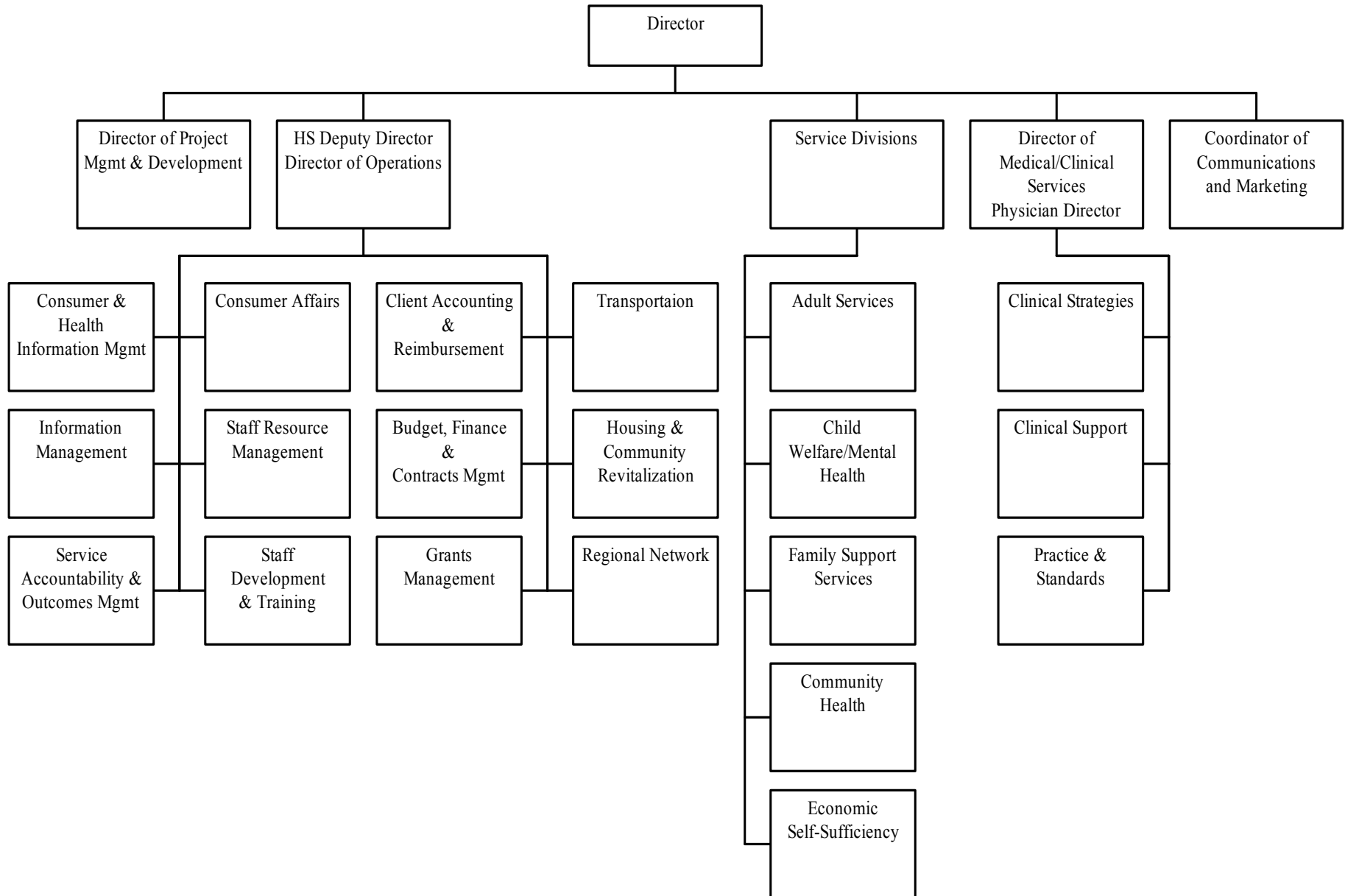


Human Services



Human Services

Department Summary

	FY 2003 Actual	FY 2004 Adopted Budget	FY 2004 Current Budget	FY 2005 Adopted Budget
Personal Services	\$ 76,545,401	79,999,413	83,667,559	84,768,732
Operating Expenses	113,868,145	122,566,200	126,377,647	130,497,696
Capital Outlay	389,323	666,704	734,453	506,638
Expenditure Totals	\$ 190,802,869	203,232,317	210,779,659	215,773,066
Intergovernmental Revenue	\$ 86,251,659	89,114,277	93,185,731	94,413,997
Fees & Other Revenues	42,906,201	47,300,068	47,800,412	52,394,580
Revenue Totals	\$ 129,157,860	136,414,345	140,986,143	146,808,577
Number of FTEs	1,615.70	1,644.70	1,667.70	1674.70

Department Description

The work of Wake County Human Services (WCHS) is about improving the quality of life for the people of Wake County. Since its inception as an integrated Human Services organization, the agency has articulated a clear commitment to the value of cultural competence, which at its core equates to unconditional respect for all people, a practice also known as “customer service”. Translating those values into practice is challenging, but given the increasingly-diverse populations WCHS serves, it has never been more critical that the agency meets the challenge successfully.

