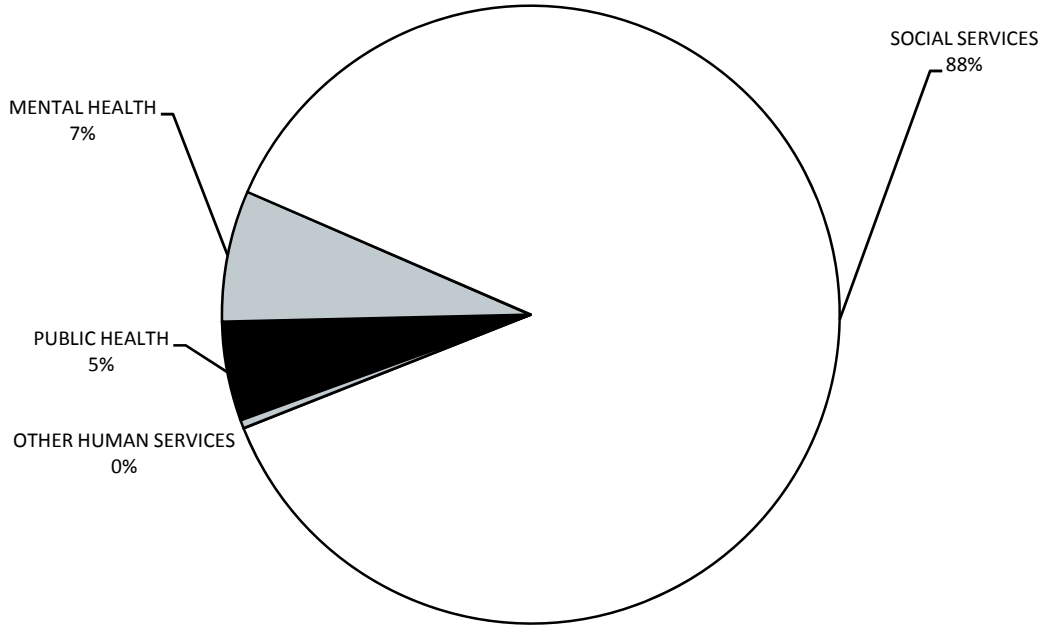


## Human Services Approved Budget



Business area	2006-2007 Actual Expenditures	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
PUBLIC HEALTH	\$ 17,493,028	\$ 20,085,617	\$ 19,354,997	\$ 23,090,550	\$22,997,640
MENTAL HEALTH	\$ 23,901,823	\$ 33,344,566	\$ 30,349,909	\$ 32,417,461	\$30,417,461
SOCIAL SERVICES	\$ 327,843,564	\$ 359,594,741	\$ 356,957,337	\$ 414,645,527	\$387,403,008
OTHER HUMAN SERVICES	\$ 1,562,503	\$ 1,892,322	\$ 1,653,261	\$ 2,697,479	\$1,959,046
<b>Overall Result</b>	<b>\$ 370,800,917</b>	<b>\$ 414,917,246</b>	<b>\$ 408,315,504</b>	<b>\$ 472,851,017</b>	<b>\$442,777,155</b>

---

# PUBLIC HEALTH

---

## MISSION

The Durham County Health Department's mission is to preserve, protect and enhance the general health and environment of the community.

## PROGRAM DESCRIPTION

The Department is comprised of eight divisions: Administration, Nutrition, Health Education, General Health Services Clinic, Dental, Community Health, Environmental Health, and Emergency Preparedness and Compliance. 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.
- Maximize organization productivity.

A list of accomplishments and performance measures for each of the seven divisions within Public Health is presented on the succeeding pages.

## 2008-09 HIGHLIGHTS

The approved budget for Public Health includes the following items:

- Social Worker position (1.0 FTE) which is grant funded for the Maternal Health Division
- Bilingual Health Check Worker (1.0 FTE) in the Child Health division funded through a grant from Duke University Medical Center.
- Annualized costs of Durham Connects Program which is grant funded through the Duke Endowment with new positions (12 FTE's in FY2008 and 10 FTE's in FY2009) that were approved by the BOCC in February 2008.
- Phase III of the Digital Radiography project and implementation of an interface software in the Dental Division that is funded through the Community Health Trust Fund. (\$80,570)
- Implementation of CDP software in Environmental Health funded through the Community Health Trust Fund (\$39,800).
- Annualized funding for the Project Access project, funded through the Community Health Trust Fund. (\$400,000)

# Public Health

Business Area: 5100

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$11,803,864	\$14,326,276	\$13,071,948	\$16,362,414	\$16,176,292
Operating	\$5,812,049	\$5,620,191	\$6,143,899	\$6,355,215	\$6,468,927
Capital	\$43,886	\$139,150	\$139,150	\$142,870	\$122,370
Transfers	\$0	\$0	\$0	\$230,051	\$230,051
<b>Total Expenditures</b>	<b>\$17,659,799</b>	<b>\$20,085,617</b>	<b>\$19,354,997</b>	<b>\$23,090,550</b>	<b>\$22,997,640</b>
▽ <i>Revenues</i>					
Intergovernmental	\$4,722,628	\$2,994,239	\$3,190,980	\$3,196,430	\$3,358,550
Contrib. & Donations	\$0	\$0	\$287,085	\$1,273,148	\$1,273,148
Service Charges	\$541,346	\$2,247,632	\$1,996,678	\$2,105,948	\$2,105,948
Other Revenues	\$1,682	\$600	\$600	\$600	\$600
<b>Total Revenues</b>	<b>\$5,265,655</b>	<b>\$5,242,471</b>	<b>\$5,475,343</b>	<b>\$6,576,126</b>	<b>\$6,738,246</b>
<b>Net Expenditures</b>	<b>\$12,394,144</b>	<b>\$14,843,146</b>	<b>\$13,879,654</b>	<b>\$16,514,424</b>	<b>\$16,259,394</b>
FTEs	234.96	241.20	256.20	271.65	268.20

---

# PUBLIC HEALTH-ADMINISTRATION

---

The Health Director is responsible for the overall administration and management of the Durham County Health Department. The Assistant Health Director oversees the administration and management of Community Health, Dental, and Health Education Divisions.

The Local Public Health Administrator oversees the general administrative functions of the Department. These include:

- Processing payments for all invoices,
- Maintaining all personnel files,
- Maintaining organizational charts,
- Maintaining the computer system within the Health Department,
- Registering birth and death records,
- Maintaining the department's Patient Care Management System (PCMS)
- Registering patients,
- Ensuring department's compliance with HIPAA regulations,
- Collecting payments for services rendered within the department,
- Processing Medicaid, Medicare, third party billing and

## **2007-08 ACCOMPLISHMENTS**

- Implemented the Durham County Health Department Document Management and Imaging (DMI) Project. This project will improve the management and storage of medical records; maximize space; and increase the efficiency of service delivery.

---

# PUBLIC HEALTH-NUTRITION

---

Registered Dietitians/Licensed Dietitians Nutritionists are organized into three Sections to conduct individual and population based consumer-oriented nutrition services consistent with the Health Department mission. **Community Nutrition Section:** DINE for LIFE program (Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating) provides classes and school wide events which focus on the US Dietary Guidelines and MyPyramid for nutrition, food safety and physical activity in 15 eligible Durham Public Schools, seven senior centers and the community.

**Clinical Nutrition Section:** Child Care Nutrition Consultation provides guidance to child care staff and parents on child nutrition issues and conducts trainings for staff in child care centers. Medical nutrition therapy provides individually based counseling with clients who have medical or nutrition conditions for which nutrition guidance can prevent, treat or stabilize a diagnosed condition. Preconceptual Nutrition promotes health practices which can improve pregnancy outcomes. SESAMM (Students Eating Smart Moving More) is conducted with students at Hillside High School to improve nutrition and physical activity choices and habits as well as promoting a healthy school environment. **Nutrition Communications & Health Promotion Section:** Winner's Circle program identifies healthy food selections for consumers in participating food service establishments. Healthy Smiles Healthy Kids teaches pregnant women and families with young children nutrition choices and habits for healthy teeth and gums. Health promotion conducts activities and outreach on wellness issues with worksites and groups in the community.

## 2007-08 ACCOMPLISHMENTS

- DINE school nutritionists in 15 at-risk elementary and middle schools conducted a total of 2,451 pre/post-intervention screenings, and provided 2,270 classroom sessions on MyPyramid, healthy snacks food safety, label reading and portion sizes, fruits and vegetables, calcium, whole grains and fitness with 18,663 student contacts during FY 07 as part of DINE's ongoing program evaluation and quality assurance process.
- Provided 1220 medical nutrition therapy sessions nutrition therapy to clients who have medical or nutrition conditions for which nutrition is important for prevention, intervention or maintenance of a diagnosed condition such as diabetes, hypertension, pediatric failure-to-thrive, and weight management. Positive changes in behavior, knowledge, weight and/or clinical measures occurred in seventy-seven percent of the subsequent visits.
- Taught some 949 parents/guardians in 29 sessions about nutrition and oral health and provided nutrition dental education for 18 child care teachers in 9 centers through HSHK program.
- Provided nutrition education through 19 worksite programs to 714 people.

## 2008-09 PERFORMANCE MEASURES

Program: D.I.N.E. for L.I.F.E.

### Story Behind the Last 2 Years of Performance

Childhood overweight and adult obesity have reached epidemic proportions nationally and in North Carolina, and are increasing in all age groups, among all races and ethnicities. In Durham overweight children ages 2-4 years almost tripled from 9.9% in 2002 to 26.8% in 2006. Overweight children become overweight adults. 56% of Durham residents surveyed by NC Behavioral Risk Factor Surveillance Survey identified themselves as being overweight or obese, 72.5% reported consuming less than 5 fruits and vegetables per day, and 22.1% reported being physically inactive. For every dollar spent on nutrition education, studies show \$10.75 is saved on future health care costs. North Carolinian adults are spending 24.1 billion each year in health care costs related to physical inactivity, excess weight, type II diabetes, and low fruit/vegetable consumption.

### Strategies: What do you propose to do to improve program performance?

- Promote wellness in children, youth and adults in Durham with target messages based on the Dietary Guidelines for Americans, MyPyramid and Healthy People 2010, including fruits, vegetables, whole grains, healthy snacks, calcium, food safety and physical activity.
- Continue innovative classroom nutrition education interventions, with message reinforcement and layering through multiple community venues targeting parents/caregivers.
- Continue collaboration with community partners, particularly with DSS Food Stamp Program to improve and expand educational outreach on nutrition, food safety and physical activity to Durham County residents eligible for food stamps, including outreach to low income seniors.
- Conduct effective social marketing campaigns (particularly the Eat Smart Move More key messages) in targeted communities through various media venues including newsletters sent to food stamp households, bus posters, newspapers, radio and television.

---

## PUBLIC HEALTH-HEALTH EDUCATION

---

The purpose of the Division of Health Education is to solve health problems by influencing decisions individuals, groups and communities make and actions they choose to take to promote health and prevent disease and disability. The Division strives to bring about voluntary adaptation of behavior conducive to health. Health education services are provided in the clinic and in community settings in the following program areas: **Communicable Diseases, Health Promotion & Wellness, Partnership for a Healthy Durham.**

### 2007-08 ACCOMPLISHMENTS

- Together Everyone Accomplishes Something (TEAS) held its 10<sup>th</sup> graduation ceremony this year and graduated forty seven teenagers from the program. In 2007, TEAS participants contributed over 1000 hours of community service. Currently, 12 youth are on the waiting list for the new program year of 2008/09.
- The Division began offering Video Opportunities for Innovative Condom Education and Safer Sex (VOICES) classes at the Health Department and at multiple sites in the community. VOICES is an evidence-based intervention from the CDC that has been proven effective in increasing correct and consistent condom use, and in decreasing repeat STD infection among program participants.
- Teens Against Consuming Tobacco (TACT), a Youth Advisory Team that is organized by the Youth Tobacco Use Prevention/Cessation program, conducted its photo exhibit called "Tobacco Free PhD" at the Hayti Heritage Center in Durham. The exhibit featured photos taken by TACT members to demonstrate their perception of the influence and impact of tobacco in the Durham community.
- The Partnership for a Healthy Durham completed its 2007 Durham County Community Health Assessment. The 2007 Durham County Community Health Assessment is available to the public at [www.healthydurham.org](http://www.healthydurham.org).

