NEWS from DHR

B. J. Walker, Commissioner

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DHR PRESS KIT (updated April 10, 2007)

This press kit includes:

- About DHR
- Links to DHR Reports, Statistics and Fact Sheets
- DHR Organization Chart
- Fiscal Year 2008 Budget Proposals
- Fiscal year 2008 Budget Presentation

About DHR

The **Georgia Department of Human Resources** was created in 1972 by the General Assembly in the Governmental Reorganization Act of 1972. The Act, sponsored by then Governor Jimmy Carter, consolidated the Departments of Public Health, Family and Children Services and other agencies into a comprehensive health and social services agency. DHR touches the lives of all Georgians by providing about 80 programs that ensure their health and welfare.

DHR manages programs that control the spread of disease, enable older people to live at home longer, prevent children from developing lifelong disabilities, protect children from abuse and neglect, provide families with a variety of financial and non-financial supports, train single parents to find and hold jobs, and help people with mental or physical disabilities live and work in their communities.

Links to DHR Reports, Statistics and Fact Sheets

DFCS Key Performance Indicators and Results (http://167.193.141.26/ocs/Portal/jan04.pdf)
An abbreviated version of the report shows the latest statistics on adult and child abuse cases, caseworker caseloads, and other topics related to the performance of the Division of Family and Children Services.

West Nile virus and Eastern Equine Encephalitis (EEE) (http://health.state.ga.us/epi/vbd/mosquito.shtml)
Several mosquito-borne viruses circulate in Georgia each year and are capable of causing disease in humans and other animals. Mosquito-borne viruses are most active late spring through early fall in Georgia.

Division of Public Health Reports (http://health.state.ga.us/publications/reports.asp)
The Division of Public Health tracks several diseases and health trends in Georgia, including childhood cancer, tobacco use, arthritis, health risks behaviors and more.

Division of Public Health Online Analytical Statistical Information System (OASIS) (http://oasis.state.ga.us/)
A suite of online tools for performing data analysis relevant to public health and public policy. The standardized health data repository used by OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Arboviral Surveillance, and Population data. Other datasets/data sources will be added.

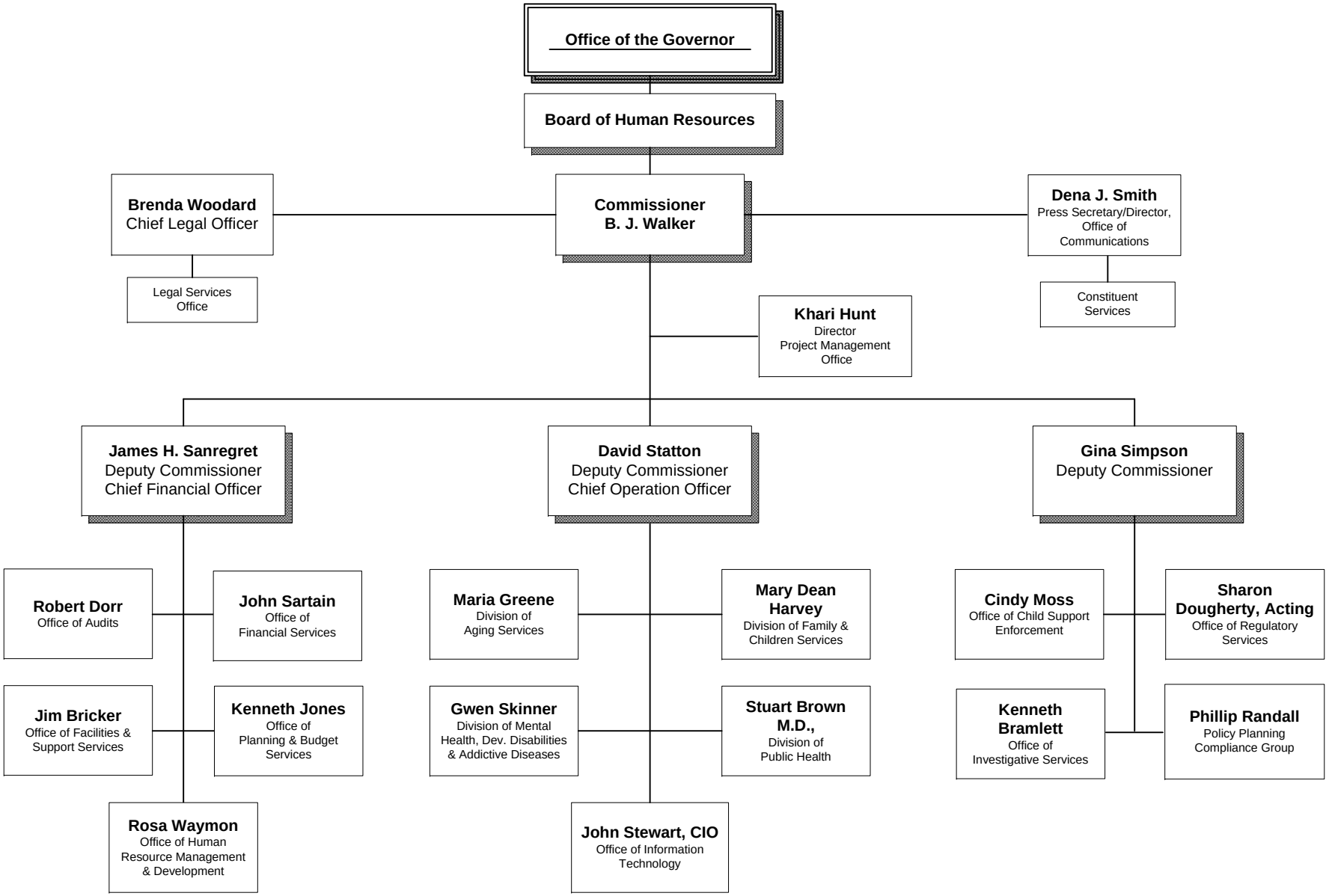
Health Status Measures (http://health.state.ga.us/pdfs/reports/healthstatusmeasures.3.9c.2004.pdf)
This document prepared by the DHR Division of Public Health has a wealth of information on disease tracking and health screening statistics in Georgia.

