

**Delaware Governor's Commission on Community-Based Alternatives
for
Individuals with Disabilities Five-Year Plan**

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Goal I: Ensure a Sufficient Number of Safe, Affordable, Integrated, and Accessible Housing Options

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Objectives:	Actions:	Done	FY 10	FY 11	FY 12	FY 13	FY 14
A. Establish a coordinated system to develop, administer, and implement housing programs for individuals with disabilities.	1. Streamline the voucher and public housing application process.			HPC			
	2. Coordinate a statewide housing plan.			DSHA			
	3. Ensure stakeholder input in housing policy decision-making process. a. Include input of individuals with disabilities in public processes of publicly funded housing organizations. b. Request government housing agencies to educate disability advocacy orgs. on housing infrastructure.		HPC				
	4. Work with public housing authorities to eliminate housing barriers and incorporate preferences for individuals with disabilities.			HPC			
B. Create a directory of rental opportunities.	1. Refine & market the Housing Locator (database of appropriate/affordable rental units)		DSHA				
C. Maintain stock of vouchers and affordable housing units.	1. Secure 25% leveraged match funds to preserve HUD Continuum of Care Funding. ¹			HPC			
	2. Preserve deteriorating affordable housing stock ²		DSHA/annually				

¹ \$1.8 million (Plan to End Chronic Homelessness)

² \$ 5 million (DSHA FY 10 Budget Hearing)

	3. Educate the community on incentives that make housing readily available. a. Increase awareness of available landlord incentives.		DSHA				
D. Create new housing options.	1. Conduct a comprehensive, quantitative needs assessment for housing options. a. Develop a coordinated process to determine housing need.				DHSS	DSHA	
	2. Encourage the submission of innovative Section 811 proposals.			DMS			
	3. Develop 648 permanent supportive units for homeless. ³		HPC				
	4. Create 1000 units for homeless.		HPC				
	5. Create 100 units for MFP participants a. Target a sufficient amount of Housing Choice Vouchers and/or Public Housing units to individuals moving out of nursing homes and institutions b. Collaborate with disability organizations; county and local governments and DSHA relative to the distribution of Housing Stabilization Funds to ensure individuals with disabilities have access.		DMMA thru FY 12 DMS				
	6. Encourage use of Low-Income Housing Tax Credits, HOME funds, and Community Development Block Grant programs.		DSHA				

³ \$ 42 million in capital costs (Housing Subcommittee)

E. Increase access to homeownership.	1. Quantify homeowner market within community.			DSHA			
	2. Develop education and outreach programs.		The Arc				
	3. Determine need for additional living readiness programs.		The Arc				
	4. Encourage use of Section 8 Housing Choice voucher.		NCC PHA				
F. Develop and implement Division of Services for Aging & Adults with Physical Disabilities housing options.	1. Create full-time equivalent position for DSAAPD Housing Coordinator.			DSAAPD			
G. Ensure range of in-home services and supports including Personal Attendant Services; in-home medical, nonmedical, and personal care needs; and behavioral health services.	1. Monitor PAS waiting lists for state and tobacco funded programs to determine need. Review and adjust PAS funding annually. ⁴		Committee annually				
	2. Monitor work of Discharge Planning Group and Healthcare Committee to ensure that in-home support needs are identified.		Committee annually				
H. Increase accessible housing options	1. Pass legislation which would require a certain percentage of newly constructed and modified housing units that receive public financial assistance to implement universal design standards.						
	2. Include accessibility features as a qualifier for LIHTC.		DSHA				

⁴ As of Nov. 10, 2008-36 on waiting list - \$474,450 to eliminate (DSAAPD)

Goal II: Implement Money Follows the Person (MFP) Program

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Objectives:	Actions:	Done	FY 10	FY 11	FY 12	FY 13	FY 14
A. Secure funding for MFP program.	1. Submit matching-fund grant application through DHSS	DHSS, Subcommittee					
	2. Launch public relations campaign to garner MFP support	Governor's office, DHSS					
	3. Develop budget for continuation of MFP						
	4. Secure state matching funds for CMS grant	General Assembly					
	5. Be active in MFP grant advisory process		Subcommittee				
B. Advocate for Community Ombudsman.	1. Research Ombudsman position in other states	DDC, SCPD					
	2. Draft legislation to support Ombudsman position	DDC, SCPD					
	3. Develop advocacy plan to have position filled		AARP, Subcommittee				
C. Pass S.R. 26.	1. Author study regarding legislation	Subcommittee					
	2. Draft & pass legislation	General Assembly					
D. Advocate for MFP legislation.	1. Contact Legislators to sponsor bill	Subcommittee					
	2. Draft legislation	Subcommittee					
E. Develop MFP Program	1. Develop MFP protocol and obtain CMS approval	Subcommittee					

