



Georgia Department of Human Services

Aging Services | Child Support Services | Family & Children Services

Appendices

ANNUAL REPORT | STATE FISCAL YEAR **2019**



Stronger families for a stronger Georgia

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Georgia Department of Human Services Strategic Plan 2017-2019



Georgia Department of Human Services
2019 Strategic Plan

Robyn A. Crittenden
Commissioner

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Message from DHS Commissioner

Robyn A. Crittenden

Through each of its programs and services, the Georgia Department of Human Services (DHS) strives to fulfill our vision of building stronger families for a stronger Georgia.

To ensure that the Department's services positively impact individuals who seek to live safer, more independent lives, it is incumbent upon the leaders of the organization to continually develop and evaluate strategies to strengthen Georgia by strengthening its families.

Enclosed is an updated multi-year plan that supports Gov. Nathan Deal's goals for the state of Georgia by improving service delivery to its most vulnerable residents. It also supports the Department's reform effort, called the Blueprint for Change, to develop a robust workforce, strengthen practice models and engage constituents on all levels.

These goals include:

- Ensuring that vulnerable children and adults are safe from abuse and neglect through high program effectiveness, community awareness and stakeholder engagement.
- Increasing the effectiveness and capacity of programs to meet fundamental educational needs.
- Improving access to healthy food options and services that lead to greater independence and healthier lifestyles for vulnerable Georgians.
- Enhancing customer service through modernized processes and effective employee recruitment, training and retention.
- Leveraging public-private partnerships and improving intergovernmental cooperation for successful infrastructure development.

As Commissioner of the Department, I am committed to ensuring each of these goals effectively support the governor's efforts to make Georgia a better place to live, work and play, especially as we seek to improve the lives of the most vulnerable in our state.



Robyn A. Crittenden
Commissioner

June 30, 2018

Date



DHS Accomplishments

The following items are key strategies that were implemented during this strategic plan cycle:

DHS Blueprint for Change: a three-pronged reform effort pioneered by the Division of Family & Children Services and later adopted by the entire Department of Human Services. The initiative creates a framework for how the Department meets its goals, carries out its mission and follows its core values. It serves as the internal road map to improving the lives of vulnerable children and adults. The Blueprint for Change supports a strong practice model, developing a robust workforce and continuous engagement with both internal and external constituents.

Georgia Gateway: an integrated eligibility determination system collaboratively developed and used by various internal and external partners. Georgia Gateway replaces multiple antiquated systems and gives constituents a “one-stop-shop” system to manage their benefits, allow caseworkers greater efficiency to access, review and approve eligibility, reduces duplicative filings, errors, fraud and improves service to customers.

DCSS Mobile App: an industry leading application that allows customers to make child support payments, review their payment history, view scheduled appointments and receive notifications and alerts on important information regarding their cases.

Parental Accountability Court (PAC) program: a joint effort of the Division of Child Support Services and Superior Court judges to offer an alternative to incarceration and to help chronic nonpayers of child support overcome barriers that keep them from making regular payments.

DHS Learning Management System (LMS): allows employees to complete mandatory, annual and new hire training online by simply logging into the LMS. The benefits of DHS LMS organizes eLearning content in one location, provides unlimited access to eLearning materials via desktop and mobile application, easily tracks learner progress and performance, reduces learning and development time, and keeps the organization up-to-date with compliance regulations. The DHS LMS replaced an antiquated system.

DHS Random Moment Sample Study (RMSS): statistical method of a new automated system that determines the activities of a group of employees and the percentage of time a group spends on various work activities. The benefit of the RMSS is to reduce the time it takes to derive a program’s share for distributing indirect administrative costs or prorating direct service costs among various benefiting programs on whose behalf the employees are working.

DHS Human Resource Personnel Action Self-Service System (HR PASS): a new electronic system focused on increasing hiring efficiency, enhancing talent selection processes, data integration, and streamlining time-to-fill processes. HR PASS aligns with DHS organizational strategy by decreasing processing times and eliminate existing redundancies.



DHS Vision, Mission and Core Values

Vision

Stronger Families for a Stronger Georgia

Mission

Strengthen Georgia by providing individuals and families access to services that promote self-sufficiency, independence and protect Georgia's vulnerable children and adults.

Core Values

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect.
- Manage business operations effectively and efficiently by aligning resources across DHS.
- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop employees at all levels of the agency.



DHS Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis¹

Strengths

- Knowledgeable staff
- Engaged stakeholders
- Data-driven environment
- Culture of continuous quality improvement

Weaknesses

- Employee and stakeholder training
- No succession plan
- Inadequate resources (staff)
- High turnover rate
- Outdated / manual processes

Opportunities

- Create succession plan
- Enhance training via Learning Management System (LMS)
- Re-evaluate and update processes
- Automate contract processes via a Document Management System (DMS)
- Employee recognition and incentives program

Threats

- Scarce manpower
- Data reliability / errors
- Loss of knowledge due to turnover and retirements
- Competitive market
- Overutilization of resources

¹DHS conducted a full SWOT analysis in May 2016 that is updated annually.



DHS Goals

Education

1. Promote sustainable community programs to ensure capacity to meet educational needs.
2. Increase programs to improve the successful outcome of fundamental education.

Health

1. Empower individuals and families to pursue and sustain an active and healthy lifestyle.
2. Increase access to healthy food options and services that lead to self-sufficiency.

Responsible and efficient government

1. Ensure that DHS maintains a learning environment to encourage and engage professional development within the organization.
2. Restructure the overall process for hiring, recruiting and retaining DHS employees.
3. Cultivate and maintain a positive relationship with the public and key stakeholders by ensuring agency policy and practice is responsive to constituents' needs.
4. Maintain and increase productivity, efficiency and quality of service through technology and service delivery.
5. Develop support services and job assistance programs which promote self-sufficiency and independence as an alternative to incarceration.

Safety

1. Provide DHS programs and services to protect our most vulnerable clients.
2. Build and maintain community awareness to protect our most vulnerable population.
3. Ensure vulnerable clients and DHS customers are free from abuse, neglect and exploitation.





GOAL 1

Education

Education Goals

1. Promote sustainable community programs to ensure capacity to meet educational needs.
2. Increase programs to improve the successful outcome of fundamental education.

EDUCATION OBJECTIVE 1

Ensure individuals and families served by the Division of Family and Children Services (DFCS) have enhanced capacity to meet their cognitive and educational needs.

Strategies:

- Implement standardized tutoring methods for contracted Education Support Specialists to ensure that youth in care are provided with quality educational support services. For those youths engaged in intensive educational support services, their academic performance will be tracked and monitored (when appropriate) from the initial education assessment through their exit from foster care.
- Develop memoranda of understanding with local school systems to formalize and standardize data sharing processes, as well as educational procedures and processes for children and youth in foster care.
- Provide continuous educational academies to train DFCS staff, caregivers and partners on the Division’s educational policies, procedures and entitlements to promote successful educational outcomes for youth in foster care.
- Provide education and support to caregivers regarding the importance of health and wellness screenings for children in care to promote access to the appropriate services for children and youth served by DFCS.

Outcomes:

1. Increase the percentage of youth in foster care who successfully graduate from high school from 17% to 75% by June 30, 2019.¹

Year	Target	Results
Baseline >> 17%		
SFY 2017	17%	25%
SFY 2018	46%	25%
SFY 2019	75%	N/A*

Data source: The Georgia Department of Education and the Division’s Statewide Automated Child Welfare Information System (SHINES)

*Youth in foster care are not required to provide high school graduation data.

¹DFCS will work with the Georgia Department of Education (DOE) to ensure that the DOE is the primary source of all education-related data for children and youth in foster care.



Outcomes:

2. Increase the percentage of educational programming, assessment and consultation (EPAC) referrals for youth in foster care from 46% to 90% by June 30, 2019.

Year	Target	Results
Baseline >> 46%		
SFY 2017	46%	55%
SFY 2018	68%	76%
SFY 2019	90%	28%

Data Source: The State's Automated Child Welfare Information System (SHINES)





GOAL 2

Health

Health Goals

1. Empower individuals and families to pursue and sustain an active and healthy lifestyle.
2. Increase access to healthy food options and services that lead to self-sufficiency.

HEALTH OBJECTIVE 1

Empower older adults to stay healthy by increasing food security and access to healthy food options.

Strategies:

- Increase access to healthy food options for older adults by connecting them to local food systems (farmer’s markets and community gardens).
- Implement a person-centered approach to dining options by surveying clients to determine their dining preferences and considering those preferences in meal planning.
- Develop a partner group to support and implement a state Senior Hunger Summit.
- Evaluate the extent of choice of dining options.
- Expand the role of site councils to improve dining choices.
- Provide technical assistance to the Area Agencies on Aging regarding timely and accurate data entry of services provided.

Outcomes:

1. Increase the number of people served through congregate sites from 13,744 to 14,578 by June 30, 2019.

Year	Target	Results
Baseline >>13,744		
SFY 2017	13,744	15,271
SFY 2018	14,153	15,311
SFY 2019	14,578	15,617

Data source: Division of Aging Services Data System

2. Increase the number of people served through home-delivered meals from 12,445 to 13,203 by June 30, 2019.

Year	Target	Results
Baseline >>12,445		
SFY 2017	12,445	12,666
SFY 2018	12,818	13,645
SFY 2019	13,203	14,187

Data source: Division of Aging Services Data System



HEALTH OBJECTIVE 2

Ensure families and individuals that DFCS services have enhanced capacity to meet their physical needs.

Strategies:

- Implement Georgia's Comprehensive Practice Model, inclusive of a trauma-informed approach, throughout the State to ensure timely initial assessment of family and individual needs, as well as connections to relevant supports to meet identified needs.
 - Certify trained staff in our practice model.
 - Increase fidelity of the practice model through fidelity reviews, coaching and live learning.
- Coordinate activities with community partners statewide to facilitate the increase of SNAP participants' access to nutritious food, healthy eating and increased physical activity.
- Implement standardized tutoring methods for contracted education support specialists to ensure that youth in care are provided with quality educational support services. For those youth engaged in intensive educational support services, their academic performance will be tracked and monitored (when appropriate) from the initial education assessment through their exit from foster care.
- Develop memoranda of understanding with local school systems as identified to formalize and standardize data sharing processes, as well as educational procedures and processes for children and youth in foster care.
- Provide continuous Educational Academies to train DFCS staff, caregivers, and partners on the Division's educational policies, procedures and entitlements to promote successful educational outcomes for youth in foster care.
- Train and educate Office of Family Independence (OFI) and Child Welfare case managers on the Medicaid referral and enrollment process for former and current foster care youth (ages 18-21 years old) so that these youth can successfully access healthcare.
- Develop and implement innovative strategies with the Department of Community Health (DCH), Amerigroup and other stakeholders to facilitate youth access to medical, physical and behavioral health services.
- Provide education and support to caregivers about the importance of health and wellness screenings for children in care to promote access to the appropriate medical, physical and behavioral health services for children and youth served by the Division.



Outcomes:

1. Increase the percentage of youth in foster care receiving Medicaid or health insurance, within six months of their 18th birthday, from 45% to 85% by June 30, 2019.

Year	Target	Results
Baseline >>45%		
SFY 2017	45%	94%
SFY 2018	60%	96%
SFY 2019	85%	95%

Data source: Statewide Automated Child Welfare Information System (SHINES) and the Office of Family Independence (SUCCESS)

2. Increase the percentage of initial wellness screenings for youth in foster care from 16.9% to 75% by June 30, 2019.

Year	Target	Results
Baseline >>16.9%		
SFY 2017	16.9%	21%
SFY 2018	46%	27%
SFY 2019	75%	26%

Data source: The State's Automated Child Welfare Information System (SHINES)

3. Improve the family Medicaid standard of promptness from 85% to 92% by June 30, 2019.

Year	Target	Results
Baseline >>85%		
SFY 2017	85%	91%
SFY 2018	90%	92%
SFY 2019	92%	86%

Data source: The Office of Family Independence Planning, Performance and Reporting Data Management Files

4. Increase the number of SNAP Nutrition Education participants that receive information regarding healthy and nutritious food choices for low income families from 49,184 to 81,058 by June 30, 2019.

Year	Target	Results
Baseline >>49,184		
SFY 2017	53,686	114,803
SFY 2018	67,504	119,645
SFY 2019	81,058	163,387

Data source: The Office of Family Independence's Supplemental Nutrition Assistance Program Unit Data collected annually – September





GOAL 3

Responsible & Efficient Government

Responsible & Efficient Government Goals

1. Ensure that DHS maintains a learning environment to encourage and engage professional development within the organization.
2. Restructure the overall process for hiring, recruiting and retaining DHS employees.
3. Cultivate and maintain a positive relationship with the public and key stakeholders by ensuring agency policy and practice is responsive to constituents' needs.
4. Maintain and increase productivity, efficiency and quality of service through technology and service delivery.
5. Develop support services and job assistance programs which promote self-sufficiency and independence as an alternative to incarceration.

RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 1

Increase regular child support payments to families by intervening early to build compliance and payment consistency.¹

Strategies:

- Set income-based orders that reflect the parent's ability to pay with utilizing the agency-initiated Review Modification (Rev-Mod) process. Utilize employer-data reporting tools, such as Department of Labor, The Work Number, and federal interfaces, to identify and target cases where parents' wages and support order amounts have inverse variances which suggest child support amounts are inconsistent with ability to pay.
- Monitor usage and access reports to ensure staff are following processes established in standard operating procedures when using the Data Warehouse report to identify cases that are only paying 0-25% of the current support order amount.
- Develop targeted strategies and procedures for working specialized caseloads.
- Expand our ability to provide outreach services to noncustodial parents who face barriers who may be unemployed or under employed. Individualized service needs will be assessed during initial eligibility interviews with potential participants.
- Work the Undistributed Collections Report to resolve all child support collections held in a pending status. Efforts to resolve pending disbursements will include locating customers, contacting employers and taking other relevant actions depending on the status hold type.



¹This item was previously listed under Safety Goals

Outcomes:

1. Increase the percentage of current support paid from 61.3% to 63.3% by September 30, 2019.

Current support:

Year	Target	Results
Baseline >>61.3%		
FFY 2017	61.3%	60.3%
FFY 2018	62.3%	60.1%
FFY 2019	63.3%	60.5%

Data source: Office Child Support Enforcement (OCSE) Federal 157 Performance report. Data reported on FFY cycle.

2. Increase the percentage of arrears paid from 65.7% to 67.7% by September 30, 2019.

Arrears:

Year	Target	Results
Baseline >>65.7%		
FFY 2017	65.7%	64.5%
FFY 2018	66.7%	63.9%
FFY 2019	67.7%	64.5%

Data source: Office Child Support Enforcement (OCSE) Federal 157 Performance report. Data reported on FFY cycle.



RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 2

Increase the number of paternities established for children born out of wedlock.¹

Strategies:

- Ensure staff are working to reduce cases appearing on the “Requires Establishment” report by researching paternity inquiry, locating tools and targeting cases where paternities are unresolved.
- Continue collaborations between the internal and external customers (state and field office, DFCS, Vital Records, etc.) to identify initiatives and barriers to increase paternity performance.
- Increase genetic testing collections through in-house paternity process by targeting cases from the monthly “Requires Establishment” report.
- Ensure compliance with the locate standard operating procedure to maximize any opportunities for establishing paternity.

Outcomes:

1. Increase the percentage of cases with paternity established from 90.2% to 93.9% by September 30, 2019.

Year	Target	Results
Baseline >>90.2%		
FFY 2017	91.2%	97.2%
FFY 2018	92.7%	93.6%
FFY 2019	93.9%	95.3%

Data source: Office Child Support Enforcement (OCSE) Federal 157 Performance report. Data reported on FFY cycle.

RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 3

Ensure the Parental Accountability Court (PAC) program continues to serve as an alternative to incarceration for noncustodial parents in their efforts to overcome barriers to self-sufficiency.¹

Strategies:

- Collaborate with judicial partners to establish new courts in additional judicial circuits in intervals of 10 by promoting PAC program successes and benefits.
- Provide services to noncustodial parents (i.e. substance abuse treatment, job assistance and placement, short term training, coaching and mentoring, educational services and Georgia Work Ready) by conducting individualized assessments during eligibility interviews to prepare them for employment.
- Set income-based orders to decrease recidivism for noncustodial parents and reduce incidences of domestic violence due to misaligned support amounts and arrears accumulation.



¹ This item was previously listed under Safety Goals

- Enhance and maintain relationships with Community Service Boards (CSB) to provide services for parents court-ordered to pay child support.
- Track payments from PAC graduates by utilizing data obtained from the \$TARS system, Data Warehouse, and/or Special Query Reports.
- Utilizing the existing \$TARS data elements, collaborate with the Office of Information Technology (OIT) to create a new report where comprehensive PAC data can be tracked.
- Encourage child support payment consistency by offering Access and Visitation (AV) services.

Outcomes:

1. Increase the number of PAC from 22 to 49 by June 30, 2019.

Year	Target	Results
Baseline >>22		
SFY 2017	32	33
SFY 2018	42	42
SFY 2019	49	45

Data source: Office Child Support Enforcement (OCSE) Federal 157 Performance report

2. Increase the average number of noncustodial parents that participate in the PAC program from 506 to 1078 by June 30, 2019.

Year	Target	Results
Baseline >>506		
SFY 2017	682	713
SFY 2018	924	831
SFY 2019	1,078	1,117

Data source: DCSS Data Warehouse

3. Increase collections from noncustodial parents that participate in the PAC program from \$547,489 to \$1,166,390 by June 30, 2019.

Year	Target	Results
Baseline >>\$547,489		
SFY 2017	\$737,489	\$1,463,013
SFY 2018	\$999,763	\$1,393,460
SFY 2019	\$1,166,390	\$2,144,778

Data source: DCSS Data Warehouse



RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 4

Recruit top talent with effective recruitment strategies and processes.

Strategies:

- Establish recruitment strategies based on unique business needs.
- Create and execute recruitment marketing plans.
- Establish DHS as an employer of choice through partnering with colleges and universities, participating in job fairs and community outreach programs, and in support of the federal Title IV-E program.
- Implement an Applicant Tracking System (ATS) – Phase I – to streamline the recruitment documentation workflow processes.

Outcomes:

1. Reduce the process time it takes to fill positions within DHS from 65 days to 55 days by June 30, 2019.

Year	Target	Results
Baseline >>65		
SFY 2017	65	54
SFY 2018	60	54
SFY 2019	55	70

Data source: DHS Office of Human Resources

RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 5

Retain workforce through personal, professional development and performance management.

Strategies:

- Create strategic organizational plans to optimize workforce skills to align with the vision, mission and core values of DHS in partnership with the Office of Enterprise Development.
- Provide developmental opportunities through skills training via multiple platforms.
- Develop career path initiatives to ensure retention of staff and promote employee satisfaction through all levels of the agency.
- Evaluate and update processes and procedures on performance management.
- Collaborate with leadership on the usage of performance management tools to provide continual and consistent feedback to employees.



Outcomes:

1. Maintain the DHS full-time staff annualized turnover rates of 20.68%.

Year	Target	Results
Baseline >>20.68%		
SFY 2017	20.68%	19.93%
SFY 2018	20.68%	18.14%
SFY 2019	20.68%	19.50%

Data source: DHS Office of Human Resources

2. Decrease the DFCS - Child Welfare case management staff annualized turnover rates from 36% to 18% by June 30, 2019.

Year	Target	Results
Baseline >>36%		
SFY 2017	30%	29%
SFY 2018	26%	27%
SFY 2019	18%	35%

Data source: DHS Office of Human Resources

3. Decrease the DFCS - OFI case management staff annualized turnover rates from 17% to 11% by June 30, 2019.

Year	Target	Results
Baseline >>17%		
SFY 2017	15%	20%
SFY 2018	13%	18%
SFY 2019	11%	18%

Data source: DHS Office of Human Resources

4. Maintain the DAS social service specialist annualized turnover rates of 12.65%.

Year	Target	Results
Baseline >>12.65%		
SFY 2017	12.65%	12.29%
SFY 2018	12.65%	11.70%
SFY 2019	12.65%	21.80%

Data source: DHS Office of Human Resources

5. Decrease the DCSS agents annualized turnover rates 15.81% to 9% (6.81% reduction) by June 30, 2019.

Year	Target	Results
Baseline >>15.81%		
SFY 2017	15.81%	19.87%
SFY 2018	12.00%	18.04%
SFY 2019	9.00%	16.80%

Data source: DHS Office of Human Resources



RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 6

Support DHS with the resolution of matters related to DHS programs that affect constituents.

Strategies:

- Seek to identify issues that occur frequently and may reflect systemic problems within DHS.
- Support employees in their efforts to serve constituents by educating the constituent at an enterprise service level.
- Ensure constituents are contacted within one business day of receiving the inquiry and provide resolution within five business days.
- Reinforce written protocol on responding to constituent inquiries.

Outcomes:

1. Increase the resolution rate of constituent legislative inquiries, within five days of receiving the inquiries, from 85% to 95% by June 30, 2019.

Year	Target	Results
Baseline >>85%		
SFY 2017	85%	88%
SFY 2018	90%	89%
SFY 2019	95%	81%

Data source: DHS Office of Human Resources

RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 7

Ensure contracts are produced more efficiently and in a timely manner.

Strategies:

- Establish uniform principles for conducting contract quality reviews.
- Track contract production on a weekly basis to ensure that all contracts are executed and in place when needed.
- Implement an automated contract management system with a lifecycle workflow from creation to execution.



Outcomes:

1. Decrease the average number of days for DHS standard human services contracts within the Office of Procurement and Contracts (OPC) execution cycle from 42 days to 31 days by June 30, 2019.

Year	Target	Results
Baseline >>42		
SFY 2017	42	36
SFY 2018	36	28
SFY 2019	31	22

Data source: DHS Office of Procurement and Contracts

2. Decrease the average number of days for DHS non-standard contracts within OPC execution cycle from 30 days to 15 days by June 30, 2019.

Year	Target	Results
Baseline >>30		
SFY 2017	30	39
SFY 2018	22	49
SFY 2019	15	18

Data source: DHS Office of Procurement and Contracts

RESPONSIBLE & EFFICIENT GOVERNMENT OBJECTIVE 8

Ensure organizational cohesiveness by understanding and monitoring each strategy that supports DHS' measurable outcomes.

Strategies:

- Instruct divisions and offices to develop a strategic plan derived from their SWOT analysis.
- Assist offices and divisions in developing strategies that align with programs and initiatives within their organizational goals and objectives.
- Review DHS' strategic plan with divisions and offices, and provide guidance on obtaining desired outcomes to ensure that strategies are implemented on time.
- Evaluate strategies that divisions and offices report each month in support of each measurable outcome to ensure strategies align with business objectives.

Outcomes:

1. Support divisions and offices in implementing 95% of planned strategies on time.

Year	Target	Results
Baseline >>50%		
SFY 2018	80%	95%
SFY 2019	95%	95%

Data source: DHS Office of Strategic Planning and Initiatives





GOAL 4

Safety

Safety Goals

1. Provide DHS programs and services to protect the most vulnerable clients.
2. Build and maintain community awareness to protect Georgia's most vulnerable population.
3. Ensure vulnerable clients and DHS customers are free from abuse, neglect and exploitation.

SAFETY OBJECTIVE 1

Ensure the protection and rights of older and disabled individuals who are victims of abuse, neglect and exploitation.

Strategies:

- Evaluate staffing levels in each region. Adjust staffing levels as necessary to ensure staffing levels meet the need.
- Participate in multi-disciplinary work groups to identify barriers addressing financial exploitation and fraudulent activities to protect at-risk adults from abuse.
- Develop an Elderly Legal Assistance Program (ELAP) plan or protocol to disseminate to targeted groups with targeted issues.
- Target At-Risk Adult Crime Tactics (ACT) training to counties that do not have ACT-certified law enforcement officers.
- Develop a pilot train-the-trainer model to increase the number of ACT trainers without decreasing quality.
- Contact law enforcement agencies statewide to promote ACT training.
- Expand ACT training beyond law enforcement.

Outcomes:

1. Increase the percentage of initial Adult Protective Services (APS) client visits that occur within 10 calendar days of intake from 90% to 95% (5%) by June 30, 2019.

Year	Target	Results
Baseline >>90%		
SFY 2017	93%	95%
SFY 2018	94%	94%
SFY 2019	95%	93%

Data source: DAS Data System



- Increase the number of At-Risk Adult Crime Tactics (ACT) Certified Specialists from 250 to 300 by June 30, 2019.

Year	Target	Results
Baseline >>250		
SFY 2017	265	267
SFY 2018	285	354
SFY 2019	300	416

Data source: DAS Data System

SAFETY OBJECTIVE 2

Ensure older adults and adults with disabilities can safely remain independent and in their desired residence.

Strategies:

- Analyze Aging and Disability Resource Connection (ADRC) contact data so Area Agencies on Aging (AAA) can identify and prioritize underserved populations and offer market services.
- Options Counselors and Long-Term Care Ombudsmen (LTCO) collaborate to assist nursing facility residents who have expressed interest in learning more about less restrictive housing options.
- Expand partnerships with Centers for Independent Living for cross support in transition activities.

Outcomes:

- Increase the number of months non-Medicaid Home and Community Based Services participants delay nursing facility placement from 51 to 57 (10%) by June 30, 2019.

Year	Target	Results
Baseline >>51		
SFY 2017	52	49
SFY 2018	55	46
SFY 2019	57	50

Data source: DAS Data System

- Increase the number of individuals that transition from nursing facilities back into the community from 125 to 137 (9%) by June 30, 2019.

Year	Target	Results
Baseline >>125		
SFY 2017	129	218
SFY 2018	133	220
SFY 2019	137	212

Data source: DAS Data System



SAFETY OBJECTIVE 3

Ensure families and individuals DFCS served have sustainable financial independence, voice, and choice in services, and are self-directed.

Strategies:

- Strengthen and expand the Temporary Assistance for Needy Families (TANF) Employment Job Placement Program and job skills training to promote self-sufficiency.
- Implement the Connected By 21 (CB21) initiatives, the extension of foster care for youth ages 18-21 to ensure that youth in transition are supported and self-sufficient.
- Implement Georgia’s Comprehensive Practice Model to provide Child Welfare staff with skills to effectively engage, partner and plan with families, as well as track and celebrate their successes.
 - Certify trained staff in the practice model.
 - Increase fidelity of the practice model through fidelity reviews, coaching and live learning.
- Strengthen the One Caseworker, One Family Practice Model within the Office of Family Independence to effectively improve service delivery, increase accountability for program outcomes and ensure county-based service to customers.

Outcomes:

1. Sustain or increase the percent of TANF participants engaged in a countable work activity from 59% to 60% by September 30, 2019.

Year	Target	Results
Baseline >>59%		
SFY 2017	59%	67%
SFY 2018	60%	28%
SFY 2019	60%	N/A*

* Data unavailable for SFY 2019.

Data Source: Independence Planning, Performance and Reporting Monthly Files. National Standard: The federal standard rate set by the Administration for Children and Families (ACF) for Work Participation is 50%

2. Increase family and individual participation in Child Welfare case planning from 42% to 95% by September 30, 2019.

Year	Target	Results
Baseline >>42%		
SFY 2017	60%	42%
SFY 2018	77%	55%
SFY 2019	95%	50%

Data Source: The Division’s Child Welfare Quality Assurance Data compiled for the Federal Child and Family Services Review (CFSR). National Standard: The Federal Child and Family Services Review (CFSR) Standard is 95%



SAFETY OBJECTIVE 4

Ensure the families and individuals DFCS serves are healthy and stable.

Strategies:

- Implement the Connected By 21 (CB21) initiatives to allow older Foster Care youth additional time to prepare for a safe and stable transition into adulthood.
- Implement Solution Based Casework throughout the state to ensure quality visits and engagement with parents and children.
 - Certify trained staff in the practice model.
 - Increase fidelity of the practice model through fidelity reviews, coaching and live learning.
- Implement the Partnership Parenting Model to provide support to both Resource and Birth Parents.
- Implement a Kinship Care Continuum - including Voluntary Kinship Care - to ensure that relatives caring for children and youth in foster care are provided the necessary services and supports to maintain placement stability, including continuation of benefits such as TANF and Medicaid.
- Develop and implement processes that ensure timely filing of Termination of Parental Rights in accordance with the Adoption and Safe Families Act (ASFA) to prevent barriers to permanency achievement.
- Implement a statewide foster care recruitment campaign to provide information about Foster Care to prospective foster parents and build awareness about the need.
- Develop partnerships with faith and community-based organizations to recruit and retain foster homes.

Outcomes:

1. Increase the stability of placement for youth in foster care by reducing the rate of placement moves from 5.84 moves (per 1,000 days in care) to 4.12 moves (per 1,000 days in care) by June 30, 2019.

Year	Target	Results
Baseline >>5.84		
SFY 2017	5.84	4.85
SFY 2018	5.42	4.49
SFY 2019	4.12	4.56

Data Source: This is a federal data indicator for the Child and Family Services Review (CFSR) pulled from Georgia's Statewide Automated Child Welfare Information System National Standard: The Federal Child and Family Services Review (CFSR) Standard is 4.12 moves (per 1,000 days in care)



- Increase the percentage of monthly parent visits in child protective services and foster care from 87% to 95% for birth mothers and 80% to 95% for birth fathers by June 30, 2019.

BIRTH MOTHERS

Year	Target	Results
Baseline >>87%		
SFY 2017	87%	90%
SFY 2018	91%	91%
SFY 2019	95%	87%

BIRTH FATHERS

Year	Target	Results
Baseline >>80%		
SFY 2017	80%	87%
SFY 2018	88%	88%
SFY 2019	95%	83%

Data Source: The Federal Every Parent Every Month (EPEM) data pulled from the State's Automated Child Welfare Information System National Standard: The Federal Every Parent Every Month (EPEM) Standard is 9

- Increase the percentage of relative placement for children in foster care from 25.6% to 50% by June 30, 2019.

Year	Target	Results
Baseline >>25.6%		
SFY 2017	27.4%	29.0%
SFY 2018	38.7%	31.0%
SFY 2019	50.0%	27.6%

Data Source: The State's Automated Child Welfare Information System (SHINES)

- Increase the percentage of children in foster care with adoptions that finalize (within 24 months of entering care) from 28% to 52% by June 30, 2019.

Year	Target	Results
Baseline >>28%		
SFY 2017	28%	21%
SFY 2018	40%	25%
SFY 2019	52%	26%

Data Source: The State's Automated Child Welfare Information System (SHINES)





B

DFCS Annual Report | Coming Soon

C

State Plan on Aging

GEORGIA

STATE PLAN ON AGING

2020 - 2023



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Contact Information

Georgia Department of Human Services

Division of Aging Services
2 Peachtree St., 33rd Floor
Atlanta, GA 30303

404-657-5252

Area Agencies on Aging

1-866-552-4464

Heart of Georgia Region

Toll Free: 888.367.9913

Counties served:

Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattall, Telfair, Toombs, Treutlen, Wayne, Wheeler, Wilcox

Southern Georgia Region

Toll Free: 888.732.4464

Counties served:

Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware

Central Savannah River Region

Toll Free: 888.922.4464

Counties served:

Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

River Valley Region

Toll Free: 800.615.4379

Counties served:

Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster

Southwest Georgia Region

Toll Free: 800.282.6612

Counties served:

Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth

Northeast Georgia Region

Toll Free: 800.474.7540

Counties served:

Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, Walton

Three Rivers Region

Toll Free: 866.854.5652

Counties served:

Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, Upson

Coastal Region

Phone: 800.580.6860

Counties served:

Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh

Georgia Mountains Region

Toll Free: 800.845.5465

Counties served:

Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White

Northwest Georgia Region

Phone: 706.295.6485

Counties served:

Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, Whitfield

Middle Georgia Region

Toll Free: 888.548.1456

Counties served:

Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs, Wilkinson

Atlanta Region

Phone: 404.463.3333

Counties served:

Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale

Statewide Independent Living Council of Georgia Inc.

315 West Ponce de Leon Ave., Suite 660
Decatur, GA 30030

770-270-6860

Centers for Independent Living

<p>Access 2 Independence Phone: 706-405-2393 Serves the following counties in West Central Georgia: Chattahoochee, Harris, Marion, Muskogee, Quitman, Stewart, Talbot, Taylor and Webster</p>	<p>Northwest Georgia Center for Independent Living Phone: 706-314-0008 Serves the following counties in Northwest Georgia: Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, and Whitfield</p>
<p>BAIN (Bainbridge Advocacy Individual Network) Phone: 229-246-0150 Serves the following counties in Southwest Georgia: Atkinson, Baker, Berrien, Brooks, Calhoun, Clay, Clinch, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Lanier, Lee, Lowndes, Miller, Mitchell, Randolph, Seminole, Terrell, Tift, Thomas, and Worth</p>	<p>LIFE (Living Independence for Everyone) Phone: 912-920-2414 Serves the following counties in Southeast Georgia: Bryan, Bulloch, Camden, Chatham, Effingham, Evans, Glynn, Liberty, McIntosh, Tattnall and Toombs</p>
<p>Disability Connections Phone: 478-741-1425 Serves the following counties in Central Georgia: Baldwin, Bibb, Crawford, Houston, Jasper, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs and Wilkinson</p>	<p>Multiple Choices Phone: 706-850-4025 Serves the following counties in Northeast Georgia: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton</p>
<p>Disability Resource Center Phone: 706-778-5355 Serves the following counties in North Georgia: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White</p>	<p>Walton Options for Independent Living Phone: 706-724-6262 Serves the following counties in East Georgia: Burke, Columbia, Emanuel, Jefferson, Jenkins, Johnson, Lincoln, Richmond, Screven, and Washington</p>
<p>disABILITY Link Phone: 404-687-8890 Serves the following counties in Metro Atlanta: Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Newton, and Rockdale</p>	

Mission, Vision, Values

MISSION

The Georgia Department of Human Services (DHS) Division of Aging Services (DAS) supports the larger goals of DHS by assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives.

VISION

Living Longer, Living Safely, Living Well.

VALUES

A Strong Customer Focus

We are driven by customer – not organizational – need. We consider customer’s input and preferences in all decision-making.

Accountability and Results

We are good stewards of the trust and resources placed with us. We base our decisions on data analysis and strive for quality improvement.

Teamwork

We do business through teamwork and collaboration. We practice shared decision-making and everyone’s contribution is valued.

Open Communication

Our communication is open and responsive. We listen to our customers and partners and provide them accurate, timely information.

A Proactive Approach

We envision the future needs of our customers and the changing service network. We lead and advocate with innovation.

Dignity and Respect

We respect the rights and self-worth of all people.

Our Workforce

Our workforce, including volunteers, is our best asset. We maintain a learning environment with opportunities to increase professional growth, share knowledge and stimulate creative thinking.

Trust

Compassion and integrity drive what we do and who we are.

Diversity

We value a diverse workforce; it broadens our perspective and enables us to better serve our customers.

Empowerment

We support the right of our customers and workforce to make choices and assume responsibility for their decisions.

Signed Verification of Intent

The State Plan on Aging covers the period of Federal Fiscal Years 2020 through 2023. It includes all assurances and plans to be conducted by the Georgia Department of Human Services Division of Aging Services (DHS-DAS) under the State Unit on Aging and the provisions of the Older Americans Act (OAA) (as amended). The state agency named above has been authorized to develop and administer the State Plan on Aging in accordance with all requirements of the OAA, including the development of comprehensive and coordinated systems for the delivery of supportive services, such as multipurpose senior centers and nutrition services. DAS, under the guidance of DHS, serves as the State of Georgia's effective and visible advocate for older individuals, at-risk adults, and persons with disabilities. DAS also serves as an effective and visible advocate for the families and caregivers of those served.

The State Plan on Aging developed in accordance with all Federal statutory and regulatory requirements and approved by the Governor is hereby submitted.

The State Plan's approval by the Governor constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.



7/10/19

Abby Cox, Director
Georgia Department of Human Services
Division of Aging Services


Date



7/16/19

Robyn A. Crittenden, Commissioner
Georgia Department of Human Services

Date

I hereby approve the State Plan on Aging and submit it to the Assistant Secretary for Aging.


7/18/19

Brian P. Kemp, Governor
State of Georgia

Date

Executive Summary

The Georgia Department of Human Services (DHS) Division of Aging Services' (DAS) mission is to support the larger goals of DHS by assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives. In order to accomplish this mission, DAS works collaboratively with others within Georgia's Aging Services Network (Area Agencies on Aging (AAA), providers, older adults, advocates, Centers for Independent Living (CILs)) and with key organizations serving individuals with disabilities. Moreover, DAS is committed to continually improving its person-centered, statewide comprehensive and coordinated system of programs and services. The programs and services are available to all eligible individuals. They provide seamless access to long-term supports and services needed for consumers to remain at home and in the community, safely, for as long as they desire.

The Georgia State Plan on Aging reflects the focus areas outlined by the United States Department of Health and Human Services Administration for Community Living (ACL). The focus areas include Older Americans Act (OAA) Core Programs, ACL Discretionary Grants, Participant-Directed/Person-Centered Planning, and Elder Justice. The plan also provides leadership and guidance in rebalancing the long-term care system and development of a comprehensive and coordinated infrastructure for home and community-based services. DAS will provide the leadership for accomplishing the goals in collaboration with the aging services network and other federal and state agency partners. Specific objectives and strategies to achieve the goals along with metrics to measure performance in reaching the goals are specifically outlined in the Goals and Objectives section of this plan.

The Georgia DAS goals for Federal Fiscal Years 2020 through 2023 are:

GOAL 1: Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.

GOAL 2: Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.

GOAL 3: Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

GOAL 4: Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

GOAL 5: Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

The goals set forth in this State Plan will continue to advance the service delivery system and allow for a higher quality of service and potentially increase the number of available services for Georgia's continually growing older adult population, disability population and their families and caregivers. DAS will continue to deploy innovative methodologies to efficiently and effectively expand capacity, foster collaborations, and drive cost efficiencies to deliver a comprehensive system of programs and services to assist Georgians in living longer, living safely and living well.

Introduction and Context

The Georgia DHS-DAS, as the State Unit on Aging (SUA), provides leadership to administer a statewide system of comprehensive and coordinated array of services for older adults and their families and caregivers. In order to receive federal Older American Act funding, each state must designate within that state a sole state agency to administer such programs (42 U.S.C. § 3025(a)). Georgia has designated the Department of Human Services as the designated state agency for federal aging programs in state law at O.C.G.A. § 49-6-2; and also statutorily established within DHS the Division of Aging Services for such roles and responsibilities for aging programs and services established under policy or law. DAS administers federal and state funding to AAAs, manages contract requirements with AAAs and their governing bodies, and provides the policy framework for programmatic direction and operations, standards, and guidelines for service delivery systems, quality assurance and training. DAS continuously seeks to improve the effectiveness and efficiency of the services provided to older adults, people with disabilities and their families.

DHS-DAS assures that preference will be given to the provision of services to older individuals with the greatest economic or social need, with particular attention to low-income minority individuals, individuals at risk for nursing home placement, older individuals living alone and older individuals living in rural areas. The Aging and Disability Resource Connection (ADRC) provides a “no wrong door” single entry point for adults who are aging and/or have a disability to access long-term care support services. The ADRC provides information, assistance, counseling, and referrals to community resources.

The State Plan serves as a roadmap to guide Georgia’s 12 AAAs, designated under Section 305 of the OAA, in developing area plans. The AAAs will formulate their area plans using a uniform format developed by the SUA in collaboration with the AAAs. The goal is to align area plans with this State Plan.

CORE PROGRAMS AND SERVICES

DAS serves as the lead agency on providing programs and services to the aging population. As the SUA, DAS administers the OAA programs and services through funding from the ACL. SUAs administering funds under Titles III and VII of the OAA of 1965, as amended, are required to develop and submit to the Assistant Secretary on Aging a State Plan for approval under Section 307 of the OAA. DAS has adopted a four-year State Plan on Aging for the period extending from October 1, 2019 through September 30, 2023. In accordance with the act, DAS targets persons aged 60 and older, with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas.

Major Programs and Initiatives

Aging & Disability Resource Connection	Provides information and assistance for accessing long-term services and supports.
Adult Protective Services	Investigates reports of abuse, neglect and exploitation.
Assistive Technology	Helps clients identify tools and aids that assist them with activities of daily living.
Elderly Legal Assistance Program	Provides legal counseling and assistance to seniors.
Forensic Special Initiatives Unit	Provides training and technical assistance to law enforcement officers in investigating crimes committed against seniors.
GeorgiaCares	Provides one-on-one counseling on Medicare to seniors and their families.
Options Counseling	Provides enhanced counseling on planning for long-term care and supports and services for seniors in the community and in nursing homes.
Money Follows the Person	Assists seniors in moving out of long-term care facilities and back into their communities. (Federally funded program)
Nursing Home Transitions	Assists seniors in moving out of long-term care facilities and back into their communities. (State-funded program)
NonMedicaid Home and Community-Based Programs	Provides long-term supports and services as specified by the Older Americans Act.
Caregiver Services Program	Provides supports and services to caregivers as specified by the Older Americans Act.
Senior Employment Program	Federally funded program that provides job training and employment for seniors.
Alzheimer's & Other Dementias	This includes a group of initiatives that focus on bridging the gap of information and access to services for persons with Alzheimer's and Related Dementias.
Georgia Memory Net	Assists clients and physicians in diagnosing Alzheimer's and other dementias through the Georgia Memory Assessment Clinics and connecting them with long-term supports and services.
Georgia Senior Hunger Initiative	Addresses the key recommendations and focus areas in Georgia's State Plan to Address Senior Hunger.
Public Guardianship Office	DAS serves as Guardian of last resort for older adults and adults with disabilities for whom no other guardian is available.

OTHER STATE PLANS

In addition to managing the State Plan on Aging, DAS is responsible for managing several other strategic plans.

These plans were developed with a variety of community stakeholders and are dependent on a collaborative effort to achieve the goals outlined in each plan. DAS plays a major role in coordinating and facilitating those activities. The stakeholders and partners meet on a regular basis to strategize and evaluate their progress. Links to these plans are available on the Division of Aging Services website: <https://aging.georgia.gov/>.

Georgia Alzheimer's & Related Dementias State Plan Collaborative

Provides a blueprint to address the growing challenge of dementia in Georgia.

Read more: <https://dhs.georgia.gov/sites/dhs.georgia.gov/files/GARD-PLAN.pdf>

Georgia State Plan to Address Senior Hunger

Educates community partners and stakeholders on senior hunger and facilitate the building of community collaborations.

Read more: <https://aging.georgia.gov/sites/aging.georgia.gov/files/State%20Plan%20Senior%20Hunger%20Body%20Only.pdf>

Title V State Plan - Senior Community Service Employment Program

Serves low-income persons who are 55 and older and have poor employment prospects. Eligible individuals are placed in part-time community service positions with a goal of transitioning to unsubsidized employment.

Read more: <https://aging.georgia.gov/sites/aging.georgia.gov/files/SCSEP%20State%20plan%202016%20Final%20%28002%29.pdf>



ACL AND OTHER DISCRETIONARY GRANTS

DAS seeks ACL discretionary grants and other grants to implement new programs, strengthen the aging network in Georgia and better serve Georgia’s elderly and disabled populations.

This is a list of current initiatives funded by Discretionary Grants:

Criminal Justice Coordinating Council Grant	Supports vulnerable adult as they work to transition from an environment of abuse, neglect or exploitation at the hands of their caregivers into a safe, stable and supportive setting through the extension of transitional housing for up to 30 additional days and the delivery of case management services.
BankSafe Grant	Educates frontline bank employees on how to identify red flags for financial exploitation.
No Wrong Door Business Case Development Grant	Demonstrates the return on investment for ADRC interventions.
State Health Insurance Program	Provides free, unbiased and factual information and assistance to beneficiaries and their caregivers about Medicare, Medicaid and related health insurance issues including long-term care insurance and prescription drug assistance programs.
Medicare Improvement for Patients and Providers	Provides valuable support at the state and community levels for organizations involved in reaching and providing assistance to people who may be eligible for the Low-Income Subsidy program (LIS), Medicare Savings Program (MSP) and the Medicare Part D Prescription Drug Program.
The National Center on Advancing Person-Centered Practices and Systems	Provides technical assistance to DAS and network partners to develop a common operational definition of person-centered service delivery and data points to measure progress.



State Unit on Aging Operations Overview

DAS has developed a comprehensive delivery system of services to older adults, individuals with disabilities, and their families. This delivery system encompasses AAAs and contracted service providers. Key customers, partners, collaborators and stakeholders have the same key requirements and expectations of DAS.

Key Customer Groups	Key Requirements / Expectations
<ul style="list-style-type: none"> • Older adults • People with disabilities • Families • Caregivers • Advocates • Pre-retired adults • Persons in Long-Term Care Facilities • Persons Under Guardianship 	<ul style="list-style-type: none"> • Accurate information and Reliable services • Consistency of delivery and choice • Knowledgeable providers • Affordable service options • Available/accessible service options • Able to live independently in the community • Trustworthy service providers • Safety assurances • Respectful treatment

Bi-annually, DAS reaffirms the key customers, partner and stakeholder groups and market requirements, and then adjusts its plans as needed.

DAS partners and providers play a key role in the organization’s success and innovation. The products and services which they provide directly impact the quality of services to consumers. The important relationship with providers and partners is fostered through effective communication and clear performance requirements. DAS communicates regularly with its partners and providers.

DAS’ most important partners are AAAs, CILs and the Provider Network. All three entities work in concert to achieve our common goal: the delivery of high-quality services to customers. DAS believes that a successful partnership requires a clear understanding of the roles of and benefits to all parties. As such, DAS has specific requirements and expectations of AAAs and then the AAAs have specific requirements and expectations of providers.

DAS allocates federal and state funds to the Planning and Service Areas (PSA) using an ACL-approved Intrastate Funding Formula for most of its contracted services. The weighted funding formula takes into consideration the following eight factors: persons 60 years of age and older, persons 75 years of age or older, low-income minority population age 65 and older, low-income 65 and older population, estimated rural population 60 years of age and older, limited English speaking population 65 years of age and older, disabled adults 65 years of age and older, and living alone 65 years of age and older.

The OAA requires that AAAs provide local matching funds for some programs. DAS assures that all funds are spent in accordance with applicable state and federal requirements and with sound fiscal management practices. In the last quarter of the fiscal year, if there is the possibility of lapsing dollars which would otherwise benefit key customers, DAS may choose to move funds from one AAA to another through a contract amendment. DAS monitors AAA contracts and provides technical assistance, including a Uniform Cost Methodology (to assist in accurately identifying actual costs for specific services) for providers. Prior to contracting with an AAA, DAS reviews its Area Plan, including its budget. If DAS identifies gaps or problems in an Area Plan, staff work with the AAA to resolve these prior to DAS approval of the Area Plan and execution of the contract.

DAS monitors AAAs annually via compliance and supplier monitoring visits and customer satisfaction surveys. DAS works in the field with AAA staff and providers, observing operations, reviewing progress on expenditures, monitoring for potential lapse of dollars and providing technical assistance to improve the quality of services.

DAS provides AAAs with allocation amendments throughout the year as various funding is received (e.g., federal fund disbursements, grant awards). DAS and AAAs amend contracts as needed to reflect changing needs and expenditures in the PSA.

AAAs contract with providers using a competitive procurement process, selecting providers to provide direct services to key customers. Providers play critical roles in processes which are important to running the business and maintaining or achieving a sustainable competitive advantage. They directly provide services to consumers, including meals and other nutrition services, in-home services, legal services, employment assistance and ombudsman services.

COST SHARE

The OAA permits states to implement cost sharing. DAS established the fee-for-service system to be used specifically to leverage state community-based services funding to generate additional resources through client fees. AAAs use a fee scale provided by DAS to determine the amount of cost share based on a declaration of income by the individual served for both state funded and OAA funded services. Each AAA develops implementation plans for cost share which ensure that low income older persons will not be adversely affected, with particular attention to low income minority individuals. The cost share scale is revised annually based on revised Federal Poverty Guidelines.

Services subject to cost sharing for state funded or OAA funded services include, but are not limited to:

- Adult Day Care/Health Services
- Chore Services
- Emergency Response Services
- Homemaker Services
- Home Modifications and Repairs
- Personal Support Services
- Respite Care Services
- Transportation Services
- Senior Center Activities
- Recreation Services
- Wellness Program Services

Voluntary contributions are allowed from service recipients, their caregivers or their representatives. AAAs are encouraged to inform service recipients of the actual cost of service to allow informed consideration about the amount of voluntary contributions. The AAAs consult with service providers and older individuals in the planning and service area to develop methods for collecting, safeguarding and accounting for voluntary contributions. The AAAs ensure that each service provider will provide each recipient with an opportunity to voluntarily contribute to the cost of service.

QUALITY MANAGEMENT

DAS uses the Baldrige Criteria for Performance Excellence to systematically improve quality throughout the organization. An annual self-assessment and quarterly reviews of performance metrics allow DAS to ensure that key outcomes for both customers and the Aging Network are achieved and sustained. The Baldrige Criteria encompasses an overview of the organization's leadership, strategy, customers, measurement analysis and knowledge management, workforce, operations, and results.

DAS uses comparative data to examine organizational performance and improvement opportunities. DAS' quality assurance activities include quarterly review of performance measures of operational and service effectiveness and efficiency, quarterly and annual compliance reviews of contractors, annual customer and workforce satisfaction surveys.

DAS has implemented the DAS Data System (DDS) as the statewide information management system for documentation of client and provider data. The DDS compiles all service delivery and financial data for all DAS programs. The DDS has enhanced the aging network's ability to collect meaningful data and to demonstrate the need for additional resources to meet the growing demand for long-term services and supports statewide.

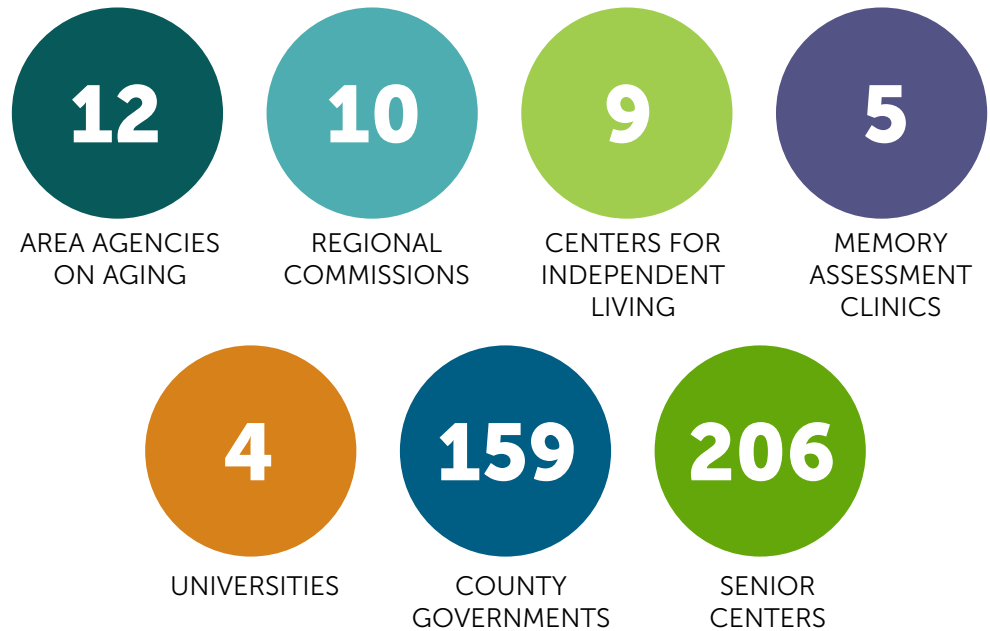
LONG-TERM CARE OMBUDSMAN PROGRAM

The Office of the State Long-Term Care Ombudsman (LTCO) operates as a separate office within the Georgia DHS. The program is authorized by the OAA and Georgia Law. The LTCO program provides advocacy and informal resolution of concerns of residents in long-term care facilities. The LTCO program services are provided through direct contracting with six non-profit agencies, including two AAAs. Those agencies provide Ombudsman Representatives who visit quarterly at all of the nursing homes, personal care homes and assisted living communities across the state.



GEORGIA'S AGING NETWORK

The DAS collaborates with a variety of community partners and agencies to deliver services throughout the state. These partners include 12 AAAs, CILs, home and community-based service providers and other state agencies.



In Georgia, DAS has designated 12 Planning and Service Areas (PSAs). All community-based services for older adults are coordinated through the designated AAAs for each specific PSA. Ten of the AAAs are housed within Regional Commissions (RCs), which are the units of special purpose local government. The remaining two AAAs are freestanding, private non-profit organizations, both of which have 501(c)3 status with the Internal Revenue Service.

The AAAs are responsible for:

- Assuring the availability of an adequate supply of high-quality services using contractual arrangements with service providers, and for monitoring their performance;
- Local planning, program development and coordination, advocacy and monitoring;
- Developing the Area Plan on Aging and area plan administration, and resource development;
- Working with local business and community leaders, the private sector and locally elected officials to develop a comprehensive and coordinated service delivery system; and
- Establishing and coordinating the activities of an advisory council, which will provide input on development and implementation of the area plan; assist in conducting public hearings; and review and comment on all community policies, programs and actions affecting older persons in the area.

GEORGIA COUNCIL ON AGING

In 1977, the Georgia General Assembly created the Georgia Council on Aging (GCOA). The Governor, the Lieutenant Governor, the Speaker of the House and the Commissioner of the Department of Human Services appoint Council members. The Council has 20 members, including 10 consumers at least 60 years of age and ten service providers. Members represent all older Georgians and ensure that minorities, low-income, rural, urban, public and private organizations are included.

The GCOA's primary mission is to:

- Advocate with and on behalf of aging Georgians and their families to improve their quality of life;
- Educate, advise, inform and make recommendations concerning programs for the elderly in Georgia; and
- Serve in an advisory capacity on aging issues to the Governor, General Assembly, DHS and all other state agencies.

Coalition of Advocates for Georgia's Elderly (CO-AGE) is led by the GCOA. The coalition is meant to be:

- A forum to identify and address concerns of older Georgians;
- A vehicle for bringing broad-based input on aging issues from across the state;
- A diverse group of organizations, individuals, consumers and providers interested in "aging specific" and intergenerational issues; and
- A unifying force communicating the importance of providing supportive communities and adequate services and programs for older Georgians.



GEORGIA ALZHEIMER'S & RELATED DEMENTIAS STATE PLAN

In SFY 2018, the Georgia Alzheimer's and Related Dementias (GARD) State Plan entered its fourth year of implementation. The plan builds upon previous work done by DHS-DAS in developing dementia-capable systems. It is designed to ensure that people living with dementia, their families, and caregivers have ready access to reliable information, support, and services that are delivered as effectively and efficiently as possible. In SFY 2018, the GARD Advisory Council was re-established in law (OCGA § 49-6-92). The GARD Advisory Council and collaborating organizations continue to make advancements in the plan's priority areas. Recommendations fall into the following areas:

- Healthcare, Research and Data Collection
- Workforce Development
- Service Delivery
- Public Safety
- Outreach and Partnerships
- Policy

GEORGIA MEMORY NET (FORMERLY GEORGIA ALZHEIMER'S PROJECT)

State funding began in State Fiscal Year 2018 for the Georgia Alzheimer's Project (GAP). The overall goals of this project are:

1. Early diagnosis and care for people living with dementia, including providing education and referrals to community resources.
2. Training of healthcare practitioners.
3. Establishment of five Memory Assessment Clinics (MACs). Those locations are Augusta, Atlanta, Columbus, Albany and Macon.

The program has been renamed Georgia Memory Net. SFY18 was the first year of implementation for the program. During its first year, the five MACs were established and training for healthcare providers and other professionals was conducted around the state. In SFY18, over 500 providers were informed about the project, a workflow was established and MACs began seeing patients.

Georgia Memory Net has engaged partners across the state to educate MAC clinicians and staff as well as provide community support services to patients. This includes the Rosalynn Carter Institute for Caregiving, the Alzheimer's Association Georgia Chapter, and the Area Agencies on Aging.

DEMENTIA FRIENDS

Dementia Friends is a global movement developed by the Alzheimer's Society in the United Kingdom and is now underway in the United States. The goal is to help everyone in a community understand five key messages about dementia, how it affects people, and how we each can make a difference in the lives of people living with the disease. People with dementia need to be understood and supported in their communities. Dementia Friends in-person sessions are available in states that have an organization that has acquired licensure through Dementia Friendly America to run a statewide Dementia Friends program.

What is a Dementia Friend?

A Dementia Friend participates in a one-hour Dementia Friends Information Session offered by a Dementia Friends Champion or pair of Champions. A Dementia Friend learns five key messages about dementia and learns what it's like to live with dementia. Then the Dementia Friend turns their understanding into a practical action that can help someone with dementia living in their community.

How is Georgia engaged in Dementia Friends?

The DHS-DAS has been convening a Dementia Friendly Georgia strategy group since January 2018. This was kick-started by the Dementia Summit in the fall of 2017. This strategy group is made up of stakeholders from academia, healthcare, local governments, community organizations and people with experience of dementia. The group is working together to collaborate on ways to make Georgia a more welcoming, safe and accessible place for people living with dementia. This strategy group determined that the Dementia Friends program was an appropriate and exciting step for Georgia. DHS-DAS applied for the state sublicense and was approved in early 2019.

CONFLICT-FREE SERVICE DELIVERY NETWORK

In recent years, DAS has redesigned its HCBS case management program to focus on assessment and service planning for consumers with high risk of institutionalization or who have complex needs that jeopardize their ability to live independently. DAS is currently convening a workgroup with representatives from the AAAs to re-imagine Georgia's Access to Services system in light of shrinking resources and a growing population of older adults, persons with disabilities and caregivers. Each AAA has identified the degree to which it operates a conflict-free service delivery system and the firewalls each has in place to mitigate conflict when funding is inadequate to implement a fully conflict-free system.

During the next State Plan cycle, DAS will continue work to create a more conflict-free system. This will include convening additional work groups, exploring pilot projects with AAAs and identifying opportunities to maximize the role of the ADRC while segregating the functions of screening, eligibility determination, and assessment / service planning. DAS will utilize research from the National Senior Citizens Law Center and best practices from other states (including Arizona, Minnesota, Ohio, Vermont, Washington, and Wisconsin).

PERSON-CENTERED PLANNING

Person-Centered Planning (PCP) is a process that develops an individual support plan driven by the goals, strengths and preferences of the person. The goal of PCP is to identify needs of the consumer from the consumer's perspective. It affirms that each person is the expert in his/her own life and facilitates informed choice of public/private pay options. This approach to service delivery acknowledges that a person's goals, preferences and even strengths/challenges change over time and that the system of care should support those changes.