MHDDAD Publications (http://mhddad.dhr.georgia.gov/portal/site/DHR-MHDDAD/menuitem.8d349b4fc181e44b50c8798dd03036a0/?vgnextoid=400e934c1805ff00VgnVCM100000bf01010aRCRD)
News releases, news briefs, and guides.

Fact Sheets
(http://www.dhr.georgia.gov/portal/site/DHR/menuitem.24259484221d3c0b50c8798dd03036a0/?vgnextoid=04c8e1d09cb4ff00VgnVCM100000bf01010aRCRD)
Information on programs and services.

Georgia Department of Human Resources

Organization Chart



REVISED: February 2007

Department of Human Resources
Overview of FY08 Budget Proposal

	Total Funds	State Funds
GOAL 1: Work / Self Sufficiency		
1.1 Supported Employment - Increase and enhance self-sufficiency.		
New Spending:		
1.1 A - TANF Case Management of People with Multiple Barriers	-	-
1.1 B - Front Doors for Fathers	1,000,000	340,000
1.1 C - Engagement of Employers	-	-
1.1 D - TANF Teens	600,000	-
Total New Spending	1,600,000	340,000
Sources of Funding:		
Regional Offices (telework / co-locate offices)	(275,000)	(93,500)
Cancel Paternity Contract	(115,000)	(39,100)
Reduce Legal Costs	(610,000)	(207,400)
Transfer from SNF - Basic Assistance to SNF - Work	(600,000)	-
Total Sources of Funding	(1,600,000)	(340,000)
1.2 Economic Assistance - Build and enhance job skills for getting into, and staying in, the job market.		
New Spending:		
1.2 A - Grandfamilies Raising Grandchildren	1,695,000	-
1.2 B - CCSP Peer Support	-	-
1.2 C - Adoption Assistance	-	-
Total New Spending	1,695,000	-
Sources of Funding:		
Out of Home Care	(1,349,000)	-
DAS National Family Caregiver Support Program	(346,000)	
Total Sources of Funding	(1,695,000)	-
GOAL 2: Home and Community Services		
2.1 Rural Services - Increase access to services to promote better social and health outcomes in rural areas.		
New Spending:		
2.1 A - Telemedicine	95,040	95,040
2.1 B - Mobile Crisis Teams & Stabilization Beds	3,600,000	3,600,000
2.1 C - CCSP / Tiered Care Coordination	-	-
2.1 D - HCBS / Tiered Care Coordination	-	-
2.1 E - Coordinated Transportation	-	-
2.1 F - 170 Medicaid Waiver Slots for DD	2,110,788	2,110,788
Total New Spending	5,805,828	5,805,828
Sources of Funding:		
Redirect funds from DFCS restructure of Level of Care.	(3,600,000)	(3,600,000)
Re-purpose funds from hospital DD units to community	(2,110,788)	(2,110,788)

	Total Funds	State Funds
Total Sources of Funding	(5,710,788)	(5,710,788)

2.2 Integrated Family Support - Intervention with vulnerable families to prevent entry into the child welfare system or bad birth outcomes.

New Spending:		
2.2 A - Integrated Case Management and Home Visiting	5,000,000	1,500,000
2.2 B - Common Set of Family Assessment Tools	-	-
2.2 C - EMBRACE	5,113,420	1,500,000
Total New Spending	10,113,420	3,000,000
Sources of Funding:		
Infant & Child Health Promotion	(1,500,000)	(1,500,000)
Adolescent & Adult Health Promotion - Reduce TANF	(3,500,000)	-
Out-of-Home Care - Family Foster Care (to fund EMBRACE)	(5,113,420)	(1,500,000)
Total Sources of Funding	(10,113,420)	(3,000,000)

GOAL 3: Technology Access

3.1 Internal Communication

New Spending:		
3.1 A - Virtual Presence	1,000,000	1,000,000
Total New Spending	1,000,000	1,000,000
Sources of Funding:		
Redirect funds within the Public Health Admin program	(500,000)	(500,000)
Savings from reduction in travel and meeting attendance (DFCS)	(500,000)	(500,000)
Total Sources of Funding	(1,000,000)	(1,000,000)

3.2 Data for Decision Making - Use technology to maximize the value of data in making decisions on priorities and strategies.

