



Human Services

Departments and services charged with expenditures for the public welfare including public health, mental health, hospitals, and social services.

Business Area Name	FY 2019-20 Actuals	FY 2020-21 Original	FY 2020-21 Estimated	FY 2021-22 Requested	FY 2021-22 Approved	% Change Orig. v. Appr.	Dept. % of Funct. Area
Public Health	\$26,397,317	\$27,698,841	\$27,776,353	\$30,921,105	\$31,811,300	14.85%	34.41%
Mental Health	\$6,336,751	\$6,336,751	\$6,336,751	\$6,349,700	\$6,349,700	0.20%	6.87%
Social Services	\$46,872,122	\$52,375,917	\$55,737,716	\$53,308,785	\$53,618,023	2.37%	57.99%
Other Human Services	\$1,408,403	\$1,258,207	\$1,053,310	\$325,000	\$677,182	-46.18%	0.73%
Total	\$81,014,593	\$87,669,716	\$90,904,130	\$90,904,590	\$92,456,205	5.46%	100.00%

PUBLIC HEALTH



GOAL 2 HEALTH AND WELL-BEING FOR ALL: Improve the quality of life across the lifespan through protecting the health of community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

Description

The Durham County Department of Public Health works with the community to prevent disease, promote health, and protect the environment. It do so through seven divisions: Leadership and Business Management, Allied Health, Health Education Community Transformation, Dental, Medical Services, Nutrition, 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 focused on workforce development, communication and marketing, technology, access to medical and dental care, obesity and chronic illness, and education.

Programs

Allied Health

Allied Health is comprised of the laboratory and pharmacy operated within the department. The laboratory provides phlebotomy, specimen procurement, and testing services that aid in the diagnosis, treatment, and prevention of disease for the department's clinics, Lincoln Community Health Center, and at community outreach events. The pharmacy provides medication services for clinics, DCo Wellness Clinic, and DCo Detention Center. The pharmacy maintains a comprehensive formulary enabling treatment and prevention options for a variety of diseases and conditions.

Dental

The Dental Division provides access to comprehensive dental care for uninsured and underinsured children and youth up to 20 years old and pregnant women. Services are provided onsite in a state-of-the-art dental clinic and in the Tooth Ferry, a mobile dental unit that visits specific DPS elementary schools. Staff members also provide dental screenings and oral health education sessions.

Environmental Health

The Environmental Health Division enforces state and local laws and regulations to ensure that food & lodging establishments, institutions, childcare facilities, onsite waste treatment, water, and many other health-related services and industries are operated and maintained in a manner that protects public health and the environment. Environmental Health staff issue establishment and system operational permits. Information provided by Environmental Health and local Public Health Emergency Preparedness allows people to make informed decisions about their health and wellbeing as well as that of their families.

Health Education Community Transformation

The Health Education Community Transformation Division addresses health by influencing the decisions and actions that individuals, groups, and communities make to promote health and prevent violence, injury, disease and disability. Health Education also educates, mobilizes, assesses, and creates policy, systems, and environmental change to positively influence the health of Durham County residents. Staff members provide in-person and virtual education, screenings, and evidence-based programs to individuals, neighborhoods, faith-based organizations, and workplaces. Violence reduction programs include Bull City United and Project BUILD, which aim to prevent gun violence and reduce gang involvement, respectively.

Leadership and Business Management

The Leadership and Business Management Division provides support, guidance, and sound business management services to all divisions and programs in Public Health. These functions include administrative oversight of all public health domains, including finance, purchasing, patient registration and billing, IT, registering of vital records, contracts services, and facilities services.

Medical Services

Medical Services Division is the largest component of the department's budget, providing mandated and other health services that address unmet needs of our community. The Medical Services Division investigates, screens, educates, and provides treatment and other clinical care to those who seek or are referred for care. The division's staff is a multidisciplinary matrix of

providers (advanced practice providers and contract physicians), nurses, social workers, and ancillary staff. The primary program areas are Care Coordination for Children, Detention Facility Health Services, Pregnancy Care Management, Refugee Health, School Health, Women’s Health Clinic, and Communicable Disease Control.

Nutrition

The Nutrition Division provides population-based and individual clinical services, so Durham County residents can learn and put into practice behaviors that prevent disease and promote optimal health. Clinical services are provided for Durham residents and encompass individual counseling and/or guidance to prevent, treat, or stabilize diagnosed chronic illnesses. The Durham’s Innovative Nutrition Education (DINE) program teaches students in qualifying schools about nutrition and physical activity to move towards healthier behaviors. The Formerly Incarcerated Transition (FIT) Program provides health care navigation services for eligible individuals recently released from incarceration who are living with a chronic disease.