Wake County Human Services will promote a healthy and safe place to live, grow and work. In partnership with communities and other or-

ganizations, it will enhance the ability of families and individuals to become self-sufficient to their greatest ability while ensuring quality care for those individuals unable to achieve self-sufficiency.

During 1999, Human Services set about its mission by adopting twelve outcomes to guide its work. The selected outcomes were intentionally broad and long-range to provide consistency for WCHS over a period of years. Progress on each of these outcomes can be measured with a number of shorter-range indicators.

1. Women and families will have healthy, planned births.
2. Families will support their children's successful development.
3. Children will be ready for school.
4. Children and youth will be successful in school.
5. Children and vulnerable adults will not experience abuse or neglect.

Human Services

6. Youth will make healthy decisions.
7. Children removed from their parents will have a permanent home.
8. The elderly and individuals with severe, chronic disabilities will live as independently as possible.
9. Parents will financially and medically support their minor children.
10. People will find and maintain employment.
11. People will have safe, affordable housing.
12. Individuals, families, and communities will have improved physical and behavioral health.

Human Services achieves outcomes through programs and services managed in eight operational units. These operational units were reorganized in the late 90's from the previous departmental agencies of Public Health, Mental Health, Social Services, Affordable Housing and Child Support Enforcement. The consolidated Human Services agency now acts as a single department under the county manager, receiving counsel and policy direction from a 24-member Human Services Board of Directors.

List of Major Services

Table 1: Adult Services

Adult Care Homes	Adult SA Outpatient Services
Adult Detox Services	Adult Substance Abuse Partial Hospital
Adult Economic Services	Adult Substance Abuse Residential Services
Adult In-Home	Crisis Services
Adult Inpatient Services	Developmental Disability Periodic
Adult Mental Health Outpatient	Developmental Disability Residential
Adult Mental Health Partial Hospital	Developmental Disability Vocational
Adult Mental Health Residential Services	Psychosocial Rehabilitation
Adult Protective Services	Representative Payee Services

Table 2: Child Welfare and Child Mental Health

Adoption Assistance	Clinical Sex Abuse
Child Mental Health/SA Assessment	CMH/Substance Abuse Res. Serv.
Child Mental Health/SA Case Mgmt.	Family to Family
CMH/SA Outpatient & Community Services	Foster Care
Child Protective Services Intake/ Investigation	Therapeutic Homes
Child Protective Services Treatment	

Table 3: Clinic Services

Child Health	Maternal Health
Dental	Pharmacy
Lab	Women's Health Clinic

Table 4: Community Health

Communicable Disease	HIV/STD Community Clinic
Community Initiatives	HP/Disease Prevention
Community Resource Management	Migrant Health
Disaster Response	Pediatric Developmental Surveillance 0-5
Employee Health/Occupational	Vital Records
Epidemiology	Volunteer Services

Table 5: Economic Self Sufficiency

Child & Family Medicaid	Job Link & Work First Investment Act (WIA)
Child Support Enforcement	Pro-Familia (PF)

Human Services

Cornerstone/Supported Housing	South Wilmington Street Center (SWSC)
Emergency Programs	Supported Employment (SE)
Energy Programs	Veterans Services
Food Assistance	WCHS Call Center
Housing & Community Revitalization (HCR)	Work First
Housing Resource Center	Working for Kids (WfK)

Table 6: Family Support

Child Care Subsidy	Ready to Learn
Child Services Coordination	School Based Mental Health
Early Intervention	School Nursing/Dental
Education, Community, Health Outreach (ECHO)	Wake House
Family Support	WIC
Maternal and Child Health	Youth Services-Healthy Behavior/Comm. Dev.
Partnership for Educational Success (PES)	Youth Services-School Age Care
Child Care Subsidy	Ready to Learn
Perinatal Substance Abuse Services	

Table 7: Operational Support

Adult Guardianship	Transportation
Operations	

Table 6: Regional Networks

Southern Regional Center	Eastern Regional Center
Northern Wake Health & Mental Health Clinic	Western Wake Mental Health Clinic

Priorities

Multiple strategies, interventions and services are aimed at achieving the outcomes stated in the department description above. Setting priorities based on criteria provides focus for specific initiatives. Six key questions must be answered:

1. What is the documented need?
2. Are results attainable and do they have significant impact?
3. What are the consequences of not addressing the issues?
4. Is there alignment with the department's mission, service characteristics and outcomes?
5. Will the strategy grow capacity in partnership with individuals, families, community and agency?
6. Is there an ongoing plan for measuring progress, results, and/or accountability?

