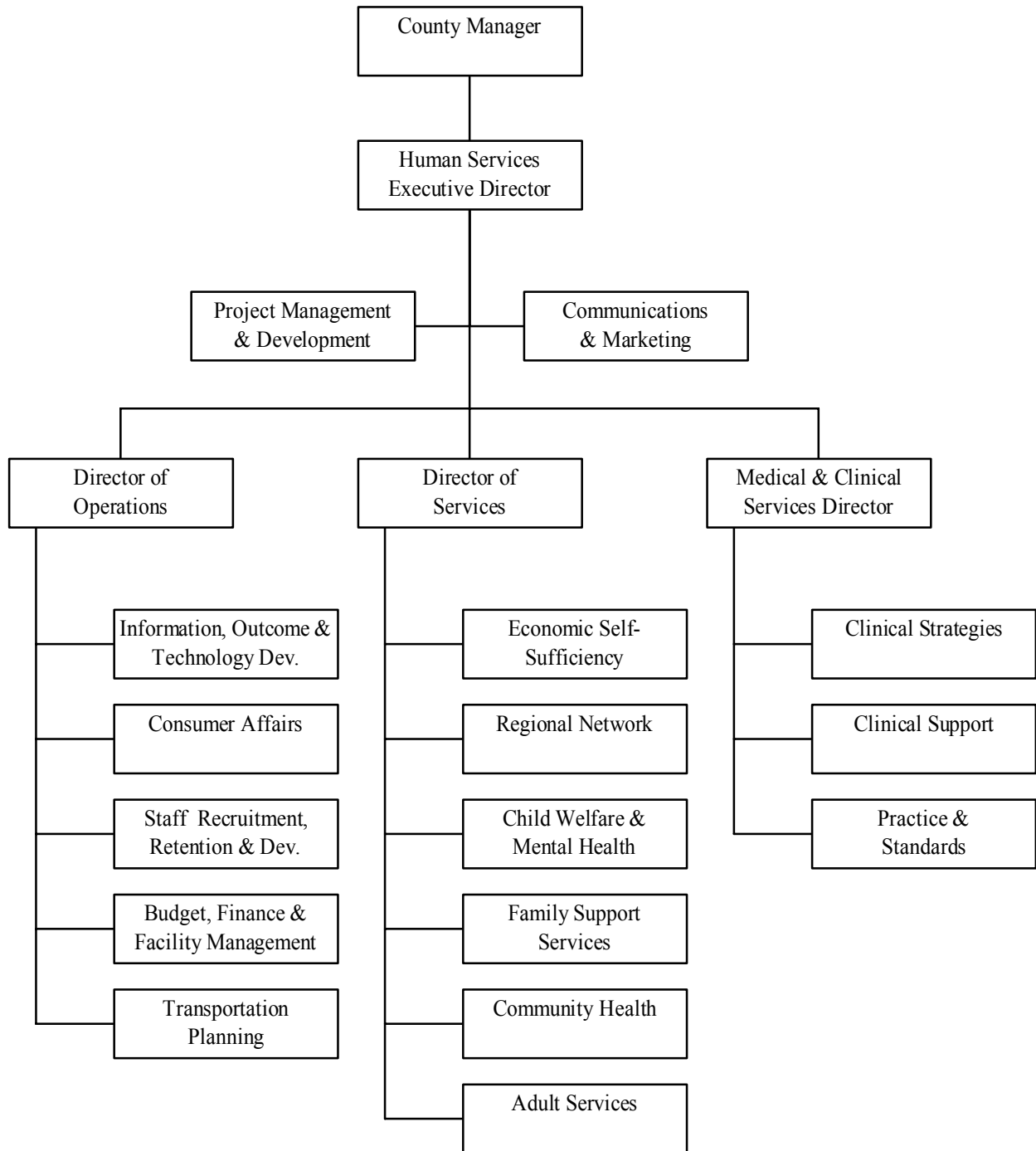


## Human Services

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## Human Services Organization Fiscal Year 2003-2004



## Human Services

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### Budget Summary

	<b>FY2001-2002</b>	<b>FY2002-2003</b>	<b>FY2003-2004</b>	<b>FY2003-2004</b>
	<b>Actuals</b>	<b>Current Budget</b>	<b>Recommended</b>	<b>Adopted</b>
Personal Services	\$69,441,259	\$76,428,690	\$79,999,413	\$79,999,413
Operating Expenses	\$87,515,269	\$110,564,882	\$122,566,200	\$122,566,200
Capital Outlay	\$464,361	\$922,621	\$666,704	\$666,704
<b>Expenditure Totals</b>	<b>\$157,420,889</b>	<b>\$187,916,193</b>	<b>\$203,232,317</b>	<b>\$203,232,317</b>
Intergovernmental Revenue	\$73,332,033	\$86,959,514	\$89,114,277	\$89,114,277
Fees & Other Revenues	\$35,629,710	\$35,737,684	\$47,300,068	\$47,300,068
<b>Revenue Totals</b>	<b>\$108,961,743</b>	<b>\$122,697,198</b>	<b>\$136,414,345</b>	<b>\$136,414,345</b>

### Position Count

	<b>FY2001-2002</b>	<b>FY2002-2003</b>	<b>FY2003-2004</b>	<b>FY2003-2004</b>
	<b>Actuals</b>	<b>Current</b>	<b>Recommended</b>	<b>Adopted</b>
Number of FTE's	1,524.31	1,623.51	1,653.17	1,653.17

### Department Description

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

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

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

1. Women and families will have healthy, planned births.
2. Families will support their children's successful development.
3. Children will be ready for school.
4. Children and youth will be successful in school.
5. Children and vulnerable adults will not experience abuse or neglect.
6. Youth will make healthy decisions.
7. Children removed from their parents will have a permanent home.
8. The elderly and individuals with severe, chronic disabilities will live as independently as possible.
9. Parents will financially and medically support their minor children.