Budget

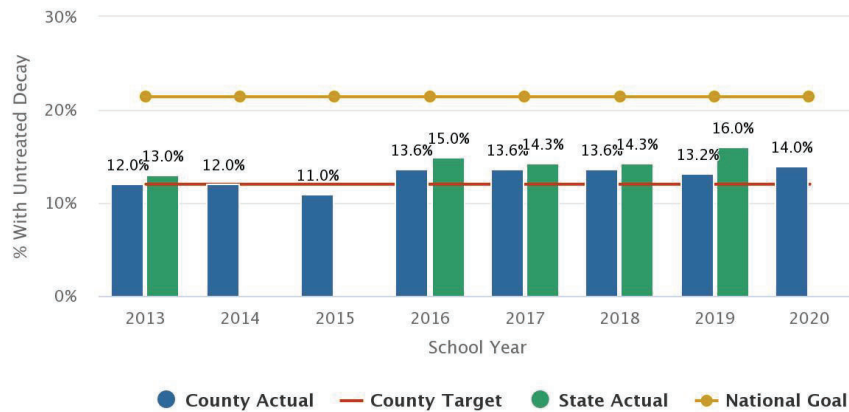
Category	FY 2019-20 Actual	FY 2020-21 Original	FY 2020-21 Estimated	FY 2021-22 Requested	FY 2021-22 Approved	% Change Orig. v. Appr.
Expenditure	\$26,397,317	\$27,698,841	\$27,776,353	\$30,921,105	\$31,811,300	14.85%
Personnel	\$16,591,714	\$18,888,050	\$16,610,707	\$20,557,797	\$21,585,174	14.28%
Operating	\$9,510,183	\$8,810,791	\$10,980,309	\$10,306,522	\$10,169,340	15.42%
Capital	\$295,419		\$185,337			
Transfers Out				\$56,786	\$56,786	
Revenue	\$8,166,529	\$8,536,920	\$9,150,248	\$9,130,912	\$9,130,912	6.96%
Intergovernmental	\$7,758,804	\$8,066,840	\$8,882,605	\$8,801,602	\$8,801,602	9.11%
Contributions and Donations	\$3,233		\$81			
Service Charges	\$403,995	\$461,380	\$267,444	\$329,110	\$329,110	-28.67%
Other Revenues	\$498	\$8,700	\$118	\$200	\$200	-97.70%
Net County Cost	\$18,230,788	\$19,161,921	\$18,626,105	\$21,790,193	\$22,680,388	18.36%
FY 2019-20 Actual FTE	FY 2020-21 Original FTE	FY 2020-21 Estimated FTE	FY 2021-22 Requested FTE	FY 2021-22 Approved FTE		
238.55	238.55	237.55	257.55	269.55		

Budget Highlights

- The City of Durham approved revenue for the expansion of Bull City United. This expansion includes 18 city-funded positions and expansion into 4 additional census tracts. In addition to the expansion funded by the City, Durham County will expand Bull City United by 2 county-funded positions and additional operating funds to support the added FTE’s (County Funding \$398,933). Bull City United and Project Build will move from the Public Health Business Area to its own consolidated Business Area with My Brother’s Keeper in FY 2021-22.
- The Jail Health Expansion Contract will expand with the Medication Assisted Treatment Team, which combines medications with behavioral therapy to treat substance use disorders (\$979,354)
- Funding has been approved for the formerly grant-funded FIT Program Community Health Worker, who assists formerly incarcerated persons suffering from chronic disease or other health issues with successful reentry with a primary focus on linkage to medical services. (\$49,959).
- 12 FTE’s for School Health have been approved. These FTE’s include 10 School Health Nurses and 2 School Health Nurse Supervisors. (\$1,109,124)

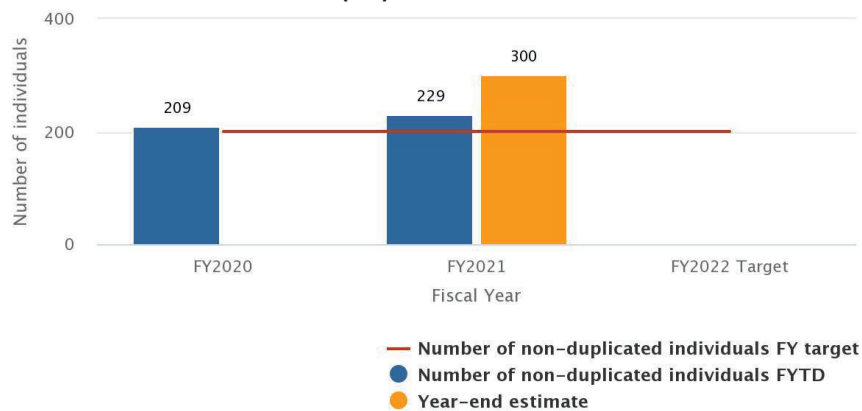
Performance Measures

Measure: PERCENT OF DURHAM PUBLIC SCHOOL (DPS) KINDERGARTNERS SCREENED BY THE HEALTH DEPARTMENT WITH UNTREATED DENTAL DECAY



