

# Just the Facts



**State Fiscal Year 2007**

Making **C**hoices  
*for a* Healthier Future

**Division of Aging Services**  
**Maria Greene, Director**

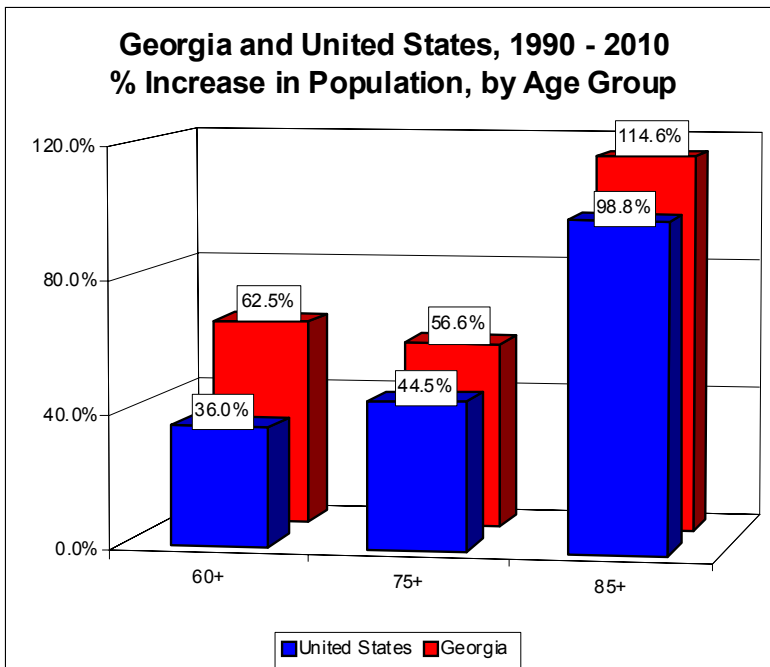
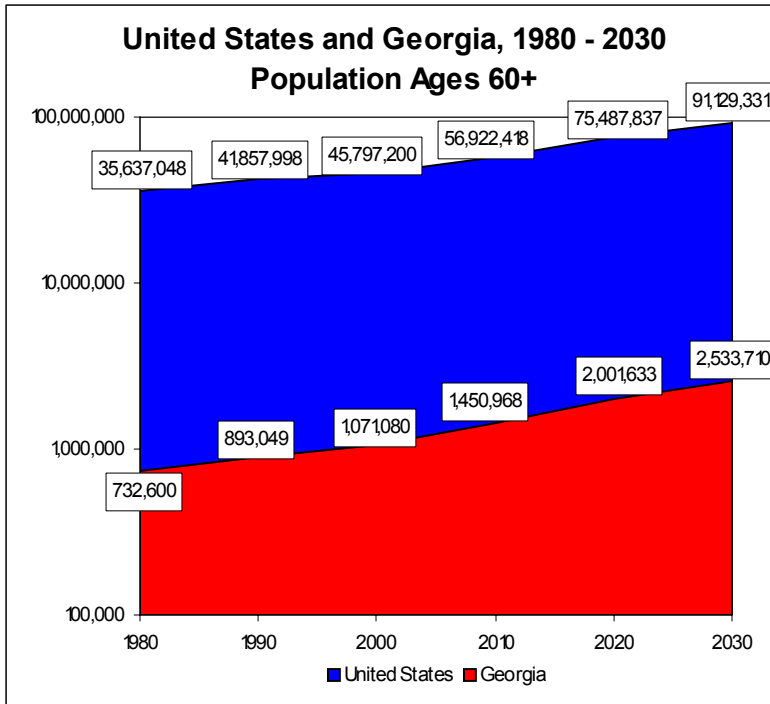


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# Aging Trends in Georgia

## GA DHR Division of Aging Services and the Aging Network



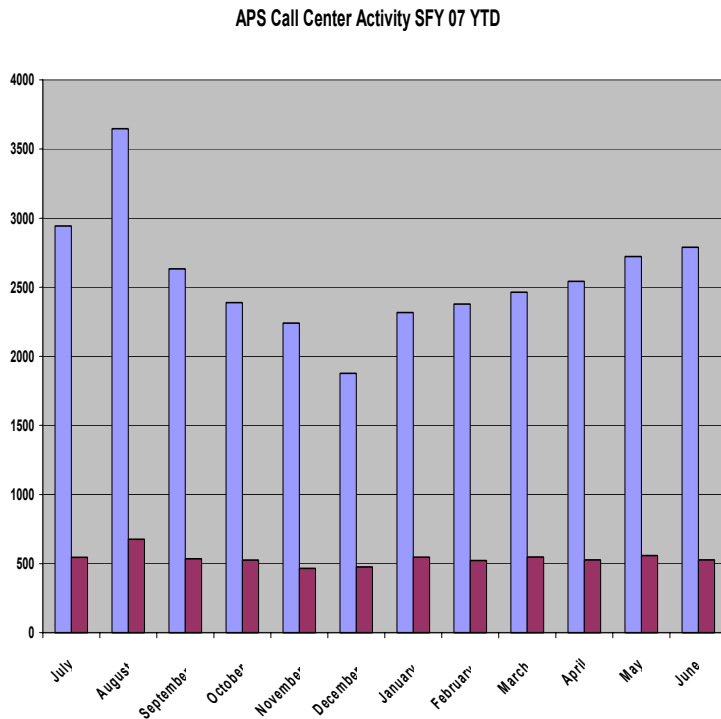
- The aging of our population is one of the most significant trends affecting our society today.
- Georgia has the ninth fastest growing 60+ population and the eighteenth fastest growing 85+ population in the United States.
- Georgia's population ages 60 and above is expected to increase 62.5% between 1990 and 2010, from 893,049 persons to 1,450,968 persons.
- Georgia's population ages 85 and above is expected to increase 114.6% from 1990 to 2010. Those 85 and above are by far the fastest growing group, projected to total 122,818 in 2010.
- During the 20<sup>th</sup> century, the number of Georgians age 60+ increased ten-fold, compared to a four-fold growth in the population overall.

## Adult Protective Services Program GA DHR-Division of Aging Services

The Adult Protective Services (APS) program is mandated under the Disabled Adults and Elder Persons Protection Act to address situations of domestic abuse, neglect or exploitation of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long term care facilities. The purpose of the APS program is to investigate reports alleging abuse, neglect or exploitation and to prevent recurrence through the provision of protective services intervention. Principles that guide the assessment consider an adult's right to personal autonomy, self-determination and the use of the least restrictive method of providing safety prior to more intrusive methods.

### Centralized Intake

The APS Program receives reports of abuse, neglect and/or exploitation through its Centralized Intake Unit. Six agents handle calls through a statewide toll-free number to determine if the referrals meet the criteria for APS to investigate a case. If the criteria are not met, referrals are made to community resources including those in the aging network.



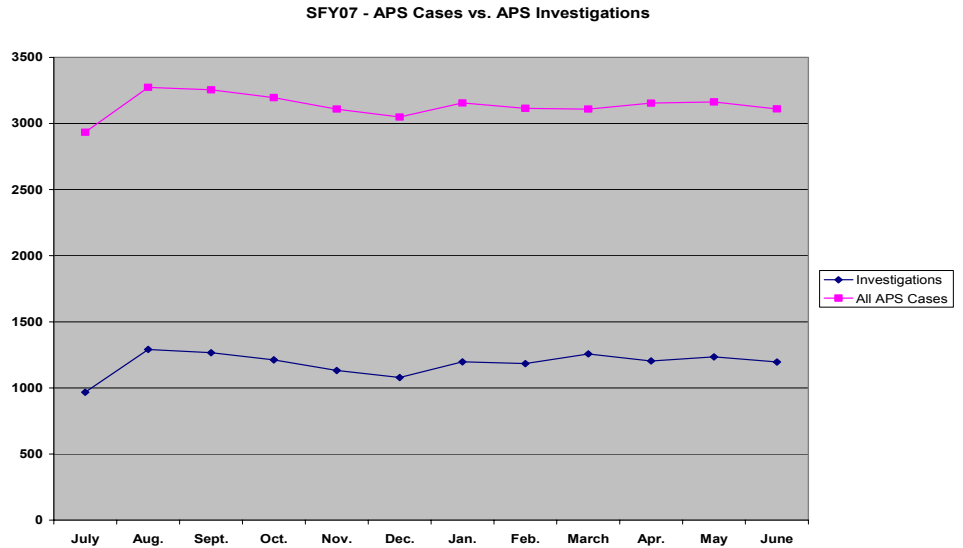
During SFY07, Centralized Intake staff handled a total of 30,943 calls on the toll free hotline. Twenty one percent of the calls (6,447) were accepted for APS Investigation. CI staff provided limited case management intervention services for 2,625 calls (8%) to address callers issues that did not meet APS criteria. The remaining 70% of calls consisted of time spent with call backs to reporters and referrals to community resources, DFCS and other service providers to ensure that callers issues are properly and promptly referred to appropriate resources.

## APS Field Operations

Adult Protective Services uses a regional-based multi-disciplinary approach to meet the needs of vulnerable disabled and senior adults in the State of Georgia. APS regions are aligned with the aging network planning and service areas and reside in five districts. 155 APS case managers handle both investigations and case management services for the statewide APS caseload.

### APS Case Totals

APS averaged a total of 3,135 cases per month. APS Investigations comprise approximately 38% of all APS cases.

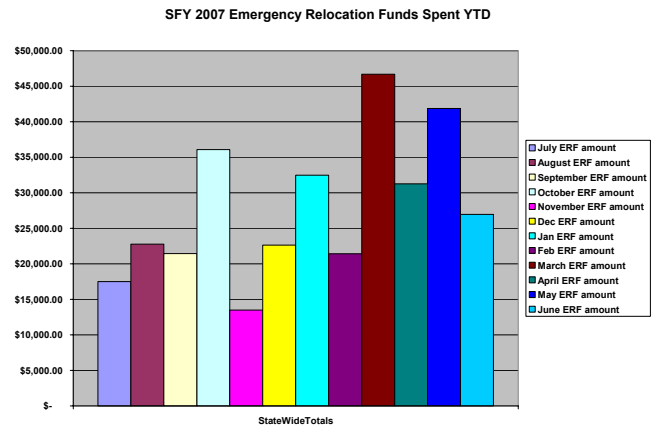


### APS Guardianships

APS provides case management for the incapacitated adults for whom the Department of Human Resources serves as Guardian of Person. APS averaged 628 guardianships per month in SFY07.

