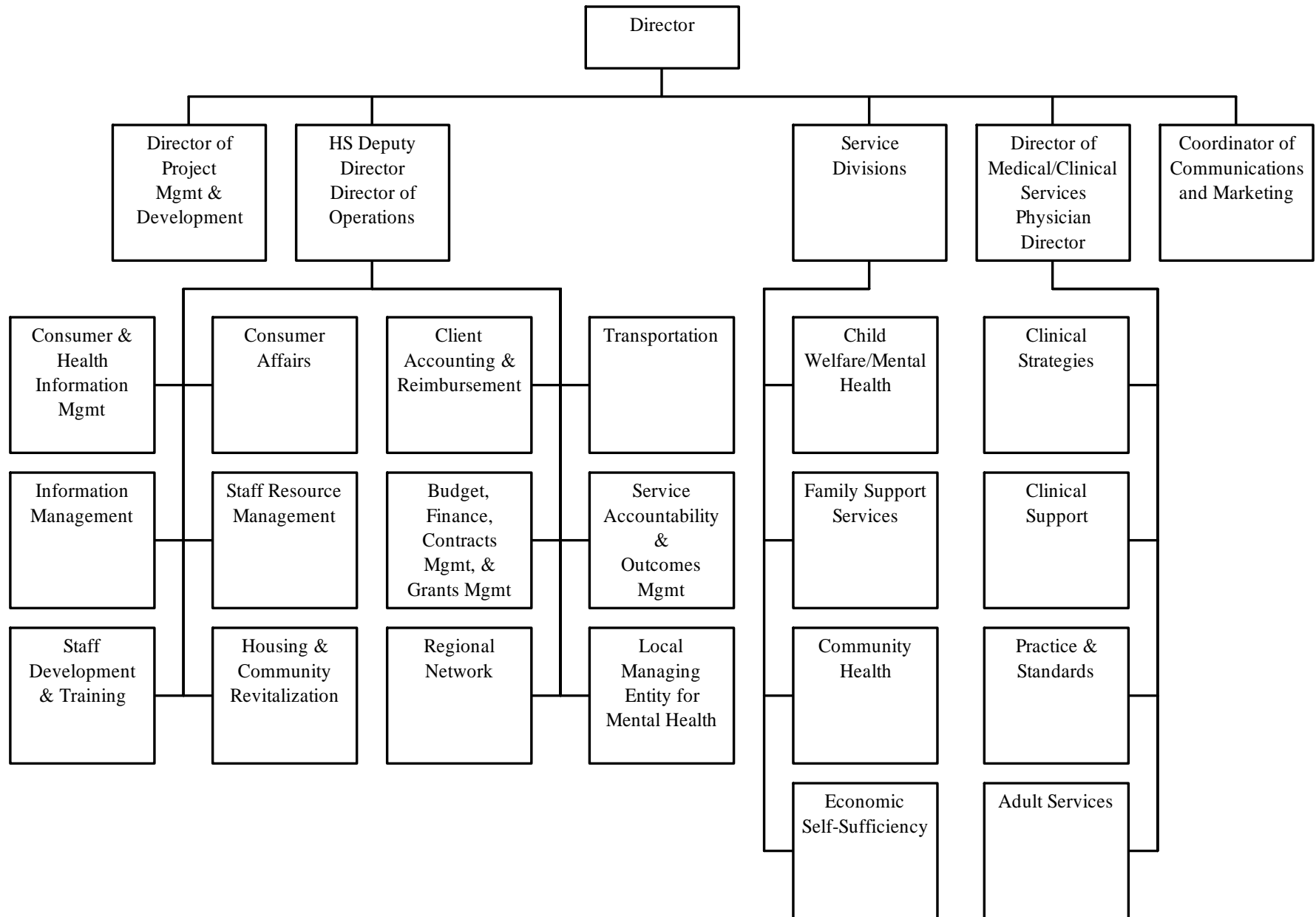


HUMAN SERVICES



HUMAN SERVICES

Department Summary

		FY 2005 Actual	FY 2006 Adopted Budget	FY 2006 Current Budget	FY 2007 Adopted Budget
Personnel Services	\$	90,061,071	90,082,920	93,300,741	96,363,166
Operating Expenses		139,426,285	145,250,521	151,613,045	139,268,002
Capital Outlay		560,251	474,500	842,349	313,964
Expenditure Totals	\$	230,047,607	238,698,824	245,937,701	235,945,132
Intergovernmental Revenues	\$	90,102,740	99,072,955	105,352,347	103,038,601
Fee & Other Revenues		52,872,783	59,996,294	61,268,823	42,990,041
Revenue Totals	\$	142,975,523	159,069,249	166,621,170	146,028,642
Number of FTEs		1716.30	1744.10	1754.85	1761.80

Department Purpose and Goals

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 organizations, 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.