# PUBLIC HEALTH-DENTAL

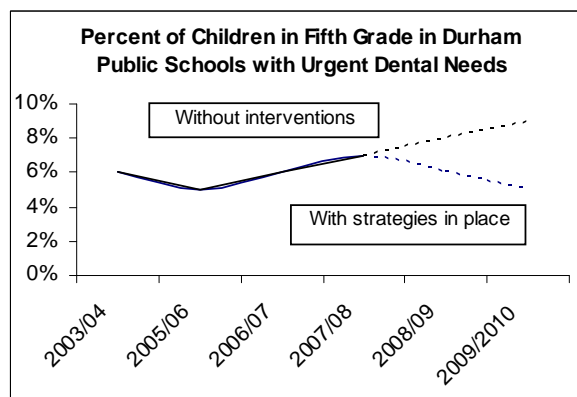
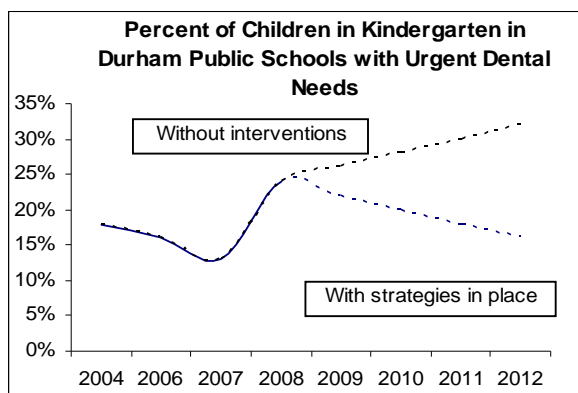
The Dental Division strives to improve the oral health of economically disadvantaged children and pregnant women by providing:

- Dental services for children 3 to 20 years of age in the dental clinic and kindergarten through fifth grades at selected Durham Public Schools using The Tooth Ferry, the mobile dental unit.
- Dental treatment and nutritional services for pregnant women who do not have access to regular dental care and fluoride varnishing, dental and educational services for children ages 6 months to five years of age through the Healthy Smiles, Healthy Kids Program.
- Annual screenings in targeted elementary grades at Durham Public Schools and Head Start at Operation Break Through, Inc.
- Educational presentations for schools and some community organizations in order to increase knowledge regarding good oral health and stimulate an interest in attaining excellence in oral hygiene.

## 2007-08 ACCOMPLISHMENTS

- Collaborated with the DPS staff at selected elementary schools in securing medical histories and parental consent from parents to treat their children on The Tooth Ferry.
- Participated in activities during the month of February for National Dental Health Month by:
  - Volunteering with the Durham-Orange Dental Society to provide dental screenings to children attending child care centers in Durham County.
  - Coordinating “Give Kids A Smile Day” again this year using four treatment rooms and patients for five Pedodontic Residents to provide dental care for HD patients and Head Start children on February 1<sup>st</sup>.
  - Providing a Dental Science Fair in collaboration with Health Education (Teens Against Consuming Tobacco) and Nutrition (DINE for LIFE) at Y. E. Smith Elementary School and hosting a volunteer dentist on the Tooth Ferry as part of “Give Kids A Smile Day”.
- Provided dental screenings for OBT Head Start and kindergarten and fifth grades in DPS Elementary school selected for dental van services to identify the children with urgent needs.
- Provided oral health presentations at health fairs, Durham Public Schools, pre-school centers.

## 2008-09 PERFORMANCE MEASURES



### Story Behind the Last 2 Years of Performance

The 2007-2008 annual screening results for grades K and 5 showed increases in the percent of children in Durham Public Schools with urgent dental needs. Kindergarten percentages rose from 13% in 2006-2007 to 24% and in fifth grade the percentages increased slightly from 5% to 7%. The sharp rise in the percent of urgent needs in the kindergarten classes is due largely to the number of Hispanic children that have many dental needs that have not been addressed. The Dental Van Program, which has operated since 2001, targets children with urgent needs at selected schools. Currently, parental consent for dental treatment is obtained for 30 to 40% of the children with urgent needs by the DPS and Van staff. In addition, parents are notified by the van staff to schedule follow-up care at the Health Department.

**Strategies: What do you propose to do to improve program performance?**

- HSHK program outreach will continue to locate, educate, and refer children less than 5 years old to the health department for evaluation and treatment.
- Increase efforts to secure parental consent for treatment at school for children with urgent dental needs
- Increase awareness of Department's Dental Program
- Monitor recall patients through Dentrix software program and send recall reminders
- Confirm appointments with Televox system and staff calling
- Maintain qualified staff with appropriate continuing education units
- Become more proficient in using the new Dentrix software program.



---

# PUBLIC HEALTH-GENERAL HEALTH

---

The primary purpose of the General Health Services Division is to provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases. The services rendered through this division are for the most part considered “essential public health services” which are mandated under GS 130A-1.1. The General Health Services Division consists of the Tuberculosis Control Program, Communicable Disease Control, Immunization Program, Adult Health Services, which includes the Breast and Cervical Cancer Control Program, Sexually Transmitted Disease Program, HIV Counseling and Testing and supportive services provided by the Laboratory and Pharmacy.

## 2007-08 ACCOMPLISHMENTS

- A collaborative effort with the Duke University Division of Community Health and the Durham County Health Department resulted in assignment of a Centers for Disease Control and Prevention (CDC) Public Health Prevention Specialist (PS) in Durham. The CDC PS will focus on adolescent health issues in Durham integrating sexual, reproductive and mental health over the two-year assignment, beginning with adolescent risk reduction counseling in the STD clinic.
- The Tuberculosis (TB) Control Program began implementation of the first phase of the North Carolina Electronic Disease Surveillance System (NC EDSS). NC EDSS is a centralized web-based system for all communicable disease reporting. TB reporting is the first of the communicable diseases to be managed by this system. Durham was selected due to its high TB morbidity.

## Laboratory

- Provided laboratory services for the clinics as well as the following programs in the community: Jail Health Program, Lead Education Assessment Program, Health Education Division, Environmental Health Division, Early Intervention Clinic, state disease investigation specialists (DIS) and The John H. Lucas Wellness Center at Hillside High School.
- Provided phlebotomy training for state DIS employees located in other counties.
- Maintained certifications for Clinical Laboratory Improvement Amendments and NC Division of Laboratory Services for the analysis of drinking water.

## Sexually Transmitted Disease (STD) Control

- Provided immunization review for STD clients and referred to the Immunization Clinic for Twinrix (hepatitis A and B), Gardasil (HPV-young women less than 19 years of age), and T-dap (Tetanus-Diphtheria-Pertussis) vaccination.
- Completed participation in a randomized clinical trial study through the University of North Carolina at Chapel Hill (UNC) to demonstrate the effectiveness of azithromycin for the treatment of early syphilis. This is a multi-center study, supported by the National Institutes of Health.

## Immunization Program

- Administered 8,480 immunizations in 2007.
- Administered an increased number of influenza vaccines to children ages 6 months through 18 years (406 of the 1,436 total doses) with a large proportion being Hispanics requiring interpreter services.
- Provided 14 community-based outreaches to provide influenza vaccines to Senior Centers and the Durham Rescue Mission Women/Children and Men’s units.
- Provided immunizations /serology tracking of all reported babies born in Durham County to mothers testing positive for hepatitis B. Also promoted vaccination of these infants, testing and vaccination of the mothers, and hepatitis B counseling and education.

## Tuberculosis (TB) Control Program & Communicable Disease Control

- Managed 8 cases of active TB and 17 suspected TB cases for year 2007. Fifty-percent of the confirmed cases were among foreign-born persons.
- Participated in “Enhancing the U.S. Public Health System’s Willingness and Capacity to Engage in Clinical Research”. The goals of this study are to learn more about barriers experienced by public health clinics participating in clinical research and test ways to overcome these barriers.
- Managed and investigated an episode of *Kingella kingae* in a daycare in Durham County with assistance from federal, state and private partners. Incident Command System was utilized during the disease investigation and management, which involved evaluation of 44 children and medication prophylaxis to children and staff from the daycare.

## Pharmacy

- Filled 22,223 prescriptions for 2007.
- Developed a more effective way to screen for drug interactions for the TB, STD, Family Planning, and Early Intervention (HIV) clinic patients
- Assisted the Early Intervention Clinic in providing daily medications to clients.

## Adult Health

- DCHD Breast & Cervical Cancer Control Program (BCCCP) provided free breast and cervical screening services to over 220 women in 2007.
- Established a partnership with Lincoln Community Health Center to provide BCCCP services to women > 50 years of age. This effort increased the number of African American women screened for breast and cervical cancer.
- Partnered with The Sister Study on Breast Cancer, a national study examining the impact that the environment and genetics may have on women diagnosed with breast cancer. Assisted with recruitment efforts of women ages 35 to 74 that had a sister with breast cancer.

## Refugee Health

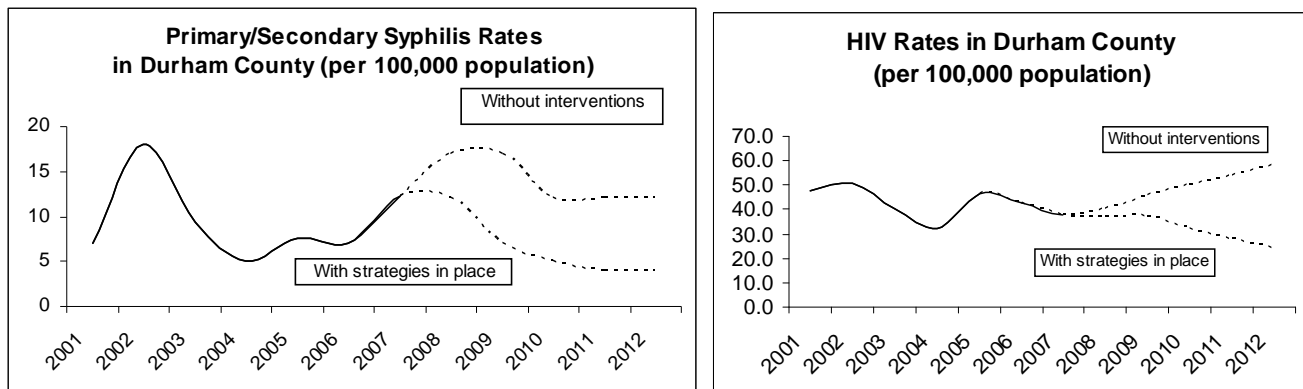
- Met with State Refugee Coordinator and World Relief Executive Director regarding plans for the opening of a World Relief Resettlement Office in Durham, which will initiate a dramatic increase in the number of refugees resettling in the county.
- Provided 13 new refugees with a comprehensive screening health examination, including appropriate treatment or referral. Utilized telephone interpreting service to ensure reliable, professional and efficient interpretation services for refugees with limited English proficiency from Southeast Asia, Russia, and Africa.
- Provided immunizations, hepatitis B testing and referrals for refugees from many countries including Myanmar, Sierra Leone, Somalia, Liberia and Vietnam.
- Completed 38 Supplemental Immigration forms with documentation of required vaccinations for refugees seeking adjustment of residential status.

## AIDS Control / HIV Testing & Counseling

- Tested over 4000 clients for HIV in 2007 and detected 30 HIV infected individuals
- Initiated provider and client follow-up to ensure proper treatment of chlamydia and gonorrhea in Durham County
- Assisted with and referred male clients to a UNC and State sponsored study involving interviews to assess perceptions regarding the HIV test counseling process

## 2008-09 PERFORMANCE MEASURES

Program: Communicable Disease Control (HIV, Syphilis, Chlamydia, and Gonorrhea)



### Story Behind the Last 2 Years of Performance

The rates of primary and secondary (P&S) syphilis (7.0/100,000 in 2006 to 12.3/100,000 in 2007) have risen, likely due to increased risk behaviors among individuals including men who have sex with men. Activities to increase early disease detection, health education, and public awareness through grant monies continue to enable enhanced outreach activities and screening of high-risk individuals in the community. With continued strategies and aggressive screening, there may be a continued increase in rates followed by a gradual

decline over 5 years. Without interventions, the rates will more than likely double and remain high due to transmission among sexual partners, lack of awareness of testing and treatment, and lack of prevention measures.

Compared to the previous year, the rate of HIV (42.5/100,000 in 2006 to 37.4/100,000 in 2007) has decreased along with the rate of AIDS (16.9/100,000 in 2006 to 13.1/100,000 in 2007). These changes may be due to a decline in the number of persons acquiring HIV and decreased progression from HIV to AIDS due to better referral for care and antiretroviral treatment. With continued strategies, there may be a leveling of rates for several years with a gradual decline in newly diagnosed HIV cases. Without interventions, the rates of HIV and AIDS will begin to increase due to transmission among high risk individuals in the community and delays in care.

The rates of gonorrhea and chlamydia have continued to remain high in the past 6 years. In 2006, Durham County ranked 14<sup>th</sup> among all NC counties for rates of gonorrhea (317.9/100,000) and 15<sup>th</sup> for chlamydia (548.7/100,000). In 2007, the gonorrhea rate increased to 322.6/100,000 while the chlamydia rate decreased to 484/100,000. The reasons for the sustained high morbidity from these STDs in our community may be due to ongoing individual high risk behaviors including having multiple sexual partners and unprotected sexual activity, as well as limited sexual partner notification and treatment to prevent further disease transmission. The continued decline in the rate of chlamydia may be due to a decreased number of persons acquiring chlamydia through improved health education and prevention efforts or a decrease in the number of chlamydia tests being conducted in the clinics.

With strategies for gonorrhea including hiring of a county disease intervention specialist, the high rates should decline gradually over time with aggressive partner notification strategies and prevention messages; without interventions, the rates will continue to increase. With strategies for chlamydia, the rates will continue to decline but level off due to sustained transmission among asymptomatic infected persons who may not seek care. Without interventions, the rates for chlamydia will begin to rise.

