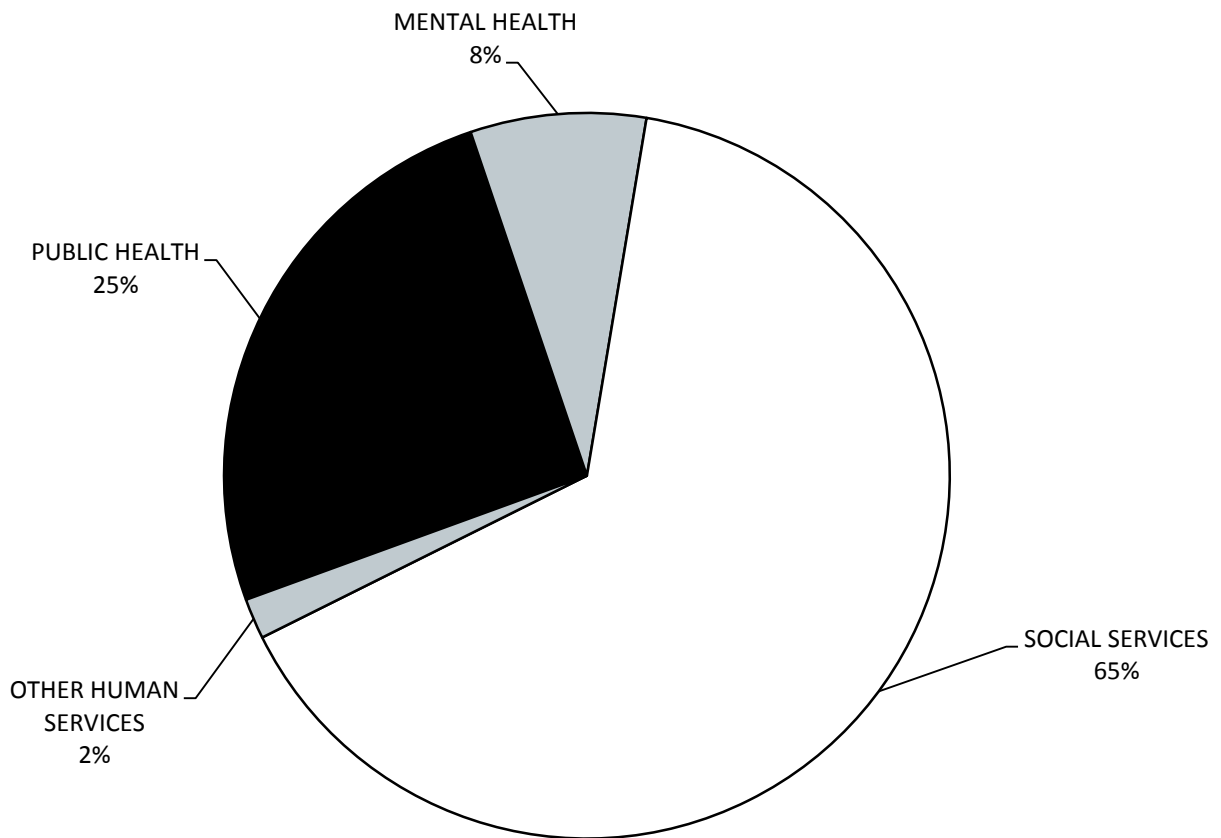




Human Services

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	2012-2013 Actual Expenditures	2013-2014 Original Budget	2013-2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
PUBLIC HEALTH	\$ 18,578,433	\$ 20,876,989	\$ 20,227,673	\$ 22,308,540	\$ 21,802,806
MENTAL HEALTH	\$ 8,576,953	\$ 8,902,298	\$ 7,118,994	\$ 6,727,442	\$ 6,727,442
SOCIAL SERVICES	\$ 52,176,206	\$ 52,151,722	\$ 50,691,194	\$ 56,179,958	\$ 55,887,716
OTHER HUMAN SERVICES	\$ 1,528,637	\$ 1,905,217	\$ 1,865,612	\$ 2,012,877	\$ 1,548,138
Overall Result	\$ 80,860,229	\$ 83,836,226	\$ 79,903,473	\$ 87,228,817	\$ 85,966,102

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

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

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

2013-14 ACCOMPLISHMENTS

- The DINE program provided nutrition education classes and healthy taste tests or cooking demonstrations to 731 classes in 10 qualifying elementary schools and five middle schools reaching 5,314 students.
- Hosted Take a Loved One to the Doctor on October 25, 2013. The event included health screenings such as blood pressure, diabetes and HIV/syphilis/hepatitis C, flu shots, health information and healthy cooking and physical activity demonstrations. Overall, 130 people registered and 18 vendors participated.
- A state of the art fitness facility was opened for employees. This effort has been led by Health Education staff who have offered fitness orientations and regular classes. Over 400 employees have registered to use the facility.
- Held *Back to School Smiles* Program providing free exams and limited services to youth under 21 years of age. Community dentists participated in the event, providing \$6,000 in free dental care to 26 patients.
- Provided 6,008 client STD visits.
- Administered 7,359 vaccinations during 3,761 client visits at the immunization Clinic/Refugee Health Clinic in 2013.
- Investigated 574 cases of communicable disease and reported 155 confirmed, suspected or probable cases to the NC Division of Public Health.
- Screened 68 women in the BCCCP Clinic at public Health and 20 women through CAARE for pap smear and mammogram services through the first half of the fiscal year.
- Performed 9,250 HIV tests and provided counseling and referral for all who were tested.
- School Health nurses, in collaboration with Durham Public Schools, organized immunization clinics in each DPS middle school to provide one booster of Tdap vaccine for 6th graders.
- Continued laboratory analysis in support of Environmental Health recreational water sampling program at Rolling View Beach.
- Worked with Correct Care Solutions to lower the County's medication cost at the Detention Center.

