

Department of Human Services

Division of Substance Abuse and Mental Health (DSAMH)

I. Internal Scan

DSAMH is currently compiling data on its services by age. Specifically, the division tracks groups 45-65 years old and 66 years and above. The division has clearly recognized that its work will be impacted by an increased number of senior clients. Many seniors abuse prescription medications. Also, people are living longer and are experiencing co-occurring issues as they age. Older clients tend to be in services for longer periods of time. The division believes these issues will impact both substance abuse and mental health services.

Funding for this impact is a concern. DSAMH will need to review local programs and secure funding to meet the needs of these individuals. It may need to increase staff.

As more seniors receive services, DSAMH will need to look at its service delivery model. Many services are done currently in nursing homes, but the availability of beds may be a critical issue as times goes on. Older clients will likely need other medical services beyond just substance abuse and mental health issues, and there is concern over how to monitor and pay for these services.

DSAMH anticipates making several internal management changes. It will need specialists who understand aging issues in both substance abuse and mental health and other medical problems. Management needs to plan and properly anticipate needs as well as work with the local authorities on how to assure services are meeting the needs of individuals. DSAMH's monitoring process will also need to be adjusted to assure that services are being properly delivered to the elderly.

Other issues include the nursing home industry. DSAMH believes they may have a difficult time managing complex mental health issues, and some service expectations may be shifted to DSAMH.

Baby boomers are also raised with different expectations and behaviors. They will not be as passive as aging populations in the past. They do not seem to be afraid of government and will stand up and challenge rules and systems. They will also have increased political clout for which they can demand services and have the ability to vote for issues that impact them.

DSAMH has begun to address the impact of the boomers by having discussions within its leadership team. The division has invited national speakers to its conferences to address specifically the issues of the elderly. It has identified a need to be better at identifying and managing co-occurring medical issues. Finally, DSAMH needs to have aging specialists to provide training on specific needs to assure that their services can

meet the needs. DSAMH believes the federal government will need to make funding adjustments and improve the infrastructure to utilize that funding to expand the state plan to increase services to the elderly.

II. Priorities

1. Compile and Update Data on its Services by Age

Specifically track data from substance abuse and mental health on groups from 45-65 years old. This will help DSAMH determine how its system will be impacted. DSAMH will then need to make analysis of the data and determine the trend of needs and service requirements. This is important to determine how this group will affect our current system and model of service delivery.

2. Understand the Issues and Impact of Baby-Boomers

The division will have to engage its leadership team and the predicted increase of clients to be able to plan for the future. The division needs to take advantage of national individuals who have studied this at length and understand what they have learned about this population.

3. Older Clients Tend to be in Services for Longer Periods of Time

DSAMH needs to clearly predict what intensity and length of services will be needed in the future. It is clear additional resources will need to be sought or a different way of doing business will have to be achieved to continue to meet needs at the current level.

III. Planning

PRIORITY ISSUE # 1: Compile and Update Data on DSAMH Services by Age.

Actions:

- Specifically track substance abuse and mental health services for individuals aged 45-65 years old.
- Develop an automated web-based system to track PASRR (Pre-admission Screening/Resident Review) evaluations regarding nursing home placements. This will help identify mental health and substance abuse issues related to this population.

Results:

- Identify substance abuse by age.
- Identify treatment admissions by age group.
- The automated system will allow the division to accurately track aging mental health nursing home placements.
- Begin to identify trends on need for services to assist in planning future service delivery.

PRIORITY ISSUE #2: Understanding the Issues and Impact of Baby-Boomers.**Action:**

- Include aging issues as topics in state conferences on mental health and substance abuse. Bring in nationally known speakers to help identify the trends and needs of elderly and substance abuse and mental health.
- Participate in Utah Aging Commission through membership in a special mental health sub-committee.
- Identify and implement effective prevention strategies aimed at aging populations.
- As part of the state suicide prevention plan, address the issue of the high rate of suicide among the elderly.

Results:

- Attendees at conferences and trainings will better understand aging issues and be able to apply them to their planning and services.
- Specific program and treatment needs are identified for the elderly mentally ill population.
- Substance abuse use will be reduced among Utah seniors.
- The state suicide plan will identify individuals at risk for early intervention and suicide prevention.

