

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **GA**

APPLICATION YEAR: **2005**

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I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

Georgia's assurances and certifications are available on file in the state's Title V agency, the Department of Human Resources, Division of Public Health's Family Health Branch (2 Peachtree Street, Atlanta, Georgia 30303; 404/657-2850).

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The Georgia Department of Human Resources (DHR) and its Family Health Branch (FHB) recognize the importance of public participation in the planning and implementation of MCH services. DHR conducts annual public hearings. In 2001 and 2002, the DHR Board and Management Team observed programs and listened to consumer concerns statewide. Written communication, including emails, is an option for those unable to attend. The information gathering assisted the Board in setting priorities and directions for the next budget cycle. A public hearing is held by the Georgia Legislature's House and Senate Health and Human Services Budget Subcommittee each January for public comment on seven federal block grants, including the MCH Block Grant. /2003/ - To facilitate local input into Georgia's Title V application as well as state-level planning, FHB has developed and publicized new web pages. (<http://health.state.ga.us/programs/family/blockgrant/index.shtml>) An email address (mchblock@dhr.state.ga.us) has been established to obtain local input including information about local activities. /2004/ - The Georgia Legislature held its annual block grant review on January 24, 2003. The Governor's Maternal and Infant Health Council held public dialogues across the state. DRH obtained input about Newborn Metabolic Screening. /2005/ - ***The Georgia Legislature held its annual block grant review in January 2004. A Family Satisfaction Survey has been developed, and is expected to be implemented in all Health Districts in January 2005. The March of Dimes and Healthy Mothers/Healthy Babies provides consumer-based MCH feedback. //2005***

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Georgia is the largest state east of the Mississippi River with the country's tenth largest population. The state's growth over the last decade comes from a combination of natural increase (i.e., births versus deaths), domestic and international migration. In 2002, the U.S. Census Bureau estimated that Georgia's population increased by 154,092 persons, bringing the total state population to 8,383,915, an increase of 2.4 percent. Georgia is the fifth fastest growing state nationally.

In the 1990s, over 800,000 persons born outside of Georgia moved to metro Atlanta versus 315,000 native Georgians who moved to the metro region. The more than 300,000 foreign-born individuals who moved to metro Atlanta in the 1990s also impacted the region's change. About 10.3% of metro Atlanta's population in 2000 was born abroad; approximately 49% are from Latin America, 27% from Asia, 12.6% from Europe, 9% from Africa, and 2.5% from Canada.

Once a rural, largely agrarian state, Georgia now has a diverse economy. About half (46%) the state's population resides in the 20-county area that forms the Atlanta metropolitan statistical area (MSA). In contrast, 55 of Georgia's 159 counties have fewer than 10,000 residents and 124 counties are classified as rural.

Poverty in Georgia is intransigent despite the state's economic picture in the 1990's, with job growth the second highest in the U.S. next to Nevada. While the state's seven metropolitan areas prospered, nearly one-third of Georgia's 159 counties lagged behind in per capita income and remain economically underdeveloped. The state remains in the bottom ten states nationally in terms of children in poverty. Approximately one-quarter of Georgia's preschoolers and one-fifth of older children up to age 17 live below the federal poverty level. /2003/ - A full-blown economic downturn has occurred in Georgia. A total of 1.87 million people of all ages live in poverty in the state. Children are a substantial portion of those in poverty, 470,000 children or 22.8%, ranking Georgia 37th worst nationally. Of this number, 133,000 are children under the age of five. **/2005/ - A majority of the state's revenue comes from income and sales taxes, both of which are impacted by the economy. Georgia's tax collections per capita decreased about 6.4% from FY 2000 to FY 2003, ranking the state eighth in the nation with the largest per capita drop and second among those with populations over 5 million. Revenue collections have begun to improve over the last nine months and state spending will increase about \$300 million over the previous year under the state budget for FY 2005, which begins July 1, 2004. //2005//**

Population Characteristics: Georgia ranks as one of the states with the youngest population (median age of 34.0 years compared to 35.5 in the U.S.). In 1999, Georgia's estimated child population under the age of 18 was nearly 2 million. Fifty-eight percent were white, 36% were black non-Hispanic, 3% were Hispanic, and 2% were Asian. Fifty-one percent of children live in the 15 largest counties, while the remainder reside in the other 144 counties. By 2005, the state's child population is projected to be 2,154,700 (1,255,600 white; 779,600 black non-Hispanic; 70,900 Hispanic; 45,400 Asian and Pacific Islander; and 3,200 Native American), with 1.6 million being school age, between ages 5 and 17.

Almost one out of every three Georgians is black, the fifth largest black population of any state. Less than 3% of Georgians are foreign-born, compared to more than 5% of all persons in the South and almost 8% of all Americans. Hispanic, Asian and "other" populations in Georgia, now about 2%, more than doubled between 1980 and 1990 and are projected to triple over the next 25 years. Census Bureau estimates indicate Hispanics and Asians are the fastest growing populations in Georgia. /2003/ - The 2000 U.S. Census reinforces the increasing diversity of Georgia's population. Although blacks remain the largest minority, rapid increases in the Asian and Latino populations are reflected. Georgia's black population increased from 27.0% to 28.7% from 1990 and 2000. The percentage of Georgians who are foreign born increased by 208%, rising from 3% in 1990 to 7% in 2000. Nearly 9% of Georgians speak a language other than English at home, compared to 4.5% in 1990.

/2003/ - While the Hispanic population in Georgia increased seven-fold in the past 20 years, its composition also changed. In 1980, Mexicans comprised 33%, Puerto Ricans 11%, and Cubans 17% of the Hispanic population. By 2000, the percentage of Mexicans had doubled to 62% and the percentage of Cubans dropped to only 2%. Of Hispanics in Georgia, 31.2% are under 18 years old.

/2003/ - While Georgia's population continues to grow younger compared to the U.S. as a whole, the state has the third lowest percentage of people over 65 (9.6%). It was one of five states with more than a 25% increase in the number of children over the past decade.

Other demographic changes are taking place. One out of every 13 Georgia children is living with a grandparent, with the figure higher among black children, just under one out of every eight. A Census Bureau study reveals that in one-third of such homes, the biologic parent is gone, dead, or jailed. Substance abuse is found in 70% of parents of children being raised by a grandparent. Another change is the significant increase in the number of live births to unwed mothers. In 1999, 37% of all births were to unwed mothers compared to 32% in 1989, higher than the national rates. This trend is driven by women age 20 and over in poor rural counties, who often depend on extended families to help with parenting responsibilities.

Health Economics: About 1.3 million Georgians lack health insurance coverage, ranking Georgia in the bottom ten states nationally. Among blacks, the rate of those uninsured is almost 50% greater than among whites. Among Hispanics, over one-third lack insurance. An estimated 13% of the state's children are uninsured. /2002/ - Industries with particularly high rates of uninsured workers -- construction, service, agriculture, social service, and retail -- represent 60% of Georgia's overall employment. Over half (51%) of uninsured Georgians live in families where the head of household is employed by a firm with less than 100 employees. /2003/ - In June 2001, about 5% of those applying to PeachCare had been laid off; by December it had risen to 30%.

/2002/ - Just over 1.2 million Georgians are covered by Medicaid, with 55% of those insured under age 21, 17% ages 21-44, 8% ages 45-64, and 10% 65 years old and over. Almost half, 49%, of those covered are African-American. /2003/ - A recent study shows 67% of Georgia's children received a medical screen through EPSDT compared to 37% nationally. The rate was highest among infants under the age of one (67%) and young children ages one through five (78%). This rate drops to 54% among 6 to 14 year olds and 32% among older adolescents ages 15-20. **/2005/ - Georgia's Medicaid program provides health insurance for more than 780,000 children statewide (about one-third of the state's child population). Approximately 280,000 children are uninsured. //2005//.**

In June 2001, Georgia became the first state to put its CHIP application on the Internet, permitting parents to complete the form in 20 minutes and have acceptance two to three days compared to two weeks or more for the hard copy application. To encourage providers to participate, 24-hour access has been established for streamlined eligibility verification. /2003/ - PeachCare continues to provide insurance coverage to a substantial number of children in Georgia. To meet a mandated agency cut of \$32 million this year and \$68 million in FY 2003, the Department of Community Health (DCH) is eliminating a second year of Medicaid eligibility coverage for those moving off welfare into the work force. Georgia became the first state to charge Medicaid/PeachCare patients a sliding scale co-payment for pharmaceuticals based on whether or not the drug is on a preferred list.

Health Delivery System Environment: Reductions in payments from government programs and private insurers reflect other changes within Georgia's health care delivery system. The delivery system is faced with aging facilities, new technology needs, increases in marketplace competition and shifts from inpatient to outpatient care. In FY 2000, these factors resulted in the demise of three rural and one urban Georgia hospitals. /2002/ - Hospital closures, due to financial difficulties, have decreased over prior years with facility mergers and restructurings predominating the landscape as hospitals are positioning against each other rather than try to figure out how to deal with managed care cost cutting.

Cutbacks and staffing shortages have consequences for the public health system, as well. Increased

demands are placed on public health as a safety net provider for the uninsured and underinsured, but traditional revenue streams from third party reimbursement and state Grant-in-aid support are diminishing. Medicaid revenues earned from services to maternal and child populations provide substantial income for the 159 county health departments. Medicaid supported programs that generate these earnings include Family Planning, EPSDT Health Check, Perinatal Case Management (PCM), Pregnancy Related Services (PRS), and Diagnostic Screening and Preventive Services; Health Check and PCM are the largest sources of revenue, accounting for almost 70% of total earnings.

Georgia's problem with maldistribution of providers continues to impact access to care, particularly for uninsured and underinsured persons and residents of rural areas, especially those requiring specialty care. There are too many providers in urban areas and not enough in rural parts of the state. As result, the designation of an increasingly large number of population groups for Health Professional Shortage Area (HPSA) status has occurred. Specialty care is more limited, generally located in areas with academic medical centers (Atlanta, Augusta, Macon and Savannah), leaving large portions of the state without access to this care. /2004/ - 116 whole counties and 28 partial Georgia counties are designated as medically underserved areas. Primary care HPSA designations apply to 42 whole Georgia counties, 24 partial counties, and 79 population groups.

/2002/ - In addition to national trends related to health manpower replacement rates (i.e., new graduates versus retirees) and distribution in rural and inner city areas, Georgia is further impacted by a workforce system designed to serve 5 million persons, now serving in excess of 8 million. Nurses and dentists perhaps best exemplify this. For example, only 56 dentists graduate each year from the state's only dental school, the Medical College of Georgia. Another example is Georgia's rank of 44th among the 50 states and District of Columbia in the number of nurses per 100,000 population. Recruitment and retention of public health nurses is worsened by competition with the private sector, low salaries, lack of a professional ladder, and the professional environment. Few BSN credentialed nurses are in the applicant pool and associate degree nurses lack needed public health population-based health skills. /2003/ - Almost half of the dentists in Georgia practice in an metro Atlanta eight-county area that is home to just one-third of the state's population. About 70% of all dentists practice in the northern part of the state, leaving many residents in the rest of Georgia having to travel great distances for dental care. /2004 and 2005/ - Recruitment and retention of public health staff has been impacted by low salaries compared to salaries offered by the private sector. Professional clinical positions are eliminated or downgraded when they remain unfilled for long periods, resulting in decreased access to care and unmet dental needs. FHB Oral Health has identified increasing salaries and professional staff recruitment and retention as high priorities. //2005//.

/2004/ - As with states across the country, the national downturn has severely impacted the state's economy with consequences felt by families, the health care sector, and public agencies. In the current state fiscal year, the legislature needed to identify \$450 million to meet the Medicaid budget gap for the remainder of the year and even more for the gap projected for the next year. Faced with a substantial drop in revenues, further cuts were required for public health agencies. County health departments suffered a \$20 million cut in state Grant-in-aid, which provides support for a broad cross section of local services including MCH. The impact of Medicaid and Grant-in-aids cuts are magnified for county health departments as they both represent major revenue sources. Thus, as more people require services, less resources are available.

Determining the importance, magnitude, value and priority of competing factors upon the environment of health care delivery in Georgia: The FHB has continued to strengthen its infrastructure, expand stakeholder relationships, and engage local public health agencies and providers in carrying activities at all levels of the pyramid. The Branch's directions, key initiatives, and activities have been guided by the comprehensive FY 2000 needs assessment as well as further needs assessment efforts in subsequent years and ongoing environmental scanning to identify emerging issues that impact MCH. The FHB's mission and goal statement provides the values framework that guides its operations:

Family Health Branch Vision/Mission Statement - We believe that healthy, well-educated children and families are the keys to optimal individual growth and development essential to maintaining safe and economically sound communities. We believe in ethical decisions and actions, prevention, community ownership, and commitment to a scientific process. Therefore, we are committed to promoting the physical, mental, spiritual, and social well being of children and families through partnerships with communities. These beliefs will be reflected in all policies, procedures, program development and funding mechanisms (decisions) that are part of any business done by, with or on behalf of the Family Health Branch.

/2004/ - Since FY 2000, a number of MCH initiatives, highlighted below, have been launched, with the FHB having either primary responsibility or a major collaborative role in these efforts. /2005/ - See <http://health.state.ga.us/pdf/familyhealth/blockgrantweblis2003.pdf> for FHB web links supporting Georgia's FY 2005 MCH application. //2005//

UNIVERSAL NEWBORN HEARING SCREENING AND INTERVENTION (UNHSI): Following the creation of a Governor's State Advisory Committee on Newborn Hearing Screening in 1999, a UNHSI was established, supported through funding from several sources including the tobacco master settlement agreement (MSA), HRSA MCHB, and an Early Hearing Detection and Intervention grant from CDC. /2002/ - Funds were awarded to the health districts for the purchase of necessary hearing screening equipment for district hospitals. UNHSI was launched at the January 2001 meeting of the State Advisory Committee on Newborn Hearing Screening. /2003/ - UNHSI has worked on the development of linkage and tracking mechanisms to assure timely and appropriate follow-up of infants not passing the hospital hearing screen, with the primary linkages managed through Children 1st. /2004/ - As of April 2003, 98% of all newborns are screened. ***/2005/ - The State Advisory Committee on Newborn Hearing Screening (SACNHS) continues to meet on a quarterly basis. Providers are now required to report infants not passing the initial hospital screen and those children under age five diagnosed with a hearing impairment to public health as part of the notifiable disease process. The UNHSI District Liaisons have reconvened the newborn hearing district teams, which include parents, physicians, audiologists and other health care professionals, to address newborn hearing issues. An Access database has been developed to track infants and children throughout the newborn hearing process. To date, six districts are utilizing the database. MCH Epi is developing an RFP for the development of a web-based system to perform surveillance and tracking of infants and children with birth defects, metabolic, hearing, and lead issues. //2005//***

ORAL HEALTH: The Georgia Dental Public Health Plan received \$1 million to focus on providing prevention services to low income, high risk children in school-based programs in rural areas, including school-based fluoride mouth rinse programs, dental sealants, dental health education, school-based screening, and dental referrals. These activities will be implemented statewide using teams of public health dentists and hygienists with portable dental equipment to provide services. /2002/ - Dentists have been hired in 13 of the 15 public health dental regions and designated services are being delivered. As an outgrowth of partnerships among public health, other state agencies, professional organizations, and other stakeholders, Georgia was selected to participate in the HRSA-funded National Governors' Association Oral Health Academy in Nashville, Tennessee. /2003/ - The core public health dental services are 59 active dental prevention and treatment facilities, a combination of fixed site and mobile operations, that reach 51 counties. The Oral Health Prevention Program (OHPP), a \$2.1 million a year initiative, has supplemented this core with support to all 19 health districts. /2004/ -Seed money (GADS grant) has been awarded to 10 of the 19 public health districts to do initial planning activities to determine the status of oral health services and potential resources for system development; undertake public/private system development including community oral health consortiums; determine progress through process evaluation and data; and document successful strategies and activities. ***/2005/ - Oral Health is applying for third year GADS I Continuation funding to expand district projects that increase access to care. Three district community collaborative projects have been successfully implemented. The Oral Health Program will also apply for States Oral Health Collaborative Systems Grant continuation***

funding to strengthen infrastructure and increase access to care through community resources. In addition, Oral Health, in collaboration with the Association of State and Territorial Dental Directors, is in the initial planning stages for a 3rd grade sealant/oral health survey. Survey findings will provide a statewide measurement of disease status and access to care for elementary school children. //2005//

ASTHMA: Through a contract with the American Lung Association (ALA) - Georgia Chapter, a random household prevalence survey determined asthma rates among children and characterized the population with asthma. A structured interview study was conducted to examine reasons for high emergency room usage. /2002/ - As part of the DPH/ALA collaborative effort, community needs and resources were examined, resulting in the development of an asthma resource database and recommendations related to gaps and service needs. /2003/ - Four health districts were awarded asthma case management contracts. Through a contract between DHR and Georgia State University, registered nurses were trained in each of the participating districts in asthma case management for children. Thirteen community forums to address management of asthma were presented to over 300 school nurses, health care providers, childcare center providers, parents and children in the four districts. A "Resource Guide Asthma 101" (English and Spanish versions) has been developed from a document adapted with permission from Glaxo Wellcome. The FHB is also collaborating on the CDC grant, "Georgia Addressing Asthma from a State Perspective" (GAASP), including an assessment of asthma in the state and the development of a comprehensive state plan to address asthma. /2005/ - ***The FHB collaborated with the Chronic Disease Prevention and Health Promotion Branch and the Epidemiology Branch in the development of the "Burden of Asthma in Georgia 2003" report. FHB also collaborated in development of the "Asthma Resource Guide," which provides national and state reference and contact information on asthma-related resources, and the "School Readiness Manual," modeled after the highly rated Connecticut School Resource Manual. FHB participated in quarterly GAASP steering committee meetings. An "Asthma Case Management Training Manual for Public Health Nurses" has been developed within FHB and printed through GAASP funding. The manual was displayed at the National Asthma Conference, and shared with other states. //2005//***

TOBACCO PREVENTION: Master Settlement Agreement (MSA) funds support a major expansion of current youth-focused tobacco prevention initiatives, including deglamorization of tobacco use through media, elimination of environmental tobacco smoke, prevention of initiation of tobacco use, promotion of quitting, and elimination of disparities. Each health district is funded to implement a core set of activities. /2002/ - A media campaign and supporting public relations efforts have been launched. A contract for the statewide, toll-free Tobacco Quitline to provide online counseling (with special focus on pregnant women), will be awarded. FHB staff are active participants in efforts to launch the state plan. /2003/ - All 19 health districts have received funding to establish community-based tobacco prevention coalitions and initiate prevention activities, with an emphasis on youth. The media campaign is ongoing and has received positive evaluation. The Tobacco Quitline was launched. A documentary, "Fatal Addiction: Tobacco's Daily Grasp," aired on Georgia televisions in June 2002. The documentary, a joint initiative of DHR's Tobacco Use Prevention Section (TUPS) and the Georgia Cancer Coalition, features adolescents and their family members speaking about how their lives changed by someone's decision to smoke. FHB collaborated with TUPS to integrate work related to youth prevention and maternal cessation. /2004/ - Maternal cessation will be implemented with links through FHB programs. /2005/ - ***FHB continues to work with TUPS to identify innovative and best practices aimed at tobacco use prevention and cessation for maternal clients. FHB requires all district perinatal programs to refer women who smoke or are exposed to secondhand smoke Georgia's Quitline. FHB is also working with TUPS to develop a partnership to develop more community-based prevention and cessation efforts through intervention training for front line staff. //2005//***

PERINATAL HIV TRANSMISSION: DPH received a CDC HIV Perinatal Transmission Prevention grant to assure HIV positive, pregnant women are identified prior to delivery and are linked to appropriate care. The initiative is a collaboration between the Prevention Branch, HIV/STD Section in the Prevention Branch and FHB. Grant components include: 1) outreach to and enhanced case

management (ECM) of pregnant women who are HIV positive or at very high risk of infection; 2) professional education; and 3) social marketing. /2002/ -- A social marketing campaign was launched in February 2001 to promote awareness of the need for all pregnant women to know their HIV status. Brochures and posters, in English and Spanish, are distributed statewide. The state's MCH toll free hotline is the access point for women to obtain information on HIV testing and services. /2003/ - ECM services for HIV positive and high risk pregnant women were implemented in Fulton and DeKalb County Health Departments, where the majority of births to HIV positive women occur. Supplemental funds were received from CDC to conduct additional social marketing activities. /2004/ - The project perinatal poster has been translated into five additional languages, French, Farsi, Vietnamese, Arabic, and Bosnian. Area agencies providing services for refugees and immigrants help distribute the posters. A contract has been awarded to implement outreach strategies in the five target metro counties. Training has been provided by the Southeast AIDS Education and Training Center. The Perinatal HIV Transmission Advisory Committee works closely with the Georgia Ryan White Title IV Project and with the CDC-sponsored Mother Infant Rapid Intervention at Delivery clinical study at Grady Hospital in Atlanta. An advisory committee is developing a statewide strategic plan to increase the percent of pregnant women receiving voluntary counseling and testing services in the public and private sectors. **/2005/ - Two pilot projects are being implemented in DeKalb and Clayton County Health Departments, offering routine HIV testing services for women requesting pregnancy services. A social marketing campaign was implemented in January 2004. Materials on the importance of prenatal testing and enhanced services were provided to HRIFU and Children 1st. Information about opt-out HIV testing is included in the PCM/PRS training curriculum for front line staff. //2005//**

SUICIDE PREVENTION: The Suicide Prevention Advocacy Network (SPAN) developed a state suicide plan, based on guidelines provided by the U.S. Surgeon General's "Call to Action to Prevent Suicide," in collaboration with DPH. /2004/ - FHB is working on the interdivisional DHR Suicide Team, which has identified a 10-member team to participate in the DHHS Bi-Regional Suicide Prevention Conference.

