



**2009 Georgia Oglethorpe Award Application  
Georgia Department of Human Resources-  
Division of Aging Services**

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**ELIGIBILITY/INTENT TO APPLY FORM**

**Georgia Oglethorpe Award Process, Inc.**

2008 Deadline for 2009 Submissions: Step 3 - October 31 • Step 1 & 2 - December 31

See instructions which follow...  
Please print or type except where  
signature is required.

**1. APPLICATION ORGANIZATION**

Division of Aging Services

APPLICANT ORGANIZATION NAME  
Two Peachtree Street NW. Suite 9-264  
STREET ADDRESS  
Atlanta Fulton 30303  
CITY COUNTY ZIP CODE

**SIZE OF APPLICANT ORGANIZATION**

Total number of sites 6 Total number of employees 290

**3. FEEDBACK/RECOGNITION OPTION PREFERRED**

Georgia Focus Recognition- Step 1  Georgia Progress Award- Step 2  Georgia Oglethorpe Award- Step 3

**4. CATEGORY AND SIZE DESIGNATION**

Business  Industry  Government  SMALL ( up to 500 employees)  
 Education  Healthcare  Nonprofit  MEDIUM ( from 501 up to 1000 employees)  
 Sub Unit  LARGE (more than 1000 employees)  
 NON-AWARD/RECOGNITION SEEKING (no Site Visit)

**5. ORGANIZATION UNIT DESIGNATION**

Is applicant a unit, division, or like organization of a parent organization?  
 No (go to Item 6)  Yes (continue)

Department of Human Resources

PARENT ORGANIZATION NAME

Two Peachtree Street NW. Suite 9-264  
STREET ADDRESS  
Atlanta Fulton 30303  
CITY STATE ZIP CODE  
B. J. Walker  
NAME OF PARENT ORGANIZATION'S HIGHEST RANKING OFFICIAL  
Commissioner  
TITLE

**6. OFFICIAL CONTACT**

Sharise V. Thurman

NAME OF OFFICIAL CONTACT  
Quality Advisor  
TWO Peachtree Street NW. Suite 9-472  
STREET ADDRESS

Atlanta Fulton 30303  
CITY COUNTY ZIP CODE  
404-657-5281  
TELEPHONE NUMBER  
svthurman@dhr.state.ga.us  
E-MAIL

**7. HIGHEST RANKING OFFICIAL**

Maria Greene

NAME OF APPLICANT ORGANIZATION'S HIGHEST RANKING OFFICIAL  
Director  
TWO Peachtree Street NW. Suite 9-270  
STREET ADDRESS

Atlanta Fulton 30303  
CITY COUNTY ZIP CODE  
404-657-5252  
TELEPHONE NUMBER  
magreene@dhr.state.ga.us  
E-MAIL

**8. ORGANIZATIONAL PROFILE**

An Organizational Profile must be submitted along with this form as a separate document. Please refer to the instructions which follow to locate the content required for this profile.

**9. FEE AND MAILING ADDRESS**

**Fee:** A non-refundable \$200.00 fee payable by check, Visa or MasterCard is required to cover initial processing and eligibility determination.

**Mailing Address:** Completed Eligibility/Intent to Apply Form, accompanying documents and payment should be sent to:

Georgia Oglethorpe Award Process, Inc.  
148 Andrew Young International Blvd., NE, Suite 225  
Atlanta, GA 30303-1751

**CREDIT CARD PAYMENT INFORMATION**

VISA  MasterCard  
Expiration Date: \_\_\_\_\_  
Acct. #: \_\_\_\_\_  
Name on Acct.: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

**10. STATEMENT OF AUTHORIZATION**

We understand that people knowledgeable of the Criteria for Performance Excellence and certified by Georgia Oglethorpe Award Process, Inc. will review this Eligibility/Intent to Apply Form and our subsequent Application package. If eligible and selected for a Site Visit, we agree to host the Site Visit Team so they can verify and clarify the information we provided in our Application package. We will also pay related Site Visit fees and the Examination Team's travel and expenses. Additionally, we agree to public recognition as appropriate.

Maria Greene  
HIGHEST RANKING OFFICIAL'S SIGNATURE  
Maria Greene  
NAME (PLEASE PRINT)  
Director 10-30-2008  
TITLE DATE

**11. PLEASE CHECK THAT THE FOLLOWING**

**ARE INCLUDED IN YOUR PACKAGE:**

- ELIGIBILITY/INTENT TO APPLY FORM  
This form, completed and signed
- ORGANIZATIONAL PROFILE  
Organizational Profile & 1-page Organizational Chart
- PROCESSING FEE  
Check/Charge (circle one)

**SITE LISTINGS AND DESCRIPTORS FORM**

**Georgia Oglethorpe Award Process, Inc.**

*See instructions which follow...  
Please print or type.*

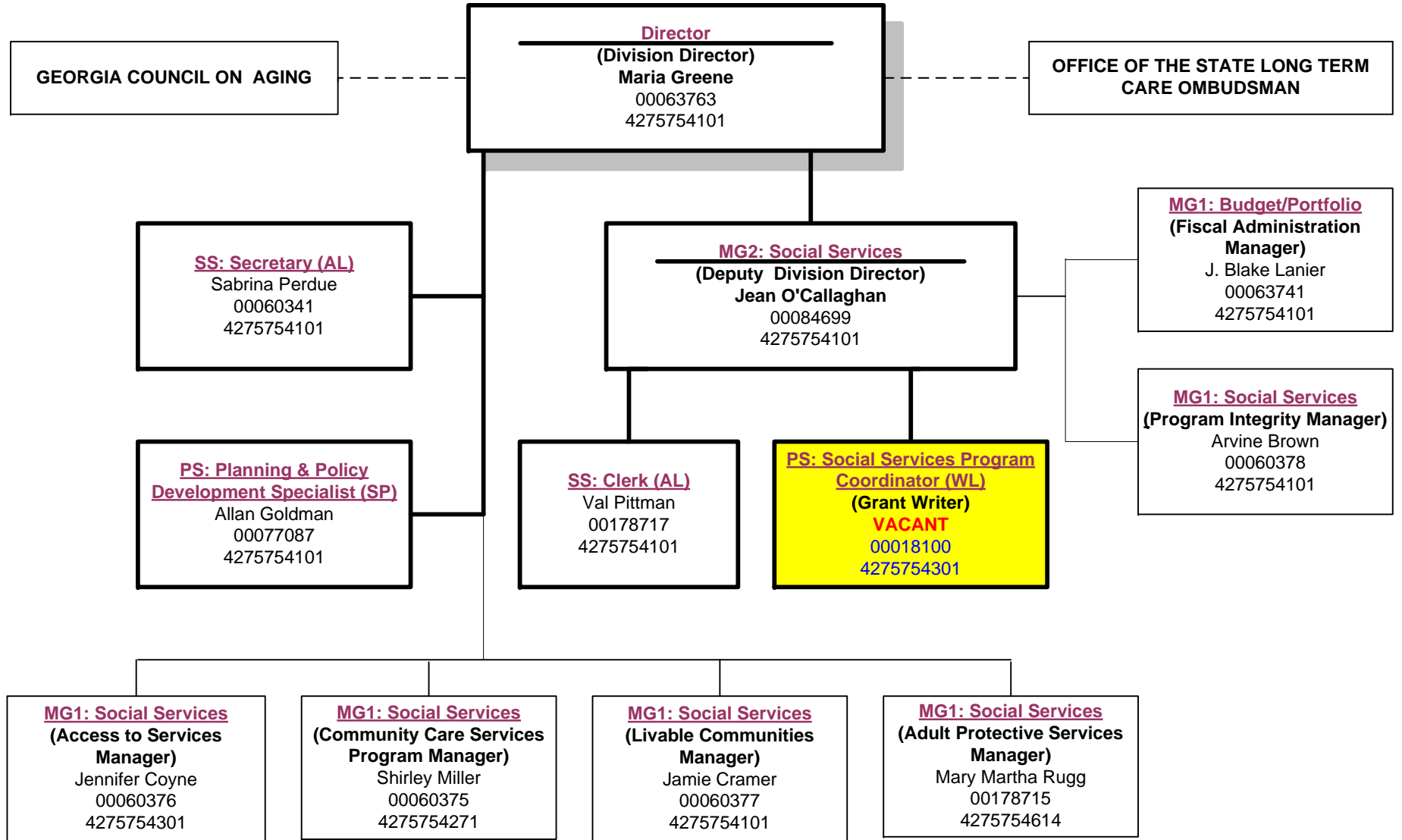
*Form may be photocopied if additional space is required.*

1. ADDRESS OF SITE	2. SITE INFORMATION		3. DESCRIPTION OF DELIVERABLES SERVICES, PRODUCTS, PROGRAMS, AND/OR OTHER DELIVERABLES
	% OF EMPLOYEES AT SITE	% OF TOTAL OPERATING BUDGET ASSIGNED TO SITE	
Headquarter Office (Downtown) Two Peachtree Street, NW Suite 9-270 Atlanta, GA 30303	26.76%	90.41%	Administration- Administers statewide system of services for senior citizens, individuals with disabilities and their families. Fiscal & Contracts Management of Program services; information services with technological advancements; and project administration.
APS District A Office 226 West Academy Street, SW Gainesville, GA 38501-3339 *Includes 3 regions	13.37%	2.41%	Program Operations – Investigate complaints of abuse, neglect and exploitation.
APS District B Office 2130 Kingston Court, Suite B Marietta, GA 30067-2277 *Includes 3 regions	13.37%	1.71%	Program Operations – Investigate complaints of abuse, neglect and exploitation.
APS District c Richmond County DFCS 520 Fenwick Street Augusta, GA 30903-8242 *Includes 3 regions	14.73%	1.93%	Program Operations – Investigate complaints of abuse, neglect and exploitation.
APS District D 3575 Macon Road Suite 26 Columbus, GA 31907-8242 *Includes 3 regions	15.05%	1.97%	Program Operations – Investigate complaints of abuse, neglect and exploitation.
APS District E 1777 South Georgia Parkway P.O. Box 1379(31502) Waycross, GA 31503 *Includes 3 regions	17.06%	2.23%	Program Operations – Investigate complaints of abuse, neglect and exploitation.

*Listings continued on reverse...*

# DIVISION OF AGING SERVICES

Director's Office  
Budgeted Positions: 6



**Organizational Profile**

**P.1 Organizational Description**

**P.1a Organizational Environment**

The Georgia Department of Human Resources, Division of Aging Services (DAS) leads and administers a statewide system of services for senior citizens, individuals with disabilities, their families, and caregivers throughout Georgia's 159 counties. We work with other agencies and organizations to effectively and efficiently respond to the needs of our key customers. DAS meets the challenge of these growing populations through continued service improvement and innovation. Since 2001, we have used the Malcolm Baldrige/Georgia Oglethorpe Criteria for Performance Excellence to drive that improvement.

DAS is one of four divisions located within the Georgia's Department of Human Resources (DHR). DAS is made up of six functional sections: Access to Services, Adult Protective Services, Community Care Services Program, Financial Administration, Livable Communities, and Program Integrity. The Long-Term Care Ombudsman Program and Georgia Council on Aging (CoA) operate as separate offices within DAS. CoA does not participate in Baldrige activities.

**P.1a (1) Main Product and Services**

The Governor has designated DAS as the State Unit on Aging (SUA), pursuant to the federal Older Americans Act (OAA). As the SUA, DAS is responsible for:

- Statewide planning, program development, training, technical assistance, advocacy, coordination, programmatic, contract, monitoring and evaluation, and administration of area plans;
- Designation of planning and service areas (PSAs) and Area Agencies on Aging (AAAs).
- Development and implementation of an Intrastate Funding Formula (IFF) used to allocate federal OAA and state funding to AAAs;
- Responsible for the development of the federally required State Plan on Aging and oversight and approval of Area Plans by the Area Agencies on Aging.
- Development and promulgation of state policies and procedures to carry out its programs and services.

DAS provides leadership and direction to the Aging Network and promotes the availability of consumer-directed and community-based long-term care options. DAS adheres to assurances, objectives and priorities set forth in the OAA (42 U.S.C. § 3001) such as:

- Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options;
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
- Empower older people to stay active and healthy through Older Americans Act services and prevention benefits under Medicare;
- Ensure the rights of vulnerable people and prevent their abuse, neglect and exploitation.

Most of DAS' products and services are delivered through suppliers, providers and partners, coordinated through the AAAs. DAS manages the delivery of these products and services through contracts with specific performance standards.

The Adult Protective Services Section (APS) is the exception to this delivery mechanism. As the statewide protective services agency, APS is required to receive, investigate, and provide interventions of

Figure P-1 Main Product and Services by DAS Section

Section	Products and Services Sampling
<b>Access to Services (AtS)</b>	-Group Community Education -Benefits/Resources Counseling for Medicare Beneficiaries -Legal Services -Training and Technical Assistance -Senior Medicare Patrol (SMP) Fraud Reporting -Information & Referral to Resources for the elderly and disabled -Case Consultation -Outreach to the general public
<b>Adult Protective Services (APS)</b>	-Investigation -Case Management -Community Education -Training -DHR Guardianship of Wards -Program Management/ Development -Emergency Relocation -Personal Care Home (PCH) Relocation -Consumer Fraud Prevention Program
<b>Community Care Services Program (CCSP)</b>	-Provider Management/Evaluation -Policies/Standards/Guidelines -Program Development -Care Coordination -Home and Community Based Services for Medicaid eligible consumers
<b>Director's Office (DIR)</b>	-Constituent Services Log -Written Communications/ Contracts Signature Review -Open Records Requests -Subpoenas, Legal requests & Court Requests - Frontline Team -Grants Management
<b>Financial Administration</b>	-Budget/Fiscal Management/ Support -Administrative Support (HR, Facilities, Telecom)
<b>Livable Communities (LC)</b>	-OAA Policies/Standards/Guidelines -Program Development -Senior Employment Placement & Retention -Caregiver Support and Education -Grandparents Raising Grandchildren Assistance -Wellness and Nutrition Screening -Home and Community Based Services for Non-Medicaid eligible consumers -Case Management
<b>Long-Term Care Ombudsman (LTCO)</b>	-Community Education -Knowledge/ Guidance for local LTCOs -Complaint & Problem Resolution -Resident Advocacy
<b>Program Integrity (PI)</b>	-Area Plans/ Contract Development/ Management -AIMS Data System Development/Maintenance -Quality Assurance Leadership -Monitoring Reports and Review Guides -Just the Facts Annual Report -State Plan -Operational/Strategic Plan -Surveys (Customer Satisfaction & Monitoring) -Emergency/Business Continuity Plan (BCP) - Training & Technical Assistance

reports of abuse, neglect and exploitation of disabled adults and elder persons living in the community. APS management occurs at Headquarters but APS provides direct services statewide, external to the AAAs. APS contains 5 district offices, covering 12 regions of the state, coinciding with PSA regions. Our key products and service are listed in Figure P-1.

**P.1a (2) Organizational Culture**

The DAS purpose, vision, mission, and values align with those of the DHR and the federal Administration on Aging (AoA). DAS uses these documents as the foundation of its decision making.

**Purpose**—To lead, maintain and develop new or improved programs to assist older citizens, persons with disabilities, and their families

**Vision**—Living Longer, Living Safely, Living Well

**Mission** - DAS, together with the Aging Network and other partners, assists older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives

**Values**—

- **Strong Customer Focus:** We are driven by customer, not organizational, need. Our decisions involve our customers and include choice.
- **Positive Work Environment:** We maintain a learning environment with opportunities to increase professional growth, knowledge, and stimulate creative thinking. We share a sense of family.
- **Accountability and Results:** We are good stewards of the trust and resources that have been placed with us. We base our decisions on data analysis and strive for quality improvement.
- **Teamwork:** Teamwork is the way we do business. Our decision-making is shared and everyone's opinion counts and is valued. From teamwork comes innovation, creativity, and opportunity. We are a "can do" group that gets things done.
- **Open Communication:** Communication is the lifeblood of organizations. Ours is open, two-way and responsive. We listen to our customers and partners and provide them accurate, timely information.
- **A Proactive Approach:** We anticipate the needs of our customers and advocate on their behalf.
- **Dignity:** We respect our intrinsic self-worth and that of all people.
- **Our Workforce:** Our workforce is this organization's best asset. We respect one another and treat one another with fairness and equity.
- **Trust:** We are honest with one another and with our customers. Integrity underlies what we do and who we are.
- **Diversity:** We value a diverse workforce because it broadens our perspective and enables us to better serve our customers.
- **Empowerment:** We believe in self-determination for our customers. We support the right of our customers and workforce to make choices and assume responsibility for their own decisions.
- **Excellence** - There is a spirit of excellence. A visionary approach to management where we seek to do new and unique things, especially as it relates to the needs of families.

**P.1a (3) Workforce Profile**

DAS' 290 full-time employees bring its culture of excellence to life each day by providing customer-focused, high quality services to consumers. DAS' employs 74 staff members at its Headquarters and 216 staff elsewhere in Georgia, with 214 of outstationed staff working for APS. All 290 employees are salaried State of Georgia employees; DAS does not have hourly employees or organized bargaining units. In July 2004, the Adult Protective Services Program was reassigned from

the DHR Division of Family and Children Services (DFCS) to DAS. As a result, DAS' highly centralized staff operation expanded to integrate APS functions and personnel statewide. Figure P-2 shows our current workforce profile.

Figure P-2 DAS Workforce Profile

Tenure Average 13 Years	Gender 90% Female	Age Average = 48	
Education		Ethnicity	
Associate Degree	4.4%	Caucasian	50%
Bachelor's Degree	25.0%	African American	48%
Master's Degree	12.4%	Asian	.34%
Doctorate (Ph.D, JD)	1.0%	Multiracial	1.03%

Full-time and eligible part-time employees have access to the following benefits: pension plans, health insurance, an Employee Assistance Plan, accrued leave time, a wellness program, tuition reimbursement, reward and recognition programs, and an alternative commuting program for employees at Headquarters. Optional flexible benefits include vision coverage, dental insurance, legal insurance, health and child care spending accounts, life insurance, accidental death and dismemberment, long-term care insurance, short term and long term disability insurance, and telework and alternate work schedules.

All employees are subject to health and safety guidelines set forth by the Office of Human Resources Management and Development (OHRMD). Special health and safety requirements are critical to APS, given the nature of its direct service responsibilities. APS provides safety guidelines through written procedure manuals, safety field guide, and safety tips for APS workforce and its customers.

**P.1a (4) Major Technology, Facilities and Equipment**

The Aging Information Management System (AIMS) is the web-enabled software system developed and maintained by DAS and DHR Office of Information Technology (OIT) with assistance from our partners AAAs and other Aging Network suppliers. This statewide system, designed specifically for DAS, automates planning and contracting, authorizing suppliers and services, tracking client and service data, and contains financial and payment data of AAAs and providers. AIMS contains APS legal case records including case documentation and investigation findings. AIMS is programmed in .Net, providing real-time access for users to enter and retrieve data. DAS stipulates minimum standards for hardware and software performance levels for AAAs and suppliers who utilize the system.

AIMS was identified by the National Association of State Units on Aging (NASUA) as one of 4 best practice models in the nation by the NASUA/AoA Information Systems Management Study in 2004. DAS and the Aging Network also use the Elderly Services Program and/or Client Health Assessment Tool (ESP/CHAT) software systems to collect client data for the Community Care Services Program (a Medicaid waiver program) and certain other specific services. DAS is currently working on enhancing the integration of CHAT with AIMS.

APS utilizes a state of the art telephone system in its Central Intake Center to accept reports of abuse, neglect, and exploitation. The system ensures business continuity of this function during disasters if Headquarters offices would be inaccessible. APS case managers and family service workers use cellular telephones, providing timely connection to health care and law enforcement professionals in the event of an emergency and to APS supervisory staff for guidance with complex client situations. The phones have Global Positioning System (GPS) navigation to help in locating client residences and other service delivery sites. APS supervisors use cellular modems to enhance their availability for remote consultation and collaboration on cases, client record reviews and access to reports for program management. Field

staff use digital cameras to efficiently collect, transmit, and interpret evidence during their investigations. They use computer tablets with broadband access to allow real-time entry of APS case information into AIMS, run reports and manage other client-related data.

Increasingly, DAS utilizes teleconferencing and WebEx to deploy communication and training throughout the Aging Network. For example, several times per year AAA meetings with DAS Senior Leaders occur by teleconferencing rather than in person. In 2008, DAS hosted a series of training sessions on mental health needs of older adults which were made available throughout the Aging Network via WebEx. DAS plans to utilize WebEx in 2009 to enhance its communications between Headquarters and outstationed staff.

In July 2007, DAS launched a new statewide, bilingual toll free number (1-866-55-AGING) as a single point of entry for information and assistance related to Aging Services. The telephone system provides an automatic connection to citizens' local AAA and access to the GeorgiaCares, Long-Term Care Ombudsman, Adult Protective Services, and DAS Headquarters.

DAS' major facilities include the Headquarters office located in downtown Atlanta at 2 Peachtree Street and 5 District APS offices located in Augusta, Columbus, Metro Atlanta, Waycross, and Gainesville, Georgia. In addition, APS field staff services clients in all 159 counties.

**P.1a (5) Regulatory Environment**

DAS' services and functions are regulated by a variety of other external government entities. Portions of our work are regulated by other Georgia state agencies, including the Department of Community Health (DCH), the Department of Labor, the State Personnel Administration, and the Georgia Technology Authority. Much of our budget is appropriated and authorized by the Georgia General Assembly. A variety of federal agencies also regulate portions of our work, including, the Centers for Medicare and Medicaid Services (CMS), Department of Agriculture, Administration on Aging, Office of Inspector General of the Department of Health and Human Services, Occupational Safety and Health Administration, Equal Employment Opportunity Commission, Environmental Protection Agency, and Centers for Disease Control and Prevention. Our work is also subject to the provisions of the federal Deficit Reduction Act, Government Performance Reporting Act and Health Insurance Portability Accountability Act (HIPAA).

**P.1b Organizational Relationships**

**P.1b (1) Governance System**

DAS is housed within DHR, the largest agency in Georgia state government, created by the Georgia General Assembly in the Governmental Reorganization Act of 1972. DHR is responsible for the delivery of health and social services, through regulatory inspection, direct service, contracted services and financial assistance programs. DHR's 19,000 employees manage over 80 programs in all 159 Georgia counties. Its four divisions are Aging Services; Public Health; Mental Health, Developmental Disabilities, and Addictive Diseases; and Family and Children Services. The DAS Director reports to the DHR Commissioner who directly reports to the DHR Board of Directors and the Governor.

DAS seeks transparency in its operations by providing the DHR Board, its Aging Subcommittee, and the DHR Commissioner's Office with regular communications regarding its operations, policies, and major accomplishments or challenges. The DHR Board Aging Subcommittee meets monthly, and DAS Senior Leaders provide fiscal and programmatic reports as well as an in-depth focus on one or more

programs or services to the Subcommittee members at every meeting. The Director or her designee meet weekly with the DHR Leadership Team and as needed with the Commissioner and others in the Commissioner's Office.

Because DHR is the host agency for DAS, it has a number of mechanisms to guarantee that its divisions are in compliance with federal and state law and policy. DHR has an important oversight role in DAS' budget, contracts, payments, and personnel actions. All of these functions are transparent to other entities within DHR.

The United States Congress passed the Older Americans Act (OAA) in 1965, establishing the primary vehicle for organizing and delivering community-based aging services through a coordinated system at the state level. OAA assurances require targeting services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

The United States Department of Health and Human Services Administration on Aging (AoA) is the federal focal point and advocacy agency for older persons and their concerns. AoA administers key programs at the federal level mandated under various titles of the OAA and works closely with its nationwide network of regional offices and state and area agencies on aging to plan, coordinate, and develop community-level systems of services. It also works to heighten awareness among other federal agencies, organizations, and the public about the valuable contributions that older Americans make to the nation and alerts them to the needs of vulnerable older people.

In addition, Georgia law establishes and governs a number of DAS programs, including APS, the Community Care Services Program (CCSP), and the Long-Term Care Ombudsman Program. With respect to Medicaid-funded programs (including CCSP and targeted case management services of APS), the federal CMS and the Georgia DCH provide regulatory oversight, as the administrating agencies of Medicaid-funded services.

**P.1b(2) Principal Customers, Stakeholders and Market Segments and their Requirements**

At the center of DAS' Leadership System are our key customers. See Figure P-3.

Figure P-3 Key Customer/Partners/Collaborators Expectations

Key Customer Groups	Key Requirements/Expectations
Older adults	Accurate information
People with disabilities	Reliable services
Families	Consistency of delivery and choice
Caregivers	Knowledgeable providers
Advocates	Affordable service options
Pre-retired adults	Available/accessible service options
	Able to live independent in the community;
	Trustworthy service providers
	Safety assurances
	Respectful treatment
	Representation to policy makers

**P.1b(3)(4) Role of Suppliers/Partners/Communication Mechanisms**

DAS has developed a comprehensive delivery system of services to older adults, individuals with disabilities, and their families. This delivery system encompasses AAAs and contracted service providers. A listing of key suppliers, partners and collaborators is shown in Figure P-4. A map of our service delivery system is depicted in Figure P-5.



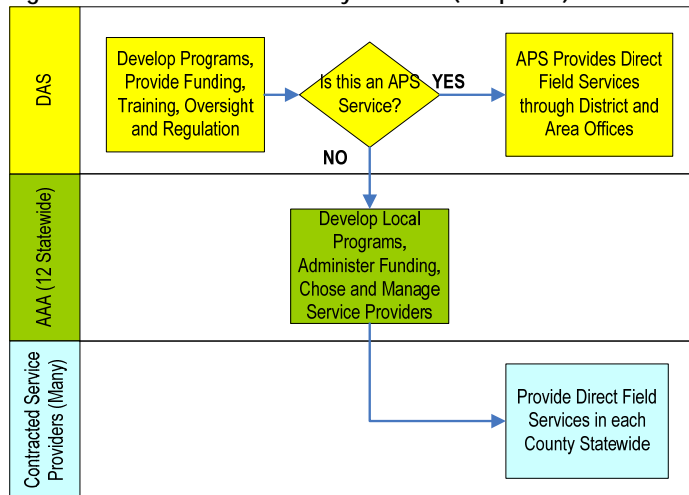
Figure P-4 Important Suppliers, Partners, and Collaborators

Important Suppliers, Partners, and Collaborators
<p><b>Partners - AAAs</b>  <b>Suppliers</b> - The Provider Network -- organizations, agencies, and contractors who provide services to DAS customers.  <b>Collaborators</b> - IT staff; DHR contracting; Law Enforcement; Court system; Businesses; Universities; Other Government Agencies; Civic Groups; Volunteer Groups; and Health Providers.  <b>Stakeholders</b> - Provider associations; Georgia General Assembly; other DHR offices; DCH; taxpayers; DAS staff; and the Governor's Office of Planning &amp; Budget.</p>

Key customers, partners, collaborators, and stakeholders have the same key requirements and expectations of DAS. Figure P-3 lists key requirements and expectations for products, services, and operations. Bi-annually, by environmental scan, DAS reaffirms the key customers, partner and stakeholder groups and market requirements, then makes adjustments to its plans as needed.

DAS partners and suppliers play a key role in the organization's success and innovation. The products and services which they provide directly impact the quality of services to consumers. The important relationship with suppliers and partners is fostered through effective communication and clear performance requirements. DAS communicates regularly with its partners and suppliers through one-on-one and group meetings, e-mail, telephone, fax, written communication (correspondence, surveys, and/or contracts), and policy.

Figure P-5 DAS Services Delivery Network (Simplified)



DAS' most important partners are AAAs and the Provider Network (i.e. suppliers). All three entities must work in concert to achieve our common goal: the delivery of high quality services to our key customers. We believe that a successful partnership requires a clear understanding of the roles of and benefits to all parties. As such, DAS has specific requirements and expectations of AAAs, and AAAs have specific requirements and expectations of suppliers.

DAS allocates federal and state funds to the PSAs using an AoA-approved Intrastate Funding Formula for most of its contracted services. The weighted funding formula takes into consideration the following seven factors: Total Service Allocation Amount for the State; Population of PSA 60+; Population of PSA 65+ and Low Income Minority; Population of PSA 65+ and Low Income; Population of PSA 60+ and Rural; Population of PSA 65+ and Disabled; or Population of PSA 65+ and have Limited English Proficiency.

The OAA requires that AAAs provide local matching funds for some programs. DAS assures that all funds are spent in accordance with applicable state and federal requirements and with sound fiscal

management practices. In the last quarter of the fiscal year, if there is a danger of lapsing dollars which would otherwise benefit key customers, DAS may choose to move funds from one AAA to another by contract amendment. DAS monitors AAA contracts and provides technical assistance, including a Uniform Cost Methodology (to assist in accurately identifying actual costs for specific services) for suppliers. Prior to contracting with an AAA, DAS reviews its Area Plan, including its budget. If DAS identifies gaps or problems in an Area Plan, staff work with the AAA to resolve these prior to DAS approval of the Area Plan and execution of the contract.

DAS monitors AAAs annually via compliance and supplier monitoring visits and customer satisfaction surveys. DAS work in the field with AAA staff and suppliers, observing operations, reviewing progress on expenditures and monitoring for potential lapse of dollars, and providing technical assistance to improve the quality of services.

DAS provides AAAs with allocation amendments throughout the year as various funding is received (e.g., income tax check off, federal fund disbursements, grant awards). DAS and AAAs amend contracts as needed to reflect changing needs and expenditures in the PSA. .

AAAs are a primary referral source for older consumers. AAAs provide Information and Access services through programs such as Gateway, Aging and Disability Resource Connection, GeorgiaCares counseling services, Kinship Care (also called Grandparents Raising Grandchildren), and Wellness Programs.

AAAs contract with suppliers using a competitive procurement process, selecting suppliers to provide direct services to key customers. Suppliers play critical roles in processes which are important to running the business and maintaining or achieving a sustainable competitive advantage. They directly provide services to consumers, including meals and other nutrition services, in-home services, legal services, employment assistance and ombudsman services.

[P.2 Organizational Challenges](#)

[P.2a Competitive Environment](#)

[P.2a \(1\) Competitive Position](#)

DAS competes for state and federal government funding with other human services organizations. Georgia long-term care service competitors include Service Options Using Resources in a Community Environment (SOURCE), a Medicaid-funded enhanced primary care case management program that serves Medicaid beneficiaries to improve the health outcomes of persons with chronic health conditions, by linking primary medical care with home and community-based services. Other competitors who provide long-term care services include nursing homes, assisted living (personal care homes), and other Medicaid waiver programs. In addition, a heightened focus by policy makers on children's issues and disabilities, Medicaid reform, and Medicare changes all impact our competitive environment.

DAS works collaboratively with its partners and stakeholders to provide the necessary services to the community, reducing unnecessary duplication of services and developing additional opportunities for improvement. We believe that our competitive position improves as we seek opportunities to innovate and collaborate with our partners and suppliers. Therefore, we encourage AAAs to use non-government funding sources. Examples of recent collaborative efforts to reduce service duplication and leverage services include partnerships with: Division of Family and Children Services -- creating the Grandparent Navigator service in 10 counties to help grandparents raising grandchildren access a wide variety of needed resources; The Division of Mental Health Developmental Diseases and Addictive Diseases -- supporting Aging and Disability Resource Connections to provide integrated access to services for aging and disabled populations; and The Emory-Fuqua Depression Center --

providing Peer Support Specialists for CCSP clients diagnosed with depression; Funding from the Georgia Department of Transportation to implement the recommendations of the Older Driver Task Force.

**P.2a (2) Principal Factors that Determine Success**

As federal and state budgets face extraordinary challenges, our competition for limited resources only increases. However, excellent management processes and consistently high performance increases our competitive advantage. Principle factors to determine DAS' competitive success include: accurate reporting of our performance data; availability of value-added data; ability to obtain additional funding and other resources; and brand recognition.

We continually strive to improve our efficiencies. We anticipate a competitive advantage as we make client data available in AIMS, thereby eliminating the need for duplicate data entry into two software systems, CHAT and AIMS.

**P.2a(3) Available Sources of Comparative/Competitive Data**

DAS compares its performance to others who provide aging, long-term care, and other services from a variety of comparative and competitive data sources, including: CMS, AARP, Malcolm Baldrige winners, Georgia Oglethorpe winners, other Georgia state agencies, and other state units on aging. We are limited in obtaining data when other state units on aging and other government entities do not collect comparable data. Some non-government providers do not have comparable performance data or are unwilling to share proprietary information.

**P.2b. Strategic Challenges and Advantages**

DAS determines our challenges and advantages as we develop our strategic plan (see Category 2). Our current list of strategic challenges and advantages are listed in **Figure P-6**.

DAS aligns strategic planning goals with both the AoA and DHR balanced scorecards then develops action plans to address current and long term challenges. In developing our action plans, we focus on plans that will support our sustainability. So we plan for achieving high quality consumer outcomes, managing our capacity to meet growing consumer needs, developing a high quality and diverse workforce, and meeting customer service expectations.

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**Figure P-6 Challenges and Advantages**

Key Strategic Challenges	Key Strategic Advantages
<ul style="list-style-type: none"> <li>Budget cuts from government</li> <li>Growth in aging population, customers with disabilities, and clients in need of protection</li> <li>Current infrastructure lacks supports to meet current or future demand for services</li> <li>Inadequate support processes (HR, IT, Contracting/ Budget)</li> <li>Inadequate marketing</li> <li>Consumer demand for long-term care shifting from facility-based services to in-home</li> <li>Waiting lists for services</li> <li>Consolidation of data from two separate software systems (CHAT &amp; AIMS)</li> </ul>	<ul style="list-style-type: none"> <li>Team based environment</li> <li>Partnerships internal and external to DAS</li> <li>Senior Leaders' support and advocacy for customers</li> <li>Management using data enabled by AIMS</li> <li>Mobile and agile workforce, with flexible work schedules</li> <li>Innovation with technology in service delivery and performance operations</li> <li>Experienced, knowledgeable, dedicated staff who earned national/ regional recognition</li> <li>Single entry for customers to access to services</li> </ul>

**P.2c Performance Improvement System**

DAS Leadership Team (LT) systematically focuses on organizational performance improvement and learning. LT reviews organizational performance by regularly reviewing DAS' organizational scorecard and facilitates improvement using the Plan-Do-Check-Act (PDCA) planning cycle. This approach promotes alignment and integration of all plans, processes, information, decisions, actions and results that support DAS', DHR's and AoA's strategic directions. The DAS performance improvement system includes the following elements:

- Results-Based Budget measures
- DHR and Division Operational Plan
- DAS Scorecard, SWOT Analysis and Environmental Scan
- Wildly Important Goals (WIG) – Franklin Covey
- Measurement and Analysis Plans (MAPs)
- On-going monitoring of programs and services performance
- Sharing of best practices
- Annual Baldrige Self-assessments (since 2001)
- Employee Satisfaction Survey and resulting recommendations
- Succession Planning
- DAS Excellence University
- DAS-Information Technology Team (DAS-ITs)
- Account Management Team (AMT) model
- MVV review process

The HOSHIN approach ties the organization together with a common sense of purpose and shared direction.. Hoshin Kanri Planning can be translated as policy, planning, and deployment, or management by policy. The current DAS HOSHIN overarching goal is: *“By the year 2011, Georgia will have the highest performing aging network in the US, that champions consumers living safer, healthier, more self reliant lives. ”*

In 2001, DAS began to use the Baldrige criteria for performance excellence as a tool for improvement and self evaluation. Since then, we have used the Baldrige framework to redesign our culture and organizational leadership system. **Figure P-7** highlights some of the key improvements that have been made since we adopted the Baldrige model in 2001.

