

**THE BOARD OF COUNTY COMMISSIONERS
DURHAM, NORTH CAROLINA**

Wednesday, May 23, 2007

9:00 A.M. Budget Worksession

MINUTES

Place: Commissioners' Room, second floor, Durham County Government Administrative Complex, 200 E. Main Street, Durham, NC

Present: Chairman Ellen W. Reckhow, Vice-Chairman Becky M. Heron, and Commissioners Philip R. Cousin Jr. and Michael D. Page

Absent: Commissioner Lewis A. Cheek

Presider: Chairman Reckhow

Call to Order

Chairman Reckhow called the meeting to order. She stated that this meeting is a continuation of the budget worksessions. Today's focal point would be on several of the County's biggest budgets. She expressed a desire to focus on the need for new positions that are not grant-funded. The Board must scrutinize new initiatives to determine whether they are an absolute necessity.

Public Health

Commissioner Reckhow turned the meeting over to Public Health Director Brian Letourneau.

Mr. Letourneau gave the following presentation:

“...I will briefly explain some of the programmatic challenges the department faces and will then ask Gayle Harris to present some information about our results based accountability efforts...”

County Manager Mike Ruffin's Fiscal Year 2007-2008 recommended budget for the Durham County Health Department is \$20,069,297. The recommended budget amount is 8.7% above the FY 06-07 approved budget of \$18,455,050. This is consistent with last budget year's increase of 8.8%. This is a difference of \$1,614,247. The estimated spending level for FY 06-07 is \$18,097,511. The majority of the decrease in anticipated spending is related to vacant nursing positions that have become chronically problematic to recruit. The Health Department consistently has 13 or 14 vacant Public Health Nursing positions. We have had to cover many of these positions with agency staffing utilizing lapsed salaries for this purpose.

The single largest increase is related to compensation changes resulting from the implementation of the compensation plan on January 1, resulting in an increase of just over \$300,000. Factoring planned pay-plan adjustments adds just over \$575,000 to the new

budget. Given the challenges of hiring qualified Public Health nurses, it has become necessary to recruit nurses with experience, which created potential salary inequities that required adjusting existing Public Health nurse salaries that has an annual impact of just over \$330,000. Total impact of pay plan adjustments, equity adjustments, and planned salary increases is \$1,205,000, 75% of the requested increase in the Health Department's FY 07-08 recommended budget.

New spending recommended in the County Manager's FY 07-08 includes the following:

- Electronic Medical Records Document Imaging - \$139,150 (\$41,205 for the cost of equipment and \$97,945 for the cost of scanning existing medical records). This project is integral to the construction and occupancy of the new health department building. A virtually paperless system is necessary in order to operate efficiently in the new complex.
- Social Worker II position (1.0 FTE) that is grant-funded for the Strong Couples, Strong Children Project previously approved by the Board of County Commissioners.
- Two Nutritionist II positions (both grant-funded) were increased from .52FTE to .70FTE. This will add one-half day weekly in the Durham public elementary schools per position.
- Health Educator I position (1.0FTE) that is grant funded through the Adolescent Pregnancy Prevention program.
- Processing Assistant position (1.0FTE) for the Maternal Health Program. This position currently exists through a contract with Lincoln Community Health Center and will be transitioned to a Health Department position. This is a budget neutral item. It is not a new position, but a transition from a contract to a County-funded position."

Chairman Reckhow noted that she recently became aware that obstetric services will be moved from the Lincoln Community Health Center to the new Human Services building. She questioned how much space would be required.

Mr. Letourneau responded that the move would only require reconfiguration of space and flexible exam space. The move will provide continuity between obstetrics and family planning programs and a modern facility in which women can be treated.

Mr. Letourneau clarified for Chairman Reckhow that the new positions require no new County dollars.

Per questions posed by Vice-Chairman Heron related to the space to be vacated at Lincoln, Mr. Letourneau replied that the relationship between Lincoln and Public Health will be strengthened. Lincoln will enroll the obstetric clients in its primary care program so their continuity of care will continue in terms of primary care.

County Manager Mike Ruffin added that Lincoln has requested to employ an architect.

Chairman Reckhow mentioned that two spaces will be freed up at Lincoln due to the EMS move and the obstetrics move. She has heard that the space may be used to expand specialty care.

Chairman Reckhow requested that County Manager Ruffin wait to hire an architect because she has asked Congressman Price for an appropriation for planning and architectural advice.