ADOLESCENT ASSET BUILDING: FHB developed a competency-based training model for staff that work with adolescents through a contract with the University of Georgia (UGA). /2002/ - State staff participated in adolescent assets module training in the summer 2001 with statewide training to commence in the fall. /2003/ - FHB launched its Youth Development Training Program, "Nurturing Assets, Producing Achievements, Building Accomplishments," in January 2002 for professionals throughout the state. **/2005/ - Implementation and evaluation of the Adolescent Health and Youth Development (AHYD) Assets Development Curriculum continues through a contract with UGA. Contractors and state and district staff have received training on the "Community Service Learning, Mentoring, and Life Skills Curriculum." Through a contract with MEE, Inc., Georgia's network of School Health Nurses was provided with training on "Youth Development and Outreach to Inner City Youth." //2005//**

/2002/ - REDUCING SUDDEN INFANT DEATH SYNDROME (SIDS): FHB contracted with the Sudden Infant Death Syndrome Alliance to address risk reduction, education, and grief support. A Georgia-specific, culturally competent brochure about reducing the risk of SIDS, "Back is Best," was developed and distributed and a statewide billboard campaign and interior bus cards on metro Atlanta MARTA buses implemented. /2003/ - The SIDS Information and Counseling Program expanded its services to provide support to families and caregivers who have experienced the death of an infant, regardless of the cause of death. In October 2001, a "Kitchen Table Discussion" was held in a predominately African American community to discuss SIDS risk reduction strategies and how to encourage back sleeping and safe sleep environments. /2004/ - A safe sleep campaign targeting high risk groups is being planned with SAFE Kids and the SIDS Alliance, with a special focus on the Hispanic community. Prevention targeting African Americans continues. **/2005/ -The SIDS Alliance is contracting for: 1) a pilot project targeting African-American communities at high risk for SIDS to evaluate intensive community-level interventions, and 2) support statewide public and professional education, training, outreach, and bereavement support. SIDS information and resources are distributed to perinatal providers. //2005//**

/2002/ - FOLIC ACID: The Georgia Folic Acid Task Force (GFAFT), a multi-agency partnership, has advanced activities to encourage all women of reproductive age to have adequate folic acid intake and prevent the occurrence of neural tube defects (NTD) among high-risk women. FHB provided matching funds to leverage national MOD funding that enables Georgia MOD to provide workshop training related to folic acid and NTD to health professionals. /2003/ - The FHB continues to support GFAFT activities. /2004/ - GFAFT trainers are presenting "train-the-trainer" workshops to state and local DPH staff and community partners. **/2005/ - The partnership has been renamed the Georgia Folic Acid Coalition. Interventions in WIC and family planning clinics and in private provider offices are being piloted. Training and educational materials were provided to healthcare staff that counsel clients. Pre and post intervention surveys were done to measure the effectiveness of the campaign. The Nutrition Section leads a FHB Folic Acid Quality Team in coordinating folic acid activities across the state. //2005//**

/2003/ - NTD/BIRTH DEFECTS SURVEILLANCE: A Level 3 epidemiologist has been hired through a collaboration between the March of Dimes Georgia Chapter (MOD), FHB, and Georgia's State Systems Development Initiative (SSDI), to develop a comprehensive birth defect surveillance system that will include NTD. SSDI funding supports the position. State legislation was enacted to classify NTD and other birth defects as reportable diseases. /2004/ - Georgia expanded on NTD work with MOD to develop a seamless system of data collection, analysis, and research to provide early identification of children for referral to health and early intervention programs; develop and maintain a population-based Birth Defects Registry; describe and monitor patterns of birth defects in Georgia; compile and disseminate surveillance data; facilitate data sharing; and provide a resource for information about the epidemiology of birth defects. The state is conducting pilot surveillance with 17 hospitals, medical centers and laboratories. The Georgia Birth Defects Advisory Committee has been established to provide guidance and subject matter expertise to Georgia Birth Defects Reporting and Information System. **/2005/ - Georgia is in the process of closing out the first full year of data from the GBDRIS Pilot Project. The pilot hospitals accounted for just under 40% of the births in the state. Additional data elements were added to the GBDRIS Reporting Form in order to facilitate future data linking activities. Data from the GBDRIS are currently being linked to the preliminary 2003 birth data. Beginning 2004, additional sites were contacted and have begun reporting. Possible NTD cases have been flagged and record reviews will be conducted for each potential case beginning in 2004. Audits will also be conducted this year at some of the Regional Perinatal Centers in order to evaluate ongoing data collection efforts. The GBDRIS Reporting Manual has been completed and distribution will begin soon. Data summaries and reports will be distributed beginning this year. //2005//**

/2002/ - OVERWEIGHT/OBESITY IN CHILDREN, YOUTH AND ADULTS: DPH is committed to the development of a coordinated and comprehensive statewide initiative to impact obesity in children, youth and adults. The FHB's Nutrition Section released the "Status of Obesity in Georgia 2000" report in June 2001. Public Health implemented "Take Charge of Your Health" campaign to help prevent and control obesity in the state. /2003/ - In 2001, DHR, DPH and DCH partnered with UGA to conduct a study on the prevalence of overweight in Georgia's children and youth ages 6-17. In addition, two health district pilot sites have been selected to receive a grant to support the development of a network of partners to develop and implement comprehensive population-based nutrition and physical activity programs across the district. /2003/ The annual "Obesity: Call to Action" conference was held in September 2002. /2004/ - UGA study results, released in May 2003, indicate 20.2% of nearly 3,500 4th, 8th and 11th grade students measured were overweight (body mass index is at or above 95th percentile). To enhance the monitoring and surveillance of overweight in children and youth, the Nutrition Section is leading the revision of the Rules and Regulations for Nutrition Screening (height and weight in elementary, middle, and high school students. In March 2003, the FHB Nutrition Section led a collaborative effort involving the WIC Branch, Chronic Disease Prevention and Health Promotion Branch, and the Epidemiology Branch, to apply for CDC funds to support the prevention and control of obesity. CDC funding was awarded in June 2003 for a one-year planning process involving key stakeholders to develop a state plan to prevent and control obesity, especially in children and youth, followed by implementation and evaluation in years 2-5. **/2005/ - In July 2003, Georgia received a**

Capacity Building grant to develop a state plan for nutrition and physical activity in Georgia to prevent obesity and other chronic diseases and build infrastructure. A task force of internal PH staff and external partners, representing over 40 state and local faith-based, education, community, and provider agencies and individuals, was convened in September 2003. The task force has formed six workgroups to develop strategies for the initiative's 10-year nutrition and physical activity plan. As part of the Capacity Building activities, the data and evaluation workgroup is identifying a pilot program targeting elementary school age children in the school and after school setting. //2005//

/2002/ - CULTURAL COMPETENCE: FHB's Cultural Competence Initiative, targeting state and district staff, focuses on providing access for persons who are limited English proficient (LEP), as well as ensuring that health education materials are culturally and linguistically appropriate. A Cultural Competence Steering Committee is planned to assist in policy development and identification of cultural competence guidelines in the Branch's CQI framework. /2003/ - FHB conducted a needs assessment to determine strategies for enhancing MCH services available to Georgia's immigrant populations. The assessment looked at 1) current demographics; 2) "best practices" of other states to provide care; 3) accessibility and appropriateness of currently available services; and 4) provider and consumer perceptions of services and service trends. The FHB's Policy, Planning and Evaluation Section (PPE) has assessed the Branch's program offerings and materials related to cultural and linguistic competence; held nine focus groups; developed an external stakeholders' group with representatives from the Office of Minority Health, Office of Refugee Health, Latin American Association, and FHB staff; and developed an FHB internal working group. /2004/ - FHB staff works with the DHR Limited English Proficiency Coordinator to analyze local and state practices. **//2005/ - The August 2003 quarterly CMS and BCW Coordinators meeting included two cultural competence presentations: "DHR's Strategy for Providing Meaningful Access to Limited English Proficient and Sensory Impaired Customers" and "Improving Customer Services to New Georgians: Diversity in Georgia." In a joint effort with GPA, the Office of WH sponsored two days of training for public and private perinatal providers around "Transcultural Aspects of Perinatal Care." //2005//**

/2003/ - BREASTFEEDING PROMOTION, EDUCATION, AND SUPPORT: WIC Program funds support a position that serves as a link between DPH and the Georgia Chapter of the Academy of Pediatrics (GA/AAP). In addition, FHB has assisted the GA/AAP in developing a breastfeeding page on the Academy's website. Through a partnership with the Georgia Healthy Mothers, Healthy Babies Coalition, breastfeeding funds support a lactation consultant who answers calls from the community. /2004/ - The FHB, Georgia WIC Program and GA/AAP provided a breastfeeding teleconference for physicians in the state. **//2005/ - FHB's Nutrition Section sponsored a Competency Based Lactation Management Skills Workshop in July 2003 for nutritionists, nurses, and breastfeeding counselors. The FHB, Georgia WIC Program and GA/AAP co-sponsored a breastfeeding teleconference in September 2003 for healthcare providers. A two-way referral form was developed by the Georgia WIC Program, in conjunction with the GA/AAP that includes a prominent breastfeeding message and space for referral of breastfeeding mothers to the health department for lactation management services. Information on breastfeeding has been added to the GA/AAP web site and a mass mail-out on breastfeeding statistics in Georgia was conducted. The Georgia WIC Program and Nutrition Section received USDA grant funds to implement a social marketing project, "Using Loving Support to Build a Breastfeeding-Friendly Community." //2005//**

/2003/ - MEN'S HEALTH: The 2000 Georgia Legislature created a Commission on Men's Health, charged with finding effective solutions to current men's health issues. DPH and FHB have worked with the Commission, helping to monitor the status of men's health, identifying and sharing information regarding trends and problems, and working with policymakers and key stakeholders to advocate for policies that can improve the lives of Georgia men. In 2001, the FHB published the "2000 Report on the Status of Men's Health in Georgia" and sponsored a meeting on "Helping Georgia Men Achieve A Better Quality of Life." DPH state and local staff, including the FHB, participated in a Rollins School of Public Health (Emory University) GSAMS videoconference for public health professionals on the

"Prostrate Cancer Education Project" at nine sites throughout the state in March 2002. //2004/ - Based on the success of the 2002 prostate cancer course, FHB contracted with Morehouse School of Medicine to provide similar training for a lay audience. The first men's health guide was published in English and Spanish and 100,000 copies were disseminated throughout the state through public and private health care centers. FHB also partnered with the American Cancer Society and Georgia Prostate Cancer Coalition to hold the first annual Health Initiative for Men (HIM), with over 300 men participating in the one-day screening and educational program. **//2005/ - FHB has collaborated with Cancer Control on a prostate cancer campaign. The Branch is working Morehouse College and Fulton County to promote the health of college men. //2005//**

//2003/ -FAMILY VIOLENCE: In March 2002, the DHR Commissioner asked the directors of Public Health and DFACS to develop a joint strategy for a comprehensive DHR Violence Prevention Program to address family violence, violence against women, sexual assault and abuse of disabled adults and older persons. A Violence Team was formed and charged with identifying areas for internal coordination. A matrix of all existing DHR violence services has been developed. A literature review was conducted to identify "best practices." //2004/ - Stakeholders were surveyed and a strategic plan was developed. DFACS Family Violence staff identified Georgia Legal Services funding to provide training in late summer 2002 to public health staff in South Georgia regarding victims of violence. A Commission of Family Violence member provided a train the trainer session. The FHB Office of Women's Health contracted for training for physicians and other health providers on identifying female patients in their practices who may be victims of violence, with special training emphasis on pregnant women to reduce the impact of violence on birth outcome. //2004// **//2005/ - To consolidate DHR violence services, the FHB VAW Program is transferring to the DFACS Family Violence Program effective July 2004. FHB will work closely with DFACS to assure a smooth transition and maintain prevention focus. FHB's Office of WH is working with the Family Violence Program and Office of Aging to conduct training at the district level. //2005//**

//2004/ - EARLY CHILDHOOD COMPREHENSIVE PLANNING: DPH received a HRSA/MCH Early Childhood Comprehensive Systems (ECCS) grant to: 1) develop a comprehensive early childhood service system that integrates access to health insurance and medical home, mental health and social emotional development of children, early child care and education, parenting education, and family support and 2) increase coordination of our network of state and community-based early childhood programs and initiatives and promote early childhood leadership. The FHB and the Georgia Chapter-American Academy of Pediatrics serve as co-leads for the Access to Health Insurance and Medical Home strategic planning work team. Other partners include the Office of School Readiness; DFACS, Child and Parent Services Section; Georgia Early Learning Initiative; Family Connection; Governor's Council on Developmental Disabilities; and Center for Child Well-being. **//2005/ - ECCS planning group membership has been finalized and quarterly meetings implemented, membership on the five component work teams has been identified or expanded as needed, a framework for assessment of the five critical component areas has been developed, and the project communication vehicle has been established. The five ECCS work groups have initiated activities to gather information on existing initiatives, existing program assessments/ evaluations, evidence-based practices, funding sources, key partners, internal/ external scans, demographic profile, and key indicators. //2005//**

//2004/ - SCHOOL HEALTH: The FHB School Health Program works to promote a coordinated approach to school health services, a model screening system, health education, and health promotion activities through collaboration with stakeholders and other state agencies. It also works to increase awareness of the importance of health to academic achievement. Technical assistance, training, and consultation are provided to local school districts, professional school nurses, and public health staff for the development and implementation of coordinated school health programs. In collaboration with Children's HealthCare of Atlanta, "The Building Bridges -- Georgia's School Health Connection Newsletter and Calendar" have been published and will be distributed statewide to each school system in Georgia. **//2005/ - The "Emergency Guidelines for Schools Manual," a collaborative project between DPH and Department of Education, has been distributed to school principals statewide. The "Building Bridges -- Georgia's High School Connection**

Newsletter and Calendar" have been distributed to every school system. Georgia's Action for Healthy Kids Team, composed of public health nutritionists and nurses, educators, and community-based agencies, focuses on improving nutrition and physical activity in schools. The team has developed a Georgia web site via www.actionforhealthykids.org and is in the process of developing an action/resource guide for schools that have implemented the school health index assessment. FHB's Nutrition Section is leading the effort to implement Body Mass Index (BMI) screening in Georgia's schools. Nutrition Section staff have also provided a training for school health nurses on healthy weight and what they can do in their schools. CMS is working with School Health to assess FHB's role in state schools for the blind and deaf. //2005//.

/2004/ - FOSTER CARE: The Public Health and DFACS Directors recently signed a MOU to assure children and youth under the care of DFACS are able to access health care. Medicaid eligible children who are enrolled in DFACS will be linked to Medicaid services including Health Check. /2005/ - The Office of Infant and Child Health (ICH) has convened and led bi-monthly workgroup meetings with participation from DPH, DFACS, AAP, DCH, and the community. Several county DFACS and DPH offices have developed MOUs specific to their local needs and resources. A combined workshop of more than 65 DFACS/DPH representatives was conducted in August 2003. ICH participated in the Foster Parent Educational Update in October 2003 as a presenter and exhibitor, and later presented at the annual DFACS Annual recognition meeting. FHB staff presented with AAP at regional meetings regarding the First Lady's foster care initiative in spring 2004. //2005//

/2004/ - MENTAL HEALTH: FHB and DPH are facilitating work to address concerns of children and youth with mental health needs. Collaborative partners include DFACS and the Departments of Juvenile Justice, Education, and Division of Mental Health/Developmental Disabilities/Addictive Diseases. Public Health is providing leadership in the development of an inventory of mental health tools used by all the departments and divisions. /2005/ - ICH has contracted with a vendor to provide family-centered best practice training on social and emotional development in young children. Training participants include public health staff, early intervention providers, MHDDAD and DFACS staff and Resources and Referral agency staff. PCM/PRS training participants are provided with an introduction to the Edinburgh Postnatal Depression Scale and its use as well as information on other postpartum neuroses. FHB has inventoried mental health providers statewide to develop a referral list of providers who serve children and adolescents. The mental health provider referral list will be circulated statewide. //2005//

/2005/ - FAITH BASED PUBLIC HEALTH INITIATIVE: Continuing a faith health partnership that began in 1999, DPH is contracting with Emory University's Interfaith Program to conduct a statewide conference in 2004. Toolkits will be developed to foster faith health collaborations.

AMCHP -- PERINATAL HEALTH DISPARITIES (ACTION LAB): Georgia is one of five states addressing racial disparities in perinatal health through a year of technical assistance. A communications strategy to raise an awareness of perinatal disparities is planned.

JUVENILE JUSTICE: DHR has partnered with the Department of Juvenile Justice, DFACS, MHDDAD and Juvenile Courts to develop a system and continuum of care for youth who leave DJJ detention facilities in the Rome area. This children and youth interagency pilot project will be evaluated and disseminated based on results.

DEPARTMENT OF EARLY CARE AND LEARNING (DECL): In the 2004 Georgia legislative session, SB 456 was passed to consolidate responsibility for early care and education programs into one department by expanding the scope of responsibilities for the Office of School Readiness (ORS) by establishing DECL. The following programs are being moved into the new department: child care licensing functions conducted by DHR's Office of Regulatory Services, the Georgia Child Care Council, and the Department of Education's Even Start program. In April 2004, DPH met with the Commissioner of the new department to discuss

B. AGENCY CAPACITY

The Family Health Branch (FHB), part of the Division of Public Health (DPH), Department of Human Resources (DHR), is Georgia's Title V Agency. The charge of the Branch is promoting the health of the state's mothers and infants, women of childbearing age, children and adolescents, and children with special health care needs. The Branch works toward: 1) early and comprehensive health services to women of childbearing age and their infants in an environment that fosters personal dignity; 2) timely and comprehensive health services to children which promote the optimal attainment of their individual abilities; and 3) comprehensive health and youth development services to adolescents in an environment that fosters personal responsibility and promotes positive health behavior. To carry out these responsibilities, FHB develops policy and planning, oversees the operations of various MCH programs in local health departments and other organizations, and provides technical assistance and training.

STATE STATUTES RELEVANT TO TITLE V PROGRAM: The mission of Public Health in Georgia is to promote and protect the health of Georgians. The Official Code of Georgia (31-2-1 and 31-3-5) supports this mission by empowering DHR and the local county Boards of Health to employ all legal means to promote the health of the people. County Boards of Health develop and establish community-based systems for preventive and primary care services for pregnant women, mothers and infants, children and adolescents through local planning, direct provision of services and collaboration.

Two governing bodies, the Board of Human Resources and the county boards of health, have key oversight and regulatory responsibilities. The State Board of Human Resources' 15 members are appointed by the Governor and confirmed by the Senate for staggered five-year terms. Seven members of the board must be professionally engaged in rendering health services, and at least five of those seven must be licensed to practice medicine in Georgia. The Board establishes the general policy to be followed by DHR, makes budget recommendations, and appoints the commissioner. At the county level, boards of health, each with seven members, are required by state statute. These boards oversee the activities and budgets of the local public health departments and have regulatory and enforcement powers.

Georgia law permits the establishment of administrative multi-county districts with the consent of county governments and boards of health in the counties involved. Nineteen such districts currently exist in Georgia, ranging in size from 1 to 16 counties. (/2003/ - See <http://health.state.ga.us/regional/> for map of Georgia's 19 health districts.) Each district has a health director, appointed by the DHR Commissioner and approved by the boards of health of the concerned counties. Typically, each district health office is staffed by a health director (a physician), administrator, program manager, community epidemiologist, chief of nursing, environmentalist, and program and support staff. District offices are located in the "lead" county of the district, usually the largest county in population. Local level responsibilities are set forth in county Grant-in-Aid contracts which describe programmatic activities and provide financial support to carry them out.

Direct services are provided by the county health department, which are Medicaid providers of Health Check, Family Planning, Perinatal Case Management, Pregnancy Related Services, and Diagnostic Screening Services and Prevention Services (DSPA) Option. Funds to support county health departments come from fees, state Grant-in-Aid, county taxes and grants. One-fifth of Georgia's population receives health services within the local public health system.

FHB'S CAPACITY TO PROVIDE TITLE V SERVICES: The Branch's capacity to provide: 1) preventive and primary care services for pregnant women, mothers, and infants; 2) preventive and primary care services for children; and 3) services for children with special health care needs; 4) rehabilitation services for blind and disabled children under the age of 16 receiving benefits under

Title XVI; and 5) family-centered, community-based, coordinated care including care coordination services for children with special health care needs and facilitate development of community-based systems of services for such children and their families is described in a matrix (See attached file. This chart displays each of the state programs that are part of the MCH system and indicates number of state, local, and community staff; whether the program is statewide or specific only to certain counties; and provides the number of persons served in the past year.

FHB programs for pregnant women, women of childbearing age, mothers, and infants, children and children with special health care needs are outlined in the attached FHB capacity matrix.

Under the leadership of FHB Director, Rosalyn K. Bacon, M.P.H., an assessment process was initiated at the Branch level in 1998 to strengthen and reshape Public Health's MCH programs throughout the State. A comprehensive reorganization plan in FY 2000 shifted the Branch from program-based services to population-based services. At every level, a number of structural and functional changes were made, bringing about significant improvements in the levels of communication, collaboration, coordination and community focus among programs within the Branch.

With the reorganization, FHB redistributed and restructured its MCH programs and services using a "population-based" model and four population teams: Infant and Child Health (ICH), Adolescent Health and Youth Development (AHYD), Children with Special Needs (CSN), and Women's Health. Team Leaders for the four population groups have similar responsibilities that include: 1) establishing community partnerships and linkages; 2) providing TA and support to health providers; 3) developing and/or revising programs and services using relevant research derived from community and population based needs assessments and demographic and qualitative data studies; 4) supporting the development and implementation of programs and services which are in line with the cultural competencies and expectations of the FHB; 5) developing and implementing effective health promotion and outreach activities; 6) participating in Branch quality assurance and continuous quality improvement activities; and 7) assuring programs and services are based on appropriate medical care standards.

Highlights and next steps for each of the population teams are discussed below.

Infant and Child Health (ICH) - Has directed its efforts in six areas: 1) Metabolic/ Hemoglobinopathy Newborn Screening; 2) Universal Newborn Hearing Screening and Intervention, 3) Child Health Integration/Children1st; 4) School Health/Healthy Child Care Georgia; 5) Bright Futures; and 6) Foster Care Collaboration.

Georgia is the first state to combine forces with a non-profit advocacy group, the March of Dimes, and the private sector to raise the money to improve the state's newborn metabolic screening program. In April 2001, the Governor announced the expansion of the Georgia Newborn Screening Program (NBS) with the capacity to test up to 35 additional metabolic disorders. With MOD support, Georgia will lease or purchase four tandem mass spectrometry machines, at a cost of approximately \$250,000 per machine, for the enhanced screening. Screening is done by the Georgia Public Health Laboratory. The Georgia Newborn Genetics Advisory Committee will make recommendations regarding added conditions to be added to the current screening list. CDC will act as a technical advisor as well as provide quality control. /2003/ - Recent budget constraints have delayed implementation of statewide expansion. A pilot expanded NBS project began in August 2002. Screening for biotinidase deficiency was added in May 2003. A hospital newborn screening protocol has been developed to assure an adequate heel stick specimen is collected on every newborn prior to discharge. **/2005/ - MOD purchased a mass spectrometry machine and DHR leased three with MOD support. //2005//**

The passage of HB 717 in 1999 has provided the foundation for the development of universal newborn hearing screening in Georgia. A State Advisory Committee on Newborn Hearing Screening was formed to guide the effort. Funding was obtained from MCHB for state systems development and the Appalachian Regional Commission to purchase screening in birthing hospitals in 19 North Georgia counties. The 2000 Georgia General Assembly session approved the Governor's request for

\$2 million in Tobacco Master Settlement funds to institute local level screening, referral, diagnostic evaluation, intervention, and treatment. /2004/ - Approximately 98% of the state's newborns are screened compared to 30% before the screening system was put in place. For more information, see III. A. Overview of the State.

Children 1st has been established as the point of entry and referral system for Georgia's infants and children, providing families with a single point of entry into a wide range of public health and community programs. The focus is on children age birth to five who are at risk for poor health and development. Children are identified through information on the Electronic Birth Certificate or referred by healthcare or community providers. Children 1st operates in all Georgia counties, providing family assessments, usually within the home, that determine family strengths and provide education on topics such as health, safety, environment, health care, and parenting and family support issues. Depending on family needs, Children 1st helps make referrals to programs and services within public health and in the community.

Healthy Child Care Georgia (HCC-GA) is a collaborative effort among health professionals, childcare providers, regulatory agencies, other organizations, and families working in partnership to improve the health and well being of children in childcare settings. The HCC-GA Advisory Collaborative promotes sharing and linking of information and resources across more than 30 agencies and programs to improve child care environments for all children and to ensure accurate health and safety information and training.

