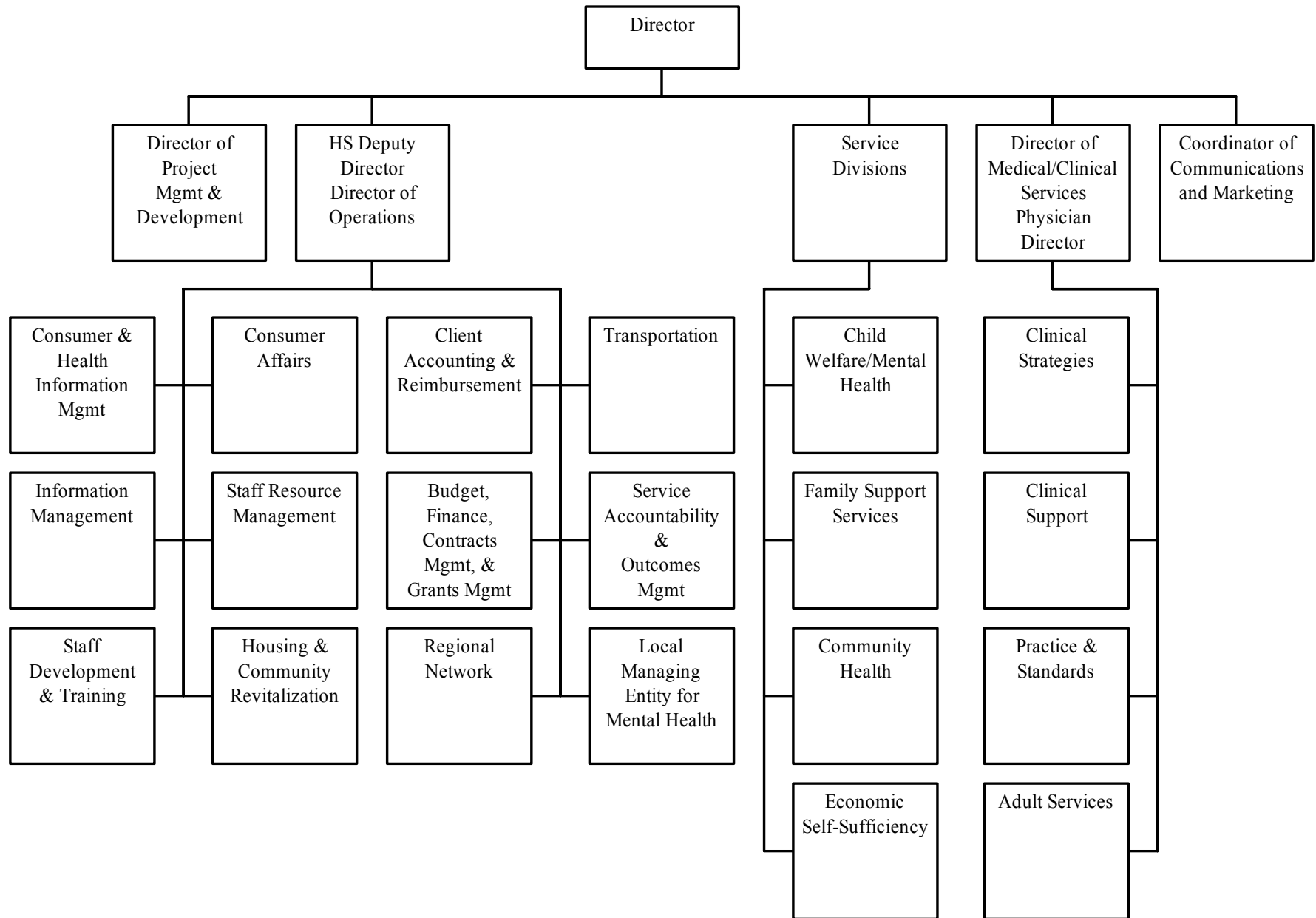


HUMAN SERVICES



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Department Summary

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	84,224,426	84,768,732	87,417,597	90,082,920
Operating Expenses		123,031,489	130,497,696	132,433,444	145,250,521
Capital Outlay		759,694	506,638	849,709	474,500
Expenditure Totals	\$	208,015,609	215,773,066	220,700,750	235,807,941
Intergovernmental Revenues	\$	90,102,740	94,413,997	100,469,212	99,072,955
Fee & Other Revenues		52,872,783	52,394,580	49,366,217	59,996,294
Revenue Totals	\$	142,975,523	146,808,577	149,835,429	159,069,249
Number of FTEs		1667.70	1674.70	1716.30	1744.10

Department Purpose and Goals

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

Wake County Human Services will promote a healthy and safe place to live, grow and work. In partnership with communities and other organizations, it will enhance the ability of families and individuals to become self-sufficient to their greatest ability while ensuring quality

care for those individuals unable to achieve self-sufficiency.

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.

Human Services has twelve outcome goals:

- Women and families will have healthy, planned births.
- Families will support their children's successful development.
- Children will be ready for school.
- Children and youth will be successful in school.
- Children and vulnerable adults will not experience abuse or neglect.
- Youth will make healthy decisions.
- Children removed from their parents will have a permanent home.

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- The elderly and individuals with severe, chronic disabilities will live as independently as possible.
- Parents will financially and medically support their minor children.
- People will find and maintain employment.
- People will have safe, affordable housing.
- Individuals, families and communities will have improved physical and behavioral health.

Human Services achieves outcomes through programs and services managed in eight operational divisions. These operational units were reorganized in the late 1990'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.

In fiscal year 2005 Human Services implemented its Local Managing Entity (LME) for mental health, substance abuse and developmental disability services. As a result the agency has reorganized many of the functions and created a new unit. The LME is refocusing the services towards assuring care rather than providing care and as such many of the positions that had been in the service divisions have been transferred to the new unit in the fiscal year 2006 budget.