**Strategies: What do you propose to do to improve program performance?**

- Utilize regional DIS to enhance partner tracing and notification for syphilis and HIV
- Enhance state collaborations for consultation and request for additional funds
- Increase training to staff and health care providers in the community regarding syphilis management
- Increase training to staff, El Centro Hispano, and health care providers in the community regarding syphilis and TB education, screening and management
- Increase budget to retain qualified clinical staff in STD management and hire health educators and county disease intervention specialist to provide risk reduction and contact tracing for persons exposed to syphilis and HIV in the community
- Increase budget to hire a county disease intervention specialist to provide sufficient disease intervention activities to curb the ongoing epidemic of gonorrhea, chlamydia, and other STDs in the county.
- Increase education to patients presenting to the STD clinic with suspected or confirmed gonorrhea and chlamydia to decrease risky behaviors and encourage standard partner notification
- Increase training for staff and health care providers in the community regarding STD prevention and management
- Increase the number of patients screened for chlamydia in the STD clinic (currently conducted targeted screening of patients < 25 years of age due to the costs of the tests)

---

# PUBLIC HEALTH-COMMUNITY HEALTH

---

The Community Health Division is composed of public health nurses, social workers, processing assistants, physician extenders, physical therapists, community health assistants, outreach workers, and Spanish interpreters. Additionally, specialty services are provided by contract staff, which include physicians, nurse midwives, and nurse practitioners. These staff contribute to Public Health's mission by providing services in nine programs: family care, family planning, maternal health, child health, home health, jail health, school health, neighborhood nursing, and universal post partum home visiting.

## 2007-08 ACCOMPLISHMENTS

### Family Care

- Continued collaboration with UNC School of Social Work and Cooperative Extension to implement this program designed to strengthen couple relationships and improve childhood outcomes among at-risk newly forming families.
- One English-speaking group and one Spanish-speaking group have completed the *Love's Cradle* educational program and received enhanced Family Care Coordination services, and more groups have been started.

### Family Planning

- Continued to provide high quality medical services to female teens and low income women, most of whom have no other access to contraception.
- Provided a wide variety of contraceptive options, including a new method, the Implanon implantable rod.
- Provided birth control pills to all clinic patients requesting them although costs increased for all brands, and supplier availability was unpredictable.

### Maternal Health

- The Maternity Clinic is more heavily attended now than ever. The number of clinic visits increased in the first 6 months of FY 2007-2008 to 5,235 from 4,983 clinic visits in the first 6 months of FY 2006-2007. The demands are so great that a vacant nursing position that had been in Baby Love was moved to Maternity Clinic.

### Child Health

- Child Service Coordination: There are children in the community with special needs or who are at risk for developmental delays who never receive appropriate referral. The staff of CSC made it a priority to contact local medical providers repeatedly advising them on which children should be referred to a particular agency. For that reason the number of referrals increased to CSC over the first part of this fiscal year. All new referrals were seen in a timely manner so that no children were placed on a waiting list for CSC services.
- Health Check: Due in large part to the increased outreach efforts of the Health Check Coordinators, the Health Check participation in Durham County rose to above the State mandated rate.
- Lead: The Lead Nurse Consultant continued to provide follow up and case management to children with elevated blood lead levels although the City was unable to finalize its contract with the State until well into this fiscal year.

### Home Health

- Used a Hospitalization Risk Assessment to facilitate identification of patients who are at risk for hospitalization. The risk assessment findings provide the basis for the selection of interventions included in the patient's care plan to reduce avoidable hospitalizations and emergent hospitalizations.
- Provided home health services and promoted prevention and wellness information to medically homebound clients and their caregivers which included the elderly, physically disabled and persons with chronic debilitating illnesses.
- Analyzed the need for basic health guidance services for adults which are not currently provided in the community. To meet the determined need, the agency is increasing services to Medicaid clientele and, in partnership with the Department of Social Services and community agencies, providing quality health guidance services to uninsured and underinsured adults (18 and older) in the county.

### Jail Health

- Nursing services continue to be available 24 hours/day and infirmary (Medical Observation Unit) services are available.
- Regular admission physicals were performed on all inmates by day 14 of incarceration.

- A chronic disease clinic was maintained to provide care to those inmates with such conditions as heart disease, diabetes, seizure disorders, etc.
- Inmate grievances were reduced.

### School Health

- Continued to provide nursing services to all schools in the Durham Public Schools system.
- Implemented a plan to strengthen the health component of Child & Family Teams in Durham Public Schools by providing a nurse to serve as a consultant, liaison and participant for school based teams and to coordinate school nurse participation in schools served.
- Taught classes to Durham Public School staff on Diabetes Care Management and medication administration, and taught and supervised designated staff on performance of skilled nursing procedures.

### Neighborhood Nursing

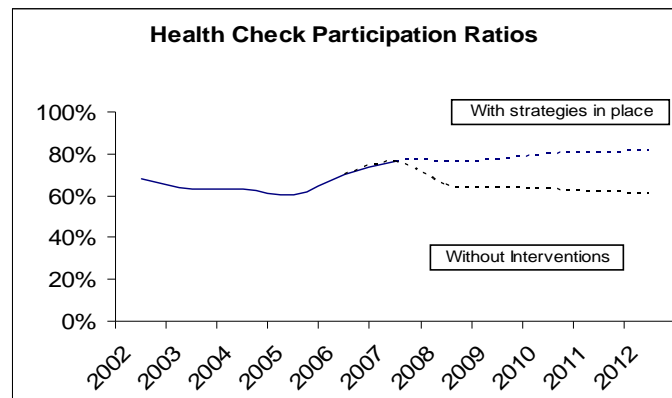
- Nurses have worked hard to maintain offices in Cornwallis Road, Morreene Road/Damar Court, and Oxford Manor communities and have expanded their presence in other communities by making visits to residents in Laurel Oaks, Hoover Road, Liberty Street and Club Boulevard.
- Project staff was instrumental in developing the new universal home visiting project called “Durham Connects” by testing the tool for risk assessment in the field, meeting with developers weekly, and giving very helpful suggestions on what worked and what didn’t. The Neighborhood Nurses listen to the residents to find out their greatest needs.

### Durham Connects

- Received funding from The Duke Endowment through Duke University, Center for Child and Family Policy to implement this new universal home visiting project so that every new mother who resides in Durham County will be offered home visits by a register nurse.
- Documentation and assessment forms were piloted by home visiting staff, and many suggestions were made as to unmet needs in the community.

### 2008-09 PERFORMANCE MEASURE

Program: Child Health



### Story Behind the Last 2 Years of Performance

The Health Check participation ratio is based on the percentage of children who have Health Check (Medicaid) and who are due for a health screening in a given year and receive the screening. This ratio in Durham peaked in 2002, and then declined for several years (2002-2005). One explanation has been the diversion of Health Check Coordination time into Health Choice (Children’s Health Insurance Plan) promotion. In FY 2006, a task force comprised of county, state and non-profits representatives developed a series of strategies to increase the participation ratio. For FY 2006, there was a significant increase, and this trend continued in FY 2007. The most important barrier to further increases is the lack of Spanish-speaking staff or interpreter availability.

### Strategies: What do you propose to do to improve program performance?

- Provide interpreter services to allow the Health Check workers to work more effectively with Spanish-speaking families.

---

# PUBLIC HEALTH-ENVIRONMENTAL HEALTH

---

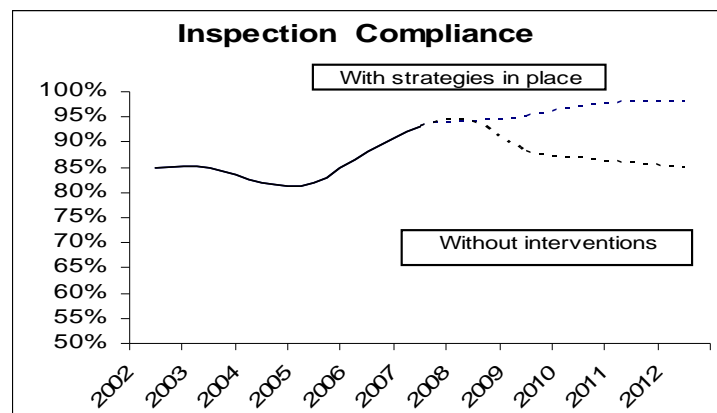
The **General Inspections Section** is responsible for the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food services, lodging establishments, tattoo artists, day cares, nursing homes and other institutions. Environmental investigations of childhood lead poisonings are provided and the subsequent remediation of identified lead hazards is documented. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. The prevention and control of communicable diseases are supported by these efforts.

The **Water & Waste Section** of the Environmental Health Division is responsible for the mandated enforcement of local and state rules and regulations as they apply to private water supply wells, private sewage disposal systems, public swimming pools and nuisance complaints. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to soil, water, swimming pool sanitation and safety, and general sanitary practices. The prevention and control of communicable diseases are supported by these efforts.

## 2007-08 ACCOMPLISHMENTS

- Compliance for mandated inspections rose from 88 percent in FY06 to 93 percent in FY07.
- A recall of Castleberry food products potentially contaminated with botulism was issued by the FDA in July, 2007. One of the largest recalls ever instituted, the state requested help from all counties to make sure the products were removed from sale by making field visits. Durham County Public Health Department set up an ICS command structure and systematically visited 359 establishments to ensure compliance.
- Continued lead role in organizing, advertising and teaching ServSafe Classes for food service employees.
- Distributed a newsletter to all county residents with articles on the drought, septic system maintenance, well testing requirements, lead/copper/arsenic concerns in well water and public swimming pool safety.

## 2008-09 PERFORMANCE MEASURES



### Story Behind the Last 2 Years of Performance

Inspection compliance increased to 88 percent for the 06 fiscal year and then to 93 percent for the 07 fiscal year. The Environmental Health Division needs to maintain an experienced staff to maintain and continue to increase the level of inspection compliance. Registered Sanitarians require seven to nine months of basic training before being authorized to enforce laws and two to three years of inspection experience before they become relatively independent.

As Durham's population grows, the number of establishments under inspection has seen a steady increase. Most of these establishments are food service related but increases are also noted in lodging and daycare establishments. Between February 19, 2007 and March 4, 2008, 46 **new** (new building and location) establishments were permitted and currently 21 additional establishments are approved and under construction. Many existing establishments also elect to expand their seating capacity or menu selection which increases inspection requirements. Between February 19, 2007 and March 4, 2008, two expansions were permitted and two more are currently under review by the Environmental Health's Plan Review Specialist. These numbers are similar to those reported during the same period last year.

**Strategies: What do you propose to do to improve program performance?**

- Continue to advocate for competitive salaries to support retention of experienced personnel and the hiring of Environmental Health Specialists to fill any vacancies that may occur.
- Continue the promotion of ServSafe, the yearly newsletter and other food safety information
- Target facilities with low inspection scores for additional educational opportunities

---

# **PUBLIC HEALTH- EMERGENCY PREPAREDNESS AND REGULATORY COMPLIANCE**

---

Emergency Preparedness and Regulatory Compliance Division is responsible for educating the community and the Department about public health emergencies and preparation. Division staff also notifies staff within the Department and community partners of upcoming classes regarding the incident command system (ICS) and the national incident command system (NIMS). Outbreaks within the community are monitored and documented.

## **2007-08 ACCOMPLISHMENTS**

- Planned, prepared and conducted a regional strategic national exercise (SNS) in which a minimum of ten agencies and eight counties participated. More than thirteen hundred received “mock” treatment within a two-hour period of time.
- Increased the percentage of DCHD employees and affiliated agencies with the compliance of ICS and NIMS accreditation. Within the DCHD, the percentage has increased from 53% to 95% over the past year.
- Presented PowerPoint presentations, posters, handouts and educational flyers to the community and various agencies throughout the County increasing pandemic influenza and public health emergency awareness



This page intentionally blank.

---

# MENTAL HEALTH (THE DURHAM CENTER)

---

## 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: 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 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 165 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 languages other than English.

## 2007-08 ACCOMPLISHMENTS

### *Substance Abuse*

- Coalesced community resources and coordinated a range of Recovery Month activities, including extensive media penetration and a highly successful recovery celebration block party attended by over 400 community members.
- Distributed over 1,800 posters and most of 3,000 post cards to community partners (police, courts, juvenile justice, Duke Public Relations, Durham Tech, schools, social services), provider agencies, and in “high traffic” areas (Lincoln Community Health Care, shelter, jail, Durham Crisis Response).
- Awarded RFP to Durham Together for Resilient Youth (DurhamTRY), a local non-profit dedicated to raising awareness of the dangers of underage drinking, in January. Contractor has accomplished the following:
  - Recruited 4 high-level political, business, and expert volunteers to serve on speaker’s bureau, who will attend at least one engagement/month to influence decisions and promote addiction as a chronic, treatable disease.
  - Organized 7 community events to educate audience on addiction.
- SOC expert is providing intensive technical assistance to three agencies that volunteered for services—BAART Community HealthCare, Recovery Center of Durham, and Integrated Dual Disorder Team at ASAP.
- Substance abuse evaluators distributed 100 bus passes to consumers showing for evaluations.
- On average, 67% of individuals seeking treatment show for substance abuse evaluations.
- In partnership with Duke, provided 19 trainings and 35 case conferences to nearly 300 mental health and substance abuse professionals in Durham since September 2006.
- FY 07-08, offered 3 brief (6 hours or less) and 4 skill-building (6+ hours) classes.
- FY 07-08 classes totaled 81 of hours of substance-abuse specific training approved by the NC Substance Abuse Professional Practice Board, half of the required 190 hours for substance abuse certification and slightly over half of required 180 hours for licensure.
- In partnership with Duke, provided 19 trainings and 35 case conferences to over 250 professionals since Sept. 2006.
- FY 07-08, offered 18 teaching case conferences—6 focused on adolescent consumers and 14 focused on adult consumers.
- FY 07-08 conferences totaled 22.5 hours of professional-skill building training approved by the NC Substance Abuse Professional Practice Board, about ¼ of the required 80 hours for substance abuse certification.
- Eighteen credentialed substance abuse professionals (200% increase) working for contracted agencies since September 2006.