ICH has promoted Bright Futures anticipatory guidance for all well child visits within DPH and the private sector. Bright Futures contains expert guidelines for providing health supervision for children in order to strengthen the role of family as a primary partner in health promotion. In September 2002, ICH purchased Bright Futures Guidelines kits for all local public health clinics in all 159 counties. Four regional workshops have been held to roll out Bright Futures. Bright Futures training will be included with new nurse orientation and health assessment training. **/2005/ - The Georgia Chapter of the AAP and the Academy of Family Physicians are contracted to promote Bright Futures to private physicians. //2005//**

/2004/ - ICH is developing and implementing a process for the review of vision and hearing rules and regulations. Revisions have been sent to the district health directors for comments along with MOUs to create a statewide program based on best practices. ICH continues to collaborate and provide leadership for school health technical assistance through a calendar, newsletter and guidelines developed in collaboration with Children's Healthcare of Atlanta and other partners.

/2005/ Along with the areas of Metabolic/Hemoglobinopathy, Newborn Screening, UNHSI, Child Health Integration/Children 1st, Healthy Child Care Georgia, Bright Futures, ICH has directed its efforts towards the Foster Care Initiative and the Early Childhood Comprehensive Systems (ECCS) grant. Through collaboration with DFACS and the Office of Nursing, ICH has identified the training needs of public health staff and developed a training program to address child abuse and neglect. The training, which includes the participation of law enforcement, has been presented to 140 public health personnel in two regions of the state and will be offered in three other regions during CY 2004. For more information on the Foster Care and ECCS initiatives, see III. A. Overview of the State.

The Bright Futures Guidelines for Infants, Children and Adolescents have been presented as training workshops to public health staff in 12 of the 19 health districts. The ICH Nurse Consultants are collaborating with BCW and the HIV team to provide physician training to address the impact of maternal high risk behaviors on child development and provide best practices for identification, treatment, and intervention referrals for care of the fetus/infant who was exposed to a preventable suboptimal environment, including Hepatitis B, Herpes, HIV, alcohol and other substances.

ICH and CSN have collaborated on a Home Visiting Training project for PH staff. During the

reporting period, 10 regional trainings have been held throughout the state. Two additional trainings are planned. A "Train the Trainer" module has been developed and was presented during April 2004.

Adolescent Health and Youth Development (AHYD) - Beginning as a special initiative focusing on teen pregnancy prevention, AHYD has expanded its scope to include the full range of AHYD issues, including reproductive health; obesity and cardiovascular disease; injury; suicide and violence; substance use; academic achievement, career preparation, and community service. The Office has incorporated the asset-building model of youth development into its programs. This nationally recognized approach, called "youth development," is documented as an effective way to aim young people toward an adulthood of independence and self-sufficiency, productive family lives, and good citizenship. AHYD has sponsored services that integrate adolescent health services and youth development activities. These services, which are provided through teen centers, male involvement, abstinence only and community involvement programs, are designed to strengthen and support positive attitudes, productive activities, and healthy behaviors. /2004/ - AHYD now funds 39 teen centers and 17 community involvement, 13 male involvement, and 38 abstinence education programs throughout the state. /2005/ -AHYD's direct service system has been modified. Five teen centers have been selected as demonstration sites to determine the efficacy of the Georgia Teen Center model. The remaining 34 centers are being reviewed. The state office will provide guidance and technical support to the demonstration sites using a formal evaluation protocol developed in partnership with the MCH Epi Section and contracted consultants. //2005//

In FY 2002, AHYD expanded its systems development process with the introduction of a Logic Model and Program Enhancement Framework, utilizing the FHB integrated assessment process to promote the identification and use of individual, family, school, and community assets in the provision of services to youth. Youth Development Coordinators (YDCs) in all 19 health districts across the state are involved in the integration of enhanced AHYD components into the teen health centers and in establishing collaboration relationships with other government agencies, youth serving organizations, and families to build a coordinated system of adolescent health and youth development across the state.

AHYD has assumed a lead role in the development and implementation of a Statewide Comprehensive Youth Development System. The Statewide Comprehensive Youth Development System Team, formed in March 2002, has adopted AHYD's Youth Development Concept Paper. The team has held regional and state meetings to develop the comprehensive system.

/2002/ - Through a contract with UGA, a six module curriculum has been developed that includes: 1) the asset based approach to youth development; 2) adolescent development; 3) program development; 4) family resiliency; 5) community involvement; and 6) diversity issues.

/2003/ - In 2002 representatives from more than 371 youth serving agencies statewide received training on the Assets Model for Youth Development Services. All trainings will be repeated throughout the coming fiscal year. As part of its efforts to enhance communications between parents and youth, AHYD sponsored a pilot advocacy and leadership training program for parents in two metropolitan areas of the state.

/2004/ - The AHYD Model for Teen Center Programs and Services was developed, based on evidence-based and best practice research completed in FY 2003. A MCH Integrated Intake and Assessment Instrument has been created, using the AHYD assets approach, incorporating adolescent programs and services. A new statewide media campaign on abstinence, "Abstinence -- Attractive In So Many Ways," has been launched in every district.

An on-going partnership between Emory University's Rollins School of Public Health Interfaith Health Program and AHYD has existed for three years. Six districts have held meetings sponsored by the partnership and most districts are developing faith-health collaborations. Three statewide meetings

have been held with the goal of "deepening and accelerating the convergence of faith and health in Georgia to build strong, healthy children, teens, families and communities." A May 2003 conference included an activity to brainstorm assets and offerings that public health and faith communities can offer each other. In FY 2004, a toolkit will be developed that public health and faith communities can use together or independently to advance health and wellness.

/2005/ - Through a contract with UGA, AHYD has continued implementation of its youth development training program, "Nurturing Assets, Producing Achievements, and Building Accomplishments." Professionals throughout the state who work with children, adolescents and families have participated in the six-session training series. Final evaluation of the program will be completed September 2004. State and district staff will participate in Train the Trainer workshops in summer 2004. The modules will be videotaped.

In FY 2004-2005, AHYD will pilot test the Georgia Teen Center Model for AHYD Programs and Services. The model targets the reduction of unhealthy behaviors and asset development among youth.

The Georgia Abstinence Education Public Awareness Campaign is in its second year of implementation. Its Georgia Abstinence Poster Series has received international recognition, winning the "2003 Communicator Award of Distinction." Approximately 3,000 posters will be printed in Spanish and disseminated to middle and high school students in 2004. A statewide abstinence conference is planned for fall 2004. //2005//

Children with Special Needs (CSN) -- Major initiatives over the past year have focused on continued planning and development of the Primary Provider service delivery model for Babies Can't Wait (Part C, IDEA) and on increasing statewide child find activities. Children's Medical Services' (CMS) primary focus has been on ensuring statewide consistency through implementation of policies and procedures that include Care Coordination. Both Part C and Title V have ongoing activities to increase comprehensive transition services capacity.

CSN programs work closely with external partners including state and local agencies, therapy associations, licensure boards, advisory and work groups, higher education, and families about ways to continue to improve service delivery. BCW has also developed "Service Guidelines for Children with Autism Spectrum Disorders" and has begun implementation statewide to ensure quality, equitable services for children with these confirmed diagnoses. In addition, the BCW Library at the University of Georgia has been expanded to a CSN Library for district staff.

/2004/ - CSN is implementing new HRIFU guidelines as well as Medicaid billing mechanisms. Targeted outreach will be conducted for CSN programs. Treatment and care management training will be provided through contracts with providers. CSN will continue to refine the service delivery model for BCW, based on pilot projects, community input and research. Plans also are underway to conduct HRIFU process evaluation.

/2005/ - CSN's HRIFU program, which started July 2003, is working to achieve statewide implementation, including data collection and Medicaid reimbursement. A two-day home visiting training has been presented at 10 sites throughout the state for program staff providing services to infants and toddlers. CSN has continued to focus on statewide implementation of CMS policies through on-site visits and training. //2005//

Women's Health - Women's Health has been a key partner in developing a seamless perinatal system in Georgia, organized around community-based regions that relate to six perinatal centers throughout the state. A Perinatal Stakeholders Work Group is working to improve service delivery, community engagement, and finance and reimbursement. An advisory group of relevant stakeholders has been formed to develop a "Georgia Plan for the Prevention, Intervention, and Treatment of Maternal Substance Abuse" to assess the extent of prevention and treatment services for pregnant and parenting women in Georgia; identify strengths, weaknesses, and gaps in the state's current services;

and work collaboratively across agencies to develop an interagency plan.

/2004/ - In addition to creating a statewide perinatal framework and developing a strategic maternal substance abuse plan, other key Women's Health initiatives include: 1) reaching underserved populations such as homeless, migrants, Historically Black College and University students, and incarcerated women and 2) increasing provider awareness.

/2005/ - In collaboration with the STD/HIV Section, WH has collaborated on a Chlamydia Awareness Project with seven Georgia colleges. It is also working with HIV/STD on a pilot HIV opt out testing program in three middle Georgia counties. In coordination with Emory Training Center, WH is providing training on how to conduct men's health exams. WH is collaborating with Cancer Control on the Breast Test and More Project and with WIC to improve communication among DPH units. A new data collection form for family planning clinics has been developed. Health Metric is working with family planning clinics to improve wait times. //2005//

Oral Health and Nutrition Sections cut across all four population teams. Key Oral Health initiatives include: 1) awarding the Georgia Access to Dental Services Grant (GADS) to 10 of 19 public health districts to determine the current status of oral health services and potential resources for systems development and undertake public/private systems development activities; 2) providing technical assistance to the districts with development, implementation and evaluation of their preventive and service programs; and 3) integration of the Oral Health Program with the other FHB programs through joint implementation of "Integrated Public Health District Site Visits."

Nutrition Section responsibilities include: 1) promotion of statewide population-based nutrition services; 2) integration and coordination of MCH and WIC Nutrition Services; 3) coordination with the four FHB population team groups to assure that nutrition is integrated into program initiatives; 4) development of a district infrastructure that increases access to high-quality nutrition care; 5) partnerships to address emerging health issues such as obesity, breastfeeding, and physical inactivity; and 6) implementation and evaluation of the "Take Charge of Your Health" campaign to help communities make informed decisions about their health.

/2004/ - The Nutrition Section is increasing its efforts to develop a qualified nutrition workforce by enhancing the Community/Health Dietetic Internship Program. Other key Nutrition initiatives include: 1) breastfeeding promotion, education, and 2) healthy weights. For more information on these Nutrition initiatives as well as FHB's Oral Health initiative, see III. A. Overview of the State. ***/2005/ - The Nutrition Section graduated 14 Dietetic Interns in 2003 and enrolled 12 for the 2004 class. It has established a workforce committee to address nutrition related workforce development issues. Updates on Nutrition and Oral Health initiatives are provided in III. A. Overview of the State. //2005//***

BUILDING FHB CULTURAL COMPETENCY: State and local public health staff, including the FHB, are able to draw on several key cultural competency resources, including the DPH's State Refugee Health Program, DPH's Office of Communication, and DCH's Office of Minority Health. The Office of Communications has developed and widely disseminated a "Directory of Qualified Interpreters and Translators & Multi-Ethnic Community Resource Guide. The DHR website includes information on Georgia's Latino and multicultural communities and includes a calendar of events such as multicultural family fairs and conferences. The Office of Minority Health's Information Center has resource materials that focus on health issues relating to minority populations.

At the local level, public health districts efforts to meet the needs of their non English speaking clients have included hiring bilingual staff and/or utilizing translators or interpreters, conducting staff training, using language assistance phone lines, and offering patient materials in Spanish and other languages. Districts have also engaged in social marketing and outreach to inform non English speaking clients of available public health services such as family planning, prenatal education classes, etc.

/2004/ - The FHB, in collaboration with the National Center for Cultural Competence of Georgetown University, conducted a workshop in March 2003 entitled "Organizational Capacity to Deliver Cultural Competent MCH Services" for teams from the 19 public health districts. /2005/ - **See III. A. Overview of the State for update on cultural competency. //2005//**

BUILDING FHB COMPETENCIES: FHB offers state and local staff coordinated training and development activities to improve knowledge and job performance. Each population team holds meetings with their respective district coordinators. Some meetings are held jointly to facilitate communication, coordination, and collaboration across programs at the local level. Oral Health and Nutrition staff also participate to facilitate the integration of population-based oral health and nutrition services.

C. ORGANIZATIONAL STRUCTURE

The framework in which the FHB functions is depicted in the organizational charts in the attached file and available upon request at the FHB Office. DPH is part of the Georgia DHR superagency, which brings together family protective services, income maintenance, childcare, mental health/developmental disabilities/addictive diseases, regulatory oversight services, and rehabilitation under a single umbrella. DHR's five divisions are Aging Services, Public Health (DPH), Mental Health/Developmental Diseases/Addictive Diseases (MHDDAD), Rehabilitation Services, and Family and Children Services (DFACS). It also includes the Office of Regulatory Services and the Office of Adoptions. Administrative and support functions, including human resources, information technology and budget and financial services, are consolidated at the departmental level. /2004/ DPH has a staff of approximately 7,500 state and county public health employees located in the state office, 19 health districts, and 159 county health departments that administer services that promote the health and well-being of the whole community. County public health departments also offer direct healthcare to low-income people and people in underserved areas of the state, and work with private medical providers to assure that these groups receive needed care.

The DHR Commissioner is appointed by and accountable to the State Board of Human Resources. This board provides general oversight of DHR's activities by establishing policy, approving goals and objectives and other appropriate activities. Included in the Commissioner's office are the Assistant Commissioner for Special Projects; Office of the Assistant Commissioner for Policy and Government Services, which includes fraud and abuse, communications, legal services and constituent services; and the Offices of Planning and Budget Services, Financial Services, Technology and Support, Human Resource Management, Audits, Human Resource and Organizational Development, and Adoptions. /2005/ - **B.J. Walker became the DHR Commissioner on May 17, 2004. //2005//**

DPH, headed by Kathleen E. Toomey, M.D., M.P.H., is the designated state health agency as well as the state agency for children with special health care needs. DPH branches include Family Health, Epidemiology, Prevention, Environmental Health, Chronic Disease Prevention and Health Promotion, the State Public Health Laboratory, and the Women, Infant and Children Program (WIC). Each of these branches has responsibilities that inter-relate with FHB activities, requiring strong working relationships.

The FHB Director, Rosalyn K. Bacon, M.P.H., provides leadership and vision for the Branch. She directs and oversees the overall FHB administration, serves as the lead staff person for "family health" policy development for the Division, and is responsible for developing and implementing a marketing and public relations plan that incorporates both internal and external marketing and public relations strategies. She also has the chief responsibility for advocacy of the Branch and its programs and services throughout Georgia's MCH system.

Financial and personnel functions are centralized in the FHB Operations Section, which provides

oversight of daily operations and administration, contracts, management of human resources/personnel and employee relations. Operations is comprised of two offices, the Office of Administrative Support (OAS) and the Office of Contract Management and Compliance (OCMC). OAS is responsible for: 1) reviewing and revising all aspects of the existing financial reporting system; 2) overseeing processing and payment of all major FHB expenses and accounts payable; 3) working collaboratively with OCMC to ensure all contracts comply with state and federal regulatory requirements and internal quality control and compliance measures; 4) working closely with FHB program staff to develop budgets for grant applications, monitor grant spending and ensure appropriate compliance with funding guidelines; 5) organizing and formalizing budgeting procedures in all Branch programs; 6) developing and implementing a "user friendly" budget information database; and 7) serving as the liaison between the FHB, Division, and the Office of Planning and Budget Services in the DHR. OAS is also responsible for FHB human resources management and assists FHB managers in the development of new positions and modification of existing positions. OAS screens and organizes the interview process for all Branch applicants and develops and implements a centralized orientation process for new hires.

OCMC is responsible for: 1) developing contractual relationships; 2) implementing contract compliance; 3) implementing a contract reporting mechanism to advise Branch program managers of the status of open contracts; 4) serving as the liaison between the FHB, DPH and DHR's Offices of Contract Management and Audits; 5) working with the OAS to develop quality control standards; 6) reviewing Independent Audit Reports of applicable FHB contractors; and 7) performing programmatic audits of both Branch and contractual programs and services. /2002/ - A grants database has been developed to facilitate the grant management process and assure deadlines are met. A Systematic Integrated Financial System, accessible to FHB Population Team Leaders and Section Directors, provides an up-to-date financial information picture of the FHB's financial and human resources status.

The Director of the Programs and Services Section is responsible for FHB day-to-day program and services operations as well as direct supervision of the four Population Team Leaders. She also is responsible for providing leadership to the population-based work teams (e.g., assistance with the development of population-based work plans and the development and design of new and revised programs and services.)

The Program and Services Section: (1) assures quality; (2) assures collaboration and integration of programs and services within the Branch; and (3) improves the quality of technical assistance that is provided to local health departments and communities. /2002/ - The Section has worked in collaboration with other FHB sections to develop a Continuous Quality Improvement (CQI) model for the Branch. The model is based on the APIE (assessment, planning, implementation, and evaluation) model. A cross-Branch CQI Team developed strategies to infuse these principles throughout the Branch. Actions have included: 1) training on "Teams and Tools" for effective team work; 2) development of a Branch technical assistance (TA) manual; 3) administration of TA needs assessment across districts; 4) providing guidance and problem solving on CQI activities; 5) initiation of a "Can Do" incentive program which provides recognition for staff who find creative solutions to problems or improve work processes; 6) development of an integrated TA plan based on the district TA assessment findings; and 7) application of CQI principles in the development and implementation of population team work plan products that integrate CQI practices. **/2005/ - In collaboration with Policy, Planning, and Evaluation (PPE), leadership has been provided for integrated MCH site visits, piloted in two health districts, as well as facilitation of the DJJ continuum of services pilot. (See III. A. Overview of the State for information on the DJJ pilot.) //2005//**

The Offices of Adolescent Health and Youth Development (AHYD), Children with Special Needs (CSN), Infant and Child Health (ICH), and Women's Health, described in III. B. Agency Capacity, are located in the Programs and Services Section. AHYD includes: 1) Comprehensive Adolescent Health Services, 2) Youth Development Initiatives including Male and Community Involvement Programs, and 3) Abstinence Education. CSN includes: 1) Babies Can't Wait (BCW), 2) Children's Medical Services (CMS), 3) Genetic Services, and 4) High Risk Follow-up. ICH includes: Children 1st,

Universal Newborn Hearing Screening, School Health, Health Check, SIDS, and Healthy Child Care Georgia. Women's Health includes: 1) Maternal High Risk Services - Perinatal and Prenatal Care and Resource Mothers; 2) Reproductive Health Services - Family Planning and Preconceptional Health, and 3) Preventive Women's Health Services - Chronic Disease Collaboration, Sexual Assault Prevention and Education, and Violence Against Women. The Genetics program manager is located in ICH and works across the CSN and ICH population teams. The Maternal Health Substance Abuse Prevention specialist reports to the Programs and Services director and works across all sections and teams.

Programs and services are organized using the "population group" model, with population team leaders who function as program managers reporting to the Director of Program and Services. Medical Consultants provide medical oversight and consultation to the Director and the four Population Teams. The Nutrition Section Director works closely with the FHB Section Directors and State WIC Director to assure that nutrition is an integral component of the MCH system. The Oral Health Director also works with the FHB Section Directors in integrating oral health into components of the MCH system.

The Policy, Planning, and Evaluation Section (PPE) Director works closely with the Programs and Services Director to provide leadership to the Population Teams for priority-setting, planning, and policy development. The PPE Director also works closely with the Division's MCH Health Epidemiology Unit to assess and monitor the health status of Georgia's children and families.

Principal PPE responsibilities include: 1) formulating strategies and guidance to address policy challenges; 2) coordinating annual and five-year needs assessments and using the results of these assessments to guide program development and set priorities; 3) developing program evaluation strategies; 4) monitoring Healthy People 2010 objectives; 5) analyzing relevant health care legislation and its impact on FHB programs; 6) researching best practice models; 7) working closely with the Programs and Services Director to develop FHB programs and set Population Team priorities; 8) identifying baseline data and performance measures for Branch services; 9) identifying outcome measures for MCH populations served by the Branch; and 10) collaborating with the MCH Epidemiology Unit to assess and monitor health status of MCH populations served by FHB.

/2003/ - PPE staff provide leadership for cross Branch initiatives and activities including: 1) cultural consciousness; 2) family and community involvement; 3) state legislative session pre-briefing, monitoring, and technical assistance in the writing of impact statements; 4) process evaluations; and 5) training needs assessment and training development. PPE has guided the development and implementation of the FHB Web Page Enhancement and Maintenance Action Plan. Program Fact Sheets have been updated and linked, along with Family Stories, to appropriate programs as well as to the family and community involvement area of PPE on the Web site. UNHSRI, Nutrition, and SIDS/Other Death information on the site has been enhanced. The Developmental Disabilities Council's "Resource Guide" has been linked to the Children with Special Needs page. A web page for the Data and for PPE has been established, with a focus on the MCH Block Grant and National and State Performance Measures. Women's and children's health programs matrices have been posted to the FHB Web site.

The Data Team Leader has responsibility for branch-level data concerns, providing leadership and guidance to each of the Branch Managers and the Data Analyst assigned to each of the four population teams. The Data Team collaborates with PPE to determine common areas of work and define the vision and practices necessary to support the FHB and MCH work in Georgia. Technical assistance has been provided to the four FHB population teams to improve the way data is utilized for Branch decision-making. /2003/ - PPE and the Data Team are developing a cross-Branch Program Enhancement Framework, process, and tools to help assure that population team and section activities address current and relevant issues and needs in a coordinated and targeted manner.

D. OTHER MCH CAPACITY

A summary of the number and location of central and outstationed staff providing administration, planning, evaluation, and data analysis capabilities as well as direct services is provided below. A description of FHB staff qualifications follows.

//2005/ - Staff are allocated as follows: Administration - 17 central and 94 outstationed staff; planning - 5 central and 103 outstationed; program support consultation -- 31 central and 0 outstationed; evaluation -- 3 central and 10 outstationed; data analysis -- 13 central and 12 outstationed; and direct service -- 608 outstationed. //2005//

FHB STAFF QUALIFICATIONS AND CAPABILITIES:

Rosalyn K. Bacon, M.P.H. is Director of the FHB and is responsible for the leadership and management of Titles V and X (MCH/CSHCN and Family Planning, respectively); IDEA, Part C; Preventive Health Block Grant (Sexual Assault Prevention) and many other grants and state funds allocated to support the health and well being of children and their families. She also is responsible for strategic planning, policy development and implementation, and programmatic leadership for MCH statewide. These programs provide a statewide system of prevention and intervention services provided by Georgia's 159 county health departments and over 200 healthcare agencies and/or community-based organizations. She received her B.S. in 1992 from Georgia State University, Atlanta, Georgia and M.P.H. in 1995 from the University of Alabama at Birmingham.

Susan Bertonaschi, M.S. is the Children 1st Program Coordinator. She has over 20 years of social work, mental health, early intervention, and child development experience.

Eve Bogan, M.A. is the Director of the FHB's Programs and Services Section and Acting AHYD Population Team Leader. She has over 20 years experience in health and human services. She was formerly Director of South Carolina's and Georgia's Early Intervention Program. She is a graduate of Sarah Lawrence College (B.A.) in liberal arts and Hebrew University (M.A.) in sociology/anthropology.

Consuelo L. Campbell, M.S. is the Mental Health and Substance Abuse Specialist and is responsible for coordinating integration of mental health and substance abuse across FHB population teams. She holds a B.A. in sociology from Spelman College and a M.S. in Community Health Education from the University of Massachusetts.

Frances Cook, R.D. serves as the Team Leader of Nutrition and Physical Activity. Her responsibilities involve working with state, district, and community partners to integrate nutrition services in all health systems. Program initiatives include planning and evaluation, training and consultation. Ms. Cook received a Master's Degree in Foods and Nutrition from New York University and the designation of a Certified Public Manager from the University of Georgia.

