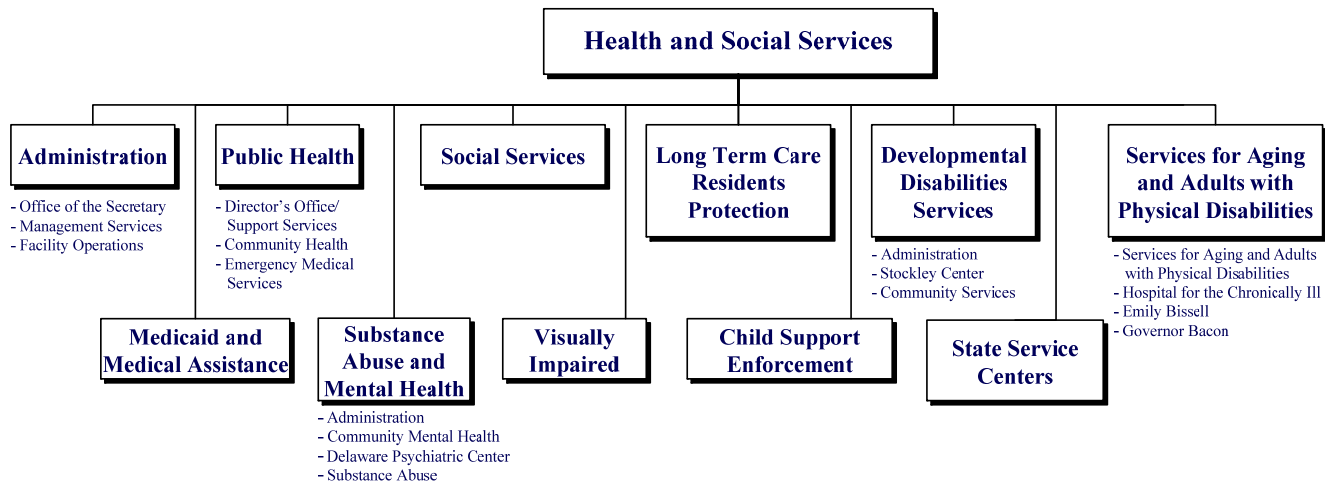


HEALTH AND SOCIAL SERVICES

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

Protect Vulnerable Populations

- Ensure the quality of care, safety and security of individuals in long-term care facilities, residential programs and day services.
- Provide emergency and transitional shelters and support to homeless individuals and families.
- Serve children and their families by providing a safe environment for supervised visitation.
- Eliminate barriers to personal independence for persons with the sensory disability of vision loss.

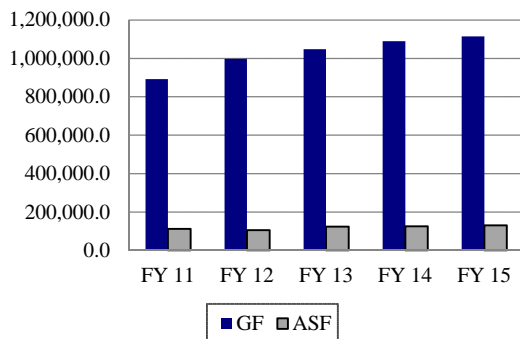
HEALTH AND SOCIAL SERVICES

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Enhance Efficiency in Government

- Promote a customer-focused approach to service delivery through integrated services.
- Ensure the department maximizes the fiscal, human resources, information technology systems and physical resources available to provide the best possible service to clients in the most efficient manner.
- Promote accountability and enhance management training opportunities for the department's leadership.

Five-Year Appropriation History



FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	1,067,751.3	1,113,633.8	1,123,893.7
ASF	99,982.8	129,917.5	124,772.4
TOTAL	1,167,734.1	1,243,551.3	1,248,666.1

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	3,365.7	3,323.8	3,256.5
ASF	95.1	94.2	93.2
NSF	844.1	833.9	829.2
TOTAL	4,304.9	4,251.9	4,178.9

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 department's services and mission involve complicated social conditions. With ongoing fiscal pressures, DHSS continuously rethinks how it can meet its objectives, which entail communicating expectations, encouraging risk-taking and rewarding efforts that achieve their purpose.

Several major efforts require leadership from the Administration unit to ensure expectations are realized, including providing assistance to divisions by facilitating administrative procedures, coordinating the activities of joint projects and communicating regularly with constituents.

With an organization of approximately 4,178 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.

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Training, professional development and management support are ongoing requirements to enhance staff performance.

Programmatically, 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 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	41,863.3	41,427.4	43,985.8
ASF	7,334.0	8,555.4	8,557.4
TOTAL	49,197.3	49,982.8	52,543.2

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	512.0	519.7	517.6
ASF	34.0	34.0	34.0
NSF	114.9	106.2	105.3
TOTAL	660.9	659.9	656.9

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 resident 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.
- Improve quality of health care using information and technology through Delaware Health Information Network, a statewide clinical information exchange.
- Continue research and health care policy development.

- Provide incentives for qualified personnel in the medical and dental profession to practice in Delaware.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
# of health care clinicians recruited to underserved areas with Loan Repayment program	5	15	20
# of dentistry students matriculated	13	13	20
# of medical students matriculated	130	137	100

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 bidding, requisition and purchase order processes, as well as perform contract negotiations and development.
- Determine eligibility for and accuracy of the benefits received by clients for Food Stamps and Medicaid.
- Process and track financial documents.
- Handle 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 the 11 divisions within DHSS.

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PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of families in the Birth to Three program receiving multi-disciplinary evaluations within 45 days	97	97	97
% of families in the Birth to Three program who perceive positive changes in their child's development	95	95	95

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

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of requests for service responded to within the same day	99.8	96.0	96.0
% of preventive maintenance activities completed per schedule	73.6	96.0	96.0

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 health care system for low-income individuals

- Function as a health care safety net for children and adults who have special needs, the uninsured and under-insured 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.
- Encourage the use of the medical home model of care, wherein care is provided in a patient-centered, physician-guided model.
- Maximize the use of community-based alternatives in lieu of institutional care.

Maintain an adequate network of qualified health care providers

- Foster collaborative partnerships with other governmental agencies, provider groups, advocacy groups and other stakeholders to ensure health care delivery is well managed.
- Foster partnerships with other agencies to encourage expansion of health care providers who can deliver long-term care services in community-based settings.
- Establish provider reimbursement rates that are consistent with efficiency, economy and quality of care and that are sufficient to ensure an adequate supply of health care similar to that which is available to the general public.
- Ensure providers comply with all applicable federal, state and DMMA rules and standards.

