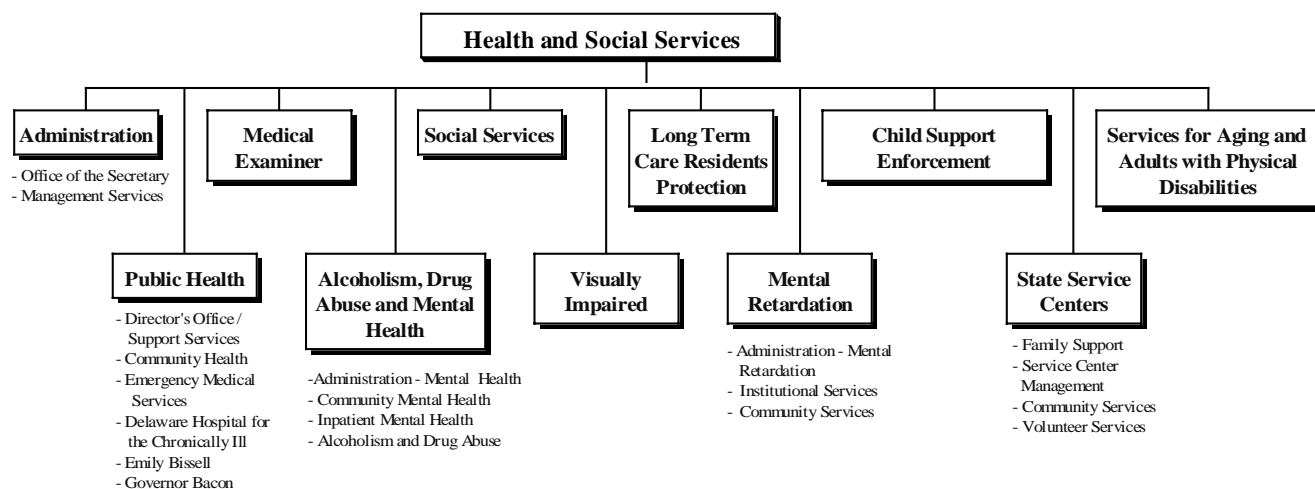


DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00



MISSION

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

KEY OBJECTIVES

Promote Health and Well-Being

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

Foster Self-Sufficiency

- Reduce dependency among welfare recipients and those at risk for welfare dependency.

- Implement targeted strategies to make work pay, promote mutual responsibility, and encourage families to stay together.
- Enhance child support enforcement efforts to maintain prompt processing while responding to increasing numbers.
- Provide family support to increase the earning potential of single parents: day care, medical benefits, employability training, and vocational training.

- Provide community-based care to ensure an appropriate continuum of services and avoid restrictive and costly institutionalization.

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

Protect Vulnerable Populations

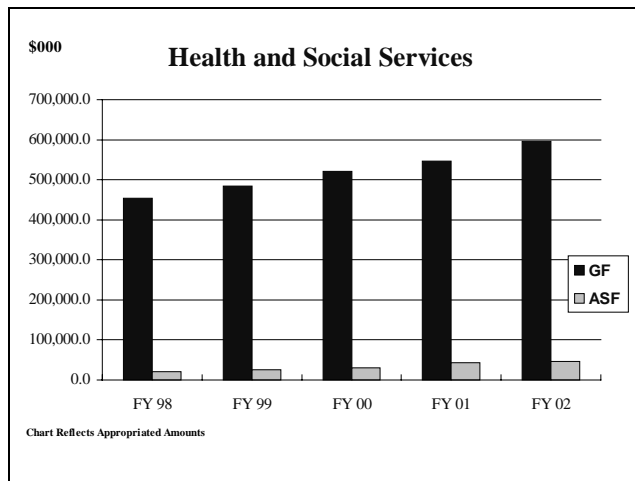
- Ensure the quality of care, safety, and security of individuals in long-term care facilities, residential programs and day services.
- Provide emergency and transitional shelters and support to homeless individuals and families.
- Serve children and their families by providing a safe environment for supervised visitation.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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Efficiency in Government

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



BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	521,334.9	547,175.4	596,235.9
ASF	29,968.4	43,591.8	45,962.5
TOTAL	551,303.3	590,767.2	642,198.4

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	3,873.7	3,861.1	3,857.5
ASF	105.8	108.7	120.6
NSF	843.0	864.2	895.0
TOTAL	4,822.5	4,834.0	4,873.1

FY 2002 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend inflation adjustment of \$135.0 for School-Based Health Centers.

- ◆ Recommend enhancements of \$300.0 ASF and 2.0 ASF FTEs for Newborn Screening and \$300.0 ASF for the Medicaid AIDS Waiver.
- ◆ Recommend enhancement of \$100.0 for resident medications at the state nursing home facilities. Also recommend enhancement of \$250.0 and 13.0 FTEs for the second phase of the nursing home reform initiative.
- ◆ Recommend enhancements of \$274.4 for two new group homes and \$90.0 for Continuous Treatment Team (CTT) services to 15 additional clients in Alcoholism, Drug Abuse and Mental Health. Also recommend enhancements of \$712.0 for medications and \$500.0 ASF for a 25-bed residential heroin addiction program for adults aged 18-25.
- ◆ Recommend inflation adjustment of \$38,000.0 for Medicaid Other Than State Institutions (OTSI).
- ◆ Recommend enhancements of \$244.2 for Medicaid Other Than State Institutions (OTSI) and \$60.0 for Medicaid State Institutions for the second phase of the nursing home reform initiative. Also recommend enhancement of \$584.0 for Medicaid Other Than State Institutions (OTSI) for phase two of the Stockley Transition.
- ◆ Recommend one-time funding in the Budget Office’s Development Fund for the Medicaid Management Information System (MMIS).
- ◆ Recommend enhancement of \$92.6 and 2.0 FTEs for a compliance nurse and staff for the Nursing Home Residents Quality Assurance Commission in Long Term Care Residents Protection.
- ◆ Recommend enhancement of \$93.2 ASF, 9.9 ASF FTEs and 19.1 NSF FTEs for accounting and other support staff to process the dramatic increases in child support collections that have occurred in recent years.
- ◆ Recommend enhancement of \$485.0 for community residential and day program placements in Mental Retardation. Also recommend enhancement of \$168.0 for vocational and day habilitation services for approximately 14 graduates of special school programs and inflation adjustment of \$802.9 for provider contract increases.
- ◆ Recommend inflation adjustment of \$33.1 for emergency and transitional shelter inflation in the State Service Centers.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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- ◆ Recommend inflation adjustment of \$263.8 for provider contract increases in Aging and Adults with Physical Disabilities.

CAPITAL BUDGET:

- ◆ Recommend \$500.0 to support department facility maintenance and restoration.
- ◆ Recommend \$150.0 to supplement the Minor Capital Improvement and Equipment Program.
- ◆ Recommend \$1,000.0 for the YMCA for transitional housing services.

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 support the management needs of operating divisions.

KEY OBJECTIVES

- Provide leadership in the development of public policies and in the advancement of responsive management practices.
- Provide technical assistance and support to operating divisions in the form of training, standard setting, budget and program analysis, and the identification of revenue generating possibilities.
- Provide centralized administrative functions in human resources, payroll, management of state and 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

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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facilitate administrative procedures; coordinating the activities of the various players in joint projects; and communicating regularly with constituents to keep them informed.

The department must also be alert to emerging topics to help shape how policy decisions are 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 5,000 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 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	15,616.5	14,441.7	12,374.8
ASF	2,571.2	2,928.7	2,687.8
TOTAL	18,187.7	17,370.4	15,062.6

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	154.7	153.7	153.7
ASF	37.1	37.1	37.1
NSF	55.7	54.7	54.7
TOTAL	247.5	245.5	245.5

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 relationships 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 responses to all directives, laws, judicial decisions, inquiries and policies.

PERFORMANCE MEASURES

Customer Service Response Time: The ability to remain responsive to a diverse constituent base is crucial to addressing their needs and concerns. Measuring written response time is an important way of ensuring that the department remains responsive 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 is measured from the receipt of the request to the date that the response to that request is mailed. Performance for this fiscal year, to date - an average response time of 15.3 days - demonstrates that the office is very close to meeting the established standard.

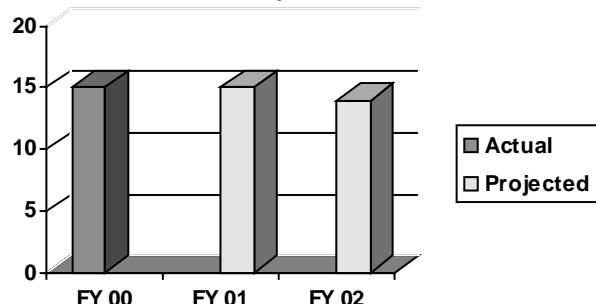
In an effort to further enhance responsiveness to its constituent base, a group consisting of the constituent relations contact staff in each of the divisions, is convening to establish and implement uniform performance standards for constituent responses. These measures will address not only the timeliness of responses, but also the quality.

In Fiscal Year 2002 the office will strive to meet, if not exceed, the expectation of a 15-day response time. Through the implementation of performance standards, it will also ensure the quality and responsiveness of constituent communications.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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**Average Response Time of
15-Business Days to Constituents**



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

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
Percent of Customer Satisfied with DMS Services	N/A	*See Note	TBD

** Note: The Division Director has established an inter-divisional task force to develop a revised mission statement, a quality service plan and a survey to measure how well it is succeeding in meeting the goals of the plan.*

MEDICAL EXAMINER

35-04-00

MISSION

To promote the sound administration of justice through the investigation of sudden, accidental or suspicious deaths and the documentation and presentation of reliable qualitative and quantitative scientific analysis of chemical and biological evidence samples.

KEY OBJECTIVES

Promote Health and Well-Being

- Support law enforcement agencies in the State through the scientific analysis of drug evidence.
- Provide Treatment Access Centers (TASC) with urinalysis for the presence of drugs and alcohol.