Thomas E. Duval D.D.S., M.P.H. is the Director of the Family Health Branch Oral Health Section. Tom is originally from Macon, Georgia. He has over eighteen years of dental public health experience. He was formerly the District Dental Director for the Macon, Georgia area. Prior to the District Dentist appointment, he worked for the Georgia Department of Corrections and served as Dental Director at the Middle Georgia Corrections Complex in Hardwick, Georgia. He received his D.D.S. degree from Howard University College of Dentistry (1976) and M.P.H. from Johns Hopkins School of Public Health (1979).

Gala Hambrick, M.P.A. is the Director of the Policy, Planning, and Evaluation Section. Prior to joining the FHB, Ms. Hambrick was a consultant who specialized in program planning, community relations and government relations for private and government organizations. She has developed numerous women's health programs and infant health initiatives that are modeled in many areas of the State.

Emily Kahn, Ph.D., M.P.H., M.A., is Director of the MCH Epidemiology Section. From 1990-1995, she worked as a research assistant in the Division of Epidemiology, School of Public Health, University of Minnesota and from 1995-1997, as a study coordinator in the Division. Dr. Kahn was an Epidemic

Intelligence Service Officer at the CDC from 1997 -- 1999. In 1999, she became a CDC staff scientist, directing the work of a multi-disciplinary team consisting of scientists from CDC and other CDC-wide and other DHHS Public Health Service Agencies to conduct research on the effectiveness and cost-effectiveness of population based interventions to change health behavior.

Linda L. Koskela, R.D.H., M.P.H. became the Oral Health Prevention Program Director in March 2003. She received her M.P.H. from the University of Alabama at Birmingham in June 2001, her Dental Hygiene (1977) and B.S. (1978) degrees from the University of Minnesota. She has over eight years of Public Health experience in Minnesota. She also worked for a large corporate owned, multi-office and multi-specialty practice serving patients funded by Indemnity, PPO, HMO payments, and PeachCare for Kids.

Elana Morris, M.P.H., the Branch Data Team Leader, oversees a team of data managers and statistical analysts to support the FHB population teams in building data capacity and analyzing data for program development and evaluation. She began working full-time in public health in 1997 as a Health Information Analyst for the Health Assessment Section of the DPH. Since 1999, she has been working for the FHB.

Stephanie Moss, Part C Coordinator, received her bachelors degree in psychology from the University of Mississippi and a masters degree in child clinical/school psychology from Louisiana State University. Prior to coming to the Part C/Babies Can't Wait (BCW) system at the state level, she worked with adults with developmental disabilities in both institutional and community-based settings for six years.

John Neal, M.P.A. is Director of the Contracts Management and Compliance Unit in the FHB. He earned his bachelor and master degrees from the Georgia State University School of Accounting. Mr. Neal worked in the private sector before joining the Georgia Department of Medical Assistance as Deputy Director for the Division of Program Management. He then transferred to the DPH in the Department of Human Resources.

Mohamed Qayad, M.P.H. serves as Project Manager and MCH Epidemiologist in the DPH MCH Epidemiology Unit. He received his medical degree in 1981 from Somali National University, Mogadishu, Somalia, a mastership in community medicine from the University of Khartoum, Khartoum in 1986, and a MPH in epidemiology from Tulane University in 1990. He is responsible for analyzing Georgia's births, deaths, fetal deaths, and induced abortion data as well as estimating infant mortality and teen-age pregnancy rates for the state and its 159 counties and 19 health districts.

Beverly Y. James Stanley, the Operations Director, has over 18 years of administrative experience acquired working in the governmental and private sectors. Prior to joining the FHB, she worked for DHR in the Office of Planning and Budget Services. She earned her B.A. in Human Resource Management at the University of South Carolina.

Eddie Towson is the Family and Community Involvement Coordinator. He is responsible for coordinating and leading family and community involvement activities across FHB population teams and sections. He also serves as the State Systems Development Project Manager, coordinating all activities related to Georgia's State Systems Development Initiative. Mr. Towson received his B.A., Psychology from Emory University in 1990.

Medical Oversight: To assure that FHB programs and services reflect sound clinical practice and medical research, the FHB has contracted with medical consultants to work with each of the four population teams in the Branch.

Women's Health - Victoria Green, M.D., MHSA, MBA, JD is Director of the Comprehensive Breast Center, Grady Healthcare System as well as Director of the Resident and Medical Student Women's Health Ethics Curriculum, Emory University School of Medicine. **/2005/ - Dr. Green is currently Medical Director of the Satellite Center of the Grady Healthcare System and Director of the**

Resident and Medical Student Women's Health Ethics Curriculum. //2005//

Infant and Child Health -/2004/ - FHB has a contract with Children's Healthcare of Atlanta. //2004// ***//2005/ - ICH continues to contract with Children's Healthcare of Atlanta. //2005//***

Adolescent Health and Youth Development -- /2004/ - David A. Levine, MD, Associate Clinical Professor of Pediatrics, Morehouse School of Medicine is the AHYD medical consultant. //2004// ***//2005/ - Medical consulting services are available to AHYD through the ICH contract with Children's Healthcare of Atlanta. //2005//***

Children with Special Needs -- Marshalyn Yeargin-Allsopp, M.D. is Board certified in Pediatrics and Neurodevelopmental Disabilities and provides consultation for branchwide child development. /2004/ - Negotiations are underway with medical sub specialists. //2004// ***//2005/ - Contract negotiation are underway with the Medical College of Georgia to provide medical conditions updates throughout the state and for specialty medical consultation as needed. //2005//***

The Role of Family Members in FHB: Nine parent educators assist the BCW Program with policy, federal grant review, training for family members and providers, and encouragement of local and state parent involvement. A SIDS/Bereavement Specialist position is funded through the National SIDS Alliance to provide family-focused input to the FHB in program planning and policy formation for all SIDS issues. In addition, several of the local level FHB programs have integrated family involvement into their activities, i.e., Title X (Family Planning) District Patient Advisory Councils, Nutrition Section peer counselors for breastfeeding, local Interagency Coordinating Councils in all 19 Health Districts as part of the BCW Program, and CMS family advisory boards.

The FHB has created the Family Partnerships Initiative to enhance family participation in all aspects of planning, development, implementation and evaluation of MCH services in Georgia. The FHB Family and Community Involvement Coordinator, Eddie Towson, provides leadership for planning and development of the process to insure family and community involvement across Population Teams and sections. The Coordinator serves as a key FHB contact for March of Dimes, Healthy Mothers/Healthy Babies, Healthy Start grantees, and Family Connection. A Family and Community Involvement Framework has been developed to help address various levels of family and community involvement and to act as a programmatic resource to help families stay healthy, meet basic needs, develop competencies, and enhance strengths. A Family Leadership Institute is being developed to provide families with training and information on how to access programs in their communities and how to become community leaders themselves.

//2005/ - Two parents of children who are hearing impaired are active members of the SACHNS; they are also members of the SACNHS Executive Committee. Through AHYD's statewide network of 39 teen centers, families members have been engaged at all program levels, i.e., individual health care service planning for their children, advisory councils, volunteering and mentoring.

Family participation is an integral part of CMS care coordination services, and a section of the Plan of Care addresses family and child concerns and issues. CMS is listed on the Parent to Parent of GA web-based "Special Needs Data Base". Parents and professionals can use this database to identify service providers and other parents of children with special needs. A Family Satisfaction Survey has been developed. It is expected to be implemented in all Health Districts in January 2005. (Please see attached survey.) Plans are being developed to have one CMS Coordinator's meeting per year, as a Family Forum, where parents would be invited to discuss the services they have received, their experiences and strategies for increasing family participation. Resources that may be available from the Institute of Human Development and Disability (IHDD) at UGA that would be supportive of the CMS program will be investigated. //2005//

E. STATE AGENCY COORDINATION

Input from the broad array of public and private sector organizations FHB works with is key in assisting the FHB Director and the PPE Section in MCH policy and planning efforts. A description of these relationships follows.

DIVISION OF PUBLIC HEALTH (DPH) is responsible for preventing and controlling disease and injury and promoting healthy lifestyles. The DPH state office, 19 health districts and 159 county health departments administer services that promote the health and well being of the whole community. County health departments also offer direct care to low-income individuals and people from underserved populations, or work with private medical providers to assure that those groups receive the care they need.

DPH regularly collects, analyzes and shares information about health conditions, risks and resources in communities to public health develop good policies with appropriate priorities and goals. Vital Records births, deaths, marriages, and abortions records are utilized to produce vital statistics on the most common causes of death, as well as information about issues such as fertility and teen pregnancy. This information, together with hospital discharge data and other information, helps local health district staff design plans to improve the health of communities. The Epidemiology Section oversees special surveys used by public and private groups to encourage behavior change and guide health policy. The Behavioral Risk Factor Surveillance System surveys Georgians yearly to determine the need for education about issues such as tobacco and alcohol use, seatbelt use, and exercise. The Pregnancy Risk Assessment Monitoring System (PRAMS) collects information from women about prenatal care and their health-related behavior before and during pregnancy and after delivery.

/2002/ - The MCH Epidemiology Unit generates information about MCH problems in Georgia that is used to design control and prevention measures, evaluate the effectiveness of public health interventions, and improve services to populations at greatest risk. Major project areas include the "Maternal and Child Health Data Book," "Georgia Women's Health Survey," "Infant Mortality in Georgia," birth weight-specific fetal and infant mortality rates; trends in low birth weight and prematurity, and teen births and pregnancies. Surveillance activities focus on PRAMS; adequacy of prenatal care; infant mortality patterns, trends, and risk factors; fetal death patterns, trends, and risk factors; maternal mortality; Medicaid obstetric complications; Medicaid infant hospitalizations; child fatality reviews; child abuse epidemiology; abortion patterns and trends; family planning patterns and trends; pregnancy nutrition surveillance; pediatric nutrition surveillance; pediatric trauma surveillance; and child tracking system patterns. /2003/ -Current activities include development of the Birth Defects Reporting and Information System, Newborn Hearing Screening Surveillance, and the Infant and Child Health Report.

The Tuberculosis Control Program works with local health agencies and with private providers to oversee active cases and increase directly observed therapy. The Sexually Transmitted Disease Program offers testing, counseling, education, treatment and partner notification. A wide variety of PH activities help to prevent the spread of HIV/AIDS, including counseling and testing, voluntary partner notification, and case management.

DPH funds 21 rape crisis centers throughout Georgia that provide services to victims of sexual abuse including a 24-hour crisis line, crisis counseling, assistance to victims undergoing a forensic medical exam, assistance for victims and their families throughout criminal proceedings, long-term counseling and support groups. The centers also provide prevention education to parents, civic organizations, and middle school, high school and college students. A manual has been developed and training provided to law enforcement, medical, district attorney, and victim services personnel. /2002/ - The program has been expanded to address violence against women. Several health districts received funds to conduct community-focused violence against women seminars. The program has partnered with AHYD and Grady to develop a prevention curriculum for youth. //2002// **/2005/ - To consolidate DHR violence services, the Violence Against Women program is transferring to DFACS,**

effective July 1, 2004. //2005//

The Women, Infant and Children (WIC) nutrition program provides special supplemental foods, nutritional counseling and breastfeeding support and education to low income women and their children up to age five. Georgia's WIC program, comprised of 21 local agencies, 279 local clinics, and more than 1,500 retail grocery vendors, is the eighth largest in the nation and second largest in the southeast. It reaches over three quarters of those women and children estimated to be eligible in Georgia. In addition to giving pregnant women, new mothers, and children vouchers for basic foods and for those who do not breastfeed, infant formula, WIC staff encourage women to breastfeed and counsel them concerning nutrition. Staff also identify affordable prenatal care, and encourage eligible participants to apply for Medicaid, food stamps, TANF, and other services. To qualify for WIC benefits, a woman must have a total family income of no more than 185 percent of the federal poverty level and must be either pregnant or breastfeeding, or have given birth within the past two months. Children are eligible up to their fifth birthday.

The Immunization Program offers guidance and technical assistance on immunization issues to county health departments and private providers; provides access to vaccines to health departments, community health centers, homeless programs, and private providers and through the Vaccines for Children (VFC) program; and assures immunization coverage including vaccine preventable communicable disease outbreaks. Georgia law requires all children entering school or daycare to show proof of immunization. /2002/ - Beginning with the 2000-2001 school year, Georgia students entering 6th must show proof of immunity against varicella or chickenpox in addition to providing proof of protection against measles. To overcome barriers to vaccination, Georgia's public health departments remind parents when their children's vaccinations are due; offer extended clinic hours; give vaccinations on a walk-in basis; and distribute educational materials on immunizations. The VFC Program (VFC) provides free vaccines to private and public providers for children birth through 18 years of age who are Medicaid-enrolled, American Indian/Alaskan Native, the insured, and children whose vaccinations are not covered by insurance. Other projects include the Universal Hepatitis B Vaccination Program for infants, children and youth up to age 19; Perinatal Hepatitis B Prevention Program for pregnant women and babies born to infected mothers; and Vaccine Preventable Disease Surveillance and Vaccine Adverse Event Reporting Systems.

The Childhood Lead Poisoning Prevention Program distributes information to inform the public about lead poisoning, collects data to define the nature and extent of the state's problem, and collaborates with other agencies to solve Georgia's lead poisoning problem. All 19 public health districts test children for lead poisoning. Environmental health specialists investigate for lead hazards when a child's blood is found to have a high level of lead, and help property owners develop a plan for eliminating the problem.

The Injury Prevention Program works with local health departments and other community coalitions to promote the correct use of car safety seats and bicycle helmets. Over 5,000 child safety seats and training on their use are provided each year to low-income families. The program works with fire departments to install smoke detectors in high-risk homes and homes with small children and older persons.

DIVISION OF MENTAL HEALTH/ MENTAL RETARDATION/SUBSTANCE ABUSE (MHMRSA) - The state is divided into 13 service delivery regions, each served by a board composed of local representatives. Each regional board is responsible for determining local needs and contracting with appropriate organizations to deliver community based MHMRSA services, including prevention and education. DPH works with MHMRSA around a number of state and local level concerns that relate to the MCH population such as youth risk prevention and tobacco use prevention. An ongoing dialogue, along with an array of activities, also exists addressing mental retardation and mental health concerns. A Mental Health representative serves on the BCW interagency coordinating council. /2003/ - HB 498, passed during the 2002 Georgia Legislature to increase accountability, substantially alters the current governance structure, establishing planning and advisory functions as the sole functions of regional planning boards and assigning all other board functions to the DHR.

Effective July 1, 2002, MHMRSA was renamed Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD). //2003// **//2005// - To better integrate hospital and community services, DHR has moved from 13 to seven MHDDAD regions. //2005//**

DIVISION OF FAMILY AND CHILDREN SERVICES (DFACS) is responsible for: 1) protective services for children and adults, 3) Medicaid eligibility determinations, 3) subsidized child care, 4) troubled children placement, 5) Temporary Assistance for Needy Families (TANF) and food stamp, 6) job training and job search assistance for welfare applicants and recipients, and 7) child support enforcement and collection, and social services. In a structure that parallels local public health agencies, 159 county DFACS offices administer these services. Direct linkages and work groups are maintained between DPH and DFACS to assure Medicaid eligibility, streamlining and removal of access barriers. Extensive referral linkages exist between DPH and DFACS at the county level, particularly in the Children 1st program. /2002/ - The vision for child welfare reform in Georgia and corresponding major statewide initiatives have been outlined in "Safe Futures for Georgia's Children: A Comprehensive Plan for Child Welfare Reform, available on the DFACS Web site. /2005/ - **DFACS is currently undergoing restructuring. Effective April 1, 2004, DFACS established the Office of Child Protection to create an environment that supports staff in their job functions, expand collaborations with partners to enhance support, reduce staff turnover, and create technical and program supports for caseworkers in the field. The DFACS reorganization plan has four major components: two operating offices within the division (Office of Child Protection and Office of Family Independence), the Child Protection Certification and Career Path Program, Rapid Response Team, and the College Child Protection Certification Program. With the reorganization, DFACS expects to substantially reduce child protection caseloads and will require child protection caseworkers to acquire certification. //2005//**

The DFACS Family Violence Program approves and administers funds to Georgia's family violence programs. Staff also provide technical assistance and training, information to family violence staff and boards, and certification for shelters based on standards set by DHR's Advisory committee on Domestic Violence. Georgia has 41 certified family violence programs, operated by private, nonprofit organizations that provide 24-hour crisis lines, legal and service advocacy, children's programs, parenting support and education, emotional support, and community education. Thirty-eight of these programs also offer emergency safe shelters. A statewide toll-free crisis line (1-800-33-HAVEN) automatically connects callers to the nearest family violence agency. /2002/ - The Family Violence Program now has 43 certified, private nonprofit agencies. /2003/ - The Family Violence Program, Sexual Assault Program, and other DHR violence programs, and Mental Health are meeting to streamline and coordinate DHR violence services. /2005/ - **The FHB Violence Against Women Program is moving to DFACS in an effort to consolidate DHR violence services. //2005//**

The Fatherhood Program, created by DFAC's Child Support Enforcement office, helps parents who are unable to pay their child support. The program offers job placement, vocational training, counseling and a chance to earn a GED and the opportunity to play a supportive role in the lives of their children. It is available to any non-custodial parent paying child support through CASE who is unemployed or employed but earns less than \$20,000 per year; has children receiving TANF; and/or who lacks a high school diploma or GED.

OFFICE OF REGULATORY SERVICES (ORS) - inspects, monitors, licenses, registers and certifies a variety of health and child care facilities including hospitals, laboratories, home health agencies, long term care facilities, day care centers, group day care homes, residential care facilities, and private adoption agencies. ORS also certifies various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Georgia DCH and Health Care Financing Administration and Food and Drug Administration of the U.S. Department of Health and Human Services. /2005/ - **Child Care Licensing is moving to the new Department of Early Care and Learning in October 2004. //2005//**

SOCIAL SECURITY ADMINISTRATION, REHABILITATION, AND DISABILITY UNIT - contracts with the DHR Office of Rehabilitation Services for state disability adjudication services and determines the

eligibility of children birth to age 21 for SSI.

DEPARTMENT OF COMMUNITY HEALTH (DCH) - the 1999 Georgia General Assembly passed legislation that consolidated the Department of Medical Assistance (Medicaid), State Health Planning Agency, and State Employees Health Benefit Plan under one new agency, the DCH. The State Health Planning Agency conducts overall state health planning and makes certificate of need determinations. Medicaid maintains a renewable, annual contract for administrative and support services with the DHR. Under this agreement, DHR agrees to provide support services and Medicaid agrees to pay the appropriate Federal share of the administrative cost of these services. Services provided by DPH under the contract include: family planning; Health Check outreach, screening and follow-up; Children 1st; Refugee Resettlement program; perinatal case management; regional infant intensive care program; UNHS; MCH epidemiology, and WIC referrals. DPH and Medicaid work together around a number of specific initiatives arising from these contracted activities. DPH and the FHB also work with DCH's Office of Women's Health which serves as a clearinghouse of information on non-reproductive health issues as well as a link to other groups and institutions in the state involved with women's well being. Georgia is one of eight states to establish a women's health office. /2002/ DCH's Office of Minority Health works to eliminate the disparity in health status between minority and non-minority populations. /2003/ - DCH and the FHB collaborative efforts include activities related to Universal Hearing Screening and Intervention, ICH, Men's Health, Women's Health, CSN, and case management.

DEPARTMENT OF CORRECTIONS AND DEPARTMENT OF JUVENILE JUSTICE - interact with DPH around communicable disease issues, particularly STD, AIDS, nutrition education and tuberculosis. The FHB has developed male involvement programs for youth detained in juvenile detention facilities and has conducted meetings regarding incarcerated youth. **/2005/ - Section III A1. Overview for a description of the DJJ pilot project. //2005//**

DEPARTMENT OF EDUCATION (DOE) - has a memorandum of agreement with the DCH and DHR commissioners that endorses and encourages joint health and human services and education planning and programming targeting reductions in teen pregnancy, substance abuse, school failure and delinquency. In many parts of the state, strong relationships have been developed between Public Health and the schools. DOE is responsible for the Youth Risk Behavior Survey and the CDC Youth Tobacco Survey that are conducted in collaboration with DPH Epi Section. Data from these surveys are important to FHB planning and health outcome efforts.

CHILDREN'S TRUST FUND - disperses funds for grants to public and private child abuse and neglect prevention programs and funds services connected with child abuse and neglect prevention. The agency is part of the State Agency Prevention Work Group.

RELEVANT COUNCILS - The Council on Maternal and Infant Health is legislatively mandated to "serve in an advisory capacity to the DHR and any other state agencies in all matters relating to maternal and infant health." The Council, composed of obstetricians, pediatricians, family physicians, consumers, and other providers, monitors pertinent legislation affecting women and infants, and publishes information related to maternal and infant health. The Governor's Council on Developmental Disabilities serves as an advisory body and provides broad policy advice and consultation to state agencies. The Interagency Coordinating Council (ICC) for Early Intervention, mandated under Part C of IDEA, is appointed by the Governor to advise and assist DHR in planning, coordinating and implementing a statewide system of early intervention services for children with or at risk for developmental delays. The Governor's Children and Youth Coordinating Council was created to provide effective coordination and communication between providers of services for adolescents and children. FHB's AHYD Office works closely with the Council to implement Georgia's abstinence education program. /2002/ - The State Advisory Committee on Newborn Hearing Screening was established as a committee of the Council on Maternal and Infant Health and the ICC. The Newborn Metabolic Screening Advisory Committee is a subcommittee of the Council on Maternal and Infant Health.

FEDERALLY QUALIFIED HEALTH CENTERS - 17 Section 330 community health centers (CHC) with 70 access sites provide comprehensive preventive and primary health services. A number of CHCs provide perinatal case management services and newborn follow-up.

TERTIARY CARE FACILITIES -- FHB has established relationships throughout the state with tertiary care facilities and technical resources that have enhanced FHB's capacity to offer services to women of childbearing age, infants, children and adolescents. The state has six perinatal tertiary centers, four Level I pediatric trauma centers, four children's hospitals, and two burn units.

TECHNICAL RESOURCES - FHB collaborates with the state's Distance Learning and Telemedicine Program (GSAMS) network to bring specialty health care to areas with limited access. BCW also utilizes telehealth technology. All four of the State's medical schools have faculty that participate in the CMS program. The Centers for Disease Control and Prevention (CDC) is a valuable resource in providing technical assistance and resources to the Branch. The Rollins School of Public Health at Emory University works with FHB in many areas: internships for students; program evaluation and outcome evaluation; and technical assistance and consultation. The Morehouse School of Medicine works closely with the Branch on issues impacting women. Several other universities (Georgia State, University of Georgia, and Clayton State) also work with FHB, providing technical assistance, research, and training.

PROFESSIONAL ORGANIZATIONS - DPH and FHB work on an ongoing basis with the Medical Association of Georgia, Georgia State Medical Association, Georgia Chapter of the American Academy of Pediatrics, Georgia Academy of Family Physicians, and other professional groups to promote increased private sector involvement in serving women and children in need.

ADVOCACY ORGANIZATIONS -- FHB and DPH work collaboratively with major MCH advocacy organizations, such the March of Dimes, Healthy Mothers/Healthy Babies, Save the Children, SAFE KIDS of Georgia, Voices for Children, and the SIDS Alliance.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Data on the health systems capacity indicators listed below is reported on forms 17,18, and 19.