### APS Emergency Relocation Funds

The APS program receives \$400,000 each year from the legislature to provide emergency relocation services to individuals who need relocation from an abusive situation. Emergency relocation funds pay for clients to move from unsafe housing, replacement of personal items when they have been broken or stolen by an abuser as well as items to keep them safe in their homes. Over \$28,000 each month was spent on these clients in SFY07.



## **Examples of Outstanding Accomplishments**

DAS/APS staff collaborated and planned with the leadership of the National Adult Protective Services Association (NAPSA) to host the September 2007 National APS Conference in Atlanta. Over 500 professionals from across the country attended and heard presentations from experts in the field of elder abuse and protective services.

The APS Safety Committee completed a project addressing and strengthening staff safety procedures for APS field staff. Both immediate and long-range recommendations on staff safety were distributed to field staff.

# Caregiver Programs and Services

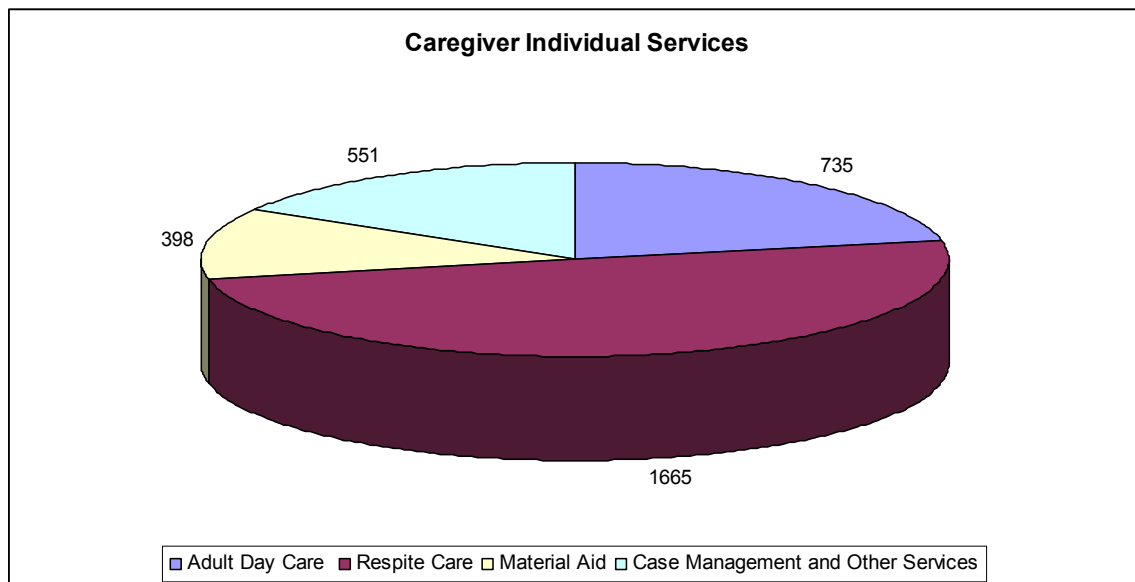
## GA DHR-Division of Aging Services and the Aging Network

### Overview

Georgia's aging network continues to expand the array of services needed to support family caregivers. During SFY 2007, services to caregivers included day care, in-home respite, information and assistance, caregiver education/training sessions, information and assistance, material aid (help with purchasing transportation, food or groceries), and case management (helping assess needs and assisting families in developing plans of care for their loved ones).

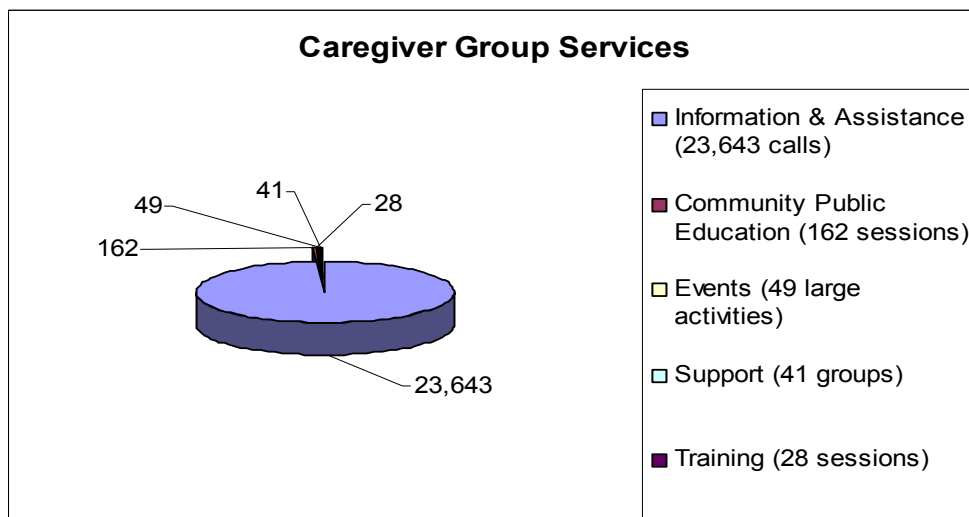
### Caregivers Served

- ✓ *Individual services documented included:*
  - Adult Day Care provided to 735 persons
  - Respite Care provided to 1,665 persons
  - Material Aid provided to 398 persons
  - Case Management and other services provided to 551 persons



- ✓ *Caregiver Group Services documented for over 355,000 duplicated persons included:*
  - Information and assistance which links caregivers with needed resources
  - Community public education sessions events
  - Support groups
  - Training for professionals and caregivers





## Success Stories

Ms. B. has been caring for her mother in her home for several years. Her mother has Alzheimer’s Disease and was very active physically, until she fell and broke her hip. Through the Family Caregiver Program of the SOWEGA Council on Aging, Ms. B. has participated in a self-directed care program where she is able to pay someone to provide respite care and to obtain some of the supplies needed to care for her mother. At a recent home visit, Ms. B. discussed the changes in her mother’s condition and the greater physical demands on the caregiver which were aggravating her back. A lift chair has been provided, and the SOWEGA Council on Aging received a note from Ms. B. stating, “Thank you so much for helping me to relieve the stress and discomfort that I was having lifting my mother several times daily. Words can’t express the thanks to you for coming to our home and taking care of the problem at hand.”

## Accomplishments Highlighted

The Division of Aging Services was awarded grants of \$434,000 from the U. S. Administration on Aging, and \$10,500 from AARP Georgia to implement a caregiver assessment tool and protocols that will assist care managers to more effectively and efficiently target services to family caregivers of persons with Alzheimer’s disease and other dementias.

The Division’s self-directed care program was highlighted on the U. S. Administration on Aging’s website as a Program Champion, and recommended to other states as a best practice that can help family caregivers.

Congregational Respite is a training program which teaches faith-based organizations how to provide different models of respite care to their own

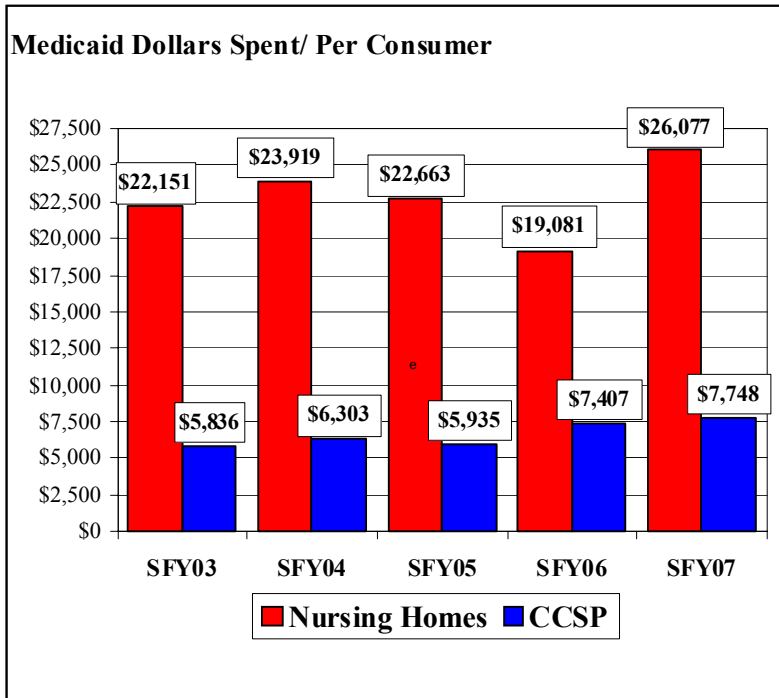
congregants and for the communities in which they reside. In partnership with the Georgia Chapter Alzheimer's Association, respite care programs were begun by faith-based organizations in four cities around the state through the Division's *Congregational Respite* program, providing respite and meals to 31 families.

### **Future Directions and Opportunities**

- The Division of Aging Services will be coordinating Train-the Trainer sessions across the state to train staff and volunteers from Area Agencies on Aging, the aging network, the University of Georgia Cooperative Extension, and the Georgia Chapter Alzheimer's Association in the Powerful Tools for Caregivers curriculum.
- Powerful Tools for Caregivers is a six week educational program which provides family caregivers with a number of self-care tools to reduce personal stress, communicate their needs to family members and healthcare services providers, and make tough caregiver decisions.

# Community Care Services Program (CCSP) GA DHR-Division of Aging Services and the Aging Network

The Community Care Services Program (CCSP) has successfully served eligible consumers in Georgia for over twenty years. By providing home and community-based Medicaid services to nursing home eligible consumers, the CCSP gives consumers the choice of remaining in the community.



Ninety-two percent of eligible consumers choose the CCSP.

