

*Fiscal Year 2002-2003
Adopted Budget*

HUMAN SERVICES

Human Services Organizational Chart

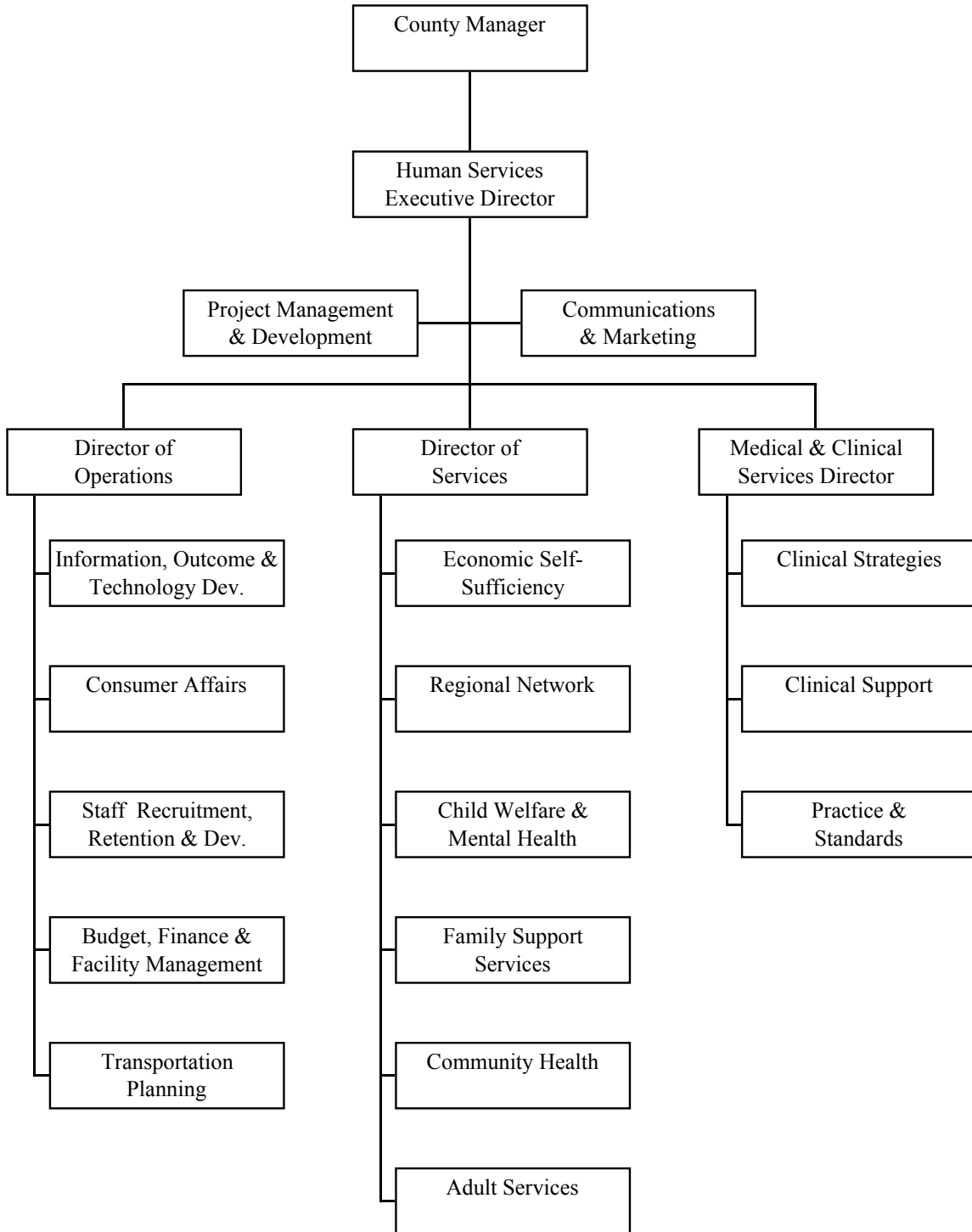
Human Services

Affordable Housing-Special Revenue Fund

Medical Examiner

Human Services Organization

Fiscal Year 2002-2003



Human Services

PROGRAM DESCRIPTION

Wake County Human Services provides a myriad of services to county citizens. The agency's vision is to promote a healthy and safe place to live, grow and work; to enhance the ability of families to become more self-sufficient to their greatest ability; and to ensure quality care for those individuals unable to achieve self-sufficiency.

