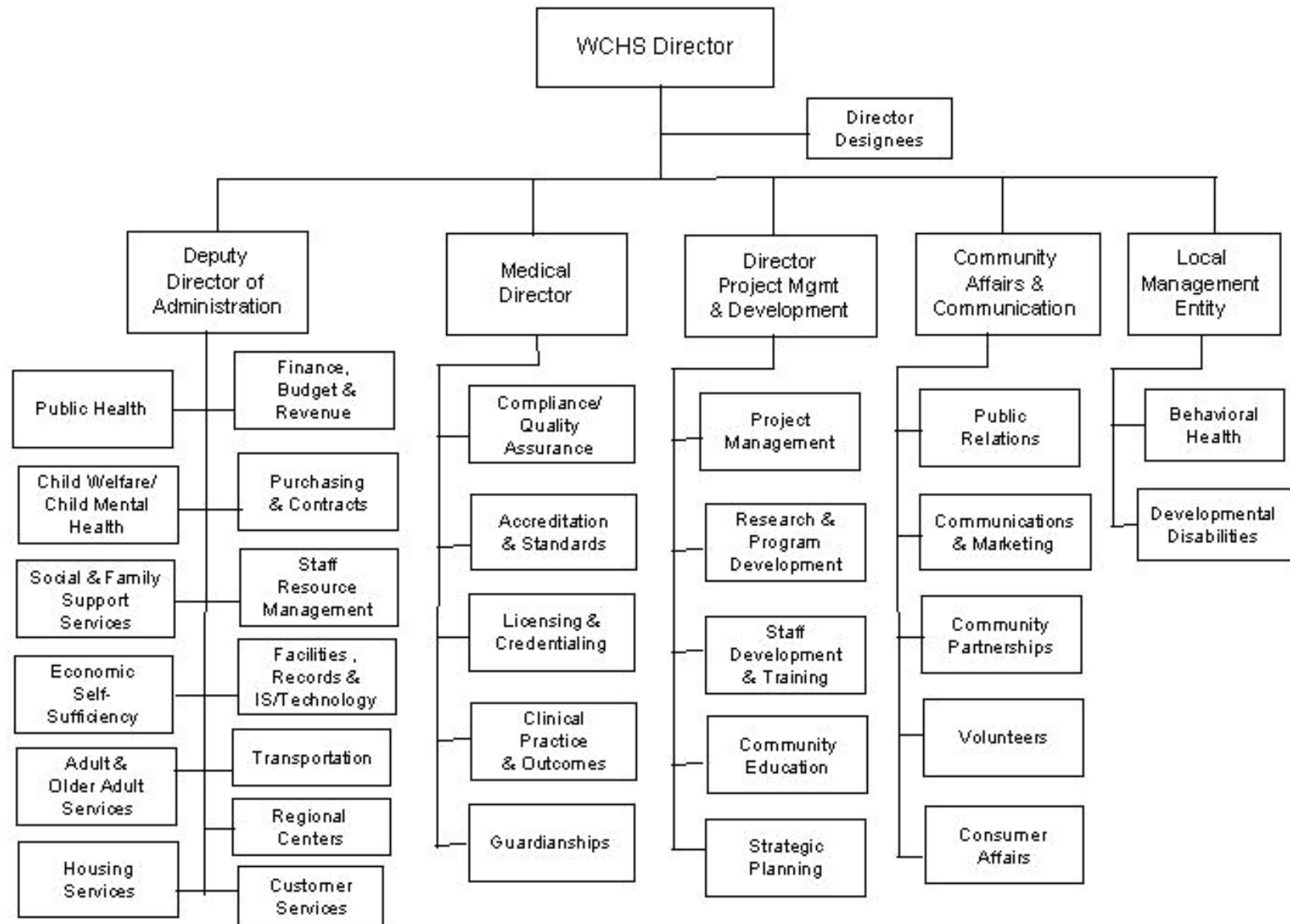


HUMAN SERVICES



HUMAN SERVICES

Department Summary

		FY 2006 Actual	FY 2007 Adopted Budget	FY 2007 Current Budget	FY 2008 Adopted Budget
Personnel Services	\$	93,660,540	96,363,166	97,312,197	98,298,001
Operating Expenses		145,448,700	139,268,002	149,455,320	129,241,185
Capital Outlay		906,456	313,964	430,448	778,587
Expenditure Totals	\$	240,015,696	235,945,132	247,197,965	228,317,773
Intergovernmental Revenues	\$	106,086,957	103,038,601	111,412,432	111,011,119
Fee & Other Revenues		54,244,222	42,990,041	43,645,741	24,013,794
Revenue Totals	\$	160,331,179	146,028,642	155,058,173	135,024,913
Number of FTEs		1,751.85	1,761.80	1,756.30	1,789.55

Department Purpose and Goals

Wake County Human Services (WCHS) exists to improve the quality of life for Wake County residents by promoting physical and mental health, economic self-sufficiency, family and youth success in schools and communities, and improvements in housing and access to transportation.

It is the mission of WCHS that it will, in partnership with the community, anticipate and respond to the public health, behavioral health, and the economic and social needs of Wake County residents. It will coordinate and sustain efforts that assure safety, equity, access, and well-being for all.

During the past year, WCHS collaborated with community experts to create a ten-year strategic plan addressing such elements as growth, demographics, and the economy. Social and educational trends were studied to develop strategies to make the greatest impact with the least amount of resources.

From this effort, four major goals were created:

1. WCHS will ensure that every individual, family, and community will have the opportunity to meet basic needs and to thrive.
2. WCHS will eliminate differences based upon race and ethnicity in public health, behavioral health, and economic and social outcomes.
3. WCHS and community partners will anticipate and respond to threats to public health and safety.
4. WCHS will make decisions for improved outcomes based upon the effective use of data.

