Call to Order

Cynthia Mercer, M.D., Board Chair
Roll Call

Robert Harshman, M.D., Board Secretary
Approval/Adoption of Minutes

Robert Harshman, M.D., Board Secretary
Commissioner’s Update

Cherie Drenzek, DVM, MS/State Epidemiologist, Deputy Commissioner
Percent of Visits for ILI, 2017-2018 Flu Season, Georgia

4.2%
ED Visits for ILI, 2017-18 Flu Season, Georgia
Influenza-Associated Deaths, Georgia, 2017-2018

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Number of Deaths (% total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>5-17</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>18-49</td>
<td>10 (8%)</td>
</tr>
<tr>
<td>50-64</td>
<td>22 (17%)</td>
</tr>
<tr>
<td>65+</td>
<td>91 (72%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>127</strong></td>
</tr>
</tbody>
</table>
Home Visiting: Supporting Parents and Child Development

Twanna Nelson/Director, Home Visiting Program
Evidence-Based Home Visiting

Evidence-based home visiting (EBHV) supports at-risk pregnant women and families, and helps parents of children from birth to kindergarten entry, connect to resources and develop the skills they need to raise children who are physically, socially, and emotionally healthy and ready to learn.
Evidence-Based Home Visiting

- Provide home visits as the primary service delivery strategy
- Offer services on a voluntary basis
- Provide services to at-risk pregnant women or families with children birth to kindergarten entry
- Target specific participant outcomes that promote family functioning and child well-being
<table>
<thead>
<tr>
<th>Program</th>
<th>Point of Entry</th>
<th>Duration of Service</th>
<th>Intensity of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start – Home Visiting Model</td>
<td>Pregnancy – child 3 years</td>
<td>Pregnancy – 3 years</td>
<td>1 visit /week</td>
</tr>
<tr>
<td>Healthy Families Georgia</td>
<td>Pregnancy – child 2 wks./3 months</td>
<td>Pregnancy – 5 years</td>
<td>1 visit /wk. – 1 visit/quarter</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>Prior to 28th week of 1st pregnancy</td>
<td>Pregnancy – 2 years</td>
<td>1 visit/wk. – 1 visit/2 weeks</td>
</tr>
<tr>
<td>Parents As Teachers</td>
<td>Pregnancy – child 3 years</td>
<td>Pregnancy – 5 years</td>
<td>1 visit/2 weeks</td>
</tr>
</tbody>
</table>
Counties, Families, Children Served

All funding sources
## FY18 Home Visiting Capacity

<table>
<thead>
<tr>
<th>County</th>
<th>Capacity</th>
<th>Model(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartow</td>
<td>40</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Bibb</td>
<td>80</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Chatham/Liberty</td>
<td>120</td>
<td>Healthy Families Georgia</td>
</tr>
<tr>
<td>Clarke</td>
<td>120</td>
<td>Healthy Families Georgia</td>
</tr>
<tr>
<td>Crisp</td>
<td>60</td>
<td>Healthy Families Georgia</td>
</tr>
<tr>
<td>DeKalb</td>
<td>147</td>
<td>Parents as Teachers, Early Head Start-HV</td>
</tr>
<tr>
<td>Fulton</td>
<td>85</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Glynn</td>
<td>100</td>
<td>Healthy Families Georgia</td>
</tr>
<tr>
<td>Gordon</td>
<td>45</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Houston</td>
<td>80</td>
<td>Healthy Families Georgia</td>
</tr>
<tr>
<td>Houston</td>
<td>100</td>
<td>Nurse-Family Partnership</td>
</tr>
<tr>
<td>Lowndes</td>
<td>80</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>McDuffie</td>
<td>20</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Muscogee</td>
<td>200</td>
<td>Healthy Families Georgia, Parents as Teachers</td>
</tr>
<tr>
<td>Richmond</td>
<td>120</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Rockdale</td>
<td>80</td>
<td>Parents as Teachers</td>
</tr>
<tr>
<td>Whitfield</td>
<td>140</td>
<td>Healthy Families Georgia, Parents as Teachers</td>
</tr>
</tbody>
</table>