HUMAN SERVICES

Department Summary by Division

		FY 2005 Actual	FY 2006 Adopted Budget	FY 2006 Current Budget	FY 2007 Adopted Budget
Resource Management	\$	17,338,828	15,351,888	15,818,409	16,321,125
Family and Youth Success		112,999,875	110,617,865	114,512,311	94,670,565
Community Health		12,685,703	17,107,164	17,937,982	18,048,011
LME - Mental Health		1,103,204	9,190,520	9,319,183	11,232,432
Transportation		1,335,760	1,317,690	1,781,442	1,537,202
Adult Community Support Services		19,793,919	19,593,839	20,108,537	21,942,986
Regional Centers		6,701,071	6,987,349	7,375,996	7,954,635
Emergency & Adult Health Services		19,244,184	17,362,914	17,799,422	17,833,220
Economic Self-Sufficiency		38,845,063	41,169,595	41,124,428	46,404,956
Total Expenditures	\$	230,047,607	238,698,824	245,777,710	235,945,132
Resource Management		18,430,520	5,083,047	6,414,679	7,809,932
Family and Youth Success		98,770,834	95,086,085	99,282,688	78,072,731
Community Health		5,528,888	9,797,627	10,465,512	10,568,421
LME - Mental Health		16,683	9,488,551	9,489,851	6,173,018
Transportation		445,838	1,518,868	1,668,868	1,784,550
Adult Community Support Services		11,449,277	13,203,024	13,803,875	15,714,250
Regional Centers		1,699,941	1,309,931	1,384,931	1,441,263
Emergency & Adult Health Services		10,255,026	11,225,829	11,675,761	11,088,194
Economic Self-Sufficiency		12,662,651	12,356,287	12,435,006	13,376,283
Total Revenues	\$	159,259,659	159,069,249	166,621,171	146,028,642

HUMAN SERVICES

Major Accomplishments

- Hurricanes Katrina and Rita required the mobilization of an unprecedented number of Human Services, General Services and other County Department staff for an extended period of time to respond to a disaster impacting residents not of Wake County or even North Carolina. More than 500 evacuees fleeing Hurricane Katrina received sheltering and economic, health and other support services in Wake County. All told, the Evacuation Center was open around the clock to serve Katrina evacuees for 19 days. Rita evacuees were placed at hospitals, assisted living facilities, and hotels with major operations ending after an additional 50 days.
- Project DIRECT completed a 10-year research phase. The Southeast Raleigh community and other community leaders are playing a key role in the institutionalization of research-based interventions and services at the community level and within the Community Health Division. A strategic plan has been developed to sustain the best practices in diabetes and other chronic disease prevention and control through the development of a 5019(c)3 that will increase the community's capacity to address diabetes in Wake County and have broad implications for how the community takes a leadership role in chronic disease prevention and education.
- Two consecutive years the WIDE –A –WAKE Community Forum focused on the reduction in the prevalence of childhood overweight and adult obesity. Over 550 community and agency partners participated. Survey results indicated that 97% of participants felt that the Forum helped them in better addressing the issues of childhood overweight and adult obesity.
- A new partnership was formed with the Recreation Resources Services of NCSU and the 12 municipal Parks and Recreation Departments in Wake County to address the Human Services agency priority of reducing the prevalence of childhood overweight and adult obesity.
- Human Services was the leader in the successful implementation of the North Carolina Immunization Registry throughout the agency in 2005. The registry is a tool to assist providers in obtaining historical immunization information for their clients, to aid in faster and more clear documentation of immunizations given at a current office visit, and to promote easier and more efficient vaccine inventory accountability and ordering capabilities.
- During national flu vaccine shortage 2004-2005, WCHS became responsible for the distribution of all available vaccine, working closely with private providers, nursing homes, rest homes, and high risk medical facilities to assure that at risk individuals received the vaccines. Over 25,000 doses of vaccine were distributed through Human Service clinics and to community partners.
- TRACS rural public transportation services expanded operation to 5 days per week, and added a 4th service zone, providing a reasonable, affordable transportation alternative to many people in need. This TRACS transportation service is in alignment with, and is supportive of agency outcomes.
- Human Services completed a 5-Year Transportation Services Plan. This plan will guide and direct our program in coming years on how best to provide a reasonable, affordable transportation alternative to many people in need. Competing the planning process for our transportation service is in alignment with, and is supportive of agency outcomes.
- In February 2005, Wake County began county wide implementation of a Child Welfare reform initiative called Multiple Response (MRS). Wake County is using an "assessment response" to most reports of child neglect in which social workers work together with families to determine what services are needed. Families, family advocates, and other service providers are invited to planning and decision making meetings. Parents have responded positively to the more family friendly approach, and CPS believes that improved collaboration and cooperation with families will lead to improved child protection and well being.
- Human Services Child Welfare's Faith Partnership continued to grow and won an Outstanding County Program Award from the North Carolina Association of County Commissioners. The partnership, which now numbers over 50 churches, helps recruit foster families and provides support to foster children and to kinship care families and other families at risk of having children enter foster care. Two new faith partnerships are forming around the Eastern and Southern Regional Centers.
- Wake County was chosen by Casey Families Program to join nine