Maximize available resources

- Maximize cost avoidance by setting up appropriate claim edits in the automated claims processing

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system, effective coordination of benefits with other third-party payers, pursuit of estate recovery for long-term care recipients, pursuit of 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 maximizing health care funds by supporting cost recovery initiatives.

BACKGROUND AND ACCOMPLISHMENTS

DMMA administers an array of health care programs for Delaware’s low-income individuals and families. These programs are funded with both state and federal dollars and provide health benefits to over 240,000 Delaware residents each month. The following are the major programs administered by DMMA.

- **Medicaid (Title XIX):** Pays for comprehensive health care benefits to low-income children and adults, including both preventive and acute care services, as well as long-term care services and supports. Effective January 1, 2014, per the Affordable Care Act (ACA), adults between 101-133 percent of the Federal Poverty Level (FPL) became eligible for Medicaid in Delaware.
- **Delaware Healthy Children Program (DHCP) (Title XXI):** Provides health care benefits to uninsured children under the age of 19 with family incomes between 133-200 percent of FPL.
- **Delaware Prescription Assistance Program:** Pays for Medicare Part D premiums or non-Part D covered 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 have a disability.
- **Chronic Renal Disease Program:** Pays for Medicare Part D premiums, drugs, nutritional supplements and transportation for Delaware residents diagnosed with end-stage renal disease, most of whom are also covered by Medicare Part D.

Some of the Division’s recent accomplishments include:

- Provided incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified Electronic Health Record (EHR) technology through Medicare and Medicaid EHR Incentive programs.

- Achieved participation in the EHR Incentive Payment program from 1,117 eligible providers and hospitals;
- 532 eligible providers and seven eligible hospitals attested to the initial adopt, implement and upgrade phase of EHR, and 571 providers and seven hospitals have attested to meaningful use of EHR;
- Provided Disproportionate Share Hospital payments to eligible hospitals;
- Cooperated with the Department of Insurance and Delaware Health Care Commission to implement the health affordability programs under ACA. During Fiscal Year 2014, 21,023 Delawareans enrolled in health care coverage through expanded Medicaid and the Marketplace; Delaware Medicaid enrolled 6,626 of these clients;
- Collaborated across DHSS divisions to design a new cross-disabilities program, Pathways to Employment, which will provide additional support for individuals with disabilities to find employment;
- Continued to promote community-based long-term care community supports through a managed care delivery system; and
- Implemented a contract for a Data Warehouse/Decision Support System which will enhance DMMA’s ability to analyze data and improve its fraud and abuse detection tools.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	674,232.2	697,110.2	694,721.3
ASF	59,899.2	69,685.8	67,416.7
TOTAL	734,131.4	766,796.0	762,138.0

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	74.6	74.6	74.6
ASF	1.0	1.0	1.0
NSF	106.3	106.3	105.3
TOTAL	181.9	181.9	180.9

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

ACTIVITIES

- Provide health benefits to more than 240,000 eligible individuals.
- Negotiate and manage contracts with commercial managed care entities to provide both acute and long-term care services to approximately 185,000 DMMA clients as of the end of Fiscal Year 2014.

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- Determine eligibility for Medicaid long-term care services under a special income category.
- Monitor state and federal legislative and regulatory activity to ensure compliance with new and existing rules.
- Oversee the Home and Community-Based Service (HCBS) waiver program that provides services to individuals in the community as an alternative to institutional care.
- Work jointly with the Delaware Health Care Commission and other agencies to transform the health care delivery system in Delaware.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of Medicaid children receiving a dental service	47	48	49
% of long-term care recipients served in the community.	50	55	60

PUBLIC HEALTH

35-05-00

MISSION

The mission of the Division of Public Health (DPH) is to protect and promote the health of all people in Delaware.

KEY OBJECTIVES

DPH has four priorities to achieve its vision and mission. These are:

- Improve health-related lifestyles by focusing on reducing obesity;
- Improve access to integrated, prevention-focused, quality and safe health care as part of reforming the health care system;
- Achieve health equity by improving the health of minority populations; and
- Improve performance by implementing a performance management system and improving organizational culture.

BACKGROUND AND ACCOMPLISHMENTS

DPH has evolved from an organization that primarily provided direct health care services to residents and enforced health regulations, to a division that works collaboratively with communities and other organizations to protect and enhance the health of all people in Delaware.

DPH places 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 public health is safeguarded. Assurance efforts include environmental health monitoring, public information, health education and collaboration with community, 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 about problems and assist communities to develop strategies to address their health concerns. Policies to protect residents' health involve the input of many individuals and organizations. This process ensures these policies are appropriate and effective to address public health concerns.

DPH provides direct services in critical public health areas. It offers a wide range of services that include targeting highly contagious diseases and offering family

HEALTH AND SOCIAL SERVICES

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planning services to high-risk individuals. Collaboration with other organizations has 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 assuring the provision of personal health services and health promotion programs to special populations or populations at risk, will help the State realize improvement in the health of its residents.

Some of DPH's accomplishments include:

- Achieved screening rates for colorectal and breast cancer that are among the best in the nation;
- Eliminated the gender and racial gap in colorectal cancer screening;
- Achieved an all-site cancer death rate that is declining faster than the national rate;
- Built infrastructure and trained groups in public health preparedness;
- Provided access to primary care doctors, medical specialists and other health resources, including prescription programs, laboratory and radiology services for eligible uninsured Delawareans;
- Provided tobacco cessation information to over 8,300 callers and cessation counseling services to over 3,800 Delawareans through the Delaware Quitline in Fiscal Year 2014;
- Provided funding to assist with infrastructure improvements to public water systems;
- Implemented an electronic disease reporting system to respond more rapidly to communicable disease outbreaks, including bioterrorism;
- Assisted 266 Delawareans to successfully complete a six-week diabetes self-management program in the past fiscal year;
- Achieved a 15.8 percent decrease from 1997-2001 through 2007-2011 in Delaware's cancer death rate, an improvement that was 38 percent greater than the decline seen nationally;
- Launched the Oral Health 2020 Initiative that includes a new state Oral Health Plan, the Delaware Oral Health Coalition and community disease prevention activities;
- Continued to provide preventive dental services for at-risk school children under the Seal-A-Smile program using the dental van;