Adult Services Division

Adult Care Homes	Adult Detox Services
Adult SA Outpatient Services	Crisis Services
Adult Economic Services	Adult In-Home Services
Adult Inpatient Services	Adult Protective Services
Psychosocial Rehabilitation	Representative Payee Services
Adult Mental Health Outpatient	
Developmental Disability Periodic	
Adult Mental Health Partial Hospital	
Developmental Disability Vocational	
Developmental Disability Residential	
Adult Substance Abuse Partial Hospital	

Adult Mental Health Residential Services
Adult Substance Abuse Residential Services

Child Welfare and Child Mental Health (CMH) Division

Adoption Assistance	Clinical Sex Abuse
Child Mental Health/SA Assessment	Family to Family
Foster Care	Therapeutic Homes
Child Protective Services Treatment	
CMH/Substance Abuse Residential Services	
Child Mental Health/SA Case Management	
Child Protective Services Intake/Investigation	
Child MH/ SA Outpatient & Community Services	

Clinical Strategies Division

Child Health Clinics	Maternal Health Clinics
Dental Clinics	Pharmacies
Laboratories	Women's Health Clinics

Community Health Division

Communicable Disease	HIV/STD Community Clinic
Community Initiatives	Hepatitis/Disease Prevention
Community Resource Management	Migrant Health
Disaster Response	Epidemiology
Employee Health/Occupational	Volunteer Services
Pediatric Developmental Surveillance 0-5	

Local Managing Entity for Mental Health Division

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Economic Self-Sufficiency Division

Child & Family Medicaid
Pro-Familia
Supported Employment
Veterans Services
WCHS Call Center
Housing Resource Center
Cornerstone/Supported Housing
South Wilmington Street Center
Housing & Community Revitalization
Job Link & Work First Investment Act (WIA)

Family Support Division

Child Care Subsidy
Child Services Coordination
Early Intervention
Wake House
Maternal and Child Health
Youth Services: School Age Care
Partnership for Educational Success
Perinatal Substance Abuse Services
Women, Infant & Children (WIC) Nutrition
Education, Community, Health Outreach (ECHO)
Youth Services: Health Behavior/Community Development

Regional Networks Division

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

Operations Division

Accounting
Consumer Records
Contracts Management
Information Management Unit
Project Management
Communications and Marketing
Staff Recruitment, Development & Retention
Adult Guardianship
Consumer Rights
Program Integrity
Transportation

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Division Summary - Adult Services

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	19,360,323	19,367,270	19,931,399	16,892,133
Operating Expenses		25,297,781	25,816,015	19,949,201	19,420,220
Capital Outlay		5,464	0	0	0
Expenditure Totals	\$	44,663,568	45,183,285	39,880,600	36,312,353
Intergovernmental Revenues	\$	18,193,945	18,745,870	17,554,880	17,652,279
Fee & Other Revenues		14,096,548	13,352,088	6,788,473	6,776,574
Revenue Totals	\$	32,290,493	32,097,958	24,343,353	24,428,853
Number of FTEs		354.50	354.50	354.50	300.40

Adult Services Purpose and Goals

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

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

Major Accomplishments

Adult Substance Abuse

- The Alcohol Treatment Center (ATC) has implemented the Motiva-

tional Enhancement and Relapse Prevention and was recognized with the Runner-up Award for the annual Programs of Excellence Award by the NC Council of Community Programs.

- Substance Abuse services divested the Federal Probation and Parole, and Bureau of Prisons contracts and successfully outsourced Court Services to a private agency;
- An Alumni Group that has assumed responsibility for the annual ATC Anniversary, participated in Focus Groups to speak to the efficacy of the Inpatient program, and weekly discusses aftercare issues with current clients.
- WCHS employees who are seeking SA Certification have been provided group supervision.

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Adult Services (cont'd)

Adult Mental Health

- Continued implementation and expansion of provider network pharmacy for contractual providers enabling uninsured and under-insured clients to obtain affordable medications.
- Referred 1042 Medicaid and IPRS-funded clients to contractual providers.
- The Latino Team integrated of adult and child mental health services.
- Geropsychiatric services were expanded in the Western region of Wake County.
- Contracted to open a new residential treatment facility with 10-bed capacity for clients with long-term mental illness.
- Continued Peer Bridger services for adults with mental illness.
- Implemented Illness Management and Recovery best practices program for adults with mental illness.

Adult Economic Services

- Experienced a 20% increase in the number of applications received and processed for Adult Medicaid, Food Assistance and Special Assistance and an 11% increase in the caseload, including home and facility visits for homebound senior and disabled adults.
- Increases in Developmental Disabilities programs have created demand for Medicaid and other economic services, including 144 new slots for CAP/DA, CAP-MR/DD, and CAP-C.

Developmental Disability Services

- Received 152 new applications and enrolled 134 people into 177 services.
- Exceeded its State MR Center downsizing goal: three Wake County citizens who were long-term residents of O'Berry Center were returned to ICF/MR group homes in Wake County.
- Leveraged existing funding to increase services to people with co-occurring disorders on waiting lists for services: 26 people began receiving services funded through DD/MI.
- Contracted for nutrition services and therapy for victims and perpetrators of sexual abuse.
- Contracted with 4 new agencies/solo practitioners during this time period.

- Expanded psychiatric coverage to meet needs of people with Developmental Disabilities who also have psychiatric illnesses.
- Developed internal capacity to provide consultation and supports to agencies for Autistic Spectrum Disorders.

Senior Services

- 5,847 clients received services, 7% more than projected.
- Reduced waiting list for services by half.
- Determined and grouped gaps/inadequacies into six focus areas: transportation, housing, economic self-sufficiency, safety, personal care and health; developed "Issue Teams" with community partners to define strategic steps.
- Completed Senior Aging Plan with public review and comment, and obtained approval from Human Services Board.

Issues for FY 2006

- The Local Management Entity began work and hired the LME director, continuing the transition to an assessor role and realignment of services and assurance roles.
- MH/DD/SA Reform will require modifying business practices including authorization and reauthorization, budget and utilization management, technical assistance/consultation for contract providers, provider network development and support, and coordination of service provision in order to meet demand. Automation support is in development through the UniCare Pro-Filer Consortium.
- The planned closure of Dorothea Dix Hospital in 2007 will require development of local inpatient options, crisis diversion services, and a significant increase in community capacity for intensive services to enable adult consumers to live successfully outside of an institutional setting.
- Implementation of the Wake County Senior Aging Plan will be challenged by inadequate financial resources, fragmentation in the method of service delivery, lack of collaboration between service providers, community apathy about long-term care issues, lack of a single portal process to enter the long-term care system and under-informed consumers. The Senior Aging Plan addresses six broad issue areas: housing, transportation, health, safety, economic self-sufficiency and personal care.