# Mental Health (The Durham Center)

Business Area: 5200

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$3,201,683	\$3,695,513	\$3,409,460	\$3,944,987	\$3,944,987
Operating	\$20,704,942	\$29,649,053	\$26,899,664	\$28,472,474	\$26,472,474
Capital	\$0	\$0	\$40,785	\$0	\$0
<b>Total Expenditures</b>	<b>\$23,906,625</b>	<b>\$33,344,566</b>	<b>\$30,349,909</b>	<b>\$32,417,461</b>	<b>\$30,417,461</b>
<b>Revenues</b>					
Intergovernmental	\$21,121,389	\$25,398,023	\$24,462,243	\$24,613,918	\$24,713,918
Service Charges	\$69,974	\$50,000	\$45,000	\$45,000	\$45,000
Other Revenues	\$417,999	\$175,000	\$186,700	\$37,000	\$37,000
Other Fin. Sources	\$0	\$0	\$0	\$1,300,000	\$0
<b>Total Revenues</b>	<b>\$21,609,362</b>	<b>\$25,623,023</b>	<b>\$24,693,943</b>	<b>\$25,995,918</b>	<b>\$24,795,918</b>
<b>Net Expenditures</b>	<b>\$2,297,263</b>	<b>\$7,721,543</b>	<b>\$5,655,966</b>	<b>\$6,421,543</b>	<b>\$5,621,543</b>
FTEs	62.00	61.00	61.00	61.00	61.00

- Two assessors provide same-day access to assessment for citizens with substance use disorders who are not covered by Medicaid; any community agency or individual can refer consumers for assessment.
- 362 individuals were referred for assessment in the period of July 1, 2007 – December 31, 2007.
- 67% of individuals referred received assessments. This compares with 25% who received an assessment after being referred to a provider in first quarter of FY 06-07, before the assessors were hired.

## Adult Mental Health

- Integrated Dual-Disorder Treatment is a team approach to meet the needs of individuals with very significant substance abuse and mental illness needs. This team, offered by ASAP, currently supports 63 individuals and has reduced hospitalization, crisis, and law enforcement involvement of those involved.
- Assertive Community Treatment is a comprehensive, multidisciplinary team approach for those with Severe Mental Illness requiring significant support in the community. The Durham Center offers two teams provided by Telecare and Easter Seals/UCP currently offering services to 170 individuals. ACT is effective in reducing hospitalizations and the need for crisis services.
- Developed new Continuum of Services model for indigent consumers based on usage of Evidence Based Practices with WMR as the entry service for all consumers.
- Since start of new model in October 2007 approximately 175 IPRS consumers have been served through Wellness Management and Recovery.
- Continued working with Durham Police Department and Sheriff's Office to establish a Crisis Intervention Team program. 87 officers were trained and have been successful in de-escalating crisis situations, thereby diverting people with mental illness from arrest and incarceration.
- Contracted with XDS, Inc. to serve specialty population of MI/MR consumers through the Evidence Based Practice of Assertive Community Treatment.

## Child Mental Health

- The Family Consortium of Durham System of Care has provided monthly orientations to Child and Family Teams and has begun a second group for parents to provide support to each other.
- Over 300 children have been served through the interagency support team initiative. The Durham Center collaborated with Durham Public Schools, Public Health, and Social Services to implement the Child and Family Support Team (CFST) grant in seven schools in Durham. This initiative provides interagency teams to support at-risk students and their families to prevent school failure and out-of-home placement.
- One hundred eight Child and Family Teams have attended Care Review either for Technical Assistance or planning around out of home placement. In the fall of 07 the Care Review process was revamped with new forms and tracking

mechanisms; current and new Care Review Team members took part in a two hour orientation of the new process, a review of their roles and information on best practices.

- Thirty summer program slots at the YMCA, John Avery Boys and Girls Club, and the PROUD Program were funded by The Durham Center. The Durham Center, through the Community Collaborative, is encouraging the use of flex funds to support individualized summer programming as well. This program will be continued in Summer 08.
- In partnership with Adult Mental Health a legal notice was issued for providers of services for youth transitioning to adulthood. A portion of this group will be awarded funds to develop programming. All of the interested providers have been invited to join the Linking to Adult Services Workgroup.
- The Child SOC Community Collaborative presented at the State Wide SOC conference in December 07.
- The Child Community Collaborative has offered educational topics through guest speakers on: Runaway youth, Independent Living, Children 0-5, Substance Abuse, and Truancy.
- The Collaborative Workgroups assess their progress on annual goals in January; a majority of workgroups are on target to accomplish their tasks by the end of FY08.

#### *Developmental Disabilities*

- Eight hundred ninety-seven consumers with developmental disabilities were served from July-December 2007. This is 12% of the total disability population (mental health, substance abuse and developmental disabilities) served.
- Through an RFP process, added six providers of Developmental Therapies and for Children & Adults with Autism Spectrum Disorders, for both groups and individuals. 50 individuals will be served this fiscal year, with 65 anticipated in FY09.
- Through an RFP process, added six providers of Personal Assistance for Adults with Autism Spectrum Disorders. 45 individuals will be served this fiscal year, with 55 anticipated in FY09.
- Through an RFI process, Community Bridging awards totaling over \$111,000 were provided to two organizations, which increased consumer and family participation in area resources and activities. Approximately 55 individuals and their families will be served this fiscal year through one or more of these initiatives, with approximately 130 supported in FY09.
- Additional funding totaling almost \$30,000 supported collaborative efforts with Durham Public Schools towards provision of music, social and communication activities in community settings. This project will support 65 individuals during the remainder of FY08, with the same number in FY09 projected.
- Additional funding of over \$45,000 was provided towards Consumer Stipends, enabling increased community access in natural settings for children and adults with developmental disabilities. This will support approximately 90 children and adults with developmental disabilities in Durham.
- Additional respite vouchers of \$45,000 were provided, in service relief support of families and caregivers of children and adults with developmental disabilities in Durham County with 73 families receiving assistance.
- 34 Durham area programs and providers received training and technical assistance in early intervention inclusion supports for pre-school and elementary age children with developmental disabilities.
- 70 individuals with developmental disabilities are receiving community employment support, through Supported Employment and Follow Along funding.
- Fifteen additional children and adults received Medicaid CAP Waivers, increasing the Durham Center's current support total to 328 individuals.
- Approximately \$14,268,000 in Medicaid CAP Waiver annual cost summary supports are in place for these 328 individuals.
- Clinical Quality Reviews were conducted on developmental disability consumer records with the Durham Center's two largest case management providers. This involved 10% of their consumer records, looking at appropriateness of services and funding options. After these reviews, changes in service delivery that more adequately addressed were recommended, and plans of correction were instituted with both providers.
- 24 adults with developmental disabilities moved to more independent community living situations, in supported apartment settings.

## 2008-09 PERFORMANCE MEASURES

### Performance Measure: Reduce State Hospital Bed Day Usage

State Hospital Bed Day Utilization, FY07 & FY08										
Type of Hospital Bed	Bed Days Used 6 months FY07	Annual Allocation FY07	% Used 6 months FY07	Bed Days Used 6 months FY08	Annual Allocation FY08	% Used 6 months FY08	Change in state allocation FY08 vs. FY07	% Change Allocation FY08 vs. FY07	Change in Bed Days Used 6 months FY08 vs. FY07	% Change in Bed Days Used FY08 vs. FY07
All Psychiatric Beds	6,389	16,764	38%	6589	11006	60%	-5758	-34%	200	3%
Adult Psychiatric	5,463	13,622	40%	5624	9406	60%	-4216	-31%	161	3%
Child/Adolescent Psych	926	3,142	29%	965	1602	60%	-1540	-49%	39	4%

#### Story Behind the Last 2 Years of Performance

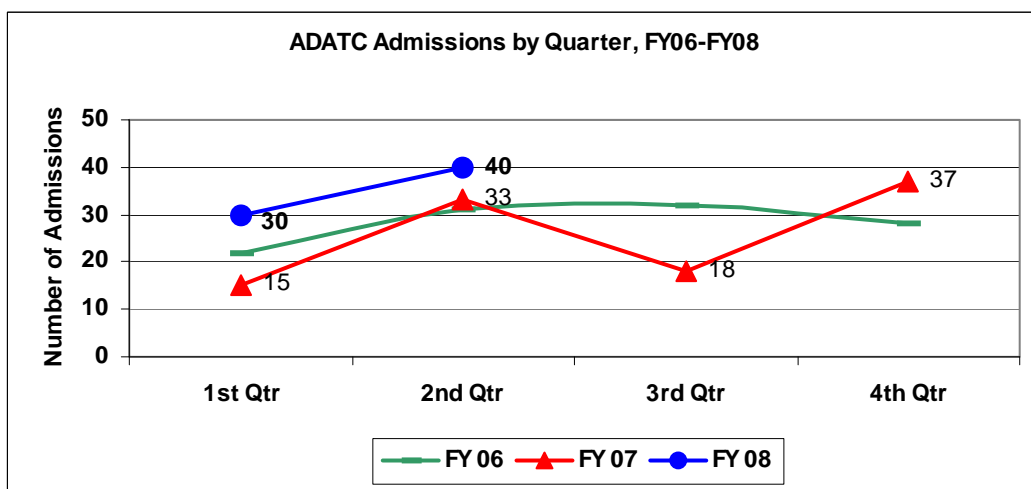
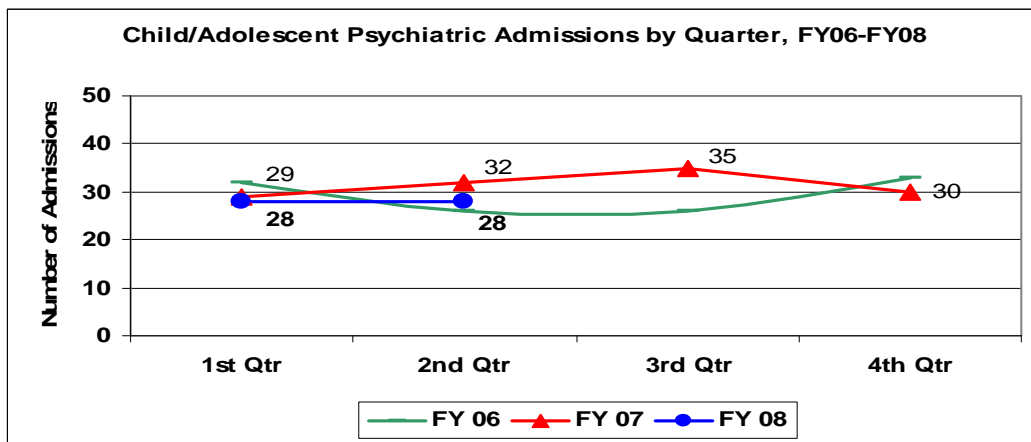
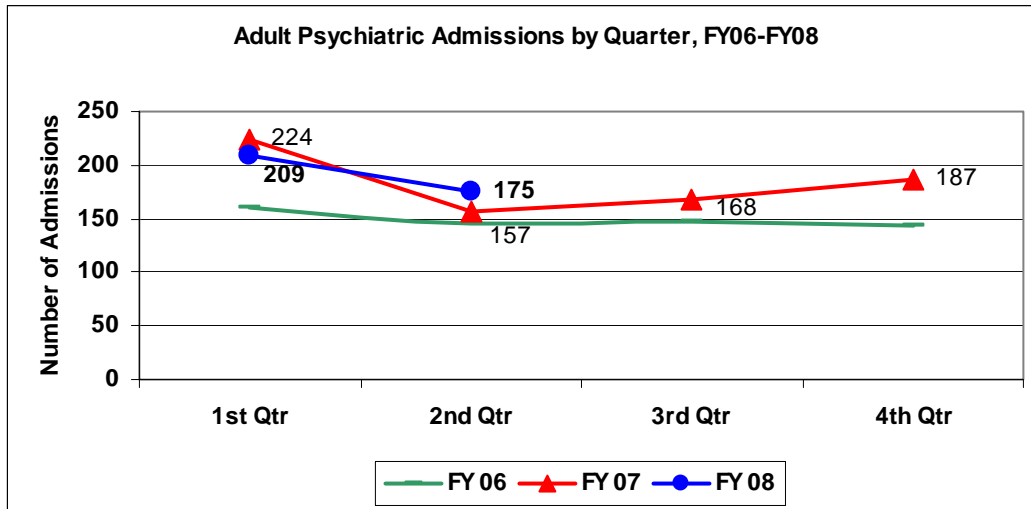
- Durham’s utilization of state hospital beds remained well under the state allocation throughout FY07.
- At the beginning of FY08, Durham’s overall state allocation of hospital beds decreased 34% compared to FY07, but the allocation for children and adolescents decreased by 49%.
- During the first six months of FY08, Durham’s use of state hospital beds has increased by only 3% compared to FY07, but is 10% over the state allocation year to date due to the decrease in the allocation.
- Utilization of child psychiatric beds is substantially higher than FY08 compared to the state allocation, but is only 4% higher in actual bed days used. The increase in youth bed days is driven by a small number of youth who had longer than average stays.
- Geriatric patients tend to have long hospital stays due to the lack of appropriate alternatives in the community

#### Strategies: What do you propose to do to improve program performance?

- Durham LME will continue its work with Durham County and Freedom House to transition from the current 13,000 square foot non-secure crisis facility with 12 beds to a new 27, 000 square foot secure facility with 16 beds designed to serve Individuals who have been involuntarily committed as well as voluntary admissions. The opening of the new facility is scheduled for summer 2008.
- TDC Area Director and Deputy Director have partnered with DUMC to create a model design to “decrease the volume of admissions to State Operated facilities from local Emergency Department by maximizing diversion of patients to local community beds or crisis centers”. This project was assigned as part of the LME Academy for Area Directors, Senior Administrators and key community partners.
- Increase the number of transitional beds by 15 for inds in need. Contracts have been secured with TROSA and Recovery Home. These homes are designed to provide structured treatment for inds who are sufficiently stabilized to pursue some level of self-sufficiency, but may require additional supportive services.
- Continue to offer Crisis Planning Training for Clinical Home Providers as part of the LME training schedule.
- Through our System of Care efforts find ways to better connect inds’ who are homeless and in crisis and/or who step down from the hospital to needed services.
- Durham LME has also developed a plan to respond to the needs of our high-risk/high-cost consumers. This plan includes designating funding to support reimbursement to specific providers of services (Adult - IDDT, ACTT, Hospital Team, CS Team; Child – MST, Intensive In-Home, Wraparound services) whose design is to serve inds at risk of hospitalization or stepping down from the hospital.
- We have filled one of 2 Care Coordinator positions (ind. began March 17<sup>th</sup>). Once fully staff, these Care Coordinators will be responsible for working with high-risk/high cost consumers, providers and the community to ensure quality plans are developed and implemented. A major outcome will be a reduced reliance on the State Hospital.
- We have also hired a Hospital Liaison, scheduled to begin March 24<sup>th</sup>, who will be responsible for working with state and local hospitals and connecting inds admitted back to the community with the “right” services and supports.
- Durham Center and DCA staff continues to work with Duke University to improve the experience for inds who are eligible for placement in the Williams Unit Inpatient Program at DUMC.