1652 families

- EHS = 24
- HFG = 660
- NFP = 100
- PAT = 868
Maternal, Infant, Early Childhood
Home Visiting 2017

1362 families served
• 602 families were newly enrolled
• 760 families were continuing services (from FY16)
• 65 “graduated” from services
• 471 stopped services before completion

17,279 home visits completed

Risk Factors:
• 85% of families served are low income
• 9% have a child with a developmental delay
• 8% have previous involvement with Child Protective Services
<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births before 37 weeks of gestation</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Live births who were born to mothers enrolled in HV prenatally before 37 weeks</td>
<td>130</td>
<td>7%</td>
</tr>
</tbody>
</table>

Georgia preterm birth rate: 11.29%
March of Dimes
## Safe Sleep

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt; 1 year enrolled in home visiting whose PC reports that baby is always placed to sleep on their backs, without bed-sharing or soft bedding</td>
<td>519</td>
</tr>
<tr>
<td>Children enrolled in home visiting who were &lt; 1 year during the reporting period</td>
<td>862</td>
</tr>
<tr>
<td></td>
<td>60%</td>
</tr>
</tbody>
</table>
## Early Language and Literacy

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children enrolled in home visiting with family member who reported that during a typical week they read, told stories or sang songs with child daily</td>
<td>1079</td>
</tr>
<tr>
<td>Children enrolled in home visiting</td>
<td>1303</td>
</tr>
<tr>
<td>Percentage of children enrolled in home visiting</td>
<td>83%</td>
</tr>
</tbody>
</table>
# Developmental Screening

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children enrolled in home visiting with at least one developmental screening during reporting period</td>
<td>356</td>
</tr>
<tr>
<td>Children eligible for a developmental screening during reporting period</td>
<td>449</td>
</tr>
<tr>
<td>Overall screening rate</td>
<td>79%</td>
</tr>
</tbody>
</table>
Next Steps

- Annual Home Visiting Institute – Aug. 28, 2018 – Peachtree City
- DATA Integration within SENDSS
- Expansion of Home Visiting throughout Georgia
- Workforce Development (Innovation Award)
- Fully integrating Home Visiting into DPH (internal partnership development)
Questions?
Enterprise Systems Modernization

Dionne Denson, MSA/Chief Financial Officer, Deputy Commissioner
LaToya Osmani, MPH/Interim Director, Division of Health Promotion
ESM Governance

GA DPH Commissioner
Dr. Pat O’Neal

IS Governance Council

CFO

Technical Review Council

ESM Program Management Office
PMO Director

DPH PMO

ESM Operating Committee

Additional PMO resource pool of Enablers
- Vendor Management
- Technical/Architecture
- Communications & Change Management
- Contract and Legal
- Procurement
- Finance and Budget

Technical Review Council

ESM Program Management Office
PMO Director

DPH PMO

ESM Operating Committee

ESM Platform
- GA DPH Project Manager and Business Lead
- Vendor Project Manager

Enterprise Care Management
- GA DPH Project Manager and Business Lead
- Vendor Project Manager

Enterprise Claiming and Payment
- GA DPH Project Manager and Business Lead
- Vendor Project Manager

Shared Analytics
- GA DPH Project Manager and Business Lead
- Vendor Project Manager

Application Portfolio Rationalization
- GA DPH Project Manager and Business Lead
- Vendor Project Manager

Other projects to be defined
- GA DPH Project Manager and Business Lead
- Vendor Project Manager
ESM Goals

- Deliver integrated person/family-centric services
- Create self-service capabilities for clients, providers and retailers
- Reduce administrative time spent on tasks and workarounds
- Strengthen fee-for-services billing and collections
- Make DPH THE trusted data source to support the governor and legislature’s public health decisions
  - Improve data standards, stewardship, governance and quality
  - Strengthen partnership in all directions within DPH to create a more effective, adaptable and seamless organization
ESM Workstreams

**Strengthening the Foundation**

- Strengthen and establish the foundational components necessary to make the ESM Program a success. This includes putting in place a clear, disciplined and transparent governance, and identifying and allocating the necessary resources to govern, manage and support the ESM Program efforts. Also included are other foundations needed for full exploitation of the results of ESM.

