because it has the strategies we recommended on it. Any questions on 2017? Just to give you a quick update on 2018. The priority process last year was extremely successful. Prior to that the Regional Councils acted independently of one another and didn't communicate with each other. Now we're communicating with each other primarily through the Statewide Leadership Council. The element that we added this year is the Delphi Process and I just want to fill you in on what's happening. We have what we call the D team or the Delphi team. The Delphi Team is 17 people from across the state and we have a phone conference every week for an hour and half where we talk about the Delphi Process. Jeffrey please explain exactly what that process is. **Cantor:** We are in the process of identifying subject matter experts in the multiple areas that DBHDD touches. It does not necessarily have to be Georgia based people, actually we are looking to expand beyond the borders of Georgia, nationally and internationally to get the riches group of subject matter experts we can to help us predict what kinds of events and practices we should be seeking and looking for as we develop evaluations instruments to see how DBHDD is doing from its clientele. At this point we have established 200 names of people who have been nominated from the committee itself as well as people the committee has reached out to. Several weeks ago we sent those individuals letters from the Chairman of the State Leadership Council asking those people to participate. The process is a three round process where these people react to scenarios that we have developed and through the three round process these individuals by themselves react to those scenarios and then we share with those individuals what the group as a whole and then they compare their responses to the group responses either stand

on it or modify accordingly. We have a confined census from which we will be able to build the questions that the six Regions will be able to use locally to establish where they are with respect to the 2018 priorities. **Cheyne:** We have 21 scenarios that is going to go out and it takes a while to respond to even one scenario that's why we have the many different cohort groups. Each group will have its own set of scenarios. It was one week ago that the invitations went out and I'm so pleased to report that as of a couple of hours ago we have 66 yeses, that is a 22% response rate that we have actually sent out 300 invitations at this point. I would like for us to reach 96 that's my magic number. This has only been out a week and a reminder has been sent to those who have not responded goes out today so we should see another bulk. About 80 to 85% of the invitees work is mostly in Georgia. 15 to 20% their work is nationally based. We have yet to receive a yes from our international people however the incentive that we are offering is that they have an influence in terms of services to the citizens of Georgia but if you respond yes, means that you responded independently and you get to see the responses of your cohort group but they don't get to see any names related to those responses. What this says to me is that people want to be involved and to see what ideals of others are on this. We have representatives from non-governmental agencies, education, health care, crisis intervention, law enforcement, elective officials, you name it. Most of those name we have discussed in length, do we want that person in or not and how do you feel about that. We are behind schedule, we set up a schedule last summer and were not there. We are ahead in terms of the success of the Delphi Process, that's good but what we had intended to develop for these questions for the Regional Councils ask in their community input process but that's not going to happen right away. We should think about what community input we want to have right now and the questions we want to ask. I think it will be next year that we are really responding, we will really have questions that will be ask in every region across the state so we can get a better state picture of what the gaps and services are and what the opportunities are.

			<p>Cantor: We have an intern, grant funded, working with the committee and DBHDD and he is very good and very responsive. It seems as if he's doing forty plus hours a week and he's identified and developed a software program. Back in the 50's when this process was first developed in the nuclear power world, you had to sit with pencil and paper and reacted to scenarios, mailed them back and someone would have to read them and collect them. Now everything is digitized, the letter went out by email, a video was attached to it so the individual could get a picture of what the individual was buying into and if they agree to participate, they'll get a computer program that they open up on the web, read the scenario and type in their responses. That information will go back to the intern, the intern will collect that information, collate it electronically and the whole process becomes very simple for both us as the researches and the participants will be able very quickly to pull together our findings when we finally have it all together.</p>
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Cheyne: To add to that, it's a very good program for cell phones. A person can respond to the survey on their cell phone which could be very helpful. We went to the Rant Corporation, they developed the Delphi technique in the 50's and asked for a bid for them to develop our survey not to include analysis. Without the analysis, it would be \$30,000.00 we paid less than \$200 for the program and Michael is working with it to make it work for us. Our intern who is working on this FT, started a couple of months and will continue through May and his total stipend from us is \$4000. We are doing this on the skinniest budget possible and we've got involvement from people across the United States. I'm very excited and on the D Team, we have Ted, Jeffrey, myself.

