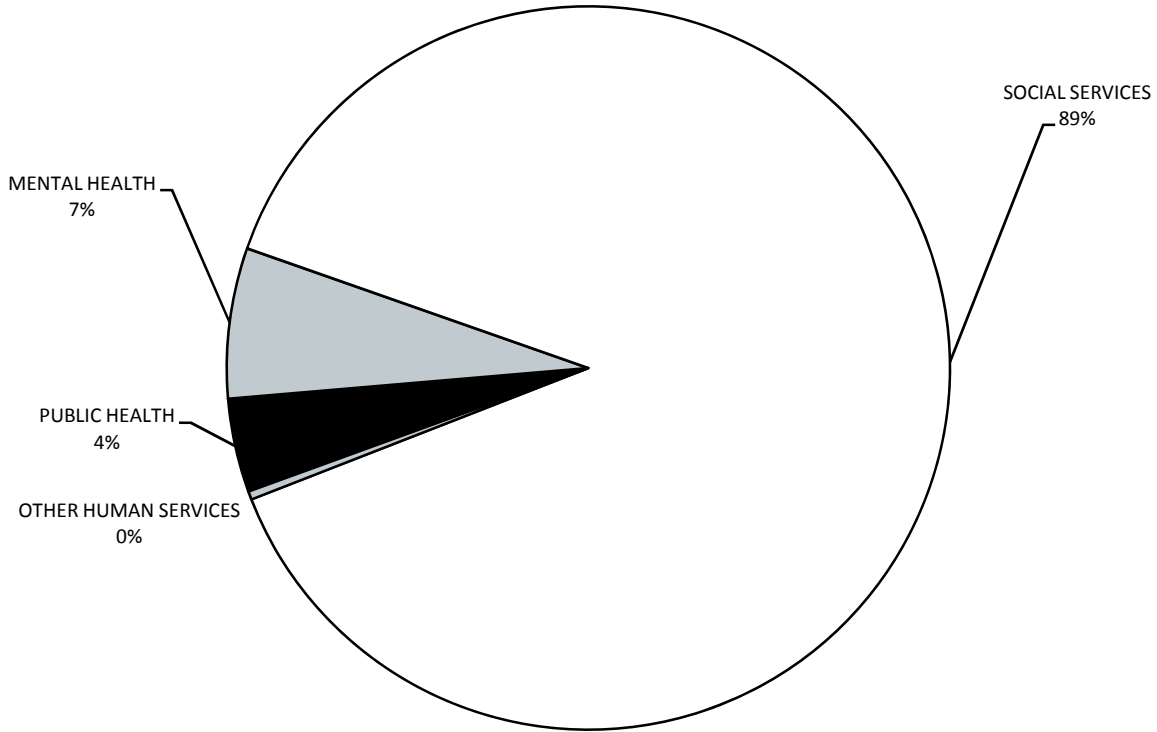


Human Services Approved Budget



Business area	2007-2008 Actual Expenditures	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
PUBLIC HEALTH	\$ 19,132,770	\$ 22,997,640	\$ 21,640,028	\$ 20,367,163	\$19,963,743
MENTAL HEALTH	\$ 29,360,938	\$ 30,417,461	\$ 32,365,665	\$ 31,866,045	\$31,866,045
SOCIAL SERVICES	\$ 354,596,047	\$ 387,403,008	\$ 373,287,356	\$ 424,858,099	\$420,927,609
OTHER HUMAN SERVICES	\$ 1,558,110	\$ 1,959,046	\$ 1,605,078	\$ 2,530,624	\$1,706,656
Overall Result	\$ 404,647,865	\$ 442,777,155	\$ 428,898,127	\$ 479,621,931	\$474,464,053

PUBLIC HEALTH

MISSION

The Durham County Health Department's mission is to preserve, protect and enhance the general health and environment of the community.

PROGRAM DESCRIPTION

The department is comprised of seven divisions: Administration, Nutrition, Health Education, General Health Services, Dental, Community Health and Environmental Health. These divisions work collaboratively to accomplish the following goals:

- Promote optimal health and wellness of children;
- Decrease premature death rates;
- Prevent and control communicable disease; and
- Maximize organization productivity.

A list of accomplishments and performance measures of the seven divisions within Public Health is presented on the succeeding pages.

2009-10 HIGHLIGHTS

The approved budget for Public Health includes the following items:

- 16.57 vacant FTEs are recommended for elimination in order to meet targeted budget reductions.
- 3.52 grant-funded FTEs are eliminated due to expiring grant funding.
- 1.0 FTE (Computer Systems Administrator II) transferred mid-year to Information Technology.
- Durham Public Schools 7 School Health Nurses for the Child and Family Support Team Program. These positions have always been funded by State dollars through a contract with Durham Public Schools, however, funding for FY 2010 is not certain at this time. The County has funded \$41,489 for these 6 of these positions (one is currently vacant) for a two (2) month period until a final determination is received.
- Jail Health contract increased by \$455,055. This increase is being funded through the Community Health Trust Fund.
- The Community Health Trust Fund is supporting 3.55 FTEs in School Health.
- 2 individuals in the Neighborhood Nursing area have transferred to the Maternal Health Clinic to provide more clinical service in the growing clinic. The other nurse has accepted the grant-funded Public Health Preparedness position to continue that critical function. A current nursing supervisor has been assigned to spend 50% of her time in the field and continue the support groups that have been established in Neighborhood Nursing.
- Annualized funding for Project Access, which is funded through the Community Health Trust Fund (\$280,000).

Public Health

Business Area: 5100

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$13,157,995	\$16,176,292	\$14,084,804	\$13,770,406	\$13,372,673
Operating	\$5,959,834	\$6,468,927	\$7,470,655	\$6,291,792	\$6,286,105
Capital	\$14,940	\$122,370	\$84,569	\$0	\$0
Transfers	\$0	\$230,051	\$0	\$304,965	\$304,965
Total Expenditures	\$19,132,770	\$22,997,640	\$21,640,028	\$20,367,163	\$19,963,743
▽ <i>Revenues</i>					
Intergovernmental	\$3,224,201	\$3,358,550	\$4,467,629	\$5,014,469	\$4,598,496
Contrib. & Donations	\$0	\$1,273,148	\$820,731	\$1,060,547	\$1,060,547
Service Charges	\$2,450,540	\$2,105,948	\$951,753	\$414,218	\$414,218
Other Revenues	\$525	\$600	\$600	\$600	\$600
Total Revenues	\$5,675,266	\$6,738,246	\$6,240,713	\$6,489,834	\$6,073,861
Net Expenditures	\$13,457,503	\$16,259,394	\$15,399,315	\$13,877,329	\$13,889,882
FTEs	256.20	268.20	268.20	248.08	248.11

PUBLIC HEALTH-ADMINISTRATION

The Health Director is responsible for the overall administration and management of the Durham County Health Department. The Assistant Health Director oversees the administration and management of the Community Health, Dental and Health Education divisions.

The Local Public Health Administrator oversees the general administrative functions of the department. These include:

- Processing payments for invoices;
- Maintaining personnel files;
- Maintaining organizational charts;
- Maintaining the computer system and ordering and receiving computer equipment;
- Registering birth and death records;
- Maintaining the patient care management system (PCMS);
- Registering patients;
- Maintaining patients' medical records;
- Ensuring compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations;
- Collecting payments for services rendered;
- Processing Medicaid, Medicare and third party billing; and
- Overseeing janitorial issues and security services.

2008-09 ACCOMPLISHMENTS

- Implemented electronic medical records in the Family Planning Clinic. As a result of this project, paper charts are no longer used in the clinic, and the Sexually Transmitted Disease Clinic is preparing to transition to electronic format.

2009-10 PERFORMANCE MEASURES

- Continuation of the Department's Document Management and Imaging Project. The objective is to have all medical and some non-medical records scanned, indexed and stored for easy retrieval. Additionally, the department will continue its transition to electronic medical records.

PUBLIC HEALTH-NUTRITION

Registered Dietitians/Licensed Nutritionists are organized into three sections to conduct individual and population-based, consumer-oriented nutrition services consistent with the department's mission.

Community Nutrition Section: DINE for LIFE (Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating) program provides classes and school-wide events which focus on the U.S. dietary guidelines and MyPyramid for nutrition, food safety and physical activity in 15 eligible Durham Public Schools, seven senior centers and the community.

Clinical Nutrition Section: Child Care Nutrition Consultation provides guidance to parents on child nutrition issues and conducts trainings for staff in child care centers. Medical nutrition therapy provides individually-based counseling with clients having medical or nutrition conditions for which nutrition guidance can prevent, treat or stabilize a diagnosed condition, such as diabetes, hypertension, failure-to-thrive, high-risk pregnancy and obesity. Preconceptual Nutrition promotes health practices that can improve pregnancy outcomes.

Nutrition Communications and Health Promotion Section: Media outreach is conducted to reach the general public through placing targeted educational messages in Durham Area Transit Authority (DATA) buses and a variety of independent and school newspapers, participating in radio and television interviews and distributing bimonthly media releases. The Healthy Smiles, Healthy Kids program teaches pregnant women and families with young children nutrition choices and habits and eating/oral hygiene habits for healthy teeth and gums. Health Promotion conducts activities and outreach on nutrition and wellness issues with worksites, churches and groups in the community.

2008-09 ACCOMPLISHMENTS

- The DINE for LIFE program conducted a series of six community focus group sessions (56 participants) to obtain more information on perceived barriers to consuming more fruits and vegetables. Demographics included existing support groups, church groups and community classes (four African Americans and two Spanish-speakers). The make-up of the group included women (91%) with at least three children (64%) and receiving food stamps (31%). While some confusion existed around portion sizes and recommended daily servings, cost was identified as the greatest barrier, followed by transportation and time to shop for and prepare fruits and vegetables. Results will be used to target future programming around these issues.
- Clinical Nutritionists provided 1,100 medical nutrition therapy sessions to clients who have medical or nutrition conditions for which nutrition is important for prevention, intervention or maintenance of a diagnosed condition such as diabetes, hypertension, pediatric failure-to-thrive and weight management. Positive changes in behavior, knowledge, weight and/or clinical measures occurred in 78% of the subsequent visits.
- The Healthy Smiles, Healthy Kids nutritionist provided dental nutrition education through 45 group sessions to 367 parents and caregivers of children and 34 expectant mothers. Information given in dental nutrition education sessions includes reduction or avoidance of sugary beverage consumption, appropriate infant and child feeding methods and foods, encouragement of timely dental visits and basic oral hygiene practices.
- Increased media coverage of public health issues through media releases, interviews and news articles.

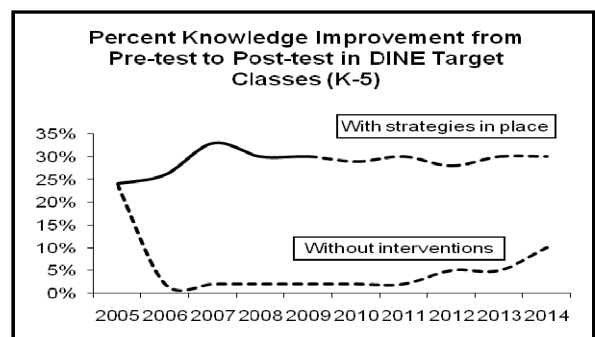
2009-10 PERFORMANCE MEASURES

DINE for LIFE

Performance Measure: Percent knowledge improvement in DINE for LIFE kindergarten through fifth grade targeted classes following 2,451 screenings, 2,270 classroom sessions in 13 at-risk elementary schools.

Story Behind the Last Two Years of Performance

- DINE for LIFE nutritionists provided "interactive" nutrition education classes and healthy foods taste-tests/exposure in 13 at-risk elementary schools covering key nutrition messages on whole grains, fruits and vegetables, low-fat dairy, food safety and physical activity.
- Results from annual pre- and post-intervention screening of children with feedback from teachers and parents show educational interventions are well targeted and effective.



- Children’s improved knowledge, coupled with teacher feedback on observed behavior changes, shows DINE for LIFE’s programming is effective and part of the solution to combat childhood obesity in Durham County.
 - Greatest knowledge improvements from pre-screen levels were seen with milk (40%), whole grains (32%) and physical activity (31%).
 - Students on average improved knowledge over pre-screen levels from 23% to 27% on food group identification and meat/bean group.
 - Teachers noted improvements (61% to 98%) in “key” behaviors in students after nutrition classes, e.g. hand washing, food choices, physical activity, willingness to try new foods.
 - Teachers requested more classes than could be conducted under current staffing levels.

Strategies: What do you propose to do to improve program performance?

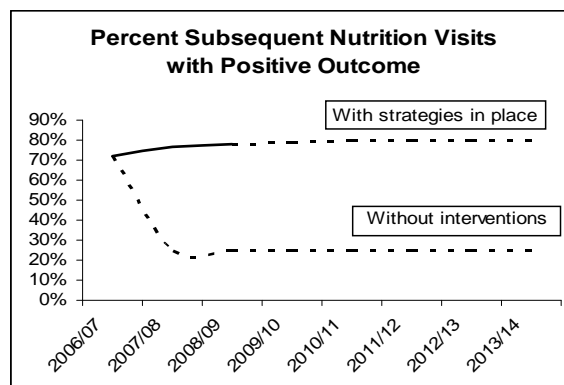
- Seek improvements in measures to identify and reinforce behavioral outcomes in children and to link school interventions with home and community environments to improve the health and lifestyles of at-risk children and families in Durham.
- Improve efficiency through a strong community collaborative of “like-minded” agencies/programs with similar goals.
- Provide nutritionists with resources to spend more time on-site in schools to improve efficiency and to better reach more children and to effectively target more parents/caregivers.

Clinical Nutrition

Performance Measure: Subsequent nutrition visits with positive outcomes.

Story Behind the Last Two Years of Performance

- Obesity continues to be a significant problem in Durham County for both children and adults. For example, 41% of low income children two to four years old seen in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics are overweight (17.5%) or obese (23.5%). Sixty-four percent of adults in Durham County are overweight or obese. More than 50% of pediatric referrals received by the Health Department are for pediatric obesity and many of the referrals have complications from obesity.
- Infant mortality also continues to be a problem in Durham County. Nutrition has a role in addressing prevention strategies to reduce infant mortality. Conditions such as obesity prior to pregnancy and poorly controlled diabetes during pregnancy are risk factors for poor birth outcomes. Infants born prematurely with congenital anomalies and genetic disorders are at high risk for under nutrition, poor growth, chronic health problems and developmental delays that can affect normal eating.
- Positive changes in behavior, knowledge, weight and/or clinical measures occurred in 78% of subsequent visits.
- Individuals seen for medical nutrition therapy services by Health Department Nutritionists have made changes as a result of the therapy as described below:
 - behavior changes such as following a diabetic diet, increased fruit and vegetable intake and increased physical activity;
 - positive changes in anthropometric measurements such as weight loss or improved body mass index (BMI) or a successful growth rate for a premature infant;
 - improved clinical measures such as the gestational diabetic woman who is controlling her blood sugars after receiving medical nutrition therapy or the adult who has lowered his blood pressure after following the nutrition care plan he and the nutritionist developed; and
 - increase in knowledge related to nutrition and disease management and self-care.

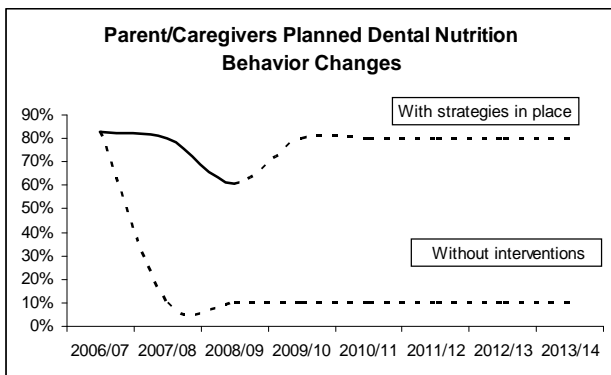


Strategies: What do you propose to do to improve program performance?