2014-15 HIGHLIGHTS

The budget for Public Health includes the following items:

- 2.31 new FTEs are budgeted for FY15. Two of the positions are full time Environmental Health Specialists that will be responsible for the mandated enforcement of local and state rules as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging and other institutions within the County. One position will increase a PHN II by .11 making it a 1.0 FTE in order to provide additional school nurse services. The last position will increase a PHN I by .2 making it a 1.0 FTE in order to reduce clinic waiting time and improve retention.
- 2 grant-funded FTEs are eliminated to match grant funding and 1 County-funded FTE is eliminated to offset the reduction of revenue in a grant-funded position.

Public Health

Business Area: 5100

Summary	2012-2013 Actual Exp/Rev	2013-2014 Original Budget	2013--2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
Expenditures					
Personnel	\$11,284,788	\$13,531,228	\$12,376,565	\$14,111,172	\$13,832,228
Operating	\$7,264,038	\$7,177,193	\$7,787,939	\$7,934,721	\$7,720,760
Capital	\$29,608	\$0	\$0	\$12,829	\$0
Transfers	\$0	\$168,568	\$63,169	\$249,818	\$249,818
Total Expenditures	\$18,578,433	\$20,876,989	\$20,227,673	\$22,308,540	\$21,802,806
Revenues					
Intergovernmental	\$6,032,817	\$5,500,514	\$5,360,540	\$5,721,771	\$5,724,771
Service Charges	\$520,181	\$351,562	\$327,196	\$333,012	\$333,012
Other Revenues	\$221	\$1,350	\$501	\$10,350	\$10,350
Total Revenues	\$6,553,219	\$5,853,426	\$5,688,237	\$6,065,133	\$6,068,133
Net Expenditures	\$12,025,214	\$15,023,563	\$14,539,436	\$16,243,407	\$15,734,673
FTEs	212.46	214.56	216.56	223.27	215.87

2014-15 PERFORMANCE MEASURES

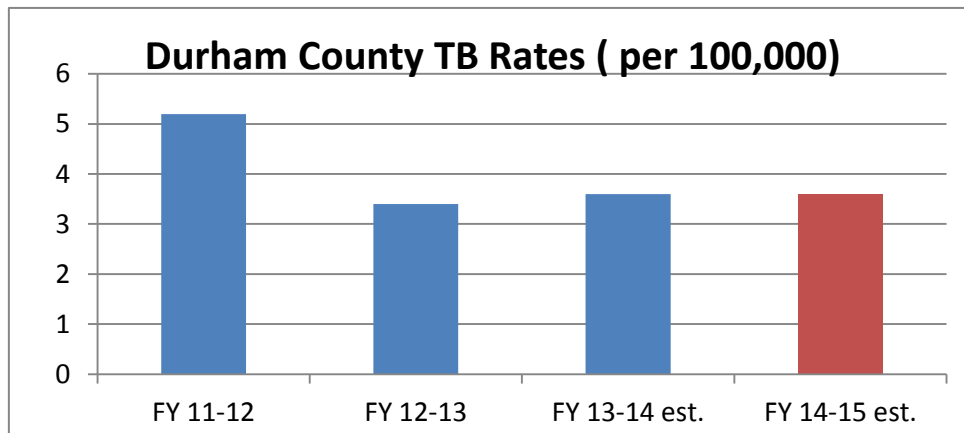
Performance Measure:

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?

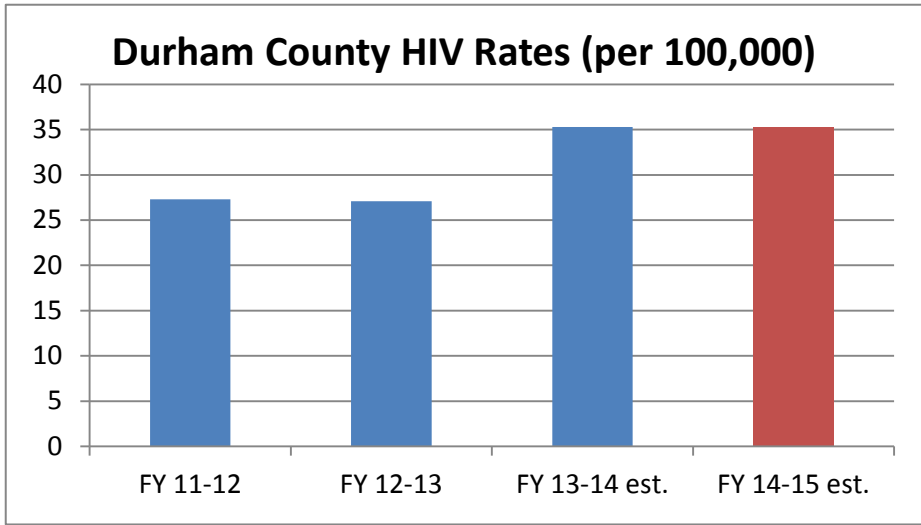
Tuberculosis (TB) is a communicable disease that can be transmitted from person to person through airborne spread, and has the

potential for causing long-term disability or death. It requires multi-drug treatment regimens both to lessen its impact on the individual and to prevent transmission between individuals. TB is endemic in some countries, and refugees or immigrants from those countries typically do not have adequate treatment for latent TB infection. Durham County has become a major relocation site for refugees, which has increased refugee health service delivery in out clinics and screening for TB. Reducing the incidence and spread of TB is essential to maintaining the health of the public. We track this measure in order to assure that we are reducing the incidence of TB as well as to identify clusters of cases associated with particular risk factors. The goals of the TB Control Program are to aggressively interrupt TB transmission through screening of high risk individuals and use of effective TB treatment regimens, and to minimize the number of people in Durham County who become newly infected with TB through aggressive contact investigation and preventive treatment for latent TB infection.