The agency developed 12 outcomes by naming and refining the intended impacts of its services. These outcomes broadly define the results of the work of Human Services, their partnerships and community capacity. Every program administered by the agency is expected to specify its role in contributing to achieving one or more of the stated outcomes:

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. Youth will make healthy decisions.
6. Children and vulnerable adults will not experience abuse or neglect.
7. Children removed from their parents will have a permanent home.
8. Individuals, families and communities will have improved physical and behavioral health.
9. The elderly and individuals with severe, chronic disabilities will live as independently as possible.
10. Parents will financially and medically support their minor children.
11. People will find and maintain employment.
12. People will have safe, affordable housing.

In providing services, there are five underlying principles: be community based; be family centered; be prevention focused; be culturally competent, and be outcome driven. The agency incorporates processes to review its performance with regard to these underlying principles, and to adjust its services and procedures to attain better conformance to these principles and better outcomes for clients.

The organizational structure of Human Services has evolved as the agency has matured. The agency has learned about integration of services, accountability, efficiency, and how to respond to changes in the community. The agency has also responded to challenges regarding local, state and federal funding requirements. Currently, the organizational functions of the agency are placed in three divisions: Operations, Services, and Medical/Clinical Services. These divisions

are supported by a Project Management & Development unit and a Communications & Marketing unit.

OPERATIONS

Operations performs the administrative support functions of the agency that enhance the Services and Medical/Clinical Services divisions' abilities to meet their goals and desired outcomes for consumers. Operations includes staff recruitment/development; consumer affairs (including consumer rights, program integrity, adult guardianship); budget/fiscal management; billing and reimbursement; contracts/grants management; information, technology, and outcomes planning (including consumer records); and transportation services/planning.

SERVICES

Services is made up of the following six service areas: Economic Self-Sufficiency, Regional Centers, Child Welfare & Child Mental Health, Family Support, Community Health, and Adult Services.

1. Economic Self-Sufficiency seeks to strengthen families by promoting financial well-being through employment, affordable housing, economic entitlements, supports, and services. Its programs include Child Support Enforcement, Family & Children's Medicaid, Food Assistance, Housing, Service Intake, Vocational Services and Work First. Specific populations served are families who are economically disadvantaged, adults with disabilities, and special populations such as veterans, dislocated workers, the homeless, and energy assistance households.

Goals & Objectives

- Wake County parents will financially and medically support their children.
- Wake County citizens (w/disabilities or low-income) will find and maintain employment.
- Wake County citizens (w/disabilities or low-income) will obtain safe, affordable housing.

2. Regional Centers offer a geographic base from which to operate an array of county, community and private services and resources that are targeted to address local community concerns. The development of community-based services increases the County's ability to intensify support to families and provide staff that can easily respond to citizen needs and collaborate with other community systems such as municipal local government, schools, courts, family service agencies, medical professionals and the faith community. The regional service delivery concept increases the County's ability to expand service choices and to assure convenient access for its residents.

Goals & Objectives

- Assure that citizens have access to needed, quality services that are accessible and community-based.

- Implement regional strategies to deliver a broad array of county services in coordination with a network of community partners, including local municipalities, schools, faith-based and civic organizations.
- Increase community involvement and partnerships to identify collaborative solutions to health, social and economic problems.
- Support staff interventions committed to achieving the “Partnership for Educational Success objectives.”
- Engage community members through the Regional Community Advisory Committee to implement improvements in service delivery, to ensure support for community strategies, and to organize service delivery from the client's perspective.
- Develop a holistic family-centered response to needs across the region.
- Implement strategies and service priorities that decrease substance abuse.
- Identify unmet needs or gaps in services currently provided.