HUMAN SERVICES

(Major Accomplishments cont'd)

states and three other counties in a Breakthrough Series Collaborative to reduce racial disparities in Child Welfare. The foundation is bringing together the Child Welfare programs around the country to learn from each other and to test innovative strategies to improve outcomes for African American and Native American families in Child Welfare.

- The GOLD Coalition (Growing Older and Living with Dignity) has charged by the Board to monitor implementation of Wake County Aging Plan. The Coalition advocates for senior and disabled adults; allocates funds for the Home and Community Care Block grant; reviews, monitors and assesses outcomes; provides technical expertise; and serves as a liaison for senior and disabled adults and the community at large.
- Human Services received the 2005 Glaxo-Smith-Kline Child Health Recognition Award in the Local Health Department category, presented to agencies who demonstrate measurable, sustainable outcomes in a prevention initiative. The Child Health Clinics collaborated with WakeMed, the Poe Center, and the Triangle YMCA in a program targeting children at risk for type II (non-insulin dependent) diabetes, providing comprehensive nutrition/activity assessments, lab screening, follow-up education and a 10-week exercise program for affected children and their families. Parents and children learn how to set goals for healthier lifestyles, benefiting everyone in the family.
- Integrated behavioral health services are working directly with other WCHS programs, including the Health Clinics, Regional Centers, Child Welfare, and WorkFirst. This has been as a result of the successful reorganization of our Adult Mental Health and Substance Abuse services and has led to an integrated behavioral health services working directly with other WCHS programs including this integration and has position Wake County to better respond to ongoing changes in state and local mental health reform.
- Achieved the goal of a multi-agency long term planning process to implement the first NC police Crisis Intervention Team. The CIT model is based on a well researched best practice model developed in Memphis, TN. Selected patrol officers are trained in techniques

to intervene successfully and safely with consumers with mental illness

- The AA Thompson Center renovations were completed, improving the delivery of community based mental health treatment and support services to inner city Raleigh.
- Continuous Quality Innovation activity is reported for more than 85% of Wake County Human Service programs. This represents significant self-examination and self-improvement for individuals as well as groups of services
- ERC consumer resource help file is an electronic program that lists all known eastern region resources that customer service staff access during their initial exchange with regional consumers. It is a very useful tool for staff especially when a consumer is not eligible for a service and requests other community options to explore.
- The Integrated employment services team at Southern Regional Center partnered with Wake Tech and local employers for a very successful annual area job fair. The joint effort among Workforce Investment, Employment Security Commission, Work First and CASAWORKS staff led to a recruitment of 50 employers and an attendance of more than 600 job seekers. Some of the largest companies in the Triangle participated such as: AFLAC, Pergo, Credit Suisse First Boston, Waste Industries, Food Lion Raleigh Region, UPS, Target and Wal-Mart. Integrating employment services is designed to increase employment of consumers.

Issues for FY 2007

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

- Wake County is participating together with nine states and three other counties in a National Breakthrough Series Collaborative (BSC) on reducing disparities in Child Welfare. The BSC is sponsored by Casey Family Programs provides an opportunity for all participants to learn from a nationally recognized faculty and from each other. Wake County has an excellent opportunity to apply the learning from this national effort to reduce racial disparities

HUMAN SERVICES

(Issues for FY 2007 cont'd)