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

DCoDPH will continue to follow all state and federal guidelines for TB disease prevention, surveillance, control, and treatment. This includes making use of new technologies for confirming disease and disease resistance. The clinic initiated use of Skype, G-texting, and e-video to provide directly observed therapy (DOT) to active TB cases unable to come to the clinic for treatment or when distance is an issue.



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 spread mainly by having sex with or sharing drug injection equipment with someone who is infected with HIV. Early identification of infected persons through aggressive screening and linkage to care can minimize morbidity and mortality associated with AIDS. Institution of control measures for infected persons

can also prevent the continued spread of the disease. Tracking this measure allows us to monitor our success in reducing transmission.

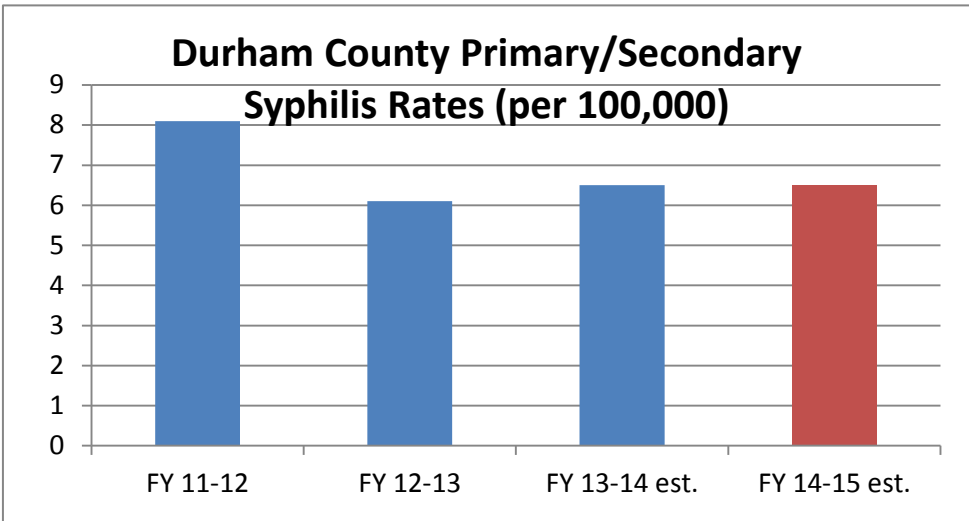
What initiatives or changes to programs will your department take on next year in hopes to improve the overall performance of the related program or goal?

DCoDPH will continue to expand HIV education to clients through a variety of means including increased media and collaboration with the Health Education Division. Accessibility to the clinics for high-risk individuals needing STD/HIV testing and treatment will be increased through improvements in the clinic process, including an express clinic model. Local Disease Intervention Specialists (DIS) will be utilized to assist with STD control efforts to decrease the persistently high rates of gonorrhea and chlamydia infections within Durham County, which are 2-fold and 1.5-fold higher than the rates for North Carolina. DIS staff will provide disease investigation and partner notification for patients diagnosed with gonorrhea, chlamydia, and other STDs as needed throughout the community, including those evaluated in the emergency rooms and by their primary care providers. DCoDPH will distribute notifications and regular reminders to area health care providers about the importance of prompt and accurate reporting of sexually transmitted diseases and other communicable diseases to the health department. Adequate numbers of competent staff in the STD clinic (including public health nurses, health educators, providers, and laboratory support personnel) will be hired in order to meet the health needs and service demands of the community.

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?

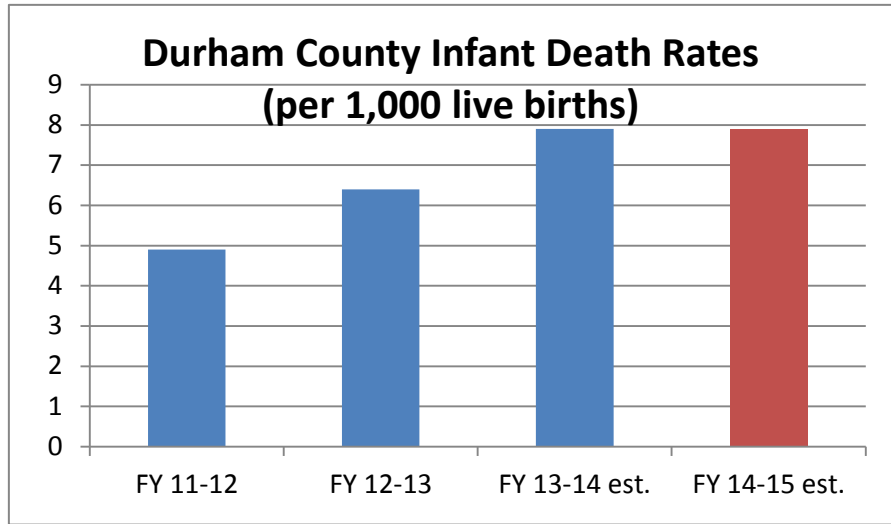
Syphilis is a sexually transmitted infection that can have long-term effects on the health of individuals, including neurosyphilis and tertiary syphilis. It can also have an effect on unborn children when the mother is infected. Screening and timely



treatment of syphilis can reduce the impact on the individual, as well as decreasing 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 in screening and treating STDs. An increase in cases will prompt an evaluation of individual risk factors, partner tracing, and screening strategies in the community that can result in 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?

