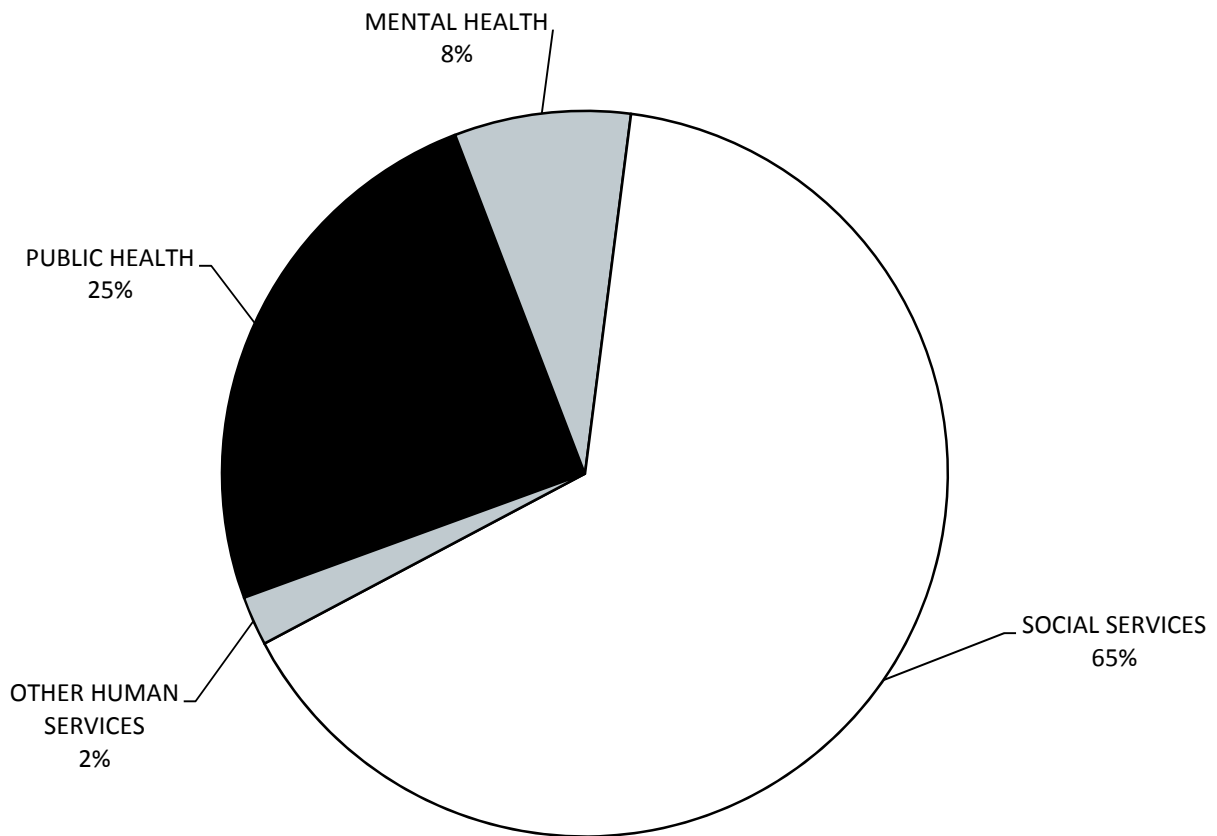




Human Services

A function of local government which is charged with expenditures for the public welfare including public health, mental health, hospitals, and social services.

Human Services Recommended Budget



Business area	2011-2012 Actual Expenditures	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
PUBLIC HEALTH	\$ 17,572,486	\$ 20,238,782	\$ 19,537,006	\$ 21,757,711	\$ 20,974,368
MENTAL HEALTH	\$ 30,983,563	\$ 6,661,442	\$ 7,121,008	\$ 6,661,442	\$ 6,661,442
SOCIAL SERVICES	\$ 50,783,706	\$ 50,954,313	\$ 52,569,277	\$ 56,696,756	\$ 55,311,804
OTHER HUMAN SERVICES	\$ 1,419,128	\$ 1,606,205	\$ 1,563,295	\$ 2,649,566	\$ 1,870,434
Overall Result	\$ 100,758,883	\$ 79,460,742	\$ 80,790,586	\$ 87,765,475	\$ 84,818,048

PUBLIC HEALTH

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 six divisions: Administration, Nutrition, Health Education, Dental, Community Health and Environmental Health. These divisions work collaboratively to accomplish the following goals:

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

2012-13 ACCOMPLISHMENTS

- The Nutrition division produced and displayed bus posters with the new EatSmartMoveMore "Empower Yourself" messages on 60 Durham AREA Transit Authority buses for 6 months.
- The Durham Diabetes Coalition developed a series of 18 short diabetes education videos on various topics such as nutrition, physical activity, medical care, and diabetes management.
- The Health Education division offered over 200 health-related webinars.
- The Dental division coordinated Give Kids a Smile Day on February 1, 2013. The clinic saw 44 patients and provided nearly \$10,000 in free dental care.
- The Refugee Health program provided health assessments for 151 refugees from different countries including Iraq, Burma/Malaysia, Vietnam, Bhutan, Nepal, Ethiopia, Thailand and the Congo.
- The Local Public Health Preparedness program conducted a functional exercise as part of our Strategic National Stockpile plan on September 18, 2012 to test our receiving site process and identify weaknesses and ways to improve our response in the event of an SNS activation.
- The Environmental Health Onsite Water Protection section accomplished a major objective by completing the Falls Lake Nutrient Management Strategy systems inventory deadline of January 31, 2013.
- The Immunizations program administered 8,229 vaccinations in 2012.
- The Communicable Disease program assisted the NC Division of Public and the Centers for Disease Control and Prevention in conducting an investigation into a multistate outbreak of fungal meningitis.
- The HIV Testing and Counseling program performed 9,737 HIV tests; of those tested, 28 persons were identified with new HIV infection.