## Dollars Saved

CCSP saved taxpayers \$18,329 per individual served in SFY 2007.\*

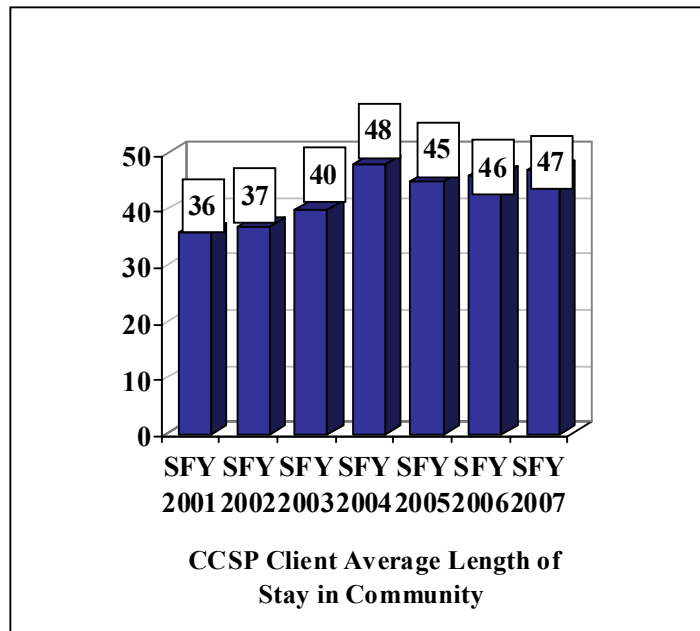
Georgia taxpayers saved \$251,308,919 in SFY 2007 through this program.

In SFY 2007 the CCSP helped keep 13,711 Georgians out of more costly nursing facilities.

## Consumers Served

Fifty-three percent of CCSP clients were 75 years of age or older; 28% were 85 or older, and clients 100 years of age or older in SFY 2007 totaled 149. Twenty percent were under 60 years of age.

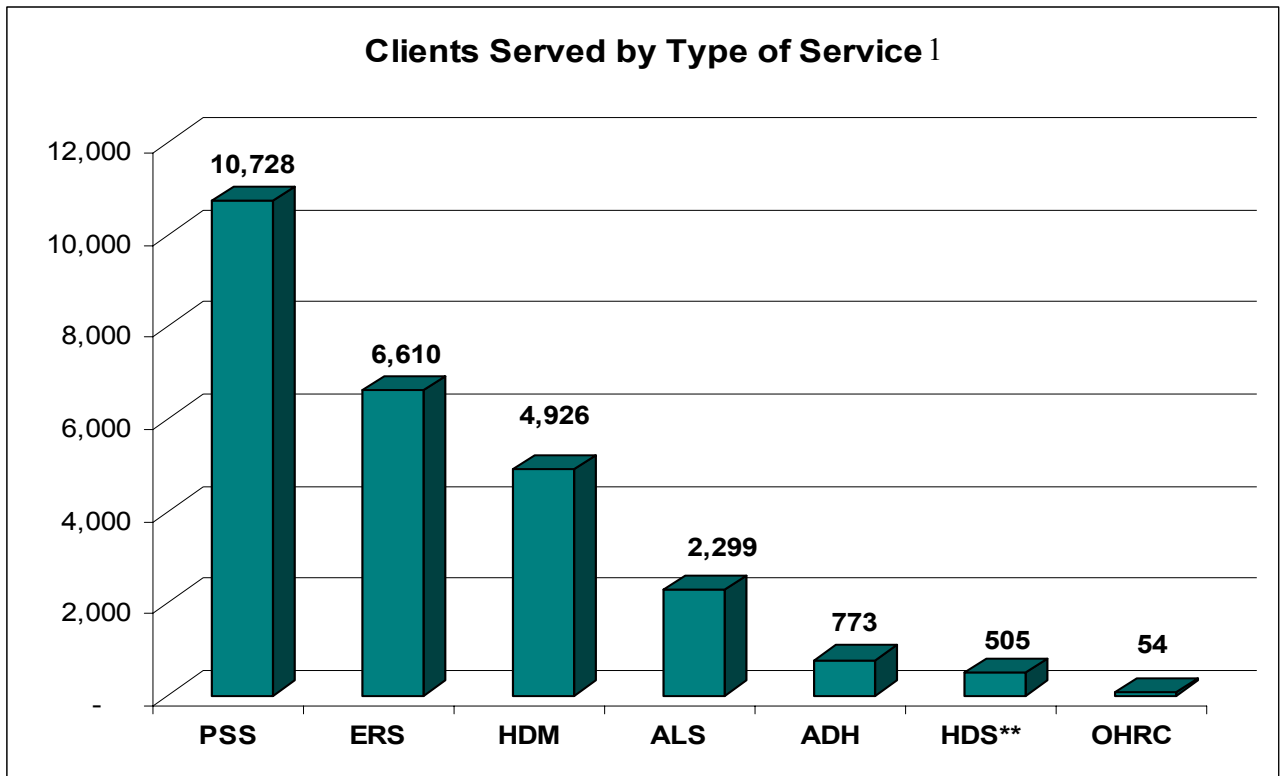
In SFY 2007, effective care coordination allowed clients' needs to be met so that they remained in the community 47 months.



\*This is the average CCSP client service benefits cost and does not include care coordination or administrative costs.

## CCSP Services

- ✓ Adult Day Health (**ADH**) – health, therapeutic and support services in a day center
- ✓ Alternative Living Services (**ALS**) – 24-hour personal care, health-related support services and nursing supervision in a licensed personal care home
- ✓ Emergency Response Services (**ERS**) – 24-hour electronic medical communication support system
- ✓ Home Delivered Meals (**HDM**) – meal delivery services
- ✓ Home Delivered Services (**HDS**) – skilled nursing services and personal support in client’s home
- ✓ Personal Support Services (**PSS**) – personal care, support, and respite services in client’s home. Eligible Consumers may choose consumer Directed PSS Option.
- ✓ Out-of-Home Respite Care (**OHRC**) – temporary relief for the individual(s) normally providing care (service numbers are included in the PSS total in the graphic below).



\*\*HDS Client Count includes Skilled Nursing Services.

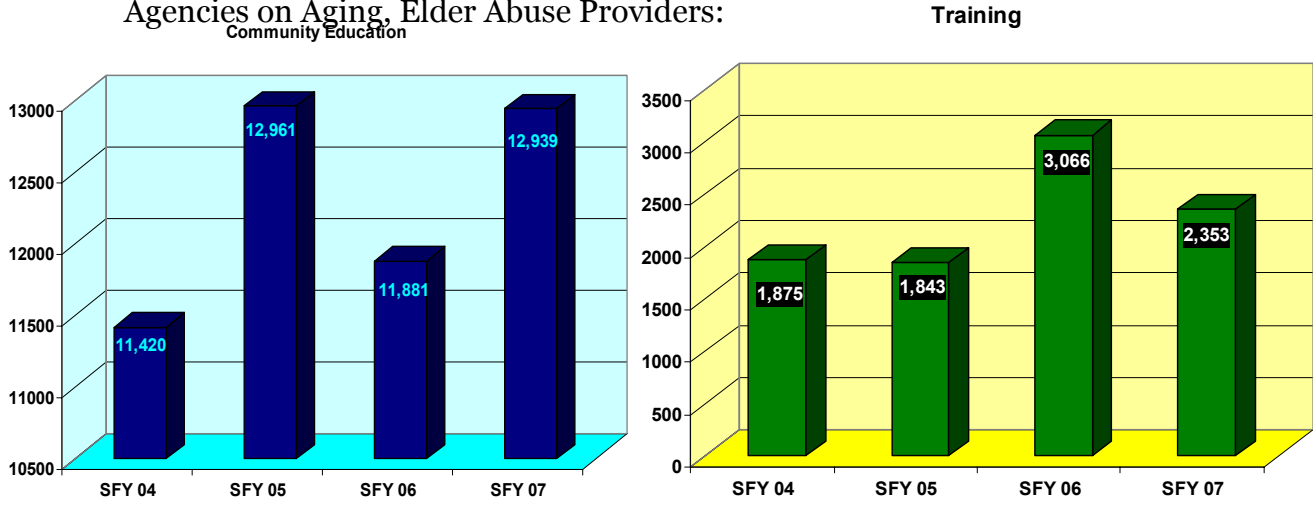
<sup>1</sup> Duplicated client count: clients may receive more than one service.

Seventy-eight percent of CCSP clients use Personal Support Services. The service accounts for 76% of total CCSP expenditures. Alternative Living Services ranks second in expenditures (12%). Forty-eight percent of CCSP clients use the cost-effective Emergency Response Services (accounting for 1% of CCSP Medicaid expenditures).

# Elder Abuse and Consumer Fraud Prevention Program

Elder Abuse and Prevention provides services to identify, prevent and treat elder abuse, neglect and exploitation. Program goals are to heighten awareness of abuse of older individuals in community settings and facilitate access to programs and services for victims.

Program Accomplishments, SFY 2007, the State Office and the twelve Area Agencies on Aging, Elder Abuse Providers:



## Examples of Outstanding Accomplishments:

- ❖ To enhance law enforcement’s reporting of elder abuse to the Central Intake number the Elder Abuse and Consumer Fraud Prevention Program and Adult Protective Services developed an 8x11 poster and mailed them to every Police Department and Sheriff’s Office in the state.
- ❖ The Forensic Specialist created the Adult, Neglect, and Exploitation Workgroup which met four times since its creation to discuss the state of elder abuse in Georgia.
- ❖ Local Elder Abuse Providers applied for specialized grants to conduct outreach and utilized their resources to:
  - Create public service announcements;
  - Raise awareness of elder abuse on World Elder Abuse Awareness Day;
  - Develop elder abuse prevention brochures in Spanish and Vietnamese;
  - Develop and distribute program awareness materials;
  - Increase training resources by expanding materials in video libraries;
  - Conduct larger training events for professionals especially law enforcement.

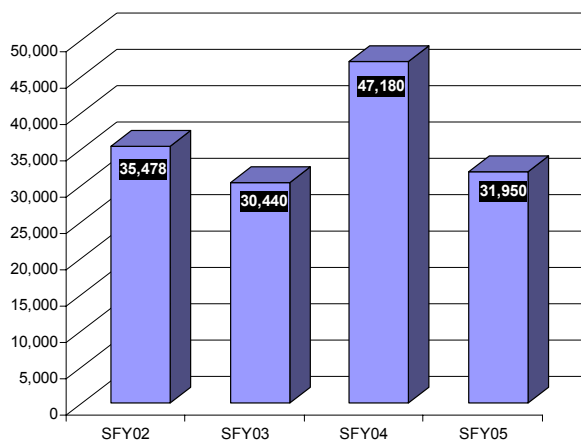
## **Elderly Legal Assistance Program GA DHR-Division of Aging Services and the Aging Network**

The Georgia Elderly Legal Assistance Program serves persons 60 years of age and older by providing legal representation, information and education in civil legal matters throughout the state of Georgia. Services are provided by legal providers throughout the state who contract with the state's twelve Area Agencies on Aging.