Mr. Ruffin remarked that his plan at the moment was simply to get the RFQ out.

Mr. Letourneau continued with his budget-related comments.

“As I described last year during my address to this body, the Durham County Health Department continues to face many challenges that currently, and in the future, can significantly affect the health of Durham. Pandemic Influenza planning has stretched the Health Department’s ability to prepare appropriately the Department’s staff in their response roles while providing current levels of service. This is particularly difficult given the difficulty we are experiencing in recruiting Public Health nurses who will play vital roles in our response to any community-wide disaster. The Health Department will host a regional Strategic National Stockpile medication distribution exercise on July 11 at Shepard Middle School that will include representatives from 10 counties and scores of county and community volunteers. Most County and City emergency response agencies and our Pandemic Planning partners will play roles in the exercise. The time and resources necessary to plan and implement this exercise is one example of the strain disaster planning is placing on our ability to continue to provide services at current levels.

Our infant mortality rate continues to be far below the statewide average. We have stabilized the rate at or near 6 deaths per 1,000 live births and we expect the rate to fall once again this year as the report becomes available this summer. The non-white rate remains nearly 3 times the rate for white infants. We hope to significantly impact both infant mortality and low birth weight incidence rates through such programming as our Healthy Smiles, Healthy Kids project that targets low income pregnant women for dental care and reduction of periodontal disease, a factor recently identified as a significant risk for low birth-weight infants. Infectious diseases continue to stress the department’s resources. However, your investment in new staff for the Tuberculosis program continues to pay off with a decline in cases from 25 in 2004 to 21 in 2005 down to 12 in 2006.

Recruitment and retention has improved in several operating divisions as a result of the recent changes in the pay plan and our ability to hire experienced health care workers higher in the pay range. The area of most concern, as mentioned previously, is Public Health Nursing. Each vacancy costs the community public health services it desperately needs. Additionally, with each vacancy grant and fee for service dollars fail to reach the community. We waste these resources with the delays in recruiting that commonly occur. These resources are vital to our community and should be shepherded wisely. As I suggested last year and strongly suggest this year, we also must develop aggressive recruiting strategies that venture beyond our geographic boundaries. We must provide appropriate incentives for professional level candidates to come to Durham and seriously consider our employment opportunities.

The unemployed and underemployed of Durham continue to face access to health care challenges. Poverty, unemployment, underemployment, lack of health insurance, illegal immigration status, ignorance, inflexibility of the system all contribute to the barriers our

low-income residents face as they attempt to gain access to our health care system. Durham County and its many partners have come together to try to develop strategies to improve health care access. The NC Institute of Medicine is facilitating this process and there is optimism that a local solution can be developed to improve access.

Some challenges faced by Nutrition Division in the coming year include the following:

- We continue to struggle to provide adequate interpreter services for our growing Hispanic clientele. Hiring bilingual staff would make our operation much more efficient, cutting in half the time it takes to provide a clinical service through an interpreter. Again, this requires recruitment of qualified, documented bilingual staff in areas beyond our county and state borders.
- Nutrition referrals for overweight children with medical complications continue to increase. Since 2004 the number of overweight children seen through Durham's WIC Program at Lincoln Community Health Center increased by 40%. These cases are complicated and require family solutions that take significant staff time to intervene effectively.

The picture for the Community Health Division has not changed significantly. Challenges exist in the following areas:

- Public Health nurse recruitment and retention: This is a particular issue for Public Health nurses at all levels. Durham County Health Department salaries continue to be non-competitive in our service area. The agency's primary competitors for nurses continue to be local hospitals and research facilities that pay significantly more, offer such incentives as signing bonuses, recruitment travel reimbursement, and relocation reimbursement. We currently have 12 vacant Public Health nurse positions, including 5 PHN I and 7 PHN II positions resulting in significant lost revenue and services.
- Revenue will likely remain stagnant if not decline during FY 07-08. The number of uninsured and undocumented immigrants that seek care at the Health Department continues to grow. Couple this with our inefficiency in providing services to Spanish speaking clients will result in a decline in our ability to produce collectible revenue. This is primarily a function of the growing number of patients who have no source of 3rd party reimbursement. They receive services at no charge to them or at a reduced charge. Recent changes in policy for assessing income for Family Planning patients is likely to have at least a small impact on collections in that program.
- More appropriate resources for non-English speaking patients are needed, specifically in the area of bilingual staff: The rising number of patients with low English proficiency requires the use of interpreters and translated material. Because a patient encounter carried out with an interpreter is necessarily slower, efficiency is reduced. The use of bilingual staff is preferable. However, qualified persons who speak both English and Spanish are in high demand, and again, our salaries are not competitive.