Additional strategic factors that are considered in setting priorities include urgency, alignment with County priorities, community support, political interest, available funding, and, increasing demand. The programs, projects and services that meet the stated priorities are as follows:

General Health of Community

- Implement Local Mental Health, Developmental Disabilities and Substance Abuse Services Redesign
- Create Bio-terrorism Response/Disaster Preparedness
- Reduce the Prevalence of Obesity
- Reduce the Prevalence of Alcohol, Tobacco and Other Drug Use

Human Services

Disparities

Improve Services to Persons with Limited English Proficiency
 Continue to Advance Regional Networks
 Increase Affordable Supported Housing

Success of Vulnerable Populations

Expand and Institutionalize Partnership for Educational Success
 Improve Child Welfare Practices (includes protective services, foster care and adoptions).
 Connect Persons with Developmental Disabilities to Needed Services

Business Practices

Design and Implement Technology Solutions
 Support Assurance Role for Contracts and Fiscal Management
 Provide Highest Level of Customer Service
 Integrate High Performance Leadership
 Enhance Capacity in Community Organizations

Division Summary - Adult Community Support Services & Emergency & Adult Health Services

	FY 2003 Actual	FY 2004 Adopted Budget	FY 2004 Current Budget	FY 2005 Adopted Budget
Personal Services	\$ 18,316,460	18,723,949	19,225,848	19,367,270
Operating Expenses	2,943,475	23,367,766	23,370,037	25,816,015
Capital Outlay	154,616	5,000	5,000	0
Expenditure Totals	\$ 21,414,551	42,096,715	42,600,885	45,183,285
Intergovernmental Revenue	\$ 17,509,407	18,205,328	18,357,525	18,745,870
Fees & Other Revenues	10,852,713	11,414,052	10,846,792	13,352,088
Revenue Totals	\$ 28,362,120	29,619,380	29,204,317	32,097,958
Number of FTEs	358.50	354.50	354.50	354.50

Human Services

Highlights of FY 2004

Adult Services

Adult Substance Abuse

- The North Carolina Council of Community Programs recognized the Wake County Adult Substance Abuse (SA) Services with the Runner-up Award for the annual Programs of Excellence Award.
- The Division of Facility Services reviewed adult SA Services and no deficiencies were cited.
- As part of MH Reform, the Adult SA Services has successfully outsourced Court Services to a private agency, transferred service responsibility of the Federal Probation/Parole grant to private provider, established an Alumni Group for former patients, established a Substance Abuse Advocacy Group, developed a Provider Network Committee and Steering Committee including representation from the ABC Board, and hired a staff person to develop the provider network and to monitor contracts.

Adult Mental Health

- Implemented a provider network for pharmacies serving IPRS-funded clients. This service enables uninsured and under-insured clients to obtain affordable medication for their psychiatric illnesses.
- Identified programs for a renovated Hargett Street center, renamed AA Thompson Center.
- Integrated adult-child MH-SA services at the Eastern Regional Center. Services began in April 2003.
- Expanded gero-psychiatric services in Western region of Wake County.
- Exceeded targets for bed day reduction from long-term and geriatric beds at Dix Hospital. Developed new residential treatment facility with 10-bed capacity, through contract with RHD, for clients with long-term mental illness.

Developmental Disability Services

- 124 people were removed from the developmental disability services waiting list.

- 81 people were removed from the waiting list for case management.
- Implemented a formalized quarterly monitoring of critical incidents, deaths and use of restraint/seclusion.
- Developed internal capacity to provide consultation and supports to agencies for Autistic Spectrum Disorders.

Senior Services

- Served a total of 5,847 clients (7% more than projected).
- Reduced the number of adults waiting for services by 50%.
- Determined inadequacies in available services; grouped these gaps/inadequacies into six focus areas: transportation, housing, economic self-sufficiency, safety, personal care and health.
- Developed “Issue Teams” in collaboration with community partners to define strategic steps to be taken in each of the six focus areas.

Key Issues for FY 2005

- Mental Health Reform will lead to changes in business practices. The department will move from providing services internally to contracting for services. It will authorize and manage utilization of services, provide technical assistance for contract providers, develop a provider network and coordinate services to meet the demand of Wake County citizens.
- Wake County’s Aging Plan will be addressing service capacity, fragmentation in the method of service delivery, lack of collaboration between service providers, community apathy about long-term care issues, lack of a single portal process to enter the long-term care system and under-informed consumers. The Senior Aging Plan will be addressing these challenges within the context of six broad issue areas: housing, transportation, health, safety, economic self-sufficiency and personal care.

Human Services

ACSS & E&AHS (continued)

Horizon Issues in FY 2006 & FY 2007

- Pursue Mental Health Reform, making the agency an assessor of care rather than a provider of care.
- Keep pace with population growth and the number of cases that

need coordination of care.

- Maintain and enhance a provider network that monitors the quality of care given by the County's contracted partners.
- Improve business practices to continue meeting state requirements for prompt payment and reporting.
- Assess programs and services that have a potential for being provided by the private sector.