HUMAN SERVICES

Adult Services (cont'd)

- Demand for economic programs for adults continues to grow. Mail in applications will further increase the number of applications. Food Stamp applications will increase due to a simplified application process projected to increase by more than 600. Next year the new Medicare prescription drug benefit will result in additional applications.

Horizon Issues

- Continued MH/DD/SA Reform efforts as specified in Wake

County's Local Business Plan.

- Continued growth in caseload size and demand for services for all adult services.
- Provider Network Development
- Integrated Payment and Reporting System
- Continued Areas of Study for AMH/DD/SA and divestiture plans.
- Develop community capacity for intensive and crisis services related to the scheduled closure of Dorothea Dix Hospital in 2007, With the closing of Dorothea Dix hospital in 2007, including additional community based psychosocial rehabilitation day programs
- Continued enhancement of community capacity to accommodate population growth.

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Adult Services

Key Objectives:

- Provide quality and affordable clinical services to adults and seniors with mental illness, substance use, and developmental disability.
- Provide and monitor services to adults and seniors in institutional

and group residential settings.

- Provide economic assistance to adults and seniors eligible for Medicaid, Medicare, Special Assistance, and Food Assistance services.

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Adult Medicaid eligible population	13,473	13,810	N/A	14,915	N/A
Institutions and group residences being monitored by the County	71	75	N/A	78	N/A
Effectiveness:					
Customers receiving services in a timely manner	98%	98%	N/A	92%	N/A
Developmental disability waiting list	934	1,098	1,074	973	0
Customers receiving follow-up services as needed	93%	93%	N/A	92%	N/A
Substantiated reports of abuse & neglect	37%	40%	N/A	40%	N/A

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Division Summary - Child Welfare & Mental Health/Family Support

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	28,692,327	29,347,993	30,443,784	25,876,408
Operating Expenses		65,113,579	70,022,507	76,586,905	83,736,734
Capital Outlay		0	9,500	9,500	1,500
Expenditure Totals	\$	93,805,906	99,380,000	107,040,189	109,614,642
Intergovernmental Revenues	\$	49,695,741	52,935,784	53,435,234	50,040,182
Fee & Other Revenues		32,417,400	33,053,432	37,518,358	45,045,903
Revenue Totals	\$	82,113,141	85,989,216	90,953,592	95,086,085
Number of FTEs		558.70	565.70	587.70	526.30

Child Welfare and Child Mental Health Division Purpose and Goals

The division of Child Welfare and Mental Health seeks to assure safety and to promote behavioral health for two overlapping populations: Children who have been abused or neglected and children who have mental health or substance abuse disorders. The division has set for the following goals:

Children and youth will be successful in school.

80% of children receiving child protective treatment services, foster care services, child mental health services or child substance abuse services who are tested will be at grade level in reading and math.

Children and vulnerable adults will not experience abuse and neglect.

Investigations of alleged child maltreatment will meet standards of timeliness and thoroughness 90% of the time.

Children who have been abused or neglected will not experience repeat maltreatment

Children removed from their parents will have a permanent home.

The median length of stay in foster care will be reduced to 12 months.

The rate of re-entry into foster care will be less than 5%.

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

75% of children receiving mental health or substance abuse treatment services will show improvement on measures of behavioral, social or academic functioning.

HUMAN SERVICES

Child Welfare (cont'd)

Major Accomplishments

- Sharp increases have occurred in investigations of child abuse and neglect and in families found needing ongoing protective services. Since FY 2001, reports from the community of child maltreatment have doubled and the number of families referred for ongoing services has tripled.
- Child Welfare began piloting the Multiple Response (MRS) initiative in June 2004 and implemented MRS countywide in February 2005. Under MRS, Wake County conducts traditional investigations of reports of child abuse but responds to most allegations of neglect with an "assessment" in which social workers and families together determine what services are needed. Families have responded positively.
- The Child Welfare faith partnership received a 2004 NC DSS Director's Association Best Practice Award for Community Partnership and a 2004 Outstanding County Program Award. The partnership has continued to expand and increase its support of foster families and families at risk.
- Together with Clinical Strategies and Family Support, a comprehensive health, developmental and mental health assessment process for all children entering foster care and young children entering CPS Treatment services was implemented.
- A more responsive Child Protective Services Intake system was implemented, and Child Welfare organized into geographic zones to promote internal collaboration and to partner better with communities.

Issues for FY 2006

- Increased staff is requested to keep pace with the increased workload and maintain minimally adequate services to families being investigated for child abuse or neglect or referred for ongoing protective services.
- The implementation of Multiple Response will be assessed and ad-

justments made to promote child safety and positive engagement of families.

- Improved continuity of services for families will be sought through expansion of the regional team approach.
- Improved integration of MH/DD/SA services into Child Welfare will be sought through internal integrations and more effective partnering with external providers.
- Child Welfare will continue to examine racial disparities and seek service improvements to more effectively serve all families.

Horizon Issues

- Despite the rapid growth since 2001, Wake County investigates fewer than half the reports per capita of Mecklenburg County, suggesting continued growth is very possible.

HUMAN SERVICES

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Child Welfare & Child Mental Health

Key Objectives:

- Reduce the median length of stay in foster care to 12 months.
- Investigations will be completed in a timely a thorough manner 90% of the time

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Child protective services investigations	3,382	3,930	N/A	4230	N/A
New child protective service treatment cases	360	470	N/A	510	N/A
Effectiveness:					
Foster children placed initially in Wake County	94%	95%	94%	95%	100%
Special-needs foster children adopted	82	71	80	80	100

Family Support Purpose and Goals

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

Family Support has the following goals:

- Share the Wake County Public School Goals for student achievement.
- Share the Wake County SmartStart goal to increase the percentage of children receiving subsidy that are cared for in high quality programs, as measured by a license rating of 4 or more stars or national accreditation.
- 90% of children involved in Family Support Strategies will access health care to assure immunizations, physical, developmental and mental health/substance abuse screenings and assessments and will secure care for health problems.
- 90% of women involved in Maternal and Women's Health Ser-

vices, WIC, School Nursing, and Perinatal Substance Services will have healthy births.

