

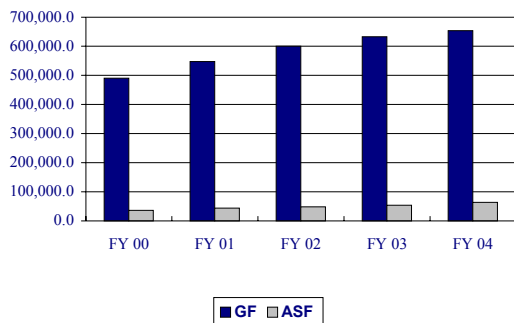
HEALTH AND SOCIAL SERVICES

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 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	639,425.2	653,479.9	662,158.9
ASF	44,247.9	63,522.6	72,812.6
TOTAL	683,673.1	717,002.5	734,971.5

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	3,850.6	3,739.7	3,729.5
ASF	129.1	131.6	131.6
NSF	889.4	881.6	865.8
TOTAL	4,869.1	4,752.9	4,726.9

FY 2005 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend enhancement of \$10,000.0 ASF in Federal Fiscal Relief – Year #2 Cancer Council recommendation to be funded with federal fiscal relief funds.
- ◆ Recommend inflation adjustments of \$614.6 in Contractual Services and \$60.0 in Supplies and Materials for service contracts and increased drug costs in the state-run nursing homes.
- ◆ Recommend inflation and volume adjustments of \$24,935.9 in Medicaid – Non-State; \$740.0 in

Delaware Healthy Children Program; \$349.3 in General Assistance; and \$1,136.3 in Child Care.

- ◆ Recommend inflation and volume adjustment of \$697.3 for provider contract increases within the Division of Developmental Disabilities Services. Also recommend enhancement of \$1,613.0 in the same division for residential placements, special school graduates, community placement of individuals from Stockley Center and adult foster care.
- ◆ Recommend inflation adjustment of \$250.0 in Contractual Services for provider contract increases within the Division of Services for Aging and Adults with Physical Disabilities.

CAPITAL BUDGET:

- ◆ Recommend \$5,400.0 for the planning and design for a new psychiatric hospital on the Herman Holloway Campus.
- ◆ Recommend \$2,000.0 to support department maintenance and restoration.
- ◆ Recommend \$4,688.5 for the Minor Capital Improvements and Equipment program.
- ◆ Recommend \$1,100.0 for the design and construction of a forensic building for the Office of the Chief Medical Examiner to serve Kent and Sussex counties.
- ◆ Recommend \$1,872.5 for a new building at the Stockley Medical Center.

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 so that the department is well managed in its delivery of services to clients. In addition, the unit exists to promote coordinated intra and inter-departmental responses, providing 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, planning, and evaluation.
- Provide centralized administrative functions in accounting, human resources, payroll, contracts and procurement, management of State and Federal funds, technology, and facility operations.
- Direct certain functions and special projects that have been assigned to the Administrative Unit.

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 ongoing fiscal pressures, it is imperative that the organization continuously 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. These include:

- successful implementation of the State's electronic benefit transfer (EBT) program,

- conversion to MicroSoft Outlook,
- implementation of the Division of Management Services' Customer Satisfaction Survey,
- campus-wide telephone upgrade and conversion.

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 continues to proceed with systems development through the investment of one-time funding, reallocations, and the reclassification of existing staff.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	26,754.0	25,212.6	26,372.7
ASF	3,222.8	3,731.8	3,731.8
TOTAL	29,976.8	28,944.4	30,104.5

HEALTH AND SOCIAL SERVICES

35-00-00

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	435.1	423.7	423.7
ASF	35.1	35.6	35.6
NSF	51.9	53.4	53.4
TOTAL	522.1	512.7	512.7

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.

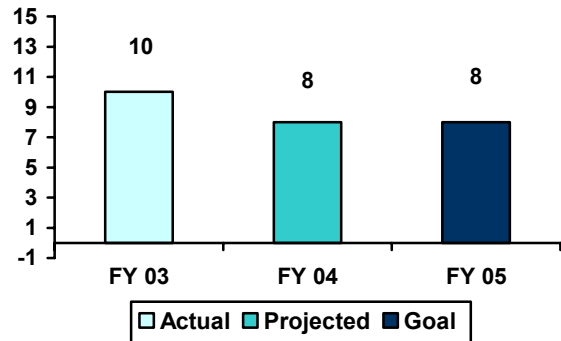
Each division within the department has a designated Customer Service contact with whom the Director of Constituent Relations, in the Secretary's Office, communicates to resolve inquiries. Standards have been developed to address both the quality and the timeliness of the responses.

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.

**Average Response Time (days) to
Constituents**



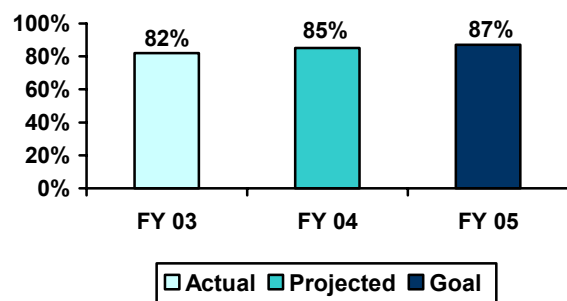
MANAGEMENT SERVICES **35-01-20**

ACTIVITIES

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

PERFORMANCE MEASURES

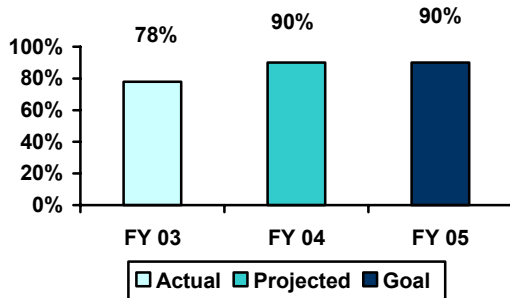
**Percentage of Customers Satisfied with DMS
Services**



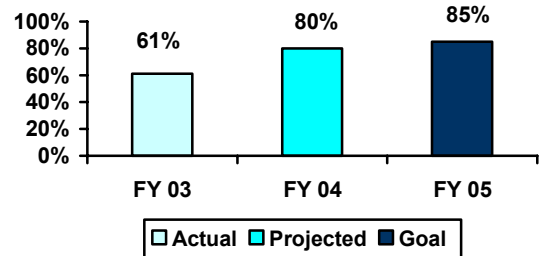
HEALTH AND SOCIAL SERVICES

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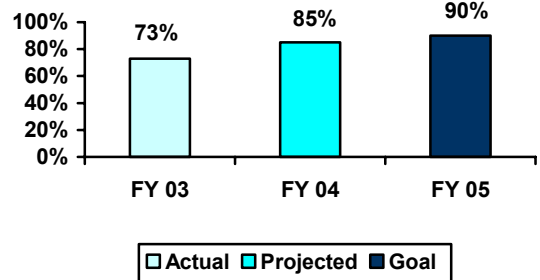
Percentage of Labor-Management Recommendations that are Implemented by Managers throughout the Department



Percentage of Preventative Maintenance Activities Completed per Schedule



Percentage of Requests for Service Responded to within the Same Day



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.

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 State Fiscal Year 2003 the Office of the Chief Medical Examiner:

- Investigated 3,000 deaths statewide.
- Analyzed more than 3,200 controlled substances cases.
- Performed close to 11,000 urine drug screens.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	2,941.9	3,283.5	3,326.3
ASF	56.4	--	--
TOTAL	2,998.3	3,283.5	3,326.3

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	34.0	36.0	36.0
ASF	1.0	1.0	1.0
NSF	--	--	--
TOTAL	35.0	37.0	37.0

MEDICAL EXAMINER

35-04-01

ACTIVITIES

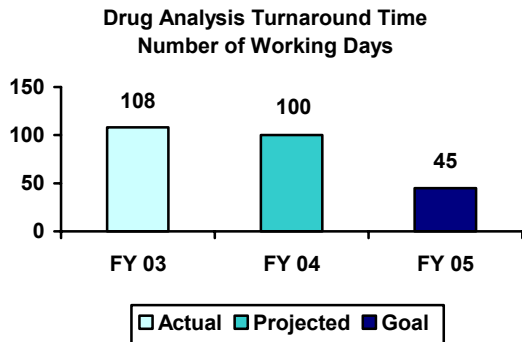
- Conduct medicolegal investigation of all sudden, accidental or suspicious deaths.
- Perform post-mortem examinations.
- Identify human remains.
- Analyze post-mortem toxicology samples.
- Perform scientific analysis of drug evidence.
- Provide transportation of drug and biological evidence to the Forensic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

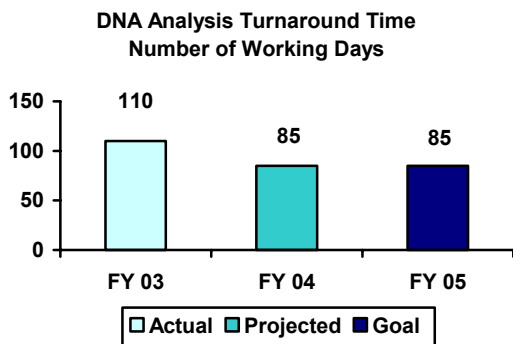
Drug analysis turnaround time is the time period from receipt of drug evidence by the laboratory until analysis is completed and a final report generated. The performance goal is a drug analysis turnaround time average of 45 working days.

