MISSION

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

KEY OBJECTIVES

Promote Health and Well-Being.

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

Foster Self-Sufficiency.

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

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

- Provide community-based care to ensure an appropriate continuum of services and avoid restrictive and costly institutionalization whenever possible.
- Continue expansion of community services for persons with developmental disabilities and enhance family support services.
- Continue expansion of community mental health and substance abuse services.
- Continue expansion of community-based supports, such as homemaker services and adult day care, to allow the elderly and adults with physical disabilities to remain in their homes.

Protect Vulnerable Populations.

- Ensure the quality of care, safety and security of individuals in long-term care facilities, residential programs and day services.
- Provide emergency and transitional shelters and support to homeless individuals and families.
- Serve children and their families by providing a safe environment for supervised visitation.
HEALTH AND SOCIAL SERVICES
35-00-00

Efficiency in Government.

- Promote a customer-focused approach to service delivery through the integration of services.
- Ensure the Department maximizes the fiscal, human systems and physical resources available in order to provide the best possible service to clients in the most efficient manner.
- Promote accountability and enhance management training opportunities for Department leadership.

Five-Year Appropriation History

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FY 2008 Budget Highlights

Operating Budget:

- Recommend $9,915.1 and $28,390.6 ASF (Delaware Healthy Life Fund) for the Medicaid program to cover increasing health care costs and a client base that is projected to reach over 151,000 persons during Fiscal Year 2008.
- Recommend $1,869.2 for Infant Mortality Task Force recommendations and to annualize services initiated in Fiscal Year 2007. This funding will expand current programs to include a statewide education campaign and access to care initiatives. Recommend additional one-time funding of $50.0 in the Office of Management and Budget’s contingency.
- Recommend $4,801.5 to annualize and fund additional special population placements, community residential placements and special school graduates.
- Recommend $4,016.0 in Child Care for anticipated program growth in Social Services. Also recommended is $550.0 to annualize the Child Care rate increases from Fiscal Year 2007.
- Recommend $3,693.2 ASF in Cancer Council Recommendations as recommended by the Health Fund Advisory Committee. This funding will expand cancer treatment from one year to two years and provide the Human Papilloma Virus (HPV) vaccine to all uninsured or publicly insured girls and women aged nine to 26.
- Recommend $1,138.4 ASF (Delaware Healthy Life Fund) to expand the Delaware Healthy Children Program for an additional 975 families.
- Recommend $2,000.0 for the Delaware Energy Assistance Program to provide assistance to income eligible families to help them meet their home energy needs.
- Recommend $223.7 ASF (Delaware Healthy Life Fund) for Medicaid Buy-In to assist individuals with disabilities by allowing them to work without losing health benefits.
- Recommend $612.0 and 13.2 FTEs in Child Support Enforcement due to the loss of the federal incentive payment match.
- Recommend $169.1 and 3.0 FTEs in the Division of Aging and Adults with Physical Disabilities for contract management. Also recommended is one-time funding of $14.0 in the Office of Management and Budget’s contingency for equipment associated with recommended positions.
- Recommend $540.0 in General Assistance due to increased number of eligibles.

Capital Budget:

- Recommend $2,500.0 for the Maintenance and Restoration program. This funding will be used to maintain 167 buildings in their current condition and provide for necessary repairs.
♦ Recommend $3,500.0 for the Minor Capital Improvements and Equipment program to prevent deterioration of buildings and grounds and to continue to eliminate the Department’s backlog of deferred maintenance.

♦ Recommend $1,293.6 for the installation of fire suppression systems in the long term care facilities operated by the Department.

♦ Recommend $1,567.3 for Critical Deferred Maintenance at the Delaware Psychiatric Hospital. The work completed with these funds will include electrical, plumbing and roofing repairs to the hospital infrastructure.

♦ Recommend $1,650.0 for the Drinking Water State Revolving Fund. This Fund provides low interest loans to community water systems for infrastructure improvement. The federal government will match these funds with $6,600.0.

### ADMINISTRATION

#### 35-01-00

**MISSION**

The mission of the Administration unit is to provide leadership and policy direction for the Department of Health and Social Services to ensure 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 the 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 the 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.

**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 on-going 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 Administration unit to ensure that expectations for their implementation are realized. This may entail providing assistance to Divisions by facilitating administrative procedures, coordinating the activities of the various participants in joint projects and communicating regularly with constituents to keep them informed.
Past accomplishments include:

- Upgrade of the network infrastructure which included replacing voice and data cabling at 16 DHSS locations;
- Implementation of the Avaya Telephone System, making the platform operational at seven DHSS locations and supporting approximately 2,400 staff;
- Completion of a Rapid Application Development project for the Office of Radiation which provided tracking of information on X-ray machine registrations and radiation technician/technologist certifications;
- Creation of a web-based application to handle the scheduling of appointments for administering flu vaccines to over 7,500 Delawareans; and
- Migration of the Interactive Voice Response unit for the Division of Child Support Enforcement from an unsupported platform to the centralized DHSS platform including Spanish language scripts to better serve Spanish speaking clients.

The Department must 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 DHSS to be a leader, spokesperson and active participant to ensure that linkages are made and implications are 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, DHSS faces the challenge of meeting the needs of an increasingly diverse workforce. Concurrently, greater demands are being felt to increase the accessibility and responsiveness of the service delivery system. A flexible work environment is needed to meet the needs of clients, while supporting employees and their families. In addition, training, professional development and management support are ongoing requirements to enhance staff performance.

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

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### OFFICE OF THE SECRETARY

#### ACTIVITIES

- Manage the Department; provide leadership for human services delivery.
- Ensure coordination between agencies within DHSS.
- 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.

### MANAGEMENT SERVICES

#### ACTIVITIES

- Conduct audit and recovery services relating to violations of all persons, vendors or service providers who commit acts of fraud in public welfare programs administered by the Department.
- Coordinate preparation of the Department's budget request and strategic plan.
- Monitor billing and collection and track revenue of all DHSS units providing health care services.
**HEALTH AND SOCIAL SERVICES**

**35-00-00**

- Manage the bidding, requisition and purchase order processes, as well as perform contract negotiations and development.
- Determine the eligibility for and accuracy of the benefits received by clients for Food Stamps and Medicaid.
- Process and track financial documents.
- Handle the financial reporting for federal grant award processing.
- Maintain payroll records and update employee funding as appropriate for payment of employees.
- Conduct training, respond to employee requests, process applications for employment and provide guidance on merit rules.
- Provide automated mainframe and client/server applications support functions.
- Formulate, recommend and implement technology strategies critical to DHSS’s twelve divisions.

**PERFORMANCE MEASURES**

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<td>% of families receiving multi-disciplinary evaluations within 45 days*</td>
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<td>96</td>
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*Data based on cases sampled as part of the monitoring process.

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**FACILITY OPERATIONS**

**35-01-30**

**ACTIVITIES**

- Track work orders and prioritize requests for service.
- Maintain a comprehensive preventive maintenance program.
- Manage equipment inventory.
- Identify, prioritize and manage deferred maintenance and Minor Capital Improvement (MCI) programs on a department-wide basis.
- Complete maintenance and restoration projects addressing critical maintenance, operational, code and licensing issues.

**PERFORMANCE MEASURES**

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<tr>
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**MEDICAID & MEDICAL ASSISTANCE**

**35-02-01**

**MISSION**

The mission of the Division of Medicaid and Medical Assistance (DMMA) is to improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost effective manner.

