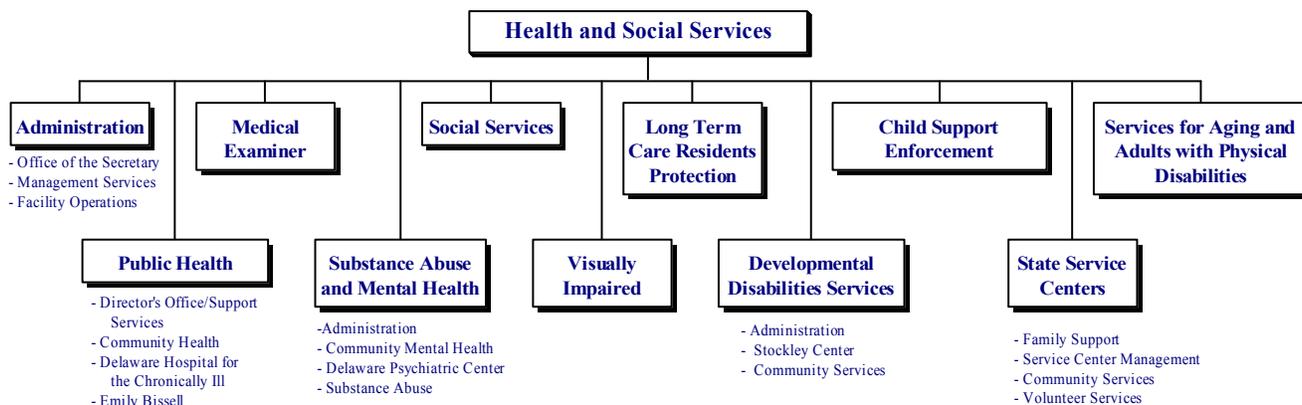


# HEALTH AND SOCIAL SERVICES

## 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 developmental disabilities 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.

#### Efficiency in Government

- Promote a customer-focused approach to service delivery through services integration.
- Ensure the department maximizes the fiscal, human, systems and physical resources available in order to

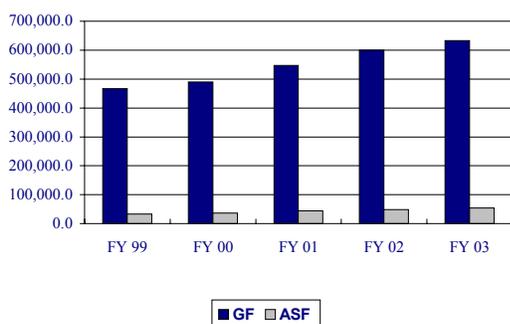
# HEALTH AND SOCIAL SERVICES

## 35-00-00

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.

### Five-Year Appropriation History



### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	617,552.5	632,616.1	651,312.8
ASF	40,377.7	53,902.9	63,498.6
<b>TOTAL</b>	<b>657,930.2</b>	<b>686,519.0</b>	<b>714,811.4</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	3,857.5	3,850.6	3,721.6
ASF	121.1	129.1	131.6
NSF	866.9	889.4	883.9
<b>TOTAL</b>	<b>4,845.5</b>	<b>4,869.1</b>	<b>4,737.1</b>

## FY 2004 BUDGET HIGHLIGHTS

### OPERATING BUDGET:

- ◆ Recommend enhancements of \$125.3 in Personnel Costs, 3.0 FTEs and 4.0 NSF FTEs for EBT operations.
- ◆ Recommend enhancements of \$600.0 ASF for increased costs of the electronic birth certificate project and \$475.0 ASF for newborn screening. Also recommend \$4,768.1 ASF in Contractual Services and \$547.1 ASF for New Nurse Development both funded with Tobacco Settlement Funds.
- ◆ Recommend structural changes to transfer (\$753.4) in Personnel Costs; (9.0) FTEs; (2.0) NSF FTEs;

(\$3.2) in Travel; (\$523.1) and (\$49.9) ASF in Contractual Services; (\$28.0) and (\$.5) ASF in Supplies and Materials; and (\$5.0) and (\$83.1) ASF in Capital Outlay. These transfers move the entire Emergency Medical Services unit to the Department of Safety and Homeland Security.

- ◆ Base adjustments include (\$2,675.4) in Personnel Costs; (80.0) FTEs, (\$26.6) in Contractual Services; (\$128.8) in Energy; and (\$25.0) in Supplies and Materials due to the closing of the Governor Bacon Health Center. Also recommend structural changes to transfer (\$1,811.3) in Personnel Costs, (31.0) FTEs, (\$.3) in Travel, (\$236.4) in Contractual Services, (\$402.3) in Supplies and Materials and (\$17.4) in Capital Outlay from Governor Bacon Health Center to Delaware Hospital for the Chronically Ill (35-05-40); (\$65.6) in Personnel Costs to Emily Bissell (35-05-50); (\$910.5) in Personnel Costs, (25.0) FTEs, and (\$5.9) in Debt Service to Management Services (35-01-20); and (\$15.1) in Contractual Services and (\$82.7) in Energy to Facility Operations (35-01-30). These transfers are also due to the closing of the facility.
- ◆ Recommend inflation and volume adjustments of \$18,500.0 for Medicaid Non-State; \$760.4 for TANF Cash Assistance; \$350.0 for General Assistance; and \$17.9 ASF for Early Intervention.

### CAPITAL BUDGET:

- ◆ Recommend \$1,800.0 for maintenance and restoration projects.
- ◆ Recommend \$211.2 for the Minor Capital Improvement and Equipment Program.

# HEALTH AND SOCIAL SERVICES

35-00-00

## 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, program planning and evaluation, 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 administering the federal program for infants and toddlers with disabilities, 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 ensure that expectations for their implementation are realized. This may entail providing assistance to operating divisions to 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 ensure 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 on-going 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; and quality must be 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.

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	17,042.8	24,835.1	26,733.6
ASF	3,239.1	3,733.0	3,731.8
<b>TOTAL</b>	<b>20,281.9</b>	<b>28,568.1</b>	<b>30,465.4</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	148.6	435.1	463.2
ASF	34.1	35.1	35.6
NSF	51.9	51.9	53.9
<b>TOTAL</b>	<b>234.6</b>	<b>522.1</b>	<b>552.7</b>

# HEALTH AND SOCIAL SERVICES

35-00-00

## 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.

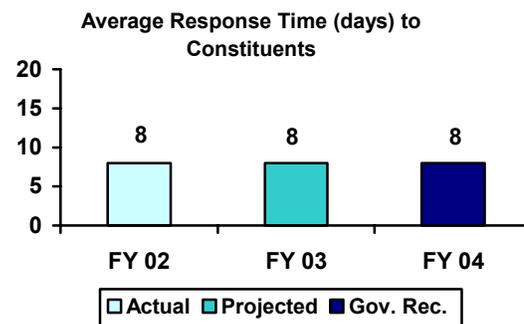
### PERFORMANCE MEASURES

The Constituent Relations Office receives constituent inquiries from a wide variety of sources and through various means, including walk-in clients, telephone, fax, e-mail and written correspondence.

Each division within the department has a designated Customer Service contact with whom the Director of Constituent Relations, in the Secretary's Office, communicates to resolve inquiries. Standards have been developed to address both the quality and the timeliness of the responses.

Inquiries that reach the Secretary's office via telephone, fax, walk-in clients, telephone and e-mail are typically responded to within five business days. These inquiries constitute the largest volume of constituent inquiries handled by the office.

The office also receives inquiries via mail. This response time is measured from the receipt of the request into the Office of the Secretary to the date that the response is mailed. The Secretary's office had established a response time of 15 business days as a benchmark. As of January 2001, that benchmark has been reduced to ten business days.



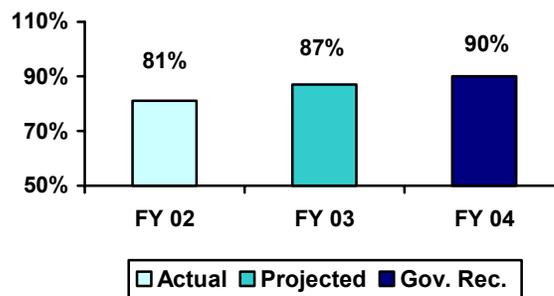
## MANAGEMENT SERVICES 35-01-20

### ACTIVITIES

- Audit and recovery management services
- Budget and program analysis/revenue management
- Contract management and procurement
- Fiscal management
- Human resources management
- Information resources management
- Evaluation, planning and quality control

### PERFORMANCE MEASURES

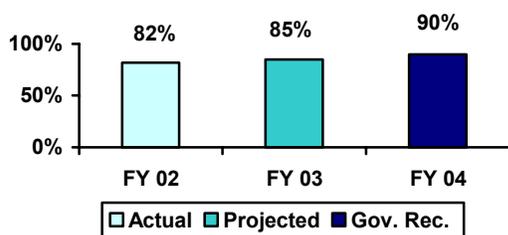
Percentage of Customers Satisfied with DMS Services



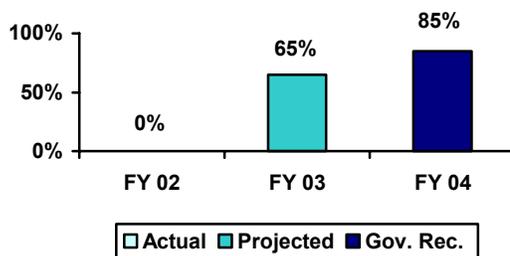
# HEALTH AND SOCIAL SERVICES

## 35-00-00

**Percentage of Labor-Management Recommendations that are Implemented by Managers throughout the Department**

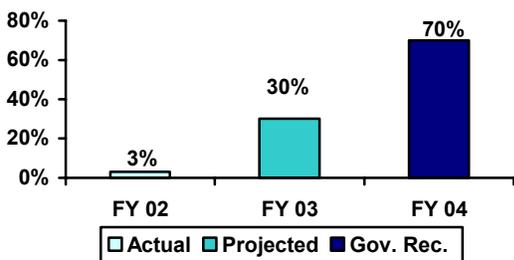


**Percentage of Preventive Maintenance Activities Completed per Schedule**

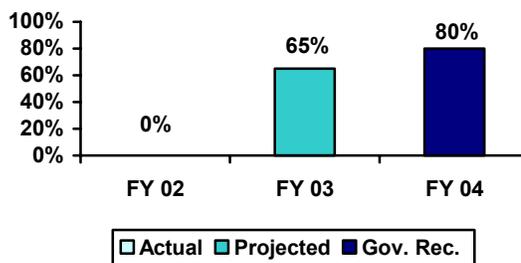


*Note: Will begin tracking data in FY 2003.*

**Percentage of DHSS Users Transitioned to Windows 2000 Network Operating System**



**Percentage of Requests for Service Responded to within the Same Day**



*Note: Will begin tracking data in FY 2003.*

---

### ***FACILITY OPERATIONS***

#### ***35-01-30***

---

#### **ACTIVITIES**

Facility Operations was established in Fiscal Year 2002 to improve efficiencies by sharing resources, managing priorities, and reducing response time. Department-wide maintenance, housekeeping and security activities are now consolidated into regional units reporting to the Director of Facility Operations in the Division of Management Services.