While they understand and promote this important philosophy of service delivery, many states and organizations struggle with the systemic changes necessary for full implementation of this approach. During this state plan cycle, DAS will work with local,

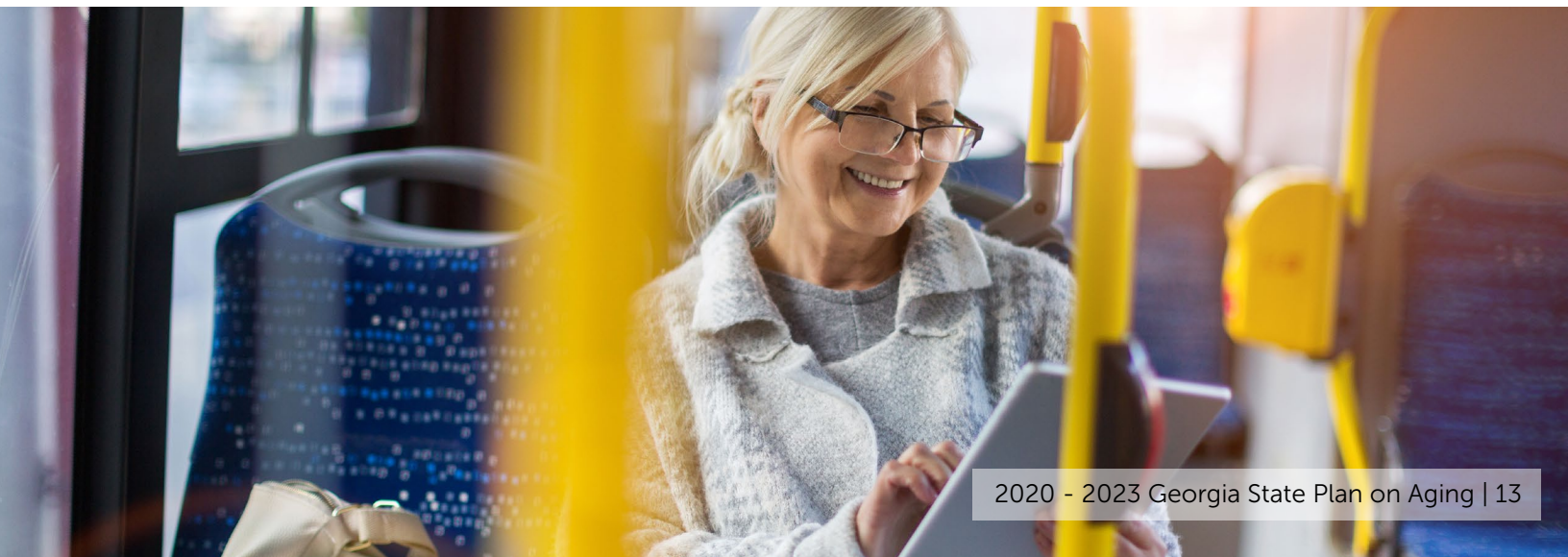
state and national agencies to develop a common definition of person-centered service delivery that spans multiple service agencies systems (including aging, developmental disabilities, and behavioral health) and criteria to regularly evaluate our movement toward promoting person-centered support to individuals across the lifespan. The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) awarded DAS a technical assistance grant to support development of an operational definition of person-centered service delivery that can be tracked over time. To continue to promote a more person-centered practice, DAS will seek to expand funding and use of consumer-directed services; and to move from a service-centric waiting list for services (in which waiting lists are maintained by service) to a person-centered waiting list (in which waiting lists are maintained by consumers impairment and need).

TRANSPORTATION / ACCESS

Experts, including the National Association of States United for Aging and Disability (NASUAD), the American Public Transit Association, and the National Association of Area Agencies on Aging, often cite transportation as one of the most pressing issues facing older adults. DHS contracted with the Georgia Health Policy Center at Georgia State University to inform DHS about these issues in Georgia. In its report presented in November 2018, the Center notes that:

- Older adults will outlive their driving ability by 11 years for women and six years for men
- Based on estimates of the 2016 population, more than 263,000 Georgians aged 70 and older had ceased driving
- An estimated 200,000 Georgians aged 70 and older may have unmet transportation needs

Because lack of transportation has significant impacts on quality of life for older adults, including increased depression, increased social isolation and decreased access to goods and services, DHS is placing high importance in this issue over the next four years. However, DAS believes that the issue is broader than transportation; therefore, DAS will focus our efforts using the broader context of improving access to services for older adults. These strategies will include improving use of scarce resources and implementing creative approaches to both getting seniors to services they need and desire and getting services to the seniors.



BEHAVIORAL HEALTH

According to the National Institute of Mental Health, nearly one in five U.S. adults lives with a mental illness, and 4.2% of adults live with a serious mental illness. The prevalence of mental illness in persons age 50 and older is 14.5% and the prevalence of serious mental illness in that age group is 2.7%. The Centers for Disease Control and Prevention estimates that 20% of people age 55 years and older experience some type of mental health concern. The most common conditions include anxiety and mood disorders such as depression and bipolar disorder. Older men have the highest suicide rate of any age group.

Depression is the most prevalent behavioral health condition affecting older adults and can result in declines in physical health, socialization, and the ability to live and function independently in the community. Behavioral health issues also negatively impact the ability to manage chronic medical conditions.

The DHS works with numerous agencies and coalitions to improve access to behavioral health services for older adults, persons with disabilities and caregivers. These include: Department of Behavioral Health and Disabilities (DBHDD), Georgia Coalition on Older Adults and Behavioral Health, Georgia Behavioral Health Planning and Advisory Council, Rosalynn Carter Institute for Caregiving (RCI), Fuqua Center for Late-Life Depression at Emory University, and the Carter Center Mental Health Program. These collaborations have worked in recent years to expand behavioral health services across Georgia, including:

- Improvement of local coordination and collaboration among behavioral health services, AAAs, Adult Protective Services (APS) and the Public Guardianship Office (PGO)
- Improvement of service delivery for older adults who have a severe or persistent mental illness who develop cognitive impairments
- Improvement of access to the continuum of care related to older adults who have behavioral health diagnoses

These coalitions work with the understanding that social determinants of health impact the screening, diagnosis and treatment of behavioral health issues in older adults. The Coalition's goals moving forward include increasing screening capacity and competence within the Aging network (training on screening tools, Mental Health First Aid, suicide prevention) and enhancing coordination and access among local aging and behavioral health services providers.

OPIOID EPIDEMIC

Research suggests that substance use is an emerging public health issue among older adults. Illicit drug use among adults aged 50 or older is projected to increase from 2.2 percent to 3.1 percent between 2001 and 2020. According to the Substance Abuse and Mental Health Services Administration, more than 1 million individuals aged 65 or older (“older adults”) had a Substance Use Disorder (SUD) in 2014, including 978,000 older adults with an alcohol use disorder and 161,000 with an illicit drug use disorder. The number of older Americans with SUD is expected to rise from 2.8 million in 2002–2006 to 5.7 million by 2020. The emergence of SUD as a public health concern among older adults reflects, in part, the relatively higher drug use rates of the baby boom generation compared with previous generations.

In 2016, there were 918 opioid-related overdose deaths in Georgia—a rate of 8.8 deaths per 100,000 persons—compared to the national rate of 13.3 per 100,000 persons. Data from the 2002 and 2014 National Survey on Drug Use and Health showed that non-medical opioid prescription drug use during the past 12 months doubled among those aged 65 and over in that 12-year period. Nationally, one-third of Medicare Part D beneficiaries or 14.4 million people had at least one opioid prescription in 2016. Substances, including opioids, have a stronger impact on older adults because bodily processes slow as people age. Older adults also tend to be using multiple medications, which can interact with prescribed and illicit drugs causing serious side effects.

DHS-DAS will continue its commitment to the screening and referral of persons who may have a substance abuse disorder, and to working with community partners to remediate the risks associated with these disorders.

ORAL HEALTH

Georgia’s DHS-DAS strives to help people with the best service delivery for their needs. As research continues to discover links between oral health and overall health, DAS is on the path of expanding assessments to include questions about oral health, giving DAS the information needed to understand the communities’ oral health issues which in turn helps match people with assistive technology (dentures, modified eating utensils, etc.), modified meals and possible funding for dentist visits. Through this initiative, DAS aims to combat senior hunger and malnutrition by helping people at the source of the issue: their oral health.

ASSISTIVE TECHNOLOGY PROGRAM

The Assistive Technology (AT) program was initiated in SFYs 2015 and 2016 with five of the 12 AAAs receiving funding for assistive technology demonstration labs. Two additional AAAs established partnerships with the Center for Independent Living (CIL) in their areas during SFYs 2017 and 2018 to house AT labs. The purpose of the AT labs is to showcase commonly used AT Devices to assist older adults in living and working independently in the community of their choice. Additional funding was provided to all twelve AAAs in SFY 2019 to expand AT services in Georgia.

PREVENTION OF ELDER ABUSE, NEGLECT AND EXPLOITATION

Under Title VII of the Older Americans Act (42 U.S.C. § 3058i), the SUA is to be a leader in programs for the prevention of elder abuse, neglect, and exploitation. One of the major requirements is education and outreach to the public, to older individuals, to medical and service providers, and to other involved stakeholders about elder abuse detection, reporting, and prosecution. To this end, the Forensic Special Initiatives Unit (FSIU) within DHS-DAS conducts trainings called “At-Risk Adult Crime Tactics (ACT)” for first-responders, law enforcement, medical professionals, prosecutors, court personnel, Adult Protective Services staff and others around the state. Since its creation in 2011, the ACT training has been conducted 91 times to over 3000 persons representing professionals working in 150 out of 159 counties in the state. To further protect abused seniors and disabled adults in Georgia, DHS-DAS has undertaken an initiative to have all seasoned Adult Protective Services staff receive official certification through National Adult Protective Services Association (NAPSA). The employee must work in adult protective services for two years and complete required courses and tests in order to receive certification. DHS-DAS’ goal is that 70% of active Adult Protective Services staff certified by the end of 2019.

The Georgia General Assembly changed in the law in 2018 allowing the creation of Adult Abuse, Neglect and Exploitation Multidisciplinary Teams (MDT). In MDTs local District Attorneys will bring together prosecutors, law enforcement, Adult Protective Services, other involved state agencies, and local partners to work on elder abuse issued within that judicial circuit. To date, four Georgia Judicial circuits have formed such partnerships and DHS-DAS is helping promote this concept to more areas of the state.

GEORGIA SENIOR HUNGER INITIATIVE

The key goal of this initiative is to raise awareness and seek solutions in addressing senior hunger in Georgia. During SFY 2017, DAS fulfilled a key goal of the 2016-2019 Georgia State Plan on Aging to host a Senior Hunger Summit to identify the hunger issues in Georgia. The first Senior Hunger Summit held September 27-29, 2016, brought together elected officials, representatives of for-profit and non-profit agencies, state agencies, college and university officials and students, older adults, caregivers, and advocates. The summit served as the breeding ground for Georgia’s first State Plan to Address Senior Hunger. After the 2016 Summit, 12 regional listening sessions were held in the planning and service areas of the state aging network that formed the basis of the recommendations for the state plan that was unveiled at the second Senior Hunger Summit and published in December 2017. The five areas that were selected in addressing senior hunger in Georgia are Today’s Seniors, Health Impact of Senior Hunger, Food Access, Food Waste and Reclamation, and Meeting the Community’s Needs. The recommendations are summarized as establishing a senior hunger position, develop 12 regional coalitions, establish policy review council, coordinate data collection and analysis, develop and offer education and training, continue and expand the What a Waste Program in partnership with the National Foundation to End Senior Hunger (NFESH), and provide entrepreneurial mini-grants. During the SFY 2018, the What A Waste program was rolled out in 27 additional sites. During SFY 2019, the state hired its first Senior Hunger Nutrition Coordinator to oversee the implementation of the new state plan the 12 senior hunger regional coalitions were established.

Needs Assessment

DAS began the planning process for the Federal Fiscal Year 2020-2023 state plan by implementing a process for gathering public input. While public input is required by the ACL, the agency allows states to determine the approach and processes for collecting input. DAS contracted with the Georgia Health Policy Center (GHPC) to provide design and facilitation support.

GHPC reviewed available information regarding the state's past public input processes, as well as approaches taken by other states through a review of state plans. Ultimately, Georgia decided to host a Community Conversation session in each of the state's 12 PSAs and collect feedback through an online survey. A summary of the information collected is presented in this report. Refer to Attachment C (Stakeholder Input for Georgia's State Plan on Aging and Disability Services Federal Fiscal Year 2020 – 2023) for the complete report.

COMMUNITY CONVERSATIONS

The 12 Community Conversations were designed to be interactive, draw on participants' experience and wisdom, share information and collect input regarding issues and opportunities. Each session was similar in structure and lasted approximately two hours.

Session participants:

- Session participation ranged from 33 to 114 individuals, with more than 700 participants across all sessions. The participants included service providers (39%), consumers (28%), advocates (20%), unpaid caregivers (6%), paid caregiving staff (2%), and individuals who identified as 'other' (5.2%).
- Forty-seven percent of participants were service recipients and nearly six out of 10 were age 60 and older. Almost one-quarter of attendees (22%) stated that they considered themselves to have a disability.
- Participants were majority female (84%), heterosexual or straight (82%), and highly educated (59% held an associate, technical, bachelor's, or graduate degree).
- While 23% of participants did not provide their incomes, more than half of the participants (54%) reported an annual income of \$50,000 or less. A small number of individuals were veterans (8%), while nearly one-third indicated that they live alone. Attendees represented 94 of Georgia's 159 counties (59%).

Key issue areas:

- Participants were presented with 10 key issue areas and asked using anonymous, instant polling to identify the top five areas they felt should be priorities. In each session, all of the issue areas were selected by some participants as important.
- The top three issue areas were selected as the foci of small group conversations. In the case of a tie, groups made a choice of the areas they discussed. There were four issues that were selected most, with nine sessions focusing on these areas – transportation; aging in place; physical, emotional and behavioral health; and access to information and assistance. Complete results of the key issue areas chosen statewide are presented in the table below.

Issue Area	Percentage of respondents who selected this issue area as one of their top 5 (n=610)	Number of respondents selecting this issue as one of their top 5
Aging in place	71.0%	433
Transportation	69.3%	423
Physical, behavioral and emotional health	64.3%	392
Access to information and services	63.0%	384
Services and supports	53.8%	328
Safety, security and protection	48.9%	298
Wellness promotion	44.3%	270
Caregiver support	41.1%	251
Socialization, recreation and leisure	31.5%	192
Cultural competency	12.8%	78

- The small groups were asked three questions regarding the issue areas, and a note taker captured each discussion. The questions were: “What is working well?” “What is not working well?” and “What ideas or suggestions do you have?”
- Feedback forms were used to capture thoughts from participants, regardless of the topic. The form asked “What feedback, question or idea do you want to be sure we hear today?”
- The data collected through the table notes and feedback forms were transcribed, analyzed, organized into themes and summarized. While there were some differences in the identification of key issue areas by region, there was significant similarity in the responses to the questions asked for each issue area. Common themes included awareness, access, affordability and quality.

Session outcomes:

- The majority of participants (87%) reported greater understanding of DAS' role within the state, and nine out of 10 stated they had greater awareness of the issues and opportunities regarding serving older adults and persons with disabilities in the state.
- When asked if participants were able to share their feedback and ideas during the session, 85% answered "yes" and 15% answered "somewhat." Ninety-five percent of participants felt that the feedback collected during the session would assist the state in developing the state plan.

ONLINE SURVEY

The online survey was designed to collect similar information to the Community Conversations, but with additional detail and reaching more stakeholders. The survey included 21 questions and was a mix of open- and closed-ended questions. Outreach to raise awareness of the survey was conducted through emails to session participants, the DAS website and social media sites.

Survey respondents:

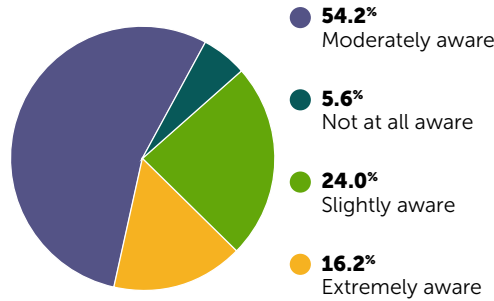
- In total, 188 individuals completed the survey. Respondents included service providers (42%), advocates (22%), unpaid caregivers (14%), consumers (14%) and individuals who identified as 'other' (8%).
- Fifteen percent of respondents indicated that they are service recipients, with senior centers identified as the most common service utilized. Respondents' age ranged from 25 to 94, with an average age of 58 years. Nearly one-quarter of respondents (24%) reported having a disability.
- More than three-quarters of respondents (77%) were female, 84% were heterosexual or straight and 71% were white. Respondents were highly educated, with 81% holding an associate, technical, bachelor's or graduate degree.
- Nearly half of respondents reported an income of \$50,000 or less, but 17% preferred to not answer the question. Few respondents indicated that they were veterans (8%) and 22% lived alone. Survey respondents represented 35 of Georgia's 159 counties (22%).



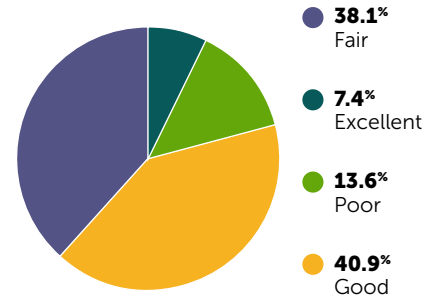
Awareness and knowledge:

- The majority of survey respondents indicated that they were somewhat or very knowledgeable regarding services available and where to go for information about services and benefits.
- Respondents indicated that there was room for improvement regarding the state’s awareness of the needs of older adults and persons with disabilities and current initiatives intended to address the needs, as shown in the chart below.

At this time, how would you rate the state’s awareness of the needs of older adults and persons with disabilities?
[n=179]



At this time, how would you rate the state’s current initiatives to address the needs of older adults and persons with disabilities?
[n=176]



Key issue areas:

- Survey respondents were provided with the list of 10 issue areas and asked to identify their top choices. Transportation was the issue chosen the most often, followed by aging in place. The responses by issue area are included in the table below.

Issue Area	Percentage of respondents who selected this issue area as one of their top 5 (n=610)	Number of respondents selecting this issue as one of their top 5
Transportation	59.5%	100
Aging in place	48.2%	81
Access to information and services	39.9%	67
Physical, behavioral and emotional health	39.3%	66
Services and supports	38.1%	64
Safety, security, and protection	20.2%	34
Caregiver support	17.3%	29
Wellness promotion	13.7%	23
Cultural competency	11.9%	20
Socialization, recreation and leisure	11.9%	20

- Survey respondents were asked to answer three questions regarding their chosen issue areas: “What is working well?” “What is not working well?” and “What ideas or suggestions do you have?”
- Given the small sample size, the survey data were combined with the responses from the table notes and feedback forms for analysis. Significant detail regarding the themes raised are presented in the “Key Issue Areas” section of the report.

Community support:

- Survey respondents were asked two questions regarding one’s ability to age in place in the community: “As you age, what do you think would be most helpful in supporting you to remain in your home or community?” and “As you age, what is your greatest concern as you think about staying independent and in your home or community?”
- Respondents’ most common responses were housing and in-home services, which were often noted in the context of broader community connections, both physical and social. Other common responses described transportation, awareness of and access to information, and health care. One respondent wrote that they would like “training on what to do before hand to ensure the path to independence. That way when I get there, I’ll already know what to do and where to go and can run through some stuff while my mind can still process it accurately.”
- Similar to the feedback regarding the support needed, the two main concerns about the ability to age in place were related to housing and transportation. Affordability was an underlying theme across several categories of responses. Survey respondents raised concerns about “being able to afford assistance at home, having support in home, [and] being able to afford long-term care if needed.” There were also concerns about “not being able to afford living independently.”
- Concerns about transportation were often presented in the context of broader concerns about health, wellness, and independent living. As one respondent stated, “being unable to drive would be my greatest concern about staying independent in my home. I would become isolated, which would affect my health, both physical and mental.”

CONCLUSION

Overall, the data collected through the stakeholder input process will provide substantial information regarding Georgians’ priorities with regard to aging and disability, facilitators of and barriers to accessing services and supports and suggestions for improving outcomes. Collectively, these data present a picture of aging issues across the state and has been used to meaningfully inform the planning process.

In response to the overwhelming need for transportation, DAS contracted with the GHPC to respond to a request from the Georgia General Assembly to assess the current unmet transportation need for older adults across the state by DHS’ planning and service region. In addition, the report provides context regarding the infrastructure and delivery of transportation services, considers the future through the presentation of population projection data, and highlights promising practices that can be explored as opportunities to meet older adults’ unmet transportation needs. Refer to Attachment H for a link to the complete report “At A Crossroads: Exploring Transportation for Older Georgians in a Rapidly Changing Landscape.”

State and Area Plan Alignment

Section 305. (a)(1)(A) of the Older Americans Act, as amended through P.L. 114-144, enacted April 19, 2016, requires that the State Agency shall be primarily responsible for the planning, policy development, administration, coordination, priority setting and evaluation of all State activities related to the objectives of the Act.

Section 307. (a)(1) of the Act requires that the state plan mandate that each designated area agency develop an area plan for submission to and approval by the State Agency, and that the state plan be based on such area plans.

In compliance with both sections, DHS-DAS has established a four-year planning cycle such that area plans are developed in the first year and amended as required in the succeeding three years. State plan development is accomplished in the fourth year of the schedule and uses area plan information and performance data as the basis against which compliance with standard assurances, evaluation of regional capacity, effectiveness of service delivery and the degree to which target populations are served are measured. The state plan establishes statewide goals and objectives for the next area plan cycle to which area agencies must align new area plans developed in the new planning cycle. Area agencies are provided the option to include area specific targets appropriate to serve regional needs absent conflicts with statewide direction.



Goals, Objectives and Measures

In compliance with the OAA requirements, DAS has developed clear, measurable goals and objectives that meet the ACL's focus areas. The goals embrace person-centered and consumer-directed approaches to improve service delivery, strengthen the aging network and increase safety for older Georgians and people with disabilities.

GOAL 1: Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.

GOAL 2: Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.

GOAL 3: Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

GOAL 4: Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

GOAL 5: Utilize continuous quality improvement principles to ensure the SUA operates efficiently and effectively.

Program Key:

ADRD

Alzheimer's Disease & Related Dementias

ADRC

Aging & Disability Resource Connection

ADMIN

DAS Administration

PI

Program Integrity

APS

Adult Protective Services

FSIU

Forensic Special Initiatives Unit

GAC

GeorgiaCares

ELAP

Elder Legal Assistance Program

LTCO

Long-Term Care Ombudsman

PGO

Public Guardianship Office

HCBS

Home and Community Based Services

MFP

Money Follows the Person

NHT

Nursing Home Transitions

Note: Baselines are from SFY 2018 unless otherwise specified. If no baseline exists, it will be established in SFY 2019 unless otherwise specified.

GOAL 1

Provide long-term services and supports that enable older Georgians, their families, caregivers and persons with disabilities to fully engage and participate in their communities for as long as possible.

	Objective	Measure	Program
1.1	Increase number of participants completing 365 days in all transition programs.	Increase the number of completed transitions by 1% annually. Baseline = 471	MFP
1.2	Decrease number participants who are re-institutionalized in the Nursing Home Transition Program each year.	Decrease the number of re-institutionalizations by 1% annually. Baseline = 73	NHT
1.3	Expand the number of AAAs providing Community Options Counseling to 100% by 2022.	Increase the number of AAAs participating in the program to 12 by 2022. Baseline = 6 AAAs	ADRC
1.4	Reduce hunger and nutrition risks for meal recipients.	Decrease hunger and nutrition risk by 10% from the client baseline after a meal is received by 2023.	HCBS
1.5	Serve target populations in need of HCBS.	By 2024, ensure that a minimum of 75% of clients receiving HCBS meet at least one target criteria.	HCBS
1.6	Increase the number of aging network staff who have received Mental Health First Aid Training.	Increase the number of aging network staff who have received Mental Health First Aid Training by 10% over the baseline annually.	HCBS
1.7	Increase number of Quality of Life and Health-related trips.	Increase number of Quality of Life and Health-related trips by 40% by 2024.	HCBS

Strategies:

1. Provide refresher trainings to the aging network on OAA and targeting underserved populations to increase services to the most at-risk and underserved older adults in Georgia.
2. Identify strategic partners who can collaborate with expanding services to underserved populations.
3. Identify partners to assist in mobile service delivery (adult day care, health clinics, food item delivery).
4. Increase access to services using mobile service delivery model.
5. Identify partners to assist in tele-health opportunities to increase access to services.
6. Explore opportunities to implement volunteer driver programs, voucher programs, etc.
7. Explore opportunities for virtual access to evidence-based programs for caregivers.

GOAL 2

Ensure older Georgians, persons with disabilities, caregivers and families have access to information about resources and services that is accurate and reliable.

	Objective	Measure	Program
2.1	Increase the number of first-time contacts to ADRC.	Increase the number of first-time contacts to ADRC by 5% annually. Baseline = 65,746 new contacts	ADRC
2.2	Increase the number of GeorgiaCares client contacts.	Number of client contacts. Baseline = 14,272 contacts	GAC
2.3	Increase the number of GeorgiaCares outreach and education events.	Increase the number of GeorgiaCares client contacts by 3% statewide annually.	GAC
2.4	Increase outreach and marketing activities, to targeted populations, via local news outlets.	Increase the number of new local TV stations that air DAS advertising by adding at least 1 new station annually.	ADMIN
2.5	Increase awareness and education between ADRC and Community Service Boards one meeting per PSA per SFY.	Increase the number of events attended by ADRC staff by 1% annually.	ADRC
2.6	Increase cross referrals by ADRC staff to Evidence Based Programs.	By 2024, increase ADRC referrals to evidence-based programs by 25%.	HCBS
2.7	Increase marketing to the Hispanic and Korean populations.	Provide at least one marketing campaign to each population per year of the plan.	ADMIN
2.8	Increase long-term care resident knowledge of other long-term care options.	LTCO will distribute Options Counseling brochures to all long-term care facilities by 2024.	LTCO
2.9	Maximize inbound marketing by driving more potential customers to DAS YouTube site.	Increase the number of hits on the YouTube site. Baseline in FY19 and then increase by 10% by 2023.	PI

Strategies:

1. Provide written instructions to the providers for ADRC and GeorgiaCares including the definition of first-time callers, where to enter data and reviewing data in monthly reports.
2. Identify ongoing technical assistance issues.
3. Develop and implement annual outreach and marketing plan for ADRC and GeorgiaCares for statewide coverage.
4. Implement ADRC outreach tracking for quarterly reports.
5. Provide annual training to ADRC and CIL staff on evidence-based programs and how to enter data.
6. Use demographic data to identify centers of underserved populations and work with community experts to target culturally appropriate outreach to those underserved populations.

GOAL 3

Strengthen the aging network to enable partners to become viable and sustainable; and develop a robust network of aging service partners.

	Objective	Measure	Program
3.1	Increase the number of active GeorgiaCares volunteers.	Increase the number of active GeorgiaCares volunteers by 3% statewide annually. Baseline= 76	GAC
3.2	Strengthen the aging network by establishing healthcare partnerships. (Primary Care Providers, Medicare Advantage Plans, hospitals, Memory Assessment Clinics, etc.)	By 2024, at least 5 additional healthcare entities, that pay for services, will establish a referral mechanism to community-based programs including evidence-based programs.	HCBS
3.3	Expand and diversify revenue streams of the AAAs.	By 2024, shift the percent of revenue distribution towards third party payers by 2%- pts. (Includes private pay). Baseline= 1 AAA	HCBS
3.4	Increase private pay, cost share, and voluntary contributions.	Increase private pay, cost share, and voluntary contributions by 20%, by 2024.	HCBS
3.5	Expand dementia friendly efforts in Georgia.	All 12 AAA will become Dementia Friends Champions by 2024.	ADRD
3.6	Increase referrals Memory Assessment Clinics to ADRC.	Increase referrals Memory Assessment Clinics to ADRC by 10% per year. Baseline = 25 patients.	ADRD
3.7	Implement one recommendation per GARD workgroup during the SUA State Plan cycle. (Min. 6 recommendations)	One GARD recommendation will be implemented by 2023.	ADRD
3.8	Implement a new training curriculum for the aging network.	Provide 1 new training per year.	ADMIN
3.9	Maintain a resilient, disaster ready Aging network.	Implement an Emergency Preparedness Summit with the AAAs by 2023.	PI

Strategies:

1. Provide staff trainings for cross-program referrals.
2. Identify technical assistance needs related to expanding private pay service options within Aging network.
3. Identify technical assistance needs related to ensuring statewide consistency in quality, pricing and capacity for service providers.
4. Provide technical assistance for service providers and AAAs related to expanding private pay service options and ensuring statewide consistency in quality, pricing and capacity.
5. Establish baseline of revenue distribution (federal, state, local, etc.) for each AAA.
6. Identify service areas (service types and geographic locations) with zero or a low number of service providers.

GOAL 4

Prevent abuse, neglect and exploitation while protecting the rights of older Georgians and persons with disabilities.

	Objective	Measure	Program
4.1	Promote the use of lesser restrictive or alternative to Guardianship through community training.	Conduct 5 trainings annually, with ally-stakeholders on Guardianship and alternatives to Guardianship.	PGO
4.2	Increase technical assistance provide for DBHDD and APS.	Staff at a minimum 20 cases with DBHDD and APS a year to determine if an alternative to Guardianship is appropriate or other persons are involved who could serve as Guardian.	PGO
4.3	Promote increase autonomy and independence for persons under Guardianship through filing or assisting with filing petitions for restoration, successor or limited guardianship.	Submit or provide assistance with filing at least 10 petitions annually for restoration, successor or limited guardianship.	PGO
4.4	Target the substantive core legal priority areas that Older Georgians will have access to, for an adequate supply of quality publicly funded legal services to address their eligibility for and receipt of benefits, housing, health insurance, health care, advance planning and protection from consumer fraud and abuse.	The number of cases successfully handled as listed in the objective will increase by 3% over the 2018 baseline during each successive fiscal year. Baseline = 2983 cases.	ELAP
4.5	To have a collaborative team provided by DFCS in discussing what is the best possible solution for Minors aging out of Foster Care annually.	Reduce the number of minors aging out of foster care from becoming APS clients within their first year of aging out by 1% annually.	APS
4.6	Reduce /maintain recidivism level	Reduce /maintain recidivism (less self-neglect) to/at 5% annually.	APS
4.7	Expand the number of ACT Specialists statewide.	Increase the number of ACT Specialists by 10% annually. Baseline = 2639	FSIU
4.8	Expand ANE training for professionals outside of the aging network.	By 2020, develop basic 1-2 hr. ANE courses for identified professionals outside of the aging network (healthcare, Medical Examiners, coroners, financial, etc.)	FSIU
4.9	Expand ANE training for professionals outside of the aging network.	Increase number of attendees for the new ANE courses by 10% annually once deployed in 2020.	FSIU
4.10	Expand ANE Mandated Reporting online training.	Increase number of attendees for Mandated Reporting online training by 10% annually.	FSIU
4.11	Develop professional competencies of the Public Guardianship Office staff through trainings, meetings and conference opportunities.	PGO staff will participate in a minimum of one monthly in-service training annually.	PGO

4.12	Increase staff NAPSA Certifications.	70% Field and Management Staff will be NAPSA certified by 2024.	APS
4.13	Have a collaborative approach with other agencies to discussing the best solution in preventing A/N/E.	Maintain 100% staff participation in areas that have official MDT's annually.	APS
4.14	Increase LTCOP collaboration with local agencies to discuss and take action related to A/N/E.	By 2024, increase the number of LTCOP agencies participating in local MDTs.	LTCO

Strategies:

1. PGO - Provide in-service training to hospitals, new probate court judges on guardianship and alternatives to explore.
2. PGO - Provide assistance to DBHDD and APS on cases to explore all other resources or alternatives before concluding a guardianship is the best option.
3. PGO - Train PGO staff on the requirements and process for terminating or modifying a guardianship. Identify cases through case reviews to identify individuals for restoration or a modified guardianship.
4. APS - Provide assistance to DFCS and other Community Partners by way of case review/consultation when requested, for youth transitioning from DFCS protective custody.
5. APS - Provide training and investigative consultation to APS field staff who encounter repeat reports on challenging clients who present with similar risks.
6. APS - Ensure staff complete the online modules that are available to them in a timely manner.
7. APS - Identify APS Representatives to attend official MDT meetings that exist and have regular reporting to Division Management.
8. FSIU - Provide monthly ACT classes as determined by map showing counties without Certified ACT Specialists and by requests.
9. FSIU - Identify geriatric healthcare providers to collaborate on curriculum by vetting materials.
10. FSIU - Provide healthcare training as a stand-alone course for professionals wanting more knowledge of ANE and as a supplement to existing Sexual Assault Forensic Examiners.
11. FSIU - Continue to market on-line mandated reporter training.

GOAL 5

Utilize continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

	Objective	Measure	Program
5.1	Monitor the integrity of the data captured by ADRC Staff.	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually. Baseline = 51%	ADRC
5.2	Improve case record documentation by APS staff.	Achieve and maintain a 90% accuracy rate of documenting key data elements in APS case records annually.	APS
5.3	Provide Baldrige training to all DAS staff.	Ensure 80% of staff receives Baldrige overview training by 2024.	ADMIN
5.4	Eliminate Nulls from the NAPIS reports.	Decrease number of nulls to less than 5% annually.	ADMIN
5.5	Identify areas for training to improve complaint investigation and resolution by local LTCO agencies.	By 2024, Office of the State Long-Term care Ombudsman will complete monthly desk reviews of local LTCO complaint data, with particular attention to new OAAPS reporting requirements, and utilize that data to provide quarterly webex trainings and in-person conference training sessions to local LTCOs to improve performance.	LTCO

Strategies:

1. The DAS Monitoring Continuous Improvement Team is working to redesign program monitoring processes to ensure compliance with federal and state requirements.
2. Implement new monitoring timelines for AAAs and other network providers.
3. DAS will provide Baldrige Criteria Training to all staff within the first year of this plan.
4. DAS will conduct an organizational assessment using the Baldrige criteria to identify opportunities for improving organizational efficiency and efficacy.
5. Develop a system/process for managing data integrity within the DAS Data System.
6. Increase the accuracy of the data in the NAPIS report by reviewing the data mapping in the DDS.
7. Improve measurement of DAS internal processes. (i.e. ODIS revisions)
8. Develop a robust report library.
9. Statewide access to Tableau data and reports.
10. Provide statewide training on Tableau for AAAs.
11. Develop an online data resource for the public to access info about the aging and disabled populations.
12. Identify opportunities for improvement from NCIAD results to drive service delivery improvements.



D

Division of Aging Services Just the Facts 2019



JUST THE FACTS

2019 ANNUAL REPORT

Department of Human Services | Division of Aging Services



AGING SERVICES

The Department of Human Services (DHS) Division of Aging Services (DAS) is the federally designated unit on aging for the State of Georgia. DAS is committed to assisting older individuals, at-risk adults, persons with disabilities, their families and caregivers so that they may achieve safe, healthy and independent lives.

In fiscal year 2019, DAS continued to provide services in each of its major program areas, including Home and Community Based Services, the Aging and Disability Resource Connection, Adult Protective Services and the Public Guardianship Office. A few of our results and accomplishments include:

- **35,947 consumers** received Home and Community Based Services.
- **2,663,361 home-delivered meals** and **1,605,325 congregate (senior center) meals** were served.
- There were **51,422 reports** of abuse, neglect and exploitation to Adult Protective Services.
- The Department served **1,029 individuals as Guardian of Last Resort**.
- **188 individuals** were transitioned from nursing facilities back to the community using state Nursing Home Transition funds.
- The Elderly Legal Service Program saved older Georgians **\$12,772,703**.
- GeorgiaCares saved Medicare beneficiaries **\$9,372,437.02** in out-of-pocket expenses.
- The Aging and Disability Resources Connection (ADRC) provided **90,414 clients** and **family members** with information regarding available resources and services.
- The Forensic Special Initiatives Unit (FSIU) trained **416 law enforcement officers, medical staff, prosecutors and other mandated reporters** on elder abuse, neglect and financial exploitation issues.

Georgia Memory Net

DAS continues to advance the Georgia Alzheimer's and Related Dementias (GARD) State Plan through collaborations with stakeholders on initiatives in areas such as workforce development, service delivery and public safety. DAS partners with Emory University on Georgia Memory Net and has established five Memory Assessment Clinics across the state to provide early and accurate dementia diagnoses as well as connections to community support.

Senior Hunger

In State Fiscal Year 2019, three recommendations in the State Plan to Address Senior Hunger published in 2017 were accomplished. These included: hiring the DAS Senior Hunger Coordinator, development of the 12 Senior Hunger Regional Coalitions and expansion of the What a Waste program. Georgia held two Senior Hunger Summits this state fiscal year, September 2018 and June 2019, marking a transition in the time of year the summit is held. The annual summit addresses the focus areas of the state plan, identifies critical targets for the future and continues to bring together key stakeholders in the fight to combat senior hunger.

Assistive Technology

Nine Area Agencies on Aging (AAAs) have established 11 Assistive Technology (AT) labs to cover the entire state. All 12 AAAs have Assistive Technology toolkits for public demonstrations. Additionally, several AAAs used Innovation Grant Awards provided by DAS to implement AT labs, provide AT for falls prevention and implement search and rescue AT for Alzheimer's patients at risk of wandering.

Grants

DAS was awarded several grants that will allow the aging network to keep people safe, healthy, independent and living in their communities longer.

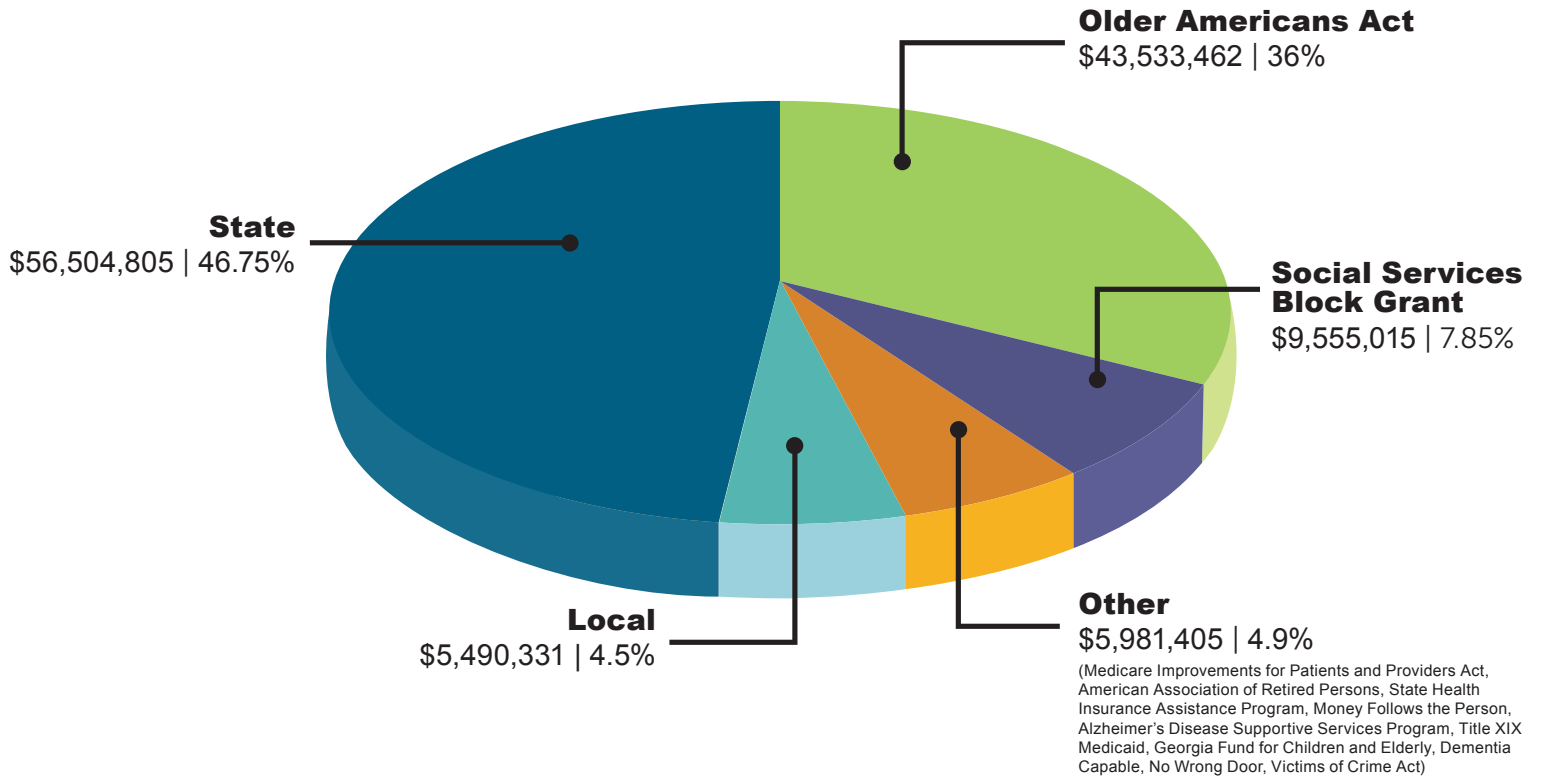
- The No Wrong Door grant is an Administration for Community Living-led initiative aimed at establishing a cost-to-benefit ratio to demonstrate the return on investment for providing information and assistance to consumers primarily through the Aging and Disability Resource Connection (ADRC).
- The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) technical assistance grant helps promote system change that makes person-centered principles more prominent in long-term care services and supports.
- Victims of Crime Act (VOCA) Grant Program is funded by the Department of Justice (DOJ) Office for Victims of Crimes (OVC) to provide services to crime victims, including those from underserved population such as victims of elder abuse and those living with disabilities.

Other new initiatives

- Dementia Friends, is an Alzheimer's Society initiative to change people's perceptions of dementia and ultimately transform the way the state thinks, acts and talks about Alzheimer's and other forms of dementia.
- The Georgia Geriatric Workforce Enhancement Program (GWEP) grant through Emory University will work with DAS to improve the self-sufficiency, health and well-being of older Georgians, their families and their communities through partnerships in a program of interdisciplinary education to improve health outcomes across urban and rural areas.

FUNDING

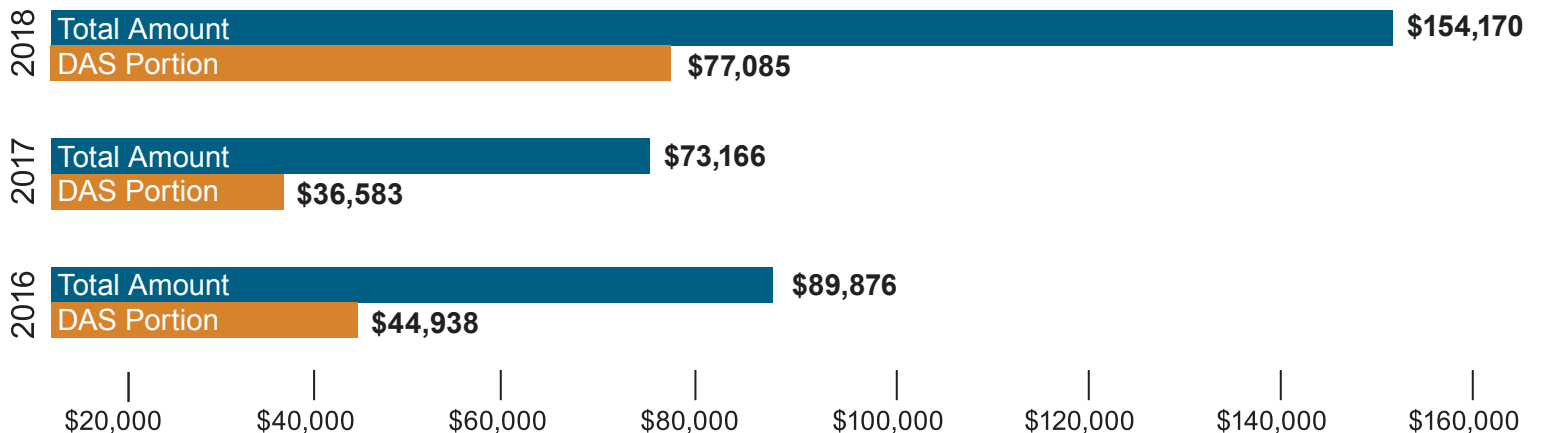
Division Budget Expenditures State Fiscal Year 2019



Georgia Fund for Children and Elderly

DAS co-administers the fund with the Department of Public Health's Maternal and Child Health Program Division. DAS receives 50% of the fund's donations each year, and those monies are distributed to Area Agencies on Aging for home-delivered meals and senior transportation. The remaining 50% is allotted to the Department of Public Health to provide grants for programs that serve children and youth with special needs.

Income tax check-off donations received between calendar years / income tax years 2016 and 2018 are shown below.



PROGRAMS & SERVICES

Non-Medicaid Home and Community Based Services

Non-Medicaid Home and Community Based Services (HCBS) provides individual and group services to support and assist older Georgians to stay in their homes and communities. These services promote health, self-sufficiency and independence.

Caregiver Programs and Services

Georgia's aging network provides an array of services designed to support family caregivers. Services to caregivers included adult day care, respite care, case management and counseling, information and assistance, support groups, material aid, homemaker and personal care, as well as education and training for caregivers.

Aging and Disability Resource Connection

The Georgia Aging and Disability Resource Connection (ADRC) is a partnership between DAS and multiple organizations including state agencies and other public and private organizations that offer a No Wrong Door system for resources and services for all populations and all payers.

Elderly Legal Assistance Program

The Georgia Elderly Legal Assistance Program (ELAP) serves people age 60 and older by providing legal representation, information and education in civil legal matters throughout the State of Georgia.

Money Follows the Person

The Money Follows the Person (MFP) Program transitions eligible individuals from long-term inpatient facilities back into community settings.

GeorgiaCares

GeorgiaCares is Georgia's State Health Insurance Assistance Program (SHIP) and is a volunteer-based program that provides free, unbiased and accurate information and assistance to Medicare beneficiaries and their caregivers with health and drug plans.

Adult Protective Services

The Division of Aging Services administers the Adult Protective Services (APS) program which investigates reports alleging abuse, neglect or exploitation of persons with disabilities age 18 and older and to prevent recurrence through the provision of protective services interventions.

The Public Guardianship Office

The Department of Human Services is the appointed guardian of last resort when there is no willing or suitable person to act as the guardian for an adult whom the probate court has determined lacks enough capacity to make or communicate significant responsible decisions concerning health or safety. The Public Guardianship Office (PGO) of the Division of Aging Services is assigned oversight and delivery of guardianship case management services on behalf of the Department of Human Services.

Forensic Special Initiatives Unit

The Forensic Special Initiatives Unit (FSIU) provides awareness of elder abuse to statewide mandated reporters by identifying and addressing system gaps and developing process improvements to protect Georgia's at-risk adults from abuse, neglect and exploitation. Services provided by FSIU include training, outreach, technical assistance and case consultation and review.

The Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) provides useful part-time community service assignments and training for unemployed, low-income older Georgians and helps them obtain paid employment. While participants develop job-related skills and earn minimum wage, the community directly benefits from the work they perform.

AREA AGENCY ON AGING

Area Agencies on Aging (AAA) are the nationwide network of state and local programs designed to help older people plan and care for their life-long needs. AAAs are created under the federal Older Americans Act. The State of Georgia is divided into 12 Planning and Service Areas named below, with corresponding counties indicated in the map. The AAAs are the service providers for DAS programs and services.

Demographic snapshot

1. Northwest Georgia

9.94% | Percentage of Georgia's 65+ population

2. Georgia Mountains

8.27% | Percentage of Georgia's 65+ population

3. Atlanta Region

36.46% | Percentage of Georgia's 65+ population

4. Southern Crescent

5.54% | Percentage of Georgia's 65+ population

5. Northeast Georgia

6.28% | Percentage of Georgia's 65+ population

6. River Valley

4.03% | Percentage of Georgia's 65+ population

7. Middle Georgia

5.49% | Percentage of Georgia's 65+ population

8. Central Savannah River Area

5.18% | Percentage of Georgia's 65+ population

9. Heart of Georgia

3.52% | Percentage of Georgia's 65+ population

10. Southwest Georgia

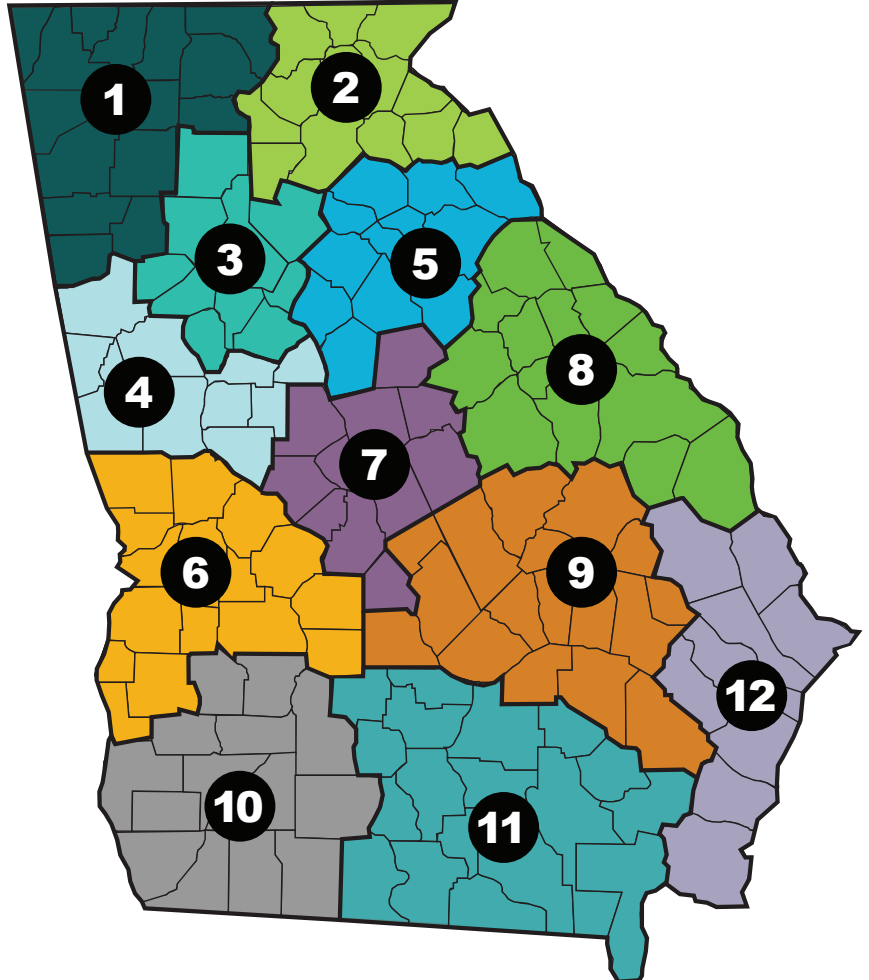
4.11% | Percentage of Georgia's 65+ population

11. Southern Georgia

4.36% | Percentage of Georgia's 65+ population

12. Coastal Georgia

6.81% | Percentage of Georgia's 65+ population



SFY 2019 Clients Served by Planning and Service Areas

Region	Aging and Disability Resource Connection	GeorgiaCares	Home and Community Based Services	Money Follows the Person	Nursing Home Transitions	Adult Protective Services**
Atlanta Region	49,105	3,187	10,522	55	29	7,289
Central Savannah River Region	3,570	545	2,536	0*	0*	1,237
Coastal Georgia Region	3,132	675	2,602	8	9	1,459
Georgia Mountains Region	3,609	2,314	3,142	7	14	1,567
Heart of Georgia Region	2,549	225	1,440	10	10	705
Middle Georgia Region	4,727	887	1,803	17	9	1,173
Northeast Georgia Region	4,358	1,133	2,685	7	12	1,320
Northwest Georgia Region	5,902	1,714	3,461	15	15	2,287
River Valley Georgia Region	2,495	667	1,474	7	10	774
Southern Georgia Region	4,427	1,065	1,853	16	12	986
Southwest Georgia Region	3,443	1,243	1,924	10	11	865
Three Rivers Region	3,097	1,146	2,505	16	18	1,150
State DAS/CILS*	0	0	0	46	39	0
Statewide Total	90,414	14,801	35,947	214	188	20,812

*Centers for Independent Living

** APS Clients Served is defined as the number of intakes that met criteria during the fiscal year by PSA region.



Georgia Department of Human Services

Brian P. Kemp
Governor

Robyn A. Crittenden
Commissioner
Department of Human Services

Abby G. Cox
Director
Division of Aging Services



Georgia State Plan to Address Senior Hunger

Georgia State Plan to Address Senior Hunger



**Georgia Department
of Human Services
Division Of Aging Services**

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Executive Summary

Food insecurity is influenced by multiple factors and impacts a person's health, well-being, and quality of life. A 2016 report places Georgia ninth in the nation for the prevalence of food insecurity among people ages 60 and older. The number of older adults in Georgia who currently face the threat of hunger is more than 300,000.

Georgia defines food insecurity as a person or household facing the threat of hunger, lacking safe and adequate food to sustain health and quality of life, and unsure of the accessibility of or the capability to obtain suitable foods in socially acceptable ways.

Good nutrition is a key factor for older adults to maintain well-being and an independent, healthy lifestyle, and in recovering from an illness or an injury. Reasonably priced, wholesome foods are not always accessible to older adults because of the lack of transportation, health problems and disabilities, and the lack of food stores within close proximity for shopping. One-third of Georgia is a food desert, which makes it problematic for older adults living in these areas to obtain fresh, nutrient-dense food.

The projected growth of older adults aged 65 and over in Georgia is expected to increase 17% by 2032. This rate of growth will push the state's older adult population to over 2 million, which will place the prevalence of food insecurity at more than 360,000 people if the state maintains its current 17.8% growth in older adults facing the threat of hunger. Food insecurity increases negative health outcomes by contributing to and exacerbating disease conditions, and increases medical costs and hospitalizations.

This issue is worthy of attention considering 80% of older adults have at least one chronic disease and 68% have at least two. A person who is not eating a balanced diet with the recommended amounts of calories, protein and essential micronutrients is at a greater risk of

malnutrition, especially if the person has a chronic disease. Adequate nutrition and physical activity are well-documented in the role of the prevention and management of chronic health conditions and malnutrition.

Five areas of impact are selected to address and remedy food insecurity issues in Georgia. These areas are: a) Today's Seniors, b) Health Impact of Senior Hunger, c) Food Access, d) Food Waste and Reclamation, and e) Meeting the Community's Needs. Changing the direction of food insecurity in Georgia requires the coordination, cooperation and communication of health care professionals, faith-based and civic groups, communities, government and other resources all working together for the common good of the state's older adult population.

Glossary

Activities of Daily Living (ADLs): Basic activities of daily living refer to those activities and behaviors that are the most fundamental self-care activities to perform and are an indication of whether the person can care for one's own physical needs. The activities and behaviors are; eating, bathing, grooming, dressing, transfer in and out of a bed/chair, and bowel/bladder continence. (Determination of Need-Revised (DON-R) Training Manual 1998 Georgia Training and Deployment)

Chronic health condition: Those conditions lasting a year or more and requiring ongoing medical attention or limiting activities of daily living. (National Blueprint: Achieving Quality Malnutrition Care for Older Adults, p. 10)

Comorbidities: The simultaneous presence of two or more chronic medical conditions or diseases that are additional to the initial diagnosis (Mosby's Medical Dictionary)

Cost-related medication nonadherence: Taking less medication than prescribed by a health care professional due to cost (Bengle, *et al*, 2010, p. 171)

Disability: A disability attributable to a mental and/or physical impairment that results in substantial functional limitation in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. (Older Americans Act, Section 102(8))

Food bank: A nonprofit, charitable organization that collects donated or surplus foodstuffs and distributes it free or at a low cost to programs or organizations that are serving people in need of assistance. (Compilation of e-dictionaries)

Food desert: a neighborhood or rural town that lacks access to fresh, healthy and reasonably priced food or in which food sources are not within a reasonable proximity to the resident's home.

Food insecurity (United States Department of Agriculture [USDA]): "Food insecurity is a household-level economic and social condition of limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." (Economic Research Service of the USDA)

Food insecurity (Georgia's working definition): A person or household is considered food insecure when facing the threat of hunger and lacking safe and adequate food to sustain health and quality of life, and is unsure of access or the capability to obtain suitable foods in socially acceptable ways.

Hunger: "Hunger is an individual-level physiological condition that may result from food insecurity. It refers to a potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation." (Economic Research Service of the USDA)

Instrumental Activities of Daily Living (IADL): The more complex activities associated with daily life, which are essential to being able to live independently in the community. The IADLs include; managing money, telephoning, preparing meals, laundry, housework, outside home,

routine health, special health and being alone. (Determination of Need-Revised (DON-R) Training Manual 1998 Georgia Training and Deployment)

Malnutrition: A state of deficit, excess, or imbalance in energy, protein or nutrients that adversely impacts an individual's own body form, function, and clinical outcomes. (National Blueprint: Achieving Quality Malnutrition Care for Older Adults)

Obesity: ≥ 30 BMI. Weight that is higher than what is considered healthy for a given height is described as overweight or obese. Body Mass Index, or BMI, is used as a screening tool for overweight or obesity. It is not an indicator of a person's overall health. (CDC.gov)

Quality of Life (QoL): The degree to which a person is able to function at a usual level of activity without -- or with minimal -- compromise of routine activities; QoL reflects overall enjoyment of life, sense of well-being, freedom from disease symptoms, comfort and ability to pursue daily activities. (McGraw-Hill Concise Dictionary of Modern Medicine, 2009)

Seniors/Older Adults: Individuals who are aged 60 years of more are considered older adults for the majority of Older American's Act programs. However, some programs begin this designation at 55 and others at 65. For the purpose of the Georgia Senior Hunger State Plan, 60 years old or older is the designation.

Undernutrition: A form of malnutrition characterized by a lack of adequate calories, protein or other nutrients needed for tissue maintenance and repair.

Brief National Overview of Senior Hunger

Growth of older adult population and most common health conditions

It is well-documented that the U.S. population is aging in greater numbers than ever before in history. By the year 2030, the number of adults age 65 and older is expected to reach 74 million (Avalere & Defeat Malnutrition, 2017). (See Appendix I)

The older adult population is projected to reach 82.3 million (21.7% of the total population) by the year 2040 (Administration for Community Living [ACL], 2016, p. 6). (See Appendix II)

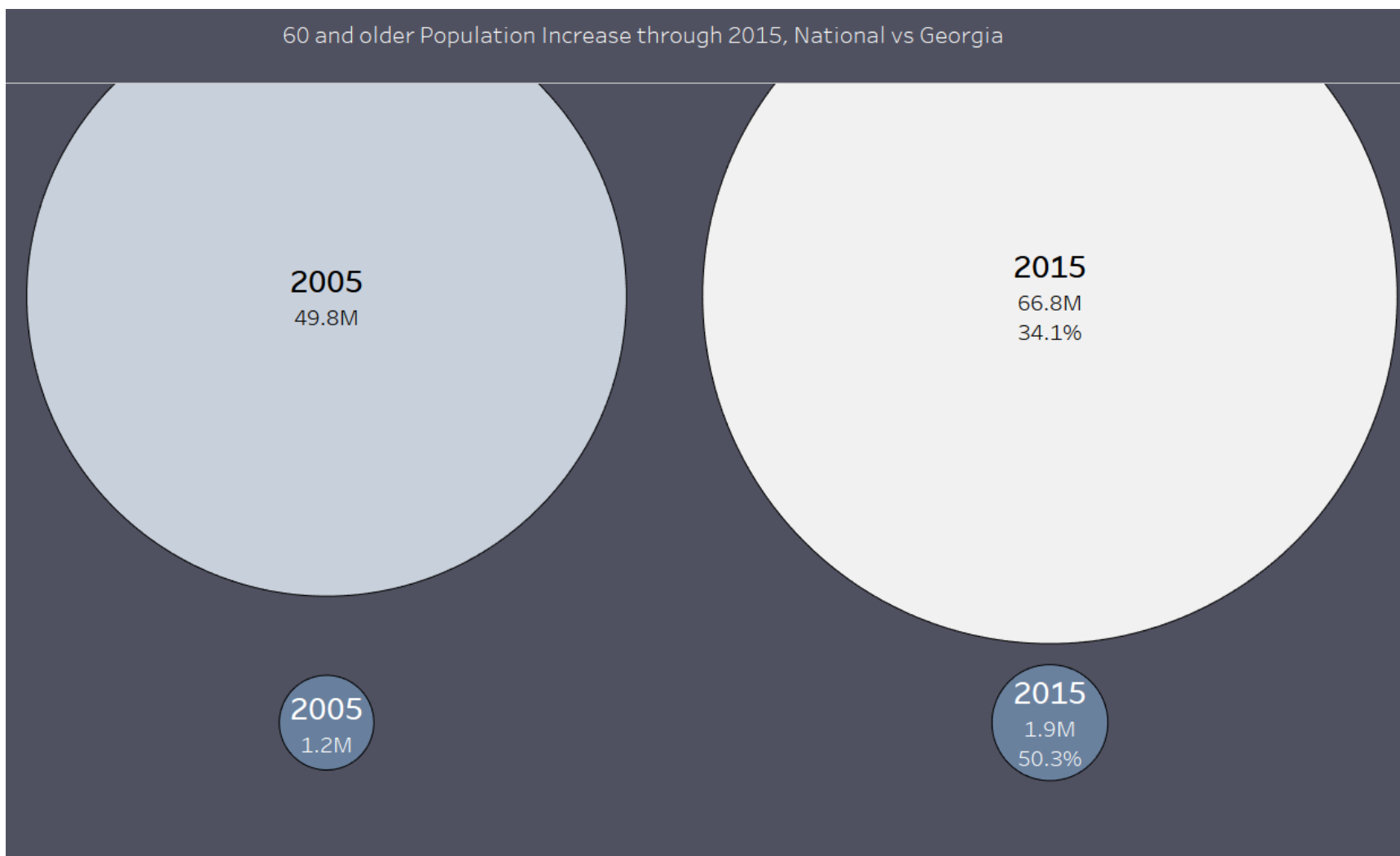
The report compiled by ACL, "A Profile of Older Americans: 2016," provides the following data regarding the growth of the older adult population in the United States:

- About 1 in 7 -- or 14.9% -- of Americans are age 60 or older.
- Between 2005 and 2015, this population increased 34% -- from 49.8 million to 66.8 million. It is projected to be 98 million by 2060. (See Figure 1)
- The number of Americans age 45 to 64 who will reach 65 over the next two decades increased by 14.9% between 2005 and 2015.
- Adults reaching age 65 have an average life expectancy of an additional 19.4 years (20.6 years for women and 18 years for men.)