The Health Education Division is nearly fully staffed. Ever increasing requests for health educator services continue to stretch the ability of the division to meet the demands of various constituencies in our community.

- Staff turnover in the Division has declined due in part to the pay plan adjustment implemented January 1. Our salaries for these positions are now much more competitive in our market. The Division currently provides a wide range of health

promotion and disease prevention activities at different sites in the community. The most significant challenges the Division faces are:

- Sexually Transmitted Infections
- Teenage Pregnancy Prevention (especially for the Hispanic population)
- The increased rates of HIV infection in our Historically Black Universities and Colleges

The General Health Services Division continues to operate in an ever-changing, infectious disease environment. Durham compares poorly with our neighboring counties with respect to Gonorrhea, Chlamydia, and HIV. Our Gonorrhea and Chlamydia rates are three times that of Wake County and 200% of the states overall rate. Without additional resources there is no hope of reducing these rates. Women infected with Gonorrhea or Chlamydia left untreated face a lifetime of reproductive health challenges. No state or federal resources are available to develop effective interventions.

The overwhelming influx of CDC and State recommendations puts a tremendous burden on already overextended staff. Staff recruitment is an issue that continues to impact service delivery. The current Physician Extender position has been posted since September of 2005. Vacant key positions providing clinical services and medical evaluation have shown a pattern of vacancy for several months at a time. Salary constraints continue to be the most common reason for recruitment delays.

Local Public Health Preparedness: Two team positions are grant funded by the state through federal funds from the Department of Homeland Security. The addition of the Medical Reserve Corps Coordinator through county funding has added a new dimension to the ability of the team to organize a community response. However, the position is currently vacant as classified and is being studied to determine if a more appropriate classification concentrating less on clinical skills and more on the organizational and administrative abilities is needed. This Team has provided much needed assistance to planning and implementing local bioterrorism preparedness plans and preparedness for other emerging public health issues such as pandemic influenza. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System.

Environmental Health Division: As expected the EH Division is beginning to experience turnover as staff gain experience and are recruited away. Increased competition for Registered Sanitarians has resulted in salary levels for entry level positions in competing counties that greatly exceed salaries offered by Durham County. Registered Sanitarians require seven to nine months of basic training before being authorized to begin enforcing laws and two to three years before they become completely independent. Repairing this problem will require attention to entry-level salaries as well as existing employees.

Dental Division: The challenges the Dental Division is facing in the upcoming fiscal year is to continue to provide comprehensive and quality care to the children of Durham County in spite of the increasing number of immigrants who do not qualify for Medicaid or HealthChoice. The cost of providing the necessary dental care to this population continues to increase; we need to find ways to provide this needed treatment more efficiently and economically. We are hoping to computerize the dental clinic which should increase our efficiency and help safeguard our patient's privacy.

The Healthy Smiles, Healthy Kids project has the potential to turn the curve on low birth weight infants in our community. We have also partnered with the UNC School of Dentistry to incorporate dental residents under supervision into the clinic operation. This will serve to increase the number of services available through the clinic by fully utilizing the assets of the clinic in a more efficient operating model.

The mobile dental van project continues to provide an invaluable service to children who would not otherwise receive dental care. We are striving to improve the delivery of dental care to these children and increase the participation of the elementary schools in the project. The Dental Van is beginning to age and is experiencing more days out of service than in previous years. We will make every effort to keep the Dental Van operating for as many days as possible throughout the school year.

Gayle Harris will now present some information related to our Results Based Accountability efforts. Gayle has played the key role in the County and Health Department efforts to focus on community health outcomes as measures of success in addressing demanding community health issues.”

Commissioner Page and Vice-Chairman Heron asked questions related to the document imaging project.

Mr. Letourneau responded that DSS and Public Health are using the same vendor. Information must be managed carefully. Public health, social services, and mental health data are different in terms of records management; therefore, must be managed separately.

County Manager Ruffin commented that databases comprising medical records cannot legally be shared between DSS, Mental Health, and Public Health.

Mr. Letourneau stated that the agencies work together through the child and family teams. He also stated that Commissioner Page and Vice-Chairman Heron have expressed a legitimate benefit of information sharing among the agencies.