### **Persons Served**

More than 31,275 seniors received legal representation, information and/or education during SFY2007.

Estate Recovery, Medicaid Issues and Debt Collection and Harassment were the prevailing issues for seniors. After learning such harsh lessons from the experiences with some of nature's fiercest storms, for the first time ELAP conducted mandatory Emergency Disaster Education and Training Sessions for seniors in every planning and service area.



### **Monetary Benefits Realized**

In SFY 2007 ELAP saved older Georgians \$7,473,585 by providing document preparation, legal counseling and case representation.

Additionally, in excess of \$2,461,615 was provided through more than 32,821 hours of legal counseling, calculated at a conservative \$75.00 per hour.

More than \$1,802,676 was obtained in benefits and restored funds for older Georgians through the work of ELAP.

## Top Five Primary Case Types Opened-SFY 2007 (Of 3,409)

Fifty percent of the cases opened for this fiscal year involved health care, consumer, income maintenance and housing issues and 44% involved end-of-life issues.

**Administrative** – Social Security, Food Stamps, Disability-367

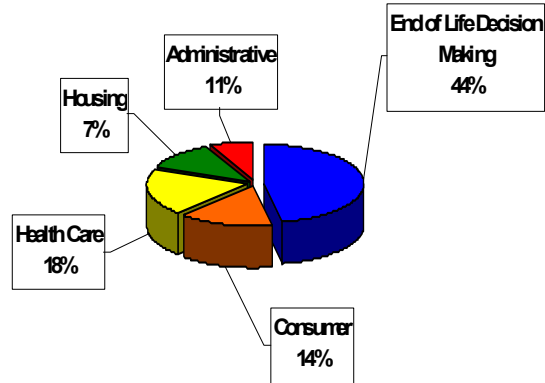
**Consumer** – Fraud, Contracts, Debt Relief - 488

**End of Life Decisions** – Financial & Health Care Power of Attorney, Living Wills-1,509

**Health Care** – Medicare, Medicaid, Nursing Home & Personal Care Home Issues-610

**Housing** – Homeowner, Public Housing & Landlord Tenant -234

SFY 2007 Top Five Primary Case Types

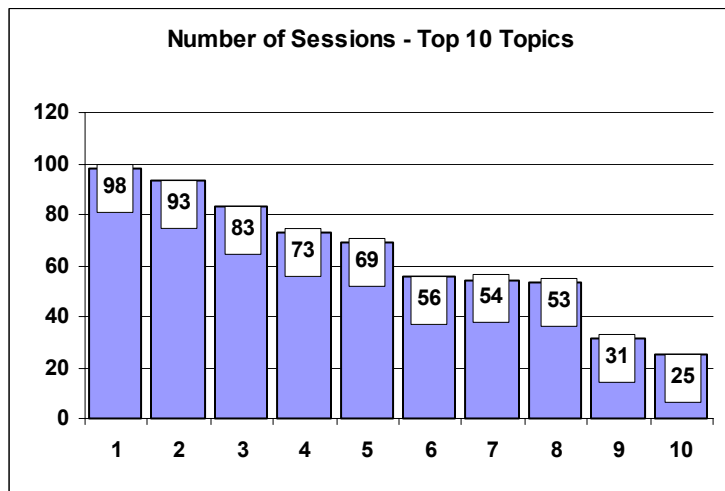


## ELAP Community Education Offered

Community education is a method of prevention that helps seniors avoid more costly, time consuming legal problems. In FY 2007, 21,469 seniors attended 679 legal education sessions conducted by the Georgia Elderly Legal Assistance Program.

The top ten topics covered in community education sessions in SFY 2007 were:

1. Abuse, Neglect, Exploitation and Consumer Fraud = 98
2. Medicare Part D = 93
3. Emergency Disaster Preparation = 83
4. Housing/Landlord-Tenant = 73
5. Advance Directives = 69
6. Legal Services = 56
7. Wills & Estates/Probate = 54
8. Estate Recovery = 53
9. Medicaid = 31
10. Debt Collection/Garnishment = 25



## **Examples of Older Georgians Whose Lives ELAP Impacted**

A years support was filed for a 64 yr old client who lost her home during the illness and death of her husband. After the foreclosure, \$27,540 was at stake. The years support assured that the client received these excess funds from the sale of the home.

62 yr old had a tax lien on her home. Records proved the liens were filed in the wrong name, wrong county and were more than 7 years old. \$5,946.42 in liens waived.

63 yr old NH resident issued a discharge notice for nonpayment in the amount of \$8,129. The Medicaid application that was filed was denied because all the verification was not submitted. The verification was not submitted because the applicant and family only spoke Spanish and no notices were provided in the language they could understand. The resident died before the application could be completed.

A 79 yr old client had her CCSP services reduced by 10 hours per week. The decision was appealed. The Administrative Law Judge agreed that client still needed the initial assessed level of services and ordered reinstatement of client's services back to 31 hours per week, a benefit of \$3,000 a month to client.

A 60 yr old client had received a Lifetime Bar to all future applications for Food Stamps. An ADA discrimination claim was filed with the Civil Rights Office of the US. Department of Agriculture and a favorable decision was received in that the 1) permanent disqualification penalty was removed; 2) the claim of \$2293 was offset and the decision resulted in annual savings and benefits to the client of \$3,013.

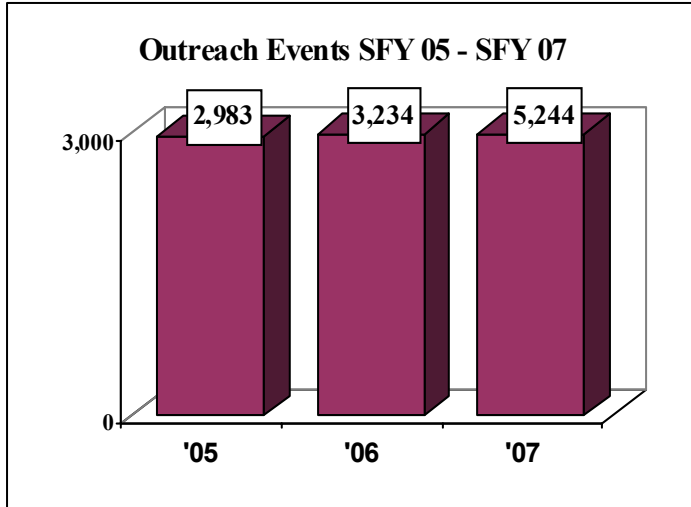


# GeorgiaCares

## GA DHR-Division of Aging Services and the Aging Network

GeorgiaCares helps Georgia’s Medicare beneficiaries, their families and others understand their rights, benefits and services under the Medicare program and other health insurance options.

### Outreach and Media Events



In State Fiscal Year 2007, GeorgiaCares conducted a total of 5,244 outreach and 429 media events to 7,135,608 individuals regarding health insurance information on Medicare, Medicaid, prescription assistance, Medigap, long-term care services and financing options, other health insurance needs and Medicare fraud prevention.

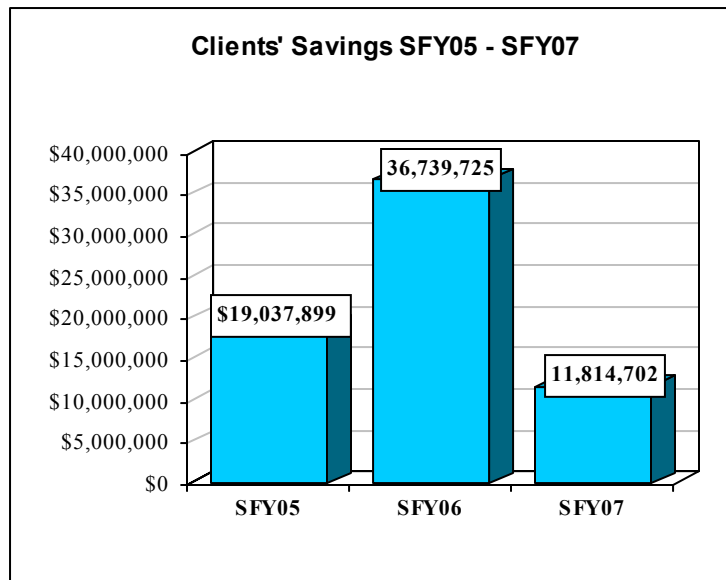
333 trained volunteers served clients in SFY 2007.

A total of 21,891 clients were served.

### Reducing “Out-of-Pocket” Costs

Over the last three years, GeorgiaCares has enabled clients to save more than \$67 million in health insurance and related expenses.

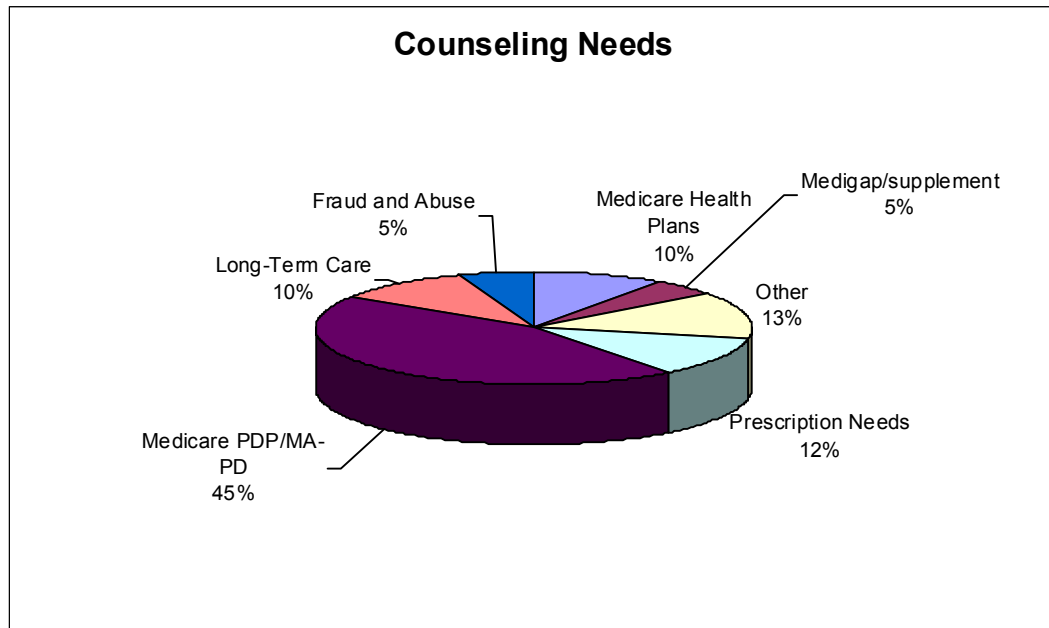
In SFY 2007, GeorgiaCares saved beneficiaries \$11,814,702.39 in out-of-pocket expenses. 2006 was the first full fiscal year of the Medicare Part D enrollment. The success of the Part D enrollment resulted in 85% of eligible



Georgians having prescription drug coverage. Due to the previous year's success in assisting Georgians with prescription drug coverage, there was a lower demand for assistance, thus the lower savings.

