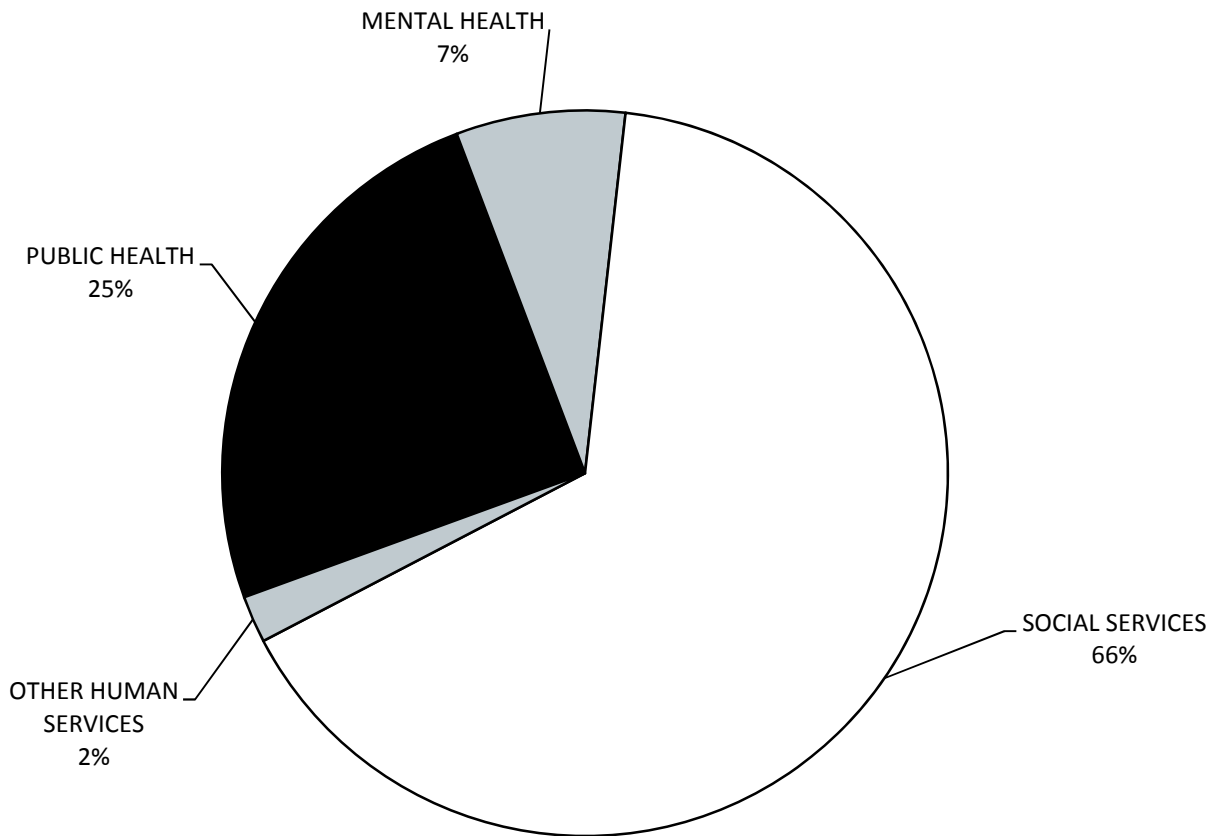


## Human Services Recommended Budget



| Business area         | 2013-2014<br>Actual<br>Expenditures | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|-----------------------|-------------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| PUBLIC HEALTH         | \$ 19,414,494                       | \$ 21,841,914                   | \$ 20,758,397                     | \$ 22,405,215                        | \$ 22,134,504                       |
| MENTAL HEALTH         | \$ 7,118,995                        | \$ 6,661,442                    | \$ 6,661,442                      | \$ 6,728,109                         | \$ 6,728,109                        |
| SOCIAL SERVICES       | \$ 51,010,255                       | \$ 55,887,716                   | \$ 54,454,478                     | \$ 58,997,841                        | \$ 58,528,170                       |
| OTHER HUMAN SERVICES  | \$ 1,811,122                        | \$ 1,548,138                    | \$ 1,128,694                      | \$ 2,490,192                         | \$ 1,867,886                        |
| <b>Overall Result</b> | <b>\$ 79,354,866</b>                | <b>\$ 85,939,210</b>            | <b>\$ 83,003,011</b>              | <b>\$ 90,621,357</b>                 | <b>\$ 89,258,670</b>                |



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# PUBLIC HEALTH

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## MISSION

The Durham County Health Department's mission is to work with our community to prevent disease, promote health, and protect the environment.

## PROGRAM DESCRIPTION

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

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

In addition to conducting the day-to-day work of public health, the department is also focusing on: workforce development; communication and marketing; technology; access to medical and dental care; obesity and chronic illness; and education.

## 2014-15 ACCOMPLISHMENTS

- Durham Connects celebrated a milestone of 6,000+ babies visited by nurses since the program's launch in 2008
- School Nurses coordinated three (3) county-wide Tdap (tetanus, diphtheria and acellular pertussis) clinics to support Durham Public School (DPS) students' compliance with the N.C. state mandate that requires all rising 6th grade students attending public school receive a booster dose of Tdap vaccine if five years or more have passed since the last dose of tetanus/diphtheria toxoid
- Began Meaningful Use incentive Enrollment for Public Health for the state's EMR incentive program.
- Implemented process for HIV patients at DDC to access medications through the NC AIDS Drug Assistance Program (ADAP)
- Administered a total of 9,432 vaccinations to clients in the Immunization Clinic and Refugee Health Clinic, a 25% increase from 2013; 25% of all immunizations administered were to refugees through the Refugee Health Clinic
- Investigated a total of 2,537 reports of communicable disease (not including STDs, HIV, syphilis, or TB)
- There was a 15% increase in the number of Family Planning Clinic visits in the first 3 months of this FY compared to the number in the first 3 months after the switch to the new EMR. This means that the staff's hard work led to success
- Coordinated *Give Kids a Smile* Day on February 6, 2015, with DCHD staff as well as community dentists and faculty members from UNC providing exams and minimal services for children that do not have dental insurance or dental home. Clinic saw 51 patients during the session and offered \$13,900 in free dental care
- The Local Preparedness program played an integral role in the Ebola response efforts. Personal Protective equipment was researched, procured and staged for incident response. PPE training was coordinated with community partners and provided for staff of Public Health and other departments (Goal 3)
- Comprehensive health education services are provided for youth K-12 in the Durham Public Schools, the parents of the youth in this age group and the community at large
- The DINE program provided nutrition education classes and healthy taste tests or cooking demonstrations to 4637 unduplicated students and 21,396 duplicated student contacts in 15 qualifying elementary schools and four middle schools
- Provided 2555 medical nutrition therapy or consult sessions with a 90% rate of recipients showing a positive change at the subsequent visits. Positive changes include changes in weight, clinical measures, behavior, and knowledge of healthy eating
- Expanded laboratory services by implementing the use of the GENPROBE Panther with a 42% increase in Gonorrhea and Chlamydia testing

## 2015-16 HIGHLIGHTS

The budget for Public Health includes the following items:

- This budget will allow for Public Health to maintain current levels of service
- 5 vacant grant-funded FTEs are eliminated to match grant funding

