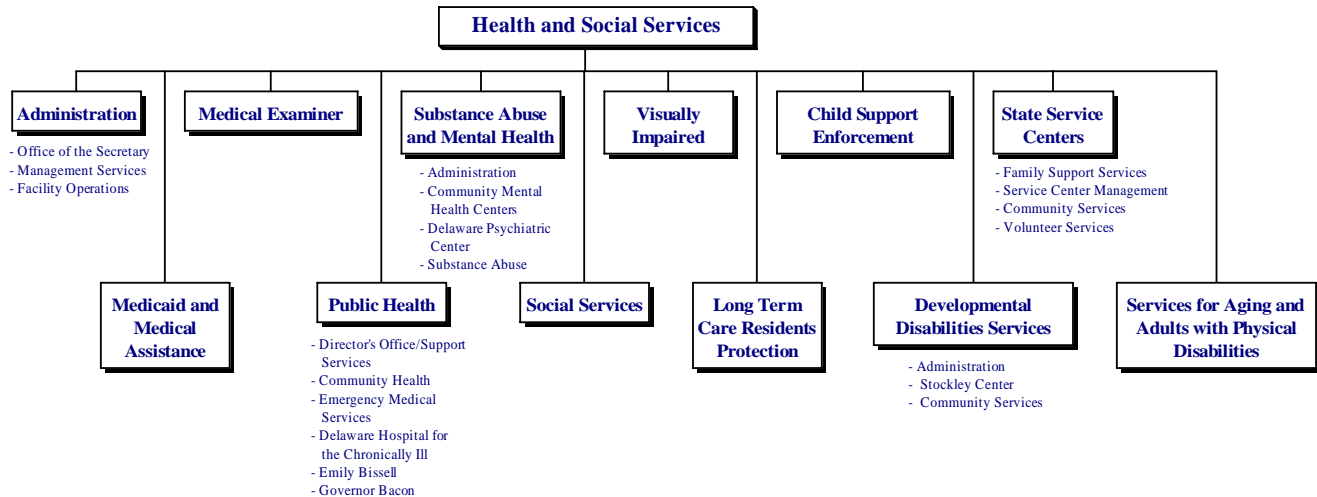


HEALTH AND SOCIAL SERVICES

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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.
 - Expand collaborations, services and strategies to reduce infant mortality.

Foster Self-Sufficiency.

- Reduce dependency among low-income populations 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 disabled adults 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

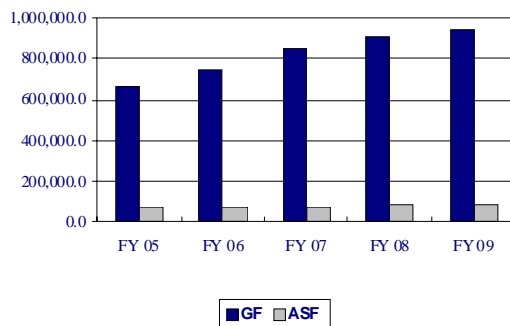
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- Eliminate barriers to personal independence for persons with the sensory disability of vision loss.

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.
- Support law enforcement by providing quality crime lab testing.
- Promote accountability and enhance management training opportunities for Department leadership.

Five-Year Appropriation History



FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	918,684.6	945,275.6	871,979.4
ASF	69,589.4	87,512.7	91,575.6
TOTAL	988,274.0	1,032,788.3	963,555.0

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	3,772.5	3,709.8	3,643.8
ASF	144.1	137.3	144.3
NSF	924.0	910.1	907.1
TOTAL	4,840.6	4,757.2	4,695.2

FY 2010 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend \$34,630.5 in Medicaid to cover increasing health care costs and a client base that is projected to reach over 161,000 persons during Fiscal Year 2010.

- ◆ Recommend \$2,393.0 in Developmental Disabilities Services and \$1,470.9 in Medicaid and Medical Assistance to annualize and fund additional special population placements, community residential placements and special school graduates.
- ◆ Recommend \$1,322.0 in Community Mental Health to annualize two group homes.
- ◆ Recommend \$1,160.1 for the Self Directed Services program to annualize and fund additional placements. This program provides habilitative services in the home.
- ◆ Recommend \$256.4 to annualize Medicaid for Workers with Disabilities. This program assists individuals with disabilities by allowing them to work without losing health benefits.
- ◆ Recommend \$2,000.0 ASF in DHSS/IRM to establish a cost recovery system for software licenses, maintenance agreements and other network/telecommunication charges.
- ◆ Recommend \$300.0 ASF and 5.0 ASF FTEs in Public Health to switch position funding in Plumbing Inspection program and \$150.0 ASF and 2.0 ASF FTEs in Public Health to switch position funding in Food Establishment and Review program.
- ◆ Recommend (\$9,631.4) Strategic Reduction/Investment Target in the Office of the Secretary and (\$98,960.6) in Assistance Programs Strategic Reduction/Investment Target to identify additional expenditure reductions and/or revenue enhancements necessary due to deteriorating economic conditions.
- ◆ Recommend (\$1,258.8) and (52.0) FTEs in Department-wide savings associated with the closing of Emily P. Bissell Hospital and Governor Bacon Health Center on a staggered schedule.
- ◆ Recommend (\$425.4) in Purchase of Care for slower than anticipated program growth and (\$397.7) in Purchase of Community Services to switch funding to maximize revenues.
- ◆ Recommend (\$333.0) in Public Health to eliminate Christiana Care contract on teen pregnancy.
- ◆ Recommend (\$330.0) in Long Term Care Residents Protection to eliminate reimbursement for criminal background checks.
- ◆ Recommend (\$278.8) in Community Health to eliminate the Teen Hope program. Similar

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information and resources are available to students in School Based Health Centers.