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 led to improved and expanded health services for adolescents through school-based health centers and for vulnerable populations such as those diagnosed with HIV disease or AIDS.

The division continues to examine the core public health functions and the activities that are necessary to ensure that Delawareans live full and healthy lives in a healthy environment. A continued focus on assessment, assurance and policy development, as well as providing personal health services to special populations or populations at risk will help the State realize improvement in the health of 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.
- The division has served as the vehicle to communicate the Cancer Council's recommendations through active participation with other State agencies and contract services.
- DPH began an incremental approach to becoming a comprehensive program for screening for cancer. In Fiscal Year 2003 DPH began screening women for colorectal cancer; as of Fiscal Year 2004, the division began to screen men.
- The Drinking Water Revolving Fund loan program assists with the funding of infrastructure improvements to public water systems throughout the State.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	79,499.1	71,719.3	72,891.2
ASF	10,230.0	20,375.3	30,813.3
TOTAL	89,729.1	92,094.6	103,704.5

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	1,261.7	1,228.1	1,228.1
ASF	51.8	53.8	53.8
NSF	222.7	230.7	230.7
TOTAL	1,536.2	1,512.6	1,512.6

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

ACTIVITIES

- Planning and evaluation
- Program coordination
- Contract development and management
- Grant coordination
- Coordination of public information
- Minority health

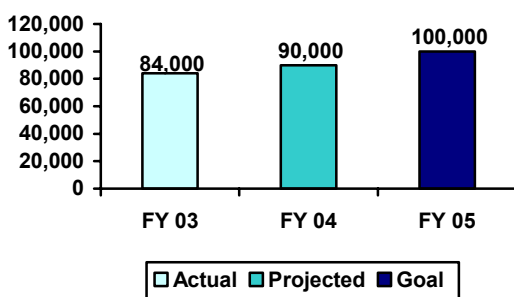
HEALTH AND SOCIAL SERVICES

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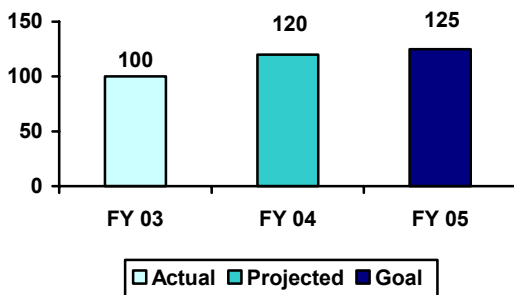
- Establishing management framework
- Fiscal management
- Revenue development and management
- Capital improvement
- Management information systems
- System automation
- Collecting and cataloging vital statistics
- Core public health skills training

PERFORMANCE MEASURES

Number of Vital Records Processed



Number of Contract Audits Performed



- 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.
- Administration of 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.
- Coordinate activities across the State for threats on the health of the public, especially acts of terrorism.

COMMUNITY HEALTH

35-05-20

ACTIVITIES

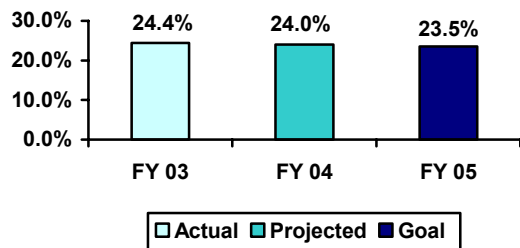
- Development of an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism.
- Development and operation of the Health Alert Network
- Assessment of the health risks of environmental hazards.

HEALTH AND SOCIAL SERVICES

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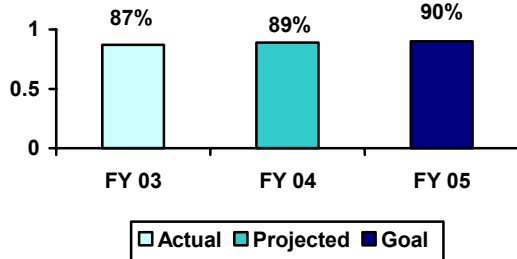
PERFORMANCE MEASURES

Prevalence of Tobacco Use by Adult Delawareans 18 years and Older*



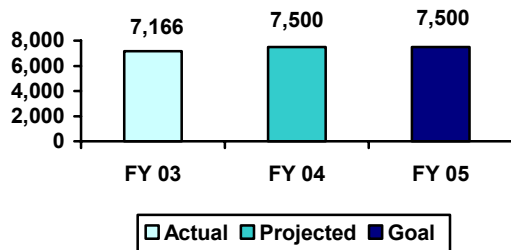
*FY03 is the initial year data collection began for this new measure.

Percent of Children Adequately Immunized*

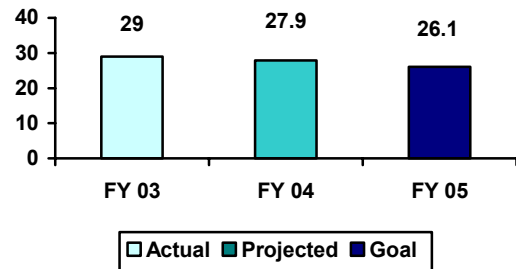


*4 DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention.

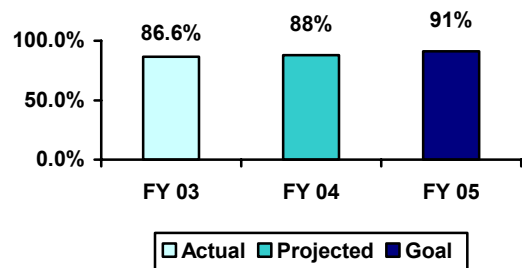
Number of Medicaid Clients Seen in DPH Dental Clinics (Unduplicated Clients)



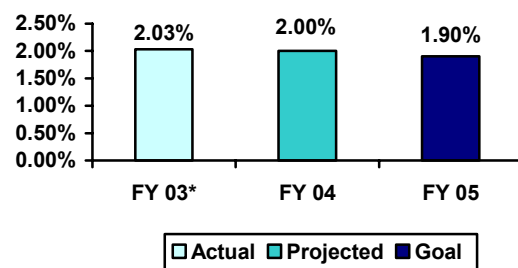
Rate of Birth Among Teenage Girls 15-17 Years of Age (rate per 1,000 births)



Percentage of Delawareans Served by Fluoridated Public Water Systems

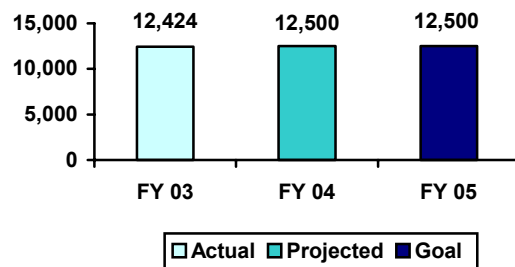


Prevalence of Children Age 6 Years and Below with Elevated Blood Lead



*Prior to FY 03, more 4 to 6 year olds were getting screened for lead poisoning. Beginning with FY 03, a greater proportion of 1 to 2 year olds, who are at greater risk of lead poisoning, were getting screened.

Total Number of Children <= 6 Years Receiving an Initial Blood Lead Test



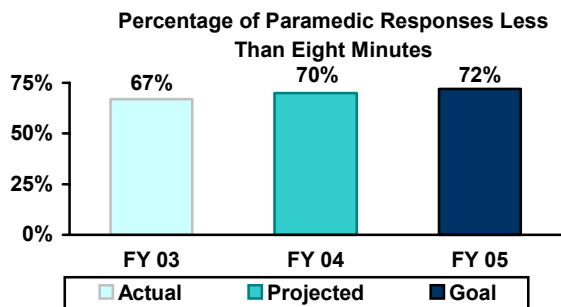
HEALTH AND SOCIAL SERVICES

35-00-00

EMERGENCY MEDICAL SERVICES 35-05-30

ACTIVITIES

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



DELAWARE HOSPITAL FOR THE CHRONICALLY ILL 35-05-40

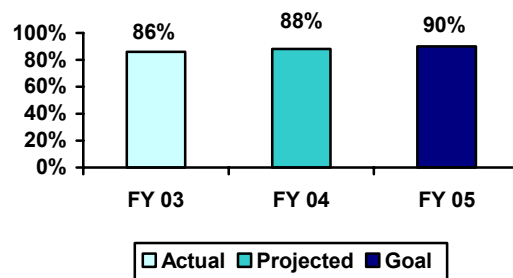
ACTIVITIES

- 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.

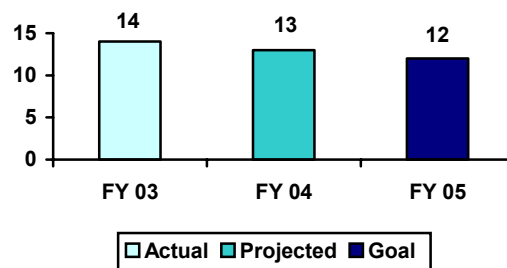
- Operate an adult day care center to allow residents to stay in their homes.
- Operate a Central Intake Unit for the Division of Public Health Long Term Care (LTC) facilities.
- Provide financial management for resident trust funds and revenue management.