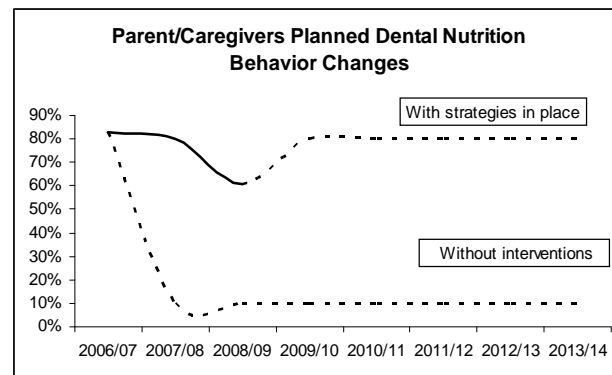
- Continue to provide quality medical nutrition therapy services to Durham County residents.
- Investigate methods to improve efficiency of services such as working with practice groups and school-based wellness centers to better target the problem of childhood overweight.
- Finalize implementation of the Nutrition Care Process, a national model for medical nutrition therapy that allows for improved nutrition outcome monitoring and evaluation.
- Maintain and/or improve the percent of subsequent nutrition visits with positive outcomes.
- Continue to maximize reimbursement opportunities for medical nutrition therapy services.

Healthy Smiles, Healthy Kids

Performance Measure 1: Parents/Caregivers learned new dental nutrition information.



Performance Measure 2: Parents/Caregivers planned dental nutrition behavior changes.



Story Behind the Last Two Years of Performance

- Dental services to the uninsured and underinsured continue to be very limited in Durham County. Nearly 20% of children enter kindergarten with significant dental disease. Parents/caregivers receive limited information on nutritional choices that can improve dental health.
- Eighty-nine percent (258 of 290) of group session participants surveyed reported an increase in knowledge after attending a Healthy Smiles, Healthy Kids nutrition session. This compares with 98% from the time the program initiated providing nutrition dental education and an annual goal of 80%.
- Thirty-three percent (9 of 27) of parents who received follow-up education reported having made a change in behavior after receiving the initial education from the Healthy Smiles, Healthy Kids Nutritionist. Examples of reported changes include:
 - “(I) give my child less juice;”
 - “We eat better;” and
 - We brush our teeth more often.”
- Ten percent (36 of 365) of children and expectant mothers who have made dental appointments at the Durham County Health Department have reported doing so as a result of having attended a nutrition session.
- In addition to services listed above, the Healthy Smiles, Healthy Kids Nutritionist provides outreach education and materials to staff at more than 50 partnering agencies. Within the Health Department, staff of programs, including Child Services Coordination and Durham Connects, promote dental care to their clients. Annually, more than 900 pregnant women also receive dental information and referrals in the Health Department Prenatal Clinic at Lincoln Community Health Center.

Strategies: What do you propose to do to improve program performance?

- Maintain and/or increase the percent of survey respondents reporting improved knowledge.
- Increase the percent of survey respondents reporting intent to change behaviors.
- Continue to expand the number of collaborating sites where dental nutrition education is offered in order to reach more residents.
- Increase the number of parents/caregivers who receive follow-up education in an effort to effect and measure behavior changes in nutrition.

PUBLIC HEALTH-HEALTH EDUCATION

The purpose of the Division of Health Education is to solve health problems by influencing decisions individuals, groups and communities make and actions they choose to take to promote health and prevent disease and disability. The division strives to bring about voluntary adaptation of behavior conducive to health. Health education services are provided in the clinic and in community settings in the following program areas: **Communicable Diseases, Health Promotion and Wellness, and Partnership for a Healthy Durham.**

2008-09 ACCOMPLISHMENTS

- Together Everyone Accomplishes Something (TEAS), a teenage pregnancy prevention program for males and females, held its 11th graduation ceremony with 50 teenagers graduating to the next higher year of the program. Of the 50 teenagers, six were high school seniors who completed five years of the program. Additionally, participants completed 1,320 hours of community service, at minimum wage; an invested \$7,260 reached more than 3,500 participants through community events and reduced teenage pregnancies by 50.
 - Currently, 22 youth are on the waiting list for the new program year.
 - Plans for the new program year include supporting House Bill 88, the Healthy Youth Act. This bill allows parents to select a sexuality education track, abstinence-only or abstinence-based, for youth in seventh through ninth grades.
- TEAS assisted Durham County Adolescent Pregnancy Prevention in planning and implementing “Pull the Plug Week Durham.” The week consisted of activities designed to increase communication between adolescents and adults regarding sexuality issues.
- Durham’s World AIDS Day event held in December at North Carolina Central University attracted 250 attendees. The Durham County Health Department was among the many participating agencies, and Gayle Harris, Public Health Director, was among the speakers.
- Members of the Infant Mortality Reduction Committee of the Partnership for a Healthy Durham organized an infant mortality conference targeted to the community. Saving Babies and Strengthening Families was the first local conference dedicated to bringing families and professionals together to raise awareness for infant mortality.
- Health services agencies and local faith-based groups collaborated with the Centers for Disease Control and Prevention to organize the Breaking the Silence Forum on HIV/AIDS in the African American community. Two Health Educators from the Health Department served on the planning committee for the September event, which was attended by 175 individuals.

PUBLIC HEALTH-DENTAL

The Dental Division strives to improve the oral health of economically disadvantaged children as well as offer oral health education to the Durham County community by providing:

- Dental services for children three to twenty years old in the Dental Clinic and kindergarten through fifth grades at selected Durham Public Schools using the Dental Van;
- Services through the Healthy Smiles, Healthy Kids program such as:
 - periodontal and nutritional services for pregnant women who do not have access to regular dental care;
 - dental treatment for pregnant women during the second trimester and when emergency needs arise; and
 - fluoride varnishing and educational services for children six months to five years old;
- Annual screenings conducted by the division in targeted elementary grades at Durham Public Schools and Head Start at Operation Breakthrough; and
- Educational presentations for schools and some community organizations in order to increase knowledge regarding good oral health and stimulate an interest in attaining excellence in oral hygiene.

2008-09 ACCOMPLISHMENTS

- Provided quality dental care for eligible children in the Medicaid, Health Choice and sliding fee program in the Dental Clinic and Dental Van.
- Entered Dental Clinic patient information into Dentrix Dental Practice Management Software, increasing efficiency and productivity.
- Added Spanish language module to reminder call system so Latino patients receive telephone call reminders of appointments.
- Participated in activities during February's National Dental Health Month by:
 - coordinating "Give Kids A Smile Day" with one private Dentist and four Pedodontic Residents providing dental care for Health Department patients; and
 - providing a Dental Science Fair in collaboration with the Division of Health Education (Teens Against Consuming Tobacco) and the Division of Nutrition (DINE for LIFE) at Durham Public Schools' George Watts Montessori.
- Provided dental screenings for Head Start at Operation Breakthrough as well as kindergarten and fifth graders in Durham Public Schools' elementary schools selected for Dental Van services to identify children with urgent needs.
- Provided a weekly rotation to University of North Carolina at Chapel Hill School of Dentistry Pedodontic Residents, and provided summer rotations to UNC dental students to introduce them to dental public health and the important role it plays in addressing the dental needs of economically disadvantaged children.
- Hired a full-time Dental Hygienist for the Dental Clinic and increased the Dental Hygienist for the Dental Van to full time.

2009-10 PERFORMANCE MEASURES

Performance Measure 1: Percent of students in kindergarten with urgent dental needs.

Performance Measure 2: Percent of students in fifth grade with urgent dental needs.

Story Behind the Last Two Years of Performance

- A decrease in the percentage of kindergarteners with urgent dental needs was observed. In the 2006-07 school year, 16% of kindergarteners had urgent dental needs, and in 2007-08, 17% of students had urgent dental needs. In 2008-09, the percentage fell to 11%.
- A decrease in the percentage of fifth graders with urgent dental needs was observed. In the 2006-07 school year, 5% of fifth graders had urgent dental needs, and in 2007-08, 7% of students had urgent dental needs. In 2008-09, the percentage fell to 3%.
- Interventions in place that have made a positive impact include:
 - dental health education presentations which raise awareness of the importance of good oral hygiene and regular visits to a dentist;
 - dental screenings annually to identify children who have urgent dental needs and notifying parents of their need to be seen by a dentist;

- dental services provided on the Dental Van for children with urgent dental needs at selected schools who do not have a dentist; and
- parents of children identified to have urgent needs who register for services on the Dental Van are notified and given assistance with making appointments at the Health Department Dental Clinic for follow-up visits.

Strategies: What do you propose to do to improve program performance?

- Maintain number of trained staff needed to provide dental services and dental health education in the Dental Clinic and Dental Van throughout each year.
- Continue relationship with Durham Public Schools' staff to assist with obtaining parental consent for dental treatment on the Dental Van for students identified as having urgent needs.
- Continue contacting parents of students who register for the Dental Van to assist them with getting follow-up appointments at the Health Department Dental Clinic.

Performance Measure 3: Percent of students in fifth grade with sealants.

Story Behind the Last Two Years of Performance

- The percentage of fifth graders with sealants has remained relatively constant. In the 2006-07 school year, 37% of fifth graders had sealants, in 2007-08, 35% had sealants and in 2008-09, 33% had sealants.
- Interventions that have made a positive impact include:
 - dental health education presentations in classrooms, school health fairs and community health fairs keep students and parents aware of the importance of regular dental visits so the presence of decay can be detected early and teeth without decay can have sealants placed to protect them from developing decay; and
 - students at Dental Van schools are provided sealant placement by a Dental Hygienist as well as a Dentist.

Strategies: What do you propose to do to improve program performance?

- Maintain number of trained staff needed to provide dental services and dental health education in the Dental Clinic and Dental Van throughout each year.
- Continue relationship with Durham Public Schools' staff to assist with obtaining parental consent for dental treatment on the Dental Van for students identified as having urgent needs.
- Continue contacting parents of students who register for the Dental Van to assist them with getting follow-up appointments at the Health Department Dental Clinic.
- Continue dental screenings and community outreach through dental health education presentations and the Healthy Smiles, Healthy Kids program in the Dental Clinic which targets pregnant women and children six months to five years old who do not have access to dental care. In this program, mothers are educated regarding good dental care for themselves and for their infants and toddlers. Pregnant women also receive dental hygiene services to reduce and control periodontal infections found to affect the term and birthweight of infants as well as urgent dental care during the second trimester. Children six months to five years old are provided nutrition counseling and fluoride varnish to prevent early childhood caries and provided dental care as needed.

PUBLIC HEALTH-GENERAL HEALTH SERVICES

The Division of General Health Services provides administrative oversight of communicable disease control programs and provides prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow up of communicable diseases. The services rendered through this division are considered, for the most part, “essential public health services,” which are mandated under North Carolina General Statute 130A-1.1. The Division of General Health Services consists of the Tuberculosis/Communicable Disease Control Program, Immunization Program, Adult Health Services, Sexually Transmitted Disease Control Program, AIDS Control/HIV Testing and Counseling and support services provided by the Laboratory and Pharmacy.

2008-09 ACCOMPLISHMENTS

- Expanded the North Carolina Electronic Disease Surveillance System (NC EDSS) to include electronic reporting of all communicable diseases with the exception of Syphilis and HIV in Durham County. NC EDSS is a centralized, web-based system for all communicable disease reporting in the state.
- Initiated development of the electronic medical record system for the Sexually Transmitted Disease Control Program that is compatible with North Carolina requirements for data collection and other data sources.
- Continued collaboration with Duke University Medical Center Division of Community Health in the assignment of a Centers for Disease Control and Prevention Public Health Prevention Specialist who focuses on adolescent health issues in Durham, integrating sexual, reproductive and mental health.
- Collaborated with the University of North Carolina at Chapel Hill and the HIV/STD Prevention and Care branch of the North Carolina Department of Health and Human Services Division of Public Health to establish a HIV Care Bridge Coordinator in Durham County. The purpose of the coordinator is to make contact with newly-diagnosed, HIV-positive patients and HIV-infected individuals who are “lost-to-care” in order to link them to medical treatment.

Tuberculosis/Communicable Disease Control Program

- Managed 15 cases of active Tuberculosis (TB) and 26 cases of suspected TB. One case had multi-drug resistant TB and five cases of active TB required TB drug absorption levels through National Jewish Health.
- Assisted the Tuberculosis Control program of the North Carolina Department of Health and Human Services Division of Public Health and the Centers for Disease Control and Prevention with contact investigation involving two transatlantic airline flight exposures and one hospital exposure.
- Assisted Duke University with two TB studies through the Centers for Disease Control and Prevention TB Trials Consortium.
- Investigated and managed 14 cases of Campylobacter, two cases of E. Coli, 25 cases of Salmonellosis and 10 cases of Shigellosis.
- Implemented electronic reporting of communicable diseases through the North Carolina Electronic Disease Surveillance System (NC EDSS). The North Carolina Communicable Disease Manual also was revised with new reporting forms compatible with NC EDSS, which replace previous reporting cards and surveillance forms.

Immunization Program

- Achieved a 93% vaccination completion rate for the North Carolina Immunization Rate Assessment for children 24-35 months old compared to the statewide local health department average of 86%.
- Expanded influenza vaccinations based on the Centers for Disease Control and Prevention’s recommendation that all children six months to eighteen years old receive an influenza vaccination. Additional venues for influenza vaccinations were provided, including two full-day clinics for Durham County employees and 14 community-based outreaches to senior centers, Durham County Emergency Medical Services and Durham Rescue Mission’s children’s unit.
- Provided immunization services to refugees from Nepal, Iraq, Burma and Vietnam referred from local resettlement agencies. Completed 67 Supplemental I-693 forms, which provide documentation for required vaccinations for refugees seeking adjustment of status, as compared to 38 completed in FY 2007-08.
- Conducted investigation and surveillance of vaccine preventable diseases including nine probable/confirmed cases of Pertussis (whooping cough), two cases of acute Hepatitis C, two cases of Hepatitis A, six cases of Haemophilus Influenza Type B and five probable cases of Mumps.

Adult Health Services

- Provided breast screening exams, Pap tests and mammography services to 218 eligible Durham County residents, resulting in 43 cases of benign breast tumors and cysts, two cases of breast cancer, 32 cases of abnormal Pap tests and cervical-related problems and one case of uterine cervical cancer.
- Selected by the North Carolina Department of Health and Human Services Division of Public Health to conduct a breast and cervical cancer conference in March with the objective of gathering information from African American patients regarding what motivates them to seek medical screening.
- Participated in a health fair organized by El Centro Hispano of Durham providing education and outreach activities.
- Provided 31 health assessments and communicable disease screenings to new refugees arriving in Durham County.

Sexually Transmitted Disease (STD) Control

- Evaluated and managed 82 clients with Syphilis, 264 clients with Gonorrhea, 56 clients with Chlamydia and 565 contacts to Syphilis, Gonorrhea or Chlamydia.
- Referred clients to the Immunization Clinic for new adult vaccines, including Twinrix (Hepatitis A and B), Gardasil (Human Papillomavirus Infection (HPV)), and Tetanus, Diphtheria, Acellular Pertussis (Tdap).
- Completed participation in a National Institutes of Health multi-center, randomized clinical trial through the University of North Carolina at Chapel Hill to evaluate the effectiveness of Azithromycin for the treatment of early Syphilis, and a University of North Carolina at Chapel Hill study evaluating the use of Gen-Probe APTIMA® TV Analyte specific reagents for detection of Trichomonas vaginalis infections in female STD clinic patients.
- Began participation in a National Institutes of Health multi-center, randomized clinical trial through the University of North Carolina at Chapel Hill to evaluate a new treatment regimen for Non-Gonococcal Urethritis in men, and another National Institutes of Health study evaluating the treatment of Asymptomatic Bacterial Vaginosis to prevent STDs among young women.