**KEY OBJECTIVES**

**Promote a comprehensive system of health care by balancing client needs, operational requirements and available resources.**

- Foster a health care delivery system that is predicated on preventive care to assure best possible health outcomes for eligible populations.
- Take action to ensure access and a health care safety net for children and adults with special needs, uninsured and under-insured individuals and other disadvantaged groups.
- Promote maternal and child health through a comprehensive benefit package.
- Enhance the quality of care through utilization review, disease management and case management.
- Foster the medical home concept by ensuring that beneficiaries have broad choices for their source of health care.
- Contain health care costs through integrated delivery without compromising quality.
- Actively implement initiatives to achieve performance measures.
- Develop initiatives that support DHSS community- and institutionally-based long term care plans.

**Maintain an adequate network of health care providers.**

- Develop and enhance collaborative partnerships to provide enabling services that support health care delivery.
- Work with other governmental agencies, provider networks, beneficiaries and other stakeholders to ensure that health care financing and delivery is well managed, coordinated, assures sufficient access and is a seamless delivery network.
HEALTH AND SOCIAL SERVICES
35-00-00

- Continue to provide and coordinate non-emergency transportation services to ensure that Medicaid recipients who do not have transportation can get to medical appointments.
- Develop partnerships to encourage the development of health care services in community-based settings.
- Continue to provide pharmacy benefits to eligible low-income individuals.
- Manage program growth within the boundaries of available resources through the effective use of resources and emphasis on information resource management, cost containment and strategies for economic efficiency.
- Continue to maximize federal funding through cost recovery initiatives.
- Tailor customer service to meet the needs of various stakeholders.
- Foster client self-sufficiency and independence through education regarding appropriate use of medical benefits.
- Enhance cost-sharing through beneficiary participation, effective coordination of benefits, cost avoidance and Medicaid estate, accident and third party recoveries.
- Ensure the functionality of all automated systems and support the development of systems which enhance data analysis.
- Strategically manage data collection and analysis to enhance evidence-based decision making.
- Ensure diversified recruitment and retention of staff whose value-added contributions fit the mission of the Division.
- Ensure that only eligible individuals receive health care benefits and providers are compliant.
- Adapt and adopt features of commercial managed care in implementing health care reforms.
- Enhance technical systems to provide information about policy changes to clients and providers.

BACKGROUND AND ACCOMPLISHMENTS

DMMA administers a broad range of health care programs for Delaware’s low-income individuals and families. These programs are funded by both state and federal governments and provides health benefits to over 158,000 (1 out of every 5) Delaware residents each month. The major programs include:

- **Medicaid (Title XIX):** Serves low-income adults and children and provides a comprehensive package of services, ranging from primary care physician and pharmacy to long-term care nursing facility services;
- **Delaware Healthy Children Program (Title XXI):** Provides health insurance coverage to uninsured children under the age of 19 with family incomes between 101-200 percent of the federal poverty level;
- **Delaware Prescription Assistance Program (DPAP):** Established by the Legislature in 1999 to annually provide up to $3,000 per person of prescription benefits to qualified Delaware residents who are either over 65 years old or are below 65 with disabilities;
- **Chronic Renal Disease Program (CRDP):** Established by the Legislature in 1970 to assist Delaware residents diagnosed with end-stage renal disease; and
- **Non-Qualified Non-Citizen Health Care Program (NQNCP):** Established by the Legislature in 1998 to provide health care benefits for legally residing non-citizens who no longer qualify for Medicaid benefits because of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

DMMA achieves its goals by:

- Improving access to health care for the elderly, disabled and low-income individuals;
- Strengthening maternal and child health based on shared values;
- Educating those DMMA serves to lead healthy, independent, dignified and productive lives while stressing the importance of understanding and addressing the connection between community values and health status;
- Empowering beneficiaries in primary and preventive health care advocacy by supporting culturally competent service delivery and informed choices; and
- Efficient and effective management of the State’s resources through good stewardship.
Some of the Division’s major accomplishments include:

- Facilitating the transition of Medicare eligibles to the new Part D prescription drug benefit and ensuring that there were no lapses in coverage for individuals enrolled in DMMA programs;
- Adopting and adapting innovative ways to deliver medical assistance and effective services to non-public assistance low-income populations;
- Creating a culture where beneficiaries concentrate on preventive and primary care;
- Enhancing the continuum of safety net health care delivery; and
- Exercising flexibility, creativity and resourcefulness in managing programs in a dynamic health care delivery environment.

The Division implemented several initiatives related to its pharmacy services in order to improve quality of care and contain costs. DMMA eliminated duplicate therapies and required prior authorization of drugs where less expensive products would be equally effective.

The Division has over 75 percent of its Medicaid eligibles and 100 percent of Delaware Healthy Children program enrollees in a managed care plan. The health care services for the majority of these individuals are managed through a commercial managed care plan.

### Funding

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### MEDICAID & MEDICAL ASSISTANCE

35-02-01

### Activities

- Develop strategies to educate Medicaid clients regarding the importance of utilizing available medical services, particularly for prevention efforts.
**Medical Examiner**  
**35-04-00**

**Mission**

The mission of the Office of the Chief Medical Examiner (OCME) is to promote the sound administration of justice through 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.
- Complete investigations and analysis in an accurate and timely manner.

**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.

During Fiscal Year 2006, the Office of the Chief Medical Examiner:
- Investigated 3,511 deaths statewide;
- Examined more than 3,020 controlled substances cases totaling 13,124 exhibits;
- Received 123 DNA cases;
- Analyzed 780 DUI cases; and
- Performed toxicology analysis on 806 post-mortem cases.

**Funding**

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**Positions**

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**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 felons DNA database.
- Analyze arson evidence for the State Fire Marshal.
- Provide court testimony by pathologists, other forensic scientists and medicolegal investigators.

**Performance Measures**

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

- Developing policies that address issues affecting the health of Delawareans;
- Monitoring the health status of the State’s citizens through the collection and interpretation of data;
- Developing plans to improve health status and working collaboratively with various communities and agencies to affect positive health change;
- Providing health education and promotion activities to increase awareness and improvement of personal well-being;
- Responding efficiently and effectively to critical health-related events; and
- Assuring the availability of health care when community resources are not otherwise available.

**KEY OBJECTIVES**

**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 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, including 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.

**BACKGROUND AND ACCOMPLISHMENTS**

DPH has evolved from an organization that mainly provided direct health care services to residents of the State and 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.

DPH has placed renewed emphasis on the core functions of public health: assessment, assurance and policy development. DPH collects and analyzes various health data, 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, 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 and offering family planning services to high-risk individuals. Collaboration with other organizations has led to improved and expanded health services for cancer patients, adolescents through school-based health centers and vulnerable populations such as those diagnosed with HIV or AIDS.

The Division continues to examine the core public health functions and 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.

Some of the Division’s major accomplishments include:

- Twenty-eight school-based health centers are open and operating with the latest addition of Caesar Rodney;
HEALTH AND SOCIAL SERVICES
35-00-00

- Assisted with the funding of infrastructure improvements to public water systems throughout the State;
- Developed and implemented an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism;
- Provided inspections and ongoing monitoring of public drinking water systems;
- Planned and implemented prevention and disease control initiatives for cancer, tobacco, diabetes, community health promotion and child lead poisoning prevention; and
- Enhanced maternal/child health care for high-risk pregnant women, prenatal care and well-child preventive health services for the uninsured including dental services.