HUMAN SERVICES

Department Summary by Division

		FY 2006 Actual	FY 2007 Adopted Budget	FY 2007 Current Budget	FY 2008 Adopted Budget
Resource Management	\$	18,766,809	16,321,125	14,599,548	16,418,451
Family and Youth Success		107,151,285	94,670,565	99,567,752	79,408,338
Community Health		17,661,320	18,048,011	19,150,671	19,074,436
LME - Mental Health Administration		8,278,638	11,232,432	14,923,654	17,321,191
LME - Purchase of Service		-	-	-	20,280,349
Transportation		1,263,444	1,537,202	1,596,081	1,375,834
Adult Community Support Services		20,200,169	21,942,986	22,893,169	8,695,290
Regional Centers		7,513,242	7,954,635	8,354,769	9,462,191
Emergency & Adult Health Services		16,897,953	17,833,220	18,314,719	10,951,949
Economic Self-Sufficiency		42,282,836	46,404,956	47,797,602	45,329,744
Expenditure Totals	\$	240,015,696	235,945,132	247,197,965	228,317,773
Resource Management		8,858,926	7,809,932	8,030,192	8,612,860
Family and Youth Success		90,160,589	78,072,731	82,197,267	61,349,570
Community Health		10,285,852	10,568,421	11,096,569	10,189,480
LME - Mental Health Administration		9,795,287	6,173,018	7,692,231	8,036,737
LME - Purchase of Service		-	-	-	18,991,694
Transportation		1,957,650	1,784,550	1,784,550	1,742,539
Adult Community Support Services		12,785,762	15,714,250	16,627,829	2,640,182
Regional Centers		2,710,617	1,441,263	1,576,634	2,841,702
Emergency & Adult Health Services		10,595,954	11,088,194	12,101,467	6,587,440
Economic Self-Sufficiency		13,180,542	13,376,283	13,951,434	14,032,709
Revenue Totals	\$	160,331,179	146,028,642	155,058,173	135,024,913

HUMAN SERVICES

Major Accomplishments

Wake County Human Services has had a very productive and successful year. The agency had set goals and strategies for obtaining those goals and worked tirelessly for the citizens of Wake County. Below are given the prior year's goals and related accomplishments and updates. Note that some data, by its nature, isn't available for several months. This means that feedback may be as much as year behind.