PRIORITY ISSUE #3: Older Clients Tend to be in Services for Longer Periods of Time.**Actions:**

- Put into place a web-based data program that will track length of stay by age for state inpatient services.
- Create a unique client identifier to identify the amount of substance abuse and mental health services over the life plan.

Results:

- Clearly predict what intensity and length of services the elderly population will need.
- Information will be utilized in planning and advocating for future program needs and resources for the elderly population.

Office of Public Guardian (OPG)

I. Internal Scan

OPG is tracking demographic changes through work with the Utah Commission on Aging as well as other research. OPG anticipates the growth in the aging population will impact its work in that it expects the number of incapacitated adults ages 60 & over to grow substantially by 2030. OPG current service mix is 80% incapacitated adults ages 18-59 and 20% incapacitated adults ages 60 & over. They expect the number of incapacitated adults ages 60 & over to grow substantially by 2030.

OPG's overarching policies will not change much, but its ability to manage the increase in clientele will require change. OPG is currently reviewing their policies so that it will be effective regardless of client load.

OPG anticipates a need for a slight increase in the number of management level staff to successfully manage the number of clients as well as the additional staff/contractor staff that will be required to manage the increased client load.

OPG believes it would be wise to consider alternative programs that would decrease the burden on OPG as the aging population increases, such as a low-cost program to assist family members in obtaining guardianship for loved ones.

OPG has begun to address the impact of the boomers by including information about the potential impact of the boomers in OPG's community education events. OPG is also watching the research that is being conducted, working closely with the Utah Commission on Aging, and reviewing policies so that OPG will be effective regardless of the size of its client load.

II. Priorities

1. Need for increased number of public guardianships.

The increase in the senior population will, no doubt, increase the number of public guardianships needed for elderly Utahns. In fact, the recent Annual CareSource Charitable Foundation Survey of Utah's Aging in cooperation with the Utah State Division of Aging and Adult Services Conducted by Dan Jones & Associates found that:

“If incapacitated, nearly one-third may have no one to manage their medical and financial affairs. While 69% say they have a family member or someone else who could adequately take care of their medical and financial matters if incapacitated, 26% do not and 5% did not know.”

Even if only 5% of the elderly population actually becomes incapacitated, there is a potential for 7900-9400 elderly Utahns who will need guardianship services by 2030. Private-pay guardians may serve some of these individuals, but the OPG will be the guardian of last resort for many Utahns.

This is a priority because the OPG does not currently have the capacity to serve this need. OPG also serves the non-elderly incapacitated population, and the current total capacity of the OPG is approximately 300 cases.

2. Need for alternative programs & increased public-private partnerships that will decrease the burden on OPG as the aging population increases such as:

- A low/no-cost program to assist family members in obtaining guardianship for loved ones.
- A low/no-cost program to provide representative payee (bill pay) services.

This is a priority because these are the least restrictive and most cost-effective ways to provide services.

3. Lack of Resources within OPG

Increased services can only be provided with increased resources. This can be accomplished in several ways:

- Implementing fees for services provided by OPG on a sliding scale basis, which is commonly done in public guardianship agencies in other states.
- Increase services provided by volunteers.
- Increased State and/or Federal funds.

III. Planning

By January of 2009, the Office of Public Guardian (OPG) will be serving approximately 350 people statewide. OPG will have assisted Jewish Family Services and possibly other private agencies in establishing a no or low-cost representative payee service. There will also be increased knowledge and availability of assisted

family guardianship programs in Utah. Funding for public guardianships will increase and OPG may also begin charging a small fee for service for those who can afford to pay for low cost services but cannot afford a private guardianship firm.

PRIORITY ISSUE # 1: Need for increased number of public guardianships.

Actions:

- Increase knowledge regarding guardianship statewide through trainings, public outreach meetings, legislative contacts and printed materials.
- Collaborate with other state agencies affected by guardianship issues (i.e., DSPD & USDC).
- Collaborate with private agencies to form public-private partnerships, which can provide some guardianship and adjunct services.
- Continue to monitor the need for guardianship services through surveys and community outreach.