**FUNDING**

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<tbody>
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<td>90,571.9</td>
<td>89,016.8</td>
<td>96,668.0</td>
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<tr>
<td>ASF</td>
<td>22,487.7</td>
<td>26,959.6</td>
<td>30,996.8</td>
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<td><strong>TOTAL</strong></td>
<td><strong>113,059.6</strong></td>
<td><strong>115,976.4</strong></td>
<td><strong>127,664.8</strong></td>
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**POSITIONS**

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<tr>
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<td>1,217.1</td>
<td>1,219.1</td>
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<td>ASF</td>
<td>57.8</td>
<td>62.8</td>
<td>59.8</td>
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<tr>
<td>NSF</td>
<td>249.2</td>
<td>251.2</td>
<td>253.7</td>
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<td><strong>TOTAL</strong></td>
<td><strong>1,532.1</strong></td>
<td><strong>1,531.1</strong></td>
<td><strong>1,532.6</strong></td>
</tr>
</tbody>
</table>

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

**ACTIVITIES**

- Implement electronic birth module for vital records to enhance public access to birth certificates.
- Develop, review, monitor and evaluate the Division’s contracts.
- Review and coordinate all federal and foundations grants.
- Provide fiscal management.
- Procure and manage the revenue: state, special funds and federal grants.
- Oversee all capital improvement projects and leaseholds.

- Coordinate all management information systems utilized by the Division’s diverse programs.
- Coordinate system automation projects, both internally and externally.
- Provide and promote core public health skills training to employees.
- Charged with collecting and cataloging vital statistics for the residents of the State.

**PERFORMANCE MEASURES**

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<thead>
<tr>
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<tbody>
<tr>
<td>% of contracts audited</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td># of vital records processed*</td>
<td>101,000</td>
<td>102,500</td>
<td>103,000</td>
</tr>
</tbody>
</table>

*Defined as records related to birth, death, marriage, divorce and fetal death.

**COMMUNITY HEALTH 35-05-20**

**ACTIVITIES**

- Develop and deliver targeted educational programs and messages to the general public and populations at increased risk for developing cancer and chronic diseases.
- Support the Advisory Council on Cancer Incidence and Mortality in their implementation of the comprehensive cancer control plan for Delaware.
- Develop a plan to expand the existing Breast and Cervical Cancer Early Detection program (Screening for Life) into a comprehensive state cancer program.
- Provide environmental health consultative services to other state agencies and the public, on exposures and health risks, on a routine basis and during emergencies.
- Work in close cooperation with the Department of Natural Resources and Environmental Control, Department of Agriculture and other agencies that monitor contaminants in various environmental media.
- Develop a data reporting and tracking program for private well water analysis conducted by all water testing laboratories.
- Issue loans to public water supplies for infrastructure improvement via the Drinking Water State Revolving Fund.
- Conduct routine testing of public water supplies in accordance with state regulations and the Safe Drinking Water Act.
HEALTH AND SOCIAL SERVICES
35-00-00

- Increase public awareness about childhood lead poisoning.
- Provide lead screening of children at high risk of lead poisoning in a timely manner.
- Provide high quality service and assistance to families of children with elevated blood lead levels, including evaluation, education and medical referrals.
- Promote early entry and continued use of quality prenatal care with a full array of enabling and psychosocial services.
- Partner with community and professional organizations to promote culturally competent health services through assessing cultural competence and measuring client satisfaction.
- Provide contraceptive counseling and access to family planning services to reduce unwanted, mistimed and closely spaced pregnancies, especially among high-risk populations.
- Identify pregnant women and mothers at risk for poor birth outcomes early and provide appropriate screening, counseling, education and access to health care.

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<tr>
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<tbody>
<tr>
<td>% of colorectal cancers detected at local stage*</td>
<td>42</td>
<td>44</td>
<td>46</td>
</tr>
<tr>
<td>% of breast cancers detected at local stage*</td>
<td>66</td>
<td>68</td>
<td>70</td>
</tr>
<tr>
<td>% of Delawareans served by municipal fluoridated water systems</td>
<td>95</td>
<td>97</td>
<td>98</td>
</tr>
<tr>
<td>% of children adequately immunized**</td>
<td>86</td>
<td>88</td>
<td>89</td>
</tr>
<tr>
<td># of Medicaid visits in DPH dental clinics</td>
<td>10,083</td>
<td>12,000</td>
<td>13,000</td>
</tr>
<tr>
<td>Rate of birth among teenage girls 15-17 years of age (rate per 1,000 births)</td>
<td>23.6</td>
<td>22.5</td>
<td>21.5</td>
</tr>
<tr>
<td>Rate of infant mortality (5 year average rate per 1,000 births)</td>
<td>8.1***</td>
<td>8.0</td>
<td>7.9</td>
</tr>
</tbody>
</table>

*Local stage is defined as a cancer that is confined to the place where it started and has not spread to other parts of the body.
**Requires 4DPT, 3 polio, 1 measles; National Immunization Survey, Centers for Disease Control and Prevention.
***Projected average.

EMERGENCY MEDICAL SERVICES
35-05-30

ACTIVITIES
- Standardize and continuously improve capacity to collect Emergency Medical Services (EMS) data and accurately measure response times.
- Support paramedic agency initiatives to streamline deployment strategies.
- Deploy an improved statewide EMS data collection system that interfaces on a real-time basis with Computer Aided Dispatch and Global Positioning Data.
- Participate in community events to increase public awareness of the Chain of Survival (Early access to 911 - Early Defibrillation - Early Advanced Life Support Care (ALS) - Early Hospital Intervention) program.
- Partner with the first responder system (police, fire, EMS, safety teams, school nurses, etc.) to assist with CPR/AED awareness and training initiatives to improve the time to defibrillation.
- Assist agencies that have received AEDs to replace electrodes and batteries.
- Offer train-the-trainer programs in CPR/AED to participating agencies.

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<tbody>
<tr>
<td>% of paramedic responses less than eight minutes for the most serious categories of calls</td>
<td>60</td>
<td>62</td>
<td>64</td>
</tr>
<tr>
<td># trained on CPR/AED</td>
<td>1,200</td>
<td>300</td>
<td>300</td>
</tr>
</tbody>
</table>

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.
HEALTH AND SOCIAL SERVICES
35-00-00

- 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 managements.

**PERFORMANCE MEASURES**

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<tr>
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<tbody>
<tr>
<td>% of competent</td>
<td>83</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>residents/family members expressing overall satisfaction with care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of falls that occur to residents</td>
<td>190</td>
<td>190</td>
<td>190</td>
</tr>
</tbody>
</table>

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.

**PERFORMANCE MEASURES**

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>% of competent</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>residents/family members expressing overall satisfaction with care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of falls that occur to residents</td>
<td>206</td>
<td>206</td>
<td>206</td>
</tr>
</tbody>
</table>

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.
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 determining eligibility, referring to an appropriate level of care based on need and transferring to different levels of care.
- Provide specialized and culturally competent treatment, intervention and prevention services to special populations and traditionally underserved groups. This includes: young adults, older adults, persons involved in the criminal justice system, substance abusing pregnant women, women with dependent children, and racial and ethnic minorities.
- Facilitate 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 the Delaware Psychiatric Center and designated facilities for involuntary commitment.
- Strengthen inter-departmental and inter-agency collaboration in order to provide more comprehensive and integrated community-based health and 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 goal of the Division of Substance Abuse and Mental Health (DSAMH) is to reduce the incidence and prevalence of mental disorders; substance abuse disorders; pathological gambling; ensure that behavioral health services are consumer and family driven; and facilitate recovery and community integration. The Division’s programs are designed to reduce hospitalization, improve health and wellness, and build resilience and coping skills.