AIDS Control/HIV Testing and Counseling

- Increased HIV testing in all clinics by 1,994.
- Assisted Health Education staff with training and logistical planning in order to facilitate HIV testing at the Durham County Detention Center.
- Participated in a University of North Carolina at Chapel Hill research study evaluating male patient perceptions of the current counseling model and thus improving HIV test counseling.
- Collaborated to establish a HIV Care Bridge Coordinator with the HIV/STD Prevention and Care branch of the North Carolina Department of Health and Human Services Division of Public Health and the University of North Carolina at Chapel Hill. The purpose of the coordinator is to make contact with newly-diagnosed HIV-positive patients and HIV-infected individuals who are “lost-to-care” in order to link them to medical treatment.

Laboratory

- Performed more than 4,000 Syphilis tests for the Prenatal Clinic, Jail Health and various community outreach events in addition to those performed for in-house clinics. Average daily Syphilis testing increased from 35 to 50 specimens.
- Managed an increased volume of HIV specimens from 2,290 to 4,304, requiring processing and packaging for the North Carolina State Laboratory of Public Health.
- Began providing laboratory services for homebound Tuberculosis patients as needed.
- Provided phlebotomy training for four state Disease Investigation Specialists located in other counties as well as ongoing phlebotomy training for Health Education employees.
- Attended North Carolina Electronic Disease Surveillance System (NC EDSS) trainings and began entering positive communicable disease laboratory results into the system.

Pharmacy

- Upgraded pharmacy software allowing additional flexibility in providing up-to-date pharmaceutical services for clients.
- Began using electronic drug interaction searches, which proved less time consuming, more cost efficient and provided a higher degree of accuracy.
- Changed packaging of Tuberculosis medications to unit dose, enabling Pharmacists and Nurses to easily handle the medications. The unit dose system also allows return of stock medications that have been discontinued.
- Hosted a pharmacy student from the Lincoln Community Health Center who gained exposure to the Durham County Health Department Pharmacy and Sexually Transmitted Disease and HIV clinics.

2009-10 PERFORMANCE MEASURES

Performance Measure: Control communicable diseases in Durham County (HIV, Syphilis, Tuberculosis).

Story Behind the Last Two Years of Performance

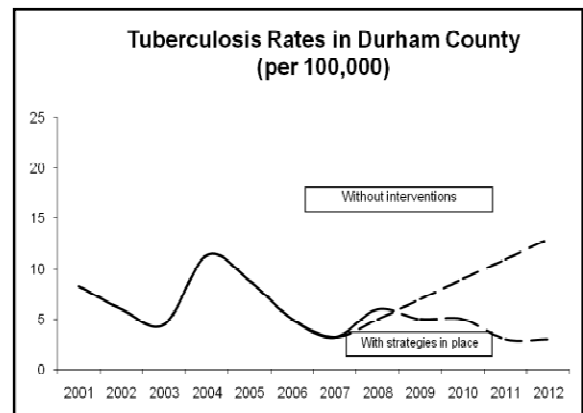
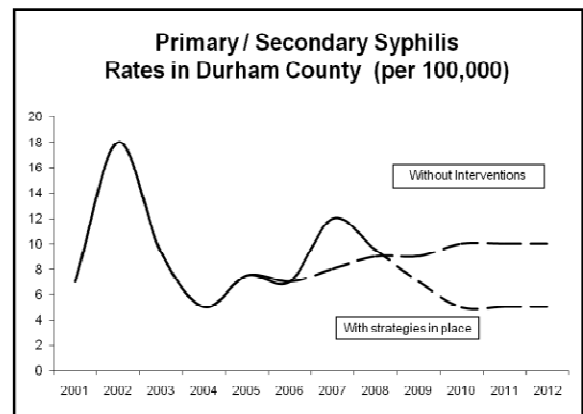
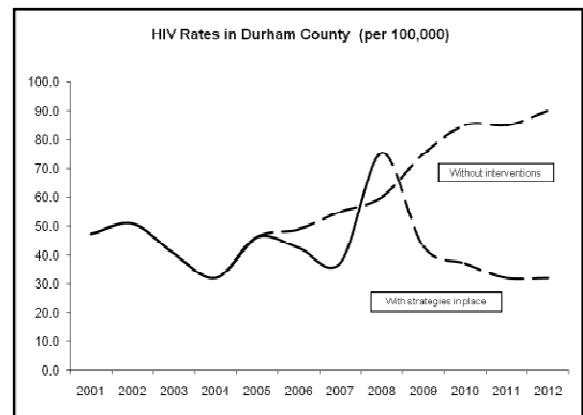
HIV: Compared to 2007, the rate of HIV increased (from 37.4 to 75.4 per 100,000) along with the rate of AIDS (from 13.1 to 34.5 per 100,000). These increases largely are due to cases not previously reported from local infectious disease clinics. After a state inquiry, it was found that only 85% of HIV diagnoses were reported in the past. Health care providers were made aware of the problems and the importance of reporting requirements. With continued strategies to increase screening, reporting and linking HIV-positive patients to medical care, there may be an increase for several years with a gradual decline in newly-diagnosed HIV cases. Without interventions, the rates of HIV and AIDS will continue an upward trend due to transmission among individuals unaware of their HIV status and delays in care.

Syphilis: The rates of primary and secondary Syphilis decreased in 2008 (from 12.3 to 9.5 per 100,000) likely due to efforts to improve preventive messages among at-risk individuals. Activities to increase early disease detection, health education and public awareness through grant monies continue to enable enhanced outreach activities and screening. With continued strategies and aggressive screening, there may be slight fluctuations in rates followed by an overall decline over five years. Without interventions, the rates likely will more than double and remain high due to transmission among sexual partners, lack of awareness of testing and treatment and lack of prevention measures.

Tuberculosis: The rates of active TB increased in 2008 (from 3.2 to 6.0 per 100,000.) Durham County saw a rise in 2008 in the proportion of foreign-born individuals with active TB cases (from 50% to 73%). With continued strategies focused on those at highest risk for TB infections, the number of cases and rates may decrease; however, due to a sustained inflow of foreign-born persons in addition to the complexity in managing cases co-infected with HIV, elimination of TB is unfeasible. Without interventions, cases and rates likely will increase due to transmission from individuals with infectious TB in the community.

Strategies: What do you propose to do to improve program performance?

- Provide notifications and periodic reminders to health care providers about importance of prompt case reporting.
- Provide enhanced Syphilis and HIV education to clients and partners through assistance with Health Educators.
- Increase accessibility of the clinics for high-risk individuals needing Syphilis and HIV testing/treatment.
- Utilize regional Disease Investigation Specialists to enhance partner tracing and notification for Syphilis and HIV.
- Enhance state collaborations for consultation and request for additional funds.
- Increase budget to hire a county Disease Intervention Specialist to provide sufficient disease intervention activities to curb the ongoing epidemic of Gonorrhea, Chlamydia and other sexually transmitted diseases.
- Maintain and acquire state-of-the-art technology for Syphilis laboratory diagnosis.
- Increase training to staff, El Centro Hispano and health care providers in the community regarding Syphilis and TB education, screening and management.
- Enhance TB education in the clinics and in the community regarding risk factors and symptoms for active TB and Latent TB Infection.
- Acquire social work assistance for complicated TB patients, including the homeless and non-English speaking individuals.
- Provide culturally-appropriate education about TB to foreign-born immigrants in the community.



PUBLIC HEALTH-COMMUNITY HEALTH

The Division of Community Health is comprised of Public Health Nurses, Social Workers, Processing Assistants, Physician Extenders, Physical Therapists, Community Health Assistants, Outreach Workers and Spanish Interpreters. Additionally, specialty services are provided by contract staff, including Physicians, Nurse Midwives and Nurse Practitioners. This staff contributes to Public Health's mission by providing services in 10 programs: Family Care Coordination, Family Planning, Maternal Health, Child Health, Home Health, Jail Health, School Health, Neighborhood Nursing, Durham Connects and Public Health Preparedness.

2008-09 ACCOMPLISHMENTS

Family Care Coordination

- Continued collaboration with the University of North Carolina at Chapel Hill School of Social Work and Cooperative Extension to offer this program designed to strengthen couple relationships and improve childhood outcomes among at-risk, newly-forming families. Since participating in the program, one couple married and three couples became engaged with couples reporting their actions were due, in large part, to the skills learned in the program.
- Provided two English-speaking groups and one Spanish-speaking group with the Love's Cradle educational program and enhanced Family Care Coordination services.
- Began a third English-speaking group and a second Spanish-speaking group with the Love's Cradle educational program.

Family Planning

- Continued to provide high-quality medical services to female teenagers and low income women most of whom have no other access to contraception.
- Provided a wide variety of contraceptive options to patients. While some priorities had to be set after budget cuts, most contraception methods still were available.
- Continued to collaborate with Duke University Medical Center to provide colposcopies to patients with abnormal Pap tests.
- Implemented electronic medical records.

Maternal Health

- Provided care for a 10% increase in Maternity Clinic patients in the first six months of FY 2008-09 over the same period in FY 2007-08.
- Received certification as a nationally-approved Centering site. Durham County's Maternity Clinic is the first clinic in North Carolina to receive this recognition.
- Increased the number of Centering Pregnancy groups by more than 100%.
- Increased Baby Love contacts by 10%.

Child Health

- Child Service Coordination: Addressed new referrals in a timely manner so there were only short periods of time when children were placed on a waiting list for Child Services Coordination despite vacant nursing positions.
- Health Check: Increased participation in Health Check in Durham County, continuing to offer services above the State-mandated rate due, in large part, to the outreach efforts of the Health Check Coordinators.
- Lead: Continued to provide follow up and case management to children with elevated blood lead levels through a Lead Nurse Consultant.
- Postpartum/Newborn Project: Continued to collaborate with Durham Connects to offer home visits to families on Medicaid residing in the portion of the county not served by Durham Connects.

Home Health

- Developed facility assessment tool and began pilot to selected facilities.
- Developed materials to use for technical assistance with facilities and piloted their use.
- Provided home health services and promoted prevention and wellness information to medically homebound clients and their caregivers, which included the elderly, physically disabled and individuals with chronic debilitating illnesses.

Jail Health

- Continued contract services with Correct Care Solutions.
- Continued 24-hour nursing services.
- Completed regular admission physicals on all inmates by day 14 of incarceration.
- Maintained Chronic Disease Clinic to provide care to inmates with conditions of heart disease, diabetes, seizure disorders, etc.
- Maintained regular, consistent presence at Youth Home.
- Reduced inmate grievances.
- Continued a quality process to determine areas for practice improvement. This process has allowed staff to develop methods to improve efficiency to ensure deadlines are met.

School Health

- Continued to provide nursing services to students and families enrolled in Durham Public Schools, school faculty, staff and administrators and the larger community.
- Organized immunization clinics in Durham Public Schools' middle schools to provide Tetanus, Diphtheria, Acellular Pertussis (Tdap) Booster Vaccination to sixth graders.
- Provided educational offerings to Durham Public Schools' staff on medication administration, diabetes management and special health care services provided in the schools. Nurses provided continued oversight throughout the traditional and year-round school settings to implement and evaluate the effectiveness of these offerings.

Neighborhood Nursing

- Maintained offices on Cornwallis Road, Morreene Road/Damar Court and Oxford Manor communities. Additionally, nurses visited residents in Laurel Oaks, Hoover Road, Liberty Street and Club Boulevard communities.
- Filled long-vacant Neighborhood Nurse position with experienced individual who has strong ties to the community.
- Continued to meet with Durham Connects' staff to develop and improve the new program and collaborated closely with Postpartum/Newborn Nurse to follow up on contacts.
- Conducted several teen summits to allow teens in the community to ask health and lifestyle-related questions and request information on specific topics of interest.

Durham Connects

- Completed staff hiring and training for the first phase of the program.
- Implemented electronic charting and nurses continue to make suggestions to improve the process.
- Marketed program resulting in it being highly visible and well accepted by families and health care providers.

Public Health Preparedness

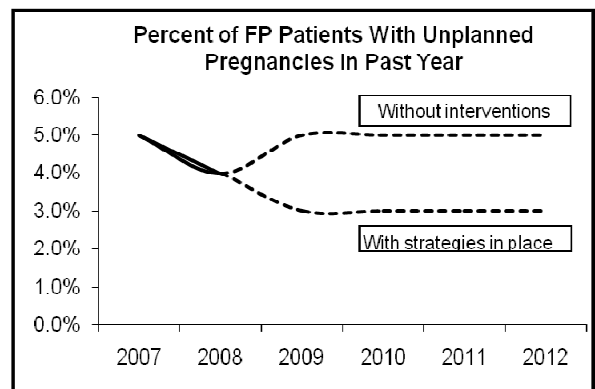
- Responded to several complicated communicable disease events with feedback showing the agency managed the events smoothly with some suggestions for improved response.
- Completed communications exercises.
- Participated in regional preparedness exercise.

2009-10 PERFORMANCE MEASURE

Story Behind the Last Two Years of Performance

Family Planning: The goal of the Family Planning program is to reduce unplanned pregnancies. Measuring returning patients' report of unplanned pregnancies is a direct measure of success. This data is collected by adding the question, "Have you had an unplanned pregnancy since your last annual physical?" to the interview, and capturing these answers through a code in the Patient Management System. A trend will be established over three years.

Maternal Health: The goal of the Maternal Health program is healthy pregnancy outcomes for women followed in the program. The most significant factor in preventing infant mortality and morbidity is low birthweight reduction. The Baby Love project enrolls patients who are financially eligible for Medicaid from patients in the agency's Prenatal Clinic, community providers and Duke University's High Risk Obstetrics Clinic. If the project can maintain current services, it is anticipated that prematurity rates can be maintained or



slightly improved; however, economic downturns also are associated with higher prematurity and higher infant mortality, so there is a risk the current recession will prevent improvement.

Child Health: The Health Check participation ratio is based on the percentage of children who have Health Check (Medicaid) and who are due for a health screening in a given year and receive the screening. For the past two years, a Health Check Improvement Task Force has worked to understand issues related to Health Check participation, enrollment and data collection. One barrier identified was an inability to communicate in Spanish. As a result, the program was able to obtain funding through Duke University Medical Center Division of Community Health to hire a Spanish-speaking Health Check Coordinator. If the program can continue to have this position, it is expected that there will be a solid and increasing impact on participation for children from Spanish-speaking families.

Strategies: What do you propose to do to improve program performance?

Family Planning

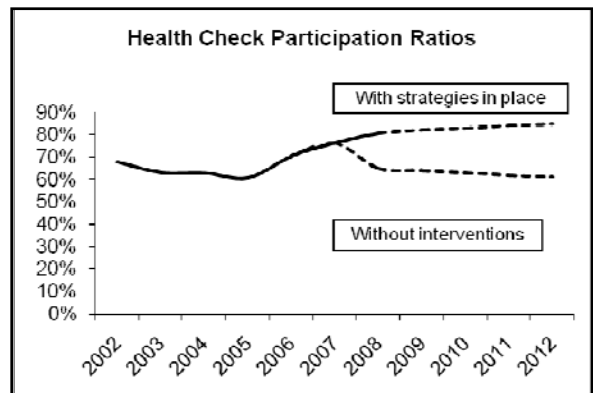
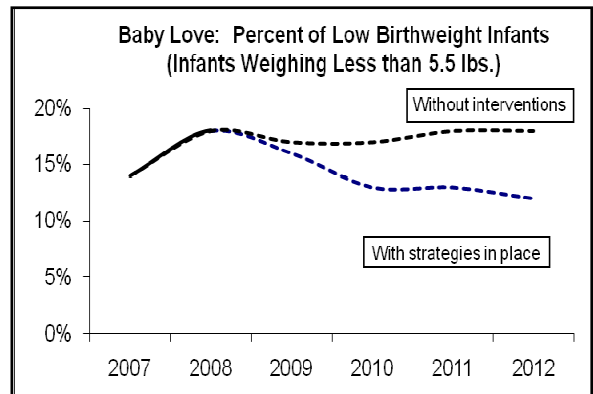
- Maintain high-quality clinical services provided by a skilled and committed staff.
- Improve efficiency and safety for patients by hiring a Triage Nurse to respond to walk-ins.
- Improve efficiency and relationships by hiring more Spanish-speaking staff.
- Improve efficiency (thereby reducing wait times) and transitions to other programs with facility improvements, including co-locating services with Maternity Services – a long-term activity to be accomplished in construction of the new Human Services Complex.