- Share resources, manage priorities on regional basis, spread workload and reduce response time.
- Use a computerized maintenance management system (CMMS) to track work orders, prioritize requests for service, provide a comprehensive preventive maintenance program, capture equipment history data, manage inventory and provide the means to develop a predictive maintenance program comparing infrastructure condition against industry standards relative life-cycling.
- Work with the Capital Programs unit to develop a prioritized approach to deferred maintenance and MCI programs on department-wide basis.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### 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.
- 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 2002 the Office of the Chief Medical Examiner:

- Investigated 2,900 deaths statewide.
- Analyzed more than 4,400 controlled substances cases.
- Performed more than 19,000 urine drug screens.

#### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	3,102.0	3,134.3	3,108.5
ASF	122.1	46.4	46.4
<b>TOTAL</b>	<b>3,224.1</b>	<b>3,180.7</b>	<b>3,154.9</b>

#### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	37.0	34.0	34.0
ASF	1.0	1.0	1.0
NSF	--	--	--
<b>TOTAL</b>	<b>38.0</b>	<b>35.0</b>	<b>35.0</b>

### MEDICAL EXAMINER

#### 35-04-01

#### ACTIVITIES

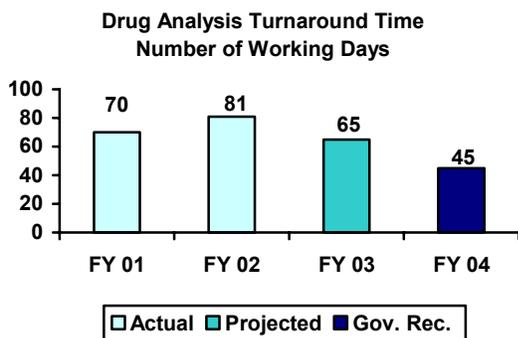
- Conduct medicolegal investigation of all sudden, accidental or suspicious deaths.
- Perform post-mortem examinations.
- Identify human remains.
- Analyze post-mortem toxicology samples.
- Perform scientific analysis of drug evidence.
- Provide transportation of drug and biological evidence to the Forensic 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

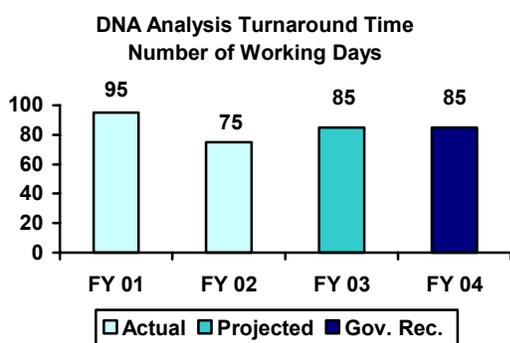
Drug analysis turnaround time is the time period from receipt of drug evidence by the laboratory until analysis is completed and a final report generated. The performance goal is a drug analysis turnaround time average of 45 working days.

# HEALTH AND SOCIAL SERVICES

35-00-00



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 85 working days.



## PUBLIC HEALTH

35-05-00

### MISSION

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

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

### KEY OBJECTIVES

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

- Protect Delawareans from threats of emerging pathogens (e.g., bioterrorism and influenza pandemics).
- 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.

# HEALTH AND SOCIAL SERVICES

35-00-00

## 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 focusing on adolescent pregnancy prevention. Collaboration with other organizations has lead to improved and expanded health services for adolescents through school-based health centers and for vulnerable populations such as those diagnosed with HIV disease or AIDS.

The division 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 its citizens.

## Accomplishments

- The division utilizes over \$5 million of Tobacco Settlement funds to implement tobacco prevention programs.
- Twenty-seven school-based health 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.
- With the assistance of the division, the Delaware Advisory Council on Cancer Incidence and Mortality made 26 recommendations to address Delaware's high cancer rates.
- Collaboration with community-based organizations, including the Delaware Perinatal Board, other state and private agencies has lead to a reduction of infant mortality in Delaware.
- The Drinking Water Revolving Fund loan program assists with the funding of infrastructure improvements to public water systems throughout the state.

## FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	82,115.2	71,032.7	67,432.8
ASF	9,335.7	13,620.9	20,654.9
<b>TOTAL</b>	<b>91,450.9</b>	<b>84,653.6</b>	<b>88,087.7</b>

## POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	1,380.3	1,261.7	1,136.1
ASF	47.8	51.8	53.8
NSF	209.5	222.7	220.7
<b>TOTAL</b>	<b>1,637.6</b>	<b>1,536.2</b>	<b>1,410.6</b>

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

## ACTIVITIES

- Planning and evaluation
- Program coordination
- Contract development and management

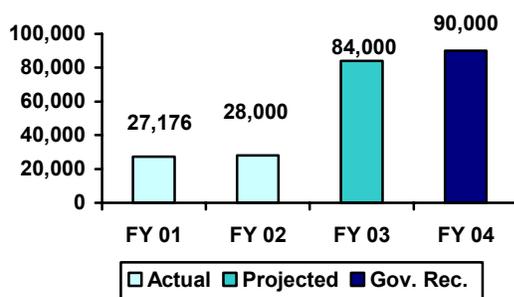
# HEALTH AND SOCIAL SERVICES

35-00-00

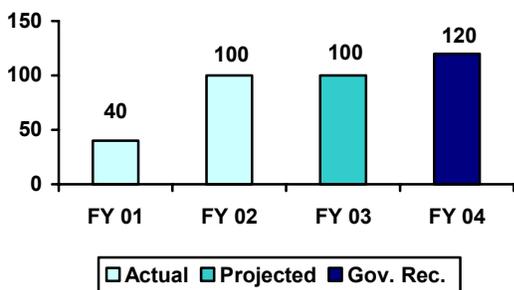
- Grant coordination
- Coordination of public information
- Minority health
- Establishing management framework
- Fiscal management
- Revenue development and management
- Capital improvement
- Management information systems
- System automation
- Collecting and cataloging vital statistics
- Health Alert Network
- Core public health skills training

## PERFORMANCE MEASURES

**Number of Vital Records Processed**



**Number of Contract Audits Performed**




---

## COMMUNITY HEALTH

35-05-20

---

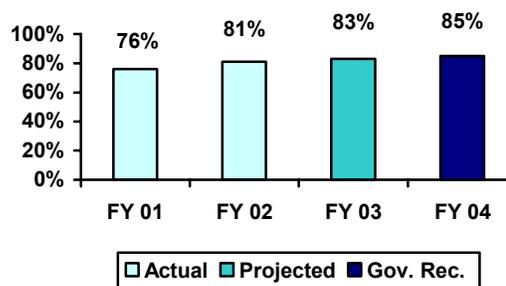
### ACTIVITIES

- Development of an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism.
- Assessment of the health risks of environmental hazards.

- Inspections and ongoing monitoring of public drinking water systems.
- Hazard analysis, assessment, inspection and monitoring of food establishments.
- Laboratory testing and analysis.
- 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.
- 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.
- Accreditation and certification of firms and individuals that provide lead-based paint abatement training or services.
- Maternal/Child Health Services, enhanced care for high-risk pregnant women; prenatal care and well-child preventive health services for the uninsured including dental services.
- Family planning.
- Services to children with special health care needs, including Child Development Watch.
- School-based health centers.
- Development of more effective primary and rural health care systems.

## PERFORMANCE MEASURES

**Percent of Children Adequately Immunized**

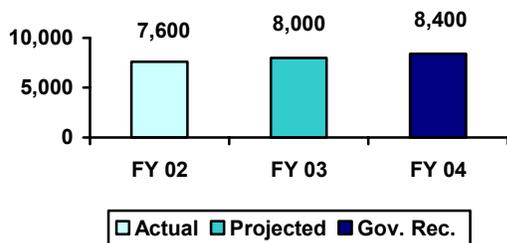


*\*4 DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention. FY 01 is actually CY 00.*

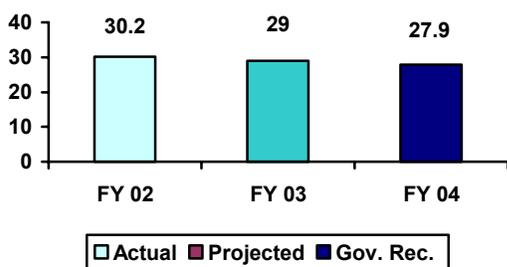
# HEALTH AND SOCIAL SERVICES

## 35-00-00

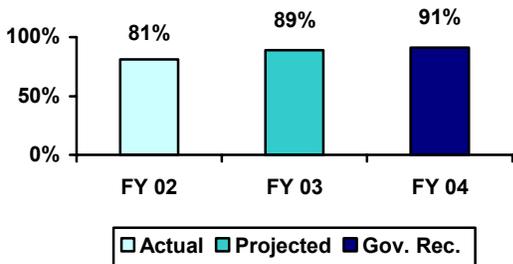
**Number of Medicaid Clients See in DPH  
Ental Clinics  
(Unduplicated Clients)**



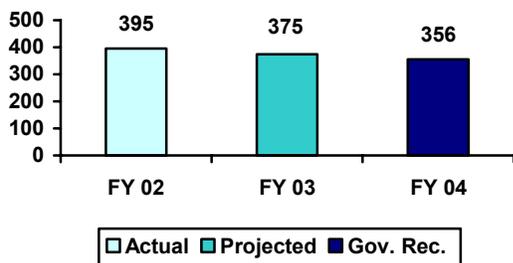
**Rate of Birth Among Teenage Girls 15-17  
Years of Age (rate per 1,000 births)**



**Percentage of Delawareans Served by  
Fluoridated Water**



**Number of Children with Elevated Blood  
Lead Levels (tests)**



### *DELAWARE HOSPITAL FOR THE CHRONICALLY ILL*

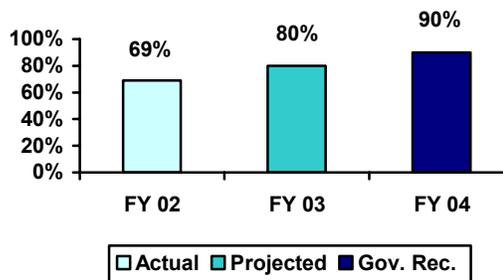
#### *35-05-40*

#### ACTIVITIES

- Operate a 300-bed nursing facility, comprised of 76 skilled and 224 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.
- 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

**Percentage of Residents Expressing  
Overall Satisfaction with Care**



### *EMILY BISSELL*

#### *35-05-50*

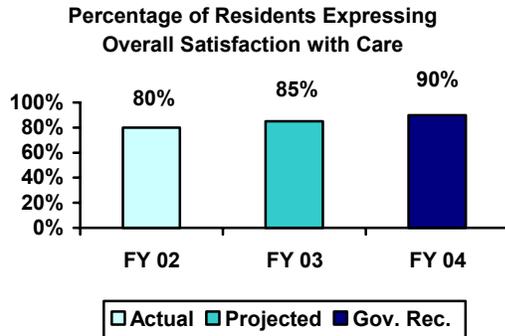
#### ACTIVITIES

- Operate an 82-bed nursing facility; all of the beds are skilled.
- 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 support to community-based Long Term Care services.