- 100% of eligible families who apply will receive WIC food vouchers and Child Care Subsidy (to the extent that funding is available).
- 100% of preschool children with special needs and medically fragile school age children will secure needed services the family chooses.
- 100% of school age youth will have access to positive youth development opportunities that nurture a positive sense of purpose among school age youth, support educational success, and healthy decision-making related to sexual activity and the use of alcohol, tobacco, and other drugs.
- Share the Economic Self-Sufficiency's objective that individuals will find and maintain employment and Child Welfare's objective that children will not experience abuse and neglect.

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Family Support (cont'd)

Major Accomplishments

- Strengthened youth substance abuse prevention efforts by implementing evidence based group services (services that the scientific literature has established as effective) for youth identified as high risk for abusing substances. The programming, provided in collaboration with Cooperative Extension and South Light, assessed 113 high-risk youth; 62 youth successfully completed the program.
- Served 1,043 families, 60% of them Hispanic, in 15 communities with significant outcomes related to improved access to physical and mental health care and to services to support healthy development and educational success through the Education, Health, and Community Outreach Team (ECHO).
- In conjunction with community partners, the Ready to Learn Center Program offered ESL classes for parents of pre-school children in the eastern, southern, and western regions. Spanish Creative Play groups for Latino children to learn English and Spanish are offered in all six regions.
- Expanded PES successfully to 43 schools in the southern/eastern regions, serving 394 families/511 children. Children showed improved educational outcomes and families showed greater involvement.
- Served 372 children and youth with summer programs at 19 sites in southern and eastern Wake County through the Making Magic Program.
- Implemented the Fully Automated Child Care Subsidy system (FACCS). This is a significant prototype for HS and for other counties. This Internet enabled system permits electronic attendance sheets from childcare providers, building community capacity for small business owners.

Issues for FY 2006

- Family Support collaborating groups, organized around shared populations are continuing their work towards the development of

shared outcomes, common indicators and joint work plans. Multi-year strategic planning efforts include multi-teaming, regionalization, common registration forms and screening, client database interface for overlapping populations, matrix management pilots, and blended-funding support models.

- Two services integration initiatives, the Partnership for Educational Success (PES) and the Education, Community and Health Outreach Team (ECHO), continue to serve as learning laboratories for services integration and results-based performance evaluation. These strategies are by design about creating alignment among WCHS programs and services so that families experience more coordinated, less fragmented services. We are making progress in our efforts to institutionalize the ECHO prototype in FY 05/06. A newly emerging regionalized youth development service delivery model will be integrated and blended with family support, school-based mental health, community leadership development, educational, and physical health strategies.
- A newly developed database created by a partnership between the healthy births collaborating outcome group, HS operations staff and the county's e-government initiative will provide data critical to understanding current health care indicators, comparing effectiveness between specific strategies and exploring effective utilization of data.
- Service integration efforts are poised to position the agency to focus additional resources in the future on earlier prevention or strategies implemented "upstream" in order to reduce more costly interventions for an increasing number of customers requiring Human Services. Emerging integration efforts among divisions regarding health promotion and community partnership planning and capacity assessment now join ongoing efforts with economic self-sufficiency regarding WorkFirst, healthy births initiatives with clinical services, and adolescent substance use prevention efforts with mental health.
- School Health provides essential nursing services to a growing school age population with increasingly complex medical procedures, chronic and acute health conditions resulting in the need for intense training of non-medical staff, and coordination of care for students in the schools. Support Services (7,026 interventions)

HUMAN SERVICES

Family Support (cont'd)

including nursing assessments, obtaining physician orders, writing care plans, training non-medical staff to perform procedures, monitor care and procedures at school increased 20% from last year. Significant rise in physicians' orders is reflected by an increase of 135% for injections to treat severe allergy, 137% for emergency use of rectal suppository for seizures, 35% for tube feedings, 32% for nebulizer treatments for asthma, and 16% in diabetic services.

Horizon Issues

- The economic downturn has resulted in a wait list of over 1,000 for families seeking childcare subsidy and an increase in WIC, which now exceeds 13,000 participants. Moreover, the list of families waiting for child services coordination averages 250-300.
- While childhood immunization rates in the County exceed 90% and Wake is viewed as having excellent participation rates of women,

infants, and children in WIC and an increase in the participation rate of children in Health Check, the infant mortality rates for the County have reached a plateau at 6.3 per 1,000 births with large disparities (more than three times higher) remaining among non-white infants.

- While significant progress has been made in outreach to the Latino community, the wide disparities in health indicators and the continued growth among this population in the County suggests an increasing demand for services. While teen pregnancy rates among white and black teens have decreased, Latino rates continue to rise; Latino families are underserved and over-represented in gang emergence, school failure, and dental health. Child care subsidy is virtually non-utilized among eligible Latino families.
- County-wide only 2% of children birth through two are currently identified and enrolled in early intervention services and less than 35% of families eligible to receive child care subsidy are currently enrolled.

HUMAN SERVICES

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Family Support

Key Objectives:

- 100% of eligible families who apply will receive WIC food vouchers and Child Care Subsidy (extent available)
- 90% of all children in Ready to Learn Center Program, subsidized Child Care, and children involved in Child Services

Coordination will demonstrate school readiness on the kindergarten initial assessment.

- 100% of preschool children with special needs and medically fragile school age children will secure needed services the family chooses.

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Monthly average of children in subsidized child care	6,012	5,800	N/A	5,800	N/A
Monthly average of participants in the WIC nutrition program	12,452	13,329	N/A	14,900	N/A
Efficiency					
Monthly average of children waiting for child care subsidy	1,934	2,000	1,500	1,500	1,500
Effectiveness:					
Percentage of school nurse referrals that lead to treatment	97%	95%	95%	90%	95%
Suspensions prevented by nursing intervention immunizations	668	682	650	650	650

HUMAN SERVICES

Division Summary - Clinical Strategies & Community Health

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	7,617,407	7,710,825	7,986,837	11,748,454
Operating Expenses		3,847,763	4,047,055	4,570,189	5,112,216
Capital Outlay		93,369	0	58,503	0
Expenditure Totals	\$	11,558,539	11,757,880	12,615,529	16,860,670
Intergovernmental Revenues	\$	3,023,256	3,999,415	3,961,246	3,734,181
Fee & Other Revenues		2,202,317	2,264,396	2,180,599	6,063,446
Revenue Totals	\$	5,225,573	6,263,811	6,141,845	9,797,627
Number of FTEs		146.90	146.40	145.40	198.80