F. Implement MFP Program	1. Issue RFP for MFP services and initiate service contracts	DHSS, Subcommittee					
	2. Launch outreach effort in institutions to identify and recruit program participants		DHSS Subcommittee				
	3. Provide intensive outreach to public institutions to recruit program participants		DHSS Subcommittee				
	4. Coordinate with public housing authorities to obtain accessible, affordable community housing options for program recipients.		DHSS, Subcommittee				
	5. Provide self-directed, person-centered service training to DHSS staff, providers, consumers.		DHSS Subcommittee				
	6. Coordinate with Discharge Planning subcommittee to modify discharge planning process as appropriate.		DHSS Subcommittee				
G. Modify Existing HCB Waiver Programs to more fully support transition to community.	1. Amend HCB Waiver Programs to include essential services identified by MFP Program experience		DHSS Subcommittee				
H. Assure continuation of de-institutionalization beyond the grant period ending Dec. 2011, and assure maintaining community placement for those that have moved to community from nursing facilities and other institutions under MFP.				DHSS Subcommittee			

Goal III: Establish a Medicaid Buy In Program /Monitor Implementation and Progress. Medicaid for Workers with Disabilities (MWD)

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Objectives:	Actions:	Done	FY 10	FY 11	FY 12	FY 13	FY 13
A. Implement Medicaid Buy-In Will officially be called <u>Medicaid For Workers with Disabilities (MWD).</u>	1. Follow recommendation from the <i>Building a Medicaid Buy-In and Employment Supports Infrastructure in Delaware</i> ; the full report can be found at www.udel.edu/cds/ccba ¹		DHSS				
	2. Secure funding for implementation.	General Assembly, Governor					
	3. Monitor the implementation of MBI/MWD		DHSS DMMA	DHSS DMMA	DHSS DMMA		
	4. Advocate for public awareness and outreach to potential consumers.		COMM	COMM	COMM		
	5. Advocate for full funding for MBI/MWD		COMM	COMM	COMM		
	6. Assist with the marketing and outreach plan for MBI/MWD		DVR DMMA	DVR DMMA			

Goal V: Develop a comprehensive, flexible, consumer driven health care service system that would more effectively facilitate community living.

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Objectives:	Actions:	Done	FY 10	FY 11	FY 12	FY 13	FY 14
A. Provide affordable health and dental insurance, Medicaid dental to individuals with disabilities over 21 years of age.	A. Enact necessary <u>legislation (e.g. dental coverage for adults).</u> B. <u>Legislation to allow parents with private dental insurance to secure dental care for a child with a severe disability irrespective of “in-network” restrictions and promotes the availability of in-network practitioners willing and able to treat such children.</u>		<u>B.</u>	A.Subcommittee,DMMA			
B. Develop a mandate for commercial insurance to provide coverage based on functional need.	1. Research mandates in other states.			CDS, Insurance Commissioner's Office			
	2. Ensure coverage for health care needs.						
	3. Legislation integrating coverage and treatment of mental illness into medical insurance.						
C. Determine rates for proposed mandates through independent contracts.	1. Research California model.			<u>Insurance Commissioner's Office</u>			
	2. Determine rates in Delaware.				Insurance Commissioner's Office		
D. Provide coverage for audiological services, aides, and equipment.	1. Enact necessary legislation.	Done for hearing aids	Hearing Loss Association of Delaware				