**Figure P-7 Key Improvements Made by DAS**

Year	Key DAS Improvements
2001	<ul style="list-style-type: none"> <li>• First annual Baldrige Self-Assessment</li> <li>• Chartered work teams used for projects to solve problems and improve processes.</li> </ul>
2002	<ul style="list-style-type: none"> <li>• Annual MVV update process developed which includes feedback from employees.</li> <li>• New Employee Orientation process developed.</li> </ul>
2003	<ul style="list-style-type: none"> <li>• DAS Employee Satisfaction survey implemented.</li> <li>• Developed network-wide Measurement and Analysis Plans (MAPs) to track and manage program performance.</li> <li>• Established Division wide operating principles.</li> </ul>
2004	<ul style="list-style-type: none"> <li>• Standardized customer satisfaction surveys used throughout DAS to gain customer feedback on services.</li> <li>• Strategic Planning process developed to align state, federal and local plans and objectives.</li> </ul>
2005	<ul style="list-style-type: none"> <li>• Improved communications to employees via Director's weekly UR2NO e-mail updates.</li> <li>• Implemented Rewards/Sanctions policy for contractors.</li> </ul>
2006	<ul style="list-style-type: none"> <li>• Majority of AIMS functions become web- enabled.</li> <li>• Improved systematic individual/ team recognition of staff</li> </ul>
2007	<ul style="list-style-type: none"> <li>• Implemented new DAS HOSHIN to become the highest performing state unit on aging by 2011.</li> <li>• Developed new balanced scorecard to help DAS reach its HOSHIN goal.</li> </ul>
2008	<ul style="list-style-type: none"> <li>• Key processes defined, flowcharted and documented online via ODIS.</li> </ul>

<b>AAA</b>	Area Agency on Aging	An Area Agency on Aging (AAAs) is designated by a State Agency on Aging pursuant to the Older Americans Act (OAA) to provide a comprehensive and array of programs and services for older and vulnerable adults within a planning and service area for OAA programs. The Georgia Department of Human Resources Division of Aging Services designated 12 AAAs.
<b>AARP</b>		AARP is a nonprofit, nonpartisan membership organization that helps people 50 and over improve the quality of their lives.
<b>ADA</b>	American Dietetic Association	The organization of food and nutrition professionals committed to improving the nation's health.
<b>ADA</b>	Americans with Disabilities Act	The Americans with Disabilities Act of 1990, P.L. 101-336 prohibits discrimination by covered entities and ensures equal opportunity for qualified persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.
<b>ADRC</b>	Aging and Disability Resource Connection	The Aging and Disability Resource Center (ADRC) Program is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS). ADRCs serve as single points of entry into the long-term system for older adults and people with disabilities.
<b>AIMS</b>	Aging Information Management System	AIMS is the accountability and payment system developed and maintained by DHR Division of Aging Services and DHR Office of Information Technology with assistance from our partners, the Area Agencies on Aging and aging network providers. Adult Protective Services staff use AIMS as the data and case record documentation system.
<b>AMT</b>	Account Management Team	The AMT is the administrative and strategic vehicle that brings internal and external partner focus to operations by combining accountable and accessible expert focus on the Division of Aging Services management throughout the network.
<b>ANE</b>	Abuse, Neglect and Exploitation	ANE designates the primary areas of violation that the Adult Protective Services section investigates and attempts to impede and that the OAA targets for elder abuse prevention.
<b>AoA</b>	Administration on Aging	The Administration on Aging (AoA), an agency in the U.S. Department of Health and Human Services, is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. Its mission pursuant to the federal Older Americans Act is to develop a comprehensive, coordinated, and cost-effective system of long-term care that helps elderly individuals to maintain their dignity in their homes and communities. The AoA mission statement also is to help society prepare for an aging population. The AoA provides oversight for OAA funded programs through the Aging Network.
<b>APHA</b>	American Public Health Association	APHA is a diverse organization of public health professionals that works to improve public health
<b>APS</b>	Adult Protective Services	The Disabled Adults and Elder Persons Protection Act mandates that the DHR DAS Division Director conduct or have conducted investigations of abuse, neglect, or exploitation of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long-term care facilities. APS is the section of DAS that investigates reports, on behalf of the Division Director, deters the ongoing maltreatment of disabled adults and elder persons and seeks to prevent its recurrence through the provision of protective services that may range from information and referral to court ordered guardianship.
<b>AtS</b>	Access to Services	The Access to Services unit is responsible for programs and initiatives related to consumer access.
<b>BCP</b>	Business Continuity Plan	A Business Continuity Plan is a concept used to create and validate a logistical plan for how the organization will recover and restore interrupted critical functions within a predetermined time after a disaster or extended disruption.
<b>C<sup>3</sup></b>	Compliment, Comment and Complaint	The division wide comprehensive process and database to capture compliments, comments and complaints.
<b>CHAT</b>	Client Health Assessment Tool	CHAT is standardized software used to identify and prioritize consumer long-term care needs and as a case management tool to assess and care plan for individualized client needs.

CLA	Community Living Arrangements	A Community Living Arrangement is any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, supports, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases.
CoA	Council on Aging	The Georgia Council on Aging (GCoA) is established by state law to serve in an advisory capacity to the Governor, the General Assembly, DHR and its Board of Human Resources, and all other state agencies in matters relating to the elderly. Additionally, the Council provides leadership to the Coalition of Advocates for Georgia's Elderly (CO-AGE), researches aging issues, publishes fact sheets and other educational materials to increase public awareness and understanding of issues of concern to Georgia's older adult population.
CCSP	Community Care Services Program	CCSP provides home and community-based Medicaid services to nursing home eligible consumers and gives consumers the choice of remaining in the community. The Division of Aging Services (DAS) operates the CCSP and contracts with the 12 Area Agencies on Aging (AAAs) to provide local program management and coordination. The Department of Community Health Division of Medicaid is the administrative and fiscal authority for the CCSP, a §1915(c) Medicaid waiver program approved by the federal Centers for Medicare and Medicaid Services (CMS).
DAS	Division of Aging Services	The Georgia Department of Human Resources Division of Aging Services is the entity designated by the Georgia Governor and state legislature to administer, manage, design and advocate for benefits, programs and services for the senior citizens, their families and caregivers.
DAS EU	DAS Excellence University	DAS Excellence University is a staff directed education-training initiative that focuses individual and organizational need for DAS' constancy of purpose, excellence, quality, institutional knowledge, and leadership. DAS EU was based upon expertise of Deming, Drucker and Covey, corporate leadership training models, and <i>Shu Ha Ri</i> , the Japanese learning concept for improving excellence. DAS EU courses include course categories of Education and Training, Health and Wellness, and the Virginia J. Clark Lunch & Learn Series.
DAS ITS	Division of Aging Services and Information Technology	The name assigned to the joint Division of Aging Services and Office of Information Technology team that handles system development and maintenance for the Division's computer system.
DCH	Department of Community Health	The Georgia Department of Community Health (DCH) serves as the lead agency for health care planning and purchasing issues in Georgia. DCH is the State Medicaid Authority.
DFCS	Department of Family and Children Services	The Georgia Department of Human Resources, Division of Family and Children Services (DFCS) investigates child abuse; finds foster homes for abused and neglected children; helps low income, out-of-work parents get back on their feet; assists with childcare costs for low income parents who are working or in job training; and provides numerous support services and innovative programs to help troubled families.
DHR	Department of Human Resources	DHR is Georgia's human service agency whose mission is to strengthen Georgia families by providing services through about 80 programs that ensure their health and welfare.
DIR	Director	The Director of the Division of Aging Services provides oversight of fiscal and contractual administration, policy and standards, program management, and publications and outreach.
DM	District manager	DM is the individual responsible for managing one of the 5 districts (that include one or more Regions) of the Adult Protective Services program, the DM manages staff, program, and operations. DM is on the APS Leadership Team.
DON-R	Determination of Need – Revised	The DON-R is a validated, standardized screening tool used by DAS programs and the AAA Gateway staff to determine level of impairment and unmet needs. The DON-R defines the factors which help determine a person's functional capacity and any unmet need for assistance in dealing with these impairments.
DP	Development Plan	The DP is the assessment and documentation related to needed and desired skills of expertise for an individual's job function.

<b>EAP</b>	Employee Assistance Program	The EAP offers professional and confidential counseling services for any personal problem that may interfere with job performance and overall well-being.
<b>ELAP</b>	Elderly Legal Assistance Program	ELAP provides persons 60 years of age and older legal representation, information, and education in civil legal matters.
<b>ESP</b>	Elderly Services Program	ESP is a comprehensive software program with client and provider service components.
<b>FA</b>	Fiscal Administration	The FA section of the division provides fiscal and contractual oversight for the division.
<b>FF</b>	Funding Formula	The Division uses funding formulas to allocate federal Older Americans Act and state funding to Area Agencies on Aging.
<b>GAAP</b>	Generally Accepted Accounting Practices	GAAP is the standard framework of guidelines for financial accounting used in the United States of America. It includes the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.
<b>GASB</b>	Governmental Accounting Standards Board	The GASB sets standards of financial accounting and reporting for state and local governmental units.
<b>Gateway</b>		Gateway is the label used to designate the entry point for services provided by the Area Agencies on Aging to seniors and their caregivers.
<b>GBA</b>	Georgia Building Authority	The Georgia Building Authority (GBA) is responsible for all services associated with the management of 48 buildings and various facilities located in the Capitol Hill Complex in Atlanta, Georgia.
<b>GEMA</b>	Georgia Emergency Management Agency	GEMA is the Georgia Office of Homeland Security agency that provides a comprehensive and aggressive all-hazards approach to mitigation, preparedness, response, recovery and special events.
<b>GGG</b>	Georgia Gerontology Society	The Georgia Gerontology Society is a large state organization in the field of aging. It enhances public awareness of the needs of older persons and collaborates with other organizations to expand services to seniors.
<b>GIS</b>	Geographic Information System	A geographic information system (GIS) integrates hardware, software, and data for capturing, managing, analyzing, and displaying all forms of geographically referenced information.
<b>GPRA</b>	Government Performance and Results Act	The Government Performance and Results Act of 1993 is one in a series of United States laws designed to improve government project management.
<b>HCBS</b>	Home and Community Based Services	The Home and Community Based Services (HCBS) program makes available a variety of services to individual consumers, and to groups of consumers, to support and assist older Georgians in staying in their homes and communities.
<b>HIPAA</b>	Health Insurance Portability and Accountability Act	The Health Insurance Portability and Accountability Act, of 1996, ("HIPAA") P.L. 104-191 and its regulations provide for health insurance reform, detection of health care fraud/abuse, and administrative simplification, including the privacy of protected medical information, security of electronic transmission and codes, and electronic data interchange.
<b>HR</b>	Human Resources	HR is a term to describe the combination of administrative personnel functions with performance, employee relations and resource planning
<b>ICF/MR</b>	Intermediate Care Facilities for the Mentally Retarded	An institution which specializes in providing an intermediate level of care to mentally retarded clients residing in the facility. The intermediate level of care provided includes the provision of shelter, food (including special diets), laundry and personal care services and a program of active treatment if participating in the Medical program.
<b>IFF</b>	Intrastate Funding Formula	The Intrastate Funding Formula is required by the Older Americans Act (OAA), approved by Administration on Aging (AoA) and used by the SUA to calculate and distribute the federal and state allocations to Georgia's 12 Area Agencies on Aging (AAAs).
<b>Inter-Intra</b>	Inter-office and Intra-office	Intra-office communication takes place among entities within the division. Inter-office communication involves entries within the division conversing with entities outside the division.
<b>LC</b>	Livable Communities	LC provides individual and groups services for non-Medicaid eligible home and community based services (HCBS). Programs include: Caregiver, Kinship Care – Grandparents Raising Grandchildren, Nutrition and Wellness, and Older American Community Services Employment Program.

<b>LEP/SI</b>	Limited English Proficient (LEP) and Sensory Impaired (SI)	Federal civil rights, disability laws, and regulations are the basis of policies within the state and within social services agencies to ensure access to services for individuals with limited English proficiency and/or sensory impairment (LEP/SI). The policy of the Georgia Department of Human Resources is to provide meaningful language access to limited English proficient and/or sensory impaired customers to all programs and activities conducted or supported by the department.
<b>LMS</b>	Learning Management System	LMS is a web-based learning infrastructure offering training administration, skill and competency management and other tracking related to employee certification and training.
<b>LOS</b>	Length of Stay	LOS is a basic Medicaid eligibility requirement related to the period a client is in the hospital. It also related to length of stay in home and community based services (i.e. CCSP and HCBS) as a cost savings to institutional care.
<b>LT</b>	Leadership Team	The Leadership Team is composed of the program administrators or managers of the various sections in the division
<b>LTCO</b>	Long-Term Care Ombudsman	LTCO seeks resolution of problems and advocates for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents.
<b>MAPs</b>	Measurement and Analysis Plans	A DAS work team created the MAPs form and format for all of DAS to use for measuring, analyzing, aligning, and improving performance. DAS improved the form in 2007. All MAPs are available in one Access database.
<b>MUD</b>	Managing Using Data	This was the Hoshin goal selected by DAS Leadership team in 2003(?) to move the DAS aging network toward using data to make decisions concerning service delivery, improving customer satisfaction, and quality of the comprehensive aging services in Georgia.
<b>MVV</b>	Mission, Vision and Values	The mission, vision and values statements for the Division embody the Division's purpose and focus for strategic planning and review related to alignment for priorities.
<b>n4a</b>	National Association of Area Agencies on Aging	N4A is the umbrella organization for Area Agencies on Aging that advocates to ensure that needed resources and support services are available to older Americans.
<b>NALSD</b>	National Association of Legal Services Developers	NALSD is the national association of individuals in each state who is responsible for providing leadership in developing legal assistance programs for persons 60 years of age and older and plays a key role in assisting states in the development and the provision of a strong elder rights system.
<b>NAPIS</b>	The National Aging Program Information Systems	NAPIS is the computer system that stores the annual performance reports completed by the states to comply with AoA reporting requirements.
<b>NAPSA</b>	National Adult Protective Service Association	NAPSA is a national non-profit organization to provide state Adult Protective Services (APS) program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse.
<b>NASOP</b>	National Association State Long-Term Care Ombudsman	NASOP is a nonprofit organization composed of state long-term care ombudsmen representing their state programs created by the Older Americans Act.
<b>NASUA</b>	National Association of State Units on Aging	NASUA is a non-profit association representing the nation's 56 officially designated state and territorial agencies on aging.
<b>NH</b>	Nursing home	Any facility who primarily provides skilled nursing care and related services to residents who require medical or nursing care; rehabilitation services to the injured, disabled, or sick; or on a regular basis, health care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which is available to them only through these facilities, and is not primarily for the care and treatment of mental diseases.
<b>NORC</b>	Naturally Occurring Retirement Communities	A NORC is a community or neighborhood where residents remain for years, and age as neighbors, until a Naturally Occurring Retirement Community develops.
<b>Novell GroupWise</b>		GroupWise is the software product from Novell, Inc. offering e-mail, calendaring, and document management.

<b>OAA</b>	Older Americans Act	The Older Americans Act of 1965, as amended, P.L. 89-73 established the Administration on Aging, and authorized grants to States for community planning and services programs, as well as for research, demonstration, and training projects in the field of aging. Later amendments to the Act added grants to Area Agencies on Aging for local needs identification, planning, and funding of services, including but not limited to nutrition programs in the community as well as for those who are homebound; programs which serve Native American elders; services targeted at low-income minority elders; health promotion and disease prevention activities; in-home services for frail elders, and those services which protect the rights of older persons such as the long term care ombudsman program. Law reauthorizes the OAA every five years and provides for a White House Conference on Aging every decade.
<b>ODIS</b>	Online Directives Information System	ODIS is the repository of the comprehensive policy and process manuals for the Department of Human Resources which is accessed via the web. .
<b>OHRMD</b>	Office of Human Resources Management and Development	OHRMD is the state agency designated to improve organizational effectiveness through collaborative, responsible, and innovative human resource management and development services.
<b>OIT</b>	Office of Information Technology	The Office of Information Technology provides computing, applications management, IT procurement, network, and telecommunications services to all divisions and offices of the Georgia Department of Human Resources.
<b>OMB</b>	Office of Management and Budget	OMB is the federal Executive Branch agency that oversees the President for the preparation of the federal budget and supervises its administration in Executive Branch agencies. OMB evaluates the effectiveness of agency programs, policies, and procedures, assesses competing funding demands among agencies, and sets funding priorities. In addition, the OMB oversees and coordinates the Administration's procurement, financial management, information, and regulatory policies.
<b>OPB</b>	Office of Planning and Budget	The Governor's Office of Planning and Budget provides state budgeting data, strategic planning information and other quality information and consultative services to decision makers and other stakeholders in state government
<b>PCH</b>	Personal Care Home	Any dwelling that provides or arranges for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage. (Personal services include but are not limited to individual assistance with and supervision of self-administered medications and essential activities or daily living such as eating, bathing, grooming, dressing, and toileting.)
<b>PDCA</b>	Plan-Do-Check-Act	The plan–do–check–act cycle is a four-step quality improvement model for carrying out change.
<b>PI</b>	Program Integrity	Provides programmatic oversight of the AAAs, quality assurance, data analysis, research and evaluation, and compliance monitoring for DAS.
<b>PMF</b>	Performance Management Form	The PMF is the State Personnel Administration tool designed to document employee performance.
<b>PMP</b>	Performance Management Plan	The PMP specifies the targets of job responsibility expectations, behaviors, skills, and steps of improvement identified by an administrator and staff person for employee development.
<b>POMP</b>	Performance Outcomes Measures project (POMP)	POMP is the effort sponsored by the Administration on Aging to develop and field-test a core set of performance measures for state and community programs on aging operating under the Older Americans Act (OAA).
<b>PSA</b>	Planning and Service Area	The Older American Act (OAA) mandates that State Agencies on Aging designate PSAs and that they consider the geographical distribution of older individuals in the State, the comments of older adults, AAAs, and public officials, the incidence of the need for supportive services divide and divide their territory into distinct planning and service areas in accordance with OAA guidelines.
<b>RDC</b>	Regional Development Center	Regional Development Centers (RDCs) are multi-county planning and development agencies serving municipal and county governments in different areas of the state, pursuant to state law. For purposes of the Older Americans Act (OAA), RDCs are units of general purpose local government.

<b>RWRW</b>	Right Work, Right Way	In December 2006, DHR initiated the Right Work, Right Way (RWRW) initiative for staff providing excellent customer service in conjunction with the Governor's initiative for Georgia to become "The Best Managed State" based on providing faster, friendlier, and easier customer service.
<b>SFY</b>	State Fiscal Year	The state fiscal year or budget year begins on July 1 of one year and ends on June 30 of the following year.
<b>SMP</b>	Formerly known as Senior Medicare Patrol	The Administration on Aging program designed to target Medicare fraud and abuse.
<b>SOURCE</b>	Service Options Using Resources in a Community Environment	A State Plan enhanced primary care case management program that serves frail elderly and disabled beneficiaries
<b>SPA</b>	State Personnel Administration	The SPA is the central personnel agency of the state of Georgia, providing human resource (HR) and benefit programs, products and services to all state entities and employees.
<b>SPMS</b>	Strategic Performance Management System	Process implemented by DHR to measure performance improvement for all of DHR programs and services.
<b>SPP</b>	Strategic Planning Process	The SPP is the process by which DAS defines objectives and assesses both the internal and external situation to formulate strategy, implement the strategy, evaluate the progress and make adjustments as necessary to stay on track.
<b>SUA</b>	State Unit on Aging	"State Units on Aging" is the commonly used name for State Agencies on Aging as referred to in the federal Older Americans Act. They are agencies of state and territorial governments designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs and services for the elderly and their families and, in many states, for adults with physical disabilities.
<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats	SWOT is an analysis to identify an organization's advantages and challenges.
<b>T&amp;TA</b>	Training and Technical Assistance	Education and assistance provided to assist contactors meet mandates, standards, policies and program requirements.
<b>TCM</b>	Targeted Case Management	Case Management provided to a select group of individuals to identify needs and risks and to refer for appropriate services and or interventions. Direct case management services provided by APS staff to reduce risk of ANE. Medicaid Waiver fund source.
<b>UAT</b>	User Acceptance Testing	User Acceptance Testing (UAT) is the trial and review process conducted by the owner or client of the object under test to confirm that the modification or addition meets requirements.
<b>UR2NO</b>		UR2NO is the name for the regularly disseminated email communication updates issued by the Director of the Division of Aging Services to staff.
<b>WIG</b>	Wildly Important Goals	A WIG is one of the Four Disciplines of Execution from Franklin Covey.
<b>WPP</b>	Workforce Planning Project	WPP is the name assigned to the DAS project to assess and plan the structure of jobs, sections and needs for the future.



## CATEGORY 1: LEADERSHIP

### 1.1 Senior Leadership

The Division of Aging Services Leadership Team (DAS LT) provides direction and management by focusing on customer, financial, workforce, and internal operation priorities. Membership includes the:

- Director,
- Deputy Director,
- Legal Counsel,
- Budget Officer, and
- Managers of each section.

Additional staff who regularly participate in Leadership Team meetings include the:

- Quality Advisor,
- Area Plan Operations Analysis Manager and
- Department of Human Resources partners for Communication, Information Technology, and Human Resource Development.

Maria Greene, Director of DAS, is frequently recognized for her exceptional leadership skills. For example, she received the Governor's Commendation for Customer Service Award in July 2008 and the Southern Gerontological Society Applied Gerontologist Award for Leadership in April 2008. Ms. Greene, reports to the Chief Operating Officer of the Department of Human Resources.

During difficult economic times, such as the current fiscal year, the leadership approach of DAS LT has been tested more than ever. On August 1, 2008, the Governor's Office of Planning and Budget (OPB) required all state agencies to submit budget reduction plans due to declines in state revenues. To date, the six percent reduction to DAS has included termination or reduction of services to our key customers, including services that provide respite support to caregivers of individuals with Alzheimer's Disease, assisting low-income individuals access low-cost prescriptions, initiatives to promote wellness in seniors, and payment increases to providers of community-based long-term care.. Administration budget reductions have included restrictions on travel and supplies, hiring restrictions, monthly furlough days for many employees, and suspension of all raises.. Due to the economic condition of the state, additional reductions are under consideration.

Throughout this difficult decision-making process, DAS LT has been proactively seeking involvement of impacted partners (especially AAAs and aging advocates), focusing on clear communications with employees, and articulating both the process and the priorities used in making these painful, yet required, funding reduction decisions. DAS' quest for excellence continues, in spite of these significant challenges to every level of its operations.

#### 1.1a Vision and Values

##### 1.1a(1) Setting And Deploying Vision and Values

The Mission, Vision and Values (MVV) of DAS provide a common focus and foundation for the work of DAS at all levels of the organization (see the Organizational Profile, below, for the current version of the MVV). The LT created DAS' first version of the MVV in 1996, with input from key staff. Since that time, LT has annually reviewed, and, as needed, revised these statements with input and collaboration from DAS as a whole.

The Division Director annually solicits suggestions of all staff by e-mail in a inclusive approach. LT compiles the suggestions which are then voted on by the entire staff. LT deploys the revised MVV to all staff by e-mail, during Dialogue with the Director meetings, and by prominently posting the MVV in DAS offices.

As our organization has evolved over the years, the MVV statements have been refined -- integrating new perspectives, customers, and services -- numerous times using this catchball process. This process also serves as an annual reminder of the importance of the role of these statements and the responsibility of each staff member in carrying them out through their work.

DAS developed its system model -- depicted by a moving ship (**Figure 1.1-1**) -- using a combination of several organizational leadership systems. At the center of the DAS leadership system are our key customer groups -- older adults, individuals with disabilities, families, caregivers, advocates, and pre-retired adults. The needs of these customers serve as the focus of the DAS strategic plan. The "DAS Ship" incorporates our MVV, organizational culture, philosophy of organizational excellence, and Plan Do Check Act (PDCA) model for improvement. All employees are aware of the leadership system, which is displayed at various locations in DAS offices, reminding us of the principles critical to DAS in the delivery of high quality and excellent service.

Senior Leaders' personal actions reflect a commitment to the organization's values evidenced by:

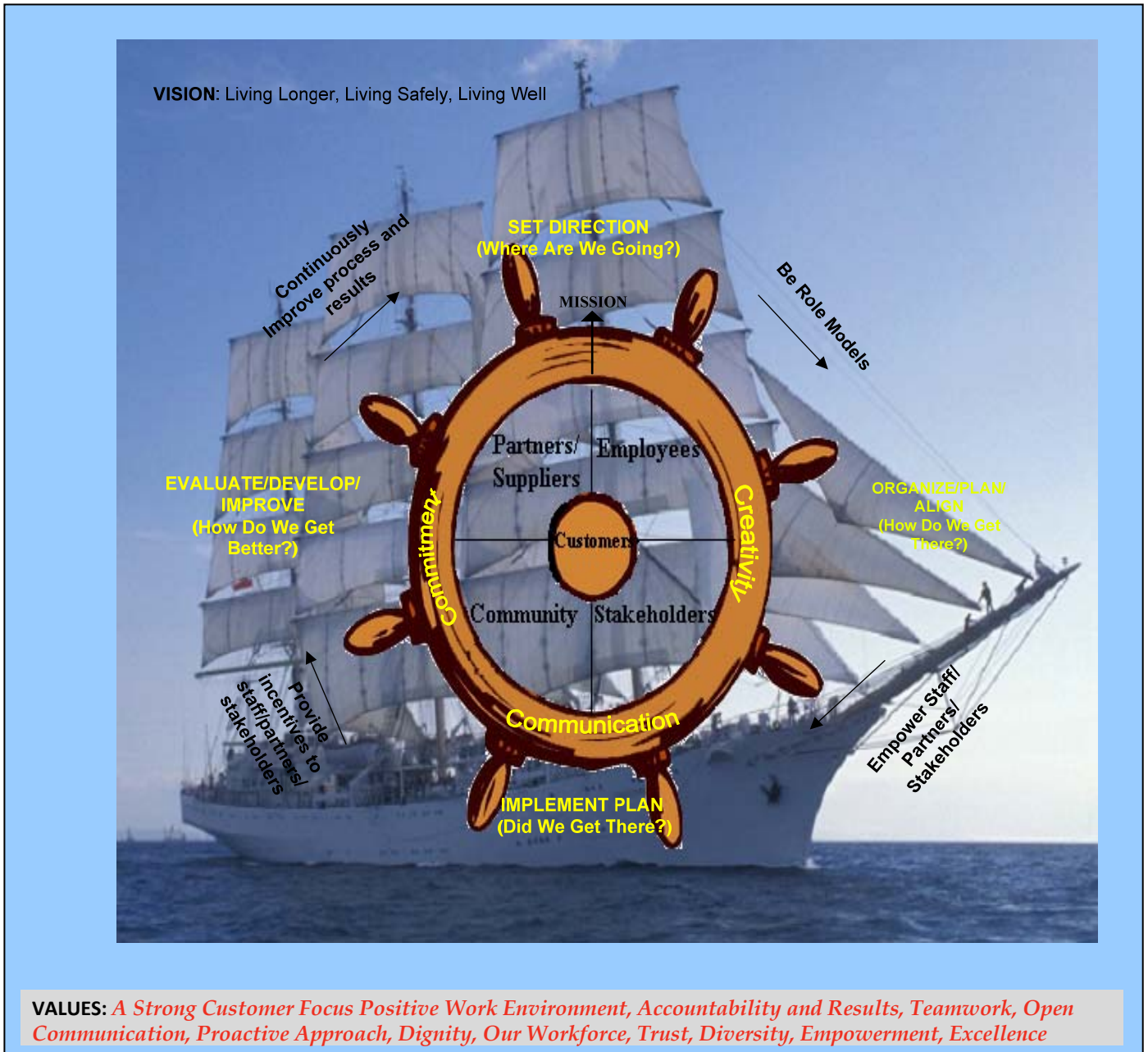
- Review of customer satisfaction surveys results to identify opportunities for improvement;
- Encouraging good communication through an open-door policy with all staff;
- Promotion of a team-based culture where a member of the Leadership Team serves as a sponsor of each chartered team;
- Review of employee satisfaction results annually to identify areas for improvement and develop plans to improve;
- Regular communication of changes in operations, strategic planning, budget enhancements or reductions, and the MVV;
- Recognition of accomplishments and celebration of successes; and
- Providing oversight of and accountability for fiscal and contractual resources

See **Figure 1.1-2** for more information about leadership system elements.

##### 1.1a(2) Promoting Legal and Ethical Behavior

As is the case for all Georgia Department of Human Resources (DHR) employees, DAS staff are bound by state law and the Governor's Executive Orders concerning legal and ethical behavior (see for example, Codes of Ethics and Conflicts of Interest, O.C.G.A. § 45-10-1 et seq.). DHR requires all new employees to take Standard of Conduct and Ethics in Government training, tracking completion through DHR's Learning Management System. In addition, new employees receive training during DHR orientation, including topics such as ethics, confidentiality, information security, and sexual harassment. DHR's Office of Human Resource Management and Development routinely sends notices regarding policy and training opportunities related to legal and ethical behavior.

Figure 1.1-1 The DAS Leadership Model



DAS senior leadership is very engaged in all aspects of legal and ethical compliance from setting policies (including consequences for non-compliance), to deploying these policies, to recognizing outstanding performance of DAS staff and partners such as the Area Agencies on Aging (AAAs).

Senior leadership encourages all DAS staff to abide by ethics requirements and to ask questions when they need clarification. Staff also have additional resources to clarify ethical and legal issues including the DAS Legal Counsel and the DHR Ethics Officer (required by 2003 Executive Order).

Specific programs and services within DAS' purview are subject to specific legal and ethical requirements. For example, there are distinctive confidentiality parameters for Adult Protective Services,

the Elderly Legal Assistance Program, and the Long-Term Care Ombudsman Program. Senior leaders educate appropriate staff regarding these distinctive requirements and incorporate them into policies as needed. Please see item 1.2 and Figure 1.1-1 for much more detail about how we meet and exceed regulatory requirements.

**1.1a(3) Creating A Sustainable Organization**

In order to continue DAS' high quality of performance both now and in the future, DAS continuously evaluates and seeks to improve its performance and supports current and future leaders.

**Planning and Performance Improvement:**

Senior Leaders set the stage for an environment focused on performance improvement and agility through the development of an overarching direction (also known as the HOSHIN), consistent with

our MVV. Then we define the objectives that will move DAS in that direction. Our current HOSHIN is:

By the year 2011, Georgia will have the highest performing aging network in the US, that champions consumers living safer, healthier, more self reliant lives.

After identifying the HOSHIN, Senior Leaders perform a situational analysis. This involves analyzing our internal and external environment and our Strengths, Weaknesses, Opportunities and Threats (SWOT). From this situational analysis, Senior Leaders formulate objectives in each of the key performance areas of 1) customer/client, 2) financial, 3) employee, and 4) internal process. These make up our Balanced Scorecard/Dashboard, providing the framework to develop objectives and improve our performance in a balanced, multifaceted manner. (See Figure 2.1-3).

Senior Leaders identify the areas of alignment between these objectives and our MVV. We sometimes refer to this as the "golden thread" that links all planning initiatives together. Then, because we provide services within the broader contexts of departmental, state and federal performance, Senior Leaders also identify the areas of alignment between the DAS scorecard and these external scorecards (see Category 2 for more details on strategic planning).

To evaluate our progress in meeting these objectives, each section within DAS identifies key measures based on the DAS Balanced Scorecard. We call these our Measurement and Analysis Plans, or MAPs. (See Category 4 for more detail). In addition, DHR establishes Wildly Important Goals (WIG) measures for each division or office, which are reported by senior leaders to DHR Commissioner and fellow Division Heads in weekly cadence meetings.

DAS LT reviews WIG and MAP measures quarterly and annually, providing LT and specific program owners opportunities to evaluate performance and make decisions regarding new strategies to achieve better outcomes.

As a result of the previous DAS HOSHIN, which focused on managing using data, DAS developed state-of-the-art web-enabled software, the Aging Information Management System (AIMS) to collect data related to all of its services. This technology provides Senior Leaders with the data needed to generate many of the measures we use to constantly evaluate and improve our performance.

In addition to reviewing these performance measures, Senior Leaders and program owners communicate with our partners regularly. For example, Senior Leaders have bi-monthly meetings with the Area Agencies on Aging (AAAs) to facilitate performance improvements of direct services provided by the AAAs.

As changing resources or other environmental factors impact our ability to meet our objectives -- as we have with the current budget reductions -- these planning, review, and communication processes enable DAS to be quick, agile and proactive.

#### **Supporting and Developing Strong Leaders:**

DAS Senior Leaders develop future organizational leaders by promoting a learning environment and succession planning. Part of our Values statement reads: "The Division maintains a learning environment with opportunities to increase professional growth, knowledge, and stimulate creative thinking." DAS supports its staff through a variety of professional growth opportunities.

DAS prides itself on the many examples of its staff serving as leaders of national associations, including the National Association of State Units on Aging, the American Dietetic Association, the National Association of Legal Services Developers, and the National Association of State Long-Term Care Ombudsman Programs.

DAS staff are often presenters or participants at state, regional and national training events and professional conferences. While DAS has traditionally supported staff who wish to attend national, regional, and statewide training events, currently budget constraints limit such training opportunities. Our hope is that our support for professional conferences will resume in the future. In the meantime, however, DAS continues to support development opportunities for the staff through free webinars and conferences and organization-sponsored seminars. Some staff personally invest in their own professional development.

One recent innovation has been the DAS Excellence University (DAS EU), a training program which provides innovative ways to assist DAS members to grow professionally and personally. DAS EU utilizes electronic communication and videoconferencing to facilitate communication with all staff. DAS employees as well as invited guest speakers serve as instructors in such topics as:

- "Running for Your Life" (DAS runners share their health routines and experience from the July 4, 2008 Peachtree Road Race),
- "DAS Jeopardy" (cultural competency focus in honor of Black History Month),
- "So You Have to Do a Presentation" (series of trainings presented by Toastmasters);
- "Memoranda of Understanding" (presented by DHR Legal Counsel with Office of Financial Services); and
- "Strategic Management."

Each DAS employee receives an annual Performance Management Plan (PMP), which contains an Employee Development Plan. This enables each employee to have a personalized professional development plan, agreed upon by the employee and their supervisor, and approved by the DAS Director.

In order to develop strong leaders for DAS' future, Senior Leaders established a formal succession planning process, developed by an employee team. The first Succession Planning class began in June 2008 with 4 candidates. The Succession Planning curriculum includes participation in DAS LT meetings; leadership and supervisory training opportunities; and meeting with DHR leadership. Each trainee receives a mentor who is responsible for providing learning opportunities and tasks to expose the Succession Planning participant to the work of the organizational unit under his/her oversight. A primary expectation is for the participants to identify an organizational "gap" or need and to develop a project, which addresses that need. The duration of a Succession Planning cycle is one year and concludes with a presentation of the project findings and recommendations.

In the summer 2008, the LT launched a new process for program owners to support learning and creative problem solving: the Account Management Team (AMT). , designed to:

- Allow employees who represent various services and functions within DAS to holistically integrate creative service solutions and best practices tailored to each AAA.

- Determine gaps (internally within DAS and with each AAA) and implement process improvements.
- Promote within each DAS section broader knowledge regarding initiatives, challenges, or improvements for individual AAAs.
- Increase efficiencies through improved communication.
- Continually increase quality services in all AAAs.

Regional Coordinators share the results of their respective AMT meetings with DAS LT and follow through with the AAAs as needed. DAS is implementing a quarterly AMT cycle beginning January 2009 to coincide with entering programmatic and fiscal data into the Aging Information Management System (AIMS).

### 1.1b Communication and Organizational Performance

#### 1.1b(1) Communication and Recognition

DAS values open communication among its staff. The DAS Director models the importance of communication through mechanisms like her UR2NO notes (a weekly e-mail communication to all staff) and quarterly Dialogue with the Director meetings with staff located at Headquarters. During Dialogue with the Director meetings, section leaders report on important activities of their respective sections. The Director communicates important developments and recognizes employees with Georgia Faithful Service Awards and other achievements. We have utilized teleconferencing to provide access to the Dialogue with the Director meetings to limited out-stationed staff, however, beginning in January 2009, DAS will broadcast these meetings via WebEx so all out-stationed staff can participate.

DAS deploys policy and programmatic information through e-mailed and hard copies of Manual Transmittals and Program Instructions as well as on-line through DHR's Online Directives Information System (ODIS). All new employees receive a two-day DAS orientation session regarding DAS operations in addition to DHR's employee orientation.

DAS' Operating Principles (**Figure 1.1-3**) provide specific guidance on how DAS works, and most of the principles relate to how we communicate internally on a day-to-day basis.

Seeking to constantly improve its two-way internal communications channels, DAS chartered the Open Channels team during FY 2007. As a result of this team's recommendations, DAS publishes a quarterly internal electronic newsletter, invites rotating staff attendance to DAS LT Meetings, has expanded information found for DAS employees in a shared computer folder, and is working to expand computer network access to all out-stationed staff.

Each section meets periodically, an opportunity for section managers to further engage the workforce in their section and encourage open communication. The vast majority of out-stationed staff work for the Adult Protective Services (APS) section. In order to accommodate their unique communication needs, APS conducts district meetings by teleconference or WebEx. DAS LT participates in some of these meetings each year in order to deploy DAS and Departmental guidance.

In addition to being recognized at the Dialogue with the Director meeting, DAS LT and DHR honor employees who demonstrate

exceptional customer service through the "Right Work, Right Way Award Program". Right Work, Right recognizes, on a quarterly basis, and with a monetary award, individuals who have demonstrated outstanding customer service and who have moved the State of Georgia toward its goal of becoming "The Best Managed State."

Also, the Georgia General Assembly appropriated funds in SFY 2008 for incentive bonuses. DAS LT decided to award these bonuses to employees who met or exceeded all expectations on their PMF, and either met the WIG measures pertaining to their work or actively participated on a DAS team supporting the work of a WIG or customer service.

All of these honors, as well as others awarded outside of DHR or DAS, are recognized by the Director in her UR2NO messages to all staff.

#### 1.1b(2) Focus on Objectives and Vision

##### **Leadership Focus on Accomplishment of Objectives:**

One of the most important roles for Senior Leaders is to focus the organization on attaining its vision. The DAS LT consistently includes strategic planning and the Baldrige assessment process on its bi-monthly meeting agendas and includes the Strategic Planning process owner in all LT meetings. This enables Senior Leaders to maintain a focus on its progress toward attaining its vision and not get thwarted by more immediate crises.

In addition to regularly scheduled LT meetings, Senior Leaders complete an annual internal Baldrige assessment (facilitated by a 10 year Senior/Alumni Baldrige Examiner) to identify and address opportunities for improvements and strategic challenges. During these assessments, LT compares actual performance to its long-term strategic objectives, annual targets, and key measures (see item 2.1 for details).

Senior Leaders then articulate DAS' vision and deploy it to all staff through the communications channels described above. Section managers and the DAS Strategic Planning process owner use the DAS Balanced Scorecard to lead each section's staff in developing section objectives, action plans, and measures, as well as in identifying applicable MAPS and WIGs to measure performance towards attaining its objectives.

Section managers use PMFs to align individual employee performance expectations with section objectives. These objectives are aligned with DAS objectives, all with the overarching goal of improving DAS' performance at every level in order to attain its vision.

In addition to sections which perform the tasks of developing section objectives, action plans and measures; integrated teams also develop DAS-wide objectives, action plans, and measures. The DAS-IT Team, a standing team that integrates the work of various sections and DHR information technology staff related to Aging Information Management System (AIMS), is an example.

A list of measures and actions reviewed by senior leadership is highlighted in our scorecard/ dashboard listed in **Figure 2.1-3**.