PERFORMANCE MEASURES

Percentage of Residents Expressing Overall Satisfaction with Care



Percentile Of Falls At DHCI Compared To Other Nursing Homes In Delaware*



*Measure is used by Delaware nursing homes as a quality indicator. Scores above the 75th percentile receive a red flag. A ranking at the 25th percentile or lower is an indicator of quality performance

EMILY BISSELL 35-05-50

ACTIVITIES

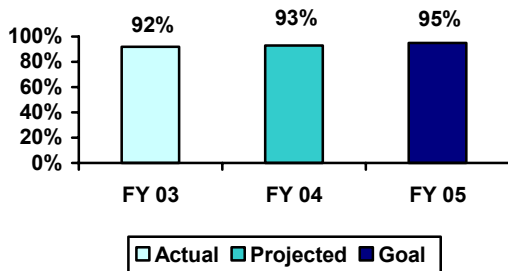
- Operate an 82-bed nursing facility; all of the beds are skilled.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Provide Nurses Aide Certification Training Program.
- Provide support to community-based Long Term Care services.

HEALTH AND SOCIAL SERVICES

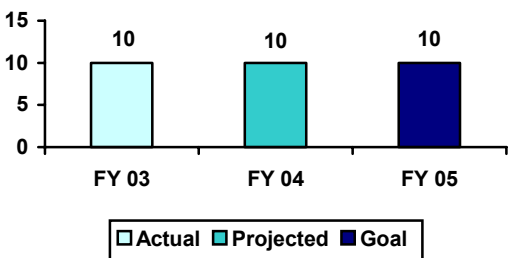
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PERFORMANCE MEASURES

Percentage of Residents Expressing Overall Satisfaction with Care



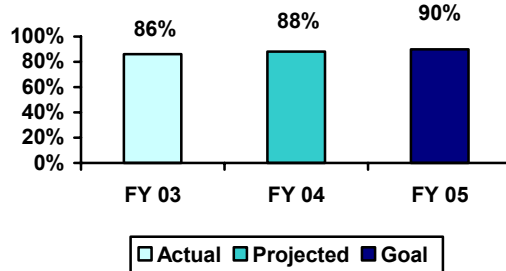
Percentile Of Falls At EPBH Compared To Other Nursing Homes In Delaware*



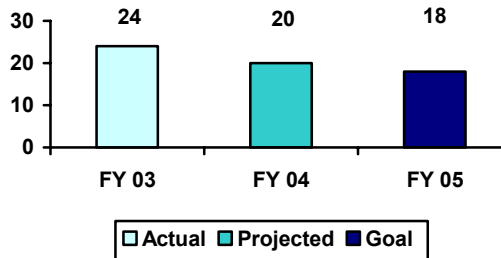
**Measure is used by Delaware nursing homes as a quality indicator. Scores above the 75th percentile receive a red flag. A ranking at the 25th percentile or lower is an indicator of quality performance.*

PERFORMANCE MEASURES

Percentage of Residents Expressing Overall Satisfaction with Care



Percentile Of Falls At GBHC Compared To Other Nursing Homes In Delaware*



**Measure is used by Delaware nursing homes as a quality indicator. Scores above the 75th percentile receive a red flag. A ranking at the 25th percentile or lower is an indicator of quality performance.*

GOVERNOR BACON HEALTH CENTER

35-05-60

ACTIVITIES

- Operate an 88-bed nursing facility.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Operate an automated system for interdisciplinary care planning and documentation, timekeeping accounts receivable, patient census tracking and inventory management.
- Maintain utilities and infrastructure for other State and contractor agencies that operate on campus
- Provide Nurses Aide Certification Training Program.

HEALTH AND SOCIAL SERVICES

35-00-00

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 substance abuse and mental health care that promotes recovery, wellness, and self-sufficiency, through prevention, early intervention, and treatment.
- Implement a service delivery system that is informed by research and based on best practice guidelines and principles.
- Ensure access to services for those consumers and clients in need of publicly funded support, through an improved process of eligibility determination, referral to appropriate level of care based on need, and transfer to different levels of care that is driven by consumer input and choice.
- Provide specialized and culturally competent treatment, intervention and prevention services to special populations and traditionally underserved groups, including young adults, older adults, persons involved in the criminal justice system, substance abusing pregnant women, women with dependent children, and racial and ethnic minorities.
- Assist consumers and clients in attaining recovery and community integration as reflected by community tenure, attainment of employment, access to housing and/or residential stability, and healthy personal relationships.
- Reduce the over-utilization of Delaware Psychiatric Center and designated facilities for involuntary commitment.
- Strengthen interdepartmental and interagency collaboration in order to provide more comprehensive and integrated community based behavioral health care for adults.

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 treatment services. The division's programs are designed to reduce the incidence and prevalence of mental disorders, substance use disorders and pathological gambling; reduce and/or eliminate disabling symptoms and conditions; facilitate recovery; and improve health and wellness.

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. In 2002, the goal of recovery and community integration was added. The guiding principle behind this goal is that persons with disabilities are entitled to receive services that are consumer driven and delivered in the most integrated and least restrictive level of care.

In the last three years the division has developed a number of strategies and programs to reduce the census at Delaware Psychiatric Center. Admissions continue to be redirected to community psychiatric hospitals; the continuum now contains 19 24-hour supervised residential programs developed to meet the needs of consumers who need long-term care and would otherwise be in the Psychiatric Center.

The division changed its Continuous Treatment Team (CTT) model of care for individuals with severe and persistent mental illness to the new Continuum of Community Care Program on July 1, 2003. The new approach to care has many advantages over the CTT program. It allows a much greater degree of flexibility in the design and delivery of care; it promotes the concept of the client as a managing partner in decisions about care; and it is based on the concept of the clinical home.

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

HEALTH AND SOCIAL SERVICES

35-00-00

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).

The division has contracted with three agencies to provide Day Treatment services for the publicly funded substance abuse treatment system. The Day Treatment model provides an intensive level of treatment and rehabilitation that can be utilized as a step down from inpatient as well as a more intensive outpatient option. All service is built on client need.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	71,205.8	72,211.3	73,558.2
ASF	902.2	2,612.8	2,912.8
TOTAL	72,108.0	74,824.1	76,471.0

POSITIONS

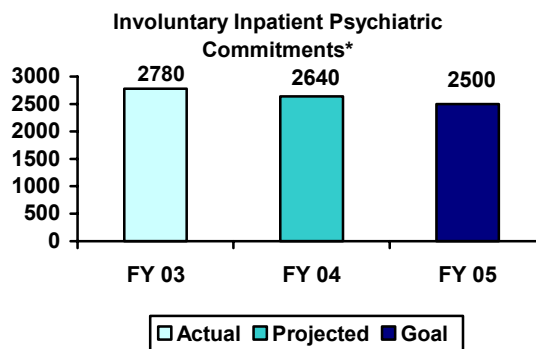
	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	796.4	785.4	785.4
ASF	8.0	8.0	8.0
NSF	19.8	19.8	3.8
TOTAL	824.2	813.2	797.2

ADMINISTRATION 35-06-10

ACTIVITIES

- Plan, develop and evaluate programs.
- Prepare and administer budgets and federal grants.
- Manage fiscal and contract services.
- Coordinate and provide training for the division and its contractors.
- License alcohol and drug abuse programs and certify community service programs.
- Monitor programs and patient rights.
- Develop an automated clinical care system.
- Manage eligibility and enrollment services for clients/consumers in need of behavioral health treatment services to ensure placement in the appropriate level of care.
- Enhance the role of the division's Medical Director position to include oversight of community-based psychiatric care.
- Ensure service coordination among service systems, for example the Department of Correction and the Department of Services for Children, Youth and Their Families.

PERFORMANCE MEASURES



**Involuntary Inpatient Psychiatric Commitments serve as a broad measure of successfully serving persons in the community as opposed to a psychiatric hospital.*

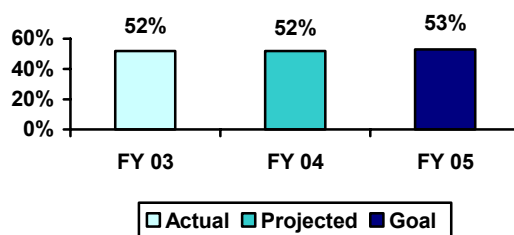
COMMUNITY MENTAL HEALTH 35-06-20

ACTIVITIES

- Provide mental health treatment, community counseling and support services.
- Continue to make available new medications for persons with mental illness.
- Provide supported housing services that promote independent living and community integration.
- Restructure the Community Mental Health clinics to improve access and quality of care.
- Work with Vocational Rehabilitation to provide supported employment services that assist clients in securing and maintaining meaningful and appropriate employment.
- Deploy Mobile Crisis intervention staff to improve its effectiveness in working with hospital emergency rooms and the police on mental health commitments.