- in Wake County across health, behavioral health, social, economic and educational outcomes.
- Wake County's Local Management Entity (LME) has been selected as one of four LME's in the state to participate in North Carolina's Mental Health Systems Transformation project, the goals of which are to develop the necessary infrastructure to successfully implement evidence-based practices for consumers with mental illness and substance abuse problems. Our participation in this initiative provides an opportunity to influence state decisions, supports and funding for implementation of evidence-based practices.
 - The Wake County Gang Prevention Partnership is developing a county-wide Gang Prevention Plan. There are some best practice models for interventions with youth involved with gangs that can be provided within the structure of the new service definitions Community Support and Multi-Systemic Therapy (MST). The LME and its provider network have the opportunity to be strong partners in the implementation of the county-wide Gang Prevention Plan.
 - Our community's unprecedented collaboration to resoundingly reject the notion that homelessness as an inevitable downside of contemporary society and create Ending Homelessness: The 10-Year Action Plan provides the framework for new partnerships between Wake County and non-profits, municipal, state and federal agencies, academia, developers and business leaders. Wake County has an opportunity to create effective partnerships with these groups, using evidence-based practices show to be effective, such as one stop shops, assertive outreach, intensive case management, permanent supportive housing, discharge planning and integrated treatment to end and prevent homelessness.
 - More than three thousand residents of Wake County called the volunteer telephone line during our Katrina Disaster Response offering many types of assistance and 2,995 of these callers said they would be available for future needs or other needs in Wake County. The Volunteer Services and Resource Development Programs will be working with our disaster response and other staff to link these volunteers and resources to Wake County opportunities, or to community-based organizations that need volunteers. In addition, they will be available to work with the Disaster Response Coordinator to establish a procedure for using volunteers in future disaster-related events.
- Opportunities exist to increase efficiency, cost effectiveness, and address service demand through the use of an automated systems such as:
 - * Appointment reminder to reduce the number of no-shows and customer backlog as a result of having to reschedule appointments adding to an existing waiting list
 - * Electronic client records system to improve customer service and increase efficiency having customer information readily available at all locations, especially the regional offices.
 - The State will change eligibility for NC Health Check (Medicaid) effective Jan. 1, 2006, moving all children 5 years of age and under currently receiving Health Choice to Medicaid. The move will improve significantly the breadth of coverage for these children. Additionally, the move frees up Health Choice slots for older children and will offer case management services to Health Choice children with chronic pediatric health conditions or overuse of emergency departments for their care. The net effect should be an increase in the number of insured and case managed children across the county and state. A potential unintended impact could occur if physician offices choose to limit their participation in the Medicaid program, possibly shifting children to the public sector. The county's Medicaid match would increase for children five and under, but there should be an offset in savings from less emergency room use and better chronic disease management.
 - Work First and Child Welfare are planning a blended team at the Northern Regional Center to better serve families in that area. Likewise, Work First and Child Welfare will team to serve families living in the Mini City area, where there is a growing Latino population.
 - **Next Generation** continues to be a priority for Work First staff. The focus of **Next Generation** is to encourage 14 and 15 year olds to remain in school by providing information and support to teens
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HUMAN SERVICES

(Issues for FY 2007 cont'd)

and their parents, as well as making them aware of opportunities for further education and training after high school. The ultimate goal is to prevent dependency on public assistance for another generation, thereby breaking the intergenerational dependency on welfare as a way of life.

- Opportunities continue to exist to increase resources available within the region through community partnerships. Interact has opened an office in Fuquay and WCHS plans to engage in joint service efforts that will benefit families. The successful Partnership for Educational Success involving the school system, Human Services, faith communities and business partners plans to expand this model to more schools in Wake County.

Horizon Issues

A critical issue for Wake County is the huge disparity between African-Americans and Whites across important health, behavioral health, social, economic and educational outcomes. Although these disparities mirror state and national trends, they are especially stark in Wake County, perhaps because African-Americans in Wake County do not share fully in the county's positive economy. Also, the Hispanic/Latino community in Wake County is facing many disparities and challenges as a new immigrant population. These disparities in outcomes tend to reinforce each other and can become generational. Reducing these disparities by improving outcomes is critical to Wake County's achieving its vision of being a great place to live, work, learn and play.

Health Disparities

- Although the breast cancer rate is similar among African-American and White women, African American women have a 32% higher death rate from breast cancer than White women.
- African-American men are twice as likely to be diagnosed with prostate cancer in late stages than are White men.
- A random study of kindergarten children revealed that 26% of Caucasians, 35% of African-Americans and 47% of Latinos had Body Mass Indices (BMI) over the 85% percentile placing them at an unhealthy weight.