New Spending:		
3.2 A - Decision Support System	500,000	500,000
3.2 B - Contract Management System	300,000	300,000
Total New Spending	800,000	800,000
Sources of Funding:		
Redirect funds from the Epidemiology program	(500,000)	(500,000)
Total Sources of Funding	(500,000)	(500,000)

GOAL 4: Employee Engagement

4.1 Customer Service - Make DHR services faster, friendlier, and easier for customers.

New Spending:		
4.1 A - Parent Peer Project	260,000	260,000
4.1 B - Secret Shopper	210,000	110,000
4.1 C - Facility Watch	35,000	35,000
4.1 D - Computer Based Training for Providers	140,000	35,000

	Total Funds	State Funds
Total New Spending	645,000	440,000
Sources of Funding:		
Reallocation of existing funds	(260,000)	(260,000)
Reduction in Division Contracts to support Secret Shopper	(100,000)	(100,000)
Reallocate funds from Administration Program	(35,000)	(35,000)
Reallocate funds within Facility & Provider Reg Program	(140,000)	(35,000)
Use Federal Funds to support Secret Shopper	(100,000)	-
DAS' Contribution to Support Secret Shopper	(10,000)	(10,000)
Total Sources of Funding	(645,000)	(440,000)

GOAL 5: Prevention

5.1 Youth Development - Increasing youth participation in behaviors that promote healthy development.

New Spending:		
5.1 A - Redesign the Independent Living Program	-	-
5.1 B - Expand Summer and After-School Programs	-	-
5.1 C - Expand TeenWork	-	-
Total New Spending	-	-

5.2 Consolidated Community Prevention - Increasing community-level social supports that strengthen families and prevent negative social outcomes.

New Spending:		
5.2 A - Promotion of Safe Stable Families	-	-
5.2 B - Forensic Specialists (DAS)	-	-
5.2 C - Childhood Immunization	1,500,000	1,500,000
5.2 D - Consolidation of Prevention	11,271,176	758,691
Total New Spending	12,771,176	2,258,691
Sources of Funding:		
Infant & Child Health Promotion - Increasing fee collections	(1,500,000)	(1,500,000)
Transfer Prevention from MHDDAD	(11,271,176)	(758,691)
Total Sources of Funding	(12,771,176)	(2,258,691)

GOAL 6: Administrative Efficiencies

Sources of Funding:		
6.0 A - Component Purchase of I.T. Equipment	(94,865)	(94,865)
6.0 B - Consolidating Maintenance Agreements	(24,617)	(24,617)
6.0 C - Renegotiate Contracts	(275,558)	(275,558)
Total Sources of Funding	(395,040)	(395,040)
Net Departmental Total	-	-

Fiscal Year 2008

Budget Proposal

August 16, 2006

NEW VISION

Stronger families for a stronger Georgia

NEW MISSION

To be a resource for strengthening families, not a substitute

- Supporting their self-sufficiency
- Helping them protect their vulnerable children and adults

SFY 08
BUDGET GOALS

- Leverage staff, funding and physical infrastructure (Integrated Delivery System)
- Improve administrative efficiencies
- Use technology more efficiently
- Do fewer things, deeper and well
- Make it faster, friendlier, and easier to get to us
- Refocus on prevention

STRATEGIC PROGRAM GOALS

- **Working/Self-Sufficient Customers**: Increasing the number of DHR families achieving self-sufficiency through work or work related activities.

- **Home/Community-Based Services**: Increasing the supply and use of home and community-based human services.

- **Technology Access:** Increasing customer and staff access to information that improves productivity.

- **Employee Engagement**: Improving DHR employee engagement with customers.

- **Prevention:** Increasing the number of Georgians engaging in behaviors that promote healthy lifestyles.

NEW DIRECTIONS AND OPPORTUNITIES

Work/Self Sufficiency

- **Supported Employment**
- Economic Assistance

TANF Case Management of People with Multiple Barriers

- Issue/Problem:
  - As the TANF caseload has been reduced, some of the remaining TANF clients have barriers to self-sufficiency that need to be worked through.
    - Some barriers include substance abuse issues, mental health issues, physical limitations or domestic violence
- Strategy:
  - Hire TANF job coaches for job coaching for 6 – 12 months
  - Develop a wage disregard program to assist the TANF client for 6 months after they begin work
  - Partner with employers to train our clients on appropriate skills

- Benefits:
  - Increase the number of ‘hard to employ’ families working
  - Keep TANF clients from exhausting their 48 months of benefits

- Budget Action: Redirect funds within existing appropriations

Supported Employment

Front Doors for Families

- Issue/Problem:
  - OCSS has focused too much on federal timeframes and total collections and not enough on services to families.

- Strategy:
  - New guidelines give us the opportunity to redesign the front door by engaging both parents through mediation.
  - Implement a statewide call center.
  - Redesign the workflow to eliminate and prevent backlogs.
  - Target fathers whose children are in foster care, living with grandparents, or on TANF.
    - DFCS will include fathers in their supported employment activities
    - MHDDAD and OCSS partner to target fathers with substance abuse problems
    - OCSS and DFCS partner to begin prison outreach.