In the last six years DSAMH has developed a number of strategies and programs to reduce the census at the Delaware Psychiatric Center. Admissions continue to be redirected to community psychiatric hospitals. The continuum now contains 22 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 Crisis and Psychiatric Emergency Services (C.A.P.E.S.) program is a successful collaborative effort between Christiana Care’s Health Services Department of Psychiatry and the Division. The program is located at Christiana Care’s Wilmington Hospital Emergency Department. It operates 24-hours a day, 7 days a week, and provides psychiatric and substance abuse triage, assessment and disposition. By having a separate unit within the Emergency Department, clients can be held longer to assess and refer to the appropriate level of care. Since the inception of the program admissions to inpatient care have decreased 15 percent and the number of commitments decreased by 24 percent.

The four Community Mental Health clinics continue to provide immediate access to mental health assessment and evaluations through the Front Door teams. This has eliminated waiting lists at the clinics and facilitated appropriate referral and treatment for those individuals needing behavioral health interventions. The Front Door teams provide short-term therapeutic interventions and targetted psychiatric services. The Front Door teams provide access to services to individuals in psychiatric crisis and next day services to individuals discharged from psychiatric in-patient facilities.

Services for persons with substance abuse 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
HEALTH AND SOCIAL SERVICES
35-00-00

decline by more than 50 percent, criminal activity by as much as 80 percent and financial self-sufficiency improves (e.g., employment increases, and welfare receipt and homelessness declines).

The Division continues to use performance based contracting with its comprehensive substance abuse outpatient treatment providers. By connecting performance to payment amount, this approach rewards results. The client performance components rewarded under the contracts are: engagement, active participation and graduation.

DSAMH was also selected by the Robert Wood Johnson Foundation to receive a grant to continue to implement best practices in addiction treatment. The Advancing Recovery grant will allow us to implement motivational enhancements and telephone follow-up interventions.

The Division continues to increase our capacity to treat those with co-occurring disorders. DSAMH has focused on ensuring that the substance abuse and mental health system has the resources and skills to assess and evaluate those individuals who present with a co-occurring substance abuse and mental health disorder. Approximately 35 to 40 percent of those seeking public services need to receive treatment that addresses both disorders concurrently.

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 to include oversight of community-based psychiatric care.
- Ensure service coordination among service systems, specifically the departments of Correction and Services for Children, Youth and Their Families.

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<tr>
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<tbody>
<tr>
<td># of involuntary inpatient psychiatric commitments*</td>
<td>2,412</td>
<td>2,400</td>
<td>2,400</td>
</tr>
<tr>
<td># of readmissions within 180 days</td>
<td>14</td>
<td>13</td>
<td>12</td>
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*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

FUNDING

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<tbody>
<tr>
<td>GF</td>
<td>82,784.0</td>
<td>83,090.7</td>
<td>87,046.3</td>
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<tr>
<td>ASF</td>
<td>2,403.6</td>
<td>5,189.7</td>
<td>5,189.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>85,187.6</td>
<td>88,280.4</td>
<td>92,236.0</td>
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POSITIONS

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<tbody>
<tr>
<td>GF</td>
<td>781.4</td>
<td>779.4</td>
<td>780.4</td>
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<td>7.0</td>
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<td>NSF</td>
<td>4.8</td>
<td>8.8</td>
<td>13.8</td>
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<tr>
<td>TOTAL</td>
<td>793.2</td>
<td>796.2</td>
<td>802.2</td>
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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

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<tbody>
<tr>
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<td>82,784.0</td>
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<td>2,403.6</td>
<td>5,189.7</td>
<td>5,189.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>85,187.6</td>
<td>88,280.4</td>
<td>92,236.0</td>
</tr>
</tbody>
</table>

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 effectiveness in working with hospital emergency rooms and the police on mental health commitments.
### PERFORMANCE MEASURES

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<tr>
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<tbody>
<tr>
<td>% of consumers in community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>support programs available for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>work who are employed</td>
<td>47</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td># of supervised apartments</td>
<td>8</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### 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 the Delaware Psychiatric Center.

**PERFORMANCE MEASURES**

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<tr>
<th></th>
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<tbody>
<tr>
<td>Average daily census</td>
<td>235</td>
<td>225</td>
<td>215</td>
</tr>
</tbody>
</table>

### SUBSTANCE ABUSE

#### 35-06-40

**ACTIVITIES**

- Provide substance abuse treatment and prevention services.
- Assess and treat persons with co-occurring mental illness and substance abuse disorders.
- Provide assessment and case management services for clients sentenced by Drug Court.

**PERFORMANCE MEASURES**

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<tr>
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<tbody>
<tr>
<td>% of detoxification clients</td>
<td>36</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>who received one or more other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of consumers satisfied</td>
<td>76</td>
<td>77</td>
<td>78</td>
</tr>
<tr>
<td>with services program</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### 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**

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

- In partnership with the Department of Labor, Delaware Economic Development Office, Department of Transportation and contracted service providers, place welfare clients in employment or work activities 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.

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

- Continue to improve Division administration, program management, operations and customer service to maximize both efficiency and service quality.
- Reallocate existing staff/program resources to best achieve organizational mission.
- Ensure diversified recruitment practices.
- 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 state and the federal governments and are provided to over 60,000 Delawareans each month. The major program areas are:

- Subsidized child day care which enables low-income parents to become and remain employed and to empower them on their journey to stabilization;
- Financial assistance including TANF, Emergency Assistance, General Assistance, Refugee Assistance and Food Stamps; and
- Eligibility for poverty-related Medicaid categories, as well as, the Delaware Healthy Children program.

The Division achieves its goals by:

- Increasing client financial independence through community partnerships;
- Strengthening families and encouraging personal responsibility; and
- Identifying gaps and overlaps in service delivery, taking appropriate steps to manage resources efficiently.

Some of the major accomplishments include:

- Decrease in the TANF average monthly caseload by 1.6 percent from Fiscal Year 2005 to Fiscal Year 2006;
- Management of the increasing Food Stamp and Medicaid caseload volume through resource management which includes increased automation, as well as, improved program management and staff performance; and
- Increase in the number of children receiving subsidized child care from 1,528 in Fiscal Year 1985 to 14,769 in Fiscal Year 2006.

ACTIVITIES

- Act as a catalyst in fostering the independence, self-sufficiency and empowerment of vulnerable segments of the population.
- Perform external review of quality, outcomes, timeliness of and access to services.
- Enforce compliance with program rules and regulations through review of provider operations.
- Assure appropriate utilization of benefits by safeguarding against fraudulent and inappropriate use of services.
- Partner with community organizations to provide services to needy families and individuals.
- Create awareness of the scope of the Division’s programs within the community and linking families with necessary services.
- Administer enabling services such as child day care and transportation.
- Manage budgeting, fiscal, facilities and contracting activities to achieve efficiency.
- Manage automated and data management systems.
- Collect and organize data to analyze program trends and outcomes.

PERFORMANCE MEASURES

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<tr>
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<tbody>
<tr>
<td>Average hourly wage for TANF job placements</td>
<td>7.86</td>
<td>7.94</td>
<td>8.02</td>
</tr>
<tr>
<td>Delaware’s food stamp error rate*</td>
<td>6.75**</td>
<td>6.55</td>
<td>6.35</td>
</tr>
<tr>
<td>Average of provider payment as percentage of local market rates*</td>
<td>70**</td>
<td>71</td>
<td>72</td>
</tr>
</tbody>
</table>

*Based on Federal Fiscal Year.
**Projected average.
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 services;
• Employment opportunities;
• Advocacy; and
• Low vision evaluation and utilization training.