# Public Health

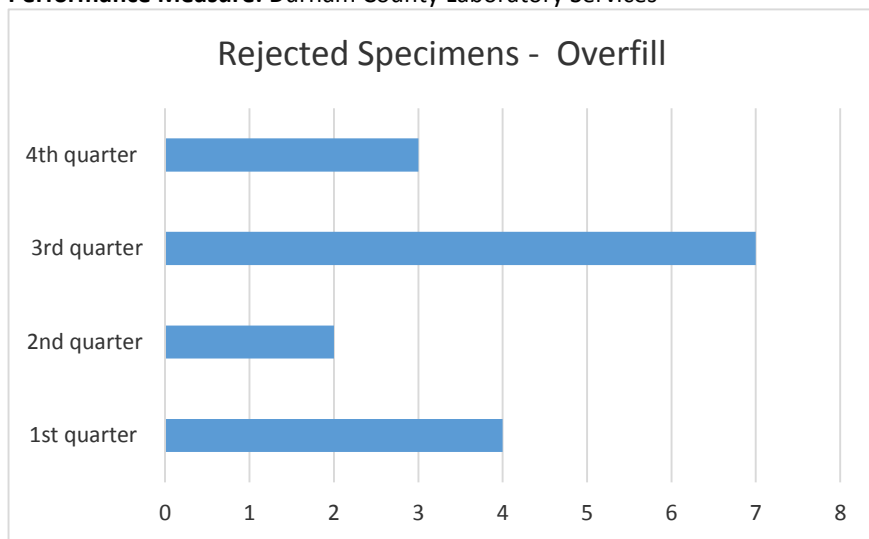
Business Area: 5100

| Summary                   | 2013-2014<br>Actual<br>Exp/Rev | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|---------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <b>Expenditures</b>       |                                |                                 |                                   |                                      |                                     |
| Personnel                 | \$12,263,827                   | \$13,832,228                    | \$12,685,434                      | \$14,025,012                         | \$13,968,932                        |
| Operating                 | \$7,150,668                    | \$7,759,868                     | \$8,075,857                       | \$8,316,777                          | \$8,165,572                         |
| Capital                   | \$0                            | \$0                             | \$0                               | \$63,426                             | \$0                                 |
| Transfers                 | \$0                            | \$249,818                       | \$0                               | \$0                                  | \$0                                 |
| <b>Total Expenditures</b> | <b>\$19,414,494</b>            | <b>\$21,841,914</b>             | <b>\$20,761,291</b>               | <b>\$22,405,215</b>                  | <b>\$22,134,504</b>                 |
| <b>Revenues</b>           |                                |                                 |                                   |                                      |                                     |
| Intergovernmental         | \$4,951,480                    | \$5,763,879                     | \$6,771,046                       | \$5,615,234                          | \$5,615,234                         |
| Service Charges           | \$304,016                      | \$348,012                       | \$372,313                         | \$391,099                            | \$391,099                           |
| Other Revenues            | \$2,473                        | \$10,350                        | \$1,702                           | \$1,350                              | \$1,350                             |
| <b>Total Revenues</b>     | <b>\$5,257,968</b>             | <b>\$6,122,241</b>              | <b>\$7,145,061</b>                | <b>\$6,007,683</b>                   | <b>\$6,007,683</b>                  |
| <b>Net Expenditures</b>   | <b>\$14,156,526</b>            | <b>\$15,719,673</b>             | <b>\$13,616,230</b>               | <b>\$16,397,532</b>                  | <b>\$16,126,821</b>                 |

| FTEs | 2013-2014 | 2014-2015 | 2014-2015 | 2015-2016 | 2015-2016 |
|------|-----------|-----------|-----------|-----------|-----------|
|      | 212.46    | 215.87    | 216.52    | 217.52    | 212.52    |

## 2015-16 PERFORMANCE MEASURES

Performance Measure: Durham County Laboratory Services



**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

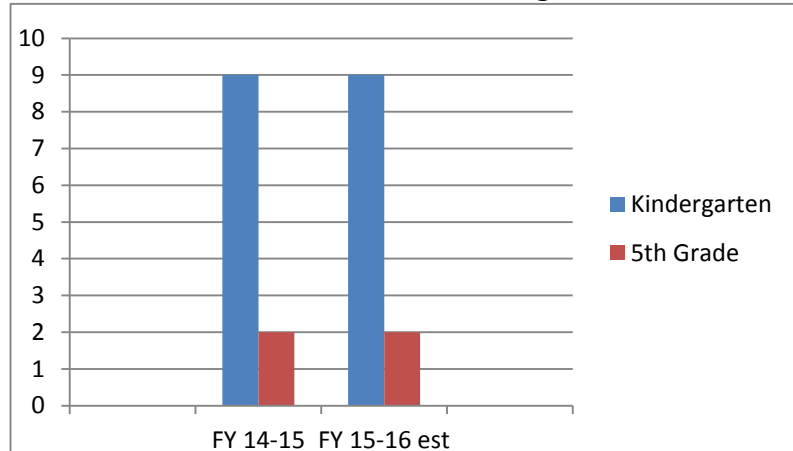
The DCoDPH Laboratory provides supportive services to our clinics, health education outreach and jail health programs, environmental health and Lincoln Community Health Center. The services are requested laboratory testing that assist in the diagnosis of health problems and health hazards which supports the department's mission, "Working with our community to prevent disease, promote health and protect the environment."

A priority for the Laboratory this year is to evaluate quality and staff knowledge of quality measures. The Laboratory Quality Management Plan addresses proficiency testing, record retention, competency testing, and other quality measures. One of the monitoring and data collection methods is the *Quality Assurance Incidence Report*. During the 2014 review of the reports, urine specimen rejections due to overfilled specimen containers was noted as a recurring error. Rejection of these specimens requires collecting a second specimen from the patient, which can delay testing and treatment.

**What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?**

The urine specimen containers are provided to the patient with brief instructions. The laboratory will review these instructions, survey patients and work with clinic staff to ensure the appropriate information is provided to the patient during the collection process to reduce the occurrence of overfills. Overfills will continue to be monitored to identify trends, such as clinic and patient issues.

## % DPS Students in Grades K & 5 with Urgent Dental Needs



**Performance Measure:** % DPS Students in Grades K & 5 with Urgent Dental Needs

**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

Tracking this measure is important to the Department, as one of the Dental Division's goals is to increase access to dental care for all children, including those who may be economically disadvantaged. In screening children in Durham's elementary schools, it helps the Division track the rates of children with urgent dental needs. We are then in position to begin treating these students on

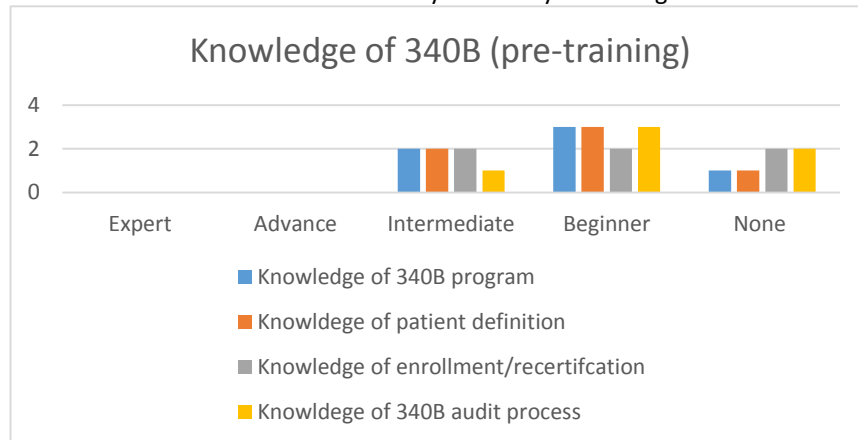
the Tooth Ferry and/or within the clinic. The data demonstrates a slight improvement in that 9% of the children screened in kindergarten have urgent dental needs. This is a drop from 10% two years ago. In reviewing specific data from each school, it helps the Department identify where the need for dental care is greatest, and allows us to focus resources in specific areas. This includes scheduling the Tooth Ferry at specific schools and/or for longer time slots. It also helps the Division arrange its schedule for oral hygiene presentations.

**What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?**

The Dental Division is engaging in the following initiatives in hopes of reducing the number of children in Kindergarten and 5<sup>th</sup> Grades with urgent dental needs:

- The Division is working with Head Start, East Durham Children's Initiative, and will reach out to other groups to visit community sites more frequently, including participating in summer camps and additional events.
- The Division will continue to partner with Durham Head Start to host Head Start Health Fair and Registration Day at the Department. This will provide an opportunity for parents to receive information on, and ensure more children receive dental treatment services.
- The Division will target schools in which *urgent dental needs* have risen, providing additional education and direct treatment with the goal of improving oral health.