E. Create statewide insurance purchasing pool.	1. Enact necessary legislation.		Insurance Commissioner's Office				
F. Reform Worker's Compensation legislation to be consistent with State Council for Persons with Disabilities recommendations.	1. Enact necessary legislation.		DOL, SCPD				
G. Require insurers to cover name brand drugs <u>when warranted</u> .	1. Ascertain perspective of Healthcare Commission.		SCPD, DDC				
	2. Enact necessary legislation.						
H. Expand funding for and access to PAS.	1. Increase PAS funding to eliminate current waiting list.	Funding increased in FY 08. <u>Waiting list is 36 as of 3-09.</u>		DHSS			
	2. Expand program flexibility to cover cross-disability.			DHSS			
	3. Periodically review funding to ensure adequacy. 4. <u>Monitor JEVS implementation of program.</u> 5. <u>Better utilize the mandated PAS Advisory Committee</u>			DHSS			
I. Develop PAS contingency plans.	1. Research California policy.		CDS				
	2. Create PAS contingency		DHSS				

	infrastructure.						
J. Expand pool of PAS workers.	1. Pay family and relatives to provide PAS.	Done in FY 08					
	2. Draft and implement such policy.						
K. Expand access to family support services.	1. <u>Support Easter Seals to establish a Lifespan Respite Care Network.</u>						
	2. Implement the Self Directed Services Program waiver for DDDS.		DHSS				
	3. Lifespan Respite Care Act grant application for Delaware, when funded.			DHSS			
L. <u>Everyone in the State of Delaware has the opportunity to purchase long term care insurance</u>	1. <u>Institute a public awareness campaign.</u> 2. <u>Include equitable coverage for in-home care as opposed to institutional care.</u>						
M. Implement a marketing program for community-based healthcare.	1. Increase awareness of cross-disability waivers and programs.			DHSS			
	2. Initiate attendant services and community-based alternatives education <u>programs with providers.</u>			DHSS			
N. Train healthcare providers on disability needs and cross-disability community-based services.	1. Collaborate with Health Care Commission			DHSS/CDS			
	2. <u>Conduct an annual forum with public/private funding geared toward the interaction of acute and LTC services with community integration.</u>						
	3. <u>Implement recommendations of DDC grant.</u>						
	4. Draft legislation similar to HB 443,143d GA (<u>disability training for police officers</u>), amend regulations or						

	<p>expand licensure regulations.</p> <p>5. <u>Expand existing curricula for college and continuing education students in the fields of health, exercise, wellness, disability, social work, and human services at Delaware universities, colleges, and technical schools so that health is included in their disability curricula and disability in their health curricula.</u></p> <p>6. <u>Establish and require internships, clerkships, and rotations for medical and allied health students that provide first-hand experience working with individuals with disabilities and special health care needs and their families.</u></p> <p>7. <u>Provide sensitivity and awareness training for new and established healthcare professionals and their office staff that address topics such as working with individuals with disabilities, People First Language, cultural competence, and family-centered care and which is accredited through CME, CEU, or other accreditation bodies.</u></p> <p>8. <u>Research and provide education for healthcare professionals that address best practices in accessibility and working with individuals with disabilities, People First Language, Americans with Disabilities Act standards, and Universal Design.</u></p> <p>9. Encourage healthcare providers to</p>					
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	<p>use healthcare visits as an opportunity to promote wellness and to identify, assess, and prevent secondary health conditions in individuals with disabilities.</p> <p>10. Educate healthcare providers and their office staff about how to help individuals with disabilities, family members, and support personnel to “obtain, process, and understand basic health information and services needed to make appropriate health decisions” (U.S. DHHS, 2000).</p> <p>11. Promote an individualized approach to communicating health information.</p> <p>12. Promote patient engagement in obtaining, processing, and understanding health information.</p> <p>13. Educate healthcare professionals and office staff about how to verify a patient’s understanding of the information provided (e.g. medication usage, follow-up, discharge instructions, etc.)</p>						
O. Develop “one-stop” medical service program.	1. Implement a 211 system to increase access to services.			OMB			
	2. Research available funding sources. Support implementation of ADRCs			DHSS/DSAA PD			
P. Enhance and expand non-residential community-based services.	<u>1. Support Community Choice Act & CLASS Act.</u>					CDS	
	2. Identify service gaps and those affected.						
Q. Foster statewide focus on	1. Create full-time equivalent “Grant				ODA/		