KEY OBJECTIVES

• Promote health and well being, by reducing or eliminating all barriers to lifelong personal independence produced by the sensory disability of vision loss.
• Foster self-sufficiency, by developing and administering employment and job related skills training programs for persons who are blind or visually impaired.
• Protect vulnerable populations, by focusing 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 for the Visually Impaired (DVI) is organized into three primary service programs: Educational Services, Vocational Rehabilitation and Independent Living. Additionally, there are two direct employment units: Delaware Industries for the Blind (DIB) and Business Enterprise program (BEP). 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, workplace or school.

During Fiscal Year 2006, DVI was successful in recruiting qualified teachers of the visually impaired. This enabled the Division to provide 204 children with visual impairments and their family quality services from the Education Services unit. These services, which include itinerant instruction and counseling services to children and their families, were provided in the home, school or classroom.

Independent Living Services (ILS) were provided to 1,045 persons during Fiscal Year 2006. Areas of service provided include: training on daily living skills, communication devices and low vision aids. Eighty-two percent of those served were aged 55 or older. Of those persons aged 55 or older, macular degeneration continues to be the predominant eye condition. In addition, the profile for the ILS consumer served is one who referred themselves, had at least a high school education, lived in their own residence and had experienced vision loss over 10 years ago.

In Fiscal Year 2006, Vocational Rehabilitation services were provided to 137 Delawareans. Of these individuals, 13 consumers were successfully placed in integrated employment settings with earnings at or above minimum wage. Of those 13, 50 percent are working in permanent full-time positions with employer paid benefits.

In the area of support service programs, the Low Vision program served 140 consumers last year. Being fully staffed in our Orientation and Mobility service unit allowed for a 56 percent increase, from last year, for a total of 241 consumers served.

DVI has 80 active volunteers working as Braillists, narrators, readers and office assistants. In addition, 13 inmates provide Brailling and large print services through the Men with a Message program. Currently 10 inmates are certified Braillists through the Library of Congress in Literary Braille and the remaining two are studying to become certified. Of the 10 inmates providing Braille services, two are certified in Nemeth.
Code (Mathematical Braille) and two others are in training for Nemeth Code certification. Together the volunteers and prisoners helped to generate 47,829 pages of Braille, 250 audiotapes and 35,052 large print pages during Fiscal Year 2006.

The Business Enterprise program has continued to work on adjusting business practices to meet the demands of their customer base. The BEP has completed development of a training curriculum to be used for in-state training for visually impaired and blind Delawareans in food service management. Three individuals have finished their training during Fiscal Year 2006.

During Fiscal Year 2006, DIB established a new business center, Custom Framing and Gifts. This created full-time job opportunities for two blind or visually impaired persons. Additionally, DIB provided in excess of 1,500 hours of job skills training to our blind labor workforce. This included training in the following areas: computer operation, customer service and sales, switchboard/receptionist, supervision and management.

### Performance Measures

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td># of successful job placements in a competitive setting</td>
<td></td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>$ DIB gross receipts (millions)</td>
<td>2.52</td>
<td>2.50</td>
<td>2.75</td>
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<tr>
<td># of DVI blind/visually impaired employees</td>
<td>64</td>
<td>66</td>
<td>68</td>
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</table>

### Activities

- Provide 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 youth counselors and the provision of textbooks and instructional materials in appropriate medium.
- Provide ILS to persons of all ages in the areas of adaptive training, low-tech adaptive equipment and professionally facilitated counseling.
THE 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.

KEY OBJECTIVES

- Decrease the average number of days to complete abuse, neglect and financial exploitation investigations.
- Maintain the number of days in completing state and federal criminal background checks.
- Increase the number of off-hour, unannounced inspections in nursing facilities.
- Maintain the number of training sessions conducted for providers.

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, 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 exists as part of the intake section for receiving complaints and inquiries from long term care consumers and their families, providers and the general public. The 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.

The Incident Referral Center received 20,899 contacts during Fiscal Year 2006. 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 2006, there were 25,463 inquiries processed. Currently, there are 238 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing facilities and other licensed facilities. During Fiscal Year 2006, a total of 4,167 new applicants were fingerprinted for state and federal criminal background checks. Of those, 26 percent had a criminal history. One percent of the total nursing home job applicant pool had a serious disqualifying criminal conviction.

FUNDING

<table>
<thead>
<tr>
<th></th>
<th>FY 2006 ACTUAL</th>
<th>FY 2007 BUDGET</th>
<th>FY 2008 GOV. REC</th>
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<tr>
<td>GF</td>
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<td>3,179.2</td>
<td>3,207.6</td>
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<tr>
<td>ASF</td>
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<tr>
<td>TOTAL</td>
<td>2,685.5</td>
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<td>3,207.6</td>
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POSITIONS

<table>
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<tr>
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<th>FY 2006 ACTUAL</th>
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<th>FY 2008 GOV. REC</th>
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<tr>
<td>NSF</td>
<td>19.9</td>
<td>20.4</td>
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<tr>
<td>TOTAL</td>
<td>61.0</td>
<td>62.0</td>
<td>62.0</td>
</tr>
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</table>

LONG TERM CARE RESIDENTS PROTECTION

ACTIVITIES

- License facilities and services annually and conduct a variety of unannounced inspections, including complaint-driven and off-hours inspections, to determine compliance with federal and state laws and regulations.
- Receive and investigate complaints of abuse, neglect, mistreatment, financial exploitation and other concerns that may adversely affect residents’ health, safety, welfare or rights.
- 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.
Provide educational workshops that include innovative approaches to promoting residents’ quality of care and 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**

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<tr>
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<tbody>
<tr>
<td>Average # of days to complete an investigation</td>
<td>39</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td>Average # of days to complete a background check</td>
<td>10</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td># of off-hour, unannounced inspections</td>
<td>19</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td># of training sessions conducted for providers</td>
<td>79</td>
<td>70</td>
<td>70</td>
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</table>

**CHILD SUPPORT ENFORCEMENT**

**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, expedited case processing and enforcement techniques, efficient collection and the timely distribution of child support payments.

**KEY OBJECTIVES**

- Increase the rate of paternity established 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 providing a wide array of expedited procedures applicable to the efficient administration of child support actions. These include ordering and completing genetic testing, obtaining vital information from the Division of Social Services clients required to use services, imposing penalties for non-compliance and gaining access to relevant records.
- Increase the percentage of current child support collected by expanding efforts in three areas: further enhancing the initiation and transfer of wage withholding attachments on child support IV-D cases, devoting additional time and resources to non-custodial parent locate activities and expanding use of specialized enforcement tools (License Suspension, Child Support Lien Network).
- Increase the percentage of cases paying child support arrears. This objective can be accomplished by expanding the Division'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, expanding the Financial Institution Data Match program, participating in the Child Support Lien Network and reducing the threshold for passport denial from $5,000 to $2,500.
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 program that replaced it.

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 ended on September 30, 2002. To meet the challenges from child support enforcement programs of the other states that are competing for a limited annual pool of federal incentive funding, the Division of Child Support Enforcement (DCSE) must maintain a concerted effort to improve its overall performance efficiency and effectiveness.