PERFORMANCE MEASURES

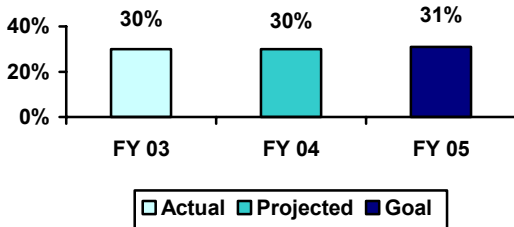
Percentage of Consumers in Community Support Programs Available for Work Who are Employed



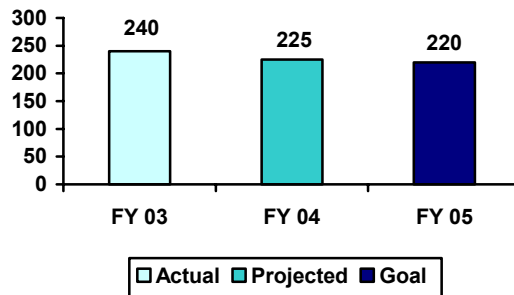
HEALTH AND SOCIAL SERVICES

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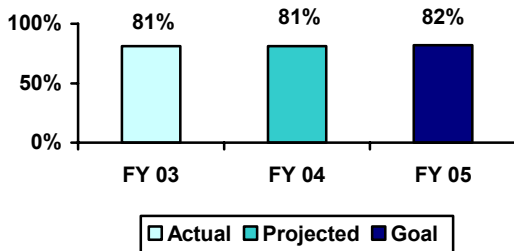
Percentage of Consumers with Mental Illness Receiving Subsidies for Safe and Decent Housing



Average Daily DPC Census



Percentage of Consumers Satisfied with Service Program



SUBSTANCE ABUSE

35-06-40

ACTIVITIES

- Provide substance abuse treatment and prevention services.
- Refer and treat persons with co-occurring mental illness and substance abuse disorders.
- Provide assessment and case management services for clients sentenced by the Drug Court.
- Issue new contracts pursuant to a Request for Proposal (RFP) for all residential treatment using science-based best practices.

DELAWARE PSYCHIATRIC CENTER

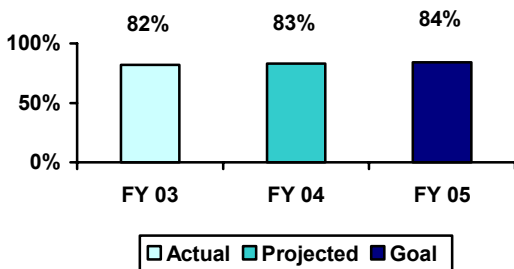
35-06-30

ACTIVITIES

- Provide psychiatric evaluation, diagnosis and treatment.
- Continue to develop nurse recruitment and retention initiatives to ensure adequate staff at Delaware Psychiatric Center.

PERFORMANCE MEASURES

Percentage of Patients Receiving New Anti-Psychotic Medication

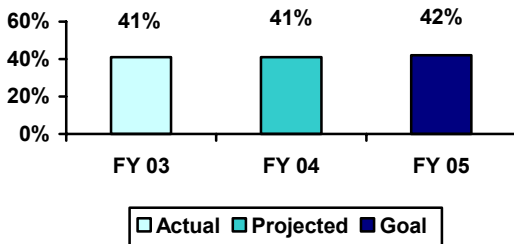


HEALTH AND SOCIAL SERVICES

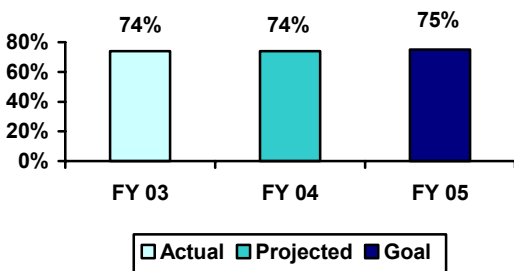
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PERFORMANCE MEASURES

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



Percentage of Consumers Satisfied with Services Program



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 the Temporary Assistance for Needy Families Program (TANF) work participation rates for welfare clients.
- Ensure access for parents requiring infant care and other hard to find child care through community partnerships and quality improvements.
- Where feasible, develop policies and structures that support the Early Success Report.
- Evaluate the results of the TANF Program 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

HEALTH AND SOCIAL SERVICES

35-00-00

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 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 120,000 (1 out of every 7) Delawareans each month. The three major program areas are:

- Medical Assistance (includes Fee-For-Service 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.
- Financial Assistance (includes Temporary Assistance for Needy Families (TANF), Emergency

Assistance, General Assistance, Refugee Assistance and Food Stamps).

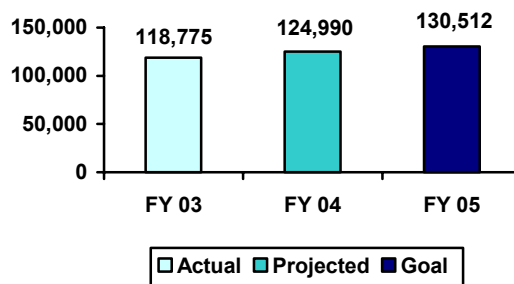
The division achieves its goals by:

- 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:

- The division continues to find innovative ways to deliver medical assistance and expand services to non-public assistance low-income populations. There are over 14,500 single adults with incomes under the poverty level who are now covered by Medicaid. Approximately 79 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

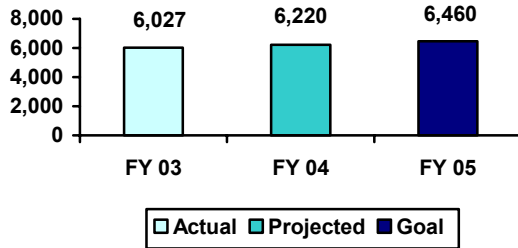


- The TANF average monthly caseload grew by 3 percent in Fiscal Year 2003. This continues the growth trend started last year, after a steady decline from Fiscal Year 1994 to Fiscal Year 2001. Delaware’s TANF Program earned Federal High Performance Bonus Awards for both federal Fiscal Year 2001 and federal Fiscal Year 2002.

HEALTH AND SOCIAL SERVICES

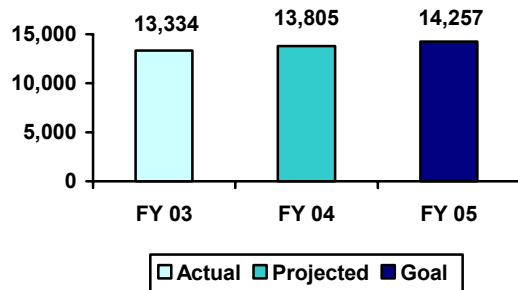
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Temporary Assistance for Needy Families (TANF): Average Monthly Cases



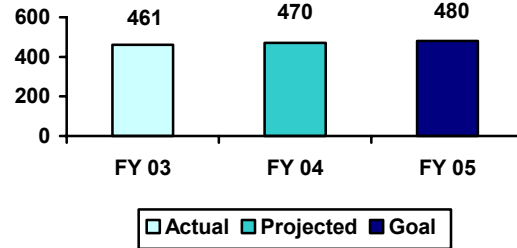
- The number of children receiving subsidized child care has grown from 1,528 in 1987 to 13,334 in Fiscal Year 2003. The family income eligibility limit for child care was increased from 155 percent to 200 percent of the poverty level, effective January 2000. The number of children eligible for the program is expected to increase to over 14,000 in Fiscal Year 2005.

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.

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, 2003, 4,926 children were currently enrolled in the program. A total of 18,473 children have been served under the program since February 1999 through June 30th.
- In July of 2002, the division began the development of Diamond State Partners (DSP), a managed care case management program as an addition 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. The total enrolled through June 30, 2003 is 9,230.
- 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 2003, about \$26.4 million in Federal Medicaid matching funds was received by the State.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	370,604.3	395,313.4	397,256.2
ASF	25,894.9	30,239.9	28,721.9
TOTAL	396,499.2	425,553.3	425,978.1

HEALTH AND SOCIAL SERVICES

35-00-00

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	285.7	278.7	278.7
ASF	2.0	2.0	2.0
NSF	317.3	310.3	310.3
TOTAL	605.0	591.0	591.0

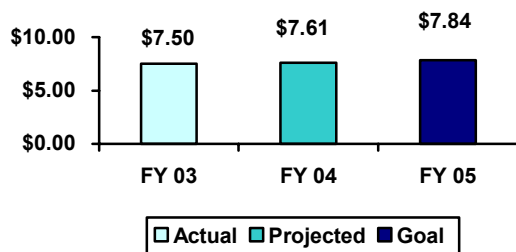
SOCIAL SERVICES 35-07-01

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.