- Benefits:
  - More children will leave foster care to live with their father or paternal caregivers.
  - Increase current support paid to families to 65% and 47,000 additional families will receive regular support.
  - Fathers will obtain and maintain stable employment.

- Budget Action:
  - Provide funding to MHDDAD to begin a substance abuse program for men.
  - $340,000 State $660,000 Federal by eliminating:
    - Region Offices $ 93,500
    - Cancel Paternity Contract $ 39,100
    - Reduce Legal Costs $207,400

Supported Employment

Engagement of Employers

- Issue/Problem:
  - Inconsistent engagement of employers for TANF client career mobility and enhancement
  - TANF adults remain low-income and working poor with inability to advance

- Strategy:
  - Develop regional plans to engage employers as partners to create job slots
  - Increase client wages through employment stability, longevity and career mobility with employers

- Benefits:
  - Reduced TANF caseloads through stable employment
  - Increased earnings through career advancement

- Budget Action: Redirect $500,000 TANF funds within SNF-Work

Supported Employment

Teens in TANF

- Issue/Problem:
  - Clients are often from generations of families dependent on public welfare
  - Lifestyle and conditions failed to model ‘work’ or ‘employment’ as expected outcomes

- Strategy:
  - Engage teens in setting self-sufficiency goals and action plans
  - Develop and connect teens to supportive resources, i.e. peer counseling and support, aptitude assessment, mentoring
  - Place teens in jobs and job related activities

- Benefits:
  - Reduction in new TANF clients from families who have received TANF

- Budget Action: Redirect $600,000 as part of the make work pay initiative

Work/Self Sufficiency

- Supported Employment
- **Economic Assistance**

Economic Assistance

Grandfamilies Raising Grandchildren

- Issue/Problem:
  - 92,000 grandparents in Georgia responsible for the care of 164,000 children under the age of 18 years.
- Strategy:
  - Create multiple points of entry for access to services and resources.
  - DAS, DFCS, DMHDDAD, OCSS and PH partnerships will offer five enhanced services to help keep grandfamilies together.
- Benefits:
  - Create greater access to services
  - Strengthening families
  - Keeping children with family and out of foster care
  - Better outcomes for children and grandparents
- Budget Action:
  - Redirect 10% DAS National Family Caregiver Support Program = $346,000
  - DFCS / TANF Redirect = $1,349,000

CCSP Peer Support

- Issue/Problem:
  - Nearly 46% of Georgia's Community Care Service Program clients meet the criteria for major depression or depression.
  - Many older adults do not seek or are resistant to treatment for depression

- Strategy:
  - Add Peer Support Specialists as a Medicaid reimbursable service under the CCSP Medicaid waiver.
  - DAS will partner with DCH and local MHDDAD offices to recruit peer support workers/volunteers from the community who have similar life experiences with major depression.

- Benefits:
    - Emphasize recovery oriented programming for consumers with serious and persistent depression.
    - Functional ability will improve, allowing CCSP service costs to be maintained or reduced.
    - Successful transition from institutional care to the community

- Budget Action:
  - Redirect within program $105,000 to serve 250 consumers over 3 years

Economic Assistance

Adoption Assistance

- Issue/Problem:
  - Costs have increased from $52M (FY 03) to $70M (FY 06) while finalized adoptions remained flat
  - Subsidy is not well connected to the ongoing needs of the child

- Strategy:
  - Change subsidy payment criteria
  - Target outcomes as deliverables in adoption contracts with providers
  - Consider other ways to support financial needs of adopted children who may only have transitional needs

- Benefits:
  - Better linkage of needs of child to adoption subsidy
  - Deficit reduction

- Budget Action: Program changes will occur within the existing appropriated budget

Home and Community Services

- **Rural Services**
- Integrated Family Support

Rural Services

Sheriffs Tele-medicine Pilot

- Issue/Problem:
  - Georgia's Sheriffs are responsible for the transport of both civil and jailed consumers who require evaluation at state hospitals.
  - Often, after time consuming transportation and evaluation, the consumer does not meet clinical criteria for admission.

- Strategy:
  - Implementing three (3) pilot tele-medicine (psychiatry) programs to link Sheriffs Departments with the admission team at state hospitals.

- Benefits:
  - Reduces the number of transports that do not result in an admission.
  - Reduced cost of staffing, and vehicle costs for Georgia's Sheriffs

- Budget Action:
  - $95,040 Re-purpose contract funds

Rural Services

Mobile Crisis Teams & Stabilization Beds

- Issue/Problem:
  - Only 2 state-operated hospital units for children and adolescents with a total of 56 beds - located in Atlanta and Milledgeville.
  - Requires many youth, their families and law enforcement to travel long distances to access services.

- Strategy:
  - Expand community crisis services.
  - Add mobile crisis response services to the three new Crisis Stabilization Programs.
  - Purchase crisis stabilization beds from existing providers with expertise in serving youth with intense needs.

- Benefits:
  - Greater availability of these services will enable youth to remain in their families, communities and schools.
  - Proximity of services increases likelihood that families will participate in treatment.