## Performance Measure: Durham County Pharmacy Knowledge of 340B



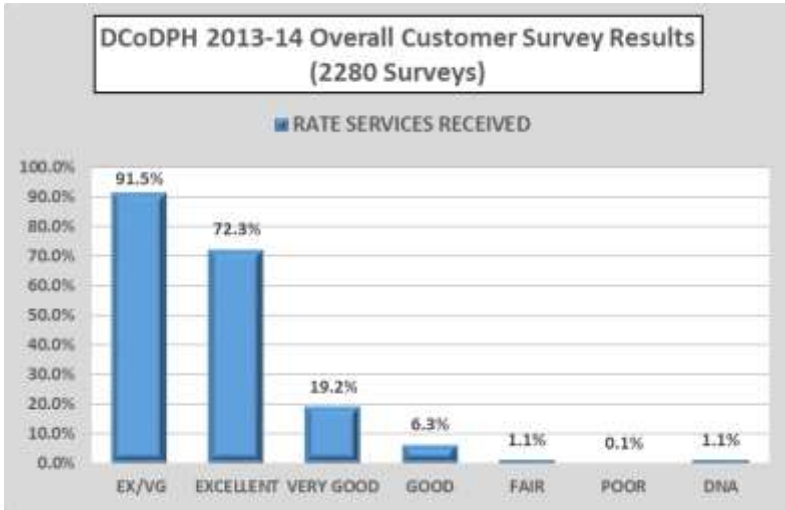
**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

The Durham County Department of Public Health (DCoDPH) Pharmacy provides prescribed medications to clients receiving services from the various public health clinics, Employee Wellness Center, and Risk Management. Medication services are also provided for Durham County Detention Center (DDC). The intent of the 340B program is to permit eligible safety net providers to

purchase medications at a discount in order to stretch resources as far as possible. With the 340B program, DCoDPH is able to reach additional customers and extend services with savings that add up to thousands of dollars each year.

**What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?**

Pharmacy Services will offer training sessions for DCoDPH clinic staff, registration staff and others connected to 340B eligible programs. The goal is to increase knowledge and compliance of the 340B program for DCoDPH staff. The 340B Compliance Committee will provide internal oversight for the program and conduct audits. These efforts will support adherence to program guidelines and ensure DCoDPH is able to remain eligible for the discounted medications.



**Performance Measure:** Customer Service

Increase the percentage of Durham County residents who see DCoDPH as a credible and accessible source of health information and services by 15% by 2014.

Baseline: To be established by the end of FY 2013 based on the results of community and customers surveys. Baseline established at 81.08% of 259 (for FY2013) county residents who participated in the 2011 Community Health Assessment survey and responded to this survey question.

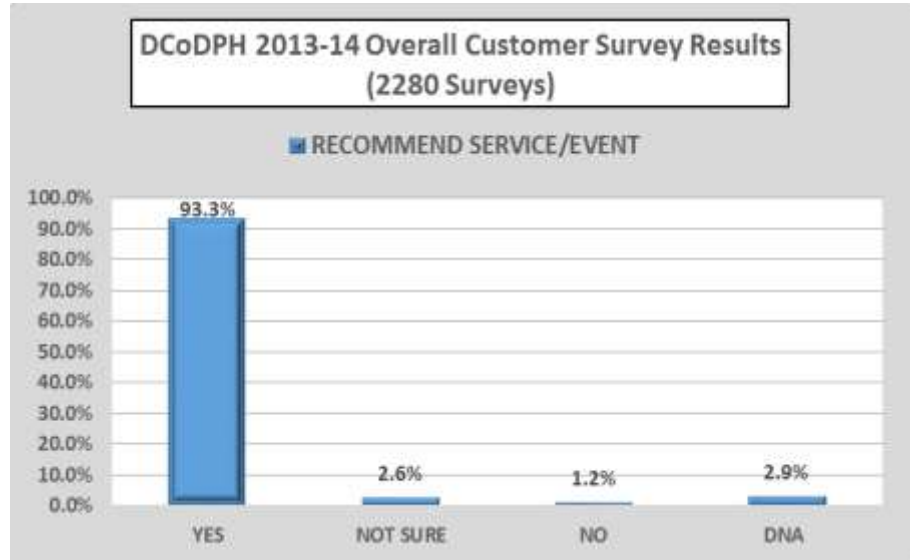
**Why is the measure you are presenting important to the overall goal or mission of your department? How does tracking this performance measurement improve or help maintain a high level of service?**

Tracking these measures allows us to monitor how we are doing in regard to service provision. It is important to understand the needs of those we serve in order to meet those needs in the most appropriate manner possible. It is also important that the Durham County Department of Public Health be recognized a very credible source of health information and a trusted source of that information. As our community confronts more public health emergencies (i.e., Ebola) it is absolutely necessary that the public can be assured that the information they receive comes from a trusted and reliable source.

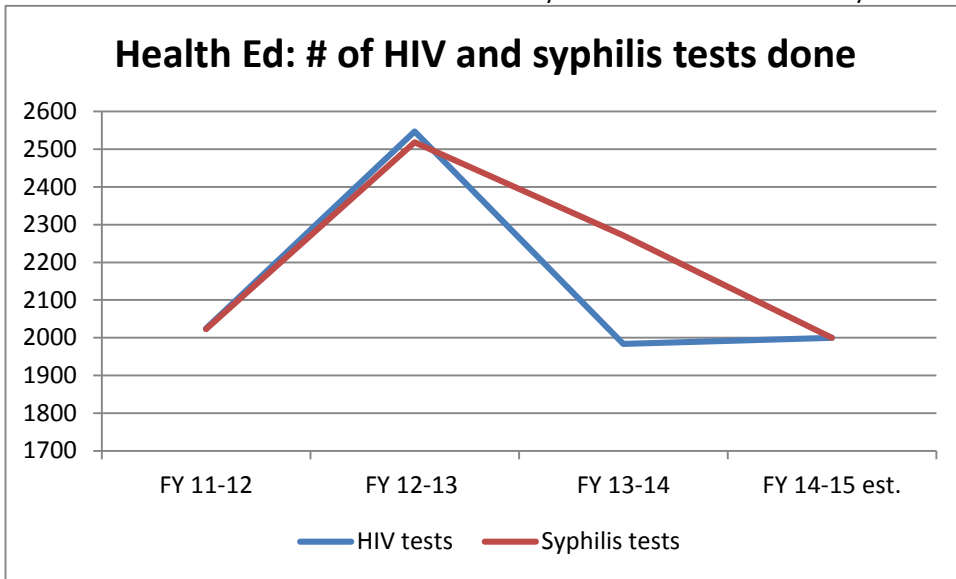
A well trained workforce is necessary to meet the needs of the residents of Durham County. Durham is a very diverse community comprising different groups with very different health needs. We have and will continue to deploy more training for staff with the goal of meeting our resident's health needs.

**What initiatives or changes to programs in FY 2015-16 will your department take on in hopes to improve the overall performance of the related program or goal?**

For FY 2015-16, Administration will continue to cross train staff and bring in very relevant public health and other training specific to the disciplines of staff. We will continue to see customer service and workforce development as vital pieces in the quilt that is public health. Our focus will remain steadfast on growing, developing and enhancing the knowledge skills and abilities of staff so they can in turn share those talents and that knowledge with those we serve.