- ◆ Recommend (\$151.9) in Discretionary Block Grant to reflect a 15 percent reduction in pass through funding.
- ◆ Recommend (\$137.5) in Infant Mortality Task Force to reduce funding for a statewide education campaign.

CAPITAL BUDGET:

- ◆ Recommend \$3,500.0 for the Minor Capital Improvement and Equipment program to prevent deterioration of buildings and grounds and to continue to eliminate the Department's backlog of deferred maintenance.
- ◆ Recommend \$2,750.0 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 \$1,700.0 for the Drinking Water State Revolving Fund. The fund provides low interest loans to community water systems, and will leverage \$6,000.0 in federal funds.

ADMINISTRATION

35-01-00

MISSION

The mission of the Administration unit is to provide leadership and policy direction for DHSS and 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, and planning.
- 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:

- Implemented the Acquired Brain Injury (ABI) Waiver which involved modifications to the Medicaid Management Information System (MMIS) and Delaware Client Information System (DCIS);

HEALTH AND SOCIAL SERVICES

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- Processed 3,087 purchase orders which represents a 43 percent increase over Fiscal Year 2007;
- Managed the Birth to Three Early Intervention program which served 1,671 children and families;
- Collected \$1.2 million for public assistance debts by the Audit and Recovery Management Services (ARMS) unit;
- Conducted statewide human resource training in an effort to develop consistency and train new staff;
- Converted security at the Herman Holloway Campus from contractual to full-time employees;
- Installed 235 security cameras within the Delaware Psychiatric Center, including the Mitchell Building;
- Executed 380 maintenance and restoration projects; and
- Processed 28 Freedom of Information Act (FOIA) requests.

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

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	36,042.2	37,876.2	27,364.2
ASF	4,612.3	5,179.9	7,763.9
TOTAL	40,654.5	43,056.1	35,128.1

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	471.2	467.7	452.7
ASF	36.6	35.6	35.6
NSF	70.9	69.3	69.3
TOTAL	578.7	572.6	557.6

OFFICE OF THE SECRETARY

35-01-10

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

35-01-20

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.
- Manage the bidding, requisition and purchase order processes, as well as perform contract negotiations and development.

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- 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 12 divisions.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of families in the Birth to Three program receiving multi-disciplinary evaluations within 45 days	92	94	95
% of families in the Birth to Three program who perceive positive changes in their child's development	93	94	94
% of customer satisfaction with division services	83	86	89

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

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of requests for service responded to within the same day	79	88	90
% of preventive maintenance activities completed per schedule	89	90	92

HEALTH AND SOCIAL SERVICES

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MEDICAID AND MEDICAL ASSISTANCE 35-02-00

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 for low-income individuals by balancing client needs, operational requirements and available resources.

- Function as a health care safety net for children and adults with special needs, uninsured and under-insured individuals, and other disadvantaged groups.
- Promote preventive care to improve health outcomes for the populations DMMA serves.
- Enhance quality of care through utilization review, disease management and case management.
- Empower beneficiaries to become involved in their own health care decisions and the management of their own health care.
- Encourage the use of the medical home model of care, wherein care is provided in a patient-centered, physician-guided model.
- Support DHSS community and institutional long term care services.

Maintain an adequate network of qualified health care providers.

- Develop and enhance collaborative partnerships with other governmental agencies, provider groups, advocacy groups, and other stakeholders to ensure that health care delivery is well-managed, coordinated, assures sufficient access, and is a seamless delivery network.
- Provide non-emergency transportation services to ensure that Medicaid recipients who do not have transportation can get to medical appointments.
- Foster partnerships to encourage the development of health care services in community-based settings.

- Establish provider reimbursement rates that are sufficient to ensure an adequate supply of health care while still maintaining fiscal responsibility.
- Ensure providers are compliant with all applicable DMMA rules and standards.

Maximize the use of available resources through the effective use of information technology and implementation of best practices in health care delivery.

- Maximize federal funding by ensuring that all claimable expenses are identified.
- Foster client self-sufficiency and independence through education regarding appropriate use of medical benefits.
- Maximize cost avoidance by setting up appropriate claim edits in the automated claims processing system, effective coordination of benefits, estate recovery for long term care recipients, pursuing accident settlements, and aggressive third party recoveries.
- Ensure that the automated claims processing system supports the appropriate identification of eligible clients and their benefits for timely claims processing, and facilitates DMMA's ability to analyze claim and client data.
- Continue to assist other state agencies in stretching their health care dollars by supporting their cost recovery initiatives.

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 provide health benefits to over 161,000 (almost 1 out of every 6) Delaware residents each month. The major programs include:

- **Medicaid (Title XIX):** Serves low-income adults and children and provides a comprehensive package of benefits, ranging from physician and pharmacy services 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):** Provides up to \$3,000 per person of

HEALTH AND SOCIAL SERVICES

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prescription benefits to qualified Delaware residents who are either over 65 years old or are below 65 with disabilities;

- **Chronic Renal Disease Program (CRDP):** Provides treatment and related medications to Delaware residents diagnosed with end-stage renal disease; and
- **Non-Qualified Non-Citizen Health Care Program (NQNCP):** Provides 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.