- Budget Action: $3,600,000 - Redirected funds from DFCS to MHDDAD

Rural Services

CCSP / Tiered Care Coordination

- Issue/Problem:
  - Heavy users of acute care medical services need to be managed through intensive care coordination.

- Strategy:
  - DAS and DCH will partner to redesign the current care management system.
  - Institute 3 levels of care coordination to better target the needs of all CCSP clients.

- Benefits:
  - Care Coordinator caseloads focused on clients/caregivers with highest need.
  - Consumers remain in their homes and communities longer
  - Reduce unnecessary contact with emergency room facilities/unplanned hospital admissions.
  - Funding spent more effectively.

- Budget Action:

  Redirect $158,492 within program

HCBS / Tiered Care Coordination

- Issue/Problem:
  - Limited care coordination assistance is available to frail low income consumers of non-Medicaid home and community based services that live in rural communities.

- Strategy:
  - DAS will partner with local Public Health nurses to identify consumers who need access to care providers and/or rural health clinics.
  - Target consumers at higher risk levels for out-of-home placement.
  - Increase awareness of service availability from other community resources.

  - Benefits:
    - At risk consumers receive services through care plans tailored to their individual needs.
    - Consumers remain in their homes and communities longer.
    - State and federal funds for supportive services spent more effectively.

- Budget Action:
  - Redirect within program $1,400,000

Rural Services
Coordinated Transportation

- Issue/Problem:
  - Three Departments provide transportation: DCH, DHR, DOT
  - Cost efficiencies are available
- Strategy:
  - Conduct a pilot test in Southwest Georgia in 07
  - Consider expansion if outcomes are good
- Benefits:
  - Increase number of transportation trips available
  - Maintain transportation costs
- Budget Action:
  - No net budget change but 10-15% increase in trips

Rural Services

170 Medicaid Waiver Slots for DD

- Issue/Problem:
  - Over 6,900 children, adolescents and adults with developmental disabilities are waiting for services.
  - Supreme Court's Olmstead Decision requires deinstitutionalization
- Strategy:
  - Build community services capacity
- Benefits:
  - People with disabilities will remain in their own families and/or communities.
  - Reduced dependence on institutional services.
- Budget Action:
  - $2.1m (6 months) - Re-purpose funds from state operated DD hospital units to the community as individuals with DD transition to the community

Home and Community Services

- Rural Services
- **Integrated Family Support**

Integrated Family Support

Integrated Case Management and Home Visiting

- Issue/Problem:
  - Same high risk families are part of caseload in PH, DFCS, MHDDAD
  - Coordination of efforts is limited and fails to focus on family support
- Strategy:
  - Coordinate all case management through PH
  - Establish home visiting to ensure that supports within the community are used for these families
- Benefits:
  - More efficient case management with multiple perspectives
  - Family strengthening and follow up is emphasized
- Budget Action:
  - Redirect $5 million - $3.5 million TANF funds; $1.5 million state funds from the PH Lab which are being replaced with Newborn Screening fees

Common Set of Family Assessment Tools

- Issue/Problem:
  - Public Health and DFCS assess families to identify their needs, strengths and challenges
  - Each utilizes a different assessment tool to perform this function
  - Home visitation for this assessment is conducted separately to collect similar information with different tools

- Strategy:
  - Utilize common assessment instruments based on current and to be developed best practice tools, including DFCS risk assessment tool and family team meetings

- Benefits:
  - Less duplication of effort by Public Health and DFCS
  - Less invasiveness of staff into families lives
  - Collection of personal information from families at one time
  - Effective comprehensive and coordinated intervention

- Budget Action: Redirect funds from Out-of-Home Care

Integrated Family Support

EMBRACE

- Issue/Problem:
  - Of 15K children, 38% are placed in more restrictive, non-family settings
  - Recruitment is not a core competency of DFCS
  - Inadequate supply of foster families for placement of children
  - Community based organizations are better equipped to work with families in their communities

- Strategy:
  - Develop a non-for-profit organization that has core competencies to recruit, train and retain foster families
  - Partner with community stakeholders and civic leaders
  - Redirect resources to support the work

- Benefits:
  - Enhanced recruitment, training, support and retention of foster parents
  - Fewer disruptions in foster care placements
  - Increase in mentoring of biological families by foster families

- Budget Action:
  - $5.1m on a contractual basis to EMBRACE (estimated). Source of funding is Child Welfare Services.

Technology Access

- **Internal Communication**
- Data for Decision Making

Internal Communication
Virtual Presence

- Issue/Problem:
  - Georgia is challenged with time and expenses of travel
  - Staff time devoted to work is reduced by time in travel
- Strategy:
  - Expand the video conferencing capacity
  - Expand the use of web conferencing
- Benefits:
  - New opportunities exist for distance communication
  - Travel expenses and staff time in travel can be reduced
- Budget Action:
  - $1 million to purchase equipment and expand training capacity
  - Fund with $500,000 travel and meeting expense savings in DFCS; $500,000 redirection of administrative funding in DPH

Technology Access

- Internal Communication
- **Data for Decision Making**

Data for Decision Making
Decision Support System

- Issue/Problem:
  - DHR lacks standard format for data
  - This limits our ability to share information about common clients and/or communities
- Strategy:
  - In FY07 establish standard formats
  - Expand existing storage and analytic capacity
- Benefits:
  - Better focus on issues that are shared across the Department
  - Build toward warehousing of data to improve efficiencies of current operations and greater focus on priority issues
- Budget Action:
  - Perform analyses instead of contracting: $500,000 savings
  - Invest in staff, software and hardware: $500,000.