DCoDPH continues to monitor the appropriateness of treatment by outside providers, and gaps in adequate treatment are being identified. System changes are being implemented to increase opportunities for screening of high risk individuals in the community, including men who have sex with men. DCoDPH has requested another position for a Local Disease Intervention Specialist (DIS) who can assist with partner tracing and prevention strategies for syphilis and other STDs, including gonorrhea and chlamydia.



Performance Measure: Infant Death 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?

Infant mortality (infant deaths occurring before the first birthday) incidence is the classic measurement of health in the community, because so many factors influence pregnancy outcomes (race/ethnicity, SES, maternal weight, substance use, infections, etc.).

Almost all activities of the agency affect infant mortality, either directly or indirectly, so tracking this performance measure is the best overall way of tracking

the effectiveness of service delivery. The most significant factor in preventing infant mortality and morbidity is low birth weight reduction.

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

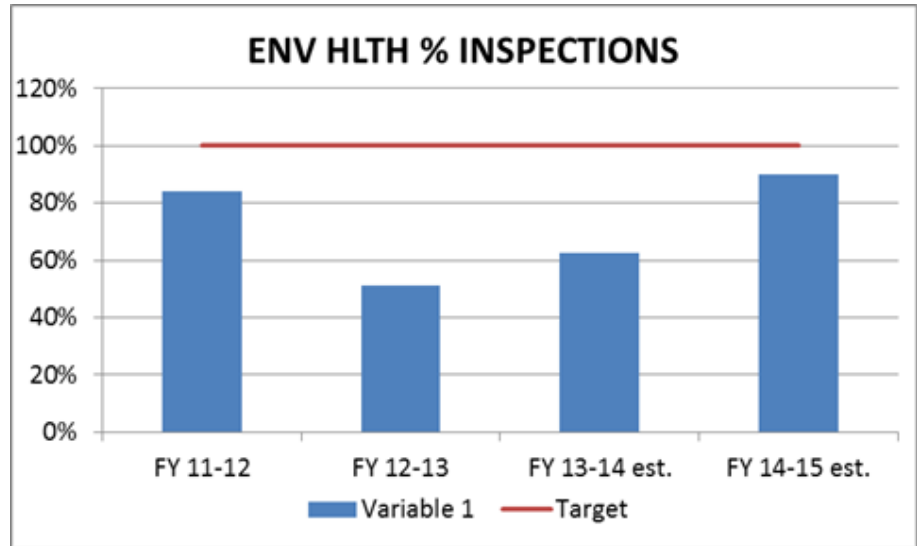
Investigate the possibility of cross-training nurses and other staff between Maternity Clinic and Family Planning Clinic for greater efficiency. Continue to expand the Centering Program. The most significant factor in preventing infant mortality and morbidity is low birth weight reduction. This is also a factor that the Centering Program is most likely to effect. Provide women who are seeking pregnancy and present themselves for physical examination or pregnancy testing an assessment for preconceptional risks. Counseling and referral are provided to increase the chances of a successful pregnancy outcome when pregnancy is desired. Secure funding to provide transportation for non-Medicaid patients to come to clinic and to go for ultrasounds. Deal with change in Presumptive Medicaid eligibility which will likely result in decrease in reimbursement to this agency and will discourage patients from keeping appointments for ultrasounds due to cost.

Performance Measure:

Environmental Health Inspections

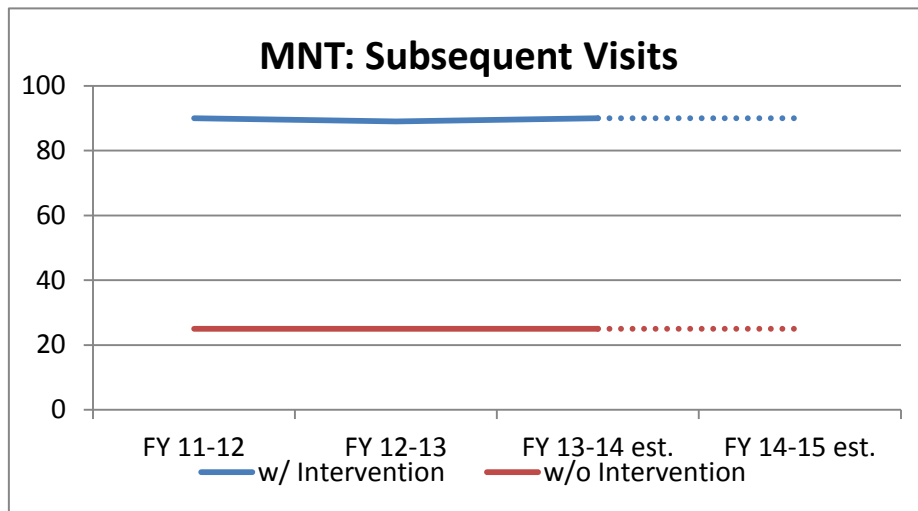
Why is this measure important to the overall goal or mission of the department? How does tracking this performance measure improve or help maintain a high level of service?