Maternal Health

- Enhance patient relationships by providing more private counseling space.
- Improve efficiency and relationships by recruiting more Spanish-speaking staff.
- Secure dedicated space and financial resources to provide child care to patients taking part in Centering Pregnancy Clinics.
- Improve efficiency (thereby reducing wait times) and transitions to other programs with facility improvements, including co-locating services with the Family Planning Clinic – a long-term activity to be accomplished in construction of the new Human Services Complex.

Child Health

- Continue to provide bilingual Health Check services as long as Duke University Medical Center Division of Community Health funds the position.
- Develop closer collaborations with Health Check, Child Service Coordination and Postpartum Newborn Nurse/Durham Connects to find families lost to follow-up care.
- Provide more accessible language line services as Durham County’s population becomes more diverse.



PUBLIC HEALTH-ENVIRONMENTAL HEALTH

The Division of Environmental Health supports the prevention and control of communicable diseases. Through compliance and consultative activities, the General Inspections Section and the Water and Waste Section promote the improvement of public health and environmental quality.

The **General Inspections Section** is responsible for the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food services, lodging facilities, tattoo artists, day care centers and other institutions. Environmental investigations of childhood lead poisonings are provided and the subsequent remediation of identified lead hazards is documented. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents.

The **Water and Waste Section** is responsible for the mandated enforcement of local and state rules and regulations as they apply to private water supply wells, private sewage disposal systems, public swimming pools and nuisance complaints. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to soil, water, swimming pool sanitation and safety, general sanitary practices and exposure to chemical, biological and/or physical agents.

2008-09 ACCOMPLISHMENTS

- Initiated the use of the Custom Data Processing (CDP) system, a comprehensive data management system designed to serve environmental health permitting and inspection functions including restaurants, lodging facilities, commercial pools, lot evaluations for septic systems, private water wells and more. It is intended to increase efficiencies in data retrieval, record keeping, workload management, statistical reports and customer service.
- Managed an increased demand for more Temporary Food Establishment (TFE) permits than in any previous year.
- Continued to play the lead role in ServSafe management certification classes in conjunction with Orange County Environmental Health and Cooperative Extension.
- Inspected and permitted all 280 swimming pools in Durham County.
- Developed software to allow Global Positioning System (GPS) field data from well and septic applications to be recorded and to generate permit drawings.
- Completed paper file reorganization in preparation for the document imaging project. Once these files are imaged, staff will have electronic access to all permits and records.

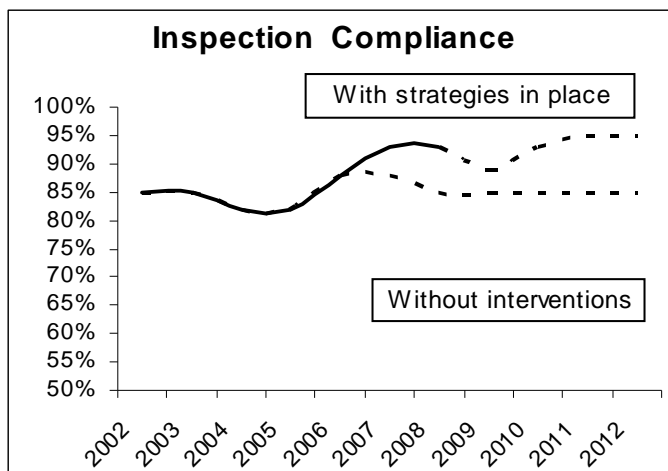
2009-10 PERFORMANCE MEASURES

General Inspections Section

Performance Measure: Percentage of food service establishments receiving all mandated/required quarterly inspections.

Story Behind the Last Two Years of Performance

- Inspection compliance increased to 93% for FY 2007-08. The Environmental Health Division was successful in recruiting and maintaining an experienced staff.
- Staff vacancies in FY 2008-09 will reduce compliance. Increased compliance in subsequent years will depend, in part, on staff retention.
- Supervisory emphasis has been to target establishments with lower scores, which resulted in increased return visits.
- As Durham's population grows, the number of establishments under inspection has steadily increased. There has not yet been any decline in plan submittals and permits issued for new food service establishments due to the current economic



downturn. As of March 2009, the number of new applications is meeting or exceeding last year's levels.

- Inspection complexity appears to be rising due to an increasing number of food service establishments with greater seating capacities and expanded menus.

Strategies: What do you propose to do to improve program performance?

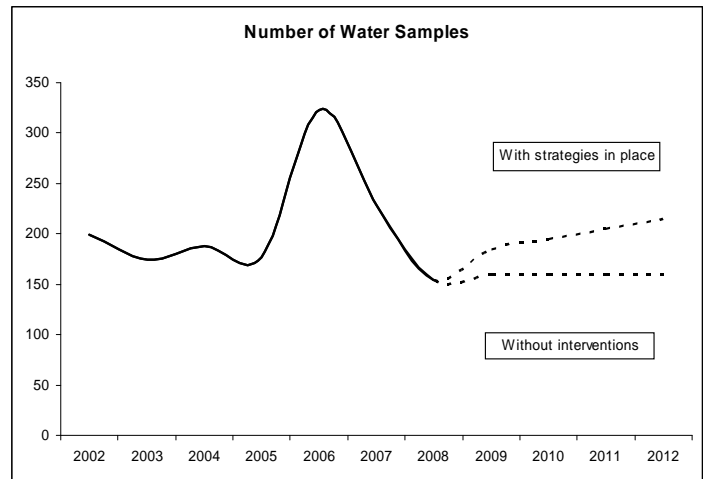
- Continue emphasis by Environmental Health staff on mandated inspection requirements.
- Maintain competitive salaries to support retention of experienced personnel.
- Continue information dissemination through the promotion of ServSafe, the yearly newsletter and other food safety materials. This will reduce establishment compliance issues and allow inspectors to spend less time on minor operational issues.
- Target facilities with low inspection scores for additional educational opportunities.

Water and Waste Section

Performance Measure: Number of water sample requests from residents connected to private wells.

Story Behind the Last Two Years of Performance

- Economic downturn has impacted the number of new housing starts served by wells.
- New state well rules effective July 1, 2009 require all new wells to be sampled for bacteria, inorganic elements and nitrates/nitrites.
- Continued emphasis by Environmental Health staff on recommended well maintenance and on the importance of good water quality contributed to awareness by the public of the division's water sampling resources.
- There were 140 water samples processed through January 2009, ahead of numbers reported during the same period in 2008.
- Economic recovery should lead to increased interest in water sampling in FY 2009-10 and beyond.



Strategies: What do you propose to do to improve program performance?

- Maintain a database of water sample requests and sample results.
- Continue emphasis by Environmental Health staff on mandated well inspection requirements.
- Maintain a continual message to the public emphasizing the importance of regular well maintenance and monitoring of well water quality.
- Maintain staff levels to allow emphasis on educational activities.
- Continue the promotion of regular well maintenance and monitoring of well water quality through consultation, presentations, news releases and a mailing to Durham County residents.

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MENTAL HEALTH (THE DURHAM CENTER)

MISSION

The Durham Center is committed to helping individuals and families affected by mental illness, developmental disabilities and substance abuse in achieving their full potential to live, work and grow in their community.

The Durham Center will provide leadership and collaborate with others to assure a flexible, responsive and cost effective service system with priority assistance to Durham citizens who have limited service and/or financial options.

PROGRAM DESCRIPTION

The Durham Center is the Local Management Entity (LME) for mental health, developmental disabilities and substance abuse for the single county catchment area: Durham County. The Durham Center is governed by an area board, with all board members appointed by the Board of County Commissioners.

The Durham Center is responsible for ensuring that Durham County citizens who seek help receive the services and supports for which they are eligible to achieve their goals and to live as independently as possible. The Durham Center also is responsible for ensuring Durham County citizens receive quality services and their individual rights are protected.

The Durham Center is responsible for managing finances, service authorizations, contracts with direct service providers, service quality and regulatory standards as well as developing the service array and ensuring appropriate customer choice. It no longer directly provides mental health, developmental disabilities or substance abuse services.

The Durham Center contracts with more than 165 service providers in the area to provide mental health, developmental disabilities and substance abuse services to children and adults in Durham County. For those clients who do not speak English, The Durham Center can provide a list of providers who speak languages other than English.

2009-10 HIGHLIGHTS

- Child and Adult System of Care programming is merged in one cost center effective July 1, 2009. Added five (5) FTEs to consolidate previous service provision by contracted staff. Combining the efforts in one cost center and establishing permanent staffing will increase the efficiency and effectiveness of the system of care initiatives and provide stability for continued momentum and success in addressing the needs of our community's most vulnerable children and adults.
- Added seven (7.0) FTEs for Medicaid Utilization Management and Review Program – funded through a State contract.
- Employee benefits are budgeted in the LME since administrative costs are State funded. The expenditure has been budgeted as a transfer to the Health Benefits Fund in the amount of \$436,320.

2008-09 ACCOMPLISHMENTS

Substance Abuse

- Coalesced community resources and coordinated a wide range of Recovery Month activities, including media penetration and a highly successful recovery celebration block party attended by more than 200 community members.
- Increased visibility of services through a four-page, full-color informational tabloid in The Herald-Sun during Recovery Month in September 2008. Placards promoting a variety of recovery messages were placed in all 42 Durham Area Transit Authority (DATA) buses, on billboards and newspaper inserts. A message also was inserted in movie theater advertisements.
- Created an inventory of public awareness activities and conducted preliminary evaluation of strategies, including suggestions for improving message distribution.
- Recruited adult team (Durham Academy of Substance Abuse Awareness and Recovery Advocacy (DASAARA)) of 14 community members representing diverse backgrounds and professions, such as primary care, the courts, Durham County Library, Department of Social Services, retired citizens, faith-based community, Latino community and Durham Technical Community College. DASAARA members receive 15 hours of training, receive support and additional training on monthly basis and work on individual projects to intervene with adults using substances, raising awareness of problem and advocating for individuals needing treatment.

Mental Health (The Durham Center)

Business Area: 5200

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ Expenditures					
Personnel	\$3,432,639	\$3,944,987	\$3,901,028	\$4,257,025	\$4,584,470
Operating	\$25,881,958	\$26,472,474	\$27,764,861	\$27,033,607	\$26,706,162
Capital	\$46,341	\$0	\$699,776	\$139,093	\$139,093
Transfers	\$0	\$0	\$0	\$436,320	\$436,320
Total Expenditures	\$29,360,938	\$30,417,461	\$32,365,665	\$31,866,045	\$31,866,045
▽ Revenues					
Intergovernmental	\$22,322,544	\$24,713,918	\$24,812,692	\$24,835,656	\$24,935,656
Service Charges	\$71,629	\$45,000	\$45,000	\$50,000	\$50,000
Other Revenues	\$48,595	\$37,000	\$30,275	\$31,000	\$31,000
Total Revenues	\$22,442,768	\$24,795,918	\$24,887,967	\$24,916,656	\$25,016,656
Net Expenditures	\$6,918,170	\$5,621,543	\$7,477,698	\$6,949,389	\$6,849,389
FTEs	61.00	61.00	65.00	72.00	77.00

2008-09 ACCOMPLISHMENTS (continued)

- Expanded workforce development partnership to include North Carolina Evidence Based Practices Center (under Southern Regional Area Health Education Center) and Wake Area Health Education Center to offer continuing education credit to participants in addition to North Carolina Substance Abuse Professional Practice Board credit.
- Offered 24 hours of substance abuse specific training between July 2008 and January 2009, with an additional 30 hours scheduled through the end of FY 2008-09.

Adult Mental Health

- Offered two monthly skill-building training courses, Teaching Case Conferences and Motivational Interviewing Practicum.
- Continued to offer Workforce Incentive Package for substance abuse counselors committed to staying in Durham. Six of seven counselors starting in FY 2007-08 still provide substance abuse treatment services in Durham County, one participant has certification and is registered for another certification, two others are registered with the North Carolina Substance Abuse Professional Practice Board for license. Five counselors participated in program for FY 2008-09.
- Created five technical assistance teams to assist and monitor implementation of best practice services.
- Continued working with the Durham Police Department and other local law enforcement agencies to establish a Crisis Intervention Team Program (Duke University, Chapel Hill Police Department and North Carolina Central University). This year, 32 additional officers were trained and have been successful in de-escalating crisis situations and thereby diverting people with mental illness from arrest and incarceration.
- Further developed Wellness Management and Recovery (WMR) model created in October 2007 and implemented the WMR Pre/Post Outcome Assessment Tool to evaluate consumer outcomes after receiving WMR services. Based on data received from pre and post assessments, WMR services increased consumers quality of life in all areas evaluated, including use of substances, medication compliance, involvement of family/friends in treatment and understanding of illness including symptoms and coping strategies.
- In an attempt to reduce the amount of consumer recidivism to the state hospital, The Durham Center implemented the Hospital Pilot Program. This program provided four agencies, offering intensive level services (ACT, IDDT and CST), reimbursement for specialized time spent with consumers pre and post discharge from the state hospital.
- Through a two-year \$200,000 grant from the United States Department of Justice Bureau of Justice Assistance, The Durham Center has contracted with a local provider to develop a Mental Health Jail Diversion Team. This team began services in February 2009, aiming to divert as many as 70 defendants at pretrial or sentencing into specialized

treatment provided by the team and to work closely with individuals to reduce time spent in jail and rates of re-offense.

Child Mental Health

- The Durham Center staff has included evidenced-based/best practice information in the Care Review Manual to encourage action steps and recommendations that are evidenced-based for children and families.
- The Supervisor Support Project provided training and coaching to six provider agencies. The training focused on improving wraparound skills and supervision techniques. The participants also developed a plan for how to implement System of Care throughout their agency, from staffing to policies and through practice.
- Training also is underway for Parent-Child Interaction Therapy (PCIT) where several individual child providers/therapists are being trained on the technique in working with families. This will increase the pool of providers able to use this evidenced-based method in their work with children and families.
- The Durham Center, through a contract with the Center for Child and Family Health, has offered two trainings, the first focusing on evidence-based practice in treating 3 to 5 year olds and the second on how to accurately assess 3 to 5 year olds in order to connect them earlier to mental health services.
- The Durham Center continues to work with other child-serving community partners to ensure the child mental health service delivery system reaches those children and youth who are unlikely to get the support they need.
- The Durham Center collaborated with Durham Public Schools, the Public Health Department and the Department of Social Services to implement the Child and Family Support Team (CFST) grant in seven schools in Durham. This initiative provides interagency teams to support at-risk students and their families to prevent school failure and out-of-home placements. Current planning is underway to implement System of Care within Durham Public Schools.
- Nearly 70 Child and Family Teams were assisted through the Care Review Process either for technical assistance or planning around out-of-home placement. Care Review is offered weekly and generally there are four teams attending, with each participating once a month.
- The Durham Center staff provided technical assistance for 151 Child and Family Teams from July 2008 to December 2008.
- The Child Community Collaborative has offered educational topics through guest speakers on various life-domain topics, including education and substance abuse.