3. *Child Welfare and Child Mental Health* includes two clusters of interrelated services to children. Child Welfare investigates reports of child abuse and neglect and provides appropriate protective services including foster care when reports are substantiated. Its primary goals are child safety, child well-being, and a permanent family for every child. Child Mental Health provides or assures the appropriate provision of publicly funded mental health and substance abuse treatment services for children. Its goals include improvement of mental health and substance abuse problems, improved age appropriate functioning, and child safety. Child Welfare and Child Mental Health are integrated within Wake County Human Services because of the similarity in their goals and strategies and the shared populations they serve.

Goals & Objectives

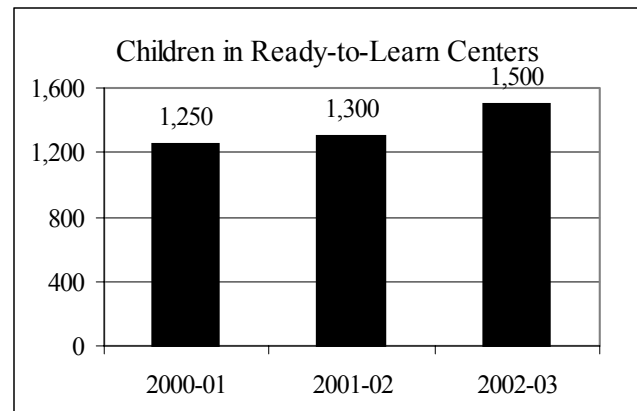
- Protect children through prompt and accurate screening and investigation of reports of suspected child abuse and neglect.
- Provide appropriate services to protect children and support families when abuse or neglect is substantiated, allowing children to safely remain with their families when possible.
- When abused or neglected children cannot remain safely in their families, provide placement services that assure safety, promote the children's well being, and result in children achieving a permanent home as quickly as possible through re-unification, placement with relatives, or adoption.
- Provide prompt and holistic assessments that can lead to successful treatment planning or appropriate crisis response when children are at imminent risk.
- Provide case management services that assist families in planning and accessing effective treatment services.
- Develop an effective continuum of treatment services together with community partners.

- Reduce specific behavioral symptoms in children (e.g., depression, substance abuse, disruptive behavior) while improving overall functioning (e.g., live successfully at home or least restrictive setting possible, improve school success, decrease delinquent acts).

4. Family Support embraces a number of services that collectively focus on strengthening the capacity of families and the community to support their children.

Goals & Objectives

- Subsidy programs (WIC and Child Care) enable families to access better quality nutrition and child care.
- Child Services Coordination, Maternal Care Coordination, Early Intervention and Prenatal Substance Abuse intervene in families with at-risk children to improve developmental outcomes and school readiness.
- School based services focus on students' physical and behavioral health with a goal of improved educational success.
- Youth Services focuses on educational success with a variety of strategies such as mentoring, after school programming, and youth leadership development.



5. Community Health protects and promotes public health and wellness. This division works to prevent and control the spread of communicable disease and chronic disease, as well as build the capacity of the communities of the county to address its own needs and to partner with others to address those needs. Communicable disease prevention and control uses data collection, surveillance and investigation; clinical screening and treatment; targeted education and outreach; social marketing and partnerships with the medical community to achieve its outcomes. Chronic disease prevention and control focuses on community capacity building, environmental and policy issues, partnership development, social marketing, community needs and assets assessment, and targeted education, outreach and screening.

Goals & Objectives

- Increase the number of organizations in the community who have built their capacity to address community needs.

- Increase the number of people who receive annual dilated eye exams, foot inspections, long range glucose control measurements, protein-urea assessment and health education and counseling.
- 90 percent of Wake County children will receive immunizations.
- 95 percent of tuberculosis cases will complete their treatment regimens.
- Reduce the incidence of syphilis rate in the county's population.
- Increase the number of persons tested for HIV with referral to the early intervention clinic and the case management program.
- Investigate the causes of epidemics and recommend control measures for sexually transmitted diseases.

6. Adult Services provides and assures services to adults who are aged and/or disabled including adults with mental illness, developmental disabilities, and substance abuse problems, as well as determining eligibility for entitlement services such as Special Assistance, Medicaid, and Food Stamps. In addition, Adult Services monitors and reviews rest homes and adult care homes in collaboration with the State, and provides emergency response treatment, vocational and residential support for individuals and their families living with mental illness, developmental disabilities, and substance abuse problems.