grant opportunities.	Coordinator” ⁱⁱ 2. Increase collaborations between state agencies, universities, colleges, and other community organizations to leverage more funding for health and wellness initiatives through federal, state, and foundation grants and other resources.				DSHS		
R. Expand funding for and access to assistive technology (AT).	1. Promote knowledge and use of AT and alternative format materials in healthcare facilities and settings by provision of educational materials. 2. Promote awareness of and access to assistive technology at reduced cost via a high-quality reuse program and expanded classified ads for assistive technology by enhancing the existing DATI AT Exchange database to include equipment specifications (i.e. critical measurements of mobility devices and weight criteria for any listed/wanted AT). 3. Provide increased funding for assistive technology for consumers on fixed/limited income seeking employment and/or continuing education to improve their employment options by identifying applicable grants and other funding sources and applying for such funds. 4. Provide increased funding for assistive technology for consumers on fixed/limited income to enhance their ability to live independently by identifying applicable grants and						

	other funding sources and applying for such funds.						
S. Assure availability of medications for treatment of individuals with disabilities in Medicaid/Medicare or State Funded programs.	1. Research other drug assistance programs.						
T. Monitor implementation of MBI program.							
U. Revise eligibility criteria to reflect functional need.	1. Research existing Memorandums of Understanding (MOU).		DHSS, DSCYF, DOE				
	2. Develop interdepartmental MOU eliminating gaps.						
V. Support legislation that enhances health and well-being of individuals with disabilities.	1. Support legislation that would establish standards for accessible durable medical equipment. 2. Support federal and state legislation that would increase the accessibility of healthcare and wellness services.						
W. Increase disability and health state agencies' capacity to conduct program evaluation and quality assurance activities.	1. Review agencies capacities and needs for program evaluation and quality assurance. Provide recommendations for enhanced program evaluation and quality assurance capacities.						
X. Develop and implement evidence-based services and interventions.	1. Develop a network for best practices research findings that allows professionals from health and disabilities agencies and organizations at the state and community levels to share and contribute to best practices knowledge and practice. 2. Review existing and conduct needs						

	<p>assessments on healthcare and health and wellness of individuals with disabilities to fill gaps in knowledge.</p> <p>2. Conduct epidemiological, outcomes, and service research studies pertaining to health and disability issues.</p> <p>3. Design and implement a plan for delivering more effective health and wellness services and interventions.</p>					
<p>Y. Recruit qualified healthcare providers and promote a climate that makes it conducive to healthcare providers to work in Delaware</p>	<p>1. Recruit qualified primary care physicians, dentists, psychiatrists and other mental health professionals to Delaware’s identified “health professional shortage areas” (Kent County, Sussex County, and parts of the city of Wilmington).</p> <p>2. Explore the use of a tiered licensing system for Delaware to ease the hardship faced by master’s level educated social workers.</p> <p>3. Recruit orthopedists, neurologists, and physiatrists to the State that can serve individuals with complex medical needs throughout their lifespan.</p> <p>4. Work with major healthcare plans in Delaware to provide incentives for healthcare providers to serve individuals with disabilities.</p> <p>5. Disseminate information to healthcare providers about tax credits for office improvements to increase accessibility.</p> <p>6. Advocate for better healthcare provider reimbursement rates for</p>	<p>ings</p>				

	<p>rendered healthcare services.</p> <p>7. Address limitations, caps, and other barriers in Medicaid and Medicare, S-CHIP, and private health insurance companies that prevent individuals with disabilities from receiving quality healthcare.</p> <p>8. Establish “loan forgiveness” plans not only for physicians practicing in “health professional shortage areas” but also for dentists.</p> <p>9. Advocate for elimination of the Delaware Practical Board Examination in dentistry to incentivize dentists to practice in Delaware.</p>					
<p>Z. Ensure access to physicians’ offices and equipment.</p>	<p>1. Provide standardized accessibility assessments in healthcare facilities to interested providers.</p> <p>2. Provide technical assistance on accessibility to interested healthcare providers.</p> <p>3. Promote the purchase and use of accessible medical equipment by providing information to healthcare facilities about the importance and feasibility of accessible healthcare facilities for individuals with disabilities.</p> <p>4. Ensure ADA compliance and promote Universal Design of healthcare facilities.</p> <p>5. Provide a database of healthcare professionals that are accessible to the public via websites.</p>					