Women and families will have healthy, planned births.

Access to prenatal care within first trimester of pregnancy

- There were 12,264 births in Wake County in 2005. Of these, 9,873 pregnant women or approximately 80% began care in the first trimester of pregnancy, although only 73% of non-white women began care in the first trimester. Most pregnant women obtaining prenatal care at WCHS begin later with only 44% starting during the first trimester. Of 75 women involved in the prenatal substance abuse program, 40% began care in the first trimester.

Birth weight

- The rate of low birth weight, babies born weighing less than 5.5 lbs, is 6.6 per thousand births in Wake County. The rate of very low birth weight, less than 3.3 lbs., is 1.5 per thousand births. The low birth weight rate for non-white infants is almost twice that of white infants and the very low birth weight rate is almost three times the rate of white infants. Among children served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the low birth weight rate dropped from 7.7% in 2004 to 7.4% in 2005.

Infant mortality rate

- The overall infant mortality rate for Wake County is 6.9 per thousand births, slightly worse than last year. The infant mortality rate for white women is 4.0 and for non-white women 14.7.

Families will support their children's successful development.

Percentage of referrals for physical and behavioral health care that results in secured care

- 93% of students who were screened for vision and referred for follow up secured care.
- 64% of students who were identified with severe or very severe

dental problems secured care.

- 95% of all referrals to the Ready To Learn Center Program secured care for developmental, behavioral, health and family support services.
- The Education, Community and Health Outreach team referred 414 individuals for health, mental health or other services. 83% were linked to services within 4-6 weeks.

Family involvement in child and youth development activities

- Of families served by the Partnership for Educational Success, parents reported increasing their school related behaviors at the end of the school year, i.e., talking to teachers (80%), school conferences (80%), calling the teacher (75%), and going to school events (63%). Parents also reported increasing outside of school behaviors that are related to learning, such as talking to the child about their school day (85%), helping with homework (75%) limiting TV (70%), and reading to their child (65%).
- Ready To Learn Centers offered 1,252 creative play group sessions to over 9,000 children and their parents/caretakers. Three hundred kindergarten readiness sessions were provided to over 2,200 children and 700 parents.
- Family Support social workers either accompanied kinship caregivers or facilitated their attendance at 1,417 teacher conferences, Individualized Education Program meetings, Student Support Team meetings, and school activities.
- Of parents who participated in the Strengthening Families program, 100% had a higher level of involvement in the school life of their children.
- Of the 2,350 children who participated in the Child Services Coordination Program, 2,020 (86%) retained their typical development throughout the year. 330 (14%) were diagnosed with developmental delay and were accepted into the Early Intervention Program through which they receive specialized services.

Parents will financially and medically support their minor children.

Percent of children with Medicaid that obtain the recommended physical exams

- 21,696 Wake County children received health screenings through Health Check

HUMAN SERVICES

Number of Wake County children enrolled in North Carolina Health Choice (NC Health Choice) insurance

- 37,619 (Cumulative) Wake County children enrolled in NC Health Choice at end of FY06

Number of child support collections from non-custodial parent

- At the end of FY06, Child support collections in Wake County totaled \$35,308,077. In addition, \$574,057 was collected in Medicaid cost avoidance. (This occurs when children who are receiving Medicaid benefits receive medical insurance coverage through a court order. Once the children are covered by private insurance, that policy can be billed for reimbursement for medical care rather than Medicaid having to cover these expenses.)

Children will be ready for school.