**Figure 1.1-2 How Leaders Set, Communicate and Deploy Leadership System Elements**

Leadership System Elements	Setting	Deploying	Senior Leader Personal Actions
1.1a1 Mission Vision Values Guiding Principles	<ul style="list-style-type: none"> <li>Strategic Planning</li> <li>Direct Input From Customers, Workforce, Partners And Stakeholders (See Item 2.1)</li> </ul>	<ul style="list-style-type: none"> <li>Direct Communications</li> <li>Role Modeling</li> <li>New Employee Orientation</li> <li>Annual Trainings</li> <li>Various Leadership Meetings</li> </ul>	<ul style="list-style-type: none"> <li>Employee Orientation</li> <li>Leadership Training</li> <li>Newsletter/Website/Intranet</li> <li>Employee Forums</li> <li>Role Modeling</li> <li>Director's UR2NO Emails</li> </ul>
1.1a2 Legal Regulatory and Ethics Compliance	<ul style="list-style-type: none"> <li>Set Policies</li> <li>Internal/External Audits</li> <li>Mock Reviews</li> <li>Accreditation Committee</li> <li>Risk management process</li> </ul>	<ul style="list-style-type: none"> <li>Code of Conduct Training</li> <li>Performance Measures Tracked</li> </ul>	<ul style="list-style-type: none"> <li>Results review</li> <li>Discussion at Employee Meetings</li> <li>Newsletters</li> <li>Role Modeling</li> <li>Director's UR2NO Emails</li> </ul>
1.1a3 Sustainability: Including Performance Improvement & Achieving Mission/Vision & Objectives	<ul style="list-style-type: none"> <li>Strategic Planning</li> <li>Direct Input From Customers, Partners And Stakeholders (See Item 2.1)</li> <li>Benchmarking</li> <li>Financial Management</li> <li>Disaster Prevention/ Preparedness</li> </ul>	<ul style="list-style-type: none"> <li>Leadership reviews</li> <li>Disaster planning exercises</li> <li>Team activities posted</li> <li>Strategic Planning Processes</li> <li>Customer Service Satisfaction Surveys</li> <li>Monitoring and Evaluation Reports</li> </ul>	<ul style="list-style-type: none"> <li>Leadership reviews</li> <li>Financial reviews</li> <li>Recognition for high performance</li> <li>Director's UR2NO Emails</li> </ul>
1.1a3 Agility, Learning and Succession Planning	<ul style="list-style-type: none"> <li>Leadership reviews</li> <li>Benchmarking</li> </ul>	<ul style="list-style-type: none"> <li>Dashboard Initiative</li> <li>Improvement teams</li> <li>Recognition programs</li> </ul>	<ul style="list-style-type: none"> <li>Results review</li> <li>Discussion at Employee Meetings</li> <li>Newsletters</li> <li>Role Modeling</li> <li>Director's UR2NO Emails</li> </ul>
1.1b Communication and Reward/ Recognition	<ul style="list-style-type: none"> <li>Employee Meetings</li> <li>UR2NO Emails</li> </ul>	<ul style="list-style-type: none"> <li>Department/unit meetings</li> <li>Improvement teams</li> </ul>	<ul style="list-style-type: none"> <li>Employee Meetings</li> <li>Director's UR2NO Emails</li> </ul>

Because DAS deploys the MVV and develops its objectives and measures at all levels of the organization, these objectives and measures are widely understood and widely owned. This is evidenced by the most recent employee survey (2008), which indicates extremely high rates of agreement with the following statements:

- "My daily work directly impacts the quality of our products or services" (97.5% agreed; 0.0% disagreed)
- "I feel my work is important" (96.4% agreed; 1.0% disagreed)
- "I understand the DAS Mission, Vision and Values" (95.9% agreed; 0.0% disagreed)

To determine how well we are accomplishing our objectives, we use the results of individual PMF and mid-year performance reviews. We receive employee feedback through our annual employee surveys, and the staff review of our mission, vision and values. When a process or measure is not meeting target, we try to determine the causes and take appropriate action in response. When partners, suppliers or service providers are involved in the process, they may be asked to participate in the improvement effort. When deemed the best approach, the LT will charter a team to proceed through a problem solving process. (See Category 6 and **Figure P-6**.)

**1.2 Governance and Social Responsibility**

**1.2a Organizational Governance:**

**1.2a(1) Governance System:**

DAS is housed within DHR, the largest agency in Georgia state government, created by the Georgia General Assembly in the Governmental Reorganization Act of 1972. DHR is responsible for the delivery of health and social services, through regulatory inspection, direct service, contracted services and financial assistance programs. DHR's 19,000 employees manage over 80 programs in all 159 Georgia counties. The department's four divisions are Aging Services; Public Health; Mental Health, Developmental Disabilities, and Addictive Diseases; and Family and Children Services. The DAS Director reports to the DHR Commissioner who directly reports to the DHR Board of Directors and the Governor.

The Governor has designated DAS as the State Unit on Aging (SUA), pursuant to the federal Older American's Act. As the SUA, DAS is responsible for:

- Statewide planning, program development, training, technical assistance, advocacy, coordination, programmatic, contract, monitoring and evaluation, and administration of area plans;

Figure 1.1-3 Division of Aging Services Operating Principles	
• We tell it like it is	• We will be open and candid in all of our dealings
• We work towards consensus	• We respect, honor, and trust one another
• Disagreement is healthy and encouraged, but once a decision is made, we proactively support it	• We express our concerns or others will assume we agree
• We actively listen and question to understand	• We focus on issues and ideas rather than titles and personalities
• We do not attack the messenger	• Bad news will travel up the organization quickly
• We learn from our mistakes	• We encourage and support responsible risk taking and innovation
• We will make decisions quickly and follow them up with actions	• We respect each other's time and the demands of their job
• We celebrate each other's success	• The DAS family works "smart", has fun and gets results!

- Designation of planning and service areas (PSAs) and Area Agencies on Aging (AAAs).
- Development of an Intrastate Funding Formula (IFF) used to allocate federal Older Americans Act and state funding to AAAs;
- Development and promulgation of state policies and procedures to carry out its programs and services.

A number of audits – both internal and external to DHR – ensure DAS' sound fiscal management and accountability.. The Georgia Department of Audits and Accounts, Governors Office of Planning and Budget, and various grantors, including the federal Administration on Aging and federal Centers for Medicaid and Medicare Services, regularly review DAS program performance and fiscal management. Periodically, DAS is subject to other independent audits, such as audits of specific programs requested by the Georgia General Assembly.

DAS seeks transparency in its operations by providing the DHR Board, its Aging Subcommittee, and the DHR Commissioner's Office with regular communications regarding its operations, policies, and major accomplishments or challenges. The DHR Board Aging Subcommittee meets monthly, and DAS Senior Leaders provide fiscal and programmatic reports as well as an in-depth focus on one or more programs or services to the Subcommittee members at every meeting. The Director or her designee meet weekly with the

DHR Leadership Team and as needed with the Commissioner and others in the Commissioner's Office.

Because DHR is the host agency for DAS, it has a number of mechanisms to guarantee that its divisions are in compliance with federal and state law and policy. DHR has an important oversight role in DAS' budget, contracts, payments, and personnel actions. All of these functions are transparent to other entities within DHR.

DAS also proactively self-audits its programs and services by monitoring programmatic contractor performance. DAS has its own designated Program Integrity manager who is responsible to internally evaluate all aspects of DAS management. The AMTs, described in Section 1.1a(3) provide a mechanism for systematic review of all aspects of AAA performance.

Because DAS provides leadership for the entire statewide Aging Network, it has a wide variety of stakeholders. Our key partners, and the entities through which most of aging services are provided, are Georgia's AAAs. Senior leaders hold quarterly meetings and otherwise communicate as needed, with AAAs to discuss operations and gain AAA perspectives. In addition, a number of programs and services (for example, the Aging and Disabilities Resource Connection and the Long-Term Care Ombudsman Program) maintain advisory councils that provide regular opportunities for stakeholder involvement. DAS employee involvement in a number of professional organizations and especially in an advocacy organization called the Coalition of Advocates for Georgia's Elderly (CO-AGE) provide opportunities to better understand stakeholder interests.

Every four years, DAS (in its role as Georgia's SUA) must submit a State Plan on Aging to the federal Administration on Aging. In preparing this Plan, DAS performs a systematic inquiry into the perspectives of its stakeholders, including surveys of current and potential future customers and integrates this information into its Plan.

**1.2a(2) Performance Evaluation of Senior Leaders:**

All state employees, including DAS Senior Leaders, participate in the State of Georgia's annual Performance Management Review process. After the end of each state fiscal year, every supervisor evaluates his/her employees' performance, documenting the results on a Performance Management Form (PMF). The supervisor determines whether each employee did not meet, met or exceeded in each of his/her job responsibilities; notes progress in meeting developmental goals; and provides an overall job performance rating. In some years, the General Assembly provides merit-based salary increases for those employees who "exceeded" in their overall job performance rating.

In addition, supervisors define job responsibilities in the PMF for the following fiscal year and have the opportunity to include developmental goals in the Employee Development Plan.

In terms of DAS Senior Leaders, the DHR Commissioner evaluates the job performance of the DAS Director. The DAS Director evaluates the performance of those Senior Leaders who are her direct reports, and they evaluate their direct reports through all levels of staff.

Those Senior Leaders who are supervisors sometimes benefit from having supervision goals included in their Employee Development Plan. The DAS Director (or other supervisor, where applicable) is

able to derive section-specific findings in the annual DAS Employee Satisfaction Survey that can reveal areas of needed development.

From the DAS Employee Satisfaction Survey, LT has an opportunity to see DAS-wide perspectives on its effectiveness as a team as well as the effectiveness of individual section managers. Learnings derived from these survey results have driven several LT initiatives to improve Senior Leadership's performance. For example, when surveys revealed the need for improved supervisory skills by some individual Senior Leaders, LT requested assistance from DHR's Office of Human Resources Management and Development (OHRMD). OHRMD then conducted a 360-degree assessment on each Senior Leader to determine individual productivity, effectiveness and managerial skills. In SFY 2005-2007, each LT members' Employee Development Plan included a personal coach provided by OHRMD. The duration of personal coaching varied based upon each individual's plan. The personal coach assisted at least two DAS sections in detailed, specialized section improvements.

### 1.2b Legal and Ethical Behavior

#### 1.2b(1) Addressing Adverse Impacts:

We anticipate and proactively address public concerns about our services and operations by maintaining good ongoing communication with both staff and external stakeholders.

To understand the concerns of external stakeholders, DAS employees participate in various professional organizations, including the American Public Human Services Association, the Georgia Gerontology Society (GGS), the National Association of Area Agencies on Aging (N4A), the Southeast Association of Area Agencies on Aging (SE4A), the National Adult Protective Service Association (NAPSA), the American Dietetic Association (ADA), the National Association State Long-Term Care Ombudsman (NASOP), the National Association of Legal Services Developers (NALSD), and the National Association of State Units on Aging (NASUA). Through our participation with these organizations, we learn of regulatory trends and stakeholder concerns both nationally and in other states. We also are very involved within Georgia with various advocacy organizations and closely monitor the actions of the Georgia General Assembly. These ongoing relationships help us to anticipate the impact of changes to our services on our customers and the broader Aging Network.

For example, when recent budget constraints required reduction of funding for services, DAS LT communicated frequently with AAAs and with aging advocates about the difficult choices we were facing, in order to solicit their perspectives regarding the impact on these stakeholders and on the individuals who receive the services we administer.

In order to meet and surpass legal and regulatory requirements, we have developed compliance processes in areas such as contract management and monitoring, quality improvement monitoring, and monitoring for compliance of regulatory and legal requirements. To assure thoroughness in these processes, monitoring is multiple and redundant in structure and may overlap. Compliance processes, measures and goals also exist within the Planning and Service Areas (PSA) at the AAA level. This model often identifies issues at the regional and state levels. We use the regulatory and legal requirements of the federal Older Americans Act of 1965 (Public Law 89-73, 42 U.S.C.A. § 3001, et seq.), Adult Protective Services

(O.C.G.A. 30-1-5), Community Care Services Program federal Medicaid waiver ((O.C.G.A. 49-6-60 et seq.) and other regulations for aging programs, to set a minimum floor for quality improvement and compliance measures. Through our strategic planning process (see Category 2), we develop goals that help us excel and surpass these minimum standards.

DAS' services and functions are regulated by a variety of other external government entities. Portions of our work are regulated by other Georgia state agencies, including the Department of Community Health, the Department of Labor, the State Personnel Administration, and the Georgia Technology Authority. Our budget is established by the budgetary legislation of the Georgia General Assembly. A variety of federal agencies also regulate portions of our work, including, the Centers for Medicare and Medicaid Services, Department of Agriculture, Administration on Aging, Office of Inspector General of the Department of Health and Human Services, Occupational Safety and Health Administration, Equal Employment Opportunity Commission, Environmental Protection Agency, and Centers for Disease Control and Prevention. In addition to the laws indicated above, our work is also subject to the provisions of the federal Deficit Reduction Act, Government Performance Reporting Act, , and Health Insurance Portability Accountability Act (HIPAA),. In order to comply with these laws and regulations, we provide employee education as needed. For example, to maintain compliance with HIPAA, DAS trains each employee annually and offers training resources to many of its partners in order to identify what HIPAA is, what it covers, and how HIPAA applies to one's job responsibilities.

DAS employees proactively look for ways to minimize the negative the impact of our office operations on the natural environment. As a result, DAS participates in the state government paper recycling program. In addition, DAS has initiated aluminum recycling, and we have requested DHR and the Georgia Building Authority (which operates our Headquarters office building) to permit and arrange for plastic recycling. We recycle printer and toner cartridges, and we donate old cell phones for refurbishing and use by domestic violence victims. In order to decrease our impact on air pollution, many DAS employees participate in commute alternatives, such as carpooling, teleworking, alternate work schedules, and using public transportation. DHR participates in an incentive program for individuals who using alternative transportation, and many DAS employees working at Headquarters participate in this program.

#### 1.2b(2) Ensuring Ethical Behavior:

DAS must meet state and federal mandates designed to safeguard the well-being of our clients and protect the interests of our various stakeholders. DAS employees, contractors and volunteers in turn must meet the ethical and legal standards of DAS.

DAS deploys its expectations regarding ethical practices to all employees starting with New Employee Orientation, where each new employee receives, reviews and signs the Employee Handbook, including the Code of Conduct. Prior to employment, DHR conducts criminal background checks on new employees. After employment, APS conducts random drug testing on active employees. DAS further deploys information regarding legal and ethical behavior to all staff through communications, such as UR2NO notes, DHR publications and policies, and Senior Leader discussions with their individual section staff.

AAAs and other contractors must adhere to DHR contractual terms, which include compliance with ethical behavior, as well as all applicable federal and state laws and regulations. Key processes and resulting measures, which evaluate compliance, include survey monitoring, technical assistance, audits, AIMS indicators, and contract monitoring. **Figure 1.1-2** provides more information on how we ensure that key stakeholders abide by our legal and ethical processes.

Where DAS suspects breaches of ethical or legal behavior, we use applicable, contract requirements, program policies, or employment sanctions to guide our investigation and remedial actions where necessary. When criminal activity is suspected, DAS may seek the assistance of the DHR Office of Investigative Services, law enforcement, prosecutors, and/or the Attorney General's as appropriate. Suspected breaches in ethics or fraud within DAS can be reported by any DAS employee to the DHR Office of Investigative Services for investigation.

### 1.2c Supporting of Key Communities:

Since the very mission of DAS focuses on community service, supporting and strengthening key communities – indeed, every community within the State of Georgia – is at the center of our work. We accomplish this with and through the AAAs and our employees as well as through collaborative efforts with area health, educational and social agencies. Recent examples of broad community initiatives include the Senior Farmer's Market in collaboration with the DHR Division of Public Health and the Healthy Aging Intervention Initiative with the University of Georgia.

Above and beyond our work responsibilities, DAS employees constantly demonstrate our commitment to the broader community. Many of us participate in such community projects such as Hands on Atlanta-Day of Service, and charity fundraisers for Juvenile Diabetes, Breast Cancer, Alzheimer's Disease, Multiple Sclerosis and other causes.

Senior Leaders participate in a wide range of community and volunteer activities, including:

- Clayton County Mental Health Association
- Governor's Commission on Family Violence – focus on Elder Abuse
- Southeastern Representative and Chair for Public Policy - National Association of the State Units on Aging
- Board of Southern Gerontology Society
- Gerontology Education and Training Alliance of Georgia
- Chair of Federal Policy Committee – National Association of State Long Term Care Ombudsman Programs
- Lead volunteer and Board Member – Ten Thousand Villages (non-profit shop, marketing international fairly traded products)
- American Public Health Association (APHA) - Gerontological Health Section, Section Counselor and Chair of the Archstone Foundation Innovative Projects Award Selection Committee, and appointed member to the Aging Forum
- Association of Schools of Public Health- Chair of the Aging Council

- Rollins School of Public Health at Emory University - mentor, member of the Community Relations Advisory Board, Advisory Board member of the Injury Control Center, adjunct assistant professor in the Health Policy and Management Department
- Jewish Federation
- Naturally Occurring Retirement Communities (NORC) Advisory Board
- Caregiver Outcome Committee
- Advisory Board of the Fuqua Center for Late Life Depression
- CDC's Prevention Research Centers Healthy Aging Network
- State Mental Health Planning and Advisory Council
- Governor's Council on Developmental Disabilities
- State Assistive Technology Council
- Suicide Prevention Coalition of Georgia- Charter Member, co-chair of Bylaws Committee

Annually, the Georgia General Assembly authorizes a statewide opportunity for state employees to make financial contributions to help others, and use of payroll deduction for donations to eligible charities. DAS staff participates individually as well as corporately in the State Charitable Contribution Program. This year, 89% of staff participated, contributing \$13,366 in pledges and cash, along with donating a 55-gallon drum of non-perishable food to the Atlanta Food Bank. In addition, DAS staff have sent care packages to military personnel, and DAS LT donates to needy families or individuals every year during the holidays.



**CATEGORY 2: STRATEGIC PLANNING**

**2.1 Strategy Development Process**

**2.1a(1) How Process is Conducted**

The Division of Aging Services (DAS) strategic planning process (SPP) incorporates the following mechanisms:

- Hoshin Kanri;
- Baldrige assessment;
- A Balanced Scorecard, containing:
  - Focus areas
  - Objectives -- determined through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis, and an Environmental Scan;
  - Action plans, and
  - Measures, including Measurement and Analysis Plans (MAPs).
- The State Plan on Aging, and
- The Area Plan process, and
- Alignment of DAS objectives to DHR and AoA objectives

As described in more detail below, DAS uses the Hoshin Kanri and State Plan on Aging to set long-term plans. Baldrige criteria assessments, annual Hoshin review processes, and Area Plans provide for shorter term planning. And DAS adjusts its objectives to align with those DHR and AoA as objectives change at any of these levels.

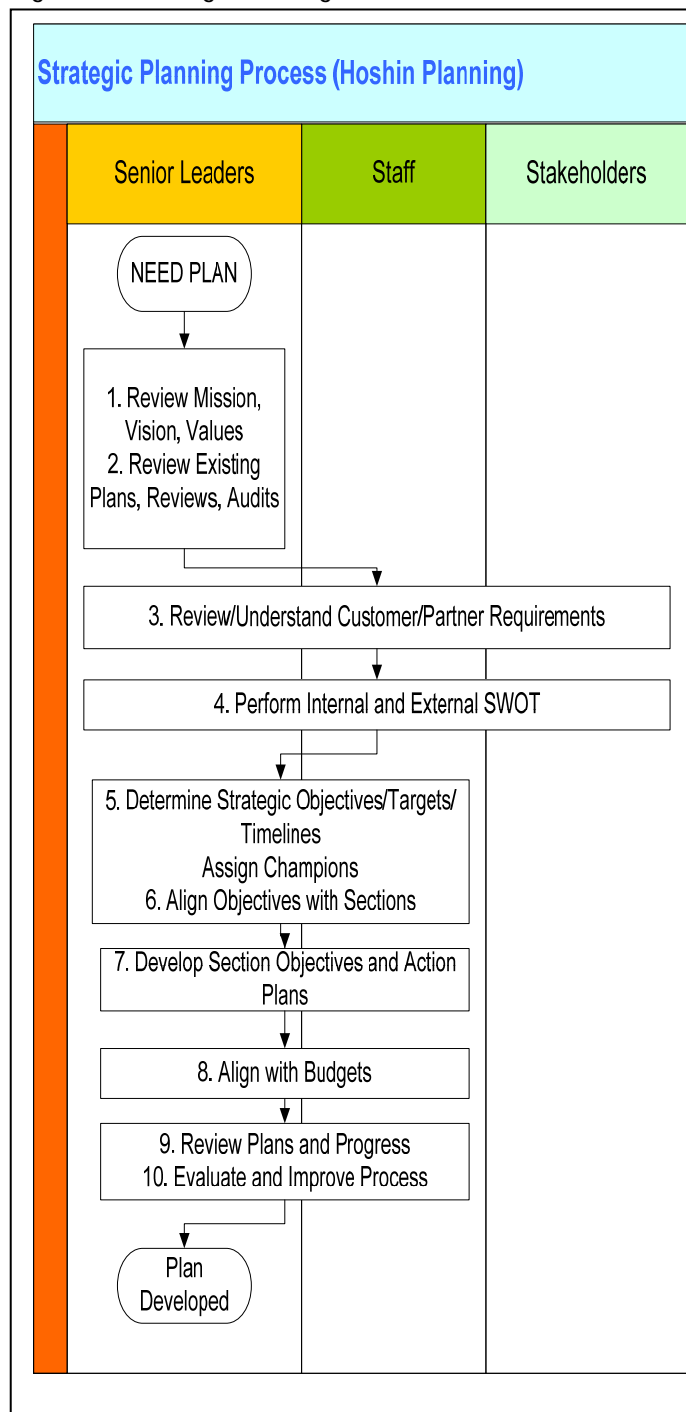
**Figure 2.1-1** provides an overview of our key strategic planning process (SPP) steps and participants. See **Figure 2.1-2** for our annual planning process timeline. **Figure 2.1-3** shows our Strategic Plan.

In order to establish the direction of its SPP efforts, DAS utilizes the Hoshin Kanri planning approach, a planning and management system focusing and aligning the organization to achieve breakthroughs for customers. The objectives of Hoshin Kanri include:

- 1) Focus for the organization in the form of a few breakthrough goals vital to the organization's success.
- 2) Commitment to customers including targets and means at every level of the organization based on meeting needs and expectations customers rank as most important.
- 3) Deployment of the organization's focus (mission and vision) so employees understand their specific contributions to it; referred to as the Golden Thread which links employees to what is important to customers and to one another.
- 4) Collective wisdom to develop the plan through a top-down, bottom-up communication and negotiating process called Catchball.
- 5) Ongoing evaluation of progress to facilitate learning and continuous improvement.

DAS initiated its first Hoshin Kanri planning session in 1996, resulting in implementation of the DAS-wide goal of managing using data (MUD). MUD helped DAS focus on making its performance management decisions based on facts, using objective and available data, rather than on opinion and supposition. Through MUD, DAS required that, all levels of our operations -- all staff, partners and suppliers -- become involved in data collection and analysis. And it implemented AIMS, its information management system.

**Figure 2.1-1 Strategic Planning Process**



Having succeeded in implementing its first Hoshin, DAS LT conducted its second DAS Hoshin Kanri process in 2006. Our current Hoshin goal is:

*By the year 2011, Georgia will have the highest performing aging network in the US that champions consumers living safer, healthier, more self reliant lives.*

DAS develops its objectives toward this Hoshin goal (including the identification of strategic challenges and advantages) through use of a SWOT Analysis and an Environmental Scan. (See Section 2.1a2).

DAS initiated our Baldrige teams in 2001, to provide us with an overarching performance management framework. These teams focused on:

- Team 1 – Leadership: recommended the Mission, Vision, and Values process, the Director's UR2NO communications, and the AAA rewards and sanctions procedures that DAS now utilizes.
- Team 2 – Strategic Planning: recommended the creation of the Strategic Planning Process that DAS now utilizes.
- Team 3 – Customer and Market Focus: recommended improvements in the quality and standardization of customer satisfaction surveys, providing ongoing deployment of our customer focus that DAS now utilizes.
- Team 4 – Measurement, Analysis and Knowledge Management: recommended the creation of MAPs for each section and a process for regularly reporting them and the creation of the DAS-IT to enhance AIMS capabilities that DAS now utilizes.
- Team 5 – Workforce Focus: recommended and created the annual employee satisfaction survey, as well as recognition and evaluation processes that DAS now utilizes.
- Team 6 – Process Management: defined initial core processes for DAS and was been reconstituted in 2008 to further refine core DAS-wide processes and assist sections in defining and mapping their section-level key processes.

The Administration on Aging (AoA) requires that DAS, as a State Unit on Aging, develop a State Plan on Aging, indicating how we plan to implement Older Americans Act (OAA) programs and services, including long-term care reform efforts. Through its State Plan, we assess the need for aging and long-term care services by analyzing aging demographics, funding resources, and stakeholder feedback from public hearings and customer surveys, and indicate our plans to meet these needs in Georgia. DAS prepares the State Plan every four years.

As required by the OAA, each AAA submits an annual Area Plan on Aging to DAS. The Area Plan highlights:

- Availability of high quality services through contractual arrangements with service providers and monitoring of their performance;
- Local planning, program development and coordination, advocacy, and monitoring;
- Goals, objectives, and resource development;
- Development and maintaining of partnerships with local business and community leaders, the private sector and local elected officials to develop a comprehensive, coordinated service delivery system; and
- Establishing and coordinating activities of an advisory council which provide input on implementation of the Area Plan, assist in conducting annual public hearings, and review and comment on community policies, programs, and actions affecting older persons in the area.

The Area Plan process ensures that DAS' SPP includes our partners, the AAAs, in collecting and analyzing relevant data with a customer and market focus. DAS uses AAAs' monitoring and evaluation of suppliers to analyze customer feedback and satisfaction. **Figure 2.1-4** shows the alignment between the DAS Hoshin Process and the other mandated planning processes discussed above.

Annually, DAS LT assesses its SPP progress using the Baldrige criteria. This enables LT to recognize its accomplishments, identify potential blind spots, and create new action items as needed. DAS' consultant provides a review of the Baldrige criteria (including criteria revisions) and a review of strengths and weaknesses in DAS' performance. For each Baldrige category, LT discusses its approach, deployment, organizational learning, and integration. In the context of the Results category (Category 7), LT reviews performance levels, trends, comparisons, integration, and gaps. Then LT scores itself in each category to measure and trend DAS' performance improvement compared to previous years..

#### [2.1a\(2\) How Planning Process Addresses Key Factors](#)

As part of its annual Hoshin review, DAS LT conducts an environmental scan and SWOT analysis. The Environmental Scan is a process of gathering, analyzing, and dispensing information in order to obtain an understanding of current or future issues affecting DAS' business operations. We review factors outside of DAS (i.e. the external environment) as well as factors inside of DAS (i.e. internal environment) in the following topic areas: political, financial, socio-cultural, technological, staffing/resources, partnerships, competitive environment, and customers and markets.

DAS LT uses the Environmental Scan results to create its SWOT Analysis, defined as:

S – Strengths = attributes the organization is achieving or exceeding to meet objectives;

W – Weaknesses = attributes the organization needs to strengthen to meet objectives;

O – Opportunities = potential conditions helpful to achieving objectives; and

T - Threats = conditions which could be harmful to business performance and/or operations.

We also consider mandates, those conditions impacting DAS over which we may not have direct control.

First, DAS LT reviews internal and external factors for each SWOT characteristic. SWOT Analysis components include:

- Customer/ Community Needs, Expectations and Opportunities
- Competitors and Relative Comparison
- Opportunities to apply technology
- Organizational Capabilities
- Human Resource Capabilities
- Suppliers/ Partners/ Service Providers
- Financial Risks
- Societal Risks.

Then LT applies a prioritization matrix to evaluate the importance of each issue identified using the criteria of:

1. Impact on the customer.
2. Need to improve, and
3. Alignment to DAS' vision.

Based on the prioritization score, LT ranks which issues will be included within the Balanced Scorecard as objectives to help DAS achieve its mission and vision.

Figure 2.1-2 Annual Planning Process and Timeframes

Action Item	Start Date	Finish Date	Owner
Review/adjust as needed Mission/ Vision/ Values	July	July	All DAS Staff
Review and update Area Plans	April	June	AAAs, Regional Coordinators - Program Integrity, Process Owners
Review and update 4 year plan	June	July	DAS Leadership Team
Deploy MAPS to Aging Network	July	August	DAS Process Owners, DAS Leadership Team
Review MAP results monthly, quarterly, semi-annually, annually	Sept	June	DAS/AAA Process Owners, DAS Leadership Team
Adjust MAPS as necessary	Sept	Sept	DAS/AAA Process Owners, Program Integrity
Document positive/negative results	Sept	June	DAS/AAA Process Owners, Program Integrity
Evaluate previous year's results/ accomplishments	Jan	June	DAS Leadership Team, DAS Staff, AAAs
Identify changes in aging environment such as the customer base, competitors, funding	Jan	April	DAS Leadership Team, DAS Staff, AAAs
Identify key issues raised through public input	Jan	July	Program Integrity, AAAs (Public Hearings)
Review/Update MAPS for data collection and analysis	April	June	DAS Process Owners

### 2.1b(1) Strategic Objectives:

After DAS identifies its strategic objectives via completion of an Environmental Scan and SWOT analysis (described above), it incorporates the highest-ranking objectives into the Balanced Scorecard. The current DAS-wide Scorecard is found at **Figure 2.1-3**.

The Scorecard divides these objectives into four focus areas: (1) customer/stakeholder benefits or impacts; (2) organizational effectiveness/internal process; (3) financial performance; and (4) workforce/employee learning and growth. For each objective that LT chooses, we set specific action plans and measures for those plans that meet the SMART criteria. SMART stands for: **Specific** – Well defined and understood measures defining timeliness, cost, safety, or environment; **Measurable** – Quantifiable for a specific outcome; **Achievable** – Obtainable or stretch target; **Relevant** – Measuring data the organization desires to see impacted and reported; **Time-bound** – Intervals and frequency results are tracked and collected.

Our objectives and action plans on the Balanced Scorecard all have one to four-year timeframes for accomplishment. LT assigns all DAS-wide Balanced Scorecard objectives with definitions, measurement targets, timeframes, and champions to assist with collection of results. Then all sections determine which objectives best align with their purpose and develop corresponding section objectives, action plans, and measurements. The complete Balanced Scorecard for 2007 – 2011 (the current DAS Hoshin timeframe) including both DAS-wide and section-level action plans and measures is available onsite at DAS Headquarters.

### 2.1b(2) How Objectives Address Challenges/Advantages:

We use a combination of processes to ensure that DAS' strategic objectives balance short and longer term challenges and opportunities as well as balance the needs of all key stakeholders. These processes include:

- Using the Environmental Scan, SWOT analysis, and Balanced Scorecard processes to integrate strategic challenges and advantages into development of objectives;
- Receiving customer, partner and stakeholder feedback (including the use of focus groups and surveys for the four-year cycle of the State Plan) to verify whether DAS' assessment of strategic challenges and advantages is accurate and current; and
- The annual Baldrige assessment, which validates strategic advantages and emphasizes areas of improvement;

DAS focuses on innovation opportunities in a number of ways, including: **The Internal Operations** focus of the Balanced Scorecard, which contains strategic objectives for innovation in products and services; **DHR's Wildly Important Goal (WIG)** measure for technology enhancement; and **DAS-IT**, to facilitate systematic, customer-focused initiatives to enhance AIMS operations.

**Figure 2.1-4** shows how DAS' SPP aligns with federal, state, department, and partner strategic planning objectives. Because of the different timeframes and planning requirements of these various plans, it is particularly challenging to remain aligned with the various plan requirements and focused on our priority direction. However, through our Balanced Scorecard approach, DAS ensures an equitable balancing of the needs and interests of all stakeholders in our planning process: 1. **Client** needs are accounted for in our Customer/Client focus area; **Employee** needs are accounted for in the Employee focus area; **The Georgia General Assembly and taxpayers** needs are accounted for in the Financial focus area.; **And all stakeholders**, including **suppliers and partners**, are accounted for in the Internal Processes focus area.

## 2.2 Strategy Deployment

### 2.2a(1) Action Plan Development And Deployment

DAS develops action plans as a result of our SPP, specifically as part of Hoshin planning and review and its Balanced Scorecard process. After LT determines the highest priority objectives (with resulting action plans and measures), it directs each section to select three to five of these objectives, which most closely relate to the section's products and services. Sections use an action plan template encompassing: section objective, goal, timeframe to be completed by, measures and targets, specific action steps with a corresponding process owner, and a comment box for describing or updating how the action is to be accomplished..

DAS-wide objectives and resulting action plans are deployed to all staff through section meetings (utilizing WebEx for outstationed staff), UR2NO notes to all staff, and Dialogue with the Director meetings. Because sections develop their own action plans, section-level action plans are deployed organically as sections have ownership of their respective plans and resulting measures. .

DAS LT and sections use the Plan-Do-Check-Act (PDCA) process to ensure key outcomes of these action plans can be sustained over time. PDCA stands for: **Plan** – Determine what the organization/section

is going to do; establish objectives and processes necessary to deliver results in accordance with guidelines; identify critical business issues facing the organization; **Do** – Implement and execute plans; include specific measures that monitor and guide performance; **Check** – See if your plan met your requirements and accomplished your goal; monitor and evaluate processes to achieve organizational learning; determine root cause of deviation occurring; **Act** – Implement corrective action; re-deploy plans and repeat process.

### 2.2a(2) Resource Allocation

As a state agency, DAS' budget is determined through the following process: DAS communicates its financial needs to DHR. The DHR Commissioner makes recommendations, subject to DHR Board approval, to the Governor. The Governor then submits a budget proposal for all state agencies, including DHR, to the Georgia General Assembly, which finally authorizes the state budget. As a result, DAS must be able to clearly communicate its financial needs to all of these decision-makers who determine the state budget. By linking our financial needs to our SPP, we are able to articulate our priorities and to strategically request needs for funding as well as to recommend spending reductions when necessary, such as during the current budgetary shortfall.

During the Hoshin planning cycle (including Balanced Scorecard review and annual reviews of action plans and measurements within each section), we align available financial resources with our action plans. Development of action plans and objectives include dialogue regarding election of "actionable" items along with discussion of political, financial, and stakeholder risks during the SWOT analysis. To ensure adequate resources are available to achieve current plans, each section allocates resources to action plans based on current team assignments, knowledge expertise, and workforce skills and abilities. As sections update and develop their MAPs for the upcoming year, they also develop budget priorities for accomplishment of action plans, which they communicate to LT. Each section has monthly meetings with fiscal administration to review allocation of resources, enabling review of accomplishment of operational objectives.

Annually, the Division completes and publishes "Just the Facts," which provides an overview of all of DAS' products, services, and initiatives achieved by the Division per section. This document also provides an overview of operational and corresponding financial priorities and serves as a report to state legislators. CCSP and LTCOP publish annual reports, required by statute, which include reports on financial and programmatic resources, provided to every member of the General Assembly.

### 2.2a(3) Action Plan Modification

When DAS determines that action plans need to be modified, we follow the process outlined in Section 2.2a1 (the PDCA process). During the Check and Act phases, we may find the need to modify action plans due to shifts in organizational or budgetary priorities. Such shifts serve as a catalyst for LT to seek input from impacted sections, programs or teams to revise impacted action plans. Sections identify and make modifications to action plans during section meetings (for outstationed staff these communications may occur via email or WebEx teleconferences). We deploy modifications of DAS-wide plans to all staff through UR2NO e-mails.

### 2.2a(4) Action Plans

DAS' current key short-term and long-term action plans reside on our Balanced Scorecard. As stated previously, each section is responsible for three to five action plans that align with the DAS

strategic objectives. DAS-wide action plans are listed in **Figure 2.1-3**, with the remaining section-level action plans available to be reviewed on site at DAS Headquarters.

We are currently incorporating changes to our action plans due to state-level budgetary constraints which impact our ability to provide services. On August 1, 2008, the Governor's Office of Planning and Budget required all state agencies to submit 6% budget reduction plans due to declines in state revenues. Anticipating additional requests for budget reductions at the 8% or 10% level, DAS changed its plans to implement cost-saving mechanisms. Due to these budget reductions, we have and will continue to make adjustments to our SFY 2009 action plans.

### 2.2a(5) Human Resource Plans

DAS develops human resource plans as a part of the SPP. For example, we used the recommendations of Baldrige Team 5 and the results of a Workforce Planning Process (WPP) initiative to develop some of our recent human resources decisions. In SFY 2007, DAS initiated a WPP, with DHR's OHRMD support, to enable DAS and each section to systematically identify efficiencies and opportunities for improvement related to DAS workforce. OHRMD compiled results and DAS LT reviewed and approved a number of resulting recommendations. DAS subsequently implemented many of the WPP recommendations in a July 2008 division-wide reorganization and workforce realignment. In addition, some section managers changed individual job responsibilities of certain staff members within their section as a result.

More generally, during DAS' annual Hoshin review, we determine the DAS' human resource needs in terms of staffing requirements, capacity increases, competency needs, training and development needs and any associated human resource program needs (such as performance management and recognition systems). **Figure 2.2-1** lists our current human resource plans as they align with the Balanced Scorecard focus areas.

### 2.2a(6) Performance Measures

DAS LT and each section have developed key performance measures for action plans linked to the objectives of the DAS Balanced Scorecard. (**Figure 2.1-3**) DAS deploys its measurement system to stakeholders through a number of mechanisms, including: Area Plan Instructions to partners; UR2NO e-mail communications to all staff; Dialogue with the Director meetings with all staff; Section meetings (including WebEx teleconferences for outstationed staff); and Communications through training and policy to partners.

### 2.2b Performance Projections

**Figure 2.1-3** summarizes the projections for key measures over the next three-year period. We project DAS performance by reviewing:

- Past and current performance levels,
- Performance of other state units on aging,
- Performance of similar agencies (such as other social services agencies), and
- Results of Baldrige award winners, Georgia Oglethorpe award winners, and other known high-performing organizations.

We ensure progress toward the achievement of these projections, continuously reviewing and refining them, through SPP, as previously described. When we are not meeting a target, we modify or develop new action plans in order to get back on track.

Figure 2.1-4 – DAS Plan Alignment

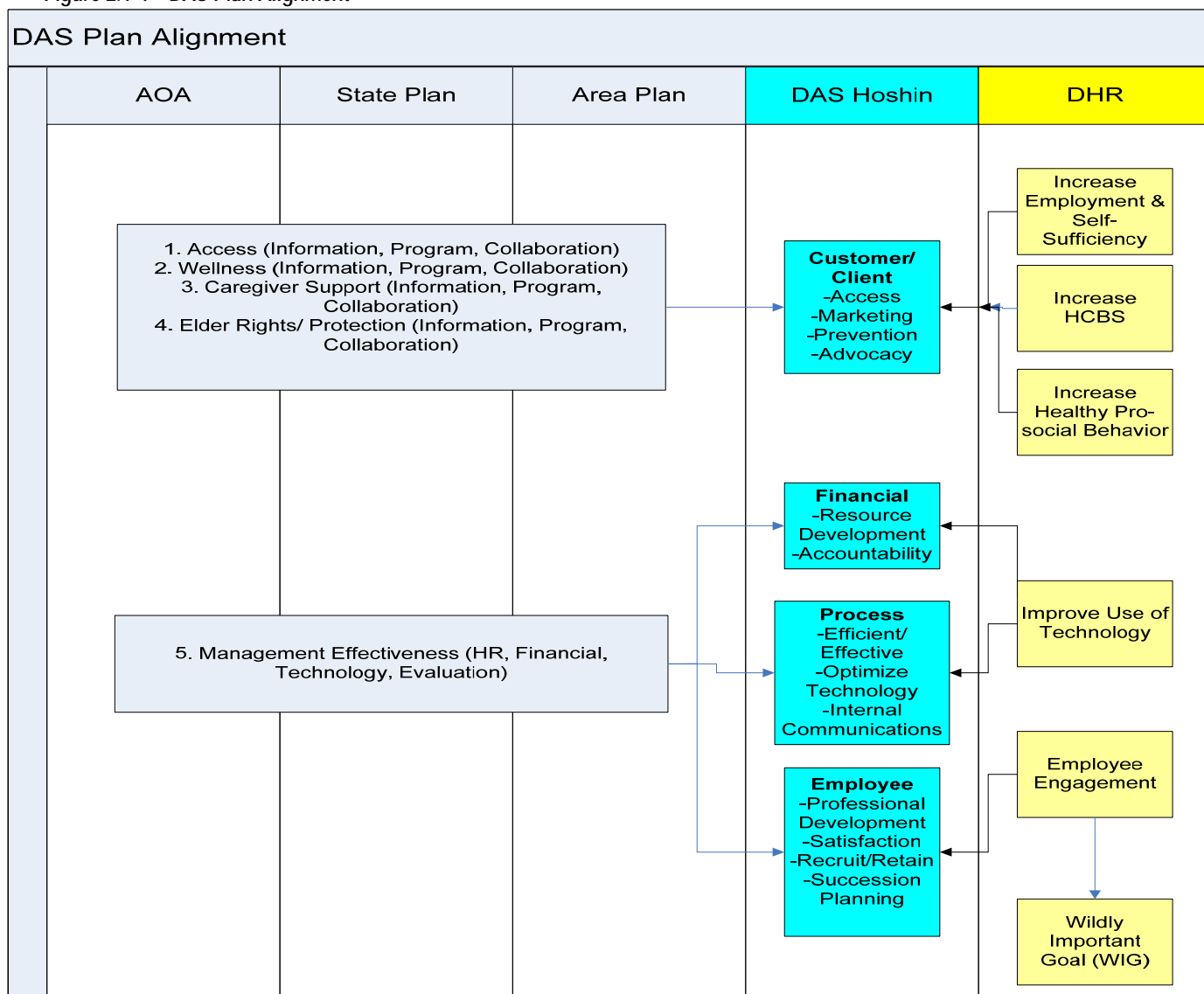


Figure 2.2-1 Summary of Key Human Resource Action Plans Derived From Strategy

Dashboard Focus Area	Action Plans	Target
Customer/ Client	Improve Access to Quality Services (for High Risk Consumers of Nursing Home Placement)	Determination of Need-Revised Score HCBS – 15+; CCSP – 23+
Employee	Improve and Maintain Employee Recruitment, Retention, and Satisfaction – See Workforce Planning Program (WPP) initiative Category 5.	Satisfaction Target – 90% Days to Hire (Recruitment) – 45 days Turnover Rate – <20%
Employee	Achieve # of Succession Planning Participants	SFY09 – 5 candidates; SFY10 – 6 candidates; SFY11-7 candidates
Internal Process	AIMS Project Milestones	See Figure 2.1-3 for Targets

Figure 2.1-3 Long-term and Current Strategic Objectives, Measures, Projections and Action Plans (DAS Scorecard/Dashboard)

Focus Area	Strategic Objectives	Measure	Current Year Goals/Measures 2008-09	3 Year Projection (2011)	Selected Current Year Action Plans
1.0 Customer/ Client	1.1 Increase the #/% of high risk customers in HCBS and CCSP	1.11 DON-R impairment level of 15 and 1 unmet need (HCBS)	75%	80% each year (2010 & 2011)	1.11 Increase the #/% of high risk customers (non Medicaid eligible) in Home and Community Based Services (HCBS)
		1.12 DON-R impairment level of 15 and 1 unmet need; plus composite score of 23 or higher(CCSP)	New Measure SFY09	TBD based on initial result	1.12 Increase the #/% of high risk customers (Medicaid eligible) in Community Care Services Program (CCSP)
	1.2 Improve Marketing	1.21. # ADRC information & assistance served;	1.21 - 55,516	1.21 – Increase 5% annually	1.21. Increase # of customers accessing Aging and Disability Resource Connection (ADRC) for information and assistance
		1.22. ADRC web visits	1.22 – New Measure	1.22 – New Measure	1.22. Increase ADRC web visits
		1.23. LTCO web visits	1.23 – 60,042	1.23 – 64,000 (2010 & 2011)	1.23. Increase LTCO web visits
		1.24. DAS web visits	1.24 - 7116	1.24 – Increase 3% per year	1.24. Increase DAS web visits
		1.25. DAS 1-800# calls received	1.25 - 2,254	1.25 - New Measure	1.25. Increase DAS 1-800# calls received
		1.26. Live Well Age Well web visits	1.26 – 41,803	1.26 – Increase 5,000 visits per year	1.26. Increase Live Well Age Well web visits
	1.3 Expand Prevention Initiatives (WIG measures)	1.31 % APS cases timely investigated within 10 calendar days	1.31. 93.6%	1.31 95% each year	1.31 & 1.32 Reduce APS investigations not completed timely within guidelines as defined by policy by June 30, 2009.
		1.32. % of APS cases investigation completed w/in 30 business days	1.32. 80.7%	1.32 85% each year	
1.33 % Safety protocols developed		1.33 – See Safety Team Report	1.33 – TBD	1.33 Increase APS safety protocols that prevent serious injury or unexpected death of APS staff.	
1.34 Recidivism Rate		1.34 – 5.67%	1.34 < 1%	1.34 Reduce APS Recidivism Rate	
1.4 Improve Advocacy	1.35 % of CCSP clients contacted timely	1.35 100%	1.35 100%	1.35 Achieve 100% of CCSP clients contacted in a timely manner by Case Management.	
	1.36 Decrease rate of falls resulting in fractures	1.36 12 counts of fall incidents	1.36 Reduce by 20% (2010 & 2011)	1.36 Decrease falls resulting in fractures by 20% in 2009	
2.0 Financial	2.1 Reduce Lapse	2.11 DAS100% expended each fiscal year; AAA 95% expended within 5% + / - of program guidelines	2.11 -DAS 99.79% AAA's – Available onsite	2.11 DAS -99% expenditure per year; AAA – 95% with a goal of 100% expenditure	2.11Reduce Budget Lapse by AAAs & DAS

Focus Area	Strategic Objectives	Measure	Current Year Goals/Measures 2008-09	3 Year Projection (2011)	Selected Current Year Action Plans
3.0 Employee	3.1 Increase Employee Satisfaction	3.11 % satisfied with job and overall atmosphere	3.11 - 85%	3.11 2010/11-90%	3.11 Increase employee satisfaction with job and overall atmosphere with DAS
	3.2 Increase Employee Satisfaction with Compensation	3.21 % satisfied with benefits and compensation	3.21 - 50%	3.21 2010/11-60%	3.21 Increase employee satisfaction with benefits and compensation received
	3.3 Reduce Hiring Cycle Time	3.31 # of days to hire employee from posting of position	3.31 - 62 days	3.31 - 45 days 2010/11	3.31 Decrease number of days to hire an employee from posting of position
	3.4 Reduce Turnover Rate	3.41 # of vacated positions/ # of filled positions x 100	3.41 - < 10%	3.41 - < 20% 2010-11	3.41 Achieve under 20% annually for DAS turnover rate
	3.5 Reduce Turnover Rate for First Year Employees	3.51 # of vacated positions/ # of budgeted positions x 100	3.51- < 1%	3.51 - < 3% 2010-11	3.51 Maintain the DAS turnover rate for first year employees under 3%
	3.6 Deploy Succession Planning Process	3.61 # of candidates successfully completing succession planning program	3.61 Baseline of 4 candidates	3.61 - 2010 - 5 2011 - 6	3.61 Achieve the number of succession planning candidates annually who complete the program every 12 months
4.0 Internal Process	4.1 Improve Internal Communication	4.11 % Employees Satisfied with Internal Communications	4.11 - 84%	4.11 - 2010 - 90% 2011 - 95%	4.11 Increase DAS employee satisfaction with internal communication processes
	4.2 Improve Technology – Fiscal Accountability (WIG)	4.21 New Measure being developed	4.21 Baseline for SFY09	4.21 - TBD	4.12 Integrate CHAT into AIMS database

## CATEGORY 3: CUSTOMER AND MARKET KNOWLEDGE

### 3.1 Customer And Market Knowledge

#### 3.1a(1) Customer Identification

The OAA, other federal laws, and Georgia state law define DAS' customers, clients, customer groups, and market segments. Our end customers, as defined by these laws, include senior citizens, other adults with disabilities and their families, caregivers, and advocates. See **Figure 3.1-1**.

Because OAA provisions determine which customers our services should target, we do not win or lose customers in ways that a typical business would. Instead, we provide OAA-funded services with priority given to older individuals with the greatest economic and social needs, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. DAS' policy development and Area Plan instructions require that our partners and suppliers also target priority customers and strategically plan to meet their needs.

As the leader of the statewide Aging Network, we also consider the needs of all potential customers in our market group to help us determine future service needs. Therefore, we utilize census data, gerontology research studies, and customer feedback to help us determine which current and future products and services DAS' should pursue in addition to those services which are legally mandated.

#### 3.1a(2) & (3) Using the Voice of the Customer to Determine Requirements and be More Customer Focused

In order to hear the "voice of the customer," – i.e. key customer requirements, needs, and changing expectations – DAS uses a variety of approaches. **Figure 3.1-1** indicates how listening methods vary for different customers, clients, customer groups, and market segments as segmented by the various sections and program areas. These approaches include:

- Monitoring and evaluation of partners and suppliers, including during site visits;
- Consumer satisfaction surveys for various services,
- Focus groups,
- Public hearings,
- Client data assessment tools such as the Determination of Need-Revised (DON-R),
- Client consent for protective services interventions,
- Program wait list data,
- Advisory councils, and
- Complaint data.

Coalitions, advisory bodies, and councils provide statewide representation and program guidance, including end customers and suppliers as group members.

DAS integrates our learning from the "voice of the customer" to: Stimulate relationship decisions; Guide work process improvements and develop service provision interventions; Develop new business opportunities and identify opportunities for innovation; Inform policy development and budget requests; and Initiate strategic plans.

For example, waiting list data help us improve our work processes to target services to those most in need. They gauge our ability to meet our objectives. (See Balanced Scorecard measures 1.11 and 1.12 in **Figure 2-1-3**) They also enable us to quantify budget requests to fill unmet needs.

We identify best practices and develop recommendations for improvements from the findings of our monitoring and evaluations of partners and suppliers as well as from customer satisfaction surveys. DAS participates in the Performance Outcomes Measurement Project (POMP), which helps states and AAAs assess their own performance, while enabling AoA to meet its federal accountability requirements. DAS has participated in and completed six of the eight AoA-sponsored POMP projects. This has provided DAS with opportunities for innovation, benchmarking, and collaboration with other State Units on Aging. Additionally, DAS has learned a great deal about how to better utilize the information we receive from the "voice of the customer" and how successful we are in meeting validated requirements. For example, the POMP 6 project studies the effectiveness of our services in helping our clients to continue to live in their own homes. Project results to date have found that DAS services save public funds as well as increase the life expectancy of these customers. Current POMP initiatives are described in **Figure 3.1-2**.

#### 3.1a(4) Keeping Current

We keep our listening and learning approaches current through both traditional and more innovative means. In addition to those approaches listed in 3.1a(2) and (3), we also listen and learn through:

- Participation in advocacy initiatives,
- Initiating consulting relationships,
- Case record reviews, and
- Affiliations of DAS staff with professional organizations such as National Association of State Units on Aging (NASUA), National Association of Area Agencies on Aging (N4A), National Adult Protective Service Association (NAPSA), American Dietetic Association (ADA), National Association of State Long-Term Care Ombudsman Programs (NASOP), National Association of Legal Services Developers (NALSD), and Georgia Gerontology Society (GGS).

DAS has developed, and is currently deploying, a new approach to receive, respond to and track complaints, compliments and comments regarding DAS staff and services. It includes the option for customers to provide their perspectives via the DAS website. This "C3" mechanism is described more fully in 3.2a(3).

In order to better understand our future consumer requirements, DAS partners with the state Employee Retirement System to administer surveys at monthly retirement seminars. We ask current employees what services or assistance that they expect to need after retirement. Information from this potential consumer group informs DAS about what will be important to future generations of seniors. In addition, we employ research studies seeking input from pre-retired adults and baby-boomers to learn their future preferences related to services offered and caregiver and care receiver requirements and desires. DAS integrates data from the above-mentioned approaches into our strategic planning processes to help keep us current with business needs and directions, including changes in the marketplace.



Figure 3.1-1 DAS Customer and Market Groups and Voice of the Customer

DAS Sections	Customer and Market	Products and Services	Key VOC Listening Approaches
APS	<ul style="list-style-type: none"> <li>Elders 65 years of age or older</li> <li>Disabled persons over the age of 18 years of age</li> <li>Persons above who are not residents of long term care facilities (O.C.G.A. 30-5-1)</li> </ul>	<ul style="list-style-type: none"> <li>Investigation</li> <li>Case Management</li> <li>Community Education</li> <li>Training</li> <li>DHR Guardianship of Wards</li> <li>Program Management/ Development</li> <li>Emergency Relocation</li> <li>Personal Care Home (PCH) Relocation</li> <li>Consumer Fraud Prevention Program</li> </ul>	<ul style="list-style-type: none"> <li>Case Management</li> <li>Central Intake 1-800#</li> <li>Surveys</li> <li>Future Providers and Partners Survey</li> <li>C3 Process</li> <li>DON-R</li> <li>Advisory Groups</li> <li>Area Plan Feedback</li> <li>Customer Complaints</li> </ul>
AtS	<p>Elderly Legal Assistance Program (ELAP) - Persons 60 years of age and older needing legal representation, information, and education in civil legal matters.</p> <p>Aging Disability Resource Connection (ADRC) - Older adults, individuals with disabilities and their families to a coordinated system of partnering organizations dedicated to providing accurate information about publicly and privately financed long-term supports and services and offering a consumer-oriented approach to learning about the availability of services in the home and community.</p> <p>GeorgiaCares - Helps Medicare beneficiaries and others understand their rights, benefits and services offered under Medicare and Medicaid, and other health insurance options offered through public-private partnerships.</p>	<ul style="list-style-type: none"> <li>Group Community Education</li> <li>Benefits/Resources Counseling for Medicare Beneficiaries</li> <li>Legal Services</li> <li>Training and Technical Assistance</li> <li>Senior Medicare Patrol (SMP) Fraud Reporting</li> <li>Information &amp; Referral to Resources for the elderly and disabled</li> <li>Case Consultation</li> <li>Outreach to the general public</li> </ul>	<ul style="list-style-type: none"> <li>Focus Groups, Public Hearings</li> <li>ADRC Advisory Group</li> <li>GeorgiaCares Advisory Group</li> <li>Area Plan Feedback</li> <li>Customer Complaints</li> <li>Professional Affiliations</li> <li>Surveys</li> <li>C3 Process</li> </ul>
CCSP	<p>Community Care Services Program (CCSP) - Provides home and community-based services to nursing home and Medicaid eligible customers to help them remain in their homes.</p>	<ul style="list-style-type: none"> <li>Provider Management/Evaluation</li> <li>Policies/Standards/Guidelines</li> <li>Program Development</li> <li>Care Coordination</li> <li>Home and Community Based Services for Medicaid eligible consumers</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and Evaluation Results</li> <li>Complaint Process</li> <li>Focus Groups, Public Hearings</li> <li>Care Coordination</li> <li>Wait Lists</li> <li>DON-R</li> <li>Area Plan Feedback</li> <li>Surveys</li> <li>C3 Process</li> </ul>
DIR	<p>Director's Office (DIR) – Provides oversight of fiscal and contractual administration, policy and standards, program management, and publications and outreach.</p>	<ul style="list-style-type: none"> <li>Constituent Services Log</li> <li>Written Communications/ Contracts Signature Review</li> <li>Open Records Requests</li> <li>Subpoenas, Legal requests &amp; Court Requests</li> <li>Frontline Team</li> <li>Grants Management</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy</li> <li>Advisory Committees</li> <li>Public Hearings/Focus Groups</li> <li>C3 Process</li> <li>Complaint and Grievance Process</li> <li>Professional Affiliations</li> <li>Area Plan Feedback</li> <li>Georgia Council on Aging &amp; Coalition of Advocates Georgia's Elderly (CO-AGE)</li> </ul>

Figure 3.1-1 DAS Customer and Market Groups and Voice of the Customer (Continued)

DAS Sections	Customer and Market	Products and Services	Key VOC Listening Approaches
FA	Fiscal Administration (FA) - Provides fiscal and contractual oversight for the division.	<ul style="list-style-type: none"> <li>Budget/Fiscal Management/ Support</li> <li>Administrative Support (HR, Facilities, Telecom)</li> </ul>	<ul style="list-style-type: none"> <li>Area Plan Feedback</li> <li>C3 Process</li> </ul>
LC	Livable Communities (LC) - Provides individual and groups services for non-Medicaid eligible home and community based services (HCBS). Programs include: Caregiver, Kinship Care – Grandparents Raising Grandchildren, Nutrition and Wellness, and Older American Community Services Employment Program.	<ul style="list-style-type: none"> <li>OAA Policies/Standards/Guidelines</li> <li>Program Development</li> <li>Senior Employment Placement &amp; Retention</li> <li>Caregiver Support and Education</li> <li>Grandparents Raising Grandchildren Assistance</li> <li>Wellness and Nutrition Screening</li> <li>Home and Community Based Services for Non-Medicaid eligible consumers</li> <li>Case Management</li> </ul>	<ul style="list-style-type: none"> <li>Wait Lists</li> <li>Area Plan Feedback</li> <li>Advisory Groups</li> <li>Complaint Process</li> <li>Monitoring and Evaluation</li> <li>Wellness Coalition</li> <li>Older Worker Network</li> <li>Care-Net Advisory Group</li> <li>C3 Process</li> </ul>
LTCO	Long-Term Care Ombudsman (LTCO) – Work to improve the quality of life of target population and investigate and resolve complaints on behalf of residents of the following facilities: Nursing Homes (NHs) Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Personal Care Homes (PCHs), and Community Living Arrangements CLAs)	<ul style="list-style-type: none"> <li>Community Education</li> <li>Knowledge/ Guidance for LTCO Suppliers</li> <li>Complaint &amp; Problem Resolution</li> <li>Resident Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Complaints related to long-term care facilities</li> <li>C3 Process</li> <li>Monitoring and Evaluation</li> <li>Advocacy</li> <li>Customer Satisfaction Surveys</li> <li>LTCOP Advisory Council</li> </ul>
PI	Program Integrity (PI) - Provides programmatic oversight of the AAAs, quality assurance, data analysis, research and evaluation, and compliance monitoring for DAS.	<ul style="list-style-type: none"> <li>Area Plans/ Contract Development/ Management</li> <li>AIMS Data System Development/Maintenance</li> <li>Quality Assurance Leadership</li> <li>Monitoring Reports and Review Guides</li> <li>Just the Facts Annual Report</li> <li>State Plan</li> <li>Operational/Strategic Plan</li> <li>Surveys (Customer Satisfaction &amp; Monitoring)</li> <li>Emergency/Business Continuity Plan (BCP)</li> <li>Training &amp; Technical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and Evaluation</li> <li>Area Plan Feedback</li> <li>Professional Affiliations</li> <li>Research Studies</li> <li>C3 Process</li> </ul>

**3.2 Customer Satisfaction And Relationship Enhancement**

**3.2a(1) Customer Relationship Building**

In order to acquire and retain customers, increase loyalty and gain positive referrals, DAS uses mechanisms such as:

- Relationships with groups such as coalitions, AARP, and professional associations;
- Relationships throughout the Aging Network, including AAAs and other partners, suppliers, and consumers;
- Relationships with local and state government officials;
- Private sector partnerships;

- Relationships with universities,
- Letters of Agreement and Memoranda of Understanding with government entities.

Through these mechanisms, we gain insight into our program operations and strategic planning. To meet and exceed customer expectations, DAS, our partners, and suppliers deploy customer service surveys. We are also initiating the C3 mechanism to improve our responsiveness to customers (see 3.2a(3) for more detail).

Figure 3.1-2 POMP Initiatives	
POMP Initiative	Project Goals, Objectives, and VOC Outcomes
<p>6</p> <p>Begin –SFY05</p> <p>End – SFY09</p>	<p><b>Purpose</b> - Demonstrate consumer savings attributed to OAA programs by predicting the likelihood of nursing home (NH) placement through the examination of certain associated risk factors.</p> <p><b>Objectives</b> –</p> <ol style="list-style-type: none"> <li>Determine if persons receiving HCBS offset unmet needs associated with impairment levels are more likely to enter a NH or delay NH placement;</li> <li>Evaluate the cost of HCBS services versus NH placement;</li> <li>Evaluate persons with the same impairments and unmet needs with and without caregivers who are waiting to receive HCBS.</li> </ol> <p><b>VOC Results</b> –</p> <ol style="list-style-type: none"> <li>Average length of survival time in community is equivalent to 25 months</li> <li>Found consistent lowering of relative risk of NH placement with use of in home services</li> <li>Homemaker and Respite services have the strongest influence on lowered relative risk of NH placement.</li> </ol>
<p>7</p> <p>Begin –SFY06</p> <p>End – SFY08</p>	<p><b>Purpose</b> – Refine and standardize consumer performance tools.</p> <p><b>Objectives</b> –</p> <ol style="list-style-type: none"> <li>Review current survey instruments used to measure provider outcomes and satisfaction of Title III services (see below) to identify existing gaps in current tools;</li> <li>Review and refine no fewer than eight POMP performance measurement surveys:                             <ul style="list-style-type: none"> <li>Caregivers</li> <li>Case Management</li> <li>Congregate Nutrition Program</li> <li>Homemaker Service</li> <li>Home Delivered Nutrition Program</li> <li>Information and Assistance Assessment</li> <li>Senior Centers</li> <li>Transportation Service</li> </ul> </li> </ol> <p><b>VOC Results</b> –</p> <ol style="list-style-type: none"> <li>Complete survey validation of performance measurement surveys (each participating state completes this process for their surveys)</li> <li>Develop performance measurement tools for use in the Aging Network</li> </ol>
<p>8</p> <p>Begin –SFY09</p> <p>End –SFY10</p>	<p><b>Purpose</b> – Build upon results in POMP 6 and POMP 7.</p> <p><b>Objectives</b> –</p> <ol style="list-style-type: none"> <li>Continue survey validation training from POMP 6 and POMP 7</li> <li>Revise Quality Improvement Report goals for Area Agencies on Aging Title III Older Americans Act Home and Community Based Services</li> </ol> <p><b>VOC Results</b> – To Be Determined.</p>

**3.2a(2) Key Access Mechanisms**

DAS provides multiple ways for our customers to seek information, conduct business, and make complaints, including:

- Statewide toll-free telephone services with access to information and referral, which links callers to the appropriate AAA or service or DAS Headquarters;
- Client visits to individual homes and long-term care facilities by some DAS programs;
- Constituent Services requests for information, complaints, and comments through the Governor’s office and the DHR Commissioner’s office,
- Websites containing information on DAS services, news and events, and publications; and
- In-person or on-site requests.

These mechanisms allow customers the opportunity to select their preferred mode of access. **Figure 3.2-1** indicates DAS’ key access mechanisms.

DAS sets standards, along with its AAA partners, for us, our partners and our suppliers regarding key customer contacts. We deploy these requirements through Area Plan instructions, the State Plan, and Older

Americans Act assurances. These and all DAS standards are available on the Online Directives Information System (ODIS).

Figure 3.2-1 DAS Key Access Mechanisms			
Mechanism	Enables Customers to:		
	Seek Information	Conduct Business	Complain
1-800 Call Center	X	X	X
AAA Gateway	X	X	X
ADRC	X	X	X
Internet/Email	X	X	X
Client Visits	X	X	X

**3.2a(3) Customer Complaint Process**

All employees are empowered and expected to assist in resolution of consumer complaints. DAS has a customer service champion that disseminates quarterly customer service tips, which aid in complaint resolution and improving the consumer’s experience with our services. The State of Georgia trains all of its employees to greet, honor, listen and respect all customers, especially in a complaint situation. In the event an employee is unable to resolve a consumer’s/client’s concern,

the issue is forwarded to department leadership or other appropriate party for resolution.

In SFY07, DAS initiated a team to improve our complaint management process by creating a uniform systematic process for handling complaints DAS-wide. Utilizing an affinity diagram and PDCA approach, the team asked to expand the scope of its charter to include compliments and comments within the complaint analysis process, resulting in the team name, C3 Team (for Complaints, Compliments, and Comments). After the C3 Team produced a final report and recommendations, LT authorized the C3 2.0 Team in SFY08 to implement a web-based system, deploy the database, and deploy DAS-wide training (in SFY09).

Until the C3 process is finalized and fully deployed, customers can use the DAS website to register a complaint, compliment and comment, and a temporary plan is in place to handle these communications consistent with the C3 recommendations.

Meanwhile, DAS and its sections continue to manage customer complaints through formal (Director's Office, CCSP, APS, and LTCO) and informal (AIS, LC) processes and through programmatic operations (FA, PI). Formal and informal processes follow standards of promptness guidelines, which govern how complaints are resolved effectively and promptly to minimize customer dissatisfaction. Formal complaint process resolution includes informing and engaging with our partners and suppliers and conflict resolution.

When the PI section performs customer satisfaction surveys and receives complaints, it promptly provides this information to the process owner within DAS so that they contact the appropriate partner, supplier, or the consumer directly to follow up.

### 3.2a(4) Keeping Current

DAS constantly works to improve its relationships and provide easier customer access. It integrates strategic planning process (Baldrige assessment, SWOT and Environmental Scan) feedback into planning and policy, customer feedback through surveys and monitoring and evaluation, partner and staff feedback through Area Plan and ODIS, and AIMS updates, where appropriate, and feedback from partnerships, collaboration, and advocacy initiatives. Improvements to these processes have been made through such means as the POMP research projects and the C3 teams mentioned previously.

DAS increasingly provides web-based access to customers for providing information and to promote two-way communications. However, our developments in accessibility cannot be limited to the internet. Many of our end customers do not yet have access to or ability to use computers. We also have many customers with disabilities or limited English proficiency. As a result, we provide translation services to callers and our DAS toll-free line is bi-lingual as well as TTY accessible. Some programs have developed customer materials in multiple languages, including Braille.

## 3.2b Customer Satisfaction Determination

### 3.2b(1) Customer Satisfaction/ Dissatisfaction Determination

DAS evaluates satisfaction, dissatisfaction, and loyalty through customer surveys and through the results of monitoring and evaluating suppliers and partners. The PI section reports survey results to Leadership Team, AAAs, and process team owners in order to understand the "voice of the consumer" and devise action plans for resolution where necessary. To solicit accurate information, we use in-person feedback, mail surveys, and online mechanisms. DAS puts our survey tools under a validation process to determine user readability and comprehension, effective survey design, and standardized questions to help us analyze results. We capture

customers' future business needs and information by utilizing a six-step Customer Survey Process shown in **Figure 3.2-2**. This process incorporates strategic planning initiatives, which allow deployment of performance improvement strategies in collaboration with process owners, impacted partner, Regional Coordinators and LT.

<b>Figure 3.2-2 DAS Annual Customer Survey Process</b>	
1.	Identify the product and/or service requirements
2.	Identify client desired outcomes
3.	Translate outcomes into 8 to 10 questions
4.	Validate questions and importance of outcomes
5.	Administer survey, analyze results (segment, determine root cause, use PDCA approach)
6.	Improve Performance

### 3.2b(2) Follow-up on Services

The C3 Process, described in 3.2a(3), includes an automatic customer notification of receipt of customer complaint, compliment, or comment and a notification process of resolution. In some situations, HIPAA guidelines and any potential conflict of interest prohibits discussion of sensitive and/or confidential matters, but DAS does acknowledge receipt of contacts and notifies the contact when resolution steps have been completed.

### 3.2b(3) Comparative Customer Satisfaction

After DAS receives customer satisfaction results, we use it to guide improvements through a variety of our processes, including policy and standards, Area Plan, AIMS technology enhancements, and opportunities for innovation. DAS uses comparative data from Baldrige winners, Florida Sterling winners, American Customer Satisfaction Index, other State Units on Aging, and other private and public entities, where applicable. There are no direct competitors for service delivery because DAS renders specific services based on OAA guidelines. Private vendors may provide single or multiple services similar to DAS programs and services; however, the State Plan designates DAS as the State Unit on Aging to provide leadership of the Aging Network statewide and to implement the requirements of the OAA.

### 3.2b(4) Keeping Current

Our C3 deployment is keeping us up-to-date with our approaches to determining customer satisfaction. Also, DAS designs its customer satisfaction surveys at the request of the process owners who are most knowledgeable about the customer characteristics. So, for example, when the PI section designed a survey process for LTCOP customers, the LTCO section worked with them to craft a process that would honor the unique needs of these customers. We developed methods to protect confidentiality of complainants, enable long-term care residents with severe disabilities to participate, and guide interviewers as they worked within a long-term care facility environment. The survey was pilot tested by suppliers and PI, results reviewed, and the process modified before being deployed statewide. As new customer satisfaction surveys are needed, PI utilizes the same customer-responsive approach.

DAS uses the approaches listed above to keep current in determining customer satisfaction and business needs and directions. Strategic planning initiatives are integrated with the "voice of the customer" information to guide action and resolution plans, process improvements, and policy and standards refinement.

## CATEGORY 4: MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT

### 4.1 Measurement, Analysis and Improvement of Organizational Performance

#### 4.1a Performance Measurement

##### 4.1a(1) Selection, Collection and Alignment of Data

DAS' performance-measurement system enables us to focus on results for our key customers. We use performance measures to monitor day-to-day operations, to ensure regulatory compliance, to monitor strategy and action plan performance, and to drive performance improvements. AIMS is our primary tool for collecting and sharing raw data, and our Balanced Scorecard/Dashboard (Figure 2.1-3), serves as our primary integration tool.

The system begins with DAS LT's Strategic Planning Process (Figure 2.1-1). LT seeks the perspectives at all levels of the organization to identify both long-term strategic objectives and current year goals as well as to seek meaningful and strategic DAS-wide measures. We base these measures on DAS' Balanced Scorecard/Dashboard's focus areas of (1) customer/stakeholder benefits or impacts; (2) organizational effectiveness/internal process; (3) financial performance; and (4) workforce/employee learning and growth.

In addition to DAS-wide measures selected by LT, DAS sections and teams use the Balanced Scorecard/Dashboard focus areas and the DAS-wide objectives to guide their decision-making, to select their specific performance measures, and to designate a few key measures as Measurement and Analysis Plans (MAPs).

DAS LT, sections and teams use the following criteria to select performance measures which:

- (1) address strategic challenges and advantages or weaknesses, opportunities or threats;
- (2) are relevant to customers, stakeholders, and/or our workforce;
- (3) are Strategic, Measurable, Actionable or Accurate, Relevant and Time Bound (referred to as SMART criteria); and
- (4) indicate progress towards our goals.

In order to continuously update and improve our measurements, DAS LT, sections and teams review their respective measures annually. At that time, they are able to adjust measures as needed and identify additional data needs. Updates to the Balanced Scorecard/Dashboard are performed on a bi-annual basis to reflect any changes in strategy, regulatory requirements, specific areas of focus, or changes in appropriate benchmarks.

In addition to the needs of our internal performance measurement system, we respond to the needs and mandates of external authorities, customers, and partners. These demands impact our need to collect and manage data for reporting additional performance measures. Whenever possible, we strive to identify opportunities for alignment among these strategies in order to enhance efficiency and consistency in our measures. Examples of these external demands include:

- DHR strategic initiatives, including (WIGs) and Strategic Performance Management System measures
- National Aging Program Information System (NAPIS) – required by AoA and containing (1) performance data on programs and services funded by the OAA; (2) demographic and descriptive

data on the elderly population obtained from the U.S. Census Bureau and other sources; and (3) descriptive data on the infrastructure of home and community-based services to assist older persons, based on AoA studies and related reviews

- National Ombudsman Reporting System (NORS)—required by AoA and containing data on the number of facilities visited and the types of complaints received by the Long-Term Care Ombudsman Program for investigation and resolution. Data collected from 1996 to present give a good picture of the extent of ombudsman activities and resolution results nationally and in every state.
- Department of Community Health/Community Care Services Elder and Disabled Waiver -- report requiring 14 deliverables including on-site monitoring of AAAs and suppliers; budget variance reports; and customer care plans.
- Grantors --. DAS receives many federal, state and professional grants, all requiring distinct reporting requirements. An example is the Performance Outcomes Measurement Project (POMP), a collaborative effort with selected SUAs and AAAs to produce measurement instruments. The purpose of these instruments is to measure consumer-reported outcomes and quality assessment for critical OAA services; special needs characteristics (such as physical and social functioning) of key customers; and the benefit of services that support family caregivers.
- Legislative requests of the Georgia General Assembly
- Ad-hoc requests from advocates and other citizens.

##### 4.1a(2) Use Of Comparative Information and Data

Due to reporting requirements at both state and national levels, increasingly DAS has access to relevant comparative and competitive data. Aging and long-term care service providers, CMS, AARP, Malcolm Baldrige winners, Georgia Oglethorpe winners, other Georgia state agencies, and other state units on aging are among the sources for these data. Through our various professional memberships -- in organizations such as the National Association of State Ombudsman Programs (NASOP), National Association of Adult Protective Services (NAAPSA), and National Association of Area Agencies on Aging (N4A) -- we have access to national comparative data, best practices information, and benchmarks. The availability of this data has enabled DAS to use an algorithm to help us select the most appropriate sources. (Figure 4.1-1)

We use comparative data to help us develop policies and standards for our services. So, for example, when APS reviewed its policies to determine the appropriateness of its standard for initial response times to reports of abuse, neglect and exploitation, it reviewed APS policies, processes and data from California, Florida, and other states to determine how Georgia's standards compared to that of other states.

We use comparative data to help us develop realistic measures for our performance. For example, APS uses industry-wide call center data in establishing measures for APS Central Intake, which accepts reports of abuse, neglect and exploitation via a statewide toll-free telephone number.

We use comparative data to help us determine the effectiveness and efficiency of our services. For example, CCSP utilizes data from Service Options Using Resources in a Community Environment (SOURCE), a program administered by the Georgia Department of Community Health, to compare its performance in serving individuals with similar home and community-based long-term care needs. And, in 2007, our Long-Term Care Ombudsman Program (LTCOP) was the subject of a multi-state study by the University of California at San Francisco to determine LTCOP program effectiveness. That study provides us with in-depth and comparative analysis of the capacity and effectiveness of LTCOPs in California, New York, Illinois, and Ohio.

**Figure 4.1-1 Algorithm for Choosing Appropriate Comparative Data**

STEP	ACTION
1	Identify available comparative data sources
2	Identify available competitive data sources
3	Identify which sources provide best in class data
4	Determine and choose the source that most closely resembles DAS
5	Determine and choose any source that provides industry (or out of industry) best practice data
6	Use the data (and best practice information) to set benchmarks for improvement

**4.1a(3) Keeping Current**

DAS's approach to keeping our performance measurement system current with business needs and directions includes regular review of our action plans and associated measures to determine whether they need to be continued, adjusted or replaced by other measures. We do this through:

- LT review of our strategic plan, which includes a bi-annual review and updating of the Balanced Scorecard/Dashboard objectives, DAS-wide action plans, and associated measures, including MAPs.
- Annual review by each section or team of its action plans and measures, including MAPs, and
- Continuous programmatic review of data requirements from federal, state and other entities

**4.1b Performance Analysis, Review and Improvement**

**4.1b(1) Performance Review and Analysis**

LT relies on reports of our performance measures to make decisions that affect the organization, with the goal of continuously improving organizational performance. We review how well we are performing on current measures through:

- Regular (at least quarterly) review of action plans by each section or team;
- Quarterly and annual reports to LT by each section or team with updated MAPs; and
- WIG performance measure reports at weekly cadence meetings.

In addition, as they become available, DAS LT reviews audit findings and the results of other studies or surveys. These reviews prompt LT to analyze our performance and to recommend corrections or changes as needed.

LT utilizes graphic data displays, trend analysis, gap analysis, root cause analysis, and problem solving tools to help us better interpret the data.

**4.1b(2)(3) Translation of Review Findings into Improvement Priorities and Process Improvements**

We review our performance at all levels in order to identify those areas in which we are not performing at the high level to which we aspire. Depending on the findings, LT or the appropriate section or team may do any of the following in an effort to improve our performance:

- Develop corrective action plans for a program, team, or individual,
- Identify the need for process improvement,
- Identify the need for, policy development or revision,
- Identify training or public education needs,
- Revise or update our action plans, or
- Form a team to develop recommendations for improvement.

All levels of staff may identify and suggest any of these approaches for improvement.

We have repeatedly succeeded in improving our performance after reviewing our findings. For example:

- APS Central Intake developed a triage process, which enables staff to appropriately prioritize calls -- including reports of abuse, neglect and exploitation -- resulting in improved efficiency and effectiveness.
- After DAS received complaints from suppliers and partners regarding wide variability in time between submission of invoices and their payment, DAS' Fiscal Administration section began to more closely track the payment cycle process. This data collection and analysis helped DAS refine its internal steps, ensuring that we sent only error-free invoices to DHR Office of Financial Services (OFS). Then DAS worked with OFS to enable DAS to better track the OFS' steps in this process with the goal of making suggestions for improvements. This process is now far more predictable and efficient, dramatically reducing suppliers' and partners' complaints.

As DAS constantly works to improve our processes, we deploy the information regarding our improvement priorities -- as well as our successes ---- through our typical methods of communication to the workforce -- for example, during LT meetings, Dialogue with the Director meetings, and UR2NO notes (see 1.1b). When our improvement priorities involve our suppliers or partners, DAS communicates with them through AAA meetings, e-mails, policies, Area Plans, and allocations issuances, as appropriate.

**4.2 Management of Information, Information Technology and Knowledge**

**4.2a Management of Information Resources**

**4.2a(1) Data Availability**

DAS' comprehensive data management tool is the Aging Information Management System (AIMS), designed specifically for the Aging Network in Georgia. AIMS was developed in direct response to the first DAS HOSHIN in 1998 -- Managing Using Data -- and has been continually updated since that time. Practically all of AIMS' functions are web-enabled, allowing easy access for DAS, its suppliers and partners. Our suppliers enter service-related data directly. Their

respective AAAs and DAS programmatic staff have instant access to this service-related data. All DAS employees have access to a computer and security clearance permitting them access to appropriate data within AIMS and resulting reports.

In addition to AIMS, DAS also uses other software to compile, analyze and communicate organizational data. For example, the Elder Services Program (ESP) provides information on available public and private resources statewide for our key customers. Peoplesoft includes financial and personnel data. DAS uses a shared computer drive to house many of its documents such as the Balanced Scorecard/Dashboard, MVV, MAPs and other performance data. DAS utilizes Groupwise to communicate via e-mail and maintain calendars and schedules, CCSP and the Gateway staff housed with AAAs utilize the Client Health Assessment Tool (CHAT). However, DAS is in the process of integrating this software into AIMS.

Customers have access to a great deal of information about DAS via the internet at <http://aging.dhr.georgia.gov/portal/site/DHR-DAS>, which is part of the larger DHR website and the State of Georgia portal. This site does not contain client-specific information, but does include aggregated data representing our work for customers. From this website, our customers and the public in general can view DAS' annual reports for the past several years, "Just the Facts" (a publication which describes program highlights), the four-year State Plan on Aging, and other programmatic reports. This website tells visitors how to locate their local AAA, provides forms which clients can fill out prior to a face-to-face interview regarding service availability, and much more information designed for our customers.

In addition, the Office of the State Long-Term Care Ombudsman maintains a website ([www.georgiaombudsman.org](http://www.georgiaombudsman.org)) designed to inform our customers about long-term care, advocacy opportunities, and recommendations. The Georgia Council on Aging has a website ([www.gcoa.org](http://www.gcoa.org)) designed to assist customers to become effective advocates on aging-related issues.

Customers, partners, suppliers, collaborators and stakeholders without internet access can reach DAS through our toll-free access numbers. DAS implemented 1-866-55-AGING, our central toll-free number in July 2007. This number provides free access throughout Georgia's statewide Aging Network, linking callers to DAS Headquarters, Gateway at local AAAs, the LTCOP, GeorgiaCares, or APS by pressing a single additional digit. This number recognizes the area code of the caller and routes the call to their local service providers. Options are available for Spanish speakers as well. Customers, who wish to reach APS, LTCOP or GeorgiaCares directly, can do so through direct toll-free numbers.

#### [4.2a\(2\) Hardware and Software, Reliability, Security and User Friendliness](#)

DAS has technology standards, standard purchasing procedures and an Information Systems Development Methodology, which define systematic methods for design, control, and configuration of hardware and software systems. With these standards and procedures, DAS assures hardware and software quality, reliability and user-friendliness. DAS receives these standards and procedures from DHR's OIT and the Georgia Technology Authority (GTA). Examples of technology standards include basic desktop operating systems and office automation software, e-mail software, and PC hardware standards. The standards also address servers and applications development platforms and ensure effective electronic

communication and data sharing. OIT and GTA regularly update these standards and procedures as technology improves.

We measure the reliability of AIMS by determining the percentage of time that AIMS remains working and available to users. OIT monitors the time that AIMS is unavailable to users and reports this information to LT each month.

Although GTA & OIT provide security enterprise-wide for DAS, AIMS also contains additional security that limits access to data. DAS provides authorization for specific AIMS users related to data entry, data retrieval, and reports.

DAS utilizes a statewide Helpdesk with 1-800 and e-mail access to respond to technical issues on individual PCs and networking issues. OIT provides technicians who are knowledgeable about many software issues and sends periodic e-mail messages with computer tips and tricks for DHR users. DAS also has a number of staff persons who are proficient and helpful with the suite of Microsoft Office products and assist other staff as needed.

Both the OIT and GTA provide system security and reliability for applications. AIMS is housed on an OIT server. The server performs data backups daily with and redundancies built into the backup process. Backups are stored in off-site industry-standard secure areas.

#### [4.2a\(3\) Data Availability in Emergency](#)

DHR and DAS have Disaster Preparedness and Recovery plans that incorporate an incident command system focused primarily on avoidance of disasters, and secondarily on recovery, should disasters occur. Key aspects of the plans include ensuring key people are on-site in the command center, shutting down non-essential systems, ensuring regular tape and disc backup of critical information, and developing mechanisms so that key IT staff are able to work from home if a disaster prevents them from accessing the premise. Our emergency preparation plans include agreements with Regional Development Centers and AAAs for DAS staff to be able to access their offices for use if Headquarters or field offices are not usable due to an emergency.

Data availability in an emergency is the responsibility of OIT, which is responsible to maintain the ability to expeditiously resume critical operations in the event of an emergency. OIT uses predetermined checklists that assure rapid and accurate data recovery. AIMS is prioritized on a Business Continuity Plan scoring matrix which is based on scope of the emergency. The Scoring matrix is the responsibility of DHR's Crisis Management Team, which will activate in the event of an emergency and which includes members of each DHR division.

In some programs, paper records serve as legal documentation of client records. These programs have specific guidelines on handling paper records. For example, APS workers are required to keep core information on their wards in paper, printed out and easily accessible. Information stored in AIMS is accessible by staff from any internet-enabled computer and this enables staff to re-create some paper records if needed.

#### [4.2a\(4\) Keeping Current](#)

The success of AIMS – and, therefore, DAS' ability to maintain an effective performance measurement system -- is due in large part to constant communication between DAS and OIT. OIT understands the importance of information integrity and reliability to DAS operations. The primary communication venue is the Division of Aging Services-

Information Technology (DAS-IT) team. This team of DAS programmatic experts and IT experts meets frequently to manage and enhance the functioning of AIMS. DAS-IT has produced an extraordinary relationship between DAS and IT, directly contributing to our ability to streamline performance measurement and ensure data integrity.

DAS' strategic planning process includes identifying software, hardware and communication needs to improve our data management. Often these data needs change due to rapid developments in aging services, multiple government requirements, or changes in funding sources. Due to AIMS' design, DAS is able to request necessary changes that OIT can make with relatively minimum effort. For example, DAS-IT designed AIMS to contain many drop-down menus, which it can easily amend, as funding sources or services change.

We are committed to operate using the latest technology available. The OIT staff who work on AIMS, attend training in the latest technology and research products to improve system performance. DAS-IT's IT team members independently research and keep abreast of industry technology. When funds are available, staff attend classes and acquire software specific to our needs. For example, DAS is beginning (along with the Division of Public Health) to utilize Geographic Information Systems (GIS) software as a new tool for collecting and analyzing data.

#### 4.2b Data, Information and Knowledge Management

##### 4.2b(1) Ensuring Accuracy, Integrity, Reliability, Timeliness and Confidentiality

**Accuracy:** DAS has adopted standard processes and procedures to ensure data, information and knowledge accuracy relate to our automated data systems. Auto-balancing features in our software ensure daily information transfer to the proper location. We ensure accuracy of formulas, calculations, and data inputs through regular testing and audit programs.

AIMS was initially designed and improvements continue with the input of users at all levels of the Aging Network (i.e. suppliers, AAAs and DAS staff) through a Joint Application Design (JAD) process. We include User Acceptance Testing (UAT) as part of the process for delivering AIMS modules. OIT uses Case Testing regularly, a built-in testing component that allows approval by specific and select users of the system and facilitates communication between DAS-IT and users. DAS uses multiple redundant levels of testing to ensure AIMS reliability. DAS-IT and users statewide perform testing.

##### **Integrity and Reliability:**

We analyze the integrity and reliability of our data by addressing technical, architectural and behavioral factors. We achieve data integrity through ensuring that the data kept is an exact reflection of the data collected and that the data collected is an accurate reflection of reality.

Technically, we have designed AIMS restrict electronic access to data sets to only those authorized individuals with a need to know (also known as "logical access controls"). We require user ID and password authentication in a secure network environment to restrict unauthorized access to data. Another example of technical protection is the use of applications that involve parity checking algorithms to ensure that data counts and calculations are accurate and no data bytes have been lost during a data transfer operation. We use anti-virus systems to perform automatic scanning of network servers and e-mail servers to detect and deny the intrusion of virus attacks or any other unauthorized access.

Architecturally, we ensure that unauthorized individuals do not have physical access to data. Our security system at Headquarters limits access to authorized individuals who must pass two checkpoints in order to enter our office area. In addition, we physically separate personnel according to function and data access clearances.

**Timeliness:** We ensure timeliness of data using real time web-based data applications and reporting systems. This enables the quick compilation of data so client records, financial records, and other key information and knowledge tools are available immediately. Partners and suppliers enter data at regular intervals. We have deadlines in policy to ensure data are available not more than 20 days after the close of a quarter. Program staff employ "ticklers," automatic reminders and reports, to remain aware of dates and deadlines. We use Novell GroupWise e-mail software to communicate rapidly with employees, partners and suppliers and to remind them of reporting and other requirements.

**Security and Confidentiality:** OIT policies and protocols delineate the functions of security coordinators and staff to assure acceptable methods for accessing, storing and transferring client and other confidential data as well as to ensure full compliance with HIPAA regulations. All employees must undergo security training offered as an e-course through OHRMD. DHR's Learning Management System automatically records completion of this training for each employee.

To date, we have suffered no known security or confidentiality breaches in AIMS. There are multiple levels of security found within AIMS through password access. Our AIMS reporting tool, Crystal Enterprise, has a separate password authorization process than the data entry portion of AIMS with security specific to the program, the AAA, and the supplier. For example, one AAA cannot see data concerning another and one supplier staff person cannot access data of another program. Many security administrator responsibilities are passed to the AAA level, with rights granted or revoked as needed. Super users, those who can access multiple areas, are at DAS only.

##### 4.2b(2) Knowledge Management

In order to transfer relevant knowledge from and to customers, employees, AAAs and suppliers, we utilize multiple communications avenues (see 1.1b and 4.2a)

Specific to knowledge related to AIMS, we maintain an AIMS website, accessible to all users, containing training modules, data definitions, the taxonomy of services, and access to the Crystal reporting system. We frequently update this site so that it, accurately reflects changes to the system and serves as an information repository.

We have many examples of non-mechanical communications:

- APS critical incident management training for case managers.
- LT shares data at regularly scheduled AAA Meetings,
- Sections have regular meetings,
- Dialogue with Director for all DAS staff
- DAS LT members meet monthly with OIT leaders to track performance measures, address issues, and track AIMS improvements and discuss IT budgets.

We identify and share best practices through internal meetings, including the Account Management Team (AMT) Process, AAA Meetings, and participation in many of national organizations. As discussed in detail in Category 2, we also transfer relevant knowledge throughout the strategic planning process.



**CATEGORY 5: WORKFORCE FOCUS**

**5.1 Workforce Engagement**

**5.1a(1) Key Factors that Effect Engagement**

DAS has identified key factors determining workforce engagement and workforce satisfaction in the areas of work environment, organization, communication, personal satisfaction, training, and leadership. These factors are incorporated into our Employee Satisfaction Survey (ESAT), initially developed and recommended by Baldrige Team 5, then adopted and deployed by the LT. Although a few specific questions have been modified upon LT's annual review of the results and refinement of the survey tool, these key factors have remained the same since DAS first implemented the ESAT several years ago.

In addition to the annual ESAT, DAS uses other tools to foster workforce engagement, including annual deployment of the MVV and the use of teams for development of DAS-wide recommendations for improvement. DAS LT encourages every section and every level of employee to provide response to the ESAT and the MVV catchball process. Teams generally contain at least one representative of each section. Of course, given the size of APS relative to other sections, fewer APS staff have the opportunity to serve on DAS-level teams. And, because APS staff are largely outstationed, the methods of deploying information about these opportunities are different from those of other sections, but the encouragement to participate and the key factors for determining workforce engagement remain consistent throughout all workforce segments.

**5.1a(2) Fostering a High Performance Culture and Motivated Workforce**

DAS' culture encourages high performance and a motivated workforce because we are mission and customer-focused. DAS employees believe in the work we do and the people we serve, as evidenced by these significant 2008 ESAT results:

- 96.4% of employees feel their work is important; with only 1.0%

disagreeing.

- 95.9% understand the DAS mission, vision, and values; with no employee disagreeing.

LT sets the tone for an organizational culture that supports high performance. In its meetings, LT uses proven facilitation tools which help it make and follow-up on decisions effectively, share responsibility among all members, and focus on efficient use of meeting time. LT meets two times per month to discuss matters such as: action items, process improvement initiatives, monitoring and evaluation results, review and/or refinement of key measures, director's report regarding DHR initiatives, as well as budget, legislative, AIMS, communications, IT, and SPP updates. The results of LT meetings are deployed to all staff: LT minutes are available on the shared computer network drive to all employees and section managers directly communicate highlights with their respective section staff.

Although most sections have regular in-person meetings, APS conducts monthly meetings with Headquarters staff and outstationed district managers via WebEx; in turn, district managers have monthly meetings with supervisors by WebEx or in-person to accommodate these outstationed staff.

DAS uses a team-based approach to our process improvement initiatives. Teams foster innovation, effective communication, and skill sharing within and across work units. LT develops a charter for each team that defines its the scope, definition, measures, and timeframe for deliverables. A LT member serves as team sponsor, to assure LT support and communication. LT assigns a representative from each section and tries to balance the team with staff who represent the four behavioral profiles of DISC (Dominance, Influence, Steady and Conscientious). All DAS staff have completed a DISC profile, a test which focuses on aspects of individual behavior to enhance understanding of team dynamics. Use of the DISC profile and use of various section representatives enhances the ability of DAS to benefit

**Figure 5.1-1 Work System Approaches Conducive to High Performance and Motivation**

Cooperation, Communication, and Skill Sharing	Information Flow and Two-Way Communications	Goal Setting, Empowerment, Initiative, Innovation	Benefit from Diverse Ideas, Cultures, Thinking
<ul style="list-style-type: none"> <li>• DAS Team Matrix</li> <li>• Quarterly Account Management Team (AMT) meetings</li> <li>• Improvement Teams</li> <li>• Various Leadership Committees/ Teams</li> <li>• Many Training and Collaborative Opportunities</li> <li>• Sharepoint site in development for communication enhancement and access to division documents</li> <li>• UR2NO</li> <li>• Succession Planning</li> <li>• Section and Cross Functional Teams</li> </ul>	<ul style="list-style-type: none"> <li>• Employee Rounding</li> <li>• Section Team Meetings</li> <li>• Various Newsletters</li> <li>• Internet/Intranet</li> <li>• Performance Management Plans and/or Forms</li> <li>• Dissemination and response to UR2NO notes</li> <li>• Feedback from customer communities during public hearings, focus groups, surveys, AAA meetings, and research studies</li> <li>• Section and Cross Functional Teams</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly WIG cadence meetings</li> <li>• Strategic planning linked to department, state, and federal initiatives</li> <li>• Teams empowered to make improvements aligned to goals</li> <li>• Individuals empowered to satisfy customers</li> <li>• Recognition programs – Right Work, Right Way &amp; bonuses</li> <li>• DAS-ITs Team</li> <li>• Hoshin and Baldrige initiatives</li> <li>• Succession Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Training in cultural competency</li> <li>• Participation on teams at all levels of the organization</li> <li>• Widely diverse employee body</li> <li>• DISC personality test</li> <li>• Hire and retain staff representative of the diverse cultural communities served</li> <li>• Section and Cross Functional Teams</li> </ul>

from diverse ideas, cultures, strengths, and thinking of our workforce.

When teams have completed their deliverables, they report to LT, which then makes implementation plans for the recommendations which it approves. The DAS Director disseminates team results to all staff via the UR2NO notes.

A new team and concept, deployed in SFY08, is the Account Management Team (AMT), as discussed in Section 1.1a(2). AMT facilitates communication among sections with a goal of developing creative solutions and best practices related to our partners.

DAS-IT is another example of a cross-functional team. Comprised of representatives from DHR's Office of Information Technology as well as DAS sections, it maintains AIMS and fosters innovation by developing enhancements to AIMS and DAS' ability to utilize the data within AIMS.

DAS also empowers staff through the annual deployment and feedback opportunity of MVV, use of DAS' operating principles, and succession planning opportunities. We achieve effective information flow and two-way communication with supervisors and managers through e-mail, section, and team correspondence. **Figure 5.1-1** provides specific examples of these and other methods used to create a high performing and motivated workforce

### 5.1a(3) Performance Management System

DAS' workforce performance management system supports high performance and a motivated workforce as evidenced by our 2008 ESAT, indicating that 97.5% of staff agree that their daily work impacts the quality of DAS products and services and 95.4% agree that they understand their job tasks.

DAS utilizes the performance management system developed by the State Personnel Administration. This includes a performance management form (PMF) which is individualized for each employee. Supervisors and employees work together to identify specific job responsibilities and Individualized Development Plans (IDPs). During an annual and mid-year review (and more often if needed), supervisors assess individual performance based on the PMF plan. During the annual review, supervisors describe each employee's performance and ratings on the PMF, based on whether he or she did not meet, met, or exceeded expectations related to his or her job responsibilities.

The Georgia General Assembly sets pay raises and bonuses for state employees who meet or exceed expectations. Annual pay raises for DHR employees range from 2% to 4% during fiscally viable budget years. The Georgia General Assembly appropriated funds in SFY 2008 for incentive bonuses for state employees. DAS LT decided to link these bonuses to employee performance linked to our strategic goals, awarding employees who (1) met or exceeded all expectations on their PMF, and (2) either met the WIG measures pertaining to their work or actively participated on a DAS team supporting the work of a WIG or customer service.

DAS compensates employees equitably, and uses temporary and permanent salary increases to reinforce high performance. It also uses recognition and incentives such as:

- "Kudos" from the Director in UR2NO notes when employees receive awards, offices in national associations, and other acknowledgements

- flexible work hours and alternative work schedules,
- teleworking,
- training opportunities,
- casual dress days,
- holiday and quarterly birthday parties at Headquarters, and
- Right Work, Right Way (RWRW), a Governor's office initiative providing a monetary award for state employees who provide excellent customer service.

These activities all reinforce DAS' customer and business focus, in conjunction with the action plans linked to DAS' Balanced Scorecard.

### 5.1b Workforce and Leader Development

#### 5.1b(1) Workforce Development and Learning

All new DHR employees, including DAS employees, receive orientation their first week at DHR. Then DAS provides its own orientation within 90 days of hire regarding, but not limited to, organizational culture, DAS' MVV, organizational structure, programmatic and operational overview, ethics, the Aging Network and AAA relationship, AIMS, our Strategic Planning Process (SPP; see Category 2), and health and safety concerns. Employees who provide direct client services receive additional training concerning health, welfare, and safety issues.

We stress the importance of core competencies (see Section 6.1a(1)), strategic direction and challenges, and action plans through the SPP, led by LT. DAS LT deploys this information to all staff – focusing on staff roles and responsibilities related to these components -- through UR2NO notes, section action plans, and Dialogue with the Director meetings. Integration of strategic planning initiatives within the Employee focus area of the Balanced Scorecard spurs organizational performance improvement, technological change, and innovation.

DAS supports abundant professional development opportunities through its partnerships and collaborations with associations, organizations, and universities. In addition, DHR and State of Georgia government offer training opportunities. DAS employees have individual development plans (IDP) as part of their performance management plans to encompass needed and desired areas of expertise related to their job functions.

As funds permit, DAS encourages employees to participate in webinars, and to attend training conferences. DAS sponsors a Nutrition and Wellness conference, Adult Protective Services training, and Long Term Care Ombudsman training most years, and many DAS employees have been able to take advantage of these training opportunities. Other development opportunities include professional association memberships and publications, and DAS Excellence University. These opportunities reinforce new knowledge and skills on the job.

DAS utilizes the DHR Online Directives Information System (ODIS) as a comprehensive policy and process manual for retention of long-term organizational knowledge. Each section contains an ODIS representative who is responsible to deploy policy updates and revisions.

When staff transfer or retire, we request a written "lessons learned" document in order to assist in knowledge retention within DAS. LT identifies tasks requiring documentation to transfer to other staff, prior to the departure of key personnel. Leaders also receive reinforcement

of new knowledge and skills by attending DHR management training, through peer support, and through coaching during LT meetings.

**5.1b(2) Leadership Development and Learning**

DAS' learning system for the training and development of our supervisors and leaders includes training related to:

- basic supervisory and leadership development (which includes personal leadership attributes),
- regulatory issues and ethical standards and practices, and
- strategic planning, including core competencies, action plan accomplishment, and organizational performance improvement, (using SWOT, Balanced Scorecard, and DAS' annual Baldrige assessment).

In addition, OHRMD assists DAS LT by facilitating activities, including occasional off-site training, aimed at:

- team-building,
- improving time management,
- improving accessibility to staff,
- listening and responding to staff concerns,
- deployment of the DISC profile to all DAS staff, and
- 360 reviews of DAS LT, which identify areas of improvement regarding coaching and mentoring opportunities.

**5.1b(3) Effectiveness of Workforce, Leader Development and Learning Systems**

We evaluate leader development and learning systems through annual review of ESAT results – particularly through employees' responses related to Training and Leadership. LT focuses on all questions where more than 20% responded that they did not agree and develops action plans to address these areas. For example, review of previous survey results—together with LT's annual Baldrige assessment process -- led LT to develop our Succession Planning Program (see Section 5.1b(4)).

We use the Kirkpatrick Model to evaluate training effectiveness using the following levels:

1. Reaction (i.e. participant evaluation)
2. Learning (for example some trainings require pre- and post-testing or other demonstration of skills acquired)
3. Behavior (for example, some services and projects -- such as Elder Abuse Prevention, Live Healthy Georgia/Seniors Taking Control and LT's 360 process -- perform longitudinal studies to evaluate performance improvement), and
4. Results (analysis of measures such as staff turnover, retention, and complaint information).

DAS uses the results of these evaluations as we assess our training needs and plan improvements at both section and DAS-wide levels.

**5.1b(4) Career Progression and Succession Planning**

DAS views succession planning as an integrated, systematic approach to identify, develop, and retain talent for key positions and areas in line with current and projected business objectives. In SFY07, a team was chartered to devise a more systematic succession planning process. In March 2008, the team reported its recommendations based on the following components of a viable Succession Planning Program:

- 1) identification of key positions in achieving current and future business goals;

- 2) identification and documentation of critical processes in Tier 1 (Leadership) and Tier 2 (Program Specialists);
- 3) assessment of interested candidates;
- 4) knowledge transfer; and
- 5) tracking and measuring effectiveness.

Using many of the team's recommendations, LT deployed its first formal Succession Planning Program in SFY08.

LT assigns mentors, who are members of LT, to participants for a period of twelve months. Participants receive training and perform assignments. Management and leadership development are components of the succession planning curriculum. Currently, four employees are participating in this process to become future organizational leaders.

**5.1c Assessment of Workforce Engagement**

**5.1c(1) Assessment of Workforce Engagement**

We assess workforce engagement through formal and informal means. The primary formal means is through our annual ESAT, which consists of six topic areas: work environment, organization, communication, personal satisfaction, training, and leadership. The survey asks a series of questions in each topic area to determine the extent of workforce satisfaction.

We also use other indicators of workforce engagement, including employee rounding (a way of gathering information in a structured way to check on the status of employees, exit interviews when employees leave DAS, retention rates, employee grievances, and Equal Employment Opportunity (EEO) complaints. DAS LT reviews these indicators to better assess our workforce engagement.

At Headquarters, supervisors observe an open-door policy, which provides opportunities for informal communications. Depending on the content of these communications, they may impact our assessment of workforce engagement. This informal communication is more difficult for outstationed staff. However, APS has developed multiple ways to enhance its workers' ability to communicate both formally and informally. Frequent use of e-mail and cell phones facilitate strong communication links for outstationed staff, and WebEx enables these staff to participate remotely in meetings and trainings.

All staff, regardless of location or section, have equal opportunity to participate in our ESAT (which is deployed via Survey Monkey on the internet). APS leadership has taken extra initiatives in recent years to urge all of its staff to respond to the ESAT. This has been an important method of integrating APS staff into the work and culture of DAS

**5.1c(2) Assessment Findings Related to Organizational Results**

Assessment findings relate to key results indicated in 7.4 Workforce – Focused Outcomes. Results include measures for: ESAT results; Retention Rates; Turnover Rates; Employee Grievances; EEO Complaints; Training assessments, using the Kirkpatrick Model (see 5.1b(3))

DAS LT uses these results during our SPP, including our annual Baldrige assessment, to inform our planned improvements related to workforce. For example, review of previous ESAT results—together with LT's annual Baldrige assessment process -- led LT to initiate our Succession Planning Program (see Section 5.1b(4)).

**5.2 Workforce Environment**

**5.2a Workforce Capability and Capacity**

**5.2a(1) Workforce Capability and Capacity Needs**

DAS assesses workforce capability and capacity using the objectives related to the Employee focus area of its Balanced Scorecard. For example, during SFY07 [one of our objectives (3.1 - Professional Development) was to realize increased percentages in the following measures:

- staff with IDPs,
- staff completing development plan elements, and
- staff with continuing education certifications.

While LT was brainstorming possible action plans to accomplish these objectives, it developed the idea of DAS' Workforce Planning Project (WPP). The purpose of the WPP was to:

- Plan for DAS' future vision by structuring jobs and sections that will meet the needs of Georgia's growing aging population;
- Align DAS' work by function rather than funding source;
- Manage using data; put into action what we learn from our data; and
- Reduce duplication of work between quality assurance, monitoring, and technical assistance activities.

To implement the WPP, DAS deployed a DAS-wide survey in May 2007, resulting in a 83% participation rate. Each section met, with support from OHRMD to review its survey findings and assess its: structure; development changes and actual job responsibilities; and overlaps and gaps related to skills, competencies, and staffing levels.

LT then reviewed the results and recommendations of each section, as well as research studies of consumer perspectives related to DAS operations (which had been developed as part of the State Plan process) to develop its workforce plan in May 2008. The highest ranking DAS-wide recommendations were to:

1. Investigate gaps and redundancies across DAS, simplify processes, and centralize key functions;
2. Add a grant writer and developer to support DAS and the broader Aging Network with resource development; and
3. Add AIMS business applications specialists for report writing to enable DAS to constantly improve its ability to manage using data.

LT has already instituted a number of changes as a result of recommendations developed through the WPP, including:

1. Major changes in the organizational structure as shown in **Figure 5.2-1**, effective July 1, 2008, including the following functional movement of programs and/or roles:
  - Program Manager role (located in PDOS) was renamed as Regional Coordinator and moved to PI.
  - ADRC moved from PDOS to AtS.
  - Elder Abuse Prevention moved from ERA to APS.
  - We created two new positions in LC: a Policy Specialist and a Livable Community Specialist.

Area P.1a1 shows current DAS alignment program structure; the previous DAS structure is available for viewing on-site at Headquarters, as are the complete WPP results.

2. Development of the Regional Coordinator (RC) role to work as DAS liaisons to our AAA partners and as Account Management Team leaders within DAS. The RCs manage the work of quality

assurance, monitoring and evaluation, technical assistance, and implementing plans of action related to our partners.

3. Based on section-level WPP recommendations, some supervisors have reassigned some job responsibilities among staff. For example, beginning in SFY2008, the LTCOP added the responsibility of providing information and assistance to callers on its toll-free line to an employee whose job focuses on program outreach, with the administrative assistant assigned as back-up for this task (previously the administrative assistant had this lead responsibility). This has enabled LTCO to provide more prompt assistance and longer hours of service for callers to its toll-free line, improving customer service

DAS plans to use the methods developed in the WPP to regularly re-assess its workforce capability and capacity needs.

**Figure 5.2-1 DAS Restructured for the Attainment of the Vision**

Old Sections	New Sections
Adult Protective Services (APS)	Adult Protective Services (APS)
Community Care Services Program (CCSP)	Community Care Services Program (CCSP)
Fiscal Administration (FA)	Fiscal Administration (FA)
Elder Rights and Advocacy (ERA)	Access to Services (AtS)
Planning and Evaluation	Program Integrity (PI)
Program Development and Operations Section (PDOS)	Livable Communities (LC)

**5.2a(2) Recruitment, Hiring and Retention**

We have a systematic recruiting and hiring process. DHR policy and state and federal law governs recruitment, hiring, and placement of new employees. DHR advertises positions internal and externally through multiple applications (DHR job site; State of Georgia job site; Atlanta Journal Constitution, Monster.com, etc.) to ensure a diverse, representative pool of applicants. Candidates receive screening from OHRMD and qualified applicants meeting job posting criteria are forwarded to the applicable DAS hiring manager. Interview panels include members of the DAS workforce. DHR tools such as the Limited English Proficiency and/or Sight Impaired technology are available for any potential applicant who made need use of these resources. The hiring manager makes the final hiring decision with DAS Director approval.

DAS retains its employees for many years; our average length of employment is 13 years. Our high level of workforce engagement in our mission (see Section 5.1) and state-supported employee fringe benefits, including a generous retirement plan, play an important role in retaining our employees.

In order to further encourage staff retention, we provide workforce engagement opportunities, as described in Section 5.1. Some of the most important of these related to retention include:

- on-the-job orientation, training and development opportunities,
- team-building exercises to build strong connections to the organization and co-workers,
- flexible work schedules and teleworking to reduce commute times and accommodate employees' personal and family lives,
- opportunity for employee satisfaction feedback, and
- administering of the DISC profile personality test to help employees better understand the unique abilities and perspectives they contribute to the organization.

DAS reviews its longevity, retention and first-year turnover rates to evaluate its success in retaining employees.

**5.2a(3) Manage and Organize Workforce**

The DAS workforce reorganization (as shown in **Figure 5.2-1** and described in Section 5.2a(1)) will; more effectively and efficiently focus the work of DAS; ensure that we maintain a strong customer focus and high levels of performance; and enable DAS to implement action plans developed through SPP.

Our WPP has enabled us to achieve the agility we need to meet changing business needs, as evidenced by our recent reorganization.

We also manage our workforce to accomplish our work through:

- developing key improvement initiatives with employee teams,
- frequent reward and recognition for high performance,
- the methods shown in Figure 5.1-1 which lead to strong communications among employees,
- goals setting based on the Hoshin process, and
- a culture that encourages diverse/innovative thinking and idea generation.

We capitalize on our core competencies, reinforce a customer and business focus, exceed performance expectations, address strategic challenges and action plans, and achieve agility to address changing business needs through a variety of steps within our SPP, including:

- tracking Balanced Scorecard objectives (developed by the SWOT analysis and environmental scan) and progress in implementing related action plans;
- annual Baldrige assessment, resulting update of action plans;
- receiving customer feedback, including through public hearings, focus groups, and research surveys; and
- complying with audits and implementing process improvements.

**5.2a(4) Preparing Workforce for Changing Capability/Capacity**

DAS prepares our workforce for changing capability and capacity needs in a number of ways that have already been discussed in this application. Methods include cross training and Individual Development Planning to prepare our staff to take on additional skills and work functions. In addition our leadership development and succession planning prepare staff to take on positions with greater levels of responsibility and assists in assuring service continuity.

Strategic Planning and budgeting processes (see Category 2) have enabled us to develop plans and manage budgets such that we are able to keep force reductions to a minimum and have downsized almost completely through attrition even in these difficult times. DAS has used furloughs before layoffs, reassigned staff to vacant positions whenever possible when positions are eliminated, and maximized use of non-state sources (such as private and federal grants) to fund positions whenever permitted by the non-state funding source.

**5.2b Workforce Climate**

**5.2b(1) Workplace Health, Safety, Security**

As a leader in promoting health and wellness for our end customers, DAS also strives to provide a healthy and safe work environment for our employees. We encourage Headquarters employees to participate in DHR-sponsored wellness programs. In the past, employees have sponsored walking groups and Weight Watchers clubs at work.

Georgia provides workplace safety and security by providing security officers and requiring security badges and clearance for all individuals who access our Headquarters. DHR provides security for passwords

and downloadable materials in our use of computer technology. DAS maintains a standing facilities team to accommodate workforce growth and associated opportunities for improvement.

While investigating reports of abuse, neglect, or exploitation, APS case managers often visit client homes and other community settings which could pose safety hazards to workers' health and safety. As a result, APS has developed a standing safety team that studies, recommends, initiates, and monitors educational and training activities related to its employees' personal safety and disaster planning.

Measures for staff health, safety, security are listed in **Figure 5.2-2**.

**Figure 5.2-2 Promoting Health, Safety, and Security**

Service	Method	Measure
Health Activities	<ul style="list-style-type: none"> <li>• Employee Assistance Program (EAP)</li> <li>• Work Family Life Balance</li> <li>• Drug Testing</li> </ul>	<ul style="list-style-type: none"> <li>• ESAT personal satisfaction results</li> </ul>
Safety/ Ergonomics	<ul style="list-style-type: none"> <li>• Emergency Planning Training</li> <li>• CPR Training</li> <li>• Employee Hotline</li> <li>• Safe driver training for field staff</li> <li>• APS training (including protection from exposure to diseases)</li> </ul>	<ul style="list-style-type: none"> <li>• Workers Compensation Cases Resulting in Lost Days</li> <li>• APS safety team feedback and recommendations</li> <li>• ESAT work environment results</li> </ul>
Security	<ul style="list-style-type: none"> <li>• Security staff</li> </ul>	<ul style="list-style-type: none"> <li>• % of Headquarters staff obtaining security badges</li> <li>• ESAT work environment results</li> </ul>

**5.2b(2) Workforce Policies, Services and Benefits**

**5.2b(2) Employee Support Services**

We're proud to offer our employees opportunities to live a full and satisfying life, by supporting them in meeting their professional goals and individual dreams. Our benefits program allows staff to choose benefits based on their unique needs. We offer the following core benefits and services: Medical Insurance, Prescription Program, Dental Insurance, Short-Term Disability, Long-Term Disability Insurance, Employee Life and Disability Insurance, Retirement Plan, Paid Time Off, Employee Assistance Plan, and Tuition Reimbursement. Other available benefits include: Worksite Wellness, Cancer Protection Policy, Critical Care and Dependent Life Insurance, Discounts on Auto and Homeowners Insurance, Health Care Reimbursement Accounts, Wireless Phone Discounts, and Group Legal and Long-Term Care Insurance.

We provide teleworking options, flexible hours and alternative work schedules to promote employee quality of life and decrease commute times (an important consideration for employees working in metropolitan Atlanta, where commute times are among the highest in the nation). We provide technology that enables us to have a highly mobile workforce, including remote e-mail access for all staff, Blackberries for LT members, and assignment of cell phones, laptop computers and computer tablets consistent with job responsibilities. We provide additional technological access as needed by outstationed staff and a process for evaluating and approving home offices.

The DHR employee handbook provides policies governing expectations of employees. Employees receive training on these policies during orientation as well as through mandated webinars and other course offerings.

## CATEGORY 6: PROCESS MANAGEMENT

### 6.1 Work Systems Design

#### 6.1a Core Competencies

##### 6.1a(1) Determining Core Competencies

As the designated State Unit on Aging pursuant to the Older Americans Act (OAA), DAS determines its core competencies to ensure alignment with and capability to carry out OAA requirements. Each one of DAS core competencies highlights the interconnectedness and relationship we have between each section and our partners as defined by our Mission.

They are:

1. Depth/Breadth of experience in gerontology, social sciences and elder law/justice;
2. Engaged in developing and implementing evidence-based models and research;
3. Knowledge of national and state long-term care policies, trends and stakeholders;
4. Expertise in statewide program planning, development, administration, and evaluation;
5. Ability to establish and maintain key partnering relationships to build a statewide advocacy network; and
6. Systems design, development and management through the usage of accurate, timely and complete data.

The DAS core competencies were originally determined in 2007 and revalidated in 2008 as a part of our annual Baldrige assessment. In order to build the initial list, LT used the results of its SWOT analysis (see Category 2), a visioning exercise conducted as a part of the Hoshin planning session, and the requirements of OAA

These core competencies align to DAS action plans, which further align with DAS, DHR and AoA objectives. Our core competencies contribute to improved outcomes for consumers by ensuring the delivery of high quality, effective, and efficient services that meet defined requirements and expectations.

##### 6.1a(2) Work System Design

DAS' overall work system is largely mandated by provisions of the OAA (See **Figure P-4** in the Organizational Profile). For services required by this Act, DAS must set service standards, allocate funding and monitor our partners' contract performance.

The structure of our work system is comprised of:

- DAS, as the lead agency for the State,
- our partners -- the network of twelve regional Area Aging Agencies (AAA's) who are involved in service provider (supplier) selection and fund allocation within their region,
- our suppliers -- outsourced direct service providers, and
- Adult Protective Services (APS), which, in accordance with state law, provides APS services directly with state employees.

Due to the mandated nature of much of our work, DAS has little control over which processes it performs internally or outsources to external resources. The exception is highly specialized short-term needs that can best be met by a contracted consultant. Examples of such short-term needs have included contracting with universities for research projects and contracting with consultants for the annual Baldrige assessment,

facilitation of work groups, training manual development, or policy development.

The remainder of work system design and innovation is largely the result of our Strategic Planning Process (SPP), including the long-term use of the Baldrige management system. By deploying our SPP, DAS has developed a work system that uses many teams, focuses on performance measurement, is customer and employee-focused, and has undergone numerous cycles of improvement. For example, our most recent major improvements resulted from the Workforce Planning Project, described in Section 5.2a(1).

##### 6.1b(1) Key Work Processes

DAS' core work processes provide services to our customers in alignment with our Mission. See **Figure 6.1-1** for a list of key processes.

DAS determines its key processes by identifying services and processes that support the MVV and strategic objectives, and that meet consumer needs. Through our SPP (see Category 2) at both the LT and section levels, we define our key work processes. If we identify new opportunities at other times of the year, the continuous planning cycle allows us to add or modify processes at any time deemed necessary.

DAS developed its first comprehensive list of core work processes through Baldrige Team 6 (the "Process This" Team) during 2002-2003. Since then, this list has been refined as a part of the annual Baldrige assessment. DAS made major changes in 2004, with the addition of the Adult Protective Services, and again in 2008 with the WPP project. Currently a newly chartered Baldrige Team 6 is reviewing this list of processes and supporting sections in updating the maps for their section-level processes.

We measure and evaluate our effectiveness relative to these processes to ensure that we are delivering customer value, financial and organizational success, and sustainability. For example, some of our process measures evaluate the timeliness of our responses to customers, the accuracy of information we provide, the quality of services we provide, and customer satisfaction with our services. See **Figure 6.1-1**.

##### 6.1b(2) Work Process Requirements

The requirements for our core work processes are listed in **Figure 6.1-1**. As described in Category 3, many of our process requirements are defined by the federal and state laws that mandate our programs and services. In addition, we incorporate input from our customers, suppliers, partners and collaborators as we develop requirements which go above and beyond our legal mandates.

For example, we require good customer service. As a result, a number of our programs have programmatic requirements (such as standards of promptness in our response to consumer reports) to further define high quality customer service and resulting measures to evaluate our effectiveness in meeting those requirements. To help us develop these requirements which are beyond our legal mandates, we use the results of customer satisfaction surveys, complaints, focus groups, and training and technical assistance sessions with our partners and suppliers.

We develop our internal support process requirements through DHR policies, employee surveys, and internal training and technical assistance sessions.

### 6.1b(3) Work Process Design

At the DAS-wide level, Baldrige Team 6 leads us in defining and mapping our cross-cutting processes. DAS uses the PDCA model as its approach to process design and improvement because this model enables us to maximize our organizational knowledge (especially through the use of cross-sectional teams) and helps us remain agile to meet potential new needs:

- **Plan:** Prior to introducing a new process or service, LT considers relevant market research, competitive data and consumer input before introducing a new process or service. If the LT determines the need for a new service or delivery process, it charters a team to oversee its deployment. The team is composed of key stakeholders of the service or process including staff, partners and/or other agencies as appropriate.
- **Do:** The team recommends implementation steps, including deployment and measurement strategies, for the process or service. If approved by LT, the Director deploys information regarding the process or service to all staff, partners, and other agencies as appropriate. In some cases, the process or service is pilot tested prior to full deployment.
- **Check:** DAS learns and innovates by evaluating results of the initial implementation and modifying the process or service as needed to achieve sustained results. LT assesses whether the design requirements are met during the implementation.
- **Act:** The final step of the PDCA cycle involves reviewing lessons learned and sharing with the organization and other stakeholders. Based on the outcomes, implementation on a wider scale is initiated and the PDCA cycle continues.

DAS-IT, the standing team for AIMS development, constantly uses this PDCA approach in adapting our technology to meet DAS' current and changing needs. See Area 6.2b, for additional examples of innovations and improvements to our processes.

Each section is responsible for its own work processes and appoints a single process owner, who works with other section members to develop, map (with Baldrige Team 6 assistance), and improve section-level processes. If the section determines a process is not working effectively, the section manager is responsible to implement corrective action. If the problem is within the scope of the individual manager's responsibility, he/she can immediately initiate steps to correct the problem. If the process is determined to be a system problem, the manager requests assistance from LT, the Director, or appropriate agency in order to obtain the necessary assistance or to assist in clearing barriers

Examples of some DAS process design or improvement projects over the past several years are provided in **Figure 6.1-2**.

### 6.1c Emergency Readiness

DAS uses a comprehensive emergency preparedness planning process that includes disaster risk management, disaster prevention, disaster preparedness (including various drills), disaster recovery, and cycles of process evaluation and improvement. The emergency planning process begins with an external risk assessment focused on the various human-made (such as bioterrorism) and natural (such as hurricanes or pandemic influenza) disasters, which are identified as concerns for the community. The likelihood and possible severity of an occurrence determines which possibilities to include in our plans.

In addition to the Disaster Plan, DHR and DAS have a Business Continuity Plan (BCP), focused on preventive measures, such as

protection of data, to enable our business operations to continue in the event of a disaster. The BCP provides for alternatives if a particular building or facility is unavailable, and accounts for the safety and protection of clients, staff and community members during the disaster. Further, the BCP outlines detailed recovery plans (after the emergency situation has concluded) and a review and improvement process.

We hold our partners, the AAAs, responsible for identifying themselves to and consulting with entities which have a role in disaster preparedness. These entities include local (county and regional) emergency management agencies, utilities companies, law enforcement authorities, community service providers, local government officials, and any other entities or organizations which have a role in meeting the needs of older adults or adults with disabilities in the event of disasters.

As part of our Disaster Plan, DAS and each AAA:

- (a) designate a staff person to have primary responsibility for emergency management planning and coordination;
- (b) participate in state, regional, county and/or municipal planning activities with other human service agencies and entities and organizations charged with the responsibility of meeting the needs of disaster victims;
- (c) assist in identifying "at risk" older adults and individuals with disabilities in the planning and service area, including but not limited to current consumers of DAS services;
- (d) require by contract provision that suppliers (i.e. service providers) develop plans for emergency management that fit the scope of their individual operations;
- (e) assure by annual review that suppliers' policies, procedures and capabilities are adequate to meet the needs of the older adults and individuals with disabilities in their areas prior to, during, and after emergencies;
- (f) provide periodic training to suppliers regarding emergency management resources and activities;
- (g) upon request, provide information to DAS regarding the impact of emergencies on the populations of older adults and individuals with disabilities in the planning and service area;
- (h) provide authorized services to the victims of disasters who are older adults and individuals with disabilities ;
- (i) collect data necessary to submit reimbursement requests for services provided during the emergencies, which may be covered by other sources of funding available outside the DAS contract; and
- (j) when appropriate, participate in initial meetings of federal and state emergency management agencies on-site teams to assist in establishing recovery operations.

## 6.2 Work Process Management and Improvement

### 6.2a Work Process Management

#### 6.2a(1) Work Process Implementation

DAS identifies its work processes during LT's annual Baldrige assessment, by legislative mandate or as otherwise needed to fulfill a customer requirement. DAS implements these processes by using the PDCA design process, as described in Area 6.1b(3). Suppliers and partners play important roles in many of our key processes, as enumerated in **Figure 6.1-1**, including training and technical assistance sessions with suppliers and partners and monitoring and evaluation of suppliers and partners.

Although sanctions are among our options, we first assume that less than satisfactory performance indicates a problem with the process rather than with the partner or supplier. We seek more information to analyze the problem, and often suppliers and partners are asked to participate in improvement initiatives with DAS.

We also receive input from our partners through quarterly meetings where AAAs provide feedback on both new and existing programs and processes. When appropriate, they are asked to participate on design and/or improvement teams in order to have significant input into the processes they are required to implement.

DAS ensures high performance levels on a day-to-day basis through frequent monitoring of in-process measures, such as call center wait time and dropped call rates, work load per staff, and customer satisfaction and complaints. LT and sections select measures based on core process requirements, as well as processes involving high volume of customer contacts, high risk of harm to customers, or areas for focused improvement efforts. These are monitored regularly as part of the DAS Balanced Scorecard and MAPs reviews (See Category 2 for more detail). See **Figure 6.1-1** for a list of key process measures.

**6.2a(2) Minimization of Inspection and Testing Costs**

DAS minimizes costs associated with inspections, audits, defects, service errors and rework in several ways. We use statistical sampling to ensure adequate but cost-effective surveys, internal audits and internal process reviews. For example, DAS uses sampling tables to conducting customer satisfaction surveys and develop audit sampling techniques. Industry standard sampling techniques minimize the number of samples reviewed when we conduct mandated audits.

We reduce process rework and errors by using process management tools, such as process mapping. We limit errors in data entry by including edits into AIMS software design that limits entry fields to certain alphanumeric combinations. Some systems produce regular error reports to enable easy error detection and correction.

Through AIMS reports, we monitor expenditures so that we can prevent lapsing funds – in other words, we reallocate money to one or more AAAs where it will be used for additional customer service, instead of losing funds because another AAA's expenditures are lower than its budget allocation. These AAA specific reports limit risk of overspending or under spending of resources.

Our services have resulted in significant cost savings to customers and taxpayers. For example, Georgia's CCSP Program has the highest nursing home diversion rate at the lowest cost per client in the Southeastern United States. GeorgiaCares has saved beneficiaries significant amounts of money by helping them access no or low-cost medications and advising them of their insurance options.

**6.2b Work Process Improvement**

DAS continuously seeks ways to improve our processes and services. As described in Area 6.1b(3), we use a PDCA approach to accomplish process improvement.

For example, when DAS LT identified the lack of a standard, division-wide comprehensive complaint handling process, it defined an objective under the Balanced Scorecard focus area of Customer Service to establish a systemic process for collecting customer input. LT chartered the DAS Complaint Team in SFY 2006 to carry out this objective. The Complaint Team: developed a methodology and tools; created a definition of a "complaint;"; expanded the scope of the charter to include "compliments" and "comments" in addition to complaints; (hence, the new name: the Compliment, Comment and Complaint (or, C<sup>3</sup>) Process; created both a short-term and long-term

approach for tracking compliment, comments and complaints; and defined and documented the processes, procedures, tools and techniques for this system related to receiving, documenting, and assessing customer input and incorporating recommendations.

This team also created a Microsoft Access database to document issues and track response times. The database enables tracking, graphing, and data mining which helps DAS evaluate service quality. In SFY 2007, LT chartered the C<sup>3</sup> 2.0 Team to deploy the results of the original team by: Developing a user guide for DAS employees; Developing a training approach that utilizes technology; and Developing training materials for the purpose of educating and training DAS employees statewide on the C3 process.

Examples of these improvements are provided in **Figure 6.1-2**.

We keep processes current with organizational needs and directions through the Strategic Planning Process and its linkage to improvement activities. The LT regularly reviews the performance of the various chartered design or process improvement teams. Improvements and lessons learned are widely shared through the organization, through our teams, and with our partners and suppliers. See the description of internal communications methods in **Figure 5.1-1** and external methods in category 3.

<b>Figure 6.1-2 Design (D) and Process Improvement (I) Teams</b>		
<b>(D) or (I)/ Year</b>	<b>Workgroup</b>	<b>Processes/Measures Improved (Fig. 6.1-1)</b>
D - 2003 I - 2008	New Employee Desktop Folder	<ul style="list-style-type: none"> <li>• Training and technical assistance</li> <li>• Program Management</li> <li>• Accessibility</li> </ul>
D - 2006 I - 2007	C <sup>3</sup> Team	<ul style="list-style-type: none"> <li>• Training and Technical Assistance</li> <li>• Timeliness</li> <li>• Consumer Satisfaction</li> </ul>
D - 2003 I - 2008	Area Plan	<ul style="list-style-type: none"> <li>• Timeliness, accurate, cost efficiency</li> </ul>
D - 2007	Succession Planning	<ul style="list-style-type: none"> <li>• Communication/Collaboration</li> <li>• Staff Training</li> </ul>
D - 2003	DAS-Its	<ul style="list-style-type: none"> <li>• Program Management</li> <li>• Timeliness, accurate, cost efficiency</li> </ul>
D - 2004 I - 2008	Uniform Cost Methodology	<ul style="list-style-type: none"> <li>• Program Management</li> </ul>
D-2007	Das 1-800 Number	<ul style="list-style-type: none"> <li>• Training and Technical Assistance</li> <li>• Timeliness</li> <li>• Consumer Satisfaction</li> </ul>
D - 2005	DAS Employee Recognition Teams	<ul style="list-style-type: none"> <li>• Communication/Collaboration</li> </ul>
D - 2005	Gateway Standardization Team	<ul style="list-style-type: none"> <li>• Training and Technical Assistance</li> <li>• Timeliness</li> </ul>
D - 2005	Legislative Review Team	<ul style="list-style-type: none"> <li>• Program Management</li> <li>• Legislative Process</li> </ul>
D - 2006	Online Directives Information System	<ul style="list-style-type: none"> <li>• Program Management</li> <li>• Training and Technical Assistance</li> </ul>
D - 2007	Open Channels Communication Team	<ul style="list-style-type: none"> <li>• Training and Technical Assistance</li> <li>• Timeliness</li> <li>• Consumer Satisfaction</li> <li>• Communication/Collaboration</li> </ul>



Figure 6.1-1 DAS Key Processes and their Requirements

Section/ Office	Core Competency Alignment (From Area 6.1a1)	Key Products	Key Processes	Process Requirements	Key Process Measures/ Cat (7 Figure)
Access to Services	All six core competencies	<ul style="list-style-type: none"> <li>• Community Education</li> <li>• Benefits/Resources Counseling</li> <li>• Legal Services</li> <li>• Knowledge/Guidance for Providers/Consumers/Caregivers/ Professionals</li> <li>• Fraud Reporting</li> <li>• Information &amp; Referral</li> <li>• Professional Training</li> <li>• Case Consultation</li> <li>• Outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Program Management/ Evaluation</li> <li>• Training and Technical Assistance (T&amp;TA)</li> <li>• Develop Policies</li> <li>• Develop Partnerships</li> <li>• Contract Management</li> <li>• Research and development</li> </ul>	<ul style="list-style-type: none"> <li>• OAA</li> <li>• AoA</li> <li>• CMS</li> <li>• State</li> <li>• Information</li> <li>• Financial</li> <li>• Legal Representation,</li> <li>• Knowledge</li> <li>• Good Customer Service</li> <li>• Cultural Competence</li> <li>• LEP/SI</li> </ul>	<ul style="list-style-type: none"> <li>• Volume of Business (Figures. 7.1-1 to 7.1-8, 7.5-1)</li> <li>• Client Satisfaction with Counseling (Figure 7.2-9, 7.5-2)</li> <li>• Client Savings (Figure 7.3-6 &amp; 7)</li> </ul>
Adult Protective Services	All six core competencies	<ul style="list-style-type: none"> <li>• Investigation</li> <li>• Case Management</li> <li>• Community Education</li> <li>• Training</li> <li>• DHR Guardianship and Case Manager Responsibilities</li> <li>• Program Management/ Development</li> <li>• Emergency Relocation</li> <li>• Personal Care Home (PCH) Relocation</li> </ul>	<ul style="list-style-type: none"> <li>• Intake</li> <li>• Investigation</li> <li>• Case Plan Management/ Development</li> <li>• Guardianship of DHR Wards</li> <li>• Personal Care Home Relocation</li> <li>• Community Education</li> <li>• Case Consultation</li> <li>• Quality Assurance Reviews</li> <li>• Emergency Relocation Fund Management</li> <li>• Contract Management (EAP)</li> </ul>	<ul style="list-style-type: none"> <li>• Georgia Law</li> <li>• Good Customer Service</li> <li>• Cultural Competence</li> <li>• LEP/SI</li> <li>• Reliable Accurate Data &amp; Systems</li> <li>• CMS</li> <li>• DCH</li> <li>• TCM</li> <li>• GEMA</li> </ul>	<ul style="list-style-type: none"> <li>• Timely, Accurate, Satisfaction, Accessibility, Quality, Case Load (Figures 7.1-9 to 11, 24 &amp; 25 and 7.2-11, 7.5-3)</li> </ul>
Community Care Services Program	All six core competencies	<ul style="list-style-type: none"> <li>• Provider Management/Evaluation</li> <li>• Policies/Standards/Guidelines</li> <li>• Program Development</li> <li>• Care Coordination</li> <li>• Financial Management</li> <li>• Gateway Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Program Management/ Evaluation</li> <li>• Provide T&amp;TA</li> <li>• Develop Policies</li> <li>• Provider Enrollment</li> <li>• Provider Training</li> <li>• Contract Management</li> <li>• Waiver Development</li> <li>• Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• OAA, State, CMS</li> <li>• Information, Budget</li> <li>• Knowledge</li> <li>• Good Customer Service</li> <li>• Clinical Competence</li> <li>• Cultural Competence</li> <li>• LEP/SI</li> <li>• Reliable/Accurate Data &amp; Systems</li> <li>• Medicaid law and Policy</li> <li>• Olmstead</li> </ul>	<ul style="list-style-type: none"> <li>• Timely, Accurate, Cost Effective Satisfaction, Accessibility, Client Safety (Figures 7.1-12, 7.1-15 to 18, 26, Figures 7.2-2 to 5, 7.2-12, Figures 7.3-5, 7.5-3)</li> <li>• LOS in Community (Figure 7.1-13 &amp; 14)</li> </ul>

Figure 6.1-1 DAS Key Processes and their Requirements (Continued)

<p>Long-Term Care Ombudsman</p>	<p>All six core competencies</p>	<ul style="list-style-type: none"> <li>• Community Education</li> <li>• Knowledge/ Guidance for Providers</li> <li>• Complaint &amp; Problem Resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Contract Management</li> <li>• Program Management/ Evaluation</li> <li>• Provide T&amp;TA</li> <li>• Complaint Processing</li> <li>• Systems Advocacy</li> <li>• Monitoring Facilities Conditions</li> <li>• Provide Information &amp; Education</li> <li>• Contract Management</li> <li>• Policy Development</li> <li>• Advisory</li> </ul>	<ul style="list-style-type: none"> <li>• OAA, State Information, Budget Knowledge</li> <li>• Good Customer Service</li> <li>• Cultural Competence</li> <li>• LEP/SI</li> <li>• Problems Resolved to Resident Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Volume of Business, Accessibility (Figure 7.1-23)</li> <li>• Timely, Resolution Rates (Figure 7.1-22, Figure 7.2-6 &amp; 7))</li> </ul>
<p>Livable Communities</p>	<p>All six core competencies</p>	<ul style="list-style-type: none"> <li>• Policies/Standards/Guidelines</li> <li>• Program Development</li> <li>• Development/Management</li> <li>• Consultation/TA</li> <li>• Identify Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Contract Management</li> <li>• Program Management/ Evaluation</li> <li>• Provide T&amp;TA</li> <li>• Develop Policies</li> <li>• Demonstration Grants/ Initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• OAA, State, DOL Information, Budget Knowledge</li> <li>• Good Customer Service</li> <li>• Cultural Competence</li> <li>• LEP/SI</li> <li>• Reliable Accurate Data and Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfaction (Figure 7.2-10)</li> <li>• Accessibility (Figures 7.1-19 &amp; 20, 7.3-8)</li> <li>• Length of Stay in community (Figure 7.1-21)</li> </ul>
<p>Financial Administration</p>	<p>Alignment with Competencies Number 4,5 &amp; 6</p>	<ul style="list-style-type: none"> <li>• Budget Management</li> <li>• Products/Services</li> <li>• Fiscal Management/Support</li> <li>• Administrative Support (HR,IT Facilities, Telecom)</li> </ul>	<ul style="list-style-type: none"> <li>• Budget Development &amp; Administration</li> <li>• Contracting</li> <li>• Contract management</li> <li>• Financial Management</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance to state and federal rules and regulations</li> <li>• GAAP/GASB</li> </ul>	<ul style="list-style-type: none"> <li>• Lapse (Figure 7.3-1 &amp; 3)</li> <li>• Contract Compliance (Figure 7.5-6)</li> <li>• Administrative Expenditures (Fig. 7.3-2)</li> <li>• Payables (Figure 7.5-5)</li> <li>• New Funding (Fig. 7.3-4)</li> </ul>
<p>Program Integrity</p>	<p>All six core competencies</p>	<ul style="list-style-type: none"> <li>• State and AAA contract deliverables</li> <li>• State Plan; Annual Reports</li> <li>• State Reporting tool to AoA</li> <li>• Provider performance, customer satisfaction, measurement of service quality and programmatic standards; review guides; surveys; monitoring reports</li> <li>• AIMS</li> <li>• Policy and recommendations for best practices</li> <li>• Meet goals, objectives for Division via Operational/Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Area Plan Monitoring</li> <li>• State Plan Development and Monitoring</li> <li>• Regulatory Reporting</li> <li>• Monitoring and evaluation</li> <li>• Serious Incidence Review and Training(SIRT)</li> <li>• AIMS Development</li> <li>• Report Development</li> <li>• Strategic Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Information</li> <li>• Program Knowledge</li> <li>• Good Customer Service</li> <li>• Cultural Competence</li> <li>• Reliable/Accurate Data &amp; Systems</li> <li>• Successful organizational improvement initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness (Figure 7.5-8 to 10)</li> <li>• Accurate Data, Cost effective services (Figures 7.5-6 &amp; 7)</li> </ul>
<p>Director's Office</p>	<p>All six core competencies</p>	<ul style="list-style-type: none"> <li>• Leadership System</li> </ul>	<ul style="list-style-type: none"> <li>• Planning including WIG</li> <li>• Constituent Services</li> <li>• Legal Process</li> <li>• DAS Legislative Process</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and Retain Competent Employees</li> <li>• Respond to Requirements of Legislature and Commissioner</li> <li>• Respond to Requirements of Advocacy Groups and Consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Employee Satisfaction (Figure 7.4-1 to 8)</li> <li>• Success in achieving strategic plans (Figure 7.6-1 to 4)</li> <li>• Program Results (All)</li> <li>• Constituent Services Requests (Figure 7.2-8)</li> <li>• Ethics and Regulatory (Figures 7.6-7 to 11)</li> </ul>

7.1 Product and Service Outcomes

7.1a Product and Service Results

Unless otherwise noted, results shown represent the state Fiscal Years 2005-2008. For example the 2008 state fiscal year is from July 1, 2007 to June 30, 2008. Charts are listed to align with the key products/services shown in Figure P-1 in the Organizational Profile

Figure 7.1-1 shows the number of attendees to group community education sessions held in the past three years sponsored by the division. Community education is a primary method of prevention to more costly outcomes, consumers can face.

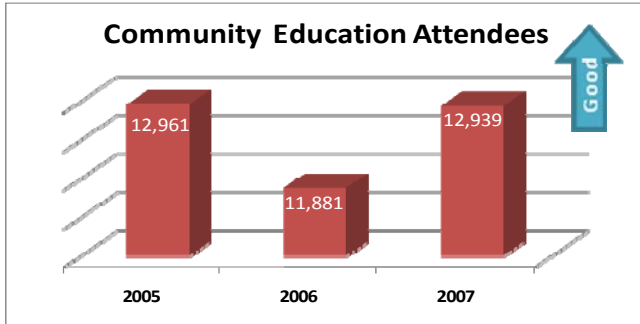
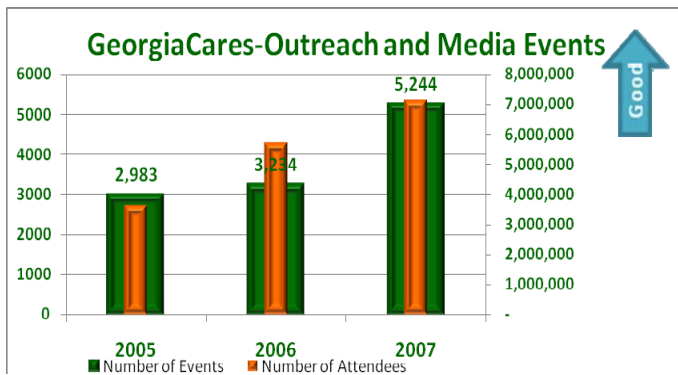


Figure 7.1-2 details the number of GeorgiaCares Outreach and Media events and the number of attendees to these events. Outreach and Media increase is in large part due to changes to the Medicare Part D enrollment process.



Figures 7.1-3, 7.1-4, and 7.1-5 detail the State Health Insurance Plan and the number of contacts with Beneficiaries with disabilities, and staffing ratios.

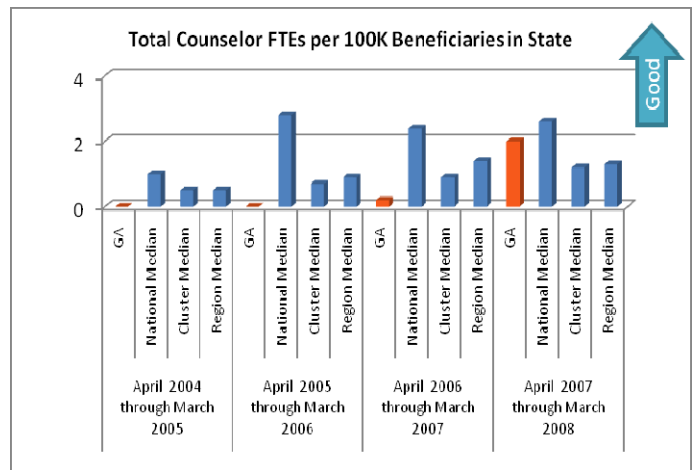
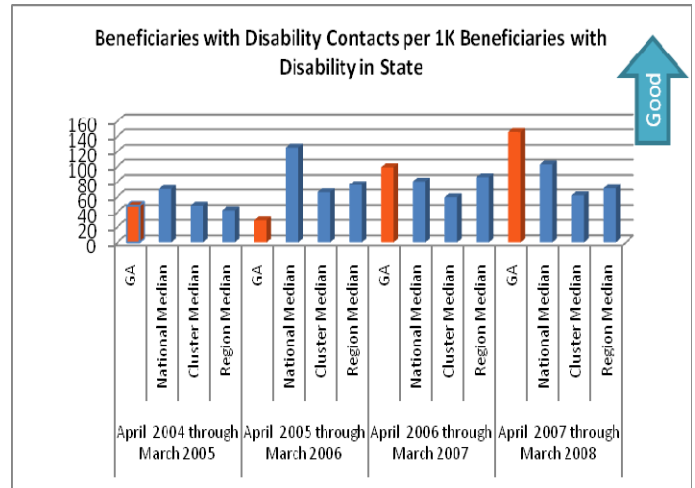
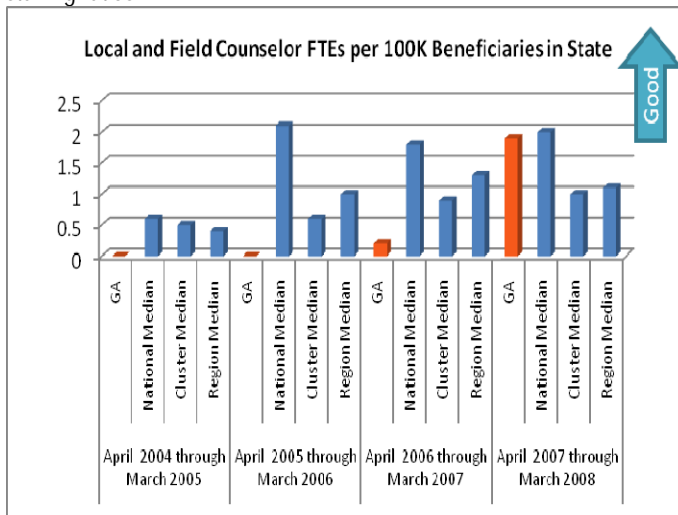


Figure 7.1-6 The Elderly Legal Assistance Program assists persons 60 years of age and older by providing legal representation, information and education in civil legal matters throughout the state. Over the past 3 years, ELAP providers found it difficult to maintain a stable level of service without an increase in funding to compensate for the reduction in internal supplemental funds traditionally used to support the funding provided for ELAP services. This funding gap caused a loss of many program staff. Other programs have experienced reduced hours for remaining staff. Additionally, the substantive legal problems clients face take more time to resolve leading to an increase in monetary savings and benefits, but has resulted in a reduction in overall clients able to be served without additional resources.

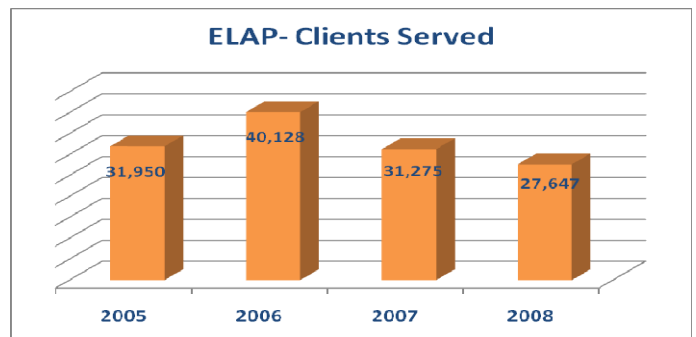


Figure 7.1-7 details the number of Community Education Sessions ELAP hosts along with their attendees.

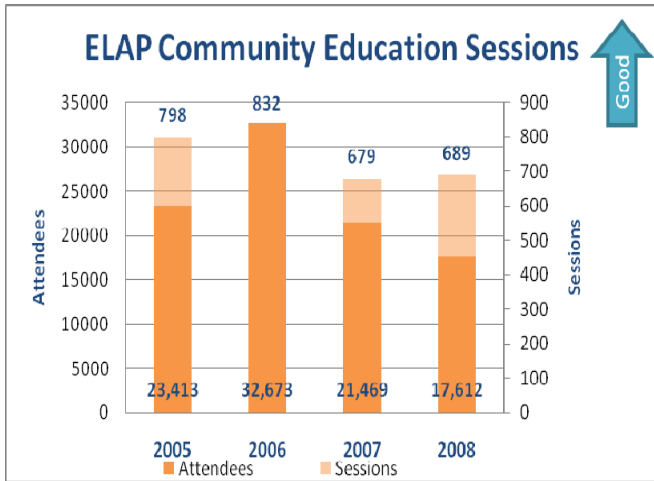


Figure 7.1-8 details the top 5 topics covered each year in ELAP Community Education Sessions.

Year	Topic in Order of requested Session	Number of Sessions
2005	Medicaid Estate Recovery	110
2005	Elder Abuse/Fraud Prevention	94
2005	Medicaid	55
2005	Wills and Estates	43
2005	Adult medically Needy Changes	40
2006	Medicare Part D	131
2006	Elder Abuse/ Fraud Prevention	100
2006	End-of-Life Issues	84
2006	Wills and Estates	62
2006	Consumer Issues	45
2007	Abuse, Neglect, Exploitation and Consumer Fraud	98
2007	Medicare Part D	93
2007	Emergency Disaster Preparation	83
2007	Housing/Landlord-Tenant	73
2007	Advanced Directives	69
2008	Advanced Directives	101
2008	Medicare Part D	75
2008	Emergency Disaster Preparation	50
2008	Economic Stimulus	41
2008	Elder Abuse	39

Figure 7.1-9 details Adult Protective Services (APS) Average Cases per month. The average monthly case totals have slightly declined from SFY05 as APS clients have died, successor guardians appointed and/or risk of Abuse Neglect and Exploitation (ANE) has been reduced. APS Central intake has made improvements in accepting cases for investigation that clearly meet APS Criteria.

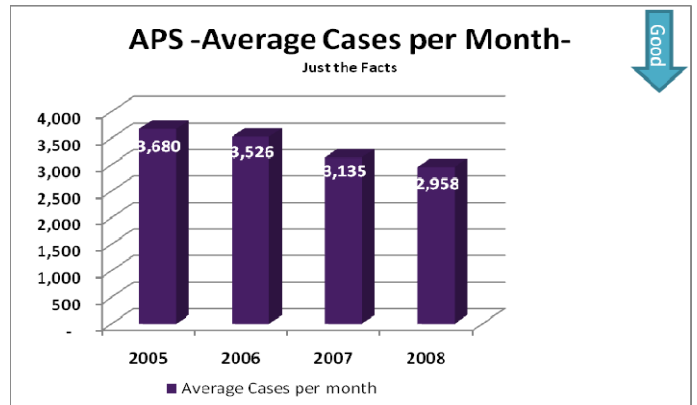


Figure 7.1-10 details APS Guardianships for DHR Wards. The Number of DHR wards for whom APS provides case management have declined significantly due to the death of wards or a successor guardian appointment. APS staff, through education and consultations with families and other professionals, have increased alternatives to guardianship while at the same time increased pursuing Guardianship only as a last resort.

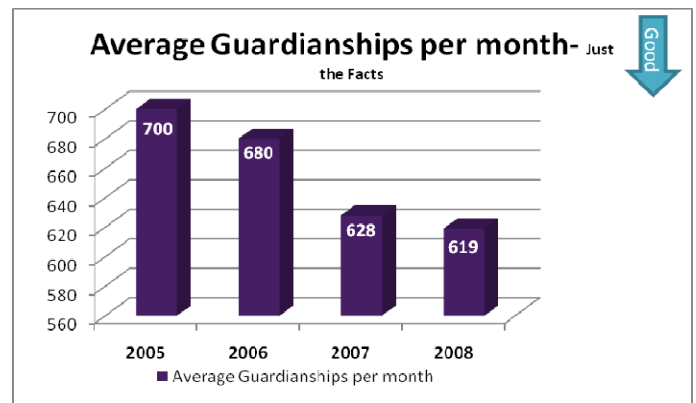


Figure 7.1-11 details the calls received through APS' Centralized Intake. Central Intake handles all calls throughout the state and triages these calls against APS Criteria. Data for SFY05 represents calls tracked manually until the APS automated calling system was launched in April 2006 (3rd quarter SFY06). The number of calls represented all calls handled, both incoming from and outgoing to reporters, clients, families, resources and staff.

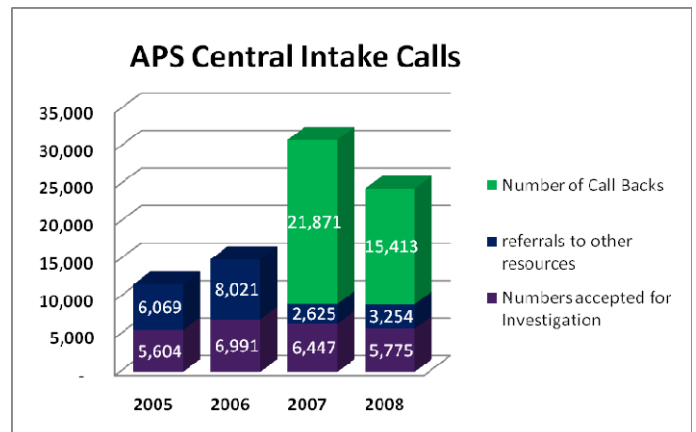


Figure 7.1-12 and Figure 7.1-13 details Medicaid dollars saved through the Community Care Services Program (CCSP). This gives home and community based Medicaid services to nursing home eligible consumers and the choice to remain in the community. In 2008 we saved more than \$18,000 per client. The longer clients are able to continue to receive these services the greater the long-term savings that is achieved.

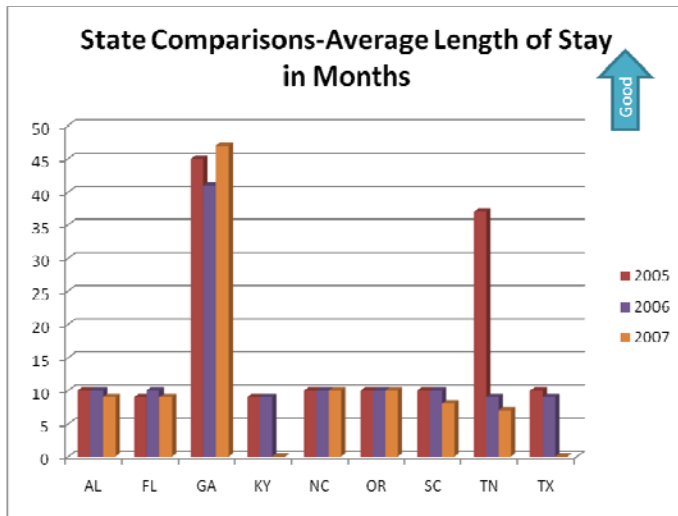
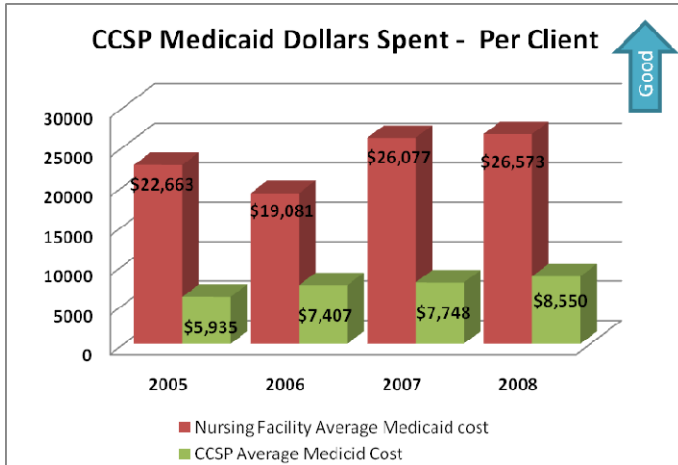


Figure 7.1-14 details the number of months consumers remain in the community after entrance into the CCSP. Consumers are living longer, and living in the community longer.