The measure is important because conducting inspections at mandated frequencies protects the health of Durham County citizens and visitors, fulfills state requirements, and enables the public to make informed decisions and choices. Tracking this performance measurement helps to identify areas of concern, higher risk, and prevents delinquency. This allows priorities to be assigned and ensures best utilization of resources and personnel.



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?

Initiatives and changes to improve the overall performance in FY 2014-15 include: increasing the number of Priority & Priority Foundation Violations corrected on-site, Decreasing the average time of inspections through increased education and training of both the inspections staff and food service establishment operators, decreased travel time through better planning, and increased field time by all inspectors through policy changes that include starting and stopping the work day “in the field”. This will eventually include the use of more technology like Verizon Jetpacks (mobile internet connections). Safe, trusted, and reliable connectivity will enable staff to be much more efficient and aligned with County expectations of becoming more “cloud” based as we move forward.



Performance Measure: Subsequent Nutrition Visits with Positive Outcomes

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?

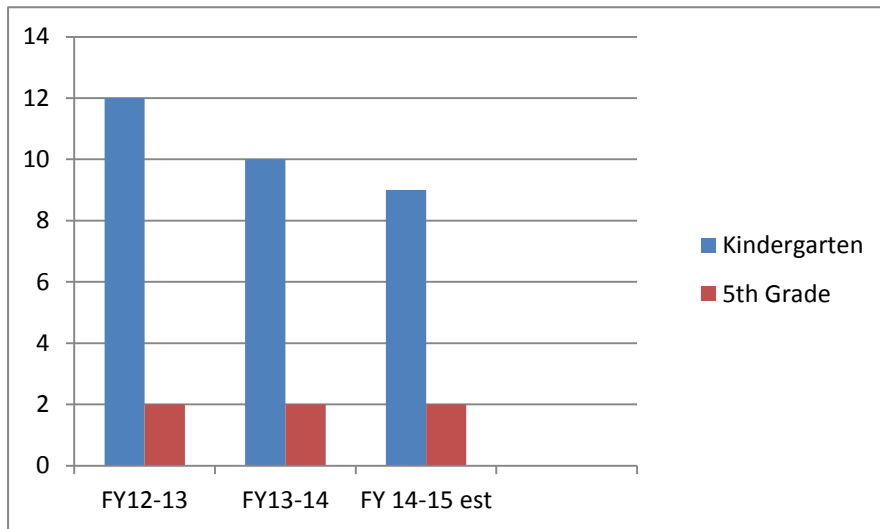
Obesity continues to be a significant problem in Durham County and the cost of obesity is significant. According to the Community Health Assessment of 2011, North Carolina was the 10th most expensive state in the country for obesity-attributable medical expenses. Sixty-five percent of adults in Durham

County are overweight or obese. Overweight individuals have or are at risk of developing co-morbidities such as insulin resistance (“prediabetes”), Type 2 diabetes, hypertension and high blood cholesterol levels, all conditions that have nutrition as a treatment component.

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?

To Continue to provide quality MNT services to residents of Durham County; Maintain provider status with Blue Cross Blue Shield of North Carolina and Duke Select/Basic to allow the Health Department to bill directly for MNT services; Maintain and/or improve on the percent of subsequent nutrition visits that have positive outcomes.

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



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

Tracking this measure is important to the Department, as one of the Dental Division’s goals is to increase access to dental care for all children, including those who may be economically disadvantaged. This measure helps the Department discern if it is meeting this goal. In reviewing data from each school, it helps the Department identify where the need for dental care is greatest, and allows us to focus resources in specific areas in Durham County. Services would include strategies to address oral health education with students and parents, providing quality care through the Tooth Ferry (mobile unit) at the schools, and/or referring students with more urgent needs to the clinic for immediate treatment.

2. What initiatives or changes to programs in FY 2014-15 will your department take on in hopes to improve the overall performance of the related program or goal?

The Dental Division is engaging in the following initiatives in hopes of reducing the number of children in Kindergarten and 5th Grades with urgent dental needs. The Division is working with Early Head Start, East Durham Children’s Initiative, and will reach out to other groups to visit community sites more frequently, including participating in summer camps and additional events. The Division will target schools in which *urgent dental needs* have risen, providing additional education and direct treatment with the goal of improving oral health.

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.

2014-15 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 joint collaboration between Durham County, the City of Durham and DPS.

2013-14 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	2012-2013 Actual Exp/Rev	2013-2014 Original Budget	2013--2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
Expenditures					
Operating	\$8,576,953	\$8,902,298	\$7,118,994	\$6,727,442	\$6,727,442
Total Expenditures	\$8,576,953	\$8,902,298	\$7,118,994	\$6,727,442	\$6,727,442
Revenues					
Intergovernmental	\$1,618,638	\$2,240,856	\$457,553	\$0	\$0
Total Revenues	\$1,618,638	\$2,240,856	\$457,553	\$0	\$0
Net Expenditures	\$6,958,316	\$6,661,442	\$6,661,442	\$6,727,442	\$6,727,442
FTEs	0.00	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	2012-2013 Actual Exp/Rev	2013-2014 Original Budget	2013--2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
Expenditures					
Personnel	\$22,378,583	\$23,790,952	\$21,021,341	\$24,944,930	\$24,672,102
Operating	\$29,724,623	\$28,206,434	\$29,669,854	\$31,190,828	\$31,190,614
Capital	\$0	\$81,013	\$0	\$44,200	\$25,000
Transfers	\$73,000	\$73,323	\$0	\$0	\$0
Total Expenditures	\$52,176,206	\$52,151,722	\$50,691,194	\$56,179,958	\$55,887,716
Revenues					
Intergovernmental	\$35,312,506	\$35,985,990	\$34,426,099	\$40,217,677	\$40,224,952
Contrib. & Donations	\$758,370	\$1,504	\$207,734	\$28,947	\$28,947
Service Charges	\$280,427	\$160,309	\$71,130	\$166,140	\$166,140
Other Revenues	\$57,630	\$212,278	\$92,252	\$163,931	\$163,931
Total Revenues	\$36,408,932	\$36,360,081	\$34,797,215	\$40,576,695	\$40,583,970
Net Expenditures	\$15,767,274	\$15,791,641	\$15,893,979	\$15,603,263	\$15,303,746
FTEs	475.45	467.35	467.35	472.35	468.35