## Human Services

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10. People will find and maintain employment.
11. People will have safe, affordable housing.
12. Individuals, families, and communities will have improved physical and behavioral health.

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

### List of Major Services

**Table 1: Adult Services**

Adult Economic Services	Adult Protective Services
Developmental Disability Services	Partial Hospitalization Program
Outpatient Treatment Programs	Crisis and Assessment Services
Mobile Support Team	Psychosocial Rehabilitation Services
Detox	Inpatient Services
Outpatient Treatment	Court Services
Senior and Adult Services	

**Table 2: Child Welfare and Child Mental Health**

Child Protective Service (CPS)	Foster Care
Family-to-Family	Adoption Assistance
School Health Clinical Assess	Child Mental Health Services
Independent Living Services	Therapeutic Homes
Wake House Residential Services	

**Table 3: Clinic Services**

Maternal Health Clinic	Women's Health Clinic
Child Health Clinics	Dental Health Program
Pharmacy	Laboratory
Child Fatality Prevention Team	Carolina Access

## Human Services

**Table 4: Community Health**

Communicable disease surveillance and response	HIV/STD clinic & community service
Refugee Health Screening	AIDS case management
Tuberculosis program (TB)	Immunizations
Prevention of major health problems	Domestic Preparedness
Child Care Health Consultant	Migrant Health
Pediatric Developmental Surveillance	Volunteer Services
Faith community initiatives	Resource Development
Vital Records	

**Table 5: Economic Self Sufficiency**

Child Support Enforcement	Food Assistance
Child & Family Medicaid	Carolina Access
NC Health Choice	Health Check
South Wilmington Street Center	Housing & Community Revitalization
Working for Kids	Work First
Veteran Services	JobLink Career Center
Call Center	Service Intake
Wake Housing Resource Center	PRO-Familia
Supportive Employment	

**Table 6: Family Support**

Community Voices for Children	Enriching Families Nurturing Children
Community Clubs	Child Care Subsidy
School Based Mental Health Team	Scholarships for Children with Special Needs
School Based Dental Services	School Based Nursing
Maternal and Child Outreach	Maternity Care Coordination
Summer of Service	Support Our Students
Postpartum and Newborn Nursing Services	Youth Development

## Human Services

**Table 6: Family Support**

Early Intervention	Project Assist
Child Service Coordination Program Network	Fuquay Youth Initiative
Leadership East Wake	Family Support Services
Women, Infants and Children (WIC) Program	Step By Step Prenatal Substance Abuse Program
Strengthen Families Program	Baby First
Partnership for Educational Success	Substance Abuse-free Families and Environments
Best Friends and Spaces Expanding Services	

**Table 7: Operational Support**

Transportation Planning	Communications and Marketing
Information Management	Staff Resource Management
Staff Development	Client Accounting and Reimbursement
Consumer and Health Information Management	Consumer Rights
Adult Guardianship	Program Integrity
Budget and Finance Management	Contracts and Grants Management
Project Management and Development	Service Accountability & Outcomes Management

**Table 8: Regional Networks**

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

## Priorities

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

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

## Human Services

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

### **General Health of Community**

Implement Local MH/DD/SA\* Services Redesign  
Create Bio-terrorism Response/Disaster Preparedness  
Reduce the Prevalence of Obesity  
Reduce the Prevalence of Alcohol, Tobacco and Other Drug Use

### **Disparities**

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

### **Success of Vulnerable Populations**

Expand and Institutionalize Partnership for Educational Success  
Improve Child Welfare\*\* Practices and Response  
Connect Persons with Developmental Disabilities to Needed Services

### **Business Practices**

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

\* MH/DD/SA = Mental Health, Developmental Disabilities and Substance Abuse

\*\* Child Welfare includes Child Protective Services, Adoptions and Foster Care

The Partnership for Educational Success is an example of a major priority. WCHS and WCPSS began this joint initiative in 1999 with the shared Goal 2003: 95% of students tested will be at or above grade level as measured by NC end-of-grade testing at grades 3 and 8. The exciting results of this successful collaboration between agencies clearly meet all of the priority criteria. Both agencies plan to extend these services to more families and schools in the coming years. As more families experience success through participation, the impact of this program will be reflected in at least five of the WCHS outcomes.

Another major priority is preparedness for bioterrorism and dealing with the growth in communicable diseases. Coordination between Human Services and Emergency Management will support emergency responsibilities for the County, including planning, training and implementation of a bioterrorism response. In communicable diseases, there is an increasing number of Tuberculosis cases, complicated by HIV+ and foreign-borne clients. These cases require more frequent follow-up and assistance accessing services to improve compliance with treatment. The department strives to resolve the problems caused by the increase in TB cases and increased resistance to TB medications.

