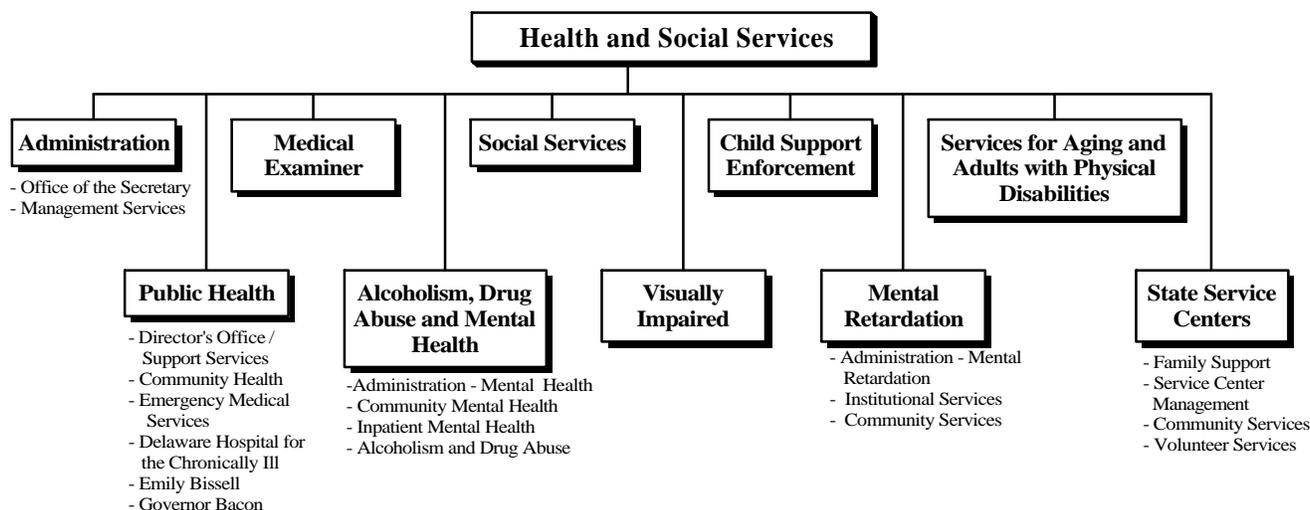


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00



MISSION

The Department of Health and Social Services plays a major role in meeting the basic needs of Delaware families and individuals. This is recognized by the department's mission "to improve the quality of life for Delaware's citizens by promoting health and well being, fostering self-sufficiency and protecting vulnerable populations."

KEY OBJECTIVES

Support Personal and Family Independence

- Reduce dependency by fostering self-sufficiency among welfare recipients and those at risk for welfare dependency.
 - Implement targeted strategies to make work pay, promote mutual responsibility, and encourage families to stay together.
 - Enhance child support enforcement efforts to maintain prompt processing while responding to increasing numbers.
 - Provide family support to increase the earning potential of single parents: day care, medical benefits, employability training, and vocational training.
- Increase access to mental and physical health care and promote preventive behaviors that can improve health status.

- Extend managed care models of service delivery to provide more and better services with cost controls.
- Continue to advance a public health agenda to reduce the incidence of preventable conditions by promoting healthy lifestyles through health education, wellness, and risk reduction programs
- Implement strategies to enhance prevention and intervention efforts for high-risk minority populations.
- Continue to strengthen maternal, adolescent and child health care.

- Provide community-based care for the elderly and individuals with disabilities to ensure an appropriate continuum of care and avoid restrictive and costly institutionalization.

- Expand community services for persons with mental retardation and strengthen family support services.
- Expand community mental health and substance abuse services.
- Provide community-based supports, such as homemaker services and adult day care to allow the elderly and adults with physical disabilities to remain in their homes.

Quality of Care

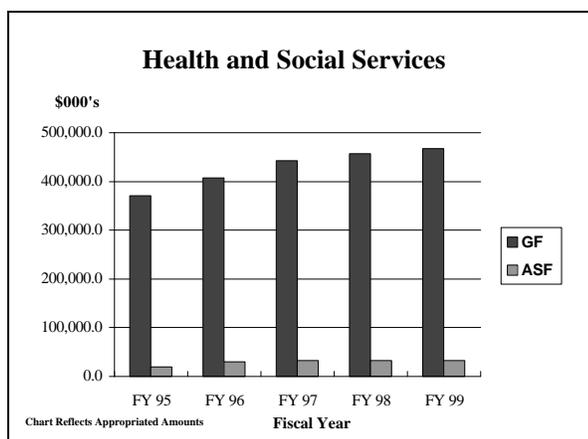
- Provide inflationary increases to institutions to meet cost increases in supplies and materials.
- Enhance medical care and therapy at five facilities.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

Promote Restructuring

- Promote a customer-focused approach to service delivery through services integration and implementation of "No Wrong Door" philosophy.
- Ensure the department maximizes the fiscal, human, systems, and physical resources available in order to provide the best possible service to clients in the most efficient manner.
- Provide leadership in the Administrative Unit to develop division level expertise in technology applications.
- Identify areas where automation will improve productivity.



BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	441,501.6	457,445.2	466,819.4
ASF	18,893.0	32,347.8	32,544.4
TOTAL	460,394.6	489,793.0	499,363.8

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	3,723.3	3,760.1	3,809.7
ASF	85.3	88.3	88.3
NSF	843.2	815.1	824.0
TOTAL	4,651.8	4,663.5	4,722.0

FY 1999 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend \$177.9 and 4.0 FTEs in Administration for cross-divisional information systems support. These FTEs will be assigned to

maintain the Service Integration System (No Wrong Door).

- ◆ Recommend funding in the Budget Office's Technology Fund for the long-term care managed care information system.
- ◆ Recommend \$12.0 and 1.0 FTE for evidence support staff in the Office of the Medical Examiner.
- ◆ Recommend \$252.5 for School-Based Wellness Centers (SBHC) which includes \$19.2 to annualize one center opened in FY 1998, \$102.7 for inflation, \$115.6 to open one new SBHC for up to seven months and two new SBHCs for up to two months in FY 1999 and \$15.0 for computer equipment.
- ◆ Recommend one-time funding of \$300.0 in the Budget Office's Contingency for server and personal computer upgrades in the Division of Public Health.
- ◆ Recommend funding of \$300.0 in the Budget Office's Contingency for teen pregnancy prevention. Funds will provide additional contractual services to conduct risk assessments, counseling and case management.
- ◆ Recommend base adjustment of \$700.0 to annualize the Severely and Persistently Mentally Ill initiative in the Division of Alcoholism, Drug Abuse and Mental Health.
- ◆ Recommend \$1,369.7 and 33.0 FTEs for the new Comegy's Forensics building scheduled to open in September 1998. The new building will double the occupancy from 21 to 42 and will also now provide treatment services to females.
- ◆ Recommend base adjustments of (\$8,600) in AFDC (TANF) and (\$175.0) in General Assistance due to an estimated reduction of caseloads in FY 1999. Also recommend (6.0) FTEs because of redesign of the Division of Social Services.
- ◆ Recommend \$1,100.0 for Medicaid State Institution inflation.
- ◆ Recommend \$3,800.0 to provide child care services to an additional 1,400 children.
- ◆ Recommend \$3,003.1 for the Children's Health Insurance Initiative, 700.0 for the Medicaid Dental program and \$93.0, 2.5 FTEs and 2.5 NSF FTEs for Delaware Client Information System II staff.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

- ◆ Recommend one-time funding of \$75.0 in the Budget Office's Contingency for computer services for the Division of Visually Impaired.
- ◆ Recommend \$136.2, 1.7 FTEs and 3.3 NSF FTEs for additional staff in the Division of Child Support Enforcement in order to implement the mandates of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Also, recommend \$33.1, 2.7 FTEs and 5.3 NSF FTEs to cover the net cost of converting casual/seasonal employees to full-time in order to meet increased operational responsibilities under PRWORA.
- ◆ Recommend \$1,000.0 for residential community-based placements in the Division of Mental Retardation. Also recommend \$332.0 for vocational and day habilitation services for graduates of special school programs and \$150.0 for family support services.
- ◆ Recommend \$30.2, 1.0 FTE and (1.0) NSF FTE and \$39.7 for supplies and materials and contractual services for No Wrong Door Initiative in the Division of State Service Centers. Also recommend \$73.5 for Family Visitation Centers due to loss of federal funds.
- ◆ Recommend \$392.8 to annualize the Assisted Living Program in the Division of Aging and Adults with Physical Disabilities. Also recommend \$263.8 and 7.0 FTEs for the Ombudsman Program.

CAPITAL BUDGET:

- ◆ Recommend \$400.0 to complete the construction of a 42-bed male and female forensic mental health facility to replace the Comegys Building at the Hermann Holloway Campus.
- ◆ Recommend \$1,000.0 to supplement the Minor Capital Improvements and Equipment Program.
- ◆ Recommend \$350.0 for the Campus Renewal program.

ADMINISTRATION

35-01-00

MISSION

The mission of the Administrative Unit is to provide leadership and policy direction for the Department of Health and Social Services and to ensure that the Department is well managed in its delivery of services to clients. In addition, the unit exists to promote coordinated responses among divisions and between departments and to provide a flexible resource to backup the management needs of operating divisions.

KEY OBJECTIVES

- Provide leadership in development of public policies and advancing responsive management practices
- Provide technical assistance and support to operating divisions in the form of training, standard setting, analysis of services and finances and the identification of revenue generating possibilities
- Provide centralized administrative functions in human resources, payroll, management of federal funds, procurement, accounting and Information Resource Management (IRM).
- Direct certain specialized functions that have been assigned to the Administrative Unit including community-based long-term care services, infants and toddlers with disabilities, health planning, evaluation, housing, and federally mandated quality control for welfare programs and welfare fraud investigation.

BACKGROUND AND ACCOMPLISHMENTS

The scope of the department's clients and its mission in serving them involves complicated social conditions. The organization must be in a position to respond to the present situation, using its resources creatively to solve problems. With limitations of resources likely to persist it is imperative that the organization rethink how it can meet its objectives. This will entail communicating expectations, encouraging risk taking, and rewarding efforts that have achieved their purpose.

Several major efforts have been launched that require leadership from the Administrative Unit to assure that expectations for their implementation are realized. This

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

may entail providing assistance to operating divisions to facilitate administrative roadblocks; coordinating the activities of the various players in joint projects; communicating regularly with constituents to keep them informed.

The department must also be alert to emerging topics to help shape how policy decisions get framed and understood. With the diverse constituency and the breadth of programs for which it is responsible, few social problems surface that do not have an impact on some facet of the department's work. It is important for the department to be a leader, spokesperson, and active participant to assure that linkages are made and implications are well understood. It is also important that community awareness be developed around issues and topics that affect the department.

With an organization of approximately 5000 people, the department faces the challenge of meeting the needs of an increasingly diverse workforce. Concurrently, greater demands are being felt to increase the accessibility and responsiveness of the service delivery system. A flexible work environment is needed to meet the needs of clients, while supporting employees and their families. In addition, training, professional development, and management support are ongoing requirements to enhance staff performance. The physical plant associated with the department is equally large. The responsibility for seeing that it functions well for the clients who are served there and the employees who work there is difficult to manage.

Just as these resources demand attention, so do the programs they serve. There is a volume of client and program data to be collected and analyzed; dollars spent must be accounted for; quality monitored and contracts managed. Automation and technological support are critical to achieving and maintaining this balance. The department has successfully proceeded with systems development through the investment of one-time funding and the reclassification of existing staff.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	11,047.3	10,708.0	11,232.4
ASF	1,410.7	1,737.0	1,785.7
TOTAL	12,458.0	12,445.0	13,018.1

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	144.1	150.6	154.6
ASF	28.6	29.6	29.6
NSF	62.8	62.3	62.3
TOTAL	235.5	242.5	246.5

OFFICE OF THE SECRETARY

35-01-10

ACTIVITIES

- Manage the department; provide leadership for human services delivery.
- Ensure coordination between agencies within the department.
- Maintain responsive and positive relationship with constituents, advisory councils and other citizen groups.
- Ensure effective coordination with the Governor's Office and other cabinet agencies.
- Manage the department's public information function.
- Ensure timely and appropriate follow-up to all directives, laws, judicial decisions, assignments, and completed staff work for the Secretary's policy review.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% written responses to elected officials and others completed within 30 days	--	--	--
# management improvements which result in dollars saved	--	--	--
# management improvements which result in costs avoided	--	--	--
# management improvements which result in improvements in management and service delivery	--	--	--

These are new measures – data not yet available.

MANAGEMENT SERVICES

35-01-20

ACTIVITIES

- Information resources management
- Human resources management

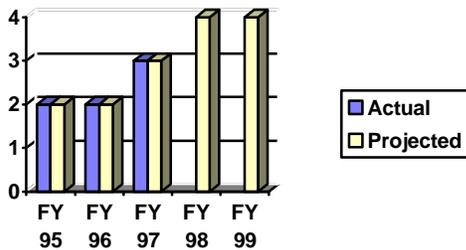
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

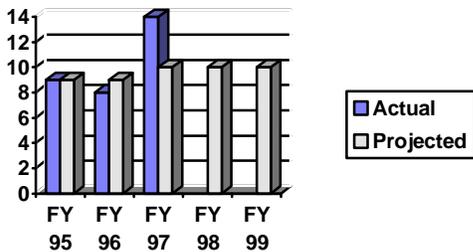
- Fiscal management
- Health planning and resources management
- Capital programs management
- Audit and recovery management services
- Quality control
- Contract management
- Budget and program analysis
- Program development, coordination and evaluation
- Internal affairs

PERFORMANCE MEASURES

**Rapid Application Development
Projects Completed**



Human Resources Investigations



MEDICAL EXAMINER

35-04-00

MISSION

The Office of the Chief Medical Examiner provides statewide official investigations of death, performs analysis on narcotics and controlled substances, performs DNA analysis on convicted felons, and assists law enforcement with DNA analysis of current criminal cases. The office provides state of the art analysis on suspected arson cases to the State Fire Marshal's Office. The office also recognizes hazards to the public health and provides the necessary information, documentation, and facts for impartial medical and scientific evidence for sound administration of justice.

KEY OBJECTIVES

- Maintain the standards of turnaround time for the completion of post-mortem cases to achieve a goal of 85 days in 1999.
- Continue to achieve timely response for the completion and reporting of analysis of controlled substances. The goal for Fiscal Year 1999 is 27 days.
- Provide the State with an ongoing DNA database.
- Provide the State with new DNA capabilities to assist in the sound administration of justice.
- Provide DNA turnaround time of 120 days.
- Continue to explore funding possibilities through grants and legislative sources.
- Provide statistical data for the criminal justice system.
- Provide expanded and timely urine drug analysis for Treatment Access Center (TASC) at overall cost savings.

BACKGROUND AND ACCOMPLISHMENTS

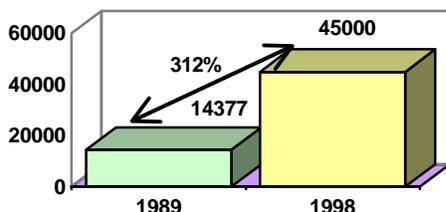
The Office of the Chief Medical Examiner affects directly or indirectly a great proportion of Delaware's citizens. Nearly one-third of all deaths in the State each year are reported and investigated by the office. The numbers have steadily grown over the past 25 years, as has the population and the number of deaths in the

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

State. The number of controlled substances requiring analysis has increased from 14,377 in 1989 to 45,000 in 1998, an increase of 312 percent in the last eight years.

Increase in Total Controlled Substances Analyzed



In order to respond to these demands, the laboratory has increased productivity through the addition of new equipment and updated procedures and must continue to maintain its equipment and upgrade when necessary. The current stability of the staff has greatly assisted this division in reaching its goals.

The scientific work generated by the Office of the Chief Medical Examiner has a profound impact on the process and the quality of work conducted by the state Criminal Justice agencies. The activities of police departments, the Office of the Attorney General, the Public Defender's Office and the courts are dependent upon timely investigation of deaths and analysis of confiscated controlled substances. Actions taken by these Criminal Justice agencies frequently depend on the results of examinations and laboratory analysis performed by the Medical Examiner's Office. Failure to respond in a timely manner would create a serious obstacle in the criminal justice process. It is felt that with staffing, new equipment and updated procedures along with a renewed commitment to in-house education and training that this office is equipped to respond to the increasing workload needs and will continue with timely and high-quality service.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	2,976.2	2,914.8	2,971.9
ASF	--	--	--
TOTAL	2,976.2	2,914.8	2,971.9

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	35.0	35.0	36.0
ASF	--	--	--
NSF	--	--	--
TOTAL	35.0	35.0	36.0

MEDICAL EXAMINER

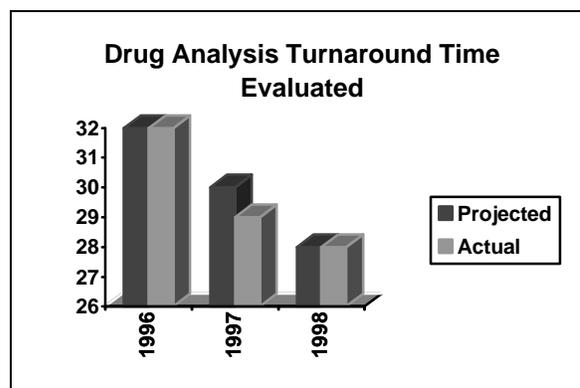
35-04-01

ACTIVITIES

- Provide medicolegal investigation of about 2,400 cases of death annually.
- Analysis of about 45,000 controlled substances annually.
- Providing court testimony by forensic scientists.
- Implementation and use of appropriate quality control material to insure accuracy of testing procedures in drug analysis and DNA analysis.
- Development of local and national standards within the disciplines of forensic sciences.
- Institution of continuing educational opportunities both in-house at the Forensic Science Center for professional and technical staff as well as continuing education at specialized training courses in the field of forensic sciences.
- Utilization of Forensic Evidence Specialist to decrease turn-around time in the analysis of seized controlled substances.
- Finalize the establishment and begin the process of certifying the Forensic DNA Laboratory.
- Coordinate the State's mass fatality drill.

PERFORMANCE MEASURES

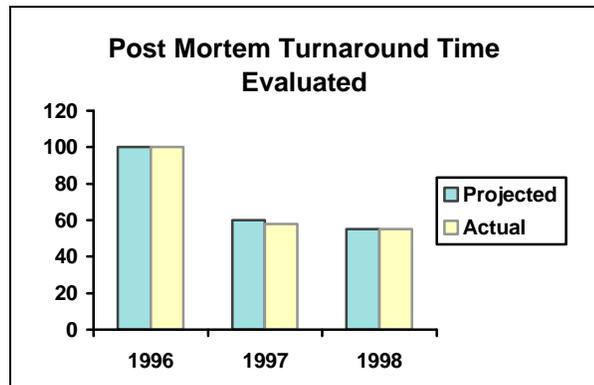
Drug Analysis Turnaround Time. The analysis of controlled substances performed by the Office of the Chief Medical Examiner has a great impact on the Criminal Justice System. In order not to create a backlog the Office intends to provide the judicial system with an average turnaround time of 30 days, which is the national average. The drug turnaround time is the period from which the controlled substances are received until a certified analysis is completed and made available to the judicial system.



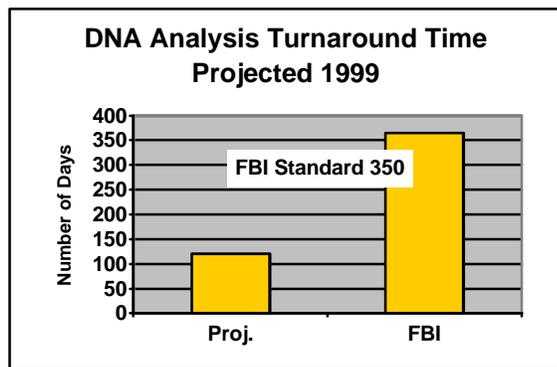
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

Post-mortem turnaround time is the period from when an autopsy is performed until the final toxicology results are determined and a final report is generated.



DNA turnaround time is defined as the period when evidence is received until an analysis is completed and made available to the judicial system. The projection is 120 days versus the FBI's 365 days.



PUBLIC HEALTH

35-05-00

MISSION

The mission of the Division of Public Health (DPH) is to protect and enhance the health of the people of Delaware by:

- Addressing issues that affect the health of Delawareans;
- Keeping track of the State's health;
- Promoting positive lifestyles;
- Responding to critical health issues and disasters;
- Promoting availability of health services.

KEY OBJECTIVES

- Provide leadership to communities and various state and private agencies to foster collaborative efforts to positively impact public health.
- Enhance the quality of public health services provided to Delawareans.
- Promote prevention strategies to address the health problems in Delaware.
- Enhance assessment capacity for health status and health system analysis.
- Collaborate and develop partnerships with other state and private community-based agencies to address the health needs of Delawareans.
- Address environmental health issues related to public health.

BACKGROUND AND ACCOMPLISHMENTS

DPH is facing changes in the political and health care environment which have been unprecedented since the Depression years. It is clear that major changes in the way health care is financed and delivered are here to stay. This includes the move toward managed care.

DPH has been presented with an unusual set of difficult challenges during this time of change. The past three decades have seen most public health agencies try to meet the demands of caring for the uninsured by providing a variety of direct health care services to meet the needs of special populations or those with disease

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

specific needs. In effect, the scope of care has been mostly categorical, mirroring federal funding initiatives, rather than comprehensive primary care.

Often lost in this movement to the delivery of personal health care are the basic functions of public health: assessment (collecting and analyzing information on the health and health needs of communities), policy development (developing public health policies based on sound scientific knowledge and principles) and assurance (committing to constituents that services needed to achieve health goals are available). Some of these problems have been present in Delaware as well.

Delaware has an unusual public health system in that the state and local functions are part of the same agency and are administered directly as a single unit - the Division of Public Health. This system presents some advantages in terms of economy and efficiency. The division is viewed by most Delawareans as having primary responsibility for direct personal health care. This image has significantly obscured the basic responsibilities of the division for protecting and promoting the public's health, especially for carrying out the public health core functions. Over time, the critical role that public health must play in health protection for populations has waned as the division has spent more resources on personal health in response to a growing demand.

The Division of Public Health continues to examine the core public health functions and the activities that are necessary to ensure that Delawareans live full and healthy lives in a healthy environment. The continued focus on assessment, assurance, and policy development as well as providing personal health services to special populations or populations at risk will help the state realize improvement in the health of our citizens.

Accomplishments

- School-based health centers continue their growth and expansion. Twenty-three centers will be open and operating by the end of Fiscal Year 1998. The number of visits to these wellness centers continues to increase as well.
- The state's immunization completion rates have increased in the last five years by 60 percent. Four out of five two-year olds in Delaware have been fully immunized against diphtheria, tetanus, whooping cough, polio, and measles according to the National Immunization Survey conducted by the Centers for Disease Control and Prevention.

- The home visiting program for first time families expanded in August 1997, to include families stationed at the Dover Air Force Base. This is an important link as the vast majority of these families have minimal support systems and are unfamiliar with services available in Delaware. DPH anticipates 25 to 30 new families per month will be enrolled.
- Delaware's female breast cancer mortality rates are beginning to decrease after remaining level for many years and breast cancer incidence rates, after increasing for many years, have leveled off.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	64,335.0	62,478.1	64,350.3
ASF	2,361.3	3,977.1	3,977.1
TOTAL	66,696.3	66,455.2	68,327.4

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	1,325.8	1,325.0	1,328.0
ASF	30.3	32.3	32.3
NSF	206.0	192.0	192.0
TOTAL	1,562.1	1,549.3	1,552.3

DIRECTOR'S OFFICE/SUPPORT SERVICES 35-05-10

ACTIVITIES

- Planning and evaluation
- Program coordination
- Contract development and management
- Grant coordination
- Coordination of public information
- Minority health
- Establishing management framework
- Fiscal management
- Revenue development and management
- Capital improvement
- Management information systems
- System automation
- Collecting and cataloging vital statistics

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
# vital records (birth, death, marriages, divorces) recorded	83,355	87,000	88,800
# contract audits completed	22	30	40

COMMUNITY HEALTH
35-05-20

ACTIVITIES

- Maternal/Child Health Services, which include: family planning; services to children with special health care needs including Child Development Watch; enhanced care for high-risk pregnant women; prenatal care and well-child preventive health services for the uninsured including dental services; and school-based health centers.
- Prevention initiatives for cancer, tobacco, cardiovascular disease prevention and early detection; disabilities and mental retardation; community health promotion; adolescent health services; and child lead poisoning prevention.
- Communicable disease services, including sexually transmitted diseases prevention and treatment; AIDS prevention, testing and counseling; tuberculosis prevention and treatment; rabies control and prevention; and immunization services.
- Epidemiology and surveillance of health problems and trends.
- Assessment of the health risks of environmental hazards.
- Licensing and certification of health facilities.
- Investigation of the use of narcotics and dangerous drugs.
- Laboratory testing and analysis.
- Inspections of public eating facilities.
- Inspections and monitoring of public drinking water systems.
- Development of more effective primary and rural health care systems.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% children adequately immunized*	81	85	90
% women aged 50 years and older who have had a mammogram within past two years	79	81	83
# students having contact with school-based health center activities	36,700	39,600	43,560
decrease rate of births among teenage girls aged 15--19 yrs (per 1000 births)	--	42	41

**4 DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention*

EMERGENCY MEDICAL SERVICES
35-05-30

ACTIVITIES

- Certify paramedics.
- Coordinate, monitor, and evaluate the statewide paramedic program with the advisory board and the counties.
- Coordinate paramedic and trauma planning services.
- Coordinate the initial training and recertification training for the state's paramedics.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
# paramedic responses	32,189	35,100	38,200

This is not an optimum measurement, but one currently capable of being measured. Process is underway to improve data collection capacity which will permit the use of more relevant measures. These measures will be implemented as data permits.

**DELAWARE HOSPITAL FOR THE
CHRONICALLY ILL**
35-05-40

ACTIVITIES

- Operate 345-bed intermediate nursing facility, comprised of 79 skilled and 266 intermediate beds.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Provide Nurse Aide Certification Training program.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

- Operate a 25-bed secure care unit for cognitively impaired residents at high-risk for wandering.
- Operate an adult day care center to allow residents to stay in their homes.
- Operate a Central Intake Unit for the Division of Public Health Long Term Care (LTC) Facilities.
- Provide financial management for resident trust funds and revenue management.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
# hrs volunteered by community members	12,752	13,000	13,260
% satisfactory or above rating on Family/Resident Satisfaction Survey	--	--	80

EMILY BISSELL
35-05-50

ACTIVITIES

- Operate a 102-bed nursing facility, comprised of 87 skilled and 15 intermediate beds.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Provide Nurse Aide Certification Training Program.
- Provide computer network support services to all campus occupants.
- Provide maintenance and other facility support services to DPH Community Health operations.
- Provide support to community-based Long Term Care Services.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
# hrs volunteered by community members	10,644	11,000	11,500
% satisfactory or above rating on Family/Resident Satisfaction Survey	--	--	80

GOVERNOR BACON
35-05-60

ACTIVITIES

- Operate 94-bed intermediate nursing home unit.

- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated program for quality assurance and continuous quality improvement programs.
- Operate automated system for interdisciplinary care planning and documentation, timekeeping, accounts receivable, patient census tracking and inventory management.
- Prepare meals for the Meals on Wheels program operated by Geriatric Services.
- Maintain utilities and infrastructure for other state and contractor agencies that operate on the GBHC campus.
- Provide Nurse Aide Certification Training Program.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
# hrs volunteered by community members	425	450	475
% satisfactory or above rating on Family/Resident Satisfaction Survey	--	--	80

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH

35-06-00

MISSION

The mission of the Division of Alcoholism, Drug Abuse and Mental Health is to improve the quality of life for adults having mental illness, alcoholism, drug addiction or gambling addiction by promoting their health and well-being, fostering their self-sufficiency and protecting those who are at-risk.

KEY OBJECTIVES

- Establish and maintain a comprehensive, statewide, community alcohol, drug abuse and mental health system for adults by providing treatment, rehabilitation, community support, counseling, residential, crisis stabilization and detoxification services.
- Continue implementation of the Diamond State Health Plan and other Title XIX (Medicaid) services for persons disabled by alcoholism, drug addiction or mental illness.
- Enhance the capability of all programs and providers to meet the changing and complex, treatment needs of clients and consumers.
- Implement a uniform, automated, integrated management information system to enhance service planning, program evaluation and service system management.

BACKGROUND AND ACCOMPLISHMENTS

The impact of serious mental illness and alcoholism and drug abuse has led the division to enhance and improve services and increase coordination of policy and program development with other agencies. This focus is critical for the division to develop and coordinate services to meet the needs of persons with serious mental illness and alcohol and drug abuse problems.

Since Fiscal Year 1989, the division's goal has been to enhance community tenure and reduce rates of hospitalization for adults with psychiatric disabilities. The division has reduced the admission rate and long-term census by expanding the availability of community-based services, including housing and initiating a

hospital-based psychosocial rehabilitation program model.

The division is continuing to increase the availability of psychotropic medications. These medications allow adults with severe psychiatric disabilities to reside in the community thus reducing the need for long-term hospitalization.

The division's State Plan for Community Mental Health Services for Adults with Serious Mental Illness continues to promote the expansion of the statewide Community Support Program (CSP) by enhancing the availability of community-based services for adults with severe psychiatric disabilities. The prevalence rate for adults with psychiatric disabilities is 5,160 based on the Delaware 1997 census data for individuals 18 years and older (555,693). The division estimates that 75 percent (3,870) are in immediate need of publicly funded community support services.

Delaware Psychiatric Center provides psychiatric evaluation, diagnosis and treatment, including clinical, medical, dental and vocation and occupational services to adults who are in need of acute, general psychiatric, geriatric, /Skilled Nursing Facility- (ICF/SNF-IMD) and forensic mental health services. The community mental health services include: emergency services; community support services for adults with psychiatric disabilities involving psychosocial rehabilitation services, residential services, continuous treatment teams; adult community counseling services for persons not eligible for services under the Diamond State Health Plan; and adult prevention and early intervention services, including consultation and education, to individuals, families, the public and other agencies.

Based on the results of a 1994 telephone survey, the division estimates that in 1995 about 37,000 adult Delawareans are current alcohol/substance abusers or are dependent on alcohol or illicit drugs. In Fiscal Year 1997 there were 5,622 admissions to the division's treatment programs and detoxification units, with an estimated 4,245 unduplicated persons receiving services.

The division provides a statewide, comprehensive system of alcoholism and drug abuse treatment services for adults, age 18 years and older. Services include: outpatient treatment services, including counseling, methadone clinic outpatient care, intensive outpatient treatment, case management and outreach services; continuous treatment teams service for persons severely disabled by alcoholism and drug addiction; detoxification and emergency stabilization and

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

residential treatment and rehabilitation services; and adult prevention and early intervention services.

The division has developed intensive community-based services for persons severely disabled by alcoholism and drug addiction. These services include continuous treatment services for this population and specialized treatment services to special populations, including the homeless, substance abusing pregnant women and women with dependent children, injection drug users and persons with a history of chronic relapse.

There is a need to increase intensive community-based treatment services to meet the complex treatment needs of adults with psychiatric disabilities and adults disabled by substance abuse. There is an increase in the number of persons with multiple diagnoses who are seeking treatment. These are individuals with serious mental health problems with the co-occurrence of alcohol/drug addiction; persons with physical disabilities or general health problems; persons who are unemployed and/or homeless; and persons who are involved with the criminal justice system. Multiple drug resistant tuberculosis, HIV/AIDS and sexually transmitted diseases are continuing to appear among substance abusing populations. The division is committed to developing programs and working with other health and social service agencies to address the growing numbers of persons with multiple needs.

During Fiscal Year 1998, the division will engage in two special projects related to the enhancement of employment for adults with serious mental illness. The division will develop an employment specialist program in the two community mental health centers for the purpose of providing additional employment support for consumers. In addition the division will participate in a research study that will train staff on the importance of work, types of vocational services and methods of reducing barriers to work. Client characteristics, vocational services provided and vocational outcomes of participants will be assessed for four continuous treatment teams.

Over the last seven years, the division has redesigned and enhanced its management information system (MIS). MIS enhancements include: implementing a clients census system using a single client identifier; establishing an automated access system to obtain information on shared clients; creating a routine and ad hoc reporting system in order to track the responsiveness of programs to consumers; and modifying the MIS to accommodate changes in data collection and reporting necessary for the Diamond State Health Plan.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 Gov. Rec.
GF	53,171.7	59,917.8	60,085.7
ASF	581.0	6,754.4	6,760.0
TOTAL	53,752.7	66,672.2	66,845.7

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 Gov. Rec.
GF	862.4	875.9	908.9
ASF	4.0	4.0	4.0
NSF	30.8	17.8	17.8
TOTAL	897.2	897.7	930.7

ADMINISTRATION - MENTAL HEALTH

35-06-10

ACTIVITIES

- Budget preparation and administration; federal grants management; contract management; and community support services Medicaid administration.
- Coordination and provision of training for the division and its contractors.
- Coordination of the State Troubled Employees Program (STEP).
- Licensing and monitoring; mental health program monitoring; community support program Medicaid services certification and auditing; Screening and Evaluation Team coordination.
- Management information systems development.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1997 Gov. Rec.
% community based providers with automated client census and billing system installed	72	85	100
% licenses and certifications processed within 2 months	20	30	75

COMMUNITY MENTAL HEALTH

35-06-20

ACTIVITIES

- Adult prevention and intervention.
- Emergency services, including 24 hours per day telephone counseling, face-to-face and mobile interventions for crisis evaluation, management and

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

referral, and 24-hour community-based crisis care as an alternative to hospitalization.

- Adult community counseling services including psychiatric assessment, diagnosis and evaluation; psychotropic medication management; individual and group psychotherapy; and clinical case management.
- Community support services for adults with psychiatric disabilities including psychosocial rehabilitation services, residential services, continuous treatment teams and clinic-based services.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% clinically appropriate consumers receiving new anti-psychotic medications	76	76	79
% consumers in community support programs who are employed	26	27	28
% consumers with serious mental illness receiving subsidies for safe and decent housing	27	30	30

INPATIENT MENTAL HEALTH
35-06-30

ACTIVITIES

- Psychiatric evaluation, diagnosis and treatment including clinical, medical, dental and vocational and occupational services.
- Psychiatric rehabilitation program to increase patient skills to live and function more independently in the environment of their choice; aid patients in discharge readiness and enhance their ability to successfully adjust to community living.
- Research and education through psychiatric residency training program and medical student program.
- Support services to the Delaware Psychiatric Center and over ten other state agencies.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% patients showing significant improvement on anti-psychotic medications	42	42	42
# admissions	856	950	880

ALCOHOLISM AND DRUG ABUSE
35-06-40

ACTIVITIES

- Adult prevention and intervention services including community education and intervention, information and referral programs and workplace intervention and employee assistance programs.
- Adult outpatient treatment programs including community counseling (providing diagnostic and treatment services) and methadone clinic outpatient care, intensive outpatient case management and outreach services.
- Adult community support and intensive case management programs including intensive, non-inpatient treatment, rehabilitation and support services for persons disabled by alcoholism or drug dependence.
- Adult detoxification and emergency stabilization and residential treatment rehabilitation.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% detoxification clients who receive one or more other treatment services	33	34	35
% clients w/improved employment status from admission to discharge	12	13	14

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

SOCIAL SERVICES

35-07-00

MISSION

The mission of the Division of Social Services is to protect vulnerable populations and provide an integrated system of opportunities, services and income supports that enable low-income individuals and families to develop self-sufficiency and achieve and maintain independence.

KEY OBJECTIVES

- Increase client self-sufficiency and independence through expansion of A Better Chance (ABC), Delaware's welfare reform initiatives:
 - Fully implement the ABC/Workfare program statewide.
 - Transition services under the statewide ABC Temporary Assistance for Needy Families (TANF) program to support the statewide ABC/Workfare program.
 - Adjust the employment and training program design based on continuous monitoring, community input, and state and national welfare reform mandates.
 - Reduce teen pregnancy and support young parent families.
 - Achieve federal and state mandates for TANF work participation rates for welfare clients.
 - In partnership with the Department of Labor, the Delaware Economic Development Office and private providers place welfare clients in employment and provide support for long term retention.
 - Enhance the employment and training tracking and reporting system.
 - Enforce a two-year time limit for welfare recipients that ends with a job, or a Workfare position experience.
 - Expand the childcare program to serve more children and prevent a waiting list.
 - Increase and maintain childcare provider fees at 75 percent of the market rate.
 - Ensure access to childcare for parents requiring infant care and other hard to find care through community partnerships.
 - Maintain and monitor the competency based case management service delivery model statewide.

- Monitor the family responsibility contract for ABC clients and continuously improve it to achieve maximum results.
- Continue to improve service coordination and integration.
- Evaluate the results of state and federal welfare reform.
- Improve access to health care for low-income families, for the elderly and the disabled.
 - Expand Medicaid coverage to all uninsured adults under the poverty level.
 - Develop and implement managed care programs and other Delaware and national health care reforms.
 - Improve transportation services to ensure clients can get to health care providers.
 - Develop initiatives supporting DHSS community based and institutional based long-term care plans.
 - Provide extended Medicaid transition coverage for former ABC recipients who go to work.
 - Phase in Nursing Home and Home and Community Based Services (HCBS) for elderly and disabled up to 300 percent of SSI standard.
 - Work with state adult and child mental health agencies to provide services outside the managed care service package.
 - Provide pharmacy coverage for low income uninsured individuals.
- Strengthen maternal and child health:
 - Expand Medicaid coverage for pregnant women and children at higher poverty levels.
 - Develop and implement the new federal Children's Health Program.
 - Expand "Smart Start" extended services to more high-risk pregnant teens.
 - Support expansion of medical and dental services for poor children.
 - Work with managed care companies, Public Health, Federally Qualified Health Centers (FQHC's) and the State child mental health agency to improve coordination in the provision and delivery of primary health care services for children and adolescents.
 - Fully implement the state's childhood immunization program.
- Manage resources efficiently with emphasis on information resource management, Medicaid cost

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

containment and maximizing economy and efficiency in DSS programs:

- Develop plans to manage DSS programs with reduced federal funding.
- Maximize federal funding through "cost recovery" projects.
- Improve DSS program management, operations and customer service through organizational redesign that focuses on customer service.
- Continue to improve Medicaid estate, accident and third party recoveries.
- Ensure automated systems support for welfare reform, managed care and the year 2000.
- Replace the DCIS system and support development of an EBT system and other automation projects.
- Ensure efficient delivery of services to clients by developing and enhancing automated systems including the long-term care system, the Employment and Training system and the childcare system.
- Develop responsible strategies to meet increasing workload demands.
- Reallocate existing staff/program resources to best achieve organizational mission.
- Provide resources to support staff recognition activities.
- Insure diversified recruitment and hiring.
- Maintain low error rates:
 - Ensure that only eligible persons receive benefits and benefits are in correct amounts.
 - Avoid federal fiscal sanctions.
 - Continue implementation of locally developed corrective actions to prevent quality control sanctions.
- Develop new strategies that support high accuracy.

BACKGROUND AND ACCOMPLISHMENTS

Social Services administers a broad range of programs for Delaware's low-income families and individuals. These programs are regulated and funded by both the state and the federal governments and are provided to approximately 85,000 Delawareans each month. The four major program areas are:

- Employment and training
- Child day care.
- Medical assistance (includes Medicaid and Renal Disease program).

- Financial assistance (TANF/ABC, emergency assistance, general assistance and food stamps).

The division achieves its goals by:

- Increased client self-sufficiency and independence through the ABC welfare reform program.
- Improved access to health care for the elderly, disabled, and low-income families.
- Strengthened maternal and child health.
- Efficiently managed resources.

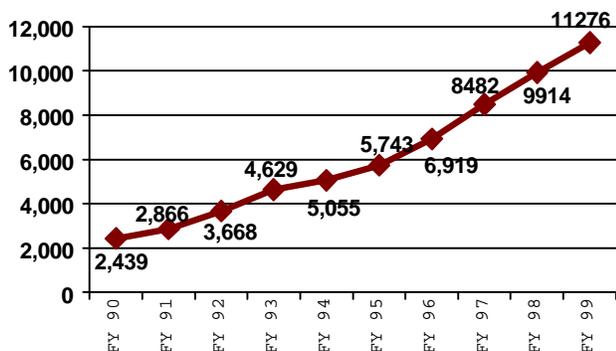
Some of the Division's major accomplishments include:

- In October 1995, the Divisions of Social Services (DSS) and Child Support Enforcement (DCSE) along with the Department of Labor and the Delaware Economic Development Office embarked on a welfare reform plan: "A Better Chance."
- The ABC program addresses the major areas of making work pay, family responsibilities and family supports. A waiver of federal regulations was approved in May 1995. Funding to begin these initiatives was included in the Fiscal Year 1996, 1997 and 1998 budgets. Under the August 1996 federal welfare reform legislation, Delaware continues to run the ABC program with few significant changes. By October 1, 1997, all of Delaware's welfare families were in the ABC program.
- The First Step Employment and Training Program achieved 9,280 enrollments in academic, vocational and self-directed job search skills instruction from April 1986 through September 1996; 5,650 secured full-time employment; 3,850 secured part-time employment, and 4,960 have come off the welfare rolls.
- The number of children receiving subsidized childcare has grown from 1,528 in 1987 to an estimated 9,900 in Fiscal Year 1998 and will reach almost 11,300 in Fiscal Year 1999.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

Child Care Program Growth



- In the past year the Division of Social Services has continued its expanded Medicaid services to the nonpublic assistance low-income population. In 1997, the State provided Medicaid coverage to 18,617 pregnant women and children to age 19 who are not on welfare. This group has increased 12.6 percent over 1996.
- The Medicaid program submitted a waiver to the Health Care Financing Administration (HCFA) to establish a managed care system and expand Medicaid coverage to all uninsured adults with incomes under the federal poverty level. The federal waiver was approved and the program started in January 1996. This expansion includes clients formerly in the state funded General Assistance Health First program, thus making them eligible for federal matching funds. The program increases access to good primary care and helps to contain the growth in Medicaid spending by placing the majority of clients into a managed care system. As of September 1997, over 12,500 adults under the poverty level had been added to the Medicaid program. The DSS Medicaid Unit initiated a Project with the Delaware Health Care Facilities Association whereby Association members pay half of the salary and equipment costs for a Senior Social Worker who is then outstationed one day a week in each of the participating facilities to take applications. Long Term Care application processing reduced by one third as a result of this project.
- The DSS Medicaid program initiated a project with the hospitals in all three counties to reduce long-term care application time for hospitalized patients. Medicaid trained hospital staff on long-term care

applications so staff was able to secure needed verifications for applicants thoroughly and quickly. The project cuts the Medicaid long-term care application time for these patients to 40 days. HCFA allows a maximum of 90 days for these applications. Applicants can now be discharged from hospitals to nursing homes more quickly, which results in care in a more appropriate setting and at a lesser cost.

- DSS/Medicaid assumed the operation of the Chronic Renal Disease Program on July 1, 1993. This is a state-funded program that serves clients who suffer from end-stage renal disease or who have had a kidney transplant. Steps taken to date to improve the program and make it more "user friendly" include: assignment of an RN Case Manager to coordinate services and perform re-determinations, referrals to other services that will benefit clients, securing prescription drugs from a mail order house and having them delivered directly to client homes, securing a much needed food supplement at the wholesale rate from the manufacturer, and automation of billing. In addition to helping the clients, most of these measures also resulted in program savings. Under DSS's management of this program, a previous waiting list has been eliminated.
- As part of the department's efforts to improve services for elderly and disabled adults, DSAAPD, DSS and Information Resources Management (IRM) completed a joint project to integrate their two separate management information systems into a single operational system to be used by both divisions.
- In Fiscal Year 1997, the Medicaid program has continued its efforts at cost management and has been successful in recovering \$6.7 million in numerous areas including:
 - Surveillance and Utilization Review Recoveries
 - Third Party Liability Recoveries
 - Pharmaceutical Manufactures Rebate
- Over the past several years, DSS Medicaid staff has worked closely with the Budget Office, the Department of Public Instruction and the Department of Services for Children Youth and Families to identify state funded services that could qualify for federal matching funds. Through these "cost recovery" projects, in Fiscal Year 1997, over \$16 million in federal Medicaid matching funds was received by the State.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	239,659.6	247,419.8	252,443.6
ASF	10,874.3	15,150.2	15,281.3
TOTAL	250,533.9	262,570.0	267,724.9

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	286.4	286.7	283.2
ASF	2.0	2.0	2.0
NSF	311.5	312.2	314.7
TOTAL	599.9	600.9	599.9

SOCIAL SERVICES **35-07-01**

ACTIVITIES

Provide employment and training services, financial assistance and health care coverage to eligible families and individuals.

- Link families with other necessary services.
- Administer support services including child day care and transportation.
- Manage budget, fiscal, facilities and contracting activities.
- Manage automated systems.
- Train staff.
- Create a climate that respects individuals and their differences.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% TANF clients who are working	25	30	35
% Medicaid clients with access to good primary care	60	80	90

VISUALLY IMPAIRED 35-08-00

MISSION

The mission of the Division for the Visually Impaired is to facilitate the independence of individuals with severe visual impairments throughout their lifetimes by providing a continuum of services, including:

- Early diagnosis and intervention.
- Education in the least restrictive environment.
- Family and individual counseling.
- Independent living skills, training, and equipment.
- Vocational training and related job placement.
- Employment opportunities.
- Advocacy.
- Low vision evaluation and enhancement.

KEY OBJECTIVES

- Reduce or eliminate all barriers to lifelong personal independence produced by the sensory disability of vision loss.
- Develop employment and job skills training programs for persons who are blind and visually impaired.

BACKGROUND AND ACCOMPLISHMENTS

The division provides services to a population of approximately 12,100 persons who are legally blind or severely visually impaired. Services are developed and provided to three major groups of consumers:

- Educational age (0-21)
- Primary employment age (21-65)
- Older Delawareans (66+)

To address the needs of the various age groups, the division is organized into three service components: Education Services, Vocational Rehabilitation Services, and Independent Living Services; two direct employment units: Delaware Industries for the Blind and the Business Enterprise Program; and support services such as Fiscal Operations, Information Systems Support, the Materials Center, Volunteer Services, Orientation and Mobility, Low Vision Services, and two Training Centers.

Due to the nature of the disability that the consumers have, DVI staff provides the majority of services in the most appropriate and effective environment. It is vital

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

that staff continues to be able to provide services to clients wherever necessary.

About 200 children with visual impairments and their families are currently receiving services from DVI. These services which include itinerant education and counseling services to children, are provided throughout the state in public and non-public schools. Due in large part to the efforts of the special education teachers, the child youth counselors, and the agency's ability to fund adaptive equipment purchases, no Delaware child with a visual impairment has to be sent out of state for their education.

Independent Living Services for persons with visual impairments were provided to 984 adults during this past year. Home visits, which include instruction on daily living skills, communication devices, low vision aids and evaluations were made to 735 consumers. Over 80 percent of these individuals served were age 55+ and 68 percent of all persons served had one or more additional disabilities besides vision loss.

Last year Vocational Rehabilitation services were provided to 121 Delawareans, six of which were post-employment. Fourteen consumers were placed in employment, all of which were in competitive positions earning minimum wage or above.

Statewide, the Low Vision program served 169 consumers, while Orientation and Mobility (O & M) services were provided to 105 consumers. The numbers served in both of these programs declined from the previous fiscal year because of staff turnover.

DVI now has 90 active volunteers working as braillists, narrators, readers, and office assistants, and ten inmates providing braille services through the "Men with a Message" prison braille program. These individuals helped to generate 24,427 pages of Braille, 70 tapes, and 14,214 large print pages. It should also be noted that all ten prison braillists have been certified through the Library of Congress in Literary Braille, and one of the ten individuals has also been certified in the Nemeth Code (mathematical Braille).

The Business Enterprise Program (BEP) opened two new facilities in New Castle County. One at the Hare's Corner Post Office and the other at the Newark Post Office.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	1,589.3	2,036.5	2,118.1
ASF	767.1	946.2	947.0
TOTAL	2,356.4	2,982.7	3,065.1

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	28.4	30.4	30.4
ASF	3.0	3.0	3.0
NSF	29.6	29.6	29.6
TOTAL	61.0	63.0	63.0

VISUALLY IMPAIRED SERVICES

35-08-01

ACTIVITIES

- Provide an education program designed to minimize the effects of a visual handicap on the academic achievements of students who are blind and visually impaired through the efforts of itinerant teachers and child counselors, as well as through the provision of textbooks and instructional materials in appropriate medium.
- Provide an independent living services program that provides persons of all ages with adaptive training, low-tech adaptive equipment, as well as counseling which promotes personal independence and emotional adjustment.
- Provide vocational rehabilitation and supported employment programs which provide community-based services focusing on the individual placement model to persons aged 16 and older designed to facilitate employment commensurate with life goals, skills, and abilities.
- Provide a business enterprise program that provides competitive and supportive employment opportunities in various positions within the food service industry, as well as in management of food service locations.
- Provide a training center program that offers individualized evaluation and training to persons of all ages in high and low tech assistive devices, as well as activities of daily living in a variety of settings.
- Provide a volunteer services program that coordinates the efforts of 90-100 volunteers.
- Provide a low vision services program which assesses and stimulates the effective utilization of functional vision through the provision of appropriate low vision aids and associated training to consumers of all ages.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

- Provide peer and support group counseling programs conducted by professionals and members of the consumer population to facilitate positive emotional adjustment to vision loss.
- Provide an orientation and mobility program conducted by certified professionals, which assists persons of all ages to move as independently as possible through their changing environment.
- Provide an outreach and public information program designed to identify and serve individuals who have a visual handicap.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% successful vocational rehabilitation job placements in jobs with competitive wages or salaries*	100	88	88
% total agency referrals achieving independence goals in two primary services**	90.6	91	93
% students achieving 85% or better on annual grade-level skills and behaviors included on the Michigan Outcome Performance Measures assessment. ***	57	75	75

*The national average for blind agencies is 50 percent.

**Primary services include adaptive daily living skills training; evaluation and training; communication; Braille; information and referral; low vision; orientation and mobility; adaptive equipment; volunteer assistance; and adapted reading materials.

***Areas measured include academic performance; community awareness; adjustment to disability; adaptive living skills; and orientation and mobility. Skills and behaviors which are less than 85 percent proficient become the focus of additional instruction included on the IEP for the subsequent year.

CHILD SUPPORT ENFORCEMENT

35-10-00

MISSION

The mission of the Division of Child Support Enforcement is to support family independence through the provision of child support enforcement services with particular emphasis upon stringent enforcement techniques, fast and efficient case processing, effective legal representation, and prompt distribution of child support payments.

KEY OBJECTIVES

The sweeping mandates of the Personal Responsibility and Work Opportunity Act (PRWORA) of 1996 provide many changes in the operation of the child support program. In addition, the elimination of the Aid to Families with Dependent Children (AFDC) program put more emphasis on the child support program and its relation to the new Temporary Assistance for Needy Families (TANF). TANF replaces the AFDC program and is operated under a waiver in Delaware under A Better Chance (ABC) program.

The child support enforcement program will implement the provisions of PRWORA of 1996 by:

- Continuing to provide the intensive casework necessary to assure client cooperation in establishing paternity and obtaining court orders.
- Implementing an expedited process for the administration of child support enforcement actions related to ordering genetic testing, issuing subpoenas, imposing penalties for non-compliance, and gaining access to certain records.
- Continuing the expansion of a comprehensive program to provide education, parenting, and life skills training for young parents to increase employment and assist in breaking the cycle of welfare dependency.
- Implementing processes to initiate and transfer wage attachments on IV-D cases payable through DCSE.
- Reducing dependency by increasing child support collections for TANF cases by ten percent annually.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

- Implementing the Delaware Parent Seek Work program establishing work requirements for persons owing past-due child support.
- Developing and implementing a data match process with financial institutions for the purpose of exploring available assets for the payment of past-due child support.
- Establishing a full-time Administrative Hearing process for the timely execution of hearings.

In implementing the PRWORA mandates, increases in State revenue should result from the development of better child support enforcement mechanisms. This factor alone will reduce dependency on the TANF/ABC program.

In addition to the anticipated increases in child support payments, the recently implemented New Hire program mandated under PRWORA and operated by the child support program will assist other state agencies by reducing costs. Results in other states where some form of New Hire was implemented resulted in savings through the reduction in fraud in the unemployment insurance, TANF, Medicaid, and Food Stamp programs.

Under PRWORA, the child support incentives provided by the Federal Office of Child Support Enforcement will be revised in the year 2000. To meet the challenges to compete for greater incentives, the child support program will strive to achieve the following:

1. Increase the rate of paternity established by two percent per year.
2. Increase the percentage of orders established by two percent per year.
3. Increase the percentage of current support collected by two percent per year.
4. Increase percentage of arrears support collected by one percent per year.

Maximize the efficiency and cost effectiveness of the Division of Child Support Enforcement (DCSE) by:

- Continuing the improvement of the fiscal reporting and accounting system.
- Meeting the critical training needs of child support staff and enhancing internal training resources.
- Developing and implementing an employee tuition reimbursement policy that supports employee growth

and provides needed skills in the performance of duties.

- Maintaining a 24-hour turnaround of child support collections and distributions.

BACKGROUND AND ACCOMPLISHMENTS

The Child Support Enforcement Program was developed in 1975 to shift the fiscal responsibility for the support of children from the government to those morally and legally obligated for the children.

In Fiscal Year 1997, the DCSE collected \$52.9 million in child support payments. This is a 12.3 percent increase over Fiscal Year 1996 total collections and it represents a key element in keeping families off welfare.

As of July 1, 1997, DCSE had 44,535 active IV-D cases, more than 75 percent of which were non-TANF-related. DCSE's caseload grew by 828 cases (1.9 percent) during Fiscal Year 1997. This is a decrease from the growth rate experienced in previous years. One reason is the declining TANF-related caseload which was reduced by 1,295 cases (10.6 percent) during Fiscal Year 1997, whereas, the non-TANF related caseload increased by 2,123 (6.8 percent).

DCSE has continued to take extensive advantage of new technology. The expanded use of computers by individuals, the private sector, and government have provided opportunities for better service to a growing number of clients on a cost effective basis.

Delaware became one of the "model states" for national welfare reform with passage of the Family Support Act of 1988. The Act represented a shift in the federal government's philosophy from providing assistance to clients to providing services to help families support themselves. Delaware's official Welfare Reform Plan, "A Better Chance" was implemented in October 1995.

Child support collection is an integral part of any policy to reduce poverty, strengthen families, and prevent welfare dependency, and the Family Support Act mandated all states to have a stronger child support enforcement program. It imposed time and performance standards as well as new requirements on state child support agencies for increasing paternity establishment and enhancing enforcement measures to maximize collections.

Recent accomplishments of the division include:

Delaware Automated Child Support Enforcement System (DACSES) Enhancements: Delaware's

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

automated child support enforcement system was just the second state in the nation to achieve federal government Level II certification under the requirements of the Family Support Act of 1988. The division is actively working on implementing the new programming and systems modifications necessary to DACSES in order to meet the new mandates required by the PRWORA. This federal welfare reform legislation requires that the automated child support enforcement systems of all states meet the new PRWORA re-certification specifications by October 1, 2000. A contract, funded 80 percent by the federal government, was issued in August 1997 for a third party contractor to assist in the design and implementation of the changes to DACSES required to establish an effective New Hire Program.

Government Performance and Results Act (GPRA): In October 1995, DCSE was awarded a special federal GPRA grant of \$206,879 to conduct a pilot project to improve its performance on welfare-related child support cases. DCSE is in the process of accomplishing four broad objectives through this pilot: development of a streamlined intake/paternity process for welfare cases; development of an enhanced parent locate process; quality control system enhancement, and development of a comprehensive outreach initiative. During the seven months since the pilot began on March 3, 1997, the GPRA project has assisted 750 clients at NESSC, initiated 598 new child support cases, executed 26 Voluntary Acknowledgment of Paternity affidavits, and secured 32 new child support orders through Family Court.

Medical Support Enhancement: A separate unit was established in January 1995 to comply with new federal mandates for medical support and health insurance. This unit was created to establish and enforce medical support orders for cases with a high potential of employer provided medical insurance. DACSES was enhanced to automate forms, letters, insurance coverage tracking and case processing specific to medical support to enable all DCSE workers to establish and enforce medical support with greater effectiveness and efficiency. During Fiscal Year 1997, DCSE obtained 9,917 medical support orders covering approximately 15,000 children. This represents a 49 percent increase over Fiscal Year 1996 results.

Voluntary Paternity Establishment: This program, which was developed in conjunction with Delaware hospitals, allows parents to acknowledge paternity at the time a child is born. Since program implementation

began in January 1995, a total of 3,162 voluntary paternity acknowledgments have been received and processed through June 1997, which represents an average of 96 acknowledgments a month. DCSE has implemented Phase II of this program that focuses on the continued expansion of outreach efforts.

Electronic Parent Locator Network (EPLN): Delaware has been an active member of EPLN since February 1996, which now represents a network of 16 states. EPLN is recognized as a very effective and expedient tool for tracking non-custodial parents across state lines as this automated system provides information that might otherwise not be available.

Strengthening Young Parent Families Initiative (SYPMI): Delaware is taking innovative steps to help unwed teenage mothers receiving public assistance and the associated young fathers to meet unique challenges while striving to be effective, nourishing parents to their children. SYPMI is a comprehensive, joint program between DCSE and the Division of Social Services (DSS) which provides education, parenting, and life skills training for teenage TANF mothers and associated young fathers who meet First Step mandates for participation.

State Lottery Intercept Program: In Fiscal Year 1995, the passage of state Senate Bill No. 368 authorized the Division of Revenue to collect debts owed to other State agencies from prizes won in the Delaware Lottery. The first lottery prize intercept occurred in May 1995 and through the end of September 1997, a total of 36 prizes were intercepted resulting in collections of \$62,687.14.

Full Collection Pilot Project: Delaware was one of 12 states selected in August 1993 to participate in this joint initiative with the Internal Revenue Service (IRS) and the federal Office of Child Support Enforcement (OCSE). Full collection involves identifying and seizing the asset information of non-custodial parents who refuse to cooperate with the IRS. As of the end of Fiscal Year 1997, the division has collected a total of \$48,513 through this program.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 Gov. REC.
GF	1,906.4	2,183.7	2,390.4
ASF	1,148.8	1,174.2	1,244.6
TOTAL	3,055.2	3,357.9	3,635.0

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	42.5	42.5	46.9
ASF	17.4	17.4	17.4
NSF	117.6	117.6	126.2
TOTAL	177.5	177.5	190.5

CHILD SUPPORT ENFORCEMENT **35-10-01**

ACTIVITIES

- Establish paternity.
- Locate non-custodial parents.
- Establish, modify, and enforce child support orders.
- Collect child support.
- Distribute child support.
- Cooperate with other states in child support related activities.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget*	FY 1999 Gov. Rec.
Increase rate of paternity established by 2% per year	73.3	--	76.5
Increase % of orders established by 2% per year	74	--	77
Increase % of current support collected by 2% per year	60.3	--	68
Increase % of arrears support collected by 1% per year	5.2	--	6.2

**The division has redesigned its performance measures for FY 1999 to better reflect its activities. Actual data for FY 1998 is not available at printing.*

MENTAL RETARDATION

35-11-00

MISSION

The mission of the Division of Mental Retardation is to provide services and supports to individuals with mental retardation/developmental disabilities and their families which enable them to make informed choices that lead to an improved quality of life and meaningful participation in their communities.

The primary goal of the division's programs is to maximize individual development through:

- quality of services;
- flexibility of service options;
- meeting critical needs; and
- supporting consumer choice.

KEY OBJECTIVES

- Increase capacity in the division's community-based programs in order to meet the critical needs of individuals with developmental disabilities and their families.
- Continue to maintain and improve services at Stockley Center, especially in the areas of active treatment, medical services and therapy services.
- Expand comprehensive family support services to adequately and effectively support families who have a family member(s) living at home with a developmental disability.
- Continue to improve and expand the division's quality management systems to ensure comprehensive program monitoring and oversight to prevent problems and assure concerns are addressed quickly.
- Continue to analyze and improve the quality of the division's customer service orientation through improving services for the division's consumers, increasing management support of the division's staff and building community partnerships with other public and private agencies. This includes restructuring the division in order to ensure services are consumer driven and based on individual needs.
- Implement the division's management plan for 1997-1999 to ensure a service delivery system that is responsive to changing community needs.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

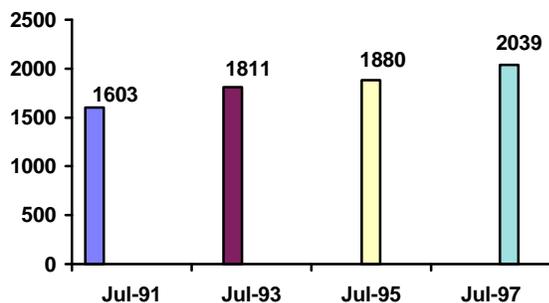
35-00-00

BACKGROUND AND ACCOMPLISHMENTS

The Division of Mental Retardation has the responsibility for providing comprehensive support services to individuals with mental retardation/developmental disabilities. The goals of the division's services include maximizing individual development, supporting individual choice, community integration, and protecting consumers' health and safety needs. Although the level and intensity of services can change over time, they are generally needed and provided throughout a person's lifetime. This severely limits program capacity and the division's ability to meet growing community needs. Services vary in the level of intensity and restrictiveness. Services include: institutional care at Stockley Center; community residential programs such as foster homes, group homes and supported living; vocational related services including supported employment and day habilitation; case management and other professional supports; early intervention and family support services. Major service trends include:

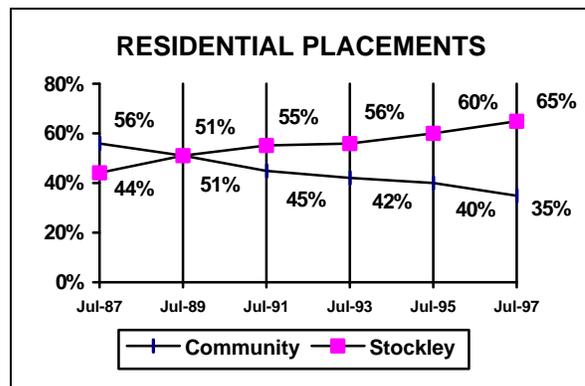
- **Increased Capacity** - The number one issue of the division is the need to increase capacity of its community-based programs to meet growing community needs. Caseloads have grown significantly in recent years which strains the agency's ability to maintain quality services for current consumers while trying to serve other individuals who also need services:

Individuals Served



- **Least restrictive setting** - The mission of the division is to provide services that are flexible, supportive of choice and provided in the least restrictive settings possible while still safeguarding consumers' health and safety needs. Therefore, the division continues to reduce the population of

Stockley Center and shift resources and consumers to less restrictive and more flexible community-based residential services:



- **Growing Specialized Needs** - The division is serving an increasing number of consumers with very specialized needs requiring more expensive support services.
 - The growing number of individuals with medical care needs throughout the division, especially at Stockley Center, as evidenced by the growing number of residents with skilled care needs. This trend will continue as the population ages.
 - The growth in the Special Populations Program serving individuals with severe behavioral problems, as well as individuals with autism.

Significant accomplishments have been made in the following areas in recent years:

- Development of a consumer-driven service planning process (essential lifestyle planning) now being implemented statewide.
- A 12 percent increase in the capacity of DMR's community programs from Fiscal Year 1995 to Fiscal Year 1997 enabling the division to more effectively meet community needs.
- Development and expansion of less restrictive service models including supported living programs and the conversion of 12 out of 13 ICF/MR homes into smaller neighborhood homes.
- Restructuring of the division's quality assurance and program monitoring activities to ensure services meet standards.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

- Significant improvements in the division's institutional-based services at Stockley Center including comprehensive active treatment services, a restructuring of medical services to provide improved health care, expanded therapy services, increased training, support of staff by management and a reduction in the use of restrictive procedures.
- Establishment of a partnership with the University of Delaware and the resulting development of a comprehensive training and staff development program for direct care and mid-level management staff working in DMR programs throughout Delaware.
- Establishment of a partnership with the Association for the Rights of Citizens with Mental Retardation (ARC/De) which has led to the development of a non-profit housing trust and the acquisition of over \$3.0 million in housing funds for individuals with mental retardation.
- Development of a family support program to increase services for families in the areas of respite, case management and other professional support services.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	49,438.1	54,513.6	54,849.0
ASF	624.9	1,120.0	1,060.0
TOTAL	50,063.0	55,633.6	55,909.0

POSITIONS

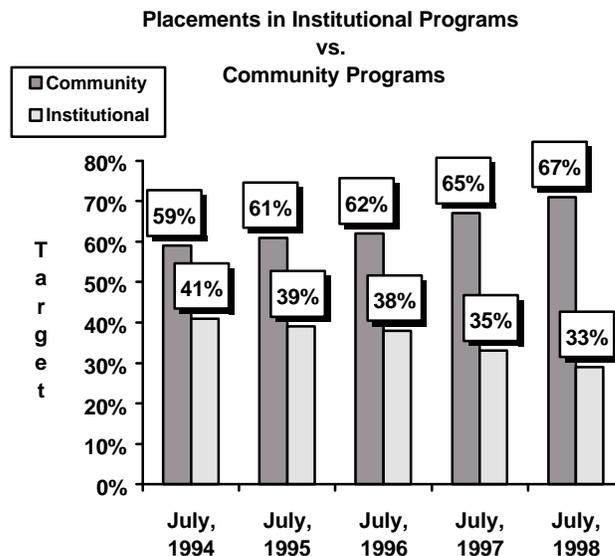
	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	866.8	866.8	866.8
ASF	--	--	--
NSF	3.0	3.0	3.0
TOTAL	869.8	869.8	869.8

PERFORMANCE MEASURES

Percentage of total residential placements which are community-based

Delaware has a heavy reliance on the use of institutional services to support individuals with mental retardation. A priority for DMR is to provide community-based services for individuals and to reduce the current reliance on Stockley Center that is increasingly expensive and too restrictive for many individuals now living there. Benefits include an improved quality of

life for consumers of services and long-term cost benefits for Delaware.



Consumer satisfaction with services - percentage of consumers/families who rate quality of services satisfactory or above.

DMR now surveys families in selected programs for overall levels of satisfaction. This proposed measure would require DMR to develop a comprehensive versus a generic survey to use agency-wide. The survey would be conducted twice each year and would indicate the level of satisfaction of the consumers and their families. The target is for 90 percent of families to rate the quality of DMR services satisfactory or above.

ADMINISTRATION - MENTAL RETARDATION 35-11-10

ACTIVITIES

In order to ensure optimal services for persons with mental retardation and/or developmental disabilities, the focus of the Administration Unit is on planning, directing the development, and providing the overall management of statewide services.

- Agency Management and Administration
 - Oversight of agency direction including setting standards and implementation of long-range management plans.
 - Develop and maintain division policies and procedures.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

- Personnel management.
- Contract monitoring.
- Management of fiscal operations and budget preparation.
- Administration of benefit programs for individuals in residential programs to include management of the Home and Community-based Medicaid Waiver Program.
- Administrative oversight of quality assurance programs.
- Monitoring of agency's performance measures.
- Early Intervention/Prevention Program
 - Developmental assessments for children at risk of developmental delay and service coordination for children and their families in conjunction with Child Development Watch.
 - Consultation to other agencies and private physicians on children who have or may develop disabilities.
- Intake Eligibility Program
 - Maintenance of a centralized statewide eligibility process.
 - Ensure 90 percent of all new applicants are processed within 90 days.
 - Generate reports to identify placement needs by criticality.
 - Maintain a centralized tracking system of individuals in need of additional support services.
- OBRA-87 Program/PASSAR
 - Ensure Level II assessments are processed in compliance with federal mandates.
 - Develop alternative placements for inappropriately placed nursing home residents and new nursing home applicants.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% financial /administrative reviews annually on audited provider agency contracts	100	100	100

The division has established a contract monitoring and audit unit in the Director's Office. The purpose of the unit is to complete on-going and in-depth reviews of contractors' compliance with fiscal and administrative requirements included in their contracts. Stockley Center contracts and community-based service contracts will be included in the reviews. The unit will coordinate with quality assurance units who perform on-going program reviews throughout the division. The target is for 100 percent of the contracts to be audited each year.

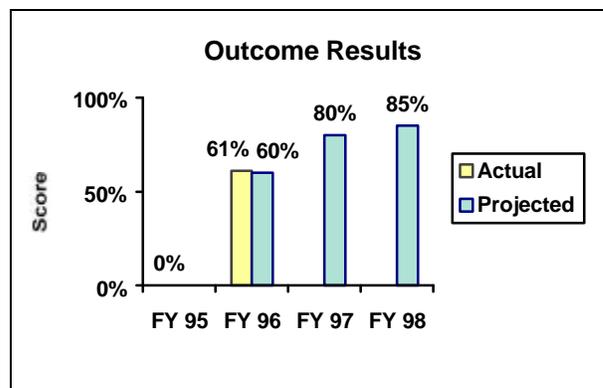
INSTITUTIONAL SERVICES 35-11-20

ACTIVITIES

The mission of Stockley Center is to support and empower individuals with developmental disabilities to make choices, exercise and affirm their rights, and to live successfully in the community. The facility provides an ICF/MR level of residential services and developmental training for persons (current population = 277) requiring an institutional level of care and for whom community placements are not available. The Center is CARF accredited, Medicaid certified and State licensed. The Center must follow ICF/MR regulations that require the provision of active treatment for all residents. This includes continuous programming and skills development, health and medical care, vocational and daily living skills training, therapy and recreational services.

PERFORMANCE MEASURES

Evaluate active treatment outcomes in order to improve the quality of life for residents of Stockley Center. The DMR will conduct outcome surveys to evaluate the impact of active treatment services. Nine active treatment service areas are reviewed, including: rights/respect, social/leisure, environment, work, relationships, individual program plan, health care, dietary, personal appearance, and safety skills. The standard set by the division is 85 percent or greater on the outcomes measured. The center achieved 72 percent in October 1996.



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% active treatment outcomes*	67	80	85

**Surveys are done to determine the level of satisfaction of Stockley Center residents.*

COMMUNITY SERVICES

35-11-30

ACTIVITIES

Community Services operates an array of services in community-based settings for individuals with developmental disabilities. Services include:

- Residential and housing support services with staff supervision and daily living skills development in the following settings: foster homes, group homes, and supported living programs.
- Vocational and habilitation programs designed to help individuals develop vocational and daily living skills. These programs are implemented in workshop settings, day habilitation centers, and supported employment job sites.
- Family support services were developed and designed to help families continue to care for the disabled family member at home. These services include respite care, case management, as well as nursing and psychology supports.

A number of administrative services are also provided, including quality assurance (staff who monitor all programs to ensure compliance with standards, regulations and contract requirements) and staff development which delivers and oversees staff training and development programs. All programs are Medicaid-certified and CARF accredited.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% community residential placements in settings with less than 5 consumers	81	85	90

STATE SERVICE CENTERS

35-12-00

MISSION

Through the network of State Service Centers, the Office of Community Services and the State Office of Volunteerism, the Division of State Service Centers' mission is to:

- Provide coordinated and comprehensive health and human services to the citizens of Delaware through
 - single-entry,
 - multi-service facilities,
 - collocating State, non-profit and private health and human service programs;
- Foster self-sufficiency for vulnerable populations by
 - providing information and referral,
 - leveraging resources, and
 - providing and supporting programs to address the unmet needs of Delawareans;
- Provide opportunities for Delawareans of all ages to volunteer or engage in community service; and,
- Continually improve the
 - safety,
 - cleanliness, and
 - physical environment of all State Service Centers.

DSSC's mission is fulfilled through staff professionalism by providing courteous service to the public and co-workers, by effectively responding to requests, and by efficiently delivering services in a timely manner.

KEY OBJECTIVES

- Improve access to and delivery of public and private health and human services in Delaware.
- Provide services and leverage resources that will impact the causes and conditions of poverty.
- Recruit, refer and deploy volunteers to give service to others.
- Improve the physical environment of all state service centers.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

BACKGROUND AND ACCOMPLISHMENTS

In Fiscal Year 1997 DSSC assumed the lead for implementing DHSS' service integration initiative, No Wrong Door (NWD). NWD is a client-friendly, customer-focused approach to human services at the point of entry at the service center. Over 2,500 clients participated in No Wrong Door in the first four months. The Division further improved service delivery and addressed service gaps by opening two new State Service Centers - one in Claymont and the other in Middletown-Odessa-Townsend area at the Appoquinimink High School. The division improved access to services by partnering with the United Way and the Department of Administrative Services to consolidate 1-800 phone lines. The expanded Delaware Helpline provides one-stop shopping for public and non-profit service information, referral and crisis alleviation. Informational kiosks were installed in 24 locations to provide Delawareans self-access to information. The division designed and implemented the State Employees Care program to promote and coordinate volunteerism and community service among DHSS employees.

Client visits to State Service Centers in Fiscal Year 1997 exceeded 600,000. The bulk of visits were to the Divisions of Social Services and Public Health. Client visits for the division were as follows: clients picking up prescriptions from DSSC's partnership with Nemours Pharmaceutical Assistance Program totaled 30,060, followed by the Community Resource and Assistance Program reaching nearly 14,000 and the Emergency Assistance Program which served nearly 7,000 clients.

The Delaware Helpline handled 24,164 telephone calls for information on programs and assistance with utilities, food, rent, mortgage and other needs. The division transported over 5,500 students to the dental clinics in Fiscal Year 1997. State Emergency Housing Funds provided shelter to a total of 3,786 homeless persons.

The Fuel Assistance Program provided fuel assistance to nearly 11,000 households to low-income individuals below 150 percent of poverty. The elderly and working poor still comprise the highest percentage of all household recipients. The average benefit was \$187. The weatherization program weatherized almost 400 homes.

The State Office of Volunteerism hosted the third Governor's Youth Service Awards honoring 500 students for outstanding community service at a

statewide ceremony in Dover. The link continues its lead role in coordinating the Governor's Mentoring Initiative and "First State Mentor Corps", a higher education AmeriCorps program coordinated mentoring programs in 21 schools.

The Retired Senior Volunteer Program in New Castle and Sussex counties served 2,596 seniors who contributed more than 400,000 hours. The statewide Foster Grandparent Program enrolled 205 "Grannies" who volunteered 192,000 hours. Nearly 6,000 persons were served by Adopt-A-Family during the holiday seasons

In 1997, the Governor's Council on Hispanic Affairs focused on education and employment while maintaining a strong advocacy for Hispanics in Delaware.

DSSC strives to be responsive to the unmet needs of vulnerable communities through the promotion of volunteerism and community service and the delivery of programs and services to foster self-sufficiency.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	6,994.3	8,247.4	8,550.7
ASF	1,123.5	1,317.7	1,317.7
TOTAL	8,117.8	9,565.1	9,868.4

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	78.1	88.4	90.1
ASF	--	--	--
NSF	39.5	38.2	36.0
TOTAL	117.6	126.6	126.1

FAMILY SUPPORT

35-12-10

ACTIVITIES

- Implement "No Wrong Door" statewide within the State Service Centers and the offices of each division within DHSS.
- Implement a single point of access system through a common intake and holistic assessment to achieve service integration through "No Wrong Door" in DHSS and linkage with the public schools.
- Increase accessibility and delivery of services through technology and training and by fostering partnerships

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

with non-profit and other state agencies to improve accessibility to programs for vulnerable Delawareans.

- Provide one-stop shopping and integrated services and programs to clients who visit state service centers. Client visits to State Service Centers in Fiscal Year 1997 resulted in the following support:
 - Access management - client needs are identified and "matched" with service providers. Clients are actively involved in making choices as to appropriate programs to meet their families needs.
 - Human services management - provides support for the service network through outreach, problem solving, record keeping and service coordination.
 - Service provision - provide direct support offered by the division. Specific programs and services offered are Information and Referral via the Delaware Helpline; Emergency Assistance Services; Nemours Pharmaceutical Assistance Program; Child Restraint Seat Loaner Program; Emergency Food and Shelter Program; Directory of Human Services for Delaware.
- Service monitoring - use demographic data, client attitude surveys and other reliable instruments to develop measures of effectiveness for access and service management initiatives.
- Provide a safe and secure environment for children to develop or maintain a positive relationship with their non-custodial parent through visitation centers housed in State Service Centers.
- Provide emergency assistance to alleviate crisis for individuals and families on public assistance and/or Medicaid.
- Provide community resource and assistance to individuals and families to alleviate crises.
- Provide resources and staff support to the Governor's Council on Hispanic Affairs to fulfill their mission as defined by Executive Order.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% clients accessing multiple services they need per visit	--	--	60
% DSSC clients who receive crisis alleviation services within 48 hours	--	--	75

SERVICE CENTER MANAGEMENT

35-12-20

ACTIVITIES

- Facility operations provide day-to-day oversight and management of 14 centers, including their physical environment and coordination with current or prospective tenant agencies.
- Provide for the contracting of building and grounds maintenance to the private sector.
- Focus on space planning and space allocation with the goal of providing a collocated-located service mix appropriate to each center's demographic profile.
- Provide emergency planning and coordination function, including plan development and management of division, department and state disaster plans and department liaison for emergency operations and coordination.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% clients satisfied with DSSC facilities	--	--	85
% tenants satisfied with DSSC facilities	--	--	80

COMMUNITY SERVICES

35-12-30

ACTIVITIES

- Facilitate community development and outreach for the Family Services Cabinet Council's service integration effort.
- Administer the Community Service Block Grant (CSBG); state funds for Emergency/Transitional Housing Site Operations; Emergency Housing Assistance Fund (EHAF); State Funds for Community Food Programs; federal Community Food and Nutrition Program (CFNP); Fuel Assistance Program (FAP); and Weatherization Assistance Program (WAP).
- Administer the AmeriCorps National Service Program.
- Provide support services to low-income Delawareans through contractual agreements with 16 non-profit organizations.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% case management clients who attained 75% of specific objectives in case plans	77	--	--
# persons/families sheltered in transitional housing who depart for more stable housing	27.5	--	--

VOLUNTEER SERVICES
35-12-40

ACTIVITIES

- Implement Adopt-a-Family programs Statewide.
- Coordinate mentoring in the schools and develop recruitment and training program for mentors.
- Enable state agencies to better meet their objectives through volunteer programs.
- Recruit, refer and deploy volunteers for over 500 non-profit and state agencies.
- Provide technical assistance, training, public relations and volunteer recognition.
- Assist private corporations and state agencies with employee volunteer programs.
- Reduce dependence and enhance well being of persons over 60 through the Foster Grandparent Program (FGP) and over 55 for the Retired Senior Volunteer Programs.
- Recognize the contributions of volunteer youth and adults in annual events.

PERFORMANCE MEASURES

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
% increase in # of minority Hispanic and other minority foster grandparents	75	75	75
% increase in number of volunteers placed with programs, agencies and projects	14	25	25

**SERVICES FOR AGING AND ADULTS
WITH PHYSICAL DISABILITIES**
35-14-00

MISSION

The mission of the Division of Services for Aging and Adults with Physical Disabilities is to improve or maintain the quality of life for residents of Delaware who are at least 18 years of age with physical disabilities or who are elderly. The division is committed to the development and delivery of consumer driven services. These services will maximize independence through individual choice in the least restrictive environment possible, enable adults with physical disabilities and those who are elderly to continue living active and productive lives, and protect those who may be vulnerable and at risk. The mission is accomplished through service development and delivery; advocacy, training and communication; and public/private systems coordination.

KEY OBJECTIVES

- Increase community-based housing options for older persons and adults with physical disabilities through the implementation of the assisted living program
- Protect vulnerable populations through the Adult Abuse Registry
- Streamline the pre-admission screening process for Medicaid clients and reduce the processing time from 15 to five days
- Maintain the integrity of the Long Term Care Ombudsman Program
- Maintain service levels and service quality in community-based programs provided under contract
- Improve the agency's capacity for the management of contracts for home and community based services

BACKGROUND AND ACCOMPLISHMENTS

The Division of Services for Aging and Adults with Physical Disabilities, formerly the Division of Aging, has been in existence for over 30 years. The Division, originally established as the state's office on aging under the Older Americans Act, has expanded over the years

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

to meet the increased needs of a growing older population.

In July 1994, the division's mission was further expanded to include the provision of services for adults with physical disabilities. This change was the outgrowth of years of planning within the Department of Health and Social Services to create a more simplified and cost-efficient service delivery system with a "single point of entry" for both older persons and persons with physical disabilities.

In order to fulfill its mission to serve older persons and adults with physical disabilities, the division carries out many functions. Key activities of the division include the administration of contracts for services delivered to older persons and adults with physical disabilities; the direct operation of a number of programs; advocacy on behalf of the client populations; development and operation of various intergenerational and health promotion initiatives; coordination with public and private sector organizations for program development; program planning and evaluation; training of agency and service network staff; and special event planning.

Several factors continue to influence the availability of resources for the client populations and the demand for programs and services to meet their needs. Three of the most important factors include population changes, increased service costs, and federal funding cuts.

One of the most significant factors impacting the demand for services is the growth of the older population in the State. Delaware, like other states, has experienced a tremendous increase in the older population over the past two decades. Projections indicate that the older population will continue to grow significantly well into the next decade. Between 1990 and 2015, for example, the population aged 60 and over in Delaware is expected to grow by over 50 percent. The growth of the "oldest old" population is an especially important factor in anticipating the future need and demand for aging services. The population aged 85 and over in Delaware is expected to more than double between 1990 and 2015. Although data on the number of persons with physical disabilities is less readily available, the Department of Health and Social Services has estimated that this group numbers approximately 16,000 in Delaware.

A second factor that has impacted the availability of services is the increase in program costs. Inflation has seriously eroded the buying power of federal and state service funds, especially for those programs that have health care components.

A third factor, which has had an impact on service availability, is the level of federal funding. In the recent past, federal funding levels for services have not kept pace with inflation. Funding levels for many federal programs have not yet been established for the near future. However, there is no reason to expect sizable increases in funds allocated to states.

Despite these funding pressures, the Division of Services for Aging and Adults with Physical Disabilities has been successful over the past several years in developing new initiatives to assist its client populations.

One of the division's most significant accomplishments has been the successful transition to becoming the focal point agency for persons with physical disabilities. The division is also working toward the implementation of an assisted living program. This program has been planned and developed through the efforts of a community steering committee. Start-up is expected in early 1998.

During the past year, the Division has expanded the mission of its Joining Generations program to become a resource for grandparents raising grandchildren and for other relative caregivers. A comprehensive resource guide was published and distributed statewide.

The Division has undertaken a number of management initiatives. Importantly, the Division's Information and Assistance program was redesigned to improve its responsiveness to the public and to increase its capacity for data collection.

In addition, the division established a partnership with the Division of Public Health to address the health needs of older Delawareans. In 1998, this initiative will feature an older women's health campaign.

BUDGET

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	10,381.8	7,025.5	7,827.3
ASF	--	171.0	171.0
TOTAL	10,381.8	7,196.5	7,998.3

POSITIONS

	FY 1997 ACTUAL	FY 1998 BUDGET	FY 1999 GOV. REC.
GF	53.8	58.8	64.8
ASF	--	--	--
NSF	42.4	42.4	42.4
TOTAL	96.2	101.2	107.2

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES 35-14-01

ACTIVITIES

- Administer contracts for home and community based services for older persons and adults with physical disabilities.
- Operate the Adult Protective Services Program, the Long Term Care Ombudsman Program; and the Community Services Program
- Advocate on behalf of older persons and adults with physical disabilities to create a broader awareness of the needs of these populations and to generate additional resources to meet these needs.
- Encourage community service and mutual understanding between older and younger persons through the Joining Generations program
- Develop and implement a variety of wellness and health promotion programs
- Operate the Eldercare Resource Center to provide information to Delaware employers on the topic of eldercare
- Analyze data, perform needs assessments, and develop and evaluate new services for older persons, adults with physical disabilities, and their families
- Provide training to agency staff and staff in the aging and disabilities network on an ongoing basis on a range of topics related to the provision of services to older persons and adults with physical disabilities

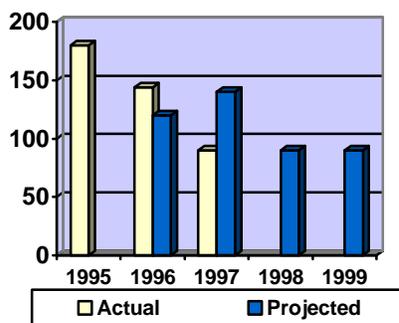
PERFORMANCE MEASURES

Maintain the period of time between the availability of slots and placement at 90 days.

Medicaid Waiver: Utilization and Compliance

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
Average Waiting Period in Days	90	90	90

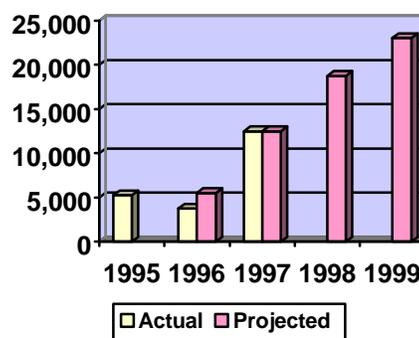
Average Waiting Period



The Medicaid Waiver for the Elderly and Disabled is a major resource to the Division in providing services to consumers. It is a cost-effective alternative for persons who are financially and medically eligible for the Medicaid Nursing Home Program, providing supportive services to allow the individual to safely remain at home.

- To increase the number of home delivered meals purchased for the reduction of waiting to 23,000.
- To increase volunteer participation by corporate volunteers.

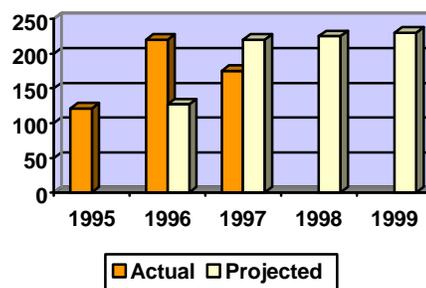
HDM Served



Home Delivered Meals-Meals on Wheels Delaware Public-Private Partnership

	FY 1997 Actual	FY 1998 Budget	FY 1999 Gov. Rec.
# HDM meals served	12,500	18,750	23,000
# Volunteers Recruited	175	220	230

of Volunteers



The Home Delivered Meal Program (HDM) is a nutrition service that provides hot, nutritionally balanced meals to older persons and individuals with disabilities who are homebound due to their physical conditions. Meals-On-Wheels Delaware, Inc. (MOWD) is a non-profit organization with a two-fold mission. Their original and continuing mission is to raise private funds to be used for additional meals in the home-delivered meal program.