#01 HEALTH SYSTEMS CAPACITY INDICATOR

The rate of children hospitalized for asthma (Rate/10,000 children less than five years of age) The Asthma in Georgia 2000 publication provided insight into the problem of children with asthma in Georgia. Other activities to address the disease include asthma case management and asthma education for providers, parents, communities, and school personnel. A follow up to the Asthma in Georgia 2000 report, which focuses on the prevalence of asthma in public middle and high school students and in adults, has been developed.

/2005/ - "Asthma in Georgia 2003" report findings indicate that an estimated 10% (212,000) of Georgia Children from 0 to 17 years of age have asthma. Sixty percent of children with asthma had an attack in the past year and 19% visited a hospital emergency department. Among children 5 to 17 years with asthma, 48% or about 75,000 children were reported to have missed an estimated 470,000 days of school because of asthma in the past year. Among adults in households of children with asthma, 33%, an estimated 69,000 adults, missed work or school due to the child's asthma. According to prevalence data, in Georgia, 13% of middle school students and 11% of high school students have asthma. Among students with asthma, more than half in middle and high school experienced an attack or episode of asthma in the past year. //2005//

#02 HEALTH SYSTEMS CAPACITY INDICATOR

The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screen.

Eligible Medicaid children are assigned to a medical health care provider through the Georgia Better Health Care (GBHC) program shortly after birth. All Medicaid enrolled children who are at high risk for medical and other health or developmental conditions are referred to Children 1st and/or High Risk Infant Follow-up to ensure they receive appropriate health care follow-up.

#03 HEALTH SYSTEMS CAPACITY INDICATOR

The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

Eligible PeachCare for Kids children are assigned to a medical health care provider through the Georgia Better Health Care program shortly after birth. All PeachCare for Kids enrolled children who are at high risk for medical and developmental conditions are referred to Children 1st and/or High Risk Infant Follow-up to ensure they receive appropriate health care follow-up.

#04 HEALTH SYSTEMS CAPACITY INDICATOR

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

The FHB is continuing outreach efforts, through the statewide Perinatal Case Management (PCM) programs, to increase access to prenatal care and referrals to prenatal providers during the first trimester of pregnancy. Referrals for uninsured and underinsured pregnant women also are encouraged through PowerLine (Georgia's Title V toll-free number) referrals to providers that offer low-cost or non-cost prenatal care.

//2005/ - A special initiative in the Waycross Health District provides intensive case management to high risk OB clients to ensure they receive prenatal care and deliver at a facility with an appropriate level of care. //2005//

#05 HEALTH SYSTEMS CAPACITY INDICATOR

Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State.

DPH is committed to the development of a coordinated and comprehensive approach to address increased access to medical services by all children, youth, and adults in Georgia. AHYD collaboration with the Office of Medical Assistance in planning and coordinating the "Cover the Uninsured Week" campaign.

//2005/ - During FY 2003 and 2004, AHYD received Grant-In-AID (GIA) funding through Medicaid for outreach workers in five public health districts (Fulton, DeKalb, Columbus, Albany and Brunswick). In FY 2003, 88,609 youth were served through the GIA outreach program. AHYD funded GIA programs. For the last two years, AHYD funded GIA programs have attempted to document the "presenting" insurance status of program participants. Based on self-disclosure reports, data suggests there has been a 10% decrease in the number of adolescent GIA program participants reporting they have no insurance. //2005//

#06 HEALTH SYSTEMS CAPACITY INDICATOR

The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.

FHB actively shares information on Medicaid and PeachCare for Kids to the community and public health staff through health fairs, community meetings and conferences. There also is FHB

representation to Georgia's Covering Kids Program. The Covering Kids program, funded by the Kaiser Foundation, disseminates information and increase awareness of PeachCare for Kids and Medicaid programs in Georgia.

#07 HEALTH SYSTEMS CAPACITY INDICATOR

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

The FHB, Oral Health Section (OHS) and the district Georgia Oral Health Prevention Program (OHP) continue to provide dental services to underserved school children by targeting schools with high numbers of free and reduced lunch program participants. Services at targeted schools include screenings or examinations, sealants, fluoride applications, preventive educational services, and fluoride mouthrinse programs when appropriate. OHP maintains a list of referral sources that accept Medicaid and PeachCare reimbursements, including public health facilities. Funded by HRSA, the Georgia Access to Dental Services grant (GADS I, FY 2002-2006) is utilized to increase access through community coalitions. Another HRSA grant, the States Oral Health Collaborative Systems Grant (GADS II, FY2004), has been utilized to build and strengthen infrastructure and increase access to care through community collaborations. Increasing the availability of dental services (fillings and minor oral surgeries) for children ages 6 through 9 years of age is a continuing goal of the Oral Health Program. Mobile dental trailers are now equipped to provide these services at elementary school sites.

//2005/ - The Oral Health Section conducts individual district technical assistance, monitoring and evaluation site visits to address grant project needs and district data concerns. //2005//

#08 HEALTH SYSTEMS CAPACITY INDICATOR

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program.

The FHB continues to assist families of CSHCN to identify and access insurance resources. Educational sessions have been provided to Health District Coordinators on Medicaid (i.e., Right from the Start Medicaid, Emergency Medicaid, Deeming Waiver and Medically Needy Spend Down). The percent of SSI beneficiaries less than 16 years of age in the state who are enrolled in CMS has remained stable (11%) for the past two years. The range of SSI beneficiaries varies greatly by health district. FHB's CSN Program will continue to monitor this indicator using district quarterly reports.

//2005/ - FHB continues to assist families of CSHCN to identify and access insurance resources. The percent of SSI beneficiaries less than 16 years of age in the state who are enrolled in CMS is currently 8%. //2005//

#09(A) HEALTH SYSTEMS CAPACITY INDICATOR

The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.

DPH has implemented the Online Analytical Statistical Information System (OASIS), a suite of tools used to access the standardized health data repository. OASIS and the repository are maintained by the Office of Health Information and Policy. The standardized health data repository is currently populated with vital statistics (births, deaths, infant deaths), Georgia Comprehensive Cancer Registry, and population data. All data can be selected by age, race, and sex (person), state and county (place), and year (time) and pertain to place of residence. With OASIS, users can obtain Georgia vital statistics and population in tabular form for years 1994-current year, choosing from a set of measures such as low birth weight rate or age- and cause-specific death rates. The data can either be viewed in

a web browser or downloaded in a format suitable for use in a spreadsheet. OASIS also allows for GIS mapping. With this tool, users can map Georgia vital statistics (1994-current year) and Cancer Morbidity data from the Georgia Cancer Registry by county, also choosing from a set of measures such as inadequate prenatal care or infant mortality rates. The data can be viewed in a web browser or a map suitable for printing can be created.

The FHB is responsible for creating the State Systems Development Initiative (SSDI), which was launched in 1993 to facilitate the development of state level infrastructure, which would in turn support the development of systems of care at the community level. SSDI has helped to establish or improve data linkages between birth records and infant death certificates, Medicaid eligibility or paid claims files, WIC eligibility files, and newborn screening files.

#09(B) HEALTH SYSTEMS CAPACITY INDICATOR

The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.

The Youth Risk Behavior Surveillance System provides information on Georgia adolescents' tobacco use, including cigarette smoking, cigars, and smokeless tobacco. The state's annual Synar Report provides an overview of tobacco youth enforcement activities in Georgia, including the number of tobacco enforcement investigations that resulted in the illegal sale of a tobacco product to an underage youth.

#09(C) HEALTH SYSTEMS CAPACITY INDICATOR

The ability of States to determine the percent of children who are obese or overweight.

DPH is committed to the development of a coordinated and comprehensive approach to address the prevention of overweight in children, youth, and adults. The "Take Charge of Your Health" social marketing campaign, staff and partner training, school-based efforts and enhancing partnerships are some of the components of this strategy. Monitoring trends and surveillance of overweight are key elements of this approach as well. DHR is in the process of revising the Rules and Regulations for Nutrition, Vision, Hearing and Dental Screening. These revisions will provide the opportunity for monitoring the prevalence of overweight in elementary, middle, and high school students on an annual basis. Ongoing surveillance systems currently in place within DPH include the Pediatric Nutritional Surveillance Systems (birth to five years) and the Youth Risk Factor Behavior System that collects self-reported height and weight among middle and high school students. A recent DHR and DCH-sponsored study, conducted by the University of Georgia, has provided a sample prevalence of overweight among 4th, 8th, and 11th graders. The sample prevalence revealed that of 3,500 students, 20.2% were overweight.

//2005/ -The gap in data for elementary school-age children will be addressed in the state plan for nutrition and physical activity in Georgia currently being developed as part of a Capacity Building grant. FHB's Nutrition Section is investigating the feasibility of adding height and weight collection of Georgia's 3rd graders as part of an Oral Health survey to be implemented September 2004. //2005//

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

In preparing its FY 2000 MCH Block Grant application, the Georgia FHB requested public input on the ten MCH priorities that guide all Branch activities. Over 150 statewide stakeholders, including key informants from the MCH needs assessment, district staff, providers, advocates, legislators, state staff, and others were targeted to provide feedback on how FHB priorities could be more relevant and appropriate to the emerging and evolving MCH environment in Georgia. Visitors to the FHB Web site also were encouraged to provide input and additional guidance on FHB activities. Participants included:

External Organizations

Association of State and Territorial Health Officers (Darcy Steinberg)

Planned Parenthood of Georgia (Lynn May)

Georgians for Children (Gus Thomas)

Family Connection (Laurie Dopkins)

All Family Connection Regional Consultants and Coordinators

Head Start (Gwen Johnson, Robert Lawrence, Brenda Martin)

Healthy Mothers Healthy Babies (Sally Harrel)

CDC, Division of Adolescent and School Health (Dave Poehler)

CDC, Genetics (Diane Rowley)

Parent to Parent

Healthy Start (all sites)

Georgia Chapter of the American Academy of Pediatrics (Rick Ward)

Georgia Public Health Association

Georgia Perinatal Association (Dianne Norris)

All other FHB service contractors

March of Dimes (Lorie Mayer)

Georgia Policy Center (Jennifer Edwards, James Ledbetter)

University of Georgia (Doug Bachtel)

Georgia State University (Donald Ratajczak)

Emory University School of Public Health (Arthur Kellerman, Kenneth Resnicow)

Georgia Perinatal Task Force (Al Brann)

Other State-Level Organizations

Division of Mental Health/Mental Retardation/Substance Abuse (Mary Hassel, Bruce Hoopes)

DCH, Department of Medical Assistance (Lisa Norris)

DCH, Office of Minority Health (Carol Snypes Crawford)

Division of Family and Children Services (Ed Fuller)

Department of Education (Michele Staples-Horne, Myra Tolbert)

Within the Division of Public Health:

HIV/AIDS Prevention (John Beltrami)

MCH Epidemiology (Julia Samuelson, Hui Zhang)

All district health directors

Georgia's needs assessment process has focused on the strengths, weaknesses, opportunities, and threats within the State's MCH system. The FFY 2000 and 2001 assessments emphasized infrastructure and capacity building as requisite for long term MCH systems development. The major directions to build this infrastructure were leadership and policy development, district level health planning, quality assurance, overcoming disparities in health and health access, a shift from direct clinical service to case management, and integration of categorical programs.

The state's FY 2000 and FY 2001 needs assessments generated core themes that cut across MCH populations and levels of the pyramid. These themes, described below, have provided the structure that has guided the Branch's work for the last five years.

Population and Social Dynamics - With the changing "face" of Georgia, both in terms of size and diversity, issues related to allocation of resources and provision of relevant services must be confronted by policy-makers and service providers. Of particular note for Georgia is concern related to non-English speaking clients, which necessitates changes in staffing skills, program content, and sometimes policies themselves.

Prevention -- Prevention is the mantra for public health and MCH. In all of its forms -- primary, secondary and tertiary -- policies and programs need to be measured against a prevention yardstick. Preventable morbidity and mortality interventions start with the promotion of healthy lifestyles and safe behaviors. Over time, performance of the FHB focused on such efforts will be reflected in improvement of Georgia's health status indicators.

Injury Prevention -- Injury prevention emerged as a key issue impacting all MCH population groups. Both in terms of morbidity and mortality, the toll of injury in the MCH population has been understressed and underfunded. Additionally, the DPH organizational structure to address injury in Georgia, with injury assigned to a different branch, has impeded coordination and collaborative activity.

Coordination and Collaboration -- While the multiple partners and stakeholders in the MCH system are all working towards the same goal -- healthy and self sufficient families -- they tend to do so in a fragmented and isolated manner. Efforts to leverage age resources, share data, and coalesce forces have not reached their potential. Opportunities exist in terms of program planning and implementation, personnel, research, data and advocacy.

Quality and Appropriate Service -- From planning to implementation through evaluation, the quality and appropriateness of services needs to be at the center of attention. At the planning stage, activities should be based on existing data, focused research and/or successfully evaluated models. Measures for quality assurance, benchmarking, and outcome and impact evaluation should be incorporated throughout. Training and technical assistance play key roles in assuring that services are of maximal benefit.

Access and Utilization -- Several barriers exist related to service access and utilization: lack of knowledge about their existence; information about specifics; transportation difficulties; lack of child care; perceptions regarding eligibility; and language. Enabling activities that facilitate consumer use of services are required, if available, to reach target populations.

Data Systems -- A critical role exists for the FHB in ensuring the collection and dissemination of quality data. Moreover, the data must be transformed into information and knowledge for decision-makers and opinion-formers. This must occur not only at the state level but also at the local level where there is often a more direct relationship between the data and the consumer.

B. STATE PRIORITIES

Georgia's needs assessment process and core themes (described in Section A. Priorities Background and Overview) validated and reaffirmed the state's MCH priority needs. These priorities, set forth below, continue to provide the framework guiding the state's MCH planning and policy development.

IMPROVING HEALTH STATUS

Priority 1: Improve health status related to conditions with preventable morbidity and mortality (i.e., infant morbidity and mortality, decrease health disparities, HIV/STDs and maternal infections, and asthma).

Priority 2: Promote healthy life styles to reduce maternal, infant and childhood morbidity (i.e., alcohol and drug use, unplanned pregnancy and high risk sexual behaviors, tobacco use, and poor nutrition).

Priority 3: Promote safe behaviors to reduce injury and violence.

Priority 4: Work in partnership with families to promote their ability to raise healthy children (i.e., preconceptional health, early brain development, reduce the risk for SIDS, and parenting skills throughout childhood).

IMPROVING SERVICES

Priority 5: Improve the integration and coordination of the MCH delivery system at the organizational and individual level.

Priority 6: Develop effective partnerships with families, providers, community organizations, and businesses as well as other governmental agencies.

Priority 7: Develop standards and measures of quality assurance for MCH services.

BUILDING SYSTEM CAPACITY

Priority 8: Support health districts in developing plans focused on community assets and resources that address local MCH needs.

Priority 9: Develop information systems to improve decision-making at state, district, and local levels.

Priority 10: Assure the MCH workforce possesses the skills sets and competencies relevant to the evolving health environment.

The process that was used to engage all FHB program managers and planners in formulating the state performance measures is described in the needs assessment section of this block grant application. The relationship between the state's priority needs, national and state performance measures is identified below. (See attached file for priority table.)

Relationship of Priority Needs to National and State Performance Measures

Priority 1: Preventable morbidity/mortality:

National Performance Measures 1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 15, 17, 18

State Performance Measures 1, 2, 3, 5, 6, 10

Priority 2: Healthy life styles

National Performance Measures 6, 8, 9, 15, 16, 18

State Performance Measures 1, 2, 3, 5, 7, 8

Priority 3: Safe behaviors

National Performance Measures 8, 16

State Performance Measures 3, 5, 7, 9

Priority 4: Family partnerships

National Performance Measures 5, 14, 16

State Performance Measures 2, 5, 7, 8, 9, 10

Priority 5: Integration and Coordination of MCH system

National Performance Measures 1, 2, 3, 4, 5, 10, 13, 14, 17, 18

State Performance Measures 1, 3, 4, 5, 8, 9, 10

Priority 6: Collaboration/partnerships

National Performance Measures 1, 2, 5, 7, 8, 9, 11, 12, 13, 15, 16, 18
State Performance Measures 1, 2, 3, 4, 5, 6, 7, 8

Priority 7: Quality assurance
National Performance Measures 17, 18
State Performance Measures 1, 6

Priority 8: District MCH health planning
National Performance Measures 14, 15, 16
State Performance Measures 1, 2, 3, 4, 5, 9

Priority 9: Information systems
National Performance Measures 5
State Performance Measures 1, 4, 5, 6, 9

Priority 10: Workforce skills competencies
State Performance Measures 1, 4, 7, 8

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

Devised work plan and funding proposals to improve capacity for screening and ensure 100% coverage. (Infrastructure)

Circulated individual hospital reports with information on specimen quality performance. Technical assistance and training offered. Held training throughout the state on drawing satisfactory specimens. Conducted onsite in-services. (Infrastructure)

Monitored and improved system to ensure that all infants whose test results are outside the normal limits for a newborn screening disorder receive prompt and appropriate confirmatory testing. GPLH agreed to provide total database to program, centralize follow-up and provide grant follow-up contractors access to database. (Infrastructure)

Met with Epidemiology, Data Team, Vital Records, IT to discuss development and implementation of genetic screening system to ensure monitoring and tracking of every newborn throughout the system. System is currently under development. (Infrastructure)

Provided technical assistance, in collaboration with the Public Health Laboratory, to hospitals on specimen collection. (Enabling)

Contracted with Emory University Medical Center (MCG), Grady Hospital, and Medical College of Georgia to follow up all abnormal results. Abnormal screening results are electronically transmitted to Emory, Grady and MCG. Emory, Grady, MCG retrieve babies, confirm diagnosis and initiate appropriate therapy. (Enabling and Direct Medical Care)

Contracted with Emory University Medical Center to provide training on maternal metabolic nutrition. (Enabling)

Linked 97% of newborn hearing screening records to an Electronic Birth Certificate (EBC). (Population-Based)

b. Current Activities

Lab equipment is in place. (Infrastructure)

Referring all babies with abnormal screening test results to follow-up contractors for retrieval and diagnosis. (Direct Medical Care)

Developing an electronic program to document short-term follow-up (retrieval, diagnosis, initiation of treatment). (Infrastructure)

Referring all babies with a diagnosed disease to Children 1st. (Direct Medical Care)

Provided PRS training participants with in-service on screening procedures. Perinatal Planners and Outreach Educators work with all hospitals with their perinatal regions to address issues noted on hospitals' quarterly unsatisfactory reports. (Enabling)

c. Plan for the Coming Year

Begin weekly linking of NBS records to EBC. Epidemiology will track all babies whose EBC is not linked to a NBS record.

Refine follow-up documentation program.

Develop and implement a plan to deal with unsatisfactory specimens.

Continue sending hospitals data reports.

Utilizing regional perinatal staff, conduct education and outreach to delivering hospitals about newborn metabolic screening with the assistance of ICH.

Assist delivering hospitals with technical assistance on newborn metabolic screening.

Assist delivering hospitals in addressing unsatisfactory specimens, as indicated on their quarterly reports sent out by ICH.

Performance Measure 02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

a. Last Year's Accomplishments

Identified strategies to address new performance measure. (Infrastructure)

b. Current Activities

Partnering with CMS families in decision-making related to their child's and family's plan of care. (Enabling)

c. Plan for the Coming Year

Complete CMS family satisfaction survey using a random sample of clients and their families statewide during the next fiscal year.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

a. Last Year's Accomplishments

Promoted medical home for all CSN. Reported medical home in all CSN programs. For SFY 02, 86% of combined enrollment of BCW and CMS (17,163) had documented medical home in records. (Infrastructure)

Reported and monitored medical/health home and primary physician for every CSN. Documented and monitored child's medical home status in all CSN client records. Reported semiannually on data reports. (Infrastructure)

Promoted medical home concept through the state ICC and HRSA Early Childhood grant. (Population-Based)

Collaborated with the Georgia Chapter of the AAP to increase knowledge of and support for Children 1st and CSHCN programs. (Population-Based)

Coordinated programs with child's primary care provider and made physician referrals if a child does not have a primary care provider. (Population-Based)

Developed strategies at the local program level for continuous and ongoing monitoring of medical/health home for children enrolled in CSN (HRIFU, CMS, BCW). (Enabling)

b. Current Activities

Promoting medical home for CSN. Approximately 91% of CMS clients have a medical home and about 90% receive care coordination. (Direct Medical Care)

Continue to link CSN children with medically necessary specialty services, coordinating linkage with child's medical home/primary care provider. (Direct Medical Care)

Link infants to needed audiological diagnostic services utilizing state's Universal Newborn Hearing Screen and Intervention Program. (Direct Medical Care)

Continue to collaborate on Medical Home Component of Early Childhood Comprehensive Systems grant. (Infrastructure)

c. Plan for the Coming Year

Continue to implement care coordination.

Continue to implement strategies to increase the number of clients with a medical home.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

a. Last Year's Accomplishments

Monitored the percent without insurance. (Infrastructure)

Collaborated with other FHB programs to increase enrollment in insurance coverage and in Health Check. (Infrastructure)

Implemented and monitored contract with DCH to provide linkages to Medicaid and PeachCare for case management and receipt of medical services. (Infrastructure)

b. Current Activities

Monitoring the percent without insurance. Approximately 84.5% of CMS clients either have Medicaid (58%), PeachCare for Kids (9.5%) or private insurance (17%). (Infrastructure)

c. Plan for the Coming Year

Continue to refer clients and their families to insurance resources.

Monitor PeachCare for Kids enrollment.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

a. Last Year's Accomplishments

Identified strategies to address new performance measure. (Infrastructure)

b. Current Activities

Continuing to work on integrating services for CSHCNs. (Infrastructure)

Continuing to facilitate client and family use of all available service systems. (Enabling)

c. Plan for the Coming Year

Implement family satisfaction survey regarding organization and accessibility of community-based service systems.

Utilize client and family interviews to address service delivery issues in the CMS QA Manual and process.

Gather data from other states and MCHB sponsored contracts that have completed previous work on community-based service systems.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

a. Last Year's Accomplishments

Planned and implemented training opportunities for district staff related to transition services for youth with special health care needs, based on needs assessment of districts. (Enabling)

b. Current Activities

Presented an overview of Kentucky's seven year process in integrating transition into care coordination to CMS Coordinators. Overview included screening and assessment tools and plans of care. (Enabling)

c. Plan for the Coming Year

Complete development and approval of a transition packet that includes a screening/assessment tool, plan of care, and associated educational materials for clients and families.

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

Trained 52 professionals as Child Care Health Consultants to promote immunizations and other public health issues. Immunization also promoted through training of childcare providers. (Infrastructure)

Collaborated with the Immunization Program in assessing immunization rates of five year olds. (Enabling)

Promoted immunization through Lunch and Learn sessions and quality assurance visits to private physician offices and public health clinics. (Enabling)

b. Current Activities

Monitoring health status of at-risk children birth to age 5 through Children 1st. Promote immunization through all activities that target young children (Children 1st, Health Check, Healthy Child Care Georgia, etc.). During the Children 1st family assessment process, encourage families to keep child immunized. (Population-Based)

Collaborating with DCH and the Georgia Chapter of the AAP for service surveillance surrounding immunizations for children 19-36 months of age who have/have not had immunizations brought up to date. (Population-Based)

Collaborating with DCH, Immunization Section, and the Epidemiology Branch to provide an update at the Government Performance Results Act (GPRA) meeting in Atlanta. (Enabling)

Participating at the quarterly Immunization Coordinators meetings, sharing pertinent childhood immunization information with child health coordinators and ICH team. (Enabling)

c. Plan for the Coming Year

Continue to monitor the health status of at-risk children birth to age 5 through Children 1st.