**Enterprise Care Management (ECM)**

- A new clinic solution with enhanced access that includes patient outcomes, cost and quality of services to meet the needs across DPH. WIC EBT 2020 mandate included in ECM initiative.

**Claiming and Payments (C&P)**


**Shared Analytics**

- Establish strategic analytics and Business Intelligence disciplines and standards within DPH and business partners for all Reporting, Informatics, and Analytics needs including those of the DPH Programs, District & County offices and Public Health Labs.

**Application Portfolio Rationalization**

- Conduct application portfolio rationalization, consolidation and modernization assessment to optimize the current portfolio in-line with the desired Enterprise Architecture. Reduce complexity by minimizing multiple technology approaches and applications which are serving similar needs.
Key to Success-Built to Last

Engagement
• State and District Leadership
• State and District Program Managers
• Clinical and Claims Management Staff

Change Management
• Communication Plan
• Training
• Performance Evaluation

Partnership
• U.S. Department of Agriculture
• Governor's Office of Planning and Budget
• Georgia General Assembly
• Georgia Technology Authority
• Georgia Dept. of Admin. Services
Engagement

District Health Directors
• ESM update provided at quarterly meetings

District Leadership meetings
• ESM team participates in all quarterly meetings

Local Health Department staff
• Focus Groups

State WIC team
• Subject Matter Experts for the WIC initiative
• Technical Reviewers
Change Management

• Accountability, Change Management and Process Improvement Act of 2016 (HB676)

• Communication Plan
  o Key Decisions & Updates
  o Method and Frequency

• Change Management training
  o Change Champions

• Performance Evaluation
  o Evaluation of Communication and effectiveness of change management process
Partnership

- Large IT Project Executive Decision Board
  - Initial Project Review – November 2017
  - Next Scheduled Review – May 2018
- USDA Food and Nutrition Services (FNS)
  - Bi-weekly Cadence Calls and Technical Assistance
- ESM Weekly Cadence Calls
Georgia WIC

Leadership

- Sean Mack, State WIC Director
  - Hugh Warren, Deputy Director, Program Administration
  - Angela Damon, Deputy Director, Program Operations and Nutrition Services
  - Shameyrae Miller, Deputy Director, Strategy and Integrity
  - Yvonne Rodgers, Deputy Director, Vendor Management

- Legal Team, Ruth Pawlak and Noor Najeeb
- Office of Inspector General, Ondray Jennings and team
WIC Capacity in Georgia

- 159 Counties
- 18 Districts
- 1 Contracted agency
- 201 Clinics
Vouchers vs Electronic Benefits Transfer

GEORGIA WIC PROGRAM
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY. WIC APPROVED FOODS ONLY. NO SUBSTITUTIONS

GEORGIA DEPARTMENT OF PUBLIC HEALTH
Impact on Families

In Store

• Changes how families purchase and consume WIC approved foods
• Participants can purchase one item or as many as needed instead of everything printed on voucher
• Minimizes waste

In Clinic

• Better understand how WIC participants use and prefer technology access
• More time to spend on nutrition education
• Less visits to the office
• Cuts wait time in clinics
Impact to Georgia WIC Retailers

- When the WIC transaction is processed in-lane, the results are known immediately
- Delayed timeframe for payment that occurs with paper vouchers is eliminated
- Responsibility shifts away from the cashier and makes for a more pleasant and accurate shopping experience for all parties

- Cashier can scan all the customers’ items in their basket before tendering WIC
- Cashiers are no longer required to:
  - Collect and validate customer signatures
  - Check the date range
  - Manually verify the quantity and type of food participants are eligible to purchase
Questions?
The next Board of Public Health meeting is scheduled for Tuesday, April 10, 2018 @ 1 P.M.

To be added to the notification list for upcoming meetings, e-mail: huriyyah.lewis@dph.ga.gov