Division Summary -Economic Self-Sufficiency

	FY 2003 Actual	FY 2004 Adopted Budget	FY 2004 Current Budget	FY 2005 Adopted Budget
Personal Services	\$ 13,695,993	12,583,963	13,798,650	13,948,557
Operating Expenses	20,807,372	23,205,901	23,461,034	22,369,478
Capital Outlay	27,930	22,638	84,138	14,138
Expenditure Totals	\$ 34,531,295	35,812,502	37,343,822	36,332,173
Intergovernmental Revenue	\$ 10,935,159	10,385,858	10,644,230	11,288,006
Fees & Other Revenues	704,139	654,334	689,614	771,657
Revenue Totals	\$ 11,639,298	11,040,192	11,333,844	12,059,663
Number of FTEs	321.80	321.80	329.80	329.80

Highlights of FY 2004

- The purpose of the Child Support Enforcement (CSE) program is to ensure that non-custodial parents support their children. As of June 30, 2003, the Wake County Child Support Enforcement Office collected over \$26 million in financial support for 18,228 children in

Wake County. At mid-point of FY 2004, \$13.6 million has been collected in financial support for 17,742 children. In addition, \$68,300 has been collected in Medicaid cost avoidance as a result of child support enforcement involvement.

Human Services

Economic Self Sufficiency (continued)

- Food Assistance, also known as Food Stamps, enables low-income families to purchase food with an Electronic Benefit Transfer (EBT) card. For the second year in a row, the number of Food Assistance recipients in Wake County increased by an of averaged a 17%. Wake County has issued \$18,340,378 in Food Assistance. As of December 2003, Food Assistance was issued to 36,229 Wake County recipients.
- The Children's Access Team collaborated with WakeMed to serve any uninsured child that came through the hospital's emergency room. This collaboration enrolled 1,744 children into health insurance coverage. In addition, the Children's Access Team worked closely with WakeMed to identify insurance options for cost coverage of newborn deliveries.
- The Wake JobLink Career Center has served 1,568 job-seeking customers, who made approximately 10,559 visits. The decreased numbers of job seekers and visits to the JobLink Center may be an indicator that the local economy has started to improve.
- Wake County's Work First Program is exceeding State established goals for benefit diversions, employment, and percentage of participants maintaining employment and remaining off Work First.
- Wake County budgeted \$1,000,000 in Capital Improvement Program (CIP) funds to help develop new affordable housing opportunities. In FY 02-03, Wake County's partnership with the Downtown Housing Improvement Corporation (DHIC) resulted in the development of Lennox Chase, a supportive housing community of 36 studio apartments, designed for single adults earning less than 30%, 35% and 50% of the area median income. Lennox Chase opened in November 2003 and introduced relaxed application criteria for individuals of low-income, who may have poor credit or criminal histories but have demonstrated positive efforts to address and correct these problem areas. Working in partnership with DHIC, Wake County Human Services provides supported housing services on-site to residents of Lennox Chase.

Currently, all 36 studio apartments are occupied.

- Effective June 1, 2003, the White Flag initiative was expanded to include the summer months of June, July, August, and mid-September. Summer White Flag targets homeless persons who are medically at-risk due to significant respiratory or cardiac disease and who need shelter from extreme heat. Persons who are medically at-risk are evaluated at Horizon Health Center, an office of Wake Health Services, Inc., and then given a card indicating their participation in the MARS (Medically At-Risk in the Summer) Program.
- Introduced the "auto-attendant" voice reception for the WCHS Call Center in June 2003. During the month of January 2004, the Call Center answered 55,893 calls. The auto-attendant handled 33% of these calls through self-service menu options. The call answer rate of the WCHS Call Center has improved to 94% and the auto-attendant is credited with an efficiency rate equivalent to 3.8 staff.

Key Issues for FY 2005

- Continued caseload growth in economic public assistance programs.
- Bi-lingual staff in program areas to improve services to persons with limited English proficiency.
- Development of a 10-year action plan to end homelessness.
- Implement a web-based Homeless Management Information System (HMIS) to provide a tracking mechanism for the County's network of emergency shelters and community service providers.
- Mental Health Reform and the establishment of a management structure for Wake County.

Human Services

Economic Self Sufficiency (continued)

Horizon Issues in FY 2006 & FY 2007

- The downsizing and relocation of State-operated psychiatric hospitals will require a local mental health inpatient unit for Wake County. Medicaid qualified facilities are essential for the economics of providing inpatient mental health services to Wake County citizens.

- Anticipate the need for increased supported housing services, as housing developers require service linkage for set-aside access to affordable housing units.
- Anticipate continued increase in service demand for economic programs in response to continued population growth and increased cost of living in Wake County. Of specific concern will be the projected increase in numbers of uninsured families.

Division Summary - Community Health

		FY 2003 Actual	FY 2004 Adopted Budget	FY 2004 Current Budget	FY 2005 Adopted Budget
Personal Services	\$	5,980,993	7,200,490	7,526,679	7,710,825
Operating Expenses		2,981,570	3,112,892	3,732,046	4,047,055
Capital Outlay		32,644	0	0	0
Expenditure Totals	\$	8,995,207	10,313,382	11,258,725	11,757,880
Intergovernmental Revenue	\$	3,549,000	3,268,795	3,947,286	3,999,415
Fees & Other Revenues		1,883,966	2,315,376	2,315,376	2,264,396
Revenue Totals	\$	5,432,966	5,584,171	6,262,662	6,263,811
Number of FTEs		139.90	143.90	146.90	146.40

Highlights of FY 2004

- Experienced a continued decline in Wake County's syphilis rate (there have been no congenital syphilis cases in three years).
- Provided management and staffing for shelters during the 2003 ice

storm and during Hurricane Isabel.