Goals & Objectives

- Expand community-based capacity for individuals with severe and persistent mental illness discharged from Dorothea Dix Hospital with frequent and/or long-term hospitalizations and reduce the re-admission rate.
- Respond to growing number of Spanish-speaking adults seeking mental health services by increasing number served.
- Reduce the wait for adult outpatient mental health services.
- Reduce the number of adults waiting for developmental disability case management services.
- Remove individuals from the Community Alternatives Program Medicaid waiting list.
- Reduce the length of stay for Alcohol Treatment Center's acute medical detox unit.
- Consumers will be able to access information about adult care homes, services provision, payment options and facility compliance history through access to County web site.
- Adult Care Home stakeholders will work cooperatively to discuss and resolve adult care home issues.
- Eligible adults will receive and maintain medical and financial assistance to maintain independent living.
- Clients will be effectively evaluated, referred and engaged into services provided by Wake County Human Services, contractors and other community partners.

MEDICAL/CLINICAL SERVICES

The Medical/Clinical Services Division provides clinic-based preventive medical and dental services, limited treatment services, and a medical home for the targeted populations of uninsured, under insured, and Medicaid recipients, including: newborns, infants and children; low risk pregnant women; women under 40 years of age seeking to prevent or plan pregnancy; and women seeking early detection and referral of cervical or breast cancer. Additionally, the Division supports the delivery of clinic-based services with pharmacy services, including maintenance of vaccines, biologics, and prescription medications for health, mental health patients, and inpatients of the Alcohol Treatment Center; laboratory testing for clinic-based services and the County's environmental health division; consultation for communicable disease control, environmental health, animal control, community physicians, and consumers; and quality assurance, including medical, dental, and credentials for Human Services nursing staff.

Goals & Objectives

- Provide a medical home for Carolina Access Medicaid enrollees unable to find private providers: current enrollees 13,184; anticipate growth of 2 percent in fiscal year 2003.
- Assure age appropriate immunizations: currently 91 percent county-wide; no change predicted.
- Assure age appropriate preventive health visits through Health Check, a program of the NC Division of Medical Assistance: currently 70 percent of Health Check enrollees county-wide receive at least one preventive health visit annually; no change predicted.
- Assure early enrollment in prenatal care and timely referral of high-risk prenatal patients for appropriate medical care: Goal is to enroll 90 percent of pregnant women for prenatal care in the first trimester.
- Decrease disparity in white and non-white infant mortality rates: current county rate of 7.2 per 1000 live births, 5.2/1000 white and 12.7/1000 non-white; targeted decrease in white to non-white disparity to < 2 in fiscal year 2003.
- Provide safe and effective contraception for women seeking to prevent or plan pregnancy.
- Assure wait times for preventive health care for newborns, infants, and children; low risk pregnant women; and women seeking to prevent or plan pregnancy does not exceed 6 weeks: currently < 6 weeks; no change predicted.
- Prevent birth defects and anemia by improving client 'compliance' with prescribed prenatal vitamins and iron.
- Provide timely treatment through prescription drugs: currently 38,485 prescriptions filled; project 10 percent increase.
- Provide accurate and timely laboratory services to clinical providers: currently 198,994 procedures (excluding quality control procedures); targeted

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increase for fiscal year 2003 is 3.5 percent; current proficiency > 98 percent; no change predicted.

- Provide preventive and restorative dental care to income eligible children and pregnant women: currently 24,500 procedures; anticipate 3 percent increase in fiscal year 2003.