Protect Vulnerable Populations

- Investigate the essential facts surrounding sudden, accidental or suspicious deaths.
- Establish the cause and manner of death within reasonable medical certainty for all investigated deaths.
- Determine the positive identity of unidentified human remains.
- Implement new DNA capabilities and maintain the State's DNA database.

BACKGROUND AND ACCOMPLISHMENTS

The Office of the Chief Medical Examiner was established in 1970 when the constitutionally-mandated system of county coroners, deputy coroners and coroner's physicians was abolished. It exists to investigate all sudden, accidental or suspicious deaths that occur in Delaware.

Accomplishments

During Fiscal Year 2000 the Office of the Chief Medical Examiner:

- Investigated more than 2,300 deaths statewide.
- Analyzed more than 4,300 controlled substances cases with more than 31,000 exhibits.
- Performed nearly 28,000 urine drug screens.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	3,151.1	3,290.7	3,292.5
ASF	4.1	45.7	46.4
TOTAL	3,155.2	3,336.4	3,338.9

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	37.0	37.0	37.0
ASF	1.0	1.0	1.0
NSF	--	--	--
TOTAL	38.0	38.0	38.0

MEDICAL EXAMINER

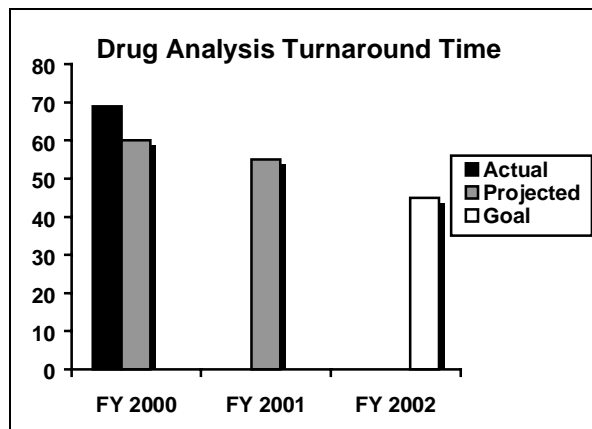
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ACTIVITIES

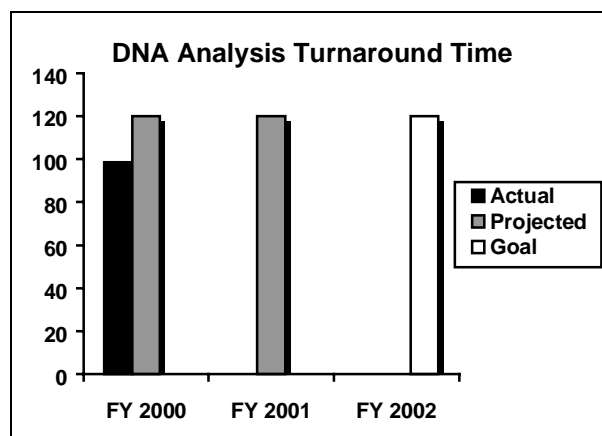
- Conduct medicolegal investigation of all sudden, accidental or suspicious deaths.
- Perform post-mortem examinations.
- Identify human remains.
- Analyze post-mortem toxicology samples.
- Perform scientific analysis of drug evidence.
- Provide transportation of drug and biological evidence to the Forensic Sciences Laboratory.
- Analyze urine and blood samples for the presence of drugs and alcohol.
- Analyze biological evidence for the presence of DNA.
- Maintain a convicted felon DNA database.
- Analyze arson evidence for State Fire Marshal.
- Provide court testimony by pathologists, other forensic scientists and medicolegal investigators.

PERFORMANCE MEASURES

Drug Analysis Turnaround Time is the time period from receipt of drug evidence by the laboratory until analysis is completed and a final report generated. The performance goal is a drug analysis turnaround time average of 45 working days.



DNA Analysis Turnaround Time is the time period from receipt of DNA evidence by the laboratory until analysis is completed and a final report generated. The performance goal is a DNA analysis turnaround time average of 120 working days.



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

PUBLIC HEALTH

35-05-00

MISSION

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

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

KEY OBJECTIVES

The Division of Public Health supports the department's mission through focusing on key objectives that address several components of the DHSS mission.

Promote Health and Well-being

- 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.
- Collaborate and develop partnerships with other state and private community-based agencies to address the health needs of Delawareans.

Protect Vulnerable Populations

- Address environmental health issues related to public health.
- Provide nursing home services to those unable to afford them.
- Provide core public health services to special populations.

BACKGROUND AND ACCOMPLISHMENTS

Public Health 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: 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.

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. Collaboration with other organizations has led 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 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

- As a result of recommendations of the Health Fund Advisory Committee, the division was awarded over \$2 million to implement tobacco prevention programs through community funding.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

- School-based health centers continue their growth and expansion. Twenty-seven centers are open and operating. The number of visits and student contacts to these wellness centers continue to increase as well.
- 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.
- Cancer mortality rates are decreasing in Delaware. After decades of increasing or level rates, as of 1998 the death rate in Delaware has decreased for the fourth consecutive year.
- The Home Visiting Program increased from 85 percent of eligible families in Fiscal Year 1999 to 89 percent in Fiscal Year 2000. Teen involvement increased from 83 percent in Fiscal Year 1999 to 90 percent in Fiscal Year 2000. During Fiscal Year 2000, 388 referrals were made for on-going 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.
- DPH has begun the administration of a state Drinking Water Revolving Fund loan program to assist with the funding of infrastructure improvements to public water systems throughout the State.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	72,710.2	72,289.7	75,031.2
ASF	3,331.9	8,049.6	8,565.4
TOTAL	76,042.1	80,339.3	83,596.6

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	1,350.5	1,363.5	1,376.5
ASF	39.3	42.3	44.3
NSF	188.0	207.5	215.5
TOTAL	1,577.8	1,613.3	1,636.3

DIRECTOR'S OFFICE/SUPPORT SERVICES

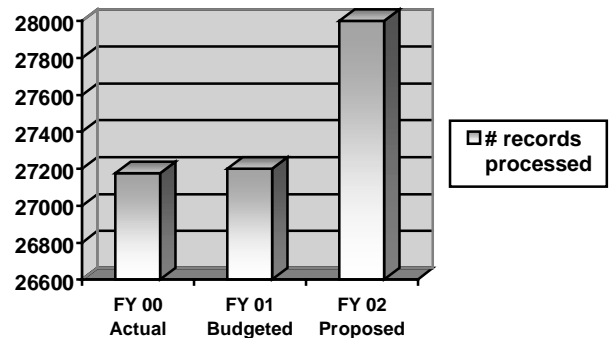
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ACTIVITIES

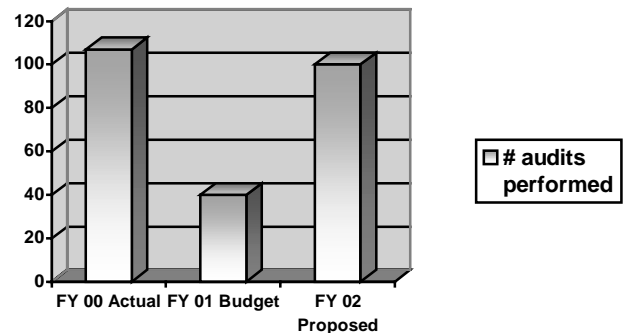
- Planning and evaluation
- Program coordination
- Contract development and management
- Grant coordination
- Coordination of public information
- Minority health
- Establishing management framework
- Fiscal management
- Revenue development and management
- Capital improvement
- Management information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

PERFORMANCE MEASURES

Number Of Vital Records Processed



Number Of Contract Audits Performed



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

COMMUNITY HEALTH

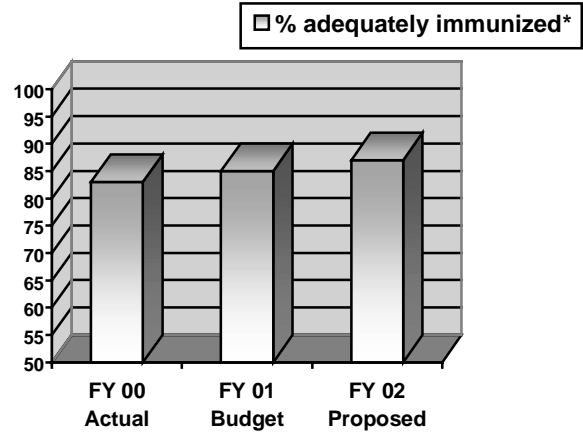
35-05-20

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 and disease control initiatives for cancer, tobacco, diabetes, and mental retardation; community health promotion; adolescent health services; and child lead poisoning prevention.
- Communicable disease services, including sexually transmitted diseases prevention and treatment; AIDS prevention, testing and counseling; tuberculosis prevention and treatment; rabies control and prevention; and immunization services.
- Epidemiology and surveillance of health problems and trends.
- Assessment of the health risks of environmental hazards.
- Licensing and certification of hospitals, 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.