Gayle Harris, Assistant Public Health Director, first stated that in planning for the new Human Services Complex, DSS, Mental Health, and Public Health counted the number of patients seen by all agencies. They were surprised that the client population was significantly different.

Ms. Harris continued with the following presentation regarding performance indicators:

“The Durham Health Department’s mission is to preserve, protect, and enhance the general health and environment of the community. This is accomplished through the organizational structure comprised of seven divisions:

- Administration
- Dental
- Environmental Health
- General Health Services Clinic

- Health Education
- Nutrition
- Community Health

The divisions work collaboratively to accomplish the organizational goals of:

- Promoting optimal health and wellness of children;
- Decreasing premature death rates;
- Preventing and controlling communicable disease; and
- Maximizing organization productivity.

Our goals, objectives, and strategies align with the community-wide health outcomes of the RBA initiative.

Since the results-based accountability process was introduced to the department, division directors have worked with program staff to develop measures that would indicate whether our customers are better off as a result of the work that we do.

The Community Nutrition Section is one of three program areas in the Nutrition Division. This area supports Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating (DINE for LIFE). Classes are conducted and school-wide events which focus on the US Dietary Guidelines and MyPyramid for nutrition, food safety, and physical activity in 15 eligible Durham Public Schools, seven senior centers, and the community.

Through pre and post tests the percent of knowledge improvement is tracked. In 2006, there was a 27% increase in the knowledge of the students. In those classes, approximately 85% of the teachers reported positive behavior changes.

A study of preadolescent children found that those who attended a behaviorally-oriented nutrition education program and were taught to follow a diet low in saturated fats and cholesterol, adopted significantly better dietary habits over several years as compared to their peers.

DINE for LIFE is on the right path towards reducing overweight and obesity in our community.

Family Connections is one of three programs within the Health Education Division. It focuses on maternal and child health issues such as infant mortality prevention, teen pregnancy prevention, family planning education, and lead screening and education. Programs are provided in community, clinic, and school settings. Family Connections is tracking the measures associated with Together Everyone Accomplishes Something (TEAS), a youth development pregnancy prevention program initiated nine years ago. It is a nine-month per year life-skills program for male and female teenagers. Program participants are required to attend monthly life-skills educational sessions, conduct at least 20 hours of community service per program year, and participate in bimonthly group activities. This year 52 youth participated and completed the program. Since its inception nearly 9 years ago, none of the students that remained in the program have become pregnant or caused pregnancy. Increasing the number of teens involved in initiatives such as this one and reducing teen pregnancies are goals of the division.

The Dental Division strives to improve the oral health of economically disadvantaged children and pregnant women as well as provide oral health education to the community. Annually, staffs from the clinic and the dental van participate in a state-wide oral health screening initiative. During this time, calibrated dental staff screen DPS children in grades K and 5 and submit the findings to the state. Children in need of dental care are subsequently

referred for treatment, with health department services provided as an option. The screening results help determine program strategies for the division. While continuing to decline, this year 13% of the students in kindergarten were found to have urgent dental needs (obvious cavities) while 6 percent of the 5th graders had urgent needs up from 5% last year. 35% of the 5th graders had sealants to prevent cavities.

The General Health Services Division is comprised of seven cost centers. The primary purpose of this division is to provide prevention, identification, treatment, education, counseling, reporting, and epidemiological investigation and follow-up of communicable diseases. Because of legislated mandates, this division focuses on both individual and population levels in controlling the spread of communicable diseases. Other divisions within the department also contribute to the outcomes in the area of communicable disease control. Five indicators are highlighted to reflect the differences that are being made in the lives of many in our community. They are rates for HIV, P/S syphilis, gonorrhea, Chlamydia, and TB.

The first indicator is HIV rates. In 2006, the rate of HIV decreased from 46.3/100,000 in 2005 to 42.5/100,000. However, next year, we expect to see an increase in the rate with the implementation new Centers for Disease Control and Prevention recommendations to increase HIV screening among all health-care settings.

Primary and secondary (P&S) syphilis rates is the second indicator. The rates of primary and secondary syphilis (7.5/100,000 in 2005 to 7.0/100,000 in 2006) have declined since 2002, perhaps due to an increase in detection, health education, and public awareness through grant monies, enabling enhanced outreach activities, and screening of high-risk individuals in the community. It is anticipated that this slow decrease will continue. While our gonorrhea rate was 12th highest among the counties in 2005, it was 2 times higher than the state and 3 times higher than Wake County.