Results:

- Increased support for public guardianship services.
- “Team” approach to addressing the need for public guardianship services.
- Decreased burden on the state to provide all services.
- Accurate information regarding how many Utahns still need public guardianship services.

PRIORITY ISSUE # 2: Need for alternative programs & increased public-private partnerships that will decrease the burden on OPG as the aging population increases.

Actions:

- Increase availability, awareness and use of assisted family guardianship programs.
- Collaborate with Jewish Family Services to provide a no or low-cost representative payee service.

Results:

- An accessible low/no-cost program to assist family members in obtaining guardianship for loved ones.
- A low/no-cost program to provide representative payee (bill pay) services.

PRIORITY ISSUE # 3: Lack of Resources within OPG.

Actions:

- Perform further research on implementing fees for services provided by OPG on a sliding scale basis, which is commonly done in public guardianship agencies in other states.
- Increase services provided by volunteers.
- Possibly request increased state funding.
- Continue fund raising program.

Results:

- If fees were implemented, revenue would be increased.
- Paid staff members have more time available to provide guardianship services, can carry larger caseloads with volunteer support.
- Increased State and/or Federal funding would result in an increased ability by OPG to provide public guardianship services.
- Allows for items not covered by State and/or Federal funding such as client burial plans, dental/vision coverage, birthday/holiday gifts, etc...

Office of Recovery Services (ORS)

I. Internal Scan

ORS is only tracking demographic changes in terms of an increase in the number of their cases. ORS Child Support caseload is growing at a rate of approximately 4% per year and is not expected to decline in the next 20 years. Child Support establishment and enforcement accounts for 80% of what ORS does. ORS business practices will need to adjust to changing demographics; specifically there will be a greater need for bilingual employees and increased outreach to minority communities and to grandparents raising grandchildren. There will need to be a continued emphasis on utilizing technology to mitigate the impact of increasing caseloads. In addition, greater emphasis will be placed

on enforcement of medical support to assist in reducing dependency on Medicaid or other government programs.

ORS anticipates increased demands on the Title XIX program (Medicaid Recovery) as more of Utah's baby boomers reach 55. Currently, the Estate Recovery portion of the Medicaid Recovery program is staffed by one person who collected \$2.7 million in SFY 05 and \$3.4 million in SFY 06.

ORS expects the demand for nursing care paid for by Medicaid to increase considerably as the baby boomer population ages, placing greater demands for Estate Recovery. Estate Recovery can be controversial as it has the tendency to diminish the inheritance of immediate descendants. Consideration will need to be given as to what ORS priorities are in terms of pursuit of Estate Recovery to offset increasing costs to Medicaid versus increased criticism from the public due to ORS' pursuit of Estate Recovery.

The Child Support and Medicaid Recovery programs are very dependent on the use of technology for success. As technology improves, more and more functions can be automated to free up staff to perform functions that cannot be automated. The key will be in keeping pace with technology to compensate for caseload growth, and remaining flexible enough to move staff to areas where technology cannot be utilized.

ORS has not taken any specific measures to deal with the influx of baby boomers, but will need to shift staff to Estate Recovery and Health Claims--the two areas most impacted by an aging population. Future legislation requiring changes to Medicaid recovery will bring about efficiencies allowing ORS to move staff to compensate for increased demands in these areas.

II. Priorities

1. Increasing child support caseload size

Effectively managing increasing caseload sizes is the number one priority of ORS. As caseload sizes increase errors increase and cases can get neglected. ORS caseload sizes are, on average, over 300 cases per agent; under the best of circumstances this is difficult to manage. This number is on the rise and is projected to continue increasing for the next 20 years.

2. Greater demands placed on Medical Enforcement and Medicaid Recovery

Medicaid expenditures are spiraling out of control in Utah as with the rest of the country. The Federal government, in response, has placed greater demands on Medicaid Recovery and Cost-Avoidance. A large part of this equation includes placing greater demands on child support agencies for Medical Enforcement. Failure

of this office to meet Federal minimum performance standards also jeopardizes the Medicaid program and at a minimum can result in penalties to State budgets.

