

Donna Prather

From: Gail Davenport <morningglory12@att.net>
Sent: Tuesday, March 9, 2021 2:25 PM
To: Donna Prather
Cc: Gail Davenport
Subject: EXTERNAL: Regional Advisory Council Vacancy
Attachments: RAC Application New Member.docx; RAC Roles & Responsibilities.docx

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Ms. Prather,

Please advise the Ben Hill County Board of Commissioners that there is a vacancy on the Department of Behavioral Health & Developmental Disabilities (DBHDD) Region Four Advisory Council. This is an important role in that the Ben Hill County Representative is responsible for communicating the needs of Ben Hill County to DBHDD through the Regional Advisory Council.

I am requesting that the Ben Hill County Board of Commissioners appoint a representative to serve on the Region Four Advisory Council. This is a three year appointment and starts when the applicant is approved by the DBHDD Commissioner. The Regional Advisory Council meets no less than four times per year. There is a Statewide Leadership Council that the appointed individual may volunteer to serve on as well.

I am attaching the DBHDD application which outlines the qualifications as well as the Roles and Responsibilities of the Regional Advisory Council.

Thank you and please call if you have a question or need additional information.

Thank you,
Gail Davenport, Chair
DBHDD Region Four Advisory Council

229-431-3061

DBHDD Regional Advisory Councils (RAC) Roles & Responsibilities:

- Volunteer advisor for the Department of Behavioral Health Developmental Disabilities (DBHDD)
- Attend RAC meetings regularly to stay informed
- Keep your County Commissioners informed of local and regional behavioral health and developmental disabilities needs
- Talk to consumers, individuals, family members, advocates and others within your region to get their ideas on service needs and gaps
- Make recommendations to the regional field office and DBHDD central office regarding service needs of the region
- Participate in the RAC planning efforts to develop a list of regional priorities to be presented to DBHDD Executive leadership annually
- Advocate for resources within the region
- Keep the Regional Service Administrators (RACs) informed of any complaints or problems
- To help the public better understand consumers, individuals and their needs
- Conduct community forums to help improve awareness of DBHDD programs and services and to listen to community members express their feelings regarding programs and services
- Be the department's eyes and ears on the ground in your local community



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

ATTESTATION OF REGIONAL ADVISORY COUNCIL MEMBER

The purpose of this document is to certify that I am eligible for appointment to the **Region 4** Regional Advisory Council.

I _____, do solemnly affirm the following:
Print Name

- Please list all of your employers and boards that you have been a member of in the past two years (to present)

- I am not the spouse, parent, child, or sibling of a council member of the Advisory Council or of any of the members or employees mentioned above on this list
- I have no motivations of private or personal interest that would make my appointment improper or appear improper
- To my knowledge neither my spouse, parents, children, or siblings are members of the DBHDD Regional Advisory Council for which I am applying, nor are they employees or board members of any entity that contracts with or receives funds from the DBHDD, DHS, OR DPH. To address any concern on this matter, I can call DBHDD Office of Statewide Community Relations at 404-463-7161.

The Advisory Council(s) is created by a law passed by the General Assembly, O.C.G.A. 37-2-5 and operates under the authority of the Department of Behavioral Health and Developmental Disabilities with membership appointed by the County Governing Authorities.

SIGNATURE

I authorize the verification of the information provided and agree to the request of any additional information. I have received a copy of this application.

Signature of Applicant: _____

Date: _____

IMPORTANT: Please return completed form to local Field Office.



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

Mental Health, Developmental Disabilities & Addictive Diseases Advisory Council

APPLICANT INFORMATION

Name:

Current address:

Apartment/Suite Number:

City:

State:

ZIP Code:

Region Number: 4

Race/Ethnicity
(optional):

Gender (optional):

County of Residence:

Day Phone:

E-Mail:

Evening Phone:

Fax Number:

Cell Phone:

Best Way to Contact You:

ADVOCACY/PROFESSIONAL GROUP EXPERIENCE

Please list any current or past associations with advocacy and/or professional groups working in the area of behavioral health or developmental disabilities including any positions held (attach separate sheet, if necessary):