2013-14 HIGHLIGHTS

The budget for Public Health includes the following items:

- 2.75 new FTEs are budgeted for in FY14. One position is a Public Health Educator position to help implement the recent smoking ordinance and is funded through Home Health Agency sale proceeds from the Community Health Trust Fund. A current Spanish Interpreter position will be increased by .45 to become a full FTE. This will improve client access to existing programs and services. A current Physician Extender position in the Family Planning clinic will be increased by .3 to become a full FTE. This will help decrease wait time for patients. The final FTE, an Environmental Health Specialist, is needed to comply with the new Food Code which requires 50% more onsite staff time for restaurant inspections.
- 2 grant-funded FTEs are eliminated to match grant funding.
- Jail Health contract decreased by \$147,381.
- Several new and increased Public Health fees are described in the fee schedule. These fees are included in Nutrition, Dental, and Pharmacy divisions. Some fees were decreased or removed for the Environmental Health division.

Public Health

Business Area: 5100

Summary	2011-2012 Actual Exp/Rev	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
Expenditures					
Personnel	\$11,111,571	\$12,961,249	\$11,662,814	\$13,996,316	\$13,589,191
Operating	\$6,460,915	\$7,075,224	\$7,844,474	\$7,592,827	\$7,216,609
Capital	\$0	\$0	\$29,718	\$0	\$0
Transfers	\$0	\$202,309	\$0	\$168,568	\$168,568
Total Expenditures	\$17,572,486	\$20,238,782	\$19,537,006	\$21,757,711	\$20,974,368
Revenues					
Intergovernmental	\$5,156,509	\$5,333,114	\$5,427,825	\$5,500,514	\$5,500,514
Contrib. & Donations	\$159,166	\$0	\$0	\$0	\$0
Service Charges	\$370,938	\$583,562	\$535,028	\$431,912	\$431,912
Other Revenues	\$79,424	\$1,350	\$1,350	\$1,350	\$1,350
Total Revenues	\$5,766,038	\$5,918,026	\$5,964,203	\$5,933,776	\$5,933,776
Net Expenditures	\$11,806,449	\$14,320,756	\$13,572,803	\$15,823,935	\$15,040,592
FTEs	195.46	209.96	212.66	223.81	213.41

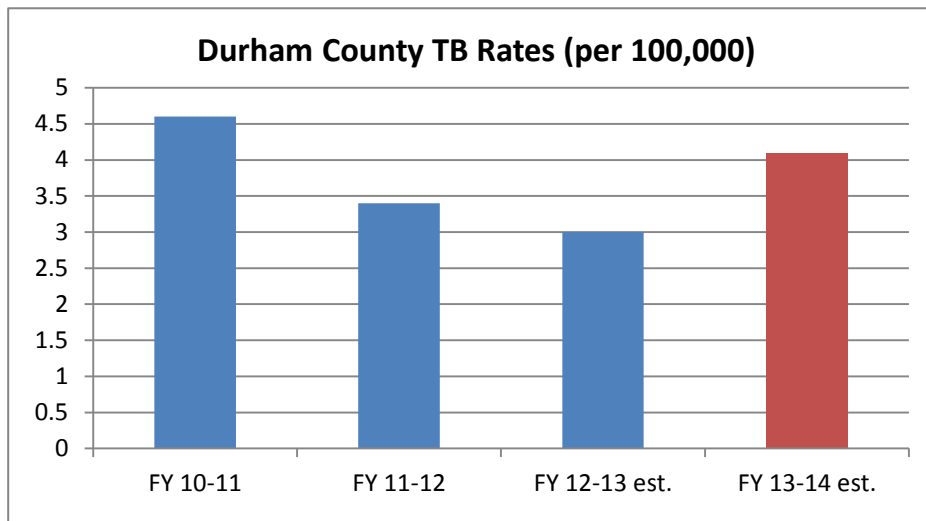
2013-14 PERFORMANCE MEASURES

Performance Measure: Communicable Disease Control - Tuberculosis Rate

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?

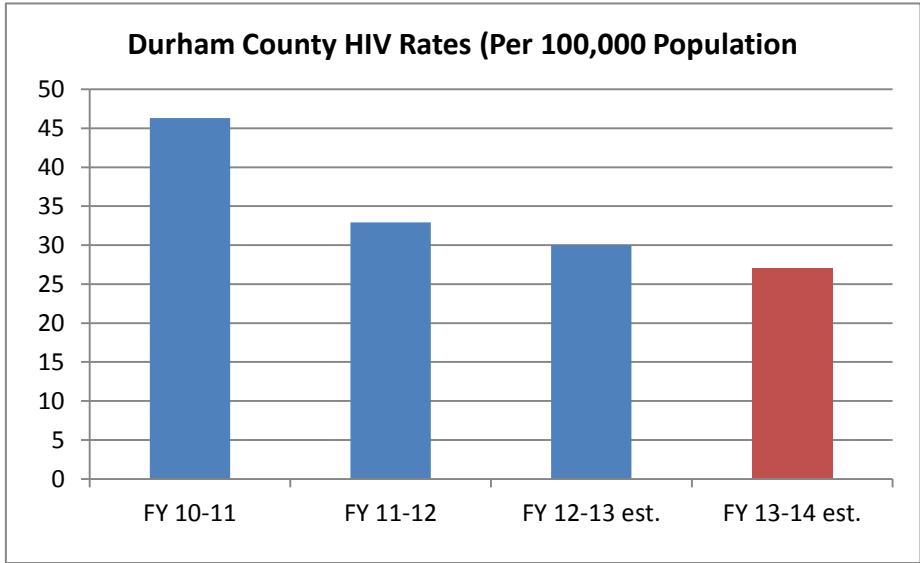
Tuberculosis is an infectious disease that has the potential for causing long-term disability or death. It requires multi-drug treatment both to lessen its impact on the individual and to prevent transmission. It is endemic in some countries, and refugees or immigrants from those countries have often not had adequate treatment. Reducing the incidence and spread of tuberculosis is

essential to maintaining the health of the public. We track this measure in order to assure that we are reducing the incidence; if there is evidence of increased incidence, further review is done to determine if there are clusters of cases or particular risk areas.



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 Health Department will continue to follow all state and federal guidelines for disease prevention, surveillance, control, and treatment. This includes making use of new technologies for confirming disease and disease resistance. No actual new initiatives are planned.



Performance Measure: Communicable Disease Control - HIV Rate

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?

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. Tracking this measure allows us to monitor our success in reducing transmission.

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?