# HEALTH AND SOCIAL SERVICES

35-00-00

## PERFORMANCE MEASURES



## SUBSTANCE 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

- Provide an integrated and coordinated continuum of community-based behavioral health care services that promotes health through prevention, treatment, recovery, personal well-being and self-sufficiency.
- Ensure access to behavioral health treatment and prevention for consumers/clients in need of publicly-funded behavioral health services.
- Improve the process of referral and transfer to different levels of care.
- Provide specialized and culturally competent behavioral health care treatment and prevention services to special populations, including minorities, young adults, older adults, persons involved with the criminal justice system, substance abusing pregnant women, and women with dependent children.
- Assist consumers/clients in improving their quality of life as reflected by community tenure, attainment of employment and access to housing and/or residential stability.
- Strengthen interdepartmental and interagency collaboration in order to provide more comprehensive community-based behavioral health care services for adults.
- Reduce the over-utilization of Delaware Psychiatric Center and ensure adequate staff and facilities.
- Enhance the effectiveness of behavioral health care treatment and prevention services through the implementation of service delivery that is based on best practice guidelines and principles.

### BACKGROUND AND ACCOMPLISHMENTS

As noted in Healthy Delaware 2010, disparities in behavioral health services (i.e., mental health and substance abuse treatment) have a devastating impact on vulnerable at-risk populations and those in need of

# HEALTH AND SOCIAL SERVICES

**35-00-00**

treatment services. The division seeks to eliminate disparities in behavioral health care by providing a comprehensive behavioral health care system for adults, age 18 and older. The division's programs are designed to: reduce the incidence and prevalence of mental disorders (including substance abuse and pathological gambling); promote recovery; reduce and/or eliminate disabling symptoms and conditions; and enhance the quality of life. These objectives are accomplished by not only providing an integrated system of prevention, treatment, rehabilitation and support services that are accessible, appropriate and effective, but also ensuring that the care provided results in an improvement in consumer/client functioning.

Since 1989, the division's goal has been to enhance community tenure and reduce rates of hospitalization for adults with psychiatric disabilities, substance abuse disorders and co-occurring disorders. The guiding principle that drives this goal is that persons with disabilities are entitled to receive service in the most integrated and least restrictive level of care.

In Fiscal Year 2003, the division continued to use a number of strategies to reduce the census at Delaware Psychiatric Center. More Delaware Psychiatric Center admissions were redirected to community psychiatric hospitals. Fifteen patients with Alzheimer's disease and/or dementia were placed in a special program at the Stockley Center. New community programs were established to meet the needs of long-term patients who would otherwise have had to remain at Delaware Psychiatric Center. The division funds 12 Continuous Treatment Teams, which are based on the principles of the Program of Assertive Community Treatment (PACT). PACT is a best practice for the treatment of serious mental illness.

The division continues to make available new generation psychotropic medications for clients of both community programs and Delaware Psychiatric Center. These medications allow some adults with psychiatric disabilities to reside in the community, thus reducing the need for long-term hospitalization. Medications decrease symptoms and increase the level of functioning for people in the community, as well as those in in-patient settings.

Services for persons with substance disorders are an integral component of the division's continuum of care. An extensive body of research shows that with treatment, primary drug use decreases by nearly half. In addition, reported alcohol and drug-related medical visits decline by more than 50 percent, criminal activity by as much as 80 percent, and financial self-sufficiency improves (e.g.,

employment increases, and welfare receipt and homelessness declines).

## FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	75,596.3	71,342.1	72,496.3
ASF	550.8	2,612.8	2,612.8
<b>TOTAL</b>	<b>76,147.1</b>	<b>73,954.9</b>	<b>75,109.1</b>

## POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	901.4	796.4	796.4
ASF	4.0	8.0	8.0
NSF	15.8	19.8	19.8
<b>TOTAL</b>	<b>921.2</b>	<b>824.2</b>	<b>824.2</b>

## ADMINISTRATION

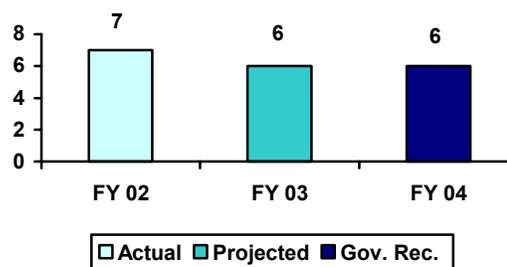
**35-06-10**

## 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

**Number of New Client and Service System Reports Generated**



# HEALTH AND SOCIAL SERVICES

35-00-00

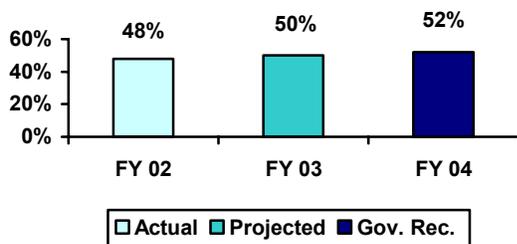
## COMMUNITY MENTAL HEALTH 35-06-20

### ACTIVITIES

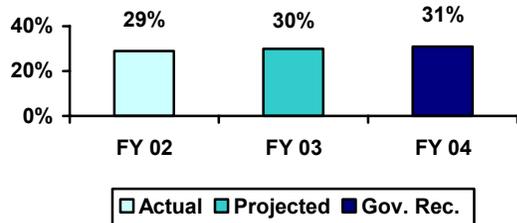
- For Fiscal Years 2003-2005, continuously enhance access to mental health treatment services for consumers/clients residing in urban and rural communities throughout the state, particularly in identified high-risk areas.
- During Fiscal Year 2003, implement an Eligibility and Enrollment Unit for clients/consumers in need of mental health treatment services that will improve the efficiency of intake processing and level of care placement.
- For Fiscal Years 2003-2005, continue to make available new medications for persons with mental illness.
- Restructure the Community Mental Health clinics to improve access and quality of care.
- Deploy Mobile Crisis intervention staff to improve its effectiveness in working with hospital emergency rooms and the police on mental health commitments.

### PERFORMANCE MEASURES

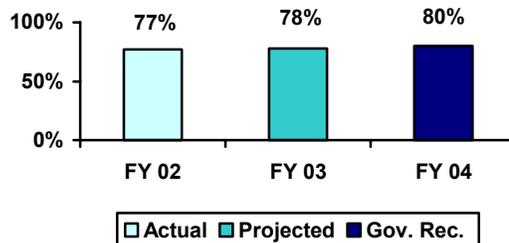
**Percentage of Consumers in Community Support Programs Available for Work Who are Employed**



**Percentage of Consumers with Mental Illness Receiving Subsidies for Safe and Decent Housing**



**Percentage of Consumers Satisfied with Service Program**



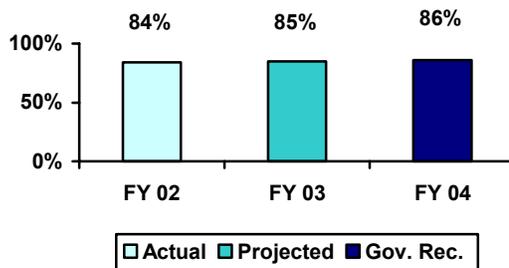
## DELAWARE PSYCHIATRIC CENTER 35-06-30

### ACTIVITIES

- During Fiscal Year 2003, develop options for the redirection of the Kent 3 unit at Delaware Psychiatric Center.
- During Fiscal Year 2003, reallocate funds to purchase private psychiatric hospital beds in New Castle County.
- Reallocate funds to make community-living options available to meet the mandates set forth by the Olmstead decision.
- Enhance the role of Delaware Psychiatric Center's Medical Director position to include oversight of community-based psychiatric care.
- For Fiscal Years 2003-2005, continue to develop nurse recruitment and retention initiatives to ensure adequate staff at Delaware Psychiatric Center.

### PERFORMANCE MEASURES

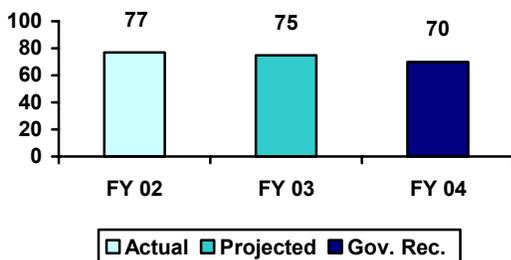
**Percentage of Patients with Schizophrenia Receiving New Anti-Psychotic Medication**



# HEALTH AND SOCIAL SERVICES

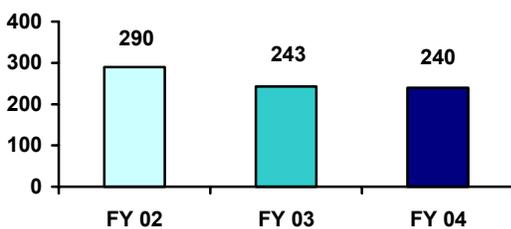
35-00-00

Number of Admission per 100,000 Adult Population



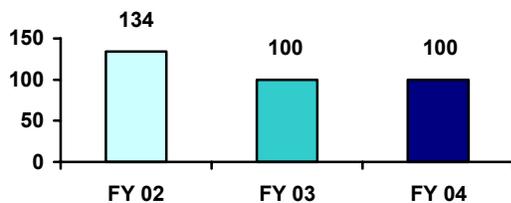
Actual Projected Gov. Rec.

Average Daily DPC Census



Actual Projected Gov. Rec.

Number of Residential Community Placements

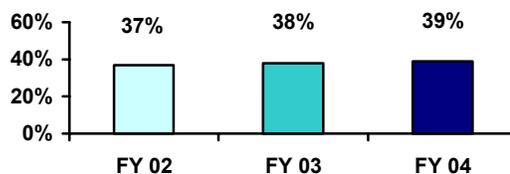


Actual Projected Gov. Rec.