Measure description: Dental decay is one of the most common chronic infectious diseases among children that, if left untreated, can result in problems with speaking, playing, and learning. Children from low-income households experience higher untreated tooth decay. Dental decay is measured by visual examination by a public health dental hygienist. If dental decay is found, the student is referred for dental care at Public Health or with their dentist. A 12% goal is appropriate for Durham. The current national goal for children ages 3 to 5 is 21.4%. Despite Durham Public Schools (DPS) holding classes virtually between March and June 2020, the Durham County Department of Public Health dental clinic exceeded its target of 12% for the year to reach 14%. DPS was closed to in-person learning through the third quarter of FY 2020-21. The goal is for screening to return to schools in September 2021. The percentage of DPS kindergartners screened by the health department with untreated dental decay will likely return to its previous range of 13.6%-14% once schools reopen fully for in-person learning.

Measure: NUMBER OF NON-DUPLICATED INDIVIDUALS ENROLLED IN DURHAM'S FORMERLY INCARCERATED TRANSITIONS (FIT) PROGRAM



Measure description: This measure shows the number of unique individuals enrolled in the Formerly Incarcerated Transitions (FIT) Program. The main objective of the FIT Program is to improve the health and well-being of individuals after release from incarceration. Upon release from prison, people with chronic disease need timely coordination of healthcare services to improve health outcomes and increase their chances of successfully reentering into the community. The annual target is 200 individuals. A larger number of North Carolina Department of Corrections prisoners were returned to the community earlier than their original release dates due to COVID-19. This is one of the primary reasons for the above average FIT Community Health Worker caseload. Another reason are the relationships established by the FIT Program Community Health Worker (CHW) with community partners. These partners frequently make new referrals. If the current upward trend continues, an estimated 300 individuals will be assisted by the FIT Program this fiscal year.

Measure: PROPORTION OF PREGNANT WOMEN WHO RECEIVE PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER



Measure description: This measure shows the proportion of pregnant women who receive prenatal care beginning in the first trimester. Access to prenatal care in the first trimester of pregnancy is a clinical quality measure to assess the adequacy and timeliness of prenatal care for pregnant women. Accessing prenatal care in the first trimester is associated with improved birth weight, decreased risk of preterm delivery, and decreased risk of infant death. The NC DHHS Women’s Health Branch provides a range of maternal health services to encourage low-income pregnant women to begin early prenatal care and follow recommended perinatal care guidelines before and after giving birth. The percentage of DCoDPH patients who start care in the first trimester has fluctuated over the past several years. Overall, trends in Durham County and nationally have been improving, while trends in North Carolina have held steady. All data have fallen short of the Healthy People 2020 target of 77.9%. A number of systemic and organizational issues likely contribute to this shortfall. Nationally and locally, many women may delay prenatal care due to concerns regarding immigration status, insurance status, and accessible pregnancy termination services. Specifically, in 2020, fear and access to care related to the COVID-19 pandemic may have caused women to delay seeking prenatal care. Changes nationally to abortion access have made it more difficult for women to terminate a pregnancy, and this translates to a later start of prenatal care for pregnancies that were unintended and potentially unwanted. Within DCoDPH, there have been significant program and staffing changes over the past four years. The percentage of women who receive prenatal care beginning in the first trimester will be lower in FY 2021 due to a reduction in clinic hours and services being offered three days per week due to the COVID-19 pandemic. The percentage of women who receive prenatal care beginning in the first trimester will likely increase once clinical services are restored to five days per week.

MENTAL HEALTH: ALLIANCE BEHAVIORAL HEALTHCARE



GOAL 2 HEALTH AND WELL-BEING FOR ALL: Improve the quality of life across the lifespan through protecting the health of community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

Description

Alliance Behavioral Healthcare is the Local Management Entity (LME)/Manage Care Organization (MCO) for behavioral health, developmental disabilities, and substance abuse for a catchment area that includes Cumberland, Durham, Johnston and Wake counties.

Alliance is responsible for ensuring that citizens who seek help receive the services and support for which they are eligible to achieve their goals and to live as independently as possible. Alliance is also responsible for making sure citizens receive quality services and that their individual rights are protected.

Alliance 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.