- Modernized the Williams State Service Center dental clinic to provide school-linked dental services for children in Kent County;
- Issued 181 patient and caregiver cards through the Office of Medical Marijuana; program growth exceeded 146 percent annually;
- Established the Office of Animal Welfare; and
- Signed a contract to operate Delaware's first compassion center, opening expected in April 2015.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	38,042.3	41,472.1	41,613.3
ASF	23,285.7	30,027.6	25,983.3
TOTAL	61,328.0	71,499.7	67,596.6

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	349.0	351.3	345.3
ASF	54.0	53.7	51.7
NSF	212.5	211.5	209.5
TOTAL	615.5	616.6	606.5

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.
- Facilitate the development and application of public health informatics principles.
- Use limited resources strategically in order to have the greatest positive health impact.
- Provide and promote core public health skills training to employees and take actions to meet National Public Health Accreditation Performance Standards.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
# of strategy maps developed for strategic priorities	1	2	1

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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.
- Provide Diabetes Self-Management program and Chronic Disease Self-Management program to empower Delawareans to manage and control chronic diseases.
- Support efforts to reduce sickness and death due to communicable diseases through disease surveillance, case investigation, outbreak intervention and public education.
- Provide environmental health consultation services to other state agencies and the public on exposures and health risks.
- Coordinate 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.
- Provide access to medical-legal partnership services to address social context stressors that exacerbate health conditions or attenuate the effectiveness of medical interventions.
- Provide counseling and access to family planning services to reduce unwanted, mis-timed 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.

- Support the Governor’s Council on Health Promotion and Disease Prevention to coordinate and increase strategic efforts to promote healthy lifestyles to reduce the burden of chronic diseases.
- Develop, maintain and participate in partnerships to address the main preventable health problems associated with unhealthy lifestyles and health risk behavior that can lead to heart disease, cancer, diabetes and respiratory diseases.
- Partner with community and professional organizations to increase the number of physicians participating in the Screening for Life program and Community Healthcare Access Program.
- Provide prostate, colorectal, breast and cervical cancer screening to eligible uninsured or underinsured Delawareans.
- Provide referrals in support of ACA by providing DPH client contacts with the information and assistance needed to apply for insurance through the ACA Marketplace.
- Provide health equity education to communities, demonstrating the impact of socio-economic and environmental conditions.
- Deliver an evidence-based home visiting program for at-risk pregnant women and young families to reduce infant mortality and child abuse/neglect and to strengthen parents' skills in raising children in a healthy and stable home environment.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of tobacco use by Delawareans 18 years and older	19.6	19.6	19.0
% of colorectal cancers detected at local stage*	41.5	42.0	43.0
% of breast cancers detected at local stage*	75	77	77
% of children adequately immunized	74.8	76.0	78.0
% of adults who are obese	31	31	31
% of high school students who are obese	14.2	14.2	14.0

**Fiscal Year 2014 Actual was only available as an estimate at the date of report.*

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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 and others) to assist with cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) awareness and training initiatives to improve the time to defibrillation.
- Offer train-the-trainer programs in CPR and AED to participating agencies.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of paramedic responses less than eight minutes for the most serious categories of calls	53	55	55
% of AED usage prior to ALS arrival	77	80	82

SUBSTANCE ABUSE AND MENTAL HEALTH 35-06-00

MISSION

The mission of the Division of Substance Abuse and Mental Health (DSAMH) is to promote prevention and recovery from substance use, gambling, mental health 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 individual and family 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 interagency collaboration.
- Eliminate disparities in substance use and mental health services. Provide individualized treatment, intervention and prevention services to special populations and traditionally underserved groups, including pregnant women.
- Develop the clinical knowledge and skills of the 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.
- Use technology 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 division's goal is to ensure behavioral

HEALTH AND SOCIAL SERVICES

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health services are accessible and effective, facilitate recovery and are integrated into the community.

The continuum of services that are operated or funded by DSAMH include: inpatient psychiatric and residential substance abuse services, inpatient and ambulatory detox, opiate addiction services, group homes, recovery houses Oxford 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 through contracts with community providers to provide transitional and permanent housing, homeless outreach, substance use and abuse prevention and supported employment services.

The State of Delaware entered into a settlement agreement with the Civil Rights Division of the U.S. Department of Justice (U.S. DOJ) in July 2011. The overarching goal of the agreement is to provide community-based care to Delawareans with severe and persistent mental illness. The agreement resolves the U.S. DOJ's investigation of the services at the Delaware Psychiatric Center (DPC) that began in 2007. The terms of the agreement will help achieve better outcomes for persons with serious mental health concerns, and do so in a manner that protects their independence and sense of community. The agreement requires the expansion of certain services for persons with severe and persistent mental illness, including crisis services, Assertive Community Treatment (ACT), Intensive Case Management (ICM), Targeted Case Management (TCM), housing, supported employment and rehabilitation services and family and peer supports.

DSAMH met the annual targets of the U.S. DOJ Settlement Agreement in Fiscal Year 2014.

DSAMH developed and implemented a training program for mental health and trauma peers. Formal peer support certification is in the final stages of approval through the state licensing certification board.

Additional accomplishments include:

- Developed a training and certification for mental health screeners;
- Revised the Supervised Apartment program by separating housing management from the services, giving service providers equal opportunity to apply for housing for their clients;
- Redesigned the Involuntary Civil Commitment process with input from representatives from the mental health courts, Judiciary, mental health social workers and nonprofits working in the mental health system, psychiatric hospitals and DSAMH staff; and

- Ongoing redesign of the Substance Use Disorder service system.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	97,806.2	106,888.0	114,176.1
ASF	2,785.1	6,918.4	6,840.0
TOTAL	100,591.3	113,806.4	121,016.1

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	619.7	622.7	610.7
ASF	1.0	1.0	1.0
NSF	3.0	3.0	3.0
TOTAL	623.7	626.7	614.7

ADMINISTRATION

35-06-10

ACTIVITIES

- Plan and develop programs.
- Monitor providers for programmatic/fiscal compliance.
- Prepare and administer budgets and federal grants.
- Manage fiscal services.
- Coordinate and provide training.
- License alcohol and drug abuse programs and certify community service programs annually.
- Plan for the implementation of an EHR 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.
- Enhance utilization and review functions to assure appropriate levels of care system-wide.
- Ensure coordination among service systems, specifically with the Departments of Correction and Services for Children, Youth and Their Families.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of clients reporting satisfaction with access to services	80	86	87
% of readmissions within 180 days	13	10	10

HEALTH AND SOCIAL SERVICES

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COMMUNITY MENTAL HEALTH **35-06-20**