Some of the Division's recent accomplishments include:

- Implementing the provisions of the Deficit Reduction Act related to third party liability;
- Continuing to contract with two well-respected commercial managed care organizations which allows Medicaid recipients choice;
- Implementing the E-prescribing program initiated under a Medicaid Transformation grant;
- Developing the operational protocol for the Money Follows the Person (MFP) program that will enable DMMA to begin moving clients from institutional to community-based settings; and
- Implementing the Medicaid for Workers with Disabilities (MWD) program that allows disabled individuals who would otherwise not be eligible for Medicaid due to income to "buy in" to the Medicaid program by paying a premium.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	510,356.1	553,087.4	490,338.6
ASF	22,184.5	30,763.7	31,953.9
TOTAL	532,540.6	583,851.1	522,292.5

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	77.4	78.4	78.4
ASF	3.5	2.0	2.0
NSF	109.0	108.5	108.5
TOTAL	189.9	188.9	188.9

MEDICAID AND MEDICAL ASSISTANCE

35-02-01

ACTIVITIES

- Provide health benefits to more than 161,000 eligible individuals.
- Negotiate and manage contracts with commercial managed care entities to provide health care services to approximately 105,000 DMMA clients.
- Administer the Diamond State Partners plan (managed care program).
- Determine eligibility for Medicaid long term care services.
- Monitor state and federal legislative and regulatory activity to ensure compliance with new and existing rules.
- Administer Home and Community Waiver programs to enable elderly and disabled individuals to be served in the community as an alternative to institutional care.
- Operate an automated Medicaid Management Information System (MMIS) that processes over 8 million claims annually for all of the medical assistance programs.
- Manage budgets, projects, facilities, and contracting activities.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of clients seen same day by Medicaid provider when ill	94.0	94.5	95.0
# of days from receipt of clean claim to issuance of Medicaid payment	6.2	6.0	5.8
Average # of monthly Delaware Prescription Assistance program clients	7,033	7,544	7,903

HEALTH AND SOCIAL SERVICES

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MEDICAL EXAMINER

35-04-00

MISSION

The Office of the Chief Medical Examiner promotes 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 2008, the Office of the Chief Medical Examiner:

- Investigated 3,681 deaths statewide;
- Examined more than 3,223 controlled substances cases totaling 12,991 exhibits analyzed;
- Received 140 DNA cases;
- Analyzed 919 DUI cases; and
- Performed toxicology analysis on 837 post-mortem cases.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	4,842.8	4,519.5	4,525.6
ASF	40.0	--	--
TOTAL	4,882.8	4,519.5	4,525.6

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	46.0	49.0	49.0
ASF	--	--	--
NSF	--	--	--
TOTAL	46.0	49.0	49.0

MEDICAL EXAMINER

35-04-01

ACTIVITIES

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

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of working days for controlled substance turnaround	22	15	10
# of working days for DNA analysis turnaround	59	45	40

HEALTH AND SOCIAL SERVICES

35-00-00

PUBLIC HEALTH

35-05-00

MISSION

The mission of the Division of Public Health (DPH) is to protect and 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 primarily provided direct health care services to residents of the State and enforced 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 emphasis on the core functions of public health: assessment, assurance and policy development. DPH collects and analyzes various health data, provides disease investigations and 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.

The Division of Public Health continues to provide direct services in critical public health areas. DPH offers a wide range of services that include targeting highly contagious diseases 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 wellness 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 past accomplishments include:

- Expanded treatment coverage from 12 to 24 months as part of the comprehensive cancer control plan for Delaware;

HEALTH AND SOCIAL SERVICES

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- Offered the Human Papilloma Virus (HPV) vaccine as of March 2007 to uninsured and underinsured women 18 to 26 years of age;
- Provided services by the pilot Needle Exchange program in the City of Wilmington;
- Trained many diverse groups in the State in public health preparedness;
- Added over 300 health related facts sheets for use during the typical work day or emergencies to the Division's website;
- Supported and participated with other members of the community in developing the Health Disparities Taskforce report;
- Assisted with the funding of infrastructure improvements to public water systems throughout the State; and
- Implemented an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	110,072.5	98,139.6	94,409.6
ASF	27,859.4	32,152.2	32,265.2
TOTAL	137,931.9	130,291.8	126,674.8

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	1,214.1	1,201.6	1,153.6
ASF	64.8	61.0	68.0
NSF	252.7	247.7	245.7
TOTAL	1,531.6	1,510.3	1,467.3

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

ACTIVITIES

- Provide electronic vital records to enhance public access to birth certificates.
- Develop, review, monitor, and evaluate the Division's contracts.
- Review and coordinate all federal and foundation grants.
- Provide fiscal management and oversight.
- Manage the Division's revenue, including state, special and federal funds.

- 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.

PERFORMANCE MEASURE

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of vital records processed (thousands)	114	116	119

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.
- 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 departments of Natural Resources and Environmental Control and Agriculture, and other agencies that monitor contaminants in various environmental media.
- 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.
- Increase public awareness about childhood lead poisoning and provide lead screening of children at high risk.
- 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.