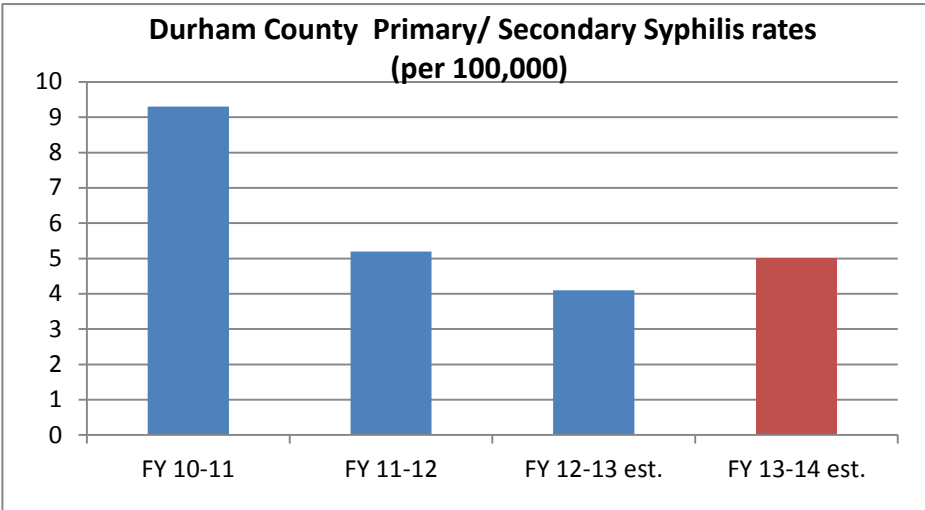
This is a cross-cutting effort in our agency; staff in several programs are actively involved in prevention of HIV transmission, including Communicable Disease, Health Education, and Women’s Health. Plans are being developed for a Local Disease Intervention Specialist/ Care Bridge Counselor position to assist in partner notification and tracing. This position works in the capacity of linkage to care for newly diagnosed HIV patients as well as reentry into healthcare for HIV positive patients who have fallen out of care.

Performance Measure: Communicable Disease Control - Durham County Syphilis Rate

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?

Syphilis as a sexually transmitted infection has a long-term negative effect on the health of individuals. It can also have a debilitating effect on unborn children when the mother contracts the disease. It is almost entirely preventable when safer-sex practices are used.

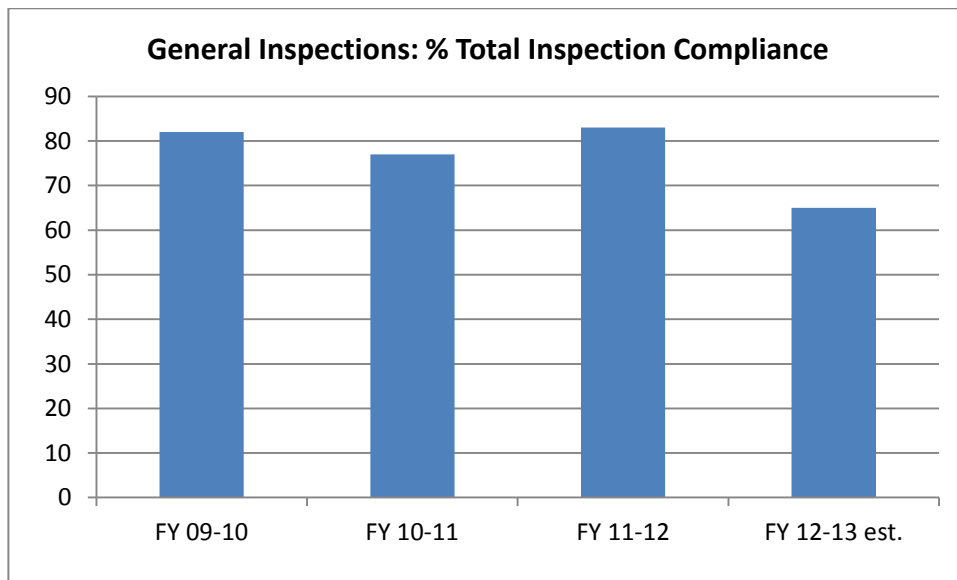
Timely treatment for infections that do occur reduce the impact on the individual, as well as reducing the likelihood of transmission. Syphilis prevention and treatment is a cross-cutting activity for the Health Department, and is addressed by Health Education, Communicable Disease, and Women’s Health. Tracking this measure allows the agency to monitor the success of its efforts, and if the bar is moving in the wrong direction to look at agency and other community factors that might be influencing this change.



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 agency is monitoring appropriateness of treatment by outside providers, and looking for gaps in adequate treatment. We are continuing to gather data to show where those gaps occur to influence system changes when appropriate. The Agency is developing a position for a Local Disease Intervention Specialist/ Care Bridge Counselor to care manage patients with recurrent sexually transmitted infections to help encourage behavior changes that would reduce their rates of transmission.

Performance Measure: General Inspections – Inspection Compliance



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 percentage of all establishments under inspection receiving all mandated/required inspections is a fundamental measure of how well Durham is recruiting, retaining and allocating staff to comply with DHHS inspection mandates. It illustrates the enforcement level of laws that directly affect the health of our citizens. Ensuring emphasis on high inspection compliance numbers and sanitation standards helps prevent disease and promote a healthy environment. Establishments under mandated inspection requirements include food services, lodging establishments, meat markets, rest homes, child care facilities, schools, residential care facilities and tattoo artists. The numbers above reflect all facilities that are inspected.

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?

A manpower study conducted by the State (NCDHHS Food Protection Branch) in 2011 recommended an additional 4.5 positions to ensure compliance with all planned and unplanned mandated activities within the General Inspections Section. Since that time, the State adopted the USDA Food Code in September 2012 which has increased the time required for inspections by greater than 25 percent. The 25 percent is a conservative estimate based on the reductions noted in first four months of food code implementation. Environmental Health is requesting an additional three positions for the FY 13-14 fiscal year to help bring the program closer to full compliance with the compliance measure. Planned mandated activities include food, lodging, child care, and tattoo establishment inspections as well as establishment plan review. Unplanned mandated activities include Lead investigations, Epi investigations, recall activities, establishment fires, and other environmental complaints.