In 2005, Durham County ranked 10th for Chlamydia (616.9/100,000), and it decreased to 549.5 per 100,000 population.

The reasons for the sustained high morbidity from these STDs in our community may be due to ongoing individual high-risk behaviors including having multiple sexual partners and unprotected sexual activity, as well as limited sexual partner notification and treatment to prevent further disease transmission.

The last of the indicators for this division is the tuberculosis rate in the county. The rates of active TB have decreased from 8.8/100,000 in 2005 to 5.0/100,000 in 2006, which could be due to an increase in TB education/prevention among at-risk individuals in the clinic and the community, and effective contact notification and management to prevent exposed persons from developing active TB.

The Community Health Division is made up of nine cost centers and several more program areas where services are provided in a variety of settings.

The Family Planning program provides comprehensive services relating to methods of contraception and fertility control. The goal of the Family Planning program is to reduce unplanned pregnancies. Measuring returning patients' report of unplanned pregnancies is a direct measure of that success. This year's result will serve as the baseline.

The goal of the Maternal Health program is healthy pregnancy outcomes for women enrolled in the program. The Maternity Clinic provides comprehensive prenatal services (including parenting and childbirth education classes) to low income, medically low risk

pregnant women. More than 1,100 women are seen in the clinic annually. The most significant factor in preventing infant mortality and morbidity is low birth-weight reduction. Since 1999, there has been a downward trend in percentage of low birth-weight babies born to women receiving care in our clinic. In 2006, the rate showed a slight decrease from 8% to 7%.

The Baby Love program provides Maternal Care Coordination and Maternity Outreach Worker services to assist Medicaid eligible pregnant women in accessing resources and other services that will lead to good pregnancy outcomes. These services are also provided to some Spanish-speaking patients who are not eligible for Medicaid. The Baby Love project enrolls patients who are financially eligible for Medicaid both from our prenatal clinic, community providers, and Duke High Risk Clinic. Based on preliminary data, it is projected that 12% of the babies born to this population will weigh less than 5.5 pounds.

The Child Health cost center contains multiple programs and focal points. The largest program within the cost center is Child Services Coordination. This program provides nursing and social work services within a case management framework to children from birth to age 5 who are at high risk of or have diagnosed health or developmental problems. Each patient followed in CSC has a standard care plan which is individualized as needed. The care plan includes goals set with the family. The CSC project will measure the percent of achievement of those goals by reviewing each care plan on closure and determining if 75% of the goals were met. It is projected that more than 90% of the care plans will meet this threshold at the end of this year. Health Check Coordinators within this cost center assist Medicaid eligible families in finding and accessing health and dental care.

The Health Check participation ratio is based on the percentage of children who have Medicaid and who are due for a health screening in a given year and receive the screening. In 2006, there was a sharp increase in participation, up to 70%. This ratio is more closely aligned with state-level expectations. This improvement can be attributed to more dedicated time by Health Check Coordinators and collaborative community efforts to improve coding and billing practices of providers.

The Home Health program of the department does business as the Visiting Nurse Service of Durham. Services are provided to clients who are medically homebound and under physician orders. DSS contracts with the agency to provide personal care and light housekeeping services to eligible clients. An important goal of the agency is to allow clients to remain in their homes and avoid hospitalization or skilled nursing facility placement. Acute hospitalization is an indicator of deteriorating client health status. Reducing avoidable hospitalizations can enhance patient quality of life. In 2006, 19% of the patients experienced acute care hospitalizations. Home health also measures the improvement in the Management of oral medications. This measure reflects an assessment of the patient's cognitive and functional ability to prepare and take oral medications in the correct dosage at the correct time. To turn the curve on this measure, staff has developed additional patient education tools that are appropriate for the population served.

The Jail Health Program provides health services to inmates of Durham County Detention Center and to the residents of the Durham County Youth Detention Home. Services are provided by a contract agency, Correct Care Solutions Inc., which in turn provides professional and para-professional care to inmates with acute or chronic health conditions. The unit is open 24 hours per day, 7 days per week, with specific medical

observation rooms available for inmates who need care or observation that cannot be conducted in the pod areas. Prompt assessment and treatment of inmates reduces the likelihood that they will have to be sent to Emergency Rooms or other outside health care sources. Last year, 2.3% of the inmates receiving care were transported to outside sources. We recognize that this measure alone does not fully show the difference that this service is making for the inmate. Staff is working to develop an indicator that will measure appropriate inmate health-related grievances.