The third major priority is to keep a satisfactory level of service in Child Welfare. Child Protective Services caseloads have increased due to the higher incidence of child abuse and neglect reports. This pro-

## Human Services

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gram is responsible for supporting families so that children can remain safely in their home. When caseloads are too high, families are less likely to be helped and children are more vulnerable to repeat maltreatment. The agency also strives to keep service quality from suffering as foster care caseloads increase. When caseloads are too high, children in our custody are more vulnerable and less work towards reunification or adoption takes place. Children stay longer in foster care, triggering a spiral of increasing cost and poorer outcomes. And lastly, Child Welfare is challenged by the increase in the number of investigations of Spanish speaking families. Timely and accurate investigations are the goal of the agency, regardless of ethnicity and language of the client.

### Highlights

#### Population Growth

Wake County is ranked among the top ten fastest growing metropolitan areas in the country. As a result, the County has become more urban and ethnically diverse. Wake County population was 627,846 in the 2000 census, an increase of 48.3% from 1990. In Wake County, both Asian and Hispanic/Latino populations have increased at significantly higher rates than the White and African American populations. Asian population increased 157% from 1990 to 2000, and the Hispanic/Latino population increased 530%. There has also been a dramatic increase in the Medicaid eligible population.

#### Growth in Existing Programs

The agency has received significant increases in federal and state funding for existing programs, particularly for child mental health and child day care subsidies. The Medicaid eligible population has grown 13% in the past year, continuing a trend that has produced a 36% increase in enrollment in the past three years, from 37,500 in July of 2000 to 51,000 individuals in April of 2003. The County is responsible for matching 6% of all charges reimbursed by the Department of Medical Assistance, which administers the Medicaid program.

#### Disparities

The continuing and growing disparities in vulnerable populations mean an increase in the need for culturally sensitive best practices as well as training of internal and external partners on working with these communities. Regionalization of services offers new opportunities to provide services to populations that have been difficult to access in the past and increases the need for partnership development and volunteer development in the regions. Increases in the number of community partners needing assistance caused by decreases in available resources require increased assistance to build capacity so that communities can continue to be served. Increases in the general population of Wake County, as well as growth across specific populations, and service needs across a broader geographic spectrum of the county creates a demand for culturally competent services that currently cannot be fulfilled.

## Human Services

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### Economic Trends

The downturn in the local Wake County economy is reflected by the County's unemployment percentage rates:

**Table 9:**

July '95	July '96	July '97	July '98	July '99	July '00	July '01	July '02	Feb. '03
2.3%	2.2%	1.8%	1.7%	1.5%	1.7%	3.5%	5.6%	4.7%

The Employment Security Commission of North Carolina reports that during the first nine months of 2002, there were 88 business closings and 43 companies had lay offs in Wake County. In 2002, the Employment Security Commission of North Carolina paid the highest amount of monthly unemployment claims in the state to Wake County citizens. Despite the increase in unemployment rate, jobs are still available in Wake County, though the pay per hour is less and the number of hours worked per week has steadily declined for persons accustomed to higher paying full-time jobs.

### Federal and State Mandates

WCHS is subject to State and Federal mandate requirements which impacts how the County responds to increases in demands for services.

### Community Partnerships

WCHS has intentionally sought to work with more community partners to achieve desired outcomes. Both contractual and informal partnerships require an investment of staff time up front in order to achieve the long-term benefits of efficient and effective resource utilization in our community. The costs are nearly hidden, but very real, as building group consensus requires deliberate attention to community relationships. This seems to slow down the process of change at first, but the end result of increased community capacity will serve residents far better than quick short-lived resolutions to chronic problems.

### Mental Health Reform

The intent of the State's Mental Health Reform is for local mental health authorities to provide alternatives to hospitalization whenever possible, expand the capacity of local providers of care and to integrate the target population into the community. The counties and area programs are also expected to make greater use of existing private mental health providers in the community. As a result, the State hopes that the counties and area programs will become assurers of care rather than providers of care. Wake County is committed to maintaining and building upon the strengths and unique opportunities of our combined Human Services agency. Some of those opportunities involve the efficiencies of an integrated organization. Wake County retains the option of integrating MH/DD/SA Local Managing Entity (LME) functions such as contract management, eligibility determination, continuous quality innovation, and case management (accessing services, coordinating services from multiple providers, and monitoring services) with similar functions for health or social services populations. Wake County is developing an approach to human services intake that integrates screening and referral for a wide spectrum of human services needs with a focused assessment of the issue that brought the consumer to services.

### Resource Requirements

WCHS funds many of its programs with State and Federal allocations. In cases where individuals are eligible for services, external resources often follow the client, thereby avoiding reliance on local funding.

## Human Services

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The plan for FY 2004 includes 15 new positions for programs fully funded with State and Federal allocations. The programs cover child and adult mental health services, affordable housing, maternal care, transportation, foster care, and crisis intervention. The total amount in external funds that are leveraged by these services is \$3.2 million.