This change in demographics is noteworthy, considering that most older adults have at least one chronic health problem, and many have multiple health conditions. The 2016 Profile shows that seniors spend a larger proportion (12.9%) of their total expenditures on personal health care compared with other age groups. A compilation of data and reports indicate the health problems frequently increased when coupled with food insecurity in the older adult population are:

- Depression (233%)
- Diabetes (22%)
- Hypertension (Men 72%, Women 80%)
- Any cancer (32%),

Figure 1



Profile of Older Americans: 2016, Administration on Community Living (ACL) (See Appendix 2)

- Diagnosed arthritis (53%)
- All types of heart disease (35%)
- Limitations in activities of daily living (32%)
- Asthma (2%),
- Poor gum health (68%)
- Malnutrition (46%)

(ACL, 2016; Centers for Disease Control and Prevention [CDC], 2016; Kaiser et al., 2010; Ziliak & Gundersen, 2014)

The prevalence of food insecurity exacerbates these health problems. Food insecurity has been linked to inadequate nutrition and worsening of disease. Seniors with low intake of calories, protein and essential micronutrients are at a greater risk for an increase in osteoporosis, infections, an undesirable weight, restricted physical activity, cognitive impairment and malnutrition. The lack of adequate nutrition negatively affects diseases that can be effectively managed with diet and medication, and it may lead to unforeseen health crises. Heart disease, high blood pressure and diabetes are examples of conditions that can be managed with balanced diet and appropriate medication.

Food insecurity often leads to undesirable behaviors such as medication nonadherence, which in turn may lead to early hospital readmission and extended hospital stays. Food insecurity potentially has greater consequences for older adults when health status and disease are considered. Authorities on healthy lifestyle choices recognize and support the role that nutrition and physical activity play in the management and prevention of chronic health conditions and malnutrition.

[Impact of food insecurity on individual health and health care system](#)

Prior to 1995, the terms hunger, poverty and unemployment were used interchangeably in public policy and public health discussions even though they addressed different problems. The Task Force on Food Assistance appointed in 1983 by President Ronald Reagan concluded that hunger referred to the physiological condition and was separate and distinct from food insecurity. The current standardized measure of food insecurity was developed in 1995 and is

used in official publications and most other research on this topic. The Economic Research Service (ERS) of the U.S. Department of Agriculture (USDA) defines hunger and food insecurity as follows:

Hunger is an individual-level physiological condition that may result from food insecurity. It refers to a potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness or pain that goes beyond the usual uneasy sensation. (ERS USDA)

Food insecurity is a household-level economic and social condition of limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. (ERS USDA)

The number of seniors experiencing food insecurity in 2016 exceeded 15%, more than 10 million people. This was 600,000 more people than in 2013, according to the June 2016 annual report, "Hunger in America in the Senior Population," prepared for NFESH (Ziliak & Gunderson, 2016). (See Appendix IV)

Households with limited resources and food insecurity are forced to choose between the basic necessities of food, housing, medical care and medications. Routine visits to the doctor may be postponed until the individual is in a health crisis, and must therefore be seen in acute care or the emergency room, or potentially is admitted to the hospital. Cost-related medication nonadherence behaviors, such as skipping or reducing doses, delaying medication refills or avoiding filling new prescriptions, can lead to a health crisis for an individual and the exacerbation of disease. These situations result in detrimental health consequences and an increase in health care costs, which place an increased burden on the health care system. The costs associated with food insecurity warrant examination considering three-fourths of people

age 65 or older have a chronic health condition (Avalere & Defeat Malnutrition Today, 2017).

(See Appendix I, p.10)

Food Insecurity National Demographics

Research has identified multiple risk factors associated with senior food insecurity. These include: race, ethnicity, employment status, age, gender, metropolitan versus non-metropolitan, income, having a disability, and marital status. Older adults who live alone are at a greater risk for food insecurity. Reports indicate that at least 1.2 million seniors in the U.S live alone. The possibility of an older adult being food insecure increases when the person lives in a rural area. A grandchild living in the household with an older adult increases food insecurity to more than twice that of a household without a grandchild, because the grandchild is given priority for having food. Ziliak and Gundersen's 2014 report revealed that food insecurity among people between ages 60 and 64 are approximately 50% higher than those over age 80. Seniors living in the South and the Southwest are consistently at greater risk for food insecurity. Food insecurity is shown to be 8.3% when at least one member of the household is age 65. Racial or ethnic minorities, people with a high school education or less, households with lower incomes and people with a disability are most likely at risk to be food insecure. However, Ziliak and Gundersen's 2016 report reveals that food insecurity also occurs in households with incomes above the poverty line and is present in all races.

Senior Hunger in Georgia

The 2017 Ziliak and Gundersen report “The State of Senior Hunger in America 2015” places Georgia as tenth in the nation for the prevalence of a threat of hunger in older adults. This report compares aspects of hunger and food insecurity across the nation. It has been produced annually in partnership with the National Foundation to End Senior Hunger since 2008. (See Appendix IV, p. 6) Georgia considers food insecurity a priority for current and future public health at large, program developers, health care professionals and policy makers. The state recognizes the consequences of food insecurity and is developing a state plan to end senior hunger in Georgia. At the initiation of this project Georgia was ranked ninth in the nation (Ziliak and Gunderson 2016)

Georgia Senior Hunger Initiative Definitions: Food Insecurity and Seniors

The USDA food insecurity definition is just one of many in use by various agencies and organizations. Here is how the Georgia Senior Hunger initiative defines food insecurity:

A person or household is considered food insecure when facing the threat of hunger and lacking safe and adequate food to sustain health and quality of life, and is unsure of access or the capability to obtain suitable foods in socially acceptable ways.

NFESH annual reports characterize food insecurity into the following categories:

- Fully food secure
- Threat of hunger
- Risk of hunger
- Facing hunger

The category of food insecurity in a household is determined by the number of affirmative responses to questions on the Core Food Insecurity Module (CFSM). (See Appendix IV, p. 3)

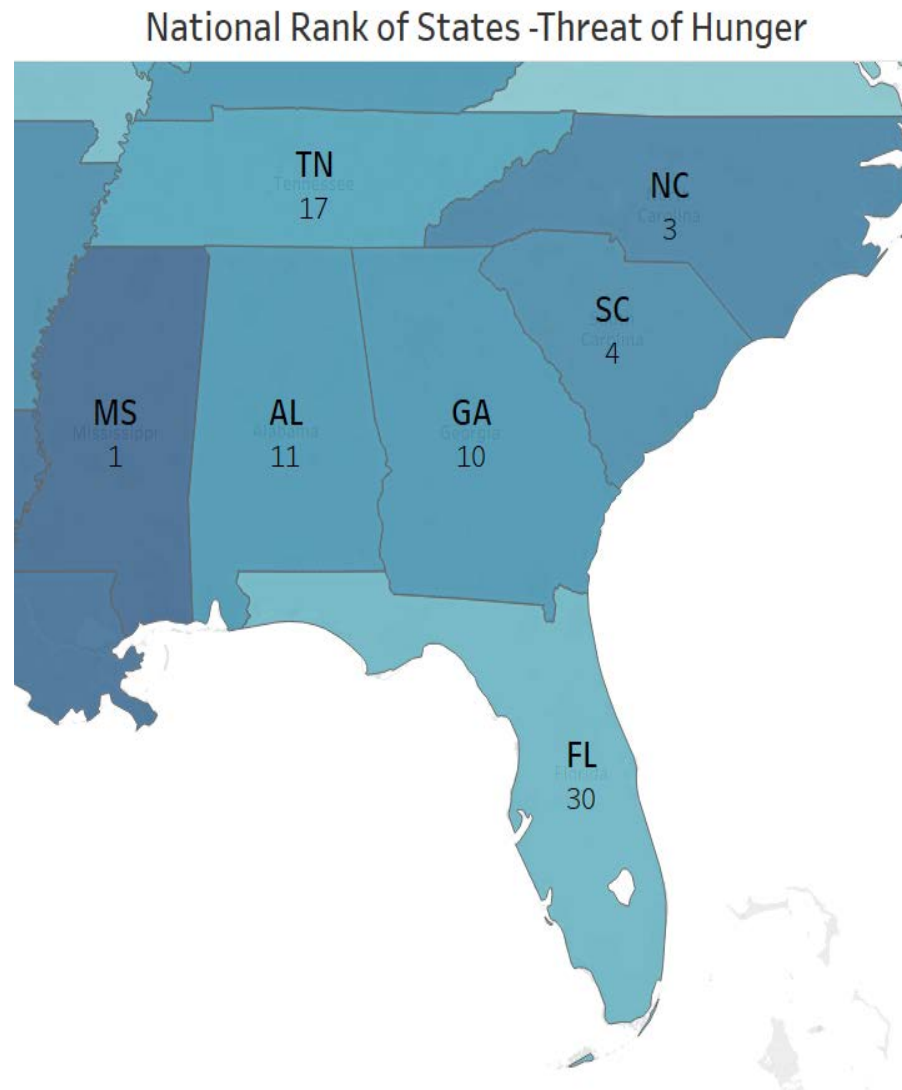
The CFSM is considered the standard tool for measuring household food insecurity rates. Georgia utilizes the CFSM 6-item battery of questions. (See Appendix V). For example, a person who answers yes to one or more questions on the CFSM is in the marginally food insecure category of facing the threat of hunger. Georgia defines the terms “senior” and “older adult” as age 60 and over and uses the threat of hunger throughout the proposed Georgia Senior Hunger plan to designate a person food insecure.

Georgia’s Senior Population and Food Insecurity

Georgia currently ranks fourth in growth rate of older adults age 65 and older when comparing the state’s population in 2010 with 2015 based on the Census Bureau American Community Survey data. Utilizing the same data source, the projected growth of the same demographic group is 17% by 2032 and 18.9% by 2050. The 2009 Ziliak and Gundersen report that examined hunger in rural and urban areas on behalf of the Meals on Wheels Association of America Foundation (MOWAAF), revealed Georgia as one of the top five Southern states with the highest average rates of food insecurity over a six-year data collection time-period (2001 to 2007). (See Appendix VI, p. 21) (See Figure 2)

When compared nationally with other states in 2015, Georgia’s 65-and-older population ranked 14th (9.7%) in poverty, 17th (36.5%) in 65-and-older individuals with at least one disability, and sixth (7%) for 60-and-older grandparents living with grandchildren.

Three risk factors for food insecurity are: low income, disability, and grandchildren living in the household. Combining two or more of these risk factors within a single household has a



Ziliak, J.P., Gundersen, C. (2017). The state of senior hunger in America 2015: An annual report. Report submitted to the National Foundation to End Senior Hunger. *Lexington, KY: UK Center for Poverty Research, University of Kentucky.*

multiplier effect, increasing a person's risk for being food insecure. According to the 2015 American Community Survey (ACS) Census data, 11.3% (191,610) of 60-and-older adults in Georgia live in poverty. Overall, 33% (559,561) of Georgia's 60-and-older population have at least one disability. Seniors who are living below the poverty line and are responsible for grandchildren is 23.7%. Of this population, 34% of grandparents 60 and older have a disability. Disabilities add a special constraint to the ability to gain access to and prepare food.

Social isolation is also recognized as a factor that increases the risk of food insecurity. The 2015 ACS Census data for Georgia indicates that 300,000 adults age 65 and older live alone, more than a quarter of that population. (See Appendix VII). The same report revealed that more than 15.7% (186,900) live in rural areas. In 2017, the percentages of people living below the federal poverty level ranges from 12.3% to 30.3%. The percentage of people living at 100% to 200% of the poverty level were 27.8% and 48.1%, respectively. (See Appendix VII)

The Georgia maps indicate people living in poverty are primarily in the rural areas and not in major cities.

Isolation affects the ability to obtain food, as the area may not have available transportation or an easily accessible grocery store with reasonably priced, wholesome foods. Neighbors or family members may not live close by to assist with food shopping or meal preparation for an older adult who is not well or has a disability and is unable to cook. A person is less likely to prepare food and eat alone if another person who lived in the household has died or no longer lives there. Ziliak and Gundersen's 2008 report reveals that social isolation created by the loss of access to emotional and financial support due to changes in life events increases the "likelihood of being at-risk of hunger that is of comparable magnitude to living in poverty" (p. 41). (See Appendix VIII)

Health Impact of Food Insecurity in Georgia

Food insecurity influences a person's well-being and health care from multiple perspectives. Older adults in food insecure households often use medication nonadherence as a coping strategy. Bengle, *et al.* (2010) conducted a statewide study of low-income food insecure individuals who reported cost-related medication nonadherence, and found that the percentage of adherence range between 42.9% for those with drug coverage insurance and 52.6% among those without coverage. A significant number had a previous diagnosis of diabetes and coronary heart disease. Food insecurity exacerbates these chronic conditions, for which expensive prescriptions and dietary treatments are required.

A balanced, nutritious diet, appropriate exercise, a suitable medication regimen and good medical care affect heart disease and diabetes, both of which are leading causes of death in Georgia. Frequently, obtaining foods that provide the required nutrients is problematic for food-insecure households due to lack of accessibility to grocers and/or reasonably priced wholesome foods. The available low-cost food choices are commonly limited to high-calorie, low-nutrient dense foods. The prolonged intake of high-calorie, nutritionally inadequate foods leads to weight gain and establishes an undesirable food intake pattern. A nutritionally inadequate diet may leave a person without enough energy to exercise or complete routine daily tasks. A consistent lack of exercise combined with steady weight gain can lead to obesity, which is frequently seen in low-income populations. Multiple adverse health conditions such as diabetes, arthritis, hypertension, heart and cardiovascular diseases and physical disabilities are prevalent in persons who are obese. It is important to recognize that obesity does not equate to nutritional adequacy or the overconsumption of food.

The combination of disease and food insecurity can increase the risk of or add to the already existing condition of malnutrition that is frequently seen in the older adult population. Diseases can cause lack of absorption, a decrease in appetite, and a decline in the ability to obtain and prepare food for oneself. Medications can have side effects such as nausea,

vomiting and altered taste sensation so a person loses the desire to eat. A person who is malnourished does not have the proper nutrients required to maintain health, to heal from an injury or to recover from an illness. Malnutrition increases the chance of infections, worsening diseases and disability. It also increases the possibility of an emergency room visit or hospitalization.

Cost Impact of Food Insecurity in Georgia

A study conducted by Goates, Braunschweig and Arensberg (2016) estimated Georgia's direct medical cost of disease-associated malnutrition for 65-and-older adults at \$125,373,000. Protein/calorie malnutrition increases the cost of a hospital stay by approximately \$25,200, based on 2016 prices. A malnourished older adult who is admitted to the hospital has a four- to six-day longer length of stay, more comorbidities, a 50% higher readmission rate, and five times the likelihood of death compared with hospital stays of adults without malnutrition.

Recognizing the rise in costs when a malnourished older adult is admitted to the hospital, the Centers for Medicare and Medicaid Services have proposed to adapt the 2017 recommendations of the Malnutrition Quality Improvement Initiative (mqii.today) into a future Hospital Inpatient Quality Reporting Program. "A Profile of Older Americans: 2016" showed Medicare as the primary method of payment for health-care-related expenditures for adults 65 and older. (See Appendix II, p. 13)

Older adults with chronic diseases and/or malnourishment use Medicare more than people who are healthy. Recent research strongly suggests that "up to one out of every two older Americans is at risk for malnutrition" (See Appendix I, p. 11). Addressing the risk factors that perpetuate food insecurity, a decreased quality of life, malnutrition and escalating health care costs within the state's communities, and improving the programs and policies that influence these risk factors, are necessary measures to bring an end to the detrimental conditions that an estimated 307,983 older adults living in Georgia are facing.

Gaining a Statewide Perspective

To ensure that this plan reflects Georgia both regionally and as a unified state, four groups of stakeholders participated in collecting data. Those groups are: the Senior Hunger Summit Planning Committee, the Senior Hunger Fighter Workgroups, the participants in 12 regional listening sessions and conference attendees at two statewide aging conferences.

The Senior Hunger Summit Planning Committee initiated the work. The committee represented multiple areas of the state and different aspects of the provision of nutrition services. The group included meal service providers, food banks, directors of Area Agencies on Aging, advocates, county-based agencies, and staff from the Department of Human Services Division of Aging Services (DHS DAS). This group reviewed the state and national research and decided upon the five primary focus areas:

- Access to food
- Impact of senior hunger on health
- Food waste and reclamation
- Today's seniors
- Meeting the needs of the community

The group also worked to develop the senior hunger summit agenda and ensure that outreach was as broad as possible.

During the first Georgia Senior Hunger Summit, the Senior Hunger Fighter Workgroups convened as the final session facilitated discussion groups, and the information was recorded and disseminated to the group. Meetings and conference calls were held for each of the five workgroups reviewing and developing the information. A final conference call was held to distill the initial information into some actionable recommendations. (See Appendix IX)

Following the Senior Hunger Summit in 2016, 12 listening sessions were conducted across the aging network planning and service areas through a partnership with the North Highland consulting group and the Georgia Area Agencies on Aging (AAAs). (See Appendices X, XI, XII). Each AAA publicized and hosted the event. Copies of the five topic areas were provided to the attendees ahead of time. The North Highland consultants conducted the listening sessions using multiple methods to capture the information (computer recording of the conversations, Post-it note collections from the participants and follow-up survey).

The final outreach and data collection was held at two statewide aging conferences -- the Aging and Disability Resource Connection (ADRC) Healthy Communities Summit 2017, and the Georgia Gerontology Society Annual Conference 2017. During these two sessions, the five focus areas were presented along with emerging themes from the listening sessions. The session attendees were then able to add their comments, concerns and ideas to the information collected. (See Appendices XIII, XIV)

Common Themes in Each Focus Area

<u>Food Access</u>	
<u>Transportation</u>	Door-through-door service is needed for more frail seniors.
	Transportation availability is lacking in urban and rural areas.
	Communication between resources needs improvement.
Food Deserts	
	Some rural counties are lacking grocery stores.
	Distance to grocery stores for seniors without cars is too great.
	Alternatives such as general/convenience markets with healthy options need to be explored.
	Food delivery services are an option.

	Farmers markets and other agricultural options to meet needs.
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<u>Today's Seniors</u>	
	We need to have an understanding of who is considered a senior for various programs and what generational differences exist.
	Many seniors care for grandchildren and may defer to their nutritional needs first.
	Services tend to be offered during week days. Today's seniors need more options.

<u>Food Waste and Reclamations</u>	
	Clear and consistent policy is needed.
	Stronger outreach for food collection agencies is needed.
	Enhancing partnerships may allow for greater reach.

<u>Meeting the Needs of the Community</u>	
	Better communication of available services needed to prevent duplication.
	Better communication and partnership with the faith-based community is needed.
	Partnerships with schools could be helpful.

Five Impact or Focus Areas

Five areas of focus were selected by the Senior Hunger Summit Planning Committee. These areas were selected after review of the national hunger reports with the purpose of creating actionable items for Georgia. They are: Today's Seniors, Impact of Senior Hunger on Health, Food Access, Food Waste and Reclamations, and Meeting the Needs of the Community.

Today's Seniors

One significant challenge that communities, agencies and program administrators working with the older adult population face are the differences in needs/requirements and likes/dislikes among various generations. The young-old (ages 60 to 69) and middle-old (70-79) may have different dietary and health needs than the oldest-old, (80 and older). Advances in health care are allowing people to live longer but not always independently. Even though some of the oldest-old are very active and healthy, many others are dependent on someone for transportation, meal preparation and more. The young-old also may be taking care of an aging parent while continuing to work and run a household.

Rural areas are experiencing a migration of youth away from small towns to larger cities. This creates a shortage of people in rural areas and small towns to take care of and help older adults who are dependent on assistance. Food stores may be in near proximity, but an older adult may not be physically able to grocery shop or to prepare meals if groceries are available.

Georgia's growing cultural diversity also affects food security. Older adults who come from other countries and cultures may not be familiar with available local foods and may not know how to prepare them, creating a situation of food insecurity for them. Food stores catering to a specific culture may not be in the area. Communication can be limited if there is not a common language between older adults and the people helping them. Agencies or

organizations distributing food to those in need may not be able to accommodate the culturally diverse needs of the older population.

There are vast differences in interest and skill level in technology among older adults. The younger-old are more likely to have the interest and the skills to utilize computers to order food items online, whereas the oldest-old may not.

Health Impact of Senior Hunger

It is well-documented that nutrition affects a person's health. Heart disease, diabetes and kidney disease are influenced by diet. The only choices a food-insecure person may have available are high-salt, high-fat, high-sugar, low-nutrient dense foods if resources for fruits, vegetables, and quality protein are limited or not accessible in the area. Special dietary requirements are usually recommended by a health care professional as one component of treating the patient. Frequently, the professional does not consider whether the special dietary requirements are within the patient's finances or whether the special items are available where the patient buys food. The professional may not be aware of community resources to recommend to the older adult when assistance is needed in acquiring the proper food.

Disease conditions become more complex when an individual is obese. Georgia ranks 19th in the nation for prevalence of obesity. A food-insecure older adult might be limited to high-calorie, nutrient-deficient foods, which can contribute to obesity. Obesity can lead to arthritis and other joint problems which affects the ability to perform IADLs, such as grocery shopping and food preparation.

Older adults who are food insecure are not eating sufficient amounts of calories, protein and micronutrients, which can contribute to frailty. Calcium, magnesium, vitamin D and iron are micronutrients required to maintain muscle strength and bone integrity. Muscle weakness, osteoporosis and weight loss are often found in frail individuals. This, in turn, can lead to the inability to perform IADLs, an increase in falls, disability, the worsening of diseases and

hospitalizations. Frailty and the risk of falling are concerns for older adults. Falls are the leading cause of injury-related emergency room visits, hospitalizations and deaths for Georgians 65 and older. Falls affect quality of life and are costly in terms of well-being, cost and time spent recuperating.

Older adults who are food insecure are 60% more likely to experience depression. Worry, anxiety and stress associated with threat of hunger and lack of suitable foods to sustain health have negative outcomes on well-being, quality of life and mental health for older adults. Seniors who are food insecure self-reported poor or fair health when compared to food-secure seniors. Fruits and vegetables are commonly lacking in food-insecure households. Fruits and vegetables contain the micronutrients vitamin C, vitamin B, iron and a form of vitamin A. These nutrients are known to be effective against depression and to enhance overall well-being.

Food Access

The availability of local food sources strongly impacts food insecurity. Neighborhoods and rural areas with limited access to food make it difficult for older adults to obtain nutritionally rich foods for a healthy diet. Areas that are void of food sources within a reasonable distance to an individual's home are called food deserts. Georgia food deserts occur both in urban and rural settings. A food desert is defined as a neighborhood or rural town that lacks access to fresh, healthy and reasonably priced food, and food sources are not within a reasonable proximity to the resident's home. Georgia considers a half-mile as reasonable proximity. One-third of Georgia is considered food desert.

For older adults, transportation can be a significant barrier to food access. Even when food resources such as congregate meal sites, community gardens, food banks or farmers' markets are in their area, older adults may not be able to drive, and public transportation is often not available in rural or less-populous areas. In a low-income neighborhood or for an older adult who is frail or has a disability, public transportation may be available but not manageable. The

cost of a private taxi service or ownership of a vehicle may be prohibitive when there are financial constraints in the household. Many communities do not have services that provide transportation at a reduced cost for older adults.

Many seniors are eligible for the Supplemental Nutrition Assistance Program (SNAP) benefits but do not sign up because the enrollment process for the program can be confusing or difficult to an older adult. Enrollment is available online, but that is not a viable option if the older adult does not have internet access, does not own a computer, or does not have computer skills. Many older adults do not apply for SNAP benefits even if they are eligible because they view them as degrading and a form of dependency.

Food Waste and Reclamation

Food is wasted daily in communities. For example, grocery stores that have strict “sell by” dates throw food away, as do restaurants that have unserved leftovers. Crops are plowed under and left to rot in the fields by farmers who have more than they can sell or personally use. Local schools discard opened cases of canned goods rather than donating the items to food-insecure households. Each of these sources could provide food to people in need. Unfortunately, businesses and organizations do not have a clear understanding of the laws addressing the donation of food, so they hesitate to do so out of concern for liability.

Federal laws exist to encourage and support the donation of unused food that is kept at proper temperatures and is safe to consume. The Bill Emerson Good Samaritan Food Donation Act provides liability protection to donors of food and grocery products to qualified nonprofit organizations. The Internal Revenue Code 170(e)3 provides tax deductions to businesses that donate wholesome food to qualified nonprofit organizations serving the poor and needy. Gleaning programs can be implemented to collect fresh foods from farms, gardens, and farmer’s markets. The food is then distributed to food-insecure households.

Communities may have farmers or businesses willing to donate food, but the appropriate transportation may not be available. Certain food items must to be transported under refrigeration to keep them safe for consumption. An appropriate vehicle may be available during “off hours,” but the farmer or business may not be aware of the availability.

It is important for individuals, organizations and community groups to work together to support efforts in eliminating senior hunger. Collaboration is also critical to avoid duplication of services to food-insecure households while other people in need of food are overlooked.

Meeting the Community's Needs

Addressing food insecurity is a community affair. Communication and coordination among businesses with food to donate, agencies distributing food, transportation businesses and officials, health care professionals, public safety officials, policy makers and the faith-based community are key in assuring a healthy, food-secure future for older adults. Different types of community organizations may be addressing the same issue while unaware of each other's programs. Faith-based groups, civic groups, colleges, universities, neighborhoods and local government all have resources that may overlap while some areas go unserved. Improved communication and partnerships may be in order to share resources and identify service gaps.

Recommendations

- **Develop Regional Coalitions** in 12 regions of the state to bring together the aging network with for-profit, nonprofit, faith-based, civic, health care and other organizations, older adults and their caregivers. These coalitions would address a number of concern areas found during the data collection phase and would track the number of deliverables each year, including but not limited to:
 - Reduction of duplication of services
 - Conducting community needs assessments
 - Shared knowledge of regional and local issues
 - Shared knowledge of regional and local resources
 - Locally designed interventions such as community gardens, pantry programs and volunteer transportation services
 - Hold a minimum of four meetings each year
 - Annual report
 - Daylong pre-conference intensive at the ADRC Healthy Communities Summit

- **Establish DHS DAS Senior Hunger Position** to perform the following duties at a minimum:
 - Coordinate the 12 regional coalitions
 - Coordinate a Policy Review Council
 - Develop and disseminate nutrition education and other education resources
 - Develop toolkits for statewide use
 - Assistive Technology to help with food needs
 - Outreach to community programs
 - FAQs and “How to talk” about the issue
 - Coordinate with Universities and other partners for data analysis and other hunger prevention projects
 - Coordinate waste prevention initiatives and ongoing best practice sharing
 - Coordinate the Senior Hunger Track at the Healthy Communities Summit
 - Manage implementation of the State Plan for Senior Hunger

- **Establish Policy Review Council** to review policy that impacts a variety of aspects of senior hunger, from food reclamation to information sharing. This recommendation addresses the following concern areas; better communication across programs, consistent policy development to support state plan initiatives, adaptation as needed in a changing environment. This council would include state departments and divisions such as DHS DAS and the departments of Public Health, Community Health and Agriculture
 - Meet quarterly to review issues that arise in regional coalition meetings
 - Review current and proposed policy to suggest changes to allow great efficiency in food processes
 - Share enrollment in state programs to alleviate some of the paperwork for older adults across SNAP, Public Housing, Senior Community Programs, etc.

- **Coordinate Data Collection and Analysis** to measure the success of the state plan on senior hunger across organizations
 - Health Care Utilization Data
 - The Food Security Survey (expand to other agencies using the six-question survey for consistency)
 - Total number of food-insecure seniors current vs. projected
 - Rural vs. urban needs and resources
 - Return on investment for health impact
 - Ensuring service delivery to those in the greatest need
 - Others...

- **Develop and Provide Education and Training for Agencies, Stakeholders and Individuals across a variety of topics**
 - WebEx trainings and discussions held regularly
 - Regular nutrition education meetings to develop and disseminate senior appropriate nutrition education
 - Healthy Communities Summit Pre-Conference Intensive and Senior Hunger Track
 - Meeting in Macon at the DHS training center to keep conversations moving and idea-sharing open annually
 - Host workshops
 - Review state statistics
 - Review state and federal policies
 - Develop understanding of the current issue and programs in need of expansion

- **Continue and Expand the What a Waste Program with the National Foundation to End Senior Hunger.** This recommendation addresses the food waste and reclamation focus area and allows better use of the resources already available.

- **Provide Entrepreneurial Mini-Grants** to support creative initiatives that alleviate the issues of senior hunger, food deserts and isolation. These would be small grants designed to stimulate local problem solving at the local level
 - Food Mobile Ideas
 - Others...

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At a Crossroads: Exploring Transportation for Older Georgians

GEORGIA HEALTH POLICY CENTER



AT A CROSSROADS: EXPLORING TRANSPORTATION FOR OLDER GEORGIANS IN A RAPIDLY CHANGING LANDSCAPE

Presented to the Georgia Department of Human Services,
Division of Aging Services

November 2018



ACKNOWLEDGEMENTS

This report was written by Kristi Fuller, Alice Prendergast, James Dills, and Jessica Smith. Additional research assistance was provided by Sashoy Patterson and Da Weon Song. There were many individuals who shared their time, expertise, and information to assist us in structuring, writing, and reviewing the data and information that make up this report. We would like to offer our sincere gratitude for each person who answered our calls, met with us, and ultimately shaped the final report.

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ACRONYMS AND ABBREVIATIONS

AAAs	Area Agencies on Aging
AARP	American Association of Retired Persons
ACL	Administration for Community Living
ACS	American Community Survey
ADA	Americans with Disabilities Act
ARC	Atlanta Regional Commission
CBS	Community-based services
CEO	Chief executive officer
CTAA	Community Transportation Association of America
DAS	Division of Aging Services
DCH	Department of Community Health
DHS	Department of Human Services
DOT	Department of Transportation
FAST	Fixing America's Surface Transportation Act
FTA	Federal Transit Administration
FY	Fiscal year
GDOT	Georgia Department of Transportation
HCBS	Home- and community-based services
HSP	Human service provider
MBTA	Massachusetts Bay Transit Authority
MoNI	Mobility Need Index
MPO	Metropolitan planning organization
NADTC	National Aging and Disability Transportation Center
NEMT	Non-emergency medical transportation
OFSS TSS	Office of Facilities and Support Services Transportation Service Section
SMART	Suburban Mobility Authority for Regional Transportation
SSGB	Social Services Block Grant
TCRP	Transit Cooperative Research Program
TNC	Transportation network company
TRIP\$	Transportation Request and Information Processing System
TSS	Transportation Services Section
UZA	Urbanized zoning area

EXECUTIVE SUMMARY

The Georgia Department of Human Services (DHS), Division of Aging Services contracted with the Georgia Health Policy Center to respond to a request from the Georgia General Assembly to assess the current unmet transportation need for older adults across the state by DHS' planning and service region. In addition, this report provides context regarding the infrastructure and delivery of transportation services, considers the future through the presentation of population projection data, and highlights promising practices that can be explored as opportunities to meet older adults' unmet transportation needs. Key findings include:

Population Characteristics and Considerations

- The proportion of the population that is 65 and older will grow substantially from 1.3 million in 2016 to 2.9 million in 2040, with the greatest rate of change among those 85 and older.
- Every DHS region will experience growth in the older adult population, but the change will not be equally experienced across regions. The percent change in population is projected to be the smallest in the Heart of Georgia region (2016-2025: 41%, 2025-2040: 21%), while the Atlanta region is expected to see the largest percent change (2016-2025: 77%, 2025-2040: 61%).
- It is estimated that, on average, older adults will outlive their driving ability by 11 years for women and six years for men.
- Great heterogeneity exists within the older adult population, and those with poor health, low income, and suburban or rural residence experience inequities in transportation access. While fixed-route services play an important role in transportation for older adults, demand-response services can be better suited for some older adults, particularly those with limited mobility and those living in less populated areas where fixed-route services are not feasible.
- Through the application of driving prevalence estimates by age and gender to Georgia's 2016 population, it is estimated that 263,582 individuals aged 70 and older had ceased driving. Based on this estimate of the nondriving population, approximately 34% of individuals aged 70 and older in the state were no longer driving. After considering the number served through DHS and Department of Community Health (DCH) programs, and assessing the use of alternative transportation modes, it is estimated that approximately 200,000 Georgians aged 70 and older may have unmet transportation needs.

Responsible Agencies and Funding

- The three state agencies responsible for the planning and delivery of the majority of transportation services for older adults in Georgia each have unique planning and service areas, also described as regions or districts.
- Public transit services are available in 123 out of 159 counties in the state, though service features, area covered, and capacity vary widely by county.
- The non-emergency medical transportation program, administered by DCH, is the largest provider of transportation for older adults. The program served an estimated 26,664 individuals 60 and older eligible for Medicaid in state fiscal year (FY) 2018.
- The majority of the DHS' Coordinated Transportation System providers are transit systems operated with Georgia Department of Transportation-administered Federal Transportation Authority Section 5311 funds.
- The DHS Coordinated Transportation System served 7,761 unduplicated individuals over age 60 in state FY 2018, and the majority of the trip destinations were to senior centers, where meals, programming, and socialization opportunities are provided.
- The DHS Coordinated Transportation System's most widely offered services, core trips (trips during regular operating hours) and noncore trips (trips after regular operating hours), operate at an average rate of \$6.09 and \$21.02 respectively across all regions.
- An estimate of the capital and operating costs for the primary transportation programs serving older adults included \$7.1 million for non-emergency medical transportation (limited to the expenditures for beneficiaries aged 60 and older), \$9.3 million for the DHS Coordinated Transportation System (limited to clients aged 60 and older), and \$22.7 million for Section 5311 funds from the Federal Transportation Authority (not limited to older adults, but focused on all nondrivers). There are a few additional transportation services available, but the three provided by DCH, DHS, and Georgia Department of Transportation are by far the largest.

Assessment of Access and Needs

- Transportation services targeting older adults provided in addition to the three largest programs are more abundant in the Atlanta region than in other areas. Regardless of region, currently available programs funded or supported by the Area Agencies on Aging (AAAs) are typically delivered through transportation vouchers.
- Driver safety programs are readily available throughout the state and support keeping older adult drivers driving safely for longer.
- Travel training programs are not well advertised or accessed by older adults in the state but aim to increase use of public transportation as an alternative to driving.

- Three cycles of State Plan on Aging assessments have found that stakeholders consistently rank transportation as a priority for ensuring individuals have the opportunity to age in place and remain in the community setting for as long as possible.
- Transportation requests to DHS that cannot be met are not tracked or maintained on a waiting list, as it is historically rare for new transportation funding to become available and it is unlikely that the need will stay constant. Therefore, DHS administrative data could not be used to capture unmet need for the current study.
- Unmet transportation needs described by providers and older adults include regional medical trips, recurring trips (e.g., trips to dialysis treatment), trips beyond the public transit service area and out-of-county trips, and evening trips.
- Quality-of-life trips, which range from trips to the grocery store to social events, emerge as a significant, persistent unmet need from the perspective of service providers and consumers.
- Interest in addressing unmet needs through volunteer programs exists, but a lack of startup funding and insurance liability concerns have hindered these efforts.
- Some AAA regions are exploring new modes of service to provide quality-of-life trips through a fixed-route shuttle service to destinations such as the grocery store, pharmacy, and post office.
- Inadequate infrastructure, provider capacity, and information about services are persistent barriers across the state.
- The greatest current and projected future concentrations of older adults with high mobility needs are in urban and adjacent suburban areas.

Opportunities for Exploration

- Supportive relationships between state entities, regional and/or local providers, and the communities they serve are critical for creating and managing transportation supply for older adults.
- Allowing the flexibility to innovate at the local level is valuable, but it must be done in a way that allows for diffusion of promising ideas across communities and acknowledges some innovations may not be successful.
- Coordinating multiple funding streams and maintaining collaborative partnerships are the foundations of promoting local mobility through a variety of transportation options. This is the case for serving older adults, and it is also true for serving the broader community.
- A rapid environmental scan of promising practices in transportation solutions for older adults produced information regarding organizations that have sought to tackle similar issues as those facing Georgia and may offer options for addressing unmet need for the state.

INTRODUCTION

This report was prepared by the research staff at the Georgia Health Policy Center in collaboration with Georgia Department of Human Services (DHS) Division of Aging Services (DAS) to respond to a request from the Georgia General Assembly to assess the current unmet transportation need for older adults across the state by DHS planning and service region. In addition, the report provides context regarding the infrastructure and delivery of transportation services, considers the future through the presentation of population projection data, and highlights promising practices that can be explored as opportunities to meet older adults' unmet transportation needs.

Population of Focus

For the purposes of this report, older adults are defined as individuals aged 60 and older. When county-level information for individuals aged 60 to 65 years was incomplete in a primary data source used for this report, the American Community Survey (ACS), the age group 65 years and older was selected for analysis.

Unmet Need

Unmet need for transportation is defined differently throughout both the academic literature and in transportation planning practice. The concept of unmet need is complex, and needs vary widely across the older adult population. As resources are limited, unmet need often must be defined relatively narrowly and encapsulate only those needs that are considered reasonable to be met within the current climate. For this report, the research team adopted a broader definition of unmet need that attempts to acknowledge the spectrum of unmet need as experienced by older adults in the state. Therefore, unmet need for this report is defined as the inability of older adults to reach desired destinations due to a lack of reliable, affordable, or accessible transportation.

Background

The older adult population in Georgia experienced significant growth over the past decade and, like the rest of the United States, is projected to increase rapidly in size as the baby boom generation transitions into older age (Colby & Ortman, 2015; GDHS, 2015). Consequently, careful attention to the planning and allocation of resources for older adults is imperative to ensure that the supply of services and supports meets this increase in demand.

Of the services and supports available, transportation represents a unique challenge for the older adult population. Research indicates that in the United States, most older adults' primary mode of transportation is driving a private vehicle (Kostyniuk & Shope, 2003; Pucher & Renne, 2003). However, many older adults lack an alternative form of transportation, particularly as the majority of older adults live in suburban or rural areas, which typically lack accessible public transportation and/or built environments that are conducive to active transportation (Dye, Willoughby, & Battisto, 2011; Dickerson et al., 2017; Rosenbloom, 2012). This reliance on driving is complicated by the declines in physical, cognitive, and other abilities that accompany aging. Foley, Heimovitz,

Guralnik, & Brock (2002) found that, on average, older adults will outlive their driving ability by approximately 11 years for women and six years for men.

Despite the challenges associated with driving into advanced age, studies have also found that driving cessation significantly impacts health and quality of life for older adults, and that cessation is associated with depression, reduced access to goods and services, and social isolation (Bergen et al., 2017; Ragland, Satariano, & MacLeod, 2005; Satariano et al., 2012). These risks associated with immobility are augmented by declines in the availability of informal supports, especially adult children, to whom older adults have historically turned for transportation once they cease driving (Adler & Rottunda, 2006; Choi, 2012; Hendrickson & Mann, 2005; Johnson, 2008; Kostyniuk & Shope, 1999; Rosenbloom, 2003). Decreasing fertility rates and the geographic dispersion of families have left many older adults without a source of informal support, which, paired with the paucity of public and active transportation options, significantly restricts older adults' mobility once they cease driving. Thus, a significant and unmet need for transportation services among older adults exists, and planning that incorporates age-friendly transportation services and enhancements to the built environment is warranted to curb adverse outcomes.

Report Organization

This report is organized into six sections. A brief synopsis of the report sections follows.

Introduction

This section of the report provides the context and framing, including the population of focus, concept of unmet need, infrastructure, service delivery, and a grounding in the need for mobility support for older adults.

Transportation Services for Older Adults in Georgia

The primary transportation services available to older adults in Georgia are described. In addition, information regarding driver safety programs and travel training programs is provided in order to understand the broad range of available approaches to meet the mobility needs of older adults.

Measuring Transportation Need and Unmet Need for Older Adults in Georgia: Current and Future Trends

The authors describe the approaches currently utilized to measure transportation need and unmet need through a review of the literature, recent work within the state to improve transportation, and a summary of the available quantitative and qualitative data that depict current and future trends.

Promising Practices in Transportation Solutions Serving Older Adults

The transportation challenges facing Georgia are not unique to the state. The authors present ideas and approaches tested by organizations across the nation that may provide examples of solutions for further study and local application.

Limitations and Opportunities for Further Research

Limitations of this report are explained, which include the difficulty of determining a precise estimate of unmet transportation need due to the complexity of the transportation delivery system and the absence of integrated data sets. Additionally, this section describes the opportunities to address the transportation system more holistically, recognizes the changes related to the diffusion of technological innovation, and identifies opportunities for further research that include an integration of local knowledge regarding the needs of the community and assessment of solutions.

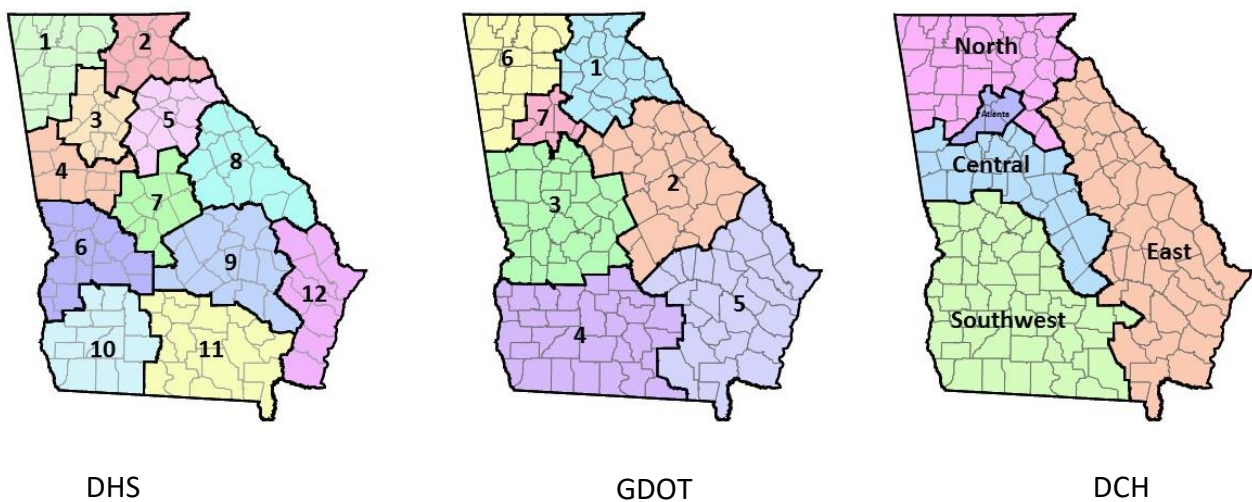
Conclusion

The authors summarize the main points.

Overview of Transportation Services

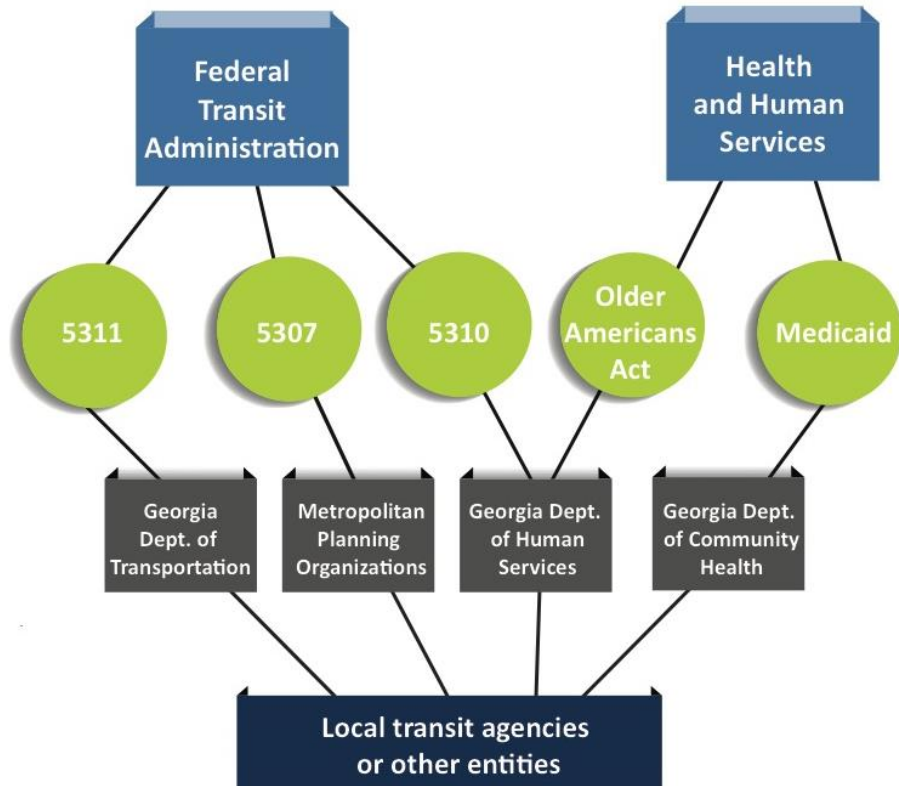
Three state agencies are responsible for the planning and delivery of the majority of transportation services for older adults in Georgia: Georgia Department of Transportation (GDOT), Department of Community Health (DCH), and DHS. Each agency currently operates very differently. For instance, the planning and service areas are unique to each agency, as depicted in Figure 1. For a list of the counties within each agency's planning and service area, see Appendix A.

Figure 1: Planning and Service Area by Agency



In addition, program service eligibility, program regulations, service tracking, and provider reimbursement methods vary for each agency. These differences, in part, are due to the flow of funding for each of the transportation programs from various federal agencies, as depicted in Figure 2.

Figure 2: Flow of Federal Transportation Funding



Georgia Department of Transportation

GDOT is the state agency responsible for the planning, construction, and maintenance of Georgia’s transportation system; the planning and programming of transportation funding; and the distribution and oversight of the Federal Transit Administration (FTA) grants authorized under the Fixing America’s Surface Transportation (FAST) Act (GDOT, 2015). As presented in Figure 1, GDOT divides the state into seven districts for planning and service delivery: (1) Northwest Georgia; (2) East Central Georgia; (3) West Central Georgia; (4) South Georgia; (5) Southeast Georgia; (6) Northwest Georgia; and (7) Metro Atlanta (GDOT, 2017). GDOT also works closely with the state’s 19 Metropolitan Planning Organizations (MPOs), 12 regional commissions, rural transit planning agencies, and other local entities in transportation service planning (GDOT, 2017).

MPOs are federally mandated policy-making organizations that represent localities in each urbanized zoning area (UZA; defined as having a population over 50,000 people, as determined by the U.S. census), while regional commissions represent nonmetropolitan areas (U.S. Department of Transportation [U.S. DOT], 2016). Regarding FTA funding, MPOs are direct recipients of certain grants, while GDOT receives and distributes other grant funding to transit subrecipients (e.g., regional commissions, transit agencies, etc.). Of the transportation services that fall under GDOT and the MPOs, those particularly relevant for older adults include public fixed-route transit,

demand-response services, and Americans with Disabilities Act (ADA) Complementary Paratransit/Paratransit services. Two specifically relevant funding sources for which GDOT is the recipient are the FTA Section 5307 Urbanized Area Formula Funding program and FTA Section 5311 Formula Grants for Rural Areas program.

Fixed-route transit follows a regular route with set or fixed stops and operates on a set schedule (Community Transportation Association of America, n.d.). Buses and trains commonly operate as fixed-route services. Demand-response services, in contrast, do not follow a fixed route, but pick up and drop off consumers at different points in response to individual requests. Typically, demand-response services require consumers to reserve a ride in advance, often 24-48 hours prior to the scheduled ride (National Aging and Disability Transportation Center, 2018). The availability of public fixed-route and demand-response transit services varies widely both across and within Georgia's regions. In rural and suburban areas, services may be very limited in terms of operating hours, days, and service area, or may not operate at all (GDOT, 2011). Further, even where services are available, they may not be accessible to older adults due to a number of factors, including cost, lack of amenities, and geographic gaps in service (Atlanta Regional Commission, 2016). Despite these barriers, fixed-route and demand-response transportation represent some of the only public alternative transportation options for older adults. The ADA, which sets requirements for both of these types of transportation services, has significantly impacted public transportation for older adults and will be discussed in more detail later in this section.

The Section 5307 program of the U.S. DOT provides funding to UZAs and states for public transportation capital projects, operating assistance, job access and reverse commute projects, and transportation-related planning (U.S. DOT, 2014). UZAs are differentiated as large or small by population; large UZAs have 200,000 or more in population, while small UZAs have between 50,000 and 200,000 (U.S. DOT, 2016). The Transit Program, within GDOT's Division of Intermodal, manages and ensures compliance for Georgia's 24 planning subrecipients, seven small urban (population under 200,000) transit systems, and 85 rural transit systems (GDOT, 2017). The Section 5307-funded programs in large UZAs (Metro Atlanta, Savannah, Columbus, and Augusta) are also relevant with respect to transportation for older adults, as these programs also provide the fixed-route and demand-response services often utilized by older adults. However, these programs are managed and coordinated directly by the large UZAs within the FTA, and do not fall under GDOT's purview.

The Section 5311 program of the FTA provides capital, planning, and operating assistance to support public transportation in rural areas, defined as areas with a population less than 50,000 (U.S. DOT, 2018). Funding is available to states and federally recognized Indian Tribes for a period of three fiscal years and is apportioned using a statutory formula that includes land area, population, revenue vehicle miles, and low-income individuals in rural areas (U.S. DOT, 2018). Currently the Rural Transit System covers 120 of Georgia's 159 counties, as well as three cities (GDOT, 2017). While the Section 5311 program does not specifically fund services for older adults, it serves as an important transportation option for nondrivers, including older adults, across the state.

Georgia Department of Community Health

Georgia DCH administers the largest transportation program that serves older adults in the state, Medicaid non-emergency medical transportation (NEMT; GDOT, 2011). Federal regulations require that state Medicaid agencies ensure qualified beneficiaries have transportation to and from medical services (Centers for Medicare and Medicaid Services, 2016). Each state, however, is responsible for determining eligibility for NEMT services, and qualifying unmet needs can include not having a driver's license; not having a working vehicle available; being unable to travel or wait for services alone; and having a physical, cognitive, mental, or developmental limitation (Centers for Medicare and Medicaid Services, 2016). Georgia DCH specifies that to be eligible, "members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program" (Georgia DCH, 2018).

DCH uses a brokerage system to deliver NEMT services and currently uses Logisticare and Southeastrans to coordinate NEMT services for Georgia's regions. Unlike GDOT, DCH divides the state into five regions: North, Atlanta, Central, East, and Southwest, as presented in Figure 1 (Georgia DCH, 2018). DCH pays the NEMT brokers a monthly capitated rate based on the number of eligible Medicaid members residing in their contracted region(s). Also of note, while Medicaid funds a substantial proportion of transportation services for older adults, Medicare does not typically cover transportation aside from ambulance transportation (CMS, 2018).

Georgia Department of Human Services

The Office of Facilities and Support Services Transportation Service Section (OFSS TSS) within DHS manages the state's Coordinated Transportation System. TSS administers coordinated transportation services to a range of consumers of human services, including older adults, through partnerships with a variety of human service providers in the state. The DAS is the state agency that partners with TSS to provide Coordinated Transportation services for older adults in Georgia. Services provided for DAS clients are funded through a combination of sources, including Older Americans Act Title IIIB and FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program funds, as well as local contributions and additional state-administered fund sources, such as the Social Services Block Grant (SSBG). Older Americans Act and Section 5310 apportionments are both formula-driven and allocated based on the distribution of older adults residing within a given region. Two fund sources — Older Americans Act and SSBG — have local match requirements of 10% and 12%, respectively (Georgia DHS, 2017).

DHS is the designated recipient of FTA Section 5310 grant funding in Georgia. The FTA provides this grant to assist states in providing transportation to older adults and people with disabilities "when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs" (U.S. DOT, 2018). The program seeks to enhance mobility for these two populations by removing barriers to accessing transportation services and expanding transportation mobility options (U.S. DOT, 2018). The FTA allocates Section 5310 funding based on the state's share of older adults and persons with disabilities, and supports activities in all geographical areas — large urbanized (over 200,000), small urbanized (50,000-200,000), and rural (under 50,000). States are

eligible recipients for rural and small urban areas funding, while recipients of funding for large urban areas are designated by the governor of the state.

In addition to formula grants, discretionary grants, known as Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants, are also available to Section 5310 grantees. Rides to Wellness is a pilot program that was established by Section 3006(b) of the FAST Act and funds innovative projects that aim to improve the coordination of transportation services and NEMT services (U.S. DOT, 2018).

In addition to Section 5310 funding, Older Americans Act funding is used across the state to provide transportation services for older adults. The Older Americans Act supports a range of community social services for older adults, and the 2006 reauthorization of the act contains specific provisions for states and Area Agencies on Aging (AAAs) to implement coordinated systems for home- and community-based services (HCBS), including transportation (Administration on Community Living, 2017). AAAs are the coordinating entities for all community-based services for older adults in each of the 12 DHS regions (Georgia DHS, 2015). Specifically, grantees can use Older Americans Act Title IIIB funds to transport seniors. Further, grantees have the option to use Title IIIB funds to meet match requirements for programs administered by the FTA, such as Section 5310 and 5311 programs (Administration for Community Living, 2017).

SSBG funding is also heavily utilized to support transportation services for older adults across the state. The SSBG is federal funding that the U.S. Department Health and Human Services allocates annually to states and territories to support social services for vulnerable children, adults, and families (U.S. Office of Community Services, 2018). SSBG funding is relatively flexible with regard to the specific services states can choose to support with the funds, and states can also modify the funds over time in response to changes in the needs of the populations served. Many states, including Georgia, use SSBG funds to support transportation services for vulnerable populations. SSBG funding supports Coordinated Transportation System services in each Georgia DHS region of the state.

Community-Based Services (CBS) Program funding is another source of funding used to provide transportation services for older adults in some of the Georgia DHS regions. DAS receives CBS funding from the state legislature, then allocates it to the AAAs in each region to support a number of services, including transportation. AAAs can then elect, based on the needs within their respective region, whether or not to utilize CBS funding to support transportation services.

Key Approaches to Transportation Services for Older Adults

Apart from driving, older adults utilize a number of transportation services provided by both public and private entities throughout the state. The extent to which these services are geared toward older adults varies, and some services may not accommodate the specific needs of all older adults. Further, the availability, accessibility, and quality of each of these types of transportation differ both across and within regions.

As previously discussed, public fixed-route transit and demand-response services are critical transportation resources for older adults, particularly nondrivers. Providers of fixed-route services, including bus and rail, that receive FTA Section 5307 Urbanized Area Formula Grant funding are required to provide discounted fares for older adults (reduced so that older adults, defined as at least age 65 and older, pay half (or less than half) the normal peak hour fare amount) during nonpeak hours (49 U.S.C. Section 5307(d)(1)(D) of the Federal Transit Act). This fare reduction is intended to aid public transportation in meeting its objective of increasing mobility for disadvantaged populations (Newmark, 2014) and can mitigate financial barriers to transportation access for some older adults.

While fixed-route services play an important role in transportation for older adults, demand-response services can be better suited for some older adults, particularly those with limited mobility and those living in less populated areas where fixed-route services are not feasible. Demand-response services do not involve stops or require transfers, as fixed-route services often do, and take consumers directly from their home to their destination (ARC, 2017). Thus, older adults who need more assistance or specialized accommodations than may be available for fixed-route services can greatly benefit from demand-response systems.

In some areas, hybrid fixed-route and demand-response services, also known as deviated fixed-route services, are available. Deviated fixed-route services have some components of fixed routes but can deviate from the predetermined route to accommodate special requests (e.g., can drop a rider off at home) (ARC, 2017). These systems vary in service area and the amount of time required to schedule a deviated stop but can increase access to more traditional transportation systems for some older adults.

The ADA, which applies to almost all providers of transportation services, both public and private, requires that providers deliver accessible services and prohibits these entities from discriminating against persons with disabilities (National Rural Transit Assistance Program, 2016). The ADA requires transit agencies that run fixed-route services to provide supplementary paratransit services for individuals who are unable to access fixed-route services or independently navigate the system (National Rural Transit Assistance Program, 2016). The regulations stipulate that providers operate a complementary and comparable ADA paratransit service within three-fourths of a mile of the fixed-route that is available during the same hours as the fixed-route services (National Aging and Disability Resource Center, 2018). These services typically involve the use of smaller vehicles and provide demand-response service that is curb-to-curb or door-to-door (Community Transportation Association of America, 2018; Disability Rights Education & Defense Fund and TranSystems Corp., 2010).

The ADA establishes minimum eligibility requirements for paratransit but does not prescribe the process by which transit agencies determine eligibility, nor does it prohibit agencies from providing paratransit services to additional individuals (e.g., older adults with limited mobility but who do not qualify for paratransit) (U.S. DOT, 2015). Thus, some transit systems with broader

eligibility requirements may serve more older adults than others. Nonetheless, where it is available, paratransit plays an important role in transportation for older adults, and many who are eligible depend heavily upon the services. Further, the ADA's requirements regarding accessibility features have made transportation systems more accessible for all older adults, including those who do not qualify for paratransit.

Shared ride services or transportation network company (TNC) services are transportation services provided using a mobile application or online platform to connect passengers with drivers who are using their personal vehicles (American Association of Motor Vehicle Administrators, 2018). These services represent an emerging approach in providing transportation services for older adults. Many well-established TNCs, such as Uber and Lyft, now offer accessible options for older adults and have also developed features that enable individuals without TNC accounts (i.e., do not have the application) and/or smart phones to book rides via phone using an operator (NADTC, 2017).

Additionally, companies that further facilitate the ride-ordering process have become more prevalent in recent years. For instance, GoGo Grandparent, which was designed specifically for older adults, enables users to dial a toll-free number and arrange a ride using the keypad (e.g., users can dial 1 to request a car to their home) or by speaking with an operator (GoGo Grandparent, 2018). Other features include using preprogrammed locations, voice commands, setting a fixed pickup schedule, and sending text updates to family members regarding trips. These services and features aim to make TNC services more accessible for older adult users and may contribute to increases in TNC use as an alternative to driving among older adults in the future.

Another important strategy in the delivery of transportation services for older adults is through the use of transportation vouchers. Voucher programs provide reduced-fare or free rides to eligible, often low-income individuals. Riders receive vouchers that can be exchanged for transportation services (NADTC, 2018). Some voucher programs may offer vouchers for more traditional services, such as public transportation or taxis, or may restrict use to a specific trip type, such as a medical appointment (National Association of Area Agencies on Aging, 2018). Some programs, however, may enable older adult riders to use friends, family members, or volunteers for transportation services (Rural Health Information Hub, 2018b). These models can increase options for older adults, particularly those with less access to public transportation or taxi services, such as those living in rural areas.

Volunteer driver programs, which are often operated by nonprofit or faith-based organizations, provide free transportation services to individuals in need and play an integral role in filling gaps in transportation need in many communities (CTAA, 2018). Volunteer programs are particularly well suited for older adults, as drivers typically provide door-to-door service and, in some programs, may offer additional assistance (e.g., assisting older adult consumers during shopping trips) (Rural Health Information Hub, 2018a). Additionally, volunteer services typically have fewer constraints than traditional transportation services and may, for instance, accommodate multiple stops or cross county lines, and can address barriers to access that conventional transportation services

cannot (Kerschner, 2015). Existing programs vary significantly with regard to size, scope, and operation but, where they are available, can greatly enhance older adults' mobility.