## Types of Issues Addressed by GeorgiaCares

In SFY 2007, 71% of GeorgiaCares calls dealt with Medicare beneficiaries needing prescription assistance.



## Examples of Outstanding Accomplishments

- Partnership expanded to 88
- Georgia recognized as being a top 6 state nationally in outreach to low income Medicare beneficiaries
- Georgia consistently ranked in the top 10 nationally in assisting individuals to access needed pharmaceutical medications through Pharmaceutical Manufacturers Assistance Programs.
- Georgia led the nation in third wave of the Own Your Future Campaign

## Challenges for the Future

GeorgiaCares will continue a large scale outreach campaign geared to educating and assisting Medicare beneficiaries regarding their benefits and fraud.

GeorgiaCares will launch a widescale education campaign to assist Baby Boomers in planning for their retirement needs and helping prompt and educate Georgians regarding the new Long Term Care Partnership program.

GeorgiaCares provides services to all 159 counties in the state and will focus additional outreach endeavors on reaching underserved populations.

# Home and Community based Services

## GA DHR Division of Aging Services and the Aging Network

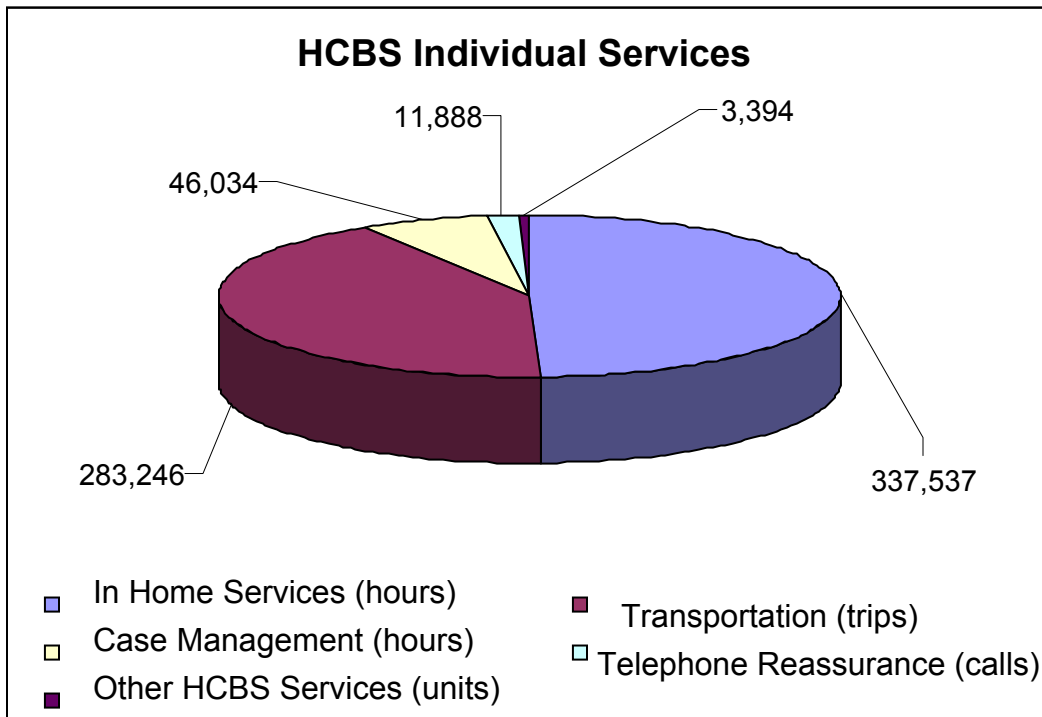
### Overview

The Home and Community Based Services (HCBS) program makes available a variety of services to individual consumers, and to groups of consumers, to support and assist older Georgians in staying in their homes and communities. These services support older persons and their families in living longer, living safely and living well. In SFY 2007, there were 36,277 individual consumers that received at least one HCBS individual services. Services are delivered consistent with the Department’s moral imperative that “government is a resource to, not a replacement for, families.”

### Partnerships

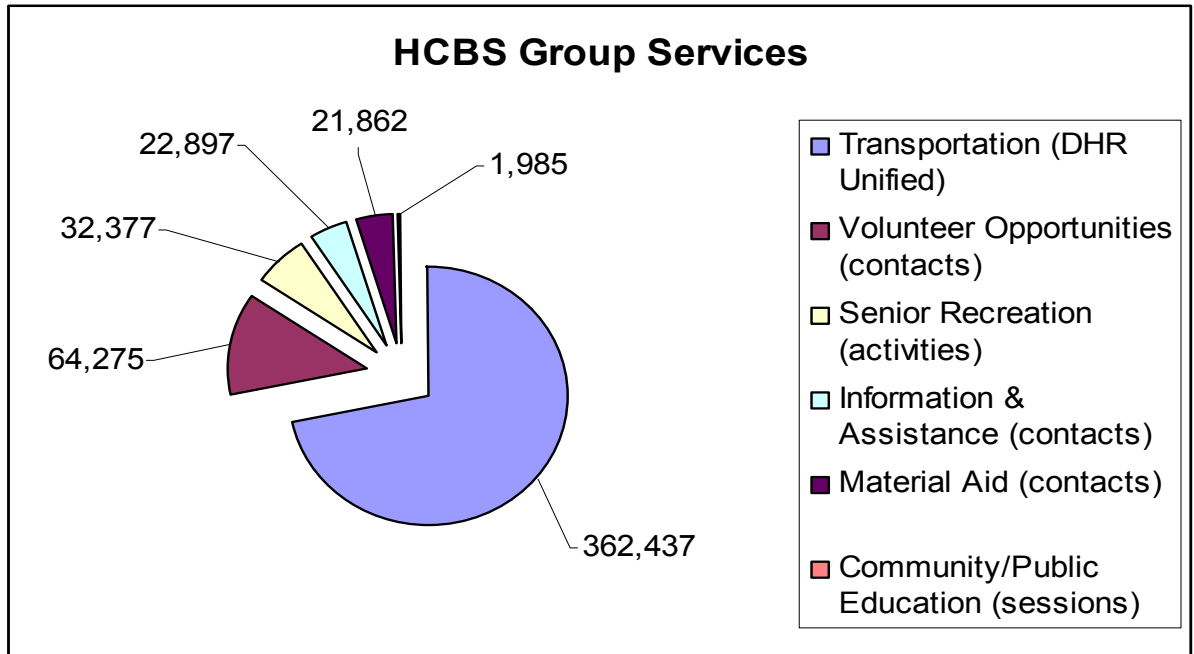
The Division of Aging Services contracts with the 12 Area Agencies on Aging (AAA) for the provision of Home and Community Based Services based on the needs of older Georgians in their planning and service area. AAAs sub-contract for service delivery with a network of approximately 250 organizations including cities, counties, for-profit and non-profit providers in Georgia.

### Consumers Served



- ✓ In-Home Services included Emergency Response System Install and monitoring, Friendly Visiting, Homemaker, Personal Care to 4,940 clients

- ✓ Transportation provided to 2,143 persons
- ✓ Case Management assisted 8,098 persons
- ✓ Telephone Reassurance was provided to 382 persons
- ✓ All other services provided to 757 persons



- ✓ Group services were provided to over 455,135 persons. (Duplicated client count; clients may receive more than one service)

## Accomplishments Highlighted

### Development and Publication of Policies and Standards for HCBS

**Tiered Care Coordination:** In response to a state budget initiative to redirect state funds for home and community-based services, the Division researched and published policies and standards for a tiered model of care coordination for consumers of non-Medicaid funded supportive services. The model allows AAAs to provide care coordination assistance Gateway/ADRC callers on a short-term basis to help them obtain community resources. While the AAAs are the preferred providers for care coordination services, they also have the option to contract with qualified community organizations that do not also provide supportive services, to provide objective, service neutral care coordination assistance. The target populations may include community-dwelling elders, and their caregivers, and care coordination support may be provided on a more long term basis, according to consumers' need for assistance in obtaining and managing their services. Regardless of organizational placement, the care coordination system uses the basic assessment of functional status and need for care, plus several additional criteria, in determining the consumer's degree of risk of loss of independence and in establishing the level of care coordination needed.

Care coordinators will then be able to manage their time, according to risk level, and allocate their time spent in service planning, service arrangement, consumer contact, oversight and periodic reassessment, based on each consumer's individual needs. This approach is consistent with the intention to provide all supportive services "at the right time, in the right amounts and for the right duration."

## **Future Directions and Opportunities**

- **Cost Sharing Initiative:** With the 2006 re-authorization of the Older Americans Act came an enhanced emphasis on consumer participation in the cost of long term care and supportive social services. Assuring the highest possible quality of service delivery and marketing these quality services to consumers with the means to participate in cost sharing will generate additional revenues for home and community based services. The Division revised and re-published expanded policies and guidelines for cost-sharing for specified in-home and community based supportive services to stimulate the growth of this revenue source throughout the statewide aging network. The renewed initiative is to be implemented in SFY'08.
- **AIMS/Technology Development:** The next phase of AIMS development will focus on re-designing the "client" in AIMS, during which all programs within DAS that have an individual consumer focus will assess their data collection and reporting requirements. The developmental goal is to consolidate consumer data as much as possible, so that program staff through the aging network, including APS, Gateway, Care Coordination, and service provider staff, can access basic client data to identify instances in which consumers are being served by multiple programs/agencies within the network. The desired operational outcomes are 1) improved coordination among all DAS programs and services and 2) elimination of duplication of activities (care coordination activities, data collection and data entry).
- **Nursing Home Diversion Grant:** The Division will be implementing the AoA Nursing Home Diversion Grant during FY '08 and Fy'09, in partnership with the Atlanta Regional Commission Area Agency on Aging. The grant funding supports efforts to identify those community-dwelling elders with potential for our-of-home placement and who are at risk of Medicaid spend-down. The goal is to target these individuals and to provide expanded service options, including that of directing their own services.

