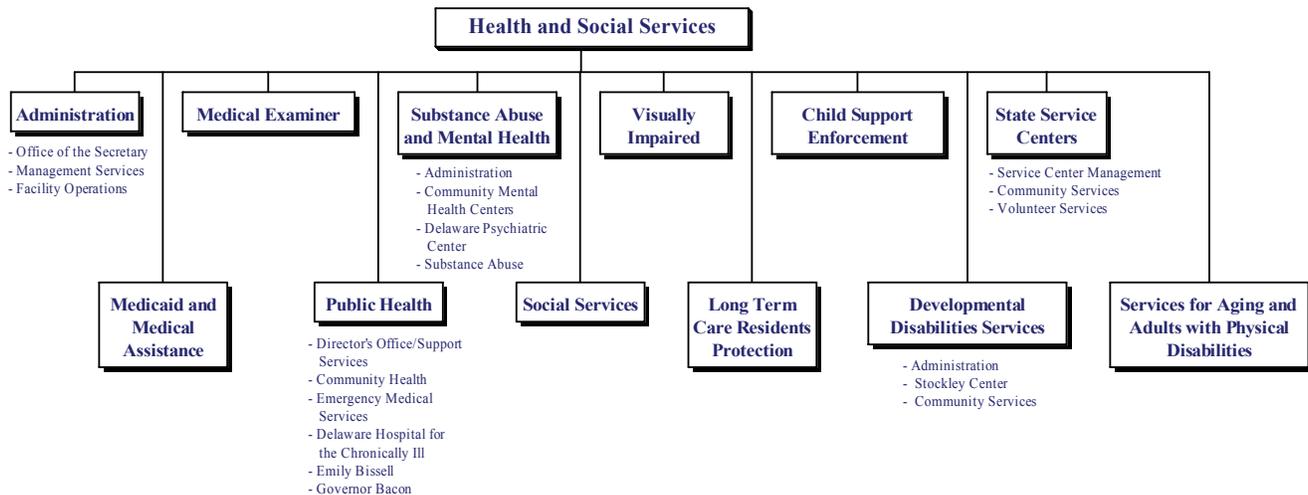


HEALTH AND SOCIAL SERVICES

35-00-00



MISSION

The Department of Health and Social Services (DHSS) plays a major role in meeting the basic needs of Delaware families and individuals. This is recognized by the department's mission to improve the quality of life for Delaware's residents 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 through day care, medical benefits, employability training and vocational training.
- Implement targeted strategies to 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 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

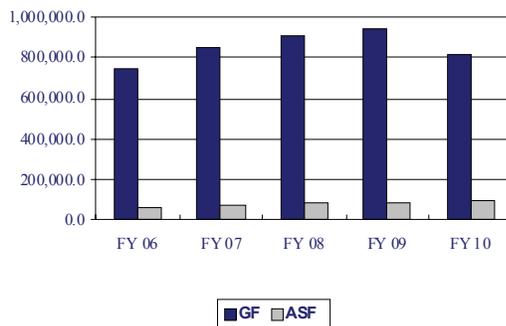
35-00-00

- 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 integrated services.
- Ensure the department maximizes the fiscal, human systems and physical resources available 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 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	832,937.9	813,457.9	876,719.5
ASF	82,690.7	101,154.5	104,452.1
TOTAL	915,628.6	914,612.4	981,171.6

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	3,709.8	3,572.7	3,416.4
ASF	137.3	131.9	123.8
NSF	910.1	865.0	848.4
TOTAL	4,757.2	4,569.6	4,388.6

FY 2011 BUDGET HIGHLIGHTS

OPERATING BUDGET:

- ◆ Recommend \$85,076.8 in Medicaid to replace American Recovery and Reinvestment Act (ARRA) funds and to cover a client base that is projected to reach 170,000 persons during Fiscal Year 2011.

- ◆ Recommend (\$4,224.9) in Cash Assistance through leveraging additional federal resources.
- ◆ Recommend (\$1,106.8) in Infant Mortality Task Force, (\$377.1) in Child Care, and (\$2,475.4) in Purchase of Care to reflect reductions in operational expenditures.
- ◆ Recommend (\$1,291.0) in Personnel Costs, (156.3) FTEs, (8.1) ASF FTEs, and (23.6) NSF FTEs to reflect complement reductions.
- ◆ Recommend (\$484.6) and \$484.6 ASF in Contractual Services reflective of a dental fee schedule.
- ◆ Recommend the consolidation of Family Support into Community Services to reflect operational efficiencies.

CAPITAL BUDGET:

- ◆ Recommend \$2,750.0 for the Maintenance and Restoration program. This funding will be used to maintain 133 buildings in their current condition and provide for necessary repairs.
- ◆ Recommend \$3,400.0 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 \$4,200.0 to replace failing roofs at the Delaware Psychiatric Center.
- ◆ Recommend \$7,054.3 for a new Delaware Automated Child Support Enforcement System (DASCES). The system will be used to track child support collections.
- ◆ Recommend \$2,936.0 for the Drinking Water State Revolving Fund. The fund provides low interest loans to community water systems, and will leverage \$14,600.0 in federal funds.