ACTIVITIES

- Provide access to quality mental health treatment, community counseling and support services.
- Continue to make new medications available for persons with mental illness, substance use and co-occurring disorders.
- Provide supported housing services that promote independent living and community integration.
- Work with the Division of 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 psychiatric hospitalizations.
- Assess and treat persons with co-occurring mental illness and substance use, gambling and other disorders.
- Continue to support and look for ways to expand the problem-solving and mental health courts in Delaware.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
# of crisis apartments available	6	6	6
# of ACT teams	11	13	16
# of ICM teams	5	5	1
# of case managers providing TCM	18	25	22
# of state housing vouchers or subsidies to target population	550	650	650
# of individuals receiving supported employment services	700	1,100	1,100
# of individuals receiving rehabilitation services	1,500	1,500	1,500
# of individuals receiving family/peer supports	750	1,000	1,000

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 DPC.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
Average daily DPC census	113	112	112

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.
- Implement cost-effective and efficient plans to establish detoxification services in Kent and Sussex Counties.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of detoxification clients who received one or more treatment services	34	50	60
% of Alcohol and Drug Treatment program completion rate	63	63	65

HEALTH AND SOCIAL SERVICES

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SOCIAL SERVICES

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MISSION

The mission of the Division of Social Services (DSS) is to provide prompt, respectful and accurate services that promote self-sufficiency for all Delawareans.

KEY OBJECTIVES

Promote self-sufficiency

- Partner with the Delaware Economic Development Office, Departments of Transportation and Labor and contracted service providers to 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.
- Develop policies and structures that support the goals of the Office of Early Learning to provide access to high-quality early care for low-income children so that they are prepared to enter school ready to learn.
- Implement Medicaid expansion using new eligibility rules with an upgraded system for integrated eligibility.

Maximize available resources

- Continue to improve division administration, program management, operations and customer service to maximize both efficiency and service quality.
- Allocate existing staff/program resources to best achieve organizational mission.
- Identify and engage community partners to increase access for eligible residents and improve application processing.
- Increase staff diversity and cultural competency.
- Improve succession planning and employee retention strategies.
- Seek grants that fit with goals and objectives and maximize funding.

BACKGROUND AND ACCOMPLISHMENTS

DSS administers a broad range of programs for Delaware's low-income families. The programs are regulated and funded by state and federal governments and are provided to more than 200,000 Delawareans each month. The major program areas are:

- Subsidized child day care, which enables low-income children to receive quality early care with a goal to improve their long-term school outcomes, while supporting working parents;
- Financial assistance, including TANF, Emergency Assistance, Refugee Assistance, General Assistance and Food Benefits; and
- Eligibility for poverty-related Medicaid categories, including DHCP and the new expanded eligible group as part of ACA.

The division achieves its goals by:

- Increasing family financial independence through work supports;
- Strengthening families and encouraging personal responsibility; and
- Developing clear goals that enhance staff performance and improve client outcomes.

Some major accomplishments include:

- Improving access to benefits by enhancing online application processes;
- Receiving enhanced federal Medicaid funds to upgrade the integrated eligibility system while preparing for new rules required for Medicaid eligibility under ACA;
- Increasing partnerships with community agencies to provide outreach and education to potentially eligible residents; and
- Receiving Supplemental Nutrition Assistance Program (SNAP) high performance bonus for program access.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	73,173.7	77,123.9	75,652.5
ASF	2,199.6	2,347.1	2,218.5
TOTAL	75,373.3	79,471.0	77,871.0

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	184.8	184.8	184.3
ASF	--	--	--
NSF	191.9	191.9	190.4
TOTAL	376.7	376.7	374.7

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SOCIAL SERVICES **35-07-01**

ACTIVITIES

- Participate in external review of quality, outcomes and timeliness of access to services.
- Process applications for benefits and changes to benefits and periodically review benefits eligibility.
- Develop a strategic plan with smart goals so that all division staff know how to establish work priorities and conduct business to meet division goals.
- Implement regulations that support access to services within the context of the program requirements and the DSS mission and budget.
- Partner with other public agencies, community organizations and businesses to provide services to low-income families.
- Create awareness of the division's programs within the community.
- Link families with available services outside of the division's area of expertise.
- Promote an appreciation for diversity and train staff for cultural competency in the performance of their work activities.
- 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.
- Improve infrastructure to meet increased client demand with a reduced workforce.
- Explore opportunities to improve services through pilots that test program policy options.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of SNAP error rate	2.63*	3.50	3.50
Average hourly wage for TANF job placements (\$)	8.60	9.00	9.00
% of TANF participation rate in work training programs	37.3	37.5	37.5

**Federal fiscal year through June.*

VISUALLY IMPAIRED **35-08-00**

MISSION

The mission of the Division for the Visually Impaired (DVI) is to work in partnership with Delawareans who are blind and visually impaired in empowering them to be self-sufficient.

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

DVI provides services to individuals with blindness or severe visual impairment. Services 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.

DVI's goal is to provide services in the least restrictive environment to individuals with blindness and significant visual impairments that meet DVI's eligibility criteria. In Fiscal Year 2014, DVI served 874 individuals out of the 3,047 individuals with visual impairments and blindness that are currently on DVI's registry. DVI staff provide the majority of services in the most appropriate and effective environments, such as home, work or school.

DVI is organized into three primary service programs: Educational Services, Vocational Rehabilitation (VR) and Independent Living. Additionally, there are two direct employment programs: Delaware Industries for the Blind (DIB) and the Business Enterprise Program (BEP). Services are developed and provided to three

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major groups of consumers: educational age (0-21), primary employment age (14-65) and older adults (66+).

Through the Education program, DVI provided services to 233 children with visual impairments and their families in School Year 2013-2014. Certified teachers of the visually impaired provide instruction, and child youth counselors provide early intervention services at school, home and in the community.

VR services were provided to 336 individuals, and 26 individuals achieved competitive employment during Fiscal Year 2014. Since the beginning of the federal fiscal year, there were 102 new applicants to the VR program.

Through DVI's Instructional Material Center (IMC), 12 inmates provided Braille and one other provided large print services through the Men with a Message program. The prisoners generated approximately 20,038 pages of Braille and 24,789 large print pages through the end of July 2014. In addition, Delta Gamma, a local sorority, volunteered 53.5 hours in Fiscal Year 2014. Other returning volunteers have worked 700 hours on various tasks throughout the IMC in helping staff achieve the division's mission in the past year.