In addition to directly providing transportation services, some programs, namely transportation safety and travel training programs, supplement existing systems and aid older adults in remaining independently mobile. Most transportation safety programs aim to enhance older adults' capacity to drive and can entail a range of both medical and behavioral assessments and interventions (Satariano et al., 2012). In contrast, travel training programs help consumers develop knowledge and self-efficacy with regard to alternative transportation options to increase the likelihood that they will utilize these services to meet their mobility needs (Transit Cooperative Research Program, 2014).

Older Adult Population Demographics

Generally, aging is associated with deteriorating physical and cognitive ability, with the most pronounced, rapid declines occurring during advanced age (Sprague, Phillips, & Ross, 2017). Consequently, within the older adult population, distinct segments emerge with differing mobility needs (Ettleman et al., 2017). These segments have been defined relatively inconsistently in the literature but are often divided into ages 60 or 65 to 74 years, 75 to 84 years, and 85 and older, especially within the area of driver safety (U.S. DOT, 2009). The marked differences with respect to vision, hearing, disease and illness, cognition, and other factors critical to the mobility of individuals in each segment are important to consider when characterizing transportation service and support needs among older adults (Satariano et al., 2012). Broadly, low mobility and an accompanying decrease in quality of life have been consistently observed among the oldest older adults (Hjorthol, 2013). As the absence of support is often the most detrimental for this subgroup, the needs of the oldest older adults warrant heightened attention when evaluating and addressing unmet transportation need and will be discussed in greater detail throughout this report.

TRANSPORTATION SERVICES FOR OLDER ADULTS IN GEORGIA

Existing transportation-related services and supports vary markedly within and across regions of the state. Available services include those that aim to maximize the amount of time older adults can drive safely and those that enable older adults to utilize alternative modes of transportation. Funding sources and amounts also differ by region, as do eligibility requirements per program. This section will provide an overview of the service expenditure, cost, and utilization data available at the state level for each of the major transportation providers and also describe the availability of driving support services, specifically driver safety and travel training programs.

Key Findings

- The three state agencies responsible for the planning and delivery of the majority of transportation services for older adults in Georgia each have unique planning and service areas, also described as regions or districts.
- Public transit services are available in 123 out of 159 counties in the state, though service features, area, and capacity vary widely by county.
- Through the NEMT program, DCH is the largest provider of transportation for older adults, serving an estimated 26,664 individuals 60 and older eligible for Medicaid in state FY 2018.
- The majority of the DHS Coordinated Transportation providers are transit systems operated with GDOT-administered FTA Section 5311 funds.
- The DHS Coordinated Transportation System served 7,761 unduplicated individuals over 60 in state FY 2018, and the majority of the trip destinations were to senior centers, where meals, programming, and socialization opportunities are provided.
- The DHS Coordinated Transportation System's most widely offered services, core trips (trips during regular operating hours) and noncore trips (trips after regular operating hours), operate at an average rate of \$6.09 and \$21.02 respectively across all regions.
- An estimate of the capital and operating costs for the primary transportation programs serving older adults included \$7.1 million for NEMT (limited to the expenditures for beneficiaries aged 60 and older), \$9.3 million for DHS Coordinated Transportation System (limited to clients aged 60 and older), and \$22.7 million for Section 5311 funds from the FTA (not limited to older adults, but focused on all nondrivers). There are a few additional transportation services available, but the three provided by DCH, DHS, and GDOT are by far the largest.
- Transportation services targeting older adults provided in addition to the three largest programs are more abundant in the Atlanta region than in other areas. Regardless of region, currently available programs funded or supported by the AAAs are typically delivered through transportation vouchers.

- Driver safety programs are readily available throughout the state and support keeping older adult drivers driving safely for longer.
- Travel training programs are not well advertised or accessed by older adults in the state but aim to increase use of public transportation as an alternative to driving.

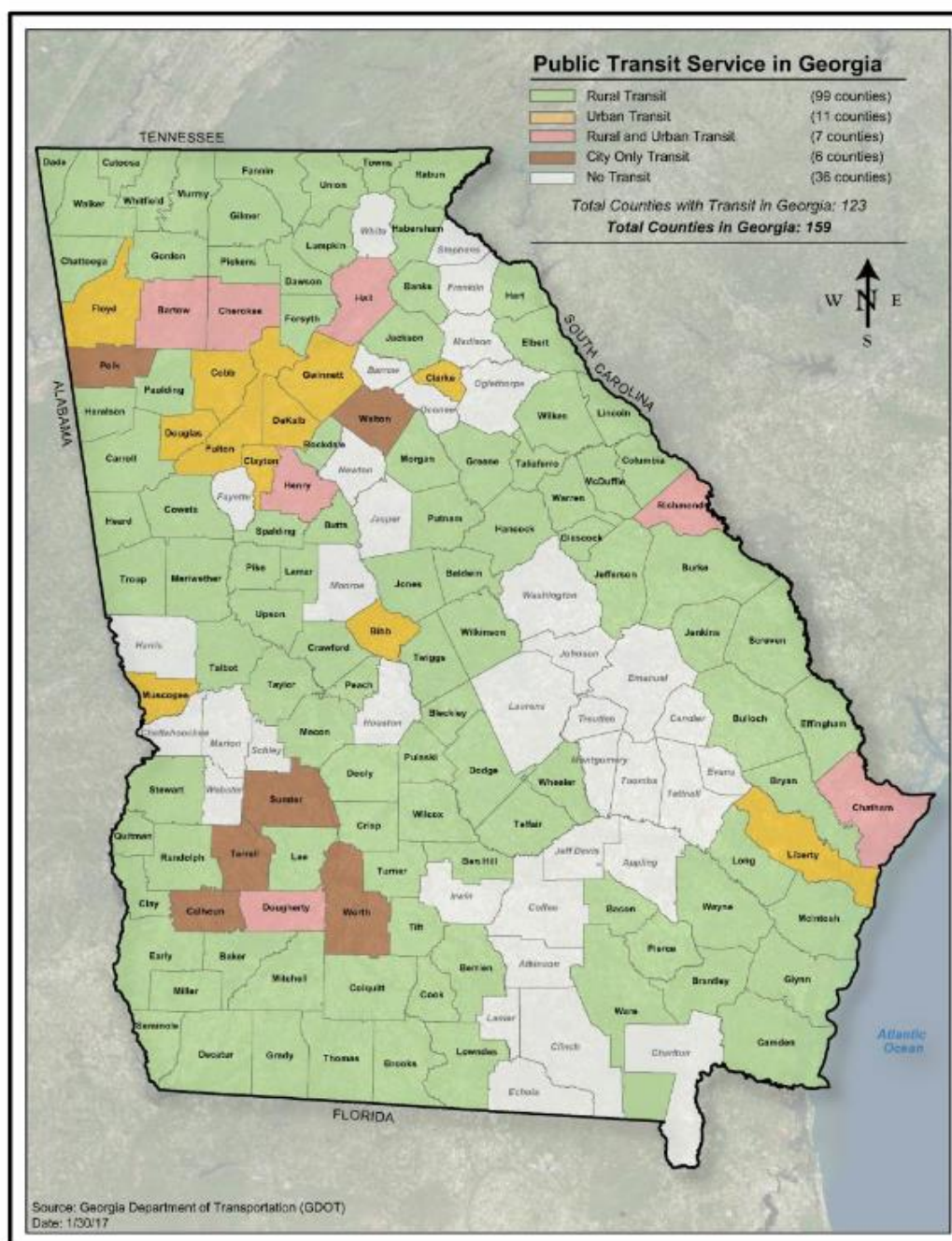
Public Transportation

GDOT is the state entity that has the responsibility for both the state's roads, bridges, and interstate highways and other modes of transportation, including rail, transit, general aviation, bicycle, and pedestrian programs. In FY 2017, the total budget for GDOT between state and federal funding sources was \$3.65 billion, with state fees, taxes, and bond funds making up 56 percent and federal sources 44 percent (GDOT, 2017).

The services that are particularly relevant to meeting the needs of older adults who are not driving fall under the GDOT Intermodal Division. The division focuses on ensuring there are multiple modes of transportation with connectivity to one another, including rail, transit, aviation, and waterways. Regarding these modes of transportation, GDOT provides both planning and financial support. One of the offices within the division is the Transit Office, which has the mission to "identify and support cost effective, efficient and safe transportation systems." In FY 2017, \$58 million of the GDOT budget was utilized to support transit capital projects, facilities, services, and shuttle buses and vans. The majority of the funds were federal funds (54%), followed by local (40%) and state funds (5%) (GDOT, 2017). Federal funding for transit is provided to the state by the FTA, an agency within the U.S. DOT. Of the FTA funding allocated to GDOT for transit, Section 5311 grant funding comprises a significant proportion. In FY 2017, GDOT received \$21,857,873 in Section 5311 grant funding, which was then distributed to rural transit providers throughout the state (U.S. DOT, 2017).

GDOT partners with, and provides funds to, 91 transit systems operating across the state, including 80 rural, seven small urban, and four large systems. The existing systems are largely organized to serve individuals residing within a county. Services are available in 123 out of 159 counties, with a quarter of counties lacking any public transit service (GDOT, October 2017). Figure 3 provides a map of public transit coverage, including the breakout by system type.

Figure 3: Public Transit Coverage in Georgia



Source: Georgia Department of Transportation (2017)

The available transit systems provide one or more transportation services, including public, fixed-route transit, demand-response services, and ADA paratransit services. The service coverage within counties varies by system, with a spectrum of robust to limited service. Focusing on three

modes of service that are most relevant to older adults, bus, demand-response, and heavy rail, 146 million trips were provided across the state in FY 2016 (U.S. DOT, 2016). Table 1 provides additional details regarding the services provided by transportation mode through the transit agencies across the state of Georgia.

Table 1: Transit Data Elements by Transportation Mode for Georgia Providers

DATA ELEMENT	BUS (N = 14)	DEMAND RESPONSE (N = 95)	HEAVY RAIL (N = 1)
Operational Cost per Hour, Average and Range	\$81.75 (\$40.10-\$162.47)	\$36.69 (\$11.92-\$191.56)	\$270.08
Cost per Passenger, Average and Range	\$9.40 (\$3.00-\$42.50)	\$21.71 (\$5.85-\$83.09)	\$3.15
Fare Revenues Earned, Total	\$73,853,712	\$4,666,601	\$75,717,593
Operating Expenses, Total	\$295,028,907	\$76,996,339	\$225,438,652
Passengers per Hour, Average and Range	15.8 (2.0-34.2)	1.9 (0.5-4.6)	85.8
Unlinked Passenger Trips, Total	74,004,573	30,274	71,945,326
Vehicle Revenue Miles, Total	36,381,357	283,320	22,267,826

Source: U.S. DOT FTA National Transit Database, 2016

Notes: The sample size (n) is based on the number of providers for that mode that report data through the National Transit Database. All bus mode and demand-response services were included, with the exception of the University of Georgia Transit System.

A breakout of the recipients of transit funds indicates that there is significant variation in capacity and cost by recipient. For example, Brantley County provided 359 unlinked passenger trips, driving 16,618 miles, while Thomas County provided 89,653 unlinked passenger trips, driving 511,109 miles.

Non-Emergency Medical Transportation

For those eligible for Medicaid across the state, transportation to medical services and the pharmacy are provided when other transportation options are not available. Specifically, transportation is available to individuals in a fully covered eligibility category for Medicaid-covered services including medical treatment, medical evaluations, prescription drugs, and medical equipment (Georgia DCH, 2017). As shown in Table 2, there are two transportation brokers in the state, Logisticare and Southeastrans, covering the five regions structured by DCH. Each organization seeking to provide the broker service must serve the entire region(s) for which they are bidding. The contracts are negotiated every six years. The awarded broker is paid a capitated rate for each eligible Medicaid member that resides within the region(s) (DCH, 2018).

Table 2: Medicaid Non-Emergency Medical Transportation Broker, by Region

REGION	BROKER
North	Southeastrans
Atlanta	Southeastrans
East	LogistiCare
Central	LogistiCare
Southwest	LogistiCare

Source: Georgia DCH, 2018

To request transportation, a Medicaid member or person assisting the member calls the broker that serves the county where the beneficiary resides. The request must be made by telephone weekdays between 7 a.m. and 6 p.m., three days in advance of the trip needed, with exceptions for urgent situations. The brokers utilize a variety of modes and contract with transportation providers to deliver the transportation services to beneficiaries. According to a DCH fact sheet, the broker will use the most appropriate and cost-effective mode of transportation, which may include a minibus, wheelchair van, stretcher van, public transportation (including paratransit), gas reimbursement, or taxi services (Georgia DCH, 2018).

Current Medicaid policy sets minimum access standards for health care services based on geography as follows: 30 miles in urban communities, 50 miles in rural communities, 15 miles for adult day health care in urban and 30 miles in rural communities, and 15 miles for pharmacies in urban and 30 miles in rural communities (Georgia DCH, 2018). The transportation provider may expand the mileage length based on a health care provider’s referral or on a case-by-case basis (Georgia DCH, 2018).

Data utilized in this report regarding NEMT use and expenditures were requested and provided through the DCH Medicaid data request portal. In state FY 2018, there were an average of 2.1 million Medicaid beneficiaries each month, with approximately 11% of those individuals aged 60 or older. Of the Medicaid beneficiaries over 60, there were an average of 238,315 members eligible for transportation services, and an average of 26,664 (11.2%) utilized transportation. Of the \$104 million spent on transportation services, \$7.1 million (6.9%) was spent serving individuals 60 and older. There were a total of 1.9 million one-way trips provided, with 814,115 (41.2%) of those provided to individuals 60 and older. For information regarding Medicaid NEMT services for each region, please see the regional profiles in Appendix B-M.

DHS Coordinated Transportation System

The DHS Coordinated Transportation System delivers services in each of the 12 DHS regions through a series of purchase-of-service contracts with a variety of providers, including governmental entities, for-profit organizations, and private nonprofit organizations (Georgia DHS, 2017). Notably, the majority of these providers are transit systems operated with FTA Section 5311 funds administered by GDOT (GDOT, 2017). In many regions, a prime contractor, which is often the regional commission, manages the contract in coordination with the Regional Transportation Office and subcontracts with service providers. Contractors are reimbursed for service provision through a fee-for-service methodology in the form of one-way trip rates (Georgia DHS, 2017).

The Coordinated Transportation System's policies and procedures are unique within each region and are established by a Regional Transportation Coordinating Committee composed of regional division representatives, human service providers, and other stakeholders. The Regional Transportation Coordinating Committee also approves new contracts annually and oversees contractors within each region (Georgia DHS, 2017). The program also divides the most populous DHS region — the Atlanta Regional Commission (ARC) — into four subregions, which are managed separately and participate in the program at varying levels.

The program utilizes the Transportation Request and Information Processing System (TRIP\$) to track services and provide reports on system usage. TRIP\$ was designed by DHS' Office of Information Technology and is used by human service providers (HSPs) to order services and provide approvals through a reconciliation process (e.g., the HSP orders the trip, then re-enters the system once the trip is provided to verify that the service was delivered) (GDHS, 2017b). The system validates requests and generates manifests to track trips, and transportation providers generate invoices through TRIP\$ based on the number of completed and approved trips each month (GDHS, 2017b).

Funding and Services: Regional Analysis

While the Coordinated Transportation System operates in each of the 12 DHS regions, some counties within a region may not participate to provide services for older adults or may participate only in specific services (e.g., a county may only purchase bus passes through the program). Consequently, the types and availability of services delivered through the program differ by region.

The program offers a range of trip types, including core trips; noncore trips; long-distance trips; group or field trips; wheelchair trips; and, in some areas, vouchers for alternative transportation services, taxis, and fixed-route transit. The program also operates shuttles in several regions. The rate for core trips, which are trips offered during regular operating hours (6 a.m. to 6 p.m. in most regions), averages \$6.09 across all regions. The rate for noncore trips averages \$21.02. Noncore trips, which are trips delivered outside of regular operating hours, are available in many regions,

although they may not be available in specific counties of a region. Long-distance trips, the parameters for which differ by contractor, range from 25 to 75 miles or more and vary widely in cost and availability by region. Similarly, the rates for group field trips and wheelchair trips differ, as does the availability of these trip types by region. As the cost to provide each type of service and the specific sources and respective amounts of funding for Coordinated Transportation vary by region, the service profiles for each region of the state are fairly diverse.

Overall Program Funding and Service Delivery

For state FY 2018, the Coordinated Transportation System operated on an overall budget of \$9,273,740.08, delivered a total of 815,364 one-way trips, and served a total of 7,761 unduplicated clients. The combined subregions of the ARC had the largest total budget of \$2,236,015.97. Regionally, the Three Rivers region had the largest total budget of \$1,007,531.79, followed by subregion 3A of ARC and the Central Savannah River Region, with \$906,869.47 and \$801,432.16, respectively. In contrast, the regions with the smallest total budgets were subregion 3B of ARC (\$70,169 total budgeted, 16,229 one-way trips, 130 clients), Heart of Georgia (\$414,920.50 total budgeted, 25,430 one-way trips, 91 clients), and Middle Georgia (\$440,668.38 total budgeted, 33,301 one-way trips, and 167 clients).

The programs with the highest service delivery across funding sources in terms of one-way trips were the Central Savannah River Area (97,654), Northeast Georgia (77,187), and the Georgia Mountains Region (75,968). With regard to total unduplicated clients, Three Rivers served the most unique clients (1,026), followed by subregion 3A of ARC (972) and Central Savannah River Area (895). The regions with the lowest numbers of total, one-way trips were subregion 3B (Cherokee, Cobb, Douglas) of ARC (16,229), subregion 3B (C, F, H) of ARC (24,121), and Heart of Georgia (25,430). Regarding unduplicated clients served, Heart of Georgia served the fewest total clients through the program (91), followed by subregion 3B (Cherokee, Cobb, Douglas) of ARC (130), and Middle Georgia (167).

The HSPs that provide transportation services undergo a yearly contract evaluation process to determine their renewal eligibility. This evaluation is a compilation of surveys, data, and information that is gathered by the Regional Transportation Office. Each HSP is required to obtain consumer satisfaction surveys that are used to assess client satisfaction and maintain quality of service and will contribute to the TSS' evaluation summary. The surveys measure factors such as the consumers' attitude toward the HSPs' responsiveness, professionalism, flexibility with scheduling, and timeliness. In state FY 2018, a total of 10,535 consumer surveys were disseminated, and 5,640 were completed (54% response rate). Overall, 96% of the consumers who completed the survey felt that the HSPs met or exceeded their expectations.

FTA Section 5310

For FY 2018, the state of Georgia received a total of \$7,873,700 in Section 5310 grant funding (U.S. DOT, 2018) across all Section 5310 funding categories. The categories of Section 5310 funding (large UZA, small UZA, and nonurbanized rural) are apportioned to different recipients by the FTA. Per federal regulations, the state is the recipient of small UZA and nonurban rural Section 5310

funding, which it allocates via the Intrastate Funding Formula, while large UZA funding goes to a direct recipient as designated by the governor (Georgia DHS, 2017). The Atlanta, Augusta, Columbus, and Savannah MPOs are each designated direct recipients of large UZA Section 5310 funds (GDHS, 2017). Of note, there is a state match requirement for FTA Section 5310 funding, which Georgia DHS meets via a soft match. Specifically, DHS reports usage of other fund sources in Coordinated Transportation to the FTA to compensate for the required match (Georgia House of Representatives Transit Governance & Funding Commission, 2018).

For state FY 2018, the combined ARC regions expended the most Section 5310 funding (\$674,820.84 between all four subregions). Regionally, Central Savannah River Area, Northeast Georgia, and subregion 3A of ARC expended the largest amounts of Section 5310 funding, with \$482,365.52, \$333,812.80, and \$329,230.95, respectively. The regions that expended the lowest amounts of Section 5310 funding were ARC subregion 3B (Cherokee, Cobb, Douglas) (\$32,606.22), Coastal Georgia (\$66,020.77), and Northwest Georgia (\$100,207.06). Regarding trips funded through Section 5310, Central Savannah River Area delivered the highest number of trips, with a total of 62,805, followed by Northeast Georgia and Three Rivers, which provided 31,770 and 24,817 trips, respectively. The regions with the lowest numbers of Section 5310–funded trips were Coastal Georgia (7,126 trips), subregion 3B of ARC (9,969 trips), and Middle Georgia (10,324).

Older Americans Act Title IIIB

Older Americans Act Title IIIB funding is allocated by the state to the AAAs in each region using the Intrastate Funding Formula. This formula is updated decennially and draws on the most current census data to distribute funding based on the geographical distribution of older adults, as well as the proportion of older adults with the greatest economic and social needs (with a particular focus on low-income minorities) within each AAA region (GDHS, 2015). Per Older Americans Act Title III regulations, AAAs are to utilize these funds to develop or enhance comprehensive and coordinated community-based systems, which include transportation (Administration for Community Living, 2017). Title IIIB funding has a nonfederal match requirement of 15%, which is then shared between the state and local area as determined by the state division (ACL, 2017).

For state FY 2018, a total of \$1,864,117.33 was expended and 199,253 trips were delivered across all 12 regions using Title IIIB funding. Coastal Georgia expended the highest amount of Title IIIB funding on transportation services at \$267,649.30, followed by Georgia Mountains (\$266,433.42) and subregion 3A of ARC (\$192,841.97). The regions that expended the lowest amounts of Title IIIB funding on transportation services were subregion 3B (Cherokee, Cobb, Douglas; \$15,928.07), subregion 3B (C, F, H) of ARC (\$20,594.97), and Heart of Georgia (\$42,390.10). Coastal Georgia delivered the highest number of trips funded through Title IIIB, with 29,082, followed by Georgia Mountains (26,043) and Southwest Georgia (24,642). The subregions of the ARC delivered the lowest numbers of trips using Title IIIB funding, with ARC 3B (C, F, H) providing 1,844 trips, ARC 3B (Cherokee, Cobb, Douglas) totaling at 2,652 trips, and ARC 3B (Gwinnett) delivering 3,274 trips.

Additional Funding Sources

As described previously, several other funding sources play a role in funding program services by region, including SSBG, CBS, 5316, and 5317. Of these sources, SSBG funding is the largest and most widely used to support program services. SSBG funding is allocated to DAS by the state Legislature and is then distributed to the AAA in each region. The AAA can then decide, based on regional need, how to best distribute the allocation across services, including transportation. A total of \$2,727,557.63 was expended across all regions on program services for state FY 2018. The largest SSBG expenditures by region were made by subregion 3A of ARC (\$346,478.47), Three Rivers (\$323,004.87), and subregion 3B of ARC (Gwinnett; \$272,375.88). Subregion 3B (Cherokee, Cobb, Douglas) of ARC had the lowest SSBG expenditures with \$21,632.71, followed by subregion 3B (C, F, H) of ARC (\$45,761.43) and Middle Georgia (\$93,874.48). Regarding total trips funded through SSBG, Northwest Georgia (28,244), subregion 3A of ARC (27,215), and Three Rivers (26,604) delivered the most trips, while subregion 3B (Cherokee, Cobb, Douglas) of ARC (3,608), subregion 3B (C, F, H; 5,194), and Heart of Georgia (5,581) delivered the fewest.

The remaining funding sources, CBS, 5316, and 5317, are not used across all regions to fund program services for older adults, and AAAs or other planning/service delivery organizations may determine whether or not to utilize certain available funds for transportation services. Four regions drew on CBS funds in state FY 2018 to support program services: Three Rivers (\$157,010.90; 12,995 trips), Northeast Georgia (\$23,940; 2,704 trips), River Valley (\$27,926; 2,660 trips), and Coastal Georgia (\$111,344; 12,345 trips). Sections 5316 and 5317 are both expired FTA programs for which additional funds remain and have been carried over to fund services in several regions. Specifically, Northeast Georgia and River Valley drew on 5316 and 5317 funds to provide program services during state FY 2018.

DHS Transportation Services Delivered Outside of the Coordinated Transportation System

Outside of the Coordinated Transportation System, very few DHS-funded transportation services for older adults exist in any region of the state. Where they are operating, these services are predominantly financed using Older Americans Act funds and range in service mode and purpose. The types of services supported include voucher and volunteer programs, as well as demand-response type services, which are often limited to a specific purpose (e.g., medical appointments). These services are typically restricted to DHS clients, and some target specific areas of a region, such as rural counties without a public transit system.

Within the state, the vast majority of programs operated outside of the Coordinated Transportation System using DHS funding are located in the Atlanta region. For state FY 2018, six programs that were jointly funded through Section 5310 and through Section 5316 and 5317 grants provided services in six counties within the ARC region. The programs vary in size and scope, but are largely voucher programs offered through county senior centers. These programs enable older adults to purchase transportation vouchers at a discount for use with traditional public transit providers, private transportation providers (e.g., taxis or car services), or volunteers, depending on the program. In addition to the voucher programs, ARC funds a pilot program

offered through a nonprofit, Common Courtesy, in partnership with Uber and Lyft, as well as Checker Cab within the Metro Atlanta area. Common Courtesy acts as a liaison between riders and transportation providers and coordinates each trip, and also follows up with riders once the trip is complete to ensure safe arrival (Common Courtesy Inc., 2018).

Driver Safety Programs

A number of driver safety programs are offered for older adults throughout the state, both in person and online. Each program includes unique features and topic areas ranging from defensive driving techniques to safe medication use while driving. One of the largest programs available in the state is the American Association of Retired Persons' (AARP's) Smart Driver Course, which is available both online and in person. In-person trainings are provided in various locations, including senior centers, faith-based organizations, and libraries, and while they are most concentrated in the metropolitan areas of the state, they are also offered in many suburban and rural areas (AARP Smart Driver Course Locator website available in the references). Similar to the AARP program, the American Automobile Association offers Roadwise Driver, which is also available both online and in person. The Roadwise Driver program focuses on refreshing participants' driving knowledge, providing comfort and safety tips, learning to adjust to changes in reflexes and vision, and several other topics (American Automobile Association, 2018). The American Automobile Association also developed Roadwise Rx, which is a tool that enables users to record all of their medications, and the tool will provide customized feedback regarding interactions and how the medications can affect safe driving (American Automobile Association, 2018).

In addition to AARP's course, Georgia Department of Public Health's Older Driver Safety Program represents one of the largest driver safety efforts within the state. The program is funded by the Governor's Office of Highway Safety and is led by the Georgia Older Drivers Task Force, which is a multidisciplinary partnership between the Governor's Office of Highway Safety, DAS/AAAs, academic and research centers, and occupational and physical therapists (Georgia Department of Public Health, 2017). The program's focus is on reducing the number of injuries and fatalities experienced by older drivers and, where possible, enhancing mobility options for older adults through a number of activities, including education, policy enforcement, and building partnerships (e.g., with law enforcement emergency responders) (GDCH, 2017). The program also provides CarFit training to enable interested individuals to become CarFit technicians or event coordinators. CarFit is a national educational program that hosts educational events for older adults to assess how well they fit their vehicles, make adjustments and recommendations regarding vehicle fit to enhance safety and comfort, and also provide community resources for driver safety (CarFit, 2018).

Travel Training Programs

Travel training programs available through public transit providers are relatively scant throughout the state and are mostly offered by providers in the Atlanta area. Two examples within the Atlanta area include Gwinnett County Transit and Cobb County Transit. Gwinnett's program, How to Ride the Bus with Us, walks riders through the process of riding on an active bus and also provides information on how to pay a fare, read a bus schedule, utilize the program's app, and other related topics (Gwinnett County Transit, 2018). Cobb County Transit, known as CobbLinc, provides travel seminars, trainings, and tours targeted at older adults, persons with disabilities, and students (Cobb County Transit, 2018). Overall, travel training programs aim to increase the uptake of public transportation but are not widely available and may not be easily accessible to many older adults throughout the state.

MEASURING TRANSPORTATION NEED AND UNMET NEED FOR OLDER ADULTS IN GEORGIA: CURRENT AND FUTURE TRENDS

While an understanding of existing unmet need among older adults is important to inform transportation planning, little agreement on definitions, measures, and methodologies exists among academics and practitioners. Thus, a diverse and relatively inconsistent body of literature is available to guide efforts to quantify this construct. Consequently, the authors utilized an approach that draws on several methodologies to best characterize current and future need among older adults in the state. This section will include a literature review, description of relevant studies conducted in the state, characterization of disproportionately impacted populations, and methods used and main findings for the current study.

Key Findings

- Great heterogeneity exists within the older adult population, and those with poor health, low income, and suburban or rural residence experience inequities in transportation access.
- Transportation need, number served, and unmet need is difficult to precisely quantify. Current practices of managing waiting lists for tracking unmet need is not utilized, nor feasible, for estimating transportation unmet need.
- Unmet transportation needs described by providers and older adults include regional medical trips, recurring trips (e.g., trips to dialysis treatment), trips beyond the public transit service area and out-of-county trips, and evening trips.
- Quality-of-life trips, which range from trips to the grocery store to social events, emerge as a significant, persistent, unmet need from the perspective of service providers and consumers.
- Interest in meeting unmet needs through volunteer programs exists, but a lack of startup funding and insurance liability concerns have hindered these efforts.
- Some AAA regions are exploring new modes of service to provide quality-of-life trips through a fixed-route shuttle service to destinations such as the grocery store, pharmacy, and post office.
- Inadequate infrastructure, provider capacity, and information about services are persistent barriers across the state.
- The proportion of the population that is 65 and older will grow substantially from 1.3 million in 2016 to 2.9 million in 2040, with the greatest rate of change among those 85 and older.

- Every AAA region will experience growth in the older adult population, but the change will not be equally experienced across regions. The percentage change in population is projected to be the smallest in the Heart of Georgia region (2016-2025: 41%, 2025-2040: 21%), while the Atlanta region is expected to see the largest percentage change (2016-2025: 77%, 2025-2040: 61%).
- Through the application of driving prevalence estimates by age and gender to Georgia's 2016 population, it is estimated that 263,582 individuals aged 70 and older had ceased driving. Based on this estimate of the nondriving population, approximately 34% of individuals aged 70 and older in the state were no longer driving. After considering the number served through DHS and DCH programs, and estimating the use of alternative transportation modes, it is estimated that approximately 200,000 Georgians aged 70 and older may have unmet transportation needs.
- The greatest current and projected future concentrations of older adults with high mobility needs are in urban and adjacent suburban areas.
- Three cycles of State Plan on Aging assessments have found that stakeholders consistently rank transportation as a priority for ensuring individuals have the opportunity to age in place and remain in the community setting for as long as possible.

Review of the Literature

Identifying transportation need and unmet need, both current and future, is a component of the traditional public transportation planning process. According to the U.S. DOT (2007), the overall planning process should include:

- Monitoring existing conditions;
- Forecasting future population and employment growth;
- Identifying current and projected future transportation problems and needs, and analyzing, through detailed planning studies, transportation improvement strategies to address those needs;
- Developing long-range plans and short-range programs of alternative capital improvement and operational strategies;
- Estimating the impact of recommended future improvements to the transportation system on environmental features, including air quality; and
- Developing a financial plan for securing sufficient revenues to cover the costs of implementing strategies.

This process traditionally takes place within a defined geographic area and is led by an MPO for urbanized areas, while the state, in partnership with local officials and transit providers, carries out planning activities in nonmetropolitan areas (U.S. DOT, 2018).

As stated above, the identification of current and projected future transportation problems and needs occurs through detailed studies within the larger public transportation planning process. In practice, studies of public transportation need can vary substantially depending on the study's focus. Problems and needs considered can range from road safety to environmental impacts and involve myriad measures and methodologies both within and between topics. Accessibility studies, which are becoming more common in transportation planning practice, evaluate people's ability to reach desired goods, services, and activities via the transportation system (Levinson and El Geneidy, 2006). These too can differ in focus and may involve evaluating existing transit services; identifying needs through activities such as field observations, on-board rider surveys, demographic analyses, and input from community stakeholders; and identifying strategies, such as improving travel options and encouraging the use of alternative modes of transportation (Litman, 2012). Transportation assessments that focus specifically on unmet need and access in the public sector may also examine service gaps that exist for transit-dependent or transit-disadvantaged populations, who are generally defined as individuals who cannot provide their own transportation due to age, disability, or income constraints (U.S. Government Accountability Office, 2015), and thus rely on the public system. These assessments typically include multiple transit-dependent subpopulations, such as older adults as well as persons with disabilities, and can involve similar steps to transportation needs assessments for the general population, but narrow in on the specific subpopulation(s) of focus in their characterization of services, needs, projections, and strategies (Jiao, 2013).

Although more traditional transportation planning assessments of unmet need can yield important findings, current research on the travel behaviors and mobility of older adults indicates that these types of assessments may not capture the intricacy of older adults' needs (Hjorthol, 2013). Studies have found that, in addition to differences between age groups (i.e., 60 or 65 to 74, 74 to 84, and 85 and older), great heterogeneity in transportation-related need exists within these groups regarding factors such as health, socioeconomic status, and gender (Siren & Hakamies-Blomqvist, 2004). Consequently, researchers have struggled to find consensus in defining need and unmet need, and studies have varied considerably with regard to measures, variables, and samples (Luiu, Tight, & Burrow, 2017).

Many evaluations of transportation need specifically among older adults have relied heavily on qualitative methods, such as surveys, interviews, and focus groups. Of these, survey methods are particularly common and examine different individual characteristics, as well as aspects of transportation need. For instance, Dobbs & Pidborochynski (2016) administered three separate assessments that evaluated unmet need in relation to (1) sociodemographic characteristics, such as age, sex, marital status, income, and health status; (2) urban versus rural setting and the availability of alternative and specialized transportation services; and (3) the need for and availability of intermunicipal and regional medical transportation. In an analysis of survey data collected in Norway on travel and participation in activities in old age, Nordbakke & Schwanen (2014) studied the impact of sociodemographic characteristics and accessibility-related variables

(e.g., supply of public transportation), as well as the relationship between respondents' social support and network and unmet need.

In addition to, and sometimes in combination with, surveys and other qualitative methods, many assessments have utilized demographic data available through the U.S. Census Bureau to geographically identify areas where need is likely to be concentrated. In a needs assessment of Clinton County, N.Y., for example, TranSystems Corp. used 2009 U.S. Census Bureau ACS data to map the density of transit-dependent populations within the county, including older adults, low-income households, zero-vehicle households, and persons with disabilities (TranSystems, 2011). The authors also compared relative transit need to the location of important trip generators (locations to which the general public, especially transit-dependent populations, need access, such as nursing homes and adult day centers, accessible and low-income housing, and major employers) within the county.

In a different vein, but also often to supplement qualitative findings, some evaluations have included mathematical modeling to capture transportation need among older adults. The Denver Regional Council of Governments' Transit Needs Assessments and Alternatives Analysis (2005) utilized three mathematical models to estimate demand for specialized transportation. The methodology drew on a previous survey of travel patterns of older adult/disabled residents and used factors such as daily trip rate and transportation mode of choice for various subgroups (e.g., for one calculation, those who would use specialized transit under any circumstances, those who would not use specialized transit, and those who do not use transit now but would if it were available to them) to calculate total estimated demand. The Denver Regional Council of Governments complemented these quantitative findings with results from surveys of different consumer groups and transit providers.

Another approach used to capture unmet need within Georgia, though not specifically for transportation services, is through the use of DHS' administrative database. The database is used by AAA staff to document requests, services received, and waiting lists for several home- and community-based services. However, the database is seldom used to capture unmet transportation needs, as if the request cannot be met it is unlikely that additional funding will become available to meet the need or that the need will stay constant (e.g., a client in need of transportation to a medical appointment the following week would no longer need that trip beyond the scheduled appointment date). Thus, transportation requests that cannot be met are not tracked or maintained on a waiting list. Due to this fact the authors were not able to draw on administrative data to capture unmet need for the current study.

The methodology used for this study and described in more detail in subsequent sections of this report most closely aligns with access-oriented transit planning methodologies. Though these methodologies are more appropriate for the current study than those used for traditional congestion- or safety-oriented planning, they can miss some of the nuances of older adult transportation need. Consequently, the authors supplemented the access-oriented, quantitative methodology used with qualitative data, which includes surveys and interviews with consumers

and aging services professionals. The authors sought to examine unmet need among older adults more comprehensively through the use of these combined approaches, and, while these approaches are imprecise, they aimed to yield more accurate findings than would be possible using any singular approach.

A Closer Look at Unmet Need

Addressing transportation-related unmet need among older adults is inherently challenging, as determinants of unmet need are complex and interrelated. Consequently, a singular solution to this growing problem does not exist. Within the older adult population, specific subgroups are disproportionately disadvantaged and should be considered with regard to service planning and policy design. Subgroups identified through both a review of the existing literature and input from providers and consumers across the state include older adults with poor health status, low-income, and low-density suburban or rural residence. Additionally, certain trip types, such as medical trips, are often prioritized over trips for other purposes, such as social and community events. Although trips to medical appointments are inarguably critical, the restriction of resources for other trips often reduces or even eliminates opportunities for social inclusion and activities that promote well-being for many older adults. Thus, transportation to quality-of-life-enhancing trips is a persistent unmet need for many across the state and should also be recognized, as unfulfilled social, leisure, and related needs regarding out-of-home activities have been found to have deleterious effects on older adults' health and wellness (Nordbakke & Schwanen, 2014).

In a systematic review of the literature, Haustein & Siren (2014) found that health status was a main predictor of driving cessation among older adults. Furthermore, poor health has been consistently reported as affecting travel behavior, to include not only driving but also mobility broadly, especially among the oldest old (adults 75 years old and older) and women (Luiu, Tight, & Burrow, 2017). Research indicates that poor health, both mental and physical, medical diagnoses, and perceived health-related mobility limitations can impact self-efficacy regarding mobility and can prevent some older adults from engaging in any out-of-home activity, irrespective of actual mobility (Webber, Porter, & Menec, 2010). Of the vast array of health conditions that affect older adults, dementia, frailty, physical disabilities, and chronic conditions requiring frequent medical visits have repeatedly emerged as determinants of mobility.

Among older adult drivers, an estimated 4% of those over 75 years of age have dementia, and many will continue to drive as the disease progresses (Wadley, Okonkwo, & Crowe, 2009; Foley, Masaki, Ross, & White, 2000). A dementia diagnosis can also cause older adults to limit activities outside of the home due to fear of getting lost and wandering (Adler & Silverstein, 2008; Cotter, 2007). Similarly, older adults who have experienced a fall or report fear of falling are more likely to restrict their mobility outside of the home (Webber, Porter, & Menec, 2010). Dementia, frailty, and physical disabilities can also inhibit older adults' use of public transportation services, as they may experience difficulties boarding and alighting vehicles, navigating transportation systems, or accessing transit stops (Hjorthol, 2013; Luiu, Tight, & Burrow, 2017). Within the state, particular concern surfaced among aging services professionals regarding older adults who require recurring

specialized transportation for conditions such as chemotherapy or dialysis treatment. Across the state, many older adults, especially nondrivers who lack informal supports, struggle to access treatment for these chronic conditions largely due to financial constraints or inadequate public transportation service coverage. Therefore, a multitude of health conditions can affect access to transportation and mobility among older adults, including driving, utilizing alternative transportation options, and making decisions regarding activities outside of the home.

Income is also among the most significant determinants of mobility among older adults and impacts access in many ways. The literature suggests that people with lower incomes are more likely to be transportation-disadvantaged and that income-related mobility restrictions can impact psychosocial, physical, and environmental factors related to well-being (Webber, Porter, & Menec, 2010). Perhaps the most obvious way an individual's financial resources can impact access to transportation is in one's ability to own a personal vehicle or afford alternative transportation options (e.g., pay for a bus fare). However, income can also dictate decisions regarding the location of one's home, which influences a host of access-related factors, such as proximity to services, cost to travel, and neighborhood characteristics (e.g., presence of sidewalks). Income-related mobility restrictions can severely limit older adults' access to basic needs, including one's ability to engage socially and maintain relationships outside of the home (Webber, Porter, & Menec, 2010). Further, isolation can compound immobility, as older adults with social connections may be able to leverage those relationships to help meet mobility needs, whereas isolated older adults lack that potential. Income is worth highlighting within the context of older adult need, as older adults are particularly vulnerable financially due to fixed incomes and competing expenses (e.g., payments for health care). Therefore, income factors heavily into older adults' mobility and has immense capacity to impact health and wellness.

Low-density suburban and rural residence also presents multifaceted challenges with respect to transportation access among older adults. These communities often have limited public transportation systems or lack public transportation altogether. According to a White House report (2010), rural and small communities tend to have smaller tax bases due to decreased economic opportunities and lower standards of living and, as a result, typically have insufficient resources to support a public transportation program. Inadequate public transportation can quickly isolate older adults in these communities once they cease driving, as viable alternatives to driving may not exist, especially among individuals without informal supports, such as a child, spouse, or neighbor, to assist.

Therefore, several subpopulations of older adults are more likely to experience transportation disadvantage at present and warrant attention in current planning and policy efforts, as well as continued focus moving forward. The potential for shifts in factors that impact life in older adulthood, such as technology, make it unclear whether the disparities observed among these subgroups will persist. Technological advances and the increased likelihood of their adoption among future generations of older adults have the potential to ameliorate some of the challenges faced by these subgroups, as well as older adults broadly at present. However, as the aging population grows, the prevalence of many of these determinants of mobility, such as health

conditions and financial insecurity, is also anticipated to increase. Therefore, it is imperative that actions are taken to address existing inequities in access among these subgroups of older adults, as, otherwise, the effects of transportation disadvantage are likely to worsen over time.

Past and Current Work within Georgia

Efforts to address unmet transportation need for different groups have been made in recent years within the state, including work that is currently underway. A major focus within the state over the past decade has been on the development and improvement of the rural transportation system. The Rural Human Services Transportation Committee of the Governor's Development Council was established as a result of HB 277 to oversee rural and human services transportation coordination (HNTB, 2011). A significant body of work exists as a result of the committee's activities, including a series of reports comprising the Georgia Rural Human Services Transportation Plan 2.0. Beginning in 2011, HNTB Corp. began publishing these reports, which detail recommendations based on a thorough needs assessment of rural transportation in the state, data collected during two sets of workshops held in each of the state's 12 regional commissions, and national research (HNTB Corp., 2011). The goal of this specific project was to design an enhanced rural and human services transportation model that increases coordination among public and human services transportation providers and, ultimately, increase capacity, efficiency, and cost-effectiveness.

The House Commission on Transit Governance and Funding, established through HR 848 during the 2017 legislative session, has also initiated important activities regarding rural transportation in the state. The commission is working with Deloitte on the Georgia Transit Governance and Funding Study, which is currently aiming to establish the design and legislative support for a new governance and funding model for rural transit in the state (Deloitte, 2018). The commission's work, along with that of the Governor's Development Council's Rural Human Services Transportation Committee, has contributed significantly to the understanding of operations and identification of deficiencies within the state's rural transportation system, and both bodies are actively shaping the future of rural transportation in Georgia.

Another significant area of work relevant for transportation-disadvantaged groups in the state, including older adults, is occurring at the local and regional level. The Rural Transit Need and Demand Spreadsheet, developed by the Transit Cooperative Research Program of the Transportation Research Board, is an approach that is currently used in some rural areas of the state to quantify the need for passenger transportation services and the demand that is likely to be generated if passenger transportation services are provided (Transit Cooperative Research Program, 2013).

Using the tool, planners and transit operators can estimate need, which is defined as the number of people likely to need passenger transportation and the number of trips required to provide individuals without personal vehicles with a level of mobility equal to those having access to

personal vehicles. Demand is estimated by four markets: (1) general public services (5311); (2) social services or other program-sponsored trips; (3) fixed-route service in small urban towns in rural areas; and (4) travel on commuter services from rural counties to urban areas. The tool uses demographic data (preferably ACS data), including number of persons living below the poverty level, number of persons residing in households owning no vehicle, and population 60 years of age and older, to compute an estimate for the number of persons within the study area who are in need of passenger transportation services. The tool also uses the mobility gap, which is defined as the total number of trips not taken because members of households without a vehicle do not have the ease of mobility available to members of households with a vehicle (TCRP, 2013). The mobility gap is derived from 2009 National Household Travel Survey data and is calculated for each of the nine census regions individually. The estimate generated using the mobility gap quantifies the resources that would be needed to meet unserved demand. These estimates are paired with the knowledge of local need among planners and service providers to address unmet transportation need in areas of rural Georgia.

The study described in this report drew on several methods, including a literature review, surveys with consumers and aging services providers, interviews with transportation providers and experts, estimation of nondriving by age and gender, and use of the Mobility Need Index for aging populations. The index, which was developed by Ettleman et al. (2017), allows for the geographical identification of areas of the state where higher mobility needs exist. Detailed descriptions of the methodologies used in the statistical analyses included in this report are available in Appendices N, O, and P.

Survey of Georgia AAA Staff

To gain local insights about transportation issues specific to older adults, as well as potential solutions, the study team conducted a statewide survey with follow-up telephone contacts with AAA staff from each region. The AAA staff are knowledgeable regarding the transportation services available and have significant awareness of the unmet needs of older adults in the region they serve. Common themes emerged across regions with regard to unmet needs, key issues, underserved subpopulations, and opportunities to mitigate barriers to access. From the perspective of the AAA staff, shopping trips, local and regional medical trips, specialized recurring trips (e.g., trips to dialysis treatment), trips beyond the public transit service area and out-of-county trips, and evening trips were most frequently cited as unmet needs. As senior center and medical trips are often prioritized within the DHS Coordinated Transportation System, quality-of-life trips, which can be trips ranging from the grocery store or pharmacy to trips to social events, are seldom available to nondriving older adults who lack informal supports or financial resources. Additionally, although medical trips are prioritized, many respondents noted that unmet need for medical transportation persists and that current funding is inadequate to bridge gaps in access, especially for conditions requiring recurring treatment visits.

With respect to barriers, respondents reported that limited public transportation availability, hours, and affordability; the availability and accessibility of information about services; and

inadequate demand-response services most often inhibit access to transportation. Regarding underserved populations, older adults not connected to senior centers were identified as a subgroup with significantly less access to services and information about transportation. Additionally, respondents indicated that older adults residing in rural areas are particularly disadvantaged. For instance, the paucity of medical providers in rural counties often requires residents to travel outside of their county of residence for treatment, which many transportation providers cannot accommodate. Thus, pervasive issues, such as inadequate transportation for medical appointments, can be augmented for older adults residing in rural areas. Respondents also reported that older adults with specialized transportation needs (e.g., door-to-door service), especially dementia patients, frail elderly, and those with sensory impairments, are underserved across the state, as many regions lack the capacity to transport these individuals.

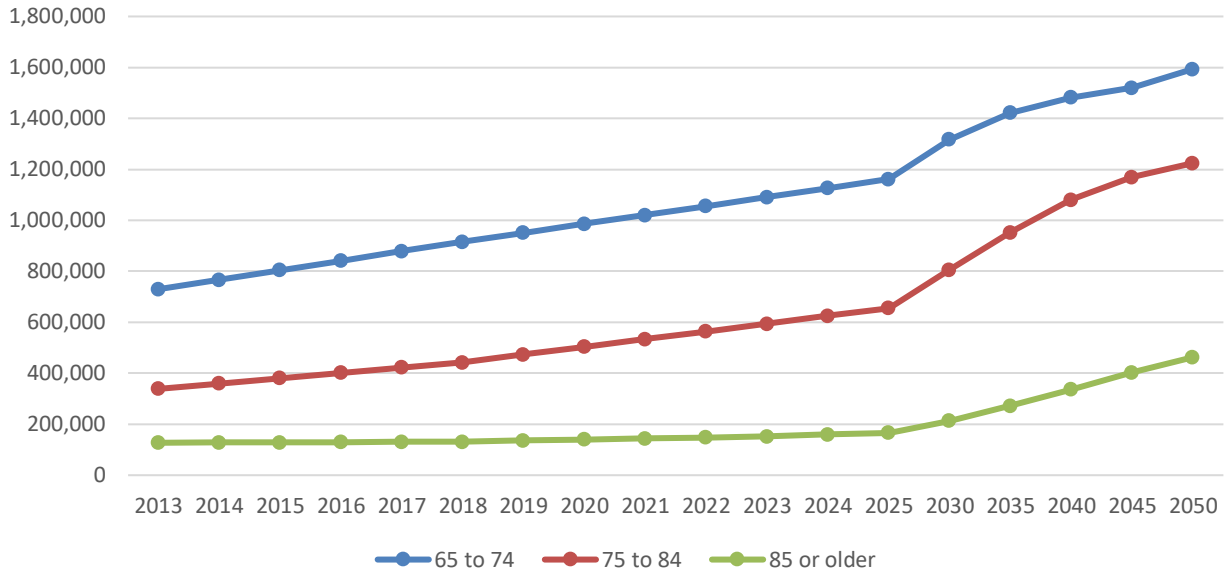
When asked what strategies could be implemented to overcome barriers to service access, providers most often responded that shuttle services, volunteer programs, and voucher programs are the most feasible to implement within their respective regions. In several regions, the aforementioned services are either already operational or will begin service within the next year. Many respondents stated that voucher and volunteer programs are cost-effective solutions and are particularly well suited to client needs. Several respondents also indicated that cost-sharing could contribute to the sustainability of various programs and strategies.

Demographic Analysis

The current and projected changes with regard to the aging of the population were analyzed utilizing demographic characteristics available for older adults in Georgia. The data presented in this section were drawn from the ACS 2016 5-Year Estimate data and the Georgia Office of Planning and Budget population projection data 2015 series. Due to data availability at the county level from the ACS files, the older adult population described in this section focuses on individuals 65 and older.

The key takeaway from the information provided with these data is that the population in Georgia is getting older. In 2016, 13% (1.3 million) of the state's population was aged 65 and older, and by 2040 that share is projected to grow to 22% (2.9 million). Due to longer life expectancies, the older adult population growth rate is different across age groups. As shown in Figure 4, while the population of individuals 65 and older makes up the largest share of the population, the rate of change is greatest for the 85 and older population. The dramatic increases seen around 2025 represent the last of the baby boom generation turning 65.

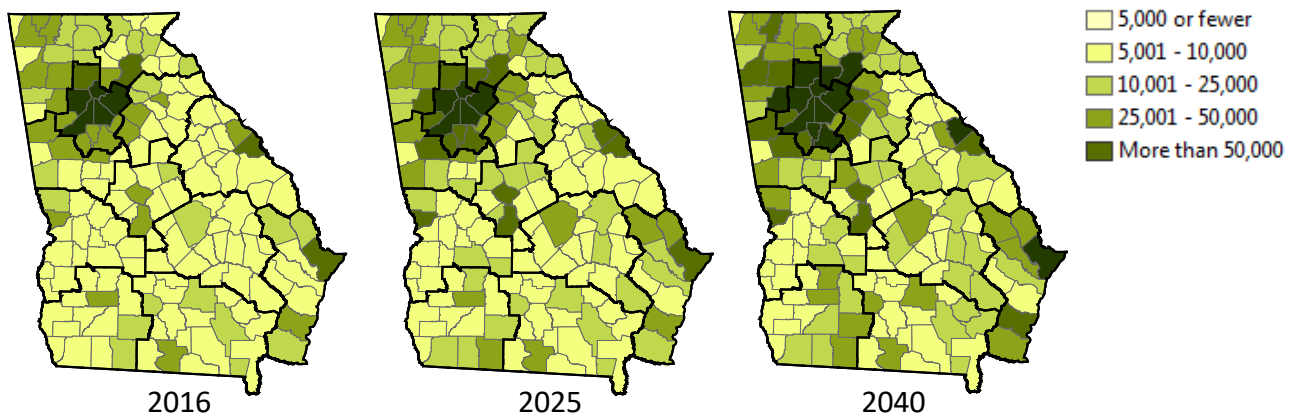
Figure 4: Georgia Population Projections by Age Group



Source: Authors' analysis of population projections from the Governor's Office of Planning and Budget, Series 2015

The information presented in Figure 5 shows the change in the absolute number of individuals over age 65 by county at three time points: 2016, 2025, and 2040. As presented in the maps, the counties with the largest number of older adults are generally concentrated in Atlanta, the suburban counties surrounding Atlanta, the northwest corridor, Georgia's coastal counties, and the counties in the Augusta area. The projected population growth between 2016 and 2040 is expected to occur largely in the counties that currently have more older adults.

Figure 5: Total Population Aged 65 and Older in 2016, 2025, and 2040



Source: Authors' analysis of population projections from the Governor's Office of Planning and Budget, Series 2015

With regard to the regional differences in population change, Table 3 presents the population 65 and older subtotaled by region across the three time points. Every region will experience growth in the older adult population, but the change will not be equally experienced across regions. For

example, the percentage change in population is projected to be the smallest in the Heart of Georgia region (2016-2025: 41%, 2025-2040: 21%), while the Atlanta region is expected to see the largest percentage change (2016-2025: 77%, 2025-2040: 61%).

Table 3: Total Population 65 and Older by Region, 2016, 2025, and 2040

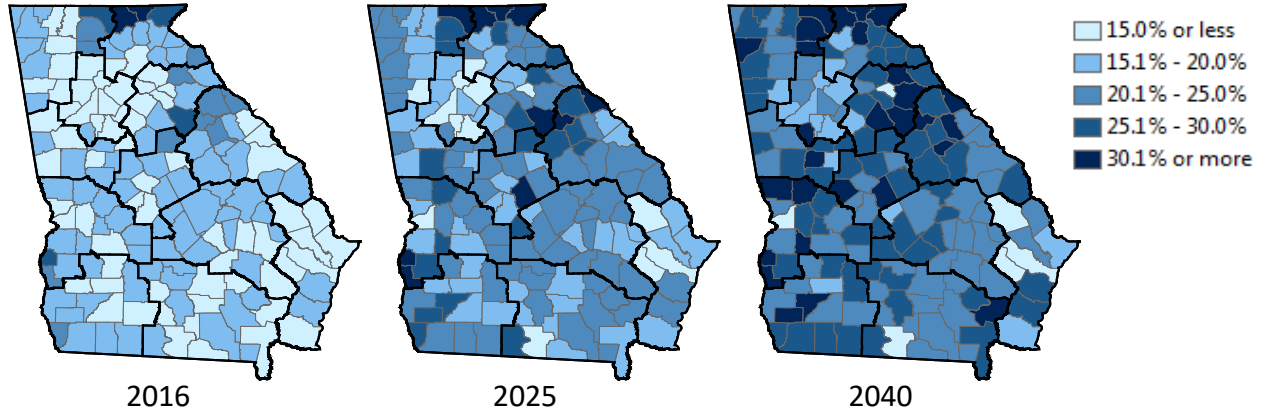
REGION	2016	2025	2040	PERCENT CHANGE 2016-2025	PERCENT CHANGE 2025-2040
Northwest Georgia	125,220	191,210	262,808	53%	37%
Georgia Mountains	102,743	152,612	234,802	49%	54%
Atlanta Region	443,748	785,032	1,265,761	77%	61%
Three Rivers	70,078	109,373	153,942	56%	41%
Northeast Georgia	76,447	121,693	184,122	59%	51%
River Valley	53,103	77,220	94,296	45%	22%
Middle Georgia	70,040	103,321	130,805	48%	27%
Central Savannah River Area	66,742	103,081	135,696	54%	32%
Heart of Georgia	45,505	64,257	77,982	41%	21%
Southwest Georgia	52,523	74,819	90,449	42%	21%
Southern Georgia	55,829	80,351	99,713	44%	24%
Coastal Georgia	83,139	121,372	168,250	46%	39%
Statewide	1,245,116	1,984,341	2,898,626	59%	46%

Source: Authors' analysis of population projections from the Governor's Office of Planning and Budget, Series 2015

In addition to reviewing the absolute population, Figure 6 examines the proportion of the total population over age 65 by county. In 2016 the 65 and older population made up less than 15% of the population in 66 counties, while in 2025 the number is projected to drop to 12 counties, and in

2040 to six counties. The six counties in 2040 with the lowest share of older adults are very small and rural or include large college student or military base populations.

Figure 6: Proportion of Population Aged 65 and Older, 2016, 2025, and 2040



Source: Authors’ analysis of population projections from the Governor’s Office of Planning and Budget, Series 2015

As shown in Table 4 below, the percentage of population 65 and older presents a different story than the absolute number. Where the Atlanta region had the largest number of older adults, the population accounts for 10% of the population in 2016, the smallest proportion of all 12 regions in the state that year. The region with the largest proportion of older adults in 2016 was the Georgia Mountains region (16%). All regions will experience significant growth in the proportion of the population that is 65 years and older, where older adults will comprise close to one-quarter of the population in most of the regions by 2040.

Table 4: Percent of Population 65 and Older by Region, 2016, 2025, and 2040

REGION	2016	2025	2040
Northwest Georgia	14%	20%	25%
Georgia Mountains	16%	19%	22%
Atlanta Region	10%	15%	21%
Three Rivers	14%	19%	23%
Northeast Georgia	13%	18%	22%
River Valley	14%	19%	22%
Middle Georgia	14%	19%	23%
Central Savannah River Area	14%	19%	23%
Heart of Georgia	15%	20%	24%
Southwest Georgia	15%	20%	24%
Southern Georgia	14%	18%	21%
Coastal Georgia	12%	16%	18%
Statewide	13%	17%	22%

Source: Authors’ analysis of population projections from the Governor’s Office of Planning and Budget, Series 2015

Estimate of Transportation Need, Number Served, and Unmet Need

To estimate the total number of individuals in Georgia who may need access to transportation services and supports, the authors utilized prevalence of driving estimates by age and sex determined by Foley, et al. (2002) and applied the estimates to the state’s population. This analysis focuses on the population 70 and older due to the limitations of the data available from the dataset utilized for the study conducted by Foley et al., the Asset and Health Dynamics of the Oldest Old. Additionally, the subgroup of older adults excluded from the analyses are less likely to experience unmet need, as the majority of older adults under the age of 70 are still driving (AARP, 2011).

The findings, as presented in Table 5, estimate that there are approximately 263,582 individuals aged 70 and older who were not driving in 2016. Based on this estimate of the nondriving population, approximately 34% of individuals aged 70 and older were no longer driving. As indicated, the majority of nondrivers are female, based on findings that females were much more likely to have never driven, stopped driving, and have longer life expectancies than males (Foley, 2002). For additional information regarding the methodology of the estimate of nondrivers, see Appendix P.

Table 5: Estimate of Nondrivers in Georgia, 2016

REGION	Female Nondrivers Aged 70 and Older	Male Nondrivers Aged 70 and Older	Total Nondrivers Aged 70 and Older
Northwest Georgia	20,018	6,174	26,192
Georgia Mountains	15,987	5,499	21,486
Atlanta Region	74,678	21,062	95,740
Three Rivers	11,326	3,258	14,584
Northeast Georgia	10,547	3,125	13,672
River Valley	9,217	2,457	11,675
Middle Georgia	11,567	3,363	14,930
Central Savannah River Area	10,289	3,037	13,326
Heart of Georgia	7,418	2,241	9,660
Southwest Georgia	9,130	2,604	11,734
Southern Georgia	9,256	2,859	12,115
Coastal Georgia	14,091	4,378	18,469
Statewide	203,524	60,058	263,582

Source: Authors’ analysis of the U.S. Census Bureau, ACS 5-Year Estimates using driving prevalence rates from Foley et al., 2002

After estimating the number of individuals who may need transportation services, it is important to consider the number of individuals who are being served by the programs currently operating. The number of individuals aged 60 and older served by existing transportation programs provided through the Georgia DCH and DHS statewide is estimated in Table 6. In total, approximately 37,877 individuals aged 60 and older were served. The programs provided clients 1,786,634 one-way trips and had \$17,045,420 in total program expenditures.