3. Changing demographics of these caseloads

Caseload composition has become more bilingual or where English is not the primary language spoken in the home. In addition, the number of cases with children being raised by their grandparents or another immediate relative is on the rise. In order for ORS to be most effective in its mission, measures will need to be taken to address the challenges faced by this changing demographic.

III. Planning

PRIORITY ISSUE # 1: Increasing child support caseload size.

Important measures the Office of Recovery Services can take to manage and reduce the impact of increasing caseload sizes include limiting the functions being performed by staff and more efficiently using computer automation. Reduce or eliminate expenditures not necessary to produce collections and/or cost avoidance.

Actions:

- Utilize technology to automate functions where possible by identifying functions that make sense to automate;
- Introduce a self-serve format for the child support application process;
- Strengthen website to improve user-friendliness of site, ease of use and access;
- Upgrade Automated Information System;
- Reduce Agency's dependency on office space by reducing storage needs and implementing a telecommuting program for staff;
- Image entire caseload to enable telecommuting and reduce floor space needs;
- Convert both incoming and outgoing payments to 98% EFT;
- Increase DTS resources to meet programming demands;
- Transfer staff to establishment and enforcement of child support orders where there is a direct impact to collections.

Results:

- Online application completed;
- More accessible website reconstructed;
- Customer Service Unit staff reduced by 70%;
- Child support intake function eliminated;
- Payment center fully automated;
- Building space reduced by 50%.

PRIORITY ISSUE # 2: Greater demands placed on Medical Enforcement and Medicaid Recovery.

Utah's aging population's dependence on Medicaid for long-term care combined with the Utah aging population's relative lack of preparation for medical costs by participation in an insurance plan highlight the importance of ORS Medical Enforcement and Medicaid Recovery programs. These ORS programs will help bolster the State General Fund and other DHS programs by returning Medicaid dollars and—as importantly—cost-avoiding these expenditures. Employers are reducing their participation rates and in some instances discontinuing the practice of offering medical insurance benefits altogether.

The ORS Child Support (IV-D) Program is mandated to enforce insurance for those who are ordered to carry and to whom it is available. By 2009, ORS will create data matches with all health insurance providers doing business in the State of Utah. This will allow Medicaid to cost avoid millions of dollars each year for Medicaid eligible children covered by private insurance. ORS will move to automate claims denied by insurance providers. This will keep claims that have been denied initially from falling through the cracks.

Actions:

- Automate claims processing beyond the initial claim;
- Build interfaces to receive insurance data matches;
- Add requirements for cash medical support in lieu of insurance coverage where insurance is unavailable;
- Improve tools to identify and recover Medicaid expenditures through Estate Recovery;

Results:

- 50% of Bureau of Medical Collection health claim billings, whether initial or repeat filings, will be automated;
- Any child insured and eligible for Medicaid is identified for cost-avoidance;
- Increased revenue for the Medicaid program as a result of increased recovery of Medicaid expenditures through Estate Recovery

PRIORITY ISSUE # 3: Changing demographics of caseloads.

By 2030 the impacts of the two population trends—an increase in both the young and in the over 65 population—will present challenges for ORS's two programs. The IV-D (Child Support) Program will serve more children for whom child and medical support will be a continued necessity. As discussed previously, relatives who are in the aging population are caring for a significant number of children in the caseload. If this (custodial) population is dependent as well or doubly so, then enforcing child support and

medical support will continue to be relevant in 2030 and beyond. ORS will need to adapt to the cultural composition of this population.

40% of Medicaid expenditures go to pay for long-term care and disability needs. With the baby-boomers' entry into circumstances where these medical needs are increasingly more likely, ORS Title XIX (Bureau of Medical Collections) Program will be crucial to the state. Public policy implications for Medicaid Estate Recovery present themselves as well: Should Utah impose TEFRA liens? Should Utah pursue Medicaid expenditures paid for one spouse against the estates of surviving spouse when that spouse passes on although the surviving spouse did not receive Medicaid?

Actions:

- Explore public policy changes regarding Medicaid Estate Recovery.

Results:

- Medicaid Estate Recovery policy changes are brought into the Utah public forum for action.