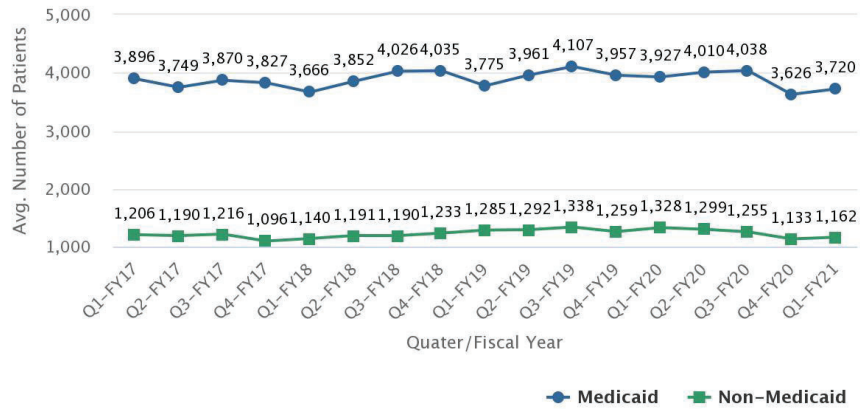
Alliance contracts with more than 2,000 service providers to provide behavioral health, developmental disabilities and substance abuse services to children and adults in the entire catchment area. For those clients who do not speak English, a list of providers who speak other languages can be provided.

Budget

Category	FY 2019-20 Actual	FY 2020-21 Original	FY 2020-21 Estimated	FY 2021-22 Requested	FY 2021-22 Approved	% Change Orig. v. Appr.
Expenditure	\$6,336,751	\$6,336,751	\$6,336,751	\$6,349,700	\$6,349,700	0.20%
Operating	\$6,336,751	\$6,336,751	\$6,336,751	\$6,349,700	\$6,349,700	0.20%
Net County Cost	\$6,336,751	\$6,336,751	\$6,336,751	\$6,349,700	\$6,349,700	0.20%

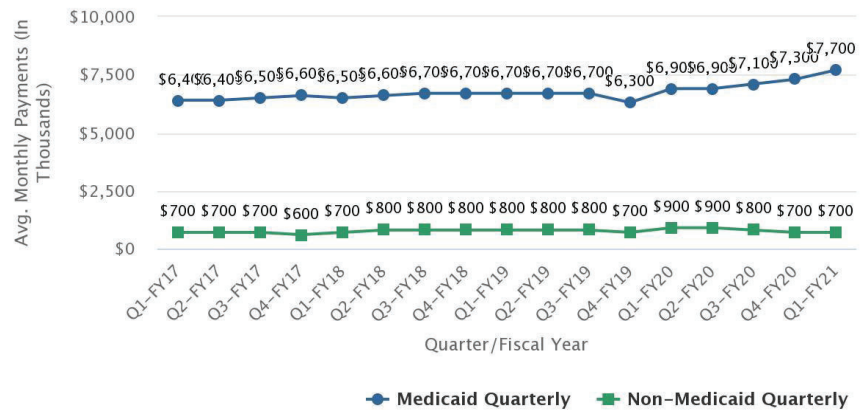
Performance Measures

Measure: AVERAGE NUMBER OF DURHAM COUNTY PATIENTS SERVED PER MONTH



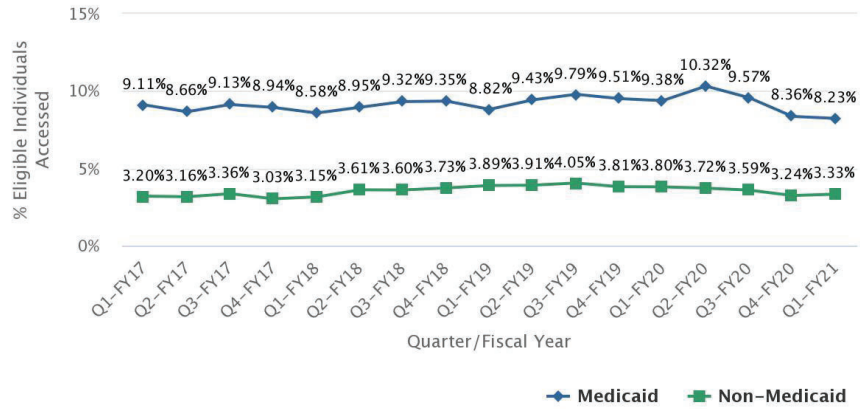
Measure description: This measures the average number of Durham County patients served per month. This number represents the monthly average number of unique individuals that received services from an Alliance provider during the quarter. This measure shows service utilization in both Medicaid and non-Medicaid individuals for Durham County specifically. Alliance tracks any significant changes and trends related to service access, utilization, and spending over time. Any significant changes and trends that are noted receive more detailed data analysis to determine cause, effect on the service system, and to individuals served, and to determine if additional interventions are needed to mitigate negative trends. There is no specific target in relation to service utilization and spending. The data are compared quarterly within Durham County to identify changes in the service system and compared to other Alliance counties as a measure of how services are utilized differently or the same in each county.