- **Focus on Caregivers:** As a result of the continuing emphasis on providing support to caregivers, DAS has adopted the policy position that requires a caregiver be identified in AIMS when respite care and other caregiver services are provided. This will require some effort on the part of programmatic and data entry staff at the regional and local levels to revise client data to establish an individual record for the caregivers. The service definitions and budget categories also have been reconfigured to consolidate all caregiver services into one major program area.
  
- **Ongoing Development and Integration of the Aging and Disabilities Resource Connection (ADRC) Initiative:** As we have moved from a grant-funded development initiative with pilot sites to a state-funded initiative to expand ADRC assistance to all 12 regions, the challenges will be to retain current state funding and attract additional support for expansion efforts. Also there is a need to emphasize the integration of ADRC assistance into the Gateway framework, including assuring the availability of care coordination assistance throughout the home and community based service sector. There are opportunities to extend our emerging caregiver assessment approach to caregivers of adults with disabilities, as well to those who care for the elderly.

# **Kinship Care Services**

## **GA DHR Division of Aging Services and the Aging Network**

### **Overview**

The term “kinship care” has been used in Georgia to reference relatives who are raising related children due to the temporary or permanent absence of the biological parents. These relatives include great-grandparents and grandparents raising grandchildren, aunts and uncles raising nieces and nephews, cousins, and other relatives raising children. During SFY 2007, the core supportive services included information and assistance, support groups, and community public education. To expand resources, the aging network also has collaborated with local, public and private organizations.

When a relative caregiver assumes the responsibility of providing full-time custodial and financial care for their grandchildren, they do not always fully anticipate the additional responsibilities and resources needed. It is not until they begin providing care that these relative caregivers realize the physical, financial, and social needs associated with caring for their relative children.

### **Partnerships**

The Division of Aging Services is contracting with the Atlanta Legal Aid Society, Inc., and the Georgia Legal Services Program to provide an array of **legal services to relative caregivers**, including the provision of legal advice to and representation of relative caregivers in matters concerning adoption, custody, housing, public benefits, and special education needs of children. In SFY07, 128 volunteer attorneys were recruited to provide kinship care legal services to kinship care families, 63 children were adopted, and 174 relatives were provided custody of their relative children.

In partnership with Jewish Family and Career Services, the **Kinship Care Navigator Program** placed grandparent caregivers in Division of Family and Children Services (DFCS), Division of Public Health, and Office of Child Support (OCSS) services Metropolitan-Atlanta and surrounding county offices. This program helps other relative caregivers to navigate the requirements of the social service and public benefits systems, better understand what resources are available, and more readily access services by hiring relative caregivers as staff. Five Kinship Care Navigators were hired as part-time staff in the metro-Atlanta DFCS, OCSS and Public Health offices during the second year of implementation.

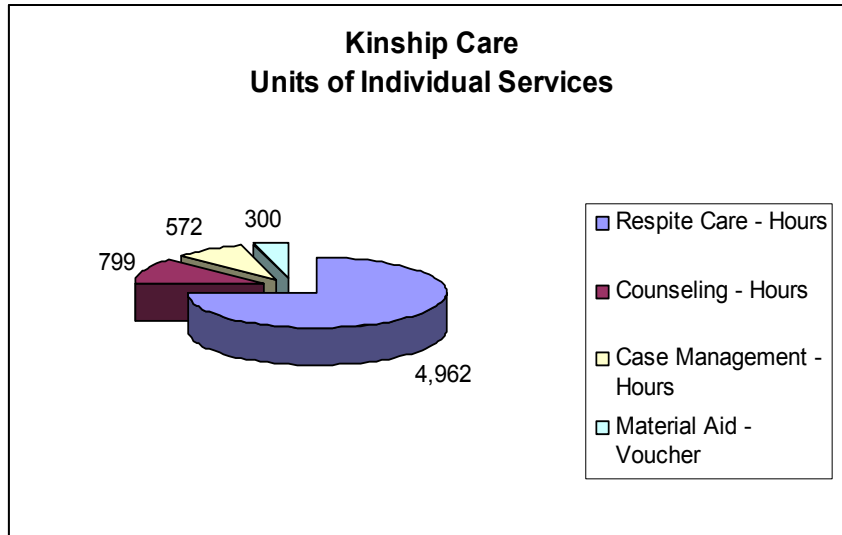
**The Kinship Care Services Evaluation Report Project** is a partnership between The Division of Aging Services and the Georgia State University (GSU) Gerontology Institute. GSU has conducted focus groups on grandparents raising grandchildren in 3 kinship care program areas: Rome, Albany, and Athens. These areas were chosen because of their rural locations and large population of



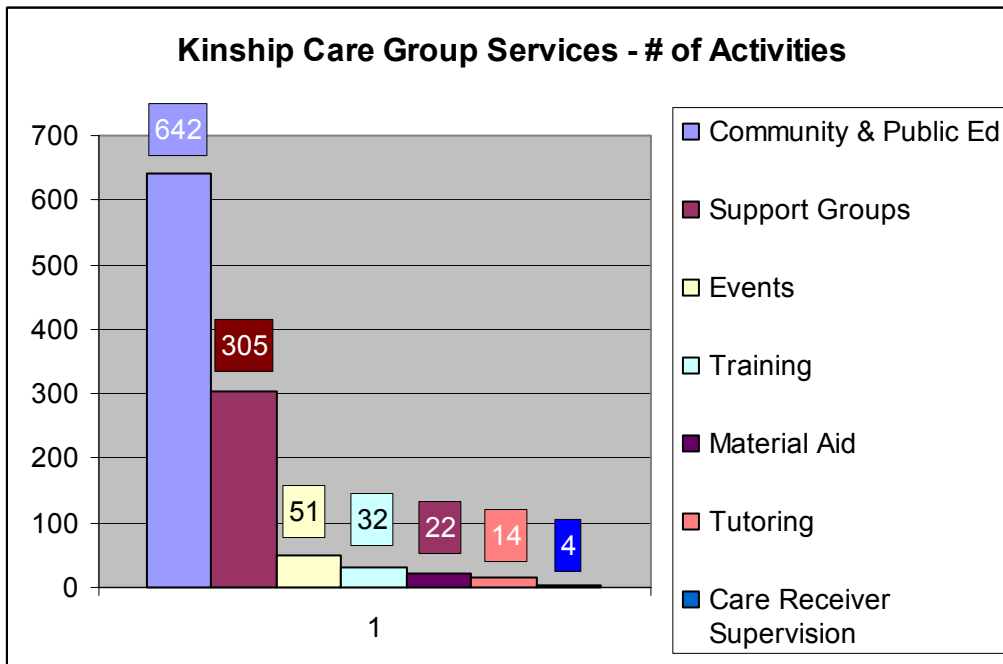
grandparents raising grandchildren in their area. A final report will be completed at the end of October 2007, which provide a listing of the needs and challenges faced by Georgia's grandparents raising grandchildren and suggested solutions for service delivery.

## Grandparents & Others Served

- ✓ Individual services documented include Respite Care (85 persons), Counseling (135 persons), Case Management (166 persons) and Material Aid (99 persons)



- ✓ Kinship Care Group provides the opportunity to document all of the group activities and duplicated persons served.



## Success Stories

Ms. T., a 65 year old grandmother in Elbert County, expressed her thanks when the Elbert County Kinship Care Program started in January 2007. Several grandparents told the coordinator that they had been turned down when they applied for benefits for their grandchildren at the local DFCS office. The coordinator invited someone from Elbert Co. DFCS to talk about benefits during their next meeting. Ms. Thornton was able to speak directly with the staff about her situation and was given some direction on how to apply for benefits. During the February meeting, Ms. Thornton announced that she used the information that she learned in the last meeting and went back to DFCS to apply for benefits again. She now receives food stamps as well as TANF benefits for her grandchildren.

## Accomplishments Highlighted

- ✓ **Support Groups** - Georgia has 45 kinship care program support groups. All 12 Area Agencies have one or more support groups in their region.
- ✓ **Summer Camp Scholarships** - Provides respite for relative caregivers. 11 Area Agencies provided summer camps scholarships and programs and 11 summer camp sessions were provided, producing over 150 care receiver contacts.

Program outcomes of the kinship care program are measured through the **Kinship Care Participant Satisfaction Survey**, which is a program measurement and analysis tool for overall program satisfaction and benefit. In SFY 07 489 relative caregivers participated in this survey, a 46% increase from SFY 06.

- ✓ 99% of kinship care participants reported that they strongly agreed that they know more resources and how to get services for themselves and the children in they are rising.
- ✓ 93% of the grandparents and other relatives strongly agreed that they are better able to cope with caring for the children they are raising since being involved with the kinship care services and activities.

## Future Directions and Opportunities

- Continue further collaborative staff training between Department of Human Resources divisions and offices in order to expand knowledge of Grandparents raising Grandchildren resources
- Expand more kinship care support groups in each Area Agency on Aging
- Explore new opportunities for evaluation and research of kinship care programs though Georgia's state universities.

# Long-Term Care Ombudsman Program

## GA DHR- Division of Aging Services and the Aging Network

The Long-Term Care Ombudsman Program works to improve the quality of life of residents in nursing homes, intermediate care facilities for the mentally retarded (IFC/MR), personal care homes and community living arrangements (CLAs) by acting as their independent advocate. Ombudsman staff and volunteers informally investigate and resolve complaints on behalf of residents.