- Implemented school-based and community-based physical activity and nutrition programs.
- Expanded cholesterol, blood pressure, and body fat screening programs.

Human Services

Community Health (continued)

- Provided consultation and assistance to the Juvenile Crime Prevention Council in the development of a Latino Forum for 125 individuals (youth and adult).
- Facilitated the community strategy to include faith groups as partners in Foster Care and Adoption.
- Developed process for enhancing the capacity of community organizations.
- Completed a Body Mass Index study in 6 East Wake Elementary schools that involved 544 third grade students. It was found that 49% of children were at risk of overweight or were overweight, twice the State average.
- Implemented a Breast and Cervical screening program for women ages 40-65. Over 212 women were served, and two cases of breast cancer were diagnosed early.
- Served as a regional training site for the PACE program (People with Arthritis Can Exercise). Over 30 Wake County agency and community staff representing hospitals, parks and recreation, and YWCA/ YMCA were trained. It is expected that over 1800 seniors in Wake will benefit from this program.
- 95% of TB cases completed an American Thoracic Society (ATS)/ Centers for Disease Control and Prevention (CDC) recommended treatment regimen.
- Implemented programs to assure 100% appropriate vaccination coverage levels for kindergartners and 90% vaccination for 2 years olds.
- Placed 302 volunteers placed through Volunteer Services with 12,290 volunteer hours worth \$197,255.
- Provided influenza vaccinations to over 900 staff, including retirees.
- Provided employee health services in the immunization clinic to 653 Wake County employees.
- 100% of the 150 childcare centers receiving child health consulta-

tions became immunization compliant. Over 18,000 children were served.

- 65% of HIV clients in stable housing; 97% were eligible for Medicaid.

Key Issues for FY 2005

-
- Continue to re-work plans, train staff and exercise plans for disaster response.
- Transfer Vital Records to Register of Deeds.
- Seek resources to address issue of obesity and health promotion.
- Develop an eye care and education initiative for the uninsured/ under-insured.
- Increasing case load of HIV clients; increasing clinic visits in the STD Clinic.
- Increasing cost of medical supplies.
- Continuing need to provide culturally-competent and linguistically-appropriate services.

Horizon Issues in FY 2006 & FY 2007

- Anticipate 20% yearly reduction in grant revenues for Project DIRECT, a diabetes prevention program currently funded by the Department of Health and Human Services,.
- The termination of the Syphilis Elimination Grant will require County funds to continue the program.
- Increasing demand of mental health/substance abuse screening, counseling, and treatment with STD and HIV clients, especially Spanish speaking clients.
- Increasing number and complexity of communicable diseases.
- Need for partnerships to address disparities and increasing chronic diseases in specific populations.

Human Services

Division Summary - Family & Youth Success

	FY 2003 Actual	FY 2004 Adopted Budget	FY 2004 Current Budget	FY 2005 Adopted Budget
Personal Services	\$ 28,489,504	28,027,071	28,145,145	29,347,993
Operating Expenses	59,694,482	63,618,157	66,920,986	70,022,507
Capital Outlay	52,453	9,500	9,500	9,500
Expenditure Totals	\$ 88,236,439	91,654,728	95,075,631	99,380,000
Intergovernmental Revenue	\$ 48,375,809	49,243,979	52,551,490	52,935,784
Fees & Other Revenues	25,723,978	29,727,503	30,094,039	33,053,432
Revenue Totals	\$ 74,099,787	78,971,482	82,645,529	85,989,216
Number of FTEs	518.54	546.20	558.70	565.70

Highlights of FY 2004

Child Welfare & Child Mental Health

- By December 2003, had successfully increased foster homes to 178. Since July 2002, over 93% of children entering foster care have been placed in Wake County.
- Formed a partnership with St. Augustine's College and, even more importantly, with 30 local churches to recruit foster parents and to support families at risk.
- Child Mental Health and Substance Abuse program managers re-structured their duties to focus on the development and assurance of effective community based services from external providers.
- Child Mental Health joined the Raleigh Police Department's (RPD) successful application for a grant for joint training and joint re-

sponse to children witnessing domestic violence.

Clinical Strategies

- Experienced record low infant mortality and closed the disparity gap between white and non-white rates; increased percentage of children receiving scheduled periodic health assessments, and decreased prevalence of dental disease.
- Improved recruitment and retention of bilingual and bicultural front line providers.
- Implemented clinical "best practices," including screening for developmental and behavioral concerns in childhood, Pap-smear cancer screening, restorative dental care, and laboratory testing.