- During Fiscal Year 2003, implement an Eligibility and Enrollment Unit for clients/consumers in need of substance abuse treatment services.
- During Fiscal Year 2003, re-focus substance abuse prevention and intervention efforts to identified target populations, such as young adults age 18-25, and adults age 65 or older.
- By Fiscal Year 2004, issue new contracts pursuant to an Request for Proposal (RFP) for all residential treatment using science-based best practices.
- By Fiscal Year 2004, reconfigure the out-patient substance abuse treatment systems to include day treatment services in all three counties.

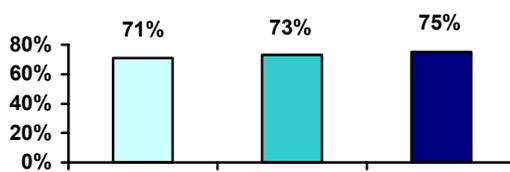
## PERFORMANCE MEASURES

Percentage of Detoxification Clients who Received One or More Other Treatment Services



Actual Projected Gov. Rec.

Percentage of Consumers Satisfied with Services Program



Actual Projected Gov. Rec.

## SUBSTANCE ABUSE

35-06-40

### ACTIVITIES

- For Fiscal Years 2003-2005, continuously enhance access to substance abuse treatment services for consumers/clients residing in urban and rural communities throughout the state, particularly in identified high-risk areas.

# HEALTH AND SOCIAL SERVICES

35-00-00

## 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.**

- Work with managed care companies and providers to improve coordination in the provision and delivery of primary health care services.

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

- 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.
- Achieve federal and state mandates for TANF work participation rates for welfare clients.
- Ensure access for parents requiring infant care and other hard to find care through community partnerships and quality improvements.
- Where feasible, develop policies and structures that support the Early Success Report.
- 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 services for families and services for the elderly and individuals with disabilities.**

- Develop and implement managed care programs and other Delaware and national health care reforms.
- Through a transportation broker, increase the effectiveness and efficiency of transportation

providers to ensure clients can get to health care providers and that the State contains costs.

- Develop initiatives supporting DHSS community-based and institutional based long-term care plans.
- Provide pharmacy coverage for low-income uninsured individuals through the Delaware Prescription Assistance Program for the elderly and individuals with disabilities.

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

- Maximize federal funding through "cost recovery" projects.
- Continue to improve division administration, program management, operations and customer service to maximize both efficiency and service quality.
- Continue to improve Medicaid estate, accident and third party recoveries.
- Maintain and enhance the Medicaid Management Information System and support development of an Electronic Benefit Transfer (EBT) system and other automation projects.
- 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 over 100,000 (1 out of every 7) Delawareans each month. The four major program areas are:

- Medical Assistance (includes Diamond State Partners and Diamond State Health Plan (Medicaid Managed Care), Medicaid Long Term Care (LTC), Delaware Healthy Children Program, Chronic Renal Disease Program, Non-Citizen Health Care Program and the Delaware Prescription Assistance Program).
- Subsidized child day care.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

- Financial Assistance (includes Temporary Assistance for Needy Families (TANF), Emergency Assistance, General Assistance, Refugee Assistance and Food Stamps).
- Employment and training.

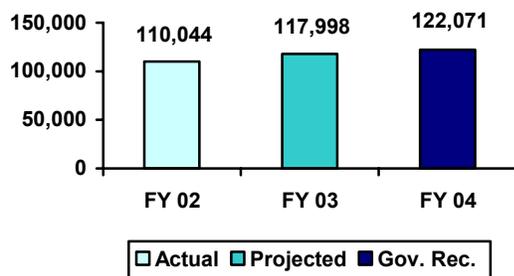
The division achieves its goals by:

- Increasing client self-sufficiency and independence through the TANF 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:

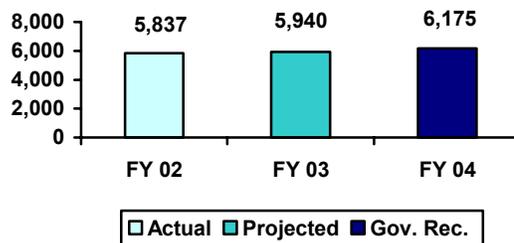
- Continues to find innovative ways to deliver medical assistance and to expand services to non-public assistance low-income populations. There are over 18,000 single adults with incomes under the poverty level who are now covered by Medicaid. Approximately 77 percent of the Medicaid population is currently enrolled in the Diamond State Health Plan. The division continues to adopt and adapt features of commercial managed care in the Medicaid Program.

**Medicaid: Average Monthly Clients**



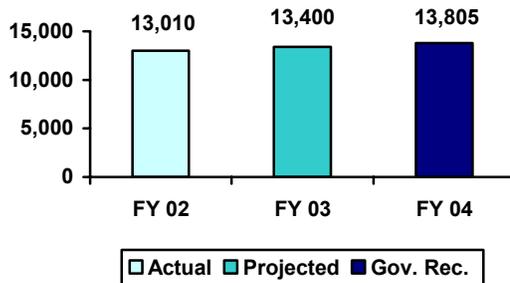
- The TANF average monthly caseload grew by 1.0 percent in SFY 2002. This is the first increase in TANF caseloads since SFY 1994.

**Temporary Assistance for Needy Families (TANF): Average Monthly Cases**



- The number of children receiving subsidized child care has grown from 1,528 in 1987 to 13,010 in Fiscal Year 2002. 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 almost 14,000 in Fiscal Year 2004.

**Child Care: Average Monthly Cases**

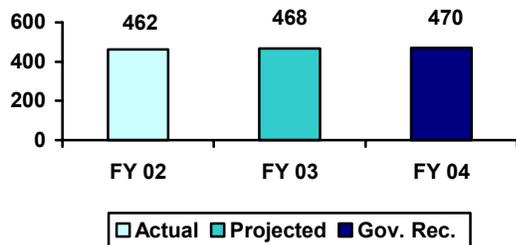


- The division manages the Chronic Renal Disease Program. This is a state-funded program that serves clients who suffer from end-stage renal disease or who have had a kidney transplant. An RN Case Manager coordinates services and performs redeterminations, referrals to other services that will benefit clients, securing prescription drugs from a mail order house and having them delivered directly to client homes, securing a much needed food supplement at the wholesale rate from the manufacturer and automation of billing. Pharmacy costs are the largest program expenditure.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

**Chronic Renal Disease Program: Average Monthly Cases**



- In February 1999, the division began the Delaware Healthy Children Program to cover uninsured children in low-income families. This 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. As of September 1, 2002, 3,868 children were currently enrolled in the program. A total of 13,241 children have been served under the program since February 1999.
- In July of 2002, the division began the development of Diamond State Partners (DSP), a managed care case management program as an alternative to the division's Medicaid Managed Care Program, Diamond State Health Plan. This program is an innovative and cost effective approach to provide quality services in the changing health care market.
- Over the past several years, the division has worked with the Office of the Budget, 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 2002, about \$23.3 million in federal Medicaid matching funds was received by the State.

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	348,297.3	374,384.5	393,785.2
ASF	23,383.5	28,052.9	30,239.9
<b>TOTAL</b>	<b>371,680.8</b>	<b>402,437.4</b>	<b>424,025.1</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	283.6	285.7	285.7
ASF	2.0	2.0	2.0
NSF	315.4	317.3	317.3
<b>TOTAL</b>	<b>601.0</b>	<b>605.0</b>	<b>605.0</b>

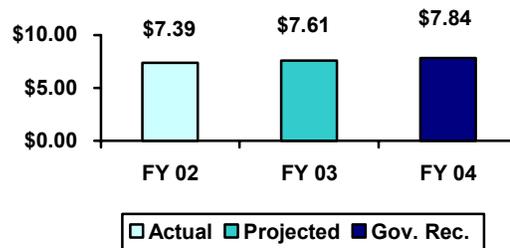
## SOCIAL SERVICES 35-07-01

### ACTIVITIES

- Administer the Diamond State Partners (managed care) Program services.
- Provide 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.

### PERFORMANCE MEASURES

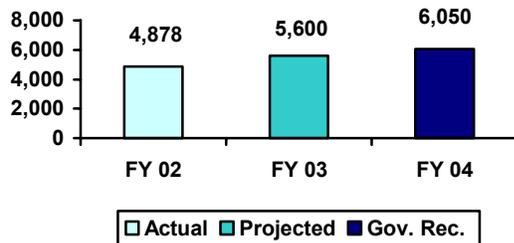
**Temporary Assistance for Needy Families:  
Average Hourly Wage for Job Placements**



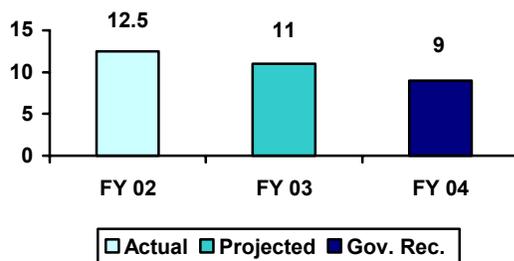
# HEALTH AND SOCIAL SERVICES

35-00-00

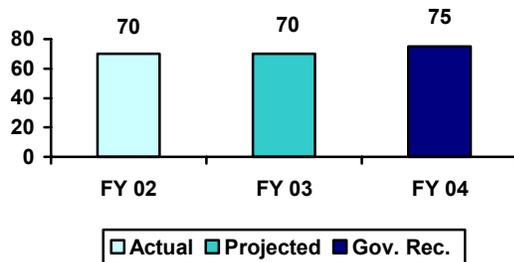
Delaware Prescription Assistance Program: Average Monthly Clients



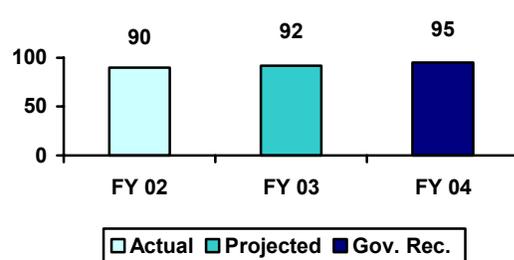
Number of Days from Receipt of Medicaid Payment



Percentage of Clients Seen Same Day by Medicaid Provider When Ill



Percentage of Clients Seen Same Month by a Medicaid Provider for a Check-up



## 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 underserved communities.

### BACKGROUND AND ACCOMPLISHMENTS

Approximately 3,200 persons who are legally blind or severely visually impaired have been identified throughout the state. 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

# HEALTH AND SOCIAL SERVICES

**35-00-00**

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.

The goal of DVI is to provide instruction in the least restrictive environment. Due to the nature of the disability, DVI staff provides the majority of services in the most appropriate and effective environment, such as the home, work or school.

During Fiscal Year 2002, about 233 children with visual impairments and their families received services from the Education Unit. These services, which include itinerant education and counseling services to children and their families, were provided in their home or their assigned home school district.