During Fiscal Year 2014, DVI provided Independent Living Services (ILS) to 414 persons. ILS services include training on: communication devices, daily living skills and low vision aids. Macular degeneration is the primary visual impairment of those being served. The majority of these consumers has at least a high school education, lives in their own residence and experienced vision loss more than 10 years ago.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	3,010.5	3,207.5	3,196.1
ASF	396.9	1,165.4	1,165.4
TOTAL	3,407.4	4,372.9	4,361.5

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	33.7	32.3	34.3
ASF	2.1	2.0	2.0
NSF	21.2	20.7	20.7
TOTAL	57.0	55.0	57.0

VISUALLY IMPAIRED SERVICES

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ACTIVITIES

- Provide an education program to students with visual impairments through the efforts of itinerant teachers and child youth counselors and the provision of textbooks and instructional materials in accessible mediums.
- Provide independent living services to persons of all ages in the areas of adaptive training and low-tech adaptive equipment.
- Provide vocational rehabilitation and support to individuals age 14 and older designed to achieve employment commensurate with life goals, skills and abilities.
- Develop and establish self-employment opportunities in federal, state and privately-owned locations through Blind Entrepreneurs program.
- Administer an industry employment program through DIB that develops talent and opportunities for competitive, supportive, short or long-term agency employment. Continue to grow DIB's business by seeking new venues for business outside the State.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
# of registry participants*	3,047	3,200	3,300
\$ DIB gross receipts (millions)	1.63	1.60	1.65
\$ BEP gross sales including vending and cafeteria sales (millions)**	1.5	1.7	1.7
# of Medicaid Pathways to Employment customers served	***	63	100
# of customers served within vocational rehabilitation unit**	336	330	300
# of customers served within education program (birth - 21)	233	230	230
# of customers served within independent living and older blind programs**	414	400	400

*Delaware Code mandates that every health, social service agency and eye professional report persons who are blind to DVI for inclusion on the registry.

**Calculated on federal fiscal year.

***New performance measure.

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LONG TERM CARE RESIDENTS PROTECTION 35-09-00

MISSION

The mission of the Division of Long Term Care Residents Protection (DLTCRP) 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

- Comply with state and federal regulations regarding the inspection and licensing of all types of long-term care facilities.
- Promptly investigate reports of abuse, neglect or financial exploitation.
- Secure criminal histories and determine fitness for employment for all individuals who work in long-term care.
- Ensure the quality of nurse aide education and certification.

BACKGROUND AND ACCOMPLISHMENTS

The division 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 in Delaware for Medicare and Medicaid.

The Investigative unit receives and investigates complaints from long-term care consumers and their families, providers and the general public. When misconduct is substantiated, the unit places individuals on the Adult Abuse Registry, which is available for online review.

The unit 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 Investigative unit processed 5,377 reports during Fiscal Year 2014. At the end of Fiscal Year 2014, there were 177 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing homes and other licensed facilities. During

Fiscal Year 2014, a total of 6,431 new applicants were fingerprinted for state and federal criminal background checks. Of those, 21 percent had some criminal history. None of the total nursing home job applicant pool had a serious disqualifying criminal conviction.

The division's nurse aide responsibilities include licensing training schools, ensuring curriculum meets federal and state requirements, overseeing the testing and certification of nurse aides and maintaining the Certified Nursing Assistant (CNA) registry.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	2,450.6	2,438.0	2,442.2
ASF	--	--	--
TOTAL	2,450.6	2,438.0	2,442.2

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	35.5	35.5	36.5
ASF	--	--	--
NSF	16.5	16.5	16.5
TOTAL	52.0	52.0	53.0

LONG TERM CARE RESIDENTS PROTECTION 35-09-01

ACTIVITIES

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

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- 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 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of survey reports issued within 10 days of exit	56	65	70
% of post-survey meetings completed	100	100	100
% of criminal background checks completed within four working days from the division's receipt of the record	83	98	100
% of CNA training schools inspected during period of license	100	100	100

CHILD SUPPORT ENFORCEMENT

35-10-00

MISSION

The mission of the Division of Child Support Enforcement (DCSE) is 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 number of paternities established for Delaware children born out-of-wedlock and increase the paternity rate for children in DCSE caseload.
- Increase the number and percentage of child support orders established for cases in the caseload.
- Increase the percentage of current child support collected by expanding efforts in three areas: further enhancing the initiation of income withholding orders on child support cases; devoting additional time and resources to non-custodial parent locate activities; and expanding the use of specialized enforcement tools.
- Increase the number of children receiving medical support from the legally-responsible parent.
- Increase the percentage of cases paying child support arrears.
- Increase the overall collections on all cases.

BACKGROUND AND ACCOMPLISHMENTS

The Child Support Enforcement program began in 1975 to shift the fiscal responsibility for the support of children from government to those morally, legally and ethically 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 Act (PRWORA) mandated many changes in the operation of child support programs. In addition, the elimination of the Aid to Families with Dependent Children program placed added emphasis on the child support enforcement

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program and 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 and placed a much greater emphasis on federally established performance measures which continue to drive the operation of the program. DCSE must maintain a concerted effort to improve its overall performance efficiency and effectiveness.

- **Child Support Collections:** During Fiscal Year 2014, DCSE collected \$92,506,968 in child support payments. This represented a 2.5 percent decrease in collections versus Fiscal Year 2013. Out of the Fiscal Year 2014 collections, DCSE returned \$4,709,872 to reimburse the state and federal governments for benefits provided to children through TANF and Foster Care programs. This represents 5 percent of Fiscal Year 2014 collections. The remaining 95 percent of Fiscal Year 2014 child support collections were distributed to custodial parents and others caring for dependent children either directly or passing through another state.
- **Customer Service Initiatives:** The division's Voice Response unit allows custodial and non-custodial parents to call the agency 24 hours a day and receive current information on items, such as the date and amount of the last child support payment issued and the current balance on their account. The Automated Assistance Line/Voice Response unit (AAL/VRU) handled 1,305,896 phone calls during Fiscal Year 2014. This includes calls to the AAL/VRU full Spanish version.
- **Delaware Automated Child Support Enforcement System (DACSES) Replacement Project:** The new system called the Delaware Child Support System (DECSS) became operational on October 1, 2013, and successfully concluded its warranty year on September 30, 2014. There are a few remaining deliverables from the implementation and warranty phases that are capital expenses, the most significant of which is the completion of the Federal Certification process. The implementation vendor is obligated to continue this portion of its warranty support of DECSS until OCSE certifies that the system meets all of its requirements. OCSE has completed its level one assessment and will return to Delaware for the level two visit in the upcoming months.