HEALTH AND SOCIAL SERVICES

35-00-00

- Partner with community and professional organizations to promote culturally competent health services through assessing cultural competence and measuring client satisfaction.
- Provide 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.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of tobacco use by adult Delawareans 18 years and older	17.4	16.5	15.0
% of colorectal cancers detected at local stage*	38.7	45.0	47.0
% of breast cancers detected at local stage *	74.8	76.0	77.0
% of Delawareans served by municipal fluoridated water systems	97	98	99
% of children adequately immunized **	86	88	90
# of Medicaid visits in DPH dental clinics	7,000	7,500	8,000
Rate of birth among teenage girls 15-17 years of age (rate per 1,000 births)	23.0	22.6	22.2
Rate of infant mortality (5 year average rate per 1,000 births)	8.8	8.7	8.6

*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.

EMERGENCY MEDICAL SERVICES

35-05-30

ACTIVITIES

- Standardize and continuously improved capacity to collect Emergency Medical Services (EMS) data and accurately measure response times.
- Support paramedic agency initiatives to streamline deployment strategies.
- 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.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of paramedic responses less than eight minutes for the most serious categories of calls	61	65	68
% of AED usage prior to ALS arrival	73	75	78

DELAWARE HOSPITAL FOR THE CHRONICALLY ILL

35-05-40

ACTIVITIES

- Operate a 300-bed nursing facility, comprised of 74 skilled and 221 intermediate beds.
- Provide immediate admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an integrated continuous quality improvement program.
- Operate a 25-bed secure care unit for cognitively impaired residents at high-risk for wandering.
- Operate an adult day care center to allow residents to stay in their homes.
- Operate a Central Intake unit for long term care facilities within DPH.
- Provide financial management for resident trust funds and revenue managements.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of competent residents/family members expressing overall satisfaction with care	94	94	94
# of falls that occur for residents*	430	430	430

*Long-term care facilities implemented a new system for counting health indicators.

HEALTH AND SOCIAL SERVICES

35-00-00

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

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of competent residents/family members expressing overall satisfaction with care	76	76	*
# of falls that occur for residents**	156	156	*

**The Department's budget request includes closing Emily Bissell Hospital.*

***Long-term care facilities implemented a new system for counting health indicators.*

GOVERNOR BACON
35-05-60

ACTIVITIES

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

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of competent residents/family members expressing overall satisfaction with care	100	100	*
# of falls that occur for residents**	282	250	*

**The Department's budget request includes closing Governor Bacon Health Center.*

***Long-term care facilities implemented a new system for counting health indicators.*

HEALTH AND SOCIAL SERVICES

35-00-00

SUBSTANCE ABUSE AND MENTAL HEALTH

35-06-00

MISSION

To promote health and recovery by ensuring that Delawareans have access to quality prevention and treatment for mental health, substance use and gambling conditions.

KEY OBJECTIVES

- Develop and expand the role of consumers in policy development, service planning, implementation and delivery, and evaluation of services.
- Ensure that Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness.
- Eliminate disparities in substance use and mental health services by providing specialized and culturally competent treatment, intervention and prevention services to special populations and traditionally underserved groups.
- Develop and implement multiple training and education opportunities for the Division's staff and community providers.
- Ensure the service delivery system is informed by research and based on best practices.
- Promote accreditation and licensure of Delaware behavioral health programs.

BACKGROUND AND ACCOMPLISHMENTS

The Division of Substance Abuse and Mental Health (DSAMH) provides and contracts for treatment and early intervention services to adults with mental illness, substance use disorders and gambling problems. The goal of the Division is to ensure that behavioral health services are accessible, quality driven, facilitate recovery, and integrated into the community.

In the last eight years DSAMH developed a number of new community-based programs to reduce admission to inpatient care and maintain consumers in the community. The service continuum consists of outpatient clinic services, 24-hour mobile crisis services, residential drug treatment services, and supervised residential programs developed to meet the

needs of consumers who need long term care and would otherwise be in the Delaware Psychiatric Center. In Fiscal Year 2008 the Division provided 37 additional supervised residential beds to consumers moving out of the Delaware Psychiatric Center.

The Division has expanded the use of performance-based contracting to substance abuse residential treatment providers. By connecting performance to payment amount, this approach rewards results. This payment innovation has received broad national attention and accolades.

DSAMH enjoyed great success in the first year of the implementation of the Co-Occurring State Incentive grant. The grant funding provided training on the delivery of co-occurring treatment to over 600 clinicians statewide. A partnership with the Network for Improvement of Addiction Technology Treatment has helped agencies implement rapid change in the adoption and improvement of co-occurring screening and assessment.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	89,373.1	90,093.4	92,513.3
ASF	3,738.8	6,440.4	6,377.6
TOTAL	93,111.9	96,533.8	98,890.9

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	775.4	759.4	756.4
ASF	8.0	6.0	6.0
NSF	13.8	5.8	5.8
TOTAL	797.2	771.2	768.2

ADMINISTRATION

35-06-10

ACTIVITIES

- Plan, develop and monitor programs.
- Prepare and administer budgets and federal grants.
- Manage fiscal and contract services.
- Coordinate and provide training for the Division and its contractors.
- License alcohol and drug abuse programs and certify community service programs.
- Implement an automated clinical care system.