Table 6: Estimate of Individuals Served, Number of Trips, and Program Expenditures by Agency in FY 18

AGENCY	Unduplicated Clients	One-Way Trips	Program Expenditures
Department of Human Services, Coordinated Transportation, Clients Aged 60 and Older	7,761	815,364	\$8,271,375
Department of Human Services, Outside of Coordinated Transportation, Estimate of Clients Aged 60 and Older	3,452	157,155	\$1,635,036
Department of Community Health, Medicaid Members Aged 60 and Older	26,664	814,115	\$7,139,009
Total	37,877	1,786,634	\$17,045,420

Source: Authors' analysis of administrative data provided by DHS, DCH, and the state's 12 AAAs

The authors were unable to estimate the number of older adults served by the public transportation agencies receiving funding through the GDOT due to a lack of available data. However, findings from an analysis by the AARP of data from the National Household Travel Survey suggest that a relatively small proportion of older adults' trips, approximately 2.2%, are by public transit (AARP, 2011). According to the report, individuals aged 65 and older use active transport more often than public and make approximately 8.8% of trips on foot. It is not possible to know if nondrivers in Georgia utilize alternative transportation modes such as public transit or walking at the same rate as the national estimate, but if the estimates were accurate, nearly 29,000 nondrivers may have their transportation needs met.

Table 7 presents a summary of the estimates utilized to understand the possible number of older Georgians with an unmet transportation need.

Table 7: Summary of Estimates for Transportation Need, Served Need, and Unmet Need

	Estimate of the Total Nondriver Population Individuals 70 and Older, 2016	Total DCH and DHS Program Clients Served in FY 18	Estimate of Nondriver Population Need Met by Public Transit*	Estimate of Nondriver Population Need Met by Walking**	Possible Number of Individuals with an Unmet Need
Statewide	263,582	37,877	5,799	23,195	196,711

Source: Authors’ analysis of the U.S. Census Bureau, ACS 5-Year Estimates, administrative data provided by the DHS, DCH, and the state’s 12 AAAs
 Notes: Application of findings from the AARP analysis of the National Household Travel Survey regarding trip modes of public transit and walking.
 *Applies estimate that 2.2% of individuals 70 and older who do not drive have their needs met through public transit. **Applies estimate that 8.8% of individuals 70 and older who do not drive have their needs met through public transit.

In summary, an estimated 263,582 Georgians aged 70 and older may need access to services and supports to meet their transportation needs due to driving cessation. The DHS- and DCH-funded programs are serving approximately 37,877 individuals, which could be meeting the transportation need, partially or completely, for about 14% of older adults in the state. In applying national estimates of public transit and walking, an additional 28,994 individuals may have their needs met, at least in part. An undetermined portion of nondrivers may have their needs met through other modes of transportation, having services and goods delivered, or family and friends. Ultimately, some portion of the population of nondrivers have unmet needs, for which an exact number of individuals is difficult to estimate, but using the estimates provided could be nearly 200,000 Georgians aged 70 and older. An additional examination of the distribution of individuals who are likely in need of mobility support is considered in the next section.

Analysis of Geographic Density of Transportation Need

The Texas A&M Transportation Institute tested and published a methodology for identifying the geographic density of mobility need for the older adult population (Ettleman et al., 2017). The researchers named the methodology the Mobility Need Index (MoNI). The key benefits of the approach are the focus on older adults and that it combines several characteristics, drawn from publicly available ACS data, that are likely to indicate mobility need, in a composite index score. The six characteristics include age separated into three age groups, population 65 and older living in poverty, population 65 and older with a disability, and households aged 65 and older with no vehicle. The assigned weights and justifications for the characteristics included in the MoNI are provided in Table 8 below.

Table 8: MoNI Characteristics, Weights, and Weight Justifications

Characteristic	Weight	Justification for Weight Value
Aged 65–74 (young-old)	0.5	Young-old adults are the least likely segment of the aging population to have mobility challenges and are often still working, driving, and in good health.
Aged 75–84 (old)	1	Old adults in the 75–84 age segment face increased mobility challenges as transportation options, such as operating an automobile, become more limited.
Aged 85 and over (old-old)	1.5	Old-old adults have more mobility challenges and fewer options (e.g., inability to walk unassisted).
Persons living in poverty aged 65 and over	1.5	Lower-income populations have less access to services such as taxis and TNCs and are more likely to have to rely on public services for transportation.
Households with no vehicle aged 65 and over	1.5	Low vehicle access reflects populations that do not have the option to drive themselves.
Persons with a disability aged 65 and over	1.5	Individuals with disabilities have increased mobility challenges and may require access to specialized transportation options.

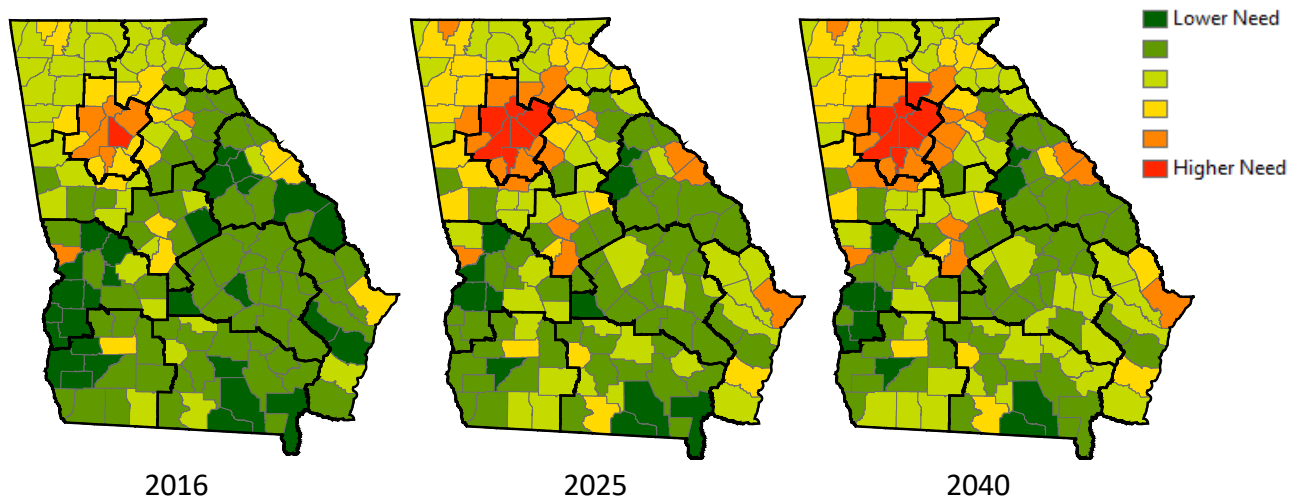
Source: Ettelman, et al., 2017

The weights applied to the characteristics are assigned to account for the relative importance of the characteristic to the increased need for mobility support. The MoNI takes into account the land area of the county in order to represent the density of individuals with greater mobility need per square mile. Due to the large variation in the population density by county in Georgia, similar to Texas, the MoNI was log transformed to produce a normal distribution of the values. This approach provides the opportunity for a greater level of variance of the counties outside of those that are more densely populated. Finally, in addition to looking at the current period (2016), the authors’ maintained assumptions that the poverty rates, rate of households with no vehicle, and rate of disability would stay the same and projected the MoNI score for 2025 and 2040 utilizing the population projections. There are concerns with maintaining these assumptions, as significant changes in the economy or advances in medical technology, for example, would change the rates seen in current county statistics. However, the information is provided as a potential scenario that could be utilized to guide planning, with attention to what is also known by local planners. For additional information regarding the application of the MoNI, see Appendix N.

The results of the MoNI are displayed in Figure 7. The results of the analysis indicate that the most significant mobility need in 2016 existed in the core of the Atlanta region, in Muscogee County (Columbus), and Athens-Clarke counties. Additional areas of higher need include Bibb and

Houston counties (Macon), Catoosa and Whitfield counties (Dalton), and Chatham County (Savannah). Over time, the projected need increases in those original geographies and spreads to the suburban areas adjacent to those locations.

Figure 7: MoNI Results, 2016, 2025, and 2040



Source: Authors' analysis of population projections from the Governor's Office of Planning and Budget, Series 2015 and ACS 2016 5-Year Estimate data

The MoNI brings to the forefront the counties where the need is highest; the findings provided do not suggest that the areas on the lower end of the index do not have individuals with transportation needs. The analysis is intended to present the counties with the greatest density of need per square mile. If the rates of population growth, disability, car ownership, and poverty remain constant, it is projected over time that the need will either be constant or increase. The results suggest that there would essentially be no measurable reduction in mobility need over time due to the growth in the older adult population. There is an observable growth of need in suburban areas and much of northern Georgia. Further, the change observed shows increasing mobility need over time in many additional, more rural counties.

Analysis of Stakeholder Input Across Georgia

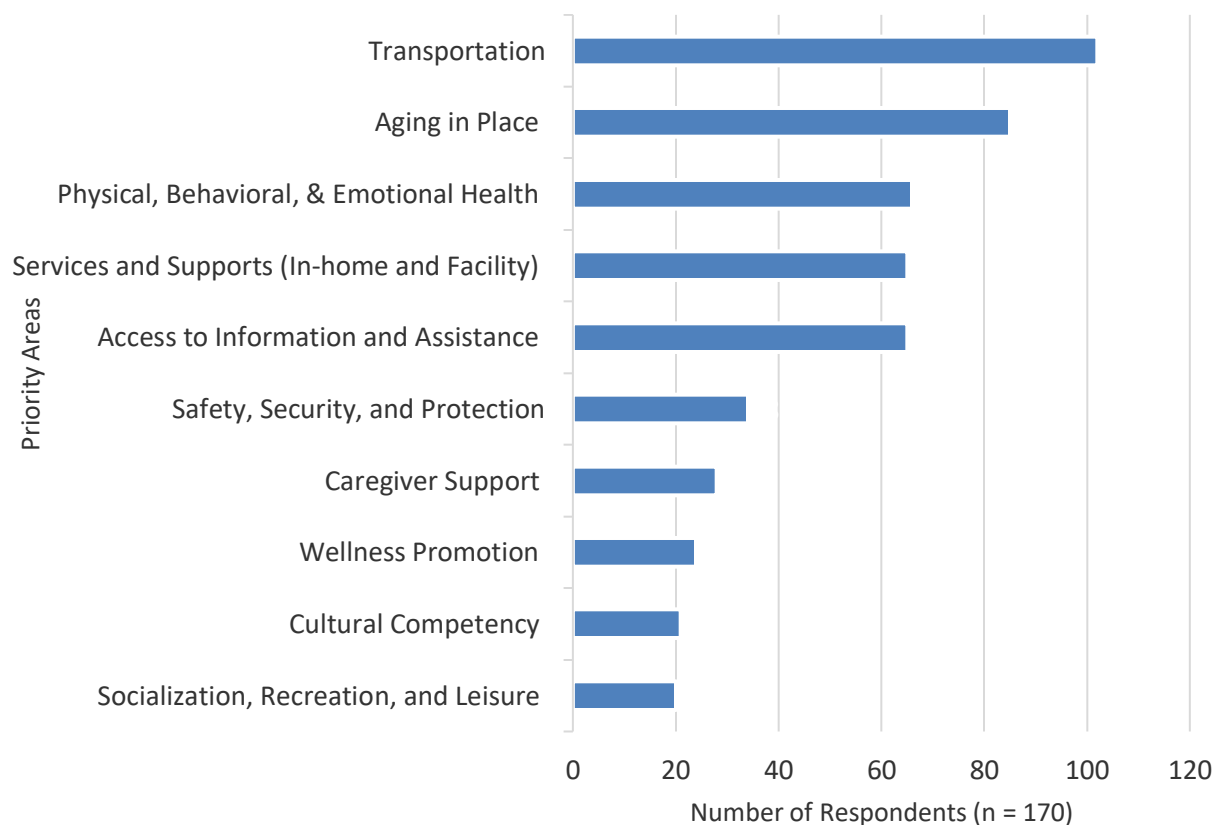
DAS contracted with the Georgia Health Policy Center at Georgia State University in 2018 to gather stakeholder input in preparation for the State Plan on Aging, a requirement to receive funding from the Administration for Community Living. The input was gathered through two modes: a web-based survey and 12 community convenings, one held in each of the DAS regions. Information collected regarding transportation through each mode is provided below. It should be noted that DAS has collected data for several years to understand the needs of older adults, and in the previous two state plan cycles transportation has been the issue respondents indicated they most needed to remain in the community, as well as continue to reside in their homes (Georgia DHS, 2011; Georgia DHS, 2015).

Survey

Stakeholders were able to complete the web-based survey between April and August 2018. The survey was promoted through the community conversations, social media, the DAS website, and other outreach completed by DAS and partner organizations. Included in the analysis that follows are 188 survey responses provided by individuals who self-identified their primary role with regard to aging and adult services as one of the following: service provider (37%), advocate (20%), unpaid caregiver/family member (14%), consumer (12%), and other (18%). The individuals who chose “other” described themselves in a variety of ways, such as AAA staff, volunteer educator, and retired citizen. Thirty-three percent of respondents were aged 60 or older, 31% were under 60 years of age, and 36% did not provide their age.

Respondents were given a list of 10 priority areas and asked to choose the top three areas the state should focus on over the next four years. As shown in Figure 8 below, the priority selected by respondents most often was transportation, which was chosen by 102 of the 170 respondents who answered this question.

Figure 8: Selection of Top 3 Priority Areas



Survey respondents were asked three follow-up questions regarding each of the priority areas selected: (1) What is working well? (2) What is not working well? and (3) What ideas or other

specifics would you like to share about this area? The respondents who selected transportation provided information regarding what is working well, including transportation to senior centers, some public transportation services within city or county boundaries, a volunteer program available in Hall county, and reduced or free fares for seniors, when available.

Survey respondents identified several areas that are not working well. Relevant to the small number of operating volunteer programs, there is difficulty recruiting and retaining volunteers. Focusing on publicly available services, respondents provided several issues, including issues related to access, service, and cost. Access issues included limited availability of services, county or city border challenges, difficulty getting to a fixed-route stop to utilize the service, and challenges gaining approval for paratransit. The service concerns were related to long wait and ride times, lack of responsiveness to phone calls when attempting to schedule rides, and a lack of benches at fixed-route stops. Finally, respondents felt that the service was not always affordable, particularly for those who have low income. In some cases the issues reported were general in nature or not necessarily describing a specific type of transportation service, and those are described next. Individuals felt that the transportation services are particularly lacking in rural parts of the state, and where available the service is often limited to morning hours during weekdays and more often on a fixed route. Respondents felt that not only should there be more services but the services should be more individualized, provide through-door service, and have well-trained drivers who are aware of the needs of older adults, including those who may have early-stage dementia. There is a reported lack of transportation providers, and one individual stated that they felt that additional monitoring of vehicles should be conducted. Finally, while ridesharing may be of interest for the opportunity it has to give a door-to-door trip, there was a concern about trusting the drivers given recent news coverage of incidents, as well as a lack of technological awareness for how to use a smartphone or an application.

Respondents provided additional information regarding transportation, which further highlights the importance of the issue and ideas for how to address the gap in services. First, respondents indicated that the lack of transportation is a very difficult challenge and one that is pivotal to get right. Transportation is a service utilized to access medical services, the grocery store, the pharmacy, and opportunities to have social outings. A respondent shared the following when asked what her greatest concerns are regarding maintaining her independence and staying in her home and community as she ages: "Transportation and remaining socially connected. There is no public transportation here and my church is approximately 15 miles away. So things like going to the movie, church, which I enjoy, going to the 'Y,' the library ... and the supermarket might become difficult unless affordable and accessible transportation is in place or some other alternative." There was also the acknowledgement that there are individuals working hard to address the gaps that exist and that additional information needs to be collected regarding what works, what doesn't work, and who is not being served.

Survey respondents felt that there is a lack of awareness of the services that might be available and that further outreach should be done to ensure that learning about the resources is not haphazard. One respondent said, "If there are programs, there is little [or] no public awareness.

There is a tremendous gap of information between programs provided by the private [or] public sectors ... and the aging [population] in general.” Several respondents suggested increasing the resources and funding available to provide transportation. Solutions to increase capacity with additional resources included partnerships with nonprofit agencies, ridesharing, vouchers, and mass transit in Atlanta and surrounding counties. Important considerations for these options include regulating training requirements and background checks for drivers, as well as improving the capacity and support for phone-based scheduling and dispatch.

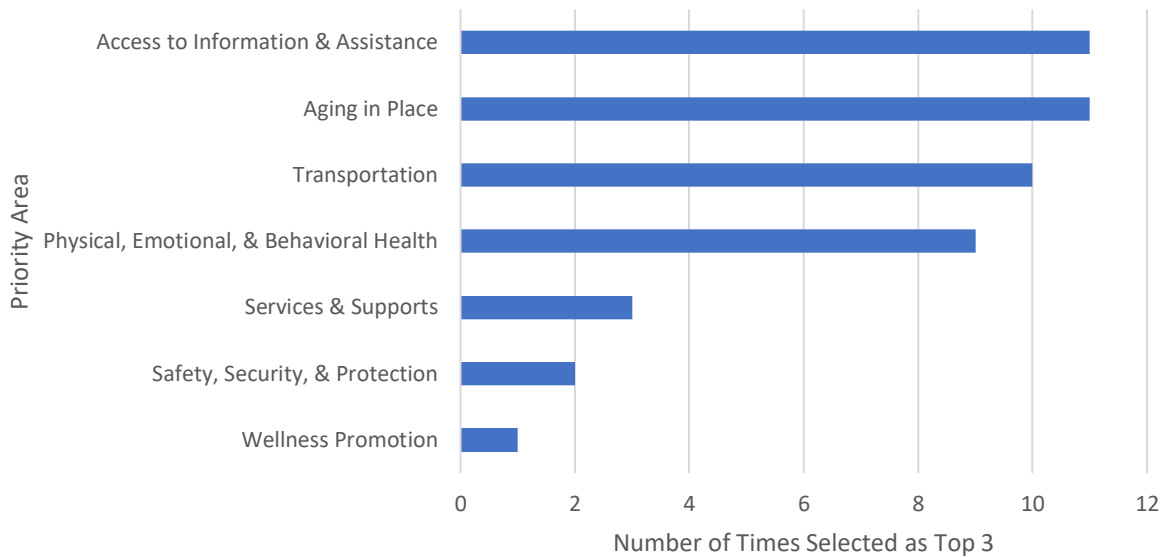
Community Conversations

Between April and August 2018, DAS held a Community Conversation hosted by the local AAA in each of the 12 DAS regions. The purpose of these sessions was to provide information to community members regarding recent DAS initiatives, for community members to provide input drawn from their experiences, and for the information shared to ultimately guide the state’s upcoming four-year strategic plan for aging services.

Across the state, more than 650 individuals participated in the sessions, with an average of 55 participants per session. Of those who completed a demographic profile distributed at the end of the session, individuals were asked to indicate their primary role with regard to aging and adult services as one of the following: service provider (35%), consumer (26%), advocate (19%), unpaid caregiver/family member (6%), paid caregiver/professional (2%), and other (12%). The individuals who chose “other” described themselves in several terms, including active senior, university/education, planner, and Adult Protective Services staff. The majority (54%) of participants were 60 years of age or older, 40% were under 60 years of age, and 6% did not provide their age.

During each session, attendees participated in the identification of key priority issue areas using the same list of 10 priorities as the survey. Participants were asked to consider and prioritize their top five issue areas related to aging services: access to information and assistance; transportation; caregiver support; cultural competency; socialization, recreation, and leisure; aging in place; physical, emotional, and behavioral health; safety, security, and protection; wellness promotion; and services and supports. Participants then utilized instant polling technology to identify their top three issue areas. Figure 9 below provides a summary of the number of times each issue area was chosen. Transportation was selected as a priority area in 10 out of the 12 sessions. Two priority areas were chosen in 11 out of the 12 regions: “aging in place” and “access to information and assistance.”

Figure 9: Top 3 Priority Areas Selected in Community Conversations



Notes: (1) There are more than three priority areas per session in total due to some sessions having a tie between priority areas. (2) There were three issue areas that were not chosen among the top three during the sessions: caregiver support; cultural competency; socialization, recreation, and leisure.

Once the top three priority issue areas were established, participants were asked to think about what works well, what does not work well, and ideas or recommendations they had for each priority issue area. Participants shared their perspectives with others seated at their table, while one individual at each table recorded the items discussed. An analysis of the table notes mirrors much of the information collected through the survey. When thinking about what is working well with regard to transportation, participants highlighted current services that are working well in certain geographies for particular individuals. Those highlighted include transportation to senior centers, public transit including demand-response services, Veterans Affairs services, health plan-covered transportation (e.g., Medicaid), volunteer-based programs to address gaps, and the ARC’s Simply Get There program. Particular transportation policies or strategies that were highlighted included discounted rates for older adults who rode public transit, voucher programs, ensuring the built environment supports active transportation modes, and ridesharing services booked through phone-based third parties.

When the table discussion turned to what is not working well, there was significant concern expressed regarding a lack of awareness of available services, gaps in service coverage, particularly in rural areas, and county boundaries, which create barriers to accessing desired destinations. For those who had public transit available, there were many comments regarding individuals living too far from routes to get on buses, a lack of sidewalk and shelter availability, limited hours and days of service, long and unpredictable wait times, cost, and navigational challenges. For some of the services provided outside out public transit, services were often limited to particular destinations such as the senior center or a medical appointment. Individuals felt that services for shopping, pharmacy, and social visits were often not available. Some individuals stated that many older

adults continue to drive, despite physical or mental declines, due to the lack of services available. Finally, there were concerns regarding the training and sensitivity of drivers and safety of the riders, regardless of the provider of transportation services.

In addition to the polling and table conversations, participants were encouraged upon their arrival and throughout the session to complete a feedback form, which asked, “What feedback, question, or idea do you want to be sure we hear today.” The feedback forms enabled participants to record ideas or questions as they arose at any point throughout the meeting and served as another means of gathering input from attendees. Many attendees took the opportunity to provide their input using the forms, often reflecting on the gaps they see in the services available, or the opportunity for the quality of the services provided to be better. Across the state, transportation was indicated as a need on feedback forms in every session except for one. One participant from the session held in Augusta summarized the need for transportation this way: “I see a HUGE need for affordable transportation for people who cannot drive due to health issues or vision. It would also help people who cannot afford cars. Current bus service does not cover many areas. Many elderly have trouble getting to bus stops, but may not meet the strict guidelines for paratransit or may not live near enough to bus stop. Transportation needs to be available evenings, weekends (including Sunday) and holidays. It [will] also improve public safety as many people who should not drive continue to do so due to lack of other affordable options. Some elders can’t afford Uber and don’t have smart phones.”

PROMISING PRACTICES IN TRANSPORTATION SOLUTIONS SERVING OLDER ADULTS

As many of the issues detailed in this report are not unique to Georgia, the authors conducted a rapid environmental scan of promising practices in transportation solutions for older adults from around the United States. As part of this process, we also conducted targeted phone interviews with some of the people involved in these programs. The aim in this section is for Georgia to consider how organizations in other states have tackled similar issues and integrate that perspective into solutions tailored specifically for the state.

Key Findings

- Supportive relationships between state entities, regional and/or local providers, and the communities they serve are critical for creating and managing transportation supply for older adults.
- Allowing the flexibility to innovate at the local level is valuable, but it must be done in a way that allows for diffusion of promising ideas across communities and acknowledges that some innovations may not be successful.
- Coordinating multiple funding streams and maintaining collaborative partnerships are the foundations of promoting local mobility through a variety of transportation options. This is the case for serving older adults, and it is also true for serving the broader community.
- A rapid environmental scan of promising practices in transportation solutions for older adults produced information regarding organizations that have sought to tackle similar issues as those facing Georgia and may offer options for addressing unmet need for the state.

Overview of the Issues and Challenges

- Rural and suburban service delivery: Rural and suburban areas lack the provider capacity to meet demand.
 - Many nonmetropolitan providers lack the vehicles and staff to meet the demand for services.
 - Long-distance trips are cost-prohibitive.
- Rigid policies and restrictions on use of funding: Policies and restrictions limit opportunities for innovation and growth.
 - Program participation is often limited to agency clients or people who qualify for specific funding programs.
 - Trip purpose is frequently restricted.
 - Transportation is often limited in terms of days and hours service is provided.

- Transportation service areas are often limited by administrative boundaries.
- Community support and engagement: Transportation organizations lack community support and engagement.
 - Lack of community buy-in can limit opportunities for sustainability through service utilization, planning, and funding support.
 - Collaborative partnerships: Opportunities to increase cost-effectiveness and expand services through collaboration exist but often are not pursued.
- Limited use of technology: Technologies that can enhance service delivery are often underutilized.

Insights from Interviews

A variety of formal and informal relationships between local and regional service providers and their respective state’s bureaucracy exists, and the quality of these relationships plays a key role in making positive impacts on mobility for older adults. In Texas, regular convenings of partners from across the state help foster relationships and diffuse innovations in practice.

Building relationships based on trust with the communities being served is a critical foundation for meeting need through more formalized partnerships between public agencies and providers. This takes time and effort.

In regions with multiple operators in multiple jurisdictions, there can be confusion for the consumer whose needs may require travel across administrative boundaries. Community relationships and the individuals within the community are critical to success, but this also leads to wide variations in quality across a decentralized system, especially in low-density suburban and rural contexts.

Pilot programs with TNCs have seen cost-neutral increases in mobility, as measured by number of trips taken. Interviewees also cautioned that TNCs (as well as autonomous vehicles) should be viewed as a piece of a broad set of solutions across the transportation system and not as a “silver bullet” for addressing unmet need.

When an existing transit provider becomes a Managed Transportation Organization (MTO) for Medicaid-funded NEMT, they are often well-positioned to provide the most cost-effective and flexible combination of existing transit services (through their own services and those of subcontractors) and individual transport through a volunteer network.

Good data on use, costs, perceptions, and service management are critical for informing adaptations. Collecting these data from across multiple service providers presents an important, but not insurmountable, challenge.

Because many of the needs are similar or overlapping between older adults and persons with disabilities, services should be geared toward inclusiveness while still promoting independent mobility. Conceptually, this is relatively straightforward; however, it presents challenges administratively due to various sources of funding and associated requirements for specific populations.

Nobody has fully solved the issues involved with providing services for older adults, and there will always be a gap between supply and demand in terms of publicly supported services. A general recognition that this demand will continue to grow should drive solutions and innovation, and not be used as an excuse for inaction.

Programs for Further Exploration

Medicaid NEMT: Flexibility for Cost-Effectiveness

Project Amistad in West Texas serves a large, mostly rural, region of 23 counties as their MTO, with a contractual agreement and oversight by the Texas Health and Human Services Commission. Their NEMT services include providing mass transit tickets to get beneficiaries to medical appointments when that is determined to be the most cost-effective means of transportation. However, when mass transit is not available or accessible, as is often the case in rural areas of the country, they rely on a robust network of individual transportation participants to provide NEMT. These can be family members, friends, or others who use a personal car to transport beneficiaries to health care appointments, and who are then reimbursed for miles, as well as meals and lodging when appropriate. This flexibility enables beneficiaries to access health care appointments in an environment of relatively limited resources and options. Project Amistad also provides transportation to thousands of persons through various contracts and partnerships with the city and county of El Paso, the Texas DOT, and various local agencies, expanding the portfolio of NEMT options for transportation to doctor's appointments, cancer treatments, therapy, dialysis, pharmacies, or other approved medical appointments. Out-of-town and out-of-state travel can also be arranged by Project Amistad staff with advance notice.

Project Amistad's chief of operations for transportation programs noted that offering this broad range of NEMT services is not without its challenges. They serve over 250,000 clients with an annual budget of around \$9 million. As an existing transit provider in the El Paso area, they were well positioned to leverage their more traditional transit expertise in an expanded regional context once they became the MTO. Coordinating across the numerous subcontractors, while avoiding client confusion, seemed to be the main hurdle. They received good guidance from the state and requested some technical support to address identified challenges. This helped them to gain a better understanding of their enhanced oversight role and to become more efficient in capturing required information from both clients and providers. With that support from the state, they were able to streamline the amount of paperwork clients are responsible for, leading to a 50% decrease in complaints. Overall, Project Amistad's actions to diversify its NEMT services, and Texas' provision of technical assistance and policy guidance, have enabled the program to

overcome barriers to service delivery that are currently encountered in many parts of the United States.

Community Collaboration: Building Trust over Time

Ride Connection has a long history of serving older adults in the Portland, Ore., area. They are a private, nonprofit organization with diverse streams of funding that allow them to coordinate and provide transportation services to people with limited options. Over 30 years ago, TriMet, the regional transit agency, was looking at better, more cost-effective ways to serve older adults and persons with disabilities. They examined needs and services throughout their region and determined that a major barrier to more efficient options for consumers was the fact that so many social service agencies were providing transportation as a secondary service. This meant there were numerous options, but they were woefully undercoordinated. The resulting recommendation to formally coordinate services across these disparate providers and centralize some functions (like driver training) led to the creation of Ride Connection, which by 1988 was functioning as an independent nonprofit.

According to the Ride Connection CEO, trust is a major key to their success. This trust stems from a recognition in the community that TriMet does a good job with mass transit and that human services transportation is a key component of meeting individual unmet need. Having such strong support from TriMet and social service agencies is unique and critical. With this established trust comes the ability to innovate and constantly evolve, all while maintaining a strong network of volunteers, who make up two-thirds of their drivers. Other critical factors noted were having visionary leaders across partner organizations and creative staff who are willing to talk to the consumers and create new ideas to effect change.

In one example of how Ride Connection works collaboratively to innovate, they used a participatory planning process to identify existing challenges related to transportation for kidney dialysis patients and how these challenges impacted patient health. It involved the creation of an advisory committee and implementation of a public engagement effort. The project resulted in a pilot program with an NEMT method of grouping rides by neighborhood for trips to the clinic, providing flexible return trips and allowing patients to change pickup times as needed, and allowing same-day ride requests. This example illustrates two concepts their CEO noted as important: make community and user engagement a foundational part of project and program planning, and continually reinforce the high level of trust on which their business model is based. Ride Connection's commitment to community involvement and mutual support has created opportunities to increase access and sustainability and, ultimately, satisfactorily meet the transportation needs of more older adults in its service area.

Augmenting Fixed-Route Options in Suburban and Rural Areas through Local Partnerships

SMART Ride in southern Michigan provides transit services for the large region around Detroit, which includes many low-density suburban and rural areas, where the limited fixed-route system cannot realistically provide services. SMART works closely with local municipalities and counties to

augment their fixed-route options with small bus and van services to help customers remain mobile. Around 60% of their fleet of 600 vehicles is made up of these smaller buses and vans. Community partnerships play a key role in maintaining support for and expanding the services throughout the region, where local providers can use SMART-funded and maintained vehicles. However, these local partnerships vary in quality for a host of reasons and can result in a confusing patchwork of services for people traveling to and from different parts of the region. As one of the county ombudsmen noted, this reliance on local-level partnerships has benefits for fostering innovation, but it also has drawbacks for diffusing them.

In one example of success, SMART partnered with a local emergency medical services provider in two suburban townships to use off-duty ambulances for regular doctor appointments or trips to the pharmacy. This provider developed an arrangement that eventually provided access to SMART resources for a van to use for non-emergency trips. In this case, the emergency medical services director understood the public health perspective of transportation issues in his community and was willing to innovate. The program became so successful that it is now in 11 communities in the northern part of the region, with 10 vehicles and almost 30,000 rides last year. The partnerships SMART has been able to foster over time have significantly expanded access for individuals living in suburban and rural areas, and the program's approach could be modeled in other areas with limited fixed-route service options.

Shared Ride Services (TNCs): On-Demand Paratransit Opportunities

The Massachusetts Bay Transit Authority (MBTA) has an ADA program called The RIDE. Generally, anyone in the Boston area who is unable to take the bus or subway due to disability qualifies for The RIDE service. In 2016, the transit authority began a pilot to see if shifting some of these trips to TNCs (ride-shares) would be cost-effective or cost saving. Under the pilot program, customers sign up via The RIDE website, have eligibility confirmed by MBTA, and then access a coupon code through their own Uber or Lyft account that allows them to take trips for \$2 (the regular price for a trip on The RIDE is \$3.15). The transit authority pays the next \$40, and the customer pays any additional cost beyond that. Trips are capped based on how much a given customer was using The RIDE before enrolling in the pilot: the more they used The RIDE, the more TNC trips they are eligible for. The high end of the trip cap is 40 rides per month, based on previous use. According to one of the program's administrators, the trip cap is naturally a little controversial because users inevitably want more trips than their determined cap. The pilot program has successfully increased mobility, as demonstrated by a 40% increase in number of trips taken over The RIDE alone. The per-trip cost is lower for MBTA at about \$17 per trip, compared to \$40 per trip for The RIDE. Though the mobility increase cancels out some of the cost savings overall, the pilot has been cost-neutral and well-received by users.

All funding for the pilot comes out of the MBTA operational budget, so there are no additional subsidies or grants. The agency moved forward under the premise that their spending on the pilot is what would otherwise be spent on The RIDE. The pilot program is restricted to ADA trips, so simply being a senior does not qualify one to participate. There needs to be a real mobility challenge that prevents a potential rider from using the train or bus regularly. The transit authority

pursued the pilot as a way to avoid the inability to do same-day trip reservations with The RIDE, which is easy to do with TNCs. This approach also provides much more direct routing, with estimated time of arrival (of vehicle) usually around seven to eight minutes versus an hour pickup window for The RIDE. Learning how to use the TNC technology is a challenge for some seniors, but not as significant of a barrier as initially expected, and Lyft offers a call-in option that addresses this challenge. Generally, the pilot has been well-received and extended to a point where it appears to be a stable part of the transit authority's services. One challenge noted by the program administrator is the issue of wheelchair-accessible vehicles: these are not a regular part of TNC fleets, so there is a lack of supply in this respect.

Taxi Services as an Alternative for Paratransit

The San Francisco Municipal Transportation Agency Paratransit service implemented an innovation to provide people who are eligible for paratransit with a non-ADA option that may suit their needs for much less cost. The San Francisco Paratransit Taxi program is not an ADA paratransit service because in some cases it does not meet the minimum requirements. However, it is similar to ADA paratransit service, and it may satisfy transportation needs of many ADA-certified riders. It enables riders to request same-day rides, rather than prescheduled ADA van rides. Eligible riders are issued a debit card with photo ID and assigned a monthly purchase allotment. For every \$6 an individual pays into their debit card account, San Francisco Paratransit will add \$30 to the account. This scheme is feasible because San Francisco requires all taxi companies to participate in the program, and there are over 100 taxis with wheelchair-accessible ramps, making a suitable supply of accessible vehicles available. The program has allowed for significant cost savings and enhanced accessibility for paratransit riders who are able to use the taxi program.

Demand Response: Service Across State Lines

In eastern Washington state, the Council on Aging's transportation program, COAST, supports rural mobility needs through demand-response ride service. They use both volunteer drivers with their own vehicles and paid drivers with accessible company vehicles. Additionally, the agency looks to build community resources and has done so through the creation of vehicle and insurance pools and by offering driver training. The vehicle pool enables COAST to distribute used vans to agencies that COAST cannot economically serve, while the insurance pool allows small agencies in the region to access affordable insurance coverage. The agency also trains drivers for many smaller agencies in the region. Regarding COAST's transportation services, the agency allows personal care attendants to accompany riders free of charge. Typically, residents of the service area schedule rides 48 hours in advance.

COAST also provides services to residents across state lines. The agency serves Whitman, Asotin, Garfield, and southern Spokane counties in Washington and Latah, Nez Perce, Clearwater, Idaho, and Lewis counties in Idaho. As mentioned previously, administrative boundaries, including county and state lines, act as transportation barriers for people across the country. COAST's delivery of services to older adults in multiple states and innovative strategies to extend limited resources set

it apart from many organizations in the United States and greatly increase access for residents of this large, rural area.

Transportation Voucher Programs

Voucher programs are particularly useful due to their cost-effectiveness, especially in low-density suburban and rural settings, and capacity to provide additional support for older adult riders. Additionally, voucher programs can offer more convenient and comfortable alternatives to public transit options.

Mystic Valley Elder Services, a 501(c)(3) nonprofit serving 11 counties in northern Massachusetts, offers a unique, free, passenger-controlled transportation program open to older adults and adults living with disabilities in the region. The program, called TRIP Metro North, provides the tools older adults need to make arrangements with friends, neighbors, and others interested in providing transportation support. Consumers work one-on-one with their driver to make the arrangements, and Mystic Valley provides a monthly check to reimburse for mileage.

My Rides, another voucher program, is a collaboration between the Western Placer Consolidated Transportation Services Agency, Seniors First, and the local AAA in Placer County, Calif. It aims to fill gaps in the traditional public transit system for older adults, persons with disabilities, and families of limited means with young children. Eligible residents can enlist a relative, neighbor, friend, or a pool of existing volunteer drivers to be driven to medical appointments, public assistance, and quality-of-life services.

LIMITATIONS AND OPPORTUNITIES FOR FURTHER RESEARCH

As described throughout this report, assessing transportation unmet need among older adults poses inherent challenges. The manner in which unmet need is conceptualized as it relates to older adults and transportation varies broadly, and how it is ultimately defined can significantly impact evaluation outcomes. Also, the diversity of the systems, funding streams, and players involved, and the complex ways in which they interact, complicate measurement and efforts to identify means of leveraging resources to address existing service gaps. Thus, an exact quantification of unmet need and the resources required to address it is somewhat impractical given the nature of the problem and data available. The authors applied several approaches to estimate the possible transportation unmet need among older adults, but the numbers presented should not be considered precise counts. Further research is needed to supplement these findings with regional and local knowledge of need and potential solutions, as well as account for economical, medical, and other changes that could impact older adult transportation in the future.

Regardless of the precision with which unmet need can be quantified for older adults, evidence of a large unmet need exists throughout the state, and, based on demographic projections and the current service infrastructure, this unmet need will grow immensely in the coming years if changes are not initiated. Strategies adopted to curb unmet need will need to be multifaceted and involve innovative planning and policy approaches, collaboration across agencies and sectors, and the application and dissemination of emerging technologies, among other critical components.

Planning and policy approaches that promote independence and aging in place among older adults have significant implications for transportation access and mobility broadly. AARP's Public Policy Institute (2018) published a report that includes general principles to guide planners and policymakers in the development of age-friendly communities. The principles include adopting a commitment to equity in policymaking and planning decisions; maximizing independence through convenient access to mobility options for those who do not drive; developing infrastructure that meets universal needs (e.g., design buildings, vehicles, built environments, products, services, and user interfaces that accommodate persons of all ages and ability levels); supporting livable, sustainable communities by maintaining safe, walkable streets, age-friendly housing and transportation options, and opportunities for residents of all ages to participate in community life; and encouraging data system and platform interoperability and data sharing between public and private transportation providers to inform planning and improve efficiency (AARP, 2018). Long-term, sustainable solutions that address unmet need among older adults must be initiated and maintained through planning and policymaking processes.

Cross-agency and cross-sector communication, which is interconnected with planning and policy approaches, is also essential to ensure available resources are maximized and unmet needs are addressed to the greatest extent possible. At present, transportation services for older adults are

fragmented, and differing administrative boundaries, reimbursement methodologies, and data systems among providers impede collaboration and create inefficiencies, which lead to service gaps. Enhanced communication, data sharing, and collaboration across all parties engaged in serving older adults will be critical for the system to adapt to meet the increases in demand that are likely to accompany the anticipated demographic shift.

The diffusion of new technological innovations also has the potential to dramatically impact transportation for older adults. In-vehicle technologies can extend the amount of time older adults can drive safely and are increasingly available. In a synthesis of advanced in-vehicle technologies relevant for older adults, Eby et al. (2015) reported that forward collision warning/mitigation, parking assistance (including rearview display, cross traffic warning, and semiautonomous parking assistance), navigation assistance, and automatic crash notification all present a high potential to benefit older adult drivers. Autonomous vehicles also present an opportunity for increased mobility among older adults, as they reduce the need for human involvement during driving, but their availability and likelihood of adoption among older adults remains unclear (Anderson et al., 2014). Additionally, smartphone applications hold great potential for increasing mobility and access for older adults, not only with regard to using transportation, such as through ordering TNC-delivered rides, but also in the delivery of services and goods to the home (Shirgaokar, 2018). These and other technological advances are likely to shape transportation access and mobility for older adults in the future and could mitigate some of the difficulties faced by the older adult population today.

CONCLUSION

Transportation plays a vital role in the maintenance of older adults' independence, social participation, health, and overall well-being. Many players are involved in the planning and delivery of transportation services, including federal, state, and local agencies and planning organizations; public and private transportation providers; and legislators. Although many in the state strive to deliver services tailored to the diverse needs of this population, opportunities to increase access and efficiency exist and could lead to improvements in health and quality of life among older adult residents.

Several key actions have the potential to mitigate current barriers to service delivery across the state, including improved communication regarding available services, increased coordination across agencies, and the promotion and adoption of cost-effective programs and new technologies. Of these, planning and policy initiatives that promote the development of age-friendly communities represent especially impactful long-term solutions and are needed to yield sustained positive outcomes.

Future research is needed to inform planning, policy, and service delivery in this evolving landscape. Older adults are currently among the most vulnerable to inequities in the transportation system, and efforts to address transportation disadvantage are immediately necessary, as the anticipated population shift will likely exacerbate existing disparities.

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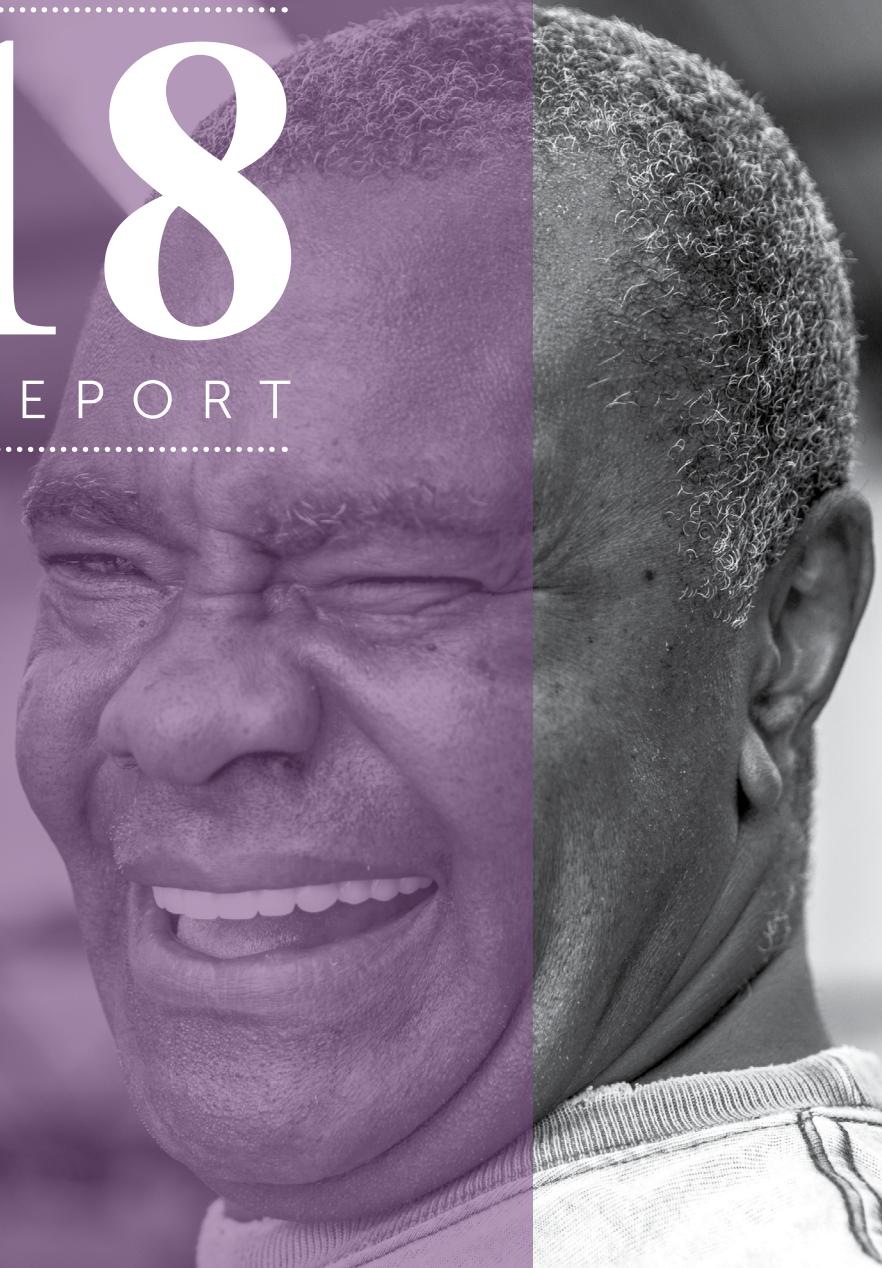
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GARD Progress Report

GEORGIA ALZHEIMER'S &
RELATED DEMENTIAS STATE PLAN

2018

PROGRESS REPORT



GARD
— collaborative —

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Acknowledgments

The following 2018 report is respectfully submitted by members of the Georgia Alzheimer's and Related Dementias Advisory Council.

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At the time of publication, the remaining members of the Advisory Council had not yet been appointed. This includes:

- A social gerontologist or clinical researcher in an education or clinical setting with expertise in dementia;
- An advocate with a not-for-profit or state agency whose role is to improve services for older adults or those living with dementia;
- A caregiver, current or past, for a family member with dementia who has experience navigating health care service options.

Advisory Council members acknowledge the contributions of the many people who influenced the development of the GARD State Plan and those who continue to participate in the GARD Collaborative and were instrumental in the development of this report.

Members extend deep respect to the more than 140,000 Georgians who live with dementia, their care partners, and those who form webs of support in service organizations, workplaces, congregations and communities.

Background

HISTORY & TIMELINES

Background, History & Timeline

Today, more than 140,000 Georgians live with Alzheimer’s disease, and tens of thousands more experience other forms of dementia. Like many states, Georgia answered the call set forth by the National Plan to Address Alzheimer’s – by crafting a unique blueprint to address the growing challenge of dementia.

The Plan’s Beginnings

During the 2013 session of the Georgia General Assembly, legislators created the Georgia Alzheimer’s and Related Dementias (GARD) State Plan Task Force, a multidisciplinary group convened to improve dementia research, awareness, training, and care. Starting in June of that year, the six task force members and dozens of experts in diverse fields formed committees, conducted research, and made detailed recommendations.

The recommendations formed the core of the GARD State Plan. The document described current demographics, prevalence statistics, and existing resources; analyzed the state’s capacity to meet growing needs; and presented a roadmap to create a more dementia-capable Georgia.

State Plan Establishment

In June 2014, Governor Nathan Deal signed the Georgia Alzheimer’s and Related Dementias State Plan. Georgia’s recommendations cover a range of topics, including research, services, policy, public safety, workforce development, and public education. And undergirding all of these areas is the importance of partnerships – creating a deeply coordinated statewide team of agencies, nonprofits, businesses, and organizations.

A Living Document

The GARD State Plan will undergo regular review to ensure that it reflects emerging priorities, shifts in resources, and evolving public- and private-sector roles. As noted in the Plan, “much of the work that needs to be done now and in future assessment and updates of the Plan will require legislation and corresponding funding to develop and implement that specific item of the Plan. The Advisory Council commits to work with partner stakeholders, state agencies, and legislators to develop and have filed appropriate legislation and corresponding appropriation requests throughout the life of this Plan.”

GARD Coordinator & Work Group Structure

In June 2016, a GARD Coordinator was hired within the Department of Human Services. The GARD Coordinator provides support and technical assistance to a collection of work groups that focus on major state plan goals as outlined in the State Plan Overview section.

State Plan

Find the full GARD State Plan at

aging.georgia.gov/georgia-alzheimers-related-dementias-state-plan.

Health Care, Research and Data Collection

1. Promotion of Early and Accurate Diagnosis
2. Development and Usage of Surveillance Data
3. Public Awareness of Dementia as a Chronic Disease
4. Support for People with Dementia and their Caregivers

Workforce Development

1. Assessment of Existing Workforce Status – Size, Competency, Capacity
2. Workforce Training on Dementia and Related Resources
3. Dementia Curricula for Workforce, Students, Consumers, Advocates, and Volunteers
4. Dementia-Specific Training for Emergency Personnel and Second Responders
5. Workforce Retention Planning for Direct-Care Workers and Geriatric Health Care Providers

Service Delivery

1. Assessment of Statewide Capacity, including Urban-Rural Parity
2. Person-Centered Care Training for Professionals, Caregivers, and Volunteers
3. Adoption of Person-Centered Practices in Long-Term Care Facilities
4. Promotion of Person-Centered Facility Design, using Incentives, Training, and Regulations
5. Improvement of Consumers' Access to Key Services and Information (example: respite)
6. Provision of Tools and Guidance to Discharge Planners to Improve Care Transitions
7. Improvement of Transportation Access and Services
8. Strengthened Licensure Requirements and Quality-Care Practices for Service Providers

Public Safety

1. Dementia Training for Law Enforcement and Others that Addresses abuse, neglect and exploitation
2. Tools and Assistance to Reduce Injuries Related to Wandering

Outreach & Partnerships

1. Heightened Awareness and Coordinated Statewide Information Campaigns
2. Promotion of the "Dementia Friendly" Concept and Provision of Community Training
3. Partnerships to Maximize Resources and Access New Funding

OVERVIEW

ACHIEVEMENT & PROGRESS HIGHLIGHTS

This section demonstrates achievements and progress toward the implementation of the GARD State Plan. The list shown is a sampling and does not encompass every activity, initiative, or project in our state. This includes work occurring through a variety of entities, including nonprofits, universities, Area Agencies on Aging, and the group collaborations. This section also covers accomplishments that are specific to GARD work groups.

Health Care, Research, & Data Collection

- Georgia Memory Net
- Alzheimer's Registry
- Behavioral Risk Factor Surveillance System (BRFSS) Data Collection

Workforce Development

- Georgia Memory Net
- Dementia Competency Guide
- Second Wind Dreams Virtual Dementia Tour CMP Grant
- Building Resources for Person-Centered Care in Nursing Homes

Service Delivery

- Second Wind Dreams Virtual Dementia Tour CMP Grant
- Decision Tree Tool
- Dealing with Dementia Training
- Assistive Technology Labs
- Benjamin Rose Institute Care Consultations
- Alzheimer's Disease Supportive Services Program (ADSSP) Grant
- Building Resources for Person-Centered Care in Nursing Homes

Public Safety

- Alzheimer's Training for Public Safety
- Prohibition against Trafficking (House Bill 803)
- At-Risk Adult Crime Tactics Courses
- Relocation Efforts for Victims of Trafficking
- Regional Multidisciplinary Teams (House Bill 635)
- Yellow Dot

Outreach & Partnerships

- Georgia Memory Net
- Dementia Friendly Initiatives
- Dementia Friendly Faith Villages Project
- Brain Strong Flyer Outreach
- ADSSP Grant
- Atlanta Regional Commission Internal Dementia Work Group



DETAILS

GEORGIA MEMORY NET

Description: Georgia Memory Net, formerly the Georgia Alzheimer's Project, seeks to improve the screening and care of Georgians with memory loss and other cognitive impairment indicative of Alzheimer's and other dementias. This project encourages consumers to seek early answers about cognitive health through the use of sustainable primary care models. In SFY2018, Georgia Memory Net established five Memory Assessment Clinics in Augusta, Atlanta, Albany, Columbus and Macon.

Project Leads: The Department of Human Services (DHS) and Emory University lead the project. Emory is partnering with Area Agencies on Aging, the Alzheimer's Association Georgia Chapter, the Rosalynn Carter Institute for Caregiving and others.

State Plan Connection: Health Care, Research & Data Collection; Workforce Development; Outreach & Partnerships

DEMENTIA FRIENDLY GEORGIA EFFORTS

The DHS Division of Aging Services (DAS) convened a strategy group in January 2018 to discuss the availability of existing dementia-friendly efforts in Georgia and ways to generate more dementia-friendly activity statewide. The Georgia Gerontology Society developed Requests for Proposals for Dementia Friendly Communities that will begin in SFY2019. The DAS has begun the process of applying for a Dementia Friends sublicense.

Description: Using the Dementia Friendly America model, the state will support communities in Georgia as they become "dementia friendly." DAS is convening a group of stakeholders around the initiative and is collaborating with the Georgia Gerontology Society on helping communities begin this work.

Project Leads: The Division of Aging Services is convening the group. The strategy group includes representation from several community organizations and entities, including but not limited to Emory Healthcare, Dementia Spotlight Foundation, Georgia Gerontology Society, Gwinnett County, DeKalb County, Atlanta Regional Commission, AARP, Georgia State University, Lewy Body Dementia Association, and people with lived experience.

State Plan Connection: Outreach & Partnerships

SECOND WIND DREAMS VIRTUAL DEMENTIA TOUR CIVIL MONEY PENALTY GRANT

Description: Through the work of Second Wind Dreams, over 95,000 long-term care workers in 171 nursing homes will experience the Virtual Dementia Tour (VDT). Participating nursing homes are located in 104 counties across Georgia. Certified trainers are working with each nursing home to provide the VDT and also conduct the Dementia Aware Competency Evaluation (DACE), which measures level of person-centered care provided by staff.

Project Leads: Second Wind Dreams

State Plan Connection: Workforce Development, Service Delivery

AT-RISK ADULT CRIME TACTICS COURSES

Description: The At-Risk Adult Crime Tactics Specialist (ACT) training course is a two-day certification offering for mandated reporters, covering abuse, neglect and exploitation of against at-risk adults. Courses are held at locations throughout the state. ACT training exposes attendees to the nexus between Alzheimer's and potential victimization. Topics covered include how to interview someone with Alzheimer's or another form of dementia, possible courtroom issues, Power of Attorney abuse, capacity for making financial decisions, and quick screenings for law enforcement to utilize when in the field.

ACT advances public safety by making key audiences aware of the complexity of Alzheimer's and other forms of dementia, by providing an open classroom setting for all disciplines to discuss challenges with at-risk adult abuse and how to overcome those challenges through collaboration with other agencies.

Project Leads: DAS' Forensic Special Initiatives Unit (FSIU) is the developer and trainer for ACT.

State Plan Connection: Public Safety

REGIONAL MULTI-DISCIPLINARY TEAMS (HB 635)

DHS collaborated with the Prosecuting Attorney's Council and the Georgia Bureau of Investigation on HB 635, which was passed during the 2018 legislative session.

Description: HB 635 gives authority to District Attorneys or their designee to establish Multi-Disciplinary Teams (MDTs) within each judicial circuit. The MDTs will assist with the coordination of and responses to investigations of abuse, neglect or exploitation of an older or disabled adult. Other key provisions in HB 635 include:

- Any individuals who made a report according to Code Section 30-5-4 can make a request to DHS to know if the report or reports made by that individual have been received, whether or not an investigation was opened, and whether the investigation is still open or has been closed, and the department will respond in writing within five business days with this information, but no other case information will be released.
- Adult Protective Services (APS) can share records with coroners and medical examiners in death cases where there has been suspected abuse or neglect.

Project Leads: DAS and the Prosecuting Attorneys Council serve as state liaisons for regional teams.

State Plan Connection: Public Safety



PROHIBITION AGAINST TRAFFICKING (HB 803)

Description: The purpose of HB 803 is to prohibit trafficking of an older or disabled adult and to provide for elements of the crime and punishment.

Project Lead: The Georgia Bureau of Investigation (GBI), Prosecuting Attorney's Council, and DAS collaborated on the development of HB 803.

State Plan Connection: Public Safety

RELOCATION EFFORTS FOR VICTIMS OF TRAFFICKING

Description: Temporary Emergency Respite Funds (TERF) provide options for at-risk adults in need of safe emergency housing in the absence of a caregiver. Examples of qualifying situations include caregiver arrest or hospitalization or where the caregiver's whereabouts are unknown. The TERF system, which is conducted in partnership with a contract agency, can be accessed 24/7 by law enforcement, Adult Protective Services, or the Department of Community Health's office of Healthcare Facility Regulation. Approximately 15 percent of at-risk adults who required the use of TERF in SFY2018 due to abuse, neglect, exploitation, or unintentional self-neglect had a form of dementia.

Project Leads: DAS

State Plan Connection: Public Safety

ALZHEIMER'S FOR PUBLIC SAFETY OFFICIALS TRAINING

Description: GBI and FSU have conducted multiple classes of "Responding to Alzheimer's for Public Safety" for approximately 300 public safety officials. The class provides information about issues regarding Alzheimer's and other dementias to increase awareness for public safety officials who encounter adults with dementia.

Project Leads: GBI and DAS' Forensic Special Initiatives Unit

State Plan Connection: Public Safety

ATLANTA REGIONAL COMMISSION INTERNAL DEMENTIA WORK GROUP

Description: The Atlanta Regional Commission (ARC) Aging Services Division developed an internal dementia work group whose members participate in multiple GARD committees and other regional and statewide dementia activities. Members use shared information to increase awareness about dementia, related care, and best practices among clients, caregivers, professionals, providers, and communities in the Atlanta region. The work group also promotes early detection and treatment, builds workforce capacity to enhance person-centered care and service quality, seeks to reduce caregiver burden through services and education, and works to reduce stigma.

Project Leads: ARC

State Plan Connection: Outreach & Partnerships



BUILDING RESOURCES FOR PERSON-CENTERED CARE IN NURSING HOMES

Description: Georgia State University's Gerontology Institute received a \$1.6 million joint grant from the Centers for Medicare and Medicaid Services and the Georgia State Survey Agency to support a three-year training and development project titled "Building Resources for Delivering Person-Centered Care in Georgia Nursing Homes."

This project builds on the momentum of the Culture Change Network of Georgia and the GARD workforce development work group. The multi-year project will be led by Jennifer Craft Morgan, Associate Professor of Gerontology, and Elisabeth O. Burgess, Director of the Gerontology Institute, in the College of Arts and Sciences at Georgia State University.

The project team will use grant funds to develop a sustainable program model aimed at improving the quality of life of Georgia nursing home residents, including those living with dementia, by providing important resources and staff development and training to the state's 374 nursing homes. The interventions are expected to increase residents' sense of autonomy, independence, empowerment and connectedness.

The project will include the following components: a three-stage needs assessment of Georgia's nursing homes; real-time web-based information and resources for Georgia's nursing homes; stakeholder engagement across the state, providing awareness education on culture change, person-centered care, and living with dementia, and an interactive competency-based online continuing education training for nursing home staff (all levels), residents and informal care partners.

For this project, Dr. Morgan and Dr. Burgess are partnering with the Culture Change Network of Georgia (CCNG). LeadingAge Georgia, led by Ginny Helms, President and CEO, will receive a subcontract to convene the CCNG and partner with other key stakeholders who will serve as advisers to the project. Project consultants are: Walter Coffey, Co-Founder CCNG and Managing Director WD International; Kim McRae, Co-Founder CCNG and President, Have a Good Life; Rose Marie Fagan, Co-Founder and Founding Executive Director, Pioneer Network; and Joan Carlson, Principal, JMC Consulting. The overall aim of this project is to create a sustainable model for improving the quality of life for nursing home residents in Georgia.

Project Leads: Georgia State University Gerontology Institute

State Plan Connection: Workforce Development; Service Delivery

ASSISTIVE TECHNOLOGY DECISION TREE TOOL

Description: The goal of the Decision Tree Tool is to help consumers and professionals identify pieces of assistive technology to purchase that will increase independence and decrease reliance on costly formal personal care assistance. The Decision Tree Tool contains dementia-specific questions developed as one of the deliverables of a federal grant titled “Alzheimer’s Disease Supportive Services Program (ADSSP): Creating and Sustaining Dementia-Capable Service Systems for People with Dementia and their Family Caregivers.” More work is needed to continue the development and implementation of the Decision Tree Tool.

Project Leads: Georgia Institute of Technology’s Tools for Life, Georgia’s Assistive Technology Act Program; Georgia Department of Human Services Division of Aging Services

State Plan Connection: Service Delivery

FAITH VILLAGE CONNECTIONS

Dementia-Friendly Faith Villages to Support African American Families

Description: Project leaders are working with African American congregations and providing them with the tools needed to support families living with dementia. Community forums and church leader workshops are held throughout the year. Dr. Fayron Epps of Georgia State University is collaborating with a design team to develop a dementia-friendly worship service and will test the effects on the well-being of families living with dementia.

