

# Consolidated Community Prevention

## **Childhood Immunization**

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

# Consolidated Community Prevention

## **Consolidation of Prevention**

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

# **Administrative Efficiencies**

# Administrative Efficiencies

- Issue/Problem:
  - Over spending Administrative budget (projected FY08 shortfall)
  
- Strategy:
  - Generate program efficiencies through:
    - Renegotiate Contracts
    - Consolidate Maintenance Agreements
    - Component Purchase of IT Equipment
    - Increase Utilization of Telework
    - Review Telephone Features and Usage
    - Review Postage Usage
    - Others
  
- Budget Action:
  - Estimated Efficiencies of at least \$400,000

# **Burning Platforms**

# Deficit Reduction Act (OCSS)

- Issue/Problem:
  - OCSS will no longer be able to match federal dollars with federal dollars.
  - Reduces OCSS total funding by \$20M (\$6.8M state dollars)
- Strategy:
  - OCSS has identified \$2.5M to partially replace the loss.
    - Charge \$1.50 per payment posted to recover the cost of payment processing (\$1.55M).
    - Charge paternity testing costs to parents (\$272,000).
    - Collect \$25 annual federally mandated user fee (\$714,000).
- Benefits:
  - Allows OCSS to provide services to families and regular support to children.
- Budget Action:
  - $\$6.8\text{M} - \$2.5\text{M} = \mathbf{\$4.3\text{M state funds needed}}$

# Growing Forensic Population

- Issue/Problem:
  - Number of court orders for pretrial evaluations received is increasing dramatically.
  - Timeliness of evaluations is decreasing.
  - Demand for secure inpatient services exceeds the capacity impacting safety and security in state hospitals.
  - Waiting list for individuals to access the secure hospital units backing up into local jails
- Strategy:
  - Fund seven (7) additional forensic evaluator positions
  - Base new evaluators in areas of high demand and those areas without a state hospital.
  - Provide evaluation coverage cross coverage when staff vacancies exist and/or when demand fluctuates.
  - Use existing state hospital facilities to reduce the cost of adding 83 secure forensic beds.

- Benefits:
  - Defendants will receive court-ordered evaluations and proceed more quickly through the judicial system.
  - Patients will be treated on units appropriate for their security risks reducing liability issues.
  - The number of individuals waiting in jails to be admitted to state hospitals will be reduced
- Budget Action: **Enhancement - \$7,445,646**

# Consolidation of Behavioral Health Services for Children and Adolescents within DHR

- Issue/Problem:
  - DHR is operating two mental health service delivery systems for children and adolescents – one in DFCS and one in MHDDAD.
  - Dual systems are expensive; and complicated for families seeking services.
- Strategy:
  - Establish “one door” for customers seeking children’s behavioral health services in DHR by transferring services and corresponding resources currently residing with DFCS to MHDDAD.
- Benefits:
  - One door access to services – Divisions focus on right work.
  - Families get support to keep their child in their home, school and community.
  - Less costly as children receive appropriate services.
- Budget Action:
  - No new funding – **transfer estimated at \$70 million**

# Medicaid Waiver Slots for People with Developmental Disabilities

- Issue/Problem:
  - Over 6,900 children, adolescents and adults with developmental disabilities are waiting for services
  - Supreme Court's Olmstead Decision requires deinstitutionalization
- Strategy:
  - Request funding to increase the number of DD Medicaid Waiver services needed to ensure the health and safety of consumers.
- Benefits:
  - People with disabilities will benefit by getting the services they need to remain in their own families and/or communities
  - Families will receive support to maintain their loved one with disabilities at home, avoiding costly out-of-home placement;
  - People with DD will be able to return to their families and/or communities from state-operated institutions
- Budget Action: **Enhancement – Cost per 1,000 slots \$9,339,838**  
(6 month funding)

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

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

- Budget Action:
  - Proposals and concept papers that support this action:
    - FY08 Proposal - Sheriffs Tele-Medicine Pilot

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

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

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

# Cervical Cancer Prevention Vaccine

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

# Antiviral Medication for Pandemic Influenza

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

# Olmstead and Birdsong Litigation

- Issue/Problem:
  - There is an increasing need for new service openings in the Community Care Services Program (CCSP).
  - By 2010, the over age 65 population will have increased by 14% over 2005, 45% of whom will have a disability and 14% will be living in poverty.
  - Currently 714,000 of Georgia adults (12% of the adult population) are caregivers for an adult.
- Strategy:
  - Introduce legislation to create incentives for Long Term Care (LTC) insurance and to support family care giving.
  - Partner with DCH and DCA to increase community providers and to promote community based care.
  - Partner with DCH to educate hospital discharge planners and nursing home social workers about the availability of home and community based services.
  - Partner with DCH to create a plan to bank nursing home beds.

- Benefits:
  - Encourage employees to purchase LTC plans by allowing tax credits.
  - Provide tax incentives for targeting low/ middle income families that cannot afford to purchase LTC insurance.
  - Support an increase in the tax credit for family caregivers for qualifying care giving expenses.
  
- Budget Action: Request for funds
  - 500 CCSP openings/yr = \$5,050,000
  - 1000 Respite opening/yr= \$2,700,000