In FY 2004, Human Services will rely on \$2 million in local funds to meet its Medicaid match obligation, which is increasing at an annual rate of 13%. Additionally, the agency has identified key priorities in the area of Partnership for Educational Success, Communicable Diseases, and Child Protective Services. These priorities will cost \$1.4 million with offsetting revenues of \$400,000 and will require the County to hire 24.7 new positions.

The 39.7 new positions are offset by the elimination of 10 positions in Court Services, a County program that has been contracted out into the provider community. The net increase in staffing for Human Services is 29.7 FTE's.

<b>Performance Measurement</b>	<b>FY2001-02 Actual</b>	<b>FY2002-03 Actual</b>	<b>FY2003-04 Objective</b>
<b>Youth Development</b>			
Participants in 4-H activities	6,694	6,700	6,800
People trained for youth development profession	41	91	100
Participants in community service projects	1,475	1,044	1,500
Children with day care subsidies	5,345	6,346	6,300
WIC Participants	10,051	11,368	12,400
School nurse referrals leading to treatment	92%	99%	95%
Children kept in school due to immunization	826	618	500
Children kept in school due to health assessment	555	375	300
<b>Clinical Strategies</b>			
Child Health Clinic visits	16,900	18,051	19,315
Women's Health Clinic visits	17,024	17,369	17,716
Prenatal Care Clinic visits	19,703	19,509	20,000
Pregnancy Rates: Age 15-19 (Caucasian)	103.7	36.4	35.0
Pregnancy Rates: Age 15-19 (Other)	128.9	80.7	80.0
Children Receiving preventive health care visits	70.40%	75.40%	78.00%
Infant Mortality Rate	7.2	6.2	6.0

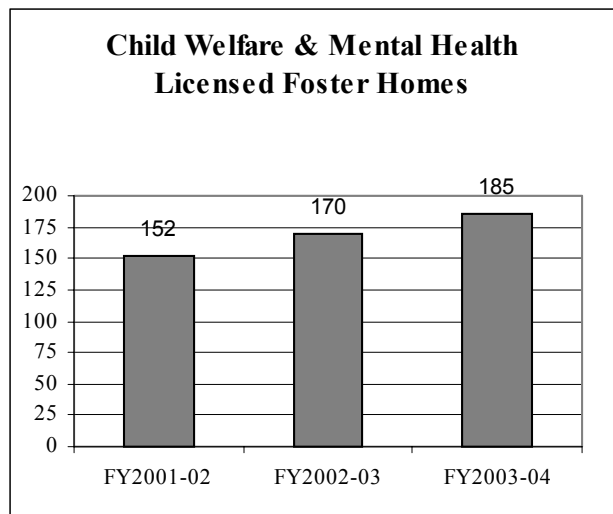
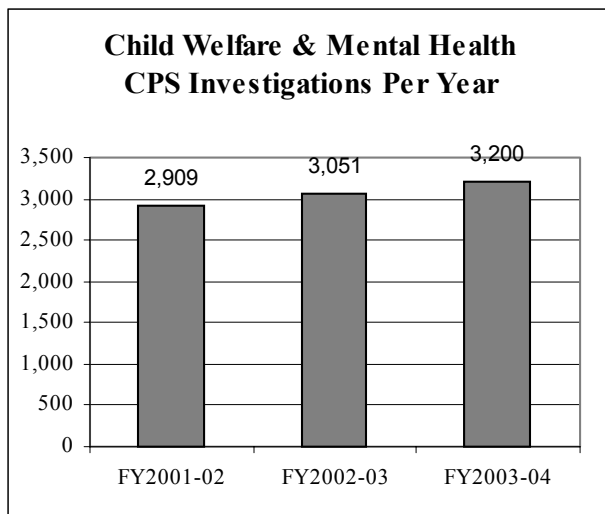
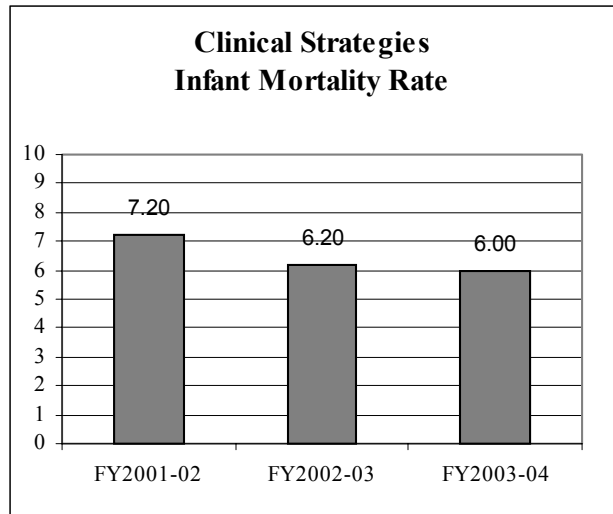
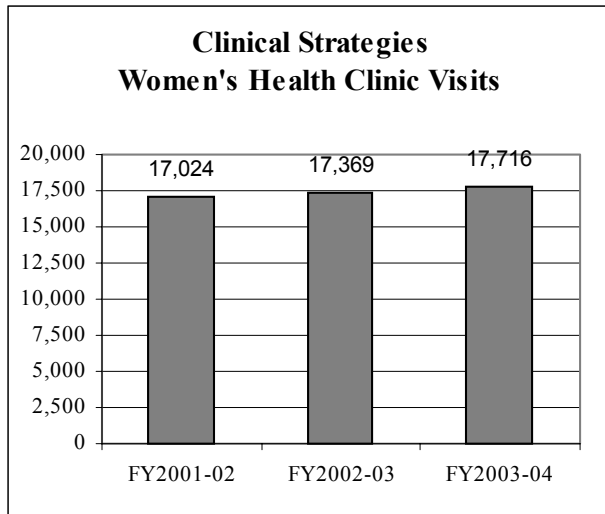
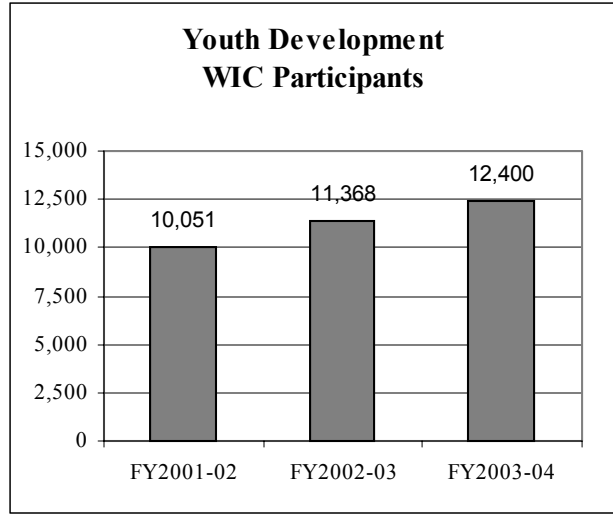
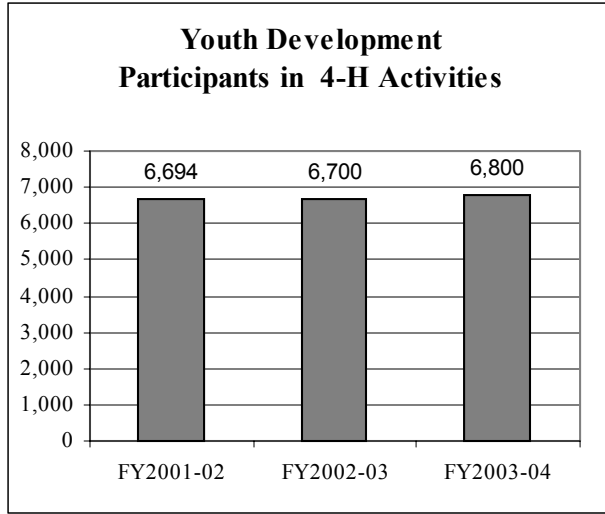
## Human Services