HEALTH AND SOCIAL SERVICES

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- Manage eligibility and enrollment services for clients/consumers in need of behavioral health treatment services to ensure placement in the appropriate level of care.
- Ensure service coordination among service systems, specifically the departments of Correction and Services for Children, Youth and Their Families.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of involuntary inpatient psychiatric commitments	2,859	2,600	2,600
% of clients reporting satisfaction with access to services	83	84	85
% of clinical information system online	65	85	100
% of readmissions within 180 days	9.9	9.0	8.0

COMMUNITY MENTAL HEALTH 35-06-20

ACTIVITIES

- Provide access to quality mental health treatment, community counseling and support services.
- Continue to make available new medications for persons with mental illness and co-occurring substance abuse.
- Provide supported housing services that promote independent living and community integration.
- 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

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of consumers in community support programs available for work who are employed	57	58	59
# of 24-hour supervised residential beds	303	313	318

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 (DPC).

PERFORMANCE MEASURE

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
Average daily DPC census	232	209	199

SUBSTANCE ABUSE 35-06-40

ACTIVITIES

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

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of detoxification clients who received one or more other treatment services	38	39	40
% of evidence-based practices used in all substance abuse services and contracts	95	95	100

HEALTH AND SOCIAL SERVICES

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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 (TANF) program 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 with emphasis on information resource management, service quality, cost containment, and maximizing economic efficiency.

- 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:

- Federal approval of the TANF work verification plan;
- Management of the increasing Food Stamp and Medicaid caseload volume; and
- Increase in the number of children receiving subsidized child care from 1,528 in Fiscal Year 1985 to 14,009 in Fiscal Year 2008.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	61,710.9	55,413.6	55,427.0
ASF	1,898.7	2,515.5	2,515.5
TOTAL	63,609.6	57,929.1	57,942.5

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	206.9	206.9	206.4
ASF	--	--	--
NSF	214.8	214.8	214.3
TOTAL	421.7	421.7	420.7

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SOCIAL SERVICES 35-07-01

ACTIVITIES

- Act as a catalyst in fostering the independence 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

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of food stamp error rate	8.0	6.2	6.0
Average hourly wage for TANF job placements	8.62	8.75	8.88
% of TANF participation	38	39	40

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 have been identified as either legally blind or severely visually impaired throughout the State. Services are developed and provided to three major groups of consumers: Educational age (0-21), Primary employment age (21-65) and 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. Finally, there

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are support services such as the Materials Center, Volunteer Services, Orientation and Mobility Services, Low Vision Services, Training Center Services, Fiscal Operations and Information System Support.

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

During Fiscal Year 2008, DVI provided educational services to 233 children with visual impairments and their families from the Education Services unit. These services, which include instruction by certified teachers of the Visually Impaired and counseling services to children and their families, were provided in the child's home or school classroom.

Independent Living Services (ILS) was provided to 815 persons during Fiscal Year 2008. Areas of service provided include: training on daily living skills, communication devices and low vision aids. Eighty-one percent of those served were age 55 and older. Of those persons aged 55 and 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 experienced their vision loss more than 10 years ago.

In Fiscal Year 2008, Vocational Rehabilitation services were provided to 147 Delawareans. Of these individuals, 37 were successfully placed in an integrated employment setting with earnings at or above minimum wage.

DVI has 48 active volunteers working as braillists, narrators, readers, and office assistants. In addition, 12 inmates provide braille and large print services through the Men with a Message program. Together the volunteers and prisoners helped to generate approximately 17,500 pages of braille, 150 audiotapes, and 19,000 large print pages during the first half of Calendar Year 2008.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	3,558.0	3,514.8	3,498.2
ASF	595.7	1,164.0	1,164.0
TOTAL	4,153.7	4,678.8	4,662.2

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	41.4	40.7	40.7
ASF	3.0	3.0	3.0
NSF	26.6	26.3	26.3
TOTAL	71.0	70.0	70.0

VISUALLY IMPAIRED SERVICES 35-08-01

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 reading medium.
- Provide ILS to persons of all ages in the areas of adaptive training, low-tech adaptive equipment and professionally facilitated counseling.
- Provide vocational rehabilitation and support individuals age 14 and older designed to facilitate employment commensurate with life goals, skills and abilities.
- Develop and establish food service opportunities in federal, state and privately owned buildings.
- Administer an industry employment program (DIB) that allows for the development of marketable employment skills and opportunities for competitive, supportive, short or long term agency employment.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of successful job placements in a competitive setting	19	20	21
\$ DIB gross receipts (millions)	2.46	2.50	2.70
# of DVI blind/visually impaired employees	64	63	63

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LONG TERM CARE RESIDENTS PROTECTION 35-09-00

MISSION

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

KEY OBJECTIVES

- Decrease the average number of days to complete abuse, neglect and financial exploitation investigations.
- Decrease the average number of days in completing state and federal criminal background checks.
- Decrease the average number of days from federal survey exit to completed data entry.
- Increase 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 22,232 contacts during Fiscal Year 2008. 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 2008, there were 28,821 inquiries processed. At the end of Fiscal Year 2008, there were 230 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing facilities and other licensed facilities. During Fiscal Year 2008, a total of 5,745 new applicants were fingerprinted for state and federal criminal background checks. Of those, 28 percent had a criminal history. One percent of the total nursing home job applicant pool had a serious disqualifying criminal conviction.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	3,047.6	3,235.6	2,911.9
ASF	--	--	--
TOTAL	3,047.6	3,235.6	2,911.9

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	41.6	40.3	39.8
ASF	--	--	--
NSF	20.4	19.7	19.2
TOTAL	62.0	60.0	59.0

LONG TERM CARE RESIDENTS PROTECTION *35-09-01*

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.