PERFORMANCE MEASUREMENT	FY2000-2001 Actual	FY2001-2002 Estimated	FY2002-2003 Objective
Operations Measures			
Number of Medicaid consumers transported	2,558	2,900	3,428
Staff vacancies recruited / filled	192/188	448/365	320/280
Employees participating in staff development	4,587	4,332	4,552
Adult guardianship cases managed	227	282	330
\$ recouped via program integrity investigations	\$345,789	\$500,000	\$525,000
Contract amounts	\$60,913,584	\$61,576,179	\$61,250,000
Grant amounts	\$6,886,639	\$7,590,000	\$8,009,000
Economic Self-Sufficiency Measures			
Percent of child support cases under court order	66%	68%	72%
Medicaid recipients at end of fiscal year	35,548	40,500	43,000
Persons leaving Work First due to earnings	1,073	750	825
Families staying off Work First after employment	93%	95%	94%
Households receiving emergency assistance	6,930	8,000	8,000
Customers served at Housing Resource Center	1,000	1,400	1,700
Individuals receiving shelter at SWSC	2,367	2,500	1,900
Regional Centers Measures			
Client visits and contacts	n/a	n/a	24,734
Unduplicated client count	n/a	n/a	10,565
Clients using multiple services	n/a	n/a	75%
Percent of clients satisfied with service	n/a	n/a	90%
Child Welfare and Mental Health Measures			
Adoptions	107	80	75
% of foster children with 2 or more placements	42%	42%	30%
Annual report of child abuse or neglect	1,883	2,900	3,000
Youth eligible for At Risk mental health program	117	225	275

Human Services

PERFORMANCE MEASUREMENT	FY2000-2001 Actual	FY2001-2002 Estimated	FY2002-2003 Objective
Family Support Measures			
% of school nurse referral that lead to treatment	92%	92%	93%
Students referred to school nurses	21,484	21,800	22,000
Children served in ready to learn centers	1,250	1,300	1,500
Monthly # of children with child care subsidies	4,635	3,639	4,319
Children participating in WIC, monthly average	6,436	7,107	8,000
Youth in 4-H development activities	n/a	4,517	5,000
Support our students EOG test score improvement	4.5%	5%	5%
4-H youth who have no further court involvement	76%	75%	75%
Community Health Measures			
Community education programs	116	60	60
Breast and cervical cancer screenings	280	300	300
Clients served through community initiatives	1,182	2,000	2,300
Clients served through Project Direct	4,000	2,500	4,000
Percent of children immunized	91%	90%	90%
Tuberculosis incidence rate, per 100,000	6.3	6.3	6.3
Syphilis incidence rate, per 100,000	5.1	3.2	3.0
Visits to the clinic for sexually transmitted diseases	9,300	9,300	9,500
Adult Services Measures			
Reports of disabled adults abused or neglected	768	813	840
Clients treated by adult community teams	1,468	1,550	1,590
Clients seen at alcohol treatment center	2,893	2,950	3,000
Clients seen at crisis and assessment service	7,509	7,582	7,600
Clients seen at mental health clinics	2,020	1,700	1,700
Clients served with developmental disabilities	1,774	1,918	2,110
People on the developmental disabilities wait list	813	900	825
Active adult Medicaid cases	12,256	12,407	12,874

DEPARTMENT HIGHLIGHTS

HIGHLIGHTS OF FY2001-2002

Economic Self-Sufficiency: Wake County added 681 affordable housing units to its housing stock through partnerships with private developers and other funding entities. Five agencies collaborated to provide transitional housing and supported housing services at the Wake Housing Resource Center. During its

first year of operation, the Wake Housing Resource Center served 1,564 customers seeking housing information/services. 117 families obtained permanent housing. Approximately 8,435 children have been enrolled through the North Carolina Health Choice program. The Wake County JobLink Career Center was re-chartered by the Capital Area Workforce Development Board in December 2001. The Wake County Child Support Enforcement (CSE) office was recognized by the state with Certificates of Achievement for exceeding its goals in four critical areas: Collections, Paternity Establishment, Cases Under Order and Collections on Arrears.

Regional Centers: Added a family psychiatrist for mental health and substance abuse services in Southern Wake County. Provided \$165,563.79 to assist clients with prescription purchases through the Southern Wake Family Medicine Drug Assistance Program (DAP).