<b>Performance Measurement</b>	<b>FY2001-02 Actual</b>	<b>FY2002-03 Actual</b>	<b>FY2003-04 Objective</b>
Infant Mortality Rate: Black/White ratio	2.4	3.5	2.4
<b>Child Welfare and Mental Health</b>			
CPS Investigations per year	2,909	3,051	3,200
Foster children in HS Custody as of June 30	545	563	580
Licensed foster homes as of June 30	152	170	185
Children with MH disorders eligible for CTSP	267	450	500
Adoptions of foster care children	95	60	60
Average length of stay in foster care, months	20	18	20
Foster children placed in family settings	74%	75%	78%
<b>Economic Self-sufficiency</b>			
Child Support Collections	\$24,131,543	\$26,051,965	\$26,600,000
Food Stamp Recipients	27,604	32,343	37,000
Family Medicaid Recipients	29,121	34,425	37,500
Unique county of shelter visitors	1,848	1,796	1,750
Customers served at Joblink Center	19,547	24,173	25,000
Persons leaving Workfirst due to earnings	1,083	1,204	n/a
Families staying off welfare after returning to work	93%	95%	n/a
Telephone calls received at Human Services	630,000	680,000	700,000
<b>Adult Services</b>			
Active adult Medicaid cases	12,590	13,088	13,612
Clients treated by adult community teams	1,550	1,590	1,615
Clients seen at Alcohol Treatment Center	2,914	3,107	3,218
Clients seen at crisis and assessment service	7,317	8,280	7,600
Clients seen at Mental Health Clinic	1,700	1,600	1,500
Clients served with developmental disabilities	1,862	2,052	2,298
People on the developmental disabilities wait list	858	970	792
Reports of disabled adults abused or neglected	965	1,053	1,100