- Among 15-19 year olds in Wake County, the pregnancy rate among minorities was 66.2, compared to 31.8 among Whites.
- The infant mortality rates for the County have reached a plateau at 6.3 per 1,000 births with large disparities (more than three times higher) remaining among non-White infants.
- U.S. Latinos are disproportionately affected by sexually transmitted diseases (STDs). Rates of *reportable* STDs are known to be higher in Latinos than in non-Hispanic Whites. While representing only 11.8 percent of the population, Latinos represent 17 percent of all AIDS cases diagnosed within the United States. (American Social Health Associations Fact sheet 2005,
- In Wake County, as reported by the North Carolina 2004 Regional HIV/STD Surveillance Tables (08/05), within a five-year period (2000-2004) HIV cases among Hispanics rose from a rate of 19.1 per 100,000 (2000) to 32.9 per 100,000 (2004) as compared to 10.8 per 100,000 (2000) to 18.1 per 100,000 (2004) for Whites. This is also witnessed in the increase in Chlamydia cases among Hispanic females within the same five year period with rates of 689.5 per 100,000 (2000) to 1,008.1 per 100,000 (2004) compared with 101.3 per 100,000 (2000) to 119.7 per 100,000 (2004) for Whites, with the highest incidences occurring in females between the ages of 13-19 yrs old.
- Heart disease and stroke rank as the No.1 killer of Latino/Hispanic Americans. They claim the lives of 29.3 % of more than 117,000 Hispanics or Latinos who die each year. Cancer follows , killing 19.8%. all other causes of death account for 50.9%. (Source: CDC/NCHS)
- Mexican-American women were 1.2 times more likely than non-Hispanic White women to be obese. (source: 2005 Summary Health Statistics for US Adults: 2003)
- In 2004 a WCPSS Kindergarten Study showed Latino children are at a high risk for obesity compared to African-American and Caucasian. 47% of Latino children had a BMI> 85% compared to African American 35% and Caucasian 26%.

Education Disparities

- While the overall percentage of students who are at or above grade level continues to be high, the achievement of specific student sub-

HUMAN SERVICES

(Horizon Issues cont'd)

populations tells a compelling story of disparity in achievement. The gap in reading and math scores for Black and Hispanic/Latino students is 17 points lower than for White and Asian students. Students who are receiving free and reduced lunch, an indicator of poverty, are disproportionately represented in the numbers of students who are below grade level in reading and math. End of course data for high school students tells a similar story.

- The number of young people suspended from school continues to increase every year. Black males represent 28.5% of those suspended, four times the percentage of White males. Black females represent 14.6% of those suspended, more than six times the percentage of White females. The number of students retained in WCPSS over the past three years has been about 4,000 students each year, with the highest number of retentions occurring in ninth grade. Black and Hispanic/Latino students represent 49% of those retained in ninth grade. There is a strong correlation between multiple suspensions and poor academic performance, suffering poor health (especially mental health) and getting involved in the juvenile justice or corrections system. Ninth grade retention also correlates with high school dropout. Asian (92%) and White (88%) were more likely to graduate than Black (68%) and Hispanic/Latino students (72%). In North Carolina public schools the drop out rate for Hispanic students is one of the highest in the state 36%. In 2003-2004, 2,277 Hispanics graduated from High School, and 1,493 Hispanic High School students dropped out.

Economic Disparities

- Medicaid is a health insurance program for those whose income is so low that they cannot afford health care costs. The Medicaid/NC Health Choice programs receive on average 2,982 applications per month and approves on average 1,800 applications each month. Wake County's total recipient count for all Medicaid programs continues to grow at a steady rate. At the end of FY04-05 Wake's total Medicaid recipient count had risen to 72,300.
- Medicaid spending in our state has risen \$2 billion in just the past

five years, and if no action is taken to slow this growth, Medicaid, the fastest-growing part of the state budget, will consume fully 30% of the entire General Fund budget within five years. Wake County's 2006 Fiscal Year Adopted Budget report noted "increasing is the County's match of the total cost of providing services to Medicaid-eligible citizens throughout the County. The County's liability in this area is projected to increase by \$3.75 million over the amount appropriated for FY 2005".

- The new Medicare Part D prescription drug plan will increase access to affordable medication for some, while reducing access to affordable medication for others. For example, some Medicare recipients who currently receive free medication through patient assistance programs will be required to pay substantially more for their medications. The additional cost for medication may limit access to or choice of medications for some mentally ill and elderly consumers, and may increase demand for Wake County's supply of sample medications and client assistance funds.
- Food Assistance, also known as Food Stamps, enables low-income families to purchase food with an Electronic Benefit Transfer (EBT) card. The total recipient count for Food Assistance in Wake County has seen a steady pattern of increase resulting from continued population growth. Food Assistance case managers processed on average 1,620 applications per month in FY04-05 as compared to an average 1,513 applications per month in the previous FY. During FY 04-05, approximately 15,483 Food Assistance applications were approved.
- While Congress continues to debate re-authorization of Temporary Assistance for Needy Families (TANF), it has already been determined that certain aspects of TANF will change. Families will be required to increase the number of hours spent in work or work related activities to 40 hours per week. The change would require that at least 20 of the 40 hours be work-related before other activities could be counted for the additional 20 hours. The federal Participation Rate goal for all families would increase to 55%. These changes would require even more attention by staff to help families gain and maintain employment, requiring the development of additional supportive services. The impact on families and staff would

HUMAN SERVICES

(Horizon Issues cont'd)

be significant, with an increase in caseload being a reality and families staying on assistance longer to achieve the new goals.