HEALTH AND SOCIAL SERVICES

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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.
- Through the activities of the Delaware Health Care Commission, promote a comprehensive health care system that is accessible, affordable and assures quality health care for all Delawareans.

BACKGROUND AND ACCOMPLISHMENTS

The scope of the department's clients and its mission in serving them involves complicated social conditions. The organization must respond to the present situation, using its resources creatively to solve problems. With ongoing fiscal pressures, it is imperative the organization continuously rethinks how it can meet its objectives. This entails communicating expectations, encouraging risk-taking and rewarding efforts that achieved their purpose.

Several major efforts have launched requiring leadership from the Administration unit to ensure expectations 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.

DHSS 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 linkages are made and implications are understood.

With an organization of approximately 5,000 people, DHSS faces the challenge of meeting the needs of an increasingly diverse workforce. Additionally, greater demands to increase the accessibility and responsiveness of the service delivery system are ever-present. 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, 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 reclassification of existing staff.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	36,772.5	37,211.0	36,259.6
ASF	5,300.0	9,149.3	9,345.2
TOTAL	42,072.5	46,360.3	45,604.8

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	467.7	455.6	435.1
ASF	35.6	34.0	33.5
NSF	69.3	68.0	62.5
TOTAL	572.6	557.6	531.1

OFFICE OF THE SECRETARY

35-01-10

ACTIVITIES

- Manage the department and provide leadership for human services delivery.
- Ensure coordination between divisions.
- Maintain responsive and positive relationships with constituents, advisory councils and other citizen groups.

HEALTH AND SOCIAL SERVICES

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- 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.
- Continue implementation of the Uninsured Action plan.
- Improve quality of health care using information and technology through the Delaware Health Information Network (DHIN), a statewide clinical information exchange.
- Continue research and health care policy development.
- Provides incentives for qualified personnel in the medical and dental profession to practice in Delaware.
- Continue educational and training opportunities and incentives for Delawareans to receive training in health and health-related fields and practice in Delaware through the Delaware Institute of Medical Education and Research (DIMER).
- Support education and training opportunities for Delaware residents to obtain graduate and post-graduate dental training through the Delaware Institute of Dental Education and Research (DIDER).

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of health care clinicians recruited to underserved areas with Loan Repayment program	10	11	12
# of people in target population enrolled in Community Health Care Access program (CHAP)	20,497	22,341	24,351
# of new students matriculated at Temple University School of Dentistry	6	7	5
# of new students matriculated at Jefferson Medical College	22	29	20
# of new students matriculated at Philadelphia College of Osteopathic Medicine	4	11	5

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.
- 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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of families in the Birth to Three program receiving multi-disciplinary evaluations within 45 days	95	95	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	84	85	86

HEALTH AND SOCIAL SERVICES

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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 and Equipment (MCI) programs on a department-wide basis.
- Complete maintenance and restoration projects addressing critical maintenance, operational, code and licensing issues.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of requests for service responded to within the same day	89	93	94
% of preventive maintenance activities completed per schedule	91	95	96

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 the highest quality medical services are provided to vulnerable populations 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 and manage their own health care decisions.
- 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 health care delivery is well-managed, assures sufficient access and is a seamless delivery network.
- Provide non-emergency transportation services to ensure 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 maintaining fiscal responsibility.

HEALTH AND SOCIAL SERVICES

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- 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 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 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 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 170,000 (approximately 1 in 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 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):** Pays for Medicare Part D premiums or prescription drugs up to an annual maximum of \$3,000 per person for qualified Delaware residents who are either over 65 years old or are below 65

and disabled, most of whom are also covered by Medicare Part D;

- **Chronic Renal Disease Program (CRDP):** Pays for Medicare Part D premiums, drugs, nutritional supplements and transportation for Delaware residents diagnosed with end-stage renal disease, most of who are also covered by Medicare Part D; 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 new eligibility rules under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

Some of the division's recent accomplishments include:

- Implementing the provisions of the American Recovery and Reinvestment Act (ARRA), which included recoding Medicaid claims to take advantage of the higher federal share, documenting compliance with the "prompt payment" requirement and establishing an infrastructure to award Health Information Technology (HIT) grants to medical providers, enabling them to adopt Electronic Health Record (EHR) technology;
- Continuing to contract with two well-respected commercial managed care organizations, which gives Medicaid recipients choice;
- Implementing the e-prescribing program, initiated under a Medicaid Transformation grant;
- Implementing the Money Follows the Person (MFP) program to enable clients to transition from institutional to community-based settings; and
- Creating the infrastructure that enabled the Medicaid for Workers with Disabilities (MWD) program to begin in October 2009, which allows disabled individuals who would lose Medicaid coverage if their income exceeds certain thresholds to "buy in" to the Medicaid program by paying a premium.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	436,461.7	444,723.0	524,600.4
ASF	38,501.4	35,982.7	39,739.7
TOTAL	474,963.1	480,705.7	564,340.1