- Consider establishing mobile crisis team(s) responsible for responding to individuals experiencing a crisis in the home or community settings.
- Durham Center staff met with our GERO Team who completed an assessment of needs for inds admitted to the GERO unit at JUH. Staff are developing an individualized plan for a consumer(s) to be discharged back to the community.

**Performance Measure: Stabilize Hospital Admissions**



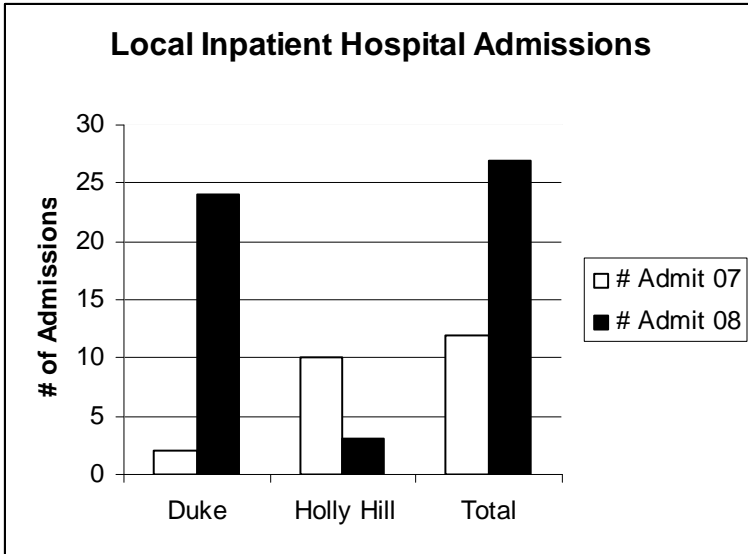
### Story Behind the Last 2 Years of Performance

- Adult psychiatric admissions increased by 23% from FY06 to FY07, but have remained stable during the first half of FY08.
- Child psychiatric admissions increased by 8% from FY06 to FY07, but have remained stable during the first half of FY08.
- ADATC admissions decreased by 9% from FY06 to FY07, but have increased by 46% during the first half of FY08. This reflects improved access to ADATC services for Durham County residents and is no longer part of our state hospital allocation.
- All admissions to ADATC from Durham County are first admitted to John Umstead Hospital then transferred to ADATC
- From FY07 to FY08, there has been a 13% increase in the average number of involuntary patients referred to the state hospital from private hospitals.
- From FY07 to FY08 there has been a 7% increase in the number of patients taken directly to the state hospital for involuntary admission.
- From FY07 to FY08 there has been a 6% increase in the numbers of involuntary patients presented at Durham Center Access for evaluation for hospitalization and a 3% decrease in the number of patients that have been diverted from state hospitalization.

### Strategies: What do you propose to do to improve program performance?

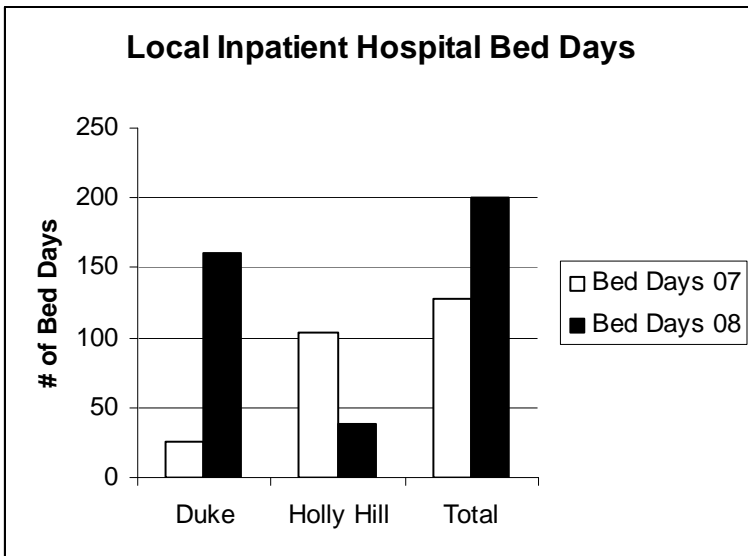
- Durham LME will continue its work with Durham County and Freedom House to transition from the current 13,000 square foot non-secure crisis facility with 12 beds to a new 27,000 square foot secure facility with 16 beds designed to serve Individuals who have been involuntarily committed as well as voluntary admissions. The opening of the new facility is scheduled for summer 2008.
- TDC Area Director and Deputy Director have partnered with DUMC to create a model design to “decrease the volume of admissions to State Operated facilities from local Emergency Department by maximizing diversion of patients to local community beds or crisis centers”. This project was assigned as part of the LME Academy for Area Directors, Senior Administrators and key community partners.
- Increase the number of transitional beds by 15 for indigents in need. Contracts have been secured with TROSA and Recovery Home. These homes are designed to provide structured treatment for indigents who are sufficiently stabilized to pursue some level of self-sufficiency, but may require additional supportive services.
- Continue to offer Crisis Planning Training for Clinical Home Providers as part of the LME training schedule.
- Through our System of Care efforts find ways to better connect indigents’ who are homeless and in crisis and/or who step down from the hospital to needed services.
- Durham LME has also developed a plan to respond to the needs of our high-risk/high-cost consumers. This plan includes designating funding to support reimbursement to specific providers of services (Adult - IDDT, ACTT, Hospital Team, CS Team; Child – MST, Intensive In-Home, Wraparound services) whose design is to serve indigents at risk of hospitalization or stepping down from the hospital.
- We have filled one of 2 Care Coordinator positions. Once fully staff, these Care Coordinators will be responsible for working with high-risk/high cost consumers, providers and the community to ensure quality plans are developed and implemented. A major outcome will be a reduced reliance on the State Hospital.
- We have also hired a Hospital Liaison, scheduled to begin March 24<sup>th</sup>, who will be responsible for working with state and local hospitals and connecting indigents admitted back to the community with the “right” services and supports.
- Durham Center and DCA staff continues to work with Duke University to improve the experience for indigents who are eligible for placement in the Williams Unit Inpatient Program at DUMC.
- Consider establishing mobile crisis team(s) responsible for responding to individuals experiencing a crisis in the home or community settings.

**Performance Measure: Increase usage of local inpatient beds**



**Story Behind the Last 2 Years of Performance**

- Continue to increase use of inpatient community beds, more than doubling admissions from last year as a strategy to reduce state hospital bed days.
- Shift from usage of beds at Holly Hill to Duke Williams Unit
- Major change in access to Duke was ability to admit patients from the ED to the Williams unit which had not been able to occur last year. Also have potential to direct admit from DCA to the Williams unit.
- Continue to have barriers related to admission requirements and patient transfer but are continuing to work on.



**Strategies: What do you propose to do to improve program performance?**

- Continue to work on barriers to admission
- Utilize any new funding sources identified, to expand to contract for additional beds

**2008-09 HIGHLIGHTS**

- With the uncertainty that has existed in the State’s reform of the Mental Health system, along with the lengthy process of capacity building of providers, the Durham Center has not been able to spend all of its County allocation for the past two fiscal years. Unspent funds have been placed as a designation in the County’s fund balance.
- The Durham Center’s FY09 County allocation is reduced from FY08, but should the funds be needed, the fund balance already designated for Mental Health will be appropriated.
- The ultimate result is that there will be no disruption or reduction in Mental Health services funded from County dollars.



This page intentionally blank.

---

# 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 of the Durham County Department Of Social Services makes 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.

# Social Services

Business Area: 5300

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
<b>▽ Expenditures</b>					
Personnel	\$22,399,163	\$24,447,484	\$22,479,441	\$25,906,178	\$25,144,746
Operating	\$305,650,622	\$334,962,957	\$334,367,757	\$388,054,349	\$361,988,262
Capital	\$680,421	\$184,300	\$110,139	\$685,000	\$270,000
<b>Total Expenditures</b>	<b>\$328,730,206</b>	<b>\$359,594,741</b>	<b>\$356,957,337</b>	<b>\$414,645,527</b>	<b>\$387,403,008</b>
<b>▽ Revenues</b>					
Intergovernmental	\$301,277,348	\$328,034,239	\$327,509,752	\$385,794,925	\$360,579,573
Contrib. & Donations	\$1,028,118	\$907,829	\$1,026,083	\$1,174,818	\$963,666
Service Charges	\$113,177	\$235,833	\$125,118	\$217,522	\$217,522
Other Revenues	\$0	\$0	\$3,486	\$0	\$0
<b>Total Revenues</b>	<b>\$302,418,644</b>	<b>\$329,177,901</b>	<b>\$328,664,439</b>	<b>\$387,187,265</b>	<b>\$361,760,761</b>
<b>Net Expenditures</b>	<b>\$26,311,562</b>	<b>\$30,416,840</b>	<b>\$28,292,898</b>	<b>\$27,458,262</b>	<b>\$25,642,247</b>
FTEs	471.00	472.00	482.00	491.00	486.00

## 2008-09 HIGHLIGHTS

- Computer System Administrator II position (1 FTE)
- Social Worker II positions for in-home aide and special assistance to the elderly (3 FTE). These positions will be funded through lapsed salaries with no additional County dollars for funding.
- 10 FTEs were approved mid-year by BOCC for 5 Social Worker III and 5 Income Maintenance II shell positions. These positions will be funded through lapsed salaries from vacant positions.
- County share of Medicaid reduced from \$13.2 million to \$7.7 million
- Continuation of imaging/records management project \$270,000
- System of Care for Adults \$50,000
- In-home aide \$90,000
- Adolescent Parenting Program \$15,600
- Emergency Assistance \$24,510
- Campership Program \$20,000
- Meals on Wheels \$231,500 (note: non-profit contract funding recommendation of \$11,000 was moved to the DSS budget)
- 10 new vehicles funded in the vehicle and equipment loan funds center
- 2 additional security officers (1 ea. @ Duke St. and Main St.)

---

# SOCIAL SERVICES-ADMINISTRATION

---

## 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 of the Durham County Department of Social Services makes 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

This funds center includes the activities of the Program Support and Accountability Division and the Communication, Development and Customer Information Division. The Divisions support the Department's direct services staff who carry out the Department's mission. Key components of the Program Support and Accountability Division include: accounting, budget preparation, information technology support, facility support, risk management, planning, and evaluation

Key components of the Communication, Development, and Customer Information Division include: management of internal and external communications, staff training, organizational development, customer service, customer information center, and information management planning

## 2007-08 ACCOMPLISHMENTS

### Program Support and Accountability 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.
- Cleared all outstanding audits with no material weaknesses.
- Maximized resources effectively, leaving very little money unspent from non-county sources.
- Assisted all divisions with planning and data collection.
- Provided timely and effective responses to all staff with regards to continuously improving work environments.

### Communication, Development and Customer Information Division

- **The DSS Partnership Series: Investing in Human Capital** received a statewide NCACDSS Best Practices Award. The Partnership Series brought DSS staff and community partners together to learn about the services that DSS provides and had sessions March, April, May, September, and October.
- In January, DSS hosted the **Investing in Human Capital Summit**, which raised community awareness about the needs of clients served, and engaged the community in initial conversations to identify strategies that have the potential to turn the curve.
- An agency internal and external Communication Plan has been adopted and implemented.
- Staff members have shipped approximately 1,416 boxes out to Iron Mountain and removed 93 file cabinets from the warehouse. DSS continued to work towards maximizing the use of electronic case records.
- DSS published a monthly newsletter providing information on agency events, programs, and special initiatives.
- DSS offered more than 100 different training courses to staff members every 6 months. Classes are designed to increase the capacity to serve customers, with a particular emphasis on building leadership skills in the agency. Courses included technology skills, customer service, cultural competency, supervisory development and program-specific training.