	<p>IV. DBHDD Statewide Leadership Council</p>		<p>A. Statewide Leadership Council Meeting</p> <ul style="list-style-type: none"> <p>Valerie West – I was not able to attend the Statewide Leadership Council meeting due to personal reasons so I cannot give an updated report. I would like to make a few comments. On January 19th Commissioner Fitzgerald will be the guest speaker and I think everyone is pretty excited about that. Cheyne: I would like to add that we also have a second guest speaker which is Valona. Valona has been asked by the Statewide Leadership Council to come and make a presentation on Region 6, in terms of IDD, response to our 2017 Priorities and Strategies on how that’s effecting their work and how they are working with us. Everyone is welcome and invited and that meeting will be held at the RiverEdge Behavioral Health Center in Macon. West: I read the minutes from our last minute and it wasn’t clear on who our alternates were. As officers we are automatically on that board and we also looking for a couple of alternates. I recalled voting Jeffrey as one of the alternates but I wasn’t sure of who the second alternates was. Parks: In the report I forward to Jackie Davis, Jeffrey Cantor and Glynda King were voted on as alternates. West: We will refer back to the meeting minutes to find out who those members were and we really should have someone in place just in case I’m not able to attend so that way we can make sure we are represented.</p>
	<p>V. Region 6 RAC/ Field Office Work</p>		<p>A. 2017 Priority Process Update</p> <p>Report from Regional Service Administration</p> <ul style="list-style-type: none"> <p>Juanita Jackson – Priority #1. Critical Staffing Shortage on the (BH) aspect. All BH Providers have ongoing recruiting ethics. Invitations to local Chamber of Commerce to Regional Community Collaborative those are in process. We have had several RCC meetings for our region in the past year we are currently working on scheduling meetings for the 2018 calendar year. Cheyne: Could you explain what those are? Jackson: RCC meetings consist of community providers, private providers families, school system, etc. to discuss the issues or challenges they may have within their community, sharing and networking resources or alerting individuals of services in the area they</p>

may not be aware of. Meetings are held within the CSB'S communities quarterly or as needed. **Cheyne:** Can we attend those meetings and maybe get a schedule? **Jackson:** Yes, as soon as we schedule the upcoming meetings, we will make sure we relate those dates to the Council.

- **Valona Baldwin** – Critical Staff Shortage from the DD prospective is always a big issue. Along with the waiver renewals, we have stated tier levels which assigns a number of staffing hours based on their assessed health care needs. Levels start out at 1 and can reach a level 8 which is extreme cases. Providers are aware of what number of staffing hours a person should have according their assessment level needs. Providers have asked will they be held accountable or audited for this by other agencies like DCH, however, the area they most likely will pay close attention to is if the provider have repeat offenses such as: individuals not being care for, excessive incidents of neglect, abuse, individuals getting hurt or hurting others. When those issues occur, that's when we look closer at the assigned staffing hours to see if they are adhering to the policy. We encourage providers to train staff as well as new staff coming aboard according to policy as well as their own internal organization policy. There is another oversight on monitoring in place through Support Coordination and Intensive Support Coordination when individuals or providers are found not delivering services that staffing needs accordingly. There are different levels of intervention, coaching, where technical assistance is provided and goals are outlined to ensure the staffing ratio is in place. If the issue persist, the Regional Field Office intervenes and do more intervention and if that doesn't resolve the issue, central office becomes involved as well as the Division of Accountability and Compliance Reviews. **Smith:** Does that include Participant Direct. **Baldwin:** No, because the representor is the provider and is responsible for assuring they have the proper staff in place.
- **Jackson** – Priority #2: Housing We are working closely together to ensure that those individuals who are dually diagnosed, has IDD and Mental Health issues are connected to services. The department has partnered with DCA with the unified referral

process to see if the individual are first assessed to see if they qualify for federal housing, which is more permanent. If they do not qualify for federal then we look to see if they qualify for the Georgia Housing Program. That process has been put into place, there has been some challenges but they are working through them. **Baldwin:** As for IDD, we are meeting with various providers that already deliver waiver services in our region and is interested in expanding. We also have some providers outside of our region who would like to expand into the Region 6 area. The department as a whole has ramped up provider enrollment. Where I would only get provider approval letters one a month, now I can't keep up with how quickly I'm receiving them. On average, I receive 2 – 3 letters a week now. **West:** What's the difference between the Federal Housing Voucher oppose to the Georgia Housing Voucher Program? **Jackson:** Federal is Section 8 and more stable than the GHVP

- **Jackson – Priority #3: Employment** There is an increase of individuals receiving Supported Employment. One of our providers have Performance Improvement meetings, they meet monthly and talk about those open slots and if there are individuals in the community that could benefit from their program they reach out to them in the community and let them know, this is who we are and this is what we can do and we have these available slots if your individual wants employment and they do not have to be currently enrolled in their services, they are going out into the communities trying to build their caseloads. They are still quarterly meetings with GVRA and Supported Employment. **Cheyne:** Do they have to go to their initial interview with Voc Rehab before they are serviced in Supported Employment? **Jackson:** No, because if the individual is already receiving services from a provider and they state they want to work, they can be referred to Supported Employment for services. **Baldwin:** On the IDD aspect, would like to facilitate more direct meetings with GVRA representatives in our counties. I have touched bases with the rep for Muscogee County and I want to construct regular meetings with them and our staff so we could do more linkages and case building. **Cheyne:** Are there any guidelines or statewide policy for GVRA on how quickly they interview