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- 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

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of days to complete a background check	7	7	6
# of days from federal survey exit to completed data entry	77	71	65
# of training sessions conducted for providers	82	83	85

CHILD SUPPORT ENFORCEMENT

35-10-00

MISSION

To promote family independence by reducing dependency of single parent households through the collection of monetary child support payments and medical support from non-custodial parents. This mission is achieved through the effective use of paternity establishment programs, aggressive location of absent parents, 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 intensive casework necessary to assure client cooperation in establishing paternity and obtaining court orders.
- Increase the percentage of child support orders established by using an array of expedited procedures to promote the efficient administration of child support actions.
- 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 cases, devoting additional time and resources to non-custodial parent locate activities and expanding use of specialized enforcement tools.
- Increase the percentage of cases paying child support arrears.

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 to support their children. 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

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its close relationship to the TANF 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 provided by competing with child support enforcement programs of the other states for a limited annual pool of federal incentive income 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 2008, DCSE collected \$97,929,854 in child support payments, which represents a one percent increase over collections made during Fiscal Year 2007. Out of the Fiscal Year 2008 collections, DCSE returned \$5,230,496 to reimburse the state and federal governments for benefits provided to children through TANF and Foster Care programs. This represents 5.3 percent of Fiscal Year 2008 collections by DCSE. The remaining 94.7 percent of Fiscal Year 2008 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 to perform the federally mandated feasibility, planning and cost-benefit analyses as a prerequisite to implementing a replacement for DACSES.
- **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 1,648,069 phone calls during Fiscal Year 2008, for an average of more than 4,515 calls each calendar day. Also, the AAL/VRU now has a full Spanish version available to clients.
- **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 2008, 2,560 voluntary acknowledgements of paternity, were filed with the Office of Vital Statistics. Since program implementation began in January 1995, a total of 26,090 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. 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 drivers, occupational/business, professional and recreational licenses of seriously delinquent non-custodial parents. DCSE performs automated matching to suspend licenses through the divisions of Motor Vehicles, Revenue and Professional Regulation.
- **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 OCSE. 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.
- **Direct Deposit:** In July 2007, DCSE began to offer custodial parents the opportunity to have their child support payments electronically deposited into their checking or savings account. As of August 2008, 6,433 clients have enrolled in the program. Not only does direct deposit result in savings for DCSE it provides a safer and more secure option for delivering child support to families.

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FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	3,533.9	4,559.4	4,542.5
ASF	2,108.3	2,459.8	2,459.8
TOTAL	5,642.2	7,019.2	7,002.3

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	61.2	67.5	67.5
ASF	27.2	27.2	27.2
NSF	132.6	133.3	133.3
TOTAL	221.0	228.0	228.0

CHILD SUPPORT ENFORCEMENT **35-10-01**

ACTIVITIES

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

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
% of paternity establishment	80.1	82.1	84.1
\$ of total distributed collections (millions)	79.0	79.2	79.6
\$ of child support collection (millions)	97.9	97.7	98.2
# of states/territories with which DCSE processes electronic payments	49	52	53

DEVELOPMENTAL DISABILITIES SERVICES 35-11-00

MISSION

To help the people it serves achieve the quality of life they desire.

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 of Developmental Disabilities Services (DDDS) provides supports and services to individuals with mental retardation and other related developmental disabilities and their families. DDDS has transformed its service delivery model from a facility-centered, fixed program based service system to an individualized 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, individual control and direction, and choice.

The principles of self-determination and individual control and direction of services has been incorporated into all of the Division's activities and services. Ninety-two percent of the individuals in residential services now live in the community in houses, apartments and small group residences as opposed to institutional settings. This compares to Fiscal Year 2002 when 25 percent of the individuals in residential services lived in institutional settings. Many consumers live with their families in their own homes.

One of the challenges the Division faces is the significant growth in the number of individuals found eligible for DDDS services. The total enrollment of the Division has increased by 40 percent since January 2002. The increases far exceed the general population growth seen in Delaware. To manage this growth in an effective

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manner DDDS is continuously reviewing and realigning its infrastructure and reallocating resources.

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 assume resource utilization is maximized as the census is reduced through community placements.

DDDS strengthened its community services infrastructure to support the growth in the number of individuals living in the community and the shift in service delivery from an institutional facility-based system to a community-based individualized system of supports and services. Every individual in a community living arrangement now has an essential lifestyle plan that is person-centered and based on each person's support needs and desires. The Division expanded the use of assistive technology that supports individuals' ability to live in the community and be more independent. DDDS increased the number of residential and day program providers through its authorized provider network system creating more choices for individuals and greater accountability for providers.

DDDS implemented an individual rate setting system. This system and its budgeting practices are individualized and maximize the efficient use of state and federal funds. The rate system has been applied to both residential and day service programs. It is based on objective criteria and assessment of each individual's support needs rather than on provider agency contract negotiations. The system is designed to allow individuals to have a portable rate which empowers them to choose their own service providers. The new structure also ensures service providers receive fair and equitable reimbursement and are accountable for the individuals' satisfaction with the services provided.