Measure: AVERAGE MONTHLY PAYMENTS IN DURHAM COUNTY (IN THOUSANDS)



Measure description: This measure shows spending in both Medicaid and non-Medicaid individuals for Durham County. Alliance tracks any significant changes and trends related to service access, utilization, and spending over time. Any significant changes and trends that are noted receive more detailed data analysis to determine cause, effect on the service system, and to individuals served, and to determine if additional interventions are needed to mitigate negative trends. There is no specific target in relation to service utilization and spending. The data are compared quarterly within Durham County to identify changes in the service system and compared to other Alliance counties as a measure of how services are utilized differently or the same in each county.

Measure: PERCENTAGE OF ELIGIBLE INDIVIDUALS ACCESSED (PENETRATION RATE)



Measure description: This measure shows the penetration rate, or the portion of individuals eligible for services in Durham County who accessed them during a quarter. The average penetration rate for non-Medicaid funded individuals is calculated by comparing the numbers of individuals who accessed services compared to the total number of individuals who are identified as indigent in Durham County. Alliance tracks any significant changes and trends related to service access, utilization and spending over time. Any significant changes and trends that are noted receive more detailed data analysis to determine cause, effect on the service system and to individuals served, and to determine if additional interventions are needed to mitigate negative trends. There is no specific target in relation to service utilization and spending. The data are compared quarterly within Durham County to identify changes in the service system and compared to other Alliance counties as a measure of how services are utilized differently or the same in each county.

SOCIAL SERVICES



GOAL 2 HEALTH AND WELL-BEING FOR ALL: Improve the quality of life across the lifespan through protecting the health of community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

Description

Social Services 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. Public assistance programs provide entitlement benefits for health access and nutrition services, foster care, and adoption payments as well as cash assistance through Work First. Programs include Food and Nutrition Assistance; Medicaid and North Carolina Health Choice for Children; and Work First Family Assistance. The Child Support Enforcement program ensures that non-custodial parents provide financial and medical support for their children. This 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 nonpayment of legal child support obligations.

Programs

Administration and Management

Administration and Management is responsible for providing leadership and oversight for the agency functions including Adult Services, Child Support, Child Welfare, Customer Accountability and Talent Development, Family Economic Independence, and Business Operations. Our Division assists with the formulation and continual improvement of the agency's mission, vision, policies and practices; implements operational management best practices to facilitate effective accountability for agency financial resources and successful attainment of agency outcomes; disseminates information involving interpretation of policies, laws, and activities of the agency.

Adult Services

Adult Services works to promote the independence and enhance the dignity of Durham County's older adults, persons with disabilities and their families, through a community-based system of opportunities, services, benefits, and protections.

Child Support

Durham County Child Support Services is responsible for the location of non-custodial participants, establishment of paternity, and the establishment, modification, and enforcement of child support orders. North Carolina Child Support Services' mission is to "provide family centered child support services through mutual collaboration with families and partners using innovative strategies to reach a common goal and self-sufficiency" (North Carolina Child Support Services).

Child Welfare

Child Welfare is one of the most important and critical services provided by the Department of Social Services. Federally mandated, the Child Welfare program works to assess, protect, and foster the safety of children from child abuse and neglect. It is a complex service involving the community, service-providers, and the legal system. It is critical to build the most effective Child Welfare program possible that both protects children and cultivates staff.

Customer Accountability and Talent Development

This division includes Quality Assurance and Training, Program Integrity, Talent Development, and the Customer Information Center. Quality Assurance & Training and Talent Development team members provide record review and training support to all mandatory programs throughout the agency as well as contract monitoring to ensure compliance with HB 630. Program Integrity is a mandatory program conducting investigations of suspected fraud or agency errors related to Family Economic Benefits. The Customer Information Center employees are charged with providing first point of contact services to the residents of Durham County in our call center, reception lobbies, and records management.

Family Economic Independence

Family Economic Independence provides an array of economic support programs to children, families, adults, disabled, and seniors that support health and wellness through mandated services. Family Economic Independence administers federally mandated programs that support economic sufficiency, promote health and well-being, and provide employment supports for

qualified individuals. The staff primarily conducts eligibility services, including applications, processing, and maintenance of cases. In addition, the division provides Social Work services in the areas of Work First and Child Care, including case-management.