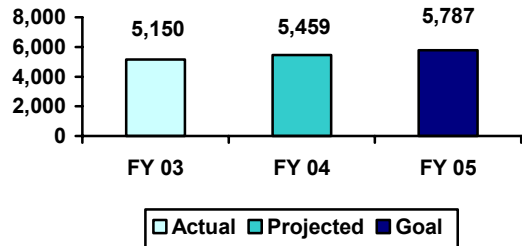
PERFORMANCE MEASURES

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

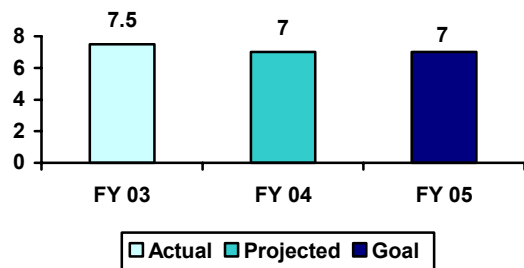


**DSS' original goal for SFY 2004 was lowered due to slow economic growth.*

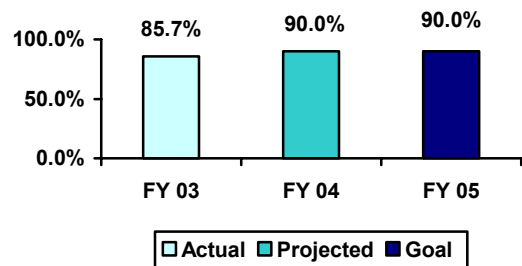
**Delaware Prescription Assistance
Program: Average Monthly Clients**



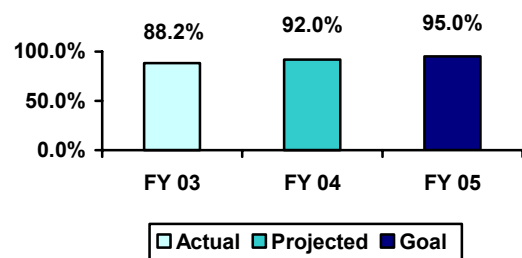
**Number of Days from Receipt of "Clean"
Claim to Issuance of Medicaid Payment**



**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**



HEALTH AND SOCIAL SERVICES

35-00-00

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 3,000 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 Educational Services, Vocational Rehabilitation, and Independent Living. Additionally, there are two direct employment units:

Delaware Industries for the Blind and the Business Enterprise Program. Finally, there are support services such as the Materials Center, Volunteer Services, Orientation and Mobility Services, 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 2003, about 195 children with visual impairments and their families received services from the Education Services Unit. These services, which include itinerant instruction and counseling services to children and their families, were provided in their home or their school classroom.

Independent Living Services for persons with visual impairments were provided to 851 persons during the past year. Instruction on daily living skills, communication devices, low vision aids and evaluations were made during 2,526 home visits to consumers, up from 2,416 the previous year. Over 88 percent of these individuals served were age 55+, up from 84 percent the previous year.

Last year, Vocational Rehabilitation services were provided to 261 Delawareans, 13 of who were receiving post-employment services. Twenty one consumers were successfully placed in employment; of these, all 21 were in competitive positions within an integrated setting, earning minimum wage or above including benefits, and an additional two individuals continue to be in a sheltered placement (supported employment).

The Low Vision program served 342 consumers last year, up five from the year before. Orientation and Mobility (O&M) services were provided to 147 consumers. This was a 53 percent increase from the year before due to full staffing throughout the year.

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 34,427 pages of Braille, 298 audiotapes, 1775 discs, and 45,579 large print pages during SFY 2003. Currently 11 inmates are certified Braillists through the Library of Congress in Literary Braille. Of the 11 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

HEALTH AND SOCIAL SERVICES

35-00-00

completion of his training to apply to become certified in Literary Braille.

The Business Enterprise Program has worked during the past year to adjust business practices to increase opportunities for new blind vendors. In federal Fiscal Year 2000, average earnings by vendors were \$20,833. During federal Fiscal Year 2001 the average earnings by vendor increased to \$28,731. Due to employee vacancies during the year and limited hours of operation, the average earnings of blind operators in federal Fiscal Year 2002 fell to \$23,936.

Delaware Industries for the Blind has seen continued increases in business resulting in more employment opportunities for the visually impaired community. The significant increases are mainly due to the military neckerchief contract and continued improvement in the amount of business for promotional products, engraving, embroidery, sewing, janitorial, and the operation of the Dover Air Force Base Switchboard. In Fiscal Year 2002, revenues were \$1,589,877 providing 55,361 hours of employment. In Fiscal Year 2003, revenues were \$3,285,502 providing 91,959.39 hours of employment.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	2,408.4	2,647.7	2,720.8
ASF	776.9	1,159.5	1,159.5
TOTAL	3,185.3	3,807.2	3,880.3

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	40.6	40.4	40.4
ASF	3.0	3.0	3.0
NSF	27.4	26.6	26.6
TOTAL	71.0	70.0	70.0

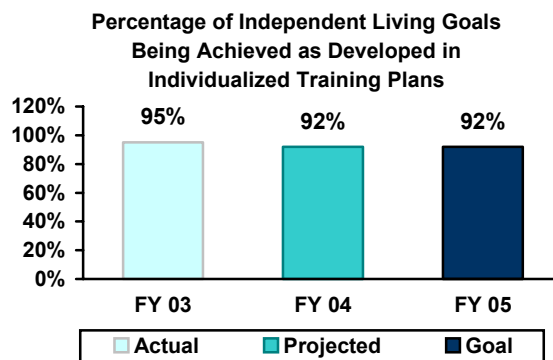
VISUALLY IMPAIRED SERVICES **35-08-01**

ACTIVITIES

- Provides an education program designed to minimize the effects of a visual disability on the academic achievements of students through the efforts of Itinerant Teachers and Child Counselors, as well as through the provision of textbooks and instructional materials in appropriate medium. Provides support to individuals age 14 and older to assist in the transition from an educational environment to one of employment.

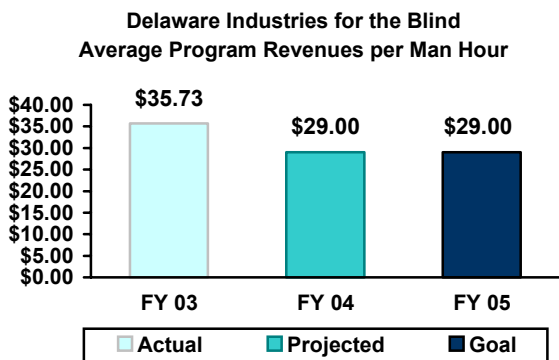
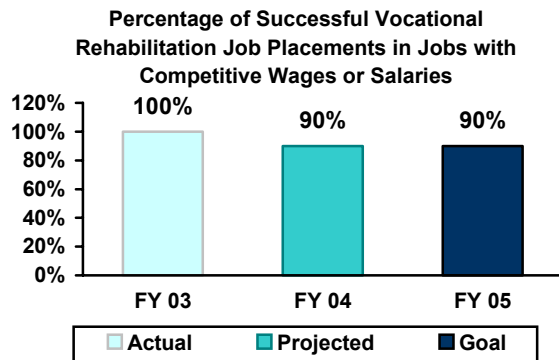
- Provides Independent Living Services to persons of all ages in the areas of adaptive training, low-tech adaptive equipment, as well as counseling which promotes personal independence and emotional adjustment.
- Provides Vocational Rehabilitation and Supported Employment programs, which provide community-based 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 employment 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 Services; Training Center Services; Peer and Support Group Counseling Services; Materials Center to convert educational materials into alternate media format; and Outreach and Public Information.

PERFORMANCE MEASURES

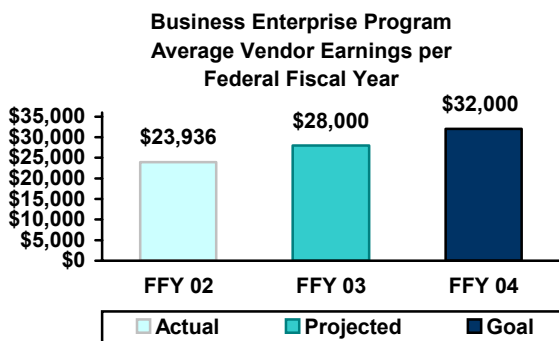


HEALTH AND SOCIAL SERVICES

35-00-00



During Fiscal Year 2003, Delaware Industries for the Blind had another significant increase in a military contract for Neckerchiefs.



LONG TERM CARE RESIDENTS PROTECTION

35-09-00

MISSION

The mission of the Division of Long Term Care Residents Protection is to promote the quality of care, safety and security of 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. These objectives are accomplished through the Division's Investigative and Licensing Sections.

KEY OBJECTIVES

- To decrease the average number of days to complete abuse, neglect and financial exploitation investigations from 39 days in 2003 to 34 days in 2005.
- To decrease the number of days in completing State and Federal criminal background checks from 33 in 2003 to 30 days in 2005.
- To increase the number of surprise inspections in nursing and assisted living facilities from 33 in 2003 to 42 in 2005.
- To maintain the percent of residents sampled annually with no significant, avoidable weight loss at 99.8 percent in 2005.

BACKGROUND AND ACCOMPLISHMENTS

Long Term Care Residents Protection promotes quality of life for people living in long term care facilities and ensures that these residents are safe and secure and free from abuse, neglect and financial exploitation. This is accomplished by monitoring compliance with State and Federal laws and regulations. The division also certifies long term care facilities for Medicare and Medicaid in Delaware.

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. An Investigative Unit member is on-call nights, weekends and holidays to assess potentially life threatening situations.

HEALTH AND SOCIAL SERVICES

35-00-00

The Incident Referral Center received 18,599 contacts during Fiscal Year 2003. The contacts have been analyzed and referred to the appropriate location for resolution.