Goal VI: Ensure Fiscal and Human Resources Necessary to Develop and Retain a Professional Workforce

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Objectives:	Actions:	Done	FY 08	FY 09	FY 10	FY 11	FY 12
A. Ensure fair and adequate compensation and benefits for Direct Support Professionals (DSPs) by setting state and regionally-competitive starting wages and benefits with wage increase structures.	1. Identify average prevailing wage for DSPs exploring national best practices.			CDS, DSW Resource Center			
	2. Calculate projected cost of DSP wage increase and benefits.						
	3. Use the Employee Cost Index to project annual cost increases for wages and benefits and build into legislation.		Subcommittee				
B. Create strategies to build DSP workforce.	1. Identify the barriers to workforce development.	Subcommittee, CDS					
	2. Identify and rebalance resources necessary for workforce development.		Subcommittee, CDS	Subcommittee, CDS			
	3. Draft legislation to increase DSP wages and benefits						
	4. Obtain legislative and budgeting support as needed.			Subcommittee			
	5. Educate stakeholders regarding impact of DSPs and how to lobby for increased wages and benefits.		Subcommittee	Subcommittee			
	6. Organize and conduct a statewide symposium on direct support workforce.						
C. Create strategies to fund DSP workforce.	1. Expand membership of subcommittee to include representation from cross disability, aging, nursing, labor and children's organizations.			Subcommittee			

	2. Investigate other states' strategies.		Subcommittee	Subcommittee DSW Resource Center			
	3. Present viewpoint to stakeholders.			Subcommittee			
	4. Find sponsor for legislation and pass.				Sub- commit tee		
	5. Develop cross sector partnerships to create a unified voice and mutual understanding about direct service workforce.						
	6. Develop a comprehensive plan to include fiscal strategies to enhance a community based workforce.				Februar y 09		
	1. Identify current training modules available in Delaware.	Done					
	2. Assess current federal models.		Done				
	3. Review and analyze data.		Done				
	4. Present requirements for stakeholder review.		Done				
	5. Develop plan to implement training plan for certification 6. Partner with DVR and Del Tech encouraging placement opportunities, internships, etc.				Subcommittee		
	1. Convene credential/curriculum advisory group.	Done					
	2. Identify barriers and create strategies to address implementation.				Complete		
	3. Determine and create policy to facilitate implementation.				Subcommittee & credential subgroup		
	4. Conduct a pilot project across agencies for implementation.				“		

5. Establish a career lattice for DSP's, including specializations.			“			
1. Convene conference planning committee to include DSPs.	Done					
2. Implement annual statewide conference for DSPs.	Done					
3. Identify and develop DSP leadership for statewide networking/professional association.	In process	Ongoing	Ongoing			
4. Convene leadership training to support association, identify strategies, and develop goals for a statewide DSP association.		CDS, state agencies	Ongoing			

Goal VII: Create, Implement and Track Outcomes Associated with the Usage of Exemplary Practices in Discharge – Transition Planning

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Objectives:	Actions:	Done		FY 10	FY 11	FY 12	FY 13
A. Develop an implementation plan to correspond with <i>Exemplary Practices in Discharge-Transitional Planning</i> utilizing pilots	Make recommendations to adopt practices as proposed by discharge planning committee. Implement recommendations as defined by policy paper. Refine as part of implementation. Identify legislative and/or regulatory needs. Create implementation plan to promote and adopt beyond pilot agencies	Adopted by CCBA & DICH – 1/08		Pilots to Demonstrate implementation – MFP Coalition, DSAMH, Re-Entry , United Way (Healthy and Independent Communities), DICH & CCBA			
		DE Policy Paper adopted by CCBA & DICH 1/08					
B. Develop a tool and/or mechanism assessing housing needs, support needs, preferences and risk of homelessness allowing for living in the most integrated setting.	1. Pilot discharge planning practices with identified pilots inclusive of MFP coalition, DSAMH, CJC, DCYF, DSAAPD, United Way			I-Adapt Tool is being piloted in prison system			
	2. (Secure seed funding to support FTE as resource in coordination and delivery of recommended actions throughout assessment document) Refine assessment instrument(s) as necessary.			United Way draft of RFP to support Pilot initiative – Initial draft of RFP – Sept Discharge/Pilot Planning Committee			