Budget

Category	FY 2019-20 Actual	FY 2020-21 Original	FY 2020-21 Estimated	FY 2021-22 Requested	FY 2021-22 Approved	% Change Orig. v. Appr.
Expenditure	\$46,872,122	\$52,375,917	\$55,737,716	\$53,308,785	\$53,618,023	2.37%
Personnel	\$31,230,812	\$35,104,647	\$31,685,382	\$35,962,577	\$35,521,815	1.19%
Operating	\$15,641,309	\$17,271,270	\$24,052,334	\$17,346,208	\$17,346,208	0.43%
Transfers Out					\$750,000	
Revenue	\$30,129,249	\$30,153,463	\$36,563,522	\$30,476,907	\$30,448,091	0.98%
Intergovernmental	\$29,858,921	\$29,907,961	\$36,376,975	\$30,294,989	\$30,266,173	1.20%
Contributions and Donations	\$2,287	\$3,452	\$2,024	\$2,620	\$2,620	-24.10%
Service Charges	\$4,280	\$7,050	\$4,376	\$4,376	\$4,376	-37.93%
Other Revenues	\$263,761	\$235,000	\$180,147	\$174,922	\$174,922	-25.57%
Net County Cost	\$16,742,873	\$22,222,454	\$19,174,194	\$22,831,878	\$23,169,932	4.26%

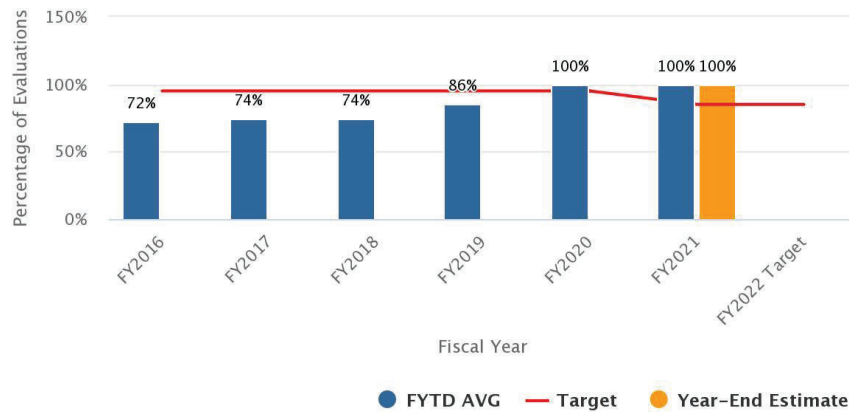
FY 2019-20 Actual FTE	FY 2020-21 Original FTE	FY 2020-21 Estimated FTE	FY 2021-22 Requested FTE	FY 2021-22 Approved FTE
519.00	558.00	558.00	577.00	571.00

Budget Highlights

- Funding is allocated to support a Durham County Long-Time Homeowner grant program for residents at or below 30% of the area median income. The initiative modeled after the Mecklenburg County Homeowners with Economic Support (HOMES) program. The budget includes \$750,000 for grant allocations, with an additional \$192,119 to support administrative cost with the addition of 3 FTE's. Operating supplies and other costs will be allocated from realigned dollars. Although an initial \$750,000 is allocated for the grant program, a mid-year analysis will occur to determine if additional funds are needed for program implementation. (\$942,119)
- 10 FTEs were added to the Department of Social Services (DSS) for support of FTE's approved in FY 2020-21 for a State Mandated Correction Plan. These FTE's include an Audit Compliance Manager, Program Manager, 5 Staff Development Specialists (Quality Assurance Social Workers), and 3 Staff Development Specialist (Quality Assurance Family Economic Independence Social Workers). While DSS is no longer in a State Mandated Correction Plan, the FY 2021-22 approved FTE's will serve as quality assurance support to ensure that DSS continues to maintain quality service for Durham County residents. (County Share \$478,174)

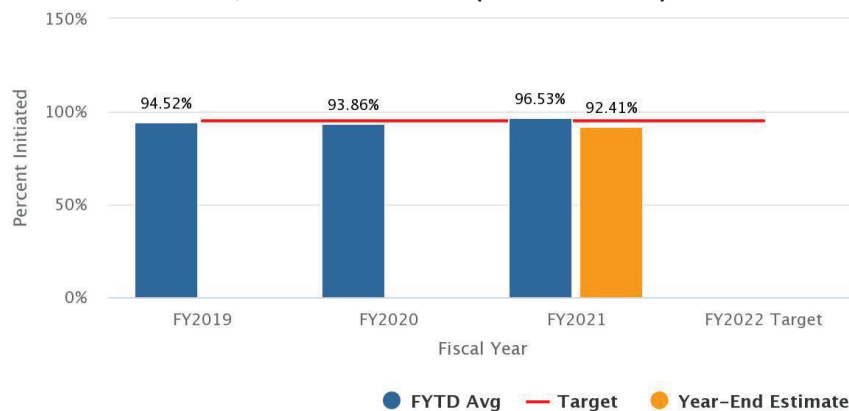
Performance Measures

Measure: PERCENTAGE OF ADULT PROTECTIVE SERVICES (APS) EVALUATIONS COMPLETED INVOLVING ALLEGATIONS OF ABUSE OR NEGLECT WITHIN 30 DAYS OF THE REPORT