Data for Decision Making
Contract Management System

- Issue/Problem:
  - Currently operating 5 separate contracts and audits monitoring and tracking systems
  - Sometimes must use time-consuming manual process to collect information for State Legislature, DHR management, etc
- Strategy:
  - Employ G-force process with Divisions/Offices to obtain the needed data fields
  - Develop/procure contract management system
- Benefits:
  - Will have more timely, accurate data for decision making
  - Audit collections will be timelier
- Budget Action:
  - Redirect $300,000 savings generated thru agency-wide administrative efficiencies.

Employee Engagement

- **Customer Service**

Customer Service

Parent Peer Project

- Issue/Problem:
  - Service systems are often difficult to understand and access by families seeking support, education, and treatment for their children.

- Strategy:
  - Train and certify parents to help other families navigate the service system.
  - Implement two pilot programs with staffing and technical support

- Benefits:
  - Families will get services they need quicker and easier.
  - Parents receiving community based services are less likely to seek residential placement for their child.
  - Research shows that involving family members in service provision can be highly effective.

- Budget Action:
  - $260,000 - will be re-purposed within existing Child & Adolescent Services Program resources

Customer Service
Secret Shopper

- Issue/Problem:
  - The challenge is to accurately measure customer services and the accessibility of the service system in order to manage the quality, responsiveness and use of resources.

- Strategy:
  - Implement Department-wide enterprise using trained consumers and/or family members to determine service quality and accessibility.
- Benefits:
  - Agencies will improve their responsiveness to consumers;
  - Access to services will improve; and
  - Data can be used to access and improve services

- Budget Action:
  - $210,000 from administrative efficiencies in MHDDAD, DFCS and DAS

Customer Service
Facility Watch

- Issue/Problem:
  - With access to information consumers can make informed choices. Having on-going information helps consumers monitor facilities and providers of particular interest.

- Strategy:
  - Send an email anytime a new inspection report on a selected entity is posted to the ORS website to persons requesting the service.
  - Publicize availability of this service.

- Benefits:
  - Make information easily available to consumers.
  - Better compliance with licensing requirements because of increased competition.

- Budget Action:
  - Redirect $35,000 (State) of IT efficiencies.

Customer Service

Computer Based Training for Providers

- Issue/Problem:
  - Providers do not have technology-based tools to help understand how to deliver safer and better services.
  - To assure a supply of needed community services, application processing times need to be reduced.
  - Licenses are issued without a demonstration of basic understanding of rules.

- Strategy:
  - Create easily accessible, targeted learning modules to help assure safety and improve compliance.
  - Enact rules to require new providers to pass a competency test prior to licensing.

- Benefits:
  - Process applications for community based providers quicker.
  - Improve care and safety.
  - Increase rate of compliance with rules.

- Budget Action:
  - Redirect $140,000 (State: $35,000) using current positions and IT efficiencies.

Prevention

- **Youth Development**
- Consolidated Community Prevention

Youth Development

Redesign the Independent Living Program

- Issue/Problem:
  - Current program structure does not meet the needs of youth in foster care
  - Services reach less than 50% of eligible population, inconsistent in offering and no specific outcomes
  - Of 15K youth in state custody, 14% of foster teens at age 18 complete high school and 29% depend upon assistance to meet basic living needs after emancipation from foster care
  - Imperative to rebuild program

- Strategy:
  - Using G-Force, rebuild the ILP program
  - Integrate and coordinate related programs and services to provide expected benefits

- Benefits:
  - Reduce number of youth who are homeless
  - Increase number of youth who are employed
  - Reduce number of youth who are dependent upon public assistance upon aging out of foster care
  - Increase number of youth who graduate from high school and post secondary

- Budget Action:
  - Chaffee Independent Living Grant currently provides $3.8 funds annually. This initiative will be funded within this grant.

Youth Development

Expand Summer and After-School Program

- Issue/Problem:
  - Children exposed to risky behaviors through lack of activities
  - Lack of a public/private consortium of statewide after-school services and an after school network
  - Insufficient safe and productive settings for children when parents with school age children are working

- Strategy:
  - Provide funds to support after school services for youth from low-income families throughout the State
  - Providers have academic enrichment activities, employment development, goal setting, health education and character development

- Benefits:
  - Increase number of youth engaged in meaningful activities that support their well-being
  - Increase number of parents and caregivers working
  - Creation of a network database of after school services available to the public

- Budget Action: Redirect funds within existing $14M appropriated levels

Youth Development
Expand TeenWork

- Issue/Problem:
  - Foster children without work experience have a more difficult transition into the work force as they age out of the foster care system
  - Over 15K youth are in state custody of which over 6K are between ages 14 and 21
  - About 29% of foster teens at age 18 are dependent upon assistance to meet basic living needs
  - Teens in TANF families often do not have work experience needed to gain employment as adults