	3. Implement assessment instrument(s).			UW HIC GCCBA			
	4. Use information for planning and case management.						
	5. Develop database of individuals with disabilities in critical need.						
C. Create or expand existing tracking system which monitors and rates the pilots performance relative to Elements of the Discharge Plan compliance	1. Identify MIS data that is useful in discharge planning.			Contracted Agency/ies Discharge/Pilot Committee UW HIC GCCBA			
	2. Work with pilots to collect useful data.						
	3. Include disability data in homelessness reports.						
D. Create and Implement the protocol for selecting, training and assigning volunteer planning navigators	1. Research success of other similar programs of navigation such as CASA	Completed – creation of Policy Paper		Contracted Agency/ies Discharge Planning Committee UWHIC GCCBA			
	2. Development of training curriculum and implementation plan	“					
	3. Recruit and outreach with the Office of Volunteerism and United Way	“					
E. Improve discharge planning for the homeless.	1. Designate a single entity responsible for each county.			To be considered Implementation Pilot Committee			
	2. Ensure homeless individuals with disabilities receive assistance.			Pilot Committee			
	3. Ensure that providers and discharging institutions identify individuals with disabilities and offer discharge planning services.			Pilot Committee			

	4. Require that PHAs develop policies allowing youth in State care access to waiting lists prior to their 18 th birthday.			Pilot Committee	Subcommittee, Discharge Planning Committee		
	5. In line with Breaking the Cycle: <i>Delaware's Ten-Year Plan to End Chronic Homelessness And Reduce Long-Term Homelessness</i> , include "Recommendation 3: Improve Discharge and Transition Planning to Prevent Homelessness Following Transition Between the Children's System of Care and the Adult System and Discharge or Release from Hospitalization, Institutionalization and Incarceration".			Discharge Planning Pilot Committee			
F. Develop an information technology (IT) platform for a common assessment tool.	1. Develop a vision for next-generative care management.			Discharge Planning Pilot DHSS, DMMA			
	2. Identify key staff and supports required.						
	3. Assess demands for common care management IT system.						
	4. Establish outcomes framework for care management IT.						
	5. Identify funding options for care management IT.						
	6. Develop team for development/implementation.						
	7. Establish implementation timetable.						
	8. Implement new IT system.						
	9. Launch public relations campaign for system.						

G. Create tools to enhance self-management skills.	1. Develop new assessment tools of capacities.				DHSS, private and state agencies		
	2. Package tools as part of care management IT.						
	3. Develop programs to subsidize internet access.						
H. Promote the development of a model for consumer self-management to incorporate into person-centered planning and self-directed care programs.	1. Review current usage in Delaware programs.			Pilots, DHSS, private and state agencies			
	2. Implement programs to support usage (e.g. training).			Discharge Planning Pilot Committee			
	3. Measure increased usage against set targets.			Discharge Planning Pilot Committee			
I. Enhance consumer access to tools critical to self-management on the internet.	1. Identify key decisions and roles in self-management.						
	2. Assess information needs for self-management.			Discharge Planning and Pilots			
	3. Identify current information needs.			Pilots			
	4. Review available self-management web platforms.			Discharge Planning Committee			
	5. Explore methods of peer support.			Committee			
	6. Test the content and dissemination model.			Pilots			
	7. Launch public relations campaign for system.			Pilots			
	8. Modify waiver programs to support self-management.			Committee			
J. Build capacity for Delaware to categorize	1. Advocate for DHSS implementation of database.			Committee			

consumers by key descriptors. ⁱⁱⁱ	2. Facilitate development of specs for data sets.				DHSS, DMMA, DSS	
	3. Continued funding of database initiative.					
	4. Develop initial profile of Medicaid recipients.					
	5. Review initial profiles and tabulations produced.					
	6. Routinely review datamart reports; make recommendations for refinement.					
K. Implement performance management within state agencies through performance-based budgeting and an annual review of benefits.	1. Facilitate development of consumer-based management.				DHSS, DMS	
	2. Achieve cross-department agreement on measures.					
	3. Modify data collection to reflect measures.					
	4. Use the profiles in advocacy efforts.					
	5. Review current measures in planning process.					
	6. Develop pilot-test recommendations.					
	7. Work with General Assembly to develop capacity to use.					
	8. Develop an annual quality review forum.					
	9. Develop an open-source library.					