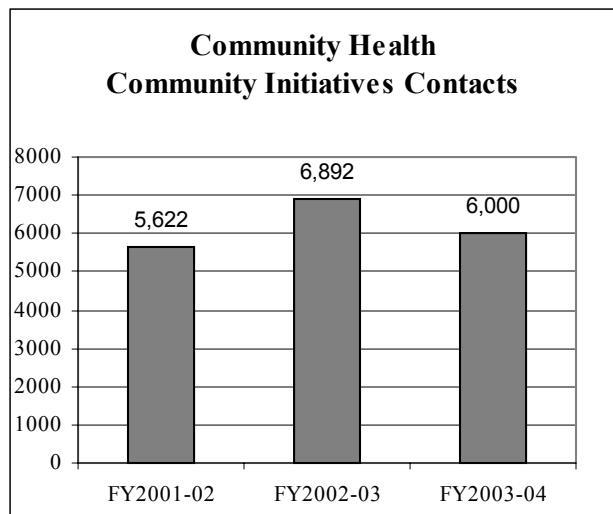
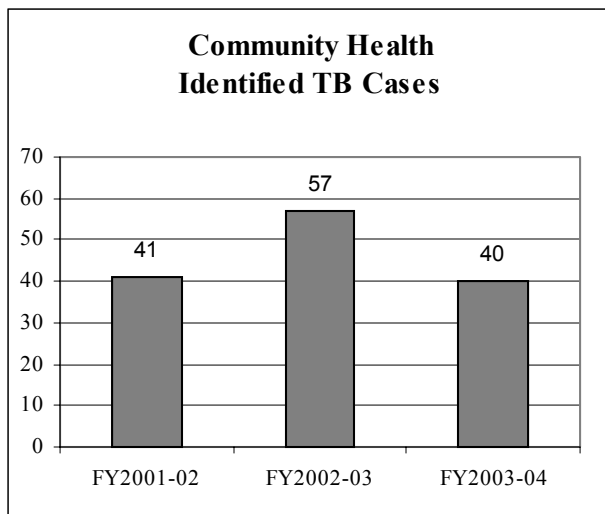
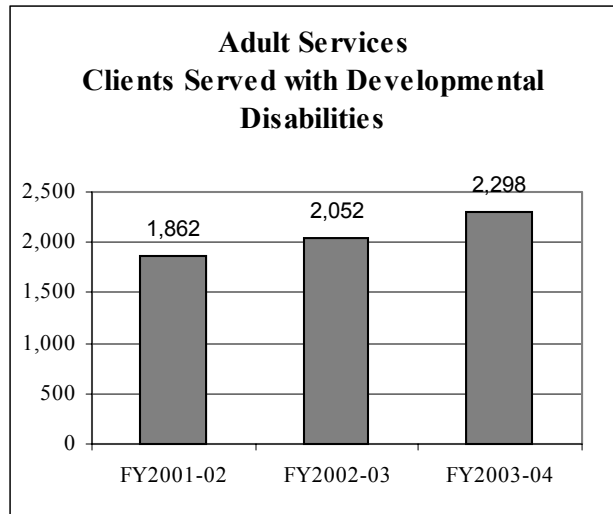
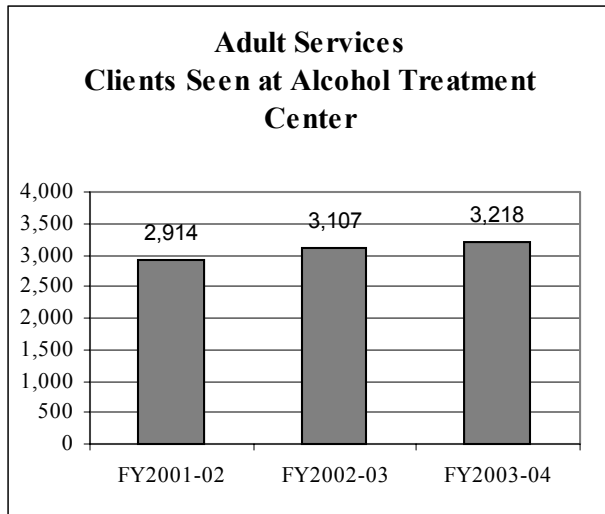
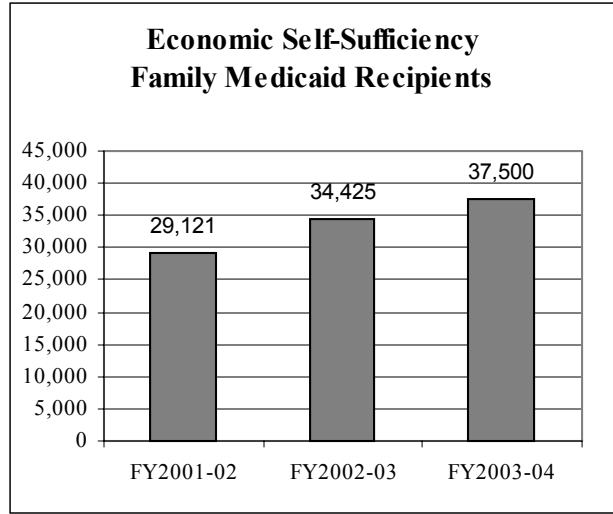
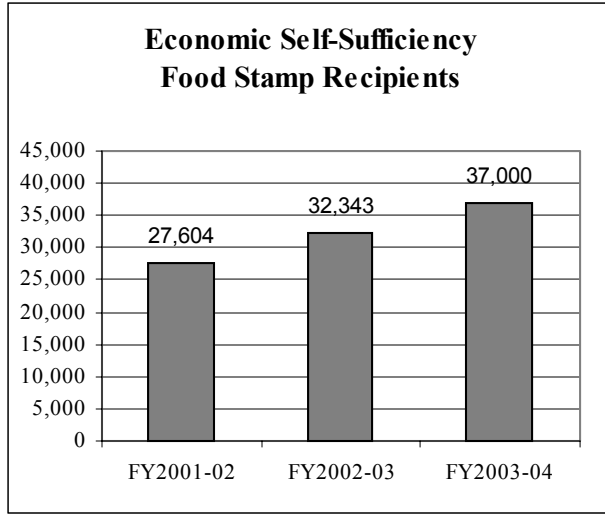
## Human Services