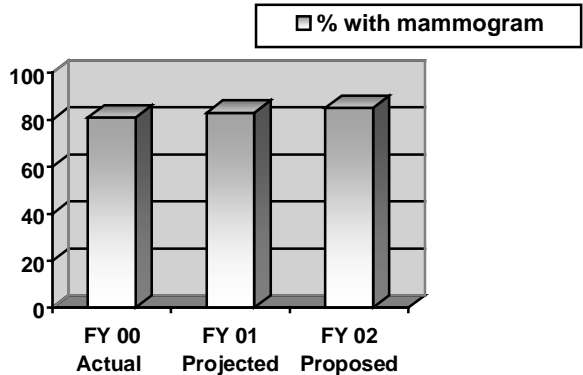
PERFORMANCE MEASURES

Percent Of Children Adequately Immunized

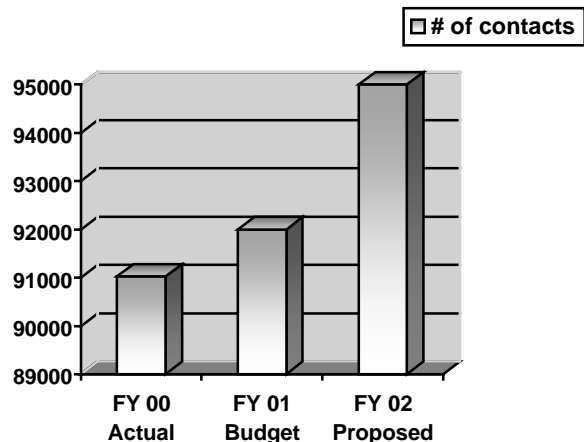


**4 DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention*

Women 50 and Older Receiving Mammogram

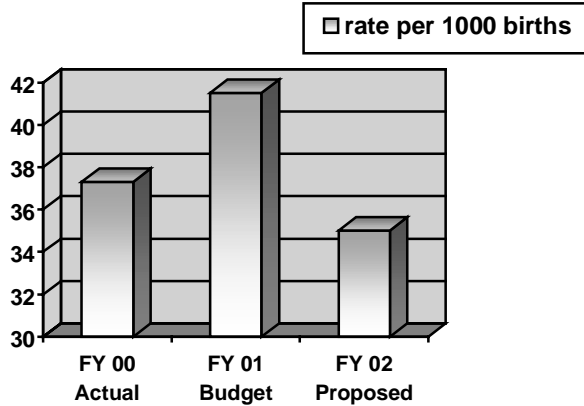


Number Of Students Having Contact With School-Based Health Center Activities

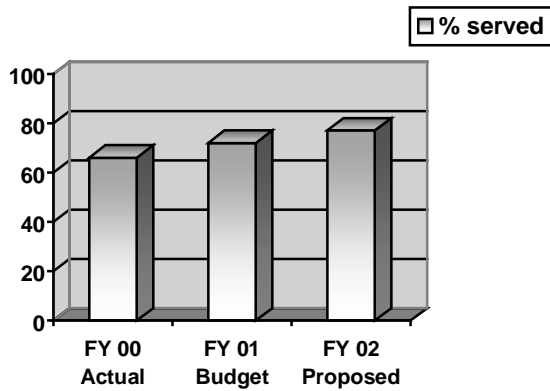


DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

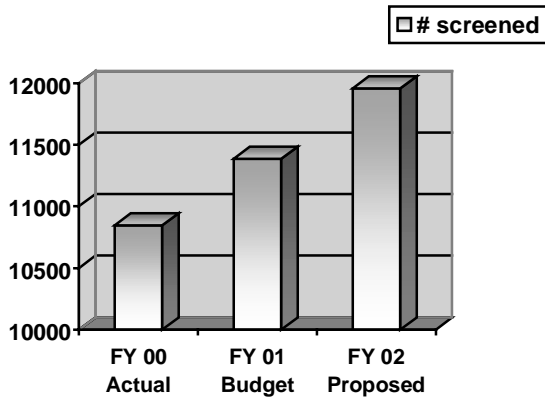
**Rate Of Births Among Teenage Girls
15-17 Years Of Age**



**Percent Of Delawareans Served By Fluoridated
Water**



**Number Of New Children < 6 Years Of Age Tested
For Lead Poisoning**



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 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% paramedic responses less than 8 minutes, 59 seconds (national standard)	67	70	70

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

ACTIVITIES

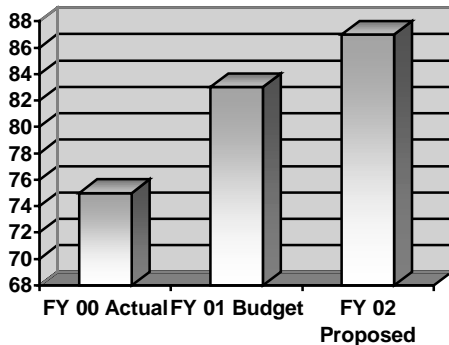
- Operate a 300-bed nursing facility, comprised of 78 skilled and 222 intermediate beds.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Operate a 25-bed secure care unit for cognitively impaired residents at high-risk for wandering.
- Operate an adult day care center to allow residents to stay in their homes.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

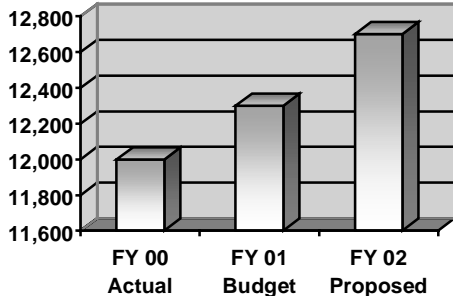
- Operate a Central Intake Unit for the Division of Public Health Long Term Care (LTC) facilities.
- Provide financial management for resident trust funds and revenue management.

PERFORMANCE MEASURES

Percent Satisfactory Or Above Rating On Family/Resident Satisfaction Survey



Number of Volunteer Hours



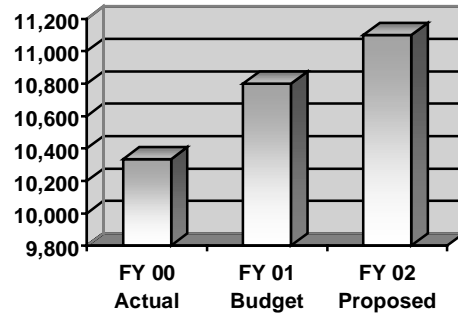
EMILY BISSELL
35-05-50

ACTIVITIES

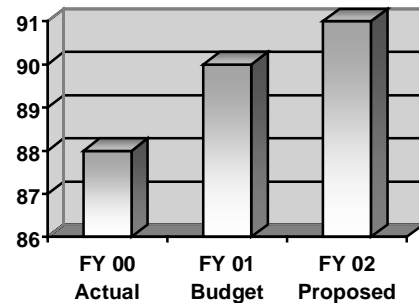
- Operate an 82-bed nursing facility, comprised of 67 skilled and 15 intermediate beds.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Provide Nurse Aide Certification Training Program.
- Provide computer network support services to all campus occupants.
- Provide support to community-based Long Term Care Services.

PERFORMANCE MEASURES

Number Of Volunteer Hours



Percent Satisfactory Or Above Rating On Family/Resident Satisfaction Survey



GOVERNOR BACON
35-05-60

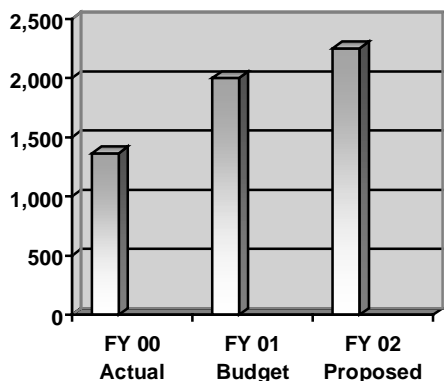
ACTIVITIES

- Operate an 88-bed intermediate-care nursing facility.
- 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 an automated system for interdisciplinary care planning and documentation, timekeeping, accounts receivable, patient census tracking and inventory management.
- Maintain utilities and infrastructure for other state and contractor agencies that operate on the campus.
- Provide Nurse Aide Certification Training Program.

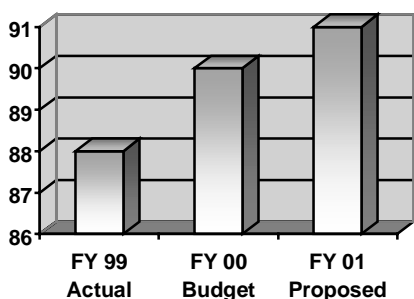
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
35-00-00

PERFORMANCE MEASURES

Number Of Volunteer Hours



Percent Satisfactory Or Above Rating On Family/Resident Satisfaction Survey



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, outpatient, residential, crisis stabilization and detoxification services.
- Develop an integrated system to provide behavioral health services under a managed long-term care plan.
- 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 support service planning, program evaluation and service system management.

BACKGROUND AND ACCOMPLISHMENTS

The impact of serious mental illness, alcoholism, drug abuse and problem gambling 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 these 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 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.

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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 by enhancing the availability of community-based services for adults with serious mental illness. The prevalence rate for adults with psychiatric disabilities is 5,364 based on the Delaware 2000 census data for individuals 18 years and older (578,066). The division estimates that 75 percent (4,023) are in immediate need of publicly funded community support services.

As of June 2000, the average daily census at Delaware Psychiatric Center was 333. There were 1,107 admissions in Fiscal Year 2000, which represents an 11.6 percent decrease over Fiscal Year 1999. The center 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, intermediate-care facility/skilled nursing facility – institution for mental disease (ICF/SNF-IMD) and forensic mental health services.

The division estimates that, as of 1999, about 51,065 adult Delawareans are current alcohol/drug abusers or are dependent on alcohol or illicit drugs. The demand for treatment is estimated to be 10,300, with the need for publicly funded treatment to be 7,700. In Fiscal Year 1999, there were an estimated 7,283 admissions to the division's treatment programs and detoxification units. The division has also 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, women with dependent children, injection drug users and persons with a history of chronic relapse.

There is a need to increase intensive community-based treatment services, 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 continues to provide services for prevention, education and treatment for problem gamblers and their family members.

In Fiscal Year 2001, the division will continue development and move to the implementation phase 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 ten 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.

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BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	63,403.0	68,414.3	70,966.0
ASF	2,542.8	2,111.3	2,612.8
TOTAL	65,945.8	70,525.6	73,578.8

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	906.9	906.9	906.9
ASF	4.0	4.0	4.0
NSF	18.8	18.8	18.8
TOTAL	929.7	929.7	929.7

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 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 services certification and auditing; Screening and Evaluation Team coordination; patient rights monitoring; and DUI problem liaison.
- Management information systems development and maintenance.

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% consumers satisfied with service program	N/A	70	75

COMMUNITY MENTAL HEALTH **35-06-20**

ACTIVITIES

- Adult prevention and intervention services - consultation and education to individuals, families, the public and other agencies.