Independent Living Services for persons with visual impairments were provided to 852 persons during the past year. Instruction on daily living skills, communication devices, low vision aids and evaluations were made during 2,416 home visits to consumers. Over 84 percent of these individuals served were age 55+.

Last year, Vocational Rehabilitation services were provided to 210 Delawareans, 13 of who were receiving post-employment services. Nineteen consumers were successfully placed in employment; of these, all 19 were in competitive positions within an integrated setting, earning minimum wage or above. Similarly, the Low Vision program served 337 consumers last year while Orientation and Mobility (O&M) services were provided to 96 consumers.

DVI has 80 active volunteers working as Braillists, narrators, readers, office assistants, and 13 inmates providing Braille and Large Print services through the "Men with a Message" prison Braille program. The volunteers and prisoners helped to generate 48,627 pages of Braille, 197 audiotapes, and 34,257 large print pages during Fiscal Year 2002. Currently ten inmates are certified Braillists through the Library of Congress in Literary Braille. Of the 12 inmates providing Braille services, two are certified in Nemeth Code (Mathematical Braille), 1 as a Nemeth proofreader and another individual has completed training in transcription into Spanish. One individual is nearing the completion of his training to apply to become certified in Literary Braille.

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	2,482.4	2,618.6	2,649.4
ASF	569.6	1,159.5	1,159.5
<b>TOTAL</b>	<b>3,052.0</b>	<b>3,778.1</b>	<b>3,808.9</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	40.6	40.6	40.6
ASF	3.0	3.0	3.0
NSF	27.4	27.4	27.4
<b>TOTAL</b>	<b>71.0</b>	<b>71.0</b>	<b>71.0</b>

### *VISUALLY IMPAIRED SERVICES*

**35-08-01**

### ACTIVITIES

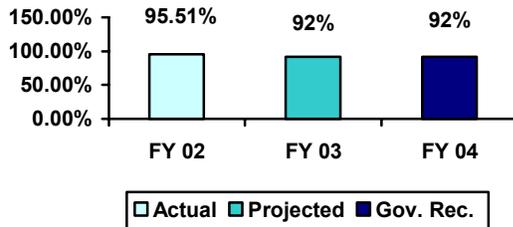
- Provides an education program designed to minimize the effects of a visual disability on the academic achievements of students through the efforts of itinerant teachers and child counselors, as well as through the provision of textbooks and instructional materials in appropriate medium.
- Provides 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 and vending operations.
- 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 Programs such as Low Vision Services; Orientation and Mobility; Training Center Services; Peer and Support Group Counseling services; Materials Center to convert educational materials into alternate media format; and Outreach and Public Information.

# HEALTH AND SOCIAL SERVICES

35-00-00

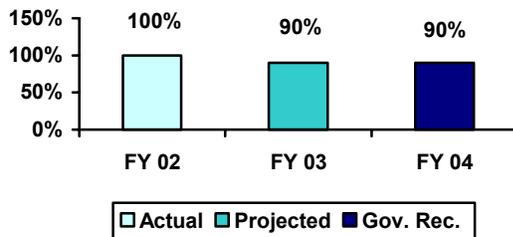
## PERFORMANCE MEASURES

Percentage of Independent Living Goals Being Achieved as Developed in Individualized Training Plans



Due to being fully staffed during Fiscal Year 2002, we were able to surpass the goal of 80 percent. Due to the performance in Fiscal Year 2002, projected goals have increased for Fiscal Year 2003 and Fiscal Year 2004 from 80 percent to 92 percent.

Percentage of Successful Vocational Rehabilitation Job Placements in Jobs with Competitive Wages or Salaries



During Fiscal Year 2002, the VR unit was fully staffed for the first time in a number of years and able to surpass the goal of 90 percent competitive placements. Since August 16, 2002, one of two counselor positions is vacant and therefore the goal will not be increased beyond 90 percent at this time as these positions have proven difficult to fill.

## 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

- To decrease the average number of days to complete abuse, neglect and financial exploitation investigations from 36 days in 2002 to 32 days in 2004.
- To decrease the number of days to complete state and federal criminal background checks from 46 days in 2002 to 42 days in 2004.
- To increase the number of surprise inspections in nursing and assisted living facilities from 36 in 2002 to 42 in 2004.
- To increase the percent of residents sampled annually with no significant, avoidable weight loss from 96.9 percent in 2002 to 98.2 percent in 2004

#### BACKGROUND AND ACCOMPLISHMENTS

Delaware's 139<sup>th</sup> General Assembly created 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 and 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/7-days per week coverage.

The Incident Referral Center received 14, 608 contacts during Fiscal Year 2002. The contacts have been analyzed and referred to the appropriate location for resolution.

# HEALTH AND SOCIAL SERVICES

**35-00-00**

The in-house Adult Abuse Registry allows the Investigations Section to process inquiries within a 24-hour turnaround time. During Fiscal Year 2002, 22,125 inquiries were processed. Currently, there are 245 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing facilities and other licensed facilities. During Fiscal Year 2002, a total of 5,163 new applicants were fingerprinted for state and federal criminal background check. Of those, 29 percent had a criminal history. Three percent 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

In Fiscal Year 2002, the division conducted 36 unannounced inspections in addition to the annual survey workload. It also continued monitoring compliance with the minimum staffing requirements.

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	2,786.7	2,899.3	2,791.2
ASF	--	--	--
<b>TOTAL</b>	<b>2,786.7</b>	<b>2,899.3</b>	<b>2,791.2</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	49.6	49.6	44.6
ASF	--	--	--
NSF	22.4	22.4	20.4
<b>TOTAL</b>	<b>72.0</b>	<b>72.0</b>	<b>65.0</b>

## **LONG TERM CARE RESIDENTS PROTECTION**

**35-09-01**

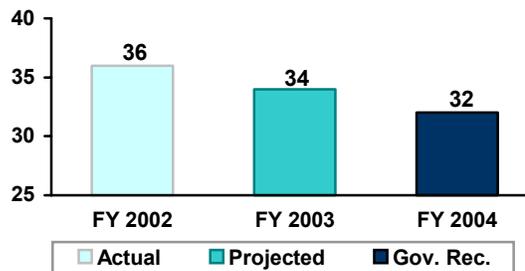
### ACTIVITIES

- License facilities and services on an annual basis and conduct a variety of inspections, including annual, complaint-driven, and unannounced inspections, with an emphasis on weekend and evening inspections, to determine compliance with federal and state laws and regulations.
- Receive and investigate complaints of abuse, neglect, mistreatment and financial exploitation and other concerns that may adversely affect consumer health, safety, welfare or rights, including alleged violations of federal and state laws and regulations.

- Provide for systematic and timely notification, coordinated investigation, and referral of substantiated abuse, neglect, mistreatment and financial exploitation complaints to the appropriate law enforcement agencies and the Attorney General's Office.
- Manage the Adult Abuse Registry and Certified Nursing Assistant Registry as established by the Delaware Code and federal regulations.
- Ensure compliance with the Criminal Background Check/Mandatory Drug Testing law.
- Expand training for division staff, providers of long term care services, other agencies, residents, and families on applicable statutes, as well as provide other educational workshops, to include innovative approaches to promoting residents' quality of care and quality of life.
- Work with other agencies to promote and advocate for residents' rights.
- Meet with individuals receiving long term care services and their families in conjunction with licensure and enforcement activities.
- Update consumer information materials on an ongoing and as needed basis, through a variety of printed and electronic means, including the division's website.
- Publicize a 24-hour statewide toll-free hotline to receive reports of abuse and neglect complaints.

### PERFORMANCE MEASURES

#### Investigation Completion Days

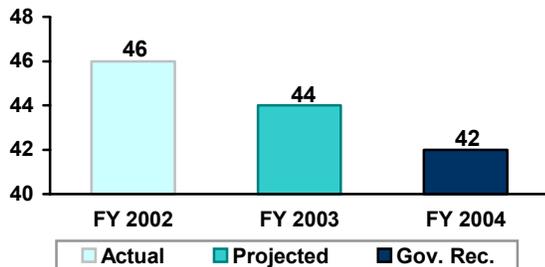


Investigation Completion – This measure will allow for more timely notification to employers about the results of investigations of abuse, neglect and financial exploitation thereby helping to protect residents.

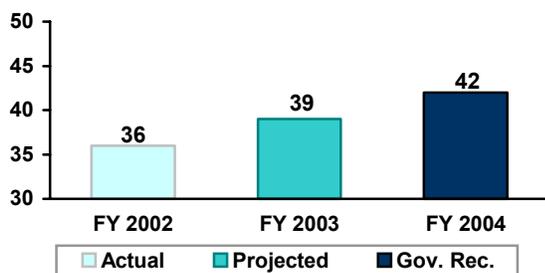
# HEALTH AND SOCIAL SERVICES

35-00-00

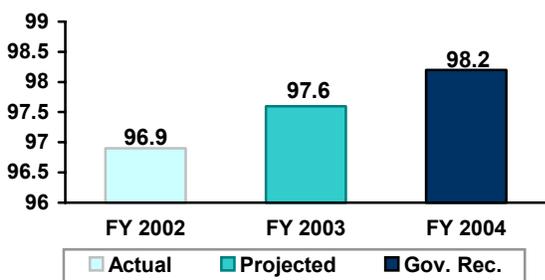
Criminal Background Check Completion Days



Number of Surprise Inspections



% of Patients without Significant, Avoidable Weight Loss



## CHILD SUPPORT ENFORCEMENT 35-10-00

### MISSION

To promote family independence by reducing dependency of single parent households through the collection of child support from non-custodial parents. This mission is achieved through the effective use of paternity establishment programs, aggressive case processing and enforcement techniques, efficient collection, and the 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 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) further enhancing the initiation and transfer of wage withholding attachments on child support (IV-D) cases, and (2) devoting additional time and resources to non-custodial parent locate activities.
- Increase the percentage of cases paying child support arrears by two percent per year. This objective can be accomplished by (1) expanding Division of Child Support Enforcement's (DCSE's) License Suspension program by reducing to \$1,000 the minimum amount in arrears a non-custodial parent must owe in order to have one or more licenses suspended, and (2) enhancing the agency's relatively new data match process with financial institutions that help locate absent non-custodial parents and provides the basis for seizing the financial accounts of seriously delinquent child support obligors.

# HEALTH AND SOCIAL SERVICES

35-00-00

## BACKGROUND AND ACCOMPLISHMENTS

The Child Support Enforcement Program was developed in 1975 to shift the fiscal responsibility for the support of children from government to those morally and legally obligated. Child support collections are an integral part of any policy to reduce poverty, strengthen families, and prevent welfare dependency.

The Personal Responsibility and Work Opportunity Reconciliation 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 placed added emphasis on the child support enforcement program and its close relationship to the TANF program that replaced it. As PRWORA programs expand and new child support cases are created, State child support enforcement revenue will continue to increase.