Project Leads: Georgia State University, Emory University Alzheimer’s Disease Research Center, SageNavigators, and other community partners; funding provided by the Alzheimer’s Association

State Plan Connection: Outreach and Partnerships

CHALLENGES & BARRIERS FOR TRAINING FOR DIRECT-CARE WORKERS

Description: The GARD Service Delivery work group conducted a survey aimed at providers that identified challenges to providing dementia training for direct-care workers. The top two challenges identified were:

- Staffing costs (high training expenses plus inadequate staffing to provide coverage for those who are out for training)
- Training locations and the need to travel to training sites

In the fall of 2017, the Georgia Gerontology Society released a request for proposals to address these barriers to providing dementia training for direct-care workers. In January 2018, three grants of \$2,500 were awarded to fund three projects. Please [click here](#) to access the report that covers the description, results, and lessons learned from these grants.

Project Leads: GARD Service Delivery Work Group, Georgia Gerontology Society

State Plan Connection: Service Delivery and Workforce Development

ROSALYNN CARTER INSTITUTE FOR CAREGIVING: DEALING WITH DEMENTIA

Description: Dealing with Dementia is a one-day workshop for caregivers of individuals living with dementia that provides a collection of resources, tips and educational information. Caregivers receive a guidebook with techniques that may be used to meet daily challenges experienced while providing care to their loved ones. This workshop is being offered at participating Area Agencies on Aging across the state.

Project Leads: Rosalynn Carter Institute for Caregiving

State Plan Connection: Service Delivery; Health care, Research & Data Collection

ASSISTIVE TECHNOLOGY LABS

Description: Assistive Technology labs are designed to provide individuals with dementia and their caregivers with education and hands-on experience using AT devices on display and available for loan. Eleven of the 12 Area Agencies on Aging support Assistive Technology Labs in their regions, with 15 labs total in the state.

Project Leads: Georgia Tech's Tools for Life Program

State Plan Connection: Service Delivery

BENJAMIN ROSE INSTITUTE CARE CONSULTATIONS IN AREA AGENCIES ON AGING

Description: BRI Care Consultation is an evidence-based care coaching program developed by the Benjamin Rose Institute on Aging. The program provides cost-effective assistance and support to individuals with chronic conditions and their family and friend caregivers by telephone and e-mail. BRI Care Consultation empowers clients to manage care and find simple, practical solutions to caregiving challenges, facilitates effective communication among family and health care workers, and assists clients in locating services.

Project Leads: Benjamin Rose Institute on Aging, Rosalynn Carter Institute for Caregiving, and DAS. In partnership with BRI and RCI, Georgia DHS expanded the program statewide in 2018, using funding provided through an Administration for Community Living Alzheimer's Disease Supportive Services Program (ADSSP) grant. Currently nine Area Agencies on Aging are licensed providers, and three refer clients to licensed sites.

State Plan Connection: Service Delivery

SOWEGA COUNCIL ON AGING "DOCS & DINNERS" SERIES

Description: Docs & Dinners is an educational program featuring physicians who present on various health topics. The program offers general information, presents the latest research, and allows for a Q&A session for the audience to ask questions on the topic. In November 2017, the Southwest Georgia (SOWEGA) Council on Aging offered a session on Alzheimer's and related dementias. The guest speaker, a neurologist from a local hospital, presented to more than 100 individuals. The program was so successful that SOWEGA Council on Aging is now offering it quarterly.

Project Leads: Phoebe Putney Memorial Hospital, Alzheimer's Outreach Center, Alzheimer's Association, Southwest Georgia Council on Aging

State Plan Connection: Outreach & Partnerships

MUSIC THERAPY AT MERCY CARE OF ROME

Description: Staff at Mercy Care of Rome created individualized music playlists for clients with dementia. Patients are provided headphones and can listen to their selected music throughout the day.

Project Leads: Mercy Care of Rome (Adult Day Health)

State Plan Connection: Service Delivery

Northwest GA AAA: Elder Abuse Task Force

Description: The task force provides education and awareness training for service providers, law enforcement and community organizations to prevent the financial, physical, emotional and institutional abuse of older adults.

Project Leads: North Georgia Elder Abuse Task Force

State Plan Connection: Public Safety

MAPHABIT, INC.

Description: MapHabit, Inc. is a medical technology start-up based out of Decatur, Ga. The organization developed the visual map habit system (VHMS) which uses mind-mapping software to develop personalized visual maps that help individuals who have dementia or other forms of memory impairment to structure, schedule, and visualize their day. The company's proprietary approach focuses on the brain areas that support habit behavior and remain fully intact for a substantial time after the memory parts of the brain have been affected. MapHabit boosts habit, not memory.

In June 2018, the company established the buy-in and fundamental framework for key feasibility studies across government, university and private sectors. Research partners will soon begin evaluating the VHMS to study the positive impact it has for individuals and their caregivers suffering from memory impairment

Project Leads: Atlanta VA Medical Center, Emory Alzheimer's Disease Research Center and Holbrook Communities; Research funded in part by the Georgia Research Alliance

State Plan Connection: Service Delivery

YELLOW DOT INITIATIVE

Description: The Department of Public Health (DPH) and its partners launched statewide implementation of the Yellow Dot program. Yellow Dot is designed to be a communication tool for patients and first responders in the event of a car crash or medical emergency. Users install a personalized information packet in their glove compartment, affix a Yellow Dot decal on the rear driver-side window, and store a second packet at home. The program can help officers locate family of a wandering older adult; assist first responders rescuing a patient who cannot speak, and create a consistent, uniform place to keep information that should go with a patient in emergencies. The program now runs in Savannah, Athens, Dublin, Oglethorpe County, Tucker, Dunwoody and Augusta.

Project Leads: The Georgia Department of Public Health is the implementation lead, the Governor's Office of Highway Safety and DAS provided funding, and Alliant Quality provided content development support to prepare for the program pilot.

State Plan Connection: Public Safety

Alzheimer's Disease & Related Dementias (ADRD) Registry

Description: Data from the registry is being used on a variety of projects. A team of researchers from the Department of Public Health and the Centers for Disease Control and Prevention (CDC) linked data from the Registry with data from the Georgia Violent Death Reporting System (GVDRS) to examine the risk of suicide among Georgia Medicare beneficiaries with Alzheimer's or a related dementia. Data from the Registry was also analyzed to examine the risk of accidental fall injuries among Georgia Medicare beneficiaries. The Registry is working with the Georgia Memory Net to develop messaging standards for sending data to the Registry. Five Memory Assessment Centers (MACs) will send data to the Registry once standards are finalized. The collaboration between the Registry and Georgia Memory Net will help project leads establish procedures and protocols for other health care providers to submit data to the Registry while meeting the Centers for Medicare and Medicaid Services' (CMS) Meaningful Use requirements. The Registry is in the process of receiving up-to-date Medicare claims data for 2015 and 2016 from CMS.

Project Leads: Georgia Department of Public Health

State Plan Connection: Health care, Research & Data Collection



BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Description: The Georgia Department of Public Health includes caregiving and cognitive decline modules in the BRFSS, with caregiving questions in even-numbered years and cognitive decline in odd-numbered years. In SFY2018, project leads examined data from the Caregiving and Cognitive Impairment modules of the 2016 and 2017 GA BRFSS respectively to examine the prevalence of perceived cognitive impairment (PCI) and the burden of caregiving among GA residents. DPH will prepare an annual report that features:

- 2014 – 2016 Georgia Medicare Claims data to examine the prevalence of Alzheimer’s Disease and related dementias (ADRDs) among beneficiaries, with an additional focus on those with multiple comorbidities and developmental disabilities.
- 2000 to 2016 Georgia Mortality Data to examine trends in mortality from ADRDs.

Project Leads: Georgia Department of Public Health

State Plan Connection: Health care, Research & Data Collection

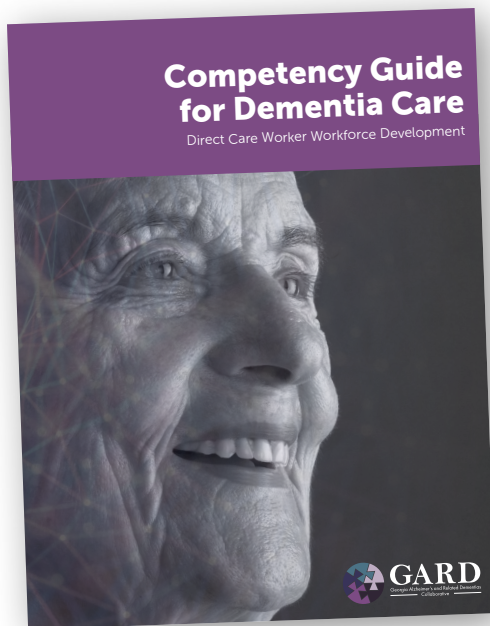
ALZHEIMER’S DISEASE SUPPORTIVE SERVICES PROGRAM (ADSSP) GRANT

Description: The Division of Aging Services completed objectives for the Alzheimer’s Disease Supportive Services Program (ADSSP) expansion grant during SFY18. Activities of note include:

- The Rosalynn Carter Institute for Caregiving (RCI) completed a series of dementia-capable training webinars which are now available to DAS Access to Services staff; community partners and service provider staff, as well as family caregivers in Georgia.
- DAS, in partnership with RCI and the 12 Area Agencies on Aging, developed a statewide infrastructure to provide Benjamin Rose Institute Care Consultation a telephonic coaching program serving people with dementia and their caregivers.
- RCI staff taught 15 “Dealing with Dementia Behavior” courses for Hispanic caregivers living in rural areas of Georgia.
- Georgia Tech Research Corporation, through Tools for Life, developed an assistive technology (AT) decision tree tool for persons with dementia and their caregivers to receive appropriate AT through referrals from the Aging and Disability Resource Connection.
- DAS continued to redesign the state’s approach to caregiver services and related policy to improve dementia-capable services.

Project Leads: DAS, Rosalynn Carter Institute for Caregiving

State Plan Connection: Service Delivery, Outreach & Partnerships



COMPETENCY GUIDE FOR DEMENTIA CARE

Description: “Competency Guide for Dementia Care: Direct-Care Worker Workforce Development” was designed in response to the increasing need for education and training for direct-care workers in dementia. The guide aims to help educators and employers of direct-care workers choose high-quality education as well as improve work environments. The work group authored the guide with support from the larger GARD collaborative as well as with input from care partners and persons living with dementia. The guide covers several topic areas, including person-centered care, communication, prevention and reporting of abuse, and palliative and end-of-life care. It also outlines active learning strategies for employers to consider. The guide was printed with support from the Georgia Gerontology Society.

Project Leads: GARD Workforce Development Work Group

State Plan Connection: Workforce Development



BRAIN STRONG FLYER CAMPAIGN

Description: The Outreach & Partnerships work group developed a brain health awareness flyer for older adults and their family members. The flyer encourages readers to take care of their brain health just as they take care of their heart and other aspects of health. One goal of the flyer is to increase the number of Medicare-eligible adults who take advantage of the Medicare Annual Wellness Visit, which includes a screening for cognitive impairment. The flyer was reviewed and revised by the work group and the larger GARD collaborative as well as by a sampling of Medicare beneficiaries. The work group is coordinating efforts with the Georgia Memory Net outreach campaign to promote the early screening and diagnosis of Alzheimer’s and related dementias. The flyer was printed with support from the Georgia Gerontology Society.

Project Leads: GARD Outreach & Partnerships Work Group

State Plan Connection: Outreach & Partnerships

Work Group

SUMMARIES & PROGRESS

HEALTH CARE, RESEARCH & DATA COLLECTION

Chair: Vacant during SFY2018

SFY2018 Priorities & Initiatives:

- Academic Survey on Alzheimer's Disease and Dementia Content in Courses: The work group created a survey to be fielded to Georgia colleges and universities, assessing dementia-related material in the curricula. The survey will be fielded during SFY2019.
- Data Request Form: The group has formalized a form to enable other GARD work groups to request help with their research and data-related projects.

PUBLIC SAFETY

Chair: Vacant during SFY2018

SFY2018 Priorities & Initiatives:

- Capacity Subcommittee — This subcommittee is examining the issue of how capacity is assessed and determined in Georgia, particularly as it relates to guardianship cases. The primary goal is to identify validated tools which evaluators performing capacity evaluations in guardianship proceedings would be recommended to use and to create a toolkit. Although the assessment tools would primarily be used by court evaluators, providers and agencies could use the tools to assess capacity for other purposes other than filing a guardianship petition. The group has consulted with a clinician with experience working with clients living with dementia to work on this project.
- Injury Subcommittee — This subcommittee focused on the implementation of the Yellow Dot program, a Department of Public Health initiative that promotes the use of free information kits to inform first responders about users' medical conditions, emergency contacts and other lifesaving information. The committee adopted a new topic in May 2018 — the intersection of dementia and suicide. The work group is examining available data, inviting partners to the conversation, and determining how to best move forward on this topic.

WORKFORCE DEVELOPMENT

Chairs: Kathy Simpson, Alzheimer's Association and Dr. Jennifer Craft Morgan, Georgia State University

SFY2018 Priorities & Initiatives:

- Dementia Competency Guide — Developed, written and edited by the work group in order to provide guidance to service providers and educators on what content should be in dementia training and how to best support learners. The guide will be distributed at conferences, trainings, and meetings in SFY2019.
- Health Care Provider Education: The work group is developing a training that is focused on person-centered care and what the person living with dementia wants health care professionals to know. The goal is to have continuing education credit offered for this training.



SERVICE DELIVERY

Chair: Eve Anthony, Athens Community Council on Aging

SFY2018 Priorities & Initiatives:

- Service-Delivery Criteria — The work group is focused on examining how to “establish criteria which define an effective Alzheimer’s/related dementias service delivery system,” as recommended in the GARD State Plan. The group has been working with the Northeast Georgia Area Agency on Aging (AAA) to begin data collection. Once the data has been gathered from multiple sources, the work group will determine feasibility and cost of a statewide analysis in SFY2019.

OUTREACH & PARTNERSHIPS

Chairs: Natalie Zellner, Emory University; Ginny Helms, LeadingAge Georgia

(At the time of her chairmanship, Helms was affiliated with the Alzheimer’s Association, Georgia Chapter.)

SFY2018 Priorities & Initiatives:

- Early Detection & Diagnosis — This work group is focused on education of the public and health care providers of the importance of early detection and diagnosis. The group has developed the Brain Strong flyer around this topic and the promotion of brain health. The work group is also working with the Georgia Memory Net team on an extension of this outreach effort. The Georgia Gerontology Society sponsored printing of the Brain Strong flyers and distribution is underway across the state.

POLICY

Chair: Sheila Humberstone, Stone Bridge Consulting

SFY2018 Priorities & Initiatives:

- GARD Advisory Council Authorization — This work group agreed to support Senate Bill 444 during the 2018 Legislative Session, which establishes the GARD Advisory Council.

Amendment

RECOMMENDATIONS

This section contains recommended revisions to the GARD State Plan. These recommendations have been suggested by active GARD Collaborative participants and reviewed by the GARD Advisory Council. The GARD Collaborative and Advisory Council will review recommendations and put forward a revised State Plan to the Governor for final approval.

Overall

- Organize the goals and strategies with numbers and letters so that they are easily referred to or referenced.
- Review the plan for duplication among sections.
- Create a section for policy-related goals rather than incorporating them into other sections.
- Update goals that have been achieved or are in progress to demonstrate the current status.

Workforce Development

- Revisit language of specific offices or groups, such as “Office of Workforce Development” and opt for broad references to state agencies rather than narrow references to specific offices.
- Examine and resolve the overlap with goals in the Service Delivery section.
- Avoid words such as “require” and “develop” and replace with more general terms.

Service Delivery

- Examine Service Delivery goals for overlap with those of other work groups and identify portions that can be moved to other sections.
- Some of the goals are dense and require many steps. Consider breaking them into phases or clusters.
- The section’s goals are very broad. Examine ways to narrow them.
- Many of the goals need piloting before they can be implemented. Add references to pilots where such activity may be helpful.
- Ensure that the goals incorporate the need to be culturally informed and sensitive, keeping in mind access and barriers to services.

Outreach & Partnerships

- Examine how respite programs could fit into this section, including grant opportunities for caregivers.
- Examine how rural colleges and universities could be a resource for getting information and education to families.

Public Safety

- Include more specific language regarding capacity assessment as it relates to guardianship laws
- Include information about suicide and dementia.

Health Care, Research & Data Collection

- Many goals and strategies attributed to this section of the GARD state plan do not pertain to data collection and/or analysis and would fit more appropriately in other sections. Either move strategies to other sections or revise them to make the goals more relevant to data collection and analysis.



Update: Georgia Memory Net



Georgia Department of Human Services
Division of Aging Services

Update: Georgia Memory Net

Abby Cox
Director



stronger families

FOR A STRONGER GEORGIA



Division Vision and Mission

Vision

Living longer, Living safely, Living well

Mission

The Georgia Department of Human Services (DHS) Division of Aging Services (DAS) supports the larger goals of DHS by assisting older individuals, at-risk adults, persons with disabilities and their families and caregivers to achieve safe, healthy, independent and self-reliant lives.



Georgia Memory Net Progress Update



Goal

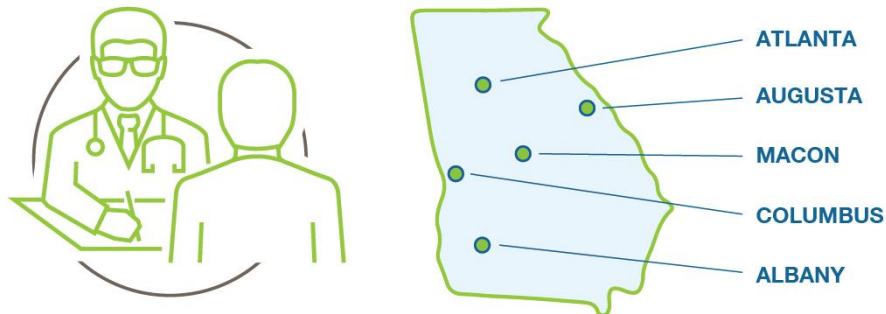
- Improve screening and care for dementia, such as Alzheimer's disease
 - Training and education for primary care providers
 - Five Memory Assessment Clinics (MACs)
 - Community resource partnerships to provide services to patients and families
 - Data collection, oversight, and evaluation



Memory Assessment Clinics

- Augusta: Augusta University (Medical College of Georgia)
 - Initiation in August 2017
- Atlanta: Grady Health (Morehouse School of Medicine)
 - Initiation in November 2017
- Macon: Navicent Health (Mercer University School of Medicine)
 - Initiation in October 2017
- Columbus: Columbus Piedmont Regional (Mercer University School of Medicine)
 - Initiation in December 2017
- Albany: Phoebe Putney Health (Medical College of Georgia)
 - Initiation in March 2018

Memory Assessment Clinic Locations

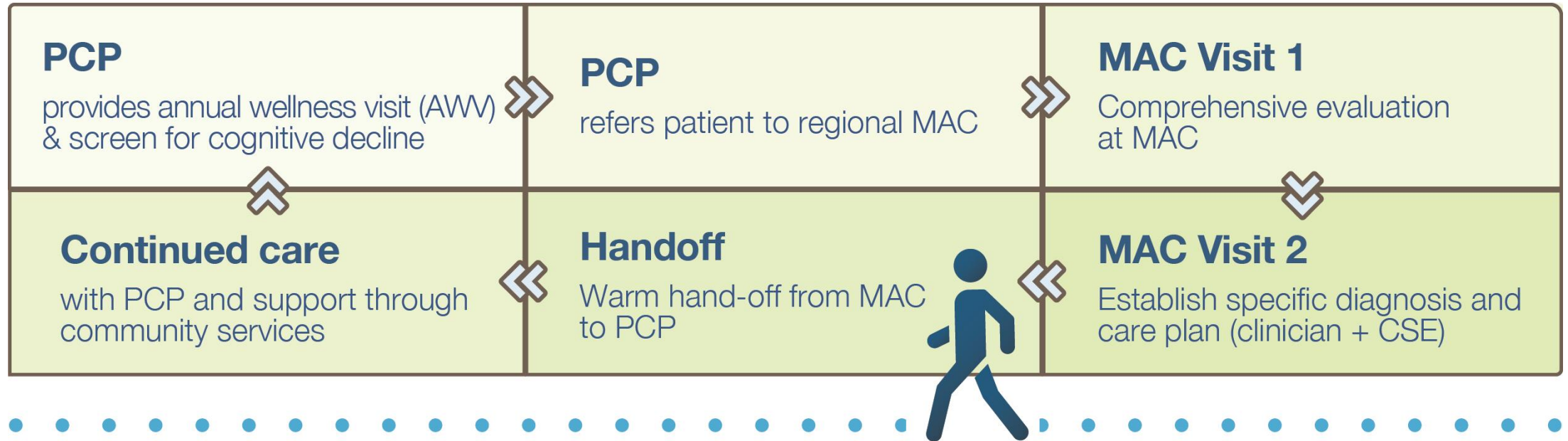


Model

- Primary Care Providers
 - Annual Wellness Visit
 - Referral to MAC
- MAC Visit: two visits
 - Testing and assessments
 - Delivery of diagnosis
 - Community Services Educator (CSE)
 - Referrals & care plans sent
 - Care plan sent to PCP
- Returns to PCP to manage care



Model



Partnerships for Community Resources

- Alzheimer's Association, Georgia Chapter
 - Resources, training for CSEs, referrals
- Aging & Disability Resource Connection (ADRC) through the Area Agencies on Aging (AAA)
 - Referrals, collaborative models
- Rosalynn Carter Institute (RCI)
 - Training, resources for caregivers



Georgia Memory Net Summit

- 76 attendees
 - MAC providers/staff
 - Representatives from all AAAs, RCI, and Alzheimer's Association
 - Emory
 - DHS
- Two “tracks”: Community Resources/Care Planning & Clinical
- Best practices, case studies, legislative panel, media/public messaging



What's Ahead in SFY19

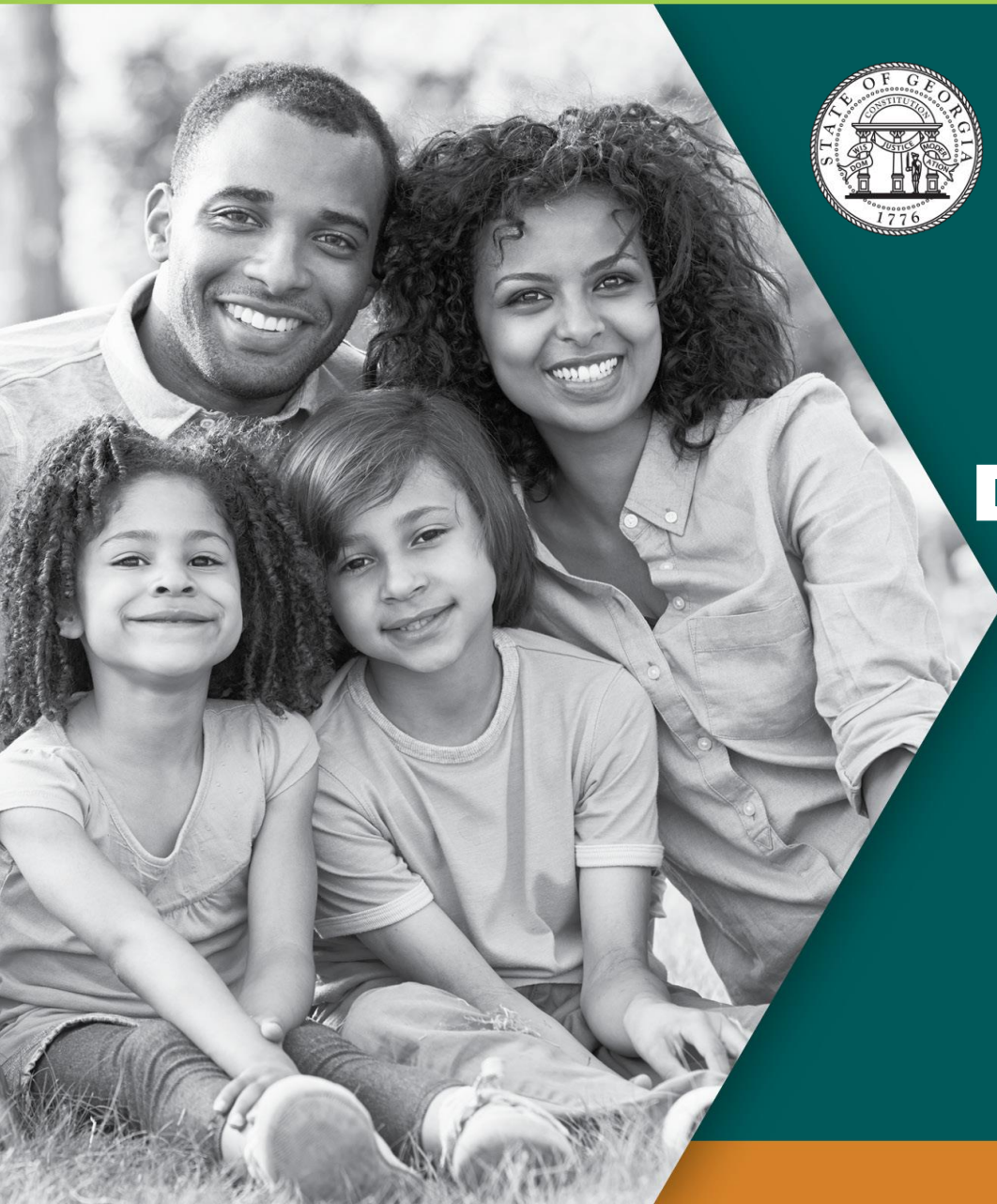
- Further piloting of workflow in each MAC; increase in patient referrals
- Advisory Boards for each MAC service area
- Increase in public messaging and outreach
- Data collection to track outcomes and trends
- Advancements in IT infrastructure including data repository



Questions?



DCSS Performance, November 2019

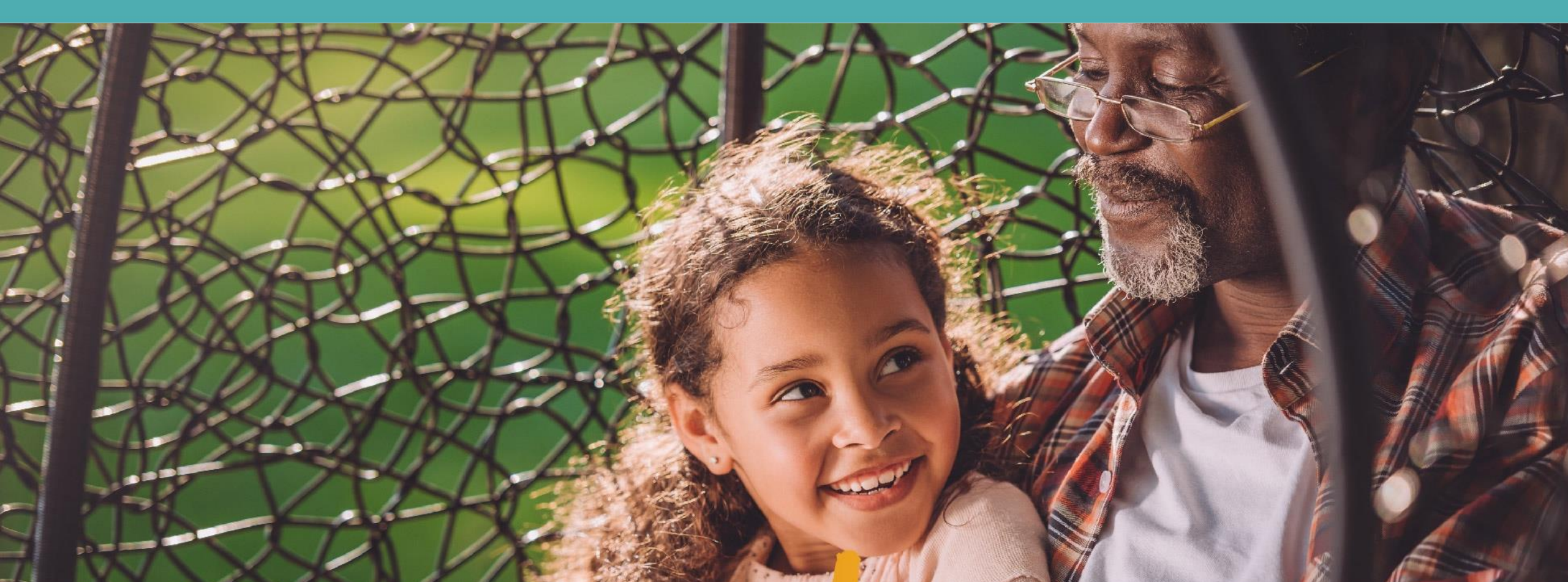


Georgia Department of Human Services
Division of Child Support Services

Division Of Child Support Services

Performance Overview

Tanguler Gray
Director



stronger families

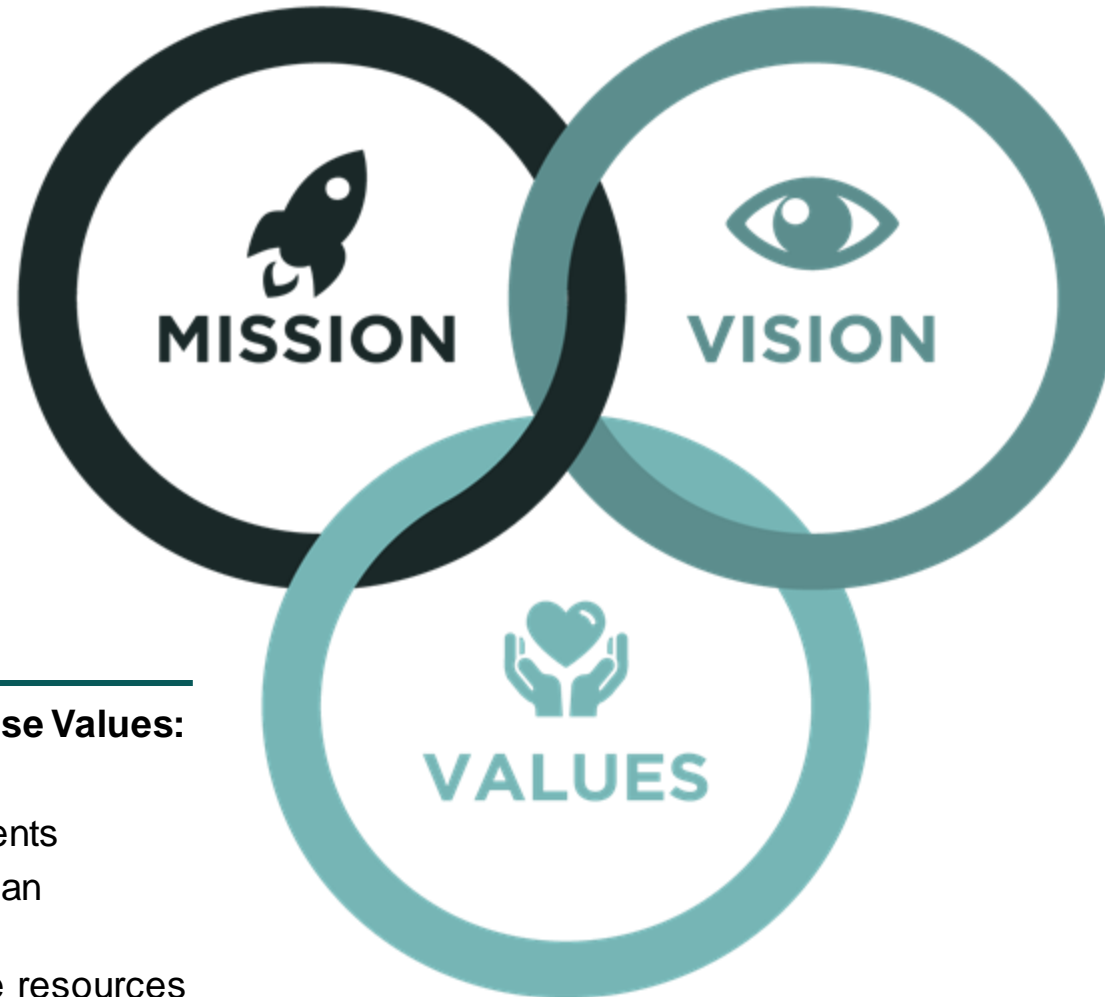
FOR A STRONGER GEORGIA



Division of Child Support Services

Our Mission is to Enhance the Well-Being of Children by:

- Locating Non-Custodial Parents
- Establishing paternity
- Establishing, enforcing and modifying support obligations (financial and medical)
- Collecting and distributing support payments



Georgia's Vision is to be:

- Ranked in the top 10 states nationally
- Recognized nationally as a trendsetter for best practices
- Program of choice for employment and outreach partnerships

DCSS is Governed by these Values:

- Put Children First
- Children need both parents
- Customer Interaction is an opportunity
- Employees are valuable resources



Program Data

DCSS is responsible for the statewide administration of the child support enforcement program under the provisions of Title IV-D of the Social Security Act (42 U.S.C. 651 - 669).

Program Legislative Authority

State Authority / Reference

Official Code of Georgia, Annotated, Titles 9 and 19 and Departmental Rules, DHS Rules at 290-7-1

Federal Authority / Reference

Code of Federal Regulations, Title 45, Parts 300-399

Budget

Total budget SFY2019

\$109,195,624

% State funds

27% = \$29,672,610

% Federal funds

70% = \$76,285,754

% Other Funds

3% = \$3,237,260

Program Information

Performance indicators

Performance Measures:

- Paternity establishment
- Order establishment
- Current support paid
- Arrears support paid
- Undistributed collections
- Locate
- Collections
- Cost Effectiveness

Total offices

58 local offices excluding state, region and specialty/hub offices

Total number of positions

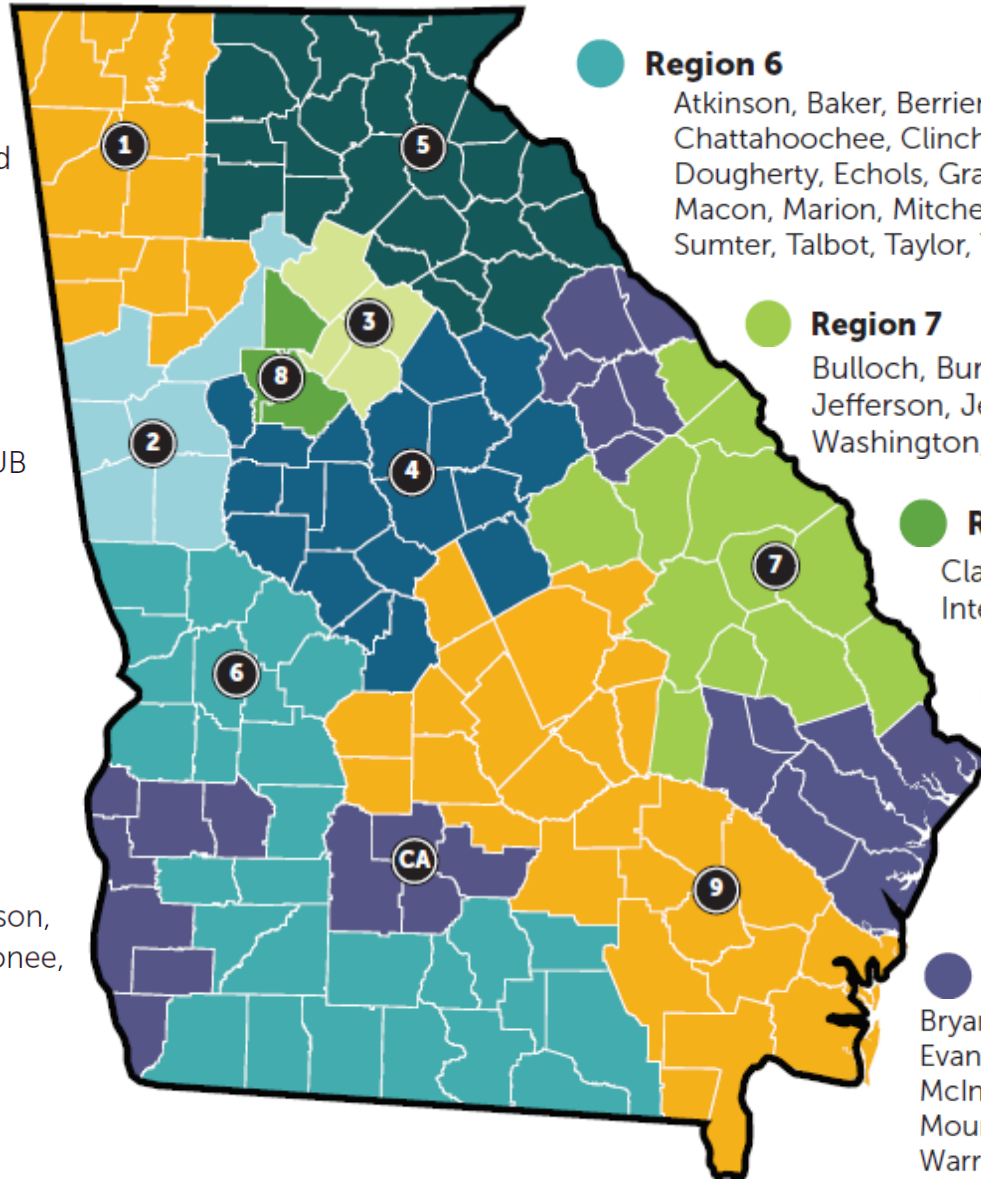
1,156

Total caseload as of 09/30/2019

377,813



DCSS Region Map



Region 1
 Bartow, Catoosa, Chattooga, Cobb, Dade, Douglas, Floyd, Gordon, Haralson, Murray, Paulding, Polk, Walker, Whitfield

Region 2
 Carroll, Coweta, Fulton, Heard, Meriwether, Troup

Region 3
 Gwinnett, Newton, Rockdale, Walton, Georgia Employer HUB

Region 4
 Baldwin, Bibb, Butts, Crawford, Fayette, Greene, Hancock, Houston, Jasper, Jones, Lamar, Monroe, Morgan, Peach, Pike, Putnam, Spalding, Upson, Wilkinson, Special Operations Section

Region 5
 Banks, Barrow, Cherokee, Habersham, Hall, Hart, Jackson, Clarke, Dawson, Elbert, Fannin, Lumpkin, Madison, Oconee, Forsyth, Franklin, Gilmer, Oglethorpe, Pickens, Rabun, Stephens, Towns, Union, White

Region 6
 Atkinson, Baker, Berrien, Brooks, Calhoun, Chattahoochee, Clinch, Cook, Colquitt, Decatur, Dougherty, Echols, Grady, Harris, Lanier, Lee, Lowndes, Macon, Marion, Mitchell, Muscogee, Schley, Stewart, Sumter, Talbot, Taylor, Thomas, Webster, Central Registry

Region 7
 Bulloch, Burke, Candler, Columbia, Effingham, Emanuel, Jefferson, Jenkins, Richmond, Screven, Toombs, Washington, Dublin Locate / Order Monitoring HUB

Region 8
 Clayton, DeKalb, Henry, Albany Intake and Intergovernmental HUB

Region 9
 Appling, Bacon, Ben Hill, Bleckley, Brantley, Charlton, Coffee, Crisp, Dodge, Dooly, Glynn, Johnson, Laurens, Montgomery, Pierce, Treutlen, Twiggs, Ware, Wayne, Wheeler, Camden, Jeff Davis, Pulaski, Telfair, Wilcox

County Administered (CA)
 Bryan, Chatham, Clay, Clayton UIFSA, Cobb UIFSA, Early, Evans, Glascock, Irwin, Liberty, Lincoln, Long, McDuffie, McIntosh, Miller, Quitman, Randolph, Seminole, Stone Mountain UIFSA, Taliferro, Tattnall, Terrell, Tift, Turner, Warren, Wilkes, Worth



Federal Performance Indicators FFY 2019

Federal Fiscal Year	Active cases	Cases with support orders%	Statewide PEP % (Paternity Establishment Percentage)	Current support	Arrears	Locate	Undistributed collections	Collections
2017	411,491	89.93%	97.18%	60.32%	64.45%	2.22%	0.51%	\$744,927,353
2018	390,096	90.92%	93.63%	60.11%	63.87%	1.94%	0.58%	\$736,771,614
2019	377,813	91.07%	95.29%	60.47%	64.48%	1.85%	0.43%	\$726,762,984



Child Support Services



Intake
Walk-ins
Mail
Portal
Referrals

Locate
Automated
interfaces and
manual searches

**Paternity
Establishment**
Paternity testing

Financial
Centralized payment processing by the
Family Support Registry (FSR)

Enforcement
Administrative and judicial actions to collect
delinquent payments

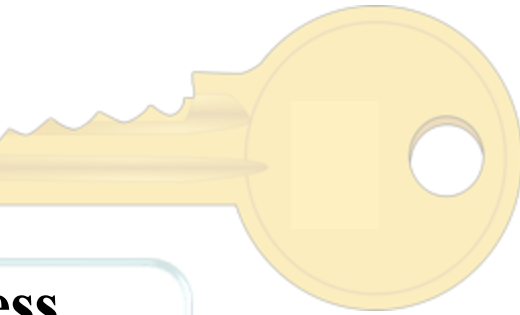
Review & Modification
Administrative and/or judicial review of
orders 36 months old or older for
possible modification of support amount

**Court Order
Establishment**
Financial Support
Medical Support
*Process service (sheriff or
private process server)*

Outreach Programs
DCSS has partnered with other government
and community agencies to develop a
comprehensive network of service: Fatherhood
and Parental Accountability Court Programs.



FFY 2020 Key Initiatives



Make Georgia #1 for small business.

Build a workforce that supports a strong business environment and small business by removing bureaucratic barriers to public-private partnerships.

Key Initiative 1

Increase the number of employers participating in the electronic Income Withholding Order (e-IWO) process from 4,066 to 4,473 (10%) by September 30, 2024.

Preliminary system enhancements and modernization efforts

CSG Government Solutions

- Project kickoff was April 2019
- Discovery and requirement sessions completed in June 2019
- Final Report January 2020

- Options:
- System Enhancement-Hybrid
 - System Replacement-Transfer
 - System Replacement-Hybrid
 - Status Quo

Feasibility
Study

Reform state government.
Strengthen strategic partnerships and utilize technology to improve service delivery.

Key Initiative 2

Increase the number of active Division of Child Support Services (DCSS) mobile application users from 45,834 to 58,667 (28%) by June 30, 2024.

Key Initiative 3

Increase the number of constituents using self-service options from 378,195 to 484,090 (28%) by June 30, 2024.

Key Initiative 4

Reduce the need for customer office visits at Child Support Services local offices from 268,449 to 241,604 (10%) by June 30, 2024.

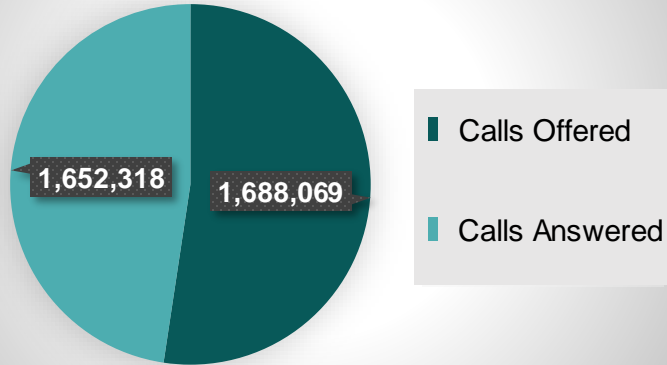


Self Service Options Federal Fiscal Year (FFY) 2019

Customer Contact Center

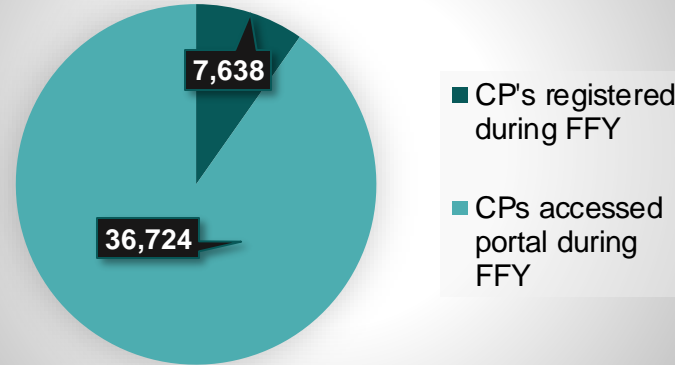
Calls Logged

October 1, 2018 to September 30, 2019



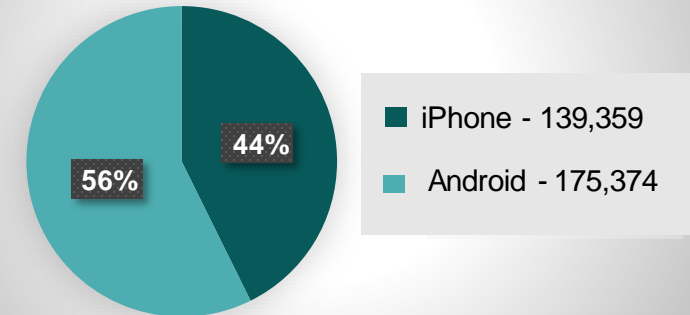
Customer Online Services Portal

Custodial Parents (CP)



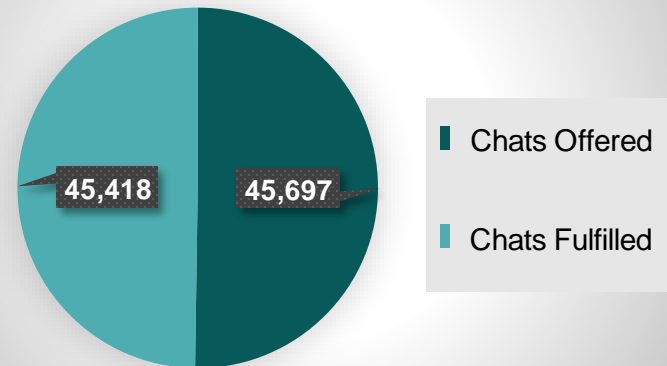
Mobile App

Total Download Since Rollout – 314,733

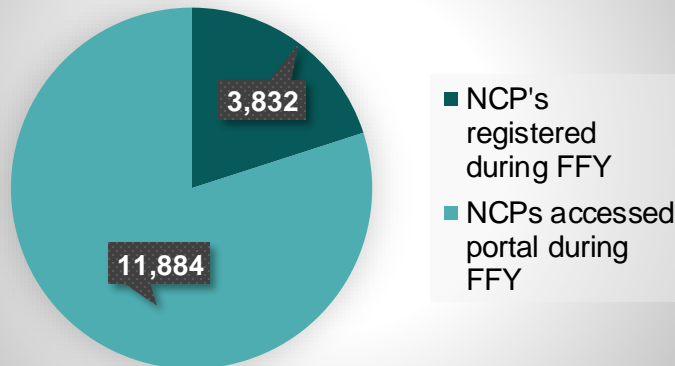


Chats Logged

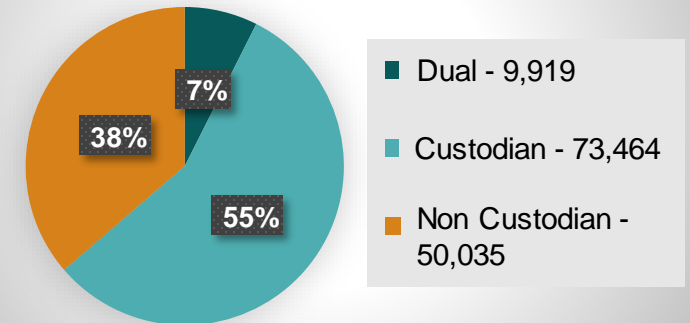
October 1, 2018 to September 30, 2019



Non-Custodial Parents (NCP)



Mobile Active users Since Rollout – 133,418



Questions

Tangler Gray

Director

Georgia Department of Human Services

Georgia Division of Child Support Services

Office phone: 404-463-0992

Email: tangler.gray@dhs.ga.gov



J

Medicaid and PeachCare Expenditures by County FY 2019

**Georgia Department of Community Health
Office of Health Analytics and Reporting**

Georgia Medicaid

Total Medicaid and Peachcare Expenditures by County - FY 2019

County	Medicaid		Peachcare	
	Net Payment	CMO Paid Amount	Net Payment	CMO Paid
Appling	\$ 15,388,807.31	\$ 8,697,892.23	\$ 25,653.37	\$ 486,503.02
Atkinson	\$ 5,462,250.16	\$ 4,419,590.12	\$ 12,928.40	\$ 274,813.16
Bacon	\$ 12,874,896.65	\$ 4,629,642.21	\$ 10,879.28	\$ 254,910.53
Baker	\$ 1,905,398.46	\$ 974,119.20	\$ 1,252.82	\$ 46,334.69
Baldwin	\$ 42,997,032.49	\$ 14,374,790.69	\$ 15,911.70	\$ 882,819.30
Banks	\$ 8,457,003.34	\$ 6,005,369.27	\$ 40,302.42	\$ 646,936.04
Barrow	\$ 41,830,172.13	\$ 27,713,904.36	\$ 179,721.06	\$ 3,121,577.05
Bartow	\$ 54,996,584.61	\$ 37,789,830.34	\$ 102,362.92	\$ 3,391,486.40
Ben Hill	\$ 23,959,960.63	\$ 8,874,889.73	\$ 8,556.86	\$ 410,642.55
Berrien	\$ 15,410,510.43	\$ 9,503,928.68	\$ 21,168.88	\$ 505,083.59
Bibb	\$ 190,300,790.07	\$ 73,116,557.08	\$ 176,314.42	\$ 2,385,293.28
Bleckley	\$ 8,731,796.12	\$ 4,325,241.29	\$ 25,577.55	\$ 351,885.11
Brantley	\$ 11,096,439.98	\$ 9,781,874.54	\$ 44,537.78	\$ 429,400.14
Brooks	\$ 18,137,599.65	\$ 6,301,480.13	\$ 17,702.19	\$ 301,165.08
Bryan	\$ 13,743,061.20	\$ 9,129,893.53	\$ 102,787.89	\$ 1,684,134.39
Bulloch	\$ 41,155,475.64	\$ 25,732,999.07	\$ 63,262.00	\$ 1,223,606.57
Burke	\$ 20,117,129.25	\$ 10,447,374.09	\$ 3,663.48	\$ 413,745.55
Butts	\$ 19,441,628.99	\$ 9,423,064.43	\$ 19,125.50	\$ 917,538.39
Calhoun	\$ 9,734,359.98	\$ 2,964,744.06	\$ 16,487.26	\$ 112,002.41
Camden	\$ 13,932,644.29	\$ 12,260,019.07	\$ 24,094.10	\$ 644,945.55
Candler	\$ 20,353,458.74	\$ 5,222,788.94	\$ 10,463.18	\$ 227,850.44
Carroll	\$ 73,060,532.88	\$ 45,173,070.32	\$ 111,970.76	\$ 2,747,348.28
Catoosa	\$ 23,138,648.76	\$ 18,152,405.26	\$ 383,415.87	\$ 1,290,227.40
Charlton	\$ 6,540,847.21	\$ 3,050,995.71	\$ 7,846.95	\$ 233,271.62
Chatham	\$ 167,271,091.68	\$ 85,515,020.36	\$ 104,016.50	\$ 4,284,811.83
Chattahoochee	\$ 2,030,139.69	\$ 1,650,621.44	\$ 329.83	\$ 68,945.56
Chattooga	\$ 22,070,894.44	\$ 13,283,668.14	\$ 24,634.30	\$ 657,453.75
Cherokee	\$ 54,821,497.56	\$ 45,760,883.33	\$ 232,634.73	\$ 6,005,583.29
Clarke	\$ 70,734,904.93	\$ 30,013,214.82	\$ 113,824.60	\$ 1,591,604.25
Clay	\$ 4,149,563.71	\$ 1,357,860.51	\$ 990.60	\$ 40,366.19
Clayton	\$ 186,184,139.78	\$ 140,386,413.57	\$ 369,872.91	\$ 7,560,648.25
Clinch	\$ 8,573,719.39	\$ 3,136,951.00	\$ 15,014.99	\$ 158,005.15
Cobb	\$ 253,733,272.66	\$ 147,981,006.96	\$ 367,886.13	\$ 13,563,835.26
Coffee	\$ 34,761,986.16	\$ 20,730,428.72	\$ 182,466.65	\$ 1,033,986.97
Colquitt	\$ 39,890,857.66	\$ 21,929,819.46	\$ 71,570.18	\$ 1,127,981.85
Columbia	\$ 44,783,927.77	\$ 22,812,666.48	\$ 82,716.88	\$ 2,127,280.79
Cook	\$ 15,508,543.14	\$ 6,880,901.22	\$ 39,912.36	\$ 461,360.86
Coweta	\$ 45,901,656.15	\$ 33,486,853.45	\$ 134,542.26	\$ 2,165,915.03
Crawford	\$ 7,557,887.07	\$ 4,162,663.86	\$ 7,389.73	\$ 240,160.47
Crisp	\$ 21,088,799.10	\$ 10,491,864.37	\$ 11,509.23	\$ 703,720.97
Dade	\$ 6,924,204.74	\$ 3,659,580.39	\$ 20,409.19	\$ 228,864.25
Dawson	\$ 9,205,598.22	\$ 8,161,388.11	\$ 24,332.87	\$ 862,345.35
DeKalb	\$ 492,571,249.40	\$ 243,036,558.00	\$ 441,136.23	\$ 12,990,355.23
Decatur	\$ 25,187,403.30	\$ 14,316,518.06	\$ 30,098.22	\$ 776,789.09
Dodge	\$ 21,073,833.50	\$ 9,020,714.72	\$ 19,223.85	\$ 509,311.10

**Georgia Department of Community Health
Office of Health Analytics and Reporting**

Georgia Medicaid

Total Medicaid and Peachcare Expenditures by County - FY 2019

	Medicaid		Peachcare	
Dooly	\$ 13,683,304.00	\$ 4,949,748.57	\$ 8,044.38	\$ 296,581.79
Dougherty	\$ 99,075,515.43	\$ 45,468,889.86	\$ 35,592.70	\$ 1,402,144.22
Douglas	\$ 67,987,721.17	\$ 48,120,194.20	\$ 204,221.17	\$ 4,480,432.30
Early	\$ 10,526,888.63	\$ 4,331,643.16	\$ 3,127.26	\$ 351,657.46
Echols	\$ 376,146.64	\$ 1,199,830.75	\$ 5,649.16	\$ 106,693.78
Effingham	\$ 18,302,000.05	\$ 16,147,285.28	\$ 39,826.15	\$ 1,451,612.36
Elbert	\$ 18,726,719.72	\$ 7,573,973.11	\$ 12,549.21	\$ 397,875.80
Emanuel	\$ 28,353,587.94	\$ 13,017,129.19	\$ 51,582.55	\$ 485,356.65
Evans	\$ 9,519,605.78	\$ 4,914,381.45	\$ 12,186.01	\$ 172,169.55
Fannin	\$ 12,549,156.47	\$ 8,257,619.65	\$ 29,394.32	\$ 680,438.82
Fayette	\$ 31,057,496.58	\$ 17,308,465.16	\$ 49,783.76	\$ 1,666,372.69
Floyd	\$ 87,128,105.38	\$ 42,755,071.41	\$ 147,577.64	\$ 2,369,732.59
Forsyth	\$ 32,037,406.20	\$ 25,140,151.88	\$ 88,983.08	\$ 4,085,785.99
Franklin	\$ 17,767,810.55	\$ 9,499,905.77	\$ 28,596.47	\$ 618,792.67
Fulton	\$ 594,140,312.65	\$ 276,812,675.49	\$ 652,273.65	\$ 12,522,243.16
Gilmer	\$ 14,361,807.42	\$ 10,427,956.52	\$ 296,202.66	\$ 616,800.62
Glascocok	\$ 7,242,405.35	\$ 1,006,080.87	\$ 164.67	\$ 83,224.57
Glynn	\$ 48,425,047.91	\$ 27,827,078.06	\$ 80,990.42	\$ 1,198,795.10
Gordon	\$ 29,722,807.29	\$ 20,167,813.89	\$ 44,382.74	\$ 2,131,787.09
Grady	\$ 15,484,234.25	\$ 8,831,152.55	\$ 27,004.49	\$ 711,289.39
Greene	\$ 12,694,502.54	\$ 4,696,013.39	\$ 8,095.14	\$ 208,444.25
Gwinnett	\$ 296,347,436.31	\$ 236,140,181.62	\$ 1,468,133.71	\$ 29,041,651.59
Habersham	\$ 21,863,649.46	\$ 15,880,218.87	\$ 35,420.39	\$ 1,373,845.79
Hall	\$ 88,328,486.97	\$ 64,745,671.48	\$ 266,333.07	\$ 6,427,309.07
Hancock	\$ 13,619,308.23	\$ 3,552,036.85	\$ 1,307.47	\$ 97,276.15
Haralson	\$ 25,109,785.11	\$ 13,411,449.79	\$ 36,225.10	\$ 1,277,883.65
Harris	\$ 11,388,362.80	\$ 6,289,742.39	\$ 9,300.50	\$ 557,156.15
Hart	\$ 16,279,952.95	\$ 7,685,607.37	\$ 18,689.45	\$ 538,156.41
Heard	\$ 9,632,561.06	\$ 6,279,234.38	\$ 2,660.90	\$ 228,723.09
Henry	\$ 81,752,756.22	\$ 62,540,109.50	\$ 603,642.58	\$ 6,753,773.98
Houston	\$ 81,912,581.56	\$ 45,844,881.66	\$ 92,073.13	\$ 2,736,352.76
Irwin	\$ 11,986,763.98	\$ 4,650,521.77	\$ 24,806.30	\$ 314,024.63
Jackson	\$ 34,106,999.89	\$ 19,581,972.69	\$ 84,494.82	\$ 1,801,072.83
Jasper	\$ 7,212,877.83	\$ 5,114,454.07	\$ 3,896.40	\$ 400,430.23
Jeff Davis	\$ 11,512,810.31	\$ 7,918,147.32	\$ 23,296.18	\$ 407,070.67
Jefferson	\$ 19,908,724.94	\$ 6,939,688.37	\$ 16,891.07	\$ 526,547.21
Jenkins	\$ 10,380,513.55	\$ 3,177,894.43	\$ 3,245.84	\$ 121,707.03
Johnson	\$ 13,146,874.34	\$ 3,993,124.86	\$ 3,276.11	\$ 159,900.74
Jones	\$ 13,877,289.88	\$ 8,903,708.04	\$ 9,378.17	\$ 644,645.59
Lamar	\$ 13,082,125.50	\$ 7,890,515.25	\$ 19,799.64	\$ 580,954.33
Lanier	\$ 8,100,668.81	\$ 4,162,244.13	\$ 4,210.39	\$ 175,797.47
Laurens	\$ 44,695,934.10	\$ 23,710,480.42	\$ 74,915.35	\$ 1,514,942.93
Lee	\$ 10,914,624.19	\$ 10,198,113.15	\$ 58,648.85	\$ 1,085,323.89
Liberty	\$ 23,967,952.29	\$ 18,881,547.07	\$ 67,664.15	\$ 1,088,503.21
Lincoln	\$ 3,005,427.74	\$ 2,658,564.32	\$ 1,422.00	\$ 140,197.40
Long	\$ 8,240,739.19	\$ 6,154,530.97	\$ 11,500.47	\$ 270,727.38

**Georgia Department of Community Health
Office of Health Analytics and Reporting**

Georgia Medicaid

Total Medicaid and Peachcare Expenditures by County - FY 2019

	Medicaid		Peachcare	
Lowndes	\$ 100,967,124.62	\$ 42,308,129.57	\$ 641,355.56	\$ 2,569,467.85
Lumpkin	\$ 16,889,815.43	\$ 8,700,292.50	\$ 85,809.87	\$ 880,358.63
Macon	\$ 18,598,326.14	\$ 5,797,008.81	\$ 4,596.49	\$ 296,670.88
Madison	\$ 20,770,636.74	\$ 10,135,028.02	\$ 108,420.78	\$ 710,133.14
Marion	\$ 5,488,303.80	\$ 2,764,665.85	\$ 1,779.30	\$ 148,940.95
McDuffie	\$ 18,619,363.11	\$ 9,797,443.14	\$ 20,648.02	\$ 576,653.45
McIntosh	\$ 5,185,801.17	\$ 3,046,162.98	\$ 6,379.15	\$ 606,685.34
Meriwether	\$ 21,856,921.59	\$ 7,894,031.79	\$ 11,148.43	\$ 403,151.38
Miller	\$ 23,232,996.72	\$ 1,902,288.26	\$ 1,790.43	\$ 83,253.15
Mitchell	\$ 21,193,730.70	\$ 10,688,980.48	\$ 17,871.74	\$ 444,911.09
Monroe	\$ 18,117,490.80	\$ 8,006,830.77	\$ 33,200.35	\$ 572,988.75
Montgomery	\$ 5,225,777.78	\$ 2,802,417.05	\$ 6,452.23	\$ 273,519.76
Morgan	\$ 8,864,381.83	\$ 5,751,374.64	\$ 13,393.08	\$ 285,170.96
Murray	\$ 23,523,021.12	\$ 17,820,353.67	\$ 113,065.28	\$ 2,045,396.64
Muscogee	\$ 160,773,264.98	\$ 74,015,910.50	\$ 86,763.06	\$ 2,809,499.65
Newton	\$ 61,506,666.87	\$ 45,126,950.31	\$ 65,171.16	\$ 2,724,132.66
Oconee	\$ 10,429,114.66	\$ 3,537,615.56	\$ 31,629.22	\$ 461,041.90
Oglethorpe	\$ 5,922,783.89	\$ 4,330,155.55	\$ 77,102.67	\$ 299,742.38
Paulding	\$ 42,130,635.91	\$ 43,711,000.14	\$ 227,067.90	\$ 5,476,463.91
Peach	\$ 20,964,320.44	\$ 9,398,620.44	\$ 4,641.10	\$ 585,019.49
Pickens	\$ 17,000,178.88	\$ 9,589,559.39	\$ 28,866.48	\$ 892,708.67
Pierce	\$ 15,338,452.47	\$ 8,175,728.40	\$ 146,471.19	\$ 458,607.02
Pike	\$ 8,775,149.28	\$ 5,882,873.78	\$ 9,595.96	\$ 713,914.62
Polk	\$ 36,956,142.25	\$ 23,172,918.47	\$ 48,294.66	\$ 1,538,281.28
Pulaski	\$ 9,298,244.57	\$ 3,512,685.58	\$ 19,876.92	\$ 159,311.62
Putnam	\$ 11,569,183.47	\$ 6,907,350.51	\$ 21,053.09	\$ 363,734.36
Quitman	\$ 739,313.35	\$ 945,729.83	\$ 1,807.34	\$ 74,537.86
Rabun	\$ 11,258,230.39	\$ 5,688,129.50	\$ 29,204.43	\$ 609,340.83
Randolph	\$ 9,395,687.86	\$ 3,031,025.33	\$ 1,382.93	\$ 129,736.85
Richmond	\$ 201,863,427.88	\$ 81,133,121.90	\$ 83,102.29	\$ 2,686,951.72
Rockdale	\$ 46,950,711.60	\$ 37,661,749.95	\$ 105,498.52	\$ 2,670,108.32
Schley	\$ 1,580,425.47	\$ 2,117,901.26	\$ 5,614.20	\$ 202,891.02
Screven	\$ 12,921,817.19	\$ 6,034,010.62	\$ 5,502.30	\$ 599,461.47
Seminole	\$ 6,666,333.93	\$ 3,370,669.95	\$ 10,018.10	\$ 214,616.46
Spalding	\$ 55,665,505.43	\$ 28,181,979.23	\$ 68,821.31	\$ 1,603,037.80
Stephens	\$ 27,884,906.26	\$ 13,564,801.20	\$ 48,231.17	\$ 903,852.39
Stewart	\$ 7,111,059.53	\$ 1,610,054.89	\$ 10,786.90	\$ 72,382.02
Sumter	\$ 37,182,674.71	\$ 14,694,248.87	\$ 187,735.29	\$ 601,823.86
Talbot	\$ 4,492,798.75	\$ 1,773,891.32	\$ 11,165.22	\$ 71,128.27
Taliaferro	\$ 1,808,017.76	\$ 384,114.60	\$ -	\$ 20,469.87
Tattnall	\$ 26,690,822.30	\$ 8,840,425.78	\$ 139,875.28	\$ 702,836.21
Taylor	\$ 11,034,334.60	\$ 4,005,548.99	\$ 2,945.63	\$ 187,231.38
Telfair	\$ 14,704,144.82	\$ 5,656,787.97	\$ 14,045.86	\$ 280,445.45
Terrell	\$ 9,631,221.11	\$ 4,303,592.00	\$ 1,276.04	\$ 113,747.66
Thomas	\$ 43,982,610.82	\$ 20,817,987.61	\$ 95,887.61	\$ 1,242,737.16
Tift	\$ 35,112,084.44	\$ 20,733,205.16	\$ 45,116.22	\$ 1,155,463.99

Georgia Department of Community Health Office of Health Analytics and Reporting

Georgia Medicaid

Total Medicaid and Peachcare Expenditures by County - FY 2019

	Medicaid		Peachcare	
Toombs	\$ 34,322,044.83	\$ 13,963,500.76	\$ 57,688.25	\$ 991,240.24
Towns	\$ 8,593,483.39	\$ 2,472,054.04	\$ 1,552.06	\$ 208,541.41
Treutlen	\$ 8,798,979.91	\$ 2,766,262.97	\$ 8,643.19	\$ 166,559.12
Troup	\$ 50,702,042.20	\$ 31,222,085.65	\$ 71,410.58	\$ 1,639,246.17
Turner	\$ 9,961,063.61	\$ 4,480,875.60	\$ 9,498.98	\$ 186,609.96
Twiggs	\$ 10,191,277.70	\$ 3,114,588.00	\$ 1,815.73	\$ 194,603.62
Union	\$ 14,533,933.04	\$ 6,265,124.28	\$ 45,889.62	\$ 751,136.72
Upson	\$ 28,809,749.57	\$ 12,603,291.30	\$ 23,899.34	\$ 703,089.06
Walker	\$ 49,910,343.48	\$ 21,404,184.68	\$ 157,348.91	\$ 1,972,496.66
Walton	\$ 56,987,952.80	\$ 28,834,025.62	\$ 37,561.26	\$ 2,873,534.29
Ware	\$ 44,033,318.05	\$ 18,100,762.39	\$ 59,746.85	\$ 923,394.72
Warren	\$ 5,995,460.43	\$ 1,978,967.40	\$ 498.44	\$ 49,859.71
Washington	\$ 21,675,178.97	\$ 8,261,634.00	\$ 13,570.60	\$ 502,602.17
Wayne	\$ 24,919,862.26	\$ 12,971,164.64	\$ 30,161.98	\$ 563,857.83
Webster	\$ 1,355,614.23	\$ 1,019,747.28	\$ 631.79	\$ 117,953.15
Wheeler	\$ 5,375,178.45	\$ 2,571,680.76	\$ 23,610.74	\$ 145,892.54
White	\$ 15,334,280.17	\$ 8,612,816.33	\$ 50,036.89	\$ 1,351,322.46
Whitfield	\$ 56,858,785.43	\$ 38,849,148.65	\$ 190,435.37	\$ 5,431,842.48
Wilcox	\$ 9,690,356.53	\$ 3,501,540.14	\$ 6,103.97	\$ 186,385.49
Wilkes	\$ 9,282,143.71	\$ 3,767,694.83	\$ 259,735.84	\$ 219,155.31
Wilkinson	\$ 8,525,573.07	\$ 4,350,425.67	\$ 1,223.94	\$ 142,171.02
Worth	\$ 14,746,290.04	\$ 8,683,450.88	\$ 8,336.98	\$ 417,019.17
Not directly attributed to a	\$ 1,388,576.29	\$ 2,671,260.25	\$ 8,197.19	\$ 83,923.45
Grand Total	#####	#####	#####	#####

Notes:

1. Data is based on incurred claims from 07/01/2018 to 06/30/2019 with date of payments through 9/31/2019
2. Analysis includes CMO and FFS totals by County
3. Includes Medicaid and Peachcare
4. Net payment represents the amount paid for claims billed
5. CMO Paid Amount represents the amount each CMO vendor paid the provider
6. Payments not directly attributed to a county includes county codes listed as 'All Counties' or 'Missing'
6. Report run in Truven, Advantage Suite 11/13/2019

The data presented in this report should be used for the purpose of the initial request only. Data accuracy of the report is assured based on the current information in the database and is subject to change based on database and data quality updates.