- Strategy:
  - Increase summer employment opportunities for teenagers in foster care
  - Provide employment related activities for teenagers whose families receive TANF

- Benefits:
  - Increased opportunity to establish mentoring relationship with adults
  - Develop employment competencies among youth

- Budget Action: Redirect the existing $740,000 allocated for this program

Prevention

- Youth Development
- **Consolidated Community Prevention**

Consolidated Community Prevention

Safe Families

- Issue/Problem:
  - Leading cause for bringing children into state custody is child neglect
  - Social supports for families in crisis can prevent expensive and traumatic child welfare investigations
  - Isolated families in crisis need a voluntary, non-coercive alternative to the state child welfare system

- Strategy:
  - Recruit a network of families (Safe Families) to voluntarily open their homes and take in children of families experiencing crisis
  - Link isolated families to Safe Families for support as part of a diversion strategy
  - Leverage resources to meet family needs (e.g., employment assistance, substance abuse treatment)

- Benefits:
  - Reduce the number of children entering the child welfare system
  - Reduce and prevent incidence of child abuse
  - Increase percentage of unified families

- Budget Action:
  - Redirect up to $200,000 from the PSSF federal award

Consolidated Community Prevention
Forensic Specialists (DAS)

- Issue/Problem:
  - Financial abuse of the elderly is a growing phenomenon and most cases remain unreported.

- Strategy:
  - Establish 2 forensic positions (over SFY 07&08) to provide education and expertise on investigations and analysis of abuse, neglect, exploitation of adults.
  - Provide statewide leadership to partners such as banking institutions, DHR OIS/Audits, GBI and other law enforcement agencies to address the rising instances of financial exploitation and abuse against adults.

- Benefits:
  - Increased prosecutions of elder abuse, neglect and exploitation
  - Decreased loss of victims financial assets due to early forensic intervention
  - Increased medical and mental health interventions for victims
  - Increased multi-disciplinary efforts to raise awareness of and address elder abuse issues

- Budget Action:
  - State $65,000 (07) redirect within program
  - State $130,000 (08) redirect within program

Consolidated Community Prevention
Childhood Immunization

- Issue/Problem:
  - The number and costs of vaccines has increased 20% in 5 years
  - Georgia has the 4th best vaccine coverage in the nation
- Strategy:
  - Continue to make available vaccines for children with insurance that does not cover vaccines
  - Continue to use federal vaccines or insurance to cover other children
- Benefits:
  - All children seen by all providers can receive vaccines
  - We can continue to avoid outbreaks of mumps, measles and pertussis that are occurring elsewhere in the Nation
- Budget Action:
  - Purchase vaccines for underinsured children: $1.5 million
  - Redirect $1.5 million state funds from the PH Lab which are being replaced with Newborn Screening fees.

Consolidated Community Prevention
Consolidation of Prevention

- Issue/Problem:
  - The core competencies of public health are prevention, analysis and community interventions.
  - The substance abuse prevention work in MHDDAD complements and strengthens DPH work
- Strategy:
  - Transfer prevention work from MHDDAD to public health
  - Transition planning, staff engagement and community input in 07
- Benefits:
  - Synergy of core competencies in both units
  - Add a level of expertise to public health programs
- Budget Action:
  - Transfer staff, contracts and funds of $11.2 million

Administrative Efficiencies

Administrative Efficiencies

- Issue/Problem:
  - Over spending Administrative budget (projected FY08 shortfall)

- Strategy:
  - Generate program efficiencies through:
    - Renegotiate Contracts
    - Consolidate Maintenance Agreements
    - Component Purchase of IT Equipment
    - Increase Utilization of Telework
    - Review Telephone Features and Usage
    - Review Postage Usage
    - Others

- Budget Action:
  - Estimated Efficiencies of at least $400,000

Burning Platforms

Deficit Reduction Act (OCSS)

- Issue/Problem:
  - OCSS will no longer be able to match federal dollars with federal dollars.
  - Reduces OCSS total funding by $20M ($6.8M state dollars)

- Strategy:
  - OCSS has identified $2.5M to partially replace the loss.
    - Charge $1.50 per payment posted to recover the cost of payment processing ($1.55M).
    - Charge paternity testing costs to parents ($272,000).
    - Collect $25 annual federally mandated user fee ($714,000).
- Benefits:
  - Allows OCSS to provide services to families and regular support to children.

- Budget Action:
  - $6.8M - $2.5M **= $4.3M state funds needed**

Growing Forensic Population

- Issue/Problem:
  - Number of court orders for pretrial evaluations received is increasing dramatically.
  - Timeliness of evaluations is decreasing.
  - Demand for secure inpatient services exceeds the capacity impacting safety and security in state hospitals.
  - Waiting list for individuals to access the secure hospital units backing up into local jails

- Strategy:
  - Fund seven (7) additional forensic evaluator positions
  - Base new evaluators in areas of high demand and those areas without a state hospital.
  - Provide evaluation coverage cross coverage when staff vacancies exist and/or when demand fluctuates.
  - Use existing state hospital facilities to reduce the cost of adding 83 secure forensic beds.