The in-house Adult Abuse Registry allows the Investigations Section to process inquiries within a 24-hour turnaround time. During Fiscal Year 2003, 20,394 inquiries were processed. Currently, there are 235 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing facilities and other licensed facilities. During Fiscal Year 2003, a total of 4,843 new applicants were fingerprinted for State and Federal criminal background checks. Of those, 28 percent had a criminal history. Three percent of the total nursing home job applicant pool had a serious disqualifying criminal conviction.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	2,326.1	2,791.2	2,848.5
ASF	--	--	--
TOTAL	2,326.1	2,791.2	2,848.5

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	49.6	43.1	43.1
ASF	--	--	--
NSF	22.4	19.9	19.9
TOTAL	72.0	63.0	63.0

LONG TERM CARE RESIDENTS PROTECTION

35-09-01

ACTIVITIES

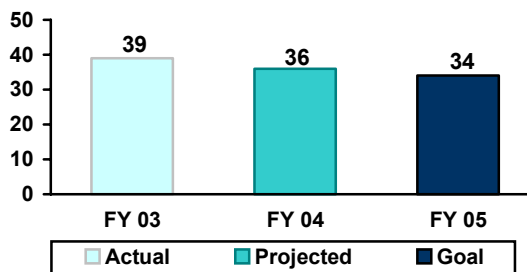
- License facilities and services on an annual basis and conduct a variety of unannounced inspections, including annual, complaint-driven, and surprise inspections, including weekend and evening inspections, to determine compliance with Federal and State laws and regulations.
- Receive and investigate complaints of abuse, neglect, mistreatment and financial exploitation and other concerns that may adversely affect residents' 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.
- Administer appeal processes as provided in State and Federal law.
- Ensure compliance with the Criminal Background Check/Mandatory Drug Testing law.
- Provide 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

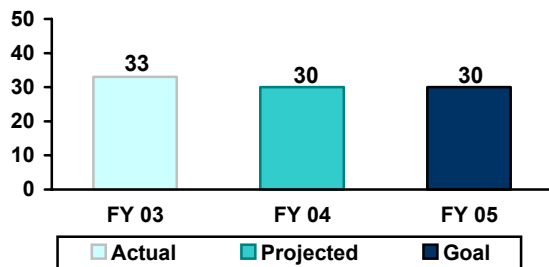


This measure allows for more timely notification to employers about the results of investigations of abuse, neglect and financial exploitation thereby helping to protect residents.

HEALTH AND SOCIAL SERVICES

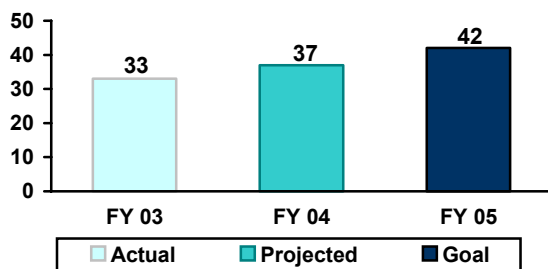
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Criminal Background Check Completion Days



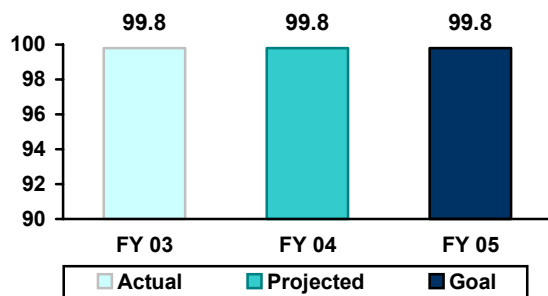
This measure allows for more timely notification to employers about employee criminal background checks thereby helping to protect residents.

Number of Surprise Inspections



Facilities' knowledge that surprise inspections will occur will help to assure that appropriate care is rendered at all times.

% of Patients without Significant, Avoidable Weight Loss



Significant, avoidable weight loss often is a precursor of other health problems. Provider education in the areas of malnutrition and dehydration should ensure an increase in the number of residents 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 monetary child support payments and medical support from non-custodial parents. This mission is achieved through the effective use of paternity establishment programs, aggressive location of absent parents, expedient 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 (IV-D cases receive the full range of child support services where the custodial parent receives public assistance, formerly received public assistance, or has applied for child support services offered by the Division), 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 the agency's License Suspension program by reducing the minimum amount in arrears a non-custodial parent must owe in order to have one or more licenses suspended, and (2) enhancing the Financial Institution Data Match program.

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 Temporary Assistance for Needy Families (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 income funding (\$454M for federal Fiscal Year 2004), DCSE must maintain a concerted effort to improve its overall performance efficiency and effectiveness.

Accomplishments

Child Support Collections: During Fiscal Year 2003, the Child Support Enforcement (DCSE) collected \$84,453,692 in child support payments, which despite a weak economy represents a \$2,425,165 (three percent) increase over the amount collected during Fiscal Year 2002. From Fiscal Year 2003 collections, DCSE returned \$6,214,534 to reimburse the State and federal government for benefits provided to children through TANF and Foster Care programs. This represents 7.3 percent of Fiscal Year 2003 collections by DCSE. The remaining 92.7 percent of Fiscal Year 2003 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 1,486,632 phone calls during

Fiscal Year 2003, for an average of 4,073 calls each calendar day. DCSE has 23 FTEs assigned to its Customer Service Unit (CSU) that was established in late 1999. During Fiscal Year 2003, staff from the CSU answered 162,129 telephone calls requesting assistance beyond what is available from the agency's VRU. That represents an average of 13,511 calls per month, which is a 22 percent increase from Fiscal Year 2002. The VRU was able to respond to 89 percent of the phone calls to the CSU without requiring employee intervention.

Automated Wage Withholding: Wage withholding is the most successful method available to ensure regular, dependable payments of child support by non-custodial parents. Enhancements to the child support enforcement computer system to automatically generate wage withholding notices were implemented statewide in 1999. On a pilot basis during Fiscal Year 2003, DCSE (instead of Family Court) began directly issuing wage withholding notices on its downstate cases, and in Fiscal Year 2004 the agency has also begun directly issuing wage withholding notices on its New Castle County cases. These wage withholding notices also instruct the employers of non-custodial parents, if appropriate, to enroll their child or children on the company health insurance coverage available to them. During the three year period ended August 31, 2003, a total of 116,389 wage withholding notices were issued on behalf of DCSE clients to non-custodial parents.

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. During Fiscal Year 2003, DCSE processed 2,116 voluntary acknowledgements of paternity, plus 387 more during the first two months of Fiscal Year 2004. Since program implementation began in January 1995, a total of 14,497 voluntary paternity acknowledgments have been obtained and processed through August 2003, which represents an average of 139 acknowledgments a month.

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. This is a mandatory nationwide program so DCSE also benefits from New Hire Reports filed in other states. In less than six years, DCSE has received and filed 1,748,651 new employee reports to the national Directory of New Hires. New Hire Reporting is a very effective tool to efficiently locate delinquent non-custodial parents who change jobs frequently.

HEALTH AND SOCIAL SERVICES

35-00-00

License Suspension and Denial: PRWORA mandated that all child support enforcement agencies enter into agreements with other 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 program 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.

DCSE is performing automated matching to suspend licenses through the Division of Motor Vehicles, the Division of Revenue, and the Division of Professional Regulation. DCSE has a manual license suspension process with the Division of Fish and Wildlife, because only hardcopy files are available from this agency. However, since Senate Bill #9 was enacted on February 21, 2003, the division has received a number of lump sum payments from delinquent non-custodial parents in order to prevent the loss of their recreational licenses. Through August 31, 2003, a total of 8,829 licenses (up from 4,924 on August 31 last year) have been suspended 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 in 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 has been 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. Just as with the License Suspension program, the agency has found that often just the threat of a financial institution lien (or license suspension) 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 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	2,365.5	2,368.4	2,420.2
ASF	1,524.7	1,617.2	1,687.2
TOTAL	3,890.2	3,985.6	4,107.4

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	47.3	45.8	45.6
ASF	27.2	27.2	27.2
NSF	144.5	141.0	141.2
TOTAL	219.0	214.0	214.0

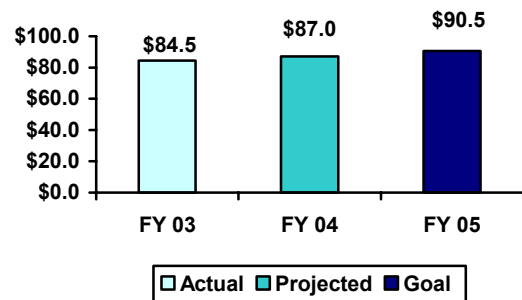
CHILD SUPPORT ENFORCEMENT 35-10-01

ACTIVITIES

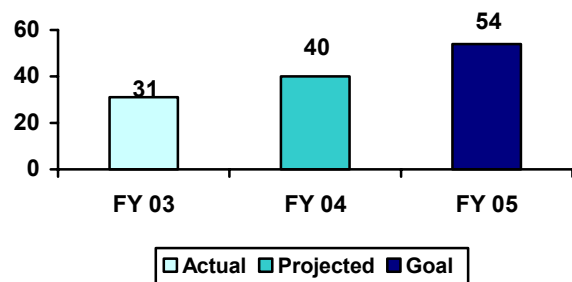
- Establish paternity.
- Locate non-custodial parents.
- Establish, modify, and enforce child support orders.
- Collect and distribute child support.
- Cooperate with other states in child support related activities.