Percentage of children entering public kindergarten with physical health exam and immunizations completed within first 30 days of the school

- School Nurses prevented 45 entering kindergarten students from being suspended due to non-compliance with the immunization law and 24 students from being suspended due to non-compliance with the kindergarten health assessment law.

Percentage of children receiving child care subsidy that attend a child care facility with a 3 star or higher quality rating

- The average star facility rating for children receiving Smart Start subsidy increased from 3.96 stars to 4.02 stars. The average overall star rating of all children receiving childcare subsidy increased from 3.47 to 3.54. This means that more vulnerable children are in high quality childcare.

Children and youth will be successful in school.

Percentage of public school students who are at or above grade level in math and reading

- 618 middle school students at risk for academic failure were served through the Support Our Students program. 40% of participants improved their course grades in language arts, and 37% improved their course grades in math.
- 249 elementary and middle school students who were referred due to poor academic performance (level 1 and level 2 scores on end of grade tests) were served through the Garner 21st Century Commu-

nity Learning Center programs. 43% of participants improved their academic performance.

School absences

- 80 adjudicated and high-risk youth were served through the 4-H SPACES program. Of these participants, 87% achieved acceptable school attendance and 72% decreased incidence of inappropriate behavior at school.
- 561 students who were having mental health symptoms interfere with their school performance were referred for school-based therapy. Of those served internally, 54% showed an improvement in grades and 68% demonstrated an improvement in their classroom behavior.

Children and vulnerable adults will not experience abuse or neglect.

- 91.6% of children found to have been maltreated remained safely in their homes while receiving Child Protective Services Treatment.

Youth will make healthy decisions.

Youth substance use

- The School Based Mental Health Team provided 23 groups to over 200 students in schools last year. 94% of students in Children of Substance Abusers groups reported a drop in their substance use.

Juvenile delinquent activity

- 83% of the juvenile justice-involved participants in the 4-H SPACES program decreased their court involvement.

Teen pregnancy rate for 15 to 19 year olds

- Wake County 27.4 per 1000; state 46.6 per 1000. The 2004 Wake County teen pregnancy rate was 43.7.

Children removed from their parents will have a permanent home.

- 190 children achieved a permanent home through reunification with family, adoption, or emancipation.

The elderly and individuals with severe, chronic disabilities will live as independently as possible.

HUMAN SERVICES

(Major Accomplishments cont'd)

People will find and maintain employment.

- 19,291 job seekers were served through the JobLink Career Center at the main Swinburne building during FY06
- The combined efforts of the Employment Services Team at SRC resulted in the employment of 361 consumers in the southern region.
- 72.8% Work First participants employed 6 months after leaving Work First
- 97% of families stayed off welfare after going to work
- Wake County's total Work First caseload has decreased by 69.4% from June 1995 to September 2006.

People will have safe, affordable housing.

- 6,000 people are on the waiting list for Section 8 housing vouchers. (This does not include the Wake County Housing Authority waiting list)

Individuals, families, and communities will have improved physical and behavioral health

Percent of children and adults in Wake County who have access to health care

- The 2005 Wake County rate of Emergency Department (ED) visits for Carolina Access Medicaid patients (54/1000 member months) is higher than the state average (49/1000MM) and indicates limited access to a primary medical care home. In addition, the 2005 average rate of asthma-related Emergency Department visits for Wake County Carolina Access Medicaid recipients (21.5 visits/1000 member months) is about double the statewide rates (13 visits/1000MM). Again, this probably reflects, among other things, the lack of timely access to primary care.
- For WCHS/WMC patients, our Emergency Department rate is even higher, 77/1000MM for April'05-March'06, translating to almost 9500 visits per year. This rate is above state average and about twice the rate for our Pediatric Peers. And our asthma specific rate of 40/1000MM significantly above the state average.