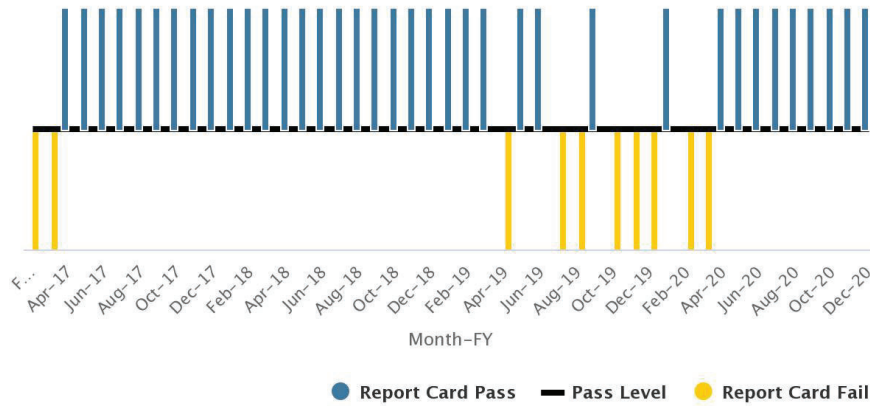
Measure description: This measures the timeliness of Adult Protective Services (APS) evaluations/case decisions (statutory completion time frame of 30 days for allegations of abuse and neglect). Timely APS evaluations/case decisions ensure the safety and wellbeing of disabled/vulnerable adults of Durham County. Timely assessments ensure that services/strategies designed to protect disabled/vulnerable adults are provided quickly and in a manner that alleviates ongoing mistreatment. This measure was revised by the State in October 2020. The goal is now that 85% of evaluations are completed within 30 days. The percentage of APS evaluations completed within 30 days through March of 2021 is 100%. State performance measure targets are being exceeded. The goal of 85% is a low bar set by the State. With consistent strategies in place such as: cases being assigned timely; information being obtained expeditiously; holding regular case staffing; maintaining high level of communication between supervisor and staff; two party review of 5026s before entering in APSR; and monthly review of APSR reports, there is no reason 100% compliance cannot be maintained.

Measure: PERCENTAGE OF ALL SCREENED-IN REPORTS OF ABUSE, NEGLECT, AND/OR DEPENDENCY INITIATED WITHIN REQUIRED TIME FRAMES (CHILD WELFARE)



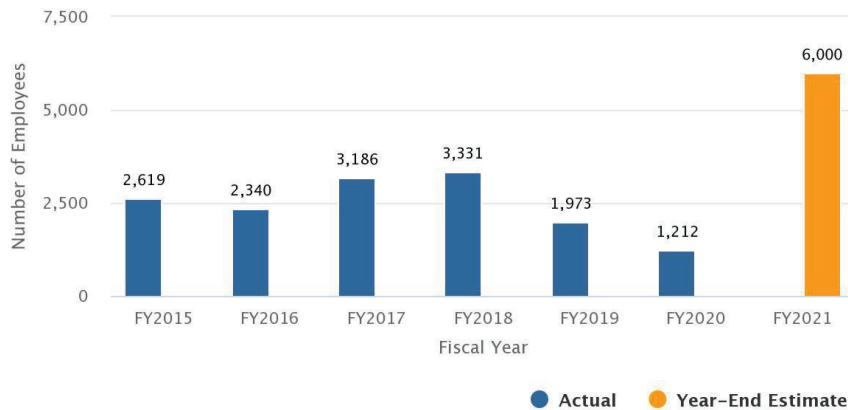
Measure description: This measures the percentage of all screened-in reports of abuse, neglect, and/or dependency that are initiated within the required timeframe of 24 or 72 hours. Timely response to allegations of abuse, neglect or dependency ensure that we are assessing children's needs to make sure they are in an environment that is safe. The goal is 95%. A year into the pandemic, staff continue to receive and manage initiation of cases which are falling within the State standard of 10 cases per social worker. However, the overall percentage of cases initiated within the timeframe was lower. This may be due to 1) burn out/Secondary Traumatic Stress, 2) turn over, and 3) cases not being entered into the system. The data does not capture all assessments as some reports remain open. Based on the current trend, the department will nearly miss the goal of 95% of reports completed within the required timeframe with an estimated 93-94% completed thus far this year. Based on the monthly average, we should finish the year at about 1,146 reports with about 1,059 initiated within the required time frame, for a year-end estimate of roughly 92.41%. We are predicting a slight increase in the number of CPS reports received and accepted in the last quarter of FY 2020-21 as children return to in-person instruction.