Human Services

Family and Youth Success (continued)

Enhanced collaboration with child welfare and child mental health services to assure availability and integration of physical health screening, assessment and treatment

Family Support

Success of Vulnerable Populations

- Expanded PES successfully to 23 schools in the southern/eastern regions, including 138 families/267 children. Children showed improved educational outcomes and families showed greater involvement.
- Served 190 PES children and youth with summer programs at eight sites, including Garner and Fuquay-Varina High Schools, through the Making Magic program.
- Opened Tender Health Care, which provides the necessary nursing, therapy and education for nine children who are medically fragile, in the spring of 2003. Tender Health Care is a collaborative project with WCHS, NC Division of Public Health, Easter Seals of NC, NC Division of Child Development, Methodist Home for Children and others to create a child care for children birth to five who have special health care needs or who are technology dependent.

General Health of the Community

- Strengthened youth substance abuse prevention efforts by implementing evidence based group services (services that the specific literature has established as effective) for youth identified as high risk for abusing substances. The programming, provided in collaboration with Cooperative Extension and South Light, will serve over 200 high-risk youth annually when fully implemented.
- Implemented the Casaworks, a program designed to help women abstain from drug use and become gainfully employed, in the southern region. WCHS partners with Robeson Health Care to operate the facility. The program, which is one of eight in the state, represents collaboration and integration to accomplish multiple

outcomes. Program outcomes indicate that residents complied with treatment and over 70% of all women entering the program became gainfully employed.

Disparities

- Served 228 families, 50% of them Hispanic, with significant outcomes related to improved access to physical and mental health care and to services to support healthy development and educational success through the Education, Health, and Community Outreach Team (ECHO).

Business Practices

- Completed the Fully Automated Child Care Subsidy system (FACCS) design and software development. This is a significant prototype for HS and for other counties and will be implemented in FY 03/ 04. This Internet-enabled system permits electronic attendance sheets from child care providers, building community capacity for small business owners.
- Completed software development and implemented electronic nutrition care plans for the WIC Program. This software reduces errors, facilitates access to information, and saves staff time.
- Brought eight youth providers in the southern region together and significantly expanded the regional capacity to serve a vulnerable population of school age children through the Making Magic program.

Human Services

Family and Youth Success (continued)

Key Issues for FY 2005

- Implement process improvements in services for overlapping client populations. Encourage use of automation tools to improve collection and reporting of performance data.
- Continue working to meet increases in service demands from Hispanic families.
- Continued growth in student population will challenge the school nurse program. Access to County computer information through the Internet will improve the nurses' efficiency.

Child Welfare & Child Mental Health

- Continuation of the Family-to-Family grant funded program that involves the community and family members in solving child protection issues.
- Child Welfare will collaborate closely with community stakeholders to plan implementation of the multiple response system.
- Child Mental Health, together with Adult Services and Operations, will continue to work on implementing Wake County's local business plan for mental health services.
- Staffing needs to operate a Local Managing Entity and implement Mental Health Reform will be met through reassignment of current positions.

Clinical Strategies

- Continued and steady growth of 4-6% annually in under-insured and uninsured persons seeking care for well and sick children, prenatal and postpartum care, pre-pregnancy counseling, contraception, and cancer screening services.
- Continued growth and increased diversity in immigrant residents seeking clinical services and further stretching our ability to

provide individuals the culturally appropriate care in native language compliant with Title VI of the Civil Rights Act.

- Increased expectations, under the Carolina Access II Medicaid managed care program, for improved case management of children to better provide a medical home, improve care management of chronic diseases (e.g., asthma, diabetes, seizure disorders, etc.) and decrease excess emergency room utilization and costs.
- Continued need to increase identification, referral, and enrollment of children in Early Intervention programs and services.
- Growing need to extend current services to traditionally served populations who currently "age-out" of eligibility, especially troubling for women who, without our clinical services, are unable to access cancer screening and health promotion services.
- Increased difficulty in providing dental prevention and education programs previously targeted to elementary school campuses with higher percentage participation in the free and reduced lunch program, as the Wake County Public Schools use economic indicators to achieve school diversity,
- Increasing complexity of drug treatment regimens for tuberculosis, HIV/AIDS, and persons with severe and persistent mental illness, requiring facilitated enrollment in patient assistance programs and increased pharmacy oversight of dispensed medications.
- Increased availability of new but more expensive technology and techniques in laboratory testing that improve accuracy and decrease turn-around time for results.
- Anticipated impact of Sunnybrook facility renovations on clinical services, both those now located off-site in rented space and those co-existing with construction.
- Possible erosion in Medicaid receipts for clinical services as ineligible immigrant and resident populations seek care.

Human Services

Family and Youth Success (continued)

Horizon Issues in FY 2006 & FY 2007

Child Welfare & Child Mental Health

- Growth in the number of reports of child abuse and neglect. continue efforts to meet state standards for investigation and reporting. Pursue strategies that protect children and maintain the integrity of the family whenever possible.
- Mental Health reform will cause the reassignment of current positions. Additional local funds are required to purchase needed services.

Clinical Strategies

- Impact of poverty and economic forces that increase the cost of private health insurance, increasing the reliance on public health care providers.
- Continued growth and diversity in immigrant and resident populations, not limited to Latinos and including populations from Asia, Eastern Europe, and West Africa.
- Possible Statewide implementation of enhanced Medicaid coverage for women of child-bearing age, to encourage pre-pregnancy counseling, contraception, and timely cancer screening.
- Initiation of targeted screening and treatment of common mild-to-moderate mental illness to blunt anticipated impact of funding restrictions and less inclusive eligibility for public services.
- Continued impact of Sunnybrook facility renovations.

Family Support

- The state of North Carolina, Division of Women's and Children's Health, is in the process of reforming the state's early intervention delivery system. This will require a shift from County mental health oriented services to the Children Developmental Services Agency (CDSA). The stakeholders in Wake County with input from the

Local Interagency Coordinating Council have submitted a plan to the Division. The local plan calls for incremental implementation to be completed by July 1, 2005 (pending state approval). During the transition, we anticipate that the CDSA will contract with Wake County Human Services for some case management and direct services and some administrative functions. There is a potential reduction in County staff as a result of early intervention reform

Human Services

Division Summary - Regional Centers

		FY 2003	FY 2004	FY 2004	FY 2005
		Actual	Adopted	Current	Adopted
			Budget	Budget	Budget
Personal Services	\$	0	4,813,553	5,673,600	5,776,141
Operating Expenses		0	513,723	594,157	601,005
Capital Outlay		0	0	6,249	5,000
Expenditure Totals	\$	0	5,327,276	6,274,006	6,382,146
Intergovernmental Revenue	\$	0	609,783	609,783	610,283
Fees & Other Revenues		0	404,239	404,239	420,039
Revenue Totals	\$	0	1,014,022	1,014,022	1,030,322
Number of FTEs		0.00	118.20	118.20	118.20

Highlights of FY 2004

Southern Regional Center

Many new initiatives have been added this year, including:

- A blended Child Welfare team, which includes Child Placement Services, Child Protective Services - Treatment and Investigations, was assigned to SRC.
- The Wake County Sheriff's Office has located six deputies in the Center. The Sheriff's presence will present a much-needed service for the community members in the Region.
- Implemented Adult Protective Services to protect disabled adults who are abused, neglected or exploited.
- Began development of a Speakers Bureau to better inform and connect resources to the community.

- Developed a family support group to increase assistance for families that have members with mental illness.
- Began full-time lab services.
- An 18% increase in Food Assistance
- An 18% increase in Family Medicaid/NC Health Choice.
- A 21% increase in Adult Medicaid recipients.

Human Services

Regional Centers (continued)

Eastern Regional Center

Services at ERC are experiencing a growing demand since opening in November 2002. Highlights include:

- A medical room was renovated to allow for a pharmacy and an injection room.
- Food Assistance cases increase by 33%.
- Work First cases increased by 39%
- Adult Medicaid enrollment has grown by 27%
- Family Medicaid enrollment has increased by 64%
- These new services began this year at ERC: Housing Weatherization Services, Joblink Support Services, and Adult Protective Services.

Key Issues for FY 2005

Regional Centers

- Support Educational Success initiatives focusing on successful

employment results.

- Expand rural development strategies to include support of community coalitions and partnerships.
- Help clients with mental health crises maintain support through the provider network as an alternative to hospitalization.
- Enhance Child Support Enforcement services, providing full time coverage.

Horizon Issues in FY 2006 & FY 2007

Regional Centers

- Shifting of mental health care from an institutional setting to community-based care. The shift will require identification of new strategies and resources to meet the needs of clients who previously received inpatient treatment.
- The Centers will continue to face growing demand for services.

Human Services

Division Summary - Resource Management

	FY 2003 Actual	FY 2004 Adopted Budget	FY 2004 Current Budget	FY 2005 Adopted Budget
Personal Services	\$ 10,062,451	8,650,387	9,300,137	8,617,946
Operating Expenses	8,441,246	8,747,761	8,296,888	7,641,636
Capital Outlay	121,680	629,566	629,566	478,000
Expenditure Totals	\$ 18,625,377	18,027,714	18,226,591	16,737,582
Intergovernmental Revenue	\$ 5,882,284	7,400,534	7,075,417	6,834,639
Fees & Other Revenues	3,741,404	2,784,564	3,450,352	2,532,968
Revenue Totals	\$ 9,623,688	10,185,098	10,525,769	9,367,607
Number of FTEs	158.10	160.10	160.10	160.10

Highlights of FY 2004

Operations

Information Management Unit

- Implemented a Service index, a single source of service related information available to clients via the Internet.
- Implemented a Child Care Subsidy Automation System.
- Implemented nutrition planning software for WIC services.
- Performed a total of 8 system upgrades for the Patient Care Management System (PCMS) in the Community Health arena and a total of 12 system upgrades for the Uni/Care System in the Mental Health arena.

