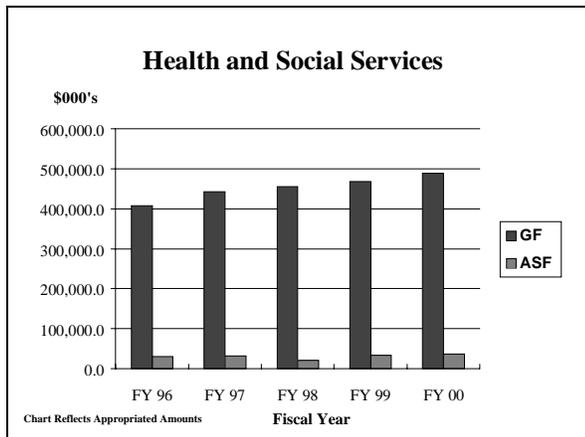


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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- 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 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	454,347.2	467,118.6	487,968.8
ASF	21,542.4	33,256.7	36,514.2
TOTAL	475,889.6	500,375.3	524,483.0

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	3,760.1	3,826.3	3,837.3
ASF	88.3	96.8	106.3
NSF	815.1	819.9	838.4
TOTAL	4,663.5	4,743.0	4,782.0

FY 2000 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend \$240.0 and 1.0 FTE for DNA Analysis in the Office of the Medical Examiner.
- ◆ Recommend \$350.0 for teen pregnancy prevention. Funds will provide additional contractual services to conduct risk assessments, counseling, case management and family planning.
- ◆ Recommend \$594.9 to annualize one School Based Health Center (SBHC) opened in FY 1999, for

inflation at existing centers, for the costs of opening three new centers and for enrollment adjustments.

- ◆ Recommend \$161.3 for resident medications at the state nursing home facilities.
- ◆ Recommend \$655.0 for contractor inflation and \$244.7 for medications in the Division of Alcoholism, Drug Abuse and Mental Health.
- ◆ Recommend base adjustment of (\$300.0) in General Assistance due to an estimated reduction of caseloads in FY 2000.
- ◆ Recommend \$6,900.0 for Medicaid Other Than State Institutions (OTSI) and \$500.0 for Medicaid State Institutions.
- ◆ Recommend \$2,000.0 to provide child care services to an additional 800 children and \$500.0 to annualize the child care provider rate increase from FY 1999.
- ◆ Recommend \$110.0 for space rental costs and \$10.0 for a 24-hour hotline in the Division of Long Term Care Residents Protection.
- ◆ Recommend \$770.0 for residential community-based placements in the Division of Mental Retardation. Also recommend \$100.0 for family support services, \$315.0 for approximately 35 graduates of special school programs and \$461.3 for contractor inflation.
- ◆ Recommend \$164.2 and 5.0 FTEs for statewide implementation of the No Wrong Door initiative in the Division of State Service Centers. Also recommend \$75.0 for increased operating costs of the new Laurel State Service Center and \$34.1 for inflation at emergency and transitional shelters.
- ◆ Recommend \$35.8, 2.0 FTEs and 6.0 NSF FTEs for nurses who perform pre-admission screening services under the Medicaid waiver. Also recommend \$261.2 for personal care and housekeeping services, \$190.3 for community and home-based contractor inflation and \$100.0 for required match for a traumatic brain injury implementation grant.

CAPITAL BUDGET:

- ◆ Recommend \$650.0 for planning and construction documentation to address Stockley Center skilled care needs.

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- ◆ Recommend \$1,500.0 to support department facility maintenance and restoration.
- ◆ Recommend \$600.0 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 may entail providing assistance to operating divisions to

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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 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	12,555.8	11,703.1	12,186.0
ASF	1,490.9	2,018.3	2,129.7
TOTAL	14,046.7	13,721.4	14,315.7

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	150.6	154.7	154.7
ASF	29.6	36.1	37.1
NSF	62.3	55.7	55.7
TOTAL	242.5	246.5	247.5

OFFICE OF THE SECRETARY

35-01-10

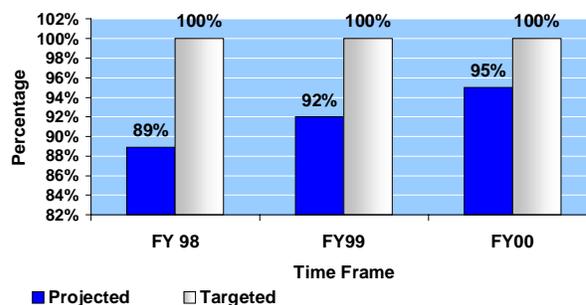
ACTIVITIES

- 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

Customer Service Time: The ability to remain responsive to a diverse constituent base is crucial to addressing their needs and concerns. Measuring response time is an important way of ensuring that the department remains close to its internal and external customers. The Office of the Secretary has established a response time of 15 days as a benchmark. This response time will be measured from the receipt of the request to the date the response is mailed. Current performance is 88.9 percent of the target. The department intends to improve upon this number by increasing the rate to 92 percent in FY 1999 and 95 percent in FY 2000.

**DHSS Written Response Time
(Projected VS Targeted)**



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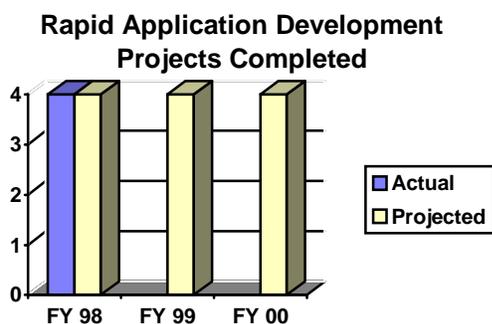
MANAGEMENT SERVICES

35-01-20

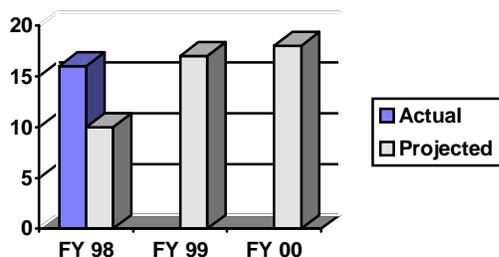
ACTIVITIES

- Audit and Recovery Management Services
- Budget and program analysis
- Capital programs management
- Contract management
- Fiscal management
- Health planning and resources management
- Human resources management
- Information resources management
- Program development, coordination and evaluation
- Quality control

PERFORMANCE MEASURES



Human Resources Investigations



MEDICAL EXAMINER

35-04-00

MISSION

The Office of the 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 2000.
- Continue to achieve timely response for the completion and reporting of analysis of controlled substances. The goal for Fiscal Year 2000 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