Clinical Strategies Purpose and Goals

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

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

- 90% of women will begin prenatal care in the first trimester
- Decrease the disparity in infant mortality between non-white and white births to no more than 2:1
- Teen birth rates will decline for women of all races and ethnicity
- 70% of children will participate in Health Check, with at least one periodic, preventive health visit annually (outcome shared with

Wake County Smart Start)

- 100% of served and eligible women, infants, and children will participate in WIC
- 90% of children served by Human Services programs will access health care to assure immunizations, physical, developmental, behavioral and dental health through screenings, assessments, referral and treatment
- 3% of the total birth through age two population will be identified and receive early intervention services (outcome shared with Wake County Smart Start)
- 5% of the total three to five year old population will be identified and receive early intervention services (outcome shared with Wake County Smart Start)
- 10% of children will have previously undetected significant dental disease on school entry
- 100% of served and eligible clients will obtain needed prescription medicines

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Clinical Strategies (cont'd)

- Meet Title VI interpretation and translation requirements for Latino clients

Major Accomplishments

- The infant mortality rate increased for the second straight year and the disparity between white and non-white rates increased; non-whites babies died at three times the rate of white babies.
- More children received their scheduled periodic health assessments and the prevalence of dental disease decreased for young children attending child care centers. Latino infants and children, in particular, continue to screen with significant dental disease requiring increasingly intensive treatment.
- Continued to improve recruitment and retention of bilingual and bicultural front line providers.
- Expanded clinical “best practices,” including screening for developmental and behavioral concerns in childhood, Pap-smear cancer screening, restorative dental care, and laboratory testing.
- Continued to enhanced collaboration with child welfare and child mental health services to assure availability and integration of physical health screening, assessment and treatment

Issues for FY 2006

- Continued and steady growth of 4-6% annually in under-insured and uninsured persons seeking care for well and sick children, pre-pregnancy counseling, contraception, and cancer screening services.
- Continued growth and increased diversity in immigrant residents seeking clinical services and further stretching our ability to provide individuals the culturally appropriate care in native language compliant with Title VI of the Civil Rights Act.
- Community Care of Wake County (formerly the Carolina Access II Medicaid managed care program) improved case management of

children to better provide a medical home, improved care management of chronic diseases (e.g., asthma, diabetes, seizure disorders, etc.) and decreased excess emergency room utilization by 20%.

- Increases identification, referral, and enrollment of children in Early Intervention programs and services.
- Continued to decrease pregnancy rates for white and black teens, while the rate for Latino teens remains alarmingly high.
- Registrations for prenatal care continue to climb and expected to exceed 4,000 annually, representing nearly a third of all Wake County pregnancies and births.
- Continue to experience difficulties in targeting dental prevention and education programs to elementary school campuses with higher percentage participation in the free and reduced lunch program, as the Wake County Public Schools continue to use economic indicators to achieve diversity.
- Continued difficulties in providing complex drug treatment regimens for tuberculosis, HIV/AIDS, and persons with severe and persistent mental illness, requiring time intensive enrollment in patient assistance program.
- New and more expensive technology and techniques improve laboratory testing and accuracy and decrease turn-around time for results.
- Sunnybrook facility renovations for clinical services will be completed late summer/early fall, but clinics now located off-site in rented space continue to struggle with volume and timely appointments.

Horizon Issues

- Impact of poverty and economic forces that increase the cost of private health insurance and health care, increasing the reliance on public health care providers.
- Continued growth and diversity in immigrant and resident populations, not limited to Latinos and including populations from Asia, Eastern Europe, and West Africa.
- Statewide implementation of enhanced Medicaid coverage for women of child-bearing age, to encourage pre-pregnancy

HUMAN SERVICES

Clinical Strategies (cont'd)

- counseling, contraception, and timely cancer screening.
- Initiation of targeted screening and treatment of common mild-to moderate mental illness including post-partum depression, anxiety, and substance use.
- Increased regulatory requirements for clinical laboratory services

and decreased responsiveness and availability of low cost testing from the State Laboratory.

- Renovation of space in the ATC to open and staff an outpatient mental health pharmacy that facilitates transfer of consumers to community based providers while providing affordable access to needed prescription medications.

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Clinical Strategies

Key Objectives:

- Provide quality affordable clinical and dental services to uninsured and underinsured infants, children, teen, pregnant women and women of conception age.
- Provide affordable laboratory testing and monitoring and appropriate prescription medications to uninsured and underinsured clients

served in physical health and mental health programs and contract agencies.

- Provide appropriate developmental, behavioral, and mental health screening, identification, referral, and treatment to uninsured and underinsured clients served in physical health and mental health programs and contract agencies.

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Child health preventive visits	10,778	11,425	N/A	12,111	N/A
Dental clinic visits	8,081	8,500	N/A	9,100	N/A
Early identification of children with developmental delays	2%	3%	3%	3%	5%
Effectiveness:					
Infant mortality rate among whites	4.3	3.9	N/A	4.0	N/A
Average prenatal visits per pregnancy	5.2	N/A	5.3	4.8	9.0
Dental procedures per visit	3.2	N/A	3.2	3.2	0
Infant mortality rate among non-whites	8.8	13.1	N/A	15.0	N/A
Prenatal Clinic first visit wait list (in days)	42	42	N/A	60	N/A
Women's Health Clinic first visit wait list (in days)	84	89	N/A	90	N/A
Child Health Clinic first visit wait list (in days)	79	72	N/A	80	N/A

HUMAN SERVICES

Community Health Purpose and Goals

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

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

Major Accomplishments

- Major improvements have been implemented in the Human Services disaster response system, including development of an integrated Emergency Operations Plan with Environmental Services to define agency roles and establish capabilities to respond effectively and efficiently in the event of a Wake County disaster.
- The 2004 Wide A Wake Community Forum was held addressing the issue of childhood overweight. The April 22, 2005 Forum will continue the theme speaking to the involvement of families and community to address the issue of overweight and obesity. The results of a BMI Study of kindergartners in Wake County were released, illustrating the severity of the epidemic in Wake County. 31% of all students were at-risk of overweight or were overweight. 47% of Latino children and 36% of African-American children were found to be at-risk of overweight or were overweight.
- Partnerships with Triangle Towne Center Mall and the WCPSS resulted in a mall walking program involving over 429 adults and entitled "Triangle Towne Trackers" and physical activity and nutrition programs involving over 15,000 children in 40 schools.