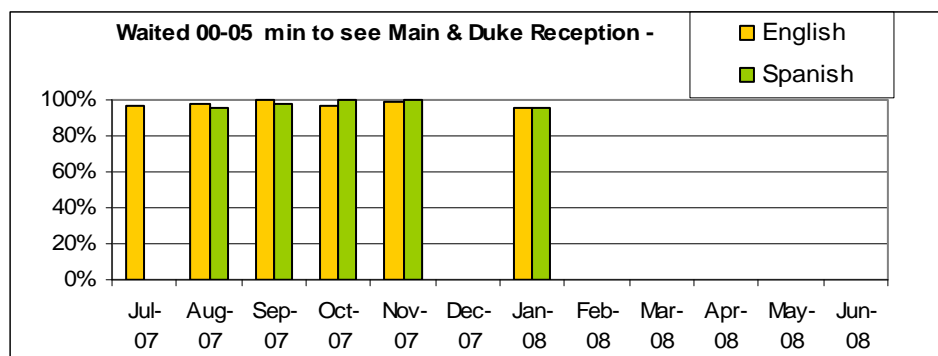
# Social Services-Administration

Funds Center: 5300641000

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$2,462,621	\$2,441,708	\$2,727,625	\$2,766,969	\$2,766,970
Operating	\$2,585,846	\$2,474,227	\$2,258,259	\$3,049,003	\$2,751,574
Capital	\$680,421	\$184,300	\$110,139	\$685,000	\$270,000
<b>Total Expenditures</b>	<b>\$5,728,889</b>	<b>\$5,100,235</b>	<b>\$5,096,023</b>	<b>\$6,500,972</b>	<b>\$5,788,544</b>
<b>Revenues</b>					
Intergovernmental	\$166,945	\$166,945	\$166,945	\$166,945	\$166,945
Contrib. & Donations	\$0	\$127,590	\$127,590	\$167,498	\$168,846
Other Revenues	\$0	\$0	\$20	\$0	\$0
<b>Total Revenues</b>	<b>\$166,945</b>	<b>\$294,535</b>	<b>\$294,555</b>	<b>\$334,443</b>	<b>\$335,791</b>
<b>Net Expenditures</b>	<b>\$5,561,944</b>	<b>\$4,805,700</b>	<b>\$4,801,468</b>	<b>\$6,166,529</b>	<b>\$5,452,753</b>
FTEs	47.00	48.00	48.00	49.00	49.00

## 2008-09 PERFORMANCE MEASURES

**Performance Measure:** Length of time customers wait to see the receptionist



**Performance Measure:** Customers report they are treated respectfully and courteously

	Mar 2000	Sep 2000	Nov 2002	Dec 2003	Jan 2007	Jan 2008
Receptionists were friendly and courteous (2000-02)	92%	83%	69%	85%	97%	96%
Receptionists were polite and respectful (2003)						
Receptionists treated me with courtesy and respect (2007)						
Case worker were friendly and courteous (2000-03)				Not Asked		
Case worker treated me with courtesy and respect (2007)	86%	79%	70%		85%	97%

### Story Behind the Last 2 Years of Performance

Beginning in Nov 2006, DSS offers each walk-in customer the opportunity to complete a customer survey card. Questions on the customer survey card include

- the length of time it took for them to speak to the receptionist
- Did the receptionist treat the customer respectfully and courteously
- Did the case worker treat the customer respectfully and courteously

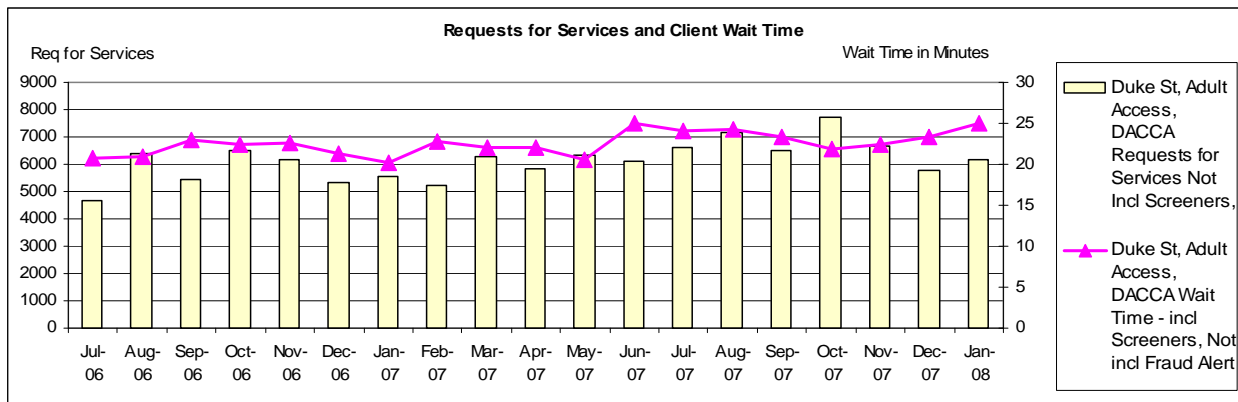
This fiscal year has seen a substantial increase in cases for our public assistance programs. As a result, the Duke St. lobby is frequently crowded and service excellence is even more important to defuse tension and maintain a safe environment. The agency initiated a staff-led Customer Service Committee to focus on improving service. Among the work done this year to improve customer service has been the creation of “DSS Play” bulletin boards to share in depth information about how to access services, distribution of donated books for children to read and take home, promotion of mail-in Medicaid applications and the implementation of reminder telephone calls for client appointments.

**Hiring:** We have made it standard practice to hire temporary workers for vacant front line Reception positions, so that we are never under-staffed in Reception, Back Office, Call Center or Document Processing Center functions. We’ve also made it a high priority to hire bilingual receptionists and have been able to maintain that staffing with temps.

**Strategies to Improve Program Performance**

- Fully implement back office
- Increase staff at Reception from 2 to 4
- Distribute daily Customer Survey Cards
- Inclusion of customer wait time standards in individual work plans
- Fill vacant positions with temporaries so we don’t lose customer service quality or increase wait times

**Performance Measure: Length of time customers wait to see their case worker**



**Story Behind the Last 2 Years of Performance**

The average wait time to see the case worker or to begin a Food Stamps and Medicaid application is 20-25 minutes. In July 2003, the wait time was 60+ minutes. The wait time was decreased by:

- Implementing in Fall 2003 an appointment and pre-screening process for applicants for financial assistance for emergency rent, utility, travel, food and medical assistance.
- Adding a “back office” to initiate the application process for Food Stamps and Medicaid which has allowed the lines at the windows to move faster – they simply meet, greet and notify workers in the back office or in the programs based on the situation.
- Focusing on customer service. We have developed clear expectations and measures for the length of time a customer should have to wait that are included in all staff work plans.

**Strategies to improve performance**

- Fully implement back office
- Distribute daily Customer Survey Cards
- Inclusion of customer wait time standards in individual work plans
- Fill vacant positions with temporaries so we don’t lose customer service quality or increase wait times

This page intentionally blank.

---

# SOCIAL SERVICES - SERVICES

---

## PROGRAM DESCRIPTION

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.

**Durham's Alliance for Child Care Access (DACCA)** - is a unified childcare subsidy system providing child care scholarships, information and referral and access to Smart Start transportation. The project is governed by a Leadership Team consisting of Directors from the partner agencies: Durham County DSS, Child Care Services Association, Operation Breakthrough and Durham's Partnership for Children. This service provides families subsidized child care and assistance with locating quality services. The program also provides training and technical assistance to child care providers.

**Work First Employment Support Services** - This program provides services, which enables 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.

## 2007-08 ACCOMPLISHMENTS

### Adult Social Work Services

- Taking a leadership role in developing a System of Care for Adults and strategically planning for services for the projected growth in the aging population
- Managed an award-winning web site on adult care homes in Durham County
- Increased # of adults that remain in the community through in-home services

### Child Protective Services

- The repeat maltreatment rate is far below the standard set by the federal government (.9% vs. 6.1%) and below the state as a whole
- Developed innovative partnership to help families access substance abuse services

### Durham's Alliance for Child Care Access (DACCA)

- 97% of children age 0-5 are placed in child care facilities with 3, 4, or 5 star ratings; the average star placement for a child in FY 07 is 3.66.
- 100% of preschool children receiving scholarships are in regulated care



# Social Services-Services

Funds Center: 5300642000

Summary	2007-2008	2006-2007	2007-2008	2008-2009	2008-2009
	Original Budget	Actual Exp/Rev	12 Month Estimate	Department Requested	Commissioner Approved
<b>Expenditures</b>					
Personnel	\$13,791,084	\$12,401,522	\$12,062,444	\$14,596,865	\$14,008,841
Operating	\$22,602,124	\$22,689,063	\$23,016,791	\$22,676,452	\$22,557,794
<b>Total Expenditures</b>	<b>\$36,393,208</b>	<b>\$35,090,584</b>	<b>\$35,079,235</b>	<b>\$37,273,317</b>	<b>\$36,566,635</b>
<b>Revenues</b>					
Intergovernmental	\$29,952,888	\$29,405,894	\$29,530,292	\$29,974,249	\$29,958,102
Contrib. & Donations	\$780,239	\$1,028,118	\$898,493	\$1,007,320	\$794,820
Service Charges	\$2,000	\$1,200	\$2,000	\$2,000	\$2,000
Other Revenues	\$0	\$0	\$854	\$0	\$0
<b>Total Revenues</b>	<b>\$30,735,127</b>	<b>\$30,435,212</b>	<b>\$30,431,639</b>	<b>\$30,983,569</b>	<b>\$30,754,922</b>
<b>Net Expenditures</b>	<b>\$5,658,081</b>	<b>\$4,655,372</b>	<b>\$4,647,596</b>	<b>\$6,289,748</b>	<b>\$5,811,713</b>
FTEs	250.00	250.00	255.00	260.00	258.00

## 2007-08 ACCOMPLISHMENTS (continued)

### Work First Employment Support Services

- Exceeded state goals for adults entering employment (achieved 274 goal 38)
- Exceeded state goal of remaining off Work First for 12 month after leaving for employment (achieved 97% goal 90%)
- Exceeded state goal of remaining employed six months after leaving Work First (achieved 72.73% goal 60%)
- Won a \$150,000 Demonstration grant (second year) geared towards developing innovative efforts to increase participation rate and employment.

### Family Crisis and Adult ACCESS Services

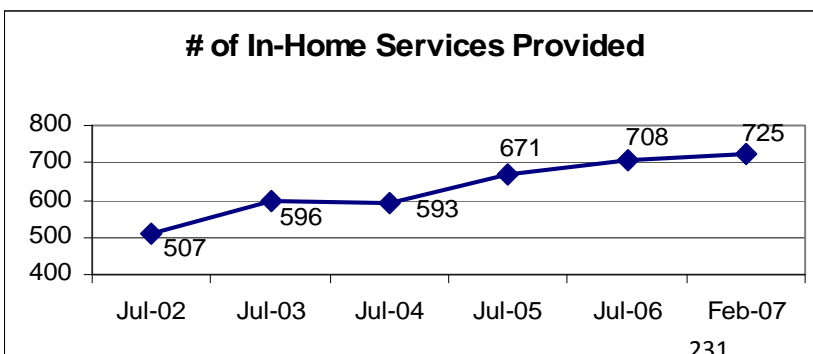
- Developed Food Cards to meet emergency food needs
- Provided heating/cooling and eviction relief assistance to a record high number of families

### Community Initiatives

- Share Your Christmas program in partnership with The Herald Sun and The Volunteer Center of Durham provided gifts, toys, and food to a record 1482 families and 5012 individuals.
- 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

## 2008-09 PEFFORMANCE MEASURES

Performance Measure: # of In-Home Services Provided



**Story Behind the Last Two Years of Performance**

- Since FY 04, Durham County has received an increase in Community Alternative Program (CAP), SA In-Home Demo and Adult Day Care availability.
- Received increased funding for in-home services

**Strategies: What do you propose to do to improve program performance?**

- Participate in planning to meet the needs of the growing aging population.
- Play a leadership role in developing an Adult System of Care network.
- Continue to advocate for additional services and resources for elderly and disabled adults.

**Performance Measure:** Adults who have been abused, neglected or exploited accept services to prevent a reoccurrence of maltreatment

	Referrals received	Evaluations Initiated	Substantiations	Substantiated persons accept services
FY 04	290	164	38	37
FY 05	342	147	35	34
FY 06	273	114	24	23
FY 07	332	146	32	27
FY 08 (projected)	334	168	38	36

**Story Behind the Last Two Years of Performance:**

- Increased proportion of reports involving self neglect and disabled adults with mental health needs.