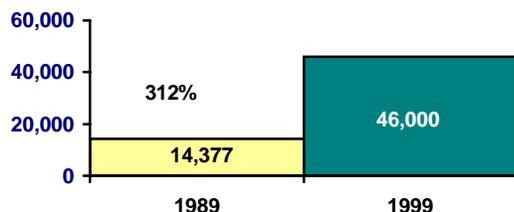
The Office of the Medical Examiner effects directly or indirectly a great proportion of Delaware's citizens. Nearly one-third of all deaths in the state each year are investigated by the office and the numbers have steadily grown over the past 25 years, as has the population and the number of deaths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

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from 14,377 in 1989 to an estimated 46,000 in 1999, an increase of 312 percent in the last ten 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 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 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	2,888.9	2,965.6	3,296.2
ASF	--	45.0	45.0
TOTAL	2,888.9	3,010.6	3,341.2

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	35.0	36.0	38.0
ASF	--	1.0	1.0
NSF	--	--	--
TOTAL	35.0	37.0	39.0

MEDICAL EXAMINER

35-04-01

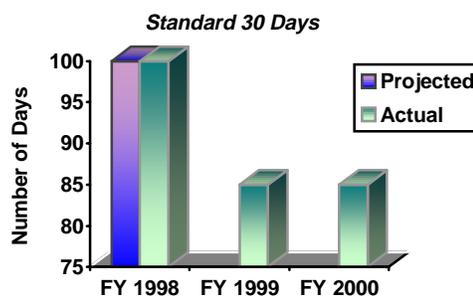
ACTIVITIES

- Provide medicolegal investigation of about 2,400 cases of death annually.
- Analysis of about 46,000 controlled substances annually.
- Provide 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.
- Complete Mass Fatality Response manual.

PERFORMANCE MEASURES

Drug Analysis Turnaround Time. The analysis of controlled substances performed by the Office of the 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.

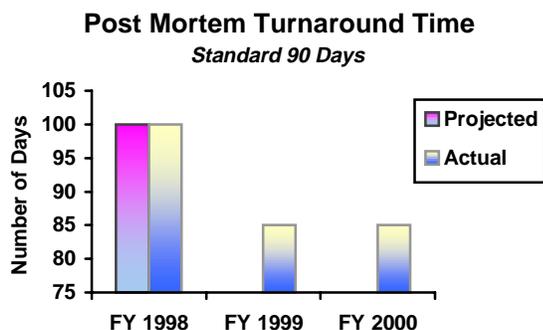
Drug Analysis Turnaround Time Evaluated



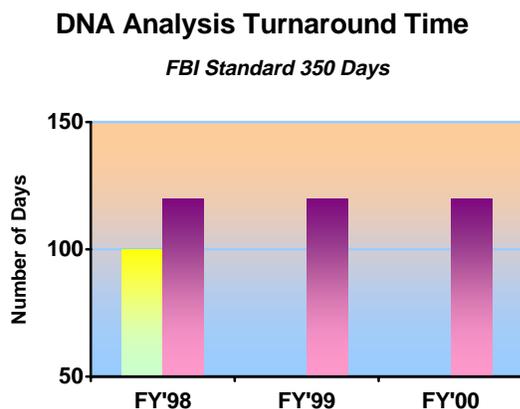
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Post-mortem turnaround time is the period from when an autopsy is performed until the final toxicology results are determined and a final report is generated.



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:

- Working together with others;
- 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

The Division of Public Health (DPH) is the health organization of the Department of Health and Social Services. DPH as an organization has changed over the past several years. It has evolved from an organization that mainly provided direct health care services to residents of the state and that enforced various health regulations to an agency that works collaboratively with communities and other organizations to protect and enhance the health of Delaware's citizens.

Its mission has meant that DPH has placed renewed emphasis on the core functions of public health:

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assessment, assurance, and policy development. DPH collects and analyzes various health data, and provides disease investigations and critical public health laboratory testing to ensure the public's health is safeguarded. Assurance efforts include environmental health monitoring, public information and health education, and collaborating with communities and various state and local organizations to assure access to health care services for Delawareans. The division has expanded its leadership efforts to work directly with communities to identify health problems, provide data regarding these problems, and assist communities with developing strategies to address their health concerns. Policies that are promulgated to protect citizens' health involve the input of many individuals and organizations. This process ensures that these policies are appropriate and effective to address areas of public health concern.

The Division of Public Health continues to provide direct services in critical public health areas. DPH offers a wide range of services that include targeting highly contagious diseases, offering family planning services to high-risk individuals, and adolescent pregnancy prevention. Collaborations with other organizations has lead to improved and expanded health services for adolescents through school-based health centers and for vulnerable populations such as those diagnosed with HIV disease or AIDS.

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. A 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. 25 centers will be open and operating by the end of Fiscal Year 1999. The number of visits and student contacts 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.

- 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. There is evidence that cancer rates in general are decreasing in Delaware. The age adjusted mortality rate has decreased an average 2.5 percent in each of five-year periods between 1988 and 1996.
- Enrollment in the Home Visiting Program continues to increase from 63 percent of eligible families in FY 1997 to 78 percent in FY 1998. To date in calendar year 1998, enrollment is 88 percent. Enrollment of teens in 1998 is 83 percent, up from 57 percent in 1997. 1464 referrals were made in FY 1998 for continuing in-home parent education and support.
- Collaboration with community-based organizations, including the Delaware Perinatal Board, other state and private agencies has lead to a reduction of infant mortality in Delaware. The rate has dropped to 7.9 per 1000 live births (1992--1996 five-year averages).

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	68,325.7	64,422.8	67,723.3
ASF	2,414.4	4,377.1	4,491.1
TOTAL	70,740.1	68,799.9	72,214.4

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	1,325.0	1,329.0	1,328.0
ASF	32.3	33.3	39.8
NSF	192.0	191.5	202.0
TOTAL	1,549.3	1,553.8	1,569.8

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

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- Capital improvement
- Management information systems
- System automation
- Collecting and cataloging vital statistics

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
# vital records (birth, death, marriages, divorces) recorded	25,768	26,000	26,000
# contract audits completed	30	40	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; 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 non-residential health facilities and managed care organizations.
- Administer the fluoridation of municipal water supplies initiative.
- Investigation of the use of narcotics and dangerous drugs.
- Laboratory testing and analysis.
- Hazard analysis, assessment, inspection and monitoring of food establishments.
- Accreditation and certification of firms and individuals that provide lead-based paint abatement training or services.
- Inspections and monitoring of public drinking water systems.

- Development of more effective primary and rural health care systems.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% children adequately immunized*	81	85	90
% women aged 50 years and older who had a mammogram within past two years	79	81	83
# students having contact with school-based health center activities	59,893	65,882	72,470
decrease rate of births among teenage girls aged 15--19 yrs (per 1000 births)	44.8	42	39
# food establishments receiving a hazard analysis	--	3,200	4,200
# individuals and firms certified to perform lead-based paint abatement	--	100	250
# food establishments inspected	3,300	3,600	4,800

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

EMERGENCY MEDICAL SERVICES

35-05-30

ACTIVITIES

- Certify Delaware paramedics. Conduct reciprocity process for already trained paramedics coming to the state.
- Coordinate, monitor, and evaluate the statewide paramedic program with the advisory board and the counties.
- Coordinate EMS activities across the state. Collect and coordinate data from all EMS provider agencies. Support Fire Prevention Commission EMS activities.
- Coordinate Statewide Trauma System.
- Coordinate the initial training and recertification training for EMS personnel in the state. Serve as the National Registry of Emergency Medical Technicians (EMTs) representative for Delaware. Contract for the two-year paramedic training program through Delaware Technical and Community College. Provide continuing education for National Registry EMTs and Emergency Medical Dispatchers.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% paramedic responses less than 8 minutes, 59 seconds (national standard for paramedic response)	--	--	70

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

**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.
- 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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
# hrs volunteered by community members	13,827	14,500	15,225
% satisfactory or above rating on Family/Resident Satisfaction Survey	77	80	82

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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
# hrs volunteered by community members	10,948	11,170	11,400
% satisfactory or above rating on Family/Resident Satisfaction Survey	82	84	85

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 campus.
- Provide Nurse Aide Certification Training Program.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
# hrs volunteered by community members	909	920	940
% satisfactory or above rating on Family/Resident Satisfaction Survey	91	91	92

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35-00-00

ALCOHOLISM, DRUG ABUSE AND MENTAL HEALTH 35-06-00

MISSION

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 new generation psychotropic medications. These medications allow adults with psychiatric disabilities to reside in the community, thus reducing the need for long-term hospitalization. Medications also decrease symptoms and increase the level of functioning for people in the community, as well as those in inpatient settings.

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 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.

As of June 1998, the Delaware Psychiatric Center census was 331. There were 1,067 admissions in FY 1998. The hospital provides psychiatric evaluation, diagnosis and treatment, including clinical, medical, dental, vocational and occupational services to adults who are in need of acute, general psychiatric, geriatric, ICF/SNF-IMD and forensic mental health services.

The division estimates that, as of 1998, about 48,050 adult Delawareans are current alcohol/drug abusers or are dependent on alcohol or illicit drugs. In Fiscal Year 1998, there were 6,295 admissions to the division's treatment programs and detoxification units, with an estimated 4,927 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 maintenance, intensive outpatient treatment, case management and outreach services; continuous treatment team services for persons disabled by alcoholism and drug addiction; ambulatory and residential detoxification; residential treatment and recovery services; and adult prevention and early intervention services.

The division has developed specialized services for sub-groups of persons disabled by alcoholism and drug addiction. These services include continuous treatment teams and specialized treatment for the homeless, substance abusing pregnant women and women with dependent children, injection drug users and persons with a history of chronic relapse.

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There is a need to increase intensive community-based treatment services, including residential 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.

With funds raised by the Video Lottery Act, the division is expanding services for prevention, education and treatment for problem gamblers and their family members.

During FY 1999, the division will begin development of a system to provide behavioral health services under a managed long-term care plan. These are services for persons who have severe and persistent mental illness and/or substance dependence disorder. Primary objectives of the behavioral health program are to:

- Promote the use of community based services for the eligible population, regardless of the individual's insurance coverage.
- Decrease reliance on inpatient treatment and custodial care at the Delaware Psychiatric Center.
- Promote consumer/client choice and preference in the way in which services are delivered.
- Promote efficiency in the delivery of community based behavioral health care services.
- Develop capacity in the provider system to deliver integrated treatment of mental illness and substance dependence.
- Ensure the quality of services and appropriateness of service utilization.

In order to successfully implement managed long-term care, the division will need to make changes to both its service delivery system and administrative structure.

Over the last eight years, the division has redesigned and enhanced its management information system

(MIS). Enhancements include: implementing a single client census system for both mental health and substance abuse treatment programs using a single client identifier; establishing an automated system to obtain information on shared consumers; creating routine and ad hoc reports; and designing a set of performance indicators. A consumer satisfaction survey has been developed and piloted. In addition, outcome instruments have been developed and are being piloted. Increasingly, information is automated, aggregated, and stored in the division's database to make access to data fast, easy and convenient.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	57,305.6	60,117.4	62,617.5
ASF	531.5	6,762.1	6,764.9
TOTAL	57,837.1	66,879.5	69,382.4

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	875.9	908.9	908.9
ASF	4.0	4.0	4.0
NSF	17.8	16.8	18.8
TOTAL	897.7	929.7	931.7

ADMINISTRATION - MENTAL HEALTH

35-06-10

ACTIVITIES

- Planning, program development and evaluation.
- Budget preparation and administration; federal grants management; fiscal management; financial documents processing (accounts payable); contract management; and community support services Medicaid administration.
- Coordination and provision of training for the division and its contractors.
- Alcohol and drug abuse program licensing and monitoring; mental health program monitoring; community support program Medicaid services certification and auditing; Screening and Evaluation Team coordination; patient rights/department Policy Memorandum (PM) 46 monitoring; and DUI problem liaison.
- Management information systems development and maintenance.

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PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% community based providers with automated client census and billing system installed	93	95	100
% licenses and certifications processed within 2 months	42	75	80

COMMUNITY MENTAL HEALTH

35-06-20

ACTIVITIES

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

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% consumers with schizophrenia receiving new anti-psychotic medication	44	45	46
% consumers in community support programs who are employed	27	28	29
% consumers with serious mental illness receiving subsidies for safe and decent housing	28	29	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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% patients with schizophrenia receiving new anti-psychotic medication	62	75	88
# admissions per 100,000 adult population	197	210	198

ALCOHOLISM AND DRUG ABUSE

35-06-40

ACTIVITIES

- Adult prevention and intervention services including community intervention, information, education and referral programs.
- Adult outpatient treatment programs including community counseling (providing diagnostic and treatment services), methadone maintenance, intensive outpatient, case management and outreach services.
- Adult community support and intensive case management programs including intensive, non-residential treatment, rehabilitation and support services through continuous treatment teams for persons disabled by alcoholism or drug dependence.
- Adult detoxification and residential services including ambulatory and residential detoxification; residential treatment and rehabilitation; and halfway houses (transitional residential care after discharge from residential treatment).

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% detoxification clients who receive one or more other treatment services	36	37	38
% clients w/improved employment status from admission to discharge	9	10	11

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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 service delivery improvements in Delaware's welfare reform initiatives:
 - Implement the ABC 2 Year Workfare program statewide for all applicants effective October 1, 1999.
 - Transition services under the statewide ABC (TANF) program to support the statewide ABC/Workfare program.
 - Adjust the Employment and Training program design based on continuous monitoring, community input, agency reorganization, 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.
 - Increase and maintain child care provider fees at 75 percent of the market rate.
 - Ensure access for parents requiring infant care and other hard to find care through community partnerships and quality improvements.
 - 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.
 - Evaluate the results of state and federal welfare reform.

- Enhance support services such as transportation through partnership with the Department of Transportation and the community.
- 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 containment and maximizing economy and efficiency in DSS programs:
 - Develop plans to manage DSS programs with reduced federal funding.

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- 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.
- 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.
- Reallocate existing staff/program resources to best achieve organizational mission.
- Insure diversified recruitment and hiring.
- Ensure that only eligible persons receive benefits and benefits are in correct amounts.

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:

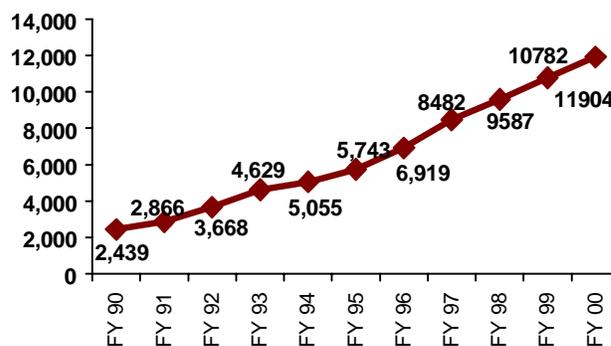
- Increased client self-sufficiency and independence through the ABC welfare reform program.
- Improved access to health care for the elderly, disabled, and low-income families.
- Strengthened maternal and child health.
- Efficiently managed resources.

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.
- Since the implementation of A Better Chance in October 1995, there have been 1,491 full-time job placements and 985 part-time job placements.
- The Division of Child Support Enforcement and the Division of Social Services have participated in joint training sponsored by the American Public Human Services Association. Supervisors and managers concerned with client self-sufficiency have been trained in assessing for self-sufficiency, coaching for improved performance, the changing organizational culture, and conflict management style.
- The number of children receiving subsidized childcare has grown from 1,528 in 1987 to an estimated 10,800 in Fiscal Year 1999 and is estimated to exceed 11,900 in Fiscal Year 2000.

Child Care Program Growth



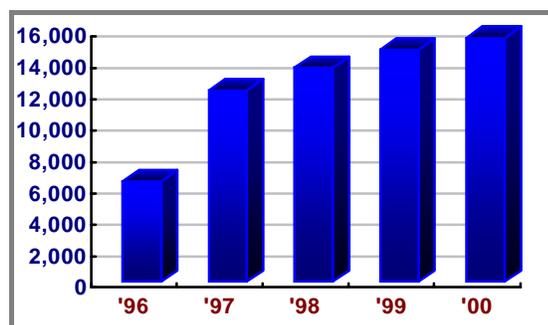
- In the past year the Division of Social Services has continued its expanded Medicaid services to the nonpublic assistance low-income population. In 1998, the state provided Medicaid coverage to 22,201 pregnant women and children to age 19 who are not on welfare. This group has increased 19.5 percent over 1997.

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- The Division of Social Services initiated a Newborn Enrollment project with Christiana Care hospital. Birth information is now faxed to DSS for all babies born to Medicaid mothers. This allows DSS to immediately authorize Medicaid coverage for the newborn and to enroll the newborn into the managed care program. This project has eliminated duplicate payments and many hours of administrative time spent researching billing problems. The project is being expanded to eventually cover all hospitals.
- 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 1998, over 14,000 adults under the poverty level are enrolled in Medicaid.

Growth in New Medicaid Group - Adults Under Poverty Level



- 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 was 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 very 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 which 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 redeterminations, 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.
- In Fiscal Year 1998, the Medicaid program has continued its efforts at cost management and has been successful in recovering \$14.9 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 Education 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 1998, almost \$20 million in federal Medicaid matching funds was received by the state.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	238,985.4	250,440.6	259,699.6
ASF	12,942.1	15,281.3	17,966.5
TOTAL	251,927.5	265,721.9	277,666.1

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POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	286.7	283.2	282.9
ASF	2.0	2.0	2.0
NSF	312.2	314.7	314.0
TOTAL	600.9	599.9	598.9

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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% TANF clients who are working	23	35	35
% Medicaid clients with access to good primary care	60	80	90

VISUALLY IMPAIRED
35-08-00

MISSION

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

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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 1014 adults during this past year. Home visits, which include instruction on daily living skills, communication devices, low vision aids and evaluations, were made to 760 consumers. Over 80 percent of these individuals served were age 55+ and 66 percent of all persons served had one or more additional disabilities besides vision loss.

Last year Vocational Rehabilitation services were provided to 196 Delawareans, 16 of which were post-employment, with visual impairments. 24 consumers were placed in employment; 22 are in competitive positions within an integrated setting earning minimum wage or above.

For FY 1998, the Low Vision program served 323 consumers statewide. This is an increase over last year as a result of contractor services from March 1998 until the present. To date, Orientation and Mobility (O&M) services were provided to 151 consumers statewide. This number also increased from the previous fiscal year because of contractor services from March 1998 through June 1998.

DVI now has 80 active volunteers working as braillists, narrators, readers, and office assistants, and twelve inmates providing braille services through the "Men with a Message" prison braille program. These individuals helped to generate 59,818 pages of Braille, 180 tapes, and 24,086 large print pages during FY 1998. Currently seven inmates are certified braillists through the Library of Congress in Literary Braille, and five others are in training for certification. Of the seven certified, one is also certified in Nemeth Code (Mathematical Braille) and another individual is in training.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	1,886.6	2,216.4	2,330.9
ASF	771.0	948.0	1,207.1
TOTAL	2,657.6	3,164.4	3,538.0

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	30.4	32.4	32.4
ASF	3.0	3.0	3.0
NSF	29.6	31.6	31.6
TOTAL	63.0	67.0	67.0

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 an industry and workshop program (Delaware Industries for the Blind) which promotes skills, and competitive and supportive opportunities in careers which extend beyond traditional employment horizons. "Sheltered" employment opportunities to individuals who cannot be readily absorbed into the competitive labor market, and who choose such employment outcome are also offered.
- Provide a training center program that offers individualized evaluation and training to persons of

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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.
- 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.
- Provide consumers through the Materials Center with materials in reading medium of choice for personal, educational, and/or professional use.
- Provide a Prison Braille Program, "Men with a Message" through which 12 prison inmates are trained to Braille educational materials and textbooks for use by school age children served by the agency.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% successful vocational rehabilitation job placements in jobs with competitive wages or salaries	88	94	94
% total agency referrals achieving independence goals in two primary services	91	93	94
% students achieving 85% or better on annual grade-level skills and behaviors included on the Michigan Outcome Performance Measures assessment.	71	75	75
Reduction (in months) that consumers in New Castle County wait for Low Vision Services	9	8	7
% increase in number of Braille and large print pages for consumers of all ages	117	15	15

LONG TERM CARE RESIDENTS

PROTECTION

35-09-00

MISSION

The mission of the Division of Long Term Care Residents Protection is to promote the quality of care, safety and security of individuals receiving long-term care services and to ensure compliance with all applicable state and federal law and regulation designed to protect the rights of these residents.

KEY OBJECTIVES

- Enforce state statutes and regulations regarding the quality of care and quality of life of individuals receiving long-term care services as well as promulgate regulations to implement these laws.
- License long-term care facilities and conduct annual, complaint-driven and surprise inspections to determine compliance with federal and state statutes and regulations.
- Receive and investigate complaints of alleged crimes such as abuse, neglect, mistreatment and financial exploitation as well as alleged violations of civil, federal and state laws and regulations.
- Coordinate enforcement activities with the Office of the Attorney General and other law enforcement agencies.
- Provide for criminal background checks and drug testing of all job applicants for nursing homes and other long-term care facilities.
- Advocate for long-term care residents rights in a variety of ways including: mediation of individual disputes; monitoring and analysis of trends related to problems with quality of care and proposing public policy changes to address the identified problems; provide consumer education and outreach services.

BACKGROUND AND ACCOMPLISHMENTS

Delaware's 139th General Assembly created the Division of Long-Term Care and Resident Protection to promote the quality of life for individuals receiving long-term care services and ensure these residents are safe, secure, free from abuse, neglect, mistreatment and financial exploitation.

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BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	--	583.8	1,551.3
ASF	--	--	--
TOTAL	--	583.8	1,551.3

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	--	14.5	24.8
ASF	--	--	--
NSF	--	1.5	3.2
TOTAL	--	16.0	28.0

LONG TERM CARE RESIDENTS PROTECTION
35-09-01

ACTIVITIES

- Maintain the Adult Abuse Registry.
- Promote and advocate for consumer's rights.
- Conduct quality assurance demonstration projects.
- Publish annual report on division activities.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget*	FY 2000 Gov. Rec.
% nursing homes inspected annually*	--	--	--
% abuse and neglect complaints responded to in a timely and effective manner*	--	--	--

* Measures will be fully developed during FY 1999.

CHILD SUPPORT ENFORCEMENT
35-10-00

MISSION

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 by:

- Continuing to provide the intensive casework necessary to assure client cooperation in establishing paternity and obtaining court orders.
- Providing a wide array of expedited procedures for the efficient administration of child support enforcement actions related to ordering genetic testing, issuing subpoenas, imposing penalties for non-compliance, and gaining access to relevant records.
- Establishing and refining the initiation and transfer of wage attachments on child support (IV-D) cases.
- Reducing welfare dependency by continuing to increase child support collections on TANF (formerly AFDC) cases by at least 10 percent each year.
- Establishing the Delaware Parents Seek Work program that mandates employment requirements for non-custodial parents who owe past-due child support as well as imposing sanctions for failure to comply with court ordered participation.

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- Developing and implementing a data match process with financial institutions for the purpose of seizing financial accounts of delinquent child support obligors.
- Establishing a full-time hearing process for the timely execution of hearings resulting from administrative actions.

In implementing the PRWORA mandates, the state should realize increases in state revenue. This will help to reduce client dependency on the TANF/ABC program.

Under the federal Child Support Performance and Incentive Act of 1998, child support incentives provided by the federal Office of Child Support Enforcement have been significantly revised effective October 1, 1999. To meet the challenges from child support programs of the other states that are competing for a limited annual pool of federal incentive funding, DCSE will strive to achieve the following:

1. Increase the rate of paternity established by two percent per year.
2. Increase the percentage of child support orders established by two percent per year.
3. Increase the percentage of current child support collected by two percent per year.
4. Increase the percentage of child support arrears collected by one percent per year.
5. Increase the cost effectiveness (collections/costs) ratio by one percent per year.

DCSE also plans to maximize its efficiency and cost effectiveness by a renewed effort to improve the fiscal reporting and accounting system while maintaining a 24- hour turnaround of child support collections.

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.

In FY 1998, DCSE collected \$58.5 million in child support payments, which is a 10.6 percent increase over FY 1997 total collections. These collections resulted in the distribution of over 400,000 child support checks during FY 1998 and this represents a key element in keeping families off welfare.

As of July 1, 1998, DCSE had 60,896 active IV-D cases, the majority of which were non-TANF-related cases.

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.

Accomplishments

Delaware Automated Child Support Enforcement System (DACSES) Enhancements: Delaware's automated child support enforcement system was just the second 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 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, the federal Office of Child Support Enforcement (OCSE) awarded DCSE a GPRA grant to conduct a pilot project to improve performance on welfare-related child support cases.

The results of the GPRA final evaluation indicates that the project speeds the processing of some types of cases and had the greatest impact on in-state cases which

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required paternity establishment. DCSE plans to implement successful treatments statewide during DCSE's reorganization effort.

Medical Support Enhancement: Recent changes in federal and state laws strengthened a long-standing mandate to establish and enforce medical support by requiring: (1) DCSE to establish and enforce medical support orders for non-TANF Medicaid recipients; and (2) employers and insurance carriers to provide available insurance to children who are covered by a medical support order. DCSE implemented several initiatives to fulfill the medical support mandate. In addition, DCSE implemented a pilot project to directly enroll children in ordered medical insurance coverage when the non-custodial parent does not comply.

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 4,515 voluntary paternity acknowledgments have been received and processed through August 1998, which represents an average of 103 acknowledgments a month. DCSE has implemented Phase II of this program that focuses on the continued expansion of outreach efforts. This program will be an important factor in helping Delaware achieve the federal goal of a 90 percent paternity establishment rate.

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.

State Lottery Intercept Program: In FY 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. Through a cooperative agreement with the Division of Revenue, DCSE has collected \$69,143.34 from May 1995 through June 1998, from 44 prizes intercepted.

New Hire Reporting: PRWORA requires each state to implement a New Hire Reporting Program. With the passage of Delaware's Senate Bill No. 162, employers are required to submit the following information to DCSE: employee name, employee social security number, and employee address, employer name, employer address, and the employer's federal employer identification number.

DCSE began receiving new hire reports from employers prior to the federal implementation deadline of October 1, 1997. As of August 1, 1998, Delaware had submitted 325,449 new hire reports to the federal government. Through August 1998, 23,392 employers, or 84 percent, of the estimated 28,000 Delaware employers, have reported new hires since program inception. DCSE transmits reported data elements to the federal government for the Federal New Hire Directory. The Federal New Hire Directory is expected to provide states with data matches by late calendar year 1998. In the interim, the information will be matched against the Federal Parent Locate Database.

License Suspension and Denial: DCSE has been granted the authority, required by PRWORA and enacted under House Bill No. 496 and Senate Bill No. 162, to authorize Delaware's state licensing agencies to suspend or deny the drivers, occupational/business, professional, and recreational licenses of delinquent non-custodial parents and Family Court fugitives.

This enforcement initiative is designed to encourage those non-custodial parents who are self-employed and those who have avoided automated wage withholding to pay their past due child support and remain current with their support payments.

Between April 15, 1998, and July 30, 1998, approximately \$25,000 in child support payments have been collected directly attributable to the License Suspension Program, without issuing notices.

Financial Institution Data Matches: Under PRWORA, all states are required to enter into agreements with all financial institutions doing business within their state. The purpose of these agreements is to develop and operate a data match system which: (1) identifies the assets of delinquent non-custodial parents held in financial institutions, (2) imposes liens and levies on those accounts, and (3) undertakes the seizure of these assets. Delaware enacted Senate Bill No. 162 (effective July 1997) to comply with this federal mandate.

Parents Seek Work: In response to PRWORA mandates, DCSE, in cooperation with the Department of Labor and the Division of Social Services, is developing a Parent Seek Work Program (PSW). PRWORA gives states the authority to issue orders against delinquent non-custodial parents (NCPs) of children receiving benefits under the TANF Program.

Under the PSW Program, Family Court will order the NCP to participate in PSW and to sign a Contract of Mutual Responsibility. The NCP will utilize Department of Labor services for the purposes of work

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attachment. In addition, PSW mandates participation in work readiness activities, supervised job search, and employment support services. These orders may be issued through the appropriate court or by administrative process and will ensure compliance with a child support payment plan or participation in appropriate work activities.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	2,093.7	2,383.5	2,535.0
ASF	946.5	1,276.2	1,299.0
TOTAL	3,040.2	3,659.7	3,834.0

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	42.5	46.9	46.9
ASF	17.4	17.4	17.4
NSF	117.6	126.2	126.2
TOTAL	177.5	190.5	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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
Increase rate of paternity established by 2% per year	75.1	77.1	79.1
Increase % of orders established by 2% per year	73.7	75.7	77.7
Increase % of current support collected by 2% per year	61.0	63.0	65.0
Increase % of arrears support collected by 1% per year	5.5	6.5	7.5
Increase cost effectiveness ratio by 1% per year	2.55	2.58	2.61

MENTAL RETARDATION

35-11-00

MISSION

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.
- 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.
- 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.
- 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.
- Complete implementation of the division's management plan for 1997-1999 to ensure a service delivery system that is responsive to changing community needs.

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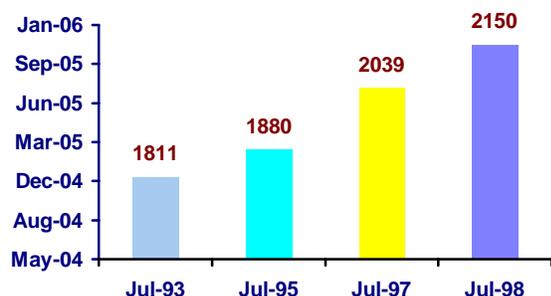
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BACKGROUND AND ACCOMPLISHMENTS

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:

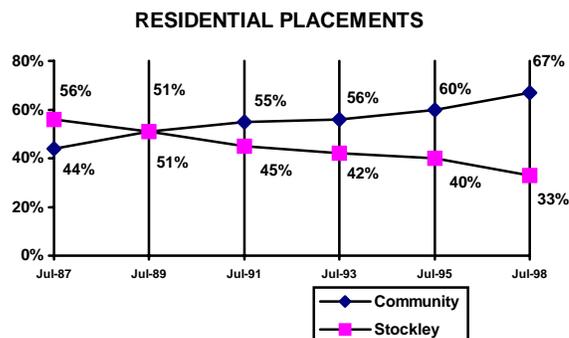
- Increased Capacity** - The number one issue of the division is the need to increase capacity of its community-based programs to meet growing community needs. Caseloads have grown significantly in recent years which strains the agency's ability to maintain quality services for current consumers while 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.
 - The growing numbers of individuals who are involved with the criminal justice system.

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 20 percent increase in the capacity of DMR's community programs from Fiscal Year 1995 to Fiscal Year 1998 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 and expansion of the division's quality assurance and program monitoring activities to ensure services meet standards.

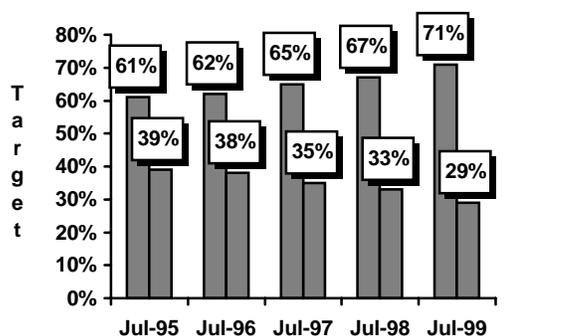
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- Significant improvements in the division's institutional-based services at Stockley Center including comprehensive active treatment services, a restructuring of medical services to provide improved health care, expanded therapy services, increased 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.
- Development of a management plan being implemented for the division over the 1997-1999 period and development of a new strategic plan for Stockley Center.

services for individuals and to reduce the population of Stockley Center which 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.

Percentage of Placements in Institutional Programs vs Community Programs



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.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	50,987.2	55,474.9	58,393.5
ASF	1,268.0	1,060.0	1,084.1
TOTAL	52,255.2	56,534.9	59,477.6

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	866.8	864.8	864.8
ASF	--	--	1.0
NSF	3.0	3.0	3.0
TOTAL	869.8	867.8	868.8

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

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.

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- Develop and maintain division policies and procedures.
- 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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% financial /administrative reviews annually on audited provider agency contracts	100	100	100

INSTITUTIONAL SERVICES

35-11-20

ACTIVITIES

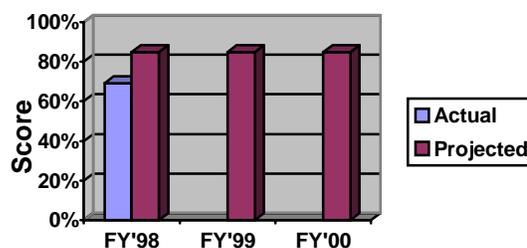
The mission of Stockley Center is to support people by creating partnerships within the community that promote good health and an enhanced quality of life.

The facility provides ICF/MR level of residential services and developmental training for persons (current population = 268) 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 which 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 on October 1996. Specific quality of life improvements have occurred as a result of the survey, including increased contact between residents and their families.

Outcome Results



COMMUNITY SERVICES

35-11-30

ACTIVITIES

Community Services operates an array of services in community-based settings for individuals with developmental disabilities to support the division's mission. Services include:

- Residential and housing support services with staff supervision and daily living skills development in the

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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 designed to help families continue to care for their 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

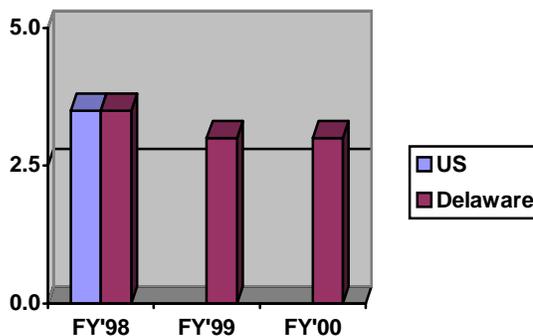
Average number of residents for residential setting.

- Services are more individualized in smaller (less than five consumers) residential settings. There are also more community integration activities and resultant opportunities for consumer growth and development. The division's goal is to reduce the number of residents per residential setting.

The Division is developing smaller residential settings throughout Delaware in order to promote more individualized services. The program changes include:

- Converting eight-bed intermediate Care Facilities for the Mentally Retarded (ICF/MR) Group Homes to smaller neighborhood homes or alternative settings.
- Developing a nonprofit housing program with the Association for the Rights of Citizens with Mental Retardation in Delaware (ARC/DE), which includes the opening of three and four-bed residential settings.
- Reducing the Stockley Center population by placing current residents of the center into smaller community settings.

Average # of Community Placements per Setting



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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:
- Continually improve:
 - 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.

BACKGROUND AND ACCOMPLISHMENTS

DSSC continues to lead the implementation of DHSS' service integration initiative, No Wrong Door (NWD). NWD is a client-friendly, customer-focused approach to human services at the point of entry in the service center. Over 6,300 clients participated in NWD at the pilot sites, Hudson and Williams State Service Centers.

Williams State Service Center and the Office of Community Services partnered with the Department of Public Safety for a Strong Community's initiative to seven communities in Kent County.

The division continues working with the community to provide help to Delawareans through crises alleviation services, volunteer programs, and community service projects. The division continues working to deliver core programs and to strengthen customer service. This year it published the 1998 Directory of Human Services for Delaware. Informational kiosks are installed in 31 locations to provide Delawareans self-access to information.

Client contacts to State Service Centers in SFY 1998 exceeded 500,000. 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 31,788, the Community Resource and Assistance Program served 10,318 and the Emergency Assistance Program served over 6,200 clients. The Division of State Service Centers provided information and referral (I&R) to over 77,000 callers.

The Visitation Centers served 150 families by providing 816 monitored exchanges, 517 supervised visitations and 738 group visitations, a 22 percent increase over the previous year. The division opened two more Visitation Centers, one at Peoples Place II in Dover and the other at the Georgetown State Service Center. State Emergency Housing Funds provided 18 shelter agencies with resources to assist a total of 3,840 homeless persons, a 1.5 percent increase.

The Fuel Assistance Program provided fuel assistance to 10,517 households of low-income individuals below 150 percent of poverty; the average benefit was \$185. The weatherization program weatherized over 400 homes. Through the First State Community Action Agency case management services were provided to 1,076 families.

The State Office of Volunteerism hosted the third Governor's Youth Service Awards and honored over 600 students for outstanding community service at a

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statewide ceremony in Dover. The Governor's Volunteer Awards honored 33 individuals. Over 250 state employees who volunteer for mentoring children in Delaware schools were recognized. Over 3000 volunteers participated in over 100 projects on Delaware's annual Make a Difference Day.

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 statewide.

Over 6,000 persons were served by Adopt-A-Family during the holiday season, an 8.8 percent increase. Adopt-A-Family expanded to Sussex County and is now fully operational statewide.

The Retired Senior Volunteer Program in New Castle and Sussex counties served 2,151 seniors who contributed more than 464,135 hours. RSVP's environmental group, DeEASI, completed a series of inspections on behalf of the Wilmington Local Emergency Planning Committee of area companies reporting extremely hazardous substances on site. The statewide Foster Grandparent Program enrolled 242 seniors who volunteered 224,609 hours.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	8,109.1	8,832.3	9,303.4
ASF	1,113.6	1,317.7	1,355.8
TOTAL	9,222.7	10,150.0	10,659.2

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	88.4	91.1	96.1
ASF	--	--	1.0
NSF	38.2	36.5	35.5
TOTAL	126.6	127.6	132.6

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 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 1999 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 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% clients referred to multiple services on first visit	*37	40	75
% DSCC clients who receive crisis alleviation services within 48 hours of first visit	90	95	100

** No Wrong Door pilot sites operated at two centers.*

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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.
- Focus on space planning and space allocation with the goal of providing a collocated-located service mix appropriate to each center's demographic profile.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% clients satisfied with DSSC facilities	--	85	87
% tenants satisfied with DSSC facilities	65	68	72

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).
- Provide support services to low-income Delawareans through contractual agreements with 16 non-profit organizations.
- Perform program planning, monitoring and evaluation.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
% case management clients who attained 75% of specific objectives in case plans	38	40	42
# persons/families sheltered in transitional housing who depart for more stable housing	11	13	15

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.
- Administer the AmeriCorps National Service Program.

PERFORMANCE MEASURES

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
# of Foster Grandparents in schools and head start programs.	52	52	62
% increase in number of volunteers placed with programs, agencies and projects (Volunteer Link)	25%	30%	35%

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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. As such, 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

- Maintain an assisted living facility for persons with brain injury
- Maintain service levels in personal care, housekeeping, and homebound meals programs which had been bolstered through a one-time SSBG appropriation to meet service needs
- Offset inflation and continue to maintain service levels in the key home and community-based programs, including adult day care, adult foster care, homemaker, respite, nutrition, legal services, Hispanic Outreach, attendant services, and assistive technology
- Improve the efficiency and effectiveness of fiscal operations; information systems management; and contract management
- Improve the capacity to perform assessments required by the pre-admission screening program in a timely manner
- Continue to carry out planning efforts to develop service options for persons with traumatic brain injury

- Reduce waiting lists for adult day and respite programs for adults with physical disabilities
- Transfer resources and operational responsibilities for the Long Term Care Ombudsman program to the newly-established Division of Long Term Care Residents Protection.

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 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.

As a result of this new mandate, the division now manages funds from a number of different sources. Current funding sources include the Older Americans Act, the Social Services Block Grant, the Medicaid Waiver for Elderly and Disabled, and General Funds. Additionally, the division manages research and demonstration grants from various sources as they become available.

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; the 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.

Because the division is responsible for delivering services to vulnerable populations, it is important that resource levels be maintained to adequately meet client needs.

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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 limitations.

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 which 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 which have health care components. Staff salary increases for both in-house and contracted services, along with the expenses of increasingly sophisticated technologies, have contributed to cost escalation.

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 for persons with physical disabilities. During the past year, as a result of an appropriation from the Delaware General Assembly, the Division established two new services--the Adult Life Skills Day Program and Community Living Respite--for adults with physical disabilities.

The division has taken on the responsibility, in addition, for addressing the service needs of persons with traumatic brain injury. During the past year, the first assisted living facility for persons with traumatic brain injury was established. In addition, the division received a grant to conduct strategic planning to develop an action plan to develop services for persons with traumatic brain injury. And finally, the division, in conjunction with the Brain Injury Association, has established a coma support group, and has put together a family support packet.

The division also established an assisted living program within Delaware to meet the needs of its other client populations. Assisted living provides a housing and service option which is less restrictive than nursing home care. Recently, DSAAPD secured approval from HCFA for a Medicaid Waiver for assisted living.

Within the past year, DSAAPD developed regulations for an adult abuse registry. The registry was implemented on January 1, 1998.

During the past two years, 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. In addition, a pilot support group for relative caregivers was established in Wilmington; three more support groups are planned for Kent and Sussex counties; and two conferences were held for caregivers and interested professionals.

The division carried out numerous health promotion initiatives including an older women's health campaign which focused on breast cancer, depression, osteoporosis, and heart disease; and a prostate awareness program which targeted older African American men. Other programs which are under development include a diabetes awareness program; a responsible gambling awareness program; and depression social support groups.

BUDGET

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	11,208.7	7,978.2	8,332.1
ASF	63.2	171.0	171.0
TOTAL	11,271.9	8,149.2	8,503.1

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

POSITIONS

	FY 1998 ACTUAL	FY 1999 BUDGET	FY 2000 GOV. REC.
GF	58.8	64.8	59.8
ASF	--	--	--
NSF	42.4	42.4	48.4
TOTAL	101.2	107.2	108.2

SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

35-14-01

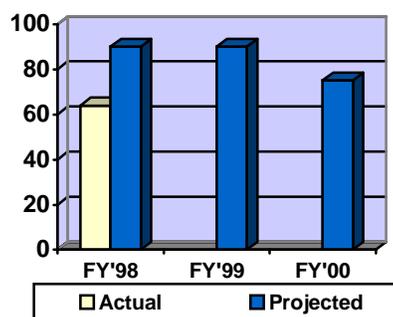
ACTIVITIES

- Administer contracts for home and community based services for older persons and adults with physical disabilities. Contracted services include: adult day care; adult foster care; Alzheimer's respite; assistive technology; attendant services; congregate meals; emergency response service; employment services; health insurance counseling; Hispanic outreach; home delivered meals; homemaker services; home modification; legal services; respite care; and transportation.
- Operate the Adult Protective Services Program and the Community Services Program; oversee the Long Term Care Ombudsman 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.
- Conduct special events such as Senior Beach Day and programs associated with Older Americans Month.

PERFORMANCE MEASURES

Maintain the period of time between the availability of slots and placement at 75 days.

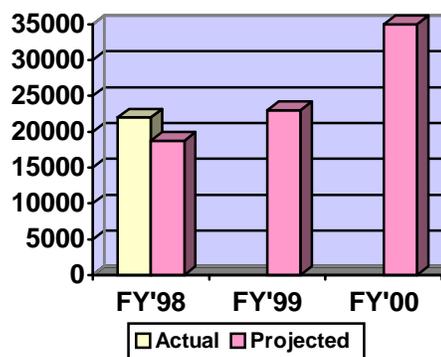
Average Waiting Period



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.

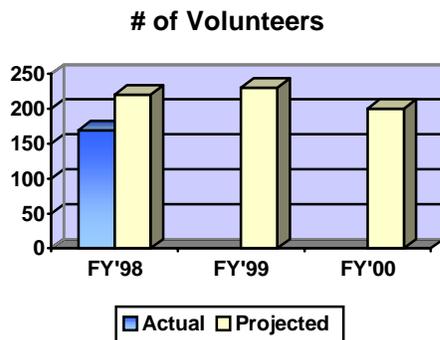
HDM Served for Waiting List Reduction



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

	FY 1998 Actual	FY 1999 Budget	FY 2000 Gov. Rec.
# HDM meals served	22,000	23,000	35,000
# Volunteers Recruited	169	230	200

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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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.

In the past, MOWD has been able to provide holiday meals for HDM clients, a service which is over and above the providers' contractual obligations. In recent years waiting lists for home delivered meals have grown significantly, due to increasing demand, inflationary costs, and decreased funding. It is the mutual goal of the division and MOWD, through their continuing partnership, to maximize the effectiveness of the home delivered meal program by enhancing fundraising efforts beyond the provision of holiday meals to include additional meals for the reduction of waiting lists.

More recently, in order to maximize the use of limited funds for the provision of meals, the division has moved from a paid meal delivery system toward volunteer delivery. Therefore, to support this initiative, MOWD's mission has been extended to include the recruitment of corporate volunteers for meal delivery. The two partner agencies will work to increase this volunteer pool to further maximize limited resources.