Measure: STATE REPORT CARD RESULTS FOR MEDICAID APPLICATION PROCESSING

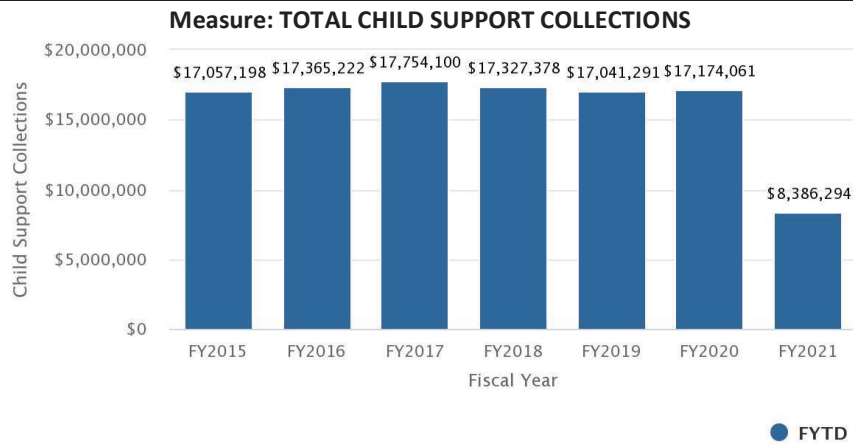


Measure description: This measure captures the number of Medicaid applications processed to ensure families receive medical services timely. This is a federal and state requirement and failure to process and/or dispose of applications in a timely manner can result in corrective action and/or financial liability. This measure is critical for the department to assess and determine allocated resources needed to meet the timeliness goal and to effectively process Medicaid applications. The agency has passed the report card each month to date for FY 2020-2021. The target is that 90% of monthly applications are processed timely, which results in a measure of pass or fail. The agency entered the fiscal year under corrective action and has since been removed from correction. The agency is on target to pass the Medicaid Report Card for the remainder of FY 2020-2021 (passed 9 out of 9 months so far). The agency tracks cases processed weekly to ensure the timeliness goal is met. The County’s goal is in line with the state requirement for this measure. The agency anticipates meeting this measure for FY 2021-2022 pending any unforeseen issues (goal is to pass 10 out of 12 months for FY 2021-2022).

Measure: TOTAL NUMBER OF EMPLOYEES TRAINED



Measure description: The Quality Assurance and Training (QAT) unit is responsible for conducting new hire and refresher training as well as mandated training for all Department of Social Services (DSS) staff. It is essential that staff complete training that is mandated by County, State, or Federal regulations. The training assists in ensuring that staff are prepared to perform their job responsibilities. In addition, the State requires certain training levels for various positions within Social Services. There has been a substantial reduction in the number of employees that had training encounters in March 2020 – June 2020. This is primarily due to a malware attack that occurred in early March 2020. This led to the agency not having access to technology and computer access to materials. In addition, the agency implemented a reduction in the workforce that was able to be in the building on any given day to minimize the potential spread of COVID-19. This reduced the number of employees that were available to participate in classroom training, since technology was not available to conduct virtual training. It took several months to convert training from a classroom format to a virtual format. Adding to the annual mandatory training that is required of staff was the roll out of two HIPAA Handbooks that required all staff to review and acknowledge. Mandatory training will continue throughout the agency next fiscal year. Revisions will be made to the HIPAA Handbooks and staff will be required to review the revisions and acknowledge review of the handbooks. * Data includes duplicate numbers from employees that took multiple trainings or from employees that were part of a program training that spanned several months. *



Measure description: This measures the amount of current collections in addition to arrears (past due child support) collected. As of December 31, 2020, our total collections for FY 2020-21 Q2 were \$8,386,294.14, and we are currently at 49.24% of our goal. We should be at 50% of the goal and should have collected approximately \$8.5 million. In March 2020, Congress passed the CARES Act, which included the provision of economic stimulus payments. For individuals owing past due child support, these stimulus payments were subject to interception to apply to those arrearages. North Carolina Child Support collections and disbursement unit received almost 17,000 offset payments within one week. The intercept of the economic stimulus payments helped to bolster our total collections in the final quarter of FY 2019-20, and in the first quarter of FY 2020-21. However, those payments are impacting our total collections much less in Q2 of FY 2020-21. Administrative payments from all sources were pertinent to achieving our collections goal because we are unable to refer cases to court for enforcement actions from March 13, 2020 to the present, and we have an overall reduction in our total caseload size. We will not be able to refer cases for orders to show cause for non-payment hearings until the middle of this month, January 2021, and our caseload size is steadily declining. Our total collections may begin to decline considering these factors. There is no way to predict a year-end estimate for FY 2020-21, as we are currently receiving offset money.