HEALTH AND SOCIAL SERVICES

35-00-00

	POSITIONS		
	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	78.4	75.0	72.3
ASF	2.0	0.5	0.5
NSF	108.5	102.4	99.1
TOTAL	188.9	177.9	171.9

MEDICAID AND MEDICAL ASSISTANCE **35-02-01**

ACTIVITIES

- Provide health benefits to more than 170,000 eligible individuals.
- Negotiate and manage contracts with commercial managed care entities to provide health care services to approximately 111,000 DMMA clients.
- Administer the state-run Diamond State Partners managed care plan to ensure choice of providers as federally mandated.
- 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 Based 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 eight million claims annually for all of the medical assistance programs.
- Manage budgets, projects, facilities and contracting activities.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of children in Medicaid managed care having well-child visits	63.7	64.0	65.0
% of children and adolescents in Medicaid managed care with access to primary care practitioners	90.4	90.7	91.0

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 the State's law enforcement agencies 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 in Delaware.

During Fiscal Year 2009, the Office of the Chief Medical Examiner:

- Investigated 3,984 deaths statewide;
- Examined more than 3,253 controlled substances cases totaling 13,523 exhibits analyzed;
- Received 181 DNA cases;
- Analyzed 594 DUI cases; and
- Performed toxicology analysis on 787 post-mortem cases.

HEALTH AND SOCIAL SERVICES

35-00-00

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	4,967.5	4,355.2	4,354.1
ASF	--	--	--
TOTAL	4,967.5	4,355.2	4,354.1

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	49.0	49.0	50.0
ASF	--	--	--
NSF	--	--	--
TOTAL	49.0	49.0	50.0

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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of working days for controlled substance turnaround	23	15	15
# of working days for DNA analysis turnaround	55	50	55

PUBLIC HEALTH 35-05-00

MISSION

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

- Developing policies that address issues affecting the health of Delawareans;
- Monitoring the health status of residents 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.

HEALTH AND SOCIAL SERVICES

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- 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 and enforced health regulations to an agency that works collaboratively with communities and other organizations to protect and enhance the health of Delaware's residents.

DPH placed emphasis on the core functions of public health: assessment, assurance and policy development. It collects and analyzes various health data and 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 collaboration with communities and various state and local organizations to assure access to health care services for Delawareans. DPH 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 residents' health involve the input of many individuals and organizations. This process ensures these policies are appropriate and effective to address areas of public health concern.

DPH continues to provide direct services in critical public health areas. It 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.

DPH continues to examine the core public health functions and activities necessary to ensure 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 residents.

Some of DPH's past accomplishments include:

- Treatment coverage as part of the comprehensive cancer control plan for Delaware;

- Offered the Human Papilloma Virus (HPV) vaccine to uninsured and underinsured women 18 to 26 years of age;
- Provided services through the pilot Needle Exchange program in Wilmington;
- Trained groups 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; and
- Implemented an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	108,621.0	88,025.1	80,073.6
ASF	26,292.5	36,468.4	35,960.7
TOTAL	134,913.5	124,493.5	116,034.3

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	1,201.6	1,147.6	1,104.2
ASF	61.0	63.0	56.0
NSF	247.7	231.7	238.7
TOTAL	1,510.3	1,442.3	1,398.9

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

ACTIVITIES

- Provide electronic vital records to enhance public access to birth, death and marriage certificates.
- Develop, review, monitor and evaluate 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.
- Coordinate all management information systems used by the division's diverse programs.

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35-00-00

- Coordinate system automation projects, both internally and externally.
- Provide and promote core public health skills training to employees and take actions to meet National Public Health Accreditation Performance Standards.

PERFORMANCE MEASURE

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of vital records processed	114,442	115,000	116,000

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 Delaware Cancer Consortium in the implementation of the comprehensive cancer control plan for Delaware.
- Support efforts to reduce sickness and death due to communicable diseases through disease surveillance, case investigation, outbreak intervention and public education.
- Provide environmental health consultative services to other state agencies and the public on exposures and health risks.
- Work with the departments of Natural Resources and Environmental Control, 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 preconception health and early entry into prenatal care with a full array of enabling and psychosocial services to improve birth outcomes and reduce disparities.