Goal VIII: The Employment Subcommittee will advocate for resources and employment for individuals with disabilities

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Objectives:	Actions:	Done	FY 10	FY 11	FY 12	FY 13	FY 14
A. Achieve an annual rate of increase of 3% for obtaining and retaining jobs.	1. Identify opportunities for long-term support.		DHSS	DHSS			
	2. Engage consumers in support package selection.						
	3. Continue CLIMB through DVR grant.	DVR					
B. Coordinate agency employment efforts.	1. Advocate for DDDS and DSAMH to review rate setting and explore opportunities for joint funding sources.		DDDS DSAMH				
	2. Explore how the state of Delaware can qualify for the Medicaid Infrastructure Grant (MIG)			DDDS DSAMH			
	3. Recruit employers for subcommittee membership			COMM			
	4. Support the “Employment First” Model”			COMM			
C. Ensure that the State of Delaware hires individuals with disabilities.	1. Obtain hiring reports from OMB and Delaware.	SPO					
	2. Report on Delaware’s usage of the Selective Placement Program.			SPO			
	3. Evaluate success of the Selective Placement program and recommend changes as appropriate.	SPO DVR		SPO DVR			
	4. Determine the unemployment rate of people with disabilities in Delaware		COMM	DOL OOLMI			
	5. Advocate for the expansion of paid Internship program in the state of Delaware		COMM	COMM			
	6. Increase the number of contracts that the state “sets aside” to be done by people with disabilities, such as DelARF’s custodial contract			COMM			

D. Increase the number of employers who provide hiring opportunities for people with disabilities.	1. Establish employer roundtable.		GCEPD				
	2. Collaborate with Delaware business agencies. 3. Continue partnership with the Delaware Economic Development Council (DEDO) 4. Explore availability of Stimulus Funds. 5. Publicize incentives which are available to businesses that employ people with disabilities.		DVR	DVR			

Goal IX: Effectively Treat Mental Illness and Substance Abuse Disorders as a Medical Condition Requiring the Same Quality of Care as Physical Illness

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Objectives:	Actions:	Done	FY 09	FY 10	FY 11	FY 12	FY 13
A. Create acceptance of mental illness as a biologically-based neurological disorder that is possible to treat in a community-based setting.	1. Educate public about mental health insurance parity.		Insurance Commissioner Office				
	2. Disseminate accurate information on mental health conditions and substance abuse using media outlets.			DHSS DSAMH			
	3. Develop messages that debunk myths and help eliminate the stigma associated with mental health conditions and substance abuse.			DHSS DSAMH			
B. Improve access to mental health services for both acute care (hospitalization) and long-term care in the community.	1. Recruit qualified psychiatrists to the State.			DHSS			
	2. Explore the use of a tiered licensing system for Delaware to ease the hardship faced by master's level educated social workers.						
	3. Establish free-standing access centers in all three counties in the State that are conducive to providing comprehensive medical and psychiatric evaluation and treatment to patients in a timely manner.						
	4. Coordinate treatment of substance abuse, mental illness and addictions both during incarceration and after discharge.			DHSS			
	5. Coordinate outreach and marketing of readily available information regarding mental						

	health services to the public patients and physicians.						
	6. Fully utilize DEs portion of federal SCHIP funding or future funding amounts may be jeopardized.						
	7. Systematically increase insurance reimbursement rates for mental health diagnoses and treatment just as is done for physical health diagnoses and treatment.						
	8 .Eliminate carve out panels utilized by managed care organizations.						
	9. A “best practices” insurance model should be developed mandating the listing on the insurer’s panel of all credentialed mental health professionals and yearly updates of the listings.						
	10. Mental health courts should be expanded to all three counties in the State.						
	11. Educate emergency physicians and police personnel on the Delaware commitment code.						
	12. Provide a funding mechanism for indigent patient which encourages the re-opening of psychiatric beds in the community hospitals.						
	13. Provide transportation to those patients who choose voluntary commitment to a treatment facility or hospital.						
	14. Continue and expand the Community						

	Healthcare Access Program (CHAP).						
	15. Expand SCHIP funding to include parents of eligible SCHIP children.						
	16. Improve access to peer delivery recovery programs.						
	17. Provide accessible transportation to SCHIP patients.						
C. Divert people with mental illness from the criminal justice system.	1. Develop effective jail diversion protocols.			DOC, DHSS, Attorney General's Office			
	2. Provide education to emergency personnel.						
	3. Eliminate use of police as psychiatric transport.						
	4. Eliminate criminal detention of individuals in psychiatric crisis.						