- Emergency services, 24 hours per day, seven days per week; 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 - psychiatric assessment, diagnosis and evaluation; psychotropic medication management; individual and group psychotherapy; and clinical case management.
- Community support services for adults with psychiatric disabilities - psychosocial rehabilitation services, residential services, continuous treatment teams; clinic-based services; and support case management services.

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% consumers in community support programs who are employed	26	27	28
% consumers with serious mental illness receiving subsidies for safe and decent housing	30	31	32

INPATIENT MENTAL HEALTH **35-06-30**

ACTIVITIES

- Psychiatric evaluation, diagnosis and treatment - clinical, medical, dental, vocational and occupational services.
- Psychiatric rehabilitation program - 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 - psychiatric residency training program and medical student program.
- Support services to the Delaware Psychiatric Center and over ten other state agencies - laundry, dietary, pharmacy, maintenance, housekeeping and security.

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% patients with schizophrenia receiving new anti-psychotic medication	72	74	75
# admissions per 100,000 adult population	191	186	182

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ALCOHOLISM AND DRUG ABUSE
35-06-40

ACTIVITIES

- Adult prevention and intervention services - community intervention, information, education and referral programs.
- Adult outpatient treatment programs - community counseling (providing diagnostic and treatment services), methadone maintenance, intensive outpatient, case management and outreach services.
- Adult community support and intensive case management programs - 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 – ambulatory and residential detoxification; residential treatment and rehabilitation; and halfway houses (transitional residential care after discharge from residential treatment).

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% detoxification clients who receive one or more other treatment services	38	38	39
% clients w/improved employment status from admission to discharge	6	7	8

SOCIAL SERVICES
35-07-00

MISSION

The mission 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

Promote health and well-being by strengthening maternal and child health.

- Expand Medicaid coverage for pregnant women and children at higher poverty levels.
- Continue outreach for the state Children's Health Insurance Program (CHIP).
- 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 (FQHCs) and Child Mental Health 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.

Foster self-sufficiency and independence through service delivery improvements in Delaware's welfare reform initiatives.

- Provide transitional services under the statewide TANF program to support client success in statewide TANF/Workfare activities.
- Adjust the Employment and Training program design based on continuous monitoring, community input, agency reorganization, and state and national welfare reform mandates.
- Help reduce teen pregnancy and support young parent families.
- Achieve federal and state mandates for TANF work participation rates for welfare clients.

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- In partnership with the Department of Labor, the Delaware Economic Development Office, the Department of Transportation and contracted service providers, place welfare clients in employment or work activity and provide support for long-term employment retention.
- Increase and maintain child care provider fees to be competitive with market rates.
- Ensure access for parents requiring infant care and other hard to find care through community partnerships and quality improvements.
- Monitor the family responsibility contract for TANF clients and continuously improve it to achieve maximum results.
- Evaluate the results of state and federal welfare reform to ensure programmatic compliance and the achievement of expected outcomes.

Protect vulnerable populations by enhancing collaborative partnerships for support services such as transportation, mental health for families and for the elderly and the disabled.

- Develop and implement managed care programs and other Delaware and national health care reforms.
- Continue to improve transportation services to ensure clients can get to health care providers and to work.
- Develop initiatives supporting DHSS community-based and institutional based long-term care plans.
- Provide extended Medicaid transition coverage for former TANF 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 through the Delaware Prescription Assistance Program for the elderly and disabled.

Manage resources efficiently with emphasis on information resource management, Medicaid cost containment and maximizing economy and efficiency in Social Services programs.

- Develop plans to manage the division's programs with reduced federal funding.
- Maximize federal funding through "cost recovery" projects.
- Improve division administration, program management, operations and customer service through organizational structures that focus on a client-centered approach.
- Continue to improve Medicaid estate, accident and third party recoveries.
- Replace the Medicaid Management Information System and support development of an Electronic Benefit Transfer (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 child care system.
- Reallocate existing staff/program resources to best achieve organizational mission.
- Ensure 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 100,000 Delawareans each month. The four major program areas are:

- Employment and training.
- Child day care.
- Medical assistance (includes Medicaid, the Delaware Healthy Children Program, Renal Disease Program, the Legal Non-Citizen Program and a new Pharmacy Assistance for the Elderly and Disabled Program).
- Financial assistance (TANF, Emergency Assistance, General Assistance and Food Stamps).

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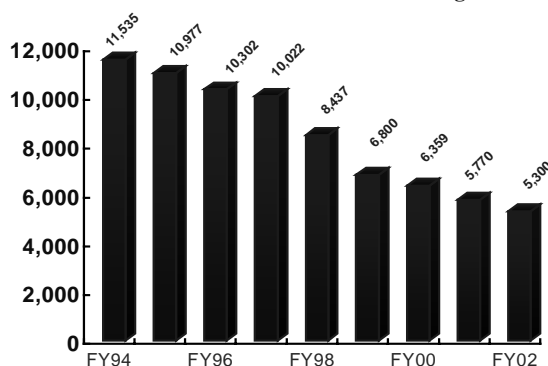
The division achieves its goals by:

- Increasing client self-sufficiency and independence through the TANF welfare reform program.
- Improving access to health care for the elderly, disabled and low-income families.
- Strengthening maternal and child health.
- Efficiently managing resources.

Some of the division's major accomplishments include:

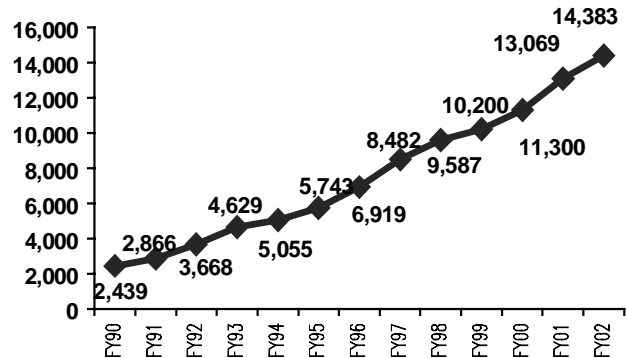
- In October 1995, Social Services and Child Support Enforcement along with the Department of Labor and the Delaware Economic Development Office embarked on a welfare reform plan. Delaware's A Better Chance Welfare Reform Program became the state's TANF program in August 1996 when the national welfare law was passed.
- Since the implementation of Delaware's A Better Chance Welfare Reform Program in October 1995, the average job placements annually are over 1,200; 61 percent full-time and 39 percent part-time respectively. The average hourly wage at full-time placement is \$6.98 and \$6.56 at part-time placement. The state minimum wage is \$6.15.
- Due to the success of welfare reform and a strong economy, the number of families receiving cash assistance has declined steadily over the past several years.

Decline in TANF Cash Assistance Program



- The number of children receiving subsidized child care has grown from 1,528 in 1987 to 11,300 in Fiscal Year 2000. The family income eligibility limit for child care was increased from 155 percent to 200 percent of the poverty level, effective January 2000. The number of children eligible for the program is expected to increase to over 14,000 in Fiscal Year 2002.

Child Care Program Growth



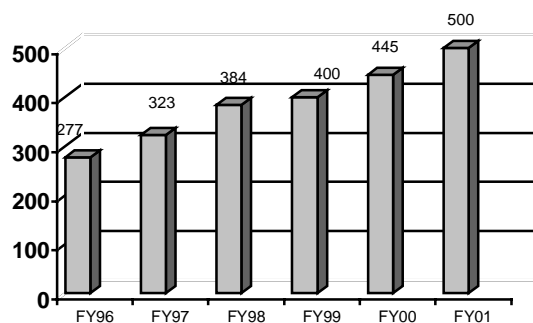
- The division continues its expanded Medicaid services to nonpublic assistance low-income populations. There are 18,000 single adults with incomes under the poverty level who are now covered by Medicaid.
- The Medicaid program submitted a waiver to the Health Care Financing Administration (HCFA) to 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. 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. At the end of Fiscal Year 2000, about 75,000 clients (about 78 percent of all Medicaid clients) were enrolled in managed care.
- The Medicaid program initiated a program with 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. 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.
- The division 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 were taken to improve the program and make it more "user friendly" including: assignment of an RN Case Manager to coordinate services and perform redeterminations, referrals to other services that will benefit clients,

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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. Although the number of people who need program services has increased over the past five years, there is no waiting list and all clients are being served. Pharmacy costs are the largest program expenditure.

Growth in Chronic Renal Program



- In February 1999, the division began a new program to expand health insurance coverage to children in low-income families. The Delaware Healthy Children Program uses both federal and state funds to provide services through a managed care program. Children are eligible if the family income is above the Medicaid eligibility limit up to 200 percent of the poverty level. Families must pay a small monthly premium of \$10, \$15 or \$25 depending on family income. A special free coverage pilot was implemented in July 2000 in an effort to increase enrollment. Estimates are that 13,000 children may be eligible for this program. As of August 31, 2000, 3,399 children were currently enrolled in the program. A total of 6,911 children have been served under the program since February 1999.
- Social Services is a partner in a coalition, Covering Kids Program, funded by Robert Wood Johnson Foundation to promote creative outreach and simplified enrollment activities to assure low-income uninsured children have access to health insurance. Through a three-year \$900,000 grant, Social Services, Public Health and community organizations agreed to find and enroll 10,000 children into Medicaid or the Delaware Healthy Children Program. Two pilots operated in the State to find and engage the families. A media campaign was developed and implemented. The activities will continue to be monitored for success.

- In Fiscal Year 2000, the Medicaid program has continued its efforts at cost management and has been successful in recovering \$15.6 million (total dollars) in numerous areas including:
 - Surveillance and Utilization Review Recoveries
 - Third Party Liability and Estate Recoveries
 - Pharmaceutical Labelers Rebate
- Over the past several years, Medicaid staff has worked closely with the Budget Office, the Department of Education and the Department of Services for Children, Youth and Their Families to identify state funded services that could qualify for federal matching funds. Through these “cost recovery” projects, in Fiscal Year 2000, almost \$21.7 million (total dollars) in federal Medicaid matching funds was received by the State.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	281,129.9	299,210.1	342,531.1
ASF	17,780.5	25,010.6	26,495.6
TOTAL	298,910.4	324,220.7	369,026.7

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	282.6	282.6	284.0
ASF	2.0	2.0	2.0
NSF	314.3	314.3	316.0
TOTAL	598.9	598.9	602.0

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.
- Develop supportive collaborations and partnerships.
- Administer support services including child day care and transportation.
- Manage budget, fiscal, facilities and contracting activities.
- Manage automated systems.
- Train, develop and coach staff.
- Create a climate that respects individuals and welcomes their differences.