- **License Suspension and Denial:** PRWORA mandated all child support enforcement agencies enter into agreements with other state licensing agencies to suspend or deny the driver's, occupational/business, professional and recreational licenses of seriously delinquent non-custodial parents. 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 is 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 OCSE. The purpose of these agreements is 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 and First State Family Card:** In July 2007, DCSE began to offer custodial parents the opportunity to deposit child support payments directly into their checking, savings or credit union account. As of September 2014, 17,383 clients were enrolled in the direct deposit program. This was a 16.7 percent increase in users over the previous year. The First State Family Card, a debit card, was made available as another payment option beginning in May 2010. As of September 2014, 14,025 clients were enrolled in the program, a small increase over the previous year. Not only do these programs result in savings for DCSE in postage, checks and envelopes, they provide a safer and more secure option for delivering child support payments to families. Presently, 31,408 clients are receiving electronic payments, which is approximately 96 percent of all payments made.
- **Slot Intercepts:** In June 2012, legislation was passed allowing DCSE to intercept slot winnings of non-custodial parents who owe more than \$150 in arrears. Working with the three Delaware casinos, the intercept program started in November 2013. Through mid-September 2014, collections have been received from 42 non-custodial parents, representing 58 separate cases for total net collection of \$71,836.

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FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	3,842.8	3,910.2	3,915.9
ASF	529.2	1,232.8	2,712.6
TOTAL	4,372.0	5,143.0	6,628.5

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	53.7	53.7	54.0
ASF	2.5	2.5	2.5
NSF	129.9	129.9	130.6
TOTAL	186.1	186.1	187.1

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 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of paternity establishment	78	80	82
\$ of total distributed collections (millions)	81.5	83.0	85.0
\$ of child support collection (millions)	92.5	94.9	96.0
# of new support orders established	1,349	1,400	1,500

DEVELOPMENTAL DISABILITIES SERVICES 35-11-00

MISSION

The Division of Developmental Disabilities Services (DDDS) values persons with intellectual and developmental disabilities, honors abilities, respects choices and supports people to live healthy, safe and fulfilling lives.

KEY OBJECTIVES

- Provide supports and services to persons with developmental disabilities to enable them to continue to lead safe and stable lives in the community.
- Ensure that individuals have access to community-based services provided under the DDDS Medicaid HCBS waiver.
- Operate the Stockley Center Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) within state and federal guidelines.
- Encourage and support self-advocacy.
- Work with the schools to provide transition services related to employment for graduates of special education programs.
- Support the choice of all individuals with an intellectual disability to work.
- Implement a robust quality improvement/quality assurance system in order to evaluate the outcomes of the service system to ensure the health and safety of the individuals supported, meet their needs, encourage community participation and maximize the efficient use of human and fiscal resources.

BACKGROUND AND ACCOMPLISHMENTS

DDDS provides supports and services to individuals with intellectual disabilities, including brain injury, autism (including Asperger's disorder) and other related developmental disabilities and their families. The division's service system is based on the principles of self-determination, person-centered services, self-advocacy and choice.

A developmental disability is a lifelong condition. When individuals are determined to be eligible to receive services from the DDDS service system, they typically

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remain with the division throughout their lifetime. Since 2006, the number of people eligible for DDDS services has grown by over 32 percent. DDDS's challenge is to design a system of supports and services that will be flexible and responsive to meet the needs of individuals as they change over time.

As of June 2014, over 71 percent of the individuals served by the division live at home with their families. Of the individuals who are supported by DDDS, approximately 97 percent live in the community; only approximately 3 percent live in an institutional setting.

Assuring that the individuals served by DDDS are healthy and safe is an expected outcome of all services. A key to this outcome is the development of a person-centered plan that addresses individual support needs. Every individual in a community-based residential placement is assigned to a case manager who facilitates the development of an Essential Lifestyle Plan (ELP) that is person-centered and reviewed on at least a monthly basis. Individuals living at home are assigned a Family Support Specialist and a Family Support Agreement is developed with the individual and his/her family. The ELP or the agreement is periodically reviewed with the individual and his/her family to ensure that it continues to meet the needs of the individual.

Most of the community-based services offered to DDDS clients are provided under a Medicaid HCBS waiver operated by DDDS. The waiver must be renewed every five years. DDDS certifies providers to provide residential, employment and day programs and clinical consultation. Medicaid-eligible consumers must be offered choice among a set of qualified providers.

DDDS uses an assessment instrument called Inventory for Client and Agency Planning (ICAP) to determine the individual support needs of each client receiving community residential and day services. The ICAP is expressed as the number of hours of direct support needed by each consumer each day.

CMS issued regulations in the *Federal Register Vol 79 date 1/16/14*, effective March 17, 2014, defining the characteristics of a home and community-based setting for both residential and day services. In this Community Rule, homes located on or adjacent to the grounds of a public institution, like Stockley Center, are presumed to not be community-based. Congregate settings that have the effect of isolating individuals from the broader community, such as facility-based day and pre-vocational programs, are also presumed to not be community-based. Delaware is currently working on a transition plan that must be submitted by no later than March 17, 2015, indicating how it will come into compliance with the new rule. States must be in full

compliance no later than March 17, 2019. At that time, federal funding can no longer be drawn for settings that are not community-based.

Significant accomplishments have been made in the following areas:

- Placed 87 individuals in need of community residential services who were in an emergency situation or at high risk between July 1, 2013, and June 30, 2014;
- Received CMS approval, in the spring of 2014, to renew the DDDS waiver for another five years, through Fiscal Year 2019;
- Added 165 special school graduates to employment or day services between July 1, 2013, and June 30, 2014;
- Provided 211,817 hours of respite services to 708 individuals between July 1, 2013, and June 30, 2014, a 15.3 percent increase in individuals served from the previous fiscal year;
- Provided an array of human service internships and nursing clinicals at Stockley Center for students from Delaware Technical and Community College, Delaware State University, Wilmington University and Indian River School District; and
- Implemented the National Core Indicators Project, which surveys individuals with disabilities to gather a standard set of performance and outcome measures that can be used to track the State's performance over time, compare results across states and establish national benchmarks.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	55,312.6	66,678.8	69,789.1
ASF	967.2	5,209.1	5,205.3
TOTAL	56,279.8	71,887.9	74,994.4

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	550.5	548.5	523.0
ASF	--	--	1.0
NSF	3.0	3.0	2.5
TOTAL	553.5	551.5	526.5

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ADMINISTRATION **35-11-10**

ACTIVITIES

Financial and Business Operations

- Manage financial operations including: budget development and administration, contract development and submission of Medicaid claims for DDDS operated services.
- Facilitate eligibility for the DDDS Medicaid HCBS waiver and administer client funds for individuals in DDDS residential programs.