MENTAL HEALTH (ALLIANCE BEHAVIORAL HEALTHCARE LME/MCO)

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.

2013-14 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 implement the IBM Smarter Cities Program. This is a three way collaboration between Durham County, the City of Durham and DPS.

2012-13 ACCOMPLISHMENTS

On July 1, 2012 The Durham Center merged with the Wake County LME to form Alliance Behavioral Healthcare. On February 1, 2013 Alliance began operating as a behavioral health managed care organization under Medicaid 1915 (b)/(c) waivers, making it the largest managed care organization in North Carolina with responsibility for utilization review and authorization of services for approximately 186,000 Medicaid-eligible citizens and a total population of 1.7 million across a four-county region that also includes Cumberland and Johnston.

During the past year Alliance created a Crisis Collaborative in the Durham community pulling together healthcare agencies, first responders, local hospitals and others to develop a shared list of frequent users of high-cost emergency departments. The Collaborative is working to develop strategies to divert these individuals to more clinically-appropriate, cost-efficient treatment settings.

The BECOMING project, funded by a six-year, \$5.4 million federal grant, reached out to over 350 disconnected transition-aged youth and through March, 136 have enrolled in mental health services. It sponsored two “real world” simulations that taught 150 youth to make the responsible financial decisions necessary for daily life, and conducted over 30 other trainings and events across the community.

Alliance continues The Durham Center’s commitment to efficiently managing effective, innovative behavioral health services that lead to positive outcomes for the citizens of Durham County.

Mental Health (Alliance Behavioral Healthcare LME/MCO)

Business Area: 5200

Summary	2011-2012 Actual Exp/Rev	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
Expenditures					
Personnel	\$5,863,194	\$0	\$0	\$0	\$0
Operating	\$25,108,331	\$6,661,442	\$7,121,008	\$6,661,442	\$6,661,442
Capital	\$12,038	\$0	\$0	\$0	\$0
Total Expenditures	\$30,983,563	\$6,661,442	\$7,121,008	\$6,661,442	\$6,661,442
Revenues					
Intergovernmental	\$23,574,637	\$0	\$0	\$0	\$0
Service Charges	\$80,849	\$0	\$0	\$0	\$0
Other Revenues	\$77,069	\$0	\$0	\$0	\$0
Total Revenues	\$23,732,555	\$0	\$0	\$0	\$0
Net Expenditures	\$7,251,008	\$6,661,442	\$7,121,008	\$6,661,442	\$6,661,442
FTEs	107.50	0.00	0.00	0.00	0.00

SOCIAL SERVICES

MISSION

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

The staff 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 Fiscal Accountability and Program Support Division and the Customer Accountability and Program Development Division. These divisions support the department's direct services staff, which carry out the department's mission.

Key components of the Fiscal Accountability and Program Support Division include:

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

Key components of the Customer Accountability and Program 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.

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.

Social Services

Business Area: 5300

Summary	2011-2012 Actual Exp/Rev	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
Expenditures					
Personnel	\$22,417,561	\$23,490,801	\$21,458,765	\$24,624,766	\$23,866,252
Operating	\$28,387,507	\$27,190,189	\$30,837,183	\$31,891,025	\$31,291,216
Capital	(\$21,361)	\$200,000	\$200,000	\$107,642	\$81,013
Transfers	\$0	\$73,323	\$73,323	\$73,323	\$73,323
Total Expenditures	\$50,783,706	\$50,954,313	\$52,569,271	\$56,696,756	\$55,311,804
Revenues					
Intergovernmental	\$36,607,244	\$34,369,116	\$35,111,793	\$39,467,100	\$39,070,772
Contrib. & Donations	\$51,946	\$840	\$757,909	\$1,504	\$1,504
Service Charges	\$178,313	\$199,521	\$136,485	\$160,309	\$160,309
Other Revenues	\$102,278	\$0	\$66,406	\$212,278	\$212,278
Total Revenues	\$36,939,781	\$34,569,477	\$36,072,593	\$39,841,191	\$39,444,863
Net Expenditures	\$13,843,926	\$16,384,836	\$16,496,678	\$16,855,565	\$15,866,941
FTEs	472.45	475.45	475.45	489.35	469.35

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.

Family Crisis and Adult 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 Assistance; Medicaid and North Carolina Health Choice for Children; and Work First Family Assistance**. The Food Assistance program provides nutrition assistance to eligible families and individuals through an electronic benefit card. The Medicaid and North Carolina Health Choice for Children programs provide health insurance to eligible families and individuals. The Work First Family Assistance program provides Work First cash assistance to families to meet their basic needs of cash, shelter and medical assistance.

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.

2013-14 HIGHLIGHTS

- Seven additional Food and Nutrition Services positions to assist in meeting the increasing service needs and requests of Durham County residents.
- Six additional provisional Medicaid positions to assist in the transition to the NC Fast system.
- The elimination of ten previously unfunded “shell” positions.
- The elimination of six Community/Family Support Team positions formerly funded by Durham Public Schools.
- Continued funding for a joint homelessness prevention initiative between the City of Durham and Durham County to ensure that City and County activities compliment and adhere to the Federal Strategic Plan to End and Prevent Homelessness, *Opening Doors*. One position and financial assistance has been funded in the DSS budget.
- Continued funding for the Document Imaging project to move to a paperless record system.

2012-13 ACCOMPLISHMENTS

Fiscal Accountability and Program Support Division

- Continued partnership with other departments in planning for the new Human Services Complex.
- Provided effective contract management for more than seventy (70) contracts, ensuring fiscal and performance accountability.
- Continued to analyze time entry in order to draw down all revenue.
- Scanned over 10 million images.
- Maximized resources effectively, leaving very little money unspent from non-county sources.
- Assisted all divisions with planning and data collection.
- Continues to recycle and practice a wide range of green efforts.