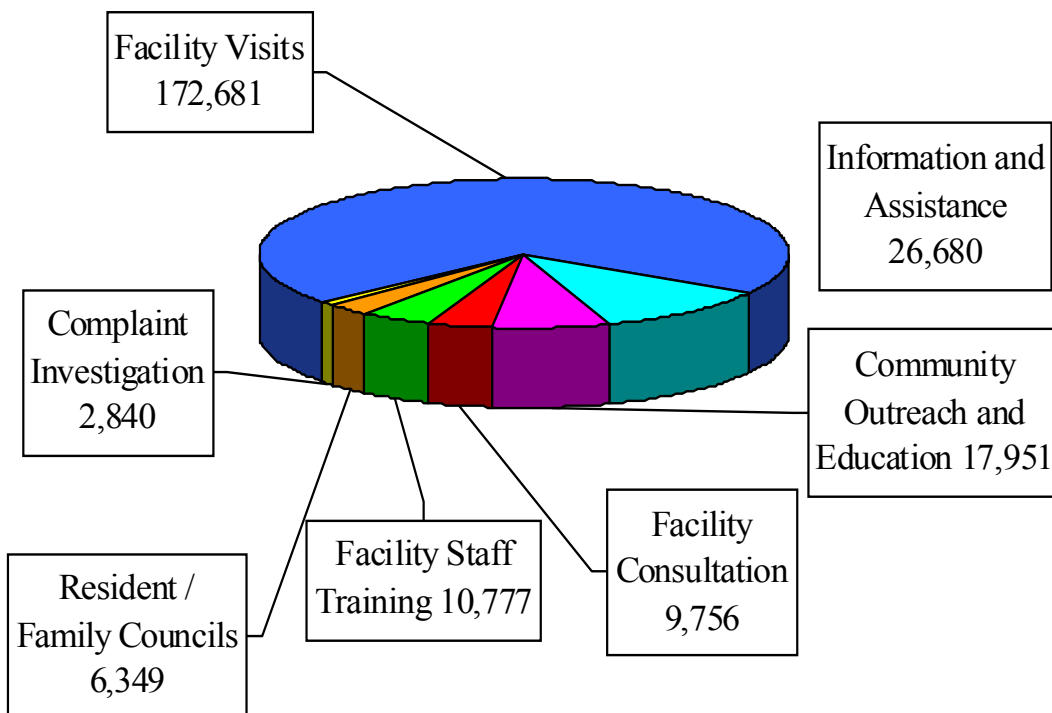
### Persons Served

In SFY 2007, the Long-Term Care Ombudsman Program served 247,034 persons.

Seventy percent of these individuals were served during ombudsman visits to facilities. This reflects an average of 2.4 ombudsman visits for each resident bed during the year.

Almost 27,000 individuals received information and assistance regarding long-term care options, public benefits, residents' rights, etc.

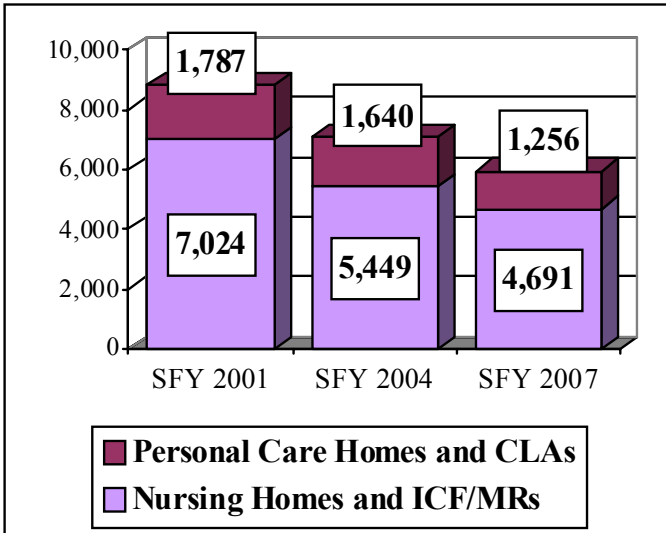
Ombudsmen received an average of 1.7 complaints per complainant for investigation.



## Complaints Handled by Ombudsmen

In SFY 2007, the Ombudsman Program received 5,947 complaints.

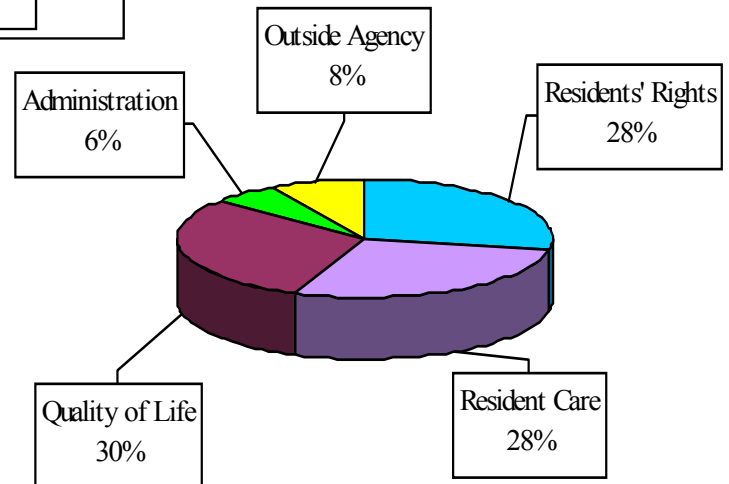
Ombudsmen resolved 95% of complaints in SFY 2007.



## Types of Complaints

Quality of life concerns (30 percent), residents' rights (28 percent), and care issues (28 percent) accounted for over 85 percent of the complaints received by ombudsmen in SFY 2007.

## Types of Complaints Ombudsmen Handled



## Examples of Outstanding Accomplishments

Designated as Patient Care Ombudsman

- ✓ The State Ombudsman served as Patient Care Ombudsman in two (2) federal bankruptcy actions, one involving the nation's first multi-state bankruptcy related to long-term care facilities under the new federal statute. Ombudsmen have made numerous visits to all of the facilities to observe conditions, advocate for the residents, and provide information to the federal court.

Completed a statewide Customer Satisfaction Survey Program Evaluation

- ✓ The Office of the State Ombudsman together with the Planning and Evaluation Section of the Division, completed our first customer satisfaction survey. Findings included: 94% of respondents were "very satisfied" or "satisfied" with the individual Ombudsman; 90% felt the Ombudsman

Program was “very helpful” or “helpful” to them; and 94% indicated they would use the services again or recommend the program to others.

#### Responded to Needs of Residents During Nursing Home Relocations

- ✓ The ombudsmen – together with members of the local Nursing Home Relocation Team – participated in resident relocation efforts at two area nursing facilities, ensuring the safe transfer of residents. Ombudsmen from the Northwest Georgia ombudsman program advocated for the rights of the residents and provided technical assistance to other agencies and facility staff.

#### Promoted Quality Improvement in Nursing Homes

- ✓ Ombudsmen helped promote the Advancing Excellence in America’s Nursing Homes campaign among residents, families, facility staff, and the general public.

# Nutrition and Wellness Programs

## GA DHR- Division of Aging Services and the Aging Network

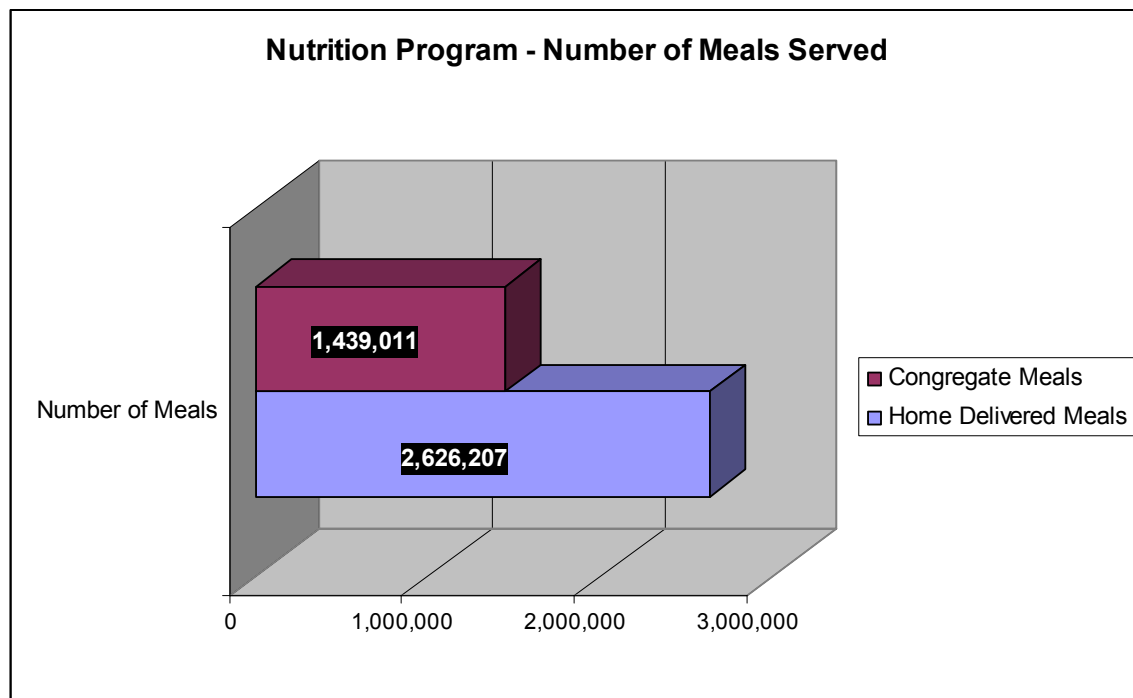
### Overview

"Living Longer, Living Well" – The Nutrition and Wellness Programs are aimed at increasing the ability of older adults to perform everyday activities and remain living in their own homes. Activities are focused on health promotion and disease prevention. Services are designed to improve nutrition and health status, increase functional abilities, promote safety at home, avoid or delay problems caused by chronic diseases and enhance quality of life.

### Partners in Service Delivery System

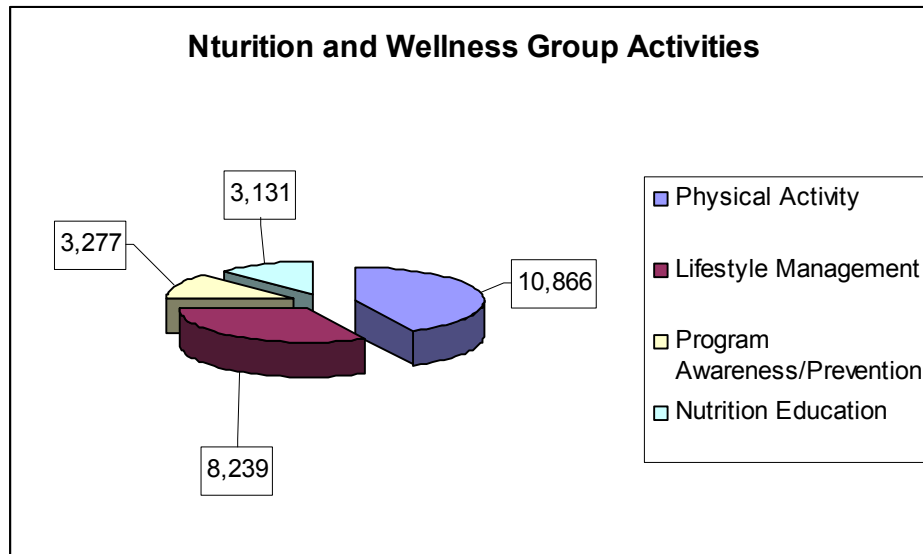
The Division of Aging Services partners with the Aging Network and other public and private sector agencies to provide nutrition and wellness program services. These partners include: University of Georgia, Area Agencies on Aging, Senior Centers, Diabetes Association of Atlanta, Georgia Extension Service, Georgia Commission on Women, Georgia Osteoporosis Initiative, Division of Public Health, AARP, etc.