School Health Nurses provide services at least one day a week to each assigned school. Services include screenings, counseling, and follow-up for students as requested. Additional responsibilities include:

- Developing written plans and guidelines for managing individual students who present with ongoing health concerns;
- Coaching and monitoring of faculty/staff performances of health services for students;
- Providing guidance to school staff on managing health issues in the school setting.

The School Health program measures the percentage of secured referrals to needed services (secured care rates). Children who require intervention based on health screening results (vision, health history, pregnancy, blood pressure, blood glucose) are identified and receive appropriate referrals related to the assessments that have been performed. This information is documented on monthly nurse logs. Based on preliminary data, there has been a slight decline in that percentage in FY 2007, 70% down from 76%. Decline in percentage is likely attributable to staffing vacancies, resulting in those on staff having to cover more schools and having less time per school. Although Child and Family Support Team positions funded by the state have led to one nurse per school in seven schools, these nurses spend the majority of their time providing health-related case management to high-risk students. While this is an important intervention, it does not increase the availability of “regular” school nursing to all students.

Environmental Health Division has two cost centers, General Inspections and Water and Waste. General Inspections 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, lodging, tattoo artists, day cares, and other institutions. Inspection compliance increased to 88 percent for the 06 fiscal year and is at 94 percent for the first two quarters of the 07 fiscal year. As Durham’s population grows, the number of establishments under inspection has also seen a steady increase. Most of these establishments are food service related but increases are also noted in lodging and daycare establishments. Between March 1, 2006 and February 19, 2007, 39 *new* (new building and location) establishments were permitted and currently 25 additional establishments are approved and under construction. Many existing establishments also elect to expand their seating capacity or menu selection which increases inspection requirements. Between March 1, 2006 and February 19, 2007, seven expansions were permitted and six more are currently under review by the Environmental Health’s Plan Review Specialist. Continued emphasis on proper food handling practices is an important aspect of the General Inspections program. Food Service establishments are faced with an extremely high rate of employee turn over and educational efforts *need to be ongoing* to ensure that all employees are exposed to these principals. Efforts by Environmental Health staff, such as one-on-one instruction at the time

of the inspection, handouts and classes (such as ServSafe), target reduction in the percentage of establishments receiving less than an A grade. As in the previous indicator, continued emphasis on proper food handling practices is an important aspect of the General Inspections program. The initiatives referenced in the previous page are also us to target grade improvement at an inspection following one where an establishment has scored poorly. It is projected that 5.5% of the facilities will receive a B or less by the end of this year.

The Water & Waste Section of the Environmental Health Division 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, and general sanitary practices. The prevention and control of communicable diseases are supported by these efforts. Continued emphasis by Environmental Health staff on recommended well maintenance and on the importance of good water quality has contributed to an increased awareness by the public of Division water sampling resources. Articles and interviews on topics such as the presence of arsenic or bacteria in groundwater and lead leaching from plumbing with lead solder have furthered this trend. Maintaining this message should result in continued interest in this service over levels present between 2002 and 2005.”

The Commissioners made several comments and asked questions throughout the presentation.

Chairman Reckhow directed County Manager Ruffin to add jail health and general services expenses to what is spent on the jail in order to get a true cost of inmate services.

Vice-Chairman Heron requested a cost comparison for Correct Care Solutions Inc. to provide care to inmates with acute or chronic health conditions as opposed to the County providing the services.

Ms. Harris stated that the information would be provided at the June 4 Worksession.

Chairman Reckhow stated that the presentation by Ms. Harris highlights the value of Results Based Accountability. To be able to track the trends is so important.

Commissioner Page voiced his appreciation to the Public Health Department for its visibility in the community.

County Manager Ruffin mentioned that \$250,000 has been set aside for public health in nondepartmental to address nursing vacancies.

Mr. Letourneau stressed the need for bilingual health professionals.

Chairman Reckhow commented on the State's low financial support for Public Health. "We need some grassroots lobbying." **Chairman Reckhow requested information about how much of the intergovernmental is coming from the federal government (per capita) versus state dollars in order to communicate this to the local delegation. In determining local dollars, add in what will be included from the Health Trust Fund.**

Chairman Reckhow expressed appreciation to Public Health staff for a good year.

Vice-Chairman Heron requested information regarding the increase in the number of health department clients over the past three years.