- Partner with community and professional organizations to promote culturally competent health services by 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.
- Implement teen pregnancy prevention strategies using evidence-based interventions.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of tobacco use by adult Delawareans 18 years and older	17.8	17.8	17.8
% of colorectal cancers detected at local stage*	41	47	48
% of breast cancers detected at local stage *	74.3	77.0	78.0
% of children adequately immunized **	71.8	75.0	80.0
Rate of birth among teenage girls 15-17 years of age (five year average, rate per 1,000 births)	23	22	21
Rate of infant mortality (five year average, rate per 1,000 births)	8.8	7.5	6.0

**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 improve 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) and Early Hospital Intervention) program.
- Partner with the first responder system (police, fire, EMS, safety teams, school nurses, etc.) to assist with

HEALTH AND SOCIAL SERVICES

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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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of paramedic responses less than eight minutes for the most serious categories of calls	61	61	61
% of AED usage prior to ALS arrival	63	65	65

DELAWARE HOSPITAL FOR THE CHRONICALLY ILL

35-05-40

ACTIVITIES

- Operate a 230-bed nursing facility, comprised of 74 skilled and 156 intermediate beds.
- Provide 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 a Central Intake unit for long-term care facilities within DPH.
- Provide financial management for resident trust funds and revenue managements.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of residents receiving nine or more medications is to be less than the national and statewide averages for nursing facilities	72.6	70.0	68.0
% of prevalence of falls is to be less than the national and statewide averages for nursing facilities	12	12	11

EMILY BISSELL

35-05-50

ACTIVITIES

- Operate an 82-skilled bed nursing facility.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Operate an automated system for interdisciplinary care planning and documentation, timekeeping, accounts receivable and patient census tracking.
- Provide support to community-based long-term care services.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of residents receiving nine or more medications is to be less than the national and statewide averages for nursing facilities	69.7	68.0	67.0
% of prevalence of falls is to be less than the national and statewide averages for nursing facilities	5.3	5.0	4.5

GOVERNOR BACON

35-05-60

ACTIVITIES

- Operate an 85-bed nursing facility.
- Provide 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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of residents receiving nine or more medications is to be less than the national and statewide averages for nursing facilities	68	68	65
% of prevalence of falls is to be less than the national and statewide averages for nursing facilities	36	30	25

HEALTH AND SOCIAL SERVICES

35-00-00

SUBSTANCE ABUSE AND MENTAL HEALTH 35-06-00

MISSION

To promote prevention and recovery from substance use, gambling, mental conditions and co-occurring disorders by ensuring all adult Delawareans have access to high quality, cost effective and outcome-based services and supports.

KEY OBJECTIVES

- Develop and expand the role of persons in recovery in policy development, service planning, implementation and delivery and evaluation of services. Ensure care is customized based on the individuals' and families' needs, choices and values.
- Ensure Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness. Strengthen interdepartmental and inter-agency collaboration.
- Eliminate disparities in substance use and mental health services. Provide specialized and culturally competent treatment, intervention and prevention services to special populations and traditionally underserved groups, including people who are deaf or hard of hearing.
- Develop the clinical knowledge and skills of the Division of Substance Abuse and Mental Health (DSAMH) state and provider workforce. Develop and implement multiple training and education opportunities for DSAMH staff and community providers.
- Promote excellence in customer service in all settings. Ensure the service delivery system is informed by evidence-based practices, including peer-run programs and experiences. Promote accreditation and licensure of Delaware's behavioral health programs.
- Technology is used to access and improve care and promote shared knowledge.

BACKGROUND AND ACCOMPLISHMENTS

DSAMH's core services provide prevention and treatment services to Delawareans with mental health,

substance use, problem gambling and co-occurring conditions. The goal of the division is to ensure behavioral health services are accessible, effective, facilitate recovery and integrated into the community.

The continuum of services that are operated or funded by DSAMH include inpatient psychiatric and residential substance abuse services, group homes, halfway houses, peer-run drop-in centers, supervised apartments, care management, outpatient clinic services and 24/7 mobile crisis services. In addition to these services, grant funds awarded to DSAMH are used to provide transitional and permanent housing, homeless outreach, substance use prevention and employment services. DSAMH continues to make progress in the ultimate goal of community-based living by adding 60 24-hour supervised residential beds in Fiscal Year 2009.

DSAMH expanded the use of performance-based contracting to substance abuse residential treatment providers. By connecting performance to funding, this approach rewards effective and efficient outcomes. This payment innovation received broad national attention and accolades.

DSAMH continues to enjoy great success as it enters the third year of the implementation of the Co-occurring State Incentive grant. The grant funding provides training and in-depth technical assistance on the delivery of co-occurring treatment to over 600 clinicians.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	89,208.3	88,692.0	87,653.2
ASF	3,149.1	6,370.4	6,222.8
TOTAL	92,357.4	95,062.4	93,876.0

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	759.4	733.4	688.4
ASF	6.0	2.0	2.0
NSF	5.8	4.8	4.8
TOTAL	771.2	740.2	695.2

ADMINISTRATION

35-06-10

ACTIVITIES

- Plan and develop programs.
- Annually monitor providers for programmatic/fiscal compliance.
- Prepare and administer budgets and federal grants.
- Manage fiscal services.