- In Wake County there are 35,318 children who are eligible for Carolina Access Medicaid. Of these children, 93% (32,892) are enrolled in Carolina Access and have been assigned a Primary Medical Care Home. Of the children who are enrolled in Carolina Access, 94% (~31,000) are part of the Community Care of Wake/Johnston Counties network. Community Care is an enhanced program for patients with Carolina Access Medicaid that focuses on access to care, care management and quality improvement.

Adult immunization rates for influenza and pneumonia

- 41.9% of Wake County citizens age 45+ years received a flu shot in 2005: (Data from the Behavioral Risk Factor Surveillance System)
- 34.8% of Wake County citizens 45+ years have received a pneumococcal shot. (2005 data from the Behavioral Risk Factor Surveillance System)

Percentage of children with improved behavioral/mental health while receiving services from mental health providers.

- 62.7% of clients had a decrease in the number or frequency of reported problems (January 2006-July 2006).
- 82 clients were discharged or transferred January 2006-July 2006. Of these, 47 (57%) had condition improved, 31 (38%) had condition unchanged and 4 (.05) had condition worse. From January 2005-December 2005 we discharged/transferred 197 clients. Of these, 130 (66%) had condition improved, 63 (32%) had condition unchanged and 4 (.02%) had condition worse.

Percentage of adults at healthy weight

- 62.7% of adults surveyed in Wake County reported being overweight or obese – a rate increase of 7% since 2002. (Data based on self-reported weight and height in the 2005 Behavioral Risk Factor Surveillance System survey)

HUMAN SERVICES

Issues for FY 2008

Opportunities exist for changes in legislation, technology, and resources. WCHS monitors changes in the environment and looks for opportunities to leverage resources and situations to benefit the residents of Wake County.

Effects of statewide mental health reform and the planned closure of Dorothea Dix Hospital in 2008 require significant increase in community support services, especially in the service areas of employment, housing, health insurance and prescription assistance.

On February 8, 2006, President Bush signed into law the *Deficit Reduction Act of 2005*, formally known as the *Budget Reconciliation Act*. The Act reauthorized Temporary Assistance for Needy Families (TANF) through 2010.

For North Carolina's Work First Program, the most significant change under the TANF Block Grant is the calculation of the caseload credit reduction. The caseload reduction credit changes the base year from 1995 to 2005. The current Caseload Reduction Credit has greatly assisted North Carolina in meeting federal work participation rates but the new caseload base year will place greater emphasis on meeting participation rates or face financial penalties.

A shift in Work First clients has resulted in caseloads consisting of individuals who are harder to serve, such as untreated substance abusers and those with limited literacy and/or skills. These individuals require more intensive case management resulting in increased costs of providing service and often a longer reliance on government support such as food stamps and child day care subsidies.

Health promotion funding, in 2005, was cut from the federal Preventive Health and Health Services Block Grant for fiscal year 2007 budget. Loss of this \$2.7 million (70% of which goes directly to local health departments) will be a severe blow to chronic disease prevention programs. Wake County will be significantly limited in the delivery of

services to address chronic disease and obesity.

The UNC Management Academy for Public Health – Wake County Team is developing a Business Plan for Project DIRECT (Diabetes Interventions Reaching and Educating Communities Together) called DIRECT Solutions for Diabetes Control (DSDC). In partnership with an approved American Diabetes Association (ADA) Education Recognition Program organization, DSCD will create a satellite diabetes management program targeting underserved and hard to reach populations in Wake County. Revenues will be generated in 2008 upon receiving ADA recognition; DSDC will be eligible for third party reimbursements from insurance companies including Medicare and Medicaid.

In the HIV Clinic, 47% of the newly diagnosed clients have already progressed to AIDS, which will result in the increased need for medical services and case management.

The promotion of women's health outside of pregnancy as a means to promote health births and reduce infant mortality is both a key issue and an opportunity for Wake County. Often promoting healthy behaviors during pregnancy is too late to impact the health of the fetus, particularly since many women are unaware of their pregnancy until late in the first trimester.

Maternal and postpartum depression is a concern that affects mothers and infants. Additional identification and treatment resources are needed in Wake County.

Findings indicate that women with periodontal disease are more likely to have pre-term infants with low birth weight. This is an opportunity for dental and prenatal professionals to work together for better outcomes.

The persistent and increasing disparity between birth outcomes of whites and blacks is a significant concern. In 2005, the infant mortality rate for blacks was greater than three times the rate of their white counterparts.

HUMAN SERVICES

School health provides essential nursing services to a growing school age population with increasingly complex medical procedures, chronic and acute health conditions resulting in the need for intense training of non-medical staff and coordination of care for students in the school.

As part of mental health reform and the integration of services, it is imperative that we determine what clients we need to serve, and what staffing and services are required. Regionally, there are no other providers who give injected medications, or provide substance abuse treatment. We need to help clients to find private services, and find revenue sources to pay for the services we continue to provide in-house.

Foster Care staff has identified a need for foster parents in Zebulon, Wendell and the Riley Hill community. Continued placement of foster children in their community will require additional foster parents in these areas. Recruitment plans have been made with local churches to assist with this goal.

Horizon Issues

The number of nonprofit organizations in Wake County has doubled over the last several years, suggesting an opportunity for capacity building services to ensure the ability of these organizations to impact Human Services' outcomes.

The Community Resources Program is currently evaluating ways in which our programs can leverage more resources with our Latino/Hispanic non-profit and business partners, and how they can help us link our Spanish-speaking clients to these resources using culturally appropriate customer service.

The population growth of the eastern part of Wake County and the increased fertility rate seen in the burgeoning Latino population are resulting in increased demand for all clinical services. Locally, there is still limited access to Medicaid providers who will accept non-English speakers or uninsured patients on a sliding fee scale.

The southern region continues to be one of the fastest growing areas

within Wake County and future projections indicate that the growth will continue. The Southern Regional Center is a main hub for services within the area. Alternatives are in place, but without space redesign or renovations, the Southern Regional Center is at capacity.

Wake County's continued growth in ethnic, international, and language diversity will increase the challenge of providing culturally and language appropriate physical health, mental health and substance abuse services. Political changes in Congress might well forward the President's agenda on comprehensive immigration reform, with potential implications for the 'new border' communities like Wake County.

HUMAN SERVICES

Department Structure and Organization

Human Services works towards its goals by providing many programs and services through eight separate divisions. A brief summary of each of these divisions follows.

Adult Services Division

The purpose of Adult Services is to efficiently and effectively manage a publicly funded system of services that meets a broad range of health and socio-economic needs for specific eligible disadvantaged populations, primarily adults with disabilities and seniors.

The goal of Adult Services is to help seniors and adults with disabilities, and children with developmental disabilities, meet their residential, medical, behavioral health, safety and support needs, enabling them to live and participate in the community with maximum independence.

Child Welfare and Child Mental Health (CMH) Division

The division of Child Welfare and Mental Health seeks to assure safety, permanent homes, and wellbeing for children who have been abused or neglected. The division seeks to accomplish this work by supporting and positively engaging families and by integrating Child Welfare, Mental Health and other services.

Children and vulnerable adults will not experience abuse and neglect.

- Assessments of alleged child maltreatment will meet standards of timeliness and thoroughness 95% of the time.
- 95% of children found to have been maltreated who receive ongoing Child Protective Treatment Services will remain safely in their home while receiving services.

Children removed from their parents will have a permanent home.

- The median length of stay in foster care will be reduced to 12 months for children reunified with their family and 24 months for children who are adopted.
- The rate of re-entry to foster care will be less than 5%.

Clinical Strategies Division

The Clinical Strategies group assures that women have healthy, planned births and children are identified, referred or treated for physical, developmental, behavioral and dental health conditions that impair school success and lifelong achievement.