Adjustment to the May 24 Budget Worksession

After polling the Commissioners, Chairman Reckhow stated that tomorrow's worksession (May 24) would be extended from Noon until 2:00 p.m. to add the Criminal Justice Resource Center presentation.

Department of Social Services

County Manager Ruffin briefly commented about Medicaid. He stated that the "House" package, if approved, could reduce the County Manager's Medicaid budget recommendation by approximately \$900,000.

Sammy Haithcock, DSS Director, presented the following:

- Introduction
- We are mission driven and outcome focused.
- We see our work, in the words of our Board, as "Investing in Human Capital"
- We have asked for additional resources – investments – in 3 basic areas:
 1. Staffing and staff training;
 2. Technology and infrastructure; and
 3. Client benefits and support services.
- Five positions are requested to:
 1. Help us maximize in-home services for the aging and disabled;
 2. Connect families with the services they need through the Casey Grant position;
 3. Move closer to meeting state CPS standards;
 4. Coordinate Kinship placements to avoid kids entering care; and
 5. Improve management of Medicaid by reducing span of control from 1:11 to 1:9.5.
- Invest in Technology and Infrastructure:
 1. Improve the application process at DACCA;
 2. Continue progress to a fully automated records and documents systems; and
 3. Prepare us for telecommuting.
- Requests for client supports are designed to:

1. Increase Emergency Assistance to help avoid homelessness for some of our citizens;
 2. Provide for in-home services; help people avoid premature entry into rest homes; and
 3. Provide help to families to take in their own kin's children.
- A word of thanks to the Manager for his support of:
 1. The Casey Grant position;
 2. Money to support Adult SOC;
 3. Staff training; and
 4. Enhancements of our DACCA process and document management development.

While we will look to creatively use staff to meet emerging needs, we, to date, have not come up with a way to increase our Special Assistance for Adults demonstration cases. With the high turnover we have experienced in Child Protective Services in the past year, lowering caseloads is seen as a way to stabilize turnover. Again, we will work with county management and HR to use our existing resources creatively but don't have—at this point—a solution. Turnover has been exceedingly high in Medicaid in the past year, at one point reaching a 25% vacancy rate. By lowering the span of control from 1:11 supervisor to worker to 1:9.5, we feel we would improve the chances of supervisors managing staff more effectively who are handling larger and larger workloads. Finally, the position requested to coordinate kinship care placements is needed to support this new and important initiative.

For these reasons we are asking you to consider each investment in staffing cited and provide the money needed to fund them. The cost is \$237,815 of which about 50% is reimbursable.

- At DSS, we want to positively impact lives. Each of the requests above will do that. But we ask your special attention to the needs of children, the disabled, and elderly. Our staff, led by Chuck Harris, has proposed a way to help avoid bringing children into foster care who are in neglectful and abusive situations. We call it 'Kinship Care'."

Chuck Harris, Assistant DSS Director, explained the benefits of Kinship Care which is designed to keep family with family; it saves money downstream; it is less traumatic to children. The annual cost per child in foster care is \$9800. Per the DSS proposal, the annual cost per child in Kinship Care would be \$4200. It is projected that 40 children will enter Kinship Care as opposed to foster care, which will be an annual savings of \$224,000.

Mr. Haithcock stated that DSS wishes to impact the lives of kids and improve the lives of the elderly and disabled. Providing in-home services and emergency assistance makes a difference in enabling people to remain in their own homes for as long as possible and, for some, helps them avoid homelessness.

Mr. Harris shared that the number of Durham County residents that are 65 and older will increase by 20% in five years, which is a significant demographic change. This translates to increase demands for in-home services. Currently, 41 individuals are on the waiting list. The requested increase will allow the department to serve an additional 23 individuals so

they can remain at home as opposed to being placed in an adult care facility. The average monthly cost of in-home aide services is \$530. The average monthly cost of placement in an adult care facility is \$1902. The investment saves money but also keeps families together.

Mr. Harris spoke briefly about emergency assistance (EA). Additional EA funds would allow DSS to increase family eligibility from 110% to 150% of the poverty level.

Mr. Haithcock concluded with the following comments:

- “Let’s put our budget into context:
 - i. 97% is for mandated or other regulated services; and
 - ii. 10% of the total expense budget is for personnel and administration costs
- All the requests highlighted will increase the County funding needed by \$500,000. The County share of the DSS budget has remained at the 9% match level for the past two years and remains at that level.
- Now, I would like to ask Tom Niemann, our DSS Board vice chair to make closing remarks.”