Continue to promote childhood immunizations through all activities that target young children,

including Children 1st, Health Check, and Healthy Child Care Georgia.

Utilizing Well Child Team, conduct desk audits of private primary care provider offices to determine if bills submitted for immunizations are substantiated in documentation in the records.

Continue to collaborate with DCH and the Georgia Chapter of the AAP to review records of children 19-36 months who have been adequately immunized.

Continue to participate at the quarterly Immunization Coordinators meetings and share pertinent information with child health coordinators and ICH team members.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

Added pregnancy and birth information to Teen Center, MI and CI quarterly reports.
(Infrastructure)

Met with RSM and Medicaid to establish referra process to Medicaid and Peach Care.
(Infrastructure)

Analyzed quantitative and qualitative data to determine rate of first pregnancies among adolescents and identify risk and protective factors. (Infrastructure)

Reviewed results of year 4 abstinence evaluation study to inform future direction.
(Infrastructure)

Identified age and culturally appropriate strategies and best practices for prevention of repeat pregnancies among adolescents. Utilized PPE best practice and evidence-based research in building performance criteria for teen center and Grant-in-Aid annexes. (Infrastructure)

With PPE, conducted evidenced--based research and identified best practice using PPE's Program Enhancement Model. (Infrastructure)

Presented at Strategic Partners meeting and regional conference on Comprehensive Youth Development Systems and Strategies, emphasizing connection between adolescent health and youth development. (Infrastructure)

Developed, at county level, lists of no or low cost healthy activities for teens to support avoidance of unhealthy behaviors, especially sexual activity and pregnancy. (Infrastructure)

Conducted training with CI and MI contractors on the "Importance of Program Evaluation".
(Infrastructure)

Distributed information at health fairs throughout the state on pregnancy prevention, STDs, resisting sexual pressure, etc. (Population-Based)

Launched abstinence-only media campaign entitled: "Abstinence. Attractive In So Many Ways" in March 2003. Presented campaign at several national meetings. Local media outlets, schools, health centers, churches, and other youth serving organizations were used to promote the campaign. Teens were involved throughout planning, creative processes and launch activities.
(Population-Based)

Promoted Medicaid and PeachCare enrollment to MI and CI contractors.(Enabling)

Provided Leadership Training to parents through a contract with Morehouse School of Medicine. (Enabling)

Held regional marketing training on Abstinence Education. (Infrastructure)

Developed Georgia Teen Center Model for district AHYD Programs and Services that includes 8 key program areas: 1) youth and family involvement program planning; 2) guided adult mentoring; 3) peer and youth leadership; 4) community service learning; 5) use of proven curriculums; 6) community education and involvement; 7) preventive adolescent health services; and 8) individualized health education. (Infrastructure)

Provided 197,243 youth with risk reduction, prevention education and youth development services in FY 2003 through district GIA AHYD programs. Contracts with CI programs resulted in services to 28,457 adolescents and MI contracts served 4,404 adolescents. Georgia's Abstinence Only Education grant funded 32 programs statewide and provided services to 69,054 adolescents and their families. (Direct Medical Care)

b. Current Activities

Implemented Georgia Abstinence Education Public Awareness Campaign in November 2003. In first six months of 2004, 20,000 posters were disseminated and 133 radio stories and 19 news print stories aired. Approximately 14 movie theaters across the state presented campaign movie billboards slides and collateral materials at no cost. During the remainder of 2004, approximately five faith-based publications will run the campaign ad for four weeks. Campaign posters and other collateral materials are being distributed to middle and high schools in each of the 19 public health districts. (Enabling)

Will pilot test the Georgia Teen Center Model in five sites across the state. The logic model and evaluation framework for the teen center model is complete and data management and reporting systems are being finalized. (Infrastructure)

Continuing to support expansion of SPRANS abstinence community-based education grantees in Georgia by writing letters of support and providing resource and training opportunities, and information to SPRANS grantees. (Infrastructure)

Implemented curriculum that included abstinence education in 67 of 100 AHYD district GIA outreach programs and contracts. (Infrastructure)

Continuing to implement a process for continued expansion of abstinence education throughout the state. (Infrastructure)

Revised program requirements and expectations for AHYD's Abstinence Only education programs based on results of a five-year evaluation. (Infrastructure)

Monitoring implementation of district GIA action plans that include outreach and recruitment strategies to Hispanic and African-American females and adolescents ages 15-19. Several districts, including Cobb and Gwinnett, have implemented subcontracts targeting outreach to Hispanic youth. Whitfield County targets Hispanic youth as part of its contract with HIV/STD to conduct abstinence education awareness. ((Infrastructure)

Continuing to disseminate data on counties with highest rates of repeat births. In December 2003, MCH Epidemiology published findings on births to Georgia teens ages 15-19. Birth rate data was also used in selection criteria for teen center pilot sites. (Infrastructure)

c. Plan for the Coming Year

Enroll pregnant teens in PCM and PRS programs in an effort to decrease repeat teen pregnancy rate in Georgia.

Include siblings in the education process for existing Resource Mothers participants to include prevention of subsequent pregnancies as well as delay siblings on initial pregnancies.

Select prevention and intervention strategies and mechanisms for implementation based on AHYD logic model, population data, evaluation results, and best-practice research. Evaluate pilots.

Discuss and plan AHYD abstinence education implementation strategies/tools with strategic partners at state and district level.

Develop plan outlining training, technical assistance, implementation and evaluation activities across all AHYD initiatives.

Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

a. Last Year's Accomplishments

Participated in Georgia Rural Water Association Annual Conference and Fluoride training in May 2003. (Infrastructure)

Contracted with Georgia Health Policy Center to update Medicaid/PeachCare info. Policy Center trains Oral Health staff to periodically update statistics. (Infrastructure)

Received Georgia Health Policy Center's oral health process evaluation report. Objectives were to identify access deficiencies and barriers and methods for access; bring resources into a cohesive system; and eliminate disparities in access through Oral Health Initiative and Prevention Programs. Report recommendations addressed by an Oral Health Summit Meeting (September 2002) to discuss national, state and local oral health issues and establish relations with stakeholders to develop action plan; initiation of HRSA's MCHB Integration Grant: Georgia Access to Dental Services Grant (GADS). (Infrastructure)

Awarded seed money (GADS grant) to 10 public health districts to do initial planning activities to determine the status of oral health services and potential resources for system development; undertake public/private system development activities; develop community oral health consortiums; determine progress through process evaluation and data collection; and document successful strategies and activities. (Infrastructure)

Completed data collection for possible salary increases for public health hygienist positions. Development of salary proposal is in process. (Infrastructure)

Implemented Access-based data collection system in districts with computers. District staff received information and training. (Infrastructure)

Provided Child Care Health Consultant training on the topic of oral health in child care. (Infrastructure)

Provided 177,368 children with dental services in FY 2002 (increase of 42.8% over previous year.) 11,944 children received at least one sealant, an increase of 8.84% over FY 2001. (Population-Based)

Provided mobile dental trailers for Second Annual Give Kids A Smile (dental services) program in February 2003. (Enabling)

Sponsored oral health coordinators meeting in May 2003 to promote collaboration between DPH and FHB programs and their affiliates. (Enabling)

Created school health (including oral health) video for use in informing teachers, school nurses, school children, and parents about health. (Enabling)

Coordinated and participated in Georgia Special Olympics Special Smiles event that provides oral health screenings (May 2003). (Enabling)

Held statewide school oral health poster contest (February 2003) during National Children's Dental Health Month. (Enabling)

Gathered equipment and supply lists from each district with a dental trailer to assess needs and facilitate provision of basic restorative services (e.g. fillings). (Enabling)

b. Current Activities

Continue to implement oral health prevention plan. (Population-Based)

Assisting districts with the development, implementation and ongoing evaluation of their preventive oral health service programs. (Infrastructure)

Working with schools throughout the state on dental health education and screening programs. (Enabling)

Participated in collection of district information to facilitate project with Georgia Health Policy Center (GHPC). GHPC has updated reports on FY 2002 data on the Georgia Oral Health Program and statewide services provided to the state's populations. (Infrastructure)

Implemented GADS I district projects and completed monitoring site visits. (Infrastructure)

Implemented GADS II (SOHCS) district projects to increase collaborations that build and strengthen infrastructure and increase access to care. (Infrastructure)

Initiated planning for 3rd grade oral health sealant survey that will provide statewide data on disease status and access to care. (Infrastructure)

Developing School Screening Form 3300 survey/audit in collaboration with the School Health and Nutrition programs. (Infrastructure)

Working to obtain Medicaid/administrative fund match to increase infrastructure, with potential implementation in FY 2004 -- 2005. (Infrastructure)

Developing collaborations with the Head Start program to increase access to care through partnerships with public health. (Infrastructure)

Participated in database management system training to strengthen Oral Health program infrastructure. (Infrastructure)

Renegotiated Georgia Rural Water contract to monitor, implement, and sustain the state's fluoridation systems to include additional deliverables. (Infrastructure)

Provided technical assistance and training at quarterly coordinators' meetings on the use of the oral health database, "OSHA Compliance and Infection Control" and "Treating the Disabled Patient." (Enabling)

Through efforts and support of the statewide Georgia Oral Health Coalition, retained total budget for oral health in the state budget. (Infrastructure)

Provided mobile dental trailers and staff volunteers for Third Annual Give Kids A Smile (dental services) program in February 2004. (Enabling)

Participating state level staff meetings and trainings that enhance overall oral health program goals and objectives. (Infrastructure)

Met with Georgia Rural Health Association annual meeting attendees to discuss critical need for access to dental services in rural areas of the state. (Enabling)

Continued to chair Statewide Fluoridation Committee meetings on a quarterly basis. In conjunction with the Centers for Disease Control and Prevention, the recommended "optimal" fluoridation concentration point has been changed to .8 parts per million (ppm) from 1.0 ppm. (Infrastructure)

c. Plan for the Coming Year

Provide oral health consultations and serve as a resource to the districts and DPH. Assist districts by providing training materials and guidance in conducting school nurse training in oral health screening techniques.

Continue participation as a member of appropriate committees (e.g., Statewide Fluoridation Committee, FHB Leadership, Management, Planners, Communications Teams and Oral Health Coordinators quarterly meetings).

Complete data collection and submit a proposal for salary increases for public health dentist and hygienist positions.

Continue participation in the Give Kids A Smile program (screening and treatment) held in February and the Georgia Special Olympics Special Smiles (screening) event in May.

Conduct the school health/oral poster contest during National Children's Dental Health Month activities in February.

Enhance and maintain the oral health web page.

Provide data team and DPH staff information on topics concerning oral health.

Engage the Georgia Health Policy Center in updating the Medicaid and oral health program data for 2000-2001 and training the data team in the continuing analysis of this data.

Integrate with the Nutrition Section and other FHB sections as related to oral health. Consult with and assist districts in submitting Georgia Oral Health Prevention program data to the data team at the state level for analysis. Assistance may include training and acquiring of funds to purchase computers or software.

Communicate with and provide research articles and resources to participants of the districts' list serve group.

Plan, develop and provide a statewide CSHCN Symposium for public and private dental and medical staff to be held at the Medical College of Georgia (MCG) School of Dentistry. The MCG School of Dentistry will develop a CSHCN oral health provider database that will be used for patients and clients seeking oral health providers that serve CSHCN patients.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

Included car seat safety as one of the Child Health Assessment form's educational topics for age appropriate anticipatory guidance. (Infrastructure)

Conducted "Ghost Outs" for auto safety in several public health districts. (Population-Based)

Rolled out Bright Futures anticipatory guidance, which includes injury prevention information for all age groups of children, throughout state. Copies given to every county and district public health department. (Infrastructure)

Purchased car seats and Broselow Pediatric Resuscitation Systems in collaboration with Emergency Medical Services and Injury Prevention Offices. Rollout in Spring 2003. (Enabling)

Developed and disseminated car safety materials in collaboration with Safe Kids. Working with DHR OOC on media awareness. (Enabling)

b. Current Activities

Included car safety topics to discuss with families in the draft MCH Integrated Assessment Form that is used in Children 1st, HRIFU, BCW, CMS, and PCM programs. (Enabling)

c. Plan for the Coming Year

Formally pilot and evaluate the MCH Integrated Assessment Form.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

Met with Georgia State University Nutrition Education for New Americans program to identify major language and cultural groups. Plan to look at ways to ensure that materials are culturally appropriate. (Infrastructure)

Conducted physician outreach through the Georgia Chapter of the American Academy of Pediatrics (GA/AAP). Developed a breastfeeding information pamphlet and held a teleconference for physicians in September 2003. GA/AAP WIC Coordinator conducted physician office visits to provide information on resources. (Enabling)

Provided resource lists and breastfeeding books (Medications and Mothers' Milk, The Breastfeeding Answer Book) for physicians through a GA/AAP pilot in two areas of the state. (Enabling)

b. Current Activities

Conducted quarterly regional meetings of the Georgia Task Force for Breastfeeding, rotating between the state's perinatal regions. (Enabling)

Received USDA funding for Certified Lactation Counselor training for up to 100 staff. (Infrastructure)

Received USDA funding to implement the Using Loving Support to Build a Breastfeeding Friendly Community Project. (Infrastructure)

Completed analysis of the Pregnancy Risk Assessment and Monitoring Survey (PRAMS) breastfeeding data for 2001, showing breastfeeding rates for the general population of 63.7% and 49.4% for the WIC population. (Infrastructure)

Sent letter out to pediatricians from the GA/AAP Breastfeeding Coordinator showing breastfeeding rates in Georgia over time and urging physicians to become involved in breastfeeding promotion. (Enabling)

Held annual breastfeeding workshops in Rome, Dalton, Columbus, Brunswick, Savannah and Atlanta. (Enabling)

Offering breastfeeding training and resources for all PCM/ORS training participants. All PCM/ORS clients are encouraged and assisted to breastfeed their infants. (Enabling)

Held Loving Support for Breastfeeding training in May 2004, attended by perinatal providers across the state. (Enabling)

Continuing breastfeeding initiatives at all regional perinatal centers to promote breastfeeding for high-risk neonates. (Enabling)

c. Plan for the Coming Year

Develop and implement a work plan for the state through the Loving Support project.

Work with USDA to determine the possibility of obtaining funds and guidance to implement a breastfeeding peer counselor program in Georgia.

Investigate the availability of funding to conduct a follow-up survey with PRAMS respondents who initiated breastfeeding to determine six month duration among the general population.

Continue working with Healthy Mothers, Healthy Babies and the GA/AAP to make breastfeeding services, information and education to the general population and health communities.

Continue to identify ways to target populations at highest risk of not choosing to breastfeed and increase breastfeeding duration rates.

Send a letter to obstetricians/gynecologists and family practitioners that provides Georgia breastfeeding data and urges the providers to become involve in breastfeeding promotion.

Continue meetings of the Georgia Task Force for Breastfeeding and the Georgia WIC Program Breastfeeding Advisory Committee.

Continue working with the Obesity Prevention and Control Initiative project to develop breastfeeding strategies for the state.

Develop CD-ROM based training on basic lactation management that can be used for self-learning or in developing a group education program.

Include breastfeeding message in PCM/PRS training for public and private providers.

Support efforts aimed at increasing initiation of breastfeeding by mothers receiving care at Regional Perinatal Centers.

Encourage use of Healthy Mothers Healthy Babies Powerline resource by clients considering breastfeeding or clients who are already breastfeeding. Strategies include use of pamphlets and informational handouts.

Encourage perinatal staff to participate in breastfeeding training, e.g., Loving Support project training.

Include breastfeeding message as part of the Resource Mothers home visit.

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

a. Last Year's Accomplishments

Developed database system to improve tracking. Implementation is in pilot stages. (Infrastructure)

Analyzed and communicated data on high refer/low screening rates. (Infrastructure)

Provided incentive payments for eligible hospitals and reimbursement for audiology evaluations and held two-day training course for audiologists on diagnostics for infants. Also provided training for metro hospitals nurses, perinatal outreach educators, and parents. Made presentation at Georgia Chapter of the American Academy of Pediatrics meeting. (Infrastructure, enabling)

Mapped audiology resources statewide. (Infrastructure)

Added hearing to list of notifiable birth defects. (Infrastructure)

Included UNHSI elements in Children 1st tracking. (Infrastructure)

Developed health education and provider training materials targeting parents whose children did not pass screening. Brochures also have been draft in Vietnamese and Korean. Displayed health education information at eight professional/parent meetings statewide. (Enabling)

b. Current Activities

Screening 98% of all newborns. (Direct Medical Care)

Roll out of Children 1st/UNHS Access data piloted in six public health districts. (Infrastructure)

Revitalized UNHS district teams in seven health districts. (Infrastructure)

Developed "use case" with MCH Epi for upcoming web-based surveillance and tracking system. (Infrastructure)

Continuing outreach educators and perinatal planners' work with delivering hospitals within their regions to ensure newborn screening is done on all infants before discharge. (Population-Based)

c. Plan for the Coming Year

Continue to partner with MCH Epi in the development of web-based surveillance and tracking system.

Continue to encourage revitalization of public health UNHS district teams.

Encourage public health UNHS district teams to present updates during SACNHS meetings.

Continue to encourage partnerships between hospitals, public health districts, and county health departments to ensure that infants receive hearing screenings before hospital discharge.

Use regional perinatal outreach educators to provide UNHSI technical assistance to delivering hospitals.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

Developed school health list serve to encourage school health linkage to insurance for parents with free or reduced lunch applications. Contracted the development of a school health manual and newsletter. (Infrastructure)

Trained 52 professionals as Child Care Health Consultants to promote PeachCare, Medicaid and other public health issues. (Infrastructure)

Expanded the Health Check quality review program. Five site visits were made to private providers in collaboration with the Georgia Chapter of the American Academy of Pediatrics. Completed 14 Health Center QA site visits. (Infrastructure)

Initiated collaboration between Public Health and the American Academy of Family Practitioners. (Infrastructure)

Coordinated "Cover the Uninsured Week" activities for teens throughout Georgia. (Population-Based)

Completed draft of well child team brochure. Brochure submitted to Communications Office. (Enabling)

Co-led two national conference with Right from the Start Medicaid program on the use of the Child and Adult Care Food Program eligibility form to provide parents with information on Medicaid and PeachCare for Kids. (Enabling)

b. Current Activities

Trained 35 additional early care and education professionals as Child Care Health Consultants in 2003 to promote PeachCare for Kids, Medicaid, access to services, and other public health issues. (Infrastructure)

Continued contract between DHR and Healthy Mothers/Healthy Babies to utilize the toll-free Powerline number for referrals to Children 1st which will assist in increasing referrals to Medicaid, PeachCare and medical home. (Infrastructure)

c. Plan for the Coming Year

Continue to assist families during the Children 1st family assessment process in completing forms for enrollment into Medicaid and PeachCare.

Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a. Last Year's Accomplishments

Required, through program policies, that Medicaid be used as a payment source for Medicaid eligible children. Supported policy requirements through training and TA. (Population-Based)

Assisted nearly 100% of CSN children who are Medicaid eligible in receiving Medicaid services. (Enabling)

Held discussions with all MCH coordinators on increasing the number of Medicaid children found and referred to CSN services. (Enabling)

b. Current Activities

Distributed template to leadership from DPH districts and DFACS regions for a MOU to assure children and youth under the care of DFACS are able to access health care through collaboration with DPH. (Infrastructure)

Held first combined DFACS/DPH workshop in August 2003. Regional groups discussed means of collaboration between two entities at the local level. (Enabling)

Participated (ICH) in Foster Parent Educational Update in Macon as a presenter and exhibitor. (Enabling)

Presented (ICH) at the DFACS Annual Recognition meeting in Atlanta. (Enabling)

Convened and led quarterly workgroups that included ICH, DPH, DFACS, AAP, DCH and community members. The group developed a template Flow Sheet, designed an Intake Form for use when child is removed from the home and taken into custody, and designed Health Summary, History and Physical forms for ongoing health care. (Infrastructure)

Collaborated (ICH) with DCH to make presentations at statewide DCH Health Check provider workshop. (Enabling)

Exhibited (ICH) at community health fairs and professional meetings to provide information on

the availability of DPH services for children, adolescents, and adults. (Enabling)

Conducted lunch and learn sessions for private health care providers to learn more about Health Check. (Enabling)

Collaborated (ICH) with Office of Nursing, conducting surveys to determine the need for training on child abuse and neglect. Surveys were administered to the Nursing Leadership and Child Health Coordinators. (Infrastructure)

Collaborated (ICH) with DFACS to develop training on child abuse and neglect. The first two "Child Abuse Recognizing and Reporting" sessions were conducted in March and April 2004, with presenters from DPH, DFACS, and local law enforcement. Participants were local DPH nursing staff. (Infrastructure)

Collaborating (ICH nurse consultants) with BCW and the HIV team to provide physician training to "Address the Impact of Maternal High-Risk Behaviors on Child Development." (Enabling)

Presented Bright Futures module to PH staff in 12 health districts.(Enabling)

Facilitating use of Bright Futures as prevention strategy against domestic violence. (Enabling)

Monitoring revised district Grant-in-Aid and contracts deliverables, which assess and track positive changes in health insurance status of children and adolescents. (Infrastructure)

Monitoring progress on health service deliverables now included with monthly financial reports for CI/MI (adolescent) programs. (Infrastructure)

Continue to collaborate with CSN, AHYD, Women's Health and the Nutrition Section to assure that appropriate screens are provided to Medicaid clients. (Population-Based)

Provide TA and training to Health Check private providers upon request. (Population-Based)

Continue to assist CSN families in assuring access to services through Medicaid. (Enabling)

Continuing collaboration with Georgia Chapter of AAP and DCH to assure Medicaid eligible children receive appropriate services. (Enabling)

c. Plan for the Coming Year

Present the "Child Abuse Recognizing and Reporting" session to local DPH and DFACS staff in the other three regions of the state.

Continue to offer "lunch and learn" programs for health care providers.

Continue to conduct statewide Health Check program reviews of private and public healthcare providers.

Combine Bright Futures with Ages and Stages training for private and public health care providers.

Explore development of web-based training of Bright Futures course through Georgetown University Health Check Provider Education System.

Continue to facilitate the use of Bright Futures as a prevention strategy against domestic violence.

Collaborate and promote Bright Futures model with AAP And AAFP.

Encourage health districts to provide 3rd and 4th interperiodic Health Check related PRS visits to Medicaid eligible children.

Ensure, through PRS, that all Medicaid eligible newborns are referred for Health Check and Immunizations.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

Developed linkages between WIC, parenting programs, and youth development programs. (Infrastructure)

Selected appropriate weight gain during pregnancy, based on data from the Pregnancy Nutrition Surveillance System, as a key Nutrition Section strategy, and included the strategy in the strategic plan for the state. The Nutrition Section is identifying areas of the state that appear to have high numbers of women with inappropriate weight gain and will work with the respective districts to address the high numbers. (Infrastructure)

Promoted the State Dietetic Internship program in order to increase the number of registered dietitians available to work in public health. Also worked with districts to encourage the hiring of adequate numbers of licensed dietitians. (Infrastructure)

Supported use of interconceptional model to help Children 1st mothers who have had a low birth weight baby prevent having another LBW baby. (Enabling)

b. Current Activities

Implemented HRIFU program, which provides care coordination/home visiting to high risk infants. Approximately 300 LBW babies were newly enrolled in HRIFU during 3rd quarter state fiscal year (approximately 27% of total enrollment). (Direct Medical Care)

Continue to offer PCM services to all pregnant Medicaid recipients to ensure timely access to prenatal care and appropriate referral of psycho-social and socioeconomic needs. Pregnant women are also referred for early prenatal care and WIC. (Direct Medical Care)

Presented two workshops on transcultural issues in perinatal health that included information on factors contributing to low birth weight births among African-Americans and other cultures. (Enabling)

c. Plan for the Coming Year

Continue to encourage women with high-risk pregnancies to seek care from a Regional Perinatal Center qualified to offer care to this type of client.

Educate, through community collaboration and Perinatal staff training (PCM/PRS), public and private nursing staff interfacing with pregnant women about the availability of Regional Perinatal Resource Centers.

Increase PCM training offered to public and private providers and encourage increased enrollment in PCM by pregnant Medicaid clients.

Enhance current PMC training to include preventing prematurity as one of the focal points of PCM.

Target racial and ethnic disparities among pregnant women through research based interventions and include these interventions in the PMC training curricula.

Continue to support the Perinatal Health Partners Program in the Waycross Health District. Develop a plan to replicate the program in other targeted areas of the state.

Develop mechanisms of communicating problems related to low birth weight to the general population and key stakeholders and policymakers.

Revise data collection to report on babies weighing less than 1500 grams and those between 1500 and 2499 grams to allow assessment of the number in each of these two weight groups.

Provide clinical training on topics related to high risk infants.

Strengthen partnership with March of Dimes around prematurity/low birth weight prevention. Plan and hold fall 2004 Summit on Prematurity.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

Distributed Georgia's Suicide Prevention Plan to all YDCs. (Infrastructure)

Worked with Mental Health/Developmental Disabilities/Addictive Diseases and other DPH programs to compile statewide listing of suicide related prevention programs. (Infrastructure)

Scheduled FHB pilot test of integrated assessment process. Process will improve the effectiveness of referral and tracking of adolescents identified as "at-risk" to appropriate mental health resources. (Infrastructure)

Disseminated and presented on use of Bright Futures Mental Health Guidelines during four regional workshops on child health. Identified expert in behavioral health to provide TA and training. (Infrastructure)

Implemented preventive programs and activities in teen centers and community involvement and male involvement programs, aimed at increasing self-esteem, increasing community involvement, and facilitating adult-child communications and mentoring. (Enabling)

b. Current Activities

Developing statewide directory of mental health resources. (Enabling)

c. Plan for the Coming Year

Continue to monitor implementation of action plans, including integration of best practices and

proven research methods, through site visits, quarterly reporting, emails and teleconferencing.

Initiate collaboration with the Georgia Association of School Nurses and other school health professionals to provide training and technical assistance related to suicide prevention.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

a. Last Year's Accomplishments

See also NPM 15.

Through contract with Georgia Chapter of the American Academy of Pediatrics (GA/AAP), hired a WIC Nutrition Coordinator, who conducted a survey of physicians (pediatricians, OBs and family practitioners), to determine their needs and gaps in knowledge about WIC and nutrition. The Coordinator developed a module for training of physicians, based on needs assessment findings. She provides training upon request, but focuses on five pilot areas selected by the state, based on nutrition and WIC participation indicators. Activities in these pilot areas will be evaluated for impact on referrals between the physicians and the WIC Program. (Infrastructure)

Coordinate with MCH epidemiologist regarding data. (Infrastructure)

Continue to provide education to basic and specialty hospitals on management of high risk pregnancies and the prevention of preterm delivery. (Enabling)

b. Current Activities

See also NPM 15.

Continue to provide high-risk maternal care to Georgia residents through the Regional Perinatal System. (Direct Medical Care)

Continue to provide PMC training participants with Regional Perinatal System information to educate providers and consumers about the availability and benefits of these services. (Enabling)

Convened conference on "Transport Issues" at Emory Conference Center to inform private physicians on services at the regional perinatal centers and improve hospital communication in the community. (Enabling)

Selected by AMCHP, as one of five states, for the Action Learning Lab on Perinatal Disparities. A travel team consisting of seven individuals and a home team consisting of 30+ individuals have developed strategies to address racial disparities statewide. (Infrastructure)

c. Plan for the Coming Year

Continue to support the Perinatal Health Partners program in the Waycross Health District. Develop a plan to replicate the program in other targeted areas of the state.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

a. Last Year's Accomplishments

See also NPM 15.

Utilized CDC's Pregnancy Surveillance System, updated districts on WIC early entrance levels. (Enabling)

b. Current Activities

See also NPM 15.

Encourage women seen in Family Planning clinics to seek prenatal care as early as possible after they know they are pregnant. (Enabling)

Utilize Resource Mothers to identify women in their first trimester care and to link them to prenatal care and other needed services. (Enabling)

Continue to encourage early entry into the WIC Program. (Enabling)

Continue to address through case management outreach. (Direct Medical Care)

Continue to recruit women through distribution of home pregnancy tests through the Resource Mothers program. (Direct Medical Care)

Continue to refer all PMC clients for entry into prenatal care and conduct follow up to ensure clients are keeping their appointments. (Population-Based)

Convened a Resource Mothers conference (including district public health staff) that focused on depression and other mental issues that impact a woman's entry into care and subsequent perinatal outcomes. (Enabling)

Presented at fall 2003 Leadership and Management Team meeting on perinatal issues, with facilitated planning session on how all FHB programs and services can strengthen support for perinatal work. (Enabling)

c. Plan for the Coming Year

Increase PCM training offered to public and private providers and encourage increased enrollment in PCM program.

Encourage PMC providers to involve private physicians in the PCM plan of care.

Conduct marketing activities to private OB providers in an effort to encourage them to refer clients to PCM/PRS programs.

Increase recruitment of teenage mothers in the first trimester of pregnancy.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Monitoring referrals of infants diagnosed w/metabolic & hemoglobinopathies to appropriate CSHCN prog	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Including funds for special formulas in Metabolic Follow Up contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Providing specialized formulas, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Collaborating w/ Newborn Screening Prog.re:procedures, development of Surveillance & Tracking System.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Continuing MCH Epidemiology linkage of newborn screening records with Electronic Birth Certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Continuing to send quarterly hospital reports to identify each hospital's unsatisfactory specimens.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Continuing to follow up on all abnormal screening test results contractually.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Continuing family participation through development of care coordination plan of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Planning "family satisfaction" surveys on selected areas/topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Continuing CSN participation in FHB Early Childhood Comprehensive Systems (ECCS) Grant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continuing to facilitate CSN program enrollees accessing medical home.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Continuing to document the percentage of CSN enrollees who have documented medical home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Continuing to monitor payment sources for services and refer families to potential resources.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Developing plan to identify service needs of families not covered by insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Continuing to work with Medicaid and Peachcare for Kids to link all eligible children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				

1. Gathering data from other states & MCHB sponsored contracts that have completed work in this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Developing strategies to survey families on organization & accessibility of community-based services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Continuing to provide literature and updates on transition services to district coordinators.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Developing strategies to provide training/educational offerings on transition services for youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Planning to collect data on percent of clients and families with a transitional plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Participating in quarterly immunization coordinators meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promoting childhood immunizations during all activities that target young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Including immunization assessment in programs (Health Check, WIC, Children 1st).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Collaborating w/DCH, GA Chpt-AAP to assure pvt providers offer appro.				

svs, including immun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Monitoring health status of at-risk children birth to age 5 through Children 1st.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Providing statewide training, TA re: abstinence education through abstin., MI, CI contracts.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Providing abstin. & teen preg. information, contraceptive svcs. in teens centers in 19 districts.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Continuing Resource Mothers case mgt. and support for teens to discourage repeat pregnancies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Collaborating w/DCH to provide linkages with Medicaid, Peachcare for case mgt, medical svcs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Collaborating with Dept. of Juvenile Justice to provide services to youth on release.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Analyzing data to determine rate of first pregnancies among teens and ID risk & protective factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Providing leadership in development of Regional Comprehensive Youth Develop. Systems in GA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Funding Southside Medical Hospital Project, working with adolescent males to encourage health care involvement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Providing provider TA, training, monitoring in implementing GA's abstinence only media campaign.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Operating family planning clinics for teens in non-traditional sites.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. In districts w/mobile trailers, conducting school screenings, preven services, sealants.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Continuing to implement 3 GA Access to Dental Services (GADS I) district grant projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Providing consultative support & TA to districts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Continuing efforts to adjust salaries for district dental clinical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Gathering info. on district equipment, supply needs for mobile trailer facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Continuing monitoring, TA and development of state and district				

projects for any additionally awarded funds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Continuing TA and monitoring to district mobile dental trailer program serving elementary schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Continuing monitoring, TA and project development for ongoing GADS II district projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Providing training, TA, monitoring of relevant Community Involvement, Teen Center deliverables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Providing training, TA in use of Bright Futures' Anticipatory Guid. re: motor safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Continuing collaboration with DHR Office of Injury Prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Maintaining breastfeeding coalitions & collaborative efforts at state, district level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Assisting districts in implementing breastfeeding education & support plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Continuing monitoring & surveillance of breastfeeding initiation & duration data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Integrating breastfeeding promotion into relevant MCH PH and community-based programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Continuing to provide hospital incentives.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Continuing to promote Universal Newborn Hearing Screening Initiative (UNHSI).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Providing training, TA to hospitals screening newborns.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Assisting hospitals in updating screening equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Developing data system to link newborn hearing screening info with electronic birth certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Providing TA to district Children 1st programs to link w/ screening reports from hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Providing training, TA, monitoring of relevant grant-in-aid deliverables re: Medicaid, Peachcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continuing collaboration w/DFACS & DCH to plan & coordinate "Cover the Uninsured Week" teen activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Providing training, TA, monitoring of relevant grant-in-aid deliverables re: youth medical home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Continuing coordination efforts with Medicaid Office, re: referral, outreach for teens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Assisting eligible families during Children 1st assessment in enrolling in Medicaid, Peachcare.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sharing Medicaid, Peachcare info at community health fairs, trainings, exhibits, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Training Child Care Health Consultants to promote Medicaid and PeachCare for Kids services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Collaborating with DCH to provide lunch & learns w/pvt providers re: Medicaid, Peachcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Providing QA site visits to pvt. sector to assure Health Check services provided appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborating with DCH, DFACS, GA/AAP to assure children in state custody foster care receive services thru Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Continuing cross team collaboration to assure Medicaid, Peachcare kids receive services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Conducting statewide perinatal center training in 13 of 19 public health districts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continuing M&I Council participation in regional perinatal center activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Conducting needs assessment addressing impact of violence on pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Continuing to provide perinatal case management training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Continuing to promote interconceptional periods of at least 1 1/2 - 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Continuing to work with Tobacco Section on tobacco use prevention and cessation for maternal clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Working with regional tertiary hospitals to improve communication in the community.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Developing additional facilities for women who live far from two regional tertiary hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Collaborating with March of Dimes for premature clients, working with community & private providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Collaborating with WIC on activities to improve communication with clients receiving WH's & WIC services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Providing training, TA, monitoring of district suicide prevention plans, activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continuing collaboration with other agencies in development of state suicide prevention plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Continuing development of MCH/FHB referral, intake, assessment to ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

at risk youth.				
4. Developing youth mental health indicators, policies & procedures for contracts, GIA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Implementing youth development programs, activities (peer educators, mentors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Providing training, TA to GA Assoc. of School Nurses and other school health professionals re: suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Conducting annual performance audits at each regional center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Working on outreach education plans at all regional perinatal centers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Focusing on perinatal case management training on pre-term delivery prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Continuing Task Force examination of best practices for regional perinatal center clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Continuing work with OB/GYN Society to increase # of VLBW infants delivered at facilities for high risk deliveries.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
1. Continuing to provide referrals to private OB providers, WIC & Medicaid for PCM clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Continuing to evaluate effectiveness of distribution of home pregnancy kits.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Providing family planning staff w/opportunities to attend PCM training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: Degree to which the Georgia Perinatal System has been enhanced to provide a continuum of coordinated services from conceptional to interconceptional care.

a. Last Year's Accomplishments

Through FHB, focused on neural tube defects (NTD), collaborating with MCH Epi and March of Dimes on birth defects surveillance. (Infrastructure)

b. Current Activities

Implemented HRIFU services to high risk infants, complementing services provided by PRS to typical infants. (Population-Based)

Presented information on all CSN programs at meeting of Regional Perinatal Directors in April 2004. (Enabling)

Continuing to provide risk appropriate care through TA, training, collaboration and guidelines. (Infrastructure)

Continuing to conduct NTD training. (Infrastructure)

Continue use of guidelines in tertiary centers as well as in training conducted by outreach educators with other hospitals and community partners. (Enabling)

Integrated six regional perinatal plans into statewide Perinatal framework strategies that include ICH and CSN. (Infrastructure)

c. Plan for the Coming Year

Continue to work with State Office Regional Perinatal Center (RPC) and the RPC Directors to coordinate follow up services to families with high risk infants.

Continue to work on the development of a statewide Perinatal framework that includes the six regional plans.

Continue working with professional organizations, private institutions and providers to increase their knowledge of public health services available to women and children.

Continue to develop collaborative relationships between the public health system and private providers and consumers.

Continue to foster relationships with other FHB programs to provide a continuum of care, including Children 1st, HRIFU, CMS, and Health Check.

Encourage postpartum women to use family planning services to further child-spacing for optimal health of mothers and infants.

Continue to foster relationships with other FHB programs to provide a continuum of care,

including Children 1st, HRIFU, CMS, and Health Check.

Encourage postpartum women to use family planning services to further child-spacing for optimal health of mothers and infants.

State Performance Measure 2: *Presence of key components that comprise a comprehensive approach to address maternal substance abuse.*

a. Last Year's Accomplishments

Included questions on substance abuse in MCH Integrated Assessment forms so that appropriate referrals can be made by MCH staff. (Infrastructure)

Assured continuation of youth programs including Resource Mothers and Fathers to address prevention. (Infrastructure)

Worked with rape crisis centers to implement sexual assault prevention program for schools, based on state legislation. Trained school personnel and public safety officials, other members of the community on sexual assault. (Enabling)

b. Current Activities

Continuing to work on the development of the Branch maternal substance abuse prevention plan, guided by a stakeholders group. Draft plan is in the review phase. (Infrastructure)

Provide smoking cessation counseling to teens and pregnant and parenting clients receiving services at local health departments in collaboration with Tobacco Use Prevention Program and WIC. (Population-Based)

Continue to emphasize risk of maternal substance abuse in the Georgia Back to Sleep campaign to reduce the risk of SIDS. (Population-Based)

Conducting alcohol, tobacco and other drug prevention awareness activities throughout the 19 health districts in collaboration with community partners. (Enabling)

c. Plan for the Coming Year

Continue to work on the maternal substance abuse plan.

In conjunction with FHB Programs and Services, prepare an inventory of health district resources to address maternal substance abuse.

Link district and county health departments with agencies providing maternal substance abuse services.

Provide training and technical assistance to district and county staff.

Provide resource information to staff providing PCM/PRS services.

State Performance Measure 3: *Evaluation of state capacity to prevent use of tobacco, alcohol, and other substances by children and adolescents.*

a. Last Year's Accomplishments

Incorporated current "best practices" recommendations regarding safe behaviors and healthy lifestyles into AHYD educational materials and activities. (Infrastructure)

Collaborated with the Tobacco Use Prevention Program and MHDDAD regarding state and community prevention activities. (Infrastructure)

Disseminated information on district and statewide service statistics related to maternal substance abuse screening, counseling and/or prevention education. (Infrastructure)

Incorporated tobacco use on the developmental questionnaire, used for ages 6 to 21 years, during Health Check screens. (Enabling)

Provided training for youth and train-the-trainers around tobacco use prevention, advocacy, peer education, and media relations. (Enabling)

Supported community events with local celebrities focused on empowering youth and educating them about nicotine addiction. (Enabling)

In FY 2003, GIA programs referred 72 youth to substance abuse treatment services. (Enabling)

b. Current Activities

Provided a "How To" training, technical assistance and resource materials on "Adolescent Alcohol, Tobacco and Other Drug Prevention, Education and Intervention" for DPH, FHB, and AHYD state staff, district implementation teams, and community involvement and male involvement contractors. (Infrastructure)

Developing AHYD Teen Model program performance standards and measures related to screening, prevention approaches, referral and administrative tracking of referrals. Policy manual will include resource materials. (Infrastructure)

Continuing to collaborate with key partners including DPH's Tobacco Use Prevention and Office of Injury Prevention, and Division of MHDDAD at state and district levels. (Infrastructure)

Providing technical assistance to school nurses regarding tobacco cessation activities in collaboration with Tobacco Use Coordinator. (Infrastructure)

c. Plan for the Coming Year

Implement best practices and proven methods within AHYD funded initiatives for addressing adolescent substance abuse.

Initiate collaboration with the Georgia Department of Education, Safe & Drug Free Schools and Communities Program to provide resource materials, training, and technical assistance to school staff.

State Performance Measure 4: *Degree to which districts have established integrated MCH plans.*

a. Last Year's Accomplishments

Provided guidance to district leadership to encourage collaboration and coordination across population-based services. (Infrastructure)

Developed MCH Common Intake and Assessment forms. (Infrastructure)

Participated (Youth Development Coordinators) as champions or members of Georgia's Comprehensive Youth Development System regional strategic planning groups. (Infrastructure)

Formulated prevention activities based on results of Violence Against Women needs assessment that addresses the impact of violence against pregnant and non-pregnant women. (Infrastructure)

Collaborated with Data and PPE Sections to build a data bank of federal, state, local and program related statistics. (Infrastructure)

Developed and piloted integrated site visit as way to review and demonstrate systems approach. (Infrastructure)

Assessed the effectiveness of AHYD's framework for district level "population-based" planning and evaluation. Developed a step-by-step toolkit for district use that incorporates the FHB evaluation framework and tools for logic model development. Portions of the framework will be implemented during the Georgia Teen Center Model pilot test. (Infrastructure)

b. Current Activities

Collaborating across FHB sections and teams, Injury Section, and other state and FHB units and district implementation teams to plan and implement effective strategies for promoting healthier lifestyles, safe behaviors, and preventing unintentional injuries and deaths to motor vehicle crashes. (Infrastructure)

Promoting MCH planning through combined coordinator meetings. (Infrastructure)

Continuing to implement planning for MCH programs across population teams and sections. (Infrastructure)

Support district staff integration of FHB programs and activities. (Infrastructure)

Continuing PPE technical assistance to regional perinatal planning process. (Infrastructure)

c. Plan for the Coming Year

Enhance the skills and competencies of state AHYD staff and district implementation teams by providing monthly update on national and state training and technical opportunities; continuing to implement and evaluate the Assets Development curriculum through video taps and web access; researching and disseminating AHYD national and state data; and conducting a needs assessment.

Fully implement FHB technical assistance framework.

Update web site information and resources.

Monitor and disseminate baseline data for FHB services provided to MCH populations.

State Performance Measure 5: Degree to which at risk positive children, birth to age 4, are referred to appropriate public health programs, linked with a primary health care provider, and referred for community services.

a. Last Year's Accomplishments

Conducted bid and awarded a contract for a two day Home Visiting training for cross-programs and cross-disciplines. (Infrastructure)

Held quarterly in-service training on outreach and referral for Children 1st and Child Health Coordinators. Four regional trainings held on use of Bright Futures anticipatory guidance as well as updates on child health programs. (Infrastructure)

Identified an alternative (ASQ) to Denver Developmental training. Held Train-the Trainer session for district and state staff. (Infrastructure)

Convened state workgroup to develop plan to address the social and emotional development of children. Plan includes training public health and child care health staff in early brain development, child development, social and emotional development, effects of pre and post natal depression, and impact of abuse, neglect and substance abuse on social and emotional development of young children. Work group had representatives from DFACS, MHDDAD, and other organizations. (Infrastructure)

Completed social and emotional development of young children district pilots. (Infrastructure)

Established AAP pilot sites to promote Children 1st, WIC, and other FHB programs to private pediatricians. (Infrastructure)

Updated child forms to include Bright Futures anticipatory guidelines. Forms have been approved and sent to all public health centers. Bright Futures kits sent to all district health directors, clinical coordinators and health centers. Child Health regional workshops held in Macon, Athens, Albany and Savannah to introduce Bright Futures to public health staff. Nearly 500 participants attended regional workshops. (Infrastructure)

Conducted vision and hearing screening trainings in Statesboro, Milledgeville, Hamilton, Summerville, Waycross, Americus, Lawrenceville, Wrens, Homer, Tifton, Cuthbert, and Albany. (Infrastructure)

Continued to implement Children 1st using state and federal Medicaid funds. (Infrastructure)

Signed Memorandum of Understanding with health departments for High Risk Infant Follow Up. Developed policy manual and implemented Medicaid funding. (Infrastructure)

Worked with statewide committee to modify the Children 1st Screening and Referral form to include birth to 21 years of age. (Infrastructure)

Provided training to DFACS shelter and Department of Juvenile Justice (DJJ) staff regarding Public Health resources for at risk youth. (Enabling)

b. Current Activities

Continuing to contract with GA/AAP to provide outreach activities regarding public health services to private health care providers, and encourage referrals to public health programs. Through the AAP contract, are encouraging the use of developmental screening tools with private providers in order to identify young children with developmental issues. (Enabling)

Circulating revised Vision, Hearing, Nutrition Guidelines through the DHR review process. (Infrastructure)

Referring HRIFU families to other special needs programs and other public and private agencies as appropriate. (Population-Based)

Continuing to work with private physicians through contract with Georgia Chapter of the American Academy of Pediatrics (AAP). Links with Family Practice physicians also continued. Public health presentations and materials were developed to promote public health referrals and links. (Enabling and Population-Based)

Providing technical assistance to state, district and community staff regarding functions of Children 1st and other integrated public health programs. (Infrastructure)

Participating at PCM, PRS provider, tertiary care center, and regional prenatal planner level in the dissemination of risk reduction information (i.e., best practice sleep safety) and provision of appropriate referrals. (Enabling)

Continue to refer all clients seen in Pregnancy Related Services program to WIC, Health Check, Immunizations, Metabolic Screening (as needed), and primary care physicians. (Population-Based)

c. Plan for the Coming Year

Continue to support Children 1st as the single point of entry (SPOE) for children at risk of poor health and developmental outcomes. (Enabling)

Encourage district and county health departments to provide Children 1st services. (Enabling)

Continue to provide outreach activities to hospitals, agencies, and private providers about the SPOE process.

Provide training on social and emotional development for young children. Target audiences include public health child health staff, MHDDAD, DFACS, and Resource and Referral Agencies. Training will assist staff in recognizing social and emotional issues in young children to provide support and make appropriate referrals. (Enabling)

Through PRS and post-partum PCM, make appropriate referrals for babies born to mothers receiving these services and ensure infants who receive PRS visits are linked to a primary care physician and referred for other community services as indicated.