HEALTH AND SOCIAL SERVICES

35-00-00

- Coordinate and provide training.
- Annually license alcohol and drug abuse programs and certify community service programs.
- Plan for the implementation of an electronic health record system.
- Effectively 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 coordination among service systems, specifically the Departments of Correction and Services for Children, Youth and Their Families.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of involuntary inpatient psychiatric commitments	2,910	2,910	2,910
% of clients reporting satisfaction with access to services	77.8	79.0	80.0
% of readmissions within 180 days	10.1	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.
- Expand and deploy mobile crisis intervention staff to improve effectiveness in working with hospital emergency rooms and police on reducing unnecessary mental health commitments.
- Expand community utilization review for acute inpatient and outpatient services.
- Assess and treat persons with co-occurring mental illness, substance use, gambling and other disorders.
- Continue to support and look for ways to expand the mental health courts in Delaware.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of consumers in community support programs available for work who are employed	45	46	47
# of 24-hour supervised residential beds	392	413	413

DELAWARE PSYCHIATRIC CENTER

35-06-30

ACTIVITIES

- Provide timely and effective psychiatric assessments, individualized recovery planning and treatment services and supports.
- Improve effective recruitment and retention initiatives to ensure qualified and adequate physician, nursing, dental care and senior management staff at Delaware Psychiatric Center (DPC).

PERFORMANCE MEASURE

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
Average daily DPC census	204	200	200

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.
- Determine cost effective and efficient plans to establish detoxification services for the southern counties.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of detoxification clients who received one or more other treatment services	43.8	45.0	46.0
% of evidence-based practices used in all substance abuse services and contracts	95	95	100

HEALTH AND SOCIAL SERVICES

35-00-00

SOCIAL SERVICES

35-07-00

MISSION

The mission of Social Services is to protect vulnerable populations and provide an integrated system of opportunities, services and income supports enabling 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 mandates for the Temporary Assistance for Needy Families (TANF) program work participation rates for welfare clients.
- Ensure access for hard to find child care through community partnerships and quality improvements.
- Where feasible, develop policies and structures that support the Early Success Report.
- Transfer TANF stimulus funds to those most in need by providing a temporary increase in basic assistance, providing bonuses to those who retain employment and partnering with housing agencies to prevent homelessness.

Manage resources with emphasis on information resource management, service quality, cost containment and 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.
- Find new ways to handle increased volume with reduced resources.
- Revise policies, where possible, to maximize eligibility, improve accuracy and increase efficiency.

BACKGROUND AND ACCOMPLISHMENTS

The Division of Social Services (DSS) administers a broad range of programs for Delaware's low-income families and individuals. These programs are regulated and funded by state and federal governments and are provided to more than 100,000 Delawareans each month. The major program areas are:

- Subsidized child day care, which enables low-income parents to become and remain employed;
- Financial assistance, including TANF, Emergency Assistance, General Assistance, Refugee Assistance and Food Benefits; 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 work supports;
- Strengthening families and encouraging personal responsibility;
- Identifying gaps and overlaps in service delivery; and
- Taking appropriate steps to manage resources.

Some of the major accomplishments include:

- Adapting to new federal rules and meeting the required TANF participation rate;
- Managing increases in both applications and opened cases for the Food Supplement program, as well as ongoing volume increases in Medicaid eligibility; and
- Receiving two Food Supplement program performance bonuses for improving the payment accuracy and increasing volume.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	53,883.6	52,046.0	47,359.1
ASF	1,272.2	2,515.5	2,515.5
TOTAL	55,155.8	54,561.5	49,874.6

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	206.9	198.9	192.2
ASF	--	--	--
NSF	214.8	206.8	199.5
TOTAL	421.7	405.7	391.7

HEALTH AND SOCIAL SERVICES

35-00-00

SOCIAL SERVICES **35-07-01**

ACTIVITIES

- Act as a catalyst in fostering the independence of vulnerable segments of the population.
- Participate in external review of quality, outcomes, timeliness of and access to services.
- Process applications for benefits, changes to benefits and periodically review benefits eligibility.
- Implement regulations that support eligibility within the context of the DSS mission.
- Partner with other public agencies, as well as community organizations and other businesses, to provide services to needy families and individuals.
- Create awareness of the scope of the division's programs within the community.
- Link families with other available services.
- Administer enabling services, such as child day care and transportation.
- Manage budget, 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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of Supplemental Nutrition Assistance program (SNAP) error rate	1	3	3
Average hourly wage for TANF job placements	8.76	8.80	8.90
% of TANF participation rate	37.8	30.0	30.0

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 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 are support services, such as the Materials Center,

HEALTH AND SOCIAL SERVICES

35-00-00

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 home, work place or school.

During Fiscal Year 2009, DVI provided educational services to 251 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 500 persons during Fiscal Year 2009. 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 2009, Vocational Rehabilitation services were provided to 186 Delawareans. Of these individuals, 33 achieved positive employment outcomes.