- By the end of FY05, Wake County's Food Assistance reported 16,503 active cases (households) comprised of 40,658 individuals (recipients) as compared to 15,156 Wake County households (n=37,714 recipients) in FY03-04 and to 13,230 households (n=32,343 recipients) receiving food assistance in FY02-03. Approximately \$44,086,599 in Food Assistance was issued during the FY 04-05.
- Energy Assistance Programs generates over 9,000 applications annually for emergency assistance. In FY04-05, approximately 6,385 households met income eligibility requirements for energy assistance (heating & cooling). By November 2005, natural gas prices have increased more than 50% over last year, while propane and oil prices are up more than 30%. This expected growth will generate an even greater demand for services and staff to service this increase.
- The economic downturn has resulted in a wait list of over 3,000 for families seeking childcare subsidy and an increase in WIC, which now exceeds 14,000 participants. Moreover, the list of families waiting for child services coordination averages 175.
- Sixty-three percent of people who are homeless in Wake County are African-American while only 20% of the population in Wake County is African-American.
- Wake County has a growing number of seniors with incomes barely over the federal poverty level (\$798/month) who are precluded from receiving benefits to help them to live independently in the community. The average Social Security in wake County benefit is \$857 Individuals who might require personal care services and home health – a limited benefit under Medicare – would be unable to afford these services in addition to shelter, food, clothing, etc., unless there is family to act as a caregiver or to assist with paying for services. The only option then is to seek more expensive nursing home care.

Other Key Issues

- 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 schools. Health Support Services (7,794 interventions) including nursing assessments, obtaining physician orders, writing care plans, training non-medical staff to perform procedures, monitor care and procedures at school increased 22% from last year. The significant rise in physicians' orders is reflected by an increase of 16%, while the student population increased 4% in 2004-05.

- There is a critical need to increase the accessibility of quality services for all age and disability groups. Service gaps continue to be encountered, attributable to: demand in excess of capacity; shift of services from institutional to community-based settings; continued county population growth. An immediate and critical gap is the scheduled closure of Dorothea Dix Hospital.
- There is considerable uncertainty about MH/DD/SA funding at both Federal and State governmental levels. The implications of pending changes in service definitions are not fully understood, and will likely result in significant changes in the service continuum, its management and funding.
- The southern region continues to be one of the fastest growing areas within Wake County and future projections indicate that the growth will continue. With the high costs of health care and economic conditions, Regional Centers will continue to be a main hub for services within the area. Southern Regional Center is approaching its ten-year anniversary of being in operation. There are few options left to accommodate new staff to meet the demands of services. Alternatives are in place, but without space redesign or renovations, SRC is at capacity.
- The school-age population in the Wake County Schools reached 114,068 students enrolled during the 2004-05 school year. Schools in the southern region of Wake County had an enrollment of approximately 29,000 students. With an increasing school population, youth violence, substance abuse and teen pregnancy, there is a need for strong community advocacy that will increase structured youth activities. These activities include increasing educational programs, which include career awareness and job skill develop

HUMAN SERVICES

(Horizon Issues cont'd)

ment, and increase preventative services in the areas of violence, substance abuse and pregnancy.

- The southern region of Wake County is home to an increasing number of seniors who have always lived within the region and those who have chosen our county as an ideal place to retire. The cost of living as the population ages becomes a challenge in addition to facing health and functioning limitations. There will be a need for more senior services in addition to case management services to address community members who may not have family members to assure their well-being.
- Services for Latinos are not keeping up with the growth of immigrant populations with mental health, substance use, and other behavioral health needs. Integrated service approaches are necessary to better respond to cultural and social issues affecting mental health detection, treatment and referral. Clinic and social services programs need to actively recruit and retain bi-lingual and bi-cultural behavioral health clinicians to be integrated into their programs to better address the needs of their clients.
- The infant mortality rate for Wake County rose for the second consecutive year, while deaths of non-white infants remain greater than twice the rate for White infants. Human Services continues to serve record numbers of uninsured and uninsured women seeking prenatal care in collaboration with WakeMed, though total visits have fallen to six visits per pregnancy. Additionally, the infant mortality rate for Latino infants has begun to rise as the “healthy immigrant effect” fades and Latino women adopt the American diet and assume other risky health behaviors.