**Performance Measure:** number of Durham County residents tested for sexually transmitted infections (HIV, Syphilis)

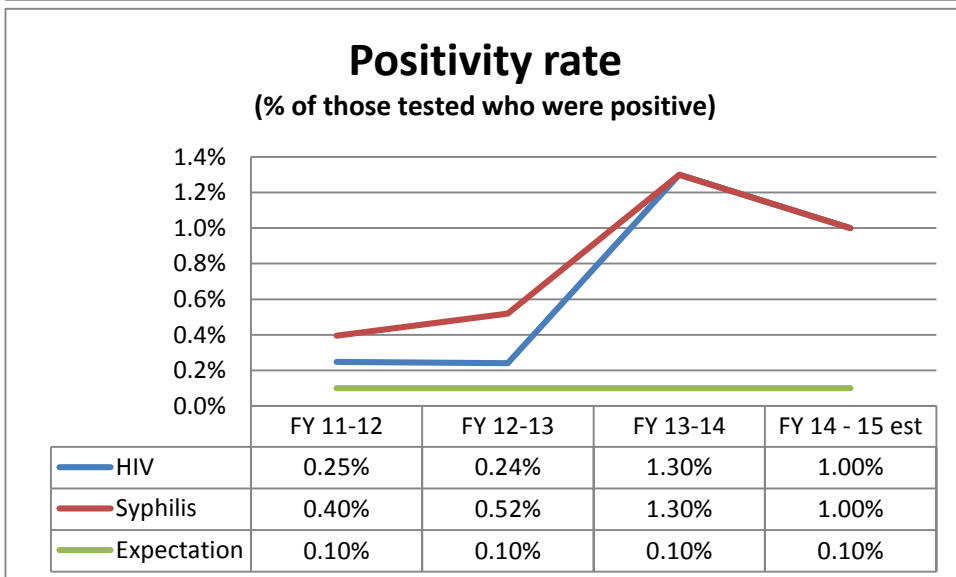


**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

Tracking these measures allows us to monitor how many individuals we have tested annually through our two testing programs (Expanded Jail Testing and Integrated Targeted Testing Services). Tracking the positivity rate is important because we need to identify positive individuals so that they can receive treatment and decrease the chances

of further community transmission. Grant expectations are that of all individuals tested, 0.10% will be positive. Health education staff has exceeded this expectation in FY 13-14 by finding 1.3% positive for both HIV and syphilis. Finding such a high positivity rate has allowed health education to inform, educate and link more individuals to personal health services including treatment. HIV, syphilis and HCV prevention and treatment are cross-cutting activities for the Health Department, and are addressed by Health Education, Communicable Disease, and Women's Health.

*HIV* is an infectious disease transmitted by contact with body fluids from an infected person. Untreated, it is usually disabling, and ultimately fatal. Identified early, and with appropriate treatment, a person can live many years, and disability is minimized. Institution of control measures for infected person prevents the continued spread of the disease.

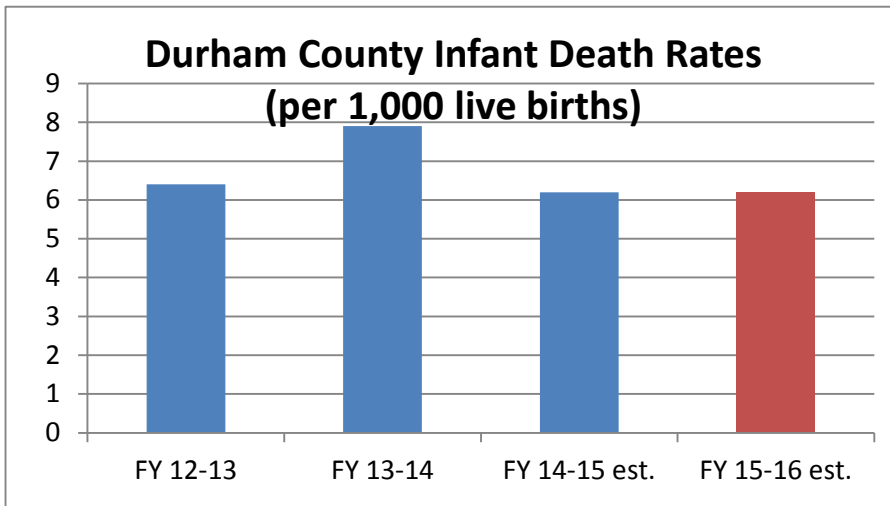


**What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?**

For FY 2015-16, Health Education will continue to have a team of four health educators testing in the jail and community to reduce their rates of transmission. A new position introduced last fiscal provides testing in non-traditional, high risk areas and ensures that patients who test positive are treated or are linked to care and keep their first appointment. In addition, a part time position will facilitate support groups for African American and Hispanic positive males. The goal of this effort is to provide access to a population and community that for most efforts has been very difficult to engage. Surveillance data strongly suggest that this community may be where much of the continual spread of HIV and certain STIs comes from. Thus Safe Spaces will help reduce the spread of HIV and other STI's.

Health Education staff will continue to do gonorrhea, Chlamydia and Hepatitis C (HCV) testing. Health educators are collaborating with other providers to link HCV positive individuals to treatment whenever possible. Individuals with a sexually transmitted infection are at least two to five times more likely than someone without an STI to acquire HIV infection if they are exposed to HIV through sexual contact. This is why it is critical to identify, link to care and treat individuals in the community with sexually transmitted infections.

**Performance Measure: Infant Death Rates**



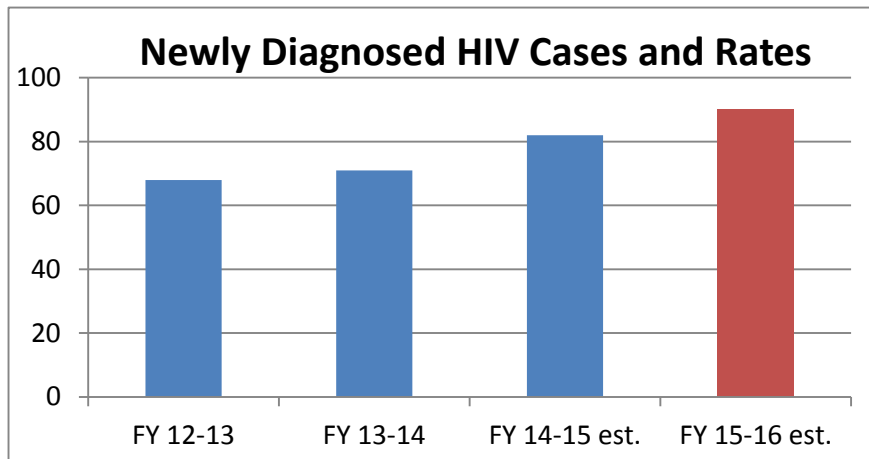
**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

Infant mortality (infant deaths occurring before the first birthday) incidence is the classic measurement of health in the community, because so many factors influence pregnancy outcomes (race/ethnicity, SES, maternal weight, substance use, infections, etc.). Factors affecting the health and well-being of an entire population can also impact the death rate of infants. Almost all activities of the agency affect infant mortality, either

directly or indirectly, so tracking this performance measure is the best overall way of tracking the effectiveness of service delivery. The most significant factor in preventing infant mortality and morbidity is low birth weight reduction.

**What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?**

Infant mortality major causes vary from birth defects, preterm birth, and low birth weight victims of Sudden Infant Death Syndrome, maternal complications, to victims of injury. Improvement of pregnancy related outcomes are influenced by race, ethnicity, age, and income with a woman's health being the most important. The family Planning Clinic will continue to provide preconceptional counseling. Women who are seeking pregnancy and present themselves for physical examination or pregnancy testing are assessed for preconceptional risks. Counseling and referral are provided to increase the chances of a successful pregnancy outcome when pregnancy is desired. Emphasize the use of Long Acting Reversible Contraceptives (LARC s) the most reliable methods in order to reduce unplanned pregnancies.



**Performance Measure: Newly Diagnosed HIV Cases and Rates**

**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

During 2014, Durham County saw a 50% increase in the number of newly diagnosed syphilis cases among Men who have Sex with Men (MSM). This is a growing public health concern, particularly because syphilis and the behaviors associated with acquiring it, increase the likelihood of getting and

transmitting HIV. This resurgence of syphilis in our community, together with its correlation to HIV, emphasizes the need for innovative syphilis elimination programs and improved STD prevention efforts. It is important for the health department and community partners to focus prevention efforts toward populations at risk for syphilis and HIV. Messages should encourage safer sexual practices; promote syphilis awareness and screening, as well as screening for gonorrhea, chlamydia, and HIV infection; and stress the importance of promptly notifying and treating sexual partners of those infected.

**What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?**

DCoDPH continues to monitor the appropriateness of treatment of all STDs by outside providers, and gaps in adequate treatment of syphilis are being identified. System changes are being implemented to increase opportunities for screening of high risk individuals in the community, including men who have sex with men. DCoDPH's local Disease Intervention Specialist (DIS) will increase efforts to conduct partner tracing and provide prevention strategies for syphilis and other STDs, including gonorrhea and chlamydia.



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# MENTAL HEALTH (ALLIANCE BEHAVIORAL HEALTHCARE LME/MCO)

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## 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.