Under the federal Child Support Performance and Incentive Act of 1998, the basis for performance measures established by the federal Office of Child Support Enforcement (OCSE) was significantly revised during a three-year phase-in period that concluded on September 30, 2002. To meet the challenges from child support enforcement programs of the other states that are competing for a limited annual pool of federal incentive funding, DCSE must maintain a concerted effort to increase its overall performance efficiency and effectiveness.

### Accomplishments

**Child Support Collections:** During Fiscal Year 2002, DCSE collected \$82.0 million in child support payments, which represents a \$3.9 million (five percent) increase over the amount collected during Fiscal Year 2001. From Fiscal Year 2002 collections, DCSE returned \$6.9 million to reimburse the State and federal government for benefits provided to children through TANF and Foster Care programs. This represents 8.4 percent of Fiscal Year 2002 collections by DCSE. The remaining 91.6 percent of Fiscal Year 2002 child support collections were distributed to custodial parents caring for dependent children, mostly from single parent households.

**Customer Service Initiatives:** The division's Voice Response Unit (VRU) enables custodial and non-custodial parents to call the agency 24 hours a day and promptly receive current information on items such as the date and amount the last child support check on their account was issued, the current balance of their account, etc. The VRU handled 1,321,475 phone calls during Fiscal Year 2002, for an average of 3,680 calls each calendar day. DCSE now has 23 positions working in its Customer Service Unit (CSU) which was established in

late 1999. During Fiscal Year 2002, staff from the CSU answered 132,407 telephone calls requesting assistance beyond what is available from the agency's VRU; that represents an average of 11,033 calls per month. The VRU was able to respond to 90 percent of the phone calls to the CSU without requiring worker intervention.

**Automated Wage Withholding:** Wage withholding is the most successful method available to ensure regular, dependable payments of child support by non-custodial parents (NCPs). Enhancements to the child support enforcement computer system to automatically generate wage withholding notices were implemented statewide in 1999. These wage withholding notices also instruct the employers of non-custodial parents, if appropriate, to enroll the NCP's child(ren) on company health insurance coverage available to the NCP. During the three year period ended August 31, 2002, a total of 91,764 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 11,994 voluntary paternity acknowledgments have been received and processed through August 2002, which represents an average of 130 acknowledgments a month. During Fiscal Year 2002, DCSE received and processed 2,122 voluntary paternity acknowledgements, plus 372 more during the first two months of Fiscal Year 2003.

**New Hire Reporting:** New Hire Reporting requires all Delaware 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 five years, DCSE has received and filed 1.5 million new employee reports to the national Directory of New Hires. In July 2002, alone, 52,506 reports were processed by DCSE. New Hire Reporting is a very effective tool to track and locate delinquent non-custodial parents who change jobs frequently.

**License Suspension and Denial:** Under PRWORA, DCSE was authorized to request state licensing agencies to suspend or deny the driver's, occupational/business, professional, and recreational licenses of seriously delinquent non-custodial parents and Family Court fugitives.

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

# HEALTH AND SOCIAL SERVICES

## 35-00-00

DCSE is now performing automated matching to suspend licenses through the Divisions of Motor Vehicles, Revenue, and Professional Regulation. DCSE has a manual license suspension process with the Division of Fish and Wildlife, since only hardcopy files are available from this agency. A total of 4,924 licenses have been suspended to-date in Delaware on non-custodial parents who are significantly behind on their child support payments.

**Financial Institution Data Matches (FIDM):** Under PRWORA, every state child support enforcement agency was required to enter into data match agreements with all financial institutions doing business within their state. Financial institutions also have the option to join the multi-state FIDM program operated by the federal Office of Child Support Enforcement. The purpose of these agreements is to develop and operate a data match system which: (1) identifies the assets of seriously delinquent non-custodial parents held in financial institutions, (2) imposes liens and levies on those accounts, and (3) undertakes the seizure of these assets. The agency has found that often just the threat of a financial institution lien will prompt a delinquent non-custodial parent to make a large child support payment and/or to enter into a payment plan with DCSE.

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	2,490.0	2,369.0	2,426.0
ASF	1,439.2	1,598.0	1,617.2
<b>TOTAL</b>	<b>3,929.2</b>	<b>3,967.0</b>	<b>4,043.2</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	47.7	47.3	47.3
ASF	27.2	27.2	27.2
NSF	144.1	144.5	144.5
<b>TOTAL</b>	<b>219.0</b>	<b>219.0</b>	<b>219.0</b>

## **CHILD SUPPORT ENFORCEMENT**

### **35-10-01**

### ACTIVITIES

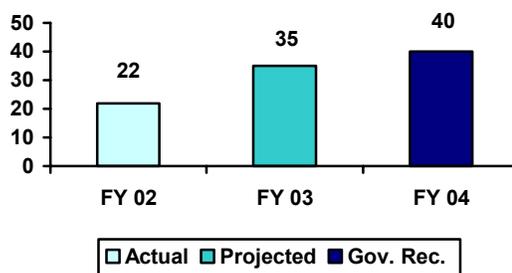
- Establish paternity.
- Locate non-custodial parents.
- Establish, modify and enforce child support orders.
- Collect and distribute child support.
- Cooperate with other states in child support related activities.

### PERFORMANCE MEASURES

Child Support Collections (\$ millions)



Number of States with which DCSE Processes Electronic Payments



# HEALTH AND SOCIAL SERVICES

35-00-00

## DEVELOPMENTAL DISABILITIES SERVICES 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.

### KEY OBJECTIVES

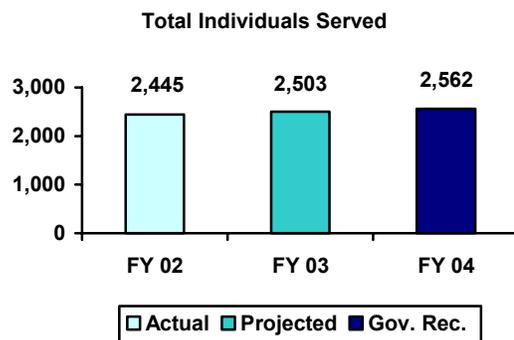
Shaping The Future, the division's recently developed strategic plan, addresses six major focus areas of activities:

- Service Philosophy - expand community-based service delivery system; increase easy access to information on division programs; and initiate self-determination best practices.
- Fiscal Resource Development and Allocation - evaluate and implement a rate-setting structure and reimbursement system that is cost effective using general and federal revenue funds to support the greatest number of people in community settings.
- Workforce Capacity - stabilize the provider workforce through improved recruitment and retention strategies and reducing turnover and vacancies.
- Service System Infrastructure - fully implement person-centered planning and support for individuals residing in community settings; increase access to assistive technology; and increase the division's information technology capacity and use.
- Stakeholder Collaboration - increase involvement of stakeholders by expanding regular public information meetings, educational forums and the division's web-based information.
- Quality Enhancement - revise the quality assurance system to reflect and measure compliance with person-centered planning and support, self-determination practices, and meaningful outcomes for people served through division programs; and participate in the national Core Indicators Project (CIP) to assist in evaluating division service delivery and outcomes.

### BACKGROUND AND ACCOMPLISHMENTS

The division is undergoing a shift in the way services are provided to consumers. Service delivery is shifting from a model of clearly fixed and defined programs to a flexible system of supports and services. This new supports paradigm represents a shift from a reliance on programs where individuals "fit into" existing services to service delivery that is individually-based and designed. This support model paradigm moves services from facility-based programming to community-based and supported living. Central to this new paradigm are the concepts of self-determination and person-centered services in which individuals make or are assisted in making choices and decisions that affect their lives. As provided by Delaware's Mental Retardation Bill of Rights Act, individuals should, with necessary and appropriate supports, be afforded the same living and employment opportunities that are available to all other citizens.

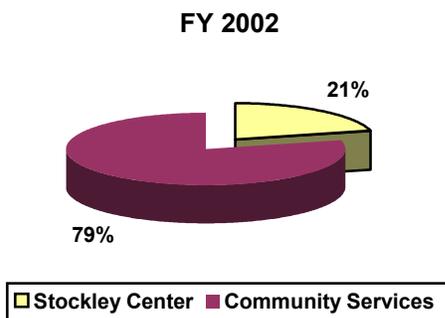
- Increased Capacity - The primary issue of the division is the necessity to increase the capacity of its community-based programs to meet growing community needs. Requests for services have increased significantly in recent years, which strains the agency's ability to maintain quality services for current consumers while attempting to serve additional people and families.
- Least Restrictive Setting - The mission of the division is 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.



- 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.

# HEALTH AND SOCIAL SERVICES

**35-00-00**



- 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.
  - An aging population that presents support needs which are very similar to individuals who have Alzheimer’s disease or dementia.

Significant accomplishments have been made in the following areas:

- Completion of a comprehensive, initial assessment of MR/DD related needs, systems and services that served as the foundation for the division’s Olmstead Strategic Planning Process.
- Development and implementation of a new five-year strategic plan, titled Shaping The Future.
- Receipt of a three-year renewal of the division’s accreditation from the Commission on the Accreditation of Rehabilitation Facilities (CARF).
- Participation in and completion of Phase III of the Core Indicator Project (CIP), the goal of which is to establish individual state and national service-performance baselines for use in the development of service improvement plans.
- Continued expansion of the division’s training and staff development partnership with the University of Delaware’s Center for Disabilities Studies.

- Establishment of an Assisted Living unit for a group of Delaware Psychiatric Center residents with Alzheimer’s disease or dementia on the campus of Stockley Center.

## FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	58,376.9	61,894.7	61,823.6
ASF	580.5	2,232.8	2,238.3
<b>TOTAL</b>	<b>58,957.4</b>	<b>64,127.5</b>	<b>64,061.9</b>

## POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	801.8	735.8	701.8
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
<b>TOTAL</b>	<b>805.8</b>	<b>739.8</b>	<b>705.8</b>

## ADMINISTRATION

**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

### Financial and Business Operations

- Management of fiscal operations to include budget development and administration, contracts monitoring and maximization of federal revenues to support division programs and services, as well as ensuring cost-effective service delivery.
- Administration of benefit programs for individuals in residential programs to include management of the Home and Community-Based Medicaid Waiver Program.
- Management of division information systems and technology advancement necessary for efficient operations.

### Professional Services

- Monitor and evaluate progress in the implementation of the division’s five-year strategic plan.
- Provide psychoforensic consultation for special cases.
- Oversee the operations of the division’s Intake Unit.
- Write and manage grants.

# HEALTH AND SOCIAL SERVICES

35-00-00

## Training and Professional Development

- Develop and deliver a wide array of Mental Retardation/Developmental Disabilities related training programs.
- Coordinate and support employee participation in personal, professional and technical development courses and seminars.
- Facilitate improved communication with consumers, families, employees, providers, advocates, etc.