The Division has completed its Stockley Center Transition plan, to mirror the Olmstead legislation. The Olmstead legislation was a precursor to the MFP concept. Accordingly, over the last six years, DDDS moved 120 individuals from Stockley into community-based settings who opted to receive services in a non-institutional setting. Further, \$8.7 million in financial resources were reallocated from Stockley to support placements in the community. This has represented a 60 percent reduction in the population of Stockley since January 2002. Plans were developed to restructure the Stockley Center. The new facility will include a skilled level of care residential program and a multipurpose regional evaluation and resource center to support the

needs of individuals living in the community. Ground was broken for the new facility this year and construction is expected to be completed in 2008.

Significant accomplishments have been made in the following areas:

- Established a 24-hour toll free number for better customer service;
- Updated the website to be more user friendly for individuals and families with reports, downloadable Division forms, contact information, and useful links;
- Implemented a new rate setting methodology that is individualized, maximizes the efficient use of state and federal funds and supports a portable rate for each individual;
- Broke ground for construction of the new multipurpose center at Stockley;
- Provided training to 270 individuals and families on DDDS services and supports systems as part of a collaborative project between the Arc of Delaware and the Division;
- Completed a comprehensive review of the special populations program with improved processes for identifying individuals in need of more intensive support; and
- Accomplished the census reduction plan outlined in the Division's 2001 Olmstead Plan for Stockley Center while maintaining quality care and services for individuals remaining at the facility.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	65,351.2	71,512.3	73,508.9
ASF	5,217.2	4,847.0	4,847.0
TOTAL	70,568.4	76,359.3	78,355.9

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	656.6	617.6	617.6
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
TOTAL	660.6	621.6	621.6

HEALTH AND SOCIAL SERVICES

35-00-00

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 DDDS'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 DDDS'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 individual, 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.

PERFORMANCE MEASURE

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of consumer and families provided with educational sessions	270	290	290

STOCKLEY CENTER **35-11-20**

ACTIVITIES

- Operate a 105-bed intermediate care facility for persons with mental retardation (ICF/MR) facility composed of 30 skilled-care level beds and 75 intermediate-care level beds.
- Operate a 15-bed assisted living unit for individuals with Alzheimer's disease or dementia.
- Comply with ICF/MR regulations.
- Operate an integrated quality assurance program to ensure regulatory compliance.
- Ensure the development of a person-centered service delivery system, which provides for individual choice of residential living options.
- Provide comprehensive health services to include medical, dental, nursing, psychological, and other ancillary services.
- Provide work and personal/social adjustment services.
- Maintain an environment that safeguards the health and safety of residents.

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- Maintain the infrastructures and utilities necessary for campus services.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of living units	5	5	5
Stockley Center census	79	75	72

COMMUNITY SERVICES

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ACTIVITIES

- Revise systems and realign infrastructure to support community-based, self-directed day and residential services.
- Develop service options and resources that better meet the needs of individuals living at home and with their families.
- Develop greater residential service options to meet the increasing non-group home preferences of consumers.
- Encourage day service providers to focus more resources on supported and competitive employment.
- 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

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of community placements	51	40	40
# of authorized providers	36	40	42

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 2008, the Division's accomplishments included:

- Emergency Assistance:** Emergency assistance for rent, utilities and emergency shelter was provided to 13,697 clients under the Community Resource and Assistance program. An additional 6,145 clients were served through the use of Emergency Assistance Services funds and 428 clients received assistance through the Needy Family Fund. The

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Kinship Care program assisted 155 caregiver households.

- **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 244 unduplicated families by providing 1,990 monitored exchanges, 830 supervised individual visitations and 1,254 group visitations.
- **Adopt-A-Family:** During the holiday season, 4,683 individuals were served by Adopt-A-Family and an additional 356 households were served throughout the year. In addition, 3,067 students were assisted with school supplies.
- **Home Energy Assistance:** The Fuel Assistance program served 14,424 low-income households below 200 percent of poverty. The Winter Crisis Assistance program helped 1,318 households with crisis benefits. The Summer Cooling Assistance program helped 1,658 households with electric bills and 263 households received room-sized air conditioners. The Weatherization Assistance program supported the installation of energy efficiency improvements in the homes of 676 low-income families statewide, 103 of those through state energy assistance funding. The Utility Fund, established in Fiscal Year 2000 to assist low-income individuals and families with the high cost of utility bills, served 5,027 households and 40 furnaces were replaced in low-income homes under the Weatherization Assistance program. An additional 10 furnaces were replaced using state energy assistance funding.
- **Shelter Services:** State Emergency/Transitional Housing funds supported contracts with 15 emergency and transitional shelter agencies with approximately 695 beds and assisted 2,875 homeless individuals. Of those who received shelter services, 611 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 households remaining in transitional housing for longer periods of time.

- **Community Services Block Grant (CSBG):** The CSBG funded a range of anti-poverty services, including comprehensive case management, in which seven non-profits partnered to work with 981 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 non-profit agencies reporting to the Food Bank of Delaware distributed food 51,325 times to households through food closets and mobile pantry programs in Delaware. Sites at state service centers also provided emergency food 3,882 times to households in Delaware.
- **Senior Volunteer Programs:** The Retired or 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, 2,331 seniors contributed 398,368 hours of volunteer service at non-profit and governmental agencies. The statewide Foster Grandparent program placed 247 seniors, including 12 males. Foster grandparents worked with a total of 1,482 children and completed a total of 234,228 service hours.
- **AmeriCorps:** This program offered 259 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 76,130 hours of service.
- **State Volunteer Resource Center:** The Delaware Volunteer Resource Center served Delawareans through 897 direct volunteer referrals, 6,197 outreach contacts, technical assistance to 147 agencies, and training sessions for volunteer coordinators. One hundred and thirteen students received an elective school credit through the Delaware Volunteer Credit program. Volunteer Delaware, the website for volunteer referrals, received 8,390 hits.