PERFORMANCE MEASURES

Child Support Collections (\$ millions)

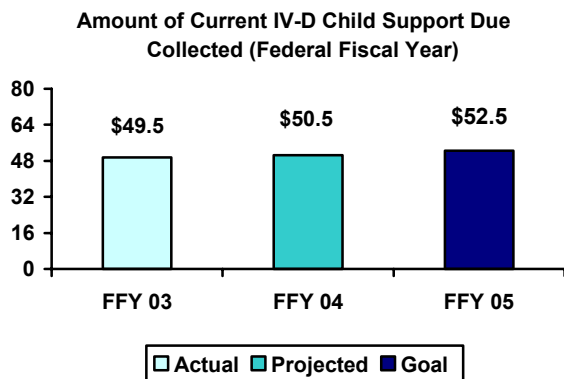


Number of States and Territories (54) with which DCSE Processes Electronic Payments



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 division's primary function is to provide leadership in the establishment, delivery, and monitoring of programs and services that meet the needs of the individuals and families it serves.

KEY OBJECTIVES

Shaping The Future, the division's five-year 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 to assist in evaluating division service delivery and outcomes.

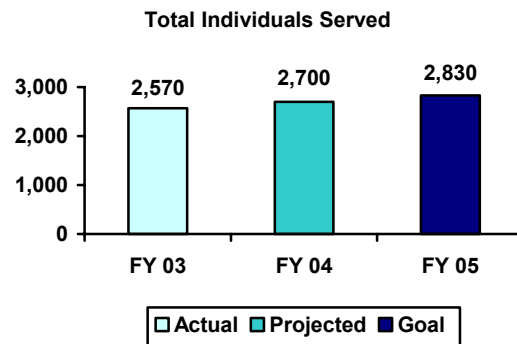
HEALTH AND SOCIAL SERVICES

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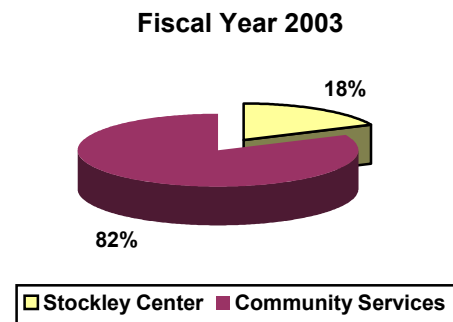
BACKGROUND AND ACCOMPLISHMENTS

The division continues to improve the systems and services that support people with mental retardation and other specific related disabilities. A focus on self-determined services continues to be a high priority for the division, resulting in greater opportunities for individual and family choice. One important outcome of the adoption of the self-determined service philosophy has been the development of a Medicaid waiver for Family Support services that is scheduled for submission to the Centers for Medicare and Medicaid Services (CMS) in the spring of 2004. Personal choice in community-based service delivery will be further enhanced through the piloting of a new rate-setting methodology for day and residential service payments. Based on standardized assessments of individual support needs, the rate setting project is a critically important initial step toward the future establishment of a system that allows money to “follow the person” in their self-determined selection of services and service providers. In addition, while the division’s promotion of community-based living options is decades old, it is clearly consistent with the current, national emphasis on the need to support non-facility based service options. The ongoing movement of Stockley Center residents into the community is occurring at a rate that is expected to result in the census of Stockley Center being less than 100 by the end of Fiscal Year 2005.

- **Increased Capacity** – The division faces a fundamental challenge of increasing the capacity of its community-based programs to meet growing community needs. Requests for services have increased significantly in recent years, which strain 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.



- **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 increased 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.
 - An ever-increasing 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.

HEALTH AND SOCIAL SERVICES

35-00-00

Significant accomplishments have been made in the following areas:

- Settlement of litigation resulting in (1) increased residential placements, (2) enhanced stakeholder participation in systems and service development and monitoring, and (3) the establishment of a commission to address cross-disabilities issues.
- Completion of a follow-up evaluation of people who have moved from Stockley Center into the community since August of 2000, which showed that there have been a number of improvements in their lives since leaving the institution.
- Conclusion of work with the Division of Long-Term Care Residents Protection (DLTCRP) to consolidate two separate sets of rules for the operation of Neighborhood Homes into one set of formal licensing regulations (effective October 2003).
- 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.
- Establishment of a formal Incident Management System to enhance the division's client protection policies and procedures, including an improved ability to track risk factors and address trends more effectively.
- Completion of Phase 5 of a project to establish a new rate-setting methodology that will support day and residential service payments based on standardized assessments of individual support needs.
- Development of a draft waiver for Medicaid-funded family support services. (To be submitted spring of 2004).
- Award of \$351.0 grant from the U.S. Department of Health and Human Services for enhancement of the division's Quality Assurance systems that lead to quality improvement of home and community-based services.
- Establishment of a formal Communications Advisory Committee to enhance the division's ability to provide information to consumers and their families via print and electronic media.
- Continued expansion of the division's training and staff development partnership with the University of Delaware's Center for Disabilities Studies.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	56,741.8	59,866.3	62,175.6
ASF	1,100.6	2,588.3	2,588.3
TOTAL	57,842.4	62,454.6	64,763.9

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	735.8	686.6	676.6
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
TOTAL	739.8	690.6	680.6

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 psycho-forensic consultation for special cases.
- Oversee the operations of the division's Intake Unit.
- Write and manage grants.

Training and Professional Development

- Develop and deliver a wide array of Mental Retardation/Developmental Disabilities related training programs.

HEALTH AND SOCIAL SERVICES

35-00-00

- Coordinate and support employee participation in personal, professional and technical development courses and seminars.
- Facilitate improved communication with consumers, families, employees, providers, advocates, etc.

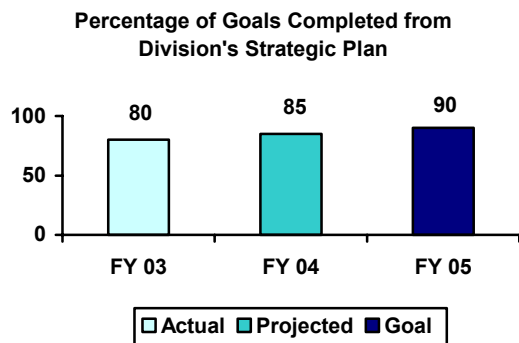
Quality Assurance

- Continuously monitor the status of 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.
- Conduct annual certification reviews of community-based day and residential programs, including assisting the DLTCRP in the licensing of the division's neighborhood homes.
- 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



STOCKLEY CENTER

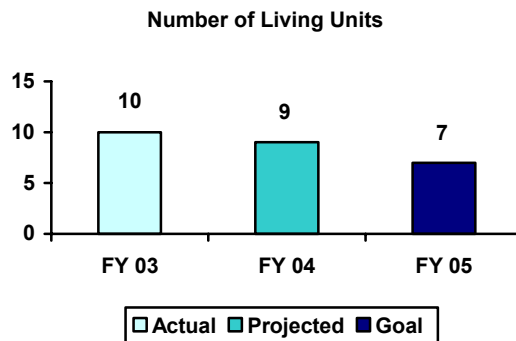
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ACTIVITIES

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.
- 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.

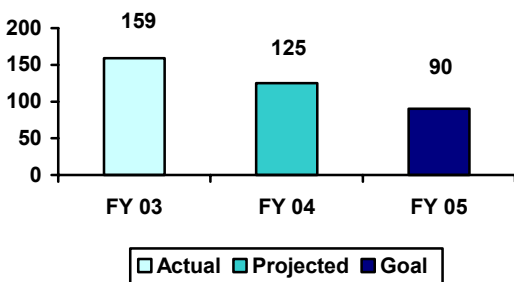
PERFORMANCE MEASURES



HEALTH AND SOCIAL SERVICES

35-00-00

Stockley Center Census



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:

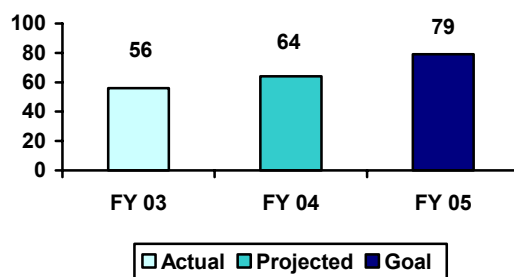
- Residential services that are person-centered and provide support for individuals living in community-based settings (e.g., neighborhood homes, apartments, foster homes). Individual supports include direct supervision, case management, medical care (e.g., dental, podiatry), and other related services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

Community Placements



HEALTH AND SOCIAL SERVICES

35-00-00

STATE SERVICE CENTERS

35-12-00

MISSION

To provide convenient access to human services, assist vulnerable populations, support communities, and promote volunteer and service opportunities.

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.
- Effectively use public and private resources to advocate on behalf of low-income and vulnerable populations and to combat the causes and conditions of poverty in Delaware.
- Establish a culture of empowerment and excellence within the Division.

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 State 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 the Office of the Director, fiscal operations, and information resource management and telecommunications.

During Fiscal Year 2003, the accomplishments of the division included the following:

Emergency Assistance. Emergency assistance for rent, utilities and emergency shelter was provided to 20,713 clients under the Community Resource and Assistance Program. An additional 8,431 clients were served

through the use of Emergency Assistance Services funds, and 272 clients received assistance through the Needy Family Fund. The Kinship Care Program assisted 78 caregiver households to meet the needs of 138 children.