We will provide leadership and will 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 of Durham County. The Durham Center is governed by an Area Board, with all Board members appointed by the Durham 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 is also responsible for making sure Durham County citizens receive quality services and that 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, 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 200 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, we can provide a list of providers who speak other languages.

## 2015-16 HIGHLIGHTS

- The Durham Center will continue operating as a Managed Care Organization (MCO). **Alliance Behavioral Healthcare LME/MCO (Alliance)** will administer and service operations covering Durham, Wake, Cumberland and Johnston counties.
- Alliance will have a lease agreement with Durham County to lease space in the Human Services Complex.
- Funding to continue the IBM Smarter Cities Program for 2 Youth Opportunity Initiative positions. This is a joint collaboration between Durham County, the City of Durham and DPS.

# Mental Health (Alliance Behavioral Healthcare LME/MCO)

Business Area: 5200

| Summary                   | 2013-2014<br>Actual<br>Exp/Rev | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|---------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| ▼ <i>Expenditures</i>     |                                |                                 |                                   |                                      |                                     |
| Operating                 | \$7,118,995                    | \$6,661,442                     | \$6,661,442                       | \$6,728,109                          | \$6,728,109                         |
| <b>Total Expenditures</b> | <b>\$7,118,995</b>             | <b>\$6,661,442</b>              | <b>\$6,661,442</b>                | <b>\$6,728,109</b>                   | <b>\$6,728,109</b>                  |
| ▼ <i>Revenues</i>         |                                |                                 |                                   |                                      |                                     |
| Intergovernmental         | \$457,553                      | \$0                             | \$0                               | \$0                                  | \$0                                 |
| Other Revenues            | \$0                            | \$0                             | (\$0)                             | \$0                                  | \$0                                 |
| <b>Total Revenues</b>     | <b>\$457,553</b>               | <b>\$0</b>                      | <b>(\$0)</b>                      | <b>\$0</b>                           | <b>\$0</b>                          |
| <b>Net Expenditures</b>   | <b>\$6,661,442</b>             | <b>\$6,661,442</b>              | <b>\$6,661,442</b>                | <b>\$6,728,109</b>                   | <b>\$6,728,109</b>                  |
| FTEs                      | 0.00                           | 0.00                            | 0.00                              | 0.00                                 | 0.00                                |

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# SOCIAL SERVICES

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## 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 members of the Durham County Department of Social Services make 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.

## PROGRAM DESCRIPTION

### Administration

This cost center includes the activities of the DSS Business Office, Operations Unit and the Customer Accountability and Talent Program Development Division. These divisions support the department's direct services staff, which carry out the department's mission.

Key components of the Budget Office:

- Finance
- Accounting
- Budget
- Contracts Management
- Child Care Contracts Management and Payment

Key components of the Operations Unit:

- Information technology management and planning
- Information technology support
- Facility support
- Risk management

Key components of the Customer Accountability and Talent Development Division include:

- Program Integrity
- Quality Assurance and Training
- Customer Information Center (reception, call center and records management)
- Public Information

### Services

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 that allow disabled and elderly adults to remain in their own homes; protection of adults from abuse, neglect, 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, dependency of children from birth to 18; provides intensive in-home services to families at risk of or with a history of child abuse, neglect, or dependency.

# Social Services

Business Area: 5300

| Summary                   | 2013-2014<br>Actual<br>Exp/Rev | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|---------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <b>Expenditures</b>       |                                |                                 |                                   |                                      |                                     |
| Personnel                 | \$23,337,506                   | \$24,672,102                    | \$23,840,649                      | \$26,765,607                         | \$26,520,528                        |
| Operating                 | \$27,672,749                   | \$31,190,614                    | \$30,613,830                      | \$32,196,673                         | \$32,007,642                        |
| Capital                   | \$0                            | \$25,000                        | \$0                               | \$35,561                             | \$0                                 |
| <b>Total Expenditures</b> | <b>\$51,010,255</b>            | <b>\$55,887,716</b>             | <b>\$54,454,478</b>               | <b>\$58,997,841</b>                  | <b>\$58,528,170</b>                 |
| <b>Revenues</b>           |                                |                                 |                                   |                                      |                                     |
| Intergovernmental         | \$35,044,457                   | \$40,243,694                    | \$37,674,079                      | \$42,416,089                         | \$42,616,089                        |
| Contrib. & Donations      | \$220,483                      | \$28,947                        | \$38,891                          | \$29,244                             | \$29,244                            |
| Service Charges           | \$96,816                       | \$166,140                       | \$77,417                          | \$242,107                            | \$242,107                           |
| Other Revenues            | \$86,025                       | \$163,931                       | \$129,883                         | \$124,248                            | \$124,248                           |
| <b>Total Revenues</b>     | <b>\$35,447,781</b>            | <b>\$40,602,712</b>             | <b>\$37,920,271</b>               | <b>\$42,811,688</b>                  | <b>\$43,011,688</b>                 |
| <b>Net Expenditures</b>   | <b>\$15,562,474</b>            | <b>\$15,285,004</b>             | <b>\$16,534,208</b>               | <b>\$16,186,153</b>                  | <b>\$15,516,482</b>                 |
| FTEs                      | 467.35                         | 468.35                          | 501.35                            | 511.00                               | 504.00                              |

**Child Placement and Supportive Services** - provides for the safety and well-being of youth placed in the legal custody of Durham DSS by the juvenile court, and finds permanent, adoptive homes for youth who are not reunited with their families or relatives. Recruits, trains and supports foster and adoptive families.

**Child Care Subsidy Services** - is responsible for the administration of State child care subsidy and access to resources and referral information. In addition to providing child care subsidies, the program also provides training and technical assistance to contracted child care providers.

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

**Crisis ACCESS Services** - This service focuses on assisting families and elderly and disabled adults with counseling, information and referral, and temporary financial assistance to cope with crisis situations related to health, loss of employment, housing, and energy problems.

**Community Initiatives** - Community Initiatives partners with agencies including Duke Hospital and Durham Public Schools to provide social work services in the community.

## Public Assistance

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 and Nutrition Assistance; Medicaid and North Carolina Health Choice for Children; and Work First Family Assistance**. The Food and Nutrition 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 through an electronic process to meet their basic needs of cash, shelter and medical assistance.

## Child Support Enforcement

This program ensures that non-custodial parents provide financial and medical support for their children. The nature of services within the Child Support Enforcement includes the location of non-custodial parents and their assets, establishing support orders, and establishing paternity. As necessary, this service is also responsible for collection and distribution of payments and enforcement for non-payment of legal child support obligations.

## 2015-16 HIGHLIGHTS

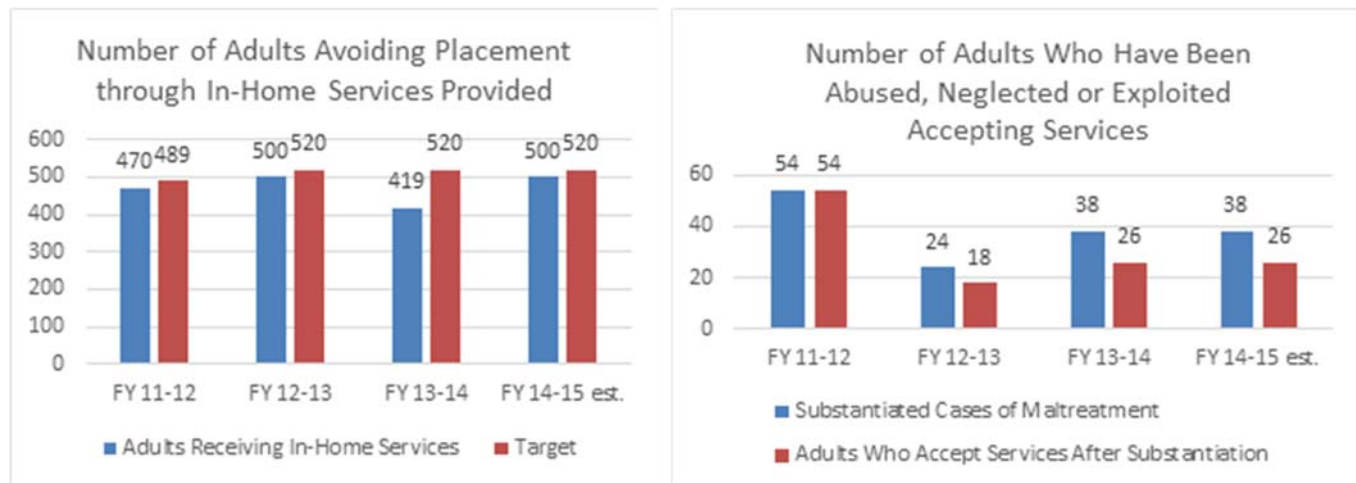
- Transition of 11 (0.85 FTE) Social Workers to 11 Full Time positions. These changes will provide for greater operational efficiencies in DSS and will include greater revenue reimbursements. 5 of these Social Workers will be dedicated to DPS.
- 1 FTE – Child Welfare and Family Facilitator that is currently contracted will be converted to County staff