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FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	12,421.0	12,937.8	12,610.2
ASF	197.3	662.7	662.7
TOTAL	12,618.3	13,600.5	13,272.9

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	111.1	111.1	111.1
ASF	--	--	--
NSF	22.5	22.5	22.5
TOTAL	133.6	133.6	133.6

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

ACTIVITIES

- Provide one-stop service access for clients through the management of 15 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, 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 MEASURE

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of client visits to service centers	452,554	466,131	475,454

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 MEASURE

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of clients served	147,259	161,985	165,225

COMMUNITY SERVICES ***35-12-30***

ACTIVITIES

- Administer the Community Services Block Grant; state funds for Emergency/Transitional Housing Site Operations; Emergency Housing Assistance Fund; state funds for Community Food programs; 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.

PERFORMANCE MEASURE

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of clients accessing emergency food	55,207	57,967	59,126

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VOLUNTEER SERVICES **35-12-40**

ACTIVITIES

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

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of volunteers	2,837	2,716	2,865
# of volunteer hours	698,726	695,825	705,713
# of active foster grandparents	247	252	252

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

MISSION

The mission of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) 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.

- Create and nurture partnerships with other state and community-based agencies to promote health campaigns and programs for older persons and persons with physical disabilities.

Foster Self-Sufficiency.

- Coordinate the administration of home and community-based services such as nutrition programs, personal care programs and leisure programs that promote constituents' independence, including administering relevant home and community-based Medicaid Waiver programs.

Protect Vulnerable Populations.

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

BACKGROUND AND ACCOMPLISHMENTS

The DSAAPD has been in existence for over forty years. Since 1994, the Division has provided services not only to older persons but also to adults with physical disabilities. This change created a more efficient service delivery system with a single point of entry for persons who often have similar needs.

Funding sources for the Division include: Administration on Aging (via the Older Americans Act), Centers for Medicare and Medicaid Services (via Acquired Brain Injury Waiver, Assisted Living Waiver and Elderly and Disabled Waiver), Social Services Block Grant, and Tobacco Settlement. Additionally, DSAAPD pursues and 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

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to meet the needs of the Division's client population. Three important factors are population changes, increased service costs and funding sources.

The Administration on Aging approved Delaware's most recent state plan. The plan enables the State to continue providing a variety of services for older Delawareans including home-delivered meals, congregate meals, adult day services, respite care, legal services, personal care, and health promotion.

DSAAPD continues to work with the Division of Medicaid and Medical Assistance on the implementation of the MFP initiative. This program, started with a demonstration grant from the Centers for Medicare and Medicaid Services, will help build and maintain community-based programs for persons who would likely otherwise remain in institutions.

The Division is now providing services for persons with acquired brain injury under a new Medicaid Home and Community-Based Waiver. The Medicaid Waiver for Acquired Brain Injury is designed to provide enhanced services and support for eligible adults with acquired brain injury to enable them to live as independently as possible. Services offered include assisted living, adult day services, day habilitation, case management, cognitive services, personal care, personal emergency response systems, and respite services.

DSAAPD continues to develop and distribute literature that provides information and support to Delawareans on a range of topics. The popular *Guide to Services for Older Delawareans* and *Guide to Services for Persons with Disabilities in Delaware* are printed in English and Spanish. The Division also published guides titled *How to Select Long Term Care* and *Delaware's Legal Handbook for Grandparents and Other Relatives Raising Children*.

FUNDING

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	18,375.3	10,386.0	10,329.4
ASF	1,137.2	1,327.5	1,566.0
TOTAL	19,512.5	11,713.5	11,895.4

POSITIONS

	FY 2008 ACTUAL	FY 2009 BUDGET	FY 2010 GOV. REC.
GF	69.6	69.5	70.6
ASF	--	1.5	1.5
NSF	57.7	59.2	59.2
TOTAL	127.3	130.3	131.3

SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

35-14-01

ACTIVITIES

- Administer contracts for key home and community-based care services that are fundamental to the needs of older persons and adults with physical disabilities.
- Facilitate the delivery of statewide services and programs that help address the physical, emotional, safety, and life-skills needs of older persons and adults with physical disabilities.
- Provide services for caregivers who are looking after older persons or persons with physical disabilities, as well as services for older persons who are caring for grandchildren.
- Organize and/or participate in outreach efforts that educate the community on the services available for older persons and persons with physical disabilities.
- Communicate regularly with advisory councils, advocacy groups, provider coalitions, and service providers.
- Coordinate educational offerings for DSAAPD's staff and the disabilities network on a range of topics related to older persons and adults with physical disabilities.

PERFORMANCE MEASURES

	FY 2008 Actual	FY 2009 Budget	FY 2010 Gov. Rec.
# of persons served by caregiver respite program	280	330	340
# of Medicaid Waiver slots	1,911	1,996	2,091
# of staff training programs	70	75	80