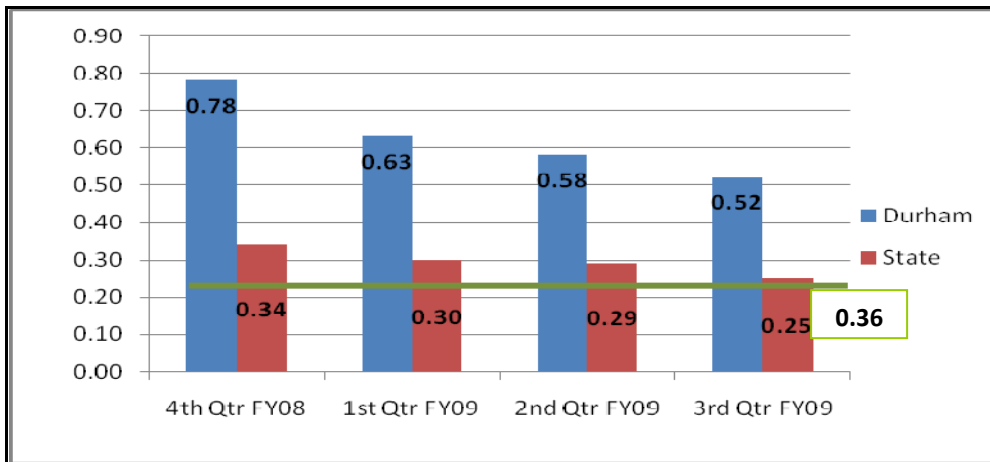
Developmental Disabilities

- In July 2008, Systemic Therapeutic Assessment, Respite and Treatment (START) services discussion was initiated in North Carolina and The Durham Center established as lead LME for central North Carolina START. A START clinical team has been established in Durham, and one crisis respite location has been developed for individuals with developmental disabilities exhibiting challenging behaviors. START teams provide consultation and technical assistance to Mobile Crisis Teams and other support providers and for individuals with dual disorders in crisis.
- Through START development, an MR/MI respite home is being established for both planned and crisis respite in the Durham area.
- Hosted a community Learning, Exploring, Networking and Strategizing (LENS) workshop with key community stakeholders.
- Coordinated seamless transition for 328 current Community Alternatives Program (CAP) waiver recipients in Durham County to new waivers in November 2008, including crosswalk of services. Ten additional individuals obtained CAP Medicaid waivers from current waitlist in Durham area.
- Approximately \$14,840,000 in Medicaid CAP waiver annual cost summary reports are in place for these 339 individuals.
- Funded supported collaborative efforts with Durham Public Schools towards provision of music, social and communication activities in community settings. This project supported 65 individuals during FY 2008-09.
- Through funded support to Durham Inclusion Support Services, 42 programs and 136 providers received training at 20 sessions on increasing out of school time options for youth with disabilities in Durham County. In addition, 15 individual providers received consultation and technical assistance to address specific inclusion issues.
- Collaborated with other LMEs and the Brain Injury Association of North Carolina in making available a resource directory for services and supports for people with brain injury and their families.
- Continue to work with Murdoch Center to identify individuals who are interested in community transition.
- The Durham Center solicited and established a provider of community-based transitional employment/job development and micro-enterprise development services in Durham County. The agency chosen also will provide waiver-supported employment and vocational rehabilitation referred services for The Durham Center. Services include job club, affirmative industry enclaves, job shadowing, employee mentor groups, volunteer experiences and

job sharing, among others.

2009-10 PERFORMANCE MEASURES

Performance Measure 1: Stabilize hospital admissions



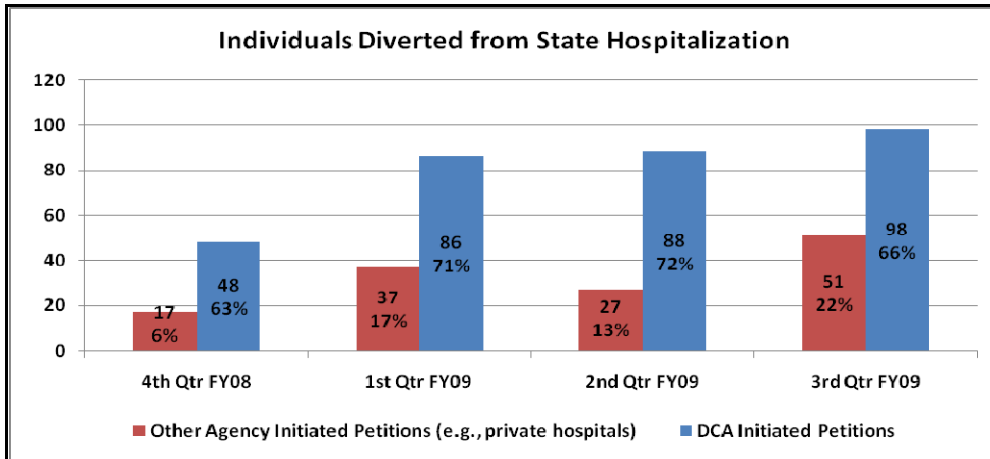
Story Behind the Last Two Years of Performance:

- Keeping individuals in the community, rather than sending them to the state hospital, is a priority for The Durham Center.
- The state has a target of no more than 0.36 admissions to the state hospital per 1,000 individuals.
- Though the number of admissions to the state hospital has gone down over the past several years, Durham County still continues to have higher admission rates than the state average.
- Due to a number of strategies (opened the new Durham Center Access (DCA) facility with additional beds, increased transitional beds, hired a Hospital Liaison, started a Mobile Crisis Team, began a weekly Hospital Committee meeting to look at individuals frequently using the state hospital), from the second quarter of FY 2007-08 to the third quarter of FY 2008-09, Durham County has had a 36% reduction in admission rates to the state hospital.

Strategies: What do you propose to do to improve program performance?

- Through The Durham Center's System of Care efforts, find ways to better connect indigents' who are homeless and in crisis and/or who step down from the hospital to needed services.
- Increase utilization of Mobile Crisis Services, responding to individuals experiencing a crisis in the home or community settings. This team also will begin follow-up with consumers being discharged from the hospital to ensure they get to their initial treatment appointment.
- Continue to utilize DCA as a diversion for individuals who are under involuntary commitment.
- Utilize the Walk-in Clinic to ensure that individuals who are stepping down from the hospital have access to appropriate psychiatric medications in a timely manner.
- The Durham Center's Hospital Committee will continue to meet weekly to address issues related to hospital admissions.
- The Durham Center's Care Coordination Unit (including the Hospital Liaison) will continue to work to connect individuals with appropriate community treatment.
- Utilize community inpatient alternatives such as Duke University Medical Center.

Performance Measure 2: Reduce state hospital usage through community diversion



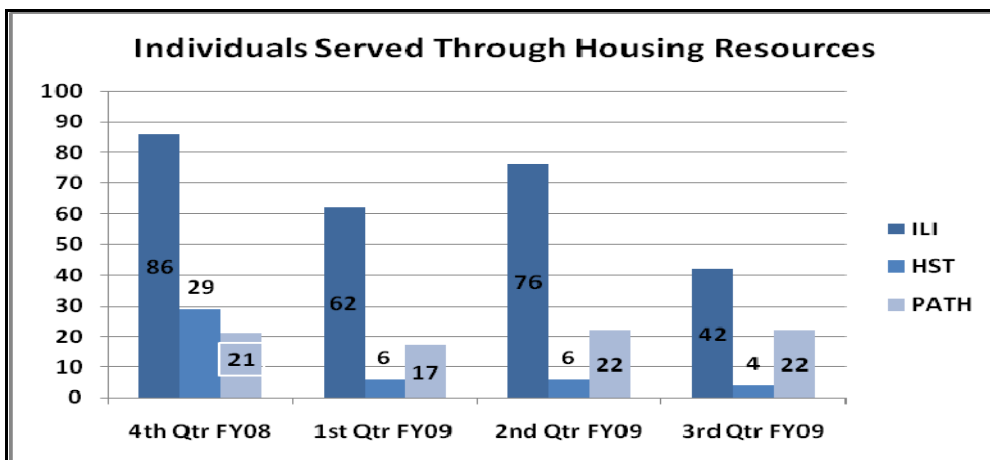
Story Behind the Last Two Years of Performance

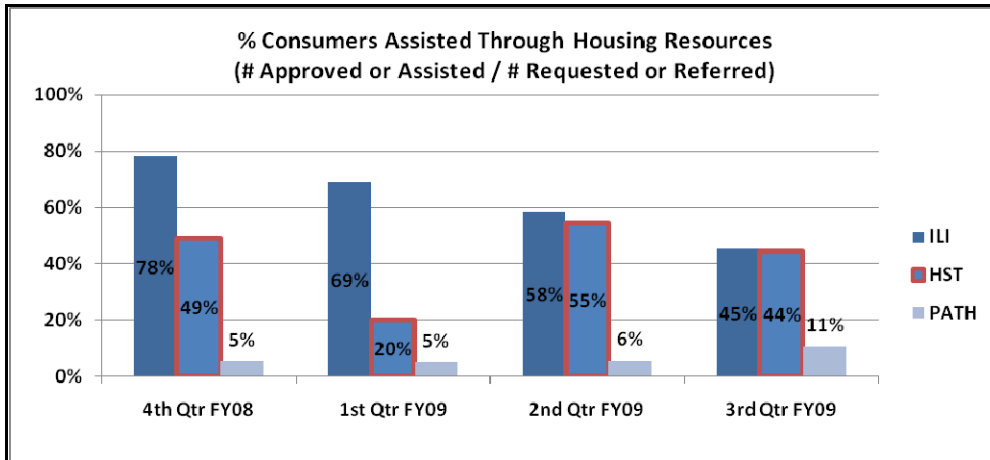
- Consumers in crisis who present to DCA first, rather than to a local emergency department, have a better opportunity of being stabilized without being sent to a state hospital.
- For example, in the second quarter of FY 2008-09, individuals who were initially evaluated at DCA were more than 50% more likely to be stabilized with local resources than those who initially presented to other emergency centers.
- DCA’s ability to accept involuntarily commitments, as of December 1, 2008, has increased the number of individuals who can be diverted from the state hospital.
- The Durham Center has seen a marked increase (52%) in the number of individuals who have been diverted from the state hospital over the last year.

Strategies: What do you propose to do to improve program performance?

- DCA will continue to educate the community about how to access services.
- Continue to work with law enforcement to promote pre-booking diversion through DCA (instead of emergency department) for individuals where treatment is more appropriate than incarceration.
- Continue to work closely with other inpatient facilities to identify diversion opportunities.
- Increase utilization of Mobile Crisis Services, responding to individuals experiencing a crisis in the home or community settings. For individuals who need involuntary commitment, Mobile Crisis Services will divert them.
- The Durham Center will continue to work with provider agencies to develop appropriate crisis plans for individuals they serve.
- Fully actualize new crisis services to include the Walk-In Clinic, inpatient services and psychiatric services to the Detention Center.
- Seek funding for child inpatient beds.

Performance Measure 3: Decrease the number of individuals who are homeless or at risk of homelessness





ILI = Independent Living Initiative (emergency funding to stabilize housing for individuals in The Durham Center network)

HST = Housing Support Team (two-year pilot program to assist individuals who have significant housing and mental health needs to stabilize housing)

PATH = Assertive outreach to individuals who are homeless and have a mental illness

Story Behind the Last Two Years of Performance:

- Stable housing is an essential part of treatment for individuals with mental illness, developmental disabilities and substance abuse issues. Individuals with these disabilities often have trouble finding affordable housing due to low incomes and limited disability benefits.
- The Durham Center has a number of housing programs it supports to ensure there are affordable housing options for individuals in the system.
- While The Durham Center would like to continue to increase the number of individuals who are receiving assistance, due to budget cuts and increased need, The Durham Center has seen more than a 50% reduction in the last year in the number of people who can be assisted.

Strategies: What do you propose to do to improve program performance?

- Identify possible grant funding to address the significant housing needs of individuals in services.
- Continue to provide support for programs that utilize best-practice approaches to housing.
- Identify funding sources to increase the number of supportive housing developments for individuals with special needs.
- Collaborate with agencies having housing resources appropriate for individuals with disabilities (ex. United States Department of Veterans Affairs).
- Continue to train providers on the importance of housing during treatment and the available resources in the community.
- Increase the number of permanent, supportive housing options (ex. United States Department of Housing and Urban Development's Homes and Communities Shelter Plus Care Program).
- Increase the number of homeless individuals who have access to disability benefits through a number of new approaches, such as the SOAR Program (best-practice program that increases the likelihood of successfully accessing disability benefits in an expedited manner for individuals who are homeless). This allows individuals access to income that can stabilize housing.

SOCIAL SERVICES

MISSION

Created by the North Carolina General Assembly and sustained with public funds, the Durham County Department of Social Services' vision is a community where families achieve well-being. The department's mission is "Partnering with families and communities in achieving well-being through prosperity, permanence, safety and support." The department operates with a Core Values Statement:

The staff of the Durham County Department of Social Services makes this commitment to individuals, families, our community and ourselves:

- We will show **RESPECT** by recognizing the importance of each individual, treating everyone with kindness, dignity and compassion.
- We will demonstrate **INTEGRITY** by being honest, dependable, trustworthy, responsible and accountable for performance and results.
- We will cultivate **PARTNERSHIP** as the best way to help individuals and families develop their strengths and meet their needs, while working together to achieve more.

Social Services

Business Area: 5300

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ Expenditures					
Personnel	\$23,165,036	\$25,144,746	\$23,258,228	\$23,021,498	\$22,101,450
Operating	\$331,320,872	\$361,988,262	\$349,759,128	\$398,694,161	\$395,683,719
Capital	\$110,139	\$270,000	\$270,000	\$270,000	\$270,000
Transfers	\$0	\$0	\$0	\$2,872,440	\$2,872,440
Total Expenditures	\$354,596,047	\$387,403,008	\$373,287,356	\$424,858,099	\$420,927,609
▽ Revenues					
Intergovernmental	\$325,248,398	\$360,579,573	\$348,613,397	\$404,626,420	\$401,402,127
Contrib. & Donations	\$936,282	\$963,666	\$563,164	\$806,841	\$0
Service Charges	\$218,484	\$217,522	\$182,080	\$154,693	\$154,693
Other Revenues	\$35,111	\$0	\$42,792	\$0	\$0
Total Revenues	\$326,438,275	\$361,760,761	\$349,401,433	\$405,587,954	\$401,556,820
Net Expenditures	\$28,157,772	\$25,642,247	\$23,885,923	\$19,270,145	\$19,370,789
FTEs	482.00	486.00	486.00	486.00	486.00

2009-10 HIGHLIGHTS

- Various operating expenditures were reduced in order to reach the targeted budget reduction.
- Employee benefits are budgeted in this agency for purposes of drawing down State and Federal revenues on the expenditure. The expenditure has been budgeted as a transfer to the Health Benefits Fund in the amount of \$2,872,440.
- Reduction in Smart Start funding from Durham's Partnership for Children to DSS of \$3,019,086
- 7 Durham Public Schools social workers for the Child and Family Support Team Program and 12 Durham Public Schools social workers for the Community Initiatives Program. These positions have always been funded by State dollars through a contract with Durham Public Schools, however, funding for FY 2010 is not certain at this time. The County has funded \$92,000 for these positions for a two (2) month period until a final determination is received.
- Lease for donated space to the Early Head Start Program \$8,644
- Durham County budgets state and federal pass-through funding. When comparing Durham County Department of Social Services to other social services agencies, this must be taken into account in order to make accurate comparisons. For FY 2009-10, pass-through revenues total \$368,393,153.