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PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% TANF clients who are working	14	20	20
% Medicaid clients with access to good primary care	80	90	90
% of eligible children enrolled in the Delaware Healthy Children Program	45	55	65

VISUALLY IMPAIRED
35-08-00

MISSION

To work in partnership with Delawareans who are blind and visually impaired empowering them to be self-sufficient.

Services provided include:

- 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

- To promote health and well-being, the Division for the Visually Impaired (DVI) reduces or eliminates all barriers to lifelong personal independence produced by the sensory disability of vision loss.
- To foster self-sufficiency, DVI develops employment and job skills training programs for persons who are blind or visually impaired.
- To protect vulnerable populations, DVI focuses outreach efforts in under served communities.

BACKGROUND AND ACCOMPLISHMENTS

Approximately 3,000 persons have been identified throughout the State, 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+)

The division is organized into three primary service programs, which include Education, Vocational Rehabilitation, and Independent Living. Additionally, there are two direct employment units: Delaware Industries for the Blind and the Business Enterprise Program. Finally, there are support services such as the Materials Center, Volunteer Services, Orientation and Mobility, Low Vision Services, Training Center services, Fiscal Operations and Information Systems Support. Due to the nature of the disability that the consumers

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have, DVI staff provides the majority of services in the most appropriate and effective environment.

During Fiscal Year 2000, about 235 children with visual impairments and their families received services from DVI. These services, which include itinerant education and counseling services to children, were provided throughout the State in their school environment.

Independent Living Services for persons with visual impairments were provided to 1,287 persons during this past year. Instructions on daily living skills, communication devices, low vision aids and evaluations were made during 2,247 home visits to consumers. Over 79 percent of these individuals served were age 55+ and 60 percent had one or more additional disabilities besides vision loss.

Last year, Vocational Rehabilitation services were provided to 191 Delawareans, 10 of which were receiving post-employment services. Twenty-seven consumers were successfully placed in employment; of which 24 were in competitive positions within an integrated setting, earning minimum wage or above; two in a sheltered placement and one in a homemaker setting.

Similarly, the Low Vision program served 273 consumers last year while Orientation and Mobility services were provided to 164 consumers.

DVI has 80 active volunteers working as Braillists, narrators, readers, office assistants and 12 inmates providing Braille services through the "Men with a Message" prison Braille program. These individuals helped to generate 43,329 pages of Braille, 95 audiotapes, and 41,976 large print pages during Fiscal Year 2000. Currently all 12 inmates are certified Braillists through the Library of Congress in Literary Braille. Of the 12 certified, 2 are also certified in Nemeth Code (Mathematical Braille) and another individual is training in the area of proofreading Braille.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	2,361.8	2,553.0	2,630.3
ASF	742.3	1,208.4	1,209.5
TOTAL	3,104.1	3,761.4	3,839.8

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	34.4	35.4	35.4
ASF	3.0	3.0	3.0
NSF	31.6	31.6	31.6
TOTAL	69.0	70.0	70.0

VISUALLY IMPAIRED SERVICES

35-08-01

ACTIVITIES

- Provides an education program designed to minimize the effects of a visual disability on the academic achievements of students through the efforts of itinerant teachers and child counselors, as well as through the provision of textbooks and instructional materials in appropriate medium.
- Provides Independent Living Services to persons of all ages in the areas of adaptive training, low-tech adaptive equipment, as well as counseling which promotes personal independence and emotional adjustment.
- Provides Vocational Rehabilitation and Supported Employment programs, which provide community-based services focusing on the individual placement model to persons aged 14 and older designed to facilitate employment commensurate with life goals, skills and abilities.
- Includes a Business Enterprise Program affording competitive and supportive employment opportunities in various positions within the food service industry, as well as in management of food service locations.
- Includes an industry and workshop program (Delaware Industries for the Blind) that allows for the development of employment skills, for competitive, supportive and/or sheltered career opportunities.
- Includes Support Services such as Low Vision services; Orientation & Mobility; training center services; peer and support group counseling programs; materials center; and outreach and public information.

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% of successful vocational rehabilitation job placements in jobs with competitive wages or salaries.	94	90	90
% of students achieving 85% or better on annual grade-level skills and behaviors included on the Michigan Outcome Performance Measures assessment.	78	80*	80

**This is an increase from last year's estimate.*

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LONG TERM CARE RESIDENTS PROTECTION 35-09-00

MISSION

The mission of Long Term Care Residents Protection is to promote the quality of care, safety and security of people living in long-term care facilities and to ensure facilities' compliance with applicable state and federal laws and regulations designed to protect these residents.

KEY OBJECTIVES

- License long-term care facilities and conduct annual, complaint-driven and unannounced inspections to determine compliance with federal and state laws and regulations.
- Enforce state laws and regulations regarding the quality of care and quality of life of long-term care residents, as well as convey survey results regarding federally certified facilities to the federal government for enforcement.
- Serve as a centralized location to which complaints regarding long-term care are directed and evaluated for appropriate referral.
- Receive and investigate complaints of alleged crimes such as abuse, neglect and financial exploitation.
- Implement Criminal Background Check (CBC) law for applicants for long-term care jobs and advise facilities of results disqualifying applicant(s) from employment.
- Monitor and analyze trends related to problems with quality of care and propose public policy changes to address identified patterns of problems.

BACKGROUND AND ACCOMPLISHMENTS

Delaware's 139th General Assembly created the Division of Long Term Care Residents Protection to promote the quality of life for people living in long-term care facilities and to ensure that these residents are safe and secure - free from abuse, neglect and financial exploitation.

INVESTIGATIONS SECTION

The Incident Referral Center (IRC) exists as part of the intake section for receiving complaints and inquiries from long-term care consumers and their families, as well as providers and the general public. This intake unit also has a Hotline number for reporting abuse, neglect or financial exploitation with an Investigative Unit member on-call nights, weekends and holidays to provide 24-hour/ 7days per week coverage.

The Incident Referral Center has received close to 14,000 contacts in the first year of operation. The contacts have been analyzed and referred to the appropriate location for resolution.

The in-house Adult Abuse Registry allows the investigations section to process inquiries within a 24-hour turnaround time. Since August of 1999, 21,170 inquiries have been processed. Currently, there are 163 people on the Adult Abuse Registry.

Criminal background checks must be done for all applicants for nursing home jobs. As of September 21, 2000, a total of 9,715 applicants had been fingerprinted for state and federal criminal background checks. Of those, almost 30 percent had a criminal history. Five percent or 1 out of 20 of the total nursing home job applicant pool had a serious disqualifying criminal conviction. Examples of disqualifying convictions found include: rape, murder II, abuse of elderly/infirm adult and robberies.

LICENSING SECTION

Since inception the division has also conducted 44 unannounced inspections. The results of the surprise inspections found deficiencies in 48 percent of the facilities. Of the deficiencies, 24 percent were violations involving actual physical harm to residents.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	2,326.5	3,095.1	2,937.1
ASF	--	--	--
TOTAL	2,326.5	3,095.1	2,937.1

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	43.6	50.6	48.6
ASF	--	--	--
NSF	20.4	20.4	22.4
TOTAL	64.0	71.0	71.0

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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LONG TERM CARE RESIDENTS PROTECTION 35-09-01

ACTIVITIES

- Operate the Incident Referral Center, which receives complaints regarding long-term care.
- Investigate complaints of alleged abuse, neglect and financial exploitation of long-term care residents.
- Ensure compliance with the criminal background check/drug testing laws.
- Administer the Adult Abuse Registry.
- License long-term care facilities to operate in the State of Delaware.
- Monitor compliance with federal regulations and standards for certification of long-term care facilities by the Health Care Financing Administration (HCFA).
- Conduct annual surveys, as well as unannounced inspections.
- Respond to complaints regarding care and/or violations of residents' rights.
- Maintain the Certified Nursing Assistant (CNA) Registry.
- Monitor and enforce compliance with the new state law that sets minimum staffing levels for nursing homes.
- Staff the Delaware Nursing Home Residents Quality Assurance (DNHRQA) Commission.

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget*	FY 2002 Gov. Rec.
% "immediate risk" complaints responded to within 24 hours	100	100	100
% of persons conditionally hired in facilities who are later found to have a disqualifying criminal history will be released from employment.*	100	100	100
% nursing facilities that had surprise inspection in addition to licensure/certification survey**	13.6	25	50

* Based on 30% sample of facilities

** Since March 1, 1999

CHILD SUPPORT ENFORCEMENT 35-10-00

MISSION

To support family independence by providing 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

Fostering self-Sufficiency

- Increase the rate of paternity established by two percent per year for children born out-of-wedlock by continuing to provide the intensive casework necessary to assure client cooperation in establishing paternity and obtaining court orders.
- Increase the percentage of child support orders established by two percent per year by providing a wide array of expedited procedures applicable to 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.
- Increase the percentage of current child support collected by two percent per year by expanding efforts in two areas: (1) establishing and enhancing the initiation and transfer of wage withholding attachments on child support (IV-D) cases, and (2) reducing welfare dependency by continuing to increase child support collections on Temporary Assistance for Needy Families (TANF) cases.
- Increase the percentage of cases paying IV-D child support arrears by one percent per year by increasing efforts in two areas: 1) expanding the Parents Seek Work program that mandates employment requirements for non-custodial parents (NCPs) who owe past-due child support and imposing prompt sanctions for NCP failure to comply with court ordered participation, and 2) developing and implementing a data match process with financial institutions and other public/private entities for the purpose of locating non-custodial parents and seizing the financial accounts of delinquent child support obligors.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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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.