<b>Performance Measurement</b>	<b>FY2001-02 Actual</b>	<b>FY2002-03 Actual</b>	<b>FY2003-04 Objective</b>
Aged and disabled home residents monitored	2,000	2,240	2,310
Family care home residents monitored	218	202	195
Care residents receiving case management	140	144	150
Substantiated complaints in adult care homes	158	126	75
<b>Community Health</b>			
Mammogram screenings	195	210	210
Early detection of cancer with mammograms	2	3	3
Identified TB cases	41	57	40
TB cases completing recommended treatment	39	54	38
Incidence rate of syphilis, per 100,000 population	2.9	2.23	1.9
Community Initiatives contacts	5,622	6,892	6,000
<b>Southern Regional Center</b>			
Customer services satisfaction	95%	85%	90%
Number of clients	23,624	23,843	23,800
Number of client visits	61,405	68,176	61,600
Partnership fund raising	\$53,000	\$21,325	\$100,000
Prescription financial assistance obtained	\$920,000	\$500,000	\$500,000
<b>Eastern Regional Center</b>			
Number of customers served	n/a	15,488	15,000
Customer services satisfaction	n/a	97%	90%
Partnership fund raising	n/a	\$22,000	\$25,000
Advisory Comm. work plan items completed	n/a	93%	95%

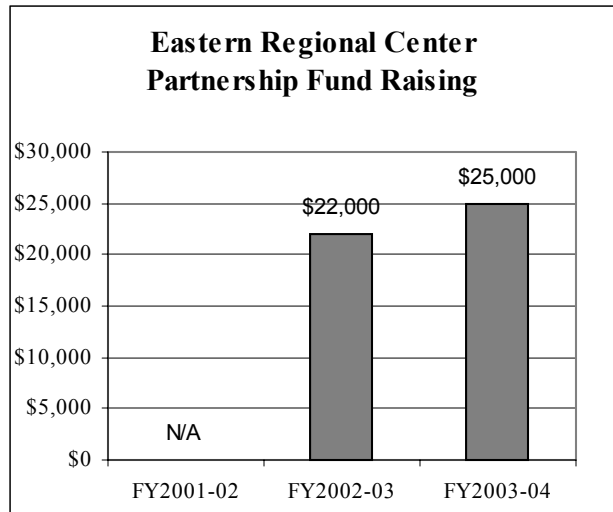
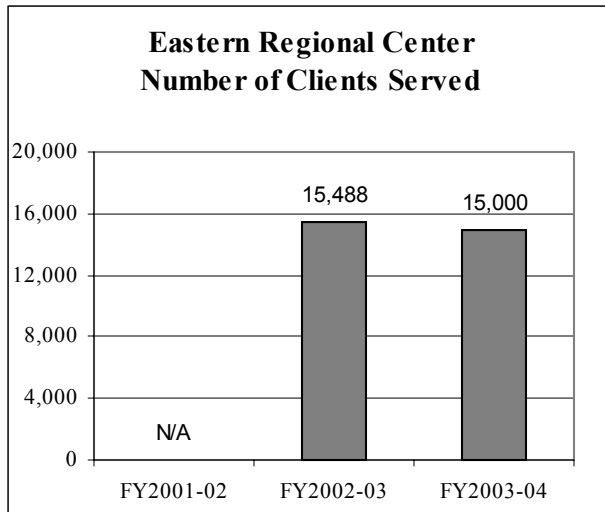
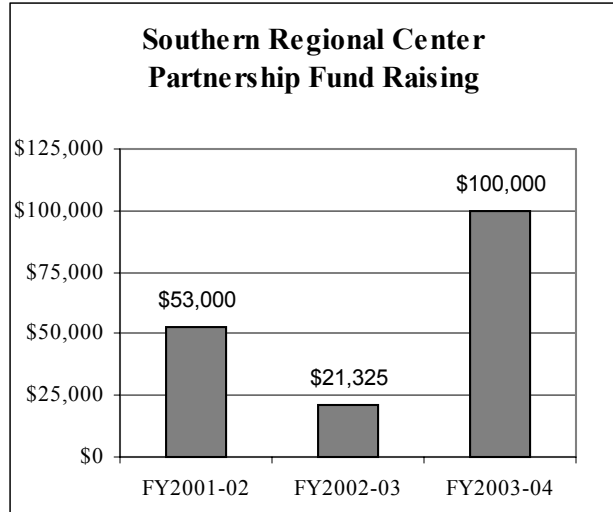
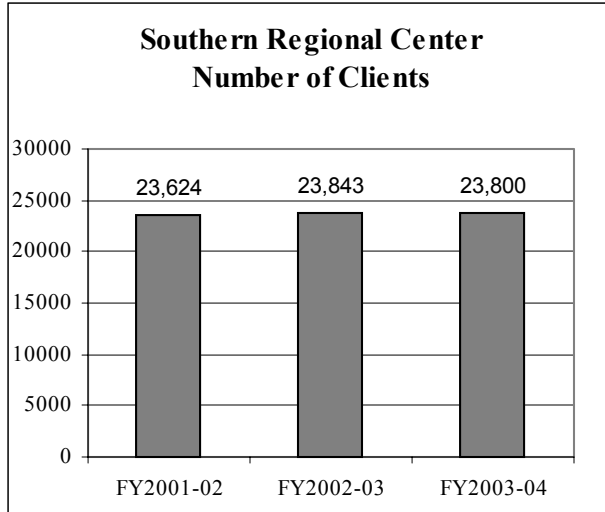
# Human Services