### Consumers Served



## Individual Services

- ✓ Home Delivered Meals served to 14,646 persons
- ✓ Congregate Meals served to 14,225 persons
- ✓ Additional 5,612 persons served with these individual services:
  - Exercise and Physical Fitness
  - Medications Management
  - Nutrition Counseling
  - Health Related and Health Screening



- ✓ Physical Activities included chair exercise, dancing, aerobics, walking, weight exercises, water aerobics, yoga, etc.
- ✓ Lifestyle Management included recreation, safety, therapeutic activities, and tobacco cessation
- ✓ Program Awareness/Prevention included community events, distribution of materials, medications management, immunizations and group screening activities
- ✓ Nutrition Education included nutrition and health sessions, menu planning and food preparation, explanation of Dietary Guidelines, eating and feeding information, and food safety

## **Success Stories**

**The Website (livewellagewell.info):** The web site's main purpose is to provide information on healthy aging for people aged 50 and older, their families, and their caregivers. The website tracking shows that during 2006-2007, Live Well Age Well web site has had 13,437 unique visitors who made 17,040 unique visits and viewed 41,095 different pages.

**10<sup>th</sup> Annual Healthy Aging Summit:** The Division and its partners hosted the 10<sup>th</sup> Annual Healthy Aging Summit. More than 300 health care professionals attended the conference. Service providers, partners and seniors were recognized at the conference for their outstanding contributions in promoting healthy aging.

### **Live Healthy Georgia – Seniors Taking Charge Community**

**Intervention:** The Division partnered with UGA in planning, implementing and evaluating the above mentioned community intervention to promote nutrition & physical activity and teach strategies for diabetes self-management improve heart health and prevent falls.

The Live Healthy Georgia – Seniors Taking Charge Community Intervention was recognized by Health and Human Services (HHS) as one of the best practice models in the country and the Division's Chief Nutritionist was invited to present information on the intervention at the 2007 HHS Women's Healthy Summit in Washington DC.

## **Accomplishments Highlighted**

- ✓ More than 6,000 people participated in the “Live Healthy Georgia - Seniors Taking Charge” annual kickoff events and learned strategies for healthy aging & healthy living
- ✓ More than 3,000 program participants participated in various physical activity programs such as walking & chair exercises and improved their strength, balance and flexibility
- ✓ More than 15,000 program participants participated in various nutrition education activities and learned ways to prevent/manage chronic diseases by eating healthy, keeping food safe to eat and planning healthy meals on a budget
- ✓ More than 2,200 participants participated in the Senior Farmers Market Demonstration Program and increased their consumption of fresh fruits and vegetables and knowledge regarding the importance of eating safe and healthy foods.



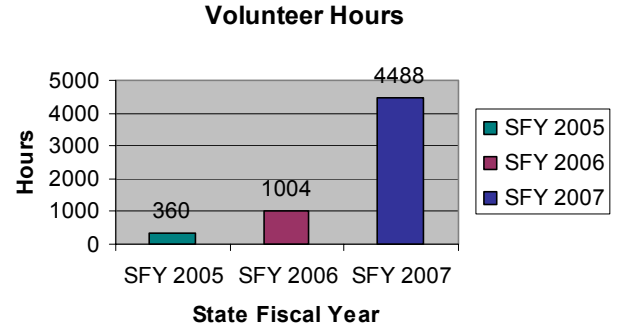
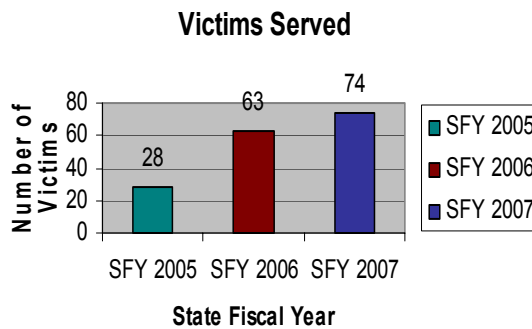
## **Future Directions and Opportunities**

- Increase partnerships with the Division of Public Health, Georgia Diabetes Coalition, Center for Disease Control, Food and Drug Administration, Georgia Osteoporosis Initiative, Georgia Commission on Women, hospitals and other public/private sector agencies to expand wellness program activities and resources
- Coordinate efforts with Department of Public Health and United States Department of Agriculture to improve access to fruits and vegetables for older adults
- Work towards developing a comprehensive healthy aging plan for Georgia
- Develop strategies to plan and implement evidence based health promotion programs
- Increase coordination between the Wellness Program, Georgia Cares Program and Kinship Care Program for the provision of Wellness Program Services to Medicare beneficiaries and grandparents raising grand children

## Senior Adult Victims' Advocate (SAVA) GA DHR- Division of Aging Services and the Aging Network

The SAVA program assists older victims of crime through:

- Navigating and negotiating the criminal justice system.
- Emotional support through home visits or telephone reassurance to lessen the stress and depression related to victimization.
- Information, guidance, support and referrals to victims of financial exploitation.
- Access to social services to reduce dependence on an abuser, both financially and physically, and enabling the victims to live more independently.



### Starting Over

- An emerging trend with SAVA cases is the need to assist victims of financial exploitation in starting over. Many victims of financial exploitation have to start over in a very short amount of time. This can often mean relocation, replenishing clothing and/or food and beginning to psychologically come to terms with their exploitation, especially when family members are the perpetrators. For many victims, they do not meet the criteria to receive crime victim's compensation or they have refused Adult Protective Services intervention, so they have little to start over with.

# Senior Community Service Employment Program GA DHR- Division of Aging Services and the Aging Network

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.

## Persons Served

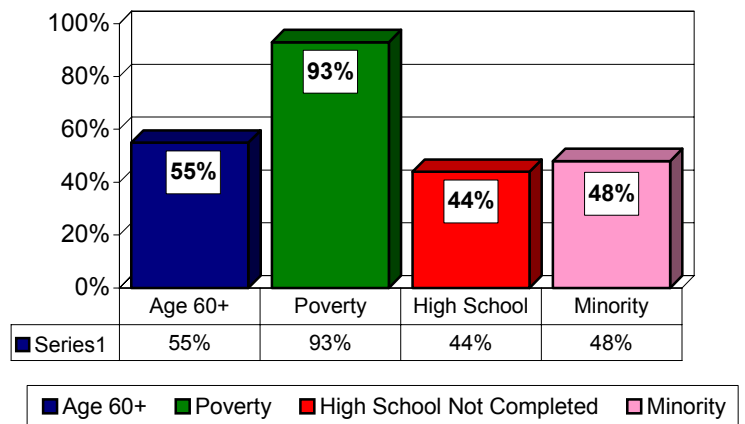
Although participants can be as young as 55 years of age, 55% were over age 60.

Ninety three percent of persons enrolled had incomes below the federal poverty level.

Thirty-one percent of current enrollees had not completed high school.

Forty-eight percent of enrollees were minorities.

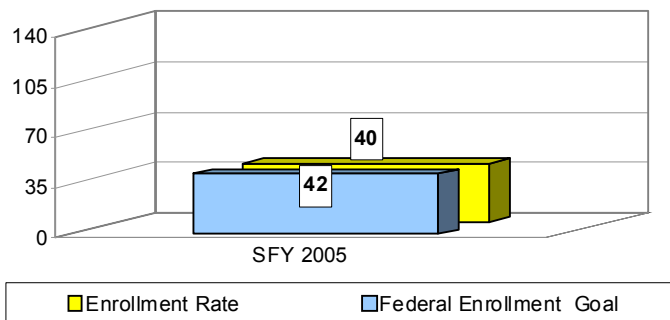
**SCSEP Participant Demographics**



## Examples of Outstanding Accomplishments

- ✓ Achieved the 40% (95.5%) job placement rate, in compliance with the federal requirement of 80-100% of goal. Goal 42%
- ✓ Achieved a 178% total enrollment rate. Exceeding the USDOL goal of 162%
- ✓ Achieved a 85% retention rate. Exceeded the USDOL goal of 80%.

**Enrollees Placed into Employment**



## Participant Benefits

In SFY 2007:

500 older persons received "on the job training"

Participants earned wages estimated at \$1.4 million while working in community service positions.

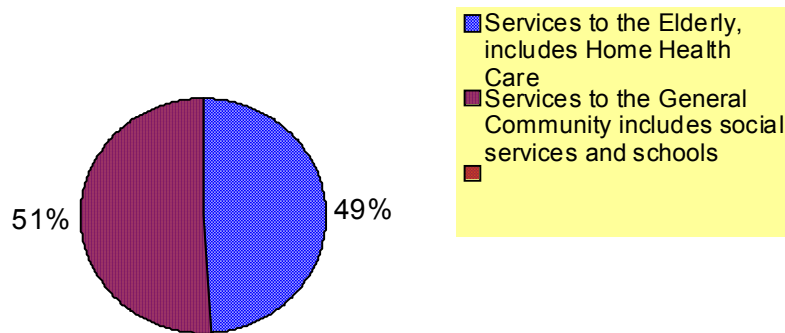
## Community Benefits

Participant wages contribute to the local economy and reduce dependence on public benefits programs.

Participants provided over 224,000 hours of service to community organizations.

The most common job assignments were in organizations providing social service programs and schools, followed by services to the elderly.

### Service Provision by Location SFY 2007



## Challenges and Directions for the Future

The newly reauthorized Older Americans Act will change some aspects of the program.

U.S. Department of Labor reporting requirements and systems continue to be in the developmental stages.

Increase opportunities for job skills training and employment through:

- ✓ Developing additional partnerships with other workforce development agencies, programs and employers.
- ✓ Developing and implementing recruitment strategies and materials that target older job seekers who are most in need and who have poor employment prospects.