State Performance Measure 6: *Degree to which state and local public health agencies are actively involved in the statewide child fatality review process.*

a. Last Year's Accomplishments

Provided EMS personnel with training to increase knowledge of significant information related to death scenes and to improve the quality of data provided on the EMS trip report. Training

provided by SIDS Alliance contract. (Infrastructure)

Assured public health staff that encounter families that have experienced loss of child (i.e., EMS/ER staff, Children 1st, BCW, etc.) have skills to address grief processes. (Infrastructure)

Revised and printed new Child Fatality cue cards for first responders. (Infrastructure)

Assured local public health staffs that encounter families that have experienced the loss of a child (e.g., local public health nurses, hospital nursing staff, neonatology professionals, perinatal educators, and members of task forces on safe sleep and breastfeeding) have skills to address grief processes. Training was provided by SIDS Alliance contract. (Enabling)

b. Current Activities

Updated (SIDS Alliance staff) training on infant death investigation for potential utilization in educating death scene investigators and coroners in identifying SIDS and managing family grief and support referral. (Enabling)

Disseminated materials concerning SIDS and how to refer families for bereavement support to all county coroners in Georgia. (Enabling)

Continuing to train county and district public health nurses, social workers, and/or other appropriate staff to provide initial grief support and referral to on-going support resources. Training provided through SIDS Alliance contract. (Infrastructure)

Encourage perinatal staff conducting PRS visits to use Bright Futures as guidelines for social and emotional development of infants. (Enabling)

Provide public and private providers of PRS services with resources that target infant development and safety. (Enabling)

c. Plan for the Coming Year

Continue SIDS project's active involvement in educating death scene investigators and coroners in identifying SIDS and managing family grief and support referral.

Continue SIDS project's communication with the Child Fatality Review Board on potential project collaborations and training opportunities.

Continue Epidemiology Branch development and analysis of data for the State Child Fatality Review Board.

State Performance Measure 7: Degree to which age-appropriate parenting and/or child development information for grades K-5 is made available to families, caregivers, schools, providers through a statewide system of collaboration.

a. Last Year's Accomplishments

Participated (BCW) with Department of Education in transition planning from Part B to Part C and in developing materials to assist parents with this process. (Infrastructure)

Added video materials to the Parenting Resource Library to enhance resources available for

DFCS foster care staff. (Infrastructure)

Held discussions with Healthy Mothers, Healthy Babies' PowerLine (MCH hotline) staff about dissemination of resource information on parenting and parenting services. (Infrastructure)

Reviewed and disseminated Bright Futures mental health assessment tools. (Infrastructure)

Redrafted vision rules and regulations in collaboration with the Departments of Education and Community Health. (Infrastructure)

Planned, coordinated and implemented education and training for district personnel and others regarding the main risks of infant and child death. Training included two in-services for Healthy Start Initiative and the Special Unit of Investigation/ DFCS investigators. (Enabling)

Shared information through Parent-to Parent conference, attended by approximately 150 providers and families with children birth to age 8. Sessions on Family Issues/Parenting presented at the annual Georgia Association for Young Children (GAYC) conference. (Population-Based)

Held Healthy Child Care Georgia (HCCG) training for childcare health consultants and child care providers. (Enabling)

b. Current Activities

Present parenting and child development as integral components of the Bright Futures anticipatory guidance training that has been provided to public health nurses statewide. (Enabling)

Made parenting library resources available to state and local health agencies. (Enabling)

Participating on the Parenting Education subcommittee of the Georgia ECCS project. (Infrastructure)

Modified Healthy Child Care Georgia's Child Care Health Consultant training module on promoting positive social-emotional development of young children to include information on brain development, age-appropriate developmental expectations, and child behavior issues. Professionals from Child Care Resource and Referral agencies, Cooperative Extension Service, private trainers and technical assistance providers, Head Start, and home visiting and center-based staff from the Georgia SPARK Initiative participated. Training modified for presentation to childcare providers. (Enabling)

Providing infant growth and development information to all clients receiving services through PRS. Infants identified as high risk are referred to Children 1st for assessment. (Enabling)

Referring all high-risk babies discharged from Regional Perinatal Centers for developmental follow up care. (Direct Medical Care)

Continuing CSN participation/co-sponsorship of annual conferences that include content on and/or parent speakers regarding Georgia Association for Young Children (GAYC) and Parent Conferences for parents of CSN. (Infrastructure)

Continuing expansion of resource materials in CSN Library at University of Georgia and parenting library in Branch. (Infrastructure)

Continuing FHB work with Georgia Child Care Council and Inclusion Specialists, DOE and

Georgia TEAMS. (Infrastructure)

Providing on-going parent educator support to families. (Enabling)

Promoting child development and parenting through Bright Futures training. (Enabling)

Provide parenting assistance, as part of federally mandated service entitled "Family Training," as it relates to child's disability. BCW interventions focus on guiding/teaching parents how to effectively participate and intervene with child to enhance child's growth and development. (Enabling)

Conduct ongoing parenting classes in Resources Mothers programs. (Enabling)

c. Plan for the Coming Year

Continue to include parenting and child development as integral components of the Bright Futures anticipatory guidance training that will be offered to health care providers.

Continue to make available resources from the parenting library to state and local health agencies.

Continue to participate on the Parenting Education subcommittee of the Georgia ECCS project.

Revise developmental follow up guidelines contained in the Core Requirements document, making all six Developmental Follow Up Clinics more standardized in their provision of care.

State Performance Measure 8: *Percent of children enrolled in the CSHCN Program receiving case management services.*

a. Last Year's Accomplishments

Received approval for DCH/Medicaid reimbursement for CMS care coordination and completed statewide training. (Infrastructure)

Planned and held two-day workshop on cultural competency conducted by the National Center for Cultural Competence. (Infrastructure)

b. Current Activities

Providing case management (service coordination) services for approximately 95% of CSHCN. (Direct Medical Care)

Conducted on-site monitoring visits (January -- May 2004) to determine a baseline for formal monitoring visits (beginning August 2004) and provide technical assistance and training as needed. (Infrastructure)

Providing case management (service coordination) services to 100% of children enrolled in BCW, and increased numbers of children in CMS receiving comprehensive case management. (Enabling)

Provide all children in BCW with care management services. (Direct Medical Care)

c. Plan for the Coming Year

Begin formal CMS monitoring visits to districts on the same schedule as BCW.

Continue to provide technical assistance and training as needed on case management.

State Performance Measure 9: *Percent of counties engaged in "Safe Kids" injury prevention coalitions.*

a. Last Year's Accomplishments

Trained 50+ health care providers on health and safety standards and on FHB programs and resources. (Infrastructure)

Designed new logo for infant safety campaign. (Population-Based)

Designed and produced injury prevention incentive item to accompany Infant Safety Campaign. Identified recipients for incentive items.(Population-Based)

Purchased car seats and Broselow Pediatric Resuscitation Systems in collaboration with Emergency Medical Services and Injury Prevention Offices. (Enabling)

Collaborated with Safe Kids and Child Advocate on car safety and safe sleep campaign. Promoted collaboration between Safe Kids and Public Health in campaigns. (Population-Based)

Collaborated with Safe Kids and local public health professionals in disseminating information concerning preventing injuries to children left unattended in vehicles. Information later adapted for public media utilization and wider dissemination. (Population-Based)

b. Current Activities

Working with SAFE Kids coalitions throughout the State. (Population-based)

Continuing to train child care providers on health and safety standards and FHB programs and resources. (Infrastructure)

Offering training for child care professionals throughout the state on safe sleep practices. Trainings sponsored by Healthy Child Care Georgia, Child Care Health Consultants, and the contract with the SIDS Alliance in conjunction with Safe Kids. (Enabling)

c. Plan for the Coming Year

Continue to collaborate with the Injury Section and Safe Kids.

Develop RFP to provide infrastructure support to Safe Kids Coalition.

State Performance Measure 10: *Rate of asthma related hospitalizations 1 to age 19.*

a. Last Year's Accomplishments

Implemented collection of data on number of CMS clients diagnosed with asthma. In first year

of data collection, 8% (991) of CMS clients enrolled have asthma. (Infrastructure)

Included asthma in training for Child Care Health consultants and trained asthma case managers. (Infrastructure)

Contracted with Glynn County Board of Health for asthma case management. Asthma case management in schools continues. Community forums successfully held. Asthma 101 resource guide developed. (Infrastructure and Population-Based)

Contracted with Hughes Spalding Hospital in Atlanta to continue asthma program in three schools in Fulton County. (Infrastructure)

Collaborated with Georgia State University in completion of Asthma 101 resource guide. (Infrastructure)

Participated in ZAP Asthma health fair targeting African American children. (Population-Based)

Held community forums. (Population-Based)

b. Current Activities

Continue to collect the number of CMS clients with asthma. (Infrastructure)

Integrating asthma activities and case management into CSN, school health, child care, etc. (Infrastructure)

Participate on the GAASP stakeholder steering committee and its activities, including celebration of World Asthma Day. (Infrastructure)

Collaborating on the development of the Asthma Resource Guide, School Resource Manual, and School Year Asthma Calendar. (Infrastructure)

Providing input in the development of an Asthma Case Management Training Manual for public health nurses. (Infrastructure)

c. Plan for the Coming Year

Submit application for continuing education credits for the training of public health nurses in asthma case management.

Implement training of public health nurses in asthma case management, with a plan for evaluation.

Continue collaboration with the Chronic Disease and Prevention Branch in support of GAASP activities to address asthma.

Participate in World Asthma Day activities, including Asthma Walk.

Use asthma questionnaire to determine client's asthma status and hospitalizations. Collect data related to questionnaire.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Degree to which the Georgia Perinatal System has been enhanced to provide a continuum of coordinated services from conceptional to interconceptional care.				
1. Developing statewide perinatal framework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Conducting ongoing review of perinatal emergency transportation system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Developing Regional Perinatal Ctr (RPC)Plan w/ 5 strategies for improvement identified by perinatal stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Through AMCHP project, developing communication plan to increase consumer awareness of perinatal outcome factors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Working with State Office RPC and RPC directors to coordinate followup svcs. for families w/ high risk infants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Working with prof. orgs, pvt institutions & providers to increase knowledge of PH services for women, children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Developing collaborative relationships between PH system and private providers and consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) Presence of key components that comprise a comprehensive approach to address maternal substance abuse.				
1. Developing maternal substance abuse prevention framework in collaboration with other agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Including substance use/abuse in client assessment conducted by Family Planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) Evaluation of state capacity to prevent use of tobacco, alcohol, and other substances by children and adolescents.				

1. Providing statewide coverage for adolescent SA screening, counseling, & prevention training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Providing training, TA, monitoring of relevant contract & grant-in-aids deliverables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Implementing Oral Health and Men's Health district spit tobacco use prevention education.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Working with DHR Office of Tobacco Use Prevention to promote youth SA prevention initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Addressing high risk behaviors by sexually active, pregnant and parenting teens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Identifying age and culturally appropriate strategies that incorporate "best practices".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Disseminating district & statewide service statistics re: SA screening, counseling, prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Continuing school nurse participation in Georgia's Initiative to Fight Tobacco (GIFT) Project.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Collaborating with the Office of Chronic Disease in Youth Risk Behavioral Survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Collaborating w/ GA Dept of Ed, Safe & Drug Free Schools to provide resource materials, TA to school staff.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) Degree to which districts have established integrated MCH plans.				
1. Establishing monitoring plan and pilot for integrated MCH intake and referral form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Providing technical assistance to Regional Perinatal process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Providing TA to health districts in developing district nutrition plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Monitoring grant-in-aid & contracts to assess physical activity, nutrition promotion effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Participating in Georgia's Comprehensive Youth Development System regional strategic planning groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Building data bank of federal, state, local & program statistics to assist districts, state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Using FHB integrated assessment process to promote iden. & utilization of family & community resources at local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Continuing to encourage Children 1st as single pt of entry to access svcs. for children 0-5 at risk of poor health, dev.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Degree to which at risk positive children, birth to age 4, are referred to appropriate public health programs, linked with a primary health care provider, and referred for community				

services.				
1. Referring children at risk for poor health and development outcomes to PH, community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Thru Children 1st, assuring children at risk have or are linked to a primary health care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Providing training on social and emotional development for young children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) Degree to which state and local public health agencies are actively involved in the statewide child fatality review process.				
1. Continuing SIDS Project's involvement in educating death scene investigators/coroners in ID SIDS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Continuing SIDS Project's communication with Child Fatality Review Board on potential collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Degree to which age-appropriate parenting and/or child development information for grades K-5 is made available to families, caregivers, schools, providers through a statewide system of collaboration.				
1. Continuing to make parent related resources available to health agencies thru FHB Resource Center.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Offering Bright Futures & developmental training materials to public, private health care providers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During Health Check record reviews, assessing provision of anticipatory guidance to parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Training Child Care Health Consultants and child care providers on promoting positive socio-emot. development.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) Percent of children enrolled in the CSHCN Program receiving case management services.				
1. Continuing strategic planning sessions regarding role and functions of BCW service coordination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Providing care coordination technical assistance to CMS care coordinators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Monitoring the percentage of CSN clients receiving care coordination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of counties engaged in "Safe Kids" injury prevention coalitions.				
1. Serving on Safe Kids Advisory Board to provide input into training and policy issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continuing to explore opportunities to combine resources to ensure availability of injury prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Continuing collaborations with DPH Office of Injury Prevention to promote Safe Kids in districts.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disseminating culturally and age appropriate Safe Kids information, materials to FHB staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pyramid Level of Service			
STATE PERFORMANCE MEASURE	DHC	ES	PBS	IB
10) Rate of asthma related hospitalizations 1 to age 19.				
1. Continuing collaborations between CSN and ICH regarding asthma grants and initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Monitoring enrollment of clients with asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Providing health district staff with technical assistance on current asthma therapies and resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Participating on GA Addressing Asthma from State Perspective (GAASP) committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Developing training and eval. program for PH nurses to provide asthma case mgt to asthmatic children in GA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

Several toll-free hotlines offer access points in the entire MCH service system. Georgia's Title V toll-free hotline, PowerLine, is run by Healthy Mothers, Healthy Babies (HMHB) under a FHB contract. PowerLine assists women, pregnant women, parents, health care providers, social service agencies, community organizations, and any other individual or type of agency who is experiencing difficulties in obtaining information about health care and/or health care services. The PowerLine offers services in English and Spanish. Caseworkers are available Monday-Friday 8:30 AM through 5:00 PM.

/2002/- The PowerLine has implemented social marketing activities to increase awareness of the hotline and its services, particularly in those counties in which caller volumes are low. A new poster and two brochures have been developed that highlight the health and social services available for low-income and Medicaid families. In addition, two new community outreach specialists have been hired to help distribute these materials across the state and to educate providers and third party organizations about HMHB, PowerLine, and PreCare for Babies, a prenatal education and gift program for low- to middle-income pregnant women in the Atlanta and Columbus metropolitan areas. The PreCare program is designed to encourage uninsured, under-insured, or Medicaid eligible women to seek early and continuous prenatal care. The DCH provides administrative funding for this project.

/2002/ - In addition to increasing its outreach and advertising efforts, HMHB has partnered with other organizations in the state, providing them use of the toll free PowerLine number and HMHB information and referral specialists. In Winter 2000, HMHB began working with DPH's HIV Section and FHB's Office of Women's Health to implement the social marketing component of the state's CDC funded Perinatal HIV Transmission Project. The Project utilizes the PowerLine as its access point for women to obtain information on HIV testing and services (e.g., television, radio, and print ads as well as brochures and posters. Children 1st, the Georgia SIDS and Other Infant Death Information and Counseling Program and the DPH's statewide Universal Newborn Hearing and Screening and Intervention initiative also utilize the PowerLine toll free number.

/2003/ In CY 2001, the PowerLine calls totaled 20,495. This represents a significant increase from the 7,500 calls in CY 2000, reflecting HMHB's efforts to increase consumer awareness of the state's MCH toll free number, PowerLine, and HMHB services as well as collaborative efforts such as the Perinatal HIV Transmission Project. All Perinatal HIV Transmission social marketing materials, including radio, TV, and print ads; posters in English and Spanish; magnets; and provider education materials including the PowerLine number. HMHB continues to work collaboratively with the Division of Medicaid's incentive program, PreCare for Babies, for pregnant women receiving Medicaid benefits. The PowerLine is also participating in the federal La Linea Nacional Prenatal Hispana bilingual telephone hotline initiative sponsored by the Maternal and Child Health Bureau. The hotline provides information on prenatal care providers, social services, pediatric services, interpreter services, nutrition for the mother and infant, and information about tobacco, alcohol, and other substance use during pregnancy. /2004/ - In CY 2002, PowerLine received 27,126 calls. The top five reasons individuals cited for calling the PowerLine included: referral to a Medicaid-accepting pediatric dentist (39% of calls), referral to a Medicaid-accepting general practitioner (22%), referral on where to apply for Medicaid (16%), referral to an adult dentist (12%), and referral to a low-cost healthcare provider (11%). //2004// **/2005/ - In CY 2003, PowerLine received 29,374 calls. Beginning in 2002 and beyond, the Powerline has extended its social marketing efforts to more non-traditional outlets such as housing facilities and employment agencies. At the core of the approach are Healthy Mothers, Healthy Babies' community outreach specialists. By the end of CY 2002, more than 200,000 pieces of culturally sensitive Powerline-branded materials emphasizing the statewide, toll-free number had been distributed to women, family members and children throughout Georgia. The Powerline is Georgia's most extensive source for Medicaid and low-cost medical referrals. Thirty-nine percent of the Powerline calls are requests for dentists who provide care for children and accept Medicaid; 22% are general practitioner related; 16% are Medicaid-related; 12% are adult dental related; and 11% are low-cost healthcare related. //2005//**

Babies Can't Wait (Part C, IDEA) supports a separate toll-free number for families of children with special needs that provides a central directory of public and private early intervention services, research and demonstration projects, professional groups, parent support groups and advocate associations available in the state for children with or at risk for developmental delays or disabilities. This central directory is operated by Parent-to-Parent of Georgia, a statewide parent-run organization. A unique feature of the hotline is that a parent of a child with a disability answers the phone. In addition to obtaining information about services, callers can be matched with supporting parents whose children have similar disabilities. /2003/ - BCW's Parent to Parent contract has been expanded to include elements related to referral and supports for families of children with special needs of all ages. Also included are requirements to track referrals and requests for information from women with NTD affected pregnancy. //2003//

Outside of funded MCH activities, there are a number of other program activities comprising the MCH system that significantly impact the Title V population. These programs include Health Check (EPSDT), Right from the Start Medicaid, WIC along with WIC nutrition services, Family Planning, and Immunization, as well as activities focused on CSHCN, such as the Governor's Council on Developmental Disabilities and Social Security determination. The relationship between the MCH program and these activities is described in III. State Overview, Sections C (Organizational Structure) and D (Other Capacity) of this block grant application. The family leadership and support activities are also discussed in a subsection the Other Capacity Section.

F. TECHNICAL ASSISTANCE

The FHB is focusing on systems building related to all levels of the pyramid. The Branch's three requested technical assistance areas, service integration for children with special needs focused on Babies Can't Wait and Children's Medical Services, case management across all FHB programs, and continuous quality improvement (CQI) reflect this direction. With regard to CQI, the FHB has developed a "Framework for Continuous Quality Improvement Implement Plan." The purpose of the plan is to outline the scope and nature of a CQI framework as an organizational strategy for the

ongoing development of a more competitive, innovative and responsive family health system in Georgia. The framework is designed to move the entire organization toward cooperating to achieve a transition of the FHB from an "administrative" to a "facilitate and support" role in service delivery.

/2002/ and /2003/ - Family Health's technical assistance needs include school health, cultural competence, and comprehensive women's health programs.

/2004/ - FHB's technical assistance needs include the continued development of a technical assistance system for MCH services, disparities, establishing linkages with other providers (i.e. approximately 330 other health care centers in Georgia), and understanding the new MCHB application system better.

/2005/ - FHB's technical assistance needs for FY 2005 include the continued development of a technical assistance system for MCH services, disparities, establishing linkages and forming partnerships with other providers, understanding the new MCHB application system better, and enhancing understanding of middle childhood issues. //2005//

V. BUDGET NARRATIVE

A. EXPENDITURES

State and federal funds are allocated based on priority needs identified through the MCHBG development process. This process includes reviewing health status and outcomes for women and children, projecting future needs and assessing current capacity/infrastructure. The Branch, in concert with the Division of Public Health, makes recommendations for funding levels for services to women and children. These funding requests are then processed through the Georgia General Assembly's Annual Appropriations Bill. The Department of Human Resources (DHR) also develops a fact sheet on the MCHBG. This fact sheet, which includes Title V requirements, line item description of the Title V budget, and a brief description of each program/service that is funded with Title V funds, is distributed statewide and is used for the public hearing process. Interested partners, stakeholders, families, and advocates are encouraged to provide testimony to the DHR Board on the appropriateness and use of Title V funds.

Georgia maintains budget documentation for Block Grant funding/expenditures for reporting, consistent with Section 505(a) and consistent with Section 506(a)(1) for audit.

B. BUDGET

The Department of Human Resources has a system of accountability to monitor the allocation and expenditures of funds provided to local health districts. The department utilizes the computer program, Uniform Accounting System (UAS), where the local health districts' administrative personnel input budget (funds that are allocated by programs such as Children with Special Health Care Needs) and expenditures. The Office of Planning and Budget Services approves all allocations to the local health districts. Reconciliations are made on a quarterly basis. In addition to the department staff, there are staff the Family Health Branch and Division of Public Health levels that monitor programs quarterly and provide technical assistance where needed.

The FFY 2005 Budget for the Federal-State block grant partnership totals \$289,511,908. Of this amount, \$16,845,888 is Title V funds. The remaining amounts represent State Funds totaling \$126,546,354 and \$132,947,952 in Other Funds, and \$13,171,714 in Program Income. Other Federal funds that support Maternal and Child Health (MCH) activities in Georgia are estimated at \$183,288,217. This represents a variety of Federal Programs including four (4) Healthy Start Projects; Abstinence Education; Emergency Medical Services for Children (EMSC); Women, Infants, and Children (WIC), State Systems Development Initiative (SSDI), Universal Hearing Screening, and Healthy Child Care 2000. This brings the grand total for the State MCH Budget to \$472,800,125 (see line 10 of Form 2).

For FFY 2005, \$125,649,521 is budgeted for Direct Medical Care Services, \$36,882,770 for Enabling Services, \$102,512,312 for Population-Based Services, and \$24,467,305 for Infrastructure Building Services.

The total Federal-State Block Grant Partnership for FFY 2005 includes approximately \$13,171,714 in Program Income (See Form 2, line 6). This income is derived from Medicaid earnings for services provided to pregnant and post partum women, preventive health care services to children, and reproductive health services to women.

Of the Title V requested allocation (\$16,845,888), \$8,248,308 or 48.96% is earmarked for preventive and primary care for children. Approximately 45% (45.54), or \$7,670,997, is earmarked for children with special health care needs, and 3.23 or \$534,328 is earmarked for Title V administrative costs. These percentages are in keeping with the 30/30 required by Title V. The remaining \$383,255 is used to support comprehensive health services for women.

The state required match on our FFY 2003 MCHBG Budget of \$17,316,887 is \$13,026,900. Using Georgia's Office of Financial Services MCH Block Grant Expenditure Report, the FFY 2003 state match is \$20,512,018(as of 7/31/04). Georgia's maintenance of effort (MOE) level is \$36,079,622. Our current MOE level is \$36,079,622 for the FFY 2003 grant as of 7/31/04. We do not anticipate any budget issues relative to MCH Block Grant Match requirements for the FFY 2005 budget.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.