SOCIAL SERVICES-ADMINISTRATION

MISSION

Created by the North Carolina General Assembly and sustained with public funds, the Durham County Department of Social Services' vision is a community where families achieve well-being. The department's mission is "Partnering with families and communities in achieving well-being through prosperity, permanence, safety and support." The department operates with a Core Values Statement:

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- We will demonstrate **INTEGRITY** by being honest, dependable, trustworthy, responsible and accountable for performance and results.
- We will cultivate **PARTNERSHIP** as the best way to help individuals and families develop their strengths and meet their needs, while working together to achieve more.

PROGRAM DESCRIPTION

This cost center includes the activities of the Program Support and Accountability Division and the Communication, Development and Customer Information Division. These divisions support the department's direct services staff, which carry out the department's mission.

Key components of the Program Support and Accountability Division include:

- Accounting
- Budget preparation
- Information technology management and planning
- Information technology support
- Facility support
- Risk management
- Planning
- Evaluation

Key components of the Communication, Development and Customer Information Division include:

- Management of internal and external communications
- Staff training
- Organizational development
- Customer service
- Customer information center
- Results based accountability (RBA)

Social Services-Administration

Funds Center: 5300641000

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$2,833,537	\$2,766,970	\$2,657,122	\$2,692,892	\$2,692,892
Operating	\$2,355,210	\$2,751,574	\$2,619,189	\$2,674,491	\$2,674,491
Capital	\$110,139	\$270,000	\$270,000	\$270,000	\$270,000
Total Expenditures	\$5,298,886	\$5,788,544	\$5,546,311	\$5,637,383	\$5,637,383
▽ <i>Revenues</i>					
Intergovernmental	\$166,945	\$166,945	\$143,095	\$166,945	\$166,945
Contrib. & Donations	\$0	\$168,846	\$0	\$0	\$0
Other Revenues	\$1,322	\$0	\$711	\$0	\$0
Total Revenues	\$168,267	\$335,791	\$143,806	\$166,945	\$166,945
Net Expenditures	\$5,130,619	\$5,452,753	\$5,402,505	\$5,470,438	\$5,470,438
FTEs	48.00	49.00	52.00	52.00	52.00

2008-09 ACCOMPLISHMENTS

Program Support and Accountability Division

- Continued partnership with other departments in planning for the new Human Services Complex.
- Provided effective contract management for more than 70 contracts, ensuring fiscal and performance accountability.
- Completed an internal process analysis of time entry and developed a manual for staff members.
- Continued to scan records in major program areas.
- Cleared independent audit with no material weaknesses and/or significant findings.
- Maximized resources effectively, leaving very little money unspent from non-county sources.
- Assisted all divisions with planning and data collection.
- Provided timely and effective responses to all staff regarding continuously improving work environments.

Communication, Development and Customer Information Division

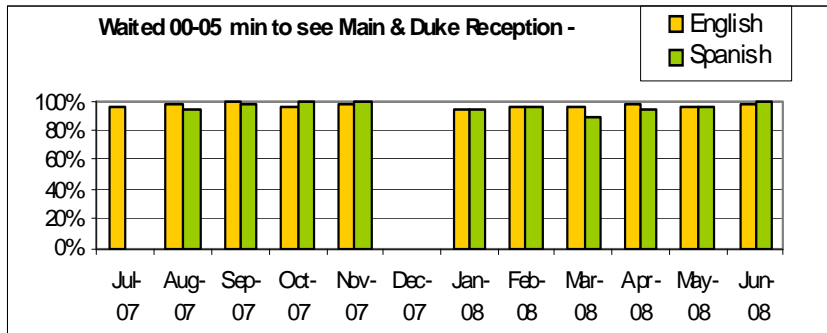
- The award-winning DSS Partnership Series, Investing in Human Capital, continued for a second year, bringing DSS staff and 180 community partners together to learn about DSS services.
- DSS published a monthly newsletter providing information on agency events, programs and special initiatives.
- DSS offered more than 100 different training courses to staff members every six months. Classes are designed to increase the capacity to serve customers, with a particular emphasis on building leadership skills in the agency. Courses included technology skills, customer service, cultural competency, supervisory development and program-specific training.
- DSS launched publication of quarterly RBA reports and published an annual report in January 2008. The reports highlight the key "public square test indicators" of DSS's progress in reaching key agency-wide RBA goals. Program-specific RBA reports also are shared with the DSS Board and DSS Management Team each month on a rotating basis.
- Customer service satisfaction ratings averaged 93% for clients reporting they were treated with courtesy and respect by reception staff. Client wait times agency-wide never averaged more than 25 minutes, despite significant increases in demand for services.
- A self-audit of the agency's Language Assistance Plan was conducted to assure compliance with Title VI of the Civil Rights Act of 1964 and bilingual (English/Spanish) staff are now at every reception station and always available through the agency's Call Center. More than 70 local forms have been translated into Spanish to educate and inform the Latino community about DSS programs, services and eligibility requirements.
- More than 35 articles about DSS programs, services, challenges and results have appeared in The Herald-Sun and News & Observer in the past year. Durham County DSS also was featured in GOVERNING magazine and GOVERNING human services e-newsletter.
- A redesign of the DSS website was developed and launched in September 2008.
- Outreach was expanded for Volunteer Income Tax Assistance (VITA) sites and the Earned Income Tax Credit in partnership with the Economic Prosperity RBA group.

- Published a Spanish-language “foto-novela” with partner agencies to educate the Latino community about the child welfare system and community expectations for the care of children.

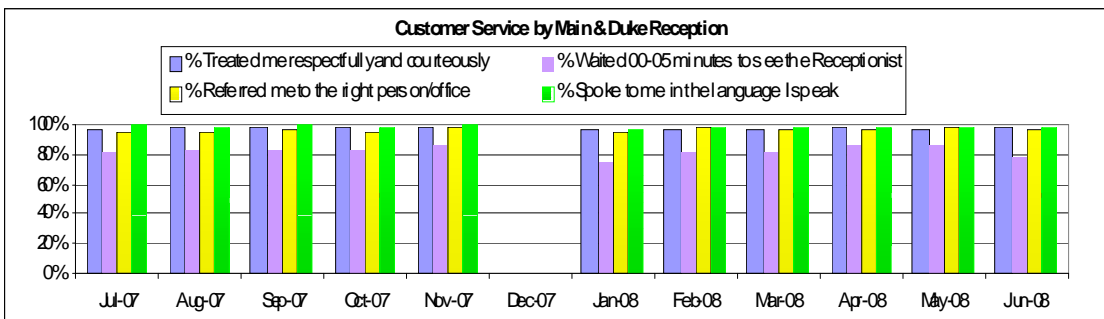
2009-10 PERFORMANCE MEASURES

Performance Measure 1: Length of time customers wait to see a Receptionist

DSS’s goal is that 80% of customers report they wait five minutes or less to see a Receptionist. DSS has exceeded this goal every month.



Performance Measure 2: Customers report they are treated respectfully and courteously



DSS distributes Customer Service Survey cards to every client who checks in at reception. DSS has improved performance considerably since 2002, when only 65% of respondents indicated the reception staff was rated “excellent or good” related to friendliness and courteousness. In FY 2007-08, DSS’s average rating was 93%.

FY 2008-09 saw a substantial increase in cases for public assistance programs. As a result, the Duke Street lobby is frequently crowded and service excellence is even more important to defuse tension and maintain a safe environment. DSS continues to use bulletin boards to share in-depth information about how to access services and added a LCD information screen to share information on program access and documentation required to apply for assistance as well as distributed donated books for children to read and take home, promoted mail-in Medicaid applications and used reminder telephone calls for client appointments.

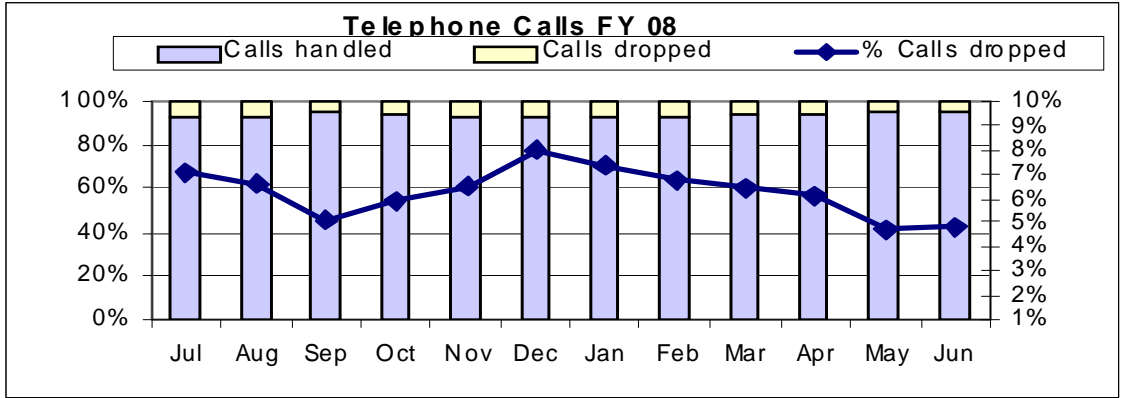
All reception staff at DSS’s Duke Street office are bilingual in English and Spanish and DSS also always has an individual in the back office and Call Center who is bilingual.

Story Behind the Last Two Years of Performance

Beginning in November 2006, DSS offered each walk-in customer the opportunity to complete a Customer Service Survey card. Questions on the survey card include:

- Length of wait time to speak to the Receptionist;
- If the Receptionist treats the customer respectfully and courteously; and
- If the Caseworker treats the customer respectfully and courteously.

Performance Measure 3: Increase the percentage of handled calls in the Call Center indicated by fewer than 5% of calls being dropped



The Call Center’s hours of operation were adjusted to 7:15 a.m. to 5:45 p.m. in May 2008. Being open for extended hours resulted in a significant decrease in dropped calls.

Story Behind the Last Two Years of Performance

- Customer service work processes have been changed dramatically in the past five years.
- Created back office to collect demographic data/open cases. As a result, there have been shorter times in line; a new step was created between check-in and seeing Caseworker and greater privacy.
- Emphasis on service excellence.
- More bilingual staff have been added and recruiting bilingual individuals preferred.
- Cross-trained staff among Customer Information Center function.

Strategies: What do you propose to do to improve program performance?

- Distribute daily Customer Service Survey cards and share results with staff.
- Inclusion of customer wait time standards in individual work plans.
- Fill vacant positions with temporaries so department does not lose customer service quality or increase wait times.

SOCIAL SERVICES-SERVICES

PROGRAM DESCRIPTION

These programs provide for the protection of abused and neglected children and adults, the provision of services to prevent unnecessary institutionalization of disabled and elderly residents, Work First support services, school and community social work services, and child day care subsidy.

Services and programs include:

Adult Social Work Services - Provides services allowing disabled and elderly adults to remain in their own homes; protection of adults from abuse, neglect and exploitation; in-home supportive services to avoid unnecessary institutionalization; and supervision of adult care homes and facilities.

Child Protective Services - Receives screens and investigates reports of suspected abuse, neglect and dependency of children from birth to 18 years old; provides intensive in-home services to families at risk of or with a history of child abuse, neglect or dependency.

Child Foster Care and Adoptions - Provides for the safety and well-being of youth placed in the legal custody of the Durham County Department of Social Services by the juvenile court, and finds permanent, adoptive homes for youth who cannot be reunited with their families or relatives. Recruits, trains and supports foster and adoptive families.

Durham's Alliance for Child Care Access (DACCA) - A unified child care subsidy system responsible for the administration of child care scholarships, transportation services through Smart Start Transportation and access to resource and referral information. The collaboration is governed by a Leadership Team consisting of Directors from the partner agencies: Durham County DSS, Child Care Services Association, Operation Breakthrough and Durham's Partnership for Children. In addition to providing financial subsidy, the program also provides training and technical assistance to contracted child care providers.

Work First Employment Support Services - Provides services to current and former Work First recipients, which enable families to gain economic self-sufficiency by helping them find and retain employment.

Family Crisis and Adult ACCESS Services - Focuses on assisting families and elderly and disabled adults with counseling, information and referral as well as temporary financial assistance to cope with crisis situations related to health, loss of employment, housing and energy problems.

Community Initiatives - Partners with agencies including, Duke University Health System and Durham Public Schools, to provide social work services in the community.

2008-09 ACCOMPLISHMENTS

Adult Social Work Services

- Played a leadership role in developing an innovative Adult System of Care that promotes comprehensive service planning and coordination.
- Managed an award-winning website on adult care homes in Durham County.
- Increased the number of elderly and disabled adults who remain in their own homes as a result of in-home and community services.
- Excellent results from comprehensive audit process.

Child Protective Services

- The repeat maltreatment rate in Durham County continues to be far below the standard set by the federal government and the statewide rate.
- Developed innovative partnership to help families access substance abuse services.
- Developed innovative partnerships with community agencies to prevent child abuse and neglect.

Child Foster Care and Adoption

- Implemented award-winning program to prevent unnecessary entry into foster care by supporting kinship care.
- Exceeded state goal for number of youth to leave foster care through adoptions (30 youth).
- Developed creative network of support for youth who leave foster care at age 18.
- Nine out of 10 youth removed from their families do not have to change schools.
- Nine out of 10 youth in foster care reside in family settings (e.g. relatives, foster homes, etc.).

Social Services-Services

Funds Center: 5300642000

Summary	2008-2009	2007-2008	2008-2009	2009-2010	2009-2010
	Original	Actual	12 Month	Department	Commissioner
	Budget	Exp/Rev	Estimate	Requested	Approved
▽ Expenditures					
Personnel	\$14,008,841	\$12,084,484	\$12,062,196	\$12,617,048	\$11,697,000
Operating	\$22,557,794	\$22,871,651	\$22,864,190	\$18,375,106	\$15,364,664
Total Expenditures	\$36,566,635	\$34,956,136	\$34,926,386	\$30,992,154	\$27,061,664
▽ Revenues					
Intergovernmental	\$29,958,102	\$29,518,577	\$29,886,121	\$25,531,143	\$22,512,057
Contrib. & Donations	\$794,820	\$936,282	\$563,164	\$806,841	\$0
Service Charges	\$2,000	\$683	\$2,530	\$2,000	\$2,000
Other Revenues	\$0	\$10,364	\$15,645	\$0	\$0
Total Revenues	\$30,754,922	\$30,465,906	\$30,467,460	\$26,339,984	\$22,514,057
Net Expenditures	\$5,811,713	\$4,490,230	\$4,458,926	\$4,652,170	\$4,547,607
FTEs	255.00	258.00	251.00	251.00	251.00

2008-09 ACCOMPLISHMENTS (continued)

Durham's Alliance for Child Care Access (DACCA)

- Ninety-seven percent of children from birth to five years old are placed in child care facilities with three, four or five star ratings. The average star placement for a child in FY 2008-09 was 3.73.
- One hundred percent of preschool children receiving scholarships are in regulated care.

Work First Employment Support Services

- Exceeded state goal for adults entering employment (achieved 189; goal 56).
- Exceeded state goal of remaining employed six months after leaving Work First (achieved 77.7%; goal 60%).
- Won a \$120,000 Demonstration Grant (third year) geared towards developing innovative efforts to increase participation rate and employment.