Goal X: Expand Infrastructure to Accommodate Medically, Emotionally, and Mentally Fragile Children Transitioning to the Adult Service System

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Objectives:	Actions:	Done	FY 09	FY 10	FY 11	FY 12	FY 13
A. Expand the First State School model.	1. Investigate costs of First State School.						
	2. Plan expansion of current sites and services.			DOE			
B. Secure grant to fund transition from pediatric services to adult community-based alternatives.	1. Review A.I. duPont/CDS transition survey.	Done					
	2. Provide transition resources to young adults and their families, including a list of adult primary care providers and specialists that will accept patients with difficult medical conditions and multiple disabilities.			AIDHC, F2F HIC, CDS			
	3. Provide discharge summary form that outlines a patient's diagnosis, medical history, medications, and needs when leaving the pediatric health care system.			AIDHC			
	3. Improve collaboration and communication among pediatric physicians, parents, and adult physicians to improve medical treatment of the young adult.						
	4. Take a long-term care approach to insurance coverage so money can be saved in the long run while needed services and equipment are covered immediately for young adults.						
	5. Conduct more research on pediatric conditions in adult patients so treatment of these patients can be improved						
	6. Conduct another survey about the transition process with a larger, more diverse sample.						

	7. Explore existing adult community services for individuals with medical conditions and disabilities for gaps in service delivery.						
	8. Educate adult health care providers on the needs of transitioning youth and their families.						
	9. Explore collaborative efforts between pediatric and adult physicians that foster a smooth transition..						
	10. Explore ways to provide needed transition resources to families and patients who are in the transition process.						
	11. Expand the existing AIDHC transition coordination team services to families in the community						
	12. Seek a dialogue with health insurance providers about shortcomings in coverage of services in the adult healthcare system that were provided while patients were still in the pediatric healthcare system.						
C. Mandate that DHSS, DSCYF, and DOE develop a strategic plan to keep children in-state when in the child’s best interest.	1. Provide in-home/in-school behavioral services.			DHSS, DSCYF, DOE			
	2. Partner with community organizations for after-school educational opportunities.						
	3. Increase transportation services to activities.						
	4. Develop resources to respond to individual needs.						
	5. Reduce case manager workloads.						
	6. Provide appropriate in-state foster care.						
	7. Expand Individualized Residential Treatment (IRT) model.						
	8. Executive Order or Memorandum of Understanding, or Budget Epilogue Language.						

D. Provide services according to functional need.	1. Review state eligibility criteria.		DHSS, DSCYF, DOE				
E. Increase Delaware provider capacity to better serve children and their families.	<p>1. Provide sensitivity and awareness training for medical, dental, allied health, and exercise sciences/health promotion students and professionals that address cultural competence and family-centered care.</p> <p>2. Provide education to healthcare professionals such as pediatricians, family physicians, nurses and office staff about the importance of standardized developmental screening during baby and child well visits in order to identify potential developmental delays and the need for referral to early intervention services for children identified with delays.</p> <p>3. Expand the early intervention system in such a way that every child who needs services can receive them without having to wait on a waiting list for a prolonged period of time</p> <p>4. Promote adoption of the medical home concept in all medical settings that work with children and adolescents.</p> <p>5. Educate early interventionists, educators, school nurses, health care professionals, and their office staff on the importance of early and quality transition preparation in which children and adolescents with disabilities take an active role and acquire the skills needed to successfully transition.</p>						

Annual estimate cost for full time Grant Coordinator (salary and benefits): \$62,294 (OMB est., 2007 dollars).

ⁱⁱⁱ Infrastructure cost estimate for developing database: \$50,000 (Consultant est., 2007 dollars).

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