Division of Aging and Adult Services (DAAS)

I. Internal Scan

DAAS is definitely tracking the growth in the senior population. The increase in Utah's aging population will have a dramatic impact on DAAS and all of its programs. The division's programs are designed to help seniors and vulnerable adults remain independent and safe in their own homes for as long as possible. Most services are provided to the very old and the very poor. These are people without financial resources and without a robust support network.

As the baby boomers age, there will be significantly more demand for DAAS services. Additionally, since people are living longer, they tend to need services for a longer period of time. Greater emphasis on preventative health and financial preparation is one policy change DAAS is working on.

DAAS will need to increase its staff and management to cover the increased demands. More funding on the federal, state and county level will be required. DAAS' contracted service providers will need to beef-up their staff and management.

DAAS has begun to address these concerns by increasing awareness about the huge growth in the senior population. Its Board has been very active in discussing its priorities with state legislators. DAAS initiated legislation for the Commission on Aging.

II. Priorities

1. Expand statewide awareness of aging issues.

DAAS will continue to help Utah policy makers understand the huge changes that the baby boomers will make to every aspect of life in Utah. We are working to expand awareness within the government and within the business community.

2. Empower seniors to help themselves through preventive health and financial preparation.

Government will simply not be able to provide enough services to take care of the needs of the baby boomers. The great majority of seniors in Utah never need government services. DAAS will work to empower seniors in the baby boom generation to continue this trend by encouraging preventive health and financial preparation.

3. Review all senior service delivery systems to identify gaps, improve efficiency, and expand resources.

Senior service delivery systems are already strained and at full capacity. Indeed, there currently are seniors denied services due to lack of funding. This problem will be greatly exacerbated as the baby boomers seeking services come forward in huge numbers. DAAS is reviewing all delivery service systems to determine where the gaps lie, and whether we can improve efficiency. As the baby boomers begin to seek services, there will be a need for greater resources. At the state level, this problem will likely be compounded if the federal government continues to cut funding to the states.

Actions and Results

By 2009, the Division expects to see much greater awareness statewide about aging issues. Already, there are many stories in the media about aging and the impact of the baby boom generation. We are working with the Commission on Aging and other community partners to spread positive messages about aging. By 2009, we anticipate having resources in place (likely two dedicated program managers) to encourage greater preventive health and financial preparation in the senior population. Finally, we expect a moderate increase in demand on all of our programs statewide. Thus, we will likely need more staffing and funding to meet these demands.

PRIORITY ISSUE # 1: Expand statewide awareness of aging issues.

Actions:

- Collaborate with the Commission on Aging.
- Implement portions of Project 2030 and follow-up with other state agencies.
- Work with our media partners to spread positive messages about aging.
- Develop relationships with community partners who are interested in aging issues.

Results:

- Implement portions of Project 2030.
- As appropriate, ensure that other state agencies are implementing Project 2030.
- Positive media about aging issues.

PRIORITY ISSUE # 2: Empower seniors to help themselves through preventive health and financial preparation.

Actions:

- Collaborate with the Commission on Aging and AARP to develop fiscal preparation materials.
- Designate a program manager within the Division who will have statewide responsibility to administer a fiscal preparation program.
- Develop partnerships with the Department of Health's Bureau of Health Promotion, the Area Agencies on Aging, and the local health departments.
- Designate a program manager within the Division who will have statewide responsibility to administer a preventive health program.

Results:

- Seniors statewide will have the opportunity to receive training regarding financial preparedness.
- The Division will have two dedicated program managers with statewide responsibility for these two programs.

PRIORITY ISSUE # 3: Review all senior service delivery systems to identify gaps, improve efficiency, and expand resources.

Actions:

- Working with the AAAs, review all current service delivery models.
- Survey all community partners with respect to services they offer to aging individuals.
- Analyze gaps in service to improve efficiency and expand resources.

Results:

- Service delivery will be optimized.
- Greater communication and collaboration between state and county programs and our community partners.
- The Division will have a highly principled plan to present to the state legislature with respect to the need for additional resources.

Division of Services for People with Disabilities (DSPD)

I. Internal Scan

DSPD estimates that as people with intellectual disabilities, physical disabilities and brain injury age they will require more robust services. As caregiving parents or siblings age, get sick or pass away, recipients will need more intensive and costly services. This will mean a need for additional funding, but some of this need may be offset by natural attrition among those receiving services. Individuals with disabilities over age 55 will also require more nursing, health services and prescriptions. At some point, many may need to transition to a nursing home to care for their needs or arrange for hospice services. It is expected that medical costs will grow significantly due to age related diseases and health issues.

DSPD is tracking demographic changes. It is researching the impact of Utah's expanding dependency ratios on disability services. Demographic changes will result in a change of focus from behavioral to health management. The need for traditional providers may also intensify as older people move from self-administered services into residential services due to acuity.

DSPD anticipates making changes in its policies. It will need to set criteria for when a person must leave DSPD services and enter a nursing home. It will need policies around how to work with agencies serving seniors, including much more coordination with medical providers, nurses, home health, hospice, AAAs and non-profits working with seniors.

DSPD's management will be affected by the demographic changes. The division will need to continue to develop projection and forecasting methods to improve tracking of attrition and increases among seniors who get DSPD services. Other concerns include a need for more analysis and identification of possible needs among seniors with disabilities, and an insufficient number of direct care workers.

DSPD is addressing existing concerns by trying to put into place systems that will facilitate connection between the direct worker and client -- like the use of a fiscal agent. It has revised all service descriptions to identify who is responsible to handle medical appointments and to clarify and define nursing services.

II. Priorities

1. A shift from traditional supervision and behavioral services to medically intensive services.
2. Maintaining an adequate and competent direct care work force.
3. Responsive and timely coordination of services among medical providers, nurses, home health, hospice, Area Agencies on Aging and traditional Medicaid Waiver providers.

DSPD prioritized these three areas because of the potential increases in costs associated with each one and its potential to create change within the current system. Currently, most clients receive training, supervision, or behavioral management services. Over the next 20 years the focus of long-term services is expected to become more medically intensive as people live longer and experience more age related diseases and deterioration of health. Given this context, DSPD's coordination will need to be broader and more inclusive of medical and aging resources. This will make the current disability service system more complex and difficult to navigate unless efforts are taken to clarify roles, establish single points of contact and create cooperative agreements and knowledge resources.

III. Planning

PRIORITY ISSUE # 1: A shift from traditional supervision and behavioral services to medically intensive services.

By January of 2009, DSPD hopes to be well underway meeting the top priority need expected to emerge among people with intellectual disability, brain injury and physical disability; namely, implementing medically intensive services for people with disabilities who are becoming seniors. By 2009, we hope to have completed an analysis of the Utah state plan services available to individuals with intellectual disability, brain injury and physical disability and to have developed new waiver services eligible for Federal matching funds to provide for gaps in medical services available under the state plan. We also intend to thoroughly investigate the prospect of availing ourselves of the new Federal initiatives under the Deficit Reduction Act of 2005 (DRA) that will permit the State to reconfigure its use of Medicaid funds for a more efficient delivery of critical services, medical and otherwise. We will know if we are successful by monitoring the demand and availability of medically intensive service options.

Actions:

- FY 2007, complete a comprehensive review of the state plan and waiver services, identify gaps in services
- FY 2008, outline solutions (including the use of DRA Sec. 6086 and Sec. 6087 programs), options, costs and benefits for each gap in service
- FY 2009, prioritize programs and interventions, pilot test new programs, obsolete old programs
- FY 2010, implement new programs and interventions statewide.

Results:

- State Plan and Medicaid Waiver service duplication and coverage differences, definitions, and service gaps documented.
- Assessment of whether needs align with services offered completed.
- Medicaid Waivers rewritten to reduce duplication and to implement cost effective service solutions for gaps in services and to take advantage of any efficiencies offered by DRA.
- Small group of 100-200 people with intensive medical needs and a qualifying disability transferred to pilot that tests the newly designed medical services. New programs available statewide.

PRIORITY ISSUE # 2: Maintaining an adequate and competent direct care work force.