## Quality Assurance

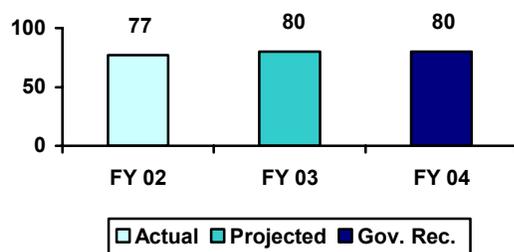
- Continuously monitor the status of Division of Developmental Disabilities Services programs and services to assess compliance with applicable laws, regulations, and policies.
- Provide ongoing regulatory oversight of health and safety activities and systems at Stockley Center and throughout Community Services.
- Survey community-based residential sites for pre-licensure certification.
- Conduct routine surveys to assess consumer, family, staff, and other stakeholder satisfaction with programs and services.
- Participate in the national Core Indicators Project as a means of addressing the quality improvement of programs and services.

## Early Intervention Program

- Evaluate the developmental status of infants to identify children with special needs at the earliest age possible.
- Develop individualized service plans that meet the needs of special-needs infants and their families.
- Provide intervention training and support to the families of infants with special needs.
- Facilitate the coordination of services for infants with special needs and their families.

## PERFORMANCE MEASURES

Percentage of Goals Completed from Division's Strategic Plan



## STOCKLEY CENTER

35-11-20

## ACTIVITIES

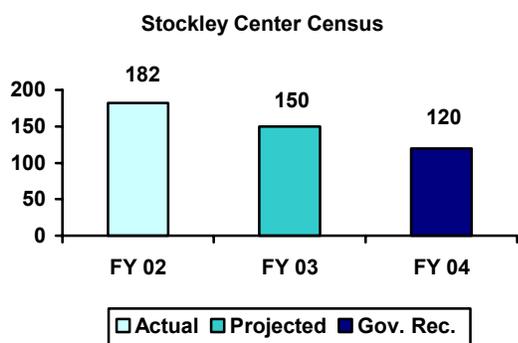
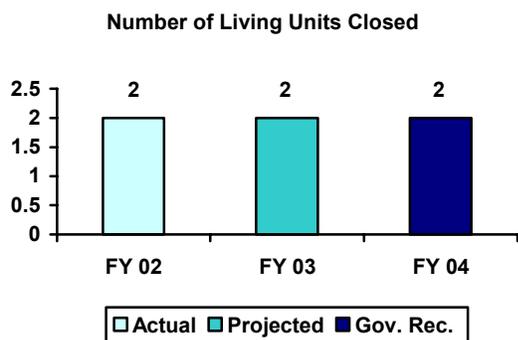
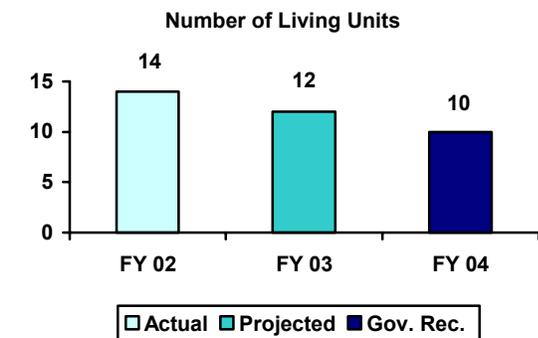
The mission of Stockley Center is to support and empower individuals with mental retardation and developmental disabilities to make choices, affirm and exercise their rights, and live successfully in the community.

- Operate a 211-bed ICF/MR facility composed of 31 skilled-care level beds and 180 intermediate-care level beds.
- Operate a 15 to 18-bed Assisted Living unit for individuals with Alzheimer's disease or dementia.
- Comply with ICF/MR regulations and CARF standards for day program accreditation.
- Operate an integrated quality assurance program to ensure regulatory compliance.
- Ensure the development of a person-centered service delivery system, which provides for individual choice of residential living options.
- 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.

# HEALTH AND SOCIAL SERVICES

35-00-00

## PERFORMANCE MEASURES



The division will develop comprehensive community-based person-centered residential and day services/vocational supports for individuals currently residing at Stockley Center.

## 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 direct supervision, case management, medical care (e.g., dental, podiatry), 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, 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

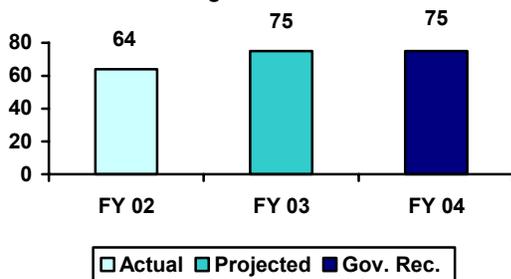
Assistive Technology (AT) - supports often make it possible for people with disabilities to move from long-term care to community-based living arrangements or to continue to live in their own homes as support and service needs change. People with developmental disabilities

# HEALTH AND SOCIAL SERVICES

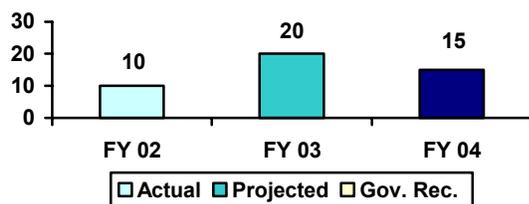
35-00-00

have barriers to accessing assistive technology services. The division, in partnership with the University of Delaware, is focusing on assistive technology access/infrastructure.

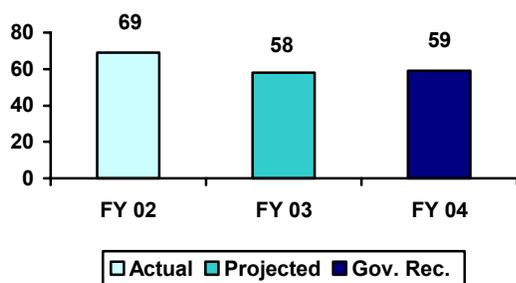
**Number of Individuals Receiving an AT Screening of Service Needs**



**Number of Division Case Managers Receiving AT Training Through Delaware Assistive Technology Initiative (DATI) and DDDS**



**Community Placements**



## STATE SERVICE CENTERS

35-12-00

### MISSION

To provide convenient access to human services that focus on assisting low-income or vulnerable individuals, families, and communities in the State of Delaware through a statewide network of 14 State Service Centers and partnerships with community organizations.

### KEY OBJECTIVES

- Target services and resources to those individuals and families in greatest need.
- Establish effective communication networks and technological capacity regarding available services and resources that increase the knowledge of constituents, public and non-profit service providers, and others.
- Secure political and civic input into the decision-making process needed to set priorities regarding services to meet basic needs.
- Ensure the most effective use of funds and resources to accomplish DSSC's goals, given declining resource bases and increasing competition for scarce resources.
- Provide safe and secure facilities for clients and staff of state service centers

### BACKGROUND AND ACCOMPLISHMENTS

The Division of State Service Centers provides direct client services to low-income and vulnerable populations, administers state and federal funds to assist low-income persons and households, and coordinates volunteer activities throughout the state. The division is structured as four units: Family Support Services, which provides programs and services that serve as a safety net for individuals and families in crisis or in need of supportive services; the Office of Volunteerism, which administers volunteer activities and programs for all ages; the Office of Community Services, which administers statewide and federal programs for low-income persons; and the Division Management unit, which includes fiscal operations and information resource management and telecommunications.

During Fiscal Year 2002, the accomplishments of the division included the following.

## HEALTH AND SOCIAL SERVICES

35-00-00

**Emergency Assistance.** Emergency assistance for rent, utilities and emergency shelter was provided to 10,438 clients under the Community Resource and Assistance Program. An additional 7,364 clients were served through the use of Emergency Assistance Services funds. The Kinship Care Program assisted eight caregiver households to meet the needs of 18 children.

**Information and Referral.** The Delaware Helpline received a total of 398,410 calls for information. Of those, 58,110 were referred to division staff for more in-depth information and referral.

**Family Visitation.** Visitation Centers provide safe, neutral settings where children can maintain or re-establish a relationship with a non-custodial parent. The Visitation Centers served 303 families by providing 2,043 monitored exchanges, 955 supervised visitations and 1,578 group visitations.

**Adopt-A-Family.** Nearly 5,400 individuals (1,751 families) were served by Adopt-A-Family during the holiday season, and more than 3,500 individuals (2,459 families) were assisted through the year-round program.

**Home Energy Assistance.** The Fuel Assistance Program served 11,796 low-income households below 200 percent of poverty. The Crisis Assistance Program helped 2,693 households with crisis benefits. The summer electric component helped 3,245 households, and 584 households received room-sized air conditioners. The Weatherization Assistance Program installed energy efficiency improvements in the homes of 507 low-income families statewide. The Utility Fund, established in Fiscal Year 2000 to assist low-income individuals and families with the high cost of utility bills served 1,972 households and 286 clients received assistance through the Needy Family Fund.

**Shelter Services.** State Emergency Housing Funds supported contracts with 13 emergency and transitional shelter agencies with a total of 753 beds, and assisted a total of 2,411 homeless individuals, including 940 children ages 0-18. Due to the insufficient stock of affordable housing, low-income individuals/families will continue to need the services that are being rendered by the statewide network of emergency and transitional housing agencies. Consequently, successful departures to permanent housing will continue on a declining trend, resulting in households remaining in transitional housing for longer periods of time.

**Community Services Block Grant.** Provided \$3.4 million for a range of anti-poverty services which included: helping 13 low-income communities to develop and implement community action plans for revitalization; helping 800+ residents of transitional or subsidized

housing to develop and implement action plans for economic self-sufficiency; and providing health care access and treatment services for migrants, immigrants, and adults without health insurance.

**Food and Nutrition Program.** Member agencies of the Food Bank of Delaware and the State Service Centers distributed food to approximately 39,892 individuals through food closets and mobile pantry programs.

**Senior Volunteer Programs.** The Retired Senior Volunteer Program (RSVP) provides opportunities for people age 55 and older to apply their life experience to meeting community needs. The volunteers are recruited to help serve in the areas of health and human services, education, environment and public safety. In New Castle and Sussex counties, 2,327 seniors contributed more than 346,418 hours of volunteer service at non-profit and governmental agencies. The statewide Foster Grandparent Program placed 243 seniors, and Foster Grandparent volunteer service hours completed totaled 238,555.

**AmeriCorps.** Offered 66 members the opportunity to give back to their community through educating teens to prevent pregnancy, mentoring, serving in after school programs, and intergenerational programming. AmeriCorps members contributed 9,662 hours of service.

**Learn and Serve.** 344 participants and volunteers participated in service-learning programs in schools and community organizations that help students from kindergarten through college meet community needs, while improving their academic skills and learning the habits of good citizenship. 7,604 hours of service were contributed.