- Culturally appropriate, relevant communicable disease information and other health information (TB, food safety, influenza, carbon monoxide poisoning prevention, weather emergencies, "summer bugs", childhood immunization) was disseminated through La Ley (year long weekly program "Puerta Abierta"), La Conexión, Super-Mexicana (6 months weekly program "On the Air"), and Que Pasa.
- Shortage in influenza vaccine created a crisis that required Community Health to be the distributor of vaccine in Wake County. This resulted in a plan developed by an advisory committee of local physicians to distribute vaccine to physicians' offices, hospitals, nursing homes, long-term care facilities, emergency response agencies and more. In addition, Wake County Human Services held clinics that provided immunizations for 15,619 citizens.
- A confirmed case of E.Coli 157 at the State Fair in October 2004 resulted in 20 Wake County cases out of the 41 confirmed cases statewide. Communicable Disease staff worked for 16 days during this time and collaborated with the State Health Department and the CDC.
- 250 childcare centers and family homes were provided health, safety, and dietary management services through a Child Care Health Consultant nurse. The results of this were: 100% of childcare centers were immunization compliant; 75% of centers improved their child care compliance history; and 75% of center directors surveyed indicated that they applied new knowledge. Over 14,066 children ages 0-5 were impacted by this program.
- Facilitated the integration of information technology services with community organizing services by coordinating a partnership between the Information Management Unit and the Interfaith Alliance, a community partner, to implement the Community Resource Connection (CRC). CRC is a community-based model that mobilizes faith leaders in "clusters" (groups), to collect, organize and maintain resource information through the Service Index for the purpose of connecting Wake County citizens to services throughout our faith-based community that can assist them and address unmet needs.
- The process for certification and distribution of birth and death certificates was successfully transferred to the Wake County Register of Deeds office.

HUMAN SERVICES

Community Health (cont'd)

Issues for FY 2006

- Increased staffing to address the increased workloads in the communicable disease arenas, specifically tuberculosis, general communicable diseases, HIV and other sexually transmitted diseases.
- Continued need to look for partnerships (both internal in Wake County and external in the community) and creative, effective strategies for addressing the epidemic of obesity in Wake County.
- Ongoing emphasis on strategies that address on healthcare disparities among our minority communities in Wake County.

- Continued efforts to build the capacity of our community partners to enable effective and efficient programming to address Human Service outcomes.

Horizon Issues

- Increase number and complexity of all communicable diseases
- Ongoing expectation of our community that Wake County be able to manage any disaster with appropriate and complete response.
- Growing incidence of chronic diseases indicate the need to find the means to improve the health of all citizens, especially our youth by creating a community norm of physical activity and good nutrition.

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Community Health

Key Objectives:

- Complete all disaster preparedness plans and train/exercise appropriate staff in the implementation of the plans.
- Develop and implement social marketing campaign to address the issue of obesity and related chronic diseases countywide.
- Implement automation efforts that will enhance disease reporting, data collection and forecasting of needed prevention efforts.
- Complete countywide community assessment and engage community to develop countywide plan to address health priorities identified.

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Capacity building health programs, in hours	7,343	7,500	7,500	7,500	7,500
Efficiency					
Volunteer hours in Community Health activities	12,000	14,000	12,500	12,500	12,500
Effectiveness:					
Percentage of TB cases completing treatment	93%	95%	95%	95%	95%
Incidence rate of syphilis per 100,000	2.2	2.0	2.0	2.0	1.0
Mammograms that provide early detection of cancer	2	8	6	12	12

HUMAN SERVICES

Division Summary - Local Managing Entity

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	-	-	0	7,632,322
Operating Expenses				499,333	1,543,414
Capital Outlay				34,000	0
Expenditure Totals	\$	<i>Division established in FY 2005</i>		533,333	9,175,736
Intergovernmental Revenues	\$	-	-	7,676,282	9,488,551
Fee & Other Revenues				0	0
Revenue Totals	\$	-	-	7,676,282	9,488,551
Number of FTEs				0.00	136.00

Local Managing Entity Purpose and Goals

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

The LME has established the following goals and strategies. Specific measures and indicators will be addressed during the next year.

- Improve accessibility and choice of services for consumers.
 - * Continually improve design of access and crisis services
 - * Implement police Crisis Intervention Team model in cooperation with 3 local police departments
 - * Design LME Care Coordination function.
 - * Expand the breadth and capacity of the provider net-

- work.
- Assure the quality of services provided.
 - * Develop the quality management infrastructure to support effective monitoring and training of providers.
 - * Consolidate risk management procedures supporting timely interventions in high risk situations.
- Demonstrate effective, efficient administration of the public resources available to purchase services for consumers.
 - * Review and refine Utilization Review methodologies to support efficient operations.
 - * Assess technology support needed for electronic interfaces with DMA reporting.
 - * Develop necessary infrastructure of staffing to support operations.

HUMAN SERVICES

Local Managing Entity (cont'd)

Major Accomplishments

- Added eight providers within the first three months of operation, resulting in fewer and shorter stays on waiting lists for services, particularly within adult mental health.
- Created innovative services
 - Implemented Multi Systemic Therapy for youth at risk of out-of-home placements.
 - Supported 5 agency providers with unbundled funding mechanisms to begin this “best practice” model prior to implementation of appropriate service definitions and rates.
 - Re-aligned LME allocation dollars to free dollars for service provision, allowing for the removal of about 100 clients from the DD waiting list.
 - Established partnerships with local law enforcement, attended joint training and plan Fall 2005 Crisis Intervention Team implementation.
- Created plan for quality management infrastructure development and began implementation.
- Developed understandings and collaborative partnerships with Provider Relations/Contract Managements, Internal Monitoring, and Developmental Disabilities monitoring components.
- Agreed upon centralization of information collection and distribution within the LME QM team.
- Assumed monthly reporting duty to DMH/DD/SAS on monitoring activities and results.
- Participated in routine monitoring events scheduled before or during the development of the above processes.
- Responded to complaints and facilitated urgent/emergent monitoring visits.
- Began to restructure resources needed to comply with state Utilization Review requirements.