Staff Development

- 540 employees trained in 23 different events.
- 364 employees participated in 12 team-building retreats.
- 130 community partners participated in 6 events.

Administration

- Continued improvements in automated financial reporting models and the maintenance of the department's on-line Fiscal User Guide has streamlined many daily tasks and enabled services staff to become more self-sufficient, resulting in increased efficiencies.
- The consumer enrollment process was drastically streamlined (both for internally and externally provided services) which resulted in cost savings (number of forms reduced, staff time reduced, etc.) as well as reduced the time to enroll the consumer.

Human Services

Resource Management (continued)

- Wake County Human Services has over 1400 expenditure contracts, grants, and memorandum of agreement with partners, agencies, and vendors. The contracts represent over \$87,733,909 in purchased services, accounting for approximately 42% of the total operating budget. The number of expenditure contracts decreased, because of redesign of the contract template requiring fewer contract addenda and better budget planning.
- Five (5) FTE Guardianship Practitioners with caseloads of 34 to 38 wards each serve 180 wards internally. Aging Family Services, a contractor, serves an additional 76 wards, while a second contractor, Area Services and Programs, serves an additional 22 wards.

Transportation Services

- Provided an estimated 101,000 trips, 64,000 service hours, and 1.5 million miles of service.
- Medicaid eligible trips accounted for approximately 60% of all services provided. Many of these trips are going to Wilson, Duke and Chapel Hill medical centers and clinics.
- Senior programs accounted for approximately 25% of all services provided. These trips are mostly for mid-day nutrition and recreation.
- The other sponsoring agencies make up the remaining 15% of the services provided. Trip purposes are for employment, vocational services, training, support groups, pre-school, dialysis, foster care visits, and other agency related activities.

Communications

- Helped develop the County-wide TV show requested by Commissioners and County Manager.
- Managed media demand for information and updates on public health crises involving the flu vaccine, Hurricane Isabel, mental health reform and childcare subsidies.
- Organized editorial board on mental health reform, resulting in

positive editorial on HS approach and positions.

- Developing County-oriented programming for a Latino radio station.

Project Management Team Activities

- Executive Support – Designed agency-wide process for budget, work plan, quality assurance, business plans, and end-of-year report on accomplishments and agency prioritizations as well as provided education regarding the new process.

Key Issues for FY 2005

Operations-Administration

- The initiation of the Mental Health Reform stands as one of the driving issues for Operations.
- The requirements are largely in the realm of business practices, contracts, oversight, information systems, community capacity building and continuous quality improvement.
- The County's management of mental health services will be compatible with and extended to the other services within the agency.

Human Services

Performance Measures	FY 2003	FY 2004	FY 2005
	Actual	Actual	Objective
ESS			
Food Stamp recipients	32,343	40,456	n/a
Ghild support collections in Wake County	\$26,051,965	\$28,292,326	n/a
Medicaid recipients enrolled at end of FY	55,635	72,105	n/a
Community Health			
Percentage of TB cases completing treatment	96%	93%	95%
Incidence rate of syphilis per 100,000	2.7	2.2	2.0
Mammograms that provide early detection of Cancer	3	2	
Capacity building health programs, in hours	1,182	7,343	7,343
Clinics			
<i>Infant Mortality Rate (per 1,000 live births)</i>	6.2	5.5	n/a
White	3.7	4.3	n/a
Non-white	13	8.8	n/a
<i>First visit wait list (in days)</i>			
Prenatal Clinic	56	42	56
Women's Health Clinic	56	84	70
Child Health Clinic	83	79	70
Child Welfare and Mental Health			
Child Protective Services Investigations	3,051	3,382	3,600
Foster children placed initially in Wake vs Out of County	8%	6%	6%
Adoptions of special needs foster children	59	82	80
New Child Protective Service Treatment Cases	288	360	360
Adult Services			
Customers receiving services in a timely manner	96%	98%	97%
Customers receiving follow-up services as needed.	94%	93%	94%
Sustained reports of abuse & neglect	34%	37%	34%

Human Services

Performance Measures	FY 2003	FY 2004	FY 2005
	Actual	Actual	Objective
Operations			
% of actual expenditures compared to budget estimates	95.6%	98.8%	95.0%
Average turnaround time for payment of claims, in days	41	30.8	45
Cost Per Trip for Consumer Transportation Service	\$27.88	\$22.15	\$20
Houses Rehabed through Housing and Community Revitalization	17	28	30
Family Support			
average monthly children in subsidized child care	6,346	6,012	5,800
average monthly waiting list for child care		1,934	2,200
Women and Infant Feeding (WIC) average monthly participation	12,400	13,581	14,500
% of school nurse referrals that lead to treatment	99%	97%	95%
Suspensions prevented by nursing intervention immunization	618	668	550
Kindergarten Health Assessments	375	393	300
Southern Regional Center			
Client Satisfaction	85%	88%	90%
Number of Visits	68,176	100,510	70,000
Eastern Regional Center			
Client Satisfaction	97%	96%	90%
Number of Visits	29,143	49,577	45,000