Clinical Strategies addresses targeted outcomes shared within and outside the agency and including Healthy People 2010 targets, Smart Start PBIS indicators, State DHS performance indicators, and NC Partnership for Children indicators. These include:

- 90% of women will begin prenatal care in the first trimester.
- Decrease the disparity in infant mortality between non-white and white births to no more than 2:1.
- Teen birth rates will decline for women of all races and ethnicity.
- 70% of children will participate in Health Check, with at least one periodic, preventive health visit annually (outcome shared with Wake County Smart Start).
- 100% of served and eligible women, infants, and children will participate in WIC.
- 90% of children served by Human Services programs will access health care to assure immunizations, physical, developmental, behavioral and dental health through screenings, assessments, referral and treatment.
- 3% of the total birth through age two population will be identified and receive early intervention services (outcome shared with Wake County Smart Start).
- 5% of the total three to five year old population will be identified and receive early intervention services (outcome shared with Wake County Smart Start).
- 10% of children will have previously undetected significant dental disease on school entry.
- 100% of served and eligible clients will obtain needed prescription medicines.
- Meet Title VI interpretation and translation requirements for Latino clients

HUMAN SERVICES

Community Health Division

Community Health provides leadership in improving the health and well-being of individuals, families, communities in Wake County. The desired goals for Community Health are:

- To prevent and/or reduce the prevalence/incidence of disease and disability through community and population-based services.
- To diagnosis and coordinate care of chronic and communicable diseases
- To work with community partners to plan, design, implement a coordinated disaster preparedness response system.
- To collaborate with community/agency partners to build healthy and sustainable communities by recognizing assets and needs; prioritizing desired outcomes; achieving desired outcomes; and engaging individuals and organizations in planning and implementation of community-based strategies

Local Managing Entity for Mental Health Division

The purpose of this division of Human Services is to develop, manage, and assure the quality of a system of services to meet the needs of consumers with mental health, developmental disability, and substance abuse needs, and supports the WCHS outcomes of improved behavioral health for individuals, families, and community; and persons with disabilities living as independently as possible.

Economic Self-Sufficiency Division

As part of Wake County Human Services (WCHS), the division of Economic Self-Sufficiency seeks to enhance the ability of families and individuals to become self-sufficient to the greatest extent possible. This is accomplished by promoting personal responsibility, providing time-limited public assistance through eligibility determination, offering access to health care, enforcing child support and building capacities to secure employment and affordable housing.

The division of Economic Self-Sufficiency has the following goals in support of departmental (Human Services) outcomes:

- Wake County children will receive financial support from their

non-custodial parents.

- Wake County Work First participants (including additional target populations) will find and maintain employment.
- Eligible low-income families of Wake County will receive medical health insurance.
- Eligible low-income families of Wake County will receive food assistance to meet basic nutritional needs.

Family Support Division

The purpose of Family Support strategies is to build capacity in children, families, and communities with the end result of educational success for children, healthy choices and healthy behaviors on the part of adults and children, and self-sufficiency (independence) for families.

Family Support has the following goals:

- Share the Wake County Public School Goals for student achievement.
- Share the Wake County SmartStart goal to increase the percentage of children receiving subsidy that are cared for in high quality programs, as measured by a license rating of 4 or more stars or national accreditation.
- 90% of children involved in Family Support Strategies will access health care to assure immunizations, physical, developmental and mental health/substance abuse screenings and assessments and will secure care for health problems.
- 90% of women involved in Maternal and Women's Health Services, WIC, School Nursing, and Perinatal Substance Services will have healthy births.
- 100% of eligible families who apply will receive WIC food vouchers and Child Care Subsidy (to the extent that funding is available).
- 100% of preschool children with special needs and medically fragile school age children will secure needed services the family chooses.
- 100% of school age youth will have access to positive youth development opportunities that nurture a positive sense of purpose among school age youth, support educational success, and healthy

HUMAN SERVICES

(Department Structure and Organization cont'd)

decision-making related to sexual activity and the use of alcohol, tobacco, and other drugs.

