



Leadership, Partnership, Stewardship

Wake County Business Plans
FY 2007 - 2009

Human Services

Table of Contents

Section 1

Introduction ...Mission Statement.....	Page 2
Ten -Year Strategic Plan	Page 2
Scope.....	Page 3
Indicators for the Ten-Year Strategic Plan.....	Page 4
Wake County Trends.....	Page 7
Growth.....	Page 7
The Browning of America	Page 7
The Graying of America	Page 8
Disparities	Page 8
Gangs.....	Page 11
Digital Era.....	Page 11
Policy Legislation	Page 12
Key Issues.....	Page 12
Opportunities	Page 16
Highlights	Page 18
Accomplishments	Page 26

Section 2

Service Matrix

Section 3

Expansion Requests

Introduction

In the past year, as part of the tenth year anniversary of its consolidation, Wake County Human Services (WCHS) began a process to develop a Ten-Year Strategic Plan. Many activities took place to increase awareness and better understanding of the needs and challenges Wake County will face in the future. Experts in different areas were invited to present information on growth, demographics, economic, social and educational data on trends and forecast for the years ahead. Community and staff forums, work sessions with staff, community partners, Human Services Board, County Manager's Office, and stakeholders were held to provide input in the development of the Ten-Year Strategic Plan.

In response to the feedback received as well as the changes in our community, the WCHS mission was revised. The Ten-Year Strategic Plan outlines four major goals and twelve strategies.

Mission Statement

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

Ten-year Strategic Plan

Goal 1

Wake County Human Services will ensure that every individual, family and community will have the opportunity to meet basic needs and to thrive.

Strategies

Engage community partners to increase the supply of safe, affordable and stable housing.

Realign resources with priorities identified by the community and provide services required by federal and state laws

Collaborate with partners to assure Wake County's physical health, mental health, substance abuse and developmental disabilities services meet the community's needs.

Goal 2

WCHS will eliminate differences based on race and ethnicity in public health, behavioral health, and economic and social outcomes.

Strategies

Increase public and staff awareness of the causes of racial and ethnic disparities in outcomes

Redesign business practices and service delivery to achieve equitable outcomes

Engage private industry, government, community and faith-based partners to create initiatives and realign policies to eliminate racial and ethnic disparities in outcomes.

Goal 3

WCHS and community partners will anticipate and respond to threats to public health and safety.

Strategies

Promote family safety and decrease occurrence of violence.

Promote youth safety and decrease the occurrence of youth violence.

Prepare for and respond to natural and man-made disasters.

Goal 4

WCHS will make decisions for improved outcomes based on the effective use of data.

Strategies

Equip staff and community partners to effectively collect, analyze and use data.

Work with community partners to identify the needs of the community and gaps in services basic needs.

Shift resources to community partners who effectively use evidence –based strategies.

WCHS Business Plan

The WCHS Business Plan describes a road map for what we do and what we hope to accomplish over the next three years. We have also been very intentional in aligning our efforts with the Ten-Year Strategic Plan, focusing on needs and strategies that will also improve “how” we do our work.

Scope

Wake County Human Services strategies include direct service, education, partnering, and contracting. We aid in the development of a thriving community by pursuing our social responsibility to reduce disparities in the well-being of our residents. We commit to making decisions for improve outcomes based on the effective use of data. We partner with others to provide services and enhance capacity to anticipate and respond to the public health, behavioral health and the economic and social needs of Wake County residents. We will coordinate and sustain efforts that assure safety, equity, access and well-being for all.

The agency utilizes the following service characteristics to address its outcomes and to achieve its mission/purpose:

- Community-based
- Prevention-focused
- Family-centered
- Culturally-competent
- Outcome-driven.

Indicators for The Ten-Year Strategic Plan

Goal 1

WCHS will ensure that every individual, family and community will have the opportunity to meet their needs and to thrive

- Strategy: Engage community partners to increase the supply of safe, affordable and stable housing
Indicators
 - # of families/individuals who moved from homeless to rental unit supported by community Circles of Support
- Strategy: Realign resources with priorities identified by the community and provide services required by federal and state laws.
Indicators
 - % of FTE's reassigned to align with regional needs and priorities
 - # of increased services hours available for clients, including evening and weekend options, and the # of clients served
 - # of clients assisted by staff to access funds from community partners for medications and other basic needs
 - Widen sliding fee scale to continue no charge for persons and families with incomes below 100% of the Federal Priority Level (FPL) and full self pay for individuals and families with incomes above 300% of the FPL
 - Seek to assure clients will have access to psychiatric, nursing, and other mental health professional services not well reimbursed by Medicaid or state funding (IPRS)
- Strategy: Collaborate with partners to assure Wake County's physical health, mental health, substance abuse and developmental disabilities services meet the community's needs
Indicators
 - # of programs and services transferred to qualified community providers
 - # of new providers and /or providers with increased capacity to serve clients added to the community provider network
 - % of faith and community partners who adopt policies and environmental changes to improve the health of their community.

- % of Medicaid and Health Choice recipients that utilize their assigned medical home as supported by a collaboration with Community Care of Wake, Johnston County and others
- Develop utilization management criteria, quality assurance criteria and mechanisms for effective care coordination for working with provider network

Goal 2

WCHS will eliminate differences based on race and ethnicity in public health, behavioral health, economic and social outcomes

- Strategy: Increase public and staff awareness of the causes of racial and ethnic disparities in outcomes
 - Indicators
 - % of staff demonstrating knowledge of disparity data in client outcomes, including regional data where available
 - # of staff and community members that view and discuss the film, “Race, The Power of An Illusion”
 - # of copies of the Wake County Community Assessment disseminated to residents
 - # of services that develop the capacity to gather baseline data on % of clients served related to outcome achievement according to ethnicity

- Strategy: Redesign business practices and service delivery to achieve equitable outcomes
 - Indicators
 - % of FTE’s shifted to blended teams targeting communities with the highest levels of disparities
 - Improvements in academic achievement (report cards) and drop-out rates among students in families participating in initiatives that target ending the cycle of poverty, ex: Next Generation
 - # of clients served in a new model of grouped service delivery targeted to specific age, gender, and ethnic populations to combine care, client education, peer education and mutual client support