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. The division has set the goals relevant to the following two major Human Services Outcomes.

- 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.

Community Health Division

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

HUMAN SERVICES

(Department Structure and Organization cont'd)

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 co-ordinated 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 new 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 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.

HUMAN SERVICES

(Department Structure and Organization cont'd)

Resource Management

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

Regional Networks Division

The Southern Regional Center (SRC) and the new Eastern Regional Center (ERC) allow the opportunity to provide an array of county, community and private services and resources that we can now target 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 local government, schools, courts, family service agencies, medical professionals and the faith community. Both clients and staff can reduce their travel time and transportation costs with access to these Centers. County departments made a business case for the justification of the next regional center in the Northern Region (Wake Forest), confirming the sequence outlined in the 2004-2010 Community Improvement Plan. A planning committee with representation from County Departments produced data and information for the report. The County Manager and the County Commissioners confirmed the Northern Regional site in Wake Forest.

HUMAN SERVICES

FY 2006 to FY 2008 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. The twelve outcomes are listed below, along with progress towards each goal made during the last year.

Women and families will have healthy, planned births.

- The expansion of family planning services during evening hours at the Southern Regional Center increased access for 273 women. The department began an initiative to decrease the wait time for new prenatal appointments.

Families will support their children's successful development.

- Eighty-five percent of referrals to Ready To Learn Centers and eighty-nine percent of referrals to the Education, Health, Community Outreach team (ECHO) secured care for developmental, behavioral, health and family support services.
- Teachers surveyed completed on families participating in the Partnership for Educational Success (PES) indicate that families have become more actively involved in their child's education after participating in the program.
- All families whose children participated in Magic Camps contributed by donating food or money or by volunteering at the camp site.

Children will be ready for school.

- Per 2004 Immunizations Rate Assessment for children 24-35 months of age, Wake County had 86 percent of children immunized by 24 months. The 2004 NC State average for immunizations was 65 percent.
- In conjunction with community partners, the Ready to Learn Center (RTL) Program offered English as a second language classes for parents of pre-school children in all six RTL regions. Spanish Creative Play groups for Latino children to learn English and Spanish are offered in all six regions.
- The average star facility rating for children ages 0-5 receiving Smart Start subsidy increased from 3.40 stars to 3.96 stars. The average overall star rating of all children receiving childcare subsidy increased from 3.10 to 3.40. This means that more vulnerable children are in high quality childcare.

Children and youth will be successful in school.

- Six hundred and twenty four middle school students at risk for academic failure were served through the Support Our Students program at
- seven locations. Eighty percent of participants scored at or above grade level on math and reading end-of-grade tests.
- The Partnership for Educational Success was expanded to 51 schools in the southern/eastern regions, serving 310 families/594 children. Four hundred and seventy six of these children participated in Magic Camp summer programs at seventeen sites throughout Wake County. The participants showed improved educational outcomes and families showed greater involvement

Youth will make healthy decisions.

- One hundred and thirty nine youth completed the SuperSeed program, which focuses on substance use prevention and healthy decision making. The largest gains were noted in refusal skills, recognition of healthy relationships and decisions not to use physical violence.
- Seventy-three percent of tobacco smoking youth who participated in smoking cessation groups (Project Assist) successfully quit smoking.
- Human Services led and facilitated a countywide Gang Prevention Partnership, bringing together 88 partners.

Children and vulnerable adults will not experience abuse or neglect.

- A total of 796 families in which children were found to have been abused or neglected received in-home treatment services from Child Protective Services (CPS). In 90 percent of these families, children remained safely in their homes while receiving CPS Treatment Services.
- Child Protective Services conducted investigations or assessments on twice as many reports of child maltreatment during the last fiscal year than four years ago. CPS has implemented a more family friendly assessment process for most allegations of neglect, resulting in more families being positively engaged in voluntary services.

HUMAN SERVICES

Children removed from their parents will have a permanent home.

- Two hundred and fifty four foster children achieved a permanent home. Of these, eighty-one were reunited with their parents, forty-one were placed with relatives, and ninety-one were adopted. Wake County received bonuses totaling \$102,000 from the state for exceeding the state goal for adoptions.

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

- Eighty-nine percent of our senior clients had medical, physical, mental and/or social needs met, allowing them to continue living at home.

Parents will financially and medically support their minor children.

- Child support collections in Wake County totaled \$32.3 million.

People will find and maintain employment.

- Seventy-two percent of Work First participants were employed 6 months after leaving Work First.
- Wake County's total Work First caseload has decreased by almost sixty-eight percent from June 1995 to September 2005.
- Ninety-seven percent of families stayed off Work First cash assistance after going to work.