On behalf of the DSS Board, Mr. Niemann thanked the Manager and the Commissioners for the opportunity to present the budget request. He stated that the DSS Board is focused on educating the community on the significance of investing in human capital. This budget request represents that commitment. Capital investments are critical to the success of any organization. Human capital is the intangible, critical piece that people bring to organizations, particularly their education, training, health, and work habits. These intangibles are important because they are directly linked to a person’s earning potential, health status, and good habits over a lifetime. Economists call it human capital because persons cannot be separated from their knowledge, skills, health, or values in a way that they can be separated from their financial or physical assets. DSS is designed to invest in the residents so they can contribute more to the economical and social well-being of Durham.

County Manager Ruffin, Deputy County Manager Titus, County Attorney Kitchen, and Chairman Reckhow spoke about the \$150,000 designated in the court-ordered child services line item.

Chairman Reckhow asked the County Manager to “red-flag” the amount and bring back a reduced recommendation (possibly to \$75,000).

Commissioner Page and Vice-Chairman Heron commented and asked questions about the Kinship and emergency care programs for children; emergency assistance, in-home care, and System of Care for adults; and position vacancies.

Vice-Chairman Heron requested that County Manager Ruffin provide data to the Commissioners about child support collections (at the end of the fiscal year).

Vice-Chairman Heron expressed concern that Department of Social Services staff did not return a phone call to her when she was attempting to obtain fuel assistance for an elderly lady.

Mr. Haithcock apologized that departmental staff did not make a follow-up call; someone should have responded immediately to her request.

County Manager Ruffin stated that Social Services has requested a total budget increase of approximately \$400,000. He requested clarity from Mr. Haithcock regarding the expansion budget of \$128,000 for Kinship care.

Mr. Haithcock stated that the request did not include staffing.

Chairman Reckhow requested a follow-up memo to the Board from Mr. Haithcock regarding Kinship care. The memo should outline the proposed spending amount, how much money can be saved (in the next two years, five years, etc.), and whether the initiative could be broken down into a smaller package.

Chairman Reckhow stated that she is a proponent of System of Care; however, she asked **Mr. Haithcock to look at the \$50,000 request and determine if the money could be spent more judiciously.**

Chairman Reckhow suggested that the County Manager and Social Services Director look carefully at ways to trim the requested DSS budget.

Mr. Niemann thanked Commissioner Page for all of his hard work on the Social Services Board. He then thanked the entire Board of County Commissioners and the County Manager for their leadership, commitment, and open-mindedness related to the \$400,000 budget expansion request.

Chairman Reckhow encouraged DSS to follow the model of Mental Health in combing through every aspect of the department to see what programs are working and which ones are not working.

Chairman Reckhow expressed appreciation to DSS for its leadership with the special initiatives on strategic planning.

Mental Health

Ellen Holliman, Director of The Durham Center, spoke to the Commissioners about how the department allocated FY 2006-07 funding for its substance abuse initiative, trend data in terms of an RBA indicator, and the funding request for FY 2007-08.

Ms. Holliman concluded her presentation with information about the new mental health initiative—Intensive Outpatient Co-Occurring Program.

The Commissioners asked questions throughout Ms. Holliman's presentation.

Ms. Holliman and Rob Robinson, Deputy Director, The Durham Center, responded to the questions.

Chairman Reckhow expressed her desire that the program be structured like the Healing Place model. The process must be very strategically thought out, especially how to engage the homeless during the day in more constructive activities.

Chairman Reckhow directed the County Manager to schedule a meeting within the next two weeks between herself, County Manager Ruffin, Ms. Holliman, and the ABC Board Chairman and Executive Director. The topic of conversation would be a request for more financial assistance from the ABC Board for substance abuse and crisis initiatives.

Chairman Reckhow requested that Ms. Holliman consider reducing the Adult System of Care budget request.

Vice-Chairman Heron asked for an explanation as to why \$100,000 is being requested for Adult System of Care in the Community Health Trust Fund (\$50,000 for DSS and \$50,000 for Mental Health).

Chairman Reckhow thanked Ms. Holliman and Mr. Robinson for all their good work.

Adjournment

There being no further business, Commissioner Reckhow adjourned the meeting at 12:08 p.m.

Respectfully submitted,

Vonda Sessoms, CMC
Clerk to the Board