Georgia Department of Community Health
Office of Health Analytics and Reporting

Georgia Medicaid

Total Medicaid and Peachcare Expenditures by County - FY 2019




Medicaid	Peachcare
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Medicaid and Peachcare Expenditures by County FY 2019



Package: Georgia Dept. of Community Health GADCH MCAID and SHBP PHI
Package Author: b60ssimm **Location:** Public Folders/Georgia Dept. of Community Health/Georgia Dept. of Community Health GADCH MCAID and SHBP PHI GADCH MCAID and SHBP PHI Reports/SSimm

Nov 13, 2019

-2-

 Secure Program Identifier 	◀	M 
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 Time Period: Incurred With Runoff Fiscal Year 	◀	Previous 
 Major Program 	◀	Medicaid  PeachCare 
 Measures 	◀	Net Payment  CMO Plan Paid Amt Total 

 County 
(All values)



DFCS Descriptive Data by County Report FY 2019 | Coming Soon



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Maltreatment Type Report FY 2019



Maltreatment Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreater: Adult

Maltreatment Classification	Count
Physical Abuse	690
Sexual Exploitation	13
Sexual Abuse	472
Neglect	3351
Child Endangerment	2232

This section provides the total number of Maltreatment Types received by CPSIS based on the Date, Maltreater and Relationship parameters selected.



Maltreatment Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreater: Adult

Maltreatment Type	Count
CE1 - Family Violence	1106
CE2 - Methamphetamine Exposure	59
CE3 - Driving under the influence with a child under the age of 14	128
CE4 - Prenatal Abuse/ Prenatal Exposure/Fetal Alcohol Spectrum Disorder	939
N1 - Malnourishment/Failure-to-Thrive	8
N2 - Abandonment/Rejection	45
N3 - Inadequate Supervision	2234
N4 - Inadequate Food, Clothing, Shelter	593
N5 - Inadequate Health, Medical Care	158
N6 - Emotional/Psychological Neglect	41
N7 - Educational/Cognitive Neglect	257
N8 - Gunshot	5
N9 - Suffocation/Drowning	10
P1 - Fractures, Dislocations, Sprains	54
P10 - Suffocation/Drowning	1
P11 - Munchausen's	2
P12 - Gunshot	4
P2 - Intracranial or Skull Injury	22
P4 - Subdural Hematoma	21
P5 - Internal Chest, Abdomen, Pelvic Injury	1
P6 - Lacerations, Cuts, Punctures	50
P7 - Bruises, Welts, Abrasions	518
P8 - Burns, Scalding	16
P9 - Poisoning	1
S1 - Exhibitionism/Voyeurism	35
S2 - Fondling	241
S3 - Sodomy	62
S4 - Penetration	120
S5 - Genital Injury	3
S6 - Contraction of Venereal Disease	5
S8 - Sexual servitude/sex trafficking	6
SE1 - Sex Trafficking	13



Maltreatment Classification

Report Parameters

Start Date: 07/01/2018

End Date: 06/30/2019

Region: All

County: All

Maltreatment Type: All

Relationship: All

Maltreater: Adult

Maltreatment Type	Count
This section provides the total number of Maltreatment Codes received by CPSIS based on the Date, Maltreater and Relationship parameters selected.	



Maltreater Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreater: Adult

County Name	No Of Cases
	0
Appling	19
Atkinson	7
Bacon	24
Baker	2
Baldwin	41
Banks	13
Barrow	77
Bartow	39
Ben Hill	29
Berrien	71
Bibb	148
Bleckley	1
Brantley	20
Brooks	31
Bryan	30
Bulloch	30
Burke	3
Butts	31
Calhoun	1
Camden	42
Candler	10
Carroll	109
Catoosa	79
Charlton	20
Chatham	116
Chattahoochee	1
Chattooga	56
Cherokee	124
Clarke	73
Clay	2
Clayton	168
Clinch	19



Maltreatment Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreater: Adult

County Name	No Of Cases
Cobb	114
Coffee	65
Colquitt	25
Columbia	22
Cook	35
Coweta	104
Crawford	6
Crisp	18
Dade	15
Dawson	33
Decatur	33
Dekalb	260
Dodge	13
Dooly	6
Dougherty	129
Douglas	66
Early	17
Echols	2
Effingham	58
Elbert	23
Emanuel	48
Evans	8
Fannin	7
Fayette	33
Floyd	99
Forsyth	71
Franklin	10
Fulton	256
Gilmer	14
Glascok	4
Glynn	41
Gordon	75
Grady	29



Maltreater Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreater: Adult

County Name	No Of Cases
Greene	33
Gwinnett	164
Habersham	20
Hall	144
Hancock	2
Haralson	20
Harris	8
Hart	5
Heard	19
Henry	141
Houston	89
Irwin	19
Jackson	62
Jasper	30
Jeff Davis	7
Jefferson	4
Jenkins	12
Johnson	8
Jones	65
Lamar	25
Lanier	32
Laurens	58
Lee	12
Liberty	78
Lincoln	1
Long	11
Lowndes	109
Lumpkin	26
Macon	11
Madison	18
McDuffie	22
McIntosh	4
Meriwether	20



Maltreater Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreater: Adult

County Name	No Of Cases
Miller	2
Mitchell	28
Monroe	26
Montgomery	3
Morgan	28
Murray	23
Muscogee	76
Newton	62
Oconee	15
Oglethorpe	13
Out of State	83
Paulding	75
Peach	9
Pickens	18
Pierce	19
Pike	10
Polk	59
Pulaski	7
Putnam	36
Quitman	3
Rabun	16
Randolph	21
Richmond	224
Rockdale	42
Schley	6
Screven	68
Seminole	3
Spalding	64
Stephens	18
Stewart	1
Sumter	16
Tattnall	13
Taylor	2



Maltreator Classification

Report Parameters

Start Date: 07/01/2018
End Date: 06/30/2019
Region: All
County: All

Maltreatment Type: All
Relationship: All
Maltreator: Adult

County Name	No Of Cases
Telfair	13
Thomas	31
Tift	38
Toombs	21
Towns	27
Treutlen	3
Troup	73
Turner	4
Twiggs	3
Union	22
Upson	25
Walker	81
Walton	140
Ware	52
Warren	6
Washington	5
Wayne	21
Webster	1
Wheeler	7
White	28
Whitfield	33
Wilkes	5
Wilkinson	21
Worth	30

This section provides the total number of cases received by CPSIS based on the Date, Maltreator and Relationship parameters selected.



Residential Child Care Licensing Annual Waivers Report

Department of Human Services-Office of Inspector General-Residential Child Care Licensing-2019 Waiver-Variance Report

#	License Type	Date Received	Agency Name	Agency Representative	Agency/Agency Representative's Address	Agency/Agency Representative's Phone Number	Rule #	Reason for Waiver	Approved	Attorney Yes/No	Approval Date	Conditions of Approval
1	Child Placing Agency	1/8/19	Foster Love Ministries, Inc.	Marci Bourland	4429 New Jessup Highway, Brunswick, Georgia 31520	802-274-1876	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	1/24/19	1. The employee must obtain 24 hours of annual training related to the type of residents served in the program, including training in writing home study evaluations and service plans. 2. The employee must receive quarterly supervision completed by the board president or a designee which is documented in his/her personnel file. 3. The agency must document an annual employee evaluation on the employee completed by the board president or a designee that is maintained in his/her personnel file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
2	Outdoor Child Caring Program	12/31/18	Shepherd's Hill Academy, Inc.	Joshua Wallace	2200 Price Road, Martin, Georgia 30557	706-491-3693	290-2-7-.04(7)	The facility submitted a waiver application for the rule which states the administrator or executive director shall have a master's degree from an accredited university with a minimum of three years of experience or a bachelor's degree with a minimum of five years of experience in the field of child care, human services or mental health and at least two of those years to include supervisory and/or administrative responsibility.	Approved	No	1/24/19	1. The director shall obtain at least 32-hours of annual training related to the type of residents served in the program that shall be documented and maintained in his/her personnel file. 2. The director shall receive an annual employee evaluation completed by the board president or a designee that must be documented and maintained in his/her personnel file. 3. The facility shall maintain qualified personnel responsible for the administration of the program's daily operation. 4. This waiver is contingent upon the facility demonstrating substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
3	Outdoor Child Caring Program	12/31/18	Shepherd's Hill Academy, Inc.	Joshua Wallace	2200 Price Road, Martin, Georgia 30557	706-491-3693	290-2-7-.04(23)	The facility submitted a waiver application for the rule that requires that all child care staff shall have training by certified staff in water safety and life saving techniques.	Approved	No	1/24/19	1. The facility shall ensure all child care staff workers are trained in first-aid and CPR and shall document and maintain a copy of the certificates in his/her personnel file. 2. The facility shall identify and document verification of training for ten percent of all hired child care staff workers by a certified staff member in water safety and lifesaving techniques. 3. There shall be one child care staff worker on duty trained in water safety and lifesaving techniques when the residents are awake. 4. There shall be a child care staff worker on duty trained in water safety and lifesaving techniques when residents are involved in water activities. 5. This waiver is contingent upon the facility maintaining compliance with the rules and regulations governing Outdoor Child Caring Programs.
4	Child Placing Agency	2/22/19	Ray of Hope, Inc.	Pamela Todd	4405 Mall Boulevard, Union City, Georgia 30291	770-306-5144	290-9-2-.07(5)(a)(v)	The agency submitted a waiver application for the rule which states that a screening for venereal disease for prospective foster parent(s) and children 16 years of age and older living in a prospective foster home shall be completed.	Approved	No	3/5/19	There are no specific conditions of approval imposed.
5	Child Placing Agency	2/21/19	Choices For Life of Georgia, LLC.	Sara Riley	2200 North Patterson Street, Valdosta, Georgia 31602	229-244-1707	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule that requires the casework supervisor to hold a master's degree and have a minimum of two years of experience in a Child Placing Agency.	Approved	No	3/5/19	1. The employee must obtain 24 hours of annual training related to the type of residents served in the program, including training in writing home study evaluations and service plans. 2. The employee must receive monthly supervision completed by the director which is documented in his/her personnel file. 3. The agency must document an annual employee evaluation on the employee completed by the director and maintained in his/her personnel file. 4. This waiver is contingent upon the agency maintaining
6	Child Placing Agency	2/20/19	United Methodist Children's Home, Inc.	Suzette Roberts	604 Washington Street, Suite A6, Gainesville, Georgia 30501	404-327-5841	290-9-2-.07(2)	The agency submitted a waiver application for the rule which states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	3/26/19	1. The agency must conduct monthly foster home visits to ensure the children's placement in this home is appropriate and does not pose a threat to the health and safety to any of the children in care. 2. The agency will develop service plans to address each child's emotional, educational, medical, social and developmental needs. 3. The agency will not allow children of different sexes over the age of three to share a bedroom. 4. All updates and any changes to the family shall be documented in an amended home study evaluation and a copy shall be maintained in both the foster parent and each foster child's file. 5. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

Department of Human Services-Office of Inspector General-Residential Child Care Licensing-2019 Waiver-Variance Report

#	License Type	Date Received	Agency Name	Agency Representative	Agency/Agency Representative's Address	Agency/Agency Representative's Phone Number	Rule #	Reason for Waiver	Approved	Attorney Yes/No	Approval Date	Conditions of Approval
7	Child Placing Agency	2/13/19	Faithbridge Foster Care, Inc.	Kris Isom	4400 North Point Parkway, Suite 210, Alpharetta, Georgia 30022	678-690-7118	290-9-2-.07(5)(a)(9)(ii)(IV)	The agency submitted a waiver application for the rule that states no child over the age of one shall sleep in a room with an adult in a foster home.	Approved	No	3/29/19	1. The agency must conduct monthly foster home visits to ensure the child's placement in the home is appropriate and does not pose a threat to the health and safety to any of the children in care. 2. The child is not allowed to sleep in the same bed with the foster parent. The agency will ensure that the child is provided with his/her own bed or crib to sleep. 3. All updates and any changes to the family shall be documented in an amended home study report and a copy maintained in both the foster parent's and child's file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
8	Child Placing Agency	2/28/19	An Open Door Adoption, Inc.	Walter Gilbert	218 East Jackson Street, Thomasville, Georgia 31792	229-228-6339	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule that requires the casework supervisor to hold a master's degree and have a minimum of two years of experience in a Child Placing Agency.	Approved	No	4/2/19	1. The employee must obtain 24 hours of annual training related to the type of residents served by the agency. 2. The employee must receive monthly supervision by a master's level staff member that should be documented in his/her personnel file. 3. The employee shall receive an annual evaluation completed by the director and maintained in his/her personnel file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
9	Child Caring Institution	3/13/19	Rock of Ages Youth Home	Monica Tripp	145 Brooks Street, Sparta, Georgia, 31087	706-444-5158	290-2-5-.08(3)(a)	The facility submitted a waiver for the rule which states the director must possess a bachelor's degree and four years of work experience or a master's degree and two years of work experience.	Approved	No	4/2/19	1. The director must obtain 32-hours of annual training that shall be documented and maintained in his/her personnel file. 2. The director must receive quarterly supervision from the owner that shall be documented and maintained in his/her personnel file. This supervision shall consist of a review of his/her job duties and a review of the facility's operations. 3. The employee must receive an annual performance evaluation completed by the owner that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
10	Child Caring Institution	3/27/19	Grace for Kids Family Home, LLC	Jocelyn Caesar-Fulwood	1244 Dharahn Drive, Hinesville, Georgia 31313	912-318-2980	290-2-5-.08(3)(a)	The facility submitted a waiver for the rule which states the director must possess a bachelor's degree and four years of work experience or a master's degree and two years of work experience.	Approved	No	4/15/19	1. The employee must obtain 32 hours of annual training related to the type of residents served in the program which shall be documented and maintained in his/her personnel file. 2. The employee must receive quarterly supervision from the owners which shall be documented and maintained in his/her personnel file. This supervision shall include an evaluation of his/her job duties and an evaluation of the program's operations. 3. The employee must receive an annual evaluation completed by the owners which shall be documented and maintained in his/her personnel file. 4. The facility must maintain a qualified human service professional at all times. 5. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
11	Child Caring Institution	3/25/19	Liberty County Children's Home, Inc. DBA Gabriel's House	James Osteen	6145 E. Oglethorpe Highway, Midway, Georgia 31320	912-884-4545	290-2-5-.09(2)(a)	The facility applied for a waiver renewal for the rule which states a child under the age of six shall not be admitted to an institution unless that child is a part of a sibling group with at least one of the siblings being six years of age or older and who will reside at the institution.	Approved	No	4/17/19	1. The facility will maintain a homelike environment for these children and develop service plans that address their needs. 2. The facility will provide a living environment that is safe and appropriate for children under the age of six. 3. The facility will only admit residents under the age of six who are a part of a sibling group. A waiver request must be submitted prior to placement of any child under the age of six who is not part of a sibling group. 4. The facility must maintain a qualified human service professional and ensure appropriate staffing and supervision is maintained. 5. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
12	Child Caring Institution	3/25/19	Liberty County Children's Home, Inc. DBA Gabriel's House	James Osteen	6145 E. Oglethorpe Highway, Midway, Georgia 31320	912-884-4545	290-2-5-.18(2)(a)	The facility applied for a waiver renewal for the rule which states boys and girls shall sleep in separate areas.	Approved	No	4/17/19	1. The facility will maintain a homelike environment for these children and develop service plans that address their needs. 2. The facility will provide a living environment that is safe and appropriate for children under the age of six. 3. The facility must ensure that residents of different sexes are provided their own bed or crib. 4. The facility will not allow children of different sexes over the age of three to share a bedroom. 5. The facility will ensure appropriate staffing and supervision is maintained. 6. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.

Department of Human Services-Office of Inspector General-Residential Child Care Licensing-2019 Waiver-Variance Report

#	License Type	Date Received	Agency Name	Agency Representative	Agency/Agency Representative's Address	Agency/Agency Representative's Phone Number	Rule #	Reason for Waiver	Approved	Attorney Yes/No	Approval Date	Conditions of Approval
13	Child Placing Agency	3/28/19	Total Transformation, Inc.	Peggy Clay	2750 Holcomb Bridge Road, Suite 100, Alpharetta, Georgia 30022	478-508-4205	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	3/29/19	1. The employee shall receive quarterly supervision from the board president or a designee that shall be documented in his/her personnel file. This supervision shall include an evaluation of his/her job duties and responsibilities and an overall evaluation of the agency's operation. 2. The employee shall obtain at least 24-hours of annual training related to the type of residents served by the agency as well as training on writing home study evaluations. This training must be documented and maintained in his/her personnel file. 3. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
14	Child Placing Agency	3/29/19	National Mentor Healthcare, LLC-GA Mentor-Albany	Kawanna Jones	2200 Watergate Court, Albany, Georgia 31707	229-376-2259	290-9-2-.07(5)(a)(9)(ii)(IV)	The agency submitted a waiver for the rule which states that no child over the age of one shall sleep in a room with an adult in a foster home.	Approved	No	4/17/19	1. The agency must conduct monthly foster home visits to ensure the child's placement in the home is appropriate and does not pose a threat to the health and safety to any of the children in care. 2. The child is not allowed to sleep in the same bed with the foster parent. The agency will ensure that the child is provided with his/her own bed or crib to sleep. 3. All updates and any changes to the family shall be documented in an amended home study report and a copy maintained in both the foster parent's and child's file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
15	Child Placing Agency	4/1/19	Inspiritus, Inc-Atlanta	Michelle Angalet	230 Peachtree Street, Suite 100, Atlanta, Georgia 30303	404-875-0201	290-9-2-.04(7)(b)	The agency submitted a waiver for the rule which states the director must have as a minimum a Bachelor's degree and two years administrative experience in the field of human services.	Approved	No	4/17/19	1. The employee shall receive quarterly supervision from the board president or a designee that shall be documented and maintained in his/her personnel file. This supervision shall include an evaluation of his/her job duties and responsibilities and an overall evaluation of the agency's operations. 2. The employee shall obtain at least 24-hours of annual training related to the type of residents served by the agency, as well as training on the writing of home study evaluations. This training must be documented and maintained in his/her personnel file. 3. The employee shall receive an annual employee performance evaluation completed by the board president or a designee that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating and maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
16	Child Caring Institution	4/5/19	Morningstar Children and Family Services, Inc.	Vernon Andrews	1 Youth Estate Drive, Brunswick, Georgia 31525	912-342-8339	290-2-5-.08(6)(b)1	The facility submitted a waiver application for the rule that requires the human service professional to hold a bachelor's degree and document a minimum of two years of experience in the field of child care.	Approved	No	4/30/19	1. The employee shall receive monthly supervision and oversight from a master's level staff member. This supervision shall include a review of all assessments and service plans written by the employee. 2. The employee must obtain at least 32 hours of annual training related to the type of residents served in the facility. 3. This waiver is contingent upon the facility demonstrating substantial compliance with the rules and regulations governing Child Caring Institutions.
17	Child Placing Agency	4/10/19	Uniting Hope 4 Children, Inc.	Katherine Mays	1949 Highway 1, Loganville, Georgia 30052	678-585-4686	290-9-2-.07(5)(a)9(ii)(IV)	The agency submitted a waiver for the rule which states that no child over the age of one shall sleep in a room with an adult in a foster home.	Approved	No	4/30/19	1. The agency must conduct monthly foster home visits to ensure the child's placement in the home is appropriate and does not pose a threat to the health and safety to any of the children in care. 2. The child is not allowed to sleep in the same bed with the foster parent. The agency will ensure that the child is provided with his/her own bed or crib to sleep. 3. All updates and any changes to the family shall be documented in an amended home study report and a copy maintained in both the foster parent's and child's file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
18	Child Caring Institution	5/7/19	The Devereux Foundation-Devereux Cottages	Elicia House	1291 Stanley Road, Kennesaw, Georgia 30132	770-738-2643	290-2-5-.08(6)(b)1	The facility submitted a waiver application for the rule that requires the human service professional to hold a bachelor's degree and document a minimum of two years of experience in the field of child care.	Approved	No	5/30/19	1. The employee shall receive monthly supervision and oversight from the director. This supervision shall include a review of all assessments and service plans written by the employee. 2. The employee must obtain at least 32 hours of annual training related to the type of residents served in the facility. 3. This waiver is contingent upon the facility demonstrating substantial compliance with the rules and regulations governing Child Caring Institutions.

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19	Child Placing Agency	5/8/19	Normal Life, Inc. Watkinsonville	Steve Mason	105 Westpark Drive, Suite A, Athens, Georgia 30606	706-435-7200	290-9-2-.04(9)(a)	The applicant submitted a waiver application for the rule which requires the casework supervisor to have a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	6/27/19	1. The employee must obtain at least 24 hours of annual training related to the type of residents served in the facility. 2. The employee shall receive monthly supervision completed by the director. 3. The agency shall document an annual employee evaluation completed by the director and maintained in the employee's personnel file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
20	Child Placing Agency	5/23/19	National Mentor Healthcare, LLC-GA Mentor-Albany	Kawanna Jones	2200 Watergate Court, Albany, Georgia 31707	229-376-2259	290-9-2-.04(9)(a)	The applicant submitted a waiver application for the rule which requires the casework supervisor to have a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	6/27/19	1. The employee shall receive monthly supervision from the director. This supervision shall include an evaluation of his/her job duties and responsibilities and shall be documented and maintained in his/her personnel file. 2. The employee shall obtain at least 24-hours of annual training related to the type of residents served by the agency as well as training on writing home study evaluations. This training must be documented and maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by the director and is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
21	Child Placing Agency	5/30/19	Camp Rock of Georgia, Inc.	Drew Boswell	P.O. Box 1528, Valdosta, Georgia 31603	229-244-1920	290-9-2-.04(7)(b)	The agency submitted a waiver for the rule which states the director shall have as a minimum a Bachelor's degree and two years administrative experience in the field of human services.	Approved	No	6/27/19	1. The employee must receive monthly supervision from an advisor who has experience providing oversight to a licensed child welfare agency. This supervision must be documented in his/her personnel file. 2. The employee must receive quarterly supervision from the board of directors which shall be maintained in his/her personnel file. 3. The employee must obtain at least 24-hours of annual training related to the type of residents served in the agency. This training must be maintained in his/her file. 4. The employee must receive an annual employee performance evaluation completed by the board of directors and maintained in his/her personnel file. 5. The agency must identify and maintain a master's level casework supervisor. 6. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
22	Child Placing Agency	5/31/19	Wellroot Family Services, Inc.-Gainesville	Dawn Stancel	604 Washington Street, Suite A6, Gainesville, Georgia 30501	770-531-3063	290-9-2-.07(5)(a)(9)(ii)(V)	The agency submitted a waiver application for the rule which states children over the age of three years of age of different sexes shall not share a bedroom.	Approved	No	6/28/19	1. The agency will maintain a homelike environment for these children and develop service plans that address their emotional, educational, medical, social and developmental needs. 2. The agency will provide a living environment that is safe and appropriate for children. The agency will ensure that the foster family installs a monitoring system, such as a baby monitor, in the foster children's bedroom. 3. The agency will ensure that the foster children are provided their own bed or crib to sleep. 4. The agency will conduct monthly home visits and develop goals and objectives to assist the foster family in providing a positive transition of the foster children moving to their separate bedrooms. 5. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
23	Child Placing Agency	5/31/19	Uniting Hope 4 Children, Inc.	Katherine Mays	1949 Highway 1, Loganville, Georgia 30052	770-317-0294	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	7/23/19	1. The agency will maintain a homelike environment for these children and develop service plans that address their emotional, educational, medical, social and developmental needs. 2. The agency will provide a living environment that is safe and appropriate for children under the age of six. 3. The agency will not allow children of different sexes over the age of three to share a bedroom. 4. The agency must provide appropriate supervision to the foster family and children. The agency will conduct monthly visits to the foster home in which the foster children are observed interacting with the foster family. 5. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

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24	Child Placing Agency	7/8/19	Health Connect of America, Inc.	Holly Davis	100 Glendalough Court, Tyrone, Georgia 30290	615-567-6726	290-9-2-.03(6) (c)	The agency submitted a renewal waiver application for the rule which states the Board shall refrain from direct administration or operation of the agency either through individual members or committees, except in emergencies.	Approved	No	7/23/19	1. The agency must provide evidence annually that the agency remains registered to do business in the State of Georgia with an identified agent for service and that the agency remains in good standing with Georgia's Secretary of State's Office. 2. The agency must not expand its scope of services as a child placing agency beyond arranging foster care placements. The agency shall not provide adoption services. 3. The agency's leadership staff will meet quarterly to review and act upon all operational reports and evaluations of the agency. The agency must maintain a copy of these minutes and must make them available to the licensing staff upon request. 4. The agency's governing body will meet at least annually to review and act upon all operational reports and evaluations for the Georgia program. 5. The agency will provide a copy of its annual financial report audit completed by a Certified Public Accountant to the licensing staff. 6. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
25	Child Placing Agency	7/8/19	Health Connect of America, Inc.	Holly Davis	100 Glendalough Court, Tyrone, Georgia 30290	615-567-6726	290-9-2-.03(7)	The agency submitted a renewal waiver application for the rule which states the board members shall have no direct or indirect financial interest in the assets, leases, business transactions, or in current professional services of the agency. Any potential conflict of interest shall be declared by a board member and the minutes shall record declaration and abstention from the vote when a conflict exists.	Approved	No	7/23/19	1. The agency must provide evidence annually that the agency remains registered to do business in the State of Georgia with an identified agent for service and that the agency remains in good standing with Georgia's Secretary of State's Office. 2. The agency must not expand its scope of services as a child placing agency beyond arranging foster care placements. The agency shall not provide adoption services. 3. The agency's leadership staff will meet quarterly to review and act upon all operational reports and evaluations of the agency. The agency must maintain a copy of these minutes and must make them available to the licensing staff upon request. 4. The agency's governing body will meet at least annually to review and act upon all operational reports and evaluations for the Georgia program. 5. The agency will provide a copy of its annual financial report audit completed by a Certified Public Accountant to the licensing staff. 6. This waiver is contingent upon the agency maintaining
26	Child Placing Agency	7/8/19	Health Connect of America, Inc.	Holly Davis	100 Glendalough Court, Tyrone, Georgia 30290	615-567-6726	290-9-2-.03(9)(a-c),(e)	The agency submitted a renewal waiver application for the rules which state the Board shall be composed of at least five (5) members; at least one of the board members shall be a bona fide resident of Georgia; provision shall be made for systematic rotation of board members through a plan of overlapping terms of office; and employees and paid consultants of the agency shall not serve as members of the board.	Approved	No	7/23/19	1. The agency must provide evidence annually that the agency remains registered to do business in the State of Georgia with an identified agent for service and that the agency remains in good standing with Georgia's Secretary of State's Office. 2. The agency must not expand its scope of services as a child placing agency beyond arranging foster care placements. The agency shall not provide adoption services. 3. The agency's leadership staff will meet quarterly to review and act upon all operational reports and evaluations of the agency. The agency must maintain a copy of these minutes and must make them available to the licensing staff upon request. 4. The agency's governing body will meet at least annually to review and act upon all operational reports and evaluations for the Georgia program. 5. The agency will provide a copy of its annual financial report audit completed by a Certified Public Accountant to the licensing staff. 6. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

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27	Child Placing Agency	7/8/19	Health Connect of America, Inc.	Holly Davis	100 Glendalough Court, Tyrone, Georgia 30290	615-567-6726	290-9-2-.03(4),(5)	The agency submitted a renewal waiver application for the rules which state Child Placing Agencies. shall be incorporated as a nonprofit under Georgia law and that each agency shall have a board of directors.	Approved	No	7/23/19	1. The agency must provide evidence annually that the agency remains registered to do business in the State of Georgia with an identified agent for service and that the agency remains in good standing with Georgia's Secretary of State's Office. 2. The agency must not expand its scope of services as a child placing agency beyond arranging foster care placements. The agency shall not provide adoption services. 3. The agency's leadership staff will meet quarterly to review and act upon all operational reports and evaluations of the agency. The agency must maintain a copy of these minutes and must make them available to the licensing staff upon request. 4. The agency's governing body will meet at least annually to review and act upon all operational reports and evaluations for the Georgia program. 5. The agency will provide a copy of its annual financial report audit completed by a Certified Public Accountant to the licensing staff. 6. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
28	Child Placing Agency	7/17/19	Wellroot Family Services, Inc.- Gainesville	Dawn Stancel	604 Washington Street, Suite A6, Gainesville, Georgia 30501	770-531-3063	290-9-2-.07(5)(a)(9)(ii)(V)	The agency submitted a waiver application for the rule which states children over the age of three years of age of different sexes shall not share a bedroom.	Approved	No	8/9/19	1. The agency will maintain a homelike environment for these children and develop service plans that address their emotional, educational, medical, social and developmental needs. 2. The agency will provide a living environment that is safe and appropriate for children. The agency will ensure that the foster family installs a monitoring system, such as a baby monitor, in the foster children's bedroom. 3. The agency will ensure that the foster children are provided their own bed or crib to sleep. 4. The agency will conduct monthly home visits and develop goals and objectives to assist the foster family in providing a positive transition of the foster children moving to their separate bedrooms. 5. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
29	Child Placing Agency	7/17/19	Uniting Hope 4 Children, Inc.	Katherine Mays	1949 Highway 1, Loganville, Georgia 30052	770-317-0294	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	8/9/19	1. The agency must conduct monthly foster home visits to ensure this home is appropriate and does not pose a threat to the health and safety to any of the children in care. These visits shall be documented and maintained in both the foster parent and the foster children files. 2. The agency will develop service plans to address each child's emotional, family, educational, medical, social and developmental needs. 3. The agency will not allow children of different sexes over the age of three to share a bedroom. 4. All updates and any changes to the family shall be documented in an amended home study evaluation and a copy shall be maintained in both the foster parent's and each foster child's file. 5. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
30	Child Caring Institution	7/22/19	The Methodist Home for Children and Youth	Robin Trantham	304 Pierce Avenue, Macon, Georgia 31204	478-751-2800	290-2-5-.08(6)(b)1	The facility submitted a waiver application for the rule that requires the human service professional to hold a bachelor's degree and document a minimum of two years of experience in the field of child care.	Approved	No	8/12/19	1. The employee shall receive monthly supervision from a master's level staff that is documented and maintained in his/her personnel file. This supervision shall include a review of the assessments and service plans developed and written by the employee. 2. The employee must obtain 32-hours of annual training related to the type of residents served in the facility. This training shall be documented and maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by his/her supervisor which shall be documented and maintained in his/her personnel file. 4. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
31	Outdoor Child Caring Program	8/1/19	Second Nature Blue Ridge, LLC	Lauren Fuqua	236 File Street, Clayton, Georgia 30525	706-212-2037	290-2-7-.05(5)	The facility submitted a waiver application for the rule that states campers shall have a dental examination by a licensed dentist within six months prior to admission. Treatment shall be provided as recommended by the examining dentist.	Approved	No	9/13/19	1. The facility must document a dental history conducted by a certified nurse practitioner during the intake physical. In the absence of any reported or identifiable dental issues or pain, the resident may be admitted to the field. If there are any reported issues by the resident, the resident may still be admitted to the field, however, an appointment with a licensed dentist must be scheduled for the next available appointment or within 30 days. All residents admitted in the program must receive a dental examination from a licensed dentist within six months from admission to the facility. All dental documents must be documented and maintained in the resident's file. 2. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.

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32	Outdoor Child Caring Program	8/1/19	Second Nature Blue Ridge, LLC	Lauren Fuqua	236 File Street, Clayton, Georgia 30525	706-212-2037	290-2-7-.05(6)	The facility submitted a waiver application for the rule which states the Outdoor Child Caring Program shall not accept a camper for care until a psychological or psychiatric evaluation and an intake study has been made and based on an analysis and recommendation of the social service worker with approval of the Administrator has determined that the placement meets the needs and best interests of the camper.	Approved	no	9/13/19	1. All residents accepted and enrolled in the program shall receive a psychological or psychiatric evaluation within two weeks of admission. This evaluation shall assess the resident for the appropriateness of participating in an outdoor child caring program. Documentation of this evaluation shall be documented and maintained in the resident's file. 2. All residents accepted and enrolled in the program must enter the Earth Phase. A staff member must always maintain visual contact with the new resident and document this observation in the resident's file. 3. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
33	Outdoor Child Caring Program	8/1/19	Second Nature Blue Ridge, LLC	Lauren Fuqua	236 File Street, Clayton, Georgia 30525	706-212-2037	290-2-7-.05(7)(a)	The applicant submitted a waiver application for the rule which states the intake summary shall include a current (within one year) evaluation by a licensed psychiatrist or psychologist.	Approved	No	9/13/19	1. All residents accepted and enrolled in the program shall receive a psychological or psychiatric evaluation within two weeks of admission. This evaluation shall assess the resident for the appropriateness of participating in an outdoor child caring program. Documentation of this evaluation shall be documented and maintained in the resident's file. 2. All residents accepted and enrolled in the program must enter the Earth Phase. A staff member must always maintain visual contact with the new resident and document this observation in the resident's file. 3. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
34	Outdoor Child Caring Program	8/1/19	Second Nature Blue Ridge, LLC	Lauren Fuqua	236 File Street, Clayton, Georgia 30525	706-212-2037	290-2-7-.05(8)	The applicant submitted a waiver application for the rule which states the outdoor child caring program intake process shall include a discussion regarding the placement with the camper and his/her parents or placement agency and it shall include a visit to the camp.	Approved	No	9/13/19	1. The facility must ensure that the intake process includes a discussion of the program with both the resident and parent/guardian. Any parent/guardian opting not to visit the camp as a part of the intake process must sign a waiver indicating that they do not wish to visit the camp. This visitation waiver must be documented and maintained in the resident's file. 2. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
35	Child Placing Agency	8/23/19	National Mentor, LLC GA Mentor-Albany	Santoria Williams	2200 Watergate Court, Albany, Georgia 31707	229-435-6601	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	9/13/19	1. The employee must obtain at least 24 hours of annual training related to the type of residents served in the agency including writing home study evaluations. This training must be maintained in his/her file. 2. The employee must receive monthly supervision and oversight from the director that must be documented and maintained in his/her personnel file. 3. The agency must document an annual performance evaluation for the employee, completed by the director, that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
36	Child Placing Agency	9/10/19	Creative Community Services, Inc.	Charon Mathews	1650 Oakbrook Drive, Suite 445, Norcross, Georgia 30093	770-469-6226	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	10/2/19	1. The employee shall receive monthly supervision from a master's level staff member. This supervision shall include an evaluation of his/her job duties and responsibilities and must be documented and maintained in his/her personnel file. 2. The employee must obtain at least 24-hours of annual training related to the type of residents served by the agency as well as training on writing home study evaluations and assessments. This training shall be documented and maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by his/her supervisor that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
37	Child Placing Agency	9/10/19	Creative Community Services, Inc.	Charon Mathews	1650 Oakbrook Drive, Suite 445, Norcross, Georgia 30093	770-469-6226	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	10/2/19	1. The employee shall receive monthly supervision from a master's level staff member. This supervision shall include an evaluation of his/her job duties and responsibilities and must be documented and maintained in his/her personnel file. 2. The employee must obtain at least 24-hours of annual training related to the type of residents served by the agency as well as training on writing home study evaluations and assessments. This training shall be documented and maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by his/her supervisor that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.

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38	Child Caring Institution	9/5/19	Our House for Kids, Inc.	Tenio Cousin	114 Old Moores Mill Road, Bremen, Georgia 30110	770-537-1940	290-2-5-.08(6)(b)1	The facility submitted a renewal waiver application for the rule that requires the human service professional to hold a bachelor's degree and document a minimum of two years of experience in the field of child care.	Approved	No	10/2/19	1. The employee must obtain at least 32 hours of annual training related to the type of residents served by the facility. 2. The employee must receive monthly supervision, documented and maintained in their personnel file, by the director. This supervision shall include a review of the assessments and service plans written by the employee. 3. The employee must receive an annual performance evaluation completed by the director that is documented and maintained in their personnel file. 4. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
39	Child Caring Institution	9/5/19	Our House for Kids, Inc.	Tenio Cousin	114 Old Moores Mill Road, Bremen, Georgia 30110	770-537-1940	290-2-5-.08(6)(b)1	The facility submitted a waiver application for the rule that requires the human service professional to hold a bachelor's degree and document a minimum of two years of experience in the field of child care.	Approved	No	10/2/19	1. The employee must obtain at least 32 hours of annual training related to the type of residents served by the facility. 2. The employee must receive monthly supervision, documented and maintained in their personnel file, by the director. This supervision shall include a review of the assessments and service plans written by the employee. 3. The employee must receive an annual performance evaluation completed by the director that is documented and maintained in their personnel file. 4. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
40	Child Placing Agency	9/18/19	ENA, Inc. DBA/NECCO-Columbus	Frank Mizell	506 Manchester Expressway, Building B Suite 4, Columbus, Georgia 31904	321-848-7950	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	10/25/19	1. The employee shall receive monthly supervision from a master's level staff member. This supervision shall include an evaluation of his/her job duties and responsibilities which must be documented and maintained in his/her personnel file. 2. The employee must obtain at least 24-hours of annual training related to the type of residents served by the agency as well as training on writing home study evaluations and service plans. This training must be documented and maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by his/her supervisor that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
41	Child Caring Institution	9/24/19	Lambs of Love Outreach, Inc.	Adriane Holly	1471 Brewer Avenue, Columbus, Georgia 31903	706-221-1546	290-2-5-.08(3)(a)	The facility submitted a waiver application for the rule that states the director shall possess a master's degree from an accredited college or university in the area of social science, social work, childhood education, or business administration and two years of related work experience.	Approved	No	10/25/19	1. The staff must obtain 32 hours of annual training related to the type of residents served in the program which shall be documented and maintained in his/her personnel file. 2. The director must receive quarterly supervision by the board of directors which shall be documented and maintained in his/her personnel file. This supervision shall include an evaluation of his/her job duties and an evaluation of the facility's operations. 3. The director must receive an annual employee evaluation completed by the board of directors which shall be documented and maintained in his/her personnel file. 4. The facility must maintain a qualified human service professional at all times. 5. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Child Caring Institutions.
42	Child Placing Agency	10/9/19	Community Connections, Inc.	Kimberly Brown	2300 West Park Place Boulevard., Suite 114, Stone Mountain, Georgia 30087	770-465-9644	290-9-2-.07(5)(a)(9)(ii)(IV)	The agency submitted a waiver for the rule which states that no child over the age of one shall sleep in a room with an adult in a foster home.	Approved	No	10/25/19	1. The agency will conduct monthly foster home visits to ensure the child's placement in this home is appropriate and does not pose a threat to the health and safety of any children in care. 2. The child is not allowed to sleep in the same bed with the foster parent. The agency will ensure that the child is provided with his/her own bed or crib to sleep. 3. All updates and any changes to the family shall be documented in an amended home study report and a copy shall be maintained in both the foster parent's and child's file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

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43	Child Caring Institution	10/7/19	Kidspace National Centers of Georgia, Inc.	Louis Shagawat	101 Kidspace Drive, Bowdon, Georgia 30108	770-437-7210	290-2-5-.05(8)	The facility submitted a waiver application for the rule which states no licensed child caring institution shall provide room, board and watchful oversight to more than 16 children on its premises.	Approved	No	10/25/19	<ol style="list-style-type: none"> 1. The facility may increase capacity by 10 residents on December 1, 2019. 2. The facility shall be limited to a capacity of eighty (80) residents at one time. 3. The facility must maintain the staff to client ratio indicated per their Office of Provider Management Contract. 4. The facility must maintain a human service professional for every sixteen residents (16) in care. 5. The facility must ensure that all staff members working directly with residents have been appropriately oriented and trained regarding the type of residents served in the program. 6. This waiver is contingent upon the institution effectively demonstrating the ability to operate in accordance with the rules and regulations governing Child Caring Institutions.
44	Child Placing Agency	10/10/19	Universal Health Services of Savannah, LLC-Coastal Harbor	Keynard Campbell	1150 Cornell Avenue, Savannah, Georgia 31406	912-355-6437	290-9-2-.03(4)	The agency submitted a waiver application for the rule which states a child placing agency shall be incorporated in Georgia as a non-profit.	Approved	No	10/25/19	<ol style="list-style-type: none"> 1. The agency must submit evidence that the agency remains active with Georgia's Secretary of State Office registered to conduct business in the State of Georgia with an identified agent for service. 2. The governing body of the corporation shall accept accountability and responsibility for the operation of the program in accordance with the rules and regulations for Child Placing Agencies. 3. The governing body must meet, at least, annually to review and act upon operational reports and evaluations for the facility. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
45	Child Placing Agency	10/10/19	Universal Health Services of Savannah, LLC-Coastal Harbor	Keynard Campbell	1150 Cornell Avenue, Savannah, Georgia 31406	912-335-6437	290-9-2-03(6)(g)	The agency submitted a waiver for the rule which states the board of directors of the agency shall meet quarterly.	Approved	No	10/25/19	<ol style="list-style-type: none"> 1. The agency must submit evidence that the agency remains active with Georgia's Secretary of State Office registered to conduct business in the State of Georgia with an identified agent for service. 2. The governing body of the corporation shall accept accountability and responsibility for the operation of the program in accordance with the rules and regulations for Child Placing Agencies. 3. The governing body must meet, at least, annually to review and act upon operational reports and evaluations for the facility. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
46	Child Placing Agency	9/26/19	Goshen Valley Foundation, Inc.-Goshen Homes	Stacy Sabaka	505 Brown Industrial Parkway, Suite 200, Canton, Georgia 30114	770-324-1215	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	10/25/19	<ol style="list-style-type: none"> 1. The agency must conduct bi-monthly foster home visits to ensure the children's placement in this home is appropriate and does not pose a threat to the health and safety to any of the children in care. 2. The agency will develop service plans to address each child's emotional, educational, medical, social and developmental needs. These service plan meetings must be completed quarterly during the first year of placement. 3. The agency will not allow children of different sexes over the age of three to share a bedroom. 4. The agency will ensure that all volunteers for the foster home receive the appropriate criminal background check and orientation to the agency. 5. All updates and any changes to the foster home shall be documented in an amended home study evaluation and a copy of the report shall be maintained in both the foster parent's and each foster child's file. 6. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
47	Child Placing Agency	10/16/19	Devereux Georgia Treatment Network	Rudie Delien	1291 Stanley Road, Kennesaw, Georgia 30132	770-738-2603	290-9-2-.04(9)(a)	The applicant submitted a waiver application for the rule which requires the casework supervisor to have a master's degree and document a minimum of two years of experience in a Child Placing Agency.	Approved	No	11/21/19	<ol style="list-style-type: none"> 1. The staff must obtain at least 24-hours of annual training related to the type of residents served in the program, including training in writing home study evaluations and service plans. The agency shall maintain and document training in his/her personnel file. 2. The staff member shall receive monthly supervision from the director which shall be documented and maintained in his/her personnel file. 3. The agency must document an annual employee evaluation for the staff member completed by his/her supervisor that is maintained in his/her personnel file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

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#	License Type	Date Received	Agency Name	Agency Representative	Agency/Agency Representative's Address	Agency/Agency Representative's Phone Number	Rule #	Reason for Waiver	Approved	Attorney Yes/No	Approval Date	Conditions of Approval
48	Child Placing Agency	10/18/19	Uniting Hope 4 Children, Inc.	Katherine Mays	1949 Highway 1, Loganville, Georgia 30052	770-317-0294	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	11/21/19	1. The agency must conduct monthly foster home visits to ensure that the child's placement in this home is appropriate and does not pose a threat to the health and safety to any children in care. 2. The agency must maintain a homelike environment for the child and develop a service plan that addresses the child's emotional, educational, medical, social and developmental needs. 3. The foster parent(s) will not allow children of different sexes over the age of three to share a bedroom. 4. All updates and any changes to the family shall be documented in an amended home study report and a copy maintained in both the foster parent's and foster child's file. 5. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
49	Child Placing Agency	10/30/19	Abiding Love Adoption Agency, Inc.	Carrie Murray-Nellis	5600 Frederica Road, Saint Simons Island, Georgia 31522	912-596-8778	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience working in a Child Placing Agency.	Approved	No	11/21/19	1. The employee must receive quarterly supervision from the board of directors that must be documented in his/her file. 2. The employee must obtain 24 hours of annual training related to the type of residents served by the agency. This training must be maintained in his/her file. 3. The agency shall document an annual performance evaluation for the employee that is completed by the board of directors and maintained in his/her personnel file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
50	Child Placing Agency	11/4/19	National Mentor Healthcare, LLC-GA Mentor-Macon	Crystal Smith	120-B Osigan Boulevard, Suite 100, Warner Robins, Georgia 31088	478-333-2971	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience working in a Child Placing Agency.	Approved	No	12/10/19	1. The employee must receive monthly supervision from the director that shall be documented in his/her personnel file. This supervision should include a review of the home study evaluations approved by the staff. 2. The employee must obtain at least 24 hours of annual training related to the type of residents served by the agency. This training must be maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by the director that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
51	Child Placing Agency	11/4/19	Care 4 All Children Services, Inc.	Veronica Guobadia	1174 McKendree Church Road, Suite 100, Lawrenceville, Georgia 30043	678-719-9677	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience working in a Child Placing Agency.	Approved	No	12/10/19	1. The employee must receive monthly supervision from a master's level staff member that shall be documented in his/her personnel file. This supervision should include a review of the home study evaluations approved by the staff. 2. The employee must obtain at least 24 hours of annual training related to the type of residents served by the agency. This training must be maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by his/her supervisor that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
52	Child Placing Agency	11/12/19	National Mentor Healthcare, LLC-GA Mentor-Augusta	Tracy L. Bush	4210 Columbia Road, Suite 17-A, Augusta, Georgia 30907	706-868-5268 ext.11	290-9-2-.04(9)(a)	The agency submitted a waiver application for the rule which requires the casework supervisor to have at least a master's degree and document a minimum of two years of experience working in a Child Placing Agency.	Approved	No	12/10/19	1. The employee must receive monthly supervision from the director that shall be documented in his/her personnel file. This supervision should include a review of the home study evaluations approved by the staff. 2. The employee must obtain at least 24 hours of annual training related to the type of residents served by the agency. This training must be maintained in his/her personnel file. 3. The employee shall receive an annual performance evaluation completed by the director that is documented and maintained in his/her personnel file. 4. This waiver is contingent upon the agency demonstrating substantial compliance with the rules and regulations governing Child Placing Agencies.
53	Child Placing Agency	11/14/19	Community Connections, Inc.	Kimberly Brown	2300 West Park Place Boulevard, Suite 114, Stone Mountain, Georgia 30087	770-465-9644	290-9-2-.07(5)(a)(9)(ii)(IV)	The agency submitted a waiver for the rule which states that no child over the age of one shall sleep in a room with an adult in a foster home.	Approved	No	12/10/19	1. The agency will conduct monthly foster home visits to ensure the child's placement in this home is appropriate and does not pose a threat to the health and safety of any children in care. 2. The child is not allowed to sleep in the same bed with the foster parent. The agency will ensure that the child is provided with his/her own bed or crib to sleep. 3. All updates and any changes to the family shall be documented in an amended home study report and a copy shall be maintained in both the foster parent's and child's file. 4. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

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#	License Type	Date Received	Agency Name	Agency Representative	Agency/Agency Representative's Address	Agency/Agency Representative's Phone Number	Rule #	Reason for Waiver	Approved	Attorney Yes/No	Approval Date	Conditions of Approval
54	Outdoor Child Caring Program	11/14/19	New Vision Wilderness Therapy	Summer Hornbeck	19487 Spencer's Crossing Lane, Bend, Oregon 97702	414-737-0400	290-2-7-.05(5)	The facility submitted a waiver for the rules which states campers shall have a dental examination by a licensed dentist within six months prior to admission. Treatment shall be provided as recommended by the examining dentist.	Approved	No	12/10/19	1. The facility must document a dental history conducted by either a certified nurse practitioner or physician during the intake physical. In the absence of any reported or identifiable dental issues or pain, the resident may be admitted to the program. If there are any reported issues by the resident, the resident may still be admitted to the program, however, an appointment with a licensed dentist must be scheduled for the next available appointment or within 30 days. 2. All residents admitted into the program must receive a dental examination from a licensed dentist within six months from the admission date. All dental documents must be maintained in the resident's file. 3. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
55	Outdoor Child Caring Program	11/14/19	New Vision Wilderness Therapy	Summer Hornbeck	19487 Spencer's Crossing Lane, Bend, Oregon 97702	414-737-0400	290-2-7-.05(7)(a)	The facility submitted a waiver for the rule which states the intake summary shall include a current (within one year) evaluation by a licensed psychiatrist or psychologist.	Approved	No	12/10/19	1. All residents accepted and enrolled in the program must receive a psychological or psychiatric evaluation within two weeks of admission. This evaluation shall assess the resident for the appropriateness of participating in an outdoor child caring program. Documentation of this evaluation shall be maintained in the resident's file. 2. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
56	Outdoor Child Caring Program	11/14/19	New Vision Wilderness Therapy	Summer Hornbeck	19487 Spencer's Crossing Lane, Bend, Oregon 97702	414-737-0400	290-2-7-.14(1)	The facility submitted a waiver for the rule which requires camps to have a minimum of 10 acres of land for the first 50 campers with an additional five acres for each additional camper.	Approved	No	12/10/19	1. The facility shall be limited to a capacity of thirty (30) residents for the first six months of operation. Afterward, the facility may increase capacity quarterly by ten (10) residents until a capacity of fifty (50) residents have been reached. 2. The facility will be limited to a capacity of fifty (50) residents at one time. 3. The facility must demonstrate current approval with the U.S. Department of Agriculture Forest Service at all times. 4. This waiver is contingent upon the facility maintaining substantial compliance with the rules and regulations governing Outdoor Child Caring Programs.
57	Child Placing Agency	12/2/19	Faithbridge Foster Care, Inc.	Kris Isom	4400 North Point Parkway, Suite 210, Alpharetta, Georgia 30022	678-690-7118	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	12/20/19	1. The agency will conduct monthly foster home visits to ensure the placement in this home is appropriate and does not pose a threat to the health and safety of any children in care. 2. The agency will develop a service plan to address each child's emotional, educational, medical, social and developmental needs. 3. The agency will not allow children of different sexes over the age of three to share a bedroom. 4. All updates and any changes to the family shall be documented in an amended home study report and a copy shall be maintained in both the foster parent's and each child's file. 5. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
58	Child Placing Agency	12/2/19	Faithbridge Foster Care, Inc.	Kris Isom	4400 North Point Parkway, Suite 210, Alpharetta, Georgia 30022	678-690-7118	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	12/20/19	1. The agency must conduct monthly foster home visits to ensure this home is appropriate and does not pose a threat to the health and safety to any of the children in care. These visits shall be documented and maintained in the foster parent's file and the foster children's files. 2. The agency must conduct a monthly phone contact with the foster family for the first three months of placement to ensure the children are adjusting to the home and to ensure that the foster parents are not overwhelmed with three children under the age of three. 3. The agency must develop service plans to address each child's emotional, family, educational, medical, social and developmental needs. These plans shall be maintained in each foster child's file. 4. The agency will not allow children of different sexes over the age of three to share a bedroom. 5. All updates and any changes in the family make-up shall be documented in an amended home study report and a copy maintained in the foster parent's file and each foster child's file. 6. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.