## 2015-16 ACCOMPLISHMENTS

- Effective management of federal, state, county, agency and client resources totaling almost \$60 million.
- Effective oversight of unit functions including budget, accounts payable, accounts receivable, P-Card support, travel and training, client trust accounts, contracts management, child care - attendance, payment and contracts, foster care and energy programs.
- Upgraded support operations to other agency units including updates of policies and procedures.
- Upgraded analysis of staff time/service entry in order to maximize external revenues/minimize usage of county funds. Recoding at FY14 year-end led to \$1.3 million being shifted from county to federal funds.
- Participated in County Managing for Results Budget and Management Progress Team.
- Participated in County Managing for Results Budget and Management Progress Team.
- Assisted in reviewing records in preparation for Federal and State monitoring visits for all programs.
- Conducted 616 program-specific training encounters for new employees in Adult Medicaid, Family & Children Medicaid, Work First, Child Support and Food & Nutrition as well as other training topics relevant in individual programs. (This was June 2014 – Feb. 2015. Project to provide 1000 training encounters for the entire fiscal year with these programs.)
- Conducted 192 mandatory training encounters for employees across all programs. (Includes required Federal and State trainings as well as DSS required trainings such as DSS New Employee Orientation, Personal Safety and Personal Safety Refresher trainings.) (Projecting 250 encounters through the end of the FY.)
- Both QAT and Information Technology staff provided 501 technology training encounters to DSS employees. (Anticipating 750 training encounters through the end of the FY.)
- Coordinated with a contractor to provide 167 interpersonal skills training encounters for employees. (Projecting 200 training encounters through the end of the FY.)
- Mentoring was provided to 26 new employees in Adult Medicaid, Family & Children Medicaid, Work First, Child Support and Food & Nutrition. (Projecting mentoring 50 new employees by the end of the FY.)
- Designed FEI QC tools in Excel spreadsheets to bridge the gap between the non-operational automated QC tool and when a new automated QC tool can be built. This enabled QAT to begin implementing QC of FEI records in preparation of a State monitoring.
- Published an Annual Report and newsletter providing information on agency accomplishments, challenges, events, programs and measurable indicators of success.
- Collaborated on the design and implementation of a call center to streamline the distribution of calls to Transportation Coordinators. This has increased the efficiency of the unit in handling a large volume of calls for medical transportation.
- Arranged for Medicaid clients to be transported to 45,000 (projected through the end of the FY) trips to medical appointments.
- QAT unit supervisors serve in rotation for ADH and Local hearings. QAT Program Manager serves as a back-up hearing officer.
- Two QAT staff members participated in the Touchpoints initiative. One QAT team member has participated in conducting Touchpoints training to several agencies in the County.
- All QAT unit members participated in Trainer Development training to enhance the skills of our trainers.
- An RFP was posted to solicit proposals to one additional medical transportation provider. Unfortunately, business practices of the only bidder was determined not to be a good fit with the agency.
- **PI:**
- In the Fiscal year ending June 30, 2014, the Program Integrity Unit established 390 claims totaling \$775,071.93 and imposed 142 Intentional Program Violation Disqualifications.
- Durham County Commissioners approved a mid-year request for three additional investigators. This will help with the still growing numbers of referrals and challenges with automated collection actions.
- The PI Unit received approval to hire a temporary person to assist with reports required by the Federal and State offices and to assist with collections.

## 2015-2016 PERFORMANCE MEASURES

### Performance Measure: Adult Protective Services



#### Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?

The overarching goal in Performance Measure #1 is to help older and disabled adults to remain in their own homes as long as possible and age in place. This is what 88% of respondents want based on a 2010 AARP Survey, and In-Home Services, such as home-delivered meals, aide services, and Adult Day Care services are designed to achieve this goal. The cost for maintaining a disabled or older adult in their home is significantly less than group-living costs, such as Nursing Home or Adult Care Home living. Nursing Home costs \$82,000.00+ a year; while an Adult Care Home costs \$42,000.00+ per year. The typical client served with In-Home Services costs \$10,440.00 each year. For In-Home Services we are operating with finite dollars. By 2020, Adults 60+, 60, 021(18.61% of the Durham Population) adults 60 or older will make up the Durham Population. And by 2025, they will make up 69,947 (20.08%). As the population ages, the demand for assistance will intensify; yet we are operating with finite dollars. Waiting lists are expected to grow.

For Performance Measure #2, it ties in to #1 with respect to increasing demands, due to an aging population. The number of APS reports increased which means the demand to mobilize services and resources for those coming to the agency's attention. The object of this measurement is to track those in need of protection, and their willingness to accept services. The reasons for this are obvious. In the adult world, clients who refuse services, though they may be in need of them, are likely to come back into the system. Worse, if clients don't accept services, their circumstances deteriorate further, thereby, perhaps, requiring more invasive intervention—and more costly intervention—to protect them.

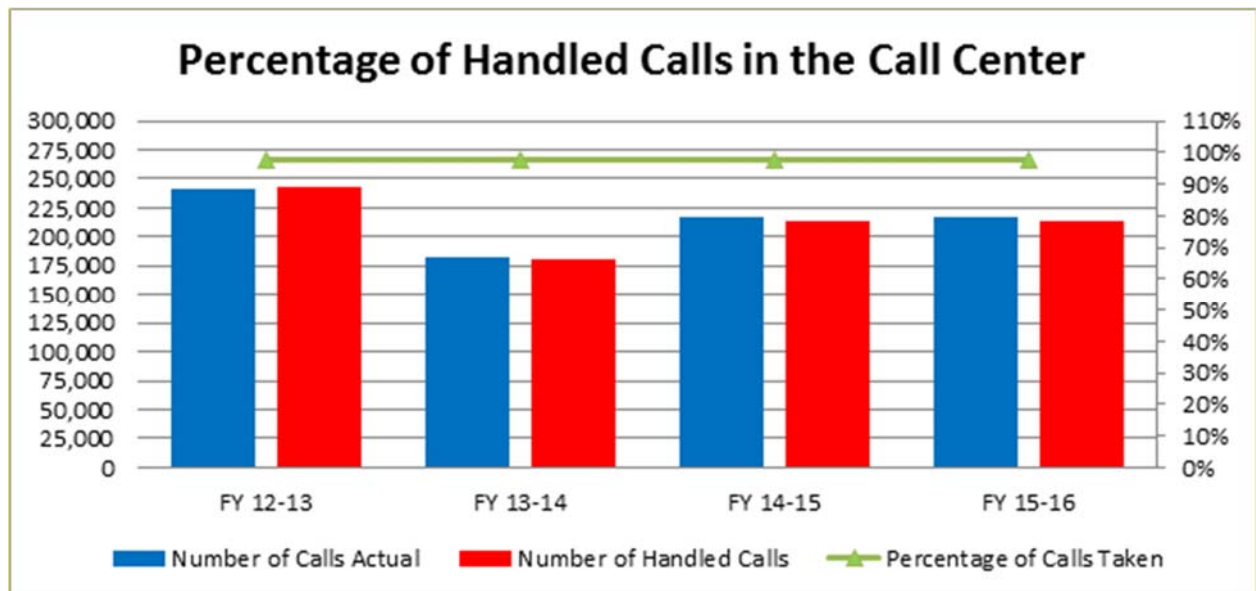
Tracking Performance Measure #1 gives the Durham County DSS data on the impact we are having in the community. What we know is that In-Home Services keeps clients in their homes safely and for longer because we track the placement rate of the clients. The placement rate of all clients receiving In-Home Services is around only 4.3%.