Customer Accountability and Program Development Division

- Assisted in revising automated Quality Control (QC) tools in the following programs: Adult Medicaid, Family & Children Medicaid, Work First, Child Support and Food & Nutrition. The automated quality control tools streamline the record review process by capturing and aggregating record review results electronically. Automated reports are available to supervisors, Program Managers and the Quality Assurance unit on-demand.
- Assisted in revising document imaging protocols in Laserfiche for Adult Medicaid, Family & Children Medicaid, Work First, Child Support and Food & Nutrition. These procedures were necessary to access scanned records.
- Reviewed over 5400 records in Adult Medicaid, Family & Children Medicaid, Work First, Child Support and Food & Nutrition for regular monthly quality control (average 450 records per month).
- Assisted in reviewing over 200 records in preparation for Federal and State monitoring visits for all programs.
- Collaborated with Child Welfare and Adult Services Supervisors and Program Managers to develop record review tools.
- Instrumental in refining protocols for monitoring 40+ contracts held by Department of Social Services (DSS).
- Conducted quarterly monitoring for 32 contracts and coordinated the contract monitoring for another 8 contracts by Contract Managers.
- Participated in the Request for Proposal (RFP) Pre-Bidder’s Conference and assisted in the selection of RFPs.
- Conducted program-specific training for 561 employees. (Includes training 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).
- Trained and mentored 57 new staff from Adult Medicaid, Family & Children’s Medicaid, Food & Nutrition, Child Support and Work First.
- Conducted mandatory training for 635 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).
- Conducted or facilitated the training for 419 employees across all programs that included a wide range of topics to address programming needs and interpersonal skills such as Leadership Academy, Dealing with Organizational Change, Managing Change, Diversity Training, etc.
- Partnered with Information Technology staff to provided technology training to 217 DSS employees.
- Published an Annual Report and newsletter providing information on agency accomplishments, challenges, events, programs and measurable indicators of success.
- Conducted training and mentoring for six Work First employees to prepare them to transition to their work in Family & Children’s Medicaid.
- Established a Medicaid Transportation Unit in response to changes in the State’s Medicaid Transportation policy.

- Streamlined documentation processes to make records accessible to the entire Medicaid Transportation unit and to speed up the certification process, following the implementation of new Medicaid regulations in January and April 2012.
- Arranged for customers to take an average of 1500 trips to medical appointments each month.
- Received 242,375 calls in the Call Center. Of those calls, 238,796 were handled. That is a 98% call handled rate.
- Provided front-line reception duties, scanned mail and routed clients to correct designation for over 90,000 DSS clients.
- Prepped and scanned 1,148,631 individual documents, which includes U.S. mail, lobby mail and programs' documents for 52,781 clients.
- Collected \$444,848.96 for SFY 2012 in Program Integrity; which exceeded the FY12 goal of \$375,000.00 by 18.5%.

Adult Social Work Services

- Through Adult Services continued partnership with CAN and Partnership for Seniors they are building a Community Resource Connection for Senior Services in Durham.
- Continue to manage an award-winning web site on adult care homes in Durham County.
- Continued to increase the number of elderly and disabled adults that remain in their own homes as a result of in-home and community services.
- Partnered with the City of Durham, the County, and area non-profits to continue activities, which focus on preventing homelessness and housing those that are homeless.
- Partnered with PEAVD (Partners Eliminating Adult Victimization in Durham) to eliminate abuse of vulnerable and older adults by bridging the gaps in communication and collaboration within our community.
- 100% of abused, neglected or exploited adults did not suffer further abuse, neglect or exploitation for at least 1 year after the receipt of services.
- 91.2% of adults receiving supportive services from our Division were able to remain living in their own home.

Child Protective Services

- Timely initiation of family assessments (94%) meeting the State goal of (94%).
- Continued partnerships with community agencies to prevent child abuse and neglect.
- No deaths of children in DSS custody related to child abuse
- Children remained in kinship homes (99%) exceeding the State goal of (95%)

Child Placement and Supportive Services

- Met State Goal of Adoptions (26) for number of youths leaving foster care through adoptions.
- Decreased the number of children in foster care.
- 94% of children in foster care less than 13 months had stable placements (2 or less).
- 92% of youth are placed in familial settings upon entry into foster care.
- No Adoption Dissolutions in three (3) years.
- 84% of youth in foster care were promoted and/or graduated.

Child Care Subsidy Services

- 92% of children ages 0-5 were placed in child care facilities with 3, 4, or 5 star ratings
- Average star rating for children 0-5 years old was 3.78
- 100% of preschool children receiving subsidies were in regulated care

Work First Employment Support Services

- The Work First Team (WFFA and WFES) achieved an All Parent Participation Average Rate of 62.47% exceeding the State goal of 50%
- 134 recipients entered employment
- 135 families received Benefit Diversion payments (assistance given to families diverting them from signing on as Work First Participants).
- Social Workers provided services to an average of 391 individuals per month.

Adult ACCESS Services

- ACCESS completed 6,946 applications for assistance
- ACCESS prevented 6,346 families from potential homelessness
- ACCESS disbursed \$1,266,654 in Emergency Assistance
- CSSTs provided assistance to 1,587 unduplicated customers
- HPRP prevented 40 families from becoming homeless
- HPRP disbursed \$82,522 to families to pay rent and past due utilities bills

Community Initiatives

- Continued an innovative partnership with Durham Public Schools and Durham County Public Health to assist students at risk of academic failure or out-of-home placement
- The county received an award from the North Carolina Association of County Commissioners for the Computer 4 Kids Program coordinated from the Community Initiatives Section.
- 240 computers were distributed to kids in the Durham Community.
- The homeless program provided services to over 600 children in Durham Public Schools.

Food & Nutrition Services

- Exceeded State goal (97%) for processing non-emergency applications within 30 days (99.96%)
- Met State goal for processing emergency applications within 7 days (zero tolerance) 100%
- Maintained 22,416 active cases which equates to 44,744 individuals receiving benefits
- Increased program participation rate from 108.47% to 115.48% (based on most current data using 2000 census)
- Processed 17,881 applications; 4,929 of which were individuals who were never on the program before
- With the DSS Quality Assurance support current accuracy rate is 100%

Medicaid and Health Choice for Children

- As of June, 2012, 10,601 elderly and disabled individuals in accessing and paying for medical care.
- As of June, 2012, 30,330 children and their caretakers are receiving assistance with paying for medical care (excluding WFFA and Foster Care Medicaid recipients)
- As of June, 2012, 4,293 children are receiving coverage under the NC Health Choice Program
- 89% of Medicaid Recipients were linked with a primary care physician to coordinate their medical care.
- The percentage of Medicaid applications (45 days) processed timely was 95% exceeding the State goal of 90%
- The percentage of Medicaid applications (90 days) processed timely was 93% exceeding the State goal of 90%
- The percentage of Health Choice applications processed timely was 97% exceeding the State goal of 90%.
- The percentage of Re-enrollments completed timely was 99%, exceeding the State goal of 97%.
- Staff members continue to manage caseloads increases in Medicaid.

Work First Family Assistance

- 99.58% of applications were processed timely exceeding the goal of 90%.
- The average days to process applications was 21 days exceeding the State goal of 45 days.
- The average total cases stood at 642 cases, with an average of 508 child only cases (cases in which the parent is not included in the household because the child is being taken care of by a relative or someone else) and an average of 135 cases including adults.

Child Support Enforcement

- Durham County child support collected 104.22% of their goal for fiscal year 2011-2012.
- Total collected \$ 17,312,274.00; Goal \$16,611,937.00
- Established paternity in 101.41% of cases; Goal 101.42%. The formula used to calculate this percentage crosses two years, which is why many counties exceed 100%.

- 84.25% of cases have an order for child support. Goal 87.48%.
- Collected 69.61% of current support owed; Goal 67.01%.
- Court project to ensure that all cases with arrears have a court ordered amount that must be paid and applied to the arrearages.
- Initiated a group interview process for custodial and non-custodial parties.
- In-house trainer assigned to child support, which allows identified training issues to be expeditiously addressed by trainer with the staff person.
- Supervisors conduct monthly quality assurance review of cases and the trainer conducts a quarterly review.
- Caseloads reassigned to different agents to allow for a new perspective on case management, this ensures that the cases are reviewed from all angles and decreases the sense of failure.
- Durham County CSE has met and exceeded in all areas of Self-Assessment in each of the past 24 months in the following areas:

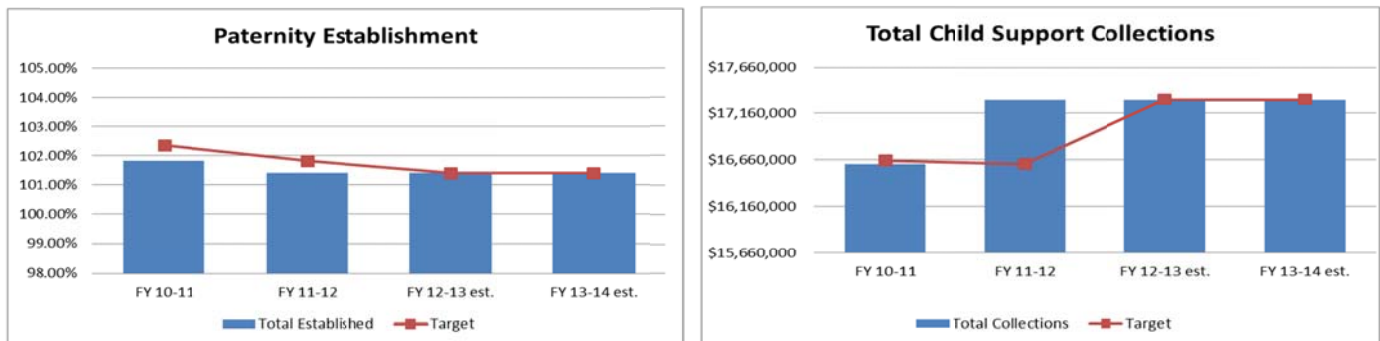
○ Enforcement Goal: 75%	Durham – 83.46%
○ Establishment Goal:75%	Durham – 82.78%
○ Expedited (12 months) Goal: 90%	Durham – 95.90%
○ Expedited (6 months) Goal: 75%	Durham – 91.59%
○ Interstate Goal:75%	Durham - 83.33%
○ Medical Support Goal: 75%	Durham – 84.85%
○ Met the Review and Adjustment criteria: Goal 75%	Durham – 98.67%

Note: These scores measure timeliness and quality of the actions taken in a case.

- First annual Job Fair by Child Support Enforcement that was attended by 350 people of which 90% were non-custodial parents. Nine potential employees attended and Durham County Cooperative Extension and the Durham Community College (Durham Tech). This effort was designed to not only change the hard image of Child Support Enforcement, but assist the non-custodial parents to obtain services that will help get meaningful employment or assistance to obtain skills needed to get a job that pays a living wage. This will be repeated annually.

2013-2014 PERFORMANCE MEASURES

Performance Measure: Total Child Support Collections/Paternity Establishment



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?

Collections are payments received by families. Collections represent the culmination of all the work that is done by each individual in Durham County DSS's Child Support Enforcement. From the initial application, appointment, location and service of the individual, court actions, entry of an order, distribution of the payment or enforcement of the order there are many tasks, phone calls, documents, interactions with child support partners that all come together to get the money to children. The responsibility of the child support program is to collect money ordered by the court. Every action is directed towards the payment and disbursement of that payment to the Custodial Party.

In addition, every child deserves to know their parentage. All children born outside of a marriage have a right to support from both parents. Therefore, child support is mandated to determine the biological parent in order to request support. Every child support order represents a child who has a father that acknowledged that he was the father or is/was married to the mother of the child. This goal represents family and care for children. Children receive inheritance rights, rights to SSA if parents become disabled, and a right to have a relationship with a father. Child Support partners with local hospitals

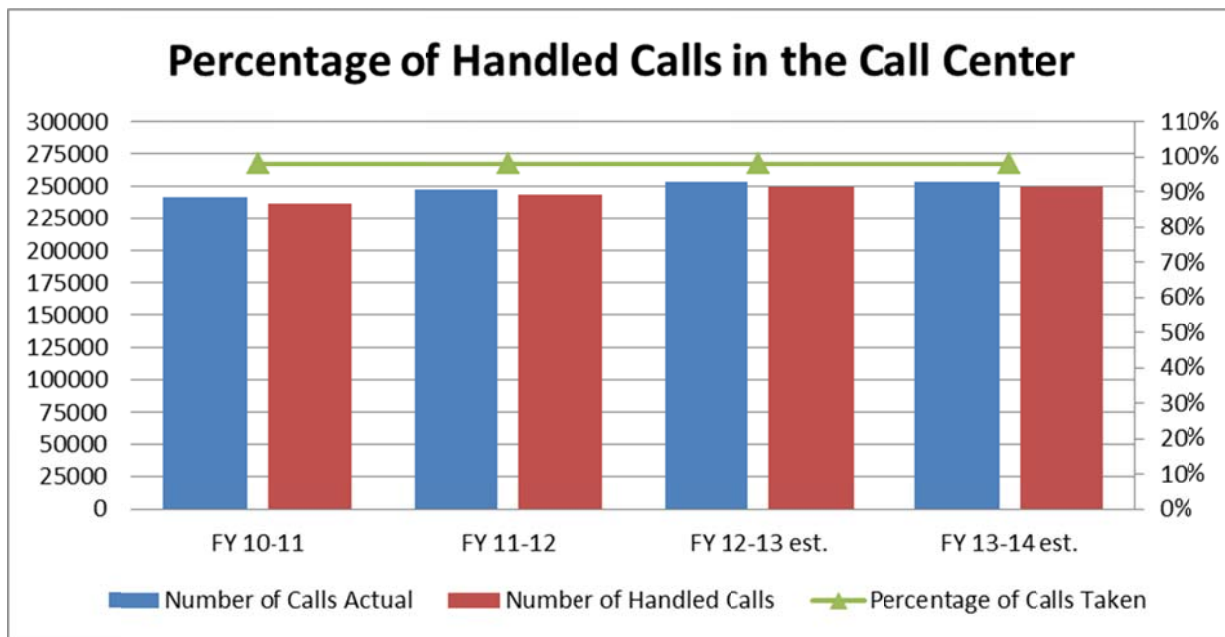
to have Affidavits of Parentage signed at the birth of the child. If fathers have doubts as to paternity, 15 local staff members are qualified to conduct the Buccal Swabs for Lab Corp to perform Genetic Testing in order to determine paternity.

Child support staff members are specialized in groups that interact with each other to produce the end effect of quality, quantity and service to families. The State and Federal Governments set the standard of goals that are tied to incentives for high performance states and counties. This ensures that all child support entities perform at the most efficient levels possible to meet or exceed in service to families. Child Support Staff use the policy and procedures mandated by the Federal and State Governments and local procedures that are mandated by local custom and the needs of individuals in each case. Self-Assessment and in-house training help to maintain a high performance level and allow for re-positioning to improve and meet our goals as needed.

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

Child Support will initiate and support plans to be actively involved in employment programs that assist non-custodial parents to become gainfully employed and to address other barriers to employment. Adjust to the expenditures that are being passed to counties by the state. Facilitate transition to Laser Fiche and a virtually paper free environment. Assist staff to embrace the change and maintain a positive attitude. Strengthen our relationship with hospital staff, the court system, county attorney’s office, sheriff department, DSS Staff, our colleagues across the state and nation to continue to serve families through innovation and creative thinking and working.

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 customer service excellence. For many customers the call center is the initial contact with the Department when there are questions regarding the nature of our services and questions about benefits. Prompt and courteous response to the over 220,000 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?

This unit is performing at a high level of proficiency. However there are planned changes to the Medicaid, Food and Nutrition Services, Work First TANF Program, and Child Care Subsidy that will increase the volume of calls to the agency. Some of these changes to benefits have already occurred and we have seen an increase in calls, in January 2013 there were 4000 more calls than the previous month. These programmatic changes will significantly increase the number of incoming calls to the Department and we will continue to look for ways to maintain our performance levels. For FY 2013-2014 we continue to explore the following:

- Utilize Call Center monitoring software to listen to a percentage of calls to assess performance.
- Post-call surveys to determine customer satisfaction.
- Track the number of repeat calls and evaluate the sequence of the calls in terms of date and time, and present the information to the Programs for their analysis and feedback.
- Implement Call Center innovations (i.e., E-Mail, Web Chat, and self-service transaction).

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 \$170,000
- Evidence Based Trauma Assessment and Treatment (Child and Parent Support Services) \$12,000
- Parenting of Adolescents (Exchange Clubs’ Family Center) \$101,782
- The P.R.O.U.D (Personal Responsibility to Overcome with Understanding and Determination) Program \$62,285
- Rites of Passage (Durham Business and Professional Chain) \$8,400
- Young Warriors Athlete Scholarship (Ligo Dojo of Budo Karate) \$12,000
- Juvenile Justice Project (Elna B. Spaulding Conflict Resolution Center) \$15,000
- Durham County Clinical Program (El Futuro) \$35,367

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) \$93,599
- Juvenile Crime Prevention Council Administrative Costs (Criminal Justice Resource Center) \$15,500

Funds Center: 5800273000

Summary	2011-2012 Actual Exp/Rev	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
Expenditures					
Operating	\$455,800	\$427,567	\$427,567	\$427,567	\$427,567
Total Expenditures	\$455,800	\$427,567	\$427,567	\$427,567	\$427,567
Revenues					
Intergovernmental	\$455,800	\$427,567	\$427,567	\$427,567	\$427,567
Total Revenues	\$455,800	\$427,567	\$427,567	\$427,567	\$427,567
Net Expenditures	\$0	\$0	\$0	\$0	\$0

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COORDINATED TRANSPORTATION SYSTEM

MISSION

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

PROGRAM DESCRIPTION

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

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

2012-13 ACCOMPLISHMENTS

- Durham County ACCESS continued to increase the amount of service provided to Durham County residents. This year, over 60,000 demand response trips were provided to employment, medical, general public and human service passengers.
- In a survey of current Durham County ACCESS passengers, 91% of persons who responded to the question, indicated that they were satisfied or very satisfied with the service, and 100% reported that Durham County ACCESS allows them to get to their appointments and meet their daily needs.
- Coordinated transportation acquired additional grant funding for the program in general, and to specifically support residents who have a disability or are age 60 or older, and need demand response transportation services.

2013-14 HIGHLIGHTS

- Durham County Bus and Rail Investment Plan estimated tax revenue of \$33,700 available for the provision of demand response service through Durham County ACCESS.
- Coordinated Transportation will experience approximately a 40% increase in the amount of federal and state grant funding to support transportation services for county residents.
- Replace 2 lift equipped vans

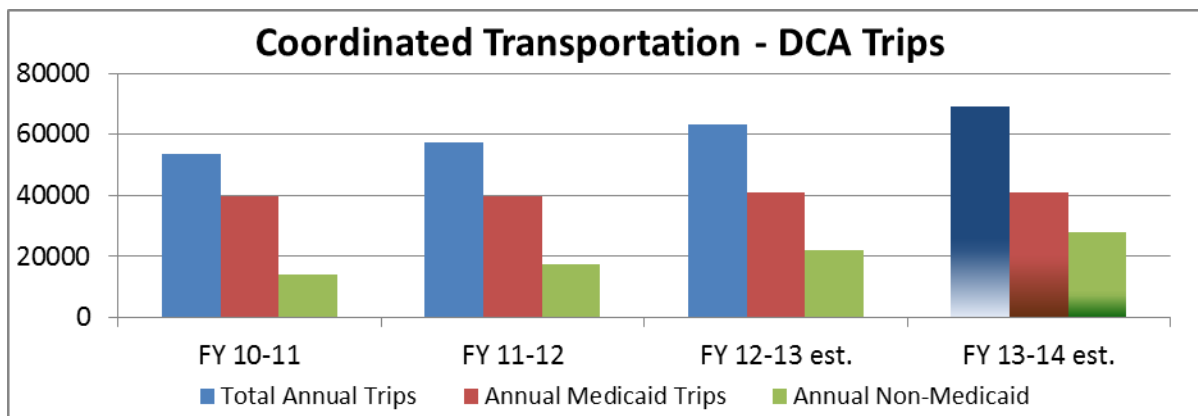
Coordinated Transportation System

Funds Center: 5800650000

Summary	2011-2012 Actual Exp/Rev	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
▼ <i>Expenditures</i>					
Personnel	\$63,147	\$108,011	\$99,842	\$113,924	\$107,120
Operating	\$230,056	\$403,076	\$371,335	\$632,769	\$666,469
Capital	\$82,661	\$86,000	\$86,000	\$90,000	\$90,000
Total Expenditures	\$375,864	\$597,087	\$557,177	\$836,693	\$863,589
▼ <i>Revenues</i>					
Intergovernmental	\$367,592	\$584,886	\$541,675	\$821,176	\$854,876
Total Revenues	\$367,592	\$584,886	\$541,675	\$821,176	\$854,876
Net Expenditures	\$8,272	\$12,201	\$15,502	\$15,517	\$8,713
FTEs	2.00	2.00	2.00	2.00	2.00

2013-14 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?

Coordinated Transportation, through Durham County ACCESS, provided 57,134 trips in FY11-FY12 and expects to provide over 60,000 trips in FY12-FY13 to residents of Durham County. Service is provided through a shared-ride, demand-response transportation program using a fleet of lift-equipped vans. The general public and clients of human service agencies who are 60 or over, have a disability, or are transportation disadvantaged ride Durham County ACCESS vans for medical, work-related and other personal care purposes. The Coordinated Transportation program supports each of the Goals in the Durham County Strategic Plan: Goal 1 – transportation services are provided for residents to jobs and job-training programs. Goal 2 – transportation services provide residents with access to health and wellness services as well as to other personal care destinations including grocery shopping. Goal 3 – transportation services provide residents who are transportation disadvantaged with access to community resources and support services. Goal 4 – transportation services are provided in a shared-ride model thereby contributing to a reduction in vehicle miles traveled by Durham residents. Goal 5 – customer satisfaction for transportation services is very high with 91% of passengers surveyed indicating that they are satisfied or very satisfied with the service and 100% reporting that services allow them to get to their appointments and meet their daily needs. Also coordinated transportation staff has used innovative approaches to harness community resources resulting in a significant increase in the amount of grant funding brought in to the county for this program. In short, the transportation services provided by the Coordinated Transportation program allow residents to lead healthier, richer lives, increase family prosperity and enhance the passengers overall quality of life with a budget derived nearly entirely from federal and state grants.

What initiatives or changes to programs in FY 2012-13 will the department take on in hopes to improve the overall performance of the related program or goal?

Coordinated Transportation expects to receive a significant increase in grant funding in FY13-FY14 to support an expansion of service through our shared-ride, demand-response program. However, the NC Department of Health and Human Services is considering changing the current method by which Medicaid transportation is provided in the State. The changes may result in Medicaid transportation being provided by an entity other than Durham County ACCESS.

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HUMAN SERVICES NONPROFIT AGENCIES

MISSION

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

PROGRAM DESCRIPTION

Durham County is committed to providing financial assistance to those nonprofit agencies which assist it in carrying out its mission. 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
- Child and Parent Support Services
- D3 Community Outreach
- Dress for Success Triangle
- Durham Center for Senior Life
- Durham Congregations in Action
- Durham Economic Resource Center (DERC)
- Durham Interfaith Hospitality Network
- Durham Literacy Center
- El Centro Hispano
- El Futuro
- Elna B. Spaulding Conflict Resolution Center
- First in Families of North Carolina
- Food Bank of Central and Eastern North Carolina
- Genesis Home
- Inter-Faith Food Shuttle
- Just a Clean House
- Mental Health America of the Triangle
- Operation Breakthrough
- Piedmont Wildlife Center
- Planned Parenthood of Central North Carolina
- Reality Ministries, Inc.
- Ronald McDonald House of Durham
- Senior PHARMAssist
- Triangle Residential Options for Substance Abusers (TROSA)

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

Human Services Nonprofit Agencies

Business Area: 5800

Summary	2011-2012 Actual Exp/Rev	2012-2013 Original Budget	2012-2013 12 Month Estimate	2013-2014 Department Requested	2013-2014 Manager Recommended
▼ <i>Expenditures</i>					
▶ Operating	\$587,464	\$581,551	\$578,551	\$1,385,306	\$579,278
▶▶ Total Expenditures	\$587,464	\$581,551	\$578,551	\$1,385,306	\$579,278
▼ <i>Revenues</i>					
▶▶ Total Revenues	\$0	\$0	\$0	\$0	\$0
▶ Net Expenditures	\$587,464	\$581,551	\$578,551	\$1,385,306	\$579,278

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