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#	License Type	Date Received	Agency Name	Agency Representative	Agency/Agency Representative's Address	Agency/Agency Representative's Phone Number	Rule #	Reason for Waiver	Approved	Attorney Yes/No	Approval Date	Conditions of Approval
59	Child Placing Agency	12/12/19	Families 4 Families, Inc.	Allison Williams	508 Tucker Street, Dublin, Georgia 31021	770-895-4776	290-9-2-.07(2)	The agency submitted a waiver application for the rule that states no more than six children under the age of 19 shall reside in a foster home.	Approved	No	12/23/19	<ol style="list-style-type: none"> 1. The agency must conduct monthly foster home visits to ensure this home is appropriate and does not pose a threat to the health and safety to any of the children in care. These visits shall be documented and maintained in the foster parent's file and the foster children's files. 2. The agency will ensure that appropriate support services are provided to the foster parents caring for a one year old child and ensure that they have the appropriate bed or crib for the child to sleep. 3. The agency must develop service plans to address each foster child's emotional, family, educational, medical, social and developmental needs. These plans shall be maintained in each foster child's file. 4. The agency will not allow children of different sexes over the age of three to share a bedroom. 5. All updates and any changes in the family make-up shall be documented in an amended home study report and a copy maintained in the foster parent's file and each foster child's file. 6. This waiver is contingent upon the agency maintaining substantial compliance with the rules and regulations governing Child Placing Agencies.
60	Child Caring Institution	12/5/19	J. Rex Fuqua Adolescent Program of Skyland Trail	Dorothy Jordan	2830 Dresden Drive, Atlanta, Georgia 30341	404-315-8333	290-2-5-.05(8)	The facility submitted a waiver application for the rule which states no licensed child caring institution shall provide room, board and watchful oversight to more than 16 children on its premises.	Approved	No	12/23/19	<ol style="list-style-type: none"> 1. The facility must limit its capacity to twenty-six residents at one time. 2. The facility must always maintain a qualified director and human service professional. There must be at least one human service professional for every 16 residents in care. 3. This waiver is contingent upon the facility demonstrating substantial compliance with the rules and regulations governing Child Caring Institutions.
61	Child Caring Institution	12/5/19	J. Rex Fuqua Adolescent Program of Skyland Trail	Dorothy Jordan	2830 Dresden Drive, Atlanta, Georgia 30341	404-315-8333	290-2-5-.12(3)(a)1(i)	The facility submitted a waiver application for the rule which states a general physical examination shall be done by a medical doctor, physician's assistant or public health department and shall include basic diagnostic laboratory work, including but not limited to a complete blood count and basic urinalysis; required immunizations; and vision and hearing tests.	Approved	No	12/23/19	<ol style="list-style-type: none"> 1. The medical doctor must review and sign off on all physicals completed by the nurse practitioner within at least one month of completion. A copy of all physicals must be maintained in each resident's file. 2. The facility must ensure that any follow-up services required are completed within the recommended time frame and a copy of all work is maintained in the resident's file. 3. This waiver is contingent upon the facility demonstrating substantial compliance with the rules and regulations governing Child Caring Institutions.



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Economic Projections and Impact

- A. Discuss long-term projections for jobs in industries and occupations in the State that may provide employment opportunities for older workers. (20 CFR 641.302(d)).
- B. Describe how the long-term job projections discussed in the economic analysis section of strategic plan relate to the types of unsubsidized jobs for which SCSEP participants are trained and the types of skills training to be provided. (20 CFR 641.302(d))
- C. Discuss current and projected employment opportunities in the State (such as by providing information available under §15 of the Wagner-Peyser Act (29 U.S.C. 491-2) by occupation), and the types of skills possessed by eligible individuals. (20 CFR 641.325(c)).

The following charts indicate fields and occupations with the greatest growth expected over the next ten years for specific education levels according to the Georgia Department of Labor:

TABLE 1: LONG-TERM OCCUPATIONAL PROJECTIONS

Long-Term Occupational Projections 2012-2022 Georgia Statewide High School Degree or Equivalent (in order of raw change in employment)		
Occupation	Total Change in Employment	% Change in Employment
Customer Service Representative	19,510	20.3%
Sales Representatives	11,230	20.0%
Secretaries and Administrative Assistants	11,180	21.6%
Office Clerks, General	11,090	13.9%
Childcare Workers	10,630	28.2%
Team Assemblers	9,840	22.5%
Bookkeeping, Accounting, & Auditing Clerks	8,640	18.0%
First-Line Supervisors of Office & Admin.	8,220	20.2%
Maintenance & Repair Workers	7,230	17.2%
Medical Secretaries	6,810	50.4%

TABLE 2: LONG-TERM OCCUPATIONAL PROJECTIONS

Long-Term Occupational Projections 2012-2022 Georgia Statewide High School Degree or Equivalent (in order of % change in employment)		
Occupation	Total Changes in Employment	% Change in Employment
Psychiatric Aides	760	55.3%
Medical Secretaries	6,810	50.40%
Stonemasons	280	47.4%
Brick masons & Block masons	280	46.7%
Physical Therapy Aides	440	43.8%
Computer-Controlled Machine Tool Operators	590	41.7%
Substance Abuse & Behavioral Disorder Counselors	820	40.9%
Helpers – Electricians	1,230	40.7%
Motor Vehicle Operators	260	39.9%
Opticians, Dispensing	580	36.8%

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TABLE 3: LONG-TERM OCCUPATIONAL PROJECTIONS

Long-Term Occupational Projections 2012-2022 Georgia Statewide Less Than High School Degree (by change in employment)		
Occupation	Total Change in Employment	% Change in Employment
Food Preparation and Serving Workers	23,380	13.8%
Laborers & Freight, Stock & Material Movers	18,690	21.9%
Janitors & Cleaners	10,740	20.3%
Personal Care Aides	10,190	62.0%
Maids & Housekeeping Cleaners	8,760	22.5%
Construction Laborers	8,620	30.3%
Retail Salespersons	7,790	5.3%
Packers and Packers, Hand	6,420	24.0%
Landscaping & Grounds keeping Workers	5,090	18.5%
Home Health Aides	4,390	55.1%

Sub-Grantee staff will use this information to support participants in matching their interests with maximum opportunities for employment in the community. Also, staff will use this data to identify potential employers, as well as entrepreneurial and microenterprise ventures.

Historically, Georgia’s SCSEP sub grantees have been most successful in placing participants in unsubsidized employment with community service agencies, especially with host training sites, and in other service-oriented industries. The most prevalent occupations for SCSEP participants include jobs in maintenance and custodial work, office clerks and receptionists, van drivers, senior center program assistants, retail sales associates, housekeeping, foodservice, and customer service.

Most participants seek work experiences for benefits such as physical and mental activity, social interaction, the opportunity to contribute to the community, and the need for income. While many potential employers are looking for full time employees willing to work nights and week-ends, the typical SCSEP participant usually desires only part time employment with day time hours during the normal work week. Also, SCSEP participants do not normally seek jobs that would require relocation or an extended commute. The Georgia Integrated State Plan for 2012-2017 (GISP) confirms these strategies to address this issue (pp. 69-70).

Therefore, the program mostly targets community service organizations and small businesses because these employers have more of the types of jobs that SCSEP participants are seeking. Sub grantee staff continues to identify and develop high growth industries and occupations with a presence in local community job markets as potential employers of SCSEP participants.

The GISP submitted to the United States Department of Labor (USDOL) by the State Workforce Investment Board notes the following trends:

1. By 2020, it is projected that over 40 percent of job growth in Georgia will require some form of a college education, whether a certificate, associate’s degree, or bachelor’s degree (p. 13).

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2. The increase in the percentage of the population over 55 will have significant impacts on Georgia's economy, will create an increase in demand for health care and the turnover [of older workers exiting the labor force] will create a need for replacement workers in addition to growth openings (p. 16).
3. The fastest growing industries from 2001-2011 were Trade, Transportation and Utilities; Government; Professional and Business Services; Education and Health Services; and Leisure and Hospitality, with the largest gain in Education and Health Services (p. 19).
4. Georgia is facing a skilled labor gap among its advanced manufacturing occupations. Due to the extensive amount of specialized knowledge and lengthy training requirements, many of these skilled trade occupations will be in demand for new workers to take their place (p. 27).

These trends provide opportunities for SCSEP grantees to work with other Workforce partners to maximize participation of older workers through SCSEP activities.

Sub-Grantee staff recruit host training sites for their diversity and their willingness to train program participants in the skills they need to meet their work goals (such as computer experience for an office trainee) and to obtain the jobs they prefer (such as an Office Clerk position possibly with the same organization). Most preferred jobs can be found at community service agencies and in all private sector industries (such as clerical and custodial work). Our goal during this State Plan cycle is to expand the number and type of opportunities available.

Service Delivery and Coordination

Actions to coordinate activities of SCSEP grantees with WIOA title I programs, including plans for using the WIOA one-stop delivery system and its partners to serve individuals aged 55 and older. (20 CFR 641.302(g), 641.325(e))

Georgia's SCSEP sub grantees will continue to collaborate with the One-Stop Delivery System, including the One-Stop Career Centers and the Georgia Workforce Development Board. They routinely share information (program eligibility requirements and priorities, open training slots, and workshop information) with the One-Stop Career Centers. SCSEP sub grantees collaborate with these partners in other ways, including:

1. Share information regarding the fastest growing industries, occupations and businesses that offer appropriate job opportunities for SCSEP participants,
2. Maintain inventory of SCSEP marketing materials, brochures, and posters (including bilingual materials) at the One-Stop Career Centers,
3. Participate in Job Fairs at the One-Stop Career Centers, and
4. Promote the use of Federal Bonding and Work Opportunity Tax Credits as employer incentives to hire older workers.

SCSEP participants assigned to the One-Stop Career Centers as Older Worker Specialists help Older Georgians access job information and obtain other One-Stop services to enhance employability. In addition, they share job market and training information between the One-Stop Centers and the SCSEP program offices. The Older Worker Specialists disseminate information regarding training vacancies and refer potential applicants to the SCSEP program offices in each County.

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Exiting participants are encouraged to continue their association with the One-Stop Career Centers. In particular, participants who have reached their individual durational limit for SCSEP services, but who have not yet obtained unsubsidized employment, are referred to the One-Stop Career Centers for further job search and training support.

Actions to coordinate activities of SCSEP grantees with the activities to be carried out in the State under the other titles of the OAA. (20 CFR 641.302(h))

Georgia's SCSEP sub-grantees collaborate with other Older Americans Act (OAA) programs in two primary ways. First, project staff refers participants in need of supportive services to OAA federal programs such as the nutrition and adult day programs. Second, SCSEP partnerships with agencies providing OAA services, and the hiring of SCSEP participants by host training sites, have led to the establishment of effective training assignments that result in the expansion of much needed services to older Georgians.

During the upcoming State Plan cycle, the Division of Aging Services (DAS) will increase coordination of the following OAA services to support SCSEP participants:

1. Caregiver activities and support, including Kinship Care services, and
2. Evidence-based health and wellness programs, including chronic disease self-management programs and falls prevention programs

Actions to coordinate SCSEP with other private and public entities and programs that provide services to older Americans, such as community and faith-based organizations, transportation programs, and programs for those with special needs or disabilities. (20 CFR 641.302(i))

The SCSEP program collaborates and leverages resources with many organizations to provide training and supportive services for the participants. Some of these entities include host training sites, educational organizations, veteran representatives, vocational rehabilitation activities, and social service agencies.

In addition, Georgia's SCSEP sub grantees coordinate with many agencies to help participants in need of services such as subsidized housing or temporary shelters, no-cost medical and prescription programs, Catholic Charities, energy assistance, utility discounts, SNAP benefits, Supplemental Security Income, reduced fares on transportation, church-provided food and clothing, and nutrition programs provided through the Older Americans Act.

Actions to coordinate SCSEP with other labor market and job training initiatives. (20 CFR 641.302(j))

When appropriate, host agencies are encouraged to provide computer training for their participants. Specialized computer training opportunities are provided through diverse agencies, including local community colleges, the One-Stop Career Centers, and public libraries. In addition, the sub-grantees provide access to computers and other specialized training, including customer service.

Access to training courses offered by the One-Stop Career Centers will continue to be pursued. However, One-Stop training funds are used primarily for participants looking for full-time

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work; and, most SCSEP participants are interested in part - time employment.

SCSEP partners will coordinate education and training activities with Workforce Development Board partners and programs, such as *Employ Georgia* and *Go Build Georgia*. *Employ Georgia* (www.employgeorgia.com) is a website developed by the Georgia Department of Labor to facilitate employment needs of both employers and job seekers, and connect job seekers with job openings. *Go Build Georgia* educates Georgians about careers in the skilled trades and how to pursue opportunities in those industries. The Technical College System of Georgia (TCSG) is a key training partner, with 25 colleges in 82 campus locations across the state.

SCSEP participants receive training and work experience for many in-demand occupations, such as clerical and receptionist work, customer service, kitchen/food service, janitorial, maintenance and housekeeping, security, retail sales, adult day programs, and as older worker specialists. Using the list of jobs that will be in future demand (Tables 1-3) will allow SCSEP coordinators to steer participants toward professional certification programs, such as Commercial Driver's License and Certified Nursing Assistant, and support the federal credential attainment goals.

Training assignments provide the skills and work experiences needed to support the employment requirements of the regional economy. During this plan cycle, Georgia will seek to expand the number and diversity of training assignments to ensure the greatest success for participants.

All host training site supervisors complete performance evaluations, and these evaluations will be reviewed by the sub-grantees to assess the participant's progress and the degree of on-site supervision. Participants remain at their host training sites for as long as they are learning skills that will make them marketable and are complying with their Individual Employment Plans. Many host sites eventually hire their assigned SCSEP participants and have good job retention rates, indicating that successful training and preparation takes place.

Actions the State will take to ensure that SCSEP is an active partner in the one-stop delivery system and the steps the State will take to encourage and improve coordination with the one-stop delivery system. (20 CFR 641.335)

Goal: Improve Coordination with One –Stop Delivery System

Strategies:

1. Partner with the One-Stop Centers to monitor information on job openings and trends that will help identify current and future job opportunities
2. Track information regarding fast growing industries and the occupations and businesses that offer job opportunities for SCSEP participants
3. Train SCSEP participants as Older Worker Specialists and assign them at the One-Stop Centers to assist older job seekers
4. Participate in meetings that coordinate employment and training programs in the local areas, including meetings of local Workforce Development Boards and Georgia Department of Labor Employer Committees.

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Indicators:

1. Number of SCSEP participants assigned to One-Stop centers
2. Number of meetings with One-Stop Centers and partners
3. Narrative documentation of successful coordination activities in quarterly narrative reports

Efforts the State will make to work with local economic development offices in rural locations.

State and National Grantee service providers in the rural communities of Georgia cite the absence of viable 501(c) (3) not-for-profit and appropriate public agencies for Community Service Assignments as a barrier to recruiting participants. Limited appropriate organizations exist in these areas for placement of newly recruited participants. SCSEP staff in these under-enrolled areas have committed to utilizing resources, such as www.melissadata.com, to increase their Host Agency recruitment efforts.

Based on the Equitable Distribution Report for PY 2015 Q1, of the counties that were under-enrolled, 45.95% are designated as rural according to the Rural-Urban Continuum Codes (RUCC). And of those that are not counted as rural, many are in areas of the state with minimal population centers or other areas that expect business growth.

Goal: Expand SCSEP services in rural areas of Georgia

Strategies:

1. Compile and distribute to grantees listing of rural counties with under-enrollment
2. Identify one county per grantee per program year to target for expansion
3. Identify potential partners in each county to assist with outreach in recruiting participants, host agencies, and potential employers
4. Evaluate progress toward goals at mid-year training session

Indicators:

1. Change in number of rural counties with under-enrollment at end of each program year
 2. Number of new participants enrolled in identified counties
 3. Number of new host agencies enrolled in identified counties
 4. Number of potential employers identified and contacted in identified counties
- a. Describe the long-term strategy for engaging employers to develop and promote opportunities for the placement of SCSEP participants in unsubsidized employment. (20 CFR 641.302(e))*

During this Plan cycle, Georgia will collaborate with community partners to develop the expertise of sub-grantee staff in employer engagement, including the University of Georgia College of Family and Consumer Sciences. Also, Georgia will focus on developing entrepreneurial and microenterprise opportunities for SCSEP participants, as noted below.

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Goal: Improve Employer Engagement in the SCSEP Program

Strategies:

1. Identify potential employers
2. Identify specific skill needs of potential employer
3. Send qualified and suitable participants to job interviews
4. Include employers in training activities

Indicators:

1. Number of new employers identified
2. Number of employers included in training activities

Goal: Increase participants' placement in entrepreneurial ventures to enhance opportunities for entrepreneurship by June, 2019.

Strategies:

1. Identify agencies that can provide technical assistance to SCSEP projects about entrepreneurship and microenterprise
2. Identify agencies that can provide training to participants about entrepreneurship and microenterprise
3. Identify unmet needs in communities that might be addressed by SCSEP participants engaging in entrepreneurial ventures
4. Target and recruit host agencies that can offer entrepreneurial opportunities to participants
5. Provide training to SCSEP project staff about entrepreneurial activities within the SCSEP program

Indicators:

1. Number of training activities for SCSEP project staff
2. Number of training activities for SCSEP participants
3. Number of partnerships established to support entrepreneurship and microenterprise
4. Number of participants who launch an entrepreneurial venture
5. Participant earnings from entrepreneurial ventures

To further support long-term engagement of employers, DHS Division of Aging Services will incorporate On-The-Job Experience (OJE) beginning July 1, 2016. Please see Attachment A.

b. Describe the long-term strategy for serving minorities under SCSEP. (20 CFR 641.302 (c))

The following chart from the PY 2013 DOL Minority Report illustrates Georgia's service to minorities in the SCSEP program:

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TABLE 4: SCSEP MINORITY PARTICIPATION

<u>Category</u>	<u>SCSEP %</u>	<u>Census %</u>	<u>% Difference</u>	<u>Significant</u>
Minority Overall	51.7%	34.0%	151.8%	X
Hispanic	1.1%	2.6%	43.6%	Yes
Black	50.2%	29.8%	168.6%	X
Asian	0.4%	0.7%	52.5%	X
American Indian	0.7%	0.4%	209.9%	X
Pacific Islander	0.00%	0.02%	N/A	N/A

During the upcoming State Plan cycle, Georgia will increase enrollment of Hispanic/Latino older adults and Asian adults in the SCSEP program as shown below. To be successful, these strategies must involve an integrated approach to recruiting participants, host agencies, and potential employers.

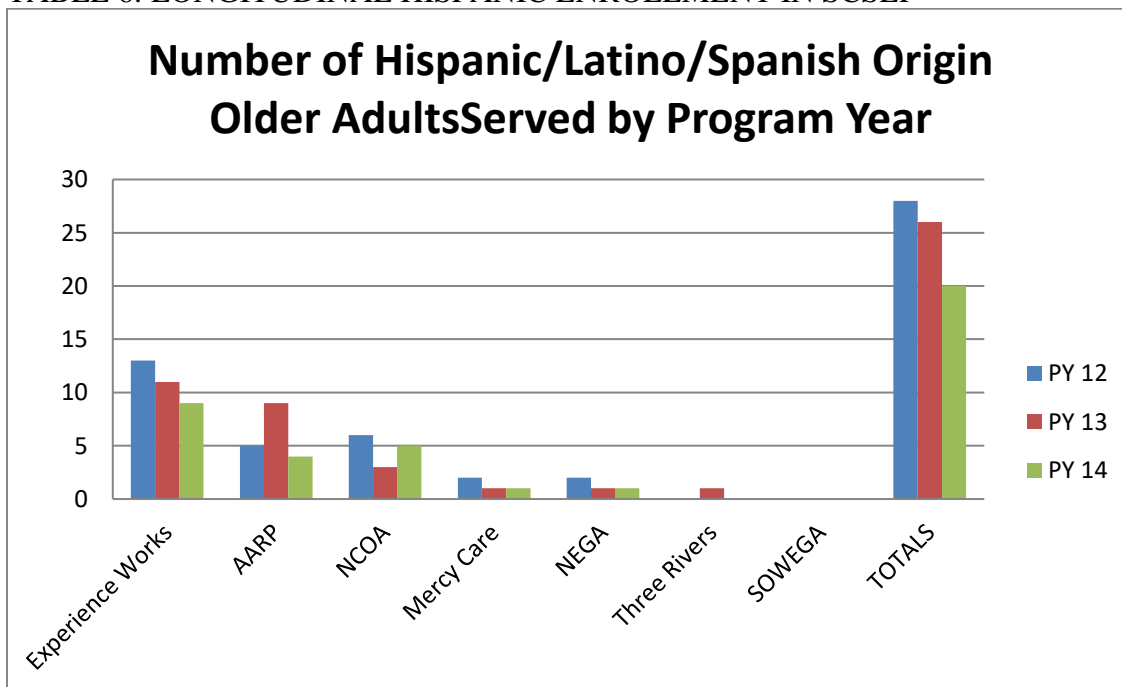
Goal: Increase enrollment of Hispanic/Latino older adults in SCSEP by 100% by June, 2019.

TABLE 5: LONGITUDINAL DEMOGRAPHICS FOR HISPANICS*

Data Point	2012	2013	2014
% Georgians 65+ - Hispanic	2.0%	2.1%	2.1%
# Georgians 65+ - Hispanic	20,973	22,890	23,903
Target for # SCSEP Participants (198 slots x %)	4	4	4
Actual # served	6	3	2

*DAS slots only

TABLE 6: LONGITUDINAL HISPANIC ENROLLMENT IN SCSEP



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Strategies:

1. Identify agencies and organizations, including churches and English as Second Language (ESL) programs, in target areas that serve Hispanic/Latino older adults
2. Identify “liaison” between sub grantees and organizations that serve Hispanic/Latino older adults
3. Provide outreach to identified organizations about the SCSEP program
4. Recruit appropriate host agencies and potential employers that could serve Hispanic/Latino older adults

Indicators:

1. Number of agencies and organizations involved in outreach to Hispanic/Latino older adults
2. Number of host agencies recruited
3. Number of potential employers recruited
4. Number of Hispanic/Latino older adults served by SCSEP

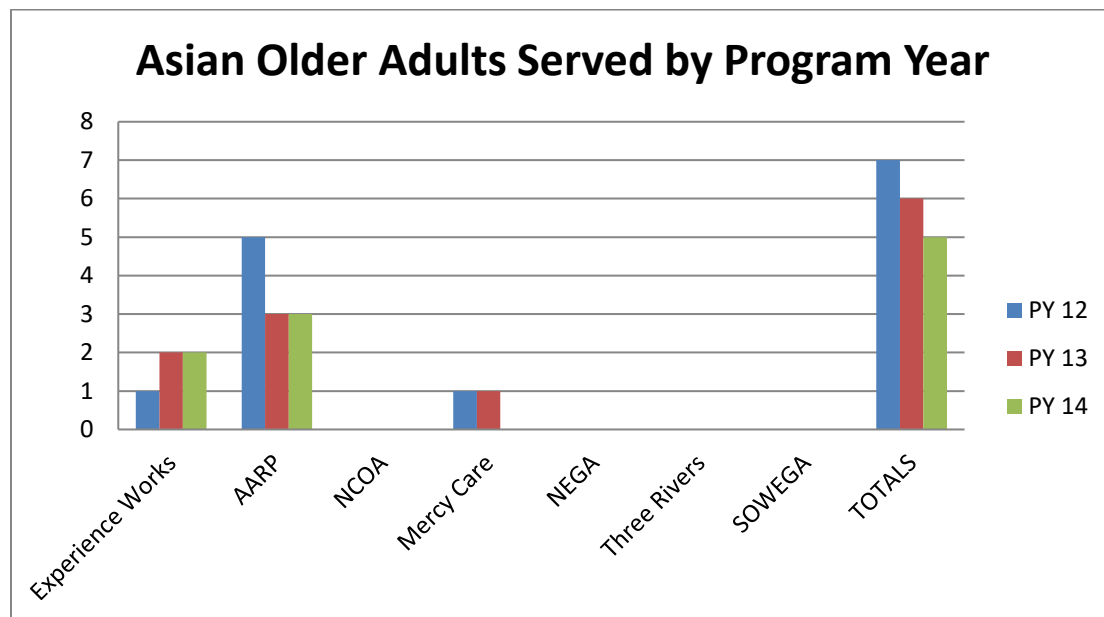
Goal: Increase enrollment of Asian older adults in SCSEP by 100% by June, 2019.

TABLE 7: LONGITUDINAL DEMOGRAPHICS FOR ASIANS*

Data Point	2012	2013	2014
% Georgians 65+ - Asian	1.9%	2.0%	2.1%
# Georgians 65+ - Asian	19,924	21,800	23,903
Target for # SCSEP Participants	4	4	4
Actual # served	1	1	0

*DAS slots only

TABLE 8: LONGITUDINAL ASIAN ENROLLMENT IN SCSEP



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Strategies:

1. Identify agencies and organizations (including churches and ESL programs) in target areas that serve Asian older adults
2. Identify “liaison” between sub grantees and organizations that serve Asian older adults
3. Provide outreach to identified organizations about the SCSEP program
4. Recruit appropriate host agencies and potential employers that could serve Asian older adults

Indicators:

1. Number of agencies and organizations involved in outreach to Asian older adults
2. Number of host agencies recruited
3. Number of potential employers recruited
4. Number of Asian older adults served by SCSEP

- c. *List needed community services and the exact places where these services are most needed. Specifically, the plan must address the needs and location(s) of those individuals most in need of community services and the groups working to meet their needs. (20 CFR 641.330)*

SCSEP’s service to a community is based primarily on the social and economic needs of the participants entering the program, and on the demand for services within local communities. The identification of potential training sites is accomplished through community outreach efforts, such as through meetings with current and potential host training sites, to determine where the greatest needs for SCSEP assignments exist. Efforts also include frequent coordination with the One-Stop Career Centers and Georgia’s Aging and Disability Resource Center (ADRC) to monitor community needs.

Georgia SCSEP initiates and maintains partnerships with area non-profit agencies that provide a wide range of services, including: adult day programs, child day care, food services, recreational facilities, health care, and social services. The current focus is on community service needs being supported through the state’s network of senior centers, state service centers, housing agencies, shelters, and child care facilities.

Urban populations have greater access to resources such as transportation, health services and educational opportunities than those living in less populated regions. Computer skills have become increasingly important for SCSEP participants because most employment opportunities now require basic computer skills at a minimum. All SCSEP participants are required to register with One-Stop centers and are encouraged to participate in computer training classes that are available.

Participants with the greatest economic need are provided supportive services. Direct services may include a gas card or a bus pass to accommodate transportation to and from their host agency assignment until they receive a paycheck. SCSEP staff utilizes county resource guides to identify supportive services, such as assistance with shelter, utilities, clothing and food, available through community resources. Many times those resources are provided at no cost to SCSEP or the participant. One significant barrier for participants is access to dental care and DAS is working at the state-wide level to improve access to oral health services for seniors.

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Participants with the greatest social needs are assigned to training sites able to provide a supportive environment. These sites may already serve clients facing similar barriers, thus providing a more comfortable environment for the SCSEP participant. The first training assignment for individuals with the greatest social need is limited in duration so that SCSEP staff can monitor them closely and interact more often. Efforts are ongoing to expand the reach of SCSEP throughout the State. In addition, Georgia's SCSEP grantees will investigate opportunities for using websites and social networking media to further expand the program's reach and impact throughout the state.

Georgia will target strategies related to entrepreneurship and microenterprise to address identified gaps in services in local communities (such as transportation, home repairs, and in-home support for older adults who live alone and caregivers).

d. Describe the long-term strategy to improve SCSEP services, including planned long-term changes to the design of the program within the State, and planned changes in the use of SCSEP grantees and program operators to better achieve the goals of the program. This may include recommendations to the Department as appropriate. (20 CFR 641.302(k))

Goal: Target Jobs Effectively

Strategies:

1. Focus on placing participants in unsubsidized employment with community service agencies
2. Identify and develop local job opportunities
3. Routinely visit host training sites and encourage them to hire their SCSEP participants as funds become available

Indicators:

1. Number of participants placed in unsubsidized employment
2. Number of new host agencies
3. Percentage of host agencies that hire participants
4. Number of visits to host training sites compared to percentage of those that hire participants

Goal: Manage Durational Limits Effectively

Strategies:

1. Provide quality support to each participant approaching his or her SCSEP durational limit
2. Conduct assessments, prepare and implement transitional Individual Employment Plans
3. Research the local job market and access all supportive services available to assist the SCSEP participants
4. Update transitional IEP enhancing job development and training efforts
5. Reassess six months before the individual's durational limit date or sooner

Indicator:

1. Decrease in number of participants who reach durational limits without gaining unsubsidized employment (who have employment as a goal in their IEPs)

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Goal: Train Participants Effectively

Strategies:

1. Encourage host training sites to make formal in-service and on- the- job training available for their assigned SCSEP participants
2. Collaborate with local libraries and non-provide agencies that offer free training
3. Conduct workshops covering different aspects of the job-seeking process and topics relating to health, consumer information, transportation and all available social benefits
4. Encourage participants seeking full-time employment to attend programs offered through the Workforce Innovation and Opportunity Act's One-Stop Career Centers
5. Utilize OJE training options beginning July 1, 2016

Indicators:

1. Number of participants who participate in training
2. Number of training hours
3. Number of participants who participate in OJE training
4. Hire rate of participants who participate in OJE training

In addition, the Division will evaluate the continued use of sub- projects within the SCSEP program during the upcoming State Plan cycle.

- e. Describe a strategy for continuous improvement in the level of performance for SCSEP participants' entry into unsubsidized employment, and to achieve, at a minimum, the levels specified in OAA Section 513(a)(2)(E)(ii). (20 CFR 641.302(f))*

Goal: Increase performance in core performance measures by June, 2019.

Strategies:

1. Prioritize six core performance goals for improvement
2. Identify additional data points that impact core performance goals
3. Provide intensive training and technical assistance to SCSEP staff about specific core performance goals, tools to diagnose performance, and strategies to improve performance
4. Utilize Sub Grantee Tracking Sheet to manage performance
5. Provide quarterly technical assistance based on Sub Grantee Tracking Sheets

Indicators:

1. Number of sub grantees that show increase in performance
2. Number of performance goals that show increase in performance
3. Percentage increase in performance in performance goals

Location and Population Served, including Equitable Distribution

- a. Describe the localities and populations for which projects of the type authorized by title V are most needed. (20 CFR 641.325 (d))*

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As stated previously, rural areas face significant challenges in recruitment of participants, availability of host agencies and potential employers, and access to supportive services. Each of the special populations targeted for SCSEP participation face special needs and challenges that Georgia seeks to address through policy and practice. Table 12 (page 16) indicates prevalence of specific most-in-need populations in Georgia.

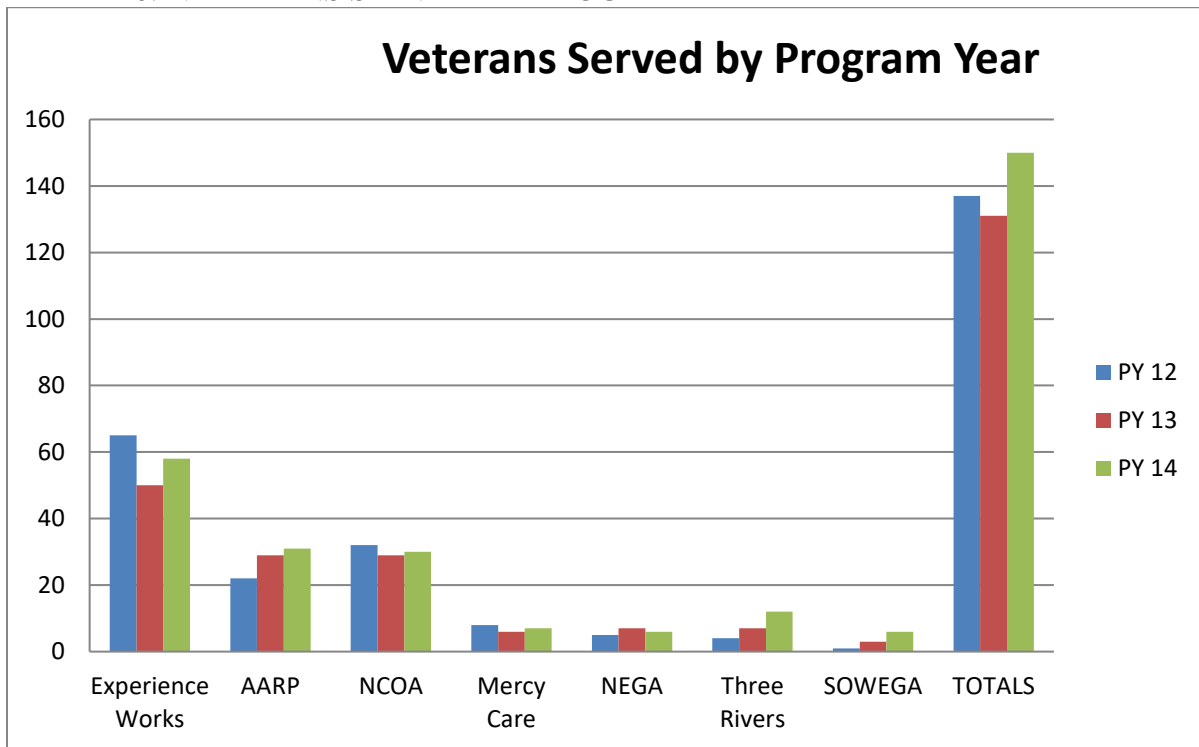
Georgia has a large military presence with nine military installations, and more than 752,000 veterans call Georgia home, according to the Georgia Department of Veterans Services 2015 Annual Report.

Goal: Increase enrollment of veterans and qualified veteran spouses by 25% by June, 2019.

TABLE 9: POPULATION OF VETERANS IN GEORGIA

Data Point	2012	2013	2014
# veterans 18+	701,808	690,208	681,940
Veterans as % of GA population	9.8%	9.5%	9.2%
# veterans 55+	408,452	404,462	402,967

TABLE 10: VETERANS SERVED BY PROGRAM YEAR



Strategies:

1. Identify and initiate contact with a minimum of five organizations that serve veterans in target areas
2. Develop relationship with Georgia Department of Labor, Office of Veterans Employment
3. Implement area-specific outreach and recruitment methods to increase awareness of SCSEP services to veterans

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4. Conduct training for all SCSEP sub-grantees to raise awareness and develop interventions to address veterans' barriers to employment

Indicators:

1. Number of veterans organizations contacted
 2. Number of new or enhanced partnerships with veterans organizations
 3. Number of trainings related to outreach, recruitment, addressing barriers, and retention of veterans in the SCSEP program
- b. List the cities and counties where the SCSEP project will take place. Include the number of SCSEP authorized positions and indicate if and where the positions changed from the prior year.*

According to 2014 American Community Survey information, the total population in Georgia was 9,907,756. Georgians 55 and older comprise 22.9% percent of that population. SCSEP slots are allocated to 158 of Georgia's 159 counties. The USDOL authorized 970 SCSEP participant slots for Program Year 2015 between Georgia and the three national grantees. Georgia administers 198 of those positions and the remaining 772 are distributed among the three national grantees. This distribution is unchanged from the prior year. The Equitable Distribution charts for PY 2014 and PY 2015 are included in Appendix A and Table 12 (page 16) illustrates the distribution of most-in-need factors.

- c. Describe any current slot imbalances and proposed steps to correct inequities to achieve equitable distribution.*

Based on the PY 2015 Q1 Equitable Distribution Report (EDR) summary (See Table 11, page 15), Georgia has an overall variance rate of 35.2%. Of the 68 counties that are under-enrolled, 86.7% are under-enrolled by either 1 or 2 slots. Of the 54 counties that are over-enrolled, 79.6% are over-enrolled by either 1 or 2 slots. There are variances beyond two slots in the following counties: Baldwin, Carroll, Cherokee, Clarke, Clayton, Cobb, Coffee, Colquitt, DeKalb, Elbert, Floyd, Forsyth, Fulton, Glynn, Greene, Gwinnett, Hall, Hart, Henry, Jefferson, Jones, Madison, Muscogee, Paulding, Rabun, Richmond, Screven, Stephens, Sumter, Troup, and Wilkes. Many of these variances are based on appropriate over-enrollments; however, variances based on under-enrollments should be tracked regularly. To monitor and correct inequities on an ongoing basis, DAS will implement the following strategies:

1. Review EDR monthly and discuss Georgia sub-grantee variances during monthly conference call with individual follow up as needed
2. Review EDR semi-annually with national grantee partners and develop strategies needed to achieve equitable distribution.

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TABLE 11: EQUITABLE DISTRIBUTION REPORT SUMMARY

Equitable Distribution – PY 2015 Q1													
Statewide Summary	QP	E	V	# Counties	# Under	% Under	Avg. % Und. E.	# Over	% Over	Avg. % Over E	# over Under	% Over Under	Total V/AP
State Grantee	198	193	-5	47	22	46.8%	36.0%	15	31.9%	64.6%	37	78.7%	33.8%
National Grantees	772	819	44	137	56	40.9%	36.4%	49	35.8%	53.6%	105	76.6%	38.3%
Total ED Grantees	970	1009	39	158	68	43.0%	34.2%	54	34.2%	49.6%	122	77.2%	35.2%

- d. *Explain the State’s long-term strategy for achieving an equitable distribution of SCSEP positions within the State that:*
- i. *moves positions from over-served to underserved locations within the State in compliance with 20 CFR 641.365.*
 - ii. *equitably serves both rural and urban areas.*
 - iii. *serves individuals afforded priority for service under 20 CFR 641.520. (20 CFR 641.302(a), 641.365, 641.520)*

All grantees work collaboratively to identify areas of the state where over-enrollment or under-enrollment exists. The state SCSEP coordinator arranges a meeting or phone conference with the national grantees and mutual agreement is required before any positions may be exchanged. The existing placement of positions in each county is compared with the number shown in the ED Report to identify any areas of over or under-enrollment in the state.

Participants cannot be terminated from the program because of the equitable distribution requirement, so grantees must rely on normal attrition to correct areas of over-enrollment. Georgia strives for equity, but it can be challenging in rural counties and areas with recent increases in the number of eligible individuals. When equity cannot be achieved, Georgia attempts to keep the actual position distribution within two positions above or below the equitable distribution goal.

When over-enrollment occurs, SCSEP acts on the guidance of the USDOL to bring enrollment back to a manageable level. The strategies recommended by the USDOL to manage over-enrollment include stopping new enrollments and reducing hours for current participants.

Approximately 17 % of Georgians live in rural areas of the state. Employment opportunities and community resources are often more difficult to obtain in rural counties than in metropolitan areas. According to the Program Year 2014 Final Quarterly Progress Report (QPR), of the participants served by Georgia State SCSEP, 137 participants are identified as living in a rural area. The goal of enhancing SCSEP services in rural areas is documented elsewhere in this Plan.

- e. *Provide the ratio of eligible individuals in each service area to the total eligible population in the State. (20 CFR 641.325(a))*

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- f. Provide the relative distribution of eligible individuals who:
- a. reside in urban and rural areas within the State
 - b. have the greatest economic need
 - c. are minorities
 - d. are limited English proficient.
 - e. have the greatest social need. (20 CFR 641.325(b))

TABLE 12: DISTRIBUTION OF MOST-IN-NEED FACTORS, 55+

Population Category	Absolute Number	% of older Georgians
Total Population, 55+	2,268,877	N/A
Reside in urban areas	1,883,227	83%
Reside in rural areas	386,803	17%
Greatest economic need	264,807	12%
Minorities	687,04	30%
Limited English proficient (65+)	24,335	1%
Greatest social need (Living Alone, 2012 5-yr. estimate)	455,330	20%
*Based on ACS 2014 5-year estimates unless otherwise noted.		

According to the GISP, Georgia’s population has limited language barriers, with only about 3.1% of households without a member over the age of 14 who speaks English, (p. 16). However, limited English proficiency disproportionately affects older persons and is a significant barrier to gaining unsubsidized employment.

When recruiting and selecting participants for SCSEP, priority is given to individuals who have one or more of the following priority of service characteristics:

- Are covered persons in accordance with the Jobs for Veterans Act (veterans and eligible spouses, including widows and widowers who are eligible for SCSEP must receive services instead of, or before, non-covered persons);
- Are 65 years or older;
- Have a disability;
- Have limited English proficiency;
- Have low literacy skills;
- Reside in a rural area;
- Have low employment prospects;
- Have failed to find employment after utilizing services provided through the One-Stop Delivery System;
- Are homeless or are at risk for homelessness

The priority of service requirements are included in the state SCSEP contract and are also followed by the national SCSEP grantees. Local project staff uses their connections with other programs, such as Veteran Representatives and Vocational Rehabilitation counselors at the One-Stops, to promote SCSEP and learn about individuals who may meet the priority of service and eligibility requirements. Grantees partner with organizations that serve hard to reach

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populations, such as those who are geographically or socially isolated and those whose primary language is not English.

- g. Describe the steps taken to avoid disruptions to service for participants to the greatest extent possible, when positions are redistributed, as provided in 20 CFR 641.365; when new Census or other reliable data becomes available; or when there is over-enrollment for any other reason. (20 CFR 641.325(i), 641.302(b))*

USDOL allocates SCSEP subsidized community service slots to each county using a formula based on the number of individuals ages 55 and older with incomes at or below 125% of the federal poverty level. When slots are adjusted due to increases or decreases in census data or the modification of slots to ensure equitable distribution throughout the state, sub-grantees ensure participants are not adversely affected. Redistribution will be done through attrition, such as retirements, relocations, durational limits and unsubsidized job placement. In addition, the State will work with national grantees operating in Georgia to affect transfers between grants when necessary to accommodate a participant's preferences to continue training within an existing host agency.

The state SCSEP coordinator hosts monthly conference calls with the sub-grantee staff to share important information related to the program. These calls provide a platform for local project staff to share information about successes and challenges in the areas they serve, and allow the state to share updates on performance measures, position distribution and other program requirements. Open communication between the field and state office is essential for the efficient operation of the program and enables both parties to respond quickly to changes in enrollment levels.

SCSEP Operations

A. *Administrative:* Describe the organizational structure of the project and how sub-grantees will be managed. This description must include:

- i. an identification of the key staff, including the primary responsibilities and the amount of time assigned to the SCSEP grant;*

The Georgia Department of Human Services Division of Aging Services (DAS) employs a full-time SCSEP Coordinator. The State SCSEP Coordinator organizes and monitors all grant-related activities, including managing the grant budget, program planning and evaluation, statewide program coordination, and providing technical assistance and training to sub-grantees. The SCSEP Coordinator also is responsible for creating a systematic approach for program management and ensuring that contracted agencies comply with all state and federal regulations. The state SCSEP Coordinator oversees all sub-grantees and conducts the monitoring for program and financial compliance. There is a team lead who supervises the State SCSEP Coordinator. (See Appendix B for DAS Organizational Chart and Livable Communities Section Organizational Chart).

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DAS contracts with three Area Agencies on Aging (AAA's) and one private, non-profit organization to provide direct SCSEP services. Two of the AAA's subcontract with sub-project organizations to administer the program, and one employs a full-time staff person to administer the program directly at the AAA level. The private, non-profit organization was a former sub-project of a retired AAA. These agencies have direct contact with the participants, and are responsible for recruiting participants and host agencies. In addition, sub-grantees determine participant eligibility, manage local allocated dollars, report required data elements into the DOL SPARQ database, maintain file systems, participate in trainings and monthly conference calls, submit quarterly reports, handle any grievances or complaints, and ensure the best training experience possible for all participants.

- ii. *an organizational chart depicting any sub grantees or local affiliates implementing the grant. Include a table with authorized positions for each sub grantee or affiliate, if applicable;*

TABLE 11: SCSEP ORGANIZATIONAL STRUCTURE

Organizational Structure of SCSEP Program in Georgia Georgia Department of Human Services Division of Aging Services -State Grantee- SCSEP Coordinator (full-time)			
Mercy Care Rome	Northeast Georgia AAA	Three Rivers AAA	SOWEGA AAA
SCSEP Coordinator (FT)	SCSEP Coordinator (PT)	SCSEP Coordinator (FT)	SCSEP Coordinator (PT)
	Sub-project:		Sub-project:
	Athens Community Council on Aging		Experience Works
	SCSEP Coordinator (FT)		SCSEP Coordinator (FT)
63 authorized positions	47 authorized positions	47 authorized positions	41 authorized positions

- iii. *a description of training that will be provided to local staff;*
 iv. *a description of how projects will be monitored for program and financial compliance, including audit plans; and*
 v. *a description of how the State will manage its providers and how it will transfer participants if new providers are selected to serve in the State.*

The sub grantee provides training to local project staff regarding local policies and operations DAS provides training and technical assistance to local staff that includes review and instruction about the following topics:

- SCSEP program design and operations (20 CFR 641)
- State SCSEP policies
- Core performance measures
- State SCSEP reporting (Quarterly Tracking Sheets, Quarterly Program Narrative Report)
- Overview of SPARQ

USDOL requires that the State periodically monitor the performance of grant-supported activities to assure that project goals related to the recruitment of priority populations are being

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achieved and that all requirements of the Older Americans Act and its rules and regulations are being met.

Performance by all sub-grantees will be measured monthly by DAS, on a cumulative basis, against the goals and standards specified in the SCSEP regulations:

- The performance standards for program activities under the sub-grant contract with DAS will be monitored closely by the DAS SCSEP Coordinator through desk reviews of reports, quarterly narrative reports, and annual on-site monitoring visits.
- DAS will review and analyze monthly financial reports to determine the sub-grantees' compliance with USDOL and DAS spending goals. The sub-grantees will be expected to perform according to monthly financial plans, as stipulated in the DAS contract. Appropriate procedures must be initiated to assure that the total sub-grant is not over-expended or under-expended.
- All sub-grantee expenditures must comply with USDOL limitations of expenditure of SCSEP funds and matching requirements as outlined in 20 C.F.R. § 641.867, § 641.873, and § 641.809.
- The match requirement for SCSEP funds must follow the guidelines outlined in the SCSEP Final Rule, sections 20 C.F.R. § 641.809 (d) and 20 C.F.R. § 641.873 (b). Match will be tracked in three separate categories: Administrative, Enrollee Wages/Benefits, and Other Costs. All three categories can be matched with in-kind.

The State SCSEP Coordinator completes an annual in-person monitoring with each sub-grantee and provides additional technical assistance as needed. Each sub-grantee submits a Quarterly Tracking Sheet to the Division for review and technical assistance based on findings from this document is provided either by telephone or in person.

If new providers are selected to provide SCSEP services, the State SCSEP Coordinator develops a project plan and timeline to ensure smooth transition for participants, host agencies, and administrative activities.

B. *Recruitment*: Describe how the State will recruit and select participants. (Participant eligibility is described under 20 CFR 641.500 and 641.525.)

The sub-grantee must ensure that participant recruitment and selection follows DOL policies as outlined in 20 C.F.R. § 641.515(b) and § 641. 520:

- Sub-grantees will make efforts to assure that the maximum number of eligible individuals have an opportunity to participate in SCSEP.
- These efforts must include outreach to ethnic minorities, individuals with limited English proficiency, and those with the greatest economic need, at least in proportion to their numbers in the area, taking into consideration the area's rate of poverty and unemployment.

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- Priority will be given to individuals with the characteristics described in *Selection Enrollment Priorities*, ODIS page 416-7.

To ensure that these requirements are achieved, the sub-grantees will:

1. Use the local Department of Labor Career Centers as one method in recruitment and selection of eligible individuals by notifying staff when SCSEP vacancies exist;
2. Establish collaborative relationships with agencies providing services to older persons, persons with low incomes, veterans, homeless individuals, persons with disabilities, and persons of various race/ethnic backgrounds;
3. Place flyers, brochures, posters, and other advertisements in public places where older individuals tend to congregate;
4. Use low-cost or no-cost media advertising, such as public service announcements on radio and TV, community service announcements, and human interest articles in local newspapers;
5. Make presentations to groups of older people or the general public to spread the word about opportunities available through the program; and
6. Develop a close working relationship with other employment and training programs such as state and local programs under the Workforce Investment Act (WIA), vocational education programs, dislocated worker programs, and adult education programs.

The State SCSEP Coordinator will monitor the achievement of recruitment goals during annual visits with the sub-grantee and during monthly teleconferences. At no time should vacancies exist in the program when funding is available to provide training opportunities for older workers.

Special effort will be made to partner with the One-Stop Career Center by providing a staff member on site at least twice a month. In addition, staff will be available to attend Department of Labor staff meetings to advise them about the program as well as provide updates and program change information.

C. Income Eligibility: Describe how participants are recertified as being income eligible each year. Note the physical location of where eligibility records will be maintained.

Each participant is recertified on the anniversary of enrollment to maintain continuity of training. Document of income is obtained and placed in the participant's file at the local sub-grantee site, and is subject to data validation. If a participant is found to be ineligible for the program, the individual is informed and a letter with appeal rights is distributed by U.S. mail.

*D. Describe the orientation procedures for:
Participants*

Sub-Grantees must ensure that participants receive formal orientation to the SCSEP program as outlined in 20 C.F.R § 641.535 through § 641.565). Orientation topics must include, but are not limited to, information on:

- project goals and objectives

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- community service assignments
- training opportunities
- available supportive services
- the availability of a free physical examination
- participant rights and responsibilities
- permitted and prohibited political activities

Additional detail about participant orientation is available in the *DAS SCSEP Participant Handbook* (see Appendix C).

Host Agencies

Based on the Participant Assessment, the sub-grantee assigns each participant to a community service assignment at an organization, referred to as a “Host Agency.” Participants must be assigned to a Host Agency as soon as possible but at least within 30 days of enrollment. Procedures for selecting, assigning, and monitoring Host Agencies can be found in the *DAS SCSEP Host Agency Handbook* (see Appendix D).

E. Durational Limits: Describe the State’s policy for maximum duration of enrollment or maximum time in community service and provide a copy of the State’s current Durational Limit policy.

DAS follows USDOL guidelines regarding durational limits and does not request a waiver of current USDOL policy. SCSEP staff is committed to helping participants gain as much experience as possible during enrollment and is continually reevaluating the participants’ training needs. As a result, participants may be reassigned to different host agencies as project staff and participant progress deem appropriate. Host agencies are provided advanced notice of all reassignments.

F. Assessments: Describe the procedures for assessing job aptitudes, job readiness, and job preferences of participants and their potential for transitioning into unsubsidized employment; describe how the State uses assessments to develop the participant’s Individual Employment Plan (IEP).

The local SCSEP coordinator completes an assessment on each participant using the “SCSEP Initial Assessment” form. The assessment gathers information about the participant’s goals for the program, work history, education and training history, work preferences, supportive service needs, and an assessment of soft skills. The sections of the assessments correlate to sections of the IEP that outline long-term employment and education goals, short-term SCSEP goals, additional education or training needs, information about the community service assignment, goals to achieve unsubsidized employment, and supportive service needs. All goals are designed in the SMART (Specific, Measurable, Achievable, Realistic, Time-specific) format.

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G. Community Service Assignments: Describe how the participant will be assigned to community service including:

- i. the types of community service activities that will take place and how they were chosen; methods used to match participants with community service training;*
- ii. whether and how many participants will be placed in the administration of the project itself;*
- iii. the types of host agencies used and the procedures and criteria for selecting the assignments;*
- iv. the average number of hours in a participant's training week;*
- v. the fringe benefits offered (if any); and*
- vi. the procedures for ensuring adequate supervision of participants while on assignment.*

Sub- Grantees select governmental agencies and 501c (3) nonprofits as community service training assignments, with the intent for agencies to hire the participant for unsubsidized employment following training. The local coordinator works to match the participant's interests identified in assessments and IEPs with the abilities of the host agencies to provide needed training activities. Currently two sub-grantees place participants in training positions that support administration of the project. As noted elsewhere, the proposed State Plan will focus on expanding the number of community service assignment opportunities in rural areas.

The participant's assignment schedule will be determined by the SCSEP project staff, the Host Agency Supervisor, and the participant. Once determined, a participant's assignment hours will be on file in the local SCSEP project office on the Community Service Assignment Description. Because the Georgia SCSEP provides the workers compensation insurance for participants, any (temporary or otherwise) changes to the participant's training hours must be immediately reported to the SCSEP project office. Though temporary or one-time changes are expected, only project staff may permanently alter the participant's training hours/schedule.

In most cases, a participant will be assigned to train at the agency 5 days per week, 4 hours per day, for a total of 20 hours per week. There may be variations to these hours depending on the participant's specific community service assignment. A participant may request to train fewer than 20 hours per week; if such a request has been made and approved, this information will be made known to the Host Agency Supervisor when the participant's training schedule is determined.

In no case may participants train more than 8 hours in one day or more than 40 hours in one week. Time spent on breaks and meals is not to be included in the total training hours for the day. Only actual time in training is recorded on the Participant Timesheet.

With prior approval from the host agency and the SCSEP project staff, participants may arrange extra hours during and up to two pay periods to receive training hours lost due to a holiday, closing, jury duty, sickness absence, and bereavement absence.

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SCSEP does not authorize pay for overtime or compensatory time. Host agencies that ask or require participants to work late or volunteer at their regular assignment are in strict violation of SCSEP policy.

Once a participant is enrolled, he or she is immediately assigned to a community service assignment at the host agency that offers the most appropriate training for that participant. Each participant is assigned to a community service assignment based on his/her existing skills and aptitudes, interests, career goals, barriers to employment, and training needs. The project staff contacts the designated supervisor to seek approval for the assignment, to modify the *Community Service Assignment Description* to the specific participant, and to arrange a start date.

A participant will be assigned to an agency until hired by that agency, hired by another employer, transferred to new community service assignment at another host agency, or otherwise separated from the program.

The host agency or the participant can request a transfer to a different host agency at any time. In addition, SCSEP project staff reserves the right to transfer a participant to another assignment at any time. When the host agency requests that a participant be transferred, project staff may request further documentation to better help the participant succeed with his or her next assignment.

Participants are covered under the SCSEP workers' compensation insurance policy during training hours while performing the assigned tasks identified in their IEP. Host agencies are required to provide adequate supervision while participants are training at the site.

Host agencies must provide daily supervision of participants, so they can perform as productive and effective trainees. The participants should feel comfortable asking questions, seeking help, and growing as a contributing participant in the work place. Host agencies are encouraged to provide one or two contacts for the participant so they have mentors or supporters to help with the questions. Even if projects are being given to the participant from different departments or managers within the host agency organization, staff is encouraged to filter those projects through the one Host Agency Supervisor. Hours devoted to supervision must be recorded on the Participant Timesheet every pay period for the calculation of in-kind contribution.

H. Training: Describe training the State will provide to participants during community service assignments and any other types of training provided, including any linkages with local one-stop centers and/or and Registered Apprenticeship.

In addition to the training provided in a community service assignment, grantees and sub-recipients may arrange skill training, provided that the training complies with the policies outlined in 20 C.F.R. § 641.540. Training may be in the form of lectures, seminars, classroom instruction, individual instruction, online instruction, or USDOL-approved OJE.

Participants are encouraged to take computer classes at local technical schools as well as churches or other sites that offer computer training. The One-Stop Career Centers are available to assist with resumes and provide job readiness classes. Sub-Grantees hold periodic meetings or

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workshops to provide training or information on job search, employment trends and opportunities or information relevant to older workers.

The GISP indicates that soft skills are becoming increasingly important in today's workplace, (p. 55) and SCSEP grantees focus heavily on training in this area.

I. Supportive Services: Describe the supportive services that will be offered to help participants obtain and retain an unsubsidized job, including transportation assistance, uniform purchases, etc. (if applicable).

Supportive services needs are initially identified during the development of the participant's IEP and provided as needed (and resources are available) during their enrollment. Examples of supportive services include:

1. Counseling and/or instruction designed to assist the participant to participate successfully in the community service assignments or to obtain unsubsidized employment,
2. Material Aid, for example: work shoes, badges, uniforms, and financial assistance
3. Health-related services, including glasses, dental services, assistive devices, and evidence-based health and wellness classes
4. Transportation
5. Support with caregiving responsibilities
6. Referral to community resources

J. Termination: Describe procedures for terminating a participant, including IEP-related reasons, IDL and for cause terminations. Provide a copy of the State's current termination procedures.

Procedures exist to provide mediation of problems encountered at host agencies or with the SCSEP project staff, and to terminate participants from the SCSEP program. A copy of grievance and termination procedures must be provided to each participant during Orientation to the SCSEP program. The USDOL-approved DAS SCSEP grievance and termination procedures are available in the *DAS SCSEP Participant Handbook* (see Appendix C).

Host agencies cannot dismiss participants. The participant is to be counseled by the local SCSEP Coordinator and may be removed from the host agency. All efforts will be made to place the participant in another appropriate site. For all terminations, the participant will receive a written letter outlining the reason for termination. All participants will be given a 30 day written notice.

Participants may not be terminated until 30 calendar days after they have been provided a written notice. Written notices of termination including the reason for the action, appeal procedures, and a copy of the Grievance Policy must be given to the participant if termination is expected. Participants have the right to appeal any decision. Corrective action letters should be sent to the participant from the sub grantee SCSEP staff. The letters must be progressive in that the first letter should serve as a warning and the second and third letters should emphasize that in the

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event of no satisfactory corrective action, the participant will be terminated. All written correspondence regarding termination should be copied to the state SCSEP Coordinator at DAS.

K. Complaints & Grievances: Describe the State's procedures for addressing and resolving participant complaints and grievances. Provide a copy of the State's current complaint/grievance policies.

Procedures exist to provide mediation of problems encountered at host agencies or with the SCSEP project staff and to terminate participants from the SCSEP program. A copy of grievance and termination procedures must be provided to each participant during Orientation to the SCSEP program. The USDOL-approved DAS SCSEP grievance and termination procedures are available in the *DAS SCSEP Participant Handbook* (see Appendix C).

L. Maximizing enrollment: Describe the State's procedures for fully enrolling all available slots, including purposefully over-enrolling participants, and how any over-enrollments will be balanced with equitable distribution requirements.

SCSEP staff may over-enroll eligible individuals on a short-term basis and over-enrollment should not exceed the annual service level goal as established by USDOL. When over-enrollment occurs, USDOL recommends a gradual shift that encourages current participants in subsidized community service assignments to move into unsubsidized employment in order to make positions available for eligible individuals in the areas where there has been an increase in the eligible population.

As noted elsewhere, fully enrolling all available slots requires consistent and planned outreach, management of exits, and attention to budgets. The State SCSEP Coordinator will work with sub-grantee staff during the coming year to provide training and technical assistance in these areas.

M. Performance: Describe the State's current and projected performance outcome for each six core performance measure for each program year covered by the plan. Understand that the State will have the option to negotiate their performance goals for each program years, at which time the State may address changes to the projected performance goals in a subsequent state plan modification.

Goal: Increase performance in core performance measures by June, 2019.

Strategies:

1. Prioritize six core performance goals for improvement
2. Identify additional data points that impact core performance goals
3. Provide intensive training and technical assistance to SCSEP staff about specific core performance goals, tools to diagnose performance, and strategies to improve performance
4. Utilize Sub Grantee Tracking Sheet to manage performance
5. Provide quarterly technical assistance based on Sub Grantee Tracking Sheets

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6. Identify areas to shift/swap authorized positions to increase administrative effectiveness

Indicators:

1. Number of sub grantees that show increase in performance
2. Number of performance goals that show increase in performance
3. Percentage increase in performance in performance goals

N. *Administrative Costs: describe any request for an increase in administrative costs consistent with section 502(c) (3) of the OAA*

Georgia is not requesting an increase in administrative costs.

SCSEP ASSURANCES

The State Plan must include assurances that where SCSEP is included in the Combined Workforce Plan, the State has established a written policy and procedure to obtain advice and recommendations on the State Plan from:	
1.	Representatives of the State and area agencies on aging; State and local boards under WIOA; Public and private nonprofit agencies and organizations providing employment services, including each grantee operating a SCSEP project within the State, except as provided under section 506(a)(3) of OAA and 20 CFR 641.320(b); Social service organizations providing services to older individuals; Grantees under Title III of OAA; Affected Communities; Unemployed older individuals; Community-based organizations serving older individuals; Business organizations; and Labor organizations.

How to Submit Your SCSEP State Plan

SCSEP grantees submitting stand-alone State Plans should submit plans directly to scsep.stateplans@dol.gov with a copy to your Federal Project Officer.

SCSEP state grantees submitting Unified or Combined Plans should submit state plans using the Unified State Plan Portal. Instructions for submitting state plans using the portal will be described in forthcoming guidance. You may access the November 9, 2015, webinar discussing some features of the State Plan portal at

<https://www.workforce3one.org/view/5001530350850787869/info>.

Questions

Please submit any questions on your SCSEP state plan to your Federal Project Officer.