Family Crisis and Adult ACCESS Services

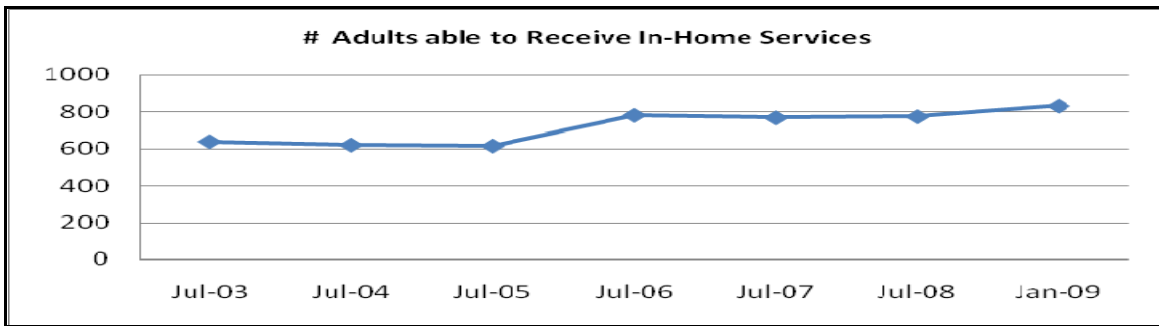
- Developed food cards to meet emergency food needs.
- Provided heating/cooling and eviction relief assistance to a record high number of families.
- Developed financial management classes for individuals who experience frequent financial crises.

Community Initiatives

- Share Your Christmas program in partnership with The Volunteer Center of Durham provided gifts, toys and food for 1,298 families and 4,271 individuals.
- Continued an innovative partnership with Durham Public Schools and Durham County Public Health to assist students at risk of academic failure or out-of-home placement.

2009-10 PEFFORMANCE MEASURES

Performance Measure 1: Number of adults avoiding placement through in-home services provided



Story Behind the Last Two Years of Performance

- Since FY 2004-05, Durham County has received a 75% increase in the state-allocated number of clients who can be served through the Community Alternatives (CAP) and Special Assistance In-Home programs.
- As the proportion of Durham's population that is 60 years old and over has increased, waiting lists for critical services to prevent unnecessary placement have developed.

Strategies: What do you propose to do to improve program performance?

- Participate in community planning to meet the needs of the growing aging population.
- Play a leadership role in strengthening the Adult System of Care network.
- Continue to advocate for additional services and resources for elderly and disabled adults.
- Provide comprehensive assessment and planning services for families experiencing an adult care crisis.

Performance Measure 2: Adults who have been abused, neglected or exploited accept services to prevent a reoccurrence of maltreatment

Year	Referrals Received	Evaluations Initiated	Substantiations	Substantiated Persons Accepting Services
FY 2004-05	290	164	38	37
FY 2005-06	342	147	35	34
FY 2006-07	273	114	24	23
FY 2007-08	332	146	32	27
FY 2008-09 (projected)	334	168	38	36

Story Behind the Last Two Years of Performance:

- Due to the economy, more Adult Protective Services clients have multiple needs, such as shelter, food, medicine and mental health treatment.
- A higher proportion of APS clients require guardianship to assure their protection.
- Nearly all elderly and disabled persons who DSS determines are abused, neglected or exploited are accepting of the department's services.

Strategies: What do you propose to do to improve program performance?

- Play a leadership role in strengthening the Adult System of Care network.
- Continue to advocate for additional services and resources for elderly and disabled adults.
- Advocate for a broader population of residents eligible for an APS evaluation.

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SOCIAL SERVICES-PUBLIC ASSISTANCE

PROGRAM DESCRIPTION

These programs provide entitlement benefits for health access and nutrition services, foster care and adoption payments as well as cash assistance through Work First. The programs are Food Assistance; Medicaid and North Carolina Health Choice for Children; and Work First Family Assistance. The Food Assistance program provides nutrition assistance to eligible families and individuals through an electronic benefit card. The Medicaid and North Carolina Health Choice for Children programs provide health insurance to eligible families and individuals. The Work First Family Assistance program provides Work First cash assistance to families to meet their basic needs of cash, shelter and medical assistance.

2008-09 ACCOMPLISHMENTS

Food Assistance

- Exceeded state goals for processing non-emergency applications within 30 days (achieved 100%; goal 99%) and processing applications accurately (achieved 100%; goal 95%).
- Met state goals for processing emergency applications within seven days (zero tolerance).
- Managed continued caseload increases in Food and Nutrition Services.
- Increased program participation rate from 56.39 to 64.39.
- Processed 16,721 applications.
- Second consecutive year of maintaining 100% accuracy rate.

Medicaid and North Carolina Health Choice for Children

- Managed continued caseload increases in Medicaid.
- Exceeded state goals for timely processing of applications and re-enrollments.

Work First Family Assistance

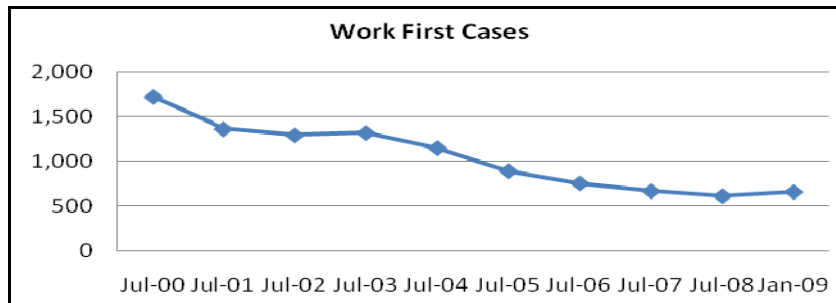
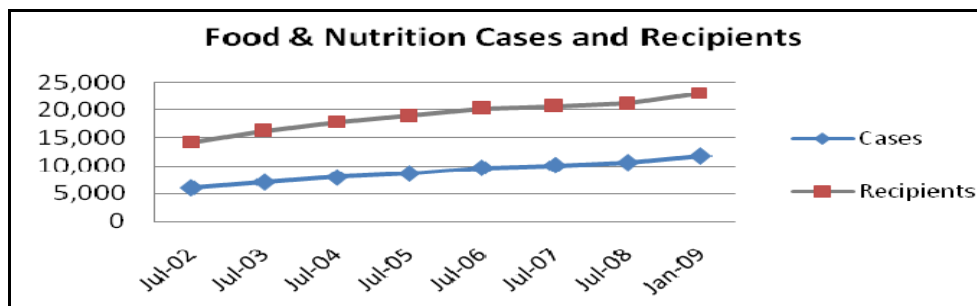
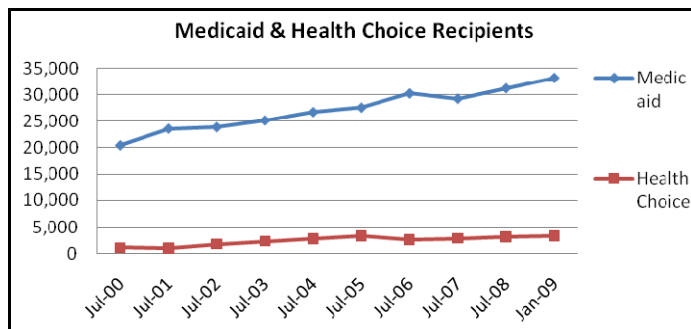
- The percentage of applications processed timely was 94.33% for the year (90% goal).
- Exceeded state goal of adults remaining off Work First for 12 month after leaving for employment (achieved 97%; goal 90%).

Social Services-Public Assistance

Funds Center: 5300643000

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
Expenditures					
Personnel	\$5,966,512	\$6,238,546	\$6,424,835	\$5,835,496	\$5,835,496
Operating	\$305,892,234	\$336,411,394	\$324,150,749	\$377,377,064	\$377,377,064
Transfers	\$0	\$0	\$0	\$2,872,440	\$2,872,440
Total Expenditures	\$311,858,746	\$342,649,940	\$330,575,584	\$386,085,000	\$386,085,000
Revenues					
Intergovernmental	\$292,745,880	\$327,424,634	\$315,656,059	\$375,980,839	\$375,775,632
Service Charges	\$210,666	\$215,522	\$176,594	\$152,693	\$152,693
Other Revenues	\$23,425	\$0	\$26,436	\$0	\$0
Total Revenues	\$292,979,970	\$327,640,156	\$315,859,089	\$376,133,532	\$375,928,325
Net Expenditures	\$18,878,776	\$15,009,784	\$14,716,495	\$9,951,468	\$10,156,675
FTEs	139.00	139.00	143.00	143.00	143.00

2009-10 PERFORMANCE MEASURES



SOCIAL SERVICES-CHILD SUPPORT ENFORCEMENT

PROGRAM DESCRIPTION

This program ensures that non-custodial parents provide financial and medical support for their children. Child Support Enforcement services include location of non-custodial parents and their assets; establishment of support orders; establishment of paternity, if necessary; collection and distribution of payments; and enforcement of legal child support obligations.

2008-09 ACCOMPLISHMENTS

- Through January 2009, Child Support Enforcement had:
 - Collected 67.1% of current child support owed (67.7% goal).
 - Established paternity in 90.3% of cases (99.0% goal).
 - Had 82.7% of cases under Child Support Order (86.4% goal).
 - Had 57.7% collection on arrears (66.4% goal).
- Completed the calendar year with an overall ranking of 69.
- Electronic House Arrest Order revised to review cases every two weeks. This ensures compliance with job search and the monitoring process.
- Assigned a Child Support Agent to assist the court in implementing a New Life Court to ensure that non-custodial parents ordered into the program located employment, received drug screenings, drug counseling and other services to maintain a state of sobriety and employability.

2009-10 PERFORMANCE MEASURES

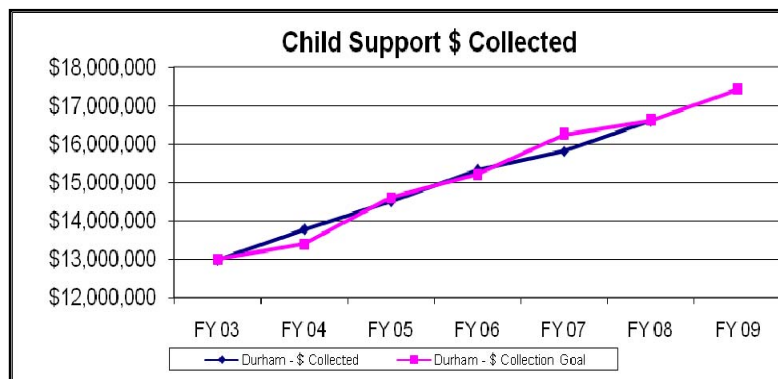
Note: North Carolina Child Support Enforcement has embarked upon a five-year Journey to Excellence Plan that includes set goals for each county. There are goal increases for Durham County in each incentive area built into this plan through 2009.

Performance Measure 1: Total Collections

- FY 2004-05 goal \$14,601,464; collected \$14,502,592
- FY 2005-06 goal \$15,212,597; collected \$15,334,107
- FY 2006-07 goal \$16,254,151; collected \$15,823,035
- FY 2007-08 goal \$16,614,186; collected \$16,609,737
- FY 2008-09 goal \$17,440,224; collected \$9,469,341 (July 2008 to January 2009)

Performance Measure 2: Percentage of Current Support Collected

- FY 2004-05 goal 61.9%; collected 62.0% (met goal due to having no staff vacancies)
- FY 2005-06 goal 66.5%; collected 63.9%
- FY 2006-07 goal 70.1%; collected 65.3%
- FY 2007-08 goal 73.6%; collected 66.7%
- FY 2008-09 goal 67.7% collected 67.1% (July 2008 to January 2009)



Year	Collections Actual	Collections Goal
FY 2002-03	\$12,971,777	\$13,000,000
FY 2003-04	\$13,774,966	\$13,400,000
FY 2004-05	\$14,502,592	\$14,601,464
FY 2005-06	\$15,334,107	\$15,212,597
FY 2006-07	\$15,823,035	\$16,254,151
FY 2007-08	\$16,609,737	\$16,614,186
FY 2008-09	\$9,469,341	\$17,440,224

NOTE: FY 2008-09 numbers reflect July 2008 to January 2009.

Social Services-Child Support Enforcement

Funds Center: 5300644000

Summary	2007-2008	2008-2009	2008-2009	2009-2010	2009-2010
	Actual	Original	12 Month	Department	Commissioner
	Exp/Rev	Budget	Estimate	Requested	Approved
▽ Expenditures					
Personnel	\$2,280,503	\$2,130,389	\$2,114,075	\$1,876,062	\$1,876,062
Operating	\$201,776	\$267,500	\$125,000	\$267,500	\$267,500
Total Expenditures	\$2,482,279	\$2,397,889	\$2,239,075	\$2,143,562	\$2,143,562
▽ Revenues					
Intergovernmental	\$2,816,996	\$3,029,892	\$2,928,122	\$2,947,493	\$2,947,493
Service Charges	\$7,135	\$0	\$2,956	\$0	\$0
Total Revenues	\$2,824,131	\$3,029,892	\$2,931,078	\$2,947,493	\$2,947,493
Net Expenditures	(\$341,852)	(\$632,003)	(\$692,003)	(\$803,931)	(\$803,931)
FTEs	40.00	40.00	40.00	40.00	40.00

2009-10 PERFORMANCE MEASURES (continued)

Story Behind the Last Two Years of Performance:

To enhance program performance the following initiatives were created or enhanced:

- Improved processes for contacting payers at the beginning of the order to determine barriers to paying support.
- Assisted in implementation of pre-trial day for those who have the ability to resolve the case before court.
- Partnered with the Criminal Justice Resource Center to institute the use of the Electronic Monitoring Program as an enforcement tool.
- Focused on timely completion of reports.
- Implemented processes to call delinquent payers to request payments.
- Made calls after hours and on weekends to ensure contact with the non-custodial parent.
- Gained additional court time on Monday afternoons of regular court week.
- Assigned two Sheriff Deputies to serve Child Support Enforcement's Orders for Arrest.

Strategies: What do you propose to do to improve program performance?

- Partner with Employment Security Commission.
- Partner with the Work First Program to send payers and/or potential payers to training typically offered to Temporary Assistance to Needy Families (TANF) recipients.
- Enhance the Electronic Monitoring Program process.
- Plan and implement a parent focus group and explore child support issues and barriers to paying child support in the Durham County community.
- Advocate for increased access to court and county attorney time.
- Representation on the Implementation Committee for New Life Court which began in February 2008. Non-custodial parents are given the opportunity to participate in a program to find employment and receive life skills training to enhance their employability.
- Serve on the Court Improvement Committee to ensure that child support court needs are met.
- Schedule appointments with non-custodial parents for face-to-face meetings with agents.
- Accept money from non-custodial parents in the office.

Performance Measure 3: Percentage of Cases in which Paternity is Established

Story Behind the Last Two Years of Performance:

- In FY 2004-05, the paternity establishment goal was 91.4%. Durham County exceeded the goal at 93.0%.
 - Staff members focused on the Affidavits of Paternity signed at the hospital by the parents of children born out-of-wedlock and used NCXPT reports and work lists associated with timeliness.
 - Developed a dialogue with hospital staff charged with instructing parents about the benefits of paternity.
- In FY 2005-06, the paternity establishment goal was 94.0%. Durham County exceeded the goal at 96.5%.

- Exceeded the goal by completing genetic testing in the courtroom.
- Having the Phlebotomist on site was helpful in assuring the tests were completed at the point of request.
- Continued using reports and work lists associated with timeliness.
- In FY 2006-07, the paternity establishment goal was 98.3%. Durham County established paternity in 92.3% of cases.
 - 15 agents were trained to conduct paternity tests on-site and in the courtroom.
 - Emphasized using compliance work lists to ensure cases worked in a timely manner.
- In FY 2007-08, the paternity establishment goal was 102.5%. Durham County established paternity in 95.5% of cases.
 - Reviewed all closed cases for Affidavits of Paternity.
- In FY 2008-09, the paternity establishment goal is 99.0%. Through January 2009, paternity had been established in 90.3% of cases.

Strategies: What do you propose to do to improve program performance?