DVI has 45 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 generate approximately 25,638 pages of braille, 326 audiotapes and 34,104 large print pages during the first half of Calendar Year 2009.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	3,336.9	3,373.2	3,221.1
ASF	515.3	1,161.4	1,161.4
TOTAL	3,852.2	4,534.6	4,382.5

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	40.7	39.7	36.8
ASF	3.0	3.0	3.0
NSF	26.3	26.3	25.2
TOTAL	70.0	69.0	65.0

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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of successful job placements in a competitive setting	33	35	37
\$ DIB gross receipts (millions)	2.15	2.25	2.35
# of DVI blind/visually impaired employees	48	54	58

HEALTH AND SOCIAL SERVICES

35-00-00

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 ensure facilities' compliance with applicable state and federal laws and regulations designed to protect these residents.

KEY OBJECTIVES

- 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 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 15,202 contacts during Fiscal Year 2009. The contacts have been analyzed and referred to the appropriate location for resolution.

Under a law signed by the Governor at the end of Fiscal Year 2009, the division provides online access to the names of individuals actively listed on the Adult Abuse Registry as a result of abuse, neglect, mistreatment or financial exploitation of the elderly. Prior to the online access, there were 25,540 inquiries processed. At the end

of Fiscal Year 2009, there were 246 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing facilities and other licensed facilities. During Fiscal Year 2009, a total of 4,379 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 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	2,966.1	2,468.7	2,437.0
ASF	--	--	--
TOTAL	2,966.1	2,468.7	2,437.0

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	40.3	36.8	36.8
ASF	--	--	--
NSF	19.7	16.2	16.2
TOTAL	60.0	53.0	53.0

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.
- Administer appeal processes as provided in state and federal law.
- Ensure compliance with the criminal background check/mandatory drug testing law.

HEALTH AND SOCIAL SERVICES

35-00-00

- 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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of days to complete a background check	6	5	5
# of days from federal survey exit to completed data entry	65	63	60
# of training sessions conducted for providers	100	105	110

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.

PRWORA mandated many changes in the operation of child support programs. In addition, the elimination of the Aid to Families with Dependent Children (AFDC) program placed added emphasis on the child support enforcement program and its close relationship to the TANF program that replaced it.

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35-00-00

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 2009, DCSE collected \$99,537,621 in child support payments, which represents a 1.6 percent increase over collections made during Fiscal Year 2008. Out of the Fiscal Year 2009 collections, DCSE returned \$6,453,202 to reimburse the state and federal governments for benefits provided to children through TANF and Foster Care programs. This represents 6.5 percent of Fiscal Year 2009 collections by DCSE. The remaining 93.5 percent of Fiscal Year 2009 child support collections was distributed primarily to custodial parents and others caring for dependent children.
- **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 issued, current balance of their account, etc. The Automated Assistance Line/Voice Response unit (AAL/VRU) handled 1,629,293 phone calls during Fiscal Year 2009, for an average of more than 4,463 calls each calendar day. This includes calls to the AAL/VRU full Spanish version.
- **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 2009, 2,872 voluntary acknowledgements of paternity were filed with the Office of Vital Statistics. Since program implementation began in January 1995, a total of 28,962 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 national program, which 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:** PRWORA mandated 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. A total of 3,236 licenses were suspended during Fiscal Year 2009.
- **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. Through these efforts, the FIDM program collected \$332,051 in Fiscal Year 2009.
- **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 2009, 8,893 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 payments to families.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	3,459.8	4,135.3	4,118.0
ASF	2,032.6	2,426.5	2,426.5
TOTAL	5,492.4	6,561.8	6,544.5

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	67.5	64.1	62.6
ASF	27.2	26.9	26.3
NSF	133.3	128.1	123.2
TOTAL	228.0	219.1	212.1

HEALTH AND SOCIAL SERVICES

35-00-00

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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
% of paternity establishment	89.0	91.5	94.0
\$ of total distributed collections (millions)	83.4	85.1	86.8
\$ of child support collection (millions)	99.5	101.5	103.5
# of states/territories with which DCSE processes electronic payments	47	50	54

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 transformed its service delivery model from a facility-centered, fixed program 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 manner, DDDS continuously reviews and realigns its infrastructure and resources.

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35-00-00

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 use 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 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 Money Follows the Person 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 represented a 60 percent reduction in the population of Stockley since January 2002. The new multipurpose facility, the Mary Ann Coverdale Center, officially opened on May 18, 2009.