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

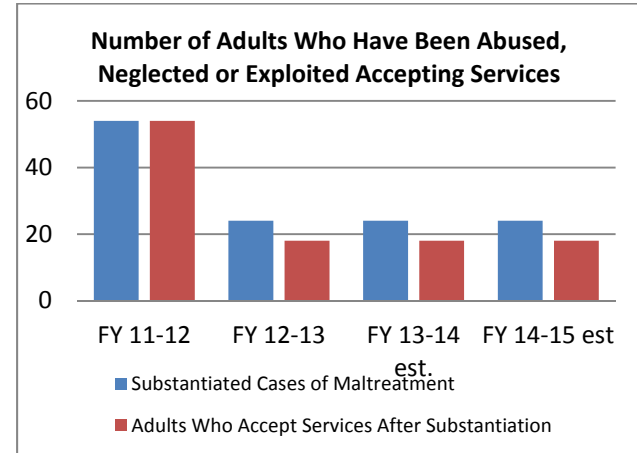
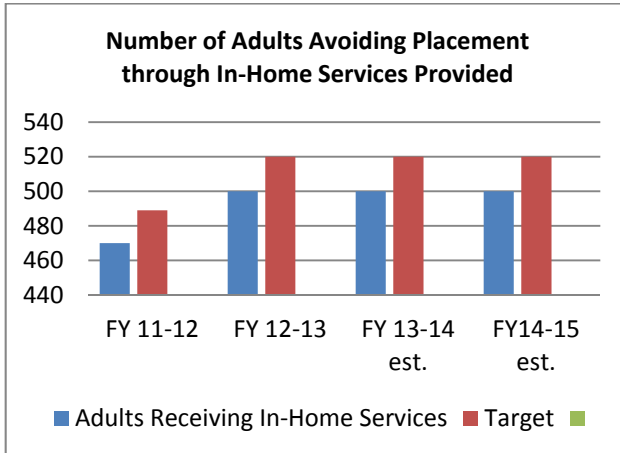
This program ensures that non-custodial parents provide financial and medical support for their children. The nature of services within the Child Support Enforcement includes the location of non-custodial parents and their assets, establishing support orders, and establishing paternity. As necessary,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

2014-15 HIGHLIGHTS

- Fifteen provisional Medicaid positions to assist in the transition to the NC Fast system.
- Child Support Agent to provide additional resources to this service area.
- Additional resources to allow for greater telecommunication and data transfer for employees that work primarily outside of DSS offices.
- Continued funding for the Document Imaging project to move to a paperless record system.

2014-2015 PERFORMANCE MEASURES

Performance Measure: Adult Protective Services



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

The overarching goal in Performance Measure #1 is to help older and disabled adults to remain in their own homes as long as possible. This is what they want, and In-Home Services, such as home-delivered meals, aide services, and Adult Day Care services are designed to achieve this goal. The cost for maintaining a disabled or older adult in their home is significantly less than group-living costs, such as Nursing Home or Adult Care Home living. Nursing Home costs \$70,000.00 a year; while an Adult Care Home costs \$30,000.00 per year. The typical client served with In-Home Services costs \$6,336.00 each year. For In-Home Services we are operating with finite dollars. By 2020, Durham County will be home to 50,000 adults 60 or older. As the population ages, the demand for assistance will intensify; yet we are operating with finite dollars. Waiting lists are expected to grow.

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

Tracking Performance Measure #1 gives the DCDSS data on the impact we are having in the community. What we know is that In-Home Services keeps clients in their homes safely and for longer because we track the placement rate of the clients. The placement rate of all clients receiving In-Home Services is only 4%.