As for Performance Measure #2, tracking this helps us understand the influence we are having in protecting disabled adults. Couple this measurement with the rate of repeat abuse, neglect or exploitation while receiving services, we know that 100% of disabled adults who have been mistreated, do not suffer repeat mistreatment.

#### What initiatives or changes to programs will the department take on in hopes to improve the overall performance of the related program or goal?

The ultimate goal is to serve as many clients as possible. We know our services keeps disabled adults safe and in their homes. The Adult Services Program Manager does presentations to the BOCC and the Social Services Board emphasizing the increased demands for both In-Home Services and Adult Protective Services. It is well known that the coming tide of Baby Boomers who will be taxing the system as they continue to age will be such that this country—and this County—has never seen before. DCDSS has had conversations about what this means and what will be needed to prepare. Increased financial resources to provide protection for mistreated adults has been requested. The Adult Services Program Manager also discusses the needs the DCDSS is seeing with respect to seniors with the Durham Partnership for seniors for their input and recommendations.

**Performance Measure:** Percentage of Handled Calls in the Call Center



**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

The Department's mission is to partner with families and communities in achieving well-being through prosperity, permanence, safety and support. The Department's responsiveness to calls is a primary indicator of our ability to meet the mission and provide exceptional customer service. For many customers the call center is the initial contact with the Department when they are in crisis or have questions regarding the nature of our services and/or benefits. Prompt and courteous response to the over 200,000 calls help to set the tone for the community's perception of the Department.

One of the core values of the Department is "to cultivate partnerships as the best way to help individuals and families develop their strengths while working together to achieve more." One way the agency demonstrates this partnership is by courteous and efficient initial engagement of the clients and community partners by attaining excellence in our call center. The high rate of answered and processed calls exceeds expected performance. The various reports generated by the Call Center track specific information pertaining to calls received, wait time on hold and the amount of time spent with each caller. Tracking these performance measures continues to be significant in ensuring a high level of customer service. When warranted information is shared with the Programs and is addressed as needed in terms of accountability.

**What initiatives or changes to programs will the department take on in hopes to improve the overall performance of the related program or goal?**

One of the greatest challenges we will face in the upcoming fiscal year is the ability to consistently deliver exceptional customer service to an ever increasing customer base. Customer service is critical in our efforts to serve marginalized citizens of this community who are often in the midst of a crisis when they enter the agency. Effective front-line customer service helps to set a positive tone for subsequent interactions that will occur between staff and citizens. It also enhances our ability to effectively engage with citizens in order to assess their need. We will tackle the challenge of consistently delivering exceptional customer service in a dynamic environment by improving our processes/procedures and a commitment to developing the talent and skills of staff. As we move into FY 2014-15, we will take on the following:

- Author and implement a Customer Service Satisfaction Survey (survey, feedback form, comment sheets and face-to-face conversations)
- Ensure staff have proper customer service and program training
- Assess current processes/procedures for opportunities to enhance efficiency
- Evaluate the feasibility of Kiosks, additional scanners and other technology for use in the lobbies
- Pilot having a Navigator in the lobbies to direct clients

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# COORDINATED TRANSPORTATION SYSTEM

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## 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.

## 2014-15 ACCOMPLISHMENTS

- Due to the successful passage of the transit sales tax referendum, Durham County Access continues to receive Bus, Rail Investment Plan (BRIP) funds. Total available for transportation projects to date: \$121,800. These funds do not require a match and will allow for further growth to address transportation challenged citizens in Durham County—especially where current grant funds are limited to meet the unmet needs.
- In FY13-14, additional funds were allocated to Durham County ACCESS and matched by the City of Durham to expand the Job ACCESS Reverse Commute Program. Part of a multi-year grant, these funds were programmed in 2014 to be expended by June 30, 2015. These funds were awarded to ACCESS due to reallocated funds the DCHC –MPO made available in the amount of \$163,958. These additional funds will be used to increase ridership for the transportation disadvantaged and rural low-income residents to assist in employment and work-related training and job seeking efforts
- ACCESS has established a partnership with organizations in rural Durham County to provide special service to connect residents to the Durham Farmers' Market. The program will begin in May 2015.
- ACCESS began the process to purchase an additional van with capital funds awarded from the Federal 5311 capital Community Transportation Program.
- ACCESS was able to donate two (2) retired vans to a non-profit to establish transportation service to assist Durham County residents in reaching job training and medical appointment destinations.

## 2015-16 HIGHLIGHTS

- Replace 1 lift equipped van
- NCDOT-PTD Apprentice Program - The 12-month Apprenticeship Program offered through NCDOT-PTD provides an opportunity if selected for ACCESS to bring on board a recent college graduate (earned undergraduate degree) with an interest in working in public transportation management. This apprentice will provide needed assistance in the areas of technology and marketing for ACCESS.



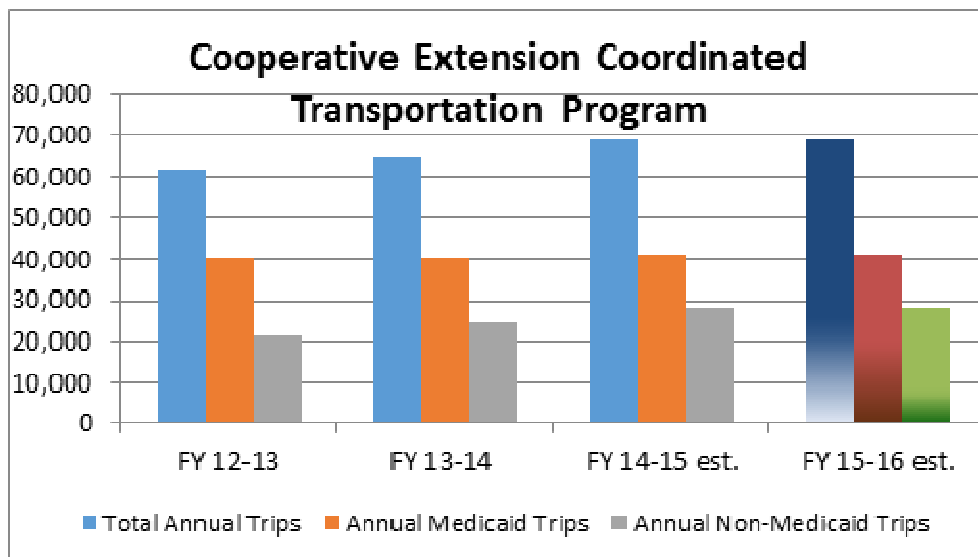
# Coordinated Transportation System

Funds Center: 5800650000

| Summary                   | 2013-2014<br>Actual<br>Exp/Rev | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|---------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <b>Expenditures</b>       |                                |                                 |                                   |                                      |                                     |
| Personnel                 | \$95,758                       | \$100,281                       | \$105,043                         | \$169,311                            | \$149,311                           |
| Operating                 | \$424,895                      | \$348,944                       | \$73,574                          | \$808,902                            | \$813,479                           |
| Capital                   | \$188,761                      | \$96,000                        | \$0                               | \$60,000                             | \$60,000                            |
| <b>Total Expenditures</b> | <b>\$709,414</b>               | <b>\$545,225</b>                | <b>\$178,617</b>                  | <b>\$1,038,213</b>                   | <b>\$1,022,790</b>                  |
| <b>Revenues</b>           |                                |                                 |                                   |                                      |                                     |
| Intergovernmental         | \$514,738                      | \$491,507                       | \$1,020,623                       | \$869,689                            | \$977,409                           |
| Service Charges           | \$0                            | \$0                             | \$0                               | \$6,431                              | \$6,431                             |
| <b>Total Revenues</b>     | <b>\$514,738</b>               | <b>\$491,507</b>                | <b>\$1,020,623</b>                | <b>\$876,120</b>                     | <b>\$983,840</b>                    |
| <b>Net Expenditures</b>   | <b>\$194,676</b>               | <b>\$53,718</b>                 | <b>(\$842,006)</b>                | <b>\$162,093</b>                     | <b>\$38,950</b>                     |
| FTEs                      | 2.00                           | 2.00                            | 2.00                              | 2.00                                 | 2.00                                |

## 2015-16 PERFORMANCE MEASURES

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



**Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?**

Accessible Transportation services provided by Durham County Access is critical to Durham County Cooperative Extension and Durham County ACCESS. Our transportation services are at the core of our mission as we serve the mobility needs of Durham County residents.