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 state and federal funds and supports a portable rate for each individual;
- Opened the Mary Ann Coverdale Center at Stockley, a 54-bed residential facility with both skilled and intermediate care facility for persons with mental retardation (ICF/MR) beds;
- 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 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	64,785.4	67,861.3	66,592.1
ASF	4,167.9	4,846.0	4,846.0
TOTAL	68,953.3	72,707.3	71,438.1

	POSITIONS		
	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	617.6	598.0	572.0
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
TOTAL	621.6	602.0	576.0

ADMINISTRATION

35-11-10

ACTIVITIES

Financial and Business Operations

- Manage financial operations, including budget development and administration, contract

HEALTH AND SOCIAL SERVICES

35-00-00

monitoring, maximization of federal revenues and cost-effective service delivery.

- Administer benefit programs for individuals in residential programs to include management of the Home and Community-Based Services waiver (HCBS) 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.
- Conduct and manage the division's continuous quality improvement program.

PERFORMANCE MEASURE

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of consumer and families provided with educational sessions	270	290	310

STOCKLEY CENTER

35-11-20

ACTIVITIES

- Operate a 54-bed residential facility with both skilled and ICF/MR beds.
- Operate a 15-bed assisted living unit for individuals with Alzheimer's disease or dementia.
- Comply with ICF/MR regulations to maintain the federal certification to obtain Medicaid funding.
- Comply with State Nursing Home regulations to maintain state licensing status.
- 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 activities programs that provide residents with employment, recreation, leisure and social opportunities.
- Maintain an environment that safeguards the health and safety of residents.
- Maintain the infrastructures and utilities necessary for campus services.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of living units	5	5	5
Stockley Center census	76	72	70

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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.
- Ensure compliance with HCBS waiver program criteria.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of community placements	36	40	44
# of authorized providers	39	42	45
# of consumers participating in Early Start to Supported Employment	42	45	48

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. 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 2009, the division's accomplishments included:

- **Emergency Assistance:** Emergency assistance for rent, utilities and emergency shelter was provided to 15,361 clients under the Community Resource and Assistance program. An additional 6,860 clients were served through the use of Emergency Assistance Services funds and 407 clients received assistance through the Needy Family Fund. The

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Kinship Care program assisted 201 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 851 unduplicated families by providing 1,788 monitored exchanges, 1,033 supervised individual visitations and 1,512 group visitations.
- **Adopt-A-Family:** During the holiday season, 2,049 individuals were served by Adopt-A-Family and an additional 1,307 households were served throughout the year. In addition, 1,990 students were assisted with school supplies.
- **Home Energy Assistance:** The Fuel Assistance program served 30,113 low-income households below 200 percent of poverty. The Winter Crisis Assistance program helped 3,083 households with crisis benefits. The Summer Cooling Assistance program helped 6,612 households with electric bills, and 275 households received room-sized air conditioners. The Weatherization Assistance program supported the installation of energy efficiency improvements in the homes of 517 low-income families statewide; none of these were 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 4,437 households and 40 furnaces were replaced in low-income homes under the Weatherization Assistance program. No furnaces were replaced using state energy assistance funding.
- **Shelter Services:** State Emergency/Transitional Housing funds supported contracts with 14 emergency and transitional shelter agencies with approximately 594 beds and assisted 4,971 homeless individuals. Of those who received shelter services, 869 individuals successfully departed to permanent housing. Due to the insufficient availability of affordable housing, low-income individuals/families continue needing the services available by the statewide network of emergency and transitional housing agencies. Consequently, successful departures to permanent housing will continue on a declining trend, resulting in people remaining in transitional housing for longer periods of time.
- **Community Services Block Grant (CSBG):** CSBG funded a range of anti-poverty services, including comprehensive case management, in

which seven nonprofits partnered to work with 839 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 53,501 times to households through food closets and mobile pantry programs in Delaware. Sites at state service centers also provided emergency food 4260 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 community needs. 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, 2,477 seniors contributed 423,311 hours of volunteer service at nonprofit and governmental agencies. The statewide Foster Grandparent program placed 244 seniors, including 13 males. Foster grandparents worked with a total of 1,380 children and completed a total of 225,304 service hours.
- **AmeriCorps:** This program offered 282 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 45,816 hours of service.
- **State Volunteer Resource Center:** The Delaware Volunteer Resource Center served Delawareans through 712 direct volunteer referrals, 9,945 outreach contacts, technical assistance to 209 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 36,140 hits.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	12,141.7	10,698.6	10,361.6
ASF	194.0	662.7	662.7
TOTAL	12,335.7	11,361.3	11,024.3

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	POSITIONS		
	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	111.1	109.1	103.0
ASF	--	--	--
NSF	22.5	22.5	22.5
TOTAL	133.6	131.6	125.5

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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of clients served	135,708	176,420	229,346

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.
- Provide one-stop service access for clients through the management of 15 state service centers.

- Partner with other state and nonprofit 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 MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of clients accessing emergency food*	53,501	48,151	43,336
# of client visits to service centers	605,991	787,788	1,024,124

**The Emergency Food program over the next five years will be migrated to nonprofit food closets.*

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 nonprofit agencies 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 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of volunteers	2,477	2,725	2,998
# of volunteer hours	423,311	465,642	512,206
# of active foster grandparents	244	268	295

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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 maintain or improve 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.