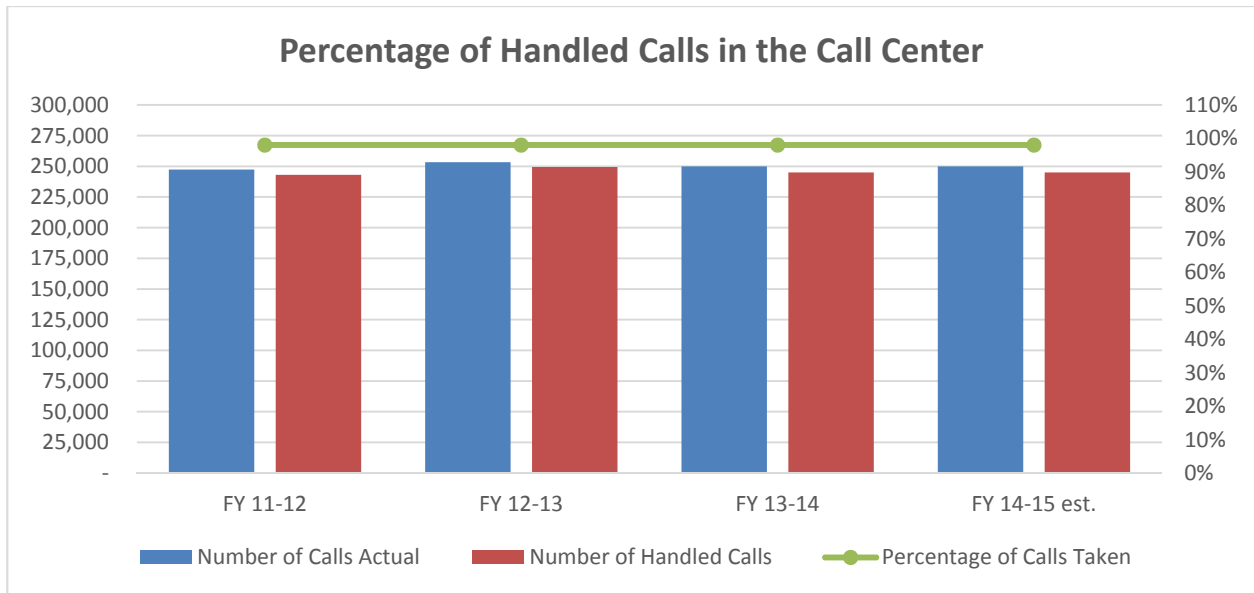
As for Performance Measure #2, tracking this helps us understand the influence we are having in protecting disabled adults. Couple this measurement with the rate of repeat abuse, neglect or exploitation while receiving services, we know that 100% of disabled adults who have been mistreated, do not suffer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

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

The ultimate goal is to serve as many clients as possible. We know our services keeps disabled adults safe and in their homes. The Adult Services Program Manager does presentations to the BOCC and the Social Services Board emphasizing the increased demands for both In-Home Services and Adult Protective Services. It is well known that the coming tide of Baby Boomers who will be taxing the system as they continue to age will be such that this country—and this County—has

never seen before. DCSS has had conversations about what this means and what will be needed to prepare. Increased financial resources to provide protection for mistreated adults has been requested. The Adult Services Program Manager also discusses the needs the DCSS is seeing with respect to seniors with the Durham Partnership for seniors for their input and recommendations.

Performance Measure: Percentage of Handled Calls in the Call Center



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

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

As we move into FY 2014-15, continuing to meet the demands of The Federal Affordable Care Act (ACC) and the State’s NC Fast Program is paramount. These Federal and State programs have already challenged the department’s ability to provide exceptional customer service in Customer Information Center (CIC) because work processes/procedures needed to be modified to manage these significant changes. For example, in an effort to enhance efficiency and the department’s ability to ensure customers receive the benefits they are entitled to in a timely fashion, tasks that could be completed at entry into the department were moved to CIC. These tasks were previously completed by staff in the benefit programs. This change coupled with the increase amount of time needed to be spent with each customer to combat their fears about ACC and NC Fast are becoming increasingly difficult to manage. As a result, maintaining exceptional customer service has been a challenge. The department will be addressing this challenge by:

- Assessing innovations for the Customer Information Center (Kiosks, self-service translation, Web chat, and etc)
- Ensuring staff have proper customer service and program training
- Redeploying staff within the agency to the Customer Information Center
- Assessing current processes/procedures for additional opportunities to enhance efficiency

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.

2013-14 ACCOMPLISHMENTS

- Due to the successful passage of the transit sales tax referendum, Durham County Access received \$33,700 in Bus, Rail Investment Plan (BRIP) funds in FY14-to provide new trips to meet underserved transportation needs. In FY2014-2015 \$88,100 in funding is anticipated that will allow for further growth to address transportation challenged citizens in Durham County.
- Funds were made available for Durham County in the amount of \$79,500 (Federal and local matching funds) for demand response service associated with the job access program. In the spring, due to reallocated funds the DCHC – MPO made available additional federal funds with a local match requirement totaling \$163,958. These additional funds will be used to increase ridership for the transportation disadvantaged and rural low-income residents to assist in employment and work-related training and job seeking efforts.
- Durham County Access continues to increase the amount of trips provided to Durham County residents from the previous years. In FY 2013, over 60,000 demand response residents were transported to employment, medical, general public and social/entertain related trips. End of the FY 2013-2014 ridership projections are likely to exceed this mark.
- Durham County Access communication and outreach efforts to organizations such as the Durham Chamber, Rougemont Ruritan, DCHC MPO, and City of Durham have increase interest and advanced new and existing program and funding opportunities.