• **Child Support Collections:** During Fiscal Year 2006, DCSE collected $96,319,324 in child support payments, which represents a $6,681,577 increase over the amount collected during Fiscal Year 2005. Out of its Fiscal Year 2006 collections, DCSE returned $6,167,802 to reimburse the state and federal governments for benefits provided to children through TANF and Foster Care programs. This represents six percent of Fiscal Year 2006 collections by DCSE. The remaining 94 percent of Fiscal Year 2006 child support collections was distributed to custodial parents and others caring for dependent children, mostly from single parent households.

• **Feasibility and Planning Study For Replacing Delaware Automated Child Support Enforcement System (DACSES):** In March 2006, DCSE entered into a contract for $971,822 (66 percent federal funding) with Policy Studies, Inc. to perform the federally mandated feasibility and planning and cost-benefit analyses as a prerequisite to implementing a replacement DACSES. This represents the second phase in replacing the nearly obsolete DACSES that was implemented in 1987. This project should be completed in November 2007.

• **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 Automated Assistance Line/Voice Response unit (AAL/VRU) handled 1,621,074 phone calls during Fiscal Year 2006, for an average of more than 4,400 calls each calendar day. Also, the AAL/VRU now has a full Spanish version available to clients.

• **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. In Fiscal Year 2004, DCSE began directly issuing wage withholding statewide. During the four year period ending August 31, 2005, a total of 182,301 wage withholding notices were issued on behalf of DCSE clients to non-custodial parents.

• **Voluntary Acknowledgement of Paternity Program:** This program, developed in conjunction with Delaware hospitals, allows parents to acknowledge paternity at the time their child is born. During Fiscal Year 2006, 4,810 voluntary acknowledgements of paternity, were filed with the Office of Vital Statistics. Since program implementation began in January 1995, a total of 21,280 voluntary paternity acknowledgments have been filed with the Office of Vital Statistics.

• **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 of all of its new employees. This is a mandatory nationwide program so DCSE also benefits from New Hire Reports filed in other states. Since October 1, 1997, DCSE has received and filed 2,684,213 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.

• **License Suspension and Denial:** The PRWORA mandated that all child support enforcement agencies enter into agreements with other state
licensing agencies to suspend or deny the driver, 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 have avoided automated wage withholding or have simply not paid their court ordered support to pay past due child support and to remain up to date on their current support obligations.

DCSE performs automated matching to suspend licenses through the divisions of Motor Vehicles, Revenue and Professional Regulation. As a result, 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, 2006, a total of 19,275 licenses have been noticed for suspension in Delaware on non-custodial parents who are seriously 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: identifies the assets of seriously delinquent non-custodial parents held in financial institutions, imposes liens and levies on those accounts and undertakes the seizure of these assets.

### Funding

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<tr>
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<tbody>
<tr>
<td>GF</td>
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<td>3,180.5</td>
<td>3,981.2</td>
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<tr>
<td>ASF</td>
<td>1,783.7</td>
<td>2,059.2</td>
<td>2,430.2</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5,463.4</strong></td>
<td><strong>5,239.7</strong></td>
<td><strong>6,411.4</strong></td>
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### Positions

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<tbody>
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<td>61.2</td>
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<tr>
<td>ASF</td>
<td>27.2</td>
<td>27.2</td>
<td>27.2</td>
</tr>
<tr>
<td>NSF</td>
<td>140.8</td>
<td>141.2</td>
<td>132.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>214.0</strong></td>
<td><strong>214.0</strong></td>
<td><strong>221.0</strong></td>
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</tbody>
</table>

### Child Support Enforcement

**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

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<tr>
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<tbody>
<tr>
<td>Paternity establishment rate</td>
<td>81.5</td>
<td>84.0</td>
<td>86.0</td>
</tr>
<tr>
<td>$ child support collections (millions)</td>
<td>96</td>
<td>99</td>
<td>102</td>
</tr>
<tr>
<td># of states with which DCSE processes electronic payments</td>
<td>43</td>
<td>46</td>
<td>48</td>
</tr>
</tbody>
</table>
MISSION
To help the people it serves achieve the quality of life they desire. The Division of Developmental Disabilities Services (DDDS) primary purpose is to provide leadership in the establishment, delivery, and monitoring of services and supports that meet the needs of its consumers and their families.

KEY OBJECTIVES
- Create a customer service plan to strengthen linkages and coordination with families and other stakeholders.
- Provide services that assess, address and respond to changes in future demands and growth.
- Continue to focus on improving system quality and accountability.
- Improve the use of technology.

BACKGROUND AND ACCOMPLISHMENTS
The Division provides supports and services to individuals with mental retardation and other related developmental disabilities and their families. DDDS is transforming its service delivery model from a facility-centered, fixed and defined program based service system to a consumer-centered and community-based flexible system of supports and services. The redesign of the service delivery system is based on the principles of self-determination, person-centered services, consumer control and choice, utilizing an individual based budgeting and funding system.

The principles of self-determination and consumer control and direction of services has been incorporated into all of the Division’s activities and services. The vast majority of consumers now live in the community in homes, apartments and small group residences as opposed to institutional facilities. Many consumers live with their families in their own homes. The Division has also increased the provider agency network of residential and day providers within the system that fosters more choices and options for individuals receiving services.

DDDS has implemented fiscal and budgeting practices that are consumer-centered and maximize the efficient use of state and federal funds. The Division has developed a new residential and day services rate setting system that is based on the assessment of individual consumer support needs rather than on provider agency contract negotiations.

The Division judiciously realigns and reallocates positions and financial resources within the organization to support the expanding community services infrastructure needs. Consolidation of programs and services at Stockley Center is ongoing to assure resource utilization is maximized as the census is reduced through community placements.

Over 375 consumers have moved into community-based living arrangements since Fiscal Year 2001. DDDS has strengthened its community services infrastructure to support the shift in service delivery from an institutional facility-based system to a community-based consumer directed system of supports and services. Each individual living in the community now has an essential lifestyle plan that is consumer-centered and based on each person’s support needs and desires. The Division has expanded the use of Assistive Technology (AT) which supports consumers’ ability to live in the community and be more independent. The Division has drafted a Family Support Waiver. This waiver incorporates the principles of consumer control and direction of services and supports, and allows consumers to choose and direct from a menu of services and supports an array that meets their specific needs.

Plans have been developed to restructure the Stockley Center. The new Center will include a skilled level of care residential program and a multipurpose regional evaluation and resource center to support the needs of consumers living in the community. Construction of the multipurpose Center is expected to be completed in 2008.

DDDS has developed a collaborative partnership with its stakeholders and has developed a newsletter to inform consumers, families and interested stakeholders about the Division’s services and activities. A new website has been developed that is more user friendly and includes reports, downloadable Division forms and links for consumers and families. A new DDDS brochure of available services was also developed for consumers and families.

The Division has been realigning its quality assurance and consumer improvement activities to reflect the changing model of community-based services and consumer directed supports. In October 2004, the Division obtained a multi-year grant from the Center for Medicare and Medicaid Services (CMS) to develop a consumer centered quality assurance (QA) and quality
improvement (QI) in home and community-based services quality assurance protocol. The project is utilizing the CMS quality framework to design a consumer centered QA/QI system designed around consumer choice and satisfaction.