			<p>someone? What I'm hearing is there are no appointments for months.</p> <p>A. Intellectual/ Developmental Disabilities (IDD)</p> <ul style="list-style-type: none"> Valona Baldwin – The NOW Waiver renewal for the next five years has now been approved. Please be on the look-out for upcoming community forums and training sessions on what that role and implementation will look like. DBHDD will be facilitating and leading that effort in the next few weeks. Our Planning List restructure and I wanted to go in more detail. The challenges we have had were long services, complex planning list process, too many people on the planning list, subjective prioritization assessment, and inconsistent prioritization per region, inadequately train staff and poor customer service. These changes are in response to those issues as identified by population. The PLA focus is of course the planning list. In the past there were two planning list, short term, individuals going into services within a year or less and long term, for individuals waiting a year or longer with plans to enter long term services. We are moving from that with two planning list services the NOW for the NOW waiver and the COMP for the Comprehensive Waiver. Part of the intake screening focused on what the person is going to need in the future. The old process focused on prioritizing regionally versus the new process focuses on prioritizing statewide and clinically based service needs. Service needs will now be handled by Planning List Navigators. They will aide in taking calls to help complete needs assessments so we can prioritize the needs of that person so we can see how quickly that person can assess services. The time limit between being assigned to a PLA and the time frame it takes for them to be assigned to Support Coordination has been reduced. Meaning, by the time they hit that planning list we want to see them receiving waiver services within 60 days. We have met our target date for administering need assessments to individuals on the short term planning list, we are now working on the long term planning list. Davis: When does that go into effect? Baldwin: It has taken effect and is going on as we speak. Harn: Is this part of the DOJ Settlement? Baldwin: It is more of a response from our constituents concerns and complaints
	<p>VI. Reports from the Field and Central Office</p>		

about having a large planning list and not moving enough individuals into services. **Cheyne:** How is the needs assessment handled throughout each region? Are you checking for consistency among each region? **Baldwin:** Everyone gets a needs assessment and we are doing quality reviews of the needs assessment administration across the board for accuracy and the overall completion of the needs assessment tool. DBHDD has posted on the website for public knowledge plans for request of a new blended Mobile Crisis team. It is officially posted and it's public knowledge. **Everidge:** Is this the same Mobile Crisis team that comes out to the jail facilities? Here is the problem we're running into. They're writing recommendations, when we take them there, no bed available. Within 72 hours we find a bed, then we are told to take them to West Central, get there no one doesn't know anything about us coming. Try to make a call to get clarification, now we can't get anyone on the phone. Four to five trips back and forth to West Central, with no success, is not only dangerous for the officer who is transporting but also dangerous for the individual we transporting. This is something we face all the time and it's just not here in our area but statewide. When we have our meetings this is the number one topic, what do we do with mental health clients and how do we deal with them. **Jackson:** How connected are you to Phoenix as far as having a rep from Phoenix come into the jails? **Everidge:** They have constructed a list of everybody that is new that has been incarcerated so if it was one of their clients, they knew they were there because if their client comes into the jail with charges they don't know they are there. The clients don't always tell our nursing staff that they are a mental patient. If we know they are, we try to get them released and assist with getting them back on their medications. We give them a roster on who's coming in and who was released that day simple because if their client is in custody and now has completed their court situation whether it's a bond, sentence or whatever, they knew that in the last 24 hours this person was released. **Jackson:** Right now Phoenix is under the direction of Beth Ragan. She stepped in to help them with some of those issues and challenges they are experiencing.

Last week they had open house for CSU's so they are looking forward to have that open by March. Middle Flint is also helping Phoenix to develop some other programs and IDD groups. PSR which is psychosocial rehabilitation, they are adding a peer support group as well as a substance abuse program and an IDD day program to add on to what they are already offering. I need to find out who is their Community Liaison, so when you have individuals who come into the jails, you reach out to them and they can do community transition planning.

B. Behavioral Health (BH)

- **Juanita Jackson** – Besides the update on Phoenix I mention earlier, I will be traveling to Phoenix tomorrow to do treatment planning training. We are trying to make sure we collaborate all services together so if someone is receiving mental health treatment through the courts we'll have those releases of information so all of that is on that treatment plan so everyone is aware of that individuals needs and what their goals are and we are all working together. Ann also ask that you all be patient with her, she had emergency surgery and has recently returned to work PT. I will continue to fill in as needed until she can return full time. We are looking to hire a Transition Specialist on the Behavioral Health side. This person will be working with the hospitals and the CSU's solely to make sure individuals transition back in the communities in a timely matter with wrap around services and proper resources.