- Conduct more group and individual interviews in person.
- Contact clients and non-custodial parents by telephone.
- Increase the contacts made with hospital personnel as a way to increase the Affidavits of Paternity completed.
- Inform more community partners of the benefits of early paternity establishment.
- Visited Duke University Medical Center and Durham Regional Hospital birth certificate staff and was advised of processes and information that will be made available to Child Support Enforcement, if needed.
- Manually reviewed all files to determine if paternity was at issue and if system coded correctly.
- Reviewing Affidavit of Paternity data to ensure all paternity affidavits have been entered into the system.
- Enter Affidavits of Paternity into the system immediately upon receipt from state office.
- Assign agent to complete add-a-baby cases immediately upon receipt of work list items.

Performance Measure 4: Percentage of Cases Having a Child Support Order

Story Behind the Last Two Years of Performance:

- In FY 2004-05, the cases under Child Support Order goal was 75.8%. Durham County completed the fiscal year at 74.7%.
 - Factors that contributed to not meeting the goal included not enough attorney time to review and process documents and follow-up of reports by staff not timely.
- In FY 2005-06, the cases under Child Support Order goal was 79.9%. Durham County exceeded the goal at 81.7%.
- In FY 2006-07, the cases under Child Support Order goal was 84.7%. Durham County completed the fiscal year at 83.7%.
 - Focused on contacting non-custodial parents, completing documents, work lists and reports on time.
 - Staff members were prepared for hearings, acquiring a laptop hook-up in the courtroom, placing a copier in the courtroom and training 15 staff members to perform Buccal Swabs, which establish paternity.
 - Processing staff accompanied agents to court to record dispositions and check employment information in the courtroom on the laptop.
 - Processing staff were trained to assist with client interviews by preparing cases for agents.
- In FY 2007-08, the cases under Child Support Order goal was 89.5%. Durham County completed the fiscal year at 85.4%.
- In FY 2008-09, the cases under Child Support Order goal was 86.4%. Through January 2009, 82.7% of cases were under Child Support Order.

Strategies: What do you propose to do to improve program performance?

- Provide more training to staff members regarding court processes.
- Continue staff processes that impact timeliness and effectiveness.
- Advocate for increased access to court and county attorney time.
- Second attorney assigned to cover second courtroom and review and sign documents.
- Establishment Unit will go to court an extra half day once per month to increase percentage of cases under Child Support Order.
- Voluntary Support Agreement (VSA) Day to be scheduled in April. All agents will be assigned to interview non-custodial parents for a Voluntary Support Agreement.
- Identify cases that meet closure criteria.
- Out of Compliance work list is highest priority.
- Processing staff trained to assist with client interviews by preparing cases for agents.

- Processing staff enter employment, address and service information in system.
- Increase number of orders required of each agent with a caseload.
- Increase number of potential orders in the pipeline.

Performance Measure 5: Percentage of Arrears Collected

Story Behind the Last Two Years of Performance:

- FY 2004-05 arrears collected goal was 59.7%. Durham County exceeded the goal at 59.9%.
- FY 2005-06 arrears collected goal was 64.3%. Durham County completed the fiscal year at 60.3%.
- FY 2006-07 arrears collected goal was 68.8%. Durham County completed the fiscal year at 62.2%.
 - Program performance in this area was inconsistent.
 - Projects to increase collection of payments in arrears by calling payers to request payments.
 - Special court day to request payments.
 - Completed a project to cleanup outstanding Orders for Arrest.
 - Collected payments toward arrears.
 - Court and office negotiations to collect arrears.
 - Data Warehouse reports, and NCXPTR reports were completed monthly by staff.
- FY 2007-08 arrears collected goal was 73.4%. Durham County completed the fiscal year at 64.4%.
- In FY 2008-09, the arrears collected goal was 66.4%. Through January 2009, arrears collected was 57.7%.

Strategies: What do you propose to do to improve program performance?

- Plan an amnesty day and invite non-custodial parents to make a payment toward arrears in the Child Support Enforcement Office.
- March Project to add frequencies to all cases (400) with arrears and no frequency.
- Court and office negotiations to collect arrears.
- Call for collections after hours and on weekends.
- Mail job listings to unemployed, non-custodial parents.
- Special days to add frequency to arrears. Use these days to collect a payment to be applied toward arrears.
- All agents attend court to process cases.
- Overload dockets to collect payments.
- Have a judge on standby to sign orders.

Year	Collection Rate		Paternity Establishment Rate		Cases Under Child Support Order		Collection on Arrears	
	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal
FY 2002-03	58.1%		87.5%		71.8%		55.8%	
FY 2003-04	59.5%		85.5%		70.4%		55.1%	
FY 2004-05	62.0%	61.9%	93.0%	89.8%	74.7%	75.2%	60.0%	59.7%
FY 2005-06	63.9%	66.5%	96.5%	94.0%	81.7%	79.9%	60.3%	64.3%
FY 2006-07	65.3%	70.1%	92.3%	98.3%	83.7%	84.7%	62.2%	68.8%
FY 2007-08	66.7%	73.6%	95.5%	102.5%	85.4%	89.5%	64.4%	73.4%
FY 2008-09	67.1%	67.7%	90.3%	99.0%	82.7%	86.4%	57.7%	66.4%

NOTE: FY 2008-09 numbers reflect July 2008 to January 2009.

JUVENILE CRIME PREVENTION COUNCIL (JCPC)

PROGRAM DESCRIPTION

The **Juvenile Crime Prevention Council (JCPC)** works in partnership with the United States Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve the lives of youth by reducing and preventing juvenile crime. Durham's JCPC prioritizes the needs of youth in Durham County and distributes funds to local programs. JCPC focuses on gang prevention and intervention.

These funds are allocated to Durham County by the North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) from their Intervention/Prevention Funding. This money is available only for programs serving delinquent, undisciplined, and youth at-risk of court involvement, and is restricted to services providing intermediate and community sanctions to juvenile court for delinquent and at-risk youth. Programs are required to offer treatment, rehabilitation, and/or educational enrichment as prioritized in the publicly advertised "Request for Proposals" (RFP) attached.

The Durham JCPC conducted the funding allocation process in accordance with the relevant N.C. General Statutes, and the N.C. Department of Juvenile Justice and Delinquency Prevention (DJJDP) procedures and guidelines. Once the applications were received, the Durham County Juvenile Crime Prevention Council (JCPC) voted to adopt the Durham Annual Funding Plan.

The administrative oversight of this program will be managed by the Criminal Justice Resource Center (CJRC) beginning July 1, 2009.

The following programs are awarded funds contingent to inclusion in the State of North Carolina budget:

- Durham Teen Court and Restitution \$163,973
- The P.R.O.U.D (Personal Responsibility to Overcome with Understanding and Determination) Program \$50,000
- Parenting of Adolescents (Exchange Clubs' Family Center) \$94,800
- Rites of Passage Durham Business and Professional Chain) \$8,400
- Building Family Strengths (Durham Housing Authority) \$12,000
- Child and Parent Support Services/Center for Child and Family Health \$24,000
- Young Warriors Athlete Scholarship (Budo Karate House) \$12,000
- Reserved for Structured Day Care Program \$30,000
- Strengthening Families Program \$12,000
- Contingency Fund \$39,544

Funds Center: 5800273000

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$379,200	\$547,019	\$418,139	\$564,912	\$446,717
Total Expenditures	\$379,200	\$547,019	\$418,139	\$564,912	\$446,717
▽ <i>Revenues</i>					
Total Revenues	\$378,506	\$547,019	\$241,193	\$564,912	\$446,717
Net Expenditures	\$694	\$0	\$176,946	\$0	\$0
FTEs	0.00	0.00	0.00	0.00	0.00

HOMELESSNESS SERVICES

PROGRAM DESCRIPTION

Homelessness Services consists of funding for the 10-Year Results Plan to End Homelessness and Urban Ministries of Durham.

The 10-Year Results Plan to End Homelessness is based on the philosophy and format of Durham's Results Based Accountability Initiative. This initiative is a unified commitment to improving outcomes for children, families and the Durham community as a whole. The plan is one strategy to help ensure that every citizen in Durham has access to adequate, safe and affordable housing. The plan also incorporates Durham County's award-winning System of Care model, which is an integrated network of community services and resources supported by active teamwork among families, professionals and the community. Finally, the plan uses and builds on the existing resources of various service agencies by reinvesting and redirecting current resources, including the Community Assistance Database/Homeless Management Information System developed by the county. The 10-Year Results Plan to End Homelessness is contracted to receive \$67,602 in funding for FY 2009-10.

The mission of Urban Ministries of Durham is to provide food, clothing, shelter and supportive services to neighbors in need. Durham County supports the Community Shelter at Urban Ministries of Durham, housing 81 beds for men, 30 beds for women and 9 rooms, each with a private bath, for families. In emergency situations, the shelter can house up to 175 individuals. The organization also offers a Community Kitchen, Food Pantry and Clothes Closet as well as programs in addiction recovery and job training. Urban Ministries of Durham is contracted to receive \$149,440 in funding for FY 2009-10.

Funds Center: 5800273100

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$0	\$212,790	\$206,406	\$198,290	\$217,042
Total Expenditures	\$0	\$212,790	\$206,406	\$198,290	\$217,042
▽ <i>Revenues</i>					
Total Revenues	\$0	\$0	\$0	\$0	\$0
Net Expenditures	\$0	\$212,790	\$206,406	\$198,290	\$217,042
FTEs	0.00	0.00	0.00	0.00	0.00

COORDINATED TRANSPORTATION SYSTEM

MISSION

The Durham County Center of North Carolina Cooperative Extension helps individuals, families and communities use research-based information and county resources to improve the quality of their lives.

PROGRAM DESCRIPTION

North Carolina Cooperative Extension is an educational partnership between county government and the state's land grant universities – North Carolina State University and North Carolina Agricultural and Technical State University – and the federal government. Local issues are addressed through educational programs delivered at the county center as well as in the community.

Coordinated Transportation is funded by the North Carolina Department of Transportation to assist in assuring accessibility to transportation for citizens with special needs and those living outside the urban sections of the community. Human services and nonprofit agencies use this funding to reduce transportation costs for citizens served. Staff, in conjunction with the Transportation Advisory Board, identifies needs, leverages resources and evaluates options for helping agencies and citizens meet their transportation needs.

2008-09 ACCOMPLISHMENTS

- Durham County ACCESS provided approximately 54,700 trips to residents of the county. These included services for employment, general public and human services passengers.
- Promoted options for mobility service, responsive to the needs of all citizens in the community.
- Provided more than 16,883 trips for elderly and disabled passengers.

2009-10 HIGHLIGHTS

- The Transportation Coordinator position is being upgraded to Mobility Manager, which allows Coordinated Transportation to function at current service levels. The position will be funded 100% with Federal Stimulus Funds (AARA- American Recovery and Reinvestment Act), thus eliminating the 15% County match that would have otherwise been required.
- Budget contains \$120,600 for three new transportation vans which will be funded 100% with Federal Stimulus Funds (AARA- American Recovery and Reinvestment Act), thus eliminating the 10% County match that would have otherwise been required.

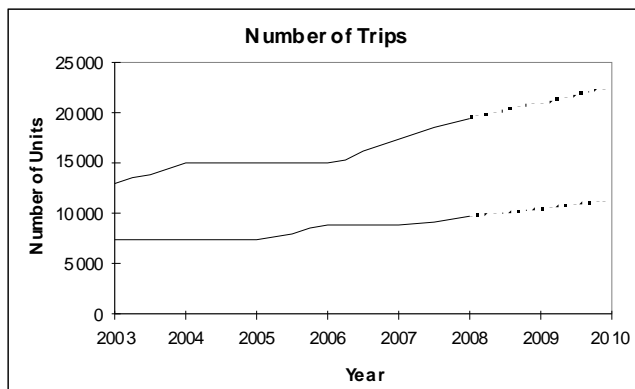
Coordinated Transportation System

Funds Center: 5800650000

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
Expenditures					
Personnel	\$97,032	\$103,183	\$58,850	\$111,961	\$108,661
Operating	\$205,197	\$167,350	\$126,203	\$167,350	\$167,350
Capital	\$0	\$117,300	\$11,209	\$117,300	\$120,600
Total Expenditures	\$302,229	\$387,833	\$196,262	\$396,611	\$396,611
Revenues					
Intergovernmental	\$222,730	\$334,800	\$39,171	\$334,800	\$367,845
Total Revenues	\$222,730	\$334,800	\$39,171	\$334,800	\$367,845
Net Expenditures	\$79,499	\$53,033	\$157,091	\$61,811	\$28,766
FTEs	2.00	2.00	2.00	2.00	2.00

2009-10 PERFORMANCE MEASURES

Performance Measure: Number of elderly and disabled citizens transported via Coordinated Transportation



Story Behind the Last Two Years of Performance

- Substantial increase in the number of citizens participating in the elderly and disabled funding transportation.
- Increase marketing of services increased usage; however, funding continues to limit growth capacity.

Strategies: What do you propose to do to improve performance?

- Continue collaborative efforts with human services and nonprofit agencies to increase service efficiency.
- Completed Transportation Development Study between Durham, Wake and Orange counties should provide strategies that will lead to more options for transportation services.

HUMAN SERVICES NONPROFIT AGENCIES

MISSION

The mission of Durham County government is to enhance the quality of life for its citizens by providing education, safety and security, health and human services, economic development, and cultural and recreational resources.

PROGRAM DESCRIPTION

Durham County is committed to providing financial assistance to those nonprofit agencies which assist it in carrying out its mission. Nonprofit agencies also are asked to focus on one or more of Durham County's Results Based Accountability outcome areas. These outcomes were adopted to engage the community in making broad-based change:

- Everyone is safe.
- Everyone is healthy.
- Children are ready for and succeeding in school.
- Everyone enjoys a prosperous economy.
- Everyone has access to adequate, safe and affordable housing.
- Everyone enjoys a community that is vibrant, rich in aesthetic beauty and embraces and promotes its cultural heritage.
- Everyone enjoys a healthy environment.
- Senior adults have optimum choices for the highest quality of life.
- Everyone enjoys sustainable, thriving neighborhoods with an efficient and well-maintained infrastructure.

Included in this funds center are nonprofit agencies and other nongovernmental agencies whose work complements the efforts of the county's human service agencies and whose mission is the public welfare of the residents of Durham County. The following agencies are budgeted within this cost center:

- Alliance of AIDS Services - Carolina
- Big Brothers Big Sisters of the Triangle
- Child Advocacy Commission
- Child and Parent Support Services
- Child Care Services Association
- Coordinating Council for Senior Citizens
- Durham Companions
- Durham Congregations in Action, YO: Durham
- Durham Council for Children with Special Needs
- Durham Literacy Center
- El Centro Hispano
- Genesis Home
- Inter-Faith Food Shuttle
- Milestones Culinary Institute
- Operation Breakthrough
- Planned Parenthood of Central North Carolina
- Salvation Army
- Senior PHARMAssist
- Triangle Radio Reading Service
- Triangle Residential Options for Substance Abusers (TROSA)
- Women in Action

Detailed funding information for each nonprofit agency is listed in the Appendix.

Human Services Nonprofit Agencies

Business Area: 5800

Summary	2007-2008 Actual Exp/Rev	2008-2009 Original Budget	2008-2009 12 Month Estimate	2009-2010 Department Requested	2009-2010 Commissioner Approved
▽ <i>Expenditures</i>					
▷ Operating	\$876,681	\$811,404	\$784,271	\$1,370,811	\$646,286
▷ Total Expenditures	\$876,681	\$811,404	\$784,271	\$1,370,811	\$646,286
▽ <i>Revenues</i>					
▷ Total Revenues	\$0	\$0	\$0	\$0	\$0
▷ Net Expenditures	\$876,681	\$811,404	\$784,271	\$1,370,811	\$646,286
FTEs	0.00	0.00	0.00	0.00	0.00

Note: The budget for the Juvenile Crime Prevention (JCPC) grant awards has been moved to a separate page within the Human Services section of this document.

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