Issues for FY 2006

- The continued downsizing of State Institutions and 2007 planned closure of Dorothea Dix Hospital requires an ongoing shift of care, and therefore resources, to the community. The next round of downsizing for Dorothea Dix Hospital focuses on the adult acute admissions unit. It will be critical to make timely decisions using any available resources to meet the needs of the heavily dually diagnosed AMH/ASA population served by those units. While work continues to establish community interest and commitment for local psychiatric beds, other crisis hospital diversion options must be immediately considered for this population.
- Implementation of the Integrated Payment and Reporting System (IPRS) for NCDMHDDSA and Medicaid reimbursement is requiring new and more complex business practices to ensure continued revenues. NCDMHDDSA funding is now more specifically targeted, and excludes reimbursement for some populations historically served by WCHS. Wake County is engaged in a 4 partner consortium with neighboring LME’s to develop and purchase the “Pro-Filer” application from Unicare Systems. Business practices and staff training will work hand-in-hand with new technology to streamline the complexity.
- In 2001 the State switched the licensing status of a large number of Adult Care Facility’s’ from Social Services (131-D) to Mental Health (122-C). During this same period of time the lifting of a moratorium on Adult Care Home expansion created a virtual explosion of these newly classified Mental Health licensed homes straining the system’s abilities to provide adequate oversight. Once the staffing and infrastructure exists within the LME Quality Management team there will exist an exciting opportunity to develop cross-disability and cross-departmental expertise with WCHS Senior Services monitors. Until then, the risk to consumers with MH/DD/SA issues residing in these facilities and to the county is increased significantly.

HUMAN SERVICES

Local Managing Entity (cont'd)

Horizon Issues

- Policies, procedures, mandates, and parameters for the operation of LME's are far from well established by the NC Division of MH/DD/SAS and the NC Division of Medical Assistance. Changes in significant MH Reform processes affecting local programs, provid-

ers and consumers occur on a weekly basis. While some opportunity exists for influence because of this, it must also be understood that the entire services provision system is fragile and perpetually responding to a chaotic environment. The LME must keep, as its first priority, the capacity for flexibility to act as a "safety net" provider of services until the network gains stability.

Division Summary - Economic Self-Sufficiency

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	13,910,007	13,948,557	14,468,599	15,089,058
Operating Expenses		19,791,780	22,369,478	22,407,283	25,589,892
Capital Outlay		79,089	14,138	920	0
Expenditure Totals	\$	33,780,876	36,332,173	36,876,802	40,678,950
Intergovernmental Revenues	\$	10,538,465	11,288,006	11,337,385	11,456,681
Fee & Other Revenues		760,956	771,657	771,657	899,606
Revenue Totals	\$	11,299,421	12,059,663	12,109,042	12,356,287
Number of FTEs		328.80	329.80	343.80	340.50

Economic Self-Sufficiency Purpose and Goals

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

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

- Wake County children will receive financial support from their non-custodial parents
- Wake County Work First participants (including additional target populations) will find and maintain employment
- Eligible low-income families of Wake County will receive medical health insurance
- Eligible low-income families of Wake County will receive food assistance to meet basic nutritional needs

HUMAN SERVICES

Economic Self-Sufficiency (cont'd)

- Eligible low-income families of Wake County in financial crisis will receive short-term assistance in order to meet basic needs (utilities, housing, medications)
- Homeless will be afforded safe, emergency shelter and needed support services which promotes transition towards economic self sufficiency
- Veterans, their dependents and/or surviving spouses, children of deceased veterans and others will be assisted with obtaining benefits and services from the Department of Veterans Affairs

The division of Economic Self-Sufficiency is comprised of the following programs: Child Support Enforcement, Family & Children's Medicaid, Food Assistance, Housing Services, Service Intake (includes Energy Assistance Programs and Emergency Financial Assistance), Veteran's Services, Vocational Services, Work First, and the WCHS Call Center. Specific populations served are families who are economically disadvantaged, adults with disabilities and special populations such as veterans, dislocated workers, and the homeless.

Major Accomplishments

10-Year Action Plan to End Homelessness

- In January 2004, the City of Raleigh, Wake County, Wake Continuum of Care, and Triangle United Way formed a partnership and a Planning Team to develop Ending Homelessness: The 10-Year Action Plan. A Steering Committee of business, faith, academia, and service representatives provided ongoing guidance. Four public forums attended by more than 600 participants. The implementation of the action plan over the next ten years will be accomplished by five community action teams with leadership from the City of Raleigh, Wake County, Wake Continuum of Care, and Triangle United Way. The five action teams are working on the following key objectives: Prevention, Engagement, Housing, Employment/Education, and Services/Supports. Each of these key objectives will have specific strategies, action steps, performance benchmarks and timeframes.

By resolution, the Wake County Board of Commissioners and the City Council of Raleigh voted to accept "ending homelessness: the 10-year action plan" and to commit staff support in principle to lead the implementation of the plan.

Homeless Management Information System HMIS

- Wake County's Homelessness Management Information System (HMIS) is a automated data collection and management tool designed by Softscape that tracks unduplicated count of homeless, provides demographic information, service and outcome data, and automated case management functions. In addition, HMIS provides web-based connectivity to participating members agencies of the Wake County Continuum of Care (CoC) network. More than 30 CoC community providers participated in the design and functional testing phases of the HMIS project. This level of participation has allowed the Wake Continuum of Care to capture homeless statistics for 80% of the shelter beds available in our community. This is well beyond the HUD requirement of 50% of the community's shelter beds.

White Flag Shelter Network

- During the winter of FY04-05, the White Flag network was activated on 72 nights and provided 4,027 emergency beds for homeless men, women, and children during inclement weather (freezing temperatures). While the overall number of white flag nights decreased from 91 to 72 nights, the overall number of White Flag bed utilization increased from 3,633 in FY03-04 to 4,027 in FY04-05. The number of White Flag beds for women and children increased slightly from 531 to 575.

Child Support Enforcement

- The purpose of the Wake County Child Support Enforcement (CSE) program is to ensure that non-custodial parents provide financial support for their children. As of 3/31/05, Wake County's Child Support Enforcement Unit has collected \$23,551,014 through the 3rd quarter of FY04-05. It is projected that child support collections will exceed last year's collection total of \$28,524,194.

HUMAN SERVICES

Economic Self-Sufficiency (cont'd)

Food Assistance

- Food Assistance, also known as Food Stamps, enables low-income families to purchase food with an Electronic Benefit Transfer (EBT) card. The total recipient count for Food Assistance in Wake County has seen a steady pattern of increase resulting from continued population growth. As of 3/31/05, Wake County's Food Assistance caseload and recipient count for food stamps reports 15,156 active cases (households) comprised of 39,642 recipients. To date, this represents a 5% increase through the 3rd quarter of FY04-05.