The Personal Responsibility and Work Opportunity Responsibility Act (PRWORA) of 1996 mandated many changes in the operation of child support programs. 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 TANF program. Once PRWORA has been fully implemented, there should continue to be an increase in state child support revenue. This will help to reduce client dependency on TANF and Delaware's A Better Chance Welfare Reform Program.

Child support collections are an integral part of any policy to reduce poverty, strengthen families and prevent welfare dependency. The Family Support Act mandated all states to have stronger child support enforcement programs. It imposed time and performance standards and new requirements on state child support agencies to increase paternity establishment and enhance enforcement measures to maximize collections.

Under the federal Child Support Performance and Incentive Act of 1998, child support incentives provided by the Federal Office of Child Support Enforcement (OCSE) were 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, the Division of Child Support Enforcement (DCSE) maintains an ongoing and concerted effort to increase performance efficiency and effectiveness.

Accomplishments

Child Support Collections: During Fiscal Year 2000, DCSE collected \$73,955,994 in child support payments, which represents a \$10,719,545 (17.0 percent) increase over the amount collected during Fiscal Year 1999. From Fiscal Year 2000 collections, DCSE returned \$7,766,891 to reimburse the state and federal government for benefits provided to children through the TANF and Foster Care programs. This represents approximately 10.5 percent of Fiscal Year 2000 collections by DCSE. The remaining 89.5 percent of Fiscal Year 2000 child support collections were distributed to custodial parents caring for dependent children, from mostly single parent households. Child support collections by DCSE have increased by 51.0 percent since Fiscal Year 1996.

Automated Wage Withholding: Wage withholding is the most successful means available to ensure regular, dependable payments of child support by non-custodial parents. Enhancements to the child support enforcement computer system to automatically generate wage withholding notices were implemented statewide in early 1999. These wage withholding notices also instruct NCP employers, if appropriate, to enroll the NCP's child(ren) on company health insurance coverage available to the NCP. During September 1999 through August 2000, a total of 33,360 wage withholding notices were issued on behalf of DCSE clients to NCPs.

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 7,536 voluntary paternity acknowledgments have been received and processed through September 2000, which represents an average of 128 acknowledgments a month. DCSE continues to explore new avenues for outreach of paternity acknowledgement services. This program is an important factor in helping DCSE achieve the maximum annual federal incentive for paternity establishment.

New Hire Reporting: New Hire Reporting requires all employers to promptly submit to DCSE, within 20 days of hire, the name, home address and social security number on all of its new employees. In less than three years, DCSE has received and filed 1,180,007 new employee reports to the national Directory of New Hires. In September 2000 alone, 9,879 reports were processed by DCSE. New Hire Reporting is a very effective tool to track and locate delinquent NCPs who change jobs frequently.

License Suspension and Denial: Under PRWORA, DCSE has been granted the authority to request state licensing agencies to suspend or deny the drivers, occupational/business, professional and recreational licenses of seriously 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.

DCSE is now performing automated operations to suspend licenses with the Department of Finance, Revenue and the Department of Administrative Services, Professional Regulation. The current manual process of suspending licenses with the Division of Motor Vehicles

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is in the process of being automated. DCSE has a manual license suspension process with the Department of Natural Resources and Environmental Control, Fish and Wildlife since only hardcopy files are now available from this agency.

Financial Institution Data Matches (FIDM): Under PRWORA, all state child support enforcement agencies are required to enter into data match agreements with 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.

Parents Seek Work: In response to PRWORA mandates, DCSE, in cooperation with the Department of Labor and Social Services, has initiated a Parent Seek Work Program (PSW). PRWORA gives states the authority to order delinquent non-custodial parent (NCP) participation in PSW when their children are receiving benefits under the TANF Program.

Under the PSW Program, Family Court orders the NCP to participate in PSW and to sign a Contract of Mutual Responsibility. The NCP utilizes Department of Labor services for the purposes of work 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 to ensure NCP compliance with a child support payment plan or participation in appropriate work activities.

Since November 1998, 116 NCPs have been enrolled in PSW; 35 NCPs have secured employment and 75 NCPs have been returned to Family Court as non-compliant. Since May 2000, licenses have been suspended for NCPs who have been non-compliant in the PSW program.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	2,264.2	2,622.1	2,673.9
ASF	1,057.6	1,385.9	1,492.4
TOTAL	3,321.8	4,008.0	4,166.3

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	47.3	47.7	47.7
ASF	17.4	17.3	27.2
NSF	125.3	125.0	144.1
TOTAL	190.0	190.0	219.0

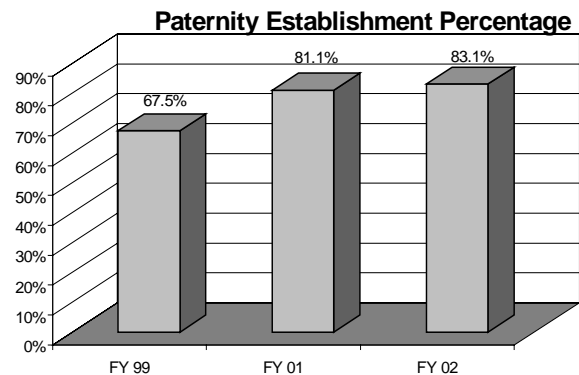
CHILD SUPPORT ENFORCEMENT 35-10-01

ACTIVITIES

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

PERFORMANCE MEASURES

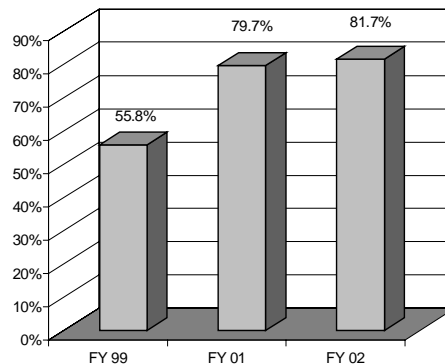
Increase The Rate Of Paternity By 2 Percentage Points Per Year



Note: In FFY 1998 (the most recent year for which comparative data are available), the national average for paternity establishment was 64.0 percent, while Delaware's rate was 75.0 percent.

Increase The Percentage Of Child Support Orders Established By 2 Percentage Points Per Year

Percentage of Cases with Established Child Support Orders

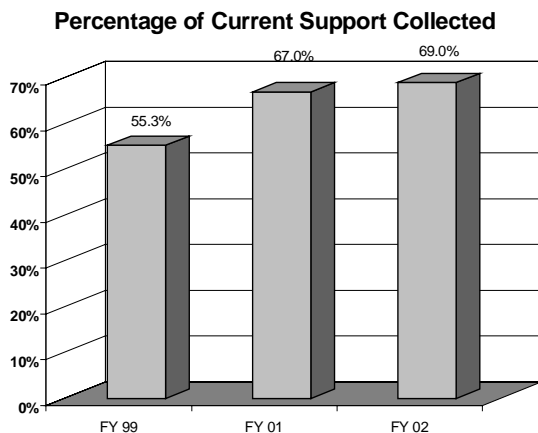


Note: In FFY 1998 (the most recent year for which comparative data are available), the national average for percentage of cases with established child support orders was 59.4 percent, while Delaware's rate was 74.9 percent.

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Increase The Percentage Of Current Child Support Collected By 2 Percentage Points Per Year



Note: In FFY 1998 (the most recent year for which actual data are available), the national average for current support collected was 50.7 percent, while Delaware's rate was 61.0 percent.

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 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 quality services at the Stockley Center, in the areas of residential, day, medical and therapy services.
- Expand family support services to adequately and effectively support families who have a family member(s) with a developmental disability living at home.
- Continue to improve the division's quality management systems to ensure comprehensive program monitoring and oversight to prevent problems and assure individual 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.
- Revise the division's management plan to ensure a service delivery system that is responsive to changing community needs.

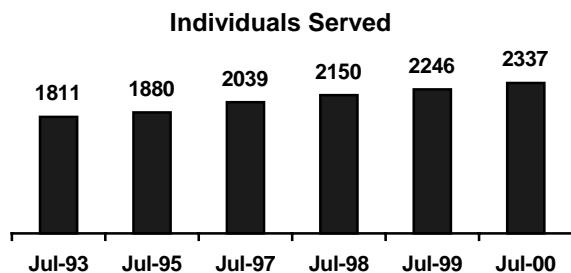
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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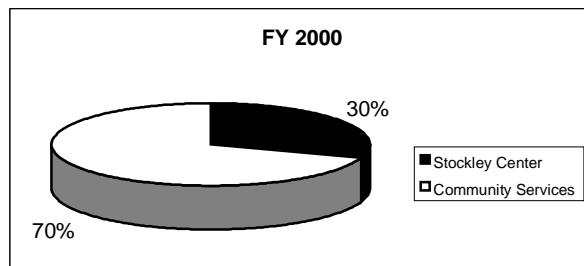
BACKGROUND AND ACCOMPLISHMENTS

The Division of Mental Retardation (DMR) is responsible for providing comprehensive support services to individuals with mental retardation/developmental disabilities. The goals of the division's service delivery system 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. Services vary in the level of intensity and restrictiveness. Services include facility-based care at the Stockley Center and community residential programs such as foster homes, group homes and supported living. In addition, the division provides vocational related services including supported employment and day habilitation, as well as case management and other professional supports; an early childhood intervention program; and family support services. Major service trends include:

- Increased Capacity - A primary issue of the division is the necessity to increase the capacity of its community-based programs to meet growing community needs.



- Least restrictive setting – The division strives to provide services that are flexible, supportive of choice and provided in environments that are as least restrictive as possible while protecting and safeguarding consumers' health and safety needs. Thus, the division continues to reduce the population of the Stockley Center and shift resources and individuals receiving services to less restrictive and more flexible community-based residential living options.



- Growing Specialized Needs - The division is serving an increasing number of people with specialized needs who require more expensive support services. This includes:
 - A growing number of people with significant medical care issues 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.
 - A growth in the Special Populations Program serving individuals with challenging behaviors, autism and prader willi syndrome.
 - A growing number of individuals who are involved with the criminal justice system.