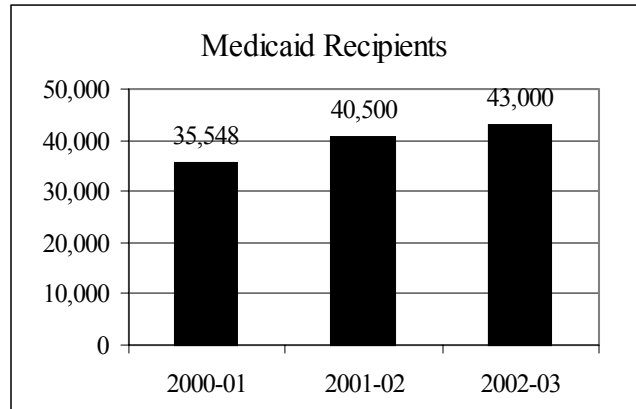
Child Welfare & Child Mental Health: The median length of stay of children in foster care continued to decrease, narrowing the gap with the rest of the state. 95 percent of families receiving child protective treatment services remained together safely. The number of at risk children eligible for mental health funding rose sharply, from 117 in June 2001 to 192 in early March 2002, due to changes in state eligibility rules. Child mental health intake posted two positions downtown to work closely with the juvenile delinquency court. The number of contractual providers of child mental health services has increased by over 50 percent to more than 90 children and now includes more local residential treatment providers.

Community Health: North Carolina Mutual Life Insurance Company, a large African American business, became the first company in the United States to replicate the Centers for Disease Control (CDC) Rhodes Stairwell Project. Over 450 volunteer hours were given to Project DIRECT. In 2000, Wake County was third in the state for rubella cases; in 2001 there were no cases of rubella. The CDC National Demonstration Project for Syphilis Elimination reduced the syphilis rate by 51 percent during the period from 1998 to 2001, with no cases of congenital syphilis among newborns in the past 24 months.

Adult Services. Expanded psychiatric resources at the Southern Regional Center with the addition of a psychiatrist with expertise in both adult and child care. Brought adult protective services involvement from 9-12 months to an average of 122 days, just above the State recommended time frame of 3 months. Expanded developmental disability case management services to clients on waiting list with the addition of two staff. Integrated special assistance, Medicaid, food stamp staff to serve as liaison to mental health related program.

Medical Clinical Services: Implemented a Smart Start funded child development model in child health clinics and selected private pediatric practices, to improve screening and identification of children with developmental or behav-

ioral health problems. Collaborated with CARElina Medical Associates at WakeMed in after-hours telephone advice to guide parental care and prevent unnecessary emergency room visits. Infant mortality rate continues to decline countywide. Collaborated with the



University of North Carolina to determine preventable causes of preterm labor and adverse birth events. Obtained approval to implement fluoride varnish program at preventive health visits, to prevent dental disease. Improved revenue collections and improved self pay collections, with integrated eligibility testing and CPT billing process. Successful shift in payor source to TANF for eligible women seeking to prevent or plan pregnancy.

KEY ISSUES FOR FY2002-2003

Human Services' budget for fiscal year 2003 includes \$1.2 million of reduced expenditures and \$.3 million of increased revenues. Programs impacted by the reductions are in community health and health education. Increases in revenues are due to higher receipts in client charges for services. Expansion items in the budget include a \$2.3 million increase in Medicaid payments, a \$2.4 million increase for critical service areas such as mental health, child welfare investigations and the Eastern Regional Center, and a \$1.4 million increase for outside funded initiatives. The expansion items provide \$2.0 million in additional federal and state funding. The net increase in County funding for Human Services programs is \$2.6 million.

Human Services identified needs in all areas of the organization through a new budget request process that included input from line managers, the Human Services executive team, and the Human Services Board. Nine issues arose out of the process and are presented here in three main categories:

1. General Population Growth and Demographic Changes: a) the increase in the Latino population is reflected in the population requesting County services. Services provided to the Spanish-speaking population are not always linguistically and culturally appropriate. b) resources need to be allocated for the development and implementation of additional regional sites. c) additional staffing is needed to provide supported housing services and coverage for Wake Housing Resource Center.

2. General Health of the Community: a) redesign of State mental health sys-

tem and decrease inpatient capacity through the downsizing of Dorothea Dix Hospital. b) increased incidence of communicable diseases and increased prevalence of chronic diseases. c) need for expansion to all 28 schools in the southern region of Wake County. Includes opening a second "Ready-to-Learn" Center.

3. Operational and Technology Needs: a) need for computerized client records, improved ability to manage data, and capability to work from home or off site. b) additional contracts lead to a greater effort in monitoring of outside providers, c) higher workloads in the Call Center.