- Engage private industry, government, community and faith-based partners to create initiatives and realign policies to eliminate racial and ethnic disparities in outcomes
 - Indicators
 - # of action plans in progress with community partners focusing on racial and ethnic disparities.
 - # of private health providers with capacity to care for Latino clients
 - # of private primary health care providers working to improve content of behavioral health care in collaboration with WCHS

Goal 3

WCHS and community partners will anticipate and respond to threats to public health and safety

- Promote family safety and decrease the occurrence of violence
Indicators
 - Address anxiety, depression, post partum depression, alcohol, and substance use among clients and their families to decrease family and community violence

- Promote youth safety and decrease the occurrence of youth violence
Indicators
 - # of staff implementing gang prevention action strategies
 - amount of funding for non-school hour programs for at-risk youth raised through efforts WCHS staff working with community partners
 - # of pre-teens (11-12 years old) already at risk for or experiencing school failure participating in innovative prevention programs, ex: clinic setting

- Prepare for and respond to natural and man-made disasters
Indicators
 - Establish baseline for persons with special needs in Wake County
 - Collaborate with community based agencies to serve as a source of health and safety information for minority and ethnic populations
 - Re-align mental health disaster response plan to be more community provider based

Goal 4

WCHS will make decisions for improved outcomes based on the effective use of data

- Equip staff and community partners to effectively collect, analyze and use data
Indicators
 - # of FTE's shifted to establish a new team to assess data needs and to develop an ongoing system of collection and analysis of key data and indicators for community and client outcomes.
 - # of staff and community partners trained to increase effectiveness and efficiency through use of best practice delivery of care models developed by large scale research
 - # of county and community partner staff trained to use new client database and/or interface to be developed to improve content, quality, coordination, and follow up care for our clients
 - Acquire proper technology to support the information management needs of WCHS initiatives focused on building community capacity to serve clients

- Work with community partners to identify the needs of the community and gaps in services that provide basic needs

Indicators

- % of blended teams that conduct neighborhood assessments in their target areas and use the data to work with community leadership to develop or realign services
 - % of Human Service managers who implement work plans for addressing gaps in services and/or realigning services based on gaps, needs and concerns identified by community members through the community assessment, action plan to end and prevent homelessness, or other community based process
- Shift resources to community partners who effectively use evidence-based strategies
- Indicators

Wake County Trends

I. Growth

Wake County's population has increased dramatically since the 1980s and population projections suggest rapid growth will continue. According to the NC State demographers, 2005 population estimate was 755,034 people. Although whites remain the largest racial group in Wake County, the percent of non-whites increased between 1990 and 2004. During this period, the number of Hispanics/Latinos living in Wake County increased by nearly 940%. The Asian /Pacific Islander population also grew rapidly at slightly more than 260%.

Schools enrollment continues to increase. In the fall of 2006, 7,568 new students arrived in Wake County's public schools bringing total enrollment to 128,072. By the 2008-09 school year, enrollment is expected to exceed 140,000.

The births in Wake County continue to increase. In 2005, there were 12,264 births. Approximately, countywide 80% (9,873) began prenatal care in the first trimester of pregnancy, although only 73% of non-white women began care in the first trimester. (In Wake County Human Services 44% entered care in the first trimester).

Wake's infant mortality rate overall is 6.9 deaths per 1,000 infants, (below the state rate 8.8).

II. The Browning of America

Immigration is quickly changing the ethnic composition of the US population. By 2020 50% of the population in the US will be non-white according to predictions by the US Census Bureau. NC is likely to reach that milestone much sooner as our state has the fastest growing minority population in the nation. The immigration rate of Central and South Americans and Asians into NC has already had an impact on Wake County's economic, educational and government service systems. As the predominantly Caucasian baby boomer generation ages, the young adult immigrants in their childbearing years will continue to change the community we share. Wake County will not mirror the US aging trends because so much of the migration population is mainly of childbearing years.

III. The Graying of America

By 2020, North Carolina's population of adults age 65+ will have grown 71% from what it was in 2000, and by 2030, will have grown 129%.

As senior adults are experiencing increased longevity, there will be an increase in chronic health conditions which along with limited resources will have an impact in the quality of life of these added years.

IV. Disparities

Disparities between whites and blacks in Wake County are both stark and pervasive. Whereas only 3% of white children in Wake County live in poverty, 20% of African American children do. Compared to white children, African American children in Wake County are: 2 times more likely to die in the first year of life, 4 times more likely to be suspended from school, 6 times more likely to score below grade level on an end-of-grade test, 8 times more likely to be in foster care, and 6 times more likely to live in poverty.

Health Disparities

In Wake County, 13.9 percent of residents were uninsured in 2004. "The uninsured have few reasonable cost options for health care, sometimes forcing them to ignore medical conditions until they become an emergency," researcher G. Mark Holmes said in a news release. (Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.)

The global obesity crisis is a significant countertrend to the physical culture movement. Poor diet, physical inactivity, and associated obesity contribute to 47% of diseases and 60% of deaths world wide, according to the International Association for the Study of Obesity. 55.8% of adults surveyed in Wake County reported being overweight or obese. (Data based on self-reported weight and height in the 2004 Behavior Risk Factor Surveillance System (BRFFS) survey) 16% of children and youth (6 to 19 years) are seriously overweight or obese. (Centers for Disease Control and Prevention, 2002)

According to Institute of Medicine (IOM) report requested by Congress in 1999, U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and more likely to experience a lower quality of services than Whites.

African American adults are 12 times more likely to be diagnosed with HIV, and are twice as likely to be diagnosed with prostate cancer in late stages than are white men. African American women have a 32% higher death rate from breast cancer than white women. African Americans have a death rate of 295.5 (out of 100,000) due to heart disease and 96.5 due to stroke compared to 240.0 and 68.3 respectively for whites. The prevalence of diagnosed diabetes is 1.5 times greater for African Americans than whites; the average death rate from diabetes is 2.5 times greater among African Americans.

It is estimated that almost one in three Wake County residents will have a mental health, developmental disabilities and/or substance abuse (MH/DD/SA) problem each year. In

North Carolina, the mandatory downsizing of psychiatric state hospitals may follow the national trend of homelessness and increase in the jail population.