Information and Referral. The Delaware Helpline received a total of 441,035 calls for information. Of those, 75,287 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 317 families by providing 2,495 monitored exchanges, 1,114 supervised visitations and 1,510 group visitations.

Adopt-A-Family. Nearly 4,900 individuals (1,645 families) were served by Adopt-A-Family during the holiday season, and more than 1,100 individuals (422 families) were assisted through the year-round program. In addition, 607 students were assisted with school supplies.

Home Energy Assistance. The Low-Income Home Energy Assistance Program provided \$5.7 million to the Fuel Assistance Program, which served 13,179 low-income households below 200 percent of poverty. This represents an increase of 12 percent over the previous year. The Crisis Assistance Program helped 4,242 households with crisis benefits, an increase of 57 percent. The Summer Cooling Assistance Program helped 1,726 households with electric bills, and 217 households received room-sized air conditioners. The Weatherization Assistance Program provided \$1.5 million for the installation of energy efficiency improvements in the homes of 515 low-income families statewide, an increase of almost 2 percent. The Utility Fund, established in Fiscal Year 2000 to assist low-income individuals and families with the high cost of utility bills, served 2,551 households, and \$86,759 was used to replace 25 furnaces in low-income homes between February and April 2003 under the Weatherization Assistance Program.

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 3,813 homeless individuals, an increase of 58 percent; including 1,532 children ages 0-18, an increase of 63 percent. 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. Unfortunately, the number of individuals not served due to lack of space or funds continues to increase; those numbers reached 7,399 individuals, an increase of 7.5

HEALTH AND SOCIAL SERVICES

35-00-00

percent. This is not an unduplicated figure, considering an individual may seek shelter services from more than one agency. 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. CSBG 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 850+ low-income residents 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 distributed food 40,981 times to households through food closets and mobile pantry programs in Delaware. State Service Center sites distributed emergency food 3,067 times to households in Delaware. Households receiving food averaged 2.6 individuals per household.

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, 2,338 seniors contributed more than 311,702 hours of volunteer service at non-profit and governmental agencies. The Statewide Foster Grandparent Program placed 314 seniors, and Foster Grandparent volunteer service hours completed totaled 246,332.

AmeriCorps. Offered 32 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 29,104 hours of service.

Learn and Serve. 368 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. 4,132 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. 455 people attended the Governor's Outstanding Volunteer Awards ceremony and 442 people attended the Governor's Youth Volunteer Service Awards event.

Volunteer Resource Center. The Delaware Volunteer Resource Center served Delawareans through direct volunteer referrals, contacts to agencies via the VolunteerWay website (966 inquiries to agencies), webpage hits (5510), outreach contacts (1200), technical assistance to agencies (495), and training sessions for volunteer coordinators. Eighty-three (83) students received an elective school credit through the Delaware Volunteer Credit Program.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	9,036.0	9,388.4	9,581.1
ASF	120.8	585.6	585.6
TOTAL	9,156.8	9,974.0	10,166.7

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	102.1	109.6	109.6
ASF	--	--	--
NSF	28.5	25.0	25.0
TOTAL	130.6	134.6	134.6

FAMILY SUPPORT

35-12-10

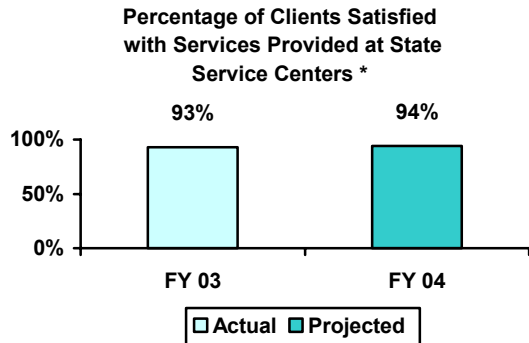
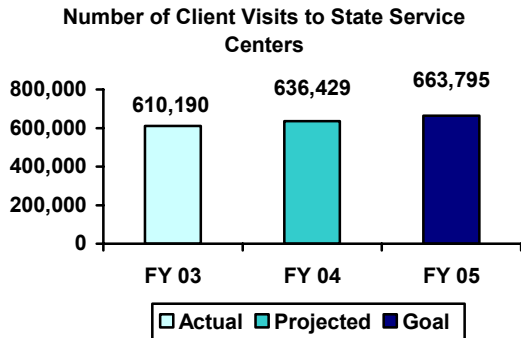
ACTIVITIES

- 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.

HEALTH AND SOCIAL SERVICES

35-00-00

PERFORMANCE MEASURES



* 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.

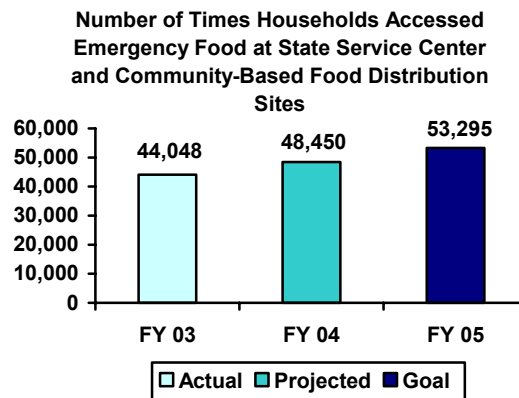
COMMUNITY SERVICES

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.
- Administer \$50,000 in State funds to support the activities and mission of the Governor's Advisory Council on Hispanic Affairs.
- Serve as an Advisory Council member to the Neighborhood Assistance Act Tax Credit Program.

PERFORMANCE MEASURES



VOLUNTEER SERVICES

35-12-40

ACTIVITIES

- Administer the AmeriCorps National Service Program; AmeriCorps VISTA program, Volunteer Resource Center; 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

HEALTH AND SOCIAL SERVICES

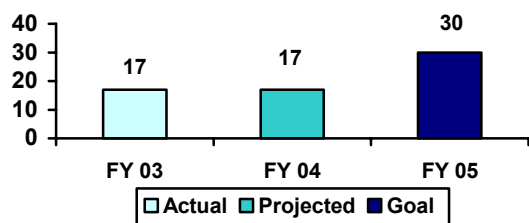
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relations and assistance with volunteer recognition programs.

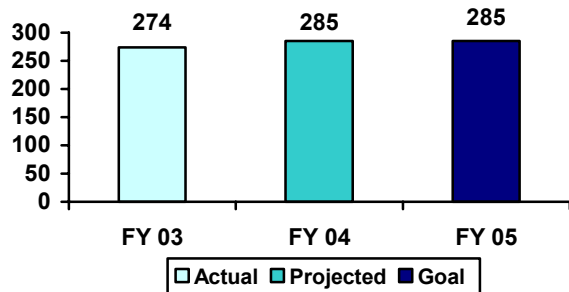
- Recognize the contributions of volunteer youth and adults in annual events.

PERFORMANCE MEASURES

Number of Male Foster Grandparents



Number of Active Foster Grandparents



SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

35-14-00

MISSION

The mission for the Division of Services for Aging and Adults with Physical Disabilities is to improve or maintain the quality of life for residents of Delaware who are at least 18 years of age with physical disabilities or who are elderly.

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

HEALTH AND SOCIAL SERVICES

35-00-00

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

The division has implemented a Money Management program in coordination with American Association of Retired Persons (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.

FUNDING

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	15,541.4	8,677.8	9,008.1
ASF	418.3	612.2	612.2
TOTAL	15,959.7	9,290.0	9,620.3

POSITIONS

	FY 2003 ACTUAL	FY 2004 BUDGET	FY 2005 GOV. REC.
GF	62.3	62.3	62.3
ASF	--	--	--
NSF	51.9	51.9	51.9
TOTAL	114.2	114.2	114.2

HEALTH AND SOCIAL SERVICES

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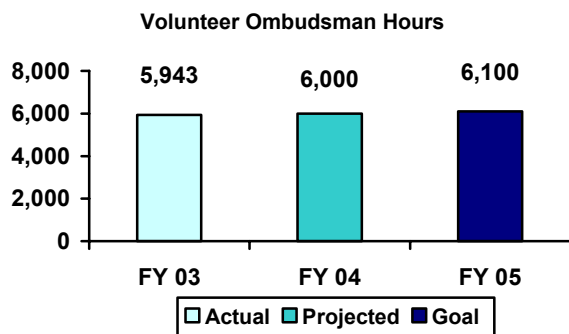
SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

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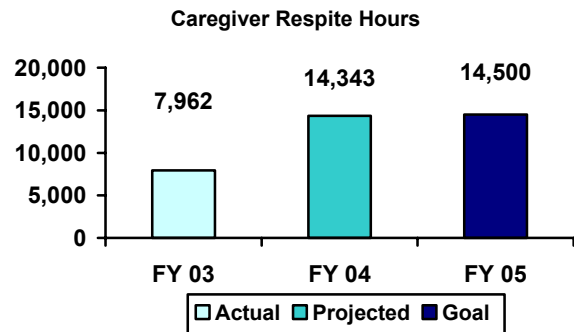
ACTIVITIES

- 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

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.



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.