Medicaid (*including Family Medicaid*)

- As of 3rd quarter in FY04-05, the total number of Medicaid recipients in Wake County reported a 7% enrollment increase. The NC Health Choice program in Wake County increased its enrollment by 20%. Wake County's Medicaid/NC Health Choice programs received on average 2,982 applications per month.

Work First

- As of 3rd quarter in FY04-05, Wake County's Work First program is exceeding State established goals for benefit diversions, employment and percentage of participants staying off of public assistance after going to work

Issues for FY 2006

- 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/emergency assistance. Position expansion requests may be needed to keep pace with caseload growth in Medicaid, and Food Assistance.
- Congressional reauthorization of TANF (Temporary Assistance to Needy Families) child-care and medical transition services will be needed after June 30, 2005. In March 2005, Congress extended TANF through June 30, 2005 by enactment of H.R. 1160 Welfare Reform Extension Act of 2005.

- Wake County's Veterans Service Office anticipates increase in areas of information/referral contacts and benefit claims from veterans (including activated reservists) returning from active duty. Anticipate position expansion requests based on population growth and increase volume of service contacts and benefit claims.
- Anticipate need for additional bi-lingual staff in economic service areas in order to serve individuals and/or families with limited English proficiencies.

Horizon Issues

- Issue of Medicaid cost cap for counties - A NC General Assembly Blue Ribbon Commission on Medicaid Reform studied the issue for two-years and one of the recommendations was to phase-out county cost-sharing via H-132/S-117 in six-years, with an immediate Medicaid county cost cap and special assistance to counties with Medicaid populations of 25% or greater.
- Congressional reauthorization of TANF (Temporary Assistance to Needy Families)
- 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.

HUMAN SERVICES

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Economic Self-sufficiency

Key Objectives:

- Implementation of 10-Year Action Plan to End Homelessness which represents a fundamental shift from managing homelessness
- to preventing and ending homelessness
- Meet performance objectives in areas of Child Support Collections, Work First Employment Goals, Food Assistance Participation

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Child support enforcement households	16,500	17,700	17,700	18,900	N/A
Food assistance households	37,714	40,000	40,000	43,300	N/A
Medicaid eligibles	65,000	71,000	71,000	75,000	N/A
Effectiveness:					
Child Support collections	\$28,524,000	\$31,401,000	\$31,400,000	\$33,800,000	N/A
Food Assistance	\$37,544,189	\$39,424,000	\$39,424,000	\$41,000,000	N/A
Food Assistance Accuracy rate	95%	97%	97%	98%	94%

HUMAN SERVICES

Division Summary - Operations

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	8,920,010	8,617,946	8,652,154	6,676,216
Operating Expenses		8,429,775	7,641,636	7,818,443	9,235,607
Capital Outlay		574,912	478,000	736,183	473,000
Expenditure Totals	\$	17,924,697	16,737,582	17,206,780	16,384,823
Intergovernmental Revenues	\$	7,756,148	6,834,639	5,893,902	6,083,422
Fee & Other Revenues		2,637,913	2,532,968	1,687,091	518,493
Revenue Totals	\$	10,394,061	9,367,607	7,580,993	6,601,915
Number of FTEs		160.10	160.10	161.80	119.00

Operations Purpose and Goals

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

Major Accomplishments

Information Management Unit

- Implemented a Homeless Management Information System (HMIS) to meet a HUD mandate the avoided the reduction of HUD funding to Wake County.
- Began implementation of the Mental Health Automation System (Pro-Filer) which is a replacement of our existing Uni/Care system. The new system will support the role of the agency as an LME.
- Final updates to the Patient Care Management System (PCMS) in

Community Health to meet HIPAA security guidelines.

- Performed a total of 3 significant system upgrades for the Patient Care Management System (PCMS) in the Community Health arena and 4 significant system upgrades for the Uni/Care system in the

Staff Development

- 1186 staff trained in 43 different events; project additional 200 staff in 10 different events for the remainder of 04/05
- 111 employees participated in 9 different team building events
- The completion of MRS (Multiple Response System training, a new way of doing business for Child Welfare) for all staff in Child Welfare and Work First.

Administration

- A full-time Regional Operations Manager was added to ensure adequate management of all budget, fiscal and administrative tasks at both regional centers.
- Implementation of an enhanced billing and reimbursement business process, which allows for reconciliation of all Medicaid and

HUMAN SERVICES

Operations (cont'd)

IPRS (state-funded) reimbursements and payments to service authorizations.

- Wake County Human Services continues to have over 1540 expenditure contracts, grants, and memorandum of agreements with partners, agencies and vendors. This represents over \$94,144,995 in purchased services, accounting for 43.7% of the total operating budget.

Transportation Services

- Provided an estimated 128,000 trips and 90,000 service hours.
- Medicaid eligible trips accounted for approximately 65% of all services provided. Many of these trips are going to Wilson, Duke, and Chapel Hill medical centers and clinics.
- Senior programs accounted for approximately 20% of all services provided. These trips are mostly for mid-day nutrition and recreation.
- The other sponsoring agencies make up the remaining 15% of the services provided. Trip purposes are for employment, vocational services, training, support groups, pre-school, dialysis, foster care visits, and other agency related activities.

Project Management and Development

- Continued with implementation and coordination of the Child Welfare Faith Partnership to increase adoptions. Developed a Human Services Customer Service Logo. Developed and implemented a Continuous Quality Improvement process for the agency, training 60 new CQI coaches. Developed a Title VI – Language Access County policy for Low English Proficiency populations. Coordinated Leadership Development Opportunities for staff through The Learning Consortium. Provided Crucial Conversations training to Mental Health and Community Health programs. Provided Executive Support in developing agency business plan process, Economic Impact Report and End of the Year and Accomplishments Reports. Coordinated the Environmental Stewardship Network Field Day at Blue Jay Point. Provided 12 educational stations, 25 presenters, 37 volunteers and 85 participants. Coordinated Leadership, Expanded Leadership and Partners in Leadership meetings ensuring follow up on actions and decisions. Provided leadership and support in the

Mental Health Areas of study.

Communications & Marketing

- Developed flu vaccine media day prior to clinics opening to promote coverage and reduