Health and Human Services Task Force ■ Interim Report

August 26, 2008

Together...A Healthier Georgia

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INTRODUCTION

The State Department of Human Resources was created in 1972 to "efficiently deliver comprehensive programs and services for the physical, mental, and social well-being of Georgia's citizens."[1] These services touch the lives of all Georgians by providing programs that ensure their health and welfare, controlling and preventing the spread of disease, enabling the elderly and disabled to live at home longer, prevent children from developing lifelong disabilities, protecting children from abuse and neglect, providing families with a variety of financial and non-financial supports.

Over the last 35 years the state of Georgia has dramatically changed in population demographics and human service needs. To better serve the evolving human services needs of Georgia's citizenry, the Health and Human Resources (HHS) Task Force was established by Executive Order of the Governor (the text of the executive order is provided in Appendix A). The organizational design of the state's health and human services is being reviewed to provide better quality state services by "examining the missions of various divisions within the Department of Human Resources, the Department of Community Health and the State Personnel Administration."[2]

The nine member taskforce, is comprised of legislative and executive branch appointments, and is charged to deliver to the Governor and General Assembly the following:

1. A plan to restructure the Department of Human Resources to provide the most efficient and effective delivery of services available.

2. A health and human resources delivery model that emphasizes the importance of a coordinated and integrated health delivery and prevention arm.

3. An organizational structure that will provide the best means to protect Georgia's children.

4. A determination whether to integrate divisions within at least the Department of Community Health and State Personnel Administration into the new health and human resources delivery model.

[1] State of Georgia Reorganization and Management Improvement Study, November 1971, p. 111
[2] Executive Order, Governor Sonny Perdue, February 4, 2008

Georgia Health and Human Services Restructuring Task Force

The task force is comprised of nine members and is responsible for guiding the work of the commission and developing recommendations. Five members are appointed by the Governor, two are appointed by the Speaker of the House and two are appointed by the Lieutenant Governor. Members of the task force are as follows:

	Name	Title/Agency
1.	Jim Lientz	COO, Governor's Office
2.	Tommy Hills	CFO, Governor's Office
3.	Hannah Heck	Governor's Policy Director
4.	Josh Belinfante	Governor's Executive Counsel
5.	Trey Childress	Director, OPB
6.	Senator Jack Hill	State Senate
7.	Senator Renee Untermann	State Senate
8.	Representative Ben Harbin	House of Representatives
9.	Representative Mark Butler	House of Representatives

Staff support is provided by the Office of Planning and Budget in cooperation with the House Budget Office, House Research Office, Senate Budget and Evaluation Office, Senate Research Office, the Department of Human Resources, the Department of Community Health and the State Personnel Administration.

The purpose of this interim report is to provide:

1. A record of the task force's work to date
2. Background about past organizational changes and demographics
3. A document of issues raised in task force discussions, interviews, and staff discussions
4. A proposal for a future HHS organization for purposes of further analysis, public comment, and preparing legislation

Guiding Principles

The task force established guiding principles to use in evaluating potential organizational changes.

1. Scope: Provide an appropriate scale and scope for the organizations in question to ensure ease of management and customer service without unnecessary obstacles.

    a. Each agency should be scaled to facilitate optimal efficiency and effectiveness in service delivery to clients (optimizing fiscal, human and technological resources).

b. The scope of activities within an agency should be manageable to the extent that the agency leadership can be reasonably expected to have sufficient knowledge of and engagement in those activities.

2. Continuity of Care: Implement a more defined system of care internally and externally across state agencies and other service providers. Ideally, like-type and connected services to the same or similar clients should be provided within the same agency.

3. Customer Service: Maintain, if not improve, the delivery and quality of services so they are faster, friendlier and easier from the perspective of the customer.

4. Governance: Improve coordination and governance of health and human services, funding, and information systems.

Reasons to Re-organize

In addition to the purposes stated in the executive order, several other reasons emerged from task force discussions and interviews as to why reorganization of the state's health and human services should be considered. These included:

- Significant state population increases and demographic changes
- Policy review and reform – developing an organization that is positioned to make improvements needed today and into the future
- Aligning service delivery organizations to meet strategic goals of the state
- Focusing on clarity of mission and performance
- Focusing the lens of improvement on some specific challenges like mental health and public health
- Georgia is one of the largest states with centralized health and human services
- Large bureaucracies with multiple missions are harder to manage and hold accountable
- Improving fiscal accountability and executive and legislative oversight of health and human services
- Improve the visibility and awareness of health and human services through more focused budget and legislative hearings

BACKGROUND

The Department of Human Resources was created under Governor Jimmy Carter as part of a comprehensive reorganization of state government in 1972. The November 1971 *State of Georgia Reorganization and Management Improvement Study* noted that

> "…uncoordinated and unplanned growth of State Government had resulted in the existence of more than 300 separate departments, agencies, boards and other units of the Executive Branch. Within that structure, major functions and programs were fragmented. Responsibility was widely diffused. Lines of authority and responsibility were frequently indefinite and indirect. Services often overlapped or were duplicated."

Relative to the creation of the Department of Human Resources (DHR), the 1971 reorganization report explained that the vision for consolidation of agencies into a single Department of Human Resources was to:

- "Efficiently deliver comprehensive programs and services for the physical, mental and social well-being of Georgia's citizens."
- Eliminate duplication and fragmentation of services.
- Allow one agency to "…act on the broadest range of human needs to raise the standard of living for those who depend on it."
- "Improve services at the local level through the utilization of a common case history information and follow-up capability for all units serving the clients."

The 1971 reorganization report also noted that, "There are many situations where members of the same family might be served by a number of different agencies at the same time. Now one agency will handle these needs and under this structure the basic needs of the family will be responded to by a unified delivery system."

The Georgia Department of Human Resources was created by the General Assembly in the Governmental Reorganization Act of 1972. The Act consolidated into one agency the:

- Department of Public Health, including mental health and hospitals
- Department of Family and Children Services
- State Board for Children and Youth, including juvenile justice services
- State Commission on Aging
- Division of Vocational Rehabilitation from the Department of Education, and included the Georgia Factory for the Blind and Roosevelt Warm Springs Institute

Since 1972, the state has made the following organizational changes to DHR:

1976 The Medicaid program became the Department of Medical Assistance (merged into DCH in 1999)

1992 The Division of Children and Youth became the Department of Juvenile Justice

1999 The Georgia Department of Community Health (DCH) was created in 1999 to serve as lead agency for health care planning and purchasing. The General Assembly created DCH by consolidating four agencies involved in purchasing, planning and regulating health care. DCH is also designated as the single state agency for Medicaid.

2001 The Division of Rehabilitation Services moved to the Department of Labor by the Georgia State Legislature (§ 34-15-2). The Division of Rehabilitation Services within DHR transferred to the Department of Labor, including the disability adjudication section and the Roosevelt Warm Springs Institute for Rehabilitation.

2004 The Child Care Licensing Section of the Office of Regulatory Services within DHR moved to the Department of Early Care and Learning.

2008 Certificate of Need was reformed and related regulatory functions moved from DHR to the Department of Community Health effective July 1, 2009

Demographics of the State in 1970, Today, and the Future

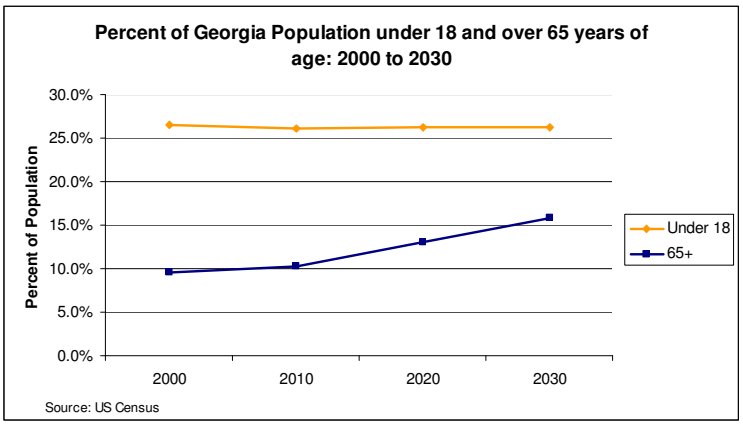
The demographics of the state have changed considerably since the 1970s. Not only has the state's population grown from 4.5 million in 1970 (14th in the nation) to 9.5 million today (9th in the nation), but the makeup of the family support structure has changed. In 1970, 13.5% of children 18 years old and younger lived in single parent homes. Today that percentage has grown to more than 25%. The number of children in two parent homes has decreased from 76% in 1970 to less than 62% today.

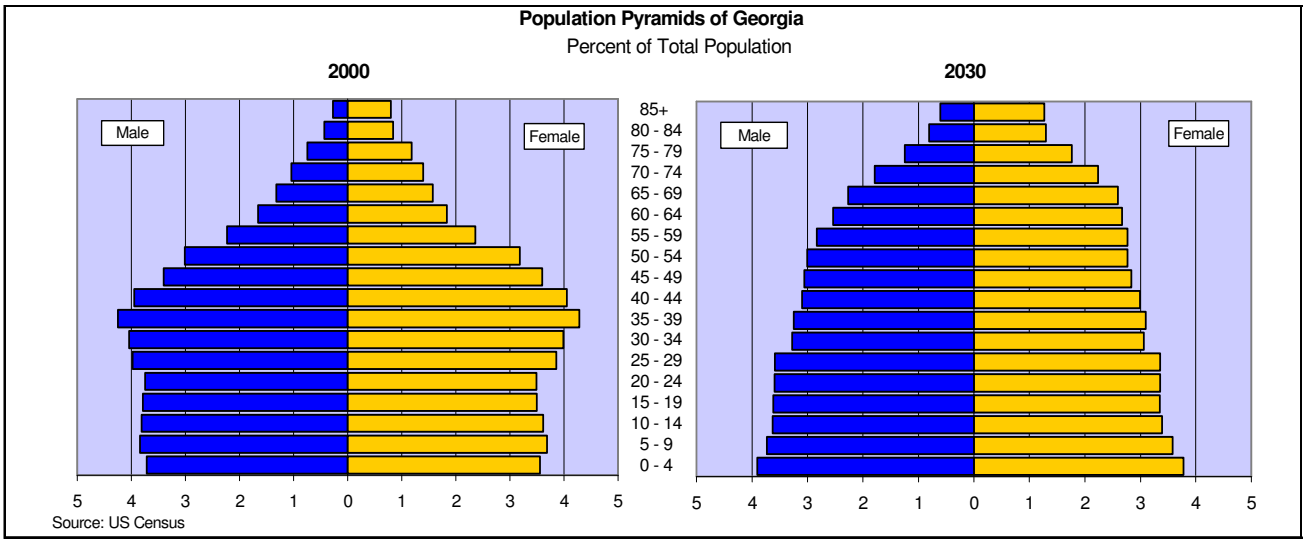
Household Type: Where children live	**1970**	**2000**
Married Couple	76.1%	62.0%
Single Parent	13.5%	25.5%
Other Relative	8.7%	10.1%
Non-relative	0.6%	1.8%
Other (group quarters)	0.6%	0.4%
Source: US Census Bureau, US Department of Commerce, Statistical Abstract of the United States		

Research shows that the more stable a family is, the less reliant the family is on government services. A U.S. Census report issued in May 2008 reports:

> "Compared with those living with their spouse, the odds that mothers living alone with children would receive government assistance were five times as high. The odds that mothers with an unmarried partner would receive aid were two times that of those with a spouse."[3]

In considering how to best organize the state's health and human service functions it is important to look ahead at the state's future demographics. The U.S. Census Bureau estimates indicate that Georgians age 65 and up made up about ten percent of the state population in 2000. The census bureau projects that by 2030 seniors will comprise 15 percent of Georgia's population. More importantly, the population pyramids show that there will be fewer working age adults in 2030 compared to year 2000. The dependency ratio (the ratio of children under 20 and elderly 65 and older compared to the population age 21 to 64) will increase from 64.2 in 2000 to 81.3 in 2030. Demographic changes have a myriad of public policy implications for the delivery of health and human services. Effective planning can mitigate the impact of these changes on the delivery of services to our changing population.





[3] Participation of Mothers in Government Assistance Programs: 2004, US Census Bureau, May 2008, p.14

Health Status of Georgians

Not only do demographics influence the volume and scope of health and human services demanded in the state, but also the health status and behaviors of Georgians. Georgia's recent rankings on specific predictors of health and health outcomes have been historically low compared to the other states. The latest rankings are as follows[4]:

- 41st in premature death
- 43rd in infant mortality
- 41st in cardiovascular deaths
- 46th in infectious disease
- 38th in obesity rates
- 28th in per capita public health spending
- 48th in on-time graduation

Improving the health outcomes in Georgia and improving our rankings among states is a strategic goal of the state. The focus on improving the health status of Georgians greatly influenced the proposal developed by the Task Force.

The state's demographics and health status create some unique challenges in terms of delivering health and human services and the scale and scope of services that are provided. Compared to other states, Georgia has more people who are less healthy. The state's health status and demographics create some unique challenges in terms of delivering health and human services at the scale and scope required. Compared to other states, Georgia has more people who are less healthy. Since 1970, family structures and have changed often diminishing support networks, isolating individuals and families, and making them more vulnerable to negative health outcomes. These changing family dynamics may result in more people turning to the state as a safety net for their care.

To better meet the needs of Georgia, the State's human service organizations must respond quickly and be flexible to the changing and diverse needs. Coordination among the various agencies serving citizen's health and emotional needs is more critical than ever before. Coordination of funding, case management, program services, and information technology will be necessary in order to meet the complex and changing needs going forward.

[4] America's Health Rankings 2007, United Health Foundation: www.unitedhealthfoundation.org compiled by the Georgia Health Policy Center shows: (1st = best; 50th = worst).

BEST PRACTICES AND OTHER STATES

As part of the work of the task force, staff analyzed the organizational structure of health and human services in all fifty states. Across the country the health and human functions are organized in a wide variety of ways. Some states are organized with a centralized structure like the current Georgia DHR. Others organize their health and human service functions in multiple agencies that report directly to the Governor. Others utilize a cabinet approach where the various agency heads report to the Governor, but they also coordinate their functions through a HHS Cabinet. The cabinet approach also includes certain centralized support and administrative functions to all the agencies. No one organizational arrangement of health and human services is common among the fifty states.

No one organizational arrangement of health and human services is common among the 50 states.

To provide a perspective on how other states have designed their health and human services and some lessons learned, the staff prepared some information for the task force.[5] The information provided was based on a consultant's work in other states and information gathered from national reports including the National Conference of State Legislatures (NCLS) report, "State Human Services Organization: Strategies for Improving Results," by Susan Robison published in April 2006.

Since 2002, at least 50% of states have considered reorganization of their health and human services systems with the following goals:

- Streamlining bureaucracy
- Improving customer focus, accountability and performance (results/outcomes)
- Consolidation of administrative functions toward manageability and efficiency
- Reducing state expenditures
- Moving beyond restructuring -- implementing reform

States that have undertaken recent reorganization initiatives include:

- More Populated States:
  - Texas
  - California
  - Massachusetts
  - Florida

- Less Populated States
  - Oregon
  - Vermont
  - Kentucky

[5] Content provided by the Bronner Group May 20, 2008. National Conference of State Legislatures report can be found at http://www.ncsl.org/programs/cyf/hspubintro.htm

Organizational change can not solve systemic problems or inefficient processes. As Susan Robinson, author of the NCLS report noted in testimony addressing California's reorganization effort,

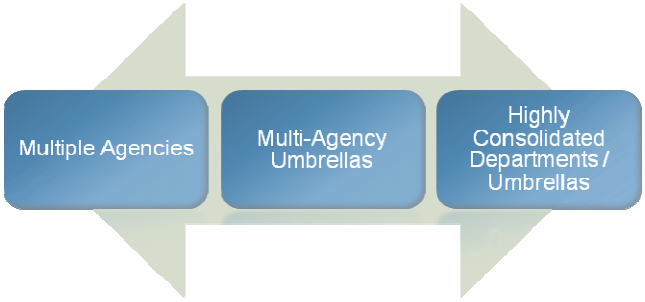
> "In the past few years, the trend has been to consolidate agencies or offices. However, after many attempts to find the ideal structure, a growing number of state policymakers believe that more fundamental reform is necessary. The deep-seated problems of state human services systems and the long-term consequences to vulnerable citizens and taxpayers cannot be solved by rearranging organizational structures alone.
>
> Reorganization requires careful consideration of the complex dynamics and factors at work in local and state human services systems. They also require the sustained leadership of policymakers and administrators working with many others to develop the unique set of solutions that will work in each state."[6]

Organizational change can not solve systemic problems or inefficient processes.

Optimal solutions must be balanced against resource constraints, level of sustained commitment to the change, and the risk and potential disruption of services brought on with any change.

Organizational Models

State agency restructuring has a long history reflecting experimentation with a continuum of organizational models, cycles, and specific differences from state to state. States across the nation have gone through cycles from consolidating to separating agencies. Across the country health and human service organizations can be categorized generally in one of three ways. As discussed in the NCLS report, services are generally organized in multiple agencies, multi-agency umbrellas, or a highly consolidated single entity.



Multiple agencies

- Services provided and/or supervised across several agencies (function- or program-based)

[6] Susan Robison, Testimony on State Health and Human Services Reorganization to the Little Hoover Commission of the State of California, 2004

Multi-agency umbrellas

- Single executive entity (e.g. cabinet level) serving as an umbrella for *managing, overseeing and coordinating* multiple health and human services agencies (more on oversight and coordination)
- Agencies within umbrella retain their respective statutory mandates and budgets

Highly consolidated departments/umbrellas

- Single executive entity that *consolidates* all health and human services and serves all populations

The spectrum of models, including hybrid forms, offers potential benefits and challenges, each of which must carefully considered and/or mitigated.

Model [7]	Potential Benefits	Potential Challenges
Multiple Agencies	• Scale manageability • More expansive range of services across more agencies • Specialization • Focused accountability on outcomes • Variety of approaches • Maximization of federal stream	• Fragmentation; non-integration of services • Duplication of administrative and support functions • Monitoring outcomes across various agencies • Resource competition among agencies • Funding streams impeding coordination and integration
Multi-Agency Umbrellas / Consolidated Departments	• Shared overall vision and policy direction • Potential improved coordination • Single agency for accountability and public visibility • Comprehensiveness of service delivery framework for constituents with multiple and common problems • Decreased duplication of administrative functions and systems red tape	• Creating and providing comprehensive service strategies • Manageability of agency scope and scale • Defined accountability among agencies or departments • Clarity of program effectiveness and system for monitoring outcomes • Lack of coordination among departments and programs • Resource pressure due to broad and/or multiple mandates • Resource competition among departments and multiple constituencies • Difficulty developing and maintaining clear accountability • Inflexible funding streams

[7] Table adapted from information provided in the report, "State Human Services Organization: Strategies for Improving Results," National Conference of State Legislatures, Susan Robison, April 2006, Table 10, p. 125 and Table 12, p. 131

Examples of how certain states have organized their health and human services include:

- Multiple agencies
  - Florida Department of Children and Families/Department of Public Health
  - Illinois Department of Public Health/Department of Pubic Health/Department of Public Aid
  - Utah Department of Health/Department of Human Services

- Multi-agency umbrellas
  - Massachusetts Executive Office of Health and Human Services
  - California Health and Human Services Agency
  - Texas Health and Human Services Commission

- Highly consolidated departments
  - Georgia Department of Human Resources
  - North Carolina Department of Health and Human Services
  - Wisconsin Department of Health and Family Services

The restructuring process and outcome is unique to each state. To illustrate this uniqueness, highlights are provided from efforts in Texas, Massachusetts, and Arkansas.

- Texas
  - 2003 legislation reorganized the Texas Health and Human Services Commission (HHSC). It is expected to take 5 to 6 years to complete.
  - To date, HHSC has consolidated 12 health and human services agencies into four service administering departments with oversight by the HHSC.
  - Greater authority and responsibility has shifted to the HHSC.
- Massachusetts
  - In 2003, the umbrella Executive Office of Health and Human Services was reorganized, from the 16 health and human services agencies into fewer service groups.
  - Instead of additional executive positions, each cluster headed by secretary or assistant secretary doubling as commissioner of one of the member departments.
- Arkansas
  - In 2007, Division of Health was separated from the Department of Health and Human Services, and become a stand-alone agency in order to restore the “significance” of division at cabinet-level and leverage gained performance improvements.
  - Reversed 2005 merger of the two agencies. The original purpose of the merger was to save in costs of accounting, administration, computer systems and contracting; legislation restored their structures to what they were before the 2005 merger.
  - Prior to the 2005 merger with Human Services, the Health Department had gone through an extended period of instability.

Lessons Learned From Other States Efforts

Some lessons learned from other states as presented by Bronner Group to the Task Force include:

1. The continuum of organizational structures across states reflects varying state needs, available funding, political, and managerial preferences.
2. Ensuring clarity and consensus on guiding principles and performance goals from the start of the reorganization process is essential to success.
3. Restructuring will not always result in improved performance, outcomes and accountability.
4. It is important to involve stakeholders in proposed changes.
5. One must mitigate risks to disruptions of service delivery.
6. Ensuring commitment to longer-term gains but also focusing on quick-hits is important.
7. The implementation timeline must be realistic and involve multiple adjustments and reviews to realize overall goals
8. States need to address all potential and associated costs:
    - Planning
    - Staffing
    - Disruption of operations and mission critical projects
    - Technology
    - Impact on federal revenue streams
    - Mitigating anticipated costs:
        - Investing in capacity building
        - Consolidation of administrative functions (careful evaluation and selection of which functions, when and how)
        - Standardization of operational procedures and processes
        - Leveraging technology and developing front-end information management processes (enabling workers to manage data from multiple systems)
        - Institute culture change across all staff levels

Considerations in Reorganization

In restructuring the state's health and human services, lessons from other states also indicate the need to be mindful of things such as:

- Distributing Medicaid across too many agencies
- Creating contracting burdens on private providers by developing a system that would require providers to have contracts with multiple agencies for similar facilities/residential programs beyond that required by federal law
- Creating facilities/residential program licensing burdens on private providers by developing a system that would require providers to be licensed by multiple agencies for similar facilities/residential programs beyond that required under federal law
- One agency having a volume and scope of services too large to manage

When possible, other issues to consider in reorganization include:

1. Linking functions that have common best practices
2. Linking functions that have common funding streams
3. Linking functions together that have common providers that deliver similar services
4. Linking functions together that currently share a workforce or share a similar workforce
5. Linking functions that serve a similar population

FUNCTIONAL VIEW OF HEALTH AND HUMAN SERVICES

Staff prepared the following worksheet to provide an overview of the functions of Georgia's health and human services for the task force. The following functional view organizes a sample of services and programs into functional buckets without regard to its current agency home. This worksheet was helpful in developing alternate groupings of services and programs.

Health and Human Services - Functional Buckets and Services

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Family Support Services
- Child Support
- Adoptions

Protective Services (Short Term Care)
- Foster Care
- Child and Adult Protective Services
- Child Abuse
- Family Violence

Long Term Care - Aging
- Nursing Homes
- Aging Services
- SOURCE
- CCSP
- Non-Medicaid home and community based services (HCBS)

Long-Term Care - Developmental Disablities
- DD Hospitals and Facilities
- MRWP
- Children's Home Care
- ICWP
- Baby's can't wait (0-3)

Disease Prevention, Health Promotion
- *Epidemiology*
- Nutrition
- Health Promotion
- Health Statistics/ Vital Records
- Health Labs
- Chronic Disease
- Immunizations
- Communicable Disease
- New Born Screening
- Tobacco Prevention
- *Environmental Safety*
- *Injury Prevention*
- Cancer Screening and Prevention
- Sexually Transmitted Diseases (prevention)
- Minority, Women's, Men's Health
- Substance Abuse Prevention
- State Medical Officer
- WIC
- Infant and Child Oral Health

Preparedness, Emergency Respo
- First Responders
- Trauma
- Disaster Response
- Bioterrorism

Rehab Services
- Voc Rehab (DOL)
- Deaf
- Blind
- Disability Determination

Temporary Economic Assistance
- Food Stamps
- Refugee Assistance
- Employment Assistance
- Energy Assistance
- TANF
- Child Care
- TEFAP
- Brain and Spinal Injury Trust Fund

Coordination of Services
- Family connection
- Interagency planning and collaboration (Healthy Georgia)
- Case Management

Health Care Financing (Health Plans)
- Children's Health Insurance (Peachcare)
- Medicaid
- SHBP
- Regents Health Plan

Regulation, Enforcement, Quality
- Licensing
- Regulatory Services
- Fraud / Investigations
- Inspections

Professional Licensing (SOS)
- Professional Licensing (SOS)
- Composite Medical Board

Safety Net for Addictive Disease (Treatment)
- Treatment services/ tests and labs
- Rehab services
- Crisis, Detox centers
- Multiple Offender Program

Safety Net for Mental Health (Treatment)
- Community Providers (CSBs, private etc)
- State Hospitals (DD and MH in same facility)
- Children programs
- Adult Programs
- Forensic Programs
- [Population served is the Indigent, Senior, blind, disabled and clients in DFACs]

Safety Net for Physical Health (Treatment)
- Targeted Population Treatment
  - Infant Health
  - Perinatal Health (Mothers and Children)
  - Sexually Transmitted Diseases (treatment)
- Primary Care
  - FQHC - Federal Clinics
  - Dental
  - Some County Health Clinics
- Health Professions (Phy Workforce)
- Rural Health

Policy and Standards
- Health provider standards

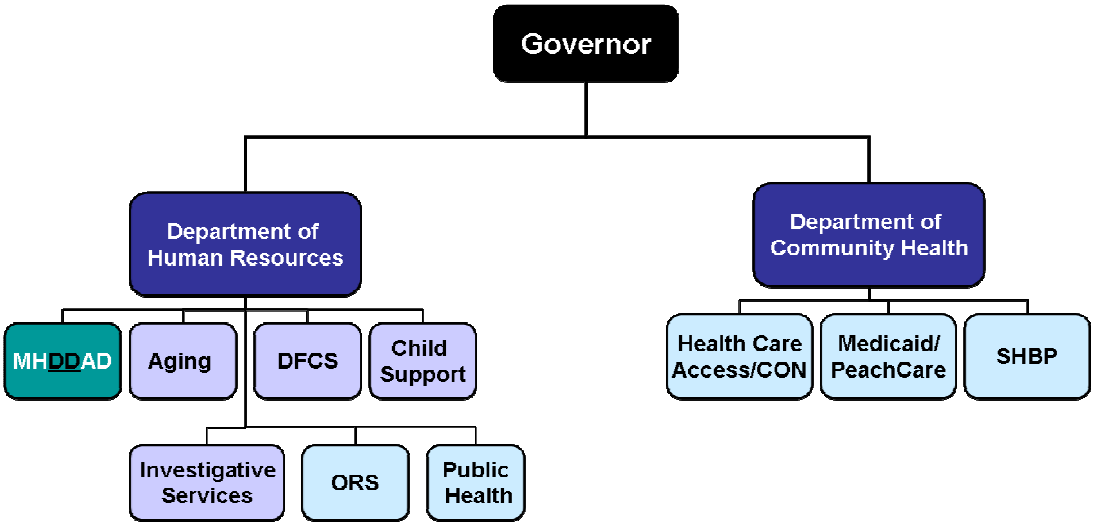
Planning
- Certificate of Need (Infrastructure)

SUPPORT SERVICES: Transportation, IT, Facilities, Pharmacy

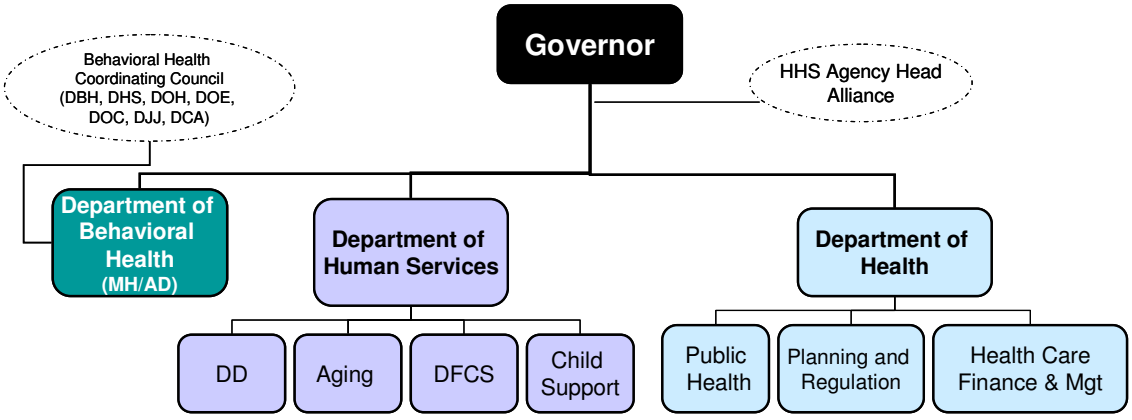
CURRENT AND PROPOSED ORGANIZATION

As part of the initial work of the Task Force, the members and their staff discussed many different organizational options. The Task Force and staff examined at the advantages and risks of each idea. The following is a high-level version of the current and proposed health and human service organization in Georgia. The current organizational chart below is color coded to show the organizational entities that would be grouped in the proposed organization. For purposes of further analysis, public comment, and preparing legislation, the Task Force proposes the following organization for the management, delivery and coordination of health and human services in Georgia.

CURRENT ORGANIZATION



PROPOSED ORGANIZATION



The proposed HHS organization creates a new Department of Behavioral Health and combines the programs of the Department of Community Health with the public health and regulatory programs from the Department of Human Resources to form the Department of Health. The existing health policy cluster is reconstituted as the HHS Agency Head Alliance. A coordinating council of state agencies is also proposed for behavioral health. The two coordinating bodies are to address the need for better coordination of policy, funding, resources, and customer management across the spectrum of human services. The following section provides a brief description of each entity of the proposed organization.

Department of Behavioral Health

The proposed organization would move the mental health and addictive disease related programs and services out of the current Department of Human Resources (DHR).

Mission

- Provide a safety net of treatment and support services to people with mental illnesses and addictive diseases
- Coordinate behavioral health services across state agencies and an integrated network of care across the state

Benefits

- Focuses problem solving on mental health
- Raises the profile of mental health as a direct report to the Governor
- Consistent with the Olmstead settlement implementation – DD is coming out of the hospitals already
- Creates an opportunity to re-engineer the hospitals and look at possibly privatizing part of the system
- Enables a focused attention on building capacity in the community
- Improves fiscal transparency of mental health funding

Additional recommendations on the improvement of the state's behavioral health system and services will be provided by the Governor's Mental Health Commission.

Department of Health

The proposed organization would combine certain programs from the Department of Human Resources (DHR) and Department of Community Health (DCH).

Mission

- Promote and protect the health of Georgians
- Plan and regulate health care infrastructure
- Facilitate and finance health care access and coverage

Benefits

- Establishes a lead agency that is focused on improving the health status of Georgians and guiding health policy for the state
- Capitalizes on the connection between financing and public health programs and facilitates having health policy guide Medicaid spending
- Raises the profile of improving Georgians health as priority of the Governor and General Assembly
- Streamlines public health related activities currently in DHR and DCH
- Creates one agency focused on workable solutions to address issues related to the uninsured and access to health care through the established safety nets

Approach

Local: Solicit and utilize local input and flexibility to help address health disparities, health care access, and the uninsured.

Targeted: Strategically invest health resources to improve health outcomes in both the community and across the state of Georgia.

Collaborative: Utilize partnerships between public health experts, clinicians, and providers of care and health plan programs to recognize the "real world" needs, local differences, and opportunities in our local communities.

Quality: Ensure current and future health care needs are met by improving the management of the state's health care resources.

Under the proposed structure, the State Health Benefit Plan would remain a program in the Health Care Finance and Management function in the Department of Health.

Department of Human Services

To more accurately reflect the purpose of its services, the task force recommends using the name "Department of Human Services" rather than the "Department of Human Resources". This agency will include the programs and services related to aging, developmental disabilities, protection services, family services, temporary economic assistance, and child support. The focus of the Department of Human Services will be to protect, care and support some of Georgia's most vulnerable citizens.

Agency Coordination

Communication and coordination is critical to improving health and human services. Two new coordination entities are recommended to facilitate improved service delivery, resource allocation, and public policy. These coordination entities will be critical in mitigating risks related to the reorganization by keeping communication open and facilitating decisions at the highest levels of the organizations.

Health and Human Services Agency Head Alliance

This group will serve as the coordinating body for health and human services policy and cross-agency service delivery in Georgia. Agencies participating in the alliance will be responsible for sharing input in crafting rules and regulations, legislative and budget proposals and shifting budget priorities with existing funds to help support and meet the goals of the alliance. Any budget proposal that crosses multiple areas or that effects a common-customer will be addressed through the alliance to ensure the most effective use of resources and most efficient mode of reaching the stated goals of the alliance. The alliance will be comprised of the agency heads responsible for health and human services.

In summary, the Health and Human Services Agency Head Alliance is responsible for:

- Ensuring "no wrong door" entry mechanisms for those seeking health and human services
- Maximizing resources by aligning budget proposals to ensure clients are being appropriately served across agencies and budgets
- Coordination of service delivery to reduce inefficiencies by eliminating duplicative or unnecessary services
- Utilizing performance measures to monitor client trends and effectiveness of service delivery
- Sharing data across agencies to improve services and strategically target interventions
- Coordinating efforts to improve performance on Healthy Georgia statewide indicators

Behavioral Health Coordinating Council

Governor Perdue created the Governor's Mental Health Commission in August 2007 to study the conditions, needs and issues related to system and services of mental health care. The Governor's Mental Health Commission recognized the need to improve coordination and communication among agencies providing mental health services and recommended a coordinating body. The HHS Task Force echoes the thinking of the mental health commission and recommends forming a Behavioral Health Coordinating Council. The Council would be comprised of state agencies, such as DBH, DOH, DHS, DOE, DCA, DJJ, and DOC, which serve customers with mental health or substance abuse needs.

The purpose of the council is to:

- Implement and maintain the continuity of care across agencies
- Coordinate services and resources
- Identify opportunities for improvement in the delivery and treatment of mental and addictive disease

PHASED IMPLEMENTATION APPROACH

This interim report is the first step in the process of reorganizing the state's health and human services agencies. In the coming weeks and months the Task Force will collect additional input and comment on the proposed organization. Using the proposed organization as a guide, the Task Force and its staff will continue analysis of the risks, benefits, costs, impact on federal funding, and the impact on customers and employees.

The table below shows suggested tentative effective dates related to the major organizational changes proposed. Transition planning will better inform these dates over the coming months. The division of MHDDAD is proposed to be split up. Mental Health (MH) and Addictive Diseases (AD) will become the new Department of Behavioral Health (DBH). More analysis is needed to understand the impact and determine the best way to separate the Developmental Disabilities (DD) function out of the current MHDDAD division at DHR.

Organizational Change	Target Effective Start Date	Fiscal Year
Form HHS Alliance	August 2008	FY 2009
Form Behavioral Health Coordinating Council	TBD	FY 2009
Create Department of Health and move DCH, and Public Health and Regulatory Services	July 1, 2009	FY 2010
Move Mental Health and Addictive Disease to new agency of Behavioral Health	July 1, 2009	FY 2010

Though the proposed effective dates coincide with the fiscal year, the timing of any internal transitions and any reorganization of the specific functions or programs impacted would be determined by the respective agency heads.

Cost of Implementation

The restructuring of the state's health and human services is occurring during a period of declining revenues. The constraint of available funds may extend the transition period. Therefore the task force has directed that the implementation:

- Work within existing budgets to administer and deliver health and human service programs
- Build administrative support structures for the agencies from a zero-based budgeting (ZBB) perspective
- Find efficiencies by aligning functions and services serving the same purpose and clients

Sequence of Legislation and the Budget

The sequence of the budget and the legislation for this restructuring is proposed as follows:

1.	Legislation	Pass the legislation to restructure the health and human services agencies
2.	FY 2010 Budget	Pass the FY 2010 budget using the existing organization and program budgets.
3.	Executive Order	After the legislation is signed and the FY 2010 appropriations bill is signed, the Governor will issue an executive order to align the budget and transfer programs to that appropriate agency per the as passed HHS legislation. OPB will process AOB Amendment #1 to reflect the executive order.
4.	Amend FY 2010 Budget	The amended FY 2010 budget will ratify the budget structure and amounts per the HHS legislation.

Next Steps

- Release interim report
- Conduct public hearings on the proposed organization
- Continue analysis of costs, risks, and other impacts of the organizational change
- Draft a transition timeline, project plan, and communication plan

APPENDIX A: Health and Human Services Task Force Press Release and Executive Order

Governor Perdue Creates Commission on Restructuring the Department of Human Resources

February 4, 2008

Committee to make recommendations to the Governor and General Assembly by July 2008

ATLANTA – Governor Sonny Perdue signed an executive order today creating a commission that will make recommendations on restructuring the Georgia Department of Human Resources (DHR). The commission will make its recommendations in a report to the Governor and the General Assembly by July 2, 2008.

"We must ensure that we are not just getting the best possible value for our investment in DHR – but that we are also providing the best possible service for the people of Georgia," said Governor Sonny Perdue. "That's why today I have signed an executive order creating a commission to make recommendations on restructuring DHR, to make sure Georgians receive the most efficient service at the least cost to taxpayers."

The commission will recommend a plan to restructure DHR. Such a recommendation may include combining, consolidating or separating divisions within DHR as well as the Department of Community Health (DCH) and the State Personnel Administration (SPA).

Governor Perdue's executive order creates a commission of nine members: two to be appointed by the Lieutenant Governor, two by the Speaker of the House and five by the Governor. Governor Perdue announced his five appointees to the commission today. Jim Lientz, Chief Operating Officer for Governor Perdue will chair the commission. The other four appointees are:

- Tommy Hills, Chief Financial Officer, Office of the Governor
- Trey Childress, Director, Office of Planning and Budget
- Hannah Heck, Director of Policy, Office of the Governor
- Josh Belinfante, Deputy Executive Counsel, Office of the Governor

In the past three years, several legislative study committees have looked at Georgia's delivery of health and human services, including committees chaired by House Appropriations Chairman Ben Harbin and Representative Donna Sheldon.

"The members of the General Assembly take seriously our charge to ensure that state government is responsive to the needs of Georgians in both a compassionate and cost-effective way," said Chairman Ben Harbin. "We look forward to working with Governor Perdue in this effort to see that DHR evolves to better fulfill its mission."

"We know that such changes in the framework of state government are necessary from time to time to keep our agencies as effective as possible," said Senator Jack Hill, Chairman of the Senate Appropriations Committee. "This isn't a change we take lightly and we're committed to doing this the right way with expert input and creative solutions."

DHR is the state's human services agency. It was created in 1972 by the General Assembly and is comprised of four divisions: Aging Services; Public Health; Mental Health, Developmental Disabilities and Addictive Diseases; and Family and Children Services. DHR employs 19,000 people and has an annual yearly budget of approximately $2.8 billion.

The text of the executive order is below:

Whereas: The Georgia General Assembly created the Department of Human Resources in 1972; and

Whereas: The Department of Human Resources currently serves Georgians through four divisions: (1) Aging Services; (2) Public Health; (3) Mental Health, Developmental Disabilities and Addictive Diseases; and (4) Family and Children Services; and

Whereas: Through the four divisions, the Department of Human Resources touches the lives of all Georgians by providing programs that ensure their health and welfare; DHR manages programs that control the spread of disease, enable older people to live at home longer, prevent children from developing lifelong disabilities, protect children from abuse and neglect, provide families with a variety of financial and non-financial supports, train single parents to find and hold jobs, and help people with mental or physical disabilities live and work in their communities; and

Whereas: The Department of Human Resources has made great strides in various areas, including customer service, as evidenced by the awarding of the Governor's Customer Service Agency of the Year Award; and

Whereas: Access to quality state services, health care and a modern public health infrastructure are vital to the citizens of the State of Georgia; and

Whereas: Efficiencies, synergies and improvements could be realized by examining the missions of the various divisions within the Department of Human Resources, the Department of Community Health and State Personnel Administration; and

Whereas: I wish to collaborate with members of the General Assembly and collectively build upon the work of two legislative study committees that reviewed the duties of the Department of Human Resources and made recommendations for reform; and

Whereas: I believe that a review of the duties of the Department of Human Resources is warranted and should include consideration of:

- The fiscal and substantive interrelation between the divisions within the Department of Human Resources;
- Whether Georgians are best served with the divisions remaining in the Department of Human Resources, within another agency of state government or as a stand-alone agency or agencies; and
- Means to best integrate health delivery and prevention services within the State of Georgia.

Now, Therefore, pursuant to the authority vested in me as Governor of the State of Georgia, It Is Hereby

Ordered: That a Health and Human Resources Commission be created to undertake a study of the issues addressed in this Executive Order or related thereto. The Commission shall, as needed, seek the advice and counsel of Georgia's agencies, constituencies, and experts, including, but not limited to: the Commissioners of the

Department of Human Resources; the Department of Community Health; the State Personnel Administration; and the division directors within the Department of Human Resources.

It is further

Ordered: That the Commission shall conduct meetings at such places and at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this Executive Order. The Commission is further authorized to retain the services of individuals or firms as determined appropriate by the Commission, as well as to call any party to testify and to require the attendance of witnesses and the production of non-confidential books, records and papers. The Georgia Department of Human Resources shall serve in an administrative capacity to assist the Commission.

It is further

Ordered: That the Commission be composed of nine members: two members of the Senate appointed by the President of the Senate; two members of the House of Representatives, appointed by the Speaker of the House of Representatives; four persons with knowledge of the Department of Human Resources, the Department of Community Health and the State Personnel Administration, appointed by the Governor; and chair of the Commission, to be appointed by the Governor. It is further

Ordered: That the Commission recommend (1) a plan to restructure the Georgia Department of Human Resources to provide the most efficient and effective delivery of services available; (2) recommend a structure that emphasizes the importance of a coordinated and integrated health delivery and prevention services; (3) a structure that will provide the best means to protect Georgia's children; (4) whether to combine, consolidate or separate divisions within at least the Georgia Department of Human Resources, the Department of Community Health and State Personnel Administration. The Commission shall make a report to the General Assembly and the Office of Governor on or before July 2, 2008. The Commission shall stand abolished on December 3, 2008.

This 4th day of February, 2008.

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THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

WHEREAS: On February 4, 2008, an Executive Order was issued which created the Health and Human Resources Commission; and

WHEREAS: The term "task force" more accurately describes the purpose and function of this working group.

NOW, THEREFORE, PURSUANT TO THE AUTHORITY VESTED IN ME AS GOVERNOR OF THE STATE OF GEORGIA, IT IS HEREBY

ORDERED: That the official name of the "Health and Human Resources Commission" be changed to "Health and Human Resources Task Force;" all other aspects of the February 4 Executive Order shall remain in full effect.

This 22ND day of February, 2008.

Sonny Perdue

APPENDIX B: Governor's Mental Health Commission Executive Order

THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

WHEREAS: The State of Georgia has historically been committed to the safety and care of its citizens who live with mental illnesses, and substance abuse; and

WHEREAS: Georgia's commitment has been exercised through various executive agencies, including the Department of Community Affairs, the Department of Community Health, the Department of Corrections, the Department of Human Resources, and the Department of Juvenile Justice; and

WHEREAS: Concerns have long been expressed about perceived or actual lack of sufficient funding, inadequate staffing and service delivery systems, overcrowding, treatment practices that unnecessarily separate consumers from their families, and the need for ongoing and effective advocacy on behalf of those children and adults living and receiving behavioral health services; and

WHEREAS: Georgia has articulated and sought a policy of supporting a community based service delivery system that holds promise for better allocation of resources and more sensitive services for its citizens and their families who endure mental illness, and substance abuse; and

WHEREAS: Forging and coordinating improvements in behavioral health delivery requires leadership and a multi-focused, multi-agency plan for the new century; and

WHEREAS: I generally agree with the intent expressed by the General Assembly in Senate Resolution 363, which called for a Mental Health Service Delivery Commission to explore opportunities for improvement, and I vetoed that resolution only to allow members of the Executive Branch of our government to have input and dialogue in the proposed commission, thereby creating a more inclusive and effective review; and

WHEREAS: I also agree with the General Assembly that the review of mental health service delivery should include consideration of:

(1) The needs of our citizens, both children and adults, for improved behavioral health services and resources wherever they reside;
(2) Whether Georgia's state hospitals are adequate in size, staff and security, taking into account which consumers can be appropriately housed in community settings;
(3) Means to best use of public and private resources to relieve overcrowding in state facilities and to further consider methods to develop a full continuum of services and effective supports so that Georgia's citizens who live with mental illness and substance abuse may live and work when possible close to their families;
(4) The provision of adequate forensic and related treatment services in our institutions and communities when appropriate;
(5) The role of health insurance benefits coverage for those with mental illness and substance abuse; and
(6) Creating efficiencies within Georgia's executive agencies involved in providing services to those with mental illness and substance abuse.

NOW, THEREFORE, PURSUANT TO THE AUTHORITY VESTED IN ME AS GOVERNOR OF THE STATE OF GEORGIA, IT IS HEREBY

ORDERED: That a Mental Health Service Delivery Commission be created to undertake a study of the conditions, needs, and issues addressed in this Executive Order or related thereto. The Commission shall conduct meetings at such places and at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this Executive Order. The Commission is further authorized to retain the services of individuals or firms as determined appropriate by the Commission, as well as to call any party to testify and to require the attendance of witnesses and the production of non-confidential books, records and papers. The Georgia Department of Human Resources shall serve in an administrative capacity to assist the Commission.

IT IS FURTHER

ORDERED: That the Commission be composed of 15 members: two members of the Senate appointed by the President of the Senate; two members of the House of Representatives, appointed by the Speaker of the House of Representatives; a superior court judge experienced in dealing with mental illness and substance abuse appointed by the Council of Superior Court Judges; one citizen, appointed by the Governor, from within the law enforcement community; three citizens, appointed by the Governor, with

experience in mental health service delivery issues; two citizens appointed by the President of the Senate to represent consumers served by the systems described in this resolution, the advocacy groups for mental health or substance abuse, or members of the law enforcement community and two citizens appointed by the Speaker of the House of Representatives to represent consumers served by the systems described in this resolution, advocacy groups for mental health or substance abuse or members of the law enforcement community. The Governor shall appoint a parent of a child with a serious mental illness or history of substance abuse, and a legally competent adult with a serious mental illness or history of substance abuse. The chair of the Commission shall be appointed by the Governor. It is further

ORDERED: That the Commission make recommendations to the General Assembly and the Office of Governor as it deems necessary or appropriate. The Commission shall make a report to the General Assembly and the Office of Governor on or before June 2, 2008, as to the progress of the Commission in identifying the challenges in the State's deliverance of mental health services; developing an organizational plan for coordinating the State's various systems and the financial and staffing needs of these systems to assure a safe and secure system of services; and anticipated and proposed implementation of action. The Commission shall stand abolished on December 3, 2008.

This 9th day of August, 2007.

Sonny Perdue
GOVERNOR

ATTEST:

Ed F. Holcomb
Executive Secretary