- Benefits:
  - Defendants will receive court-ordered evaluations and proceed more quickly through the judicial system.
  - Patients will be treated on units appropriate for their security risks reducing liability issues.
  - The number of individuals waiting in jails to be admitted to state hospitals will be reduced

- Budget Action: **Enhancement - $7,445,646**

Consolidation of Behavioral Health Services for Children and Adolescents within DHR

- Issue/Problem:
  - DHR is operating two mental health service delivery systems for children and adolescents – one in DFCS and one in MHDDAD.
  - Dual systems are expensive; and complicated for families seeking services.

- Strategy:
  - Establish “one door” for customers seeking children’s behavioral health services in DHR by transferring services and corresponding resources currently residing with DFCS to MHDDAD.

- Benefits:
  - One door access to services – Divisions focus on right work.
  - Families get support to keep their child in their home, school and community.
  - Less costly as children receive appropriate services.

- Budget Action:
  - No new funding – **transfer estimated at $70 million**

Medicaid Waiver Slots for People with Developmental Disabilities

- Issue/Problem:
  - Over 6,900 children, adolescents and adults with developmental disabilities are waiting for services
  - Supreme Court's Olmstead Decision requires deinstitutionalization

- Strategy:
  - Request funding to increase the number of DD Medicaid Waiver services needed to ensure the health and safety of consumers.

- Benefits:
  - People with disabilities will benefit by getting the services they need to remain in their own families and/or communities
  - Families will receive support to maintain their loved one with disabilities at home, avoiding costly out-of-home placement;
  - People with DD will be able to return to their families and/or communities from state-operated institutions

- Budget Action: **Enhancement – Cost per 1,000 slots $9,339,838**
  (6 month funding)

Ensuring a Full Continuum of Care for Adults with Mental Illness and/or Developmental Disabilities

- Issue/Problem:
  - The lack of competition coupled with historical funding allocations resulted in an inadequate continuum of adult mental health and development disability services.
  - People are unable to access community services they need; driven to use high cost, deep end services (i.e. hospital services).
- Strategy:
  - Aggressive redesign of the adult mental health system – reduce hospital use (children, developmentally disabled and nursing home consumers) through developing community services.
- Benefits:
  - Cost effective for the long-term
  - Reserved hospital beds for more appropriate populations

- Budget Action:
  - Proposals and concept papers that support this action:

    FY08 Proposal - Sheriffs Tele-Medicine Pilot

    FY08 Proposal - 170 Medicaid Waiver Slots for People with Developmental Disabilities

    Concept Paper for a Fiscal Year 2008 Budget Proposal - (Medicaid Waiver Slots for People with Developmental Disabilities

    Concept Paper for Fiscal Year 2008 Budget Proposal - (83 Forensic Secure Beds and Increase Forensic Evaluators)

Cervical Cancer Prevention Vaccine

- Issue/Problem:
  - Most cervical cancers can be prevented with a vaccine
  - This vaccine (human pappiloma virus or HPV) is now recommended for girls ages 11-12 years
- Strategy:
  - Purchase vaccine for the underinsured girls in Georgia
  - Incorporate this into the other adolescent vaccination series
- Benefits:
  - Reduce occurrence of cervical cancer
  - Reduce the pap smear abnormalities that result in repeat testing and costly biopsies and procedures
- Budget Action:
  - Request **$4.3 million for this vaccine in FY08 and onward**

Antiviral Medication for Pandemic Influenza

- Issue/Problem:
  - Pandemic influenza may cause illness of 2.2 million Georgians
  - Many will be seriously ill and 60,000 will die
- Strategy:
  - Purchase antivirals to treat 900,000 persons
  - Request from CDC stockpile the additional medication for 1.3 million ill persons
- Benefits:
  - We can ensure that all persons ill from influenza can receive treatment, avoiding more severe illness and death
  - Public anxiety will be eased by knowing we have sufficient for all persons who become ill
- Budget Action:
  - Request $15 million to match $5 million in federal funds
  - Funding in the 07 Supplemental Budget
  - $250,000 annually beginning in 08 for storage

Olmstead and Birdsong Litigation

- Issue/Problem:
  - There is an increasing need for new service openings in the Community Care Services Program (CCSP).
  - By 2010, the over age 65 population will have increased by 14% over 2005, 45% of whom will have a disability and 14% will be living in poverty.
  - Currently 714,000 of Georgia adults (12% of the adult population) are caregivers for an adult.

- Strategy:
  - Introduce legislation to create incentives for Long Term Care (LTC) insurance and to support family care giving.
  - Partner with DCH and DCA to increase community providers and to promote community based care.
  - Partner with DCH to educate hospital discharge planners and nursing home social workers about the availability of home and community based services.
  - Partner with DCH to create a plan to bank nursing home beds.

- Benefits:
  - Encourage employees to purchase LTC plans by allowing tax credits.
  - Provide tax incentives for targeting low/ middle income families that cannot afford to purchase LTC insurance.
  - Support an increase in the tax credit for family caregivers for qualifying care giving expenses.

- Budget Action: Request for funds
  - 500 CCSP openings/yr = $5,050,000
  - 1000 Respite opening/yr= $2,700,000