Professional Services

- Recruit and manage providers of Shared Living and respite services. Facilitate development of new residential sites for DDDS consumers.
- Manage the DDDS Authorized Provider certification process.
- Operate the Intake/Applicant Services unit to determine eligibility for DDDS services.

Training and Professional Development

- Facilitate professional development of DDDS staff and coordinate specified specialized training for direct support professionals in the DDDS authorized provider network.
- Manage the College of Direct Support web-based training curriculum for direct support professionals.

Quality Improvement

- Provide ongoing monitoring and regulatory oversight of health and safety activities and systems at Stockley Center and in the community-based services.
- Conduct annual certification reviews of DDDS community-based waiver services.
- Assist DLTCRP in the licensing of the Neighborhood Homes under the DDDS HCBS waiver.
- Conduct routine individualized Person-Focused Service Reviews to evaluate whether each HCBS waiver participant is receiving the services that he/she has chosen at the amount, frequency and duration specified in the plan of care and to assess whether those services meet the needs of the individual.
- Conduct investigations of abuse and neglect for clients receiving DDDS services.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of providers in compliance with the DDDS certification standards by type (85% is the minimum level of compliance required by CMS):			
residential providers	85.8	100.0	100.0
day service agencies	70.5	100.0	100.0

STOCKLEY CENTER **35-11-20**

ACTIVITIES

- Operate a 70-bed residential facility that is licensed as an Intermediate/Skilled Nursing Facility by the State and is certified as a Medicaid ICF/IID.
- Provide comprehensive health services to residents including medical, dental, nursing, psychological and other ancillary services.
- Provide short-term respite and rehabilitation for people receiving services from DDDS, so they can return to the community.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of Plans of Care in which services facilitate progress toward individuals achieving their personal goals	60	100	100

COMMUNITY SERVICES **35-11-30**

ACTIVITIES

- Provide case management and person-centered planning for approximately 1,032 DDDS consumers living in a community residence funded by the DDDS HCBS waiver or the division.
- Provide family support services to approximately 2,798 people who are living with their families.
- Manage a system of community-based residential, employment and day service options to support persons with intellectual and developmental disabilities, three of which (residential, day habilitation and clinical consultation) are operated directly by DDDS.
- Provide transition services from school to work in collaboration with the schools.

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- Work with stakeholders to increase educational and systems-training opportunities for consumers, families, advocates and staff.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of participants whose services were delivered in accordance with their plans of care with regard to scope, frequency and amount/duration of those services	97.5	100.0	100.0

STATE SERVICE CENTERS

35-12-00

MISSION

The mission of the Division of State Service Centers is to provide easy access to human services, assist vulnerable populations maintain self-sufficiency, support communities and promote volunteer and service opportunities.

KEY OBJECTIVES

- Provide services and resources to those individuals and families in greatest need.
- Use public and private resources efficiently and effectively to mitigate the causes and conditions of poverty in Delaware.
- Coordinate volunteer and community service opportunities for all ages to address critical needs and have a lasting impact.
- Increase access to information regarding services via effective communication networks and increased technological capacity.

BACKGROUND AND ACCOMPLISHMENTS

The Division of State Service Centers provides direct client services to fragile families, low-income households and vulnerable populations; administers state and federal funds to assist low-income persons and families; and coordinates volunteer and service activities. The division is structured into four sections:

- Family Support Services 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 administers volunteer and service activities for all ages;
- Office of Community Services administers statewide and federal programs for low-income and homeless persons; and
- Administration leads and manages the division and includes the Office of the Director and fiscal operations.

During Fiscal Year 2014, the division's accomplishments included:

- **Emergency Assistance:** Community resources and assistance for rent, utilities and emergency shelter was provided to 19,630 clients. An additional 10,734 clients were served through the Emergency

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Assistance Fund, and 242 clients received assistance through the Needy Family Fund. The Kinship Care program assisted 191 caregiver households, Medical and Diabetes Funds assisted 379 clients, the Regional Greenhouse Gas Initiative fund assisted 80 households and the Utility Fund assisted 2,192 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 235 unduplicated families by providing 1,031 monitored exchanges, 1,294 supervised individual visitations and 945 group visitations.
- **Adopt-A-Family:** During the holiday season, 2,593 individuals were served by Adopt-A-Family, and an additional 2,920 households were served throughout the year. In addition, 879 students were assisted with school supplies.
- **Homeless Shelter Services:** State Emergency and Transitional Housing funds supported contracts with 14 emergency and transitional shelter agencies with approximately 618 beds and assisted 4,265 homeless individuals. Of those who received shelter services, 2,304 individuals successfully departed to stable housing.
- **Community Services Block Grant (CSBG):** CSBG funded a range of anti-poverty services, including comprehensive case management, training, emergency services and community development to 11,008 individuals and 5,534 families where 41 percent of those served were from poor working families or receiving unemployment benefits, and 34 percent served were in severe poverty at or below 50 percent of the federal poverty rate.
- **Food and Nutrition Program:** The self-help food cooperative (HOPE program) at Catholic Charities and 38 other nonprofit agencies reporting to the Food Bank of Delaware distributed food 60,846 times to households through food closets and mobile pantry programs in Delaware, including food closets at the state service centers.
- **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, 2,317 seniors contributed 370,473 hours of volunteer service at nonprofit and governmental agencies.

- **The Foster Grandparent Program:** The program financially enables senior citizens on a limited income to volunteer. Through a non-taxable stipend, Foster Grandparents devote their volunteer service entirely to disadvantaged or disabled youth through age 21 across Delaware. The program provided 239 seniors with volunteer opportunities and contributed 209,724 hours of volunteer service to 1,434 of Delaware's children.
- **AmeriCorps:** Over 114 AmeriCorps members served over 170,000 hours, giving back to their community through mentoring school children; providing food, shelter and clothing for the poor and homeless; building quality homes for low-income families; and teaching in classrooms throughout the State. An additional 120,000 volunteer hours were served by volunteers in the community who were recruited and managed by AmeriCorps members.
- **Volunteer Delaware:** This program served Delawareans through 704 direct volunteer referrals and 8,750 outreach contacts, provided technical assistance to 485 agencies and organized training sessions for volunteer coordinators. Additionally, 127 students received an elective school credit through the Delaware Volunteer Credit program. Volunteer Delaware and the website for volunteer referrals received 32,613 hits.
- **Low-Income Home Energy Assistance Program (LIHEAP):** LIHEAP assists low-income families (up to 200 percent FPL) with home energy costs. During Fiscal Year 2014, 16,906 households received assistance with home heating costs averaging \$500. During the summer months, LIHEAP operates a cooling program that assists eligible households with electric bills and the purchase, delivery and installation of air conditioners. A total of 489 families received a room-sized, window unit air conditioner, and 8,659 households received a benefit of \$165.75 to help offset the cost of their summer electric bills.