C. Statewide Community Relations

- **Mike Link** – As Irene spoke earlier about the Commissioner attending the next Leadership Council meeting, I'm pretty sure she will discuss the priorities for the department in 2018. First priority is successfully completing the ADA Settlement. For our new members, our department was sued by the Department of Justice 8 years ago and we are now in the extension period. That was a 5 year settlement we did not successfully complete it after 5 years so an extension was added on to that which is due June 2018. One of the priorities of the department is to complete that ADA Settlement this June. That settlement is important because it basically told the department what we had to do in certain areas

and the Commissioner is very clear that she does not want DOJ to tell us what we should do. If we are not under the settlement agreement, we make our own determination on the things we should do. There has been good aspects of the settlement agreement some of those programs and services we talked about here today did not exist prior to the settlement. The settlement did bring up around new services and programs that didn't exist 7 to 8 years ago or existed in very limited fashion. For example Assertive Community Treatment (ACT) it was here before the settlement but it wasn't statewide and it wasn't as many ACT teams but the settlement did bring about dollars for that. Secondly, she will mention, that we can make it through this legislative session without any unfunded mandates. The department is not sponsoring any legislation but if you are familiar with the legislation process often at times what happens is that there will be other government officials that will require us to do things without allocating funds. Which means we would have to move money from one area to cover that requirement. Thursday the Governor is giving his State of Address, we're hopeful that there will be money to support his speech for Children's Mental Health which is really needed. During the summer, the Governor has come out and support his recommendations, now we're looking forward to him actually putting money towards children's mental health services that will cover a number of things. Lastly, she will discuss the progress the department has made. 7 to 8 years ago we were not a stand-alone department so we are still fairly young in our development. We were a part of (DHR) Department of Human Resources and some of you may know that but as a stand-alone agency, it has been eight years. We would like to continue to talk about the successes we have built up in that period of time and we have really done a lot of good things in that 7 to 8 year period. DD for example, 5-6 years ago when I was Regional Coordinator, if a person wanted a waiver and they were on the long term planning list, if they were connected enough, all they had to do was called their legislator, senator or governor's office and a call would come to me saying put that person in services. That's how the system worked 7-8 years

ago. I felt bad because I knew others who needed it more than this individual but that's not how the system worked. I'm making a point because we have come a long way because that doesn't happen at all now. That's a major change on how we do business as a stand-alone agency. The Regional Advisory Council trainings are held annually. What I have taken from those meetings, we need to continue to educate our members around DBHDD and their roles as a Regional Advisory Council member. Let me reiterate, LaVonne asked the question earlier, why is Georgia the leader of peer support movement. That further lets me know that we need to continue to educate ourselves about what's going on and who we are. There were a lot of questions, a lot of new people and I think people enjoyed themselves at least the evaluations indicated that. We still have a lot of work to do to educate people around what we're doing and why we're doing it. To our RSA's, I'm going to ask that we continue with our new member training and in that training you will learn more about the department, your role and responsibilities and you'll learn more about programs and services. Moving on, this Thursday at the capital is Addiction Recovery Day. For those of you who have an interest in that, Thursday is the annual advocacy day at the state house for addiction recovery awareness. On January 23rd will be the Mental Health Advocacy Day at the capital at the Georgia Freight Depo, which is right across from the state house. There will be a series of speakers and programs from 8a-10a, from there everyone will make their way to the state house around 10a for more speakers, representatives and maybe the attendance from the Governor. January 31st is the advocacy day for (IDD) at the state house and Commissioner Fitzgerald will probably speak at all three events. Lastly, in your folders there is a flyer addressing the department rebranding itself, read that and there is a story behind the change. We changed the colors and we also made some statements for ourselves. We have made a lot of stride and progress as a state agency and we just wanted to share that with you.

	VII. Adjournment		<p>Other Business/ Comments</p> <ul style="list-style-type: none"> • Irene Cheyne: DBHDD has made a lot of progressive however the Regional Advisory Council as well as the Statewide Leadership Councils have made tremendous progress and I'm not seeing that reflected on the DBHDD website, it's still the old 2017 plan, it's not the new priorities, the listing of meetings is from 2017 and it hasn't been an update on that and we need to make sure that gets updated because we are working really hard on this stuff. Link: Thank you for bringing that to my attention. I will make sure that we update both the priorities and the meeting dates on the website
	VIII. Adjournment	Valerie West, Chair	<p>Next Meeting</p> <p>A. Meeting Adjourn – 3:05 PM West: I just want to Thank You all for coming today and I want to encourage you all to participate in a committee. We need your input and also your help in recruiting other members to help us in our mission to improve services across our state.</p> <p>B. Next scheduled meeting – March 14, 2018 - Upson Co. Senior Center</p>

RAC minutes prepared by Lawonna Parks