# Human Services



# Human Services



## Affordable Housing-Special Revenue Fund

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### Department Description

Wake County's Housing and Community Revitalization (HCR) Program serves low wealth families by providing housing opportunities and neighborhood improvements. HCR operates with an annual budget of \$3.3 million from the following sources: Federal Community Development Block Grants (CDBG) of \$1,800,000; Federal HOME grants of \$500,000; and, a Wake County allocation of \$1,000,000.

### Priorities

Target populations with housing needs were prioritized by representatives from the community and Wake County staff to form the basis of the five-year strategic plan that began in 2000. Identified priority populations are as follows: Extremely low income individuals and families. Individuals and families with special needs. Low income individuals and families. Homeless individuals and families. Moderate income individuals and families.

HCR will address housing and community development needs over the next three years through the following five strategies: 1. Rental housing production 2. Housing rehabilitation 3. Quality child care development. 4. Public facilities improvements in low income neighborhoods or that serve low income individuals and families. 5. Home ownership opportunities linked with infrastructure improvements and neighborhood revitalization strategies.

### Highlights

Some of the selected rental housing projects currently proposed or under construction include: *Highland Park*. A proposed 17.7-acre mixed income residential development located at the corner of High House Road and Old Apex Road in Cary. It will contain 110 owner occupied units (80 townhomes and 30 condominiums), 50 family rental units, and 100 apartments for senior citizens. The development also contains community facilities and a fitness center. *Lennox Chase*, a 36 apartment complex in Raleigh. Fifteen of the units will be for tenants whose income does not exceed 35% of the median family income and 21 of the units will be occupied by tenants whose income does not exceed 50% of the median family income. *King's Motel*. Purchase and rehabilitation of the King's Motel. CASA, a not-for-profit partner of Wake County, will administer the facility and house 31 formerly homeless individuals.

Housing and Community Revitalization plans to continue the practice of partnering with developers to increase the stock of affordable housing. For the five-year period that began in 2000, Housing and Community Revitalization hopes to increase the number of units available to very low-income families by at least 250 units. Through this program, low-income families have an affordable way to repair their homes and maintain a safe, healthy and decent lifestyle. This program is funded through the US Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. HCR also plans to develop new programs aimed at landlords revitalization plans to repair the homes of 90 families between 2002 and 2005.

Housing and Community Revitalization hopes to partner with an agency to open the doors for a quality child-care facility. It will serve approximately 100 children and provide 25 jobs. HCR will attempt to develop a day care center in the Wake Forest target area. The vision for the proposed center is that it be located on the DuBois Campus and that it provide quality childcare to at least 100 under-served children

## **Affordable Housing-Special Revenue Fund**

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that live in the Wake Forest area. Community development activities include public facilities improvements and rehabilitation of buildings used for public purpose. These activities are often the cornerstone of neighborhood revitalization efforts. Without adequate infrastructure, it is impossible to build quality affordable housing.

*Statistics:*

Last year (July 1, 2001 - June 30, 2002) HCR spent \$3.2 million to assist 468 families - 203 families received housing assistance through the production of new units or the rehabilitation of existing units. The average subsidy per family was \$6,882 - for families served with housing the average subsidy was \$13,403 per family. Although approximately \$600,000 was not spent last year, those funds are committed to activities that have been carried out since July 1, 2002.

Currently 4,040 single-family homes are needed in Wake County for families earning from 60% to 80% of the median family income. By 2007, it is estimated that 4,711 single-family homes will be needed.

Currently 25,562 single-family homes are needed in Wake County for families earning less than 40% of the median family income. By 2007, 29,556 units for this population group will be needed.

## Medical Examiner

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### Budget Summary

	FY2001-2002 Actuals	FY2002-2003 Current Budget	FY2003-2004 Recommended	FY2003-2004 Adopted
Personal Services	\$0	\$0	\$0	\$0
Operating Expenses	\$173,200	\$250,000	\$200,000	\$200,000
Capital Outlay	\$0	\$0	\$0	\$0
<b>Expenditure Totals</b>	\$173,200	\$250,000	\$200,000	\$200,000
Intergovernmental Revenue	\$0	\$0	\$0	\$0
Fees & Other Revenues				
<b>Revenue Totals</b>	\$0	\$0	\$0	\$0

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### Department Description

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; supervised and financed primarily at the State level.

The fee for a medical examiner investigation is \$75.00. Effective January 1, 1999 the fee per autopsy was increased from \$400 to \$1,000 per case. The 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.

In April 2002, WakeMed notified the County that it would no longer provide Medical Examiner services effective July 1, 2003. The State Medical Examiner in Chapel Hill will have the responsibility to select the Medical Examiner(s) for the County.