Significant accomplishments have been made in the following areas:

- Development and implementation of a consumer-driven service planning process.
- Conversion of 13 intermediate-care facilities/mental retardation (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 and personal choice.
- Restructuring of the division's fiscal operations to ensure administrative oversight of budget development, contracts, revenue collections, agency expenditures and Management Information Systems.
- Development and continuing expansion of the division's partnership with the University of Delaware. The partnership encompasses a comprehensive training and staff development program for all levels of staff working in DMR programs throughout Delaware.

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- Development and continuing expansion of the division's partnership with the Association for the Rights of Citizens with Mental Retardation (Arc/DE) which has led to the establishment of a non-profit housing trust.
- Expansion of family support services, which continues to provide families with respite, case management and other professional support services.
- Completion of the first phase of the Self Determination Project, which is designed to help individuals receiving services develop skills that will enable them to become effective self advocates.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	55,915.4	62,358.7	64,394.2
ASF	750.8	1,084.4	1,084.8
TOTAL	56,666.2	63,443.1	65,479.0

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	863.8	826.8	810.8
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
TOTAL	867.8	830.8	814.8

ADMINISTRATION - MENTAL RETARDATION 35-11-10

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

ACTIVITIES

Agency Management and Administration

- Oversight of agency direction including setting standards and the development of long-range strategic plans.
- Develop, maintain and ensure implementation of division policies and procedures.
- Personnel management.
- Management of the division's fiscal operations to include budget preparation, contracts monitoring and maximizing federal revenues to support division programs and services.

- Administration of benefit programs for individuals in residential programs to include management of the Home and Community-based Medicaid Waiver Program.
- Management and oversight of the division's quality assurance programs.
- Monitoring of agency's performance measures.
- Administration of the division's training and continuing education programs provided to employees.

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 who 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.

Service Integration

- Participate in the DHSS "No Wrong Door" initiative.
- Ensure the automated screening and holistic assessment for all referrals.
- Ensure that all applicable service recipients are referred for appropriate DHSS 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 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
% of key indicators exceeding the multi-state average	N/A	50	60

Note: Performance will be measured by the results of the Core Indicators Project that Delaware's DMR has joined with 15 other states. With 40+ key indicators of system performance measured by the project's surveys and tools, Delaware's level of achievement will be gauged by the percentage of these indicators that exceed the multi-state average for each of them.

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INSTITUTIONAL SERVICES

35-11-20

ACTIVITIES

Stockley Center supports and empowers individuals with mental retardation and developmental disabilities to make choices, affirm and exercises their rights and live successfully in the community.

- Operate a 263-bed ICF/MR facility composed of 28 skilled-care level beds and 235 intermediate-care level beds.
- Comply with ICF/MR regulations and CARF accreditation.
- Operate an integrated quality assurance program to ensure regulatory compliance.
- Ensure the development of a person-centered service delivery system.
- Provide comprehensive health services to include medical, dental, nursing, psychological and other ancillary services.
- Provide work and personal/social adjustment services.
- Maintain an environment that safeguards the health and safety of residents.
- Maintain the infrastructures and utilities necessary for campus services.

PERFORMANCE MEASURES

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
# of Stockley Center residents placed in community-based residential services	5	24	24

COMMUNITY SERVICES

35-11-30

ACTIVITIES

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

- Residential services that are person-centered and provide support for individuals living in community-based settings (e.g., neighborhood homes, apartments, foster homes). Individual supports include medical care (e.g., dental, podiatry), direct supervision, case management, and other related services that promote personal choice and independence.

- Employment, vocational and personal/social adjustment services that are designed to help individuals develop and/or maintain work and personal living skills. These services are offered in a variety of settings, which include private businesses, sheltered workshops and day-service centers.
- Family support services that help families caring for a family member with a disability to keep that family member at home. These services include respite care, case management, environmental modification assistance, therapy referrals and health and medical care coordination.
- Adult Special Populations services that are designed to provide the intensive and specialized types of supports needed for individuals who present atypically challenging behaviors, have autism, or a related developmental disability. Services include community-based residential, employment/vocational and other related health and professional services.
- Assistive Technology services that provide individuals with assessments and adaptive equipment that serve to improve their quality of life. Assistive Technology includes equipment such as wheelchairs, walkers, special switches and knobs, computer programs, communication devices and environmental modifications which are designed to maximize each person's level of independence.

PERFORMANCE MEASURES

Community Services And Special Population Programs

These residential services accommodate individuals with diverse needs who are in critical need of placement to include individuals who present atypical challenging behaviors.

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
# additional day service placements	37	50	10-15

Day Services/Special School Graduates

Day services provide employment, vocational and personal adjustment options for graduates of special school programs.

	FY 2000 Actual	FY 2001 Budget	FY 2002 Gov. Rec.
# special school graduates placed	54	50	68

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STATE SERVICE CENTERS

35-12-00

MISSION

To alleviate crisis, improve the standard of living, develop self-sufficiency, provide volunteer and community service opportunities, address the causes and conditions of poverty and provide universal access to information and referral for all Delawareans.

KEY OBJECTIVES

- Improve access to and delivery of public and private health and human services in Delaware.
- Provide services and leverage resources to impact the causes and conditions of poverty.
- Recruit, refer and recognize volunteers who give service to others.
- Improve the safety and cleanliness of all State Service Centers.

BACKGROUND AND ACCOMPLISHMENTS

Quality Service Training. The Division of State Service Centers (DSSC) continues to lead the implementation of the department's "No Wrong Door" (NWD) quality service initiative. NWD is a client-friendly, citizen-focused approach to human services at the point of entry in the service centers and other community-based locations. Statewide implementation was completed in December 1999.

Quality service training for all DHSS staff began in September 1999. Frontline staff, supervisors and administrative staff received training during Fiscal Year 2000. During Fiscal Year 2001, all staff located in DHSS' five institutions will attend. Training for all new employees will occur as part of their orientation to the department.

Service Delivery. The division continues working hand-in-hand with the community to provide assistance to Delawareans through crises alleviation services, volunteer programs and community service projects. The division continues to deliver core programs that strengthen citizens' ability to get the help that they need when they need it.

Client contacts to State Service Centers in Fiscal Year 2000 exceeded 544,870. The bulk of visits were to Social Services and Public Health.

Services administered by State Service Centers include:

Prescription Medications. During Fiscal Year 2000, 30,685 clients picked up prescriptions under DSSC's partnership with the Nemours Pharmaceutical Assistance Program.

Emergency Assistance. Emergency assistance for rent, utilities and emergency shelter was provided to 10,301 clients under the Community Resource and Assistance Program during Fiscal Year 2000. An additional 6,372 clients were served through the use of Emergency Assistance Services (EAS) funds.

Information and Referral. The division provided information and referral to 248,936 callers through the Delaware Helpline during Fiscal Year 2000.

Family Visitation. Visitation Centers provide safe, neutral settings where children can maintain or reestablish a relationship with a non-custodial parent. During Fiscal Year 2000 the Visitation Centers served 287 families by providing 1,410 monitored exchanges, 649 supervised visitations and 1,468 group visitations.

Shelter Services. State Emergency Housing Funds supported contracts with 15 emergency and transitional shelter agencies and assisted a total of 3,211 homeless individuals during Fiscal Year 2000.

Heating Assistance. The Fuel Assistance Program served 10,217 low-income households below 150 percent of poverty during Fiscal Year 2000. The average benefit was \$205. The Weatherization Program improved the energy efficiency of 402 low-income family homes during Fiscal Year 2000. A Utility Fund was established in Fiscal Year 2000 to assist low-income individuals and families with the high cost of utility bills.

Volunteerism/Mentoring. Volunteer Services hosted the Fifth Governor's Youth Service Awards and honored 25 individuals and nine groups for outstanding community service at a statewide ceremony in Dover. Over 475 individuals attended this event. The Governor's Volunteer Awards honored 27 individuals, three community organizations and three corporations, with over 550 guests in attendance. Nearly 6,200 volunteers also participated in local projects on Delaware's annual Make a Difference Day.

DSSC continues its lead role in coordinating the Governor's Mentoring Initiative, through "First State

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Mentor Corps,” a higher education AmeriCorps Program and the State Employees Care Program. The TEENCorps project has helped to further the Governor’s Teen Pregnancy Prevention Initiative.

Retired Senior Volunteer Program. The Retired Senior Volunteer Program (RSVP) provides opportunities for people age 55 and older to remain active and involved in their communities. In New Castle and Sussex counties 2,245 seniors contributed more than 295,200 hours of volunteer service at non-profit and governmental agencies. The statewide Foster Grandparent Program placed 262 seniors during Fiscal Year 2000. Foster Grandparent volunteer service hours completed during Fiscal Year 2000 totaled 248,045.

Adopt-A-Family. Over 7,500 persons were served by Adopt-A-Family during the holiday season and over 1,500 persons with critical needs were provided assistance through the year-round program. Over 300 backpacks filled with back-to-school supplies were distributed to local children in need for the 2000-2001 school year.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	9,294.7	9,918.7	10,091.6
ASF	948.9	1,506.2	1,506.8
TOTAL	10,243.6	11,424.9	11,598.4

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	98.1	101.1	101.1
ASF	1.0	1.0	1.0
NSF	36.5	39.5	39.5
TOTAL	135.6	141.6	141.6

FAMILY SUPPORT

35-12-10

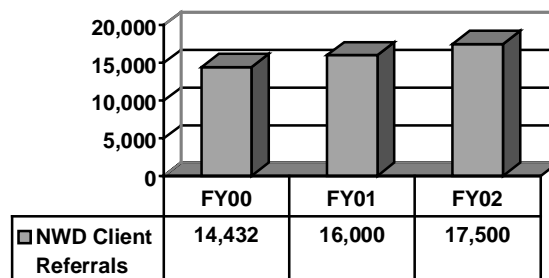
ACTIVITIES

- Coordinate and monitor "No Wrong Door" statewide within the State Service Centers and each division within DHSS.
- Foster a quality service environment in interactions with clients and other staff.
- Increase accessibility and delivery of services through technology and training.
- Foster 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. This includes:
 - 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 Crisis Alleviation, Information and Referral; Emergency Assistance Services; Nemours Pharmaceutical Assistance Program; Child Restraint Car Seat Loaner Program; Emergency Food and Shelter Program; and Directory of Human Services for Delaware.
- Monitor services using demographic data, client satisfaction surveys and other reliable instruments to measure effectiveness of 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 community resource and assistance to individuals and families to alleviate crises.