We reach this goal through our coordinated service model and the Durham County community benefits in many ways by our services. Notably we provide transportation services that are safe, accessible and meet the needs of seniors, individual with disabilities or health related conditions who are not able to independently take regular public transportation. Access provides this much needed transportation option for trips related to employment and training, medical and personal needs (grocery, shopping/entertainment) to rural Durham County Residents and the transportation disadvantaged of Durham County.

The Durham County ACCESS transportation program is part of a large coordinated transportation network providing transportation service in the City of Durham and to residents residing in rural Durham County.

With the exception of the Bus, Rail Investment Program, all of the core grant programs are funded by a majority of state and federal funds. The local match for these programs has ranged from 5-15%. ACCESS has worked to make sure whenever possible other grant funds may be leveraged to reduce the demand on resources for match from the County.

Durham County reaches vulnerable populations through outreach with a variety of organizations that provide clients in need of our services. In addition, the Operations and management of the accessible van fleet, drivers, maintenance, and client reservations is contracted through the City of Durham through First Transit. This provides an optimal efficiency and management by experts in the field.

Tracking the grants for ridership, type of trips helps us to determine if we are meeting the need and where additional services and funding may be required. This information is monitored on a monthly bases and presented to the Transportation Advisory Board members for their review. Ultimately Durham County wants to assure the residents that we are meeting the transportation needs and in addition that we are accountable to our funders-- meeting the compliance required of serving the grant population for the funds that are awarded.

**What initiatives or changes to programs will the department take on in hopes to improve the overall performance of the related program or goal?**

In coordination with the City of Durham a new phone system will be installed at the City to allow for greater efficiency in receiving and directing calls made for reservations. In addition, a bi-lingual staff person will be added to the Operations.

While Durham County will continue to seek additional funding opportunities and ways to maximize partnerships to attract additional funding streams, the level of funding at the federal transportation for the future years reauthorization will determine the continuation and hopefully new programs and expansion. With the Federal program expiring in May 2015- it is our hope that we will see Congress support and implement a multi-year transportation bill that will allow for secured programs and additional funding to meet the needs.

For Durham County, there will be several changes in the service provided:

- The 5310 Elderly & Disabled Program will not be managed as in previous years by NCDOT. The program will be managed through the DCHC -MPO. While Access original request was \$250,000 ACCESS was awarded \$125,000. ACCESS will leverage the ROAP Elderly & Disabled program to maximize service to the elderly & disabled as well as work with the City of Durham to maintain the existing levels of service.
- ACCESS will not receive program funds from the 5316 Job Access & Reverse Program –the application for these funds was underway prior to staff being on Board. Some of the service to support job access and training will be provided by the BRIP program funds. In addition, in 2015-2016 a van will be acquired with these funds to provide job access service and trips where there are gaps in funding. In 2015-2016, ACCESS will be able to serve additional unmet transportation needs for residents where our current programs are unable to provide service.
- In 2015-2016 there will be a greater focus on marketing services to residents outside of the City—Durham County Rural residents.
- Durham County ACCESS intends to pursue opportunities to increase funding for the purchase of service program which will include consideration of Advertisement and approaching FTA for funding through the 5307 program.

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# 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 is managed by the Criminal Justice Resource Center (CJRC).

The following programs are recommended for funding contingent to inclusion in the State of North Carolina budget:

- Durham County Teen Court and Restitution \$166,250
- Durham County Clinical Family Counseling (El Futuro) \$20,000
- Juvenile Justice Project (Meditation/Conflict Resolution) \$17,816
- Parenting of Adolescents (Home Family Counseling) \$93,600
- The P.R.O.U.D (Personal Responsibility to Overcome with Understanding and Determination) Program \$70,000
- Rebound Alternatives for Youth structured day \$20,000
- Bull City Express Track Club (Tutoring/Academic, Mentoring, Interpersonal Skill Building, Experiential Skill Building) \$16,000
- Family Advocacy Network (Parent/Family Skill Building) \$14,000

Also, these programs and administrative functions are recommended for funding contingent to inclusion in the State of North Carolina budget but are located within other County agencies:

- Project BUILD - Building Uplifting and Impacting Lives Daily (Cooperative Extension) \$107,000
- Juvenile Crime Prevention Council Administrative Costs (Criminal Justice Resource Center) \$12,000

**Funds Center:** 5800273000

| Summary                   | 2013-2014<br>Actual<br>Exp/Rev | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|---------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <b>Expenditures</b>       |                                |                                 |                                   |                                      |                                     |
| Operating                 | \$487,647                      | \$409,952                       | \$409,952                         | \$417,666                            | \$417,666                           |
| <b>Total Expenditures</b> | <b>\$487,647</b>               | <b>\$409,952</b>                | <b>\$409,952</b>                  | <b>\$417,666</b>                     | <b>\$417,666</b>                    |
| <b>Revenues</b>           |                                |                                 |                                   |                                      |                                     |
| Intergovernmental         | \$487,647                      | \$409,952                       | \$409,952                         | \$417,666                            | \$417,666                           |
| <b>Total Revenues</b>     | <b>\$487,647</b>               | <b>\$409,952</b>                | <b>\$409,952</b>                  | <b>\$417,666</b>                     | <b>\$417,666</b>                    |
| <b>Net Expenditures</b>   | <b>\$0</b>                     | <b>\$0</b>                      | <b>\$0</b>                        | <b>\$0</b>                           | <b>\$0</b>                          |

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# HUMAN SERVICES NONPROFIT AGENCIES

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## 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. 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:

- A Helping Hand
- Big Brothers Big Sisters of the Triangle
- Center for Child & Family Health, Inc. (formerly Child and Parent Support Services, Inc.)
- Child Care Services Association
- D3 Community Outreach, Inc.
- Dress for Success Triangle
- Durham Center for Senior Life
- Durham Economic Resource Center (DERC)
- Durham Interfaith Hospitality Network
- Durham Literacy Center
- El Centro Hispano, Inc.
- El Futuro, Inc.
- Elna B. Spaulding Conflict Resolution Center, Inc.
- First in Families of North Carolina
- Food Bank of Central and Eastern North Carolina
- Genesis Home, Inc.
- Inter-Faith Food Shuttle
- Mental Health America of the Triangle
- Piedmont Wildlife Center, Inc.
- Planned Parenthood South Atlantic
- Reality Ministries, Inc.
- Reinvestment Partners
- Triangle Residential Options for Substance Abusers, Inc. (TROSAs)

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

# Human Services Nonprofit Agencies

Business Area: 5800

| Summary                      | 2013-2014<br>Actual<br>Exp/Rev | 2014-2015<br>Original<br>Budget | 2014-2015<br>12 Month<br>Estimate | 2015-2016<br>Department<br>Requested | 2015-2016<br>Manager<br>Recommended |
|------------------------------|--------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| ▼ <i>Expenditures</i>        |                                |                                 |                                   |                                      |                                     |
| ▶ Operating                  | \$614,061                      | \$592,961                       | \$847,454                         | \$1,034,313                          | \$427,430                           |
| ▶▶ <b>Total Expenditures</b> | <b>\$614,061</b>               | <b>\$592,961</b>                | <b>\$847,454</b>                  | <b>\$1,034,313</b>                   | <b>\$427,430</b>                    |
| ▼ <i>Revenues</i>            |                                |                                 |                                   |                                      |                                     |
| ▶▶ <b>Total Revenues</b>     | <b>\$0</b>                     | <b>\$0</b>                      | <b>\$0</b>                        | <b>\$0</b>                           | <b>\$0</b>                          |
| ▶ <b>Net Expenditures</b>    | <b>\$614,061</b>               | <b>\$592,961</b>                | <b>\$847,454</b>                  | <b>\$1,034,313</b>                   | <b>\$427,430</b>                    |

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