The status of the State budget, with particular emphasis on mental health program reductions, will have a service delivery impact in Wake County once final decisions are made. Budgeted improvements include three positions for communicable diseases associated with bio-terrorism, eight positions associated with child welfare investigations and foster care, nine positions for reducing the Mental Health waiting list, and forty positions to staff the Eastern Regional Center opening in October 2002. The increases in the County's share of the Medicaid program continues to have a significant impact on the County's cost structure. The increases in the past five years have averaged 13 percent per year, which is the amount of increase projected in the fiscal year 2003 budget proposal.

During the year, Human Services will re-evaluate the business plan of the Court Services and Cornerstone programs to initiate the preferred alternative for service delivery.

ISSUES ON THE HORIZON

Economic Self-Sufficiency: High cost of living issues related to affordable housing, child-care, transportation and rising energy costs will continue to challenge families of low-income. Areas of increasing service demand within the agency include Medicaid cases, child support cases, energy assistance requests and need for emergency shelter for the homeless. A trend on both the national and local level is the growing number of homeless families, especially women and children. The need for shelter for women has already outpaced the shelter resources available in Wake County. It is estimated that 12,600 people in Wake County are living "doubled up" with other families because they cannot find affordable housing.

Regional Centers: Transportation continues to impact the ability of clients to access services, get to work, and take care of basic needs. Broad community strategies need to be implemented to begin to address the problem. Local faith organizations provide valuable support and services which mirror agency goals. Greater emphasis on local partnerships and comprehensive community strategies is needed. Many of the residents in rural communities are elderly citizens. Health problem, the scarcity of caregivers, and economics will continue to present challenges for this growing population.

Child Welfare and Child Mental Health: Monitor and participate in the development of major state level reform and change initiatives both in Mental Health and Child Welfare.

Community Health: The county is experiencing an increase in the aging population and the health issues generally associated with it. Wake County Human Services needs better systems to assess how the populations are changing and determine their strengths and weaknesses. Systems should capture performance data so that communities can use it for understanding their accomplishments and opportunities for improvement. This type of study is particularly relevant to the Latino community. STD rates have increased dramatically. North Carolina now ranks second nationally for incidence of syphilis; fourteenth for chlamydia; and fifth for gonorrhea, with comparable rates in Wake County. With limited opportunities for reaching adolescents with prevention education and the rapid increase in the Spanish-speaking population, health educators and HIV counselors must respond in creative and ever-changing ways to stem the infection rates.

Adult Services: Downsizing of Dorothea Dix Hospital and changes in the Medicaid program.

Medical Clinical Services: Increasing cultural diversity of clients served, particularly Latino, Asian, and Eastern European. Steady increase in uninsured, under-insured, and Medicaid clients seeking a medical home. Persistent disparity in health outcomes. Increasing prevalence of dental disease. Inadequate technology. Shortage of medical office space. Increasing cost of laboratory procedures to meet community standards. Increasing wait times for preventive health visits.

Human Services

Budget Summary

Human Services	FY 2000-2001 Actuals	FY2001-2002 Current Budget	FY2002-2003 Recommended	FY2002-2003 Adopted
Personal Services	\$66,211,258	\$71,250,062	\$72,826,276	\$74,758,021
Operating Expenses	\$82,240,945	\$91,938,849	\$92,803,479	\$93,507,866
Capital Outlay	\$42,573	\$705,129	\$723,639	\$763,639
EXPENDITURE TOTALS	\$148,494,776	\$163,894,040	\$166,353,394	\$169,029,526
Intergovernmental Revenue	\$73,706,276	\$75,861,466	\$76,054,548	\$77,090,323
Fees & Other Revenues	\$26,427,987	\$25,832,899	\$25,755,496	\$26,565,289
REVENUE TOTALS	\$100,134,263	\$101,694,365	\$101,810,044	\$103,655,612

Position Count

	FY2001 Actual	FY2002 Actual	Changes	FY2003 Adopted
Number of FTE's	1,483.05	1,524.31	72.50	1,596.81

Affordable Housing - Special Revenue Fund

PROGRAM DESCRIPTION

The Housing and Community Revitalization (HCR) Division serves low wealth families of Wake County by offering affordable housing opportunities and strengthening neighborhoods. All program activities benefit individuals and families with incomes below 80% of the area median family income. HCR is funded through Community Development Block Grants and HOME Grants from the US Department of Housing and Urban Development and the County's Capital Improvement Plan budget.