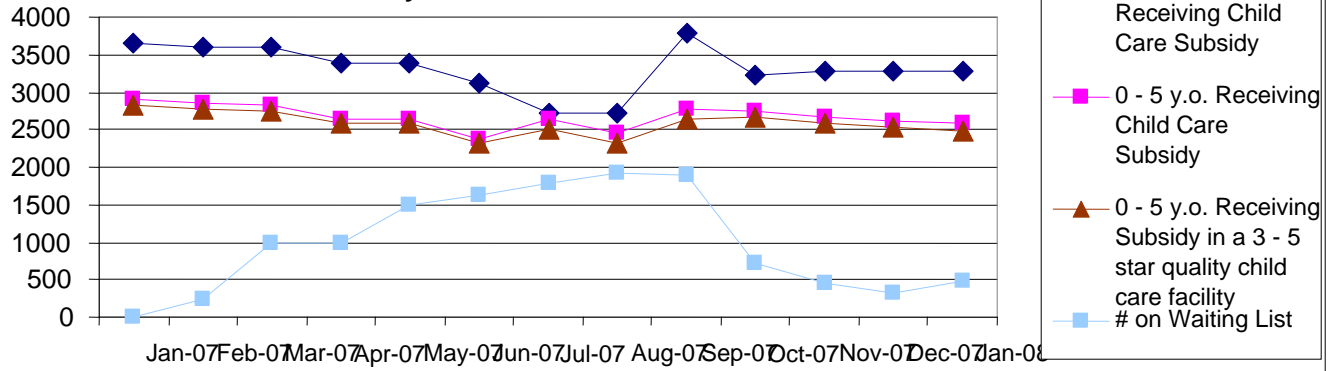
**Strategies: What do you propose to do to improve program performance?**

- Play a leadership role in developing an Adult System of Care network.
- Continue to advocate for additional services and resources for elderly and disabled adults.

Repeat CPS Maltreatment Rate (Goal: < 6.1%)

Review Period	Durham
Jul 2003 – Jun 2004	6.35%
Jul 2004 – Jun 2005	5.93%
Jul 2005 – Jun 2006	3.18%
Jul 2006 –Jun 2007	0.00%

### Durham County Children Receiving Child Care Subsidies and Placement of 0-5 y.o. in 3-5 Star Child Care facilities



---

# SOCIAL SERVICES-PUBLIC ASSISTANCE

---

## PROGRAM DESCRIPTION

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** -This program provides nutrition assistance to eligible families and individuals through an electronic benefit card.

**Medicaid and Health Choice for Children**- This program provides health insurance to eligible families and individuals.

**Work First Family Assistance**- This program provides Work First cash assistance to families to meet their basic needs of food, shelter and medical assistance.

**Child Placement and Support Services** - This provides a continuum of residential and treatment services to children and youth who are placed in agency custody by the court; includes foster care and adoption services.

## 2007-08 ACCOMPLISHMENTS

### Food Assistance

- Exceeded state goals for processing non-emergency applications within 30 days (100% vs. 99%), and processing applications accurately (100% vs. 95%).
- Managed continued caseload increases in Food and Nutrition Services

### Medicaid and Health Choice for Children

- Managed continued caseload increases in Medicaid
- Exceeded state goals for processing applications and re-enrollments timely
- Medicaid Section was reorganized to split the primary functions of Intake and Case Maintenance (09/07)

### Work First Family Assistance

- Exceeded state goals for adults entering employment (achieved 274 goal 38)
- Exceeded state goal of adults remaining off Work First for 12 month after leaving for employment (achieved 97% goal 90%)
- Exceeded state goal of employed six months after leaving Work First (achieved 72.73% goal 60%)

### Child Placement and Support Services

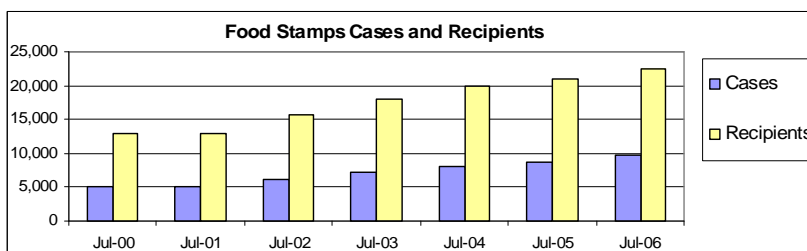
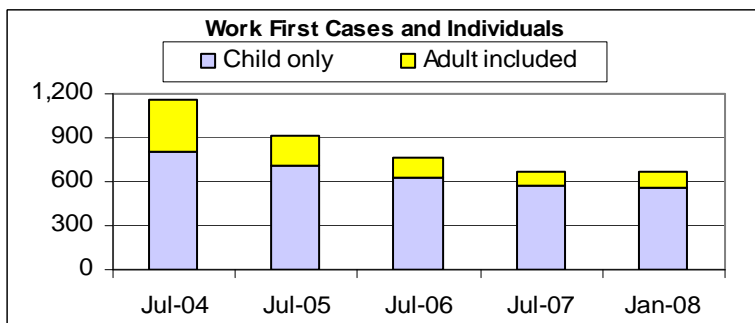
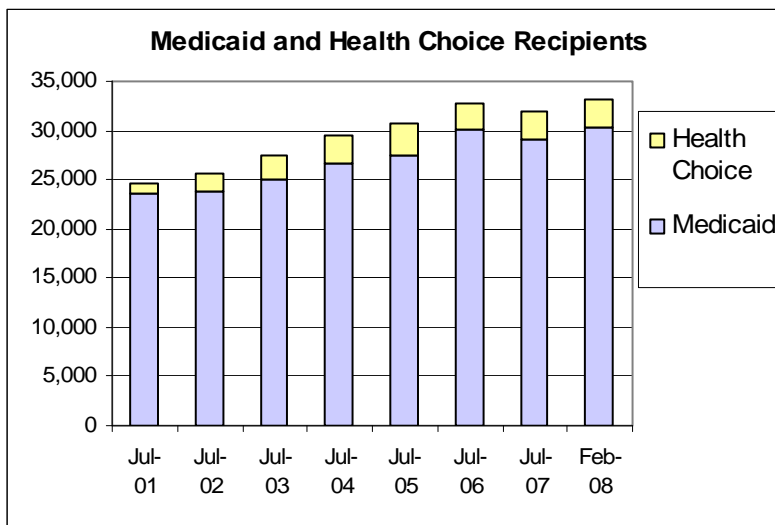
- For children who entered custody in FY 06, 99% of initial placements were in family settings, 94% were placed in family-like settings. For children who entered custody in FY 07, 96% of initial placements were in family settings.
- For all children who entered custody FY 2007, 96% remained in their pre-placement school or child care center. For all children who entered custody Jul 2007 – Jan 2008, 90% remained in their pre-placement school or child care center.
- In FY 07, DSS placed 22 youth in adoptive homes, which is the highest number of placements in the past six years.
- Designed and implemented state's first Child Welfare Kinship Care Program
- Led state in family-based placements for youth in foster care

# Social Services-Public Assistance

Funds Center: 5300643000

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$5,691,338	\$6,233,453	\$5,669,302	\$6,313,546	\$6,238,546
Operating	\$280,086,386	\$309,559,106	\$308,805,752	\$362,061,394	\$336,411,394
<b>Total Expenditures</b>	<b>\$285,777,724</b>	<b>\$315,792,559</b>	<b>\$314,475,054</b>	<b>\$368,374,940</b>	<b>\$342,649,940</b>
<b>Revenues</b>					
Intergovernmental	\$269,099,631	\$295,283,899	\$295,205,576	\$352,574,634	\$327,424,634
Service Charges	\$106,587	\$233,833	\$117,718	\$215,522	\$215,522
Other Revenues	\$0	\$0	\$2,612	\$0	\$0
<b>Total Revenues</b>	<b>\$269,206,219</b>	<b>\$295,517,732</b>	<b>\$295,325,906</b>	<b>\$352,790,156</b>	<b>\$327,640,156</b>
<b>Net Expenditures</b>	<b>\$16,571,505</b>	<b>\$20,274,827</b>	<b>\$19,149,148</b>	<b>\$15,584,784</b>	<b>\$15,009,784</b>
FTEs	134.00	134.00	139.00	139.00	139.00

## 2008-09 PERFORMANCE MEASURES



---

# **SOCIAL SERVICES-CHILD SUPPORT ENFORCEMENT**

---

## **PROGRAM DESCRIPTION**

This program ensures that non-custodial parents provide financial support for their children. This includes location of non-custodial parents, establishment of paternity and enforcement of legal child support obligations.

## **2007-08 ACCOMPLISHMENTS**

- Durham County child support collected a record \$15,823,035 for fiscal year 2006-2007.
- Established paternity in 92.3% of cases
- 83.7% of cases have an order for child support
- Collected 65.3% of current support owed
- Completed the calendar year with the overall ranking at 67, up from 83
- Electronic House Arrest Order revised to review cases every two weeks. This ensures compliance with job search and the monitoring process.

# Social Services-Child Support Enforcement

Funds Center: 5300644000

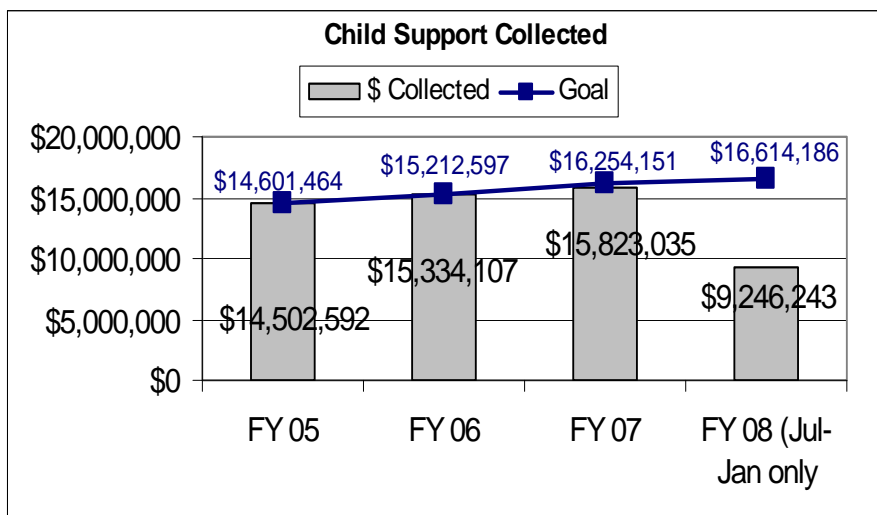
Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$1,843,682	\$1,981,239	\$2,020,070	\$2,228,798	\$2,130,389
Operating	\$289,327	\$327,500	\$286,955	\$267,500	\$267,500
<b>Total Expenditures</b>	<b>\$2,133,009</b>	<b>\$2,308,739</b>	<b>\$2,307,025</b>	<b>\$2,496,298</b>	<b>\$2,397,889</b>
<b>Revenues</b>					
Intergovernmental	\$2,604,878	\$2,630,507	\$2,606,939	\$3,079,097	\$3,029,892
Service Charges	\$5,390	\$0	\$5,400	\$0	\$0
<b>Total Revenues</b>	<b>\$2,610,268</b>	<b>\$2,630,507</b>	<b>\$2,612,339</b>	<b>\$3,079,097</b>	<b>\$3,029,892</b>
<b>Net Expenditures</b>	<b>(\$477,259)</b>	<b>(\$321,768)</b>	<b>(\$305,314)</b>	<b>(\$582,799)</b>	<b>(\$632,003)</b>
FTEs	40.00	40.00	40.00	43.00	40.00

## 2008-09 PERFORMANCE MEASURES

The State has set increasingly aggressive performance goals for the next five years. The charts below show the performance in FY07, year-to-date in FY08 and growth needed between now and FY09.

### Performance Measure: Total Collections

- 2004-2005 goal \$14,601,464 - collected \$14,502,592
- 2005-2006 goal \$15,212,597 - collected \$15,334,105
- 2006-2007 goal \$16,254,151 - collected \$15,823,035
- 2007-2008 goal \$16,614,186



## Performance Measure: Percentage of Current Support Collected

- 2004-2005 Goal 61.9%. Durham County completed the fiscal year at 62%. Factor that contributed to meeting the goal was no staff vacancies.
- 2005-2006 goal 66.50% Durham completed the fiscal year at 63.9%.
- 2006-2007 goal 70.1% Durham completed fiscal year at 65.3%

### Story behind the Last Two Years of Performance:

To enhance program performance in this area the following initiatives were created or enhanced:

- Improved processes for contacting payors at the beginning of the order to determine barriers to paying support.
- Assisted in implementation of pre-trial day for those that have the ability to resolve the case before court.
- Partnered with the Criminal Justice Resource Center to institute the use of the Electronic Monitoring Program as an enforcement tool.
- Focused on timely completion of reports
- Implemented processes to call delinquent payors to request payments (Call for Collections)
- Make calls after hours and on weekends to ensure contact with the non custodial parent NCP)
- Additional court time on Monday afternoons of regular court week

### Strategies: What do you propose to do to improve program performance?

- Partner with Employment Security Commission
- Partner with the Work First Program to send payors and/or potential payors to the training typically offered to TANF recipients.
- Enhance the Electronic Monitoring Process
- Plan and implement a Parent Focus Group and explore child support issues and barriers to paying child support in the Durham Community.
- Additional court time
- Representation on the Implementation committee for New Life Court which begins on 2/18. NCPs will be given the opportunity to participate in a program to find employment, receive life skills training to enhance their employability.
- Serve on the Court Improvement Committee to ensure that child support court needs are met.
- Schedule appointments with NCPs for 'face to face' meetings with the agents