- Establish and advance partnerships with other state and community-based agencies to promote health campaigns and wellness programs for older persons and adults with physical disabilities.

Foster Self-Sufficiency.

- Coordinate the delivery of home and community-based services, such as nutrition programs, personal care programs and leisure programs that promote constituents' independence, including administering HCBS waiver programs for older persons and adults with physical disabilities.

Protect Vulnerable Populations.

- Advocate for the rights of vulnerable older persons and adults with physical disabilities, including working toward providing constituents the least restrictive living environment possible. Protect adults who are at risk for abuse, neglect or exploitation.

BACKGROUND AND ACCOMPLISHMENTS

DSAAPD was established over 40 years ago as the Division of Aging. 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. DSAAPD is recognized by the federal government as Delaware's State Unit on Aging.

Funding sources for the division include the Administration on Aging (through the Older Americans Act), Centers for Medicare and Medicaid Services (through HCBS waiver programs) and Social Services Block Grant. Additionally, DSAAPD pursues and manages research and demonstration grants from various sources as they become available.

The Center for Medicare and Medicaid Services (CMS) approved DSAAPD's application to renew its Elderly and Disabled waiver in June 2009. With the renewal in place, DSAAPD is now exploring consolidation of its three waiver programs (Elderly and Disabled, Acquired Brain Injury and Assisted Living waivers). Key components of waiver consolidation could include collapsing current at-home services into one self-directed waiver service through which consumers may deploy direct care workers for tasks as required. Primary goals are to provide needed services as efficiently as possible while introducing self-direction into the waiver in a manner similar to the way it has succeeded in the state-funded Personal Attendant Services program.

DSAAPD continues to work with the Division of Medicaid and Medical Assistance on the implementation of the Money Follows the Person (MFP) initiative. This program, which started with a demonstration grant from CMS, tailors community-based services for persons who would likely otherwise remain in institutions. DSAAPD had successfully transitioned 12 MFP clients from institutions to the community through September 2009.

The Administration on Aging (AoA) notified DSAAPD in September 2009 the agency was successful in applying for an Aging and Disability Resource Center (ADRC) grant. Funding for this three-year grant program should exceed \$685,000. In conjunction with DSAAPD partners, the initiative will focus on strategies for streamlined access to information and services, options counseling, proactive hospital discharge planning and quality assurance activities. The creation of Delaware's official ADRC will also pave the way for additional funding opportunities through AoA.

Two DSAAPD programs have benefited from federal stimulus packages. The Senior Community Service Employment program (SCSEP) received funds in the amount of \$507,317 that were allocated to existing providers in each county to provide job training for over 50 new clients. DSAAPD and its partners were already serving over 250 clients with conventional SCSEP grant funding prior to the receipt of ARRA funds. In addition, DSAAPD received a total of \$485,000 in nutrition-related ARRA funds for its Home Delivered and Congregate Meals programs. DSAAPD contracts with four providers who will use \$160,000 in ARRA dollars for Home Delivered Meals and \$325,000 for Congregate Meals to be spent by September 2010.

Finally, DSAAPD continues to use both print and internet media to provide 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 available

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in English and Spanish, while the agency also makes available guides titled *How to Select Long Term Care* and *Delaware's Legal Handbook for Grandparents and Other Relatives Raising Children*.

FUNDING

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	16,333.4	9,868.5	9,689.7
ASF	1,265.7	1,571.6	1,571.6
TOTAL	17,599.1	11,440.1	11,261.3

POSITIONS

	FY 2009 ACTUAL	FY 2010 BUDGET	FY 2011 GOV. REC.
GF	69.6	65.5	63.0
ASF	1.5	1.5	1.5
NSF	59.2	55.2	53.7
TOTAL	130.3	122.2	118.2

SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

35-14-01

ACTIVITIES

- Facilitate the delivery of statewide waiver and non-waiver services and programs that help address the physical, emotional, safety and life-skills needs of older persons and adults with physical disabilities.
- Administer contracts for key home and community-based care services that are fundamental to the needs of older persons and adults with physical disabilities.
- Provide respite services for caregivers who look after older persons or adults with physical disabilities, as well as for older persons who are caring for children.
- Protect and advocate for vulnerable, at-risk adults in institutions and in the community.
- Organize and/or participate in outreach efforts that educate the community on the services available for older persons and adults with physical disabilities.
- Communicate and partner with advisory councils, advocacy groups, provider coalitions, service providers and government agencies.
- Coordinate educational offerings for staff and partners on important topics related to older persons and adults with physical disabilities.

PERFORMANCE MEASURES

	FY 2009 Actual	FY 2010 Budget	FY 2011 Gov. Rec.
# of persons served by caregiver respite program	230	260	260
# of Medicaid Waiver slots	2,006	2,016	2,016
# of staff training programs	76	80	82