- Share the Economic Self-Sufficiency's objective that individuals will find and maintain employment and Child Welfare's objective that children will not experience abuse and neglect.

Resource Management

Resource Management performs the administrative support functions that enhance the service divisions' abilities to meet their goals and desired outcomes for consumers.

Regional Networks Division

The Eastern, Southern and Northern Regional Centers allow the opportunity to provide an array of county, community, and private services to address local community concerns. These community-based services increase the County's ability to intensify support to families and provide staff that can easily respond to citizen needs and collaborate with other community systems such as municipal governments, schools, courts, family service agencies, medical professionals, and the faith community. Clients and staff can reduce their travel time and transportation costs because of access to these Centers.

FY 2007 to FY 2009 Business Plan Key Programs, Objectives and Measures

Human Services has adopted twelve outcomes to guide its work and to serve as goals against which it holds itself accountable over time. Under the Major Accomplishments heading earlier in this section, accomplishments were arranged based upon these twelve outcomes, which are summarized as follows:

- Women and families will have healthy, planned births.
- Families will support their children's successful development.
- Children will be ready for school.
- Children and youth will be successful in school.
- Youth will make healthy decisions.
- Children and vulnerable adults will not experience abuse or neglect.
- Children removed from their parents will have a permanent home.
- The elderly and individuals with severe, chronic disabilities will live as independently as possible.
- Parents will financially and medically support their minor children.
- People will find and maintain employment.
- People will have safe, affordable housing.
- Individuals, families, and communities will have improved physical and behavioral health.

HUMAN SERVICES

FY 2007 to FY 2009 Business Plan Key Programs, Objectives and Measures

Human Services has adopted twelve outcomes to guide its work and to serve as goals against which it holds itself accountable over time. Under the Major Accomplishments heading earlier in this section, accomplishments were arranged based upon these twelve outcomes, which are summarized as follows:

- Women and families will have healthy, planned births.
- Families will support their children's successful development.
- Children will be ready for school.
- Children and youth will be successful in school.
- Youth will make healthy decisions.
- Children and vulnerable adults will not experience abuse or neglect.
- Children removed from their parents will have a permanent home.
- The elderly and individuals with severe, chronic disabilities will live as independently as possible.
- Parents will financially and medically support their minor children.
- People will find and maintain employment.
- People will have safe, affordable housing.
- Individuals, families, and communities will have improved physical and behavioral health.

MEDICAL EXAMINER

Department Summary

		FY 2006 Actual	FY 2007 Adopted Budget	FY 2007 Current Budget	FY 2008 Adopted Budget
Personnel Services	\$	-	-	-	-
Operating Expenses		206,825	200,000	200,000	200,000
Capital Outlay		-	-	-	-
Expenditure Totals	\$	206,825	200,000	200,000	200,000
Number of FTEs		-	-	-	-

Medical Examiner Purpose and Goals

The Medical Examiner is responsible for investigating deaths in the county that are unattended or occur under questionable circumstances. The Medical Examiner determines the cause and manner of death and orders an autopsy if necessary. If the death resulted from a criminal act or default on the part of another person, the Medical Examiner continues the investigation to whatever extent necessary to assist law enforcement authorities in determining or apprehending the person (s) criminally responsible. The current Medical Examiner's function is part of a statewide system that is supervised and financed primarily at the State level. The State Medical Examiner in Chapel Hill has the responsibility to select the Medical Examiner (s) for the County.

The fee for a Medical Examiner investigation is \$75. Effective January 1, 1999, the fee per autopsy was increased from \$400 to \$1,000 per case. The respective county pays the fee for medical examinations if the deceased is a resident of the county in which the death or fatal injury occurs; otherwise, the State will pay the fee.

This page intentionally blank