A second major challenge anticipated in the future is maintaining an adequate and competent direct care work force. By January of 2009, it is expected that more people than ever before will need services. DSPD is planning now to avoid a situation where there is more demand than supply of direct care workers. DSPD is also planning to provide adequate training in a cost effective and time efficient manner. The division will know it has been successful if the number of direct care workers needed does not exceed the number available and if the workers are able to improve level of care through ongoing

training and advancement. To be successful, this effort will require development of professional expectations and standards for quality of care, development of ethics statements, improved training, improved tracking of direct care workers, improved ability for direct care workers to market themselves directly to people with disabilities and to provider agencies and increased wages and benefits for direct care workers who provide quality services over a long period of time.

Actions:

- FY 2007, develop online training curriculum, complete a comprehensive online training and tracking system for direct care workers, draft worker standards of care guideline and statement of ethics.
- FY2007, develop and implement a new web-based certification system for direct service workers to allow for contemporaneous quality assurance of workers who seek to have their credentials and availability posted on the Division's web-based database of work-force resources.
- FY 2008, track the starting wage and turnover rate of each contractor, program the capability of the Division's online web-site to allow direct care workers to post resumes and training certificates and therefore, enhance their availability to consumers and providers with work-force needs
- FY 2009, program Division's online web site to allow consumers to search for workers based on characteristics (training, location, gender, age, years of experience, etc.).

Results:

- Direct care workers who provide self-administered services will have registered on the web site, completed the training program and scanned in training certificates.
- Employment opportunities for any consumer or provider will be advertised free of charge on the site. The general public will know about employment opportunities via free advertising available for non-profits and government. The turnover rate for each provider agency will be published.
- The web site registration, training and certification capabilities mandatory for all direct care workers will be available. The web site's functionality and search features will be completed so consumers can conveniently find the workers that they require.

PRIORITY ISSUE # 3: Responsive and timely coordination of services among medical providers, nurses, home health, hospice, Area Agencies on Aging and traditional Medicaid Waiver providers.

In order to deal with the increased complexity of care and the coordination of care for a single individual, the Division needs to design a responsive and timely process for coordination of services among medical providers, nurses, home health, hospice, triple

A's and traditional Medicaid Waiver providers. We will know we are successful if all parties involved in meeting an individual's medical needs are aware of the treatment and fully participate in the coordination and delivery of the service so that services are not duplicated, uncoordinated or nonessential.

Actions:

- FY 2007, complete a comprehensive review of the gaps in communication among parties providing care and identify a plan to improve this coordination. Document the scope of each party's services and how to make everyone aware of changes in care. Investigate and address statutory and regulatory issues surrounding exchange of protected medical information (PMI) and develop approaches that will maximize consumer and community buy-in.
- FY 2008, outline improvements for each gap in communication, delineate where one service ends and another supplements or takes over. Develop cooperative agreements with partners, develop a process for problem resolution, and develop a shared record keeping system. Develop for consumers a web-based searchable database of available healthcare and ancillary resources, along with integrated quality assurance reports collected in the normal course of governmental regulation
- FY 2009, develop formal communication record accessible by all parties.

Results:

- Communication patterns and identify gaps will be documented. Plan will be documented and each party's responsibilities, services, and responsibility to inform others of changes in care or health of the individual have been defined.
- Cooperative agreements documented and new communication processes will have been tested, revised and improved. Problem resolution systems tested and changes implemented.
- Formal communication record in place that provides access and features needed by each party. Reporting methodology developed and details for intensification of medical involvement in the care of an individual with disabilities documented.

Division of Child and Family Services (DCFS)

I. Internal Scan

DCFS's programs are established primarily to assure the safety and well being of children and families in the state. Changing demographics with regard to "baby boomers" can have an impact on the division's programs. Increases in the number of aging baby boomers can impact the division's programs in three ways:

1. There is potential with the increase in numbers of persons reaching retirement age should economic conditions deteriorate or those persons not be properly prepared financially for retirement that the ability to provide an alternate home for grandchildren can be negatively affected, generating a need for more foster families. With the increased emphasis on placing children with kinship families, there need to be programs to assist families willing to care for children but who are not financially able.