### PERFORMANCE MEASURES

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td># of individuals served</td>
<td>2,981</td>
<td>3,050</td>
<td>3,231</td>
</tr>
</tbody>
</table>

**FY 2006 Residential Services**

Significant accomplishments have been made in the following areas:

- Implemented a new rate-setting methodology that supports day and residential service payments based on standardized assessments of individual support needs;
- Piloted a formal Incident Management System to enhance the Division’s consumer protection policies and procedures, including an improved ability to track risk factors and address trends more effectively;
- Implemented a new family training collaborative project with the Arc of Delaware, which includes developing a training curriculum and manual;
- Awarded approximately $2 million in federal grant funds to assist with systems and infrastructure changes;
- Completed the development and design phases for the new multipurpose center at the Stockley Center scheduled to be finished in 2008;
- Accomplished the census reduction plan outlined in the 2001 Shaping the Future Strategic Plan for Stockley Center while maintaining quality care and services for consumers remaining at the facility;
- Opened a community-based duplex apartment on the grounds of Stockley Center supporting four people with developmental disabilities utilizing Stockley Center resources; and
- Produced the Division of Developmental Disabilities Services: 85 Years of Services, a history of the Division along with its evolution in services and supports and vision for the future.

### FUNDING

<table>
<thead>
<tr>
<th></th>
<th>FY 2006</th>
<th>FY 2007</th>
<th>FY 2008</th>
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<tbody>
<tr>
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<td>ACTUAL</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>73,140.8</strong></td>
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### POSITIONS

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<th>FY 2007</th>
<th>FY 2008</th>
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<tr>
<td></td>
<td>ACTUAL</td>
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<td>GOV. REC.</td>
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<td>656.6</td>
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<tr>
<td>NSF</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>677.6</strong></td>
<td><strong>660.6</strong></td>
<td><strong>660.6</strong></td>
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### ADMINISTRATION

**35-11-10**

### ACTIVITIES

#### Financial and Business Operations

- Manage financial operations to include: budget development and administration, contract monitoring and maximization of federal revenues to support Division programs and services, as well as ensuring a cost-effective service delivery system.
- Administer benefit programs for individuals in residential programs to include management of the Home and Community-Based Medicaid Waiver program.
- Manage DDSS’s information systems and technology advancement necessary for efficient operations.
- Ensure and enforce compliance with applicable laws and regulations within the Delaware Financial Management Systems.

#### Professional Services

- Monitor and evaluate progress in the implementation of the Division’s strategic plan.
- Provide consultation and technical assistance for special and complex cases.
- Operate DDSS’s Intake/Applicant Services unit.
- Write and manage grants.
**Training and Professional Development**
- Develop and deliver a wide array of Mental Retardation/Developmental Disabilities related training programs.
- Coordinate and support employee participation in personal, professional and technical development courses and seminars.
- Facilitate an improved training/communication plan with consumers, families, employees, providers and advocates focusing on self-directed services.

**Quality Assurance**
- Continuously monitor the status of Developmental Disabilities Services programs 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 Division of Long Term Care Residents Protection in the licensing of the Division’s neighborhood homes.
- Conduct routine surveys to assess consumer, family, staff and other stakeholder satisfaction with programs, services and supports.
- Participate in the National Core Indicators project as a means of addressing the quality improvement of programs and services.
- Conduct and manage the Division’s continuous quality improvement program.

**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.

**Stockley Center**

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
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</thead>
<tbody>
<tr>
<td>Operate a 116-bed Intermediate Care Facility for persons with Mental Retardation (ICF/MR) composed of 34 skilled-care level beds and 82 intermediate-care level beds.</td>
</tr>
<tr>
<td>Operate a 15-bed assisted living unit for individuals with Alzheimer’s disease or dementia.</td>
</tr>
<tr>
<td>Comply with ICF/MR regulations.</td>
</tr>
<tr>
<td>Operate an integrated quality assurance program to ensure regulatory compliance.</td>
</tr>
<tr>
<td>Ensure the development of a person-centered service delivery system, which provides for individual choice of residential living options.</td>
</tr>
<tr>
<td>Provide comprehensive health services to include medical, dental, nursing, psychological and other ancillary services.</td>
</tr>
<tr>
<td>Provide work and personal/social adjustment services.</td>
</tr>
<tr>
<td>Maintain an environment that safeguards the health and safety of residents.</td>
</tr>
<tr>
<td>Maintain the infrastructures and utilities necessary for campus services.</td>
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</table>

**Performance Measures**

<table>
<thead>
<tr>
<th>FY 2006</th>
<th>FY 2007</th>
<th>FY 2008</th>
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<tr>
<td># of living units</td>
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<td>Stockley Center census</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

**Community Services**

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise systems and realign infrastructure to support community-based, self-directed day and residential services.</td>
</tr>
<tr>
<td>Develop family support service options and resources that better meet the needs of individuals living at home and with their families.</td>
</tr>
<tr>
<td>Develop greater residential service options to meet the increasing non-group home preferences of consumers.</td>
</tr>
<tr>
<td>Encourage day service providers to focus more resources on supported and competitive employment.</td>
</tr>
</tbody>
</table>
Work with all stakeholders to increase educational and systems-training opportunities for consumers, families, advocates and staff.

Continue to offer assistive technology supports, services and equipment to consumers.

### PERFORMANCE MEASURES

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td># of community placements</td>
<td>68</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td># of certified providers</td>
<td>38</td>
<td>40</td>
<td>43</td>
</tr>
</tbody>
</table>

### 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 and provide services and resources to those individuals and families in greatest need.
- Effectively use public and private resources to mitigate the causes and conditions of poverty in Delaware.
- Effectively promote high quality service to the State Office of Volunteerism’s customers through communication, information-sharing, identification and creation of volunteer opportunities, and customer satisfaction feedback.
- Increase access to information regarding services via effective communication networks and increased technological capacity.

#### BACKGROUND AND ACCOMPLISHMENTS

The Division of State Service Centers (DSSC) 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; State Office of Volunteerism, which administers volunteer activities and programs for all ages; Office of Community Services, which administers statewide and federal programs for low-income persons; and Management unit, which includes the Office of the Director and fiscal operations.

During Fiscal Year 2006, the accomplishments of the Division included the following:

- **Emergency Assistance:** Emergency assistance for rent, utilities and emergency shelter was provided to 21,377 clients under the Community Resource and Assistance program. An additional 6,382 clients were served through the use of Emergency Assistance Services funds and 465 clients received assistance through the Needy Family Fund. The
Kinship Care program assisted 91 caregiver households;

- **Information and Referral:** The Delaware Helpline received 348,968 calls for information, of which 70,017 were referred to State Service Center 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 168 unduplicated families by providing 2,480 monitored exchanges, 1,225 supervised individual visitations and 1,434 group visitations;

- **Adopt-A-Family:** During the holiday season, 3,733 individuals were served by Adopt-A-Family. In addition, 2,557 students were assisted with school supplies;

- **Home Energy Assistance:** The Fuel Assistance program served 15,430 low-income households below 200 percent of poverty. The Crisis Assistance program helped 5,100 households with crisis benefits. An additional 6,341 households received fuel assistance and crisis assistance through the state contingency funds. The Summer Cooling Assistance program helped 1,672 households with electric bills and 248 households received room-sized air conditioners. The Weatherization Assistance program supported the installation of energy efficiency improvements in the homes of 477 low-income families statewide, 128 of those through the state contingency funds. The Utility Fund, established in Fiscal Year 2000 to assist low-income individuals and families with high cost of utility bills, served 3,160 households and 35 furnaces were replaced in low-income homes under the Weatherization Assistance program. An additional 11 furnaces were replaced using state contingency funds;