Economic Disparities

Wake County's economic growth has steadily shifted from producing goods to service producing industries. The fastest growing industries projected for the 2010 are computer and data processing, residential care, health services, cable and pay television, personnel supply, warehousing and storage to name a few. (Bureau of Labor Statistics)

Despite economic growth, families below poverty level in Wake County are significantly higher among minority populations compared to whites. According to Census 2000, Black families fall in the 15% of poverty level compared to Hispanic 23% and Whites 5%. Black families with children age 5 and above below poverty level is 23% compared to Hispanic 27% and Whites 3%. Single parent black female household is 25% compared to black married household 3%. Black families with children age 5 and above below poverty level is 23% compared to Hispanic 27% and Whites 3%.

In 2004, in North Carolina, an extremely low income household (earning \$16,421, 30% of the Area Median Income of \$54,735) can afford monthly rent of no more than \$411, while the Fair Market Rent for a two bedroom unit is \$623 and in Wake County is \$779.

A minimum wage earner (earning \$5.15 per hour) can afford monthly rent of no more than \$268. In North Carolina, a worker earning the Minimum Wage (\$5.15 per hour) must work 93 hours per week in order to afford a two-bedroom unit at the area's fair Market rent, while in Wake County a worker must work 116 hours per week.

The African American median household income is 44% below Whites. In 2003, the African American median income was \$33,163 compared to Whites \$59,449.

The same finding is true for Per Person Income. Per person Income for Blacks is 45% below than Whites. In 2003 Per Person Income for Blacks was \$17,626 compared to Whites \$32,125.

Neighborhoods for people of color are more likely to be poor than predominately white neighborhoods.

WC unemployment rate for 2004 was 4.3%. However, a high number of people currently employed have low paying jobs with no benefits or health insurance.

Family Structure

In 2004, the majority of households in Wake County are families with children. However single mothers head 19% of these families. A societal shift is disconnecting marriage and childbearing.

This is concerning because children in single parent families are more likely to be in poverty, children in low-income families generally have lower academic performance (source: WCPSS, Report on Achievement Gap 2002). Children of low –income or single parent

families are more likely to experience abuse or neglect. (Source: 1996 National Incidence Study.)

Demand for childcare and other family-oriented services will continue to grow.

Family structures are becoming more diverse. Growing numbers of grandparents are raising their grandchildren. (World Future Society Report 2005)

In Wake County one in four women will be a victim of domestic violence. (US Dept of Justice NC) In 81% of the violence cases, children were present in the household. 20% of teenage girls report being hurt by their boyfriends or dates.

Education Disparities

Asian (92%) and White (88%) were more likely to graduate than Black (68%) and Hispanic/Latino students (72%). (The dropout Source - WCPSS Outcomes Summary for 2004-2005).

The gap in reading and math scores for black and Hispanic 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.

Black males represent 28.5% of those suspended, four times the % of white males who are suspended. Black females represent 14.6% of those suspended, more than six times the % of white females.

Black and Hispanic students represent 49% of those retained in ninth grade. 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%). The dropout Source - WCPSS Outcomes Summary for 2004-2005.

Juvenile Justice Disparities

In recent years, the rate of African American and Hispanic/Latino youth in North Carolina lost to the criminal justice system has skyrocketed. African American and Hispanic/Latino males comprise roughly 18% of the state's population; however, they represent 75% or more of those in the criminal justice system, depriving the community of strong, healthy and productive citizens and role models, and costing \$25,000+ per person plus lost of income.

African American youth comprise 17% of the youth population, but represent 27% of all drug violation arrests. 48% of the youth are detained for a drug offense. For weapon offenses whites and African Americans were reported for similar rates of carrying guns (5.5% Whites and 6.5% African American), yet African Americans represent 32% of all weapons arrests at a rate twice that of whites. African American adults in Wake County

are 14 times more likely to be imprisoned. In 2005 African-Americans comprise 71% of the Wake County prison population compared to White 20.4%.

V. Gangs

The failure of students to thrive in school makes them prime targets for gangs. According to the Governor's Crime Commission, there were 387 gangs (332 in 1999) and 8,517 gang members (5,068 in 1999) reported in 56 of 100 counties in North Carolina in 2004. In 2004, Wake County law enforcement agencies reported 39 gangs and 1,753 gang members (highest in survey). Seven counties are adjacent to Wake: Chatham, Durham, Franklin, Granville, Harnett, Johnston, and Nash. Wake and its adjacent counties accounted for over 45% of the reported gang members, although Chatham, Granville and Johnston counties were unable to quantify the number of gangs and gang members in their counties.

According to the North Carolina Gang Investigators Association, there is a need to create standardized definitions of gangs and gang member validation within our state to improve the quality of gang data and intelligence and analysis. Therefore, the numbers reported in the 2004 Governor's Crime Commission survey do not accurately reflect the gang problem in North Carolina and should not be used for comparative purposes. These numbers, however, do reflect each reporting law enforcement agencies perception of gangs in their community, however stringently or loosely they define "gang" or "gang member."

VI. The Digital Era

Digital media will dominate communications by 2010, altering all aspects of human culture. Private and public organizations will need to build their capacity to respond to customer's needs in a manner that is faster, more efficient and cheaper using digital technology.

Legislation, Mandates and Policies

Federal and state legislation, mandates, and policies continue to have a considerable impact on service provision.

Efforts to move human services issues to the forefront may gain strength as a result of the recent shift in the political landscape at both the state and federal level. Health care for low income people, a federal increase in the minimum wage, and an increased focus on funding for human services programs will likely emerge as priorities.

In addition, federal and state efforts to reform the mental health system continues to be a challenge for Wake County as well as other counties throughout North Carolina.

Funding from the state to support adequate community based services remains a serious issue.

Finally, compliance with Title VI of the Civil Rights Act of 1964 and the Department of Health And Human Services Title VI Language Access Policy remains an outstanding issue. The law requires that individuals with limited English proficiency have a

meaningful opportunity to participate in and access programs, services, and benefits. Wake County has not yet fulfilled its obligation in this area.

Key Issues

- Effects of statewide mental health reform and the planned closure of Dorothea Dix Hospital in 2007 require significant increase in community support services, especially in the service areas of employment, housing, health insurance and prescription assistance. A prioritized objective of the Wake county Board of Commissioners is engaging the hospital community to identify operating partners for a local psychiatric inpatient unit.
- Anticipate continued increase in service demand and caseload growth for economic-related services, specifically related to public health insurance (Medicaid), food assistance (FA), and energy fuel / emergency assistance.
- Anticipate need for additional bi-lingual staff in economic service areas in order to serve individuals and/or families with limited English proficiencies (primarily Spanish-speaking adults seeking service assistance).
- On February 8, 2006, President Bush signed into law the Deficit Reduction Act (DRA) of 2005, formally known as the Budget Reconciliation Act. The DRA reauthorizes TANF (Temporary Assistance for Needy Families) 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.
- Wake County's Work First Program has achieved a 69.47% reduction in its cash assistance caseload, from 5,025 in 1995 to 1,534 on September 1, 2006.
- Decreases in the traditional TANF (Work First) caseloads, have resulted in caseloads consisting of individuals who are considered harder to serve (e.g. untreated substance abuse issues, limited literacy and/or skills, etc). These individuals require more intensive case management resulting in increased costs in providing service and many times a longer reliance on government supports (e.g., Food Stamps or Child Care)
- Although the breast cancer rate is similar among African American and white women, African American women have a 37% higher death rate from breast cancer than white women. For 2005 there were 70 breast cancer deaths in Wake County, with 80 projected for 2006.

- African American men are twice as likely to be diagnosed with prostate cancer in late stages than are white men. In 2005 Wake County reported 50 deaths. This number is projected to be 45 for 2006.
- African Americans have a death rate of 295.5 (out of 100,00) due to heart disease and 96.5 due to stroke compared to 240.0 and 68.3 respectively for whites. In 2005, there were 797 heart disease related deaths in Wake County, 229 deaths were attributed to strokes.
- The prevalence of diagnosed diabetes is 1.7 times greater for African Americans than whites. The average death rate from diabetes is 2.5 times greater among African Americans. In 2005, there were 125 deaths attributed to diabetes mellitus.
- In 2006 Wake County community surveys, 60.9% of respondents listed cigarette smoking as a serious to moderate problem, with 48.7% listing lung cancer in the same severity category.
- 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 \$2.7million (70% of which goes directly to local health departments) will be a severe blow to North Carolina, Wake County and 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, DSDC will create a satellite diabetes management program targeting underserved and hard to reach populations in Wake County. Services provided by DSDC will consist of a comprehensive plan for self-management, nutritional management, physical activity, blood glucose monitoring, high-risk behavior reduction, education, referral and goal setting for the targeted population. The partnering ADA Education recognized organization and Project DIRECT would provide resources for DSDC services. The ADA-recognized sponsoring organization, by accreditation standards, is required to have a diabetes coordinator, a registered dietitian (RD) and a registered nurse (RN). Project DIRECT, a community-based diabetes project, has proven research and experience in health promotion, outreach and diabetes care. Other healthcare professionals with expertise in diabetes and counseling skills will be involved in the delivery of services. Service provision will be enhanced by the inclusion and involvement of selected community volunteers, who have participated successfully in the program and can serve as mentors and supporters. 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.

- The number of nonprofit organizations in Wake county has doubled over the last several years, suggesting a likely increase in the need for capacity building services to ensure the viability of these organizations to impact Human Services' outcomes. The increased emphasis on partnerships with community based organizations as an alternative to the county's provision of service; the movement toward regional based services; the increase in new organizational partners; and the increased training needs of organizations to meet the changing needs of their clients will likely present additional demands for Human Services to engage in capacity building services with internal staff and external partners.
- The major issue facing Community Resources is the increase in the Wake County's Hispanic population. The Community Resources Program is currently evaluating ways in which our programs can leverage more resources from 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.
- In the HIV Clinic, 47% of the newly diagnosed clients have already progressed to AIDS, which will result in the increased the 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 health 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 preterm, low infant birth weight. This information, its continued study, and the development of resources to address it are a concern in Wake County. It is an opportunity for dental and prenatal professionals to work together for better outcomes.
- The persistent and increasing disparity between white and African American birth outcomes is a significant concern. In 2005, the infant mortality rate for African Americans was greater than three times the white rate. Wake County needs to continue to specifically address the disparity in birth outcomes by race, examine the disparity in risk factors that can be addressed and shift resources to tackle this issue.
- 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. Nurses taught and validated competencies of school staff to perform over 2,000 procedures in the school setting, and 11% increase over last year.

- Child mental health is already working together with Southern Regional Center and Child Protective Services (CPS) to plan to bring parenting classes for CPS clients out to both regional centers. These classes are often required for clients, and they would be team taught by mental health and CPS staff regionally to be more accessible to clients.
- In the face of mental health reform, and the push toward integrated 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 injectable medications, or provide substance abuse treatment. Almost all of the clients on injectable medications do not meet population's specifications for any other programs at the regional center. Many of the substance abusers do not fall into these population groups. The treatment needs of CPS or other integrated clients are different than the treatment needs of the Severely and persistently mentally ill injectable medication groups. Furthermore, we don't yet know whether the state will continue the waiver to provide community support services. We don't know if the state will require a waiver to provide behavioral health outpatient services. We need to determine which populations we will retain, help clients to find private services, and find billing mechanisms either through traditional mental health funding or other billing sources to pay for the services we retain.
- The natural population growth of the eastern part of Wake county, as well as the increased fertility rate seen in the burgeoning Latino population will result in an increased demand for all clinical services. Locally, there is still limited access to Medicaid providers who will see non-English speakers. There is also a lack of medical providers who will see uninsured patients on a sliding fee scale in the immediate area. Mental Health Reform: There is still a need to identify new strategies and/or modify existing services.
- As the population in Eastern Wake County increases, the Eastern Regional Center may require additional child welfare staff or a decrease in the area assigned to maintain state caseload standards.
- ERC 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.
- The southern region continues to be one of the fastest growing areas with 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 has been

in operation for ten years. To reduce the load, the Center expanded services during evening hours. 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.

- Wake Health Services, Incorporated (WCHSI) has been contracting for six years to operate a family practice in the clinic area of Southern Regional Center (SRC). At the time, there were few, if any, private providers in the southern area of the County who would serve Medicare or Medicaid clients. WCHSI agreed to provide health care regardless of income and charge on a sliding scale. This relationship has proven successful for the County by bringing a medical home to many who would not otherwise have one and capitalizing on County dollars that would have been otherwise used for salaries to staff a full clinic. WCHSI has been able to build a thriving practice and become integral in the community. The clinics at SRC and WCHSI both operate alongside each other, sharing much of the clinic space as well as the lab. Now, it has become evident that for either WCHSI or Wake County clinics to adequately serve the increasing populations of clients, more clinic space needs to be identified. It is with great frequency that WCHSI and Wake County work to mutual clients' needs for such things as mental health counseling, postpartum care, nutrition assistance, parenting needs and health care coverage so for WCHSI to be able to maintain a facility within close proximity to SRC would be optimal.
- 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.

Opportunities

- Automation of Business Practices (standardized service intake, electronic client records, automated eligibility determination and case management, electronic policy/procedure manual etc). This would include tightening up of business practices related to documentation accountability, contract monitoring and reducing the County's risk to internal/external fraud.
- Issues related to Immigration Reform with specific attention to status of documentation/legal vs. undocumented/illegal. Potential cost to local counties related to verification of identification or processing costs to obtaining identifications from other states.
- Medical 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.

- The invitation from the Annie E. Casey Foundation to be an anchor site gives Wake County the opportunity to partner with the foundation to continue its efforts to reduce racial disparities in Child Welfare. In collaboration with foundation staff, Wake County is developing and submitting a proposal for how the foundation and the county will work together beginning in calendar year 2007.
- Opportunities continue to exist to increase resources available through community partnerships. Blended teams in Family Support and Child Welfare have developed many partnerships with churches, especially in Southern Central Raleigh and the Brentwood Mini-City area. Partnerships with landlords and housing developers are in process of being developed. Local businesses such as Harley Davidson Buell and Glaxo have sponsored the Motorsports Expo fund development event to increase the availability of summer programming for at risk children.
- To partner with WCPSS to provide adequate space without cost in schools for all school based Human Services programs. Of particular concern are school-based Ready To Learn Centers and After School and Summer Programs such as Magic Camp and 21st Century Learning Centers.
- The Eastern Regional Advisory committee will more clearly define outcomes for the coming years. This group will seek to partner across the community to leverage results on defined issues. These strategies include: higher involvement from local elected officials, improved alignment with civic and faith-based organizations, and increased branding and recognition of the regional center and its services.
- During 2006, 2,322 males (4,938 visits) sought health services through Wake Health Services. Research indicates that men are high risk for heart disease, cancer, high blood pressure and diabetes. Many of these diseases are the cause of early deaths and some are preventable. African American men live 7.1% years less than other racial groups. Single parent homes are one of the number one factors associated with poverty. There are opportunities in the southern region to increase partnerships with community healthcare providers and organizations to educate consumers about the risks in an effort to increase early screening and detection for men health issues.
- The Southern Regional Center is a 21-mile drive from the main Human Service building in Raleigh making it difficult for staff to participate in training opportunities because of the travel time and other work schedules. Having the ability to have teleconferencing capabilities will improve participation and learning for employees. Opportunities also exist to increase efficiency, cost effectiveness, and address service demands 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 by having customer information readily available at all locations, especially the regional offices.
- With an increasing school population, youth violence, substance abuse and teen pregnancy, there continues to be a need in the southern region for strong community

advocacy that will increase structured youth activities. These activities include increasing educational programs, which increasing educational programs, which include career awareness and job skill development, and increase preventative services in the areas of violence, substance abuse and pregnancy. The assignment of regional youth teams by 4-H Youth Development is the perfect opportunity to expand partnerships with the towns to improve youth outcomes.

- Opportunities exist to further define and expand the Faith Partnership in the southern region through collaborative strategies with Child Welfare, Community Initiatives and Family Support.
- The Immunization/Tuberculosis (TB) Program of Wake County Human Services added an Immunization/TB Clinic service at Southern Regional Center (SRC). The clinic currently operates on a part-time basis. With an increase in the need for services it will be necessary to expand services to full-time. Staff provide routine immunizations and TB testing per appointment with limited walk-ins.
- North Carolina Action for Children believes an expansion of eligibility from 200% to 300% of the Federal Poverty Level for children's Medicaid and Health Choice will be a legislative priority this long session -- including possible coverage for underinsured parents and filling in the increasing gaps in insurance and uninsured residents of our community.
- An expanding community provider network for persons in need of treatment and care for mental illness and substance abuse will free internal resources to focus on integrated human services populations in need of coordinated and integrated mental health and substance use services, including children and parents in the child welfare system and the TANF program, Latino residents, and persons living near our Regional Centers and otherwise isolated from receiving care by geography and transportation.
- The increasing effectiveness of new psychiatric medications currently offset by their expense can be breached by improving participation in Patient Assistance Programs where income eligible individuals can receive medications at no or low cost.

Highlights

- In the fall of 2005, Wake County responded to Hurricanes Katrina and Rita by offering shelter and support to evacuees. It is estimated that 1,200 to 1,500 evacuees came to Wake County in the aftermath of Hurricane Katrina. Wake County Human Services participated with numerous partners to address their needs. The Katrina Shelter was operational for three weeks. A myriad of services were provided to the evacuees at the shelter and follow-up assistance was provided after the shelters closed.

- In FY05-06, the Wake County Board of Commissioners awarded Catholic Charities \$56,000 to establish a coordinator position to continue the “Circles of Support” approach which successfully supported Katrina evacuees, who relocated to Wake County. Approximately 40 churches formed 76 teams (Support Circles) to assist 200 Katrina evacuees. Support Circles are now being organized to help persons locally who are homeless move into housing and regain stability in their lives.
- Wake County Human Services trained 400 staff members in the Incident Command System enabling us to respond appropriately to disaster situations and to improve our interaction with partners.
- Employee health gave over 1,500 flu shots to employees last year.
- Tuberculosis cases at Sanderson High School and Wake Tech Community College required screening of 140 students and 101 students, respectively. No new cases were identified.
- A dog bite prevention campaign was launched, which included the formation of a community coalition, PAT (People and Animals Together), identifying and developing educational materials, and piloting an educational campaign in the schools.
- The Communicable Disease program developed a flexible Tuberculosis skin-test measuring ruler to be distributed to all physicians in Wake County. This ruler has all of the instructions needed to properly read a TB skin test.
- As part of implementing the new NC Immunization Registry, 8 private provider practices (100 + staff) were trained to use the computerized system, including Wake Med’s Raleigh and North Raleigh campuses. This program allows providers across the state to look up the immunization status of any child in the system.
- Communicable Disease Outbreaks:
 - September 4, 2005: “NCSU Tailgate Party” outbreak of Salmonella in a group of NC State students who had eaten at a pig picking tailgate party before the game. Assisted the NCSU Student Health Center, recognizing 17 ill students of which 13 were diagnosed as having Salmonella. The event provided the opportunity to educate students on safe food handling, hand washing, food preparation and prevention of disease.
 - June 14, 2006: NC Dept of Insurance. A private vender provided a catered lunch to the NC Department of Insurance of which 106 people attended. Forty-eight became ill with similar symptoms. The Communicable Disease team assisted Wake County Environmental Services in handling the outbreak, phone calls and questionnaires.
 - January 12, 2006: Australian Basketball Team and food borne illness. An Australian basketball team visiting NC became ill while traveling through

North Carolina. Worked with Wake county Environmental Services and the Orange County and Mecklenburg County health departments.

- Animal Exposures:
 - Positive rabid animals for 2006 to date: 23 (11 Raccoons, 7 Bats, 4 Cats, 1 Fox, no dogs)
- 2005 Tuberculosis (TB) Audit:
 - State goal for HIV documentation of all TB cases: 75% Wake County results: 100%
 - State goal for high priority (close) contacts to infectious TB identified/fully evaluated: 85%; Wake County results: 98%
 - State goal for high priority contacts under 5 years of age treated for Latent Tuberculosis Infection LTBI: 90%; Wake County results: 100%
- Wake County TB Program was selected by North Carolina Department of Public Health to be the first county program in the state to pilot the electronic Disease Surveillance System.
- Wake County's Supportive Employment Program was awarded the annual Best Practice Award from the North Carolina Association for Persons in Supported Employment (NCAPSE).
- Wake County's Work First (WF) Program, a program that requires public assistance participants to obtain employment and move off of welfare within two years, exceeded State established goals for benefit diversions, employment and percentage of participants staying off of public assistance after going to work.
- Wake County's Work First program introduced the "Next Generation" initiative, which focuses on the educational success of 14 and 15 year olds whose families receive Work First or 200% of Poverty Services. The primary goal is to provide supportive services that will improve or maintain academic performance. During the past school year, students and their families participated in a variety of workshops related to youth (e.g. study tips and educational course selections, substance abuse, teen gangs and violence, dating and relationships).
- Wake County Child Welfare participated together with nine states and three other counties in a National Breakthrough Series Collaborative (BSC) on reducing racial disproportionality in Child Welfare sponsored by Casey Family Programs. The Wake County participants included Child Welfare staff, a foster child, a parent involved with Child Welfare, and a representative from the Wake County Public Schools and the Guardian Ad Litem office. As part of its work in the BSC, Wake County developed a protocol for increasing involvement of fathers in families working with Child Welfare. Also, during the year, representatives of the Federal General

Accounting Office visited Wake County to learn about Child Welfare's approach to addressing racial disparities.

- Child Welfare expanded its use of blended teams assigned to the eastern, southern and northern regions. Blended teams include the three major Child Welfare functions of assessment, in home services, and foster care on single team, providing better continuity of service for families. By assigning teams to regions, Child Welfare has also been able to improve partnerships with community resources and other regional service providers.
- The Annie E. Casey Foundation has invited Wake County to be one of 15 anchor sites for its Family-to-Family Child Welfare reform initiative. Foundation leaders indicated Wake County was one of the most successful jurisdictions implementing Family-to-Family strategies and recognized Wake County's leadership in creating a Child Welfare Faith Partnership and addressing racial disparities. Anchor sites are invited to apply for foundation support and are asked to serve as demonstration sites for other Child Welfare jurisdictions.
- The North Carolina Sixth Grade School Site Hepatitis B Ten Year Immunization Initiative ended this year and showed great success. During the initiative, School Based Public Health Nurses in Wake County immunized over 60,000 students.
- Ready To Learn Centers participated in a countywide initiative with PLAYSPACE Children's Museums and various other early childhood advocates/partners to plan and host a very successful "Countdown to Kindergarten" event.
- 4H Youth Development, INROADS Inc., and Loaves and Fishes jointly designed and delivered a career exploration and workforce preparedness summer program for high school age youth. The youth targeted for this program were identified by the following risk factors: multiple school suspensions, delinquent, and/or residing in a community with a high volume of gang activity.
- In November 2005, the Child Passenger Safety Program was recognized at the Wake County SafeKids Annual Banquet for its efforts which once again included sponsoring and participating in 30 events ensuring the safety of over 2,000 children.
- The Child Passenger Safety Program and SIDS program participated in the NBC17 Health Fair, reaching 10,000 families with interactive activities. A Baby Love commercial promoting early prenatal care, nutrition, back to sleep and child passenger safety aired on NBC17 for several months.
- The Successful Children Sub-Committee of the Human Services Board along with Making Magic – An Alliance For Kids, organized the first annual Motor Sports Expo, an initiative to raise funds for Magic Camp, which will be held January 2007. With increased community commitment and partnership, a structure for fund development

and sustainable resources will be in place to support quality after school and summer camp opportunities for children at risk of school failure.

- The Local Managing Entity for MH/DD/SA services developed its own work and grew the breadth and depth of services for consumers. The LME currently authorizes, manages and assures quality service provision of a range of services from basic outpatient through intensive residential treatment settings through initial provider endorsement and enrollment procedures, ongoing training and technical assistance, and monitoring for more than 460 specific sites throughout the county.
- The LME (LME) has successfully strengthened its partnerships with the law enforcement and criminal justice system towards the goal of diverting consumers from inappropriate legal system involvement into appropriate treatment for mental health and addiction disorders.
 - The police Crisis Intervention Team (CIT) partnership have trained more than 150 patrol officers across multiple jurisdictions. CIT officers have responded to more than 300 consumers during the first year of implementation. About 25 % of those consumers were jail diversion calls.
 - Despite staffing reductions, the Child Development Community Policing program also broadened its response to the Raleigh Police Department and assisted more than 175 families where children had been exposed to domestic violence or some other trauma resulting in a police response to the home.
 - LME staff was actively involved in the Gang Prevention Partnership Plan and will be sponsoring training events for behavioral health providers throughout the upcoming year.
- Southern Regional Center held its ten-year celebration in recognition of the many partnerships and efforts over the last decade to improve service provision within the region. Over 100 people attended the reception and customers benefited from service information throughout the month.
- Southern Regional Center's partnership with local community organizations, faith partners, service agencies, businesses and citizens provided goods and services valued in excess of 1.3 million dollars to assist those in need. The drug assistance programs accounted for the largest portion of contributions. Southern Wake Family Medicine provides a Drug Assistance Program (DAP) for patients. Mental Health staff receives medications from pharmaceutical representatives. Both programs received mediations valued in excess of \$800,00.00. The high costs of prescriptions for many of our uninsured and consumers with limited resources impacts their ability to purchase the medications thus comprising their health.
- The regional centers were among the first sites in the state of NC to be granted a "card-swipe/touch screen" client registration system.

- In the southern region, collaboration with JobLink Employment Services staff at the Cary Employment Security Commission provided (intensive services for displaced workers) at Southern Regional Center.
- A partnership with Wake Technical College, Employment Security Commission, Capital Area Workforce Development, Work First Family Assistance program, in conjunction with area businesses and the Employment Services, team at Southern Regional Center (SRC) sponsored an annual job fair that was very well attended. This year's fair featured 62 employers and attracted 450 job seekers. Many businesses were pleased with the number of qualified applicants they met the job seekers were impressed by the variety and scope of potential employers present.
- A weekly domestic violence support group for women receiving services at the Eastern Regional Center was established with community partners.
- The Eastern Regional JobLink was chartered by the State of North Carolina. This certification places it on par with other statewide centers and serves as recognition that core services and functions are available to job seekers within the community.
- TRACS rural public transportation services expanded operations to include employment transportation services under a Job Access Reverse Commute grant from the NC Department of Transportation, Public Transportation Division. This new service provided a reasonable, affordable transportation alternative to many people in need of transportation for work, and work related activities. This TRACS transportation service is in alignment with, and is supportive, of agency outcomes.
- Human Services Transportation staff participated in a regional transportation services consolidation planning process funded by the NC Department of Transportation. The study considers the merits of combining the transportation programs in Wake, Orange, and Durham counties under the Triangle Transit Authority. Areas of emphasis for Wake County are that any agreed changes would clearly increase the effectiveness of the transportation services provided to the customer, and also reduce costs for the service.
- Staff Development trained 180 staff in the areas of customer service, values and characteristics. We also trained 9 people to assist in this project as we have more than 1400 people in need of the training. This is a part of the agency's push to create excellent customer service throughout the entire organization.
- Increased the accessibility and quality of content for over 4,000 pregnant residents who rely on WCHS clinics for prenatal care in collaboration with Wake Med Obstetrics. Doubled night clinic appointments on Mondays-Thursdays and added Saturday morning clinics to decrease wait time for first prenatal appointment from over 13 weeks to less than 5 weeks.

- Continue to have the lowest overall infant mortality rate among all urban counties in North Carolina though non-white infant mortality remains, unfortunately, greater than three times the white infant mortality rate.
- Became a recipient of Title X Family Planning monies to assure access to safe, affordable, and comprehensive contraception for underinsured and uninsured women while continuing to lower the teen pregnancy rates for white and non-white teens alike.
- Our model Pediatric Developmental Surveillance Program, providing and mentoring best practice developmental screening in private and public pediatric practices across the county was published in Pediatric Nursing, Sept-Oct 2006, Vol. 32, No. 5: "Nurses' Utilization of Parent Questionnaires for Developmental Screening."
- Shared the GlaxoSmithKline Child Health Excellence Award with Wake Med's Pediatric Diabetes Prevention Program, referring children at risk of developing diabetes for screening, assessment, treatment and intervention.
- Affected the separation of Carolina Access Child Health Clinics, previously combined with Wake Med Faculty Pediatrics, to better provide a medical home for nearly 10,000 infants and children and continue to decrease unnecessary emergency room visits for conditions better served in clinic settings.
- Continued to provide record numbers of prescription medications at the lowest cost possible to underinsured and uninsured consumers seen not only in our own mental health and physical health clinics but by collaborating community providers.
- With funding from the Covering Kids project of the Robert Wood Johnson Foundation and the John Rex Endowment, and in collaboration with economic services and the Wake County Medical Society, maintained and increased enrollment of record numbers of infants, children and teens to Medicaid and NC Health Choice medical insurance.
- Adult economic services assisted thousands of Medicare eligible seniors in electing Medicare Part D prescription drug coverage.
- Adult economic services successfully implemented new rules on proof of citizenship in processing applications for federal benefits programs, including adult Medicaid, supplemental security incomes, and food assistance.
- Assured continued availability to quality community based mental health services by assisting staff in obtaining additional credentials, licensure and direct enrollment with the Division of Medical Assistance, receiving endorsement to provide enhanced benefit mental health services, and obtaining a full year waiver to continue to provide these services while a careful and considerate Request for Proposal process sought new in and out of state providers to enhance our community provider network.

- As we approach next year's 30th anniversary of the Larry B. Zieverink Sr. Addiction Treatment Center, served over 800 substance abusing adults with over two thirds remaining substance use free within 90 days of treatment completion and over two thirds of those who accept halfway house placement post-discharge substance free over 9 months post discharge.
- Renovated the AA Thompson facility and transformed the acute mental health clinical programs cited there to better address disparate outcomes in mental health and substance abuse in Southeast Raleigh.
- The agency engaged in the development of the Ten-Year Strategic Plan. Many activities took place including 8 community and staff forums, work sessions with staff, community partners, Human Services Board, County Manager's office and stake holders and presentations on key issues by experts on various fields including J.B. Buxton, Special Advisor to the Governor on Education, Dr. Jim Johnson, demographer and economist, UNC Kenan Flagler School of Business, Federico van Gelderen, HS Board member and publisher of "Que Pasa" Spanish media newspaper spoke on Economic Impact of Latinos, Mr. Benny Rideout HS Board member presented on Medicaid, Honorable Armando Ortiz-Rocha, Mexican Consulate, Jim Goodman, Capitol Broadcast and business leader, Chris Fitzsimon, Fletcher Foundation, Policy Watch. A new vision for Human Services was developed along with four major goals and twelve broad strategies.
- Human Services has committed to address racial disproportionality and disparate outcomes in all programs and services. To that end the agency sponsored several events and activities including presentations by experts on disparate outcomes in child welfare, public education, health, juvenile justice system and economic services. In addition the agency sponsored the viewing of a documentary " Race: The Power of an Illusion" for staff and community partners. 124 people attended. This film shows the history and impact of race in the United States. The People's Institute for Survival and Beyond conducted two 2 1/2 day workshops for staff and community partners on "Undoing Racism". The workshop is about providing a deeper understanding of how structural racism works and perpetuates embedded racial inequity. 102 people attended. Among the presenters and consultants and facilitators of these series of events are Dr. Carol Spigner- University of Pennsylvania- School of Social Policy, David Holdzkom- Assistant Superintendent- Evaluation and Research. Wake County Public School System (WCPSS), Rhonda Zingraff- School of Social Work- Meredith College, Jack Rogers, Economic Self Sufficiency Director, and Regina Petteway from Community Health. Khatib Waheed- Senior Fellow – Center for the Study of Social Justice. Kimberly Rogers, and David Billings - The People's Institute For Survival and Beyond- Monica Walker and Deena Hayes- Community Organizers, Guilford County, N.C.
- Divested and transferred over 350 adult mental health and substance use consumers to community based resources and the growing community provider network while also accepting 200 new referrals of difficult to place and serve adults from the Local Management Entity.

Accomplishments

1. **Women and families will have healthy, planned births.**
 - A. 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 perinatal substance abuse program, 40% began care in the first trimester.
 - B. 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 WIC, the low birth weight rate dropped from 7.7% in 2004 to 7.4% in 2005.
 - C. 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.
2. **Families will support their children's successful development.**
 - A. 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 (ECHO) referred 414 individuals for health, mental health or other services. 83% were linked to services within 4-6 weeks.
 - B. 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, IEP meetings, SST 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.

3. **Parents will financially and medically support their minor children.**

- A. % Of children with Medicaid that obtain the recommended physical exams
 - 21,696 Wake County children received health screenings through Health Check
- B. # Of Wake County children enrolled in NC Health Choice insurance
 - 37,619 (Cumulative) Wake County children enrolled in NC Health Choice at end of FY05-06
- C. # Of child support collections from non-custodial parent
 - At the end of FY 05-06, 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.)

4. **Children will be ready for school.**

- A. Percentage of children entering kindergarten demonstrate school readiness on the Initial Assessment administered by WCPSS
 - Waiting data on Kindergarten Initial Assessments from WCPSS
- B. 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.
- C. 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.
5. **Children and youth will be successful in school.**
 - A. 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 Community Learning Center programs. 43% of participants improved their academic performance.
 - B. 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.
 6. **Children and vulnerable adults will not experience abuse or neglect.**
 - A. 91.6% of children found to have been maltreated remained safely in their homes while receiving CPS Treatment Services
 7. **Youth will make healthy decisions.**
 - 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
 - A. Juvenile delinquent activity
 - 83% of the juvenile justice-involved participants in the SPACES program decreased their court involvement.
 - B. Teen pregnancy rate for 15to 19 year olds
 - Wake County 27.4 per 1000; state 46.6 per 1000. The 2004 Wake County teen pregnancy rate was 43.7.
 8. **Children removed from their parents will have a permanent home.**
 - A. 190 children achieved a permanent home through reunification with family, adoption, or emancipation.

9. **The elderly and individuals with severe, chronic disabilities will live as independently as possible.**
 - A. # Number of adults on waiting lists to receive services
 - 500 Meals on Wheels
 - 158 In Home Aide
 - 79 Adult Day Care
 - 101 Housing/Home improvement
 - 62 Community Alternative Program for Disabled Adults;
 - 331 On waiting lists in July 2005
 - 20 Special Assistance In-home Program. This is an increase; previous year the list was averaging 8-10 people

10. **People will find and maintain employment.**
 - A. 19,291 Job seekers were served through the JobLink Career Center (HS-Swinburne) during FY05-06
 - B. The combined efforts of the Employment Services Team at SRC resulted in the employment of 361 consumers in the southern region.
 - C. 72.8% Work First participants employed 6 months after leaving Work First
 - D. 97% of families stayed off welfare after going to work
 - E. Wake County's total Work First caseload has decreased by 69.4% from June 1995 to September 2006.

11. **People will have safe, affordable housing.**
 - A. # SWSC (homeless shelter) transitional guests obtaining housing
 - B. 6,000 people are on the waiting list for Section 8 housing vouchers. (This does not include the Wake County Housing Authority waiting list)

12. **Individuals, families, and communities will have improved physical and behavioral health**
 - A. % 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 (CA) Medicaid patients (54/1000 member months) is higher than the state average (49/1000MM) and indicate limited access to a primary medical care home. In addition, the 2005 average rate of asthma-related ED visits for Wake County CA 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 ED rate is even higher, 77/1000MM for April'05-March'06, translating to almost 9500 ED 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 (CA) 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

CA Medicaid that focuses on access to care, care management and quality improvement.

- B. Adult immunization rates for influenza and pneumonia
- 41.9% of Wake County citizens age 45+ years received a flu shot in 2005: (BRFSS data)
 - 34.8% of Wake County citizens 45+ years have received a pneumococcal shot: (BRFSS data for 2005)
- C. 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.
- E. 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 BRFSS survey)