HCR distributes funds based upon priorities established in the five-year Consolidated Plan, a document that describes housing needs and sets forth strategies to meet those needs. Since the demand for housing exceeds what can be produced with funds available, priorities have been established for spending: Very low income individuals and families (annual income below \$25,000) who have the most acute housing needs receive the highest priority. Funds are used for the following activities:

- **Housing Rehabilitation:** HCR helps homeowners and investor-owners to repair their houses by providing low-interest or deferred payment loans to: prevent or correct health and safety problems; maintain and improve the supply of safe, decent, affordable housing units; and, prevent homelessness.
- **Property Acquisition:** HCR acquires property in order to develop single-family homes.
- **Rental Housing Development:** HCR encourages the development of affordable rental housing by making low-interest loans to developers.
- **Down Payment Assistance:** First time homebuyers can apply to HCR for a loan to assist with the purchase of their home.
- **Community Development Activities:** 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. These improvements will provide access to needed public services, enhance the viability of neighborhoods, and complement housing rehabilitation and new construction.

In fiscal year 2002, HCR allocated \$3,757,500 to assist approximately 969 individuals and families. In fiscal year 2003, HCR plans to use \$4,382,000 to assist approximately 1,094 individuals and families. Since the demand for housing increases annually while funding remains fixed, HCR's biggest challenge will be to continue providing housing opportunities for Wake County's poorest residents. In addition to addressing funding constraints, HCR also must seek part-

Human Services

nerships with other Wake County Human Service divisions to provide needed support services for the families housed. Educating the public on affordable housing will also be a focus of the HCR program in an effort to eliminate neighborhood opposition to affordable housing developments.

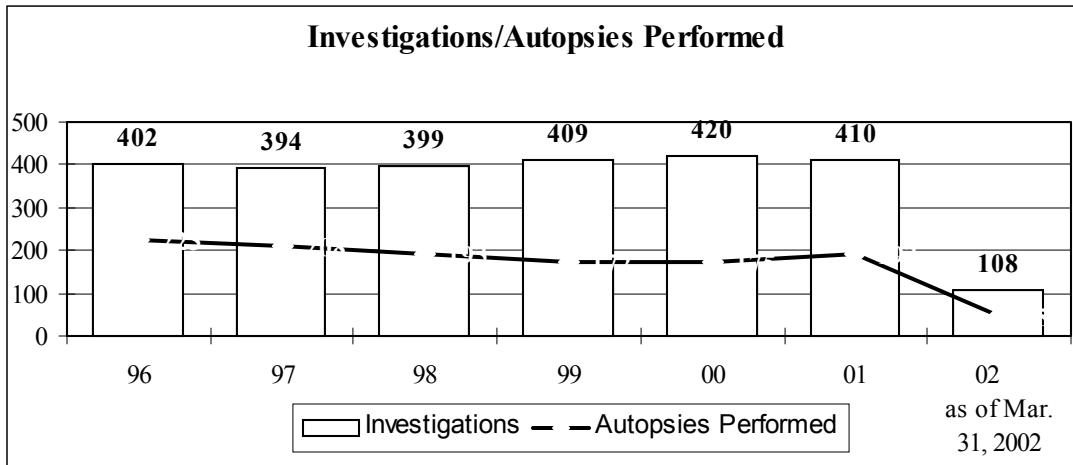
Medical Examiner

PROGRAM DESCRIPTION

The Medical Examiner is responsible for investigating deaths in the county which are unattended or occur under questionable circumstances. The Examiner determines whether the death resulted from a criminal act or default on the part of another person. If it appears that criminal homicide has occurred, 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.

Effective January 1, 1999 the fee per autopsy was increased from \$400 to \$1,000 per case. The fee for medicolegal autopsy is paid by the County 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 will 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.



Budget Summary

Medical Examiner	FY 2000-2001 Actuals	FY 2001-2002 Current Budget	FY2002-2003 Recommended	FY2002-2003 Adopted
Operating Expenses	\$198,125	\$250,000	\$250,000	\$250,000
EXPENDITURE TOTALS	\$198,125	\$250,000	\$250,000	\$250,000