- **Shelter Services:** State Emergency Housing Funds supported contracts with 13 emergency and transitional shelter agencies with approximately 675 beds and assisted 3,268 homeless individuals. Of those who received shelter services, 747 individuals successfully departed to permanent housing. Due to the insufficient availability of affordable housing, however, low-income individuals/families will continue to need the services that are being rendered by the statewide network of emergency and transitional housing agencies. Consequently, successful departures to permanent housing will continue on a declining trend, resulting in 1,088 residents of transitional or subsidized housing. At the community level, seven Sussex County civic groups and four Kent County civic groups continued to develop and/or implement action plans for improvement of their low-income communities with the assistance of CSBG supported community action staff;

- **Food and Nutrition Program:** Sixty-four non-profit agencies reporting to the Food Bank of Delaware distributed food 40,807 times to households through food closets and mobile pantry programs in Delaware. Sites at state service centers provided emergency food 3,665 times to households in Delaware;

- **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, 2,301 seniors contributed 327,624 service hours of volunteer service at non-profit and governmental agencies. The statewide Foster Grandparent program placed 271 seniors, including 16 males. Foster grandparents worked with a total of 1,320 children and completed a total of 232,402 service hours;

- **AmeriCorps:** This program offered 325 members the opportunity to give back to their community through enhancing Delaware state park services, educating teens to prevent pregnancy, mentoring, serving in after school programs and intergenerational programming. AmeriCorps members contributed 87,000 hours of service;

- **Volunteer Events:** Two hundred and fifty volunteers, volunteer coordinators and service providers attended the Delaware Conference on Volunteerism. The Governor’s Youth Volunteer Service Awards ceremony was attended by 375 people; and

- **Volunteer Resource Center:** The Delaware Volunteer Resource Center served Delawareans through 692 direct volunteer referrals, 1,786 contacts to agencies via the VolunteerWay website,
3,787 DSSC webpage hits, 1,270 outreach contacts, 79 technical assistance to agencies and training sessions for volunteer coordinators. One hundred and twelve students received an elective school credit through the Delaware Volunteer Credit program.

### FUNDING

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<tbody>
<tr>
<td>GF</td>
<td>13,097.3</td>
<td>10,859.5</td>
<td>12,678.7</td>
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<tr>
<td>ASF</td>
<td>224.1</td>
<td>662.7</td>
<td>662.7</td>
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<tr>
<td>TOTAL</td>
<td>13,321.4</td>
<td>11,522.2</td>
<td>13,341.4</td>
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### POSITIONS

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<tbody>
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<td>110.1</td>
<td>111.1</td>
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<td>ASF</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>NSF</td>
<td>25.0</td>
<td>23.5</td>
<td>22.5</td>
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<tr>
<td>TOTAL</td>
<td>129.6</td>
<td>133.6</td>
<td>133.6</td>
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</table>

### FAMILY SUPPORT

#### 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, Emergency Food and Shelter program, Adopt-A-Family and Family Visitation.
- Monitor client satisfaction and service use through surveys and other reliable instruments to measure accessibility to services, client satisfaction and appropriateness of service mix.
- Provide a safe and secure environment for children to develop or maintain a positive relationship with their non-custodial parent through visitation centers housed in state service centers.

#### PERFORMANCE MEASURES

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<tr>
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<tbody>
<tr>
<td># of client visits to state service centers</td>
<td>406,487</td>
<td>410,552</td>
<td>414,658</td>
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</table>

### SERVICE CENTER MANAGEMENT

#### 35-12-20

#### ACTIVITIES
- Provide program and facility oversight, training, planning and evaluation, and emergency management for the Division.
- Provide fiscal management and financial monitoring.
- Provide technical support to improve service delivery through the use of automated information systems and telecommunications equipment.

#### PERFORMANCE MEASURES

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<thead>
<tr>
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<tbody>
<tr>
<td># of clients served by Division services</td>
<td>134,395</td>
<td>135,739</td>
<td>137,096</td>
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### 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.
- Perform program planning, monitoring and evaluation.
- Administer state funds to support the mission and activities of the Governor’s Advisory Council on Hispanic Affairs.
- Serve as an advisory council member to the Neighborhood Assistance Act Tax Credit program.
- Manage a contract with the City of Harrington to support the operations and activities of the community and youth center.
HEALTH AND SOCIAL SERVICES  
35-00-00

**PERFORMANCE MEASURES**

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<tr>
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<tbody>
<tr>
<td># of clients accessing emergency food at state service center and community-based food distribution sites</td>
<td>40,807</td>
<td>41,011</td>
<td>41,216</td>
</tr>
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</table>

**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.

- 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, personal care, attendant services and assistive technology.

Protecting Vulnerable Populations.

- 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 of Services for Aging and Adults with Physical Disabilities (DSAAPD), formerly the Division of Aging, has been in existence for over forty years. In July 1994, the Division’s mission was 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 for the Division include: Older Americans Act, Social Services Block Grant, Medicaid Waivers for the Elderly and Disabled, Assisted Living and Tobacco Settlement. Additionally, DSAAPD manages research and demonstration grants from various sources as they become available.
Several factors continue to influence the demand for programs and services and the availability of resources to meet the needs of the Division’s client populations. Three of the most important factors include population changes, increased service costs and funding limitations.

Despite these funding pressures, the Division has succeeded in developing new initiatives to assist its client populations. DSAAPD has developed the Passport to Independence program as the result of a three-year systems change grant. The purpose of the program is to facilitate the transition from nursing homes for residents who opt to live in less restrictive, community-based settings. The project is being carried out in cooperation with various agencies throughout the State.

The Division has been successful in obtaining a grant from the Administration on Aging for a Memory Loss Screening Demonstration project. The project is being run in conjunction with the Alzheimer’s Association Delaware Valley Chapter.

Additionally, DSAAPD has received a grant from the Administration on Aging to participate in the Performance Outcomes Measurement project. Through this project, Delaware will assist in the development of protocols to assess the impact of aging service programs.

DSAAPD has developed and disseminated many new publications to provide information and support to Delawareans on a range of topics. The very popular Guide to Services for Older Delawareans and Guide to Services for Persons with Disabilities in Delaware are published in English and Spanish. Thousands of copies have been disseminated throughout the State. The Division has also published the guidebooks *How to Select Long Term Care* and *Delaware's Legal Handbook for Grandparents and Other Relatives Raising Children.*

### Funding

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<tbody>
<tr>
<td>GF</td>
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<td>10,268.2</td>
<td>10,921.8</td>
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<td>ASF</td>
<td>1,072.7</td>
<td>777.4</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>17,671.9</strong></td>
<td><strong>11,045.6</strong></td>
<td><strong>12,156.2</strong></td>
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### Positions

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<tbody>
<tr>
<td>GF</td>
<td>61.1</td>
<td>62.1</td>
<td>68.6</td>
</tr>
<tr>
<td>ASF</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>NSF</td>
<td>55.2</td>
<td>56.2</td>
<td>57.7</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>116.3</strong></td>
<td><strong>118.3</strong></td>
<td><strong>126.3</strong></td>
</tr>
</tbody>
</table>

### Services for Aging and Adults with Physical Disabilities

**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; CARE Delaware; and Passport to Independence.
- 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.
- 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 persons and adults with physical disabilities.
- Conduct various types of outreach efforts to inform the public about available services and programs.
- Provide information and assistance services by phone and e-mail on a wide range of aging and disability related issues.

### Performance Measures

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<tr>
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<tbody>
<tr>
<td># of persons served by caregiver respite program</td>
<td>190</td>
<td>206</td>
<td>216</td>
</tr>
<tr>
<td># of Medicaid Waiver slots</td>
<td>1,721</td>
<td>1,816</td>
<td>1,911</td>
</tr>
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