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	10,865.4	10,930.0	10,940.6
ASF	140.1	663.1	663.1
TOTAL	11,005.5	11,593.1	11,603.7

HEALTH AND SOCIAL SERVICES

35-00-00

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	104.3	103.3	102.8
ASF	--	--	--
NSF	16.3	16.3	16.8
TOTAL	120.6	119.6	119.6

STATE SERVICE CENTERS **35-12-30**

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.
- Administer the CSBG, Emergency/Transitional Housing Site Operations, Emergency Housing Assistance Fund, LIHEAP and state funds for Community Food programs.
- Facilitate community development outreach in collaboration with the First State Community Action Agency.
- 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, 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.
- Administer the AmeriCorps National Service program, AmeriCorps*VISTA program, Volunteer Resource Center, Foster Grandparents program and RSVP.
- 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 and through the Delaware Volunteer Credit program.

PERFORMANCE MEASURES

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
# of state service center client visits	643,299	643,336	674,223
# of clients accessing emergency food	80,071	84,000	86,000
# of RSVP volunteers	2,317	2,000	2,500
# of RSVP volunteer hours	370,473	360,000	380,000
# of active foster grandparents	239	252	252

HEALTH AND SOCIAL SERVICES

35-00-00

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 and 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 and support the independence, health and well-being of 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 respite care programs that promote constituents' independence.

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. Provide skilled and intermediate nursing care for those who cannot be served in other settings.

Ensure Access to Services

- Provide streamlined access to information and services for older persons and individuals with disabilities.

BACKGROUND AND ACCOMPLISHMENTS

DSAAPD was established over 45 years ago as the Division of Aging. In 1994, the division was expanded to include services for adults with physical disabilities. DSAAPD serves as Delaware's State Unit on Aging and coordinates a broad range of services for older persons and adults with physical disabilities in Delaware.

Funding sources for the division include the Administration on Community Living (ACL) (formerly the Administration on Aging through the Older Americans Act) and Social Services Block Grant. Additionally, DSAAPD pursues and manages research

and demonstration grants from various sources as they become available.

In October 2010, DSAAPD launched the Delaware Aging and Disability Resource Center (ADRC). ADRC streamlines access to information and services, provides options counseling and supports proactive care transition planning for older Delawareans and adults with physical disabilities.

People can access the ADRC 24 hours per day, seven days per week, through the call center or the Delaware ADRC website www.delawareadrc.com.

In January 2011, the operations of the three state long-term care facilities, Governor Bacon, Emily P. Bissell and Delaware Hospital for the Chronically Ill, were transferred from DPH to DSAAPD. The integration of the facilities into DSAAPD created a single point of access to nursing home and community-based long-term care services.

In February 2011, DSAAPD started a Care Transitions program. The program extends community living for individuals who are in the community or in the hospital and are seeking admission to one of the State's long-term care facilities. In May 2012, the Care Transitions program was extended to offer hospital discharge planning support to Delaware's acute care hospitals. This ensures that individuals are linked to community-based long-term care services that prevent re-hospitalization and institutionalization.

In Fiscal Year 2013, DSAAPD received a grant from ACL to sustain and grow the capacity of the ADRC to serve people across disabilities and the lifespan. ACL also awarded DSAAPD a Lifespan Respite grant. Grant funds will be used to increase the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware.

DSAAPD is working with DMMA, DDDS and DVI to implement a new program called Pathways to Employment. The program will use a Medicaid 1915(i) waiver to advance employment opportunities for people with disabilities.

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 Persons with Disabilities* is available 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*.

HEALTH AND SOCIAL SERVICES

35-00-00

FUNDING

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	61,338.5	62,447.7	63,460.8
ASF	2,445.8	4,112.8	4,010.1
TOTAL	63,784.3	66,560.5	67,470.9

POSITIONS

	FY 2014 ACTUAL	FY 2015 BUDGET	FY 2016 GOV. REC.
GF	798.9	797.4	773.4
ASF	0.5	--	--
NSF	28.6	28.6	28.6
TOTAL	828.0	826.0	802.0

SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES 35-14-01

ACTIVITIES

- Operate the ADRC.
- Facilitate the delivery of statewide long-term care services and programs that help address the 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.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of all applicants diverted from state long-term care facilities	87	90	90

HOSPITAL FOR THE CHRONICALLY ILL 35-14-20

ACTIVITIES

- Operate a 140-skilled bed nursing facility, including a 25-bed secure care unit for cognitively impaired residents who are high risk for wandering.
- Accept/admit referrals from ADRC for residents whose care needs can no longer be maintained with the support of available community-based services.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Admit patients from DPC whose psychiatric needs are stabilized and deemed appropriate for nursing home care.
- Operate an integrated continuous quality improvement program.
- Operate a Central Intake unit for long-term care facilities within DSAAPD.
- Provide financial management for resident trust funds and revenue management.
- Maintain utilities and infrastructure for other state agencies and contractors that operate on campus.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of residents assessed and appropriately given the seasonal influenza vaccine (national average 90%)	94	95	95

EMILY BISSELL 35-14-30

ACTIVITIES

- Operate a 60-skilled bed nursing facility.
- Accept/admit referrals from ADRC for residents whose care needs can no longer be maintained with the support of available community-based services.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Admit patients from DPC whose psychiatric needs are stabilized and deemed appropriate for nursing home care.
- 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.

HEALTH AND SOCIAL SERVICES

35-00-00

- Maintain utilities and infrastructure for other agencies that operate on campus.

PERFORMANCE MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of residents assessed and appropriately given the seasonal influenza vaccine (national average 90%)	95	98	98

GOVERNOR BACON

35-14-40

ACTIVITIES

- Operate a 60-bed nursing facility.
- Accept/admit referrals from ADRC for residents whose care needs can no longer be maintained with the support of available community-based services.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Admit patients from DPC whose psychiatric needs are stabilized and deemed appropriate for nursing home care.
- 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 MEASURE

	FY 2014 Actual	FY 2015 Budget	FY 2016 Gov. Rec.
% of residents assessed and appropriately given the seasonal influenza vaccine (national average 90%)	97	97	97