## Performance Measure: Percentage of Cases Paternity is established

	Paternity Estab Rate		Cases Under Order		Collection on Arrears		Collection Rate	
	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal
FY 03	87.53%		71.80%		55.82%		58.1%	
FY 04	85.53%		70.40%		55.11%		59.5%	
FY 05	93.00%	89.80%	74.70%	75.20%	60.00%	59.70%	62.0%	61.9%
FY 06	96.50%	94.00%	81.70%	79.90%	60.30%	64.30%	63.9%	66.5%
FY 07	92.30%	98.30%	83.70%	84.7%	62.20%	68.80%	65.3%	70.1%
FY 08 (Jul-Jan)	89.10%	102.5%	84.30%	89.5%	57.60%	73.40%	66.7%	73.6%
FY 09		106.8%		94.25%		78.00%		77.1%



### **Story Behind the Last Two Years of Performance:**

- In Fiscal Year 2004-2005 the Paternity Establishment Goal was 91.4%. Durham County exceeded the goal at 93%.
  - Staff members focused on the Affidavits of Paternity signed at the hospital by the parents of children born out of wedlock, and used NCXPT Reports and work lists associated with timeliness.
  - Developed a dialogue with the hospital staff that was charged with instructing the parents about the benefits of paternity.
- In Fiscal Year 2005-2006 the Paternity Establishment Goal was 94.0%. Durham County attained a rate of 96.5%.
  - Exceeded the goal by completing genetic testing in the court room.
  - Having the phlebotomist on-site was very helpful in assuring that the tests were completed at the point of request.
  - Continued using reports and work lists associated with timeliness
- 2006-2007 – the Paternity Establishment Goal Is 102.5%.
  - 15 agents have been trained to conduct Paternity Tests on-site and in the court room.
  - Emphasis on using compliance work lists to ensure that cases worked timely

### **Strategies: What do you propose to do to improve program performance?**

- Conduct more group and individual interviews in person
- Contact clients and Non-custodial parents by telephone
- Increase the contacts made with hospital personnel as a way to increase the Affidavits of Parentage completed.
- Inform more community partners of the benefits of early paternity establishment
- Visited Duke and Durham Regional Hospital Birth Certificate staff and were advised of their process and information that they will make available to us if needed
- Manually reviewed all files to determine if paternity at issue and if system coded correctly
- Reviewing Affidavit of Paternity spreadsheet to ensure that all paternity affidavits have been entered in the system

### **Performance Measure: Percentage of cases that have a child support Order**

#### **Story Behind the Last Two Years of Performance:**

- In Fiscal Year 2004-2005 the Paternity Establishment Goal was 91.4%. Durham County exceeded the goal at 93%.
  - Staff members focused on the Affidavits of Paternity signed at the hospital by the parents of children born out of wedlock, and used NCXPT Reports and work lists associated with timeliness.
  - Developed a dialogue with the hospital staff that was charged with instructing the parents about the benefits of paternity.
- In Fiscal Year 2005-2006 the Paternity Establishment Goal was 94.0%. Durham County attained a rate of 96.5%.
  - Exceeded the goal by completing genetic testing in the court room.
  - Having the phlebotomist on-site was very helpful in assuring that the tests were completed at the point of request.
  - Continued using reports and work lists associated with timeliness
- 2006-2007 – the Paternity Establishment Goal Is 102.5%.
  - 15 agents have been trained to conduct Paternity Tests on-site and in the court room.
  - Emphasis on using compliance work lists to ensure that cases worked timely

### **Strategies: What do you propose to do to improve program performance?**

- Conduct more group and individual interviews in person
- Contact clients and Non-custodial parents by telephone
- Increase the contacts made with hospital personnel as a way to increase the Affidavits of Parentage completed.
- Inform more community partners of the benefits of early paternity establishment
- Visited Duke and Durham Regional Hospital Birth Certificate staff and were advised of their process and information that they will make available to us if needed
- Manually reviewed all files to determine if paternity at issue and if system coded correctly
- Reviewing Affidavit of Paternity spreadsheet to ensure that all paternity affidavits have been entered in the system

**Strategies: What do you propose to do to improve program performance?**

- Provide more training to staff members with regard to court processes
- Continue staff processes that impact timeliness and effectiveness
- Advocate for increased access to court and county attorney time
- Second attorney assigned to cover 2<sup>nd</sup> court room and review and sign documents
- Establishment Unit will go to court extra ½ day once per month to increase % of Cases Under Order
- Voluntary Support Agreement (VSA) Day to be scheduled in April – all agents will be assigned to interview NCPs for a Voluntary Support Agreement
- Identify cases that meet closure criteria
- Out of Compliance worklist is highest priority
- Processing Staff trained to assist with client interviews by preparing cases for agents
- Processing Staff enter employment, address and service information in system

**Performance Measure: Percentage of Arrears Collected**

**Story Behind the Last Two Years of Performance:**

- 2004-2005 goal 60.3%. Completed fiscal year at 59.9%.
- 2005-2006 goal 64.3% completed the fiscal year at 60.3%.
- 2006-2007 goal 68.8% completed year at 62.2%
- Program performance in this area is inconsistent
- Projects to increase collection of payments in arrears by calling payors to request payments
- Special court day to request payments
- Completed a project to cleanup outstanding Orders for Arrest
- Collected payments toward arrears
- Court and office negotiations to collect arrears
- Data Warehouse reports, and NCXPTR reports are completed monthly by staff.

**Strategies: What do you propose to do to improve program performance?**

- Plan an amnesty day and invite NCPs to make a payment toward arrears in CSE Office
- March Project to add frequencies to all cases (400) with arrears and no frequency
- Court and office negotiations to collect arrears
- Call for Collections after hours and week-ends
- Mail job listings to unemployed NCPs

This page intentionally blank.

---

# 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, cultural and recreational resources.

## PROGRAM DESCRIPTION

Funding for nonprofit agencies is driven by the mission of the organization.

Included in this cost center are nonprofit organizations 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 organizations are budgeted within this cost center:

- Alliance of AIDS Services-Carolina
- American Red Cross
- AnimalKind, Inc.
- Big Brothers Big Sisters of the Triangle
- Child Advocacy Commission
- Child and Parent Support Services, Inc.
- Child Care Services Association
- Communities in Schools
- Coordinating Council for Senior Citizens
- Durham Community Penalties Program
- Durham Companions
- Durham Congregations in Action
- Durham Council for Children with Special Needs
- Durham County Teen Court and Restitution
- Durham Crisis Response Center
- Durham Literacy Center
- El Centro Hispano
- Genesis Home
- Inter-Faith Food Shuttle
- Milestones Culinary Institute
- Operation Breakthrough
- Planned Parenthood of Central North Carolina
- Project Graduation
- Salvation Army
- Senior PHARMAssist
- Triangle Radio Reading Service
- TROSA
- Women in Action

Detailed funding information on the nonprofit organizations is listed in the appendix.

# Nonprofits – Human Services

Business Area: 5800

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$1,238,713	\$1,423,700	\$1,392,761	\$2,159,646	\$1,571,213
<b>Total Expenditures</b>	<b>\$1,238,713</b>	<b>\$1,423,700</b>	<b>\$1,392,761</b>	<b>\$2,159,646</b>	<b>\$1,571,213</b>
▽ <i>Revenues</i>					
Intergovernmental	\$358,200	\$547,019	\$516,080	\$547,019	\$547,019
<b>Total Revenues</b>	<b>\$358,200</b>	<b>\$547,019</b>	<b>\$516,080</b>	<b>\$547,019</b>	<b>\$547,019</b>
<b>Net Expenditures</b>	<b>\$880,513</b>	<b>\$876,681</b>	<b>\$876,681</b>	<b>\$1,612,627</b>	<b>\$1,024,194</b>
FTEs	0.00	0.00	0.00	0.00	0.00

\*\*The above budget also includes expenditures and revenues for the Juvenile Crime Prevention Council (JCPC) grant in the amount of \$547,019.

---

# OTHER HUMAN SERVICES-COORDINATED TRANSPORTATION SYSTEM

---

## MISSION

The Durham County Center of NC Cooperative Extension helps individuals, families and communities use research based knowledge and county resources to help improve the quality of their lives.

## PROGRAM DESCRIPTION

NC Cooperative Extension is an educational partnership between County Government and our land grant Universities - North Carolina State and North Carolina Agricultural and Technical State Universities 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 our community. Human service agencies and non-profits use this funding to reduce transportation cost 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.

## 2007-08 ACCOMPLISHMENTS

- Provided services for employment, general public and human service passengers.
- Promoted options for mobility service, responsive to the needs of all citizens in the community.
- Provided over 17,456 trips for elderly and disabled passengers.

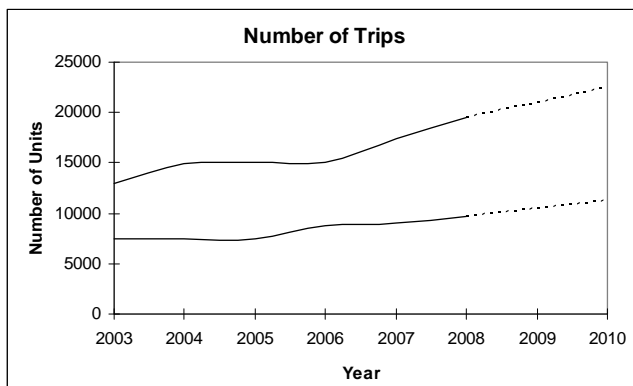
# Other Human Services-Coordinated Transportation Systems

Funds Center: 5800650000

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$95,482	\$97,422	\$99,244	\$103,183	\$103,183
Operating	\$216,713	\$153,000	\$161,256	\$167,350	\$167,350
Capital	\$129,149	\$68,200	\$0	\$117,300	\$117,300
<b>Total Expenditures</b>	<b>\$441,344</b>	<b>\$318,622</b>	<b>\$260,500</b>	<b>\$387,833</b>	<b>\$387,833</b>
<b>Revenues</b>					
Intergovernmental	\$241,625	\$262,500	\$241,556	\$334,800	\$334,800
<b>Total Revenues</b>	<b>\$241,625</b>	<b>\$262,500</b>	<b>\$241,556</b>	<b>\$334,800</b>	<b>\$334,800</b>
<b>Net Expenditures</b>	<b>\$199,720</b>	<b>\$56,122</b>	<b>\$18,944</b>	<b>\$53,033</b>	<b>\$53,033</b>
FTEs	2.00	2.00	2.00	2.00	2.00

## 2008-09 PERFORMANCE MEASURES

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



### Story behind the Last 2 Years of Performance

- Substantial increase in the number of citizens participating in the Elderly and Disabled funding transportation.
- Increase marketing of services increased usage, however funding continues to limit the growth capacity.

### Strategies: What do you propose to do to improve performance?

- Continue collaborative efforts with human services agencies and non-profits to increase service efficiency.
- Completed Transportation Development study between Durham, Wake and Orange counties should provide strategies that will lead to more options for transportation services.

## 2008-09 HIGHLIGHTS

- Budget allows Coordinated Transportation to function at current service levels.
- Budget contains \$117,300 for three (3) new transportation vans that are 90% grant funded.

# COURT ORDERED CHILD SERVICES

## PROGRAM DESCRIPTION

In previous years, funding has been appropriated in this funds center to provide for direct services to juveniles, as ordered by the Court.

However, the County has not spent the funds appropriated in this funds center for the last three years. If the courts should issue an order for the care of a juvenile in Durham County, a budget amendment will be brought before the Board of County Commissioners to fund these services.

Funds Center: 5800680000

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$0	\$150,000	\$0	\$150,000	\$0
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>
▽ <i>Revenues</i>					
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Expenditures</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$0</b>
FTEs	0.00	0.00	0.00	0.00	0.00



# HOMELESSNESS SERVICES

## PROGRAM DESCRIPTION

Homelessness Services consists of funding for the 10-Year Results Plan to End Homelessness and Urban Ministries of Durham.

The 10-Year Results Plan to End Homelessness is based on the philosophy and format of Durham’s Results Based Accountability Initiative. This initiative is a unified commitment to improving outcomes for children, families, and the Durham community as a whole. The Plan is one strategy to help ensure that every citizen in Durham has access to adequate, safe, and affordable housing. The Plan also incorporates Durham County’s award-winning System of Care model—which is an integrated network of community services and resources supported by active teamwork among families, professionals and the community. Finally, the Plan uses and builds on the existing resources of various service agencies by reinvesting and redirecting current resources including the Community Assistance Database/Homeless Management Information System developed by the County. The 10-Year Results Plan to End Homelessness is contracted to receive \$67,790 in funding for fiscal year 2008-09.

The mission of Urban Ministries of Durham is to provide food, clothing, shelter and supportive services to neighbors in need. Durham County supports the Community Shelter at Urban Ministries of Durham, which houses 81 beds for men, 30 for women, and 9 rooms, each with a private bath, for families. In emergency situations the shelter can house up to 175 people. The organization also offers a Community Kitchen, a Food Pantry and Clothes Closet, and programs in addiction recovery and job training. Urban Ministries of Durham is contracted to receive \$145,000 in funding for fiscal year 2008-09.

**Funds Center:** 5800273100

Summary	2006-2007 Actual Exp/Rev	2007-2008 Original Budget	2007-2008 12 Month Estimate	2008-2009 Department Requested	2008-2009 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$0	\$0	\$0	\$215,241	\$212,790
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$215,241</b>	<b>\$212,790</b>
▽ <i>Revenues</i>					
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$215,241</b>	<b>\$212,790</b>
FTEs	0.00	0.00	0.00	0.00	0.00

This page intentionally blank.