2014-15 HIGHLIGHTS

- Replace 2 lift equipped vans

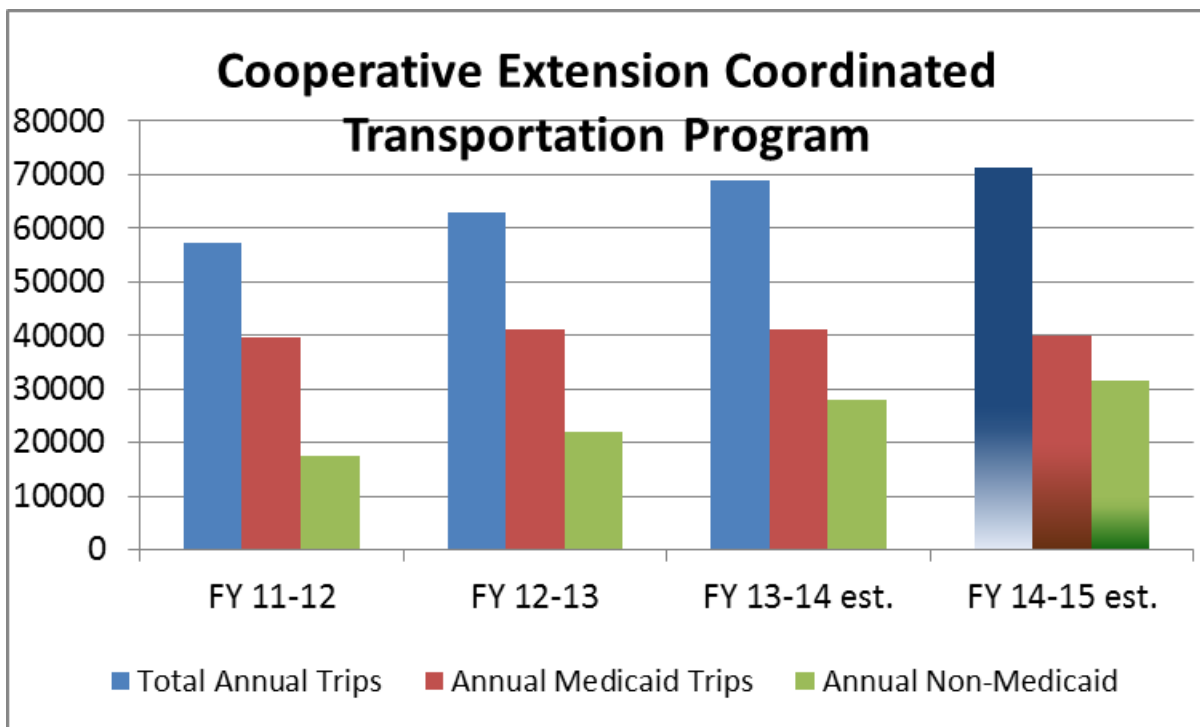
Coordinated Transportation System

Funds Center: 5800650000

Summary	2012-2013 Actual Exp/Rev	2013-2014 Original Budget	2013--2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
▼ <i>Expenditures</i>					
Personnel	\$103,188	\$107,120	\$103,242	\$100,281	\$100,281
Operating	\$347,457	\$666,469	\$629,121	\$348,944	\$348,944
Capital	\$0	\$90,000	\$91,620	\$96,000	\$96,000
Total Expenditures	\$450,644	\$863,589	\$823,983	\$545,225	\$545,225
▼ <i>Revenues</i>					
Intergovernmental	\$427,355	\$854,876	\$488,331	\$491,507	\$491,507
Total Revenues	\$427,355	\$854,876	\$488,331	\$491,507	\$491,507
Net Expenditures	\$23,289	\$8,713	\$335,652	\$53,718	\$53,718
FTEs	2.00	2.00	2.00	2.00	2.00

2014-15 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 63,000 trips in FY12-FY13 to residents of Durham County. In FY13-14 we estimate that we will be providing 69,000 and increasing it to 71,400 in FY14-15. 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 continues to use 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.

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.

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
- Durham County Clinical Program (El Futuro) \$35,485
- Juvenile Justice Project (Elna B. Spaulding Conflict Resolution Center) \$10,000
- Parenting of Adolescents (Exchange Clubs’ Family Center) \$101,782
- Rites of Passage (Durham Business and Professional Chain) \$8,400
- The P.R.O.U.D (Personal Responsibility to Overcome with Understanding and Determination) Program \$62,285
- Rebound, Alternatives for Youth juvenile structured day \$12,000
- Unallocated \$10,000

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

- Project BUILD - Building Uplifting and Impacting Lives Daily (Cooperative Extension) \$114,714
- Juvenile Crime Prevention Council Administrative Costs (Criminal Justice Resource Center) \$12,000

Funds Center: 5800273000

Summary	2012-2013 Actual Exp/Rev	2013-2014 Original Budget	2013--2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
▼ <i>Expenditures</i>					
Operating	\$501,711	\$427,567	\$427,567	\$427,567	\$409,952
Total Expenditures	\$501,711	\$427,567	\$427,567	\$427,567	\$409,952
▼ <i>Revenues</i>					
Intergovernmental	\$501,711	\$427,567	\$427,567	\$427,567	\$409,952
Total Revenues	\$501,711	\$427,567	\$427,567	\$427,567	\$409,952
Net Expenditures	\$0	\$0	\$0	\$0	\$0

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
- Child Care Services Association
- D3 Community Outreach
- Dress for Success Triangle
- Durham Center for Senior Life
- 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
- Mental Health America of the Triangle
- Operation Breakthrough
- Piedmont Wildlife Center
- Planned Parenthood of Central North Carolina
- Reality Ministries, Inc.
- Rebuilding Together of the Triangle
- Reinvestment Partners
- 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	2012-2013 Actual Exp/Rev	2013-2014 Original Budget	2013--2014 12 Month Estimate	2014-2015 Department Requested	2014-2015 Manager Recommended
▼ <i>Expenditures</i>					
▶ Operating	\$576,282	\$614,061	\$614,061	\$1,040,085	\$592,961
▶▶ Total Expenditures	\$576,282	\$614,061	\$614,061	\$1,040,085	\$592,961
▼ <i>Revenues</i>					
▶▶ Total Revenues	\$0	\$0	\$0	\$0	\$0
▶ Net Expenditures	\$576,282	\$614,061	\$614,061	\$1,040,085	\$592,961

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