2. DCFS is also responsible for investigating incidences of domestic violence. Economic conditions have a direct impact on the number of incidences of domestic violence. Increase in the population due to the number of baby boomers retiring can potentially increase the number of cases of domestic violence, especially should economic conditions deteriorate. The division can expect increases in reports of domestic violence related child abuse should these seniors be caring for grandchildren.

3. The third concern that can affect the division's programs is the impact on families with children who also will need to care for older parents. With the influx of baby boomers, there will be more families in this situation. Caring for both children and parents can provide both emotional and economic stress on a family increasing the potential for child abuse. As the number of families caring for both parents and children increase, the division can expect increase in reports of child abuse. More training will need to be provided to caseworkers to both recognize the problem and provide help to families to assist them in coping with the emotional impact. Where families are unable to cope, there can be expected increases in the number of children in state custody.

DCFS monitors changes in conditions related to child abuse including contributing factors, family types, ages of perpetrators, etc. As changes occur in certain areas, the division provides training to meet the changing needs. An example of this is the increases in child abuse directly related to methamphetamine use. As more cases show substance abuse as a contributing factor, training has been given to workers to recognize drug abuse and how to work with families where this is a factor. If any of the above, particularly families caring for children and adults, become more of a factor in child abuse, training and prevention programs will be directed to this problem.

II. Priorities

1. Assuring the ability of relatives (particularly grandparents) to provide a home for children who cannot return to their parents, particularly in difficult economic times.

Reason for Priority:

1. Kinship placement has proven to be the most effective placement in reducing trauma to children.
2. Bonding occurs more quickly when children are placed with family members with whom they are familiar.

3. Relatives are often more familiar with the heritage of the children and can respond to cultural needs and physical and emotional conditions in the family background.
2. Dealing with potential domestic violence issues with kinship providers.
Reason for Priority:
 1. Domestic violence is a mandatory service of the Division of Child and Family Services.
 2. Placing children with grandparents or other older relatives may necessitate additional staff to deal with issues of domestic violence.
 3. Additional assessments of capability of care and counseling when a child is placed with kinship may be necessary to assure appropriate placements.
3. Impact on kinship families of caring for great grandparents while caring for grandchildren.
Reason for Priority:
 1. This type placement may occur more often as persons live longer yet may require assistance from adult children.
 2. Stress on available kinship families would increase when caring for two generations, reducing available kinship placements.

III. Planning

By January 2009, the Division will have assessed the impact that economic conditions, domestic violence and/or caring for elderly parents may have had on the Division's ability to place children with kinship when that would have been the best placement. The review will have determined whether, given adequate resources, additional kinship placements could have occurred. If additional resources would have increased placements, the Division will have taken all reasonable efforts to develop those resources including training, state or Federal funding, and community resources to provide necessary supports to kinship placements. The division will be on track if the number of kinship placements does not decline as a result of economic conditions, domestic violence or families caring for older parents.

Priority I: Assuring the ability of relatives (particularly grandparents) to provide a home for children who cannot return to their parents, particularly in difficult economic times.

Actions:

- Semi-annually evaluate situations where kinship placement was not used or a placement disrupted due to inability of kinship to provide care.
- Determine most common reason for non-placement with kinship
- Identify causes for non-placement due to economic conditions
- Develop steps to rectify problems where possible

- Evaluate success of actions

Priority II: Dealing with potential domestic violence issues with kinship providers.

Actions:

- Semi-annually review relationship between domestic violence cases and kinship placements
- Determine if children were not placed with kinship due to domestic violence issues
- Determine if training and/or treatment can prepare families for kinship placements when domestic violence has been an issue.
- If training or treatment identified as potential resource to improve placements, develop training/treatment guidelines
- Evaluate effect of training/treatment

Priority III: Impact on kinship families of caring for great grandparents while caring for grandchildren.

Actions:

- Semi-annually review situations where children not placed with kinship or a placement disrupted due to impact of kinship caring for older parents.
- Review any actions taken to provide additional resources to kinship families
- Determine if training or funding could result in additional placements or more effective placements
- Develop and provide training if determined to be effective
- Solicit additional resources to assist kinship in caring for children and older adults in the community and/or through Legislative or Federal funding.
- Evaluate results of training and resources on availability of families.