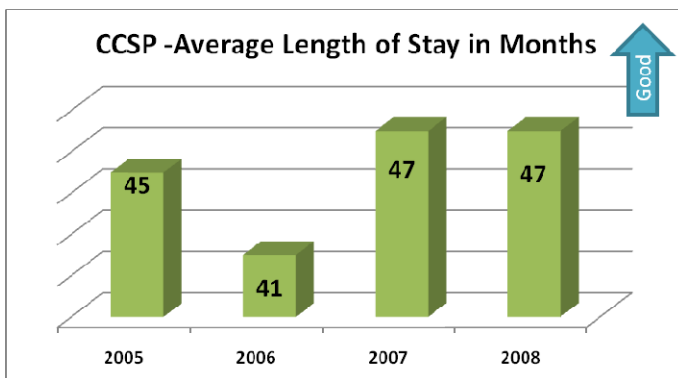


Figure 7.1-15 and Figure 7.1-16 and Figure 7.1-17 details Senior Employment Placement and Retention. Georgia has achieved the second highest rate of the twelve states being tracked.

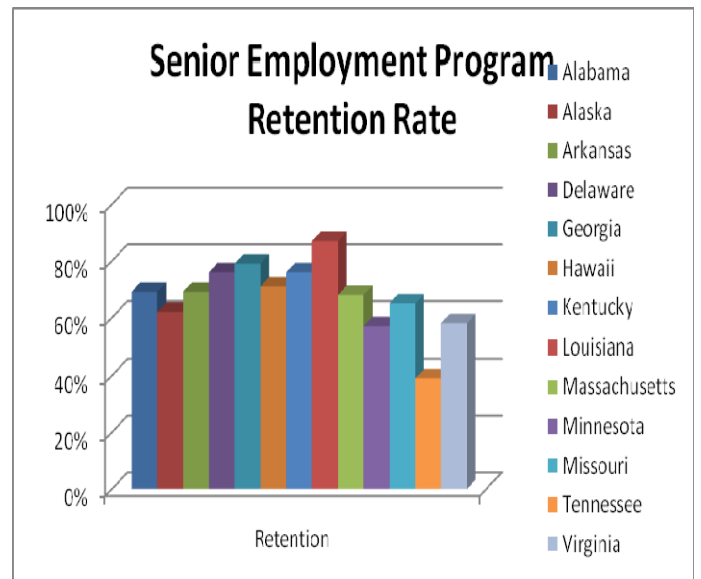
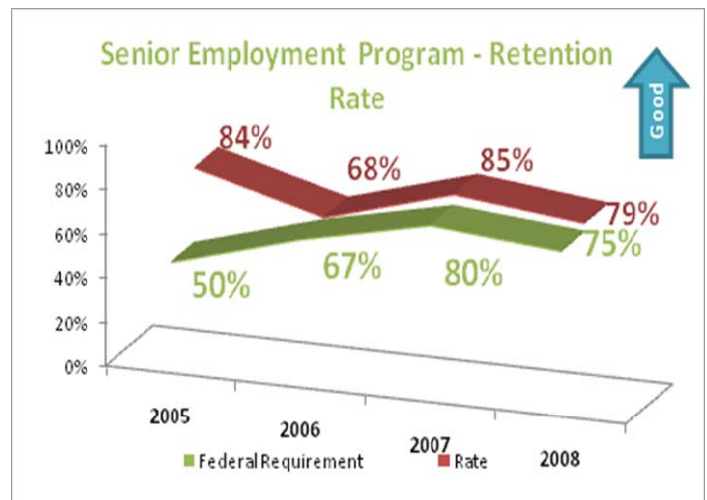
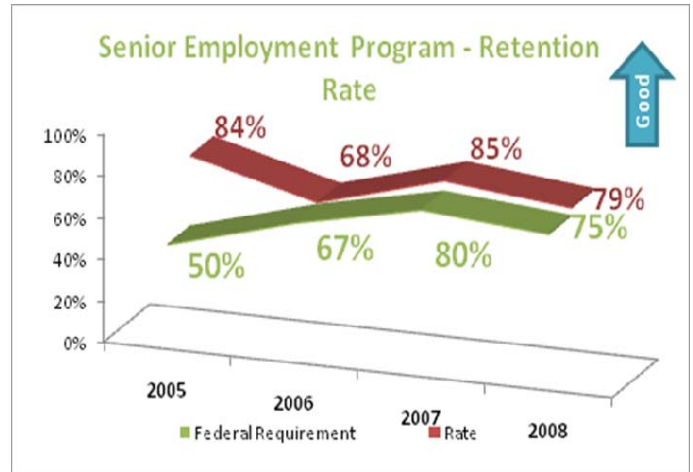


Figure 7.1-18 details units of caregiver services used in support of the array of services offered to family caregivers.

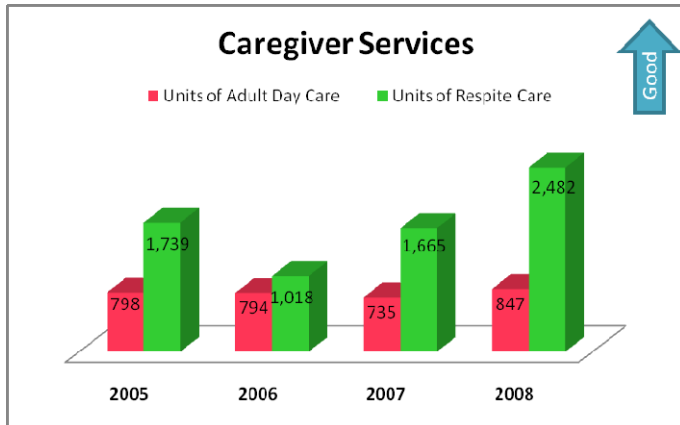


Figure 7.1-19 details clients served through the Wellness Program. The program is aimed at increasing the ability of older adults to perform everyday activities and remain functional at home.

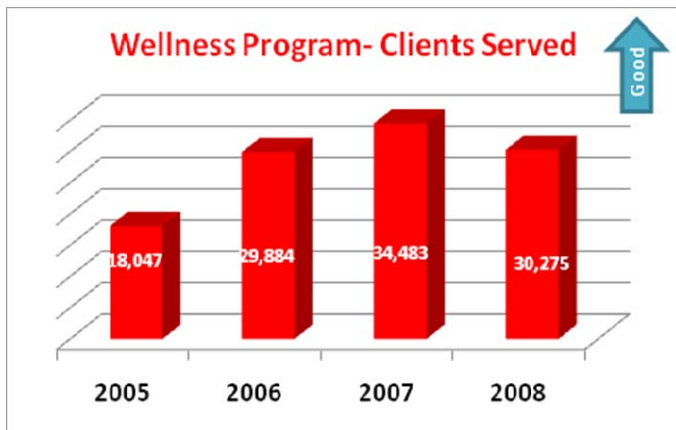


Figure 7.1-20 and Figure 7.1-21 details the number of unduplicated clients served through one or more Home and Community Based Services along with their average length of service in the program. These clients are often frail and with chronic conditions which make independence invaluable, therefore the emphasis is on assistance and caring, not curing.

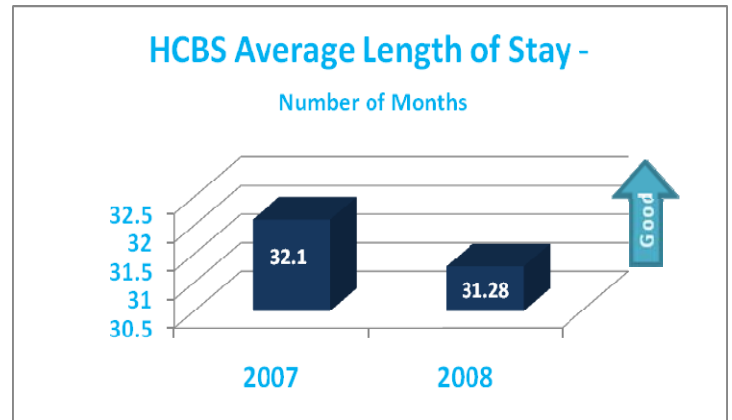
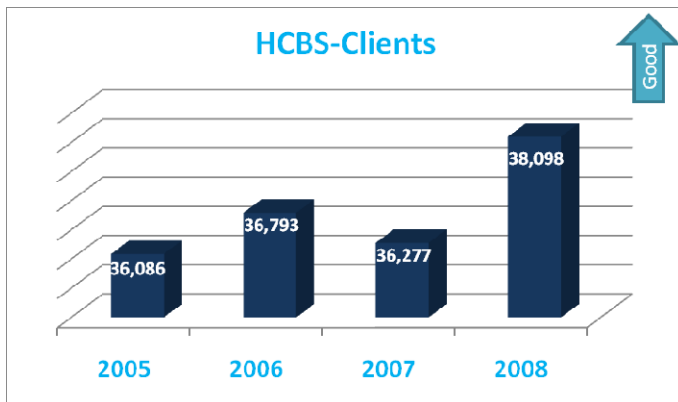
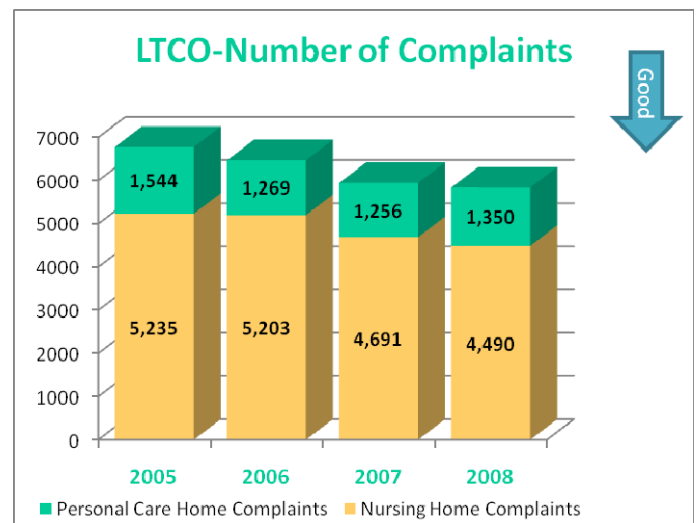
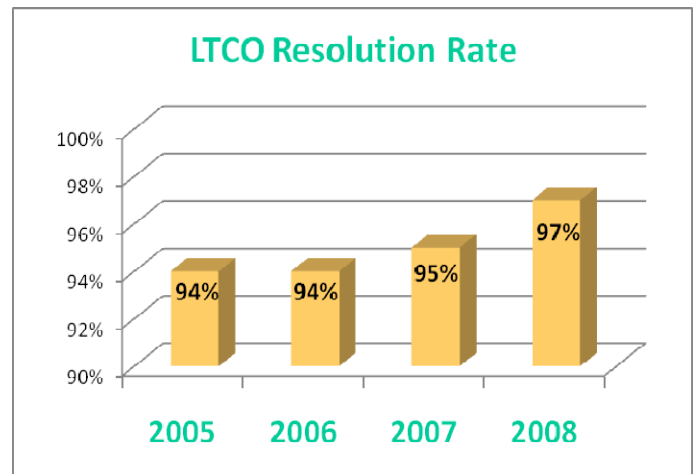
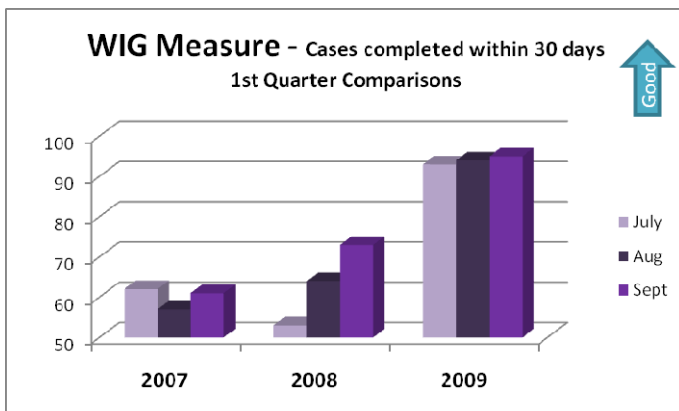
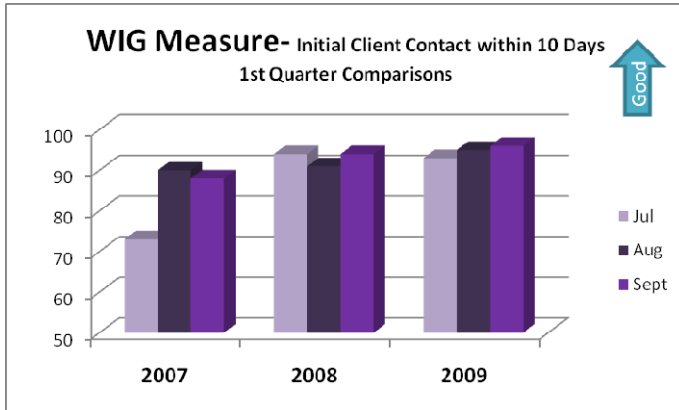


Figure 7.1-22 and Figure 7.1-23 detail the number of complaints the Long Term Care Ombudsman receives and investigates annually. The resolution rate details the percent of complaints resolved to the satisfaction of the complainant.



Figures 7.1-24, 7.1-25 and 7.1-26 detail the Wildly Important Goals (WIG) measures reported to the Department of Human Resources. DAS tracks critical incidences with Adult Protective Services (APS) and our initial response within 10 days, and our 30-business day rate of case closure. Our additional WIG reports the number of serious incidences consumers in the Consumer Care Services Program (CCSP) experience. Falls many times are precursors to institutionalization in frail and older adults.



Type of Incident	Count of Incidents
Deaths	127
Deaths from Natural Causes	108
Critical Incidents	47
Serious Injury	48
Number of Falls	12

7:2 CUSTOMER-FOCUSED OUTCOMES

Figure 7.2-1 shows the DAS overall customer satisfaction for the Adult Day Health (ADH) service of the Community Care Services Program (CCSP) in comparison to the City of Coral Springs, Florida, 2007 Baldrige winner, Hillsborough County Tax Collector, 2008 Florida Governor's Sterling Award Application, and the American Consumer Satisfaction Index (ACSI) for federal government employees.

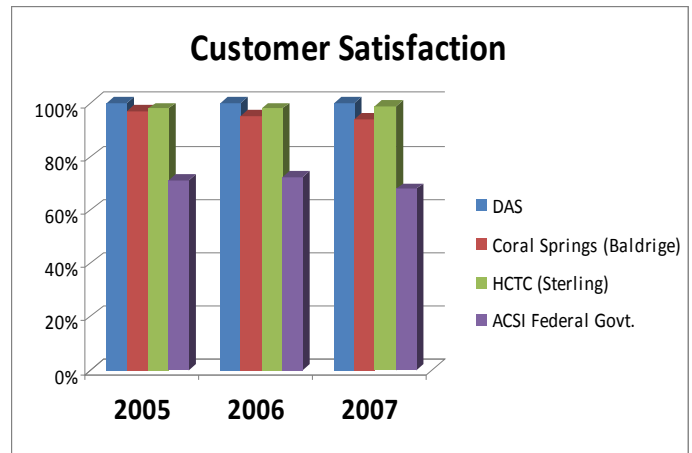


Figure 7.2-2 details consumer satisfaction with ADH services for CCSP customers. ADH services include nursing and medical social services, skilled therapies, and preventive and rehabilitative services in a community-based setting.



Figure 7.2-3 shows consumer satisfaction with Alternative Living Services (ALS) Family Model. ALS provides 24-hour personal care, health-related support services and nursing supervision in a licensed personal care home. Family Model is licensed for 2-6 residents.

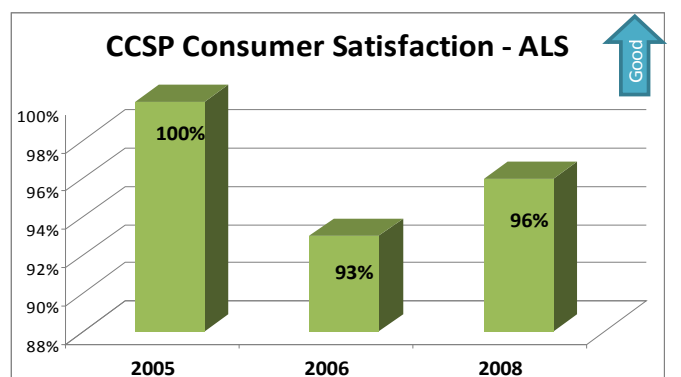


Figure 7.2-4 details consumer satisfaction of the Alternative Living Services (ALS) Group Model. The Group Model is licensed for 7-24 residents.

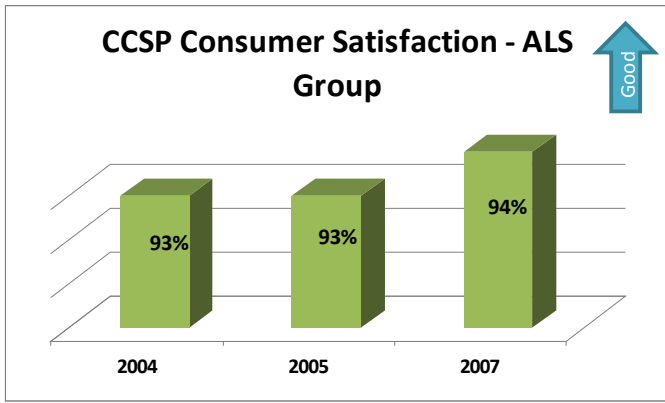


Figure 7.2-5 shows consumer satisfaction with Personal Support Services (PSS). PSS includes personal care, support, and respite services in client's home including meal preparation, light housekeeping, shopping, hygiene, nutrition, and other support services.

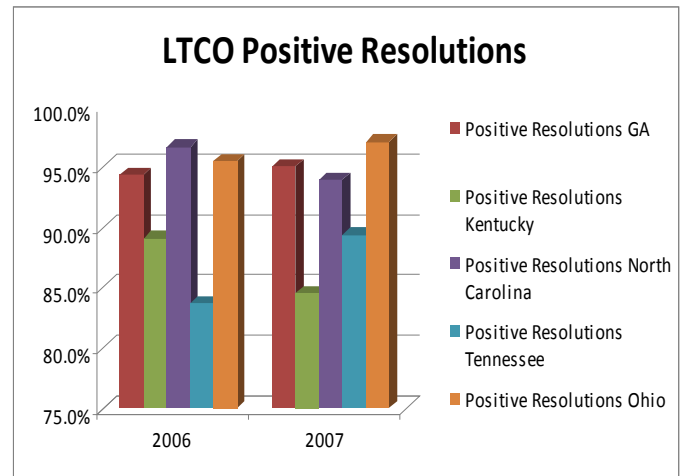


Figure 7.2-8 details Georgia Department of Human Resources Constituent Services, the Governor's Office of Constituent Services, and Division of Aging Services complaints, requests for information and comments received by DAS.

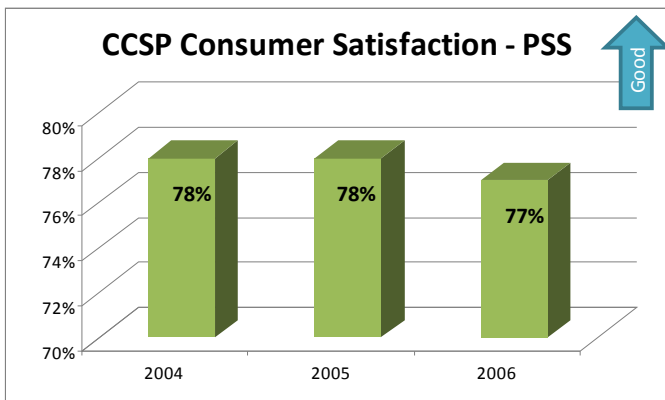


Figure 7.2-6 reflects nursing home and personal care home complaints received by the Long-Term Care Ombudsman Program (LTCOP).

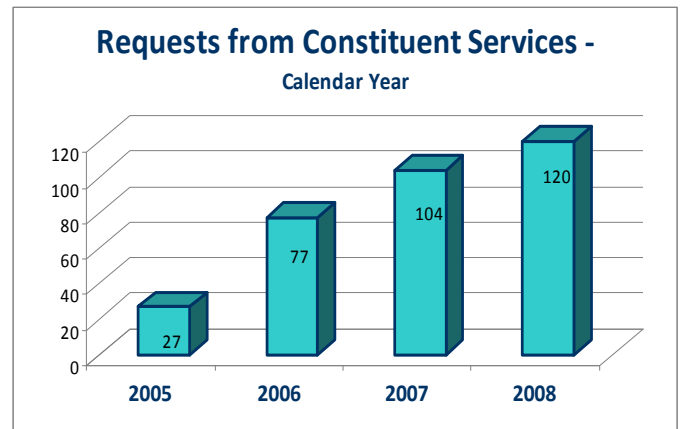


Figure 7.2-9 shows results for Georgia Cares counseling provided to Medicare beneficiaries, their families, and others to provide understanding of customer/client rights, benefits and services offered under the Medicare and Medicaid programs and other health insurance options through public-private partnerships.

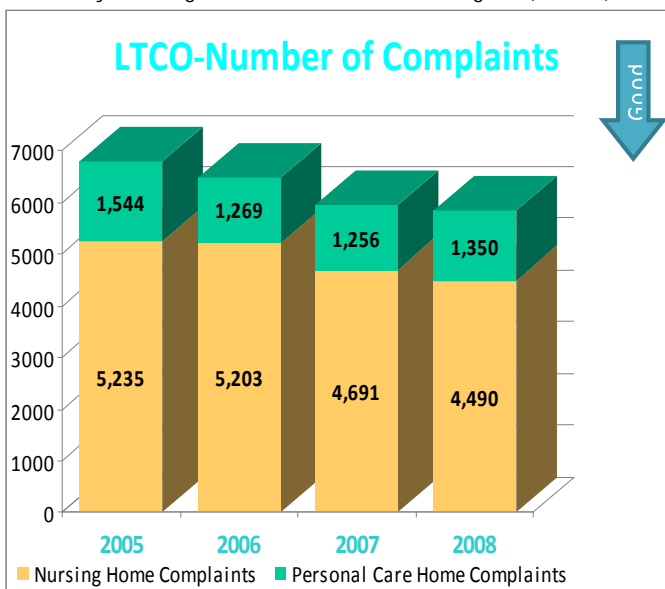


Figure 7.2-7 shows LTCOP positive complaint resolutions.

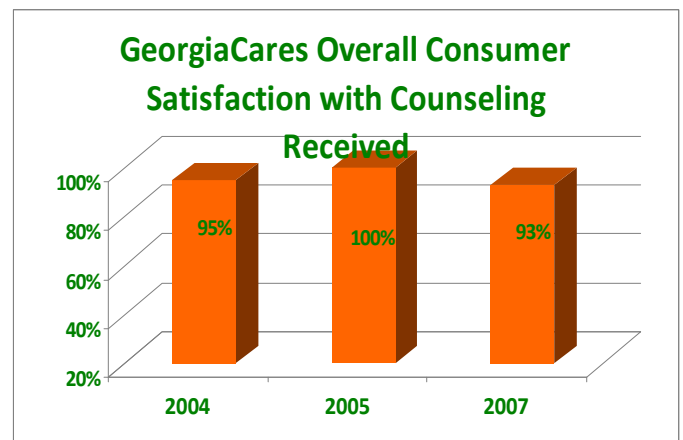




Figure 7.2-10 reflects Home and Community Based Services (HCBS) consumer satisfaction results for the Homemaker Program. Homemaker services include preparing meals, shopping for personal items, managing money, and using the telephone or doing light housework.

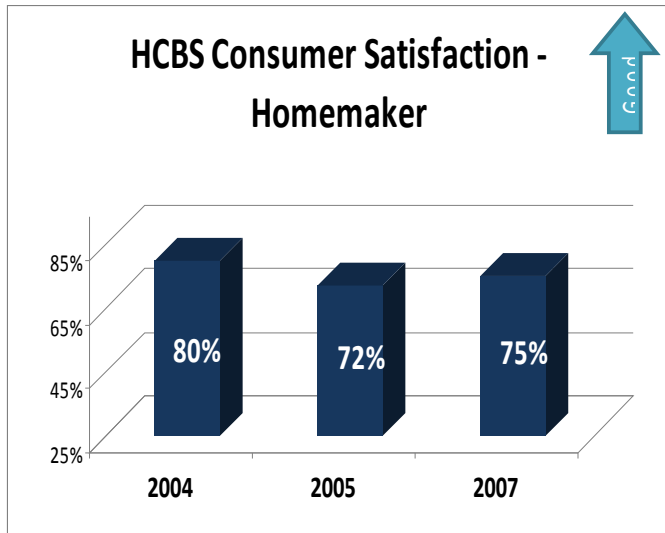


Figure 7.2-11 provides client satisfaction with Central Intake of the Adult Protective Services program. The Adult Protective Services (APS) program is mandated under the Disabled Adults and Elder Persons Protection Act to address situations of domestic abuse, neglect or exploitation of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long term care facilities. The APS Program receives reports of abuse, neglect and/or exploitation through its Centralized Intake Unit. Six agents handle calls through a statewide toll-free number to determine if the referrals meet the criteria for APS to investigate a case. If the criteria are not met, referrals are made to community resources including those in the aging network.

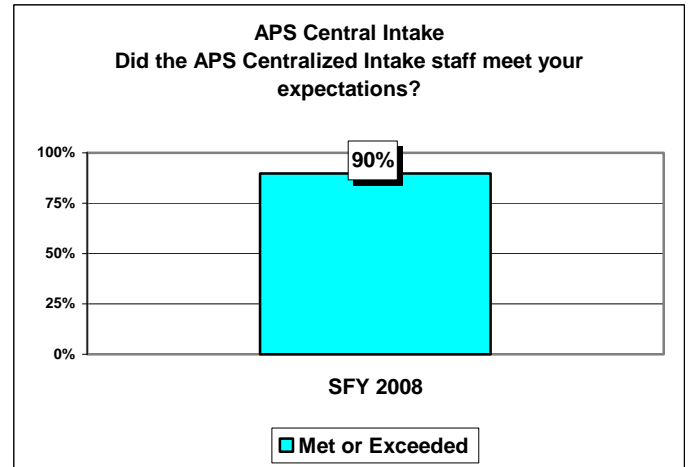


Figure 7.2-12 provides an overview of Consumer Satisfaction data by Area Agency on Aging (AAA) from the 2008 ADH survey. The diagram below from left to right indicates: Questions asked to customer, Data Filter by AAA, Count of responses per AAA, Yes, No, and Not Applicable percentages, and Mean as possible percent of score. Data is available onsite for Category 7 CCSP & HCBS result survey data.

Questions	Data Filter	Count	Yes	No	N/A	Mean as a percent of possible score
						0 20 40 60 80 100
1. Are you satisfied are you with the help you get from staff?	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	100.0%	0.0%	0.0%	
	PSA 257 NW GA	8	100.0%	0.0%	0.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	100.0%	0.0%	0.0%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	100.0%	0.0%	0.0%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		
2. Privacy respected	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	100.0%	0.0%	0.0%	
	PSA 257 NW GA	8	100.0%	0.0%	0.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	100.0%	0.0%	0.0%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	100.0%	0.0%	0.0%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		
3. Staff listens to your requests	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	100.0%	0.0%	0.0%	
	PSA 257 NW GA	8	100.0%	0.0%	0.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	85.7%	14.3%	0.0%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	100.0%	0.0%	0.0%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		
4. Satisfaction with transportation	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	100.0%	0.0%	0.0%	
	PSA 257 NW GA	8	0.0%	0.0%	100.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	85.7%	0.0%	14.3%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	55.6%	0.0%	44.4%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		
5. Satisfaction with meals	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	80.0%	20.0%	0.0%	
	PSA 257 NW GA	8	100.0%	0.0%	0.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	100.0%	0.0%	0.0%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	88.9%	0.0%	11.1%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		
6. Satisfaction with activities	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	100.0%	0.0%	0.0%	
	PSA 257 NW GA	8	100.0%	0.0%	0.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	71.4%	0.0%	28.6%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	77.8%	0.0%	22.2%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		
7. Overall satisfaction with center.	PSA 260 SE GA	3	100.0%	0.0%	0.0%	
	PSA 251 Coastal	11	100.0%	0.0%	0.0%	
	PSA 255 SW GA	5	100.0%	0.0%	0.0%	
	PSA 257 NW GA	8	100.0%	0.0%	0.0%	
	PSA 249 ARC	16	100.0%	0.0%	0.0%	
	PSA 253 Middle	7	100.0%	0.0%	0.0%	
	PSA 259 Lower Chatt	11	100.0%	0.0%	0.0%	
	PSA 250 CSRA	9	100.0%	0.0%	0.0%	
	PSA 252 GA Mtns	6	100.0%	0.0%	0.0%	
PSA 254 NE GA	5	100.0%	0.0%	0.0%		

7:3 FINANCIAL AND MARKET OUTCOMES

Figure 7.3-1 shows the Division of Aging Services expenditures. The State of Georgia requires state agencies to expend 99% to 100% of state funds per fiscal year; unspent funds are returned to the state treasury. Five comparative Georgia Departments ranged from 99.2% to 99.9% in SFY 2007.

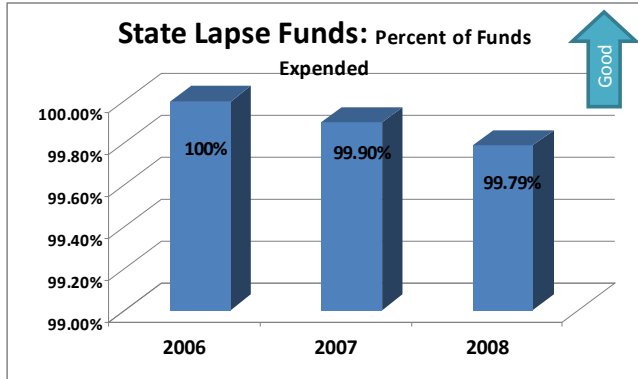


Figure 7.3-4 details competitive grant awards received to develop or provide services.

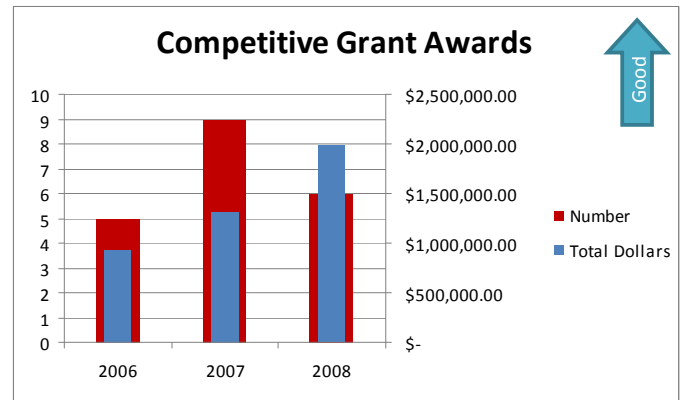


Figure 7.3-5 shows Georgia taxpayer savings per customer in state Medicaid dollars, which allows clients to remain in home and community based setting instead of nursing facilities.

Figure 7.3-2 shows the DAS administrative costs as percent of the total annual operating budget.

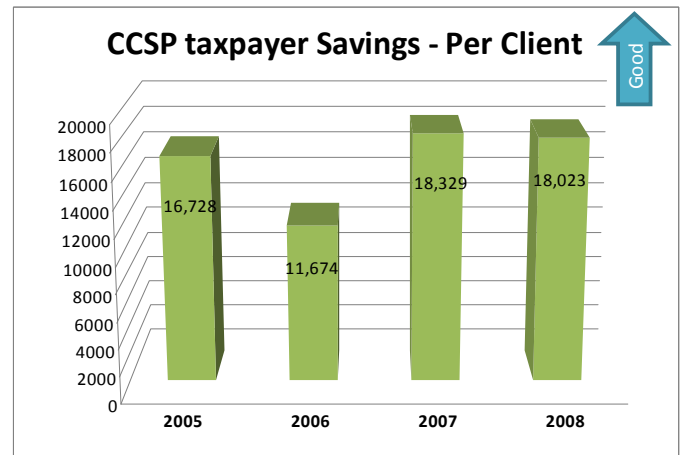
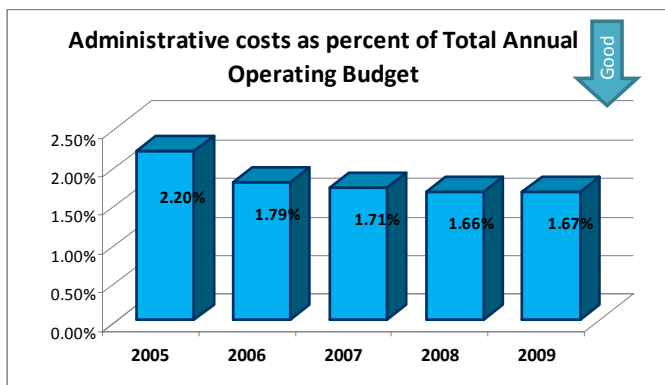


Figure 7.3-3 reflects AAA expenditures per state fiscal year. DAS fiscal management guideline indicates 95% expenditure for each AAA with a goal of 100% expended within program guidelines. SFY06 data is available onsite.

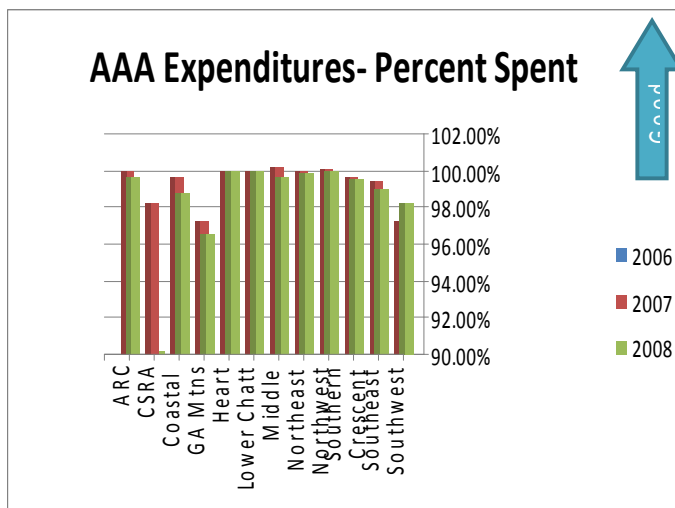


Figure 7.3-6 shows Elderly Legal Assistance Program (ELAP) client savings in document preparation, legal counseling and case representation.

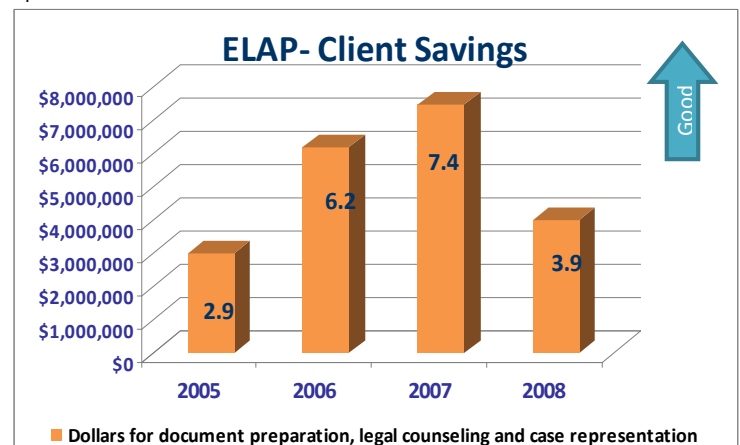


Figure 7.3-7 details savings received by GeorgiaCares customers. After the implementation of Medicare Part D nationally in SFY06, client savings decreased nationally in SFY07.

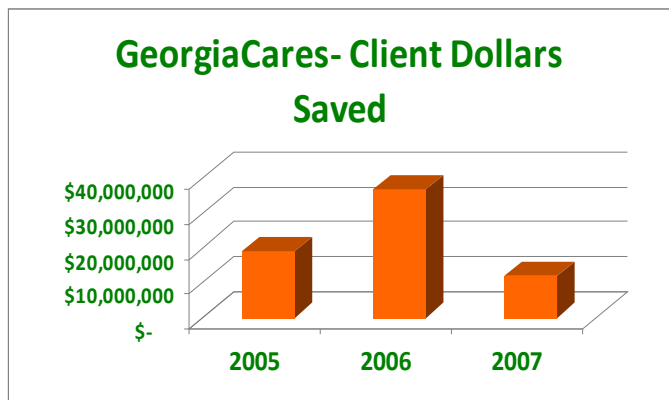


Figure 7.3-8 provides an overview of federal, state, and local funding of LTCOP funding for the State of Maryland and the State of Georgia.

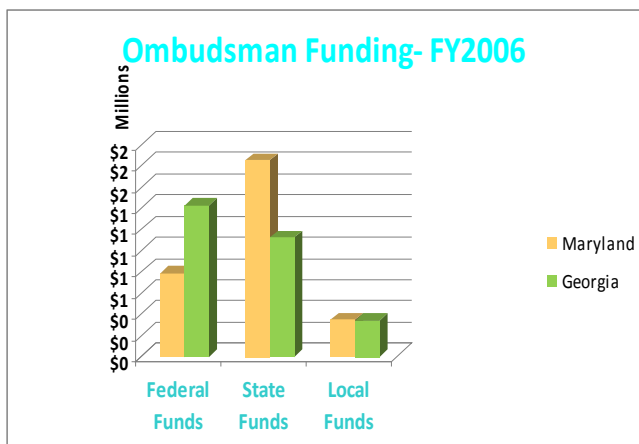


Figure 7.3-9 and Figure 7.3-10 indicates DAS' market share of senior citizens, individuals with disabilities, their families, and caregivers.

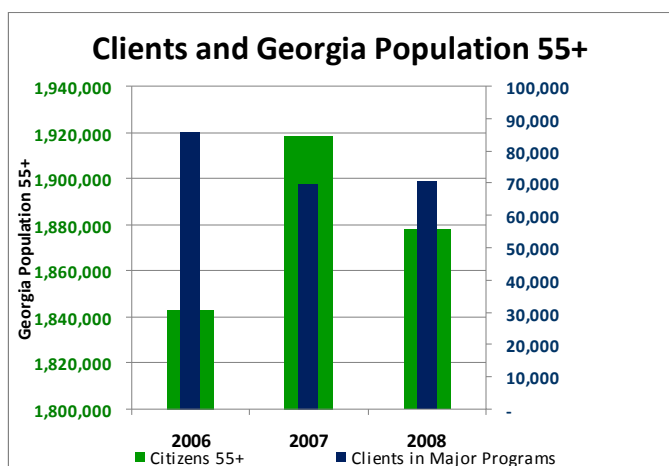
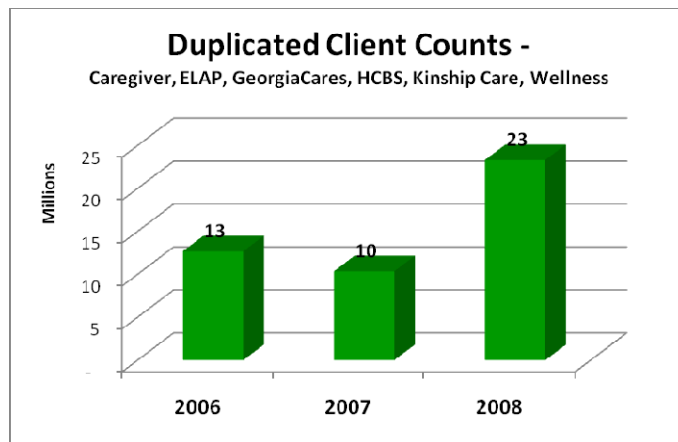


Figure 7.3-10 Major programs include unduplicated client counts in APS, CCSP, GeorgiaCares, and Home and Community Based Services.



7:4 WORKFORCE-FOCUSED OUTCOMES

Figure 7.4-1 details the overall DAS Employee Satisfaction Rate taken from the Employee Satisfaction Survey (ESAT).

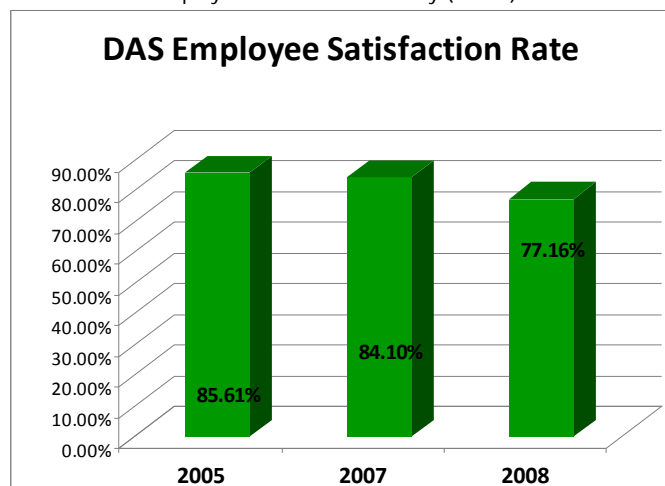


Figure 7.4-2 compares DAS Employee Satisfaction with Federal counterparts, Health and Human Services, Office of Secretary of Health and Human Services and the Administration on Aging.

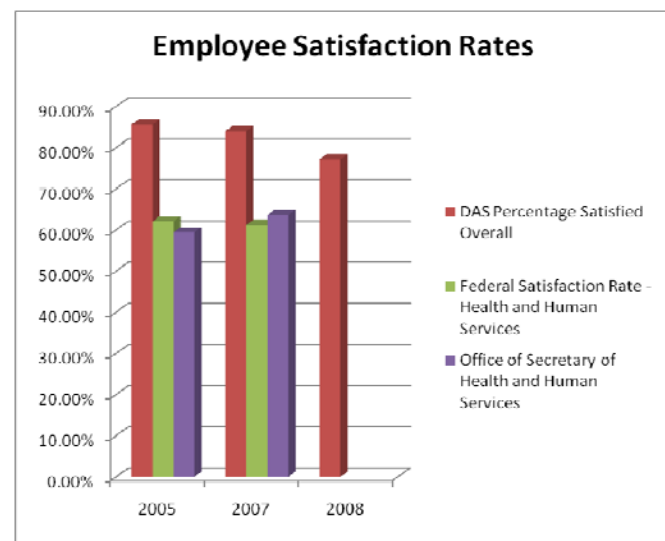


Figure 7.4-3 details the segmentation of DAS ESAT categories by Work Environment, Organization, Communication, Personal Satisfaction, Training, and Leadership. These categories each contain 6 or more questions relating to the individual topic.

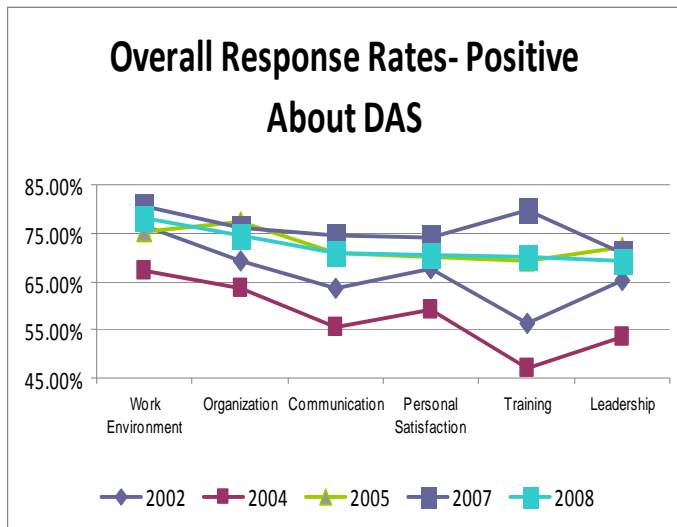


Figure 7.4-4 details an individual breakout of the question concerning daily impact of work to the quality of products and services the division produces.

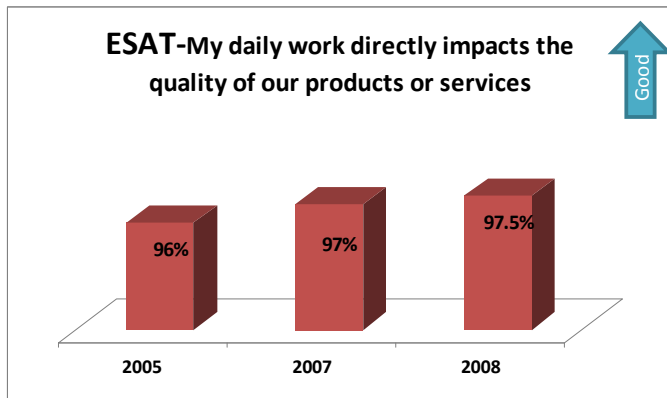


Figure 7.4-5 details employee's feeling that our work is important overall.

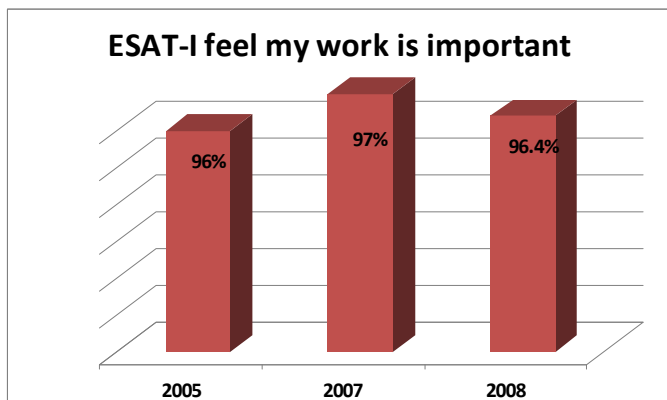


Figure 7.4-6, Figure 7.4-7 and Figure 7.4-8 details that employees understand DAS Mission Vision and Values, we understand our individual job tasks and fell adequately trained to perform our work.

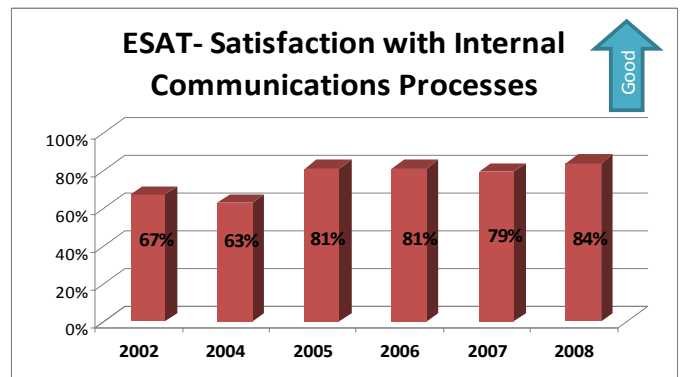
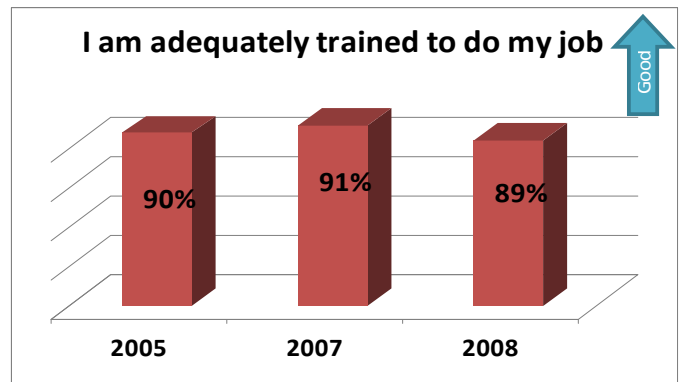
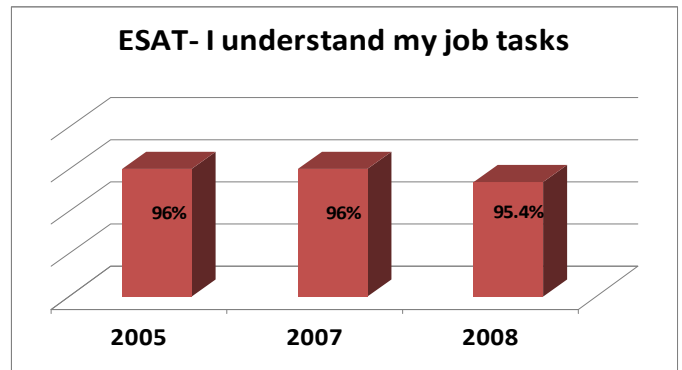
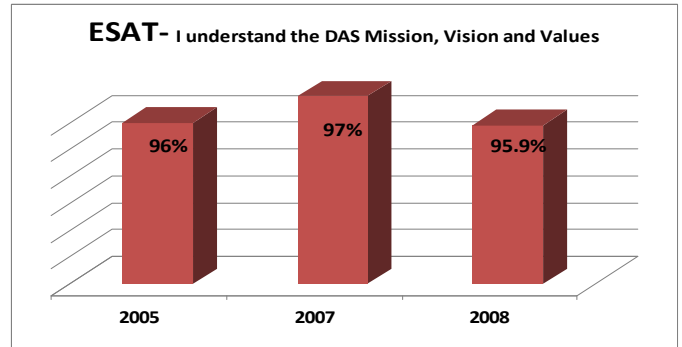


Figure 7.4-9 details employees level of satisfaction with our internal communications process. This also includes our feelings about the Director's weekly UR2NO notes.

Figure 7.4-10 and Figure 7.4-11 measure Turnover Rate. Turnover rate is defined as the ratio of number of vacated positions during the fiscal year divided by the number of filled positions. We have an overall Turnover rate and one calculated for first year employees. Most of the staff has seasoned government tenure.

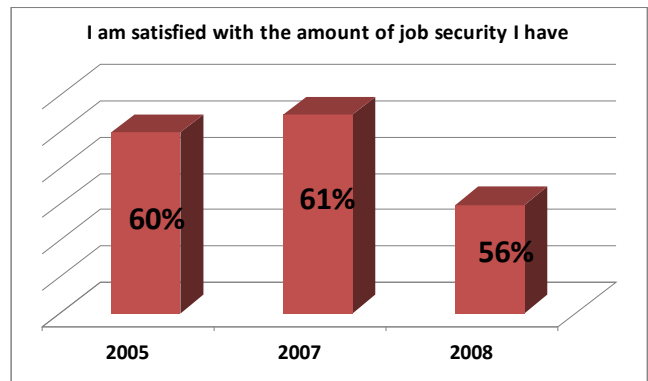
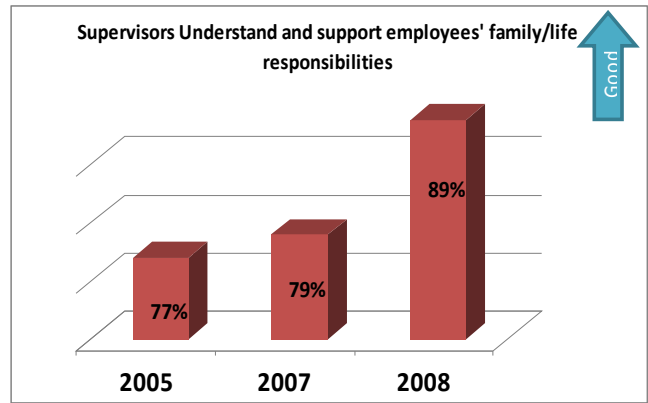
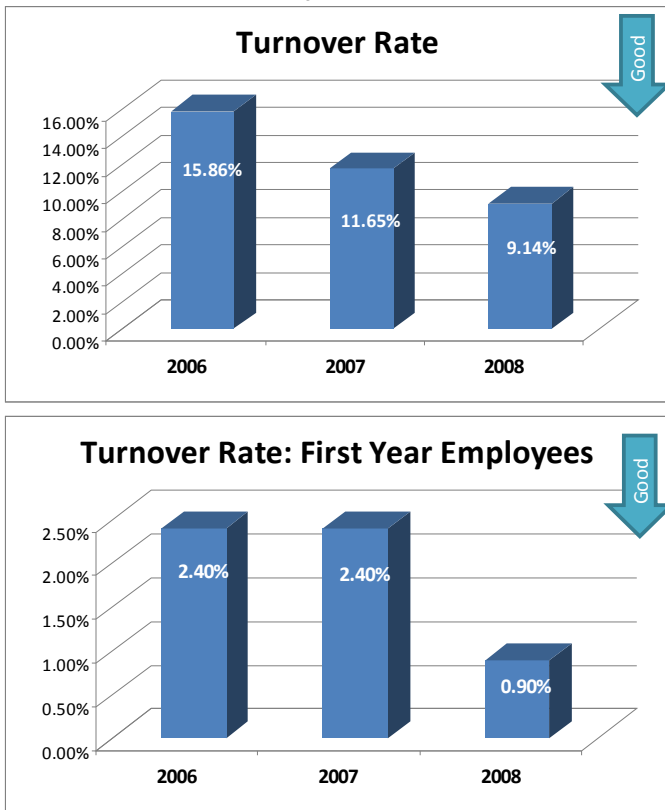


Figure 7.4-11 details the percent of employees satisfied with the benefits and compensation packaged offered them as a state employee.

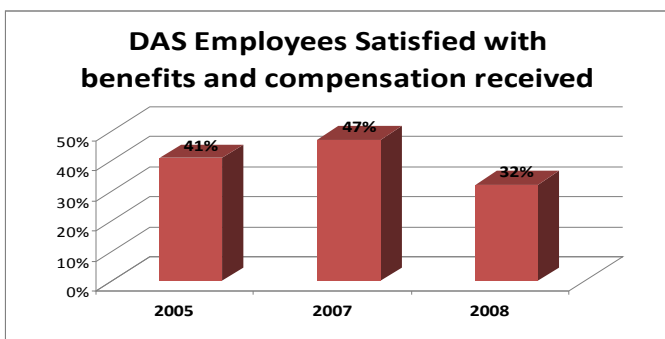


Figure 7.4-12, Figure 7.4-13 and Figure 7.4-14 detail employee's perception of their health and work/life balance, safety, and security. Employees feel as if their supervisor understands and supports their family/life responsibilities, such as granting leave to attend children's' school functions. Maintenance of our physical surroundings is not in the control of DAS, thus noting a downward trend. The façade of our headquarters building and other hazards have occurred through the years. The majority of employees in our division feel an overall sense of job security.

**7.5 Process Effectiveness Outcomes**

**7.5a Process Effectiveness Results**

**7.5a(1) Operational performance of work systems**

Figure 7.5-1 details the number of professionals and volunteers trained by Access to Services (AtS) to assist clients in disseminating accurate information from the division.



Figure 7.5-2 details AtS client satisfaction with training they receive.

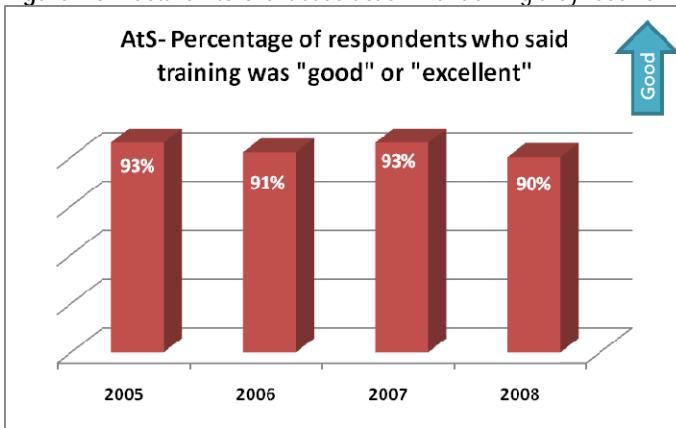
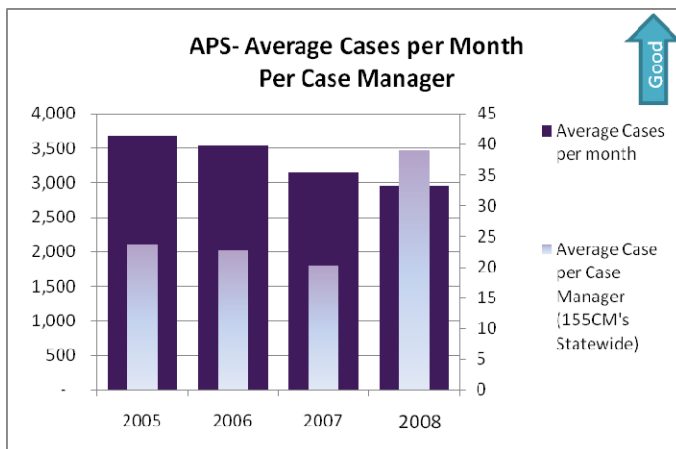
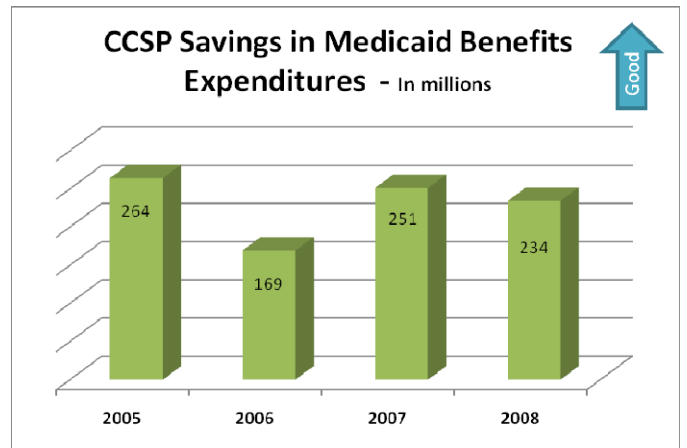


Figure 7.5-3 details the average case load per case manager in Adult Protective Services (APS).



Figures 7.5-4 details the Community Care Services Program (CCSP) Consumer Length of Stay in the Community and the savings in

Medicaid Benefit Expenditures through Consumer utilization of the program.



**7.5a(2) Key measures of operational performance of key work processes, including productivity, cycle time and process effectiveness**

Figure 7.5-5 details the number of transaction coding errors DAS has compared to DHR and Office of Financial Services.

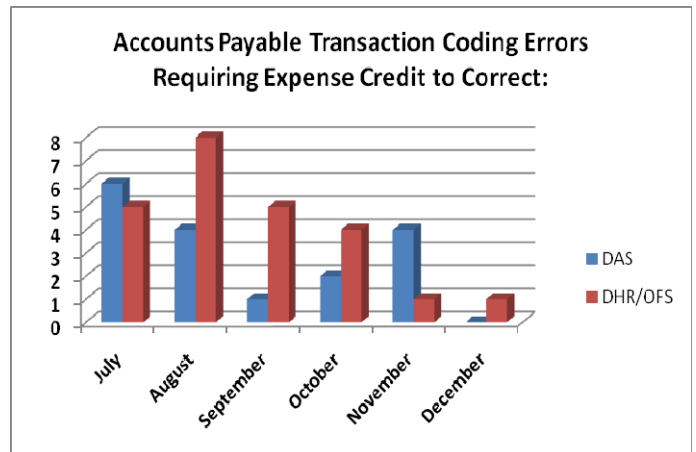


Figure 7.5-6 details the thorough review process each request for payment receives to assure no errors.

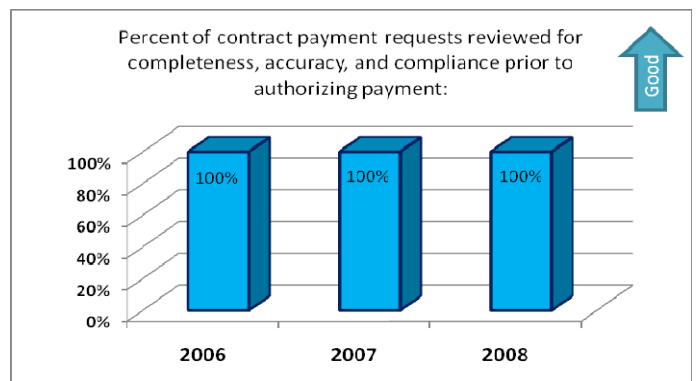


Figure 7.5-6 details all Area Agencies on Aging contracts are monitored on site for contract compliance

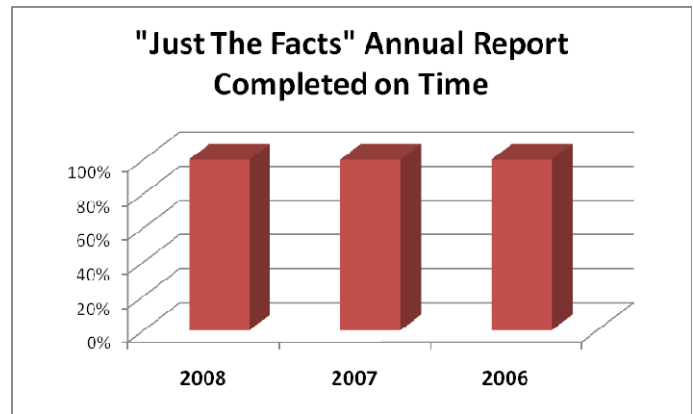
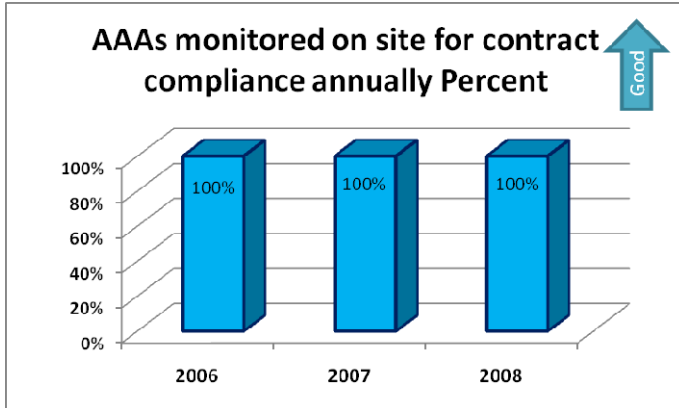


Figure 7.5-7 details total accuracy on Area Plan review

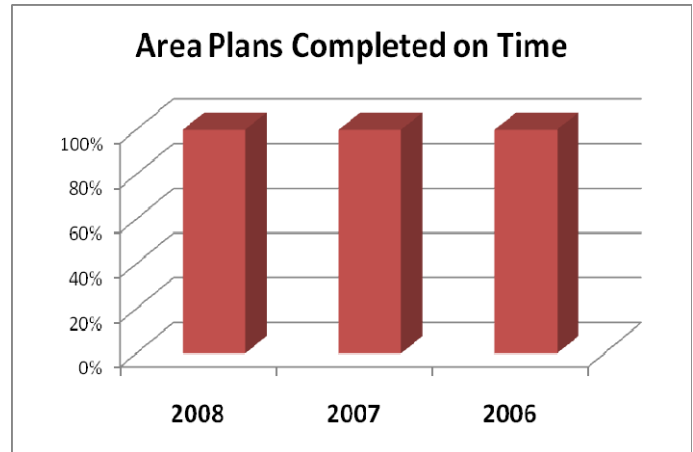
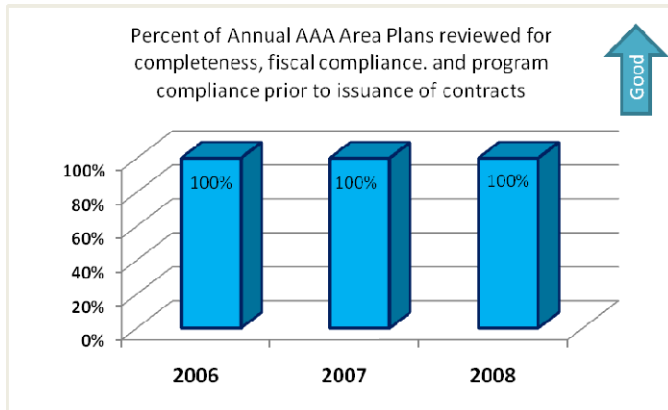
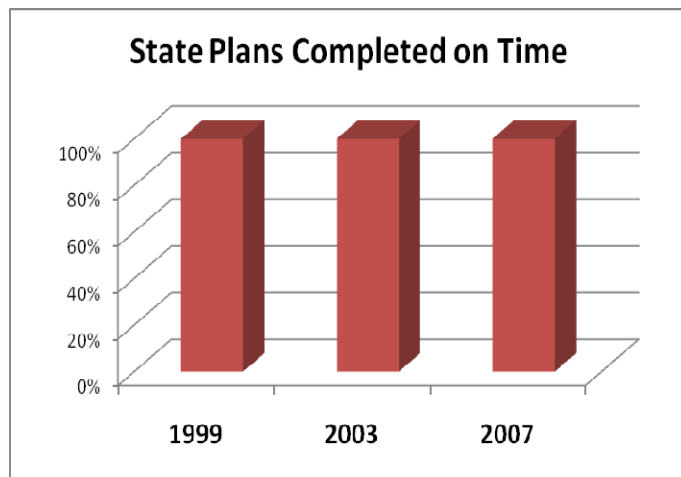


Figure 7.5-8, Figure 7.5-9 and Figure 7.5-10 details the accuracy and timeliness of creating the AoA mandated State Plan every four years, the yearly Area Plan to our AAA's and our Annual Report "Just the Facts"

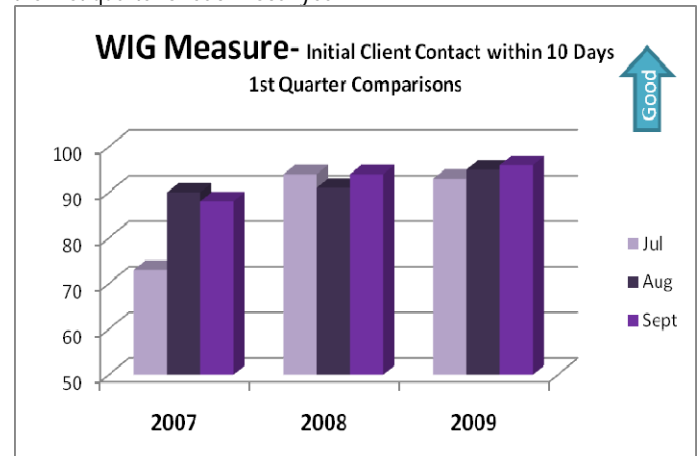


7.6 Leadership Outcomes

7.6a Leadership and Social Responsibility Results

7.6a(1) Results for Key Measures or Indicators of accomplishment of Organizational Strategy and Action Plans

Figure 7.6-1 and Figure 7.6-2 details the Wildly Important Goal (WIG) measures for Adult protective Services. The figures, "Initial Client Contact within 10 days" and "Cases completed within 30 days", detail the first quarter of each fiscal year.





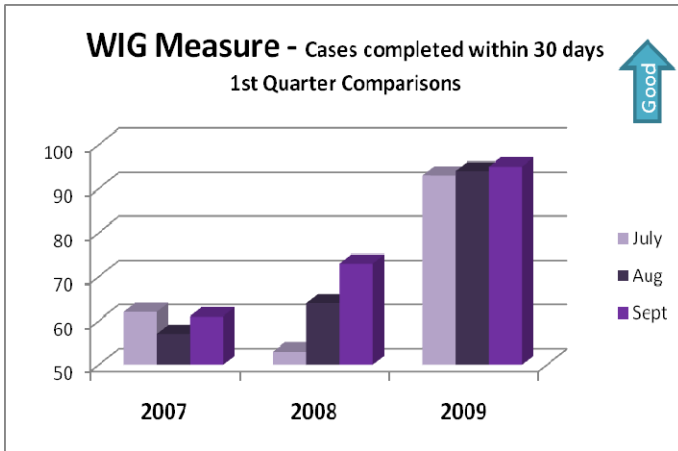


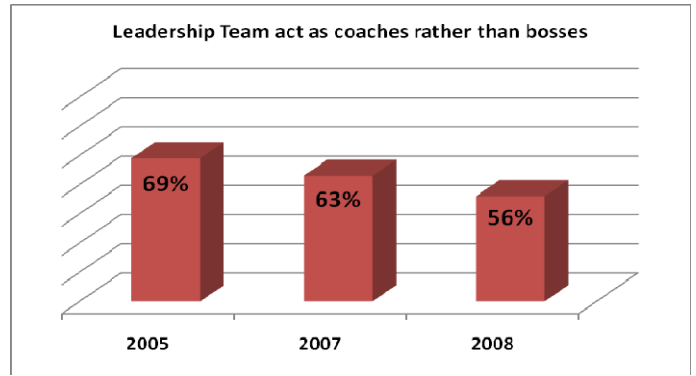
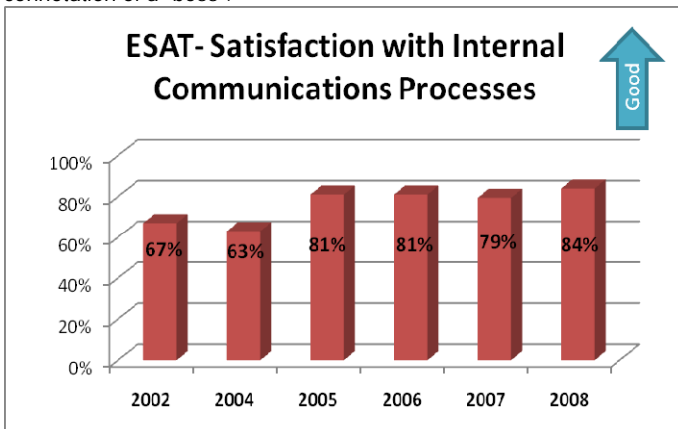
Figure 7.6-3 contains information on the Community Care Services Program Critical Incidences Report on the number of serious incidences their clients have experienced. This is a new WIG measure for SFY2009.

Type of Incident	Count of Incidents
Deaths	127
Deaths from Natural Causes	108
Critical Incidents	47
Serious Injury	48
Number of Falls	12

Figure 7.6-4 illustrates the percent of Balanced scorecard/dashboard measures meeting and exceeding targets.

Year	Number of Balanced Scorecard/Dashboard Measures	% of Measures meeting/exceeding target
2006	25	68%
2007	23	70%
2008 (\$ Reduction)	16	56%

Figure 7.6-5 and Figure 7.6-6 details leadership results from the Employee Satisfaction (ESAT) Survey. Communication is integral between employees and Leadership team along with the perception of members of the leadership team as coaches rather than the negative connotation of a "boss".



7.6a(2) Results for Key Measures or Indicators of ethical behavior and stakeholder trust

Figure 7.6-7 and Figure 7.6-8 details The Division of Aging Services confirmed ethics policy violations and perceptions of ethical practices of the Leadership Team.

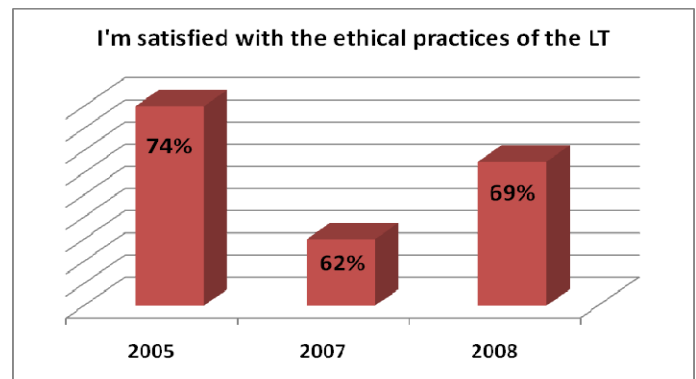
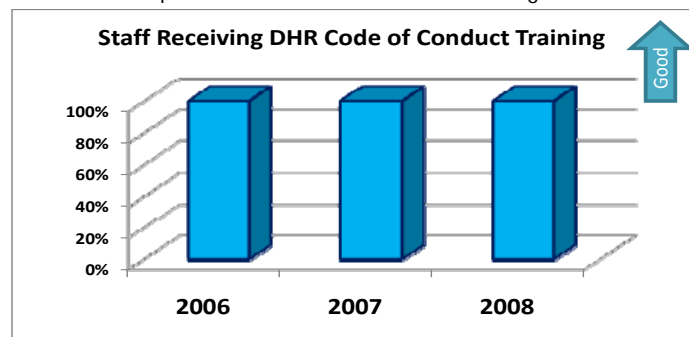


Figure 7.6-9 shows All Employees of the Division of Aging Services have taken and passed DHR Code of Conduct Training.



**7.6a(3) Results for Key Measures of fiscal accountability**

Figure 7.6-10 displays the Fiscal Year 2006-2008 Audit Finding Comparisons between DAS and select other agencies

Georgia Agencies	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008
Georgia Regional Transportation Authority	0	0	0
Georgia Department of Defense	1	1	0
Georgia Emergency Management Agency	0	0	0
Georgia Environmental Facilities Authority	0	0	0
Georgia Division of Aging Services	0	1	0
Georgia Department of Human Resources	7	18	Not Available

Notes:

Source: Georgia Department of Audits and Accounts Management Letters and Management Reports, FY 2006 through FY 2008

The Georgia Department of Audits and Accounts has not (to date) released a Management Report for the Department of Human Resources (includes DAS) for Fiscal Year 2008. Feedback from Audit Team indicates that DAS will have no attributable audit finding for FY 2008.

DAS finding listed for FY 2007 is a DHR-wide finding regarding budget compliance by program in the first year of statewide program budgeting.

GEFA (06 Oglethorpe Award Winner) is an administrative component of the Georgia Department of Community Affairs. As such, GEFA audit findings are not reported separately. GEFA Audit finding totals are as reported by the GEFA Chief Administrative Officer.

Comparative agencies were selected based on size, complexity, and their utilization of Baldrige "Criteria" in their management.

**7.6a(4) Results for Key Measures of regulatory and legal compliance**

Figure 7.6-11 details All DAS employees have received basic awareness training on the Health Insurance portability and Accountability Act (HIPAA) and DHR policies and have received ongoing training as required. There was One self-reported incident in FY2008 forwarded from a AAA that was resolved internally by the AAA in accordance with HIPAA to the satisfaction of DAS and DHR. This is how HIPAA and DAS would prefer any potential breach be handled.

Division	Percent of Employees trained in basic awareness training of HIPAA
Division of Aging Services	100%
Division of Public Health	100%
Division of Mental Health, Developmental Disabilities and Addictive Diseases	100%
Division of Family and Children Services	100%

**7.6a(5) Results for Key Measures of Organizational Citizenship**

Figure 7.6-12 details senior leaders participation in key community organizations and their associated activities.

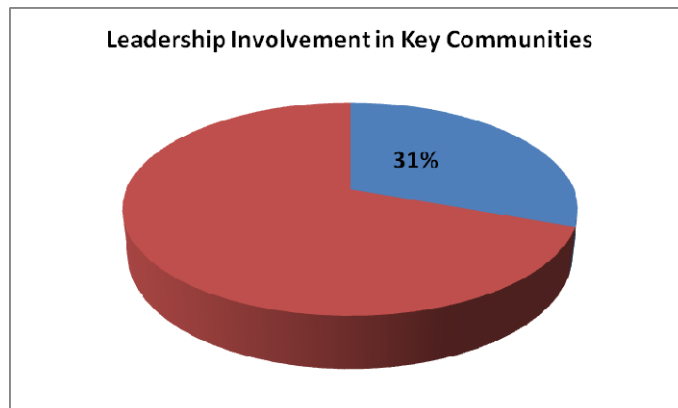


Figure 7.6-13 details the number of recognition and awards DAS employees have received by year from various state and federal agencies.

Year	Count of Awards	Recognition Level
2003	1	Local
2003	2	State
2003	2	National
2004	4	State
2004	2	National
2005	1	State
2005	1	National
2006	2	State
2007	6	State
2007	2	National
2007	1	Federal
2008	7	State

Figure 7.6-14 details the contributions of DAS in the annual state charitable contributions drive.