**Volunteer Events.** Nine thousand Delawareans participated in 100 community projects on Make A Difference Day. Two hundred ten volunteers and service providers attended the Delaware Conference on Volunteerism. 485 people attended the Governor's Outstanding Volunteer Awards ceremony and 470 people attended the Governor's Youth Volunteer Service Awards event.

**Volunteer Resource Center.** The Delaware Volunteer Resource center has served nearly 3,660 Delawareans through direct volunteer referrals, contacts to agencies via the VolunteerWay website (404 inquiries to agencies), webpage hits (2190), outreach contacts (600), technical assistance to agencies, and training sessions for volunteer coordinators (101 participants).

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	9,853.9	9,015.9	9,388.4
ASF	935.7	585.6	585.6
<b>TOTAL</b>	<b>10,789.6</b>	<b>9,601.5</b>	<b>9,974.0</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	107.1	102.1	109.6
ASF	1.0	--	--
NSF	28.0	28.5	25.0
<b>TOTAL</b>	<b>136.1</b>	<b>130.6</b>	<b>134.6</b>

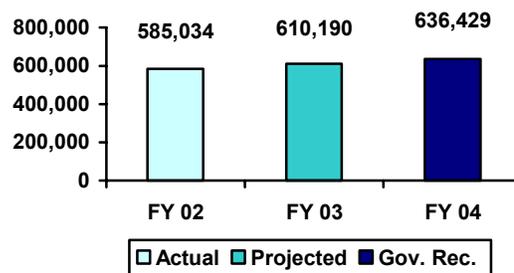
### ***FAMILY SUPPORT*** ***35-12-10***

#### ACTIVITIES

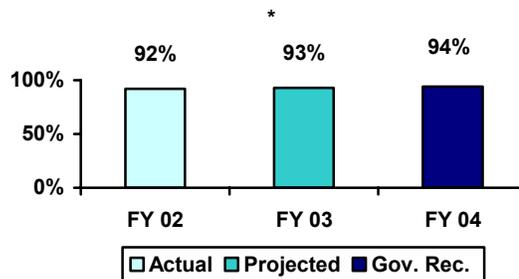
- Provide one-stop service access for clients through the management of 14 State Service Centers.
- Partner with other state and non-profit agencies to improve accessibility to programs for vulnerable Delawareans.
- Provide direct support services including Emergency Assistance Services; Community Resource Assistance Services; Needy Family and Utility Funds; Information and Referral; Child Restraint Car Seat Loaner Program; Emergency Food and Shelter Program; Adopt-A-Family; and Family Visitation.
- Monitor client satisfaction and service use through surveys and other reliable instruments to measure accessibility to services, client satisfaction, and appropriateness of service mix.
- 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.

### PERFORMANCE MEASURES

Number of Client Visits to State Service Centers



Percentage of Clients Satisfied with Services Provided at State Service Centers



\* Survey conducted bi-annually

### ***SERVICE CENTER MANAGEMENT*** ***35-12-20***

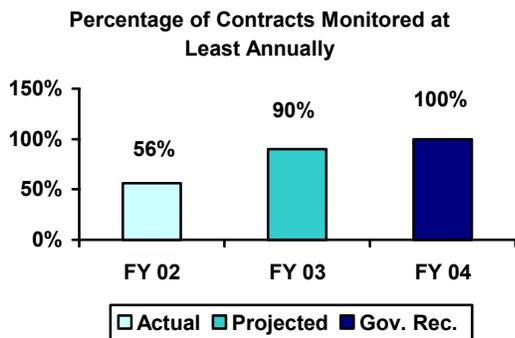
#### ACTIVITIES

- Provide fiscal management and financial monitoring.
- Provide technical support to improve service delivery through the use of automated information systems and telecommunications equipment.

# HEALTH AND SOCIAL SERVICES

35-00-00

## PERFORMANCE MEASURES



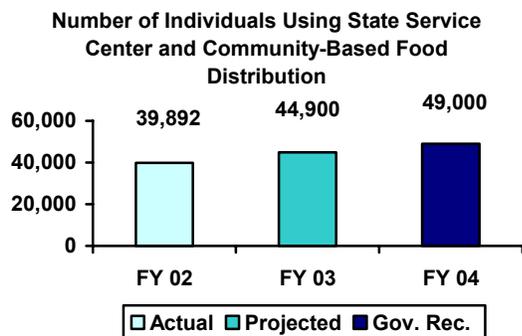
## COMMUNITY SERVICES

35-12-30

### ACTIVITIES

- Administer the Community Service Block Grant; state funds for Emergency/Transitional Housing Site Operations; Emergency Housing Assistance Fund; state funds for Community Food Programs; federal Community Food and Nutrition Program; Fuel Assistance Program; Weatherization Assistance Program; and Summer Cooling Assistance Program.
- Facilitate community development outreach in collaboration with the First State Community Action Agency, Inc.
- Perform program planning, monitoring and evaluation.
- Provide resources and staff support to the Governor's Council on Hispanic Affairs to fulfill its mission as defined by executive order.
- Serve as a member of the Neighborhood Assistance Act Advisory Council.

## PERFORMANCE MEASURES



## VOLUNTEER SERVICES

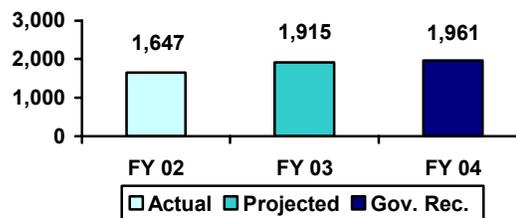
35-12-40

### ACTIVITIES

- Administer the AmeriCorps National Service Program; the Volunteer Resource Center; Learn and Serve; Foster Grandparents Program; and Retired Senior Volunteer Program.
- Help state and non-profit agencies to better meet their objectives by implementing volunteer programs through technical assistance, training, public relations and assistance with volunteer recognition programs.
- Recognize the contributions of volunteer youth and adults in annual events.

## PERFORMANCE MEASURES

Number RSVP Participants in Community-Based Projects that Address Needs of Low-Income Families and Communities



# HEALTH AND SOCIAL SERVICES

35-00-00

## 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

- Continue to address service needs 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 address the service needs of low-income older persons and adults with physical disabilities who are at greatest risk of institutionalization.

### 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, Medicaid Waiver for Assisted Living, and General Funds. Additionally, the division manages research and demonstration grants from various sources as they become available.

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 and fringe benefit costs, for example, among contractors have increased drastically over the past several years. In addition, increased regulatory demands have resulted in higher program costs.

A third factor that has had an impact on service availability is the level of federal funding.

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 developed a Medicaid Waiver for Acquired Brain Injury. The waiver, still in the planning phase, will enable the division to provide home and community-based services for persons with acquired 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. Support groups and a variety of respite services for relative caregivers are now available statewide. In addition, the division has worked with various organizations to develop a process to enable informal caregivers to register children for school and to approve needed medical treatment.

The division has carried out a health promotion campaign known as the March to Wellness. This wellness campaign has included many initiatives such as a walking program; depression support groups; diabetes support/management programs; a gambling awareness program; and programs related to osteoporosis and heart disease. In addition, as part of its health promotion

# HEALTH AND SOCIAL SERVICES

**35-00-00**

efforts, the division continues to participate in numerous health fairs throughout the state.

The division has implemented a new Money Management program in coordination with AARP. The program uses volunteers to assist senior citizens and persons with disabilities to organize their expenses and pay their bills.

The division has been actively participating in a nationwide effort to reduce Medicare fraud, through its Medicare Fraud Alert program. The program utilizes volunteers to teach Medicare beneficiaries how to review their benefit statements, and how to respond to concerns and questions about their medical bills and health coverage.

The division has developed a comprehensive caregiver support program - CARE Delaware - to assist families who care for older persons, and also to assist older relatives, such as grandparents, who cares for children. The program provides caregiver resource centers; expanded respite services and other benefits to caregivers.

The division has received a three-year grant to facilitate the transition from long term care facilities for residents who opt to live in less restrictive, community-based settings. In order to carry out this project, the division will coordinate with various organizations around the State.

Finally, the division has made many strides in using the Internet as a tool for providing information related to aging and disabilities in Delaware. A one-time grant was obtained to provide Internet training to various groups, including residents of senior housing facilities, senior center participants, and others. As part of another project, the division received support from the Spry Foundation to train Information and Assistance workers about Internet resources.

### FUNDING

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	15,408.3	9,089.9	8,677.8
ASF	220.9	261.0	612.2
<b>TOTAL</b>	<b>15,629.2</b>	<b>9,350.9</b>	<b>9,290.0</b>

### POSITIONS

	FY 2002 ACTUAL	FY 2003 BUDGET	FY 2004 GOV. REC.
GF	59.8	62.3	62.3
ASF	--	--	--
NSF	49.4	51.9	51.9
<b>TOTAL</b>	<b>109.2</b>	<b>114.2</b>	<b>114.2</b>

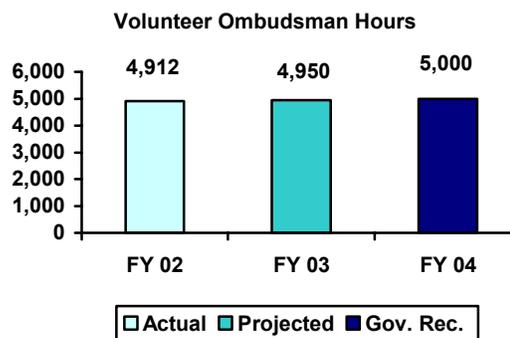
## *SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES*

**35-14-01**

### ACTIVITIES

- Administer contracts for key home and community-based services for older persons and adults with physical disabilities statewide.
- Operate various programs including Adult Protective Services; Community Services; Long-Term Care Ombudsman; Medicare Fraud Alert; Money Management; Joining Generations and CARE Delaware.
- 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.
- 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.
- 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.

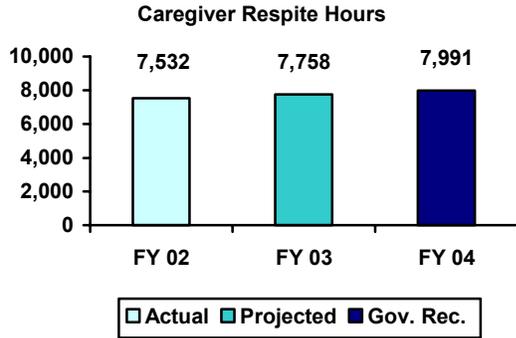
### PERFORMANCE MEASURES



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.

# HEALTH AND SOCIAL SERVICES

## 35-00-00



The division has developed a new Caregiver Respite Program as part of CARE Delaware with support of federal funds from the Older American's Act. It assists families who are caring for older persons by providing a break (respite) for the caregiver.