People will have safe, affordable housing.

- One hundred and three South Wilmington Street Center transitional guests obtained housing.
- Four housing developments with a total of 167 units opened. Eighty-four of these units are available to families earning less than \$30,000 annually.
- Twenty-one substandard homes were repaired, enabling families to keep their housing and preventing homelessness.
- Twenty-two families were assisted with emergency repairs, enabling families to live safely in housing and preventing homelessness.

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

- Almost seventy-three percent of children with Medicaid insurance obtained recommended physical exams in 2004.
- Human Services served 414 new families, 60 percent of them Hispanic, in 15 communities 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).

- Human Services screened, immunized, and found medical homes for 108 clients from 18 different countries. These services are required to prevent the spread of communicable diseases, such as tuberculosis and measles.
- In response to data that indicated 55.8 percent of Wake County adults were overweight or obese, Human Services promoted the awareness of this issue and responded by providing cardiovascular screenings, nutrition and educational counseling, as well as health education services to over 59,000 citizens.
- A total of 186 new HIV cases and 1,463 cumulative AIDS cases were identified in Wake County. Human Services delivered primary medical care to half of the AIDS cases in the county (725), improving the general health of these individuals and reducing the spread of the infection in the general population.
- Health and behavioral health staff is working cooperatively across children's' and women's clinics to position mental health and substance abuse staff in clinic and community settings. New mothers suffering from post-partum psychiatric conditions are identified, screened, referred and treated.

HUMAN SERVICES

Key Measures	FY05 Actual	FY06 Estimated	FY07 Target	FY08 Target
Workload (Output)*				
Number of Work First clients who obtained employment	N/A	1024	900	900
Number of contacts with clients at the Southern Regional Center	97,700	97,850	98,000	98,000
Miles of service by Wake Coordinated Transportation Services	N/A	2.2 million	2.3 million	2.4 million
Trips provided by Wake Coordinated Transportation Services	N/A	135,957	142,755	149,893
Efficiency				
Percent of clients at the County's Crisis and Assessment Center who are evaluated within 30 minutes of arrival.	N/A	96%	95%	95%
Percent of clients needing seeking crisis services who are successfully linked to primary providers by the community-based team of mental health and substance abuse professionals (Mobile Support Team)	N/A	78%	75%	75%
Percent of Adult Mental Health outpatient clients seen on a timely basis (within 4 weeks)	N/A	50%	60%	65%
Staff accuracy rate on Adult Economic Services applications (e.g., for Medicaid) and case reviews	N/A	98%	97%	97%
Percent of Adult Economic Services applications (e.g., Medicaid applications) that are processed in a timely manner	N/A	96%	97%	97%
Budget management — measured by percent of actual budget spent at year-end	99.2%	98.8%	99%	99%
Average facility rating for children 0-5 who receive child care subsidy funds. Facilities are rated on a scale of 1 star (worst) to 5 stars (best).	N/A	3.96 stars	At least 3.96 stars	At least 3.96 stars
Effectiveness				
Percent of Work First clients still employed after 6 months	N/A	73%	73%	74%
Average hourly wage of employed Work First clients	N/A	\$7.93	\$7.95	\$8.00
Number of clients able to receive no-cost medication due to patient assistance programs	N/A	2640	5000	7500
Percent of Child Health Clinic clients who receive an annual Health Check visit	N/A	72.4%	72.8%	72.8%
Total Emergency Room visits by clients of the Child Health Clinics	N/A	11,826	9765	9765
Infant Mortality Rate (number of infant deaths per 1,000 live births)				
Total		6.3	6.0	5.7
White Infants		3.9	3.5	3.2
Non-White Infants		13.1	12.5	12.2
Dollars generated through partnerships at the Southern Regional Center	\$1,100,000	\$1,100,000	\$1,200,000	\$1,500,000
Overall client satisfaction as measured at the Southern Regional Center	90%	90%	TBD	TBD
Percent of two-year olds who are properly immunized	90%	90%	90%	90%
Breast cancer cases detected early through mammogram screenings (saving up to \$60,000 per case)	3	3	4	5
For the school dental program, rate at which care is secured for health concerns	N/A	95%	At least 95%	At least 95%

MEDICAL EXAMINER

Department Summary

		FY 2005 Actual	FY 2006 Adopted Budget	FY 2006 Current Budget	FY 2007 Adopted Budget
Personnel Services	\$	0	0	0	0
Operating Expenses		218,125	200,000	200,000	200,000
Capital Outlay		0	0	0	0
Expenditure Totals	\$	218,125	200,000	200,000	200,000
Number of FTEs		0.00	0.00	0.00	0.00

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.

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