PERFORMANCE MEASURES

Inter-Divisional Referrals Through "No Wrong Door" *

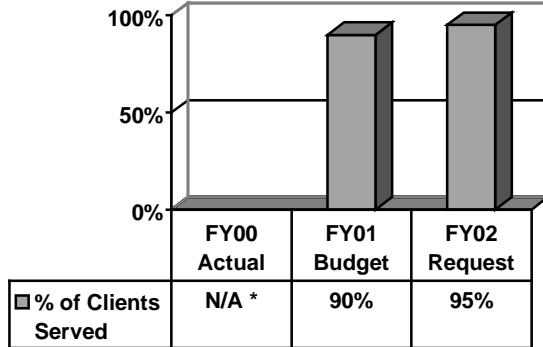


**Does NOT include self referrals or referrals within a division.*

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% of DSSC Clients Receiving Crisis Alleviation Services Within 48 Hours of First Visit *



**FY 2000 actual figures not available. An automated system is being established to track this performance measure.*

SERVICE CENTER MANAGEMENT

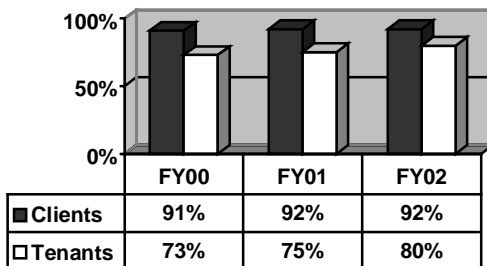
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ACTIVITIES

- Provide day-to-day oversight and management of 14 State Service 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 service mix appropriate to each center's demographic profile.

PERFORMANCE MEASURES

Clients & Tenants Satisfied with State Service Center Facilities



COMMUNITY SERVICES

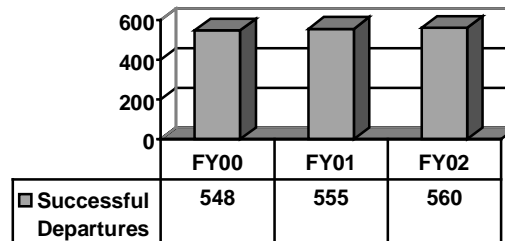
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ACTIVITIES

- Facilitate community development and outreach for the Family Services Cabinet Council's Strong Communities' initiative.
- 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); Weatherization Assistance Program (WAP); and Summer Cooling Assistance Program (SCAP).
- Provide emergency and transitional shelters and support services to homeless individuals and families through contractual agreements with 15 non-profit organizations, contract monitoring and site visits.
- Perform program planning, monitoring and evaluation.
- Provide financial assistance with electric bills and air conditioners to low-income elderly households and individuals younger than 60 years of age with health problems aggravated by extreme heat and humidity, through the Summer Cooling Assistance Program.
- Provide resources and staff support to the Governor's Council on Hispanic Affairs to fulfill their mission as defined by Executive Order.

PERFORMANCE MEASURES

Households Sheltered in Emergency and Transitional Housing Who Depart for More Stable Living Arrangements



DEPARTMENT OF HEALTH AND SOCIAL SERVICES

35-00-00

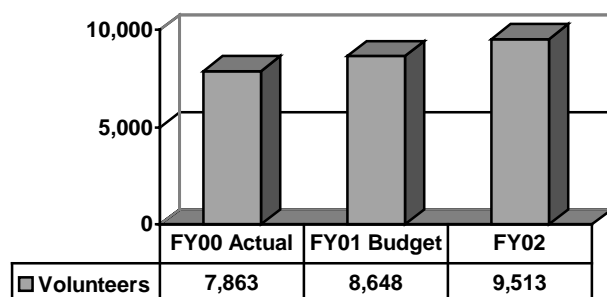
VOLUNTEER SERVICES 35-12-40

ACTIVITIES

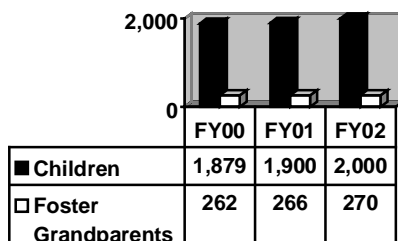
- Coordinate mentoring in the schools and develop recruitment and training program for mentors through State Employees Care Program, the Delaware Mentoring Council and division-operated programs.
- Enable state agencies to better meet their objectives through volunteer programs.
- Recruit, refer and place 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 and over 55 through the Retired Senior Volunteer Programs.
- Recognize the contributions of volunteer youth and adults in annual events.
- Administer the AmeriCorps National Service Program.

PERFORMANCE MEASURES

Volunteers Placed With Programs, Agencies and Projects Through Volunteer Link



Foster Grandparents and Number of Special Needs Children Served *



*Includes children served in schools and Head Start Programs.

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

MISSION

The mission 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.

KEY OBJECTIVES

Promote Health and Well-Being

- Collaborate and develop partnerships with other state and community-based agencies to develop campaigns and wellness programs for older persons and persons with physical disabilities.

Foster Self-Sufficiency

- Offset inflation and continue to maintain service levels in the key home and community-based programs, including adult day care, adult foster care, home delivered meals, housekeeping, respite, nutrition, legal services, Hispanic outreach, attendant services and assistive technology.

Protecting Vulnerable Populations

- Continue to meet the service needs of low-income older persons and adults with physical disabilities who are recipients of services funded under the Social Services Block Grant.

BACKGROUND AND ACCOMPLISHMENTS

The division, formerly the Division of Aging, has been in existence for over 30 years. In July 1994, the division's mission was further expanded to include the provision of services for adults with physical disabilities. This change created a more efficient service delivery system with a "single point of entry" for both adults with physical disabilities and older persons.

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.

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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 faster than the general population through the next two decades. Although data on the number of persons with physical disabilities is less readily available, the Department of Health and Social Services has estimated that this group numbers approximately 16,000 in Delaware.

A second factor that has impacted the availability of services is the increase in program costs. Staff salaries among providers have increased drastically over the past few years due to new federal and state mandates and competition for employees caused by Delaware's low unemployment rate.

A third factor that has had an impact on service availability is the level of federal funding. Federal funding levels for services have not kept pace with inflation and have not provided for expansion of services.

Despite these funding pressures, the division has been successful over the past several years in developing new initiatives to assist its client populations.

In addition to becoming the focal point for persons with physical disabilities, the division has taken on the responsibility of addressing the service needs of persons with traumatic brain injury. The division, through its Brain Injury Steering Committee, created an action plan to develop services for persons with traumatic brain injury. The division is developing a Medicaid Waiver for Brain Injury.

During the past several 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 pilot support group for relative caregivers is now statewide. Legislation allowing informal caregivers to register children for school and to approve medical treatment was enacted.

The division has recently carried out a health promotion campaign known as the Millennium March to Wellness.

This wellness campaign has included many initiatives including depression support groups; diabetes support/management programs; a gambling awareness program; and programs related to depression, osteoporosis and heart disease. In addition, as part of its health promotion efforts, the division continues to participate in numerous health fairs throughout the State.

BUDGET

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	13,161.9	8,981.3	9,313.2
ASF	236.0	261.0	261.0
TOTAL	13,397.9	9,242.3	9,574.2

POSITIONS

	FY 2000 ACTUAL	FY 2001 BUDGET	FY 2002 GOV. REC.
GF	54.8	55.8	55.8
ASF	--	--	--
NSF	49.4	49.4	49.4
TOTAL	104.2	105.2	105.2

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

ACTIVITIES

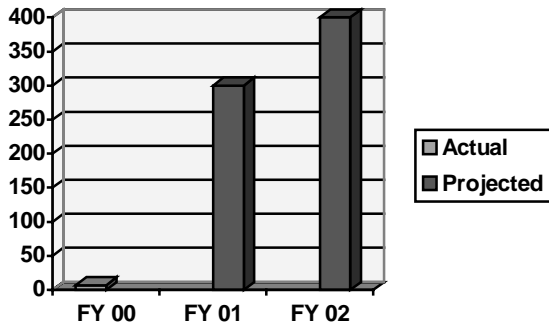
- Administer service contracts.
- Operate the Adult Protective Services, Community Services and Long-Term Care Ombudsman Programs.
- Advocate on behalf of older persons and adults with physical disabilities to create a broader awareness of their needs.
- Develop and implement a variety of wellness and health promotion programs.
- Operate the Eldercare Resource Center to provide information about caregiving to Delaware employers/employees.
- Support and advocate grandparents and relatives raising others' children through its Joining Generations Family Circles Program.
- 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.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
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- Develop public-private and public-public partnerships to increase services and avoid duplication of effort.
- Plan and conduct special events focusing on older adults and adults with physical disabilities.

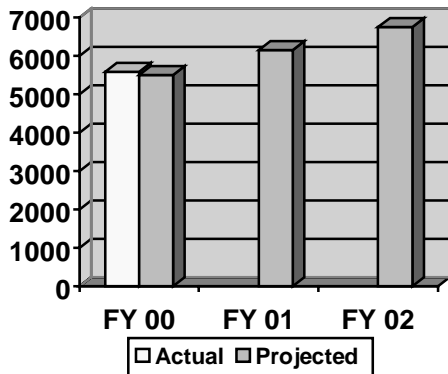
PERFORMANCE MEASURES

Messages Received via Dedicated E-mail



The division is committed to increasing the availability of information related to aging and disabilities through electronic media.

Volunteer Ombudsman Hours



The division seeks to assist and protect vulnerable populations through the Long-Term Care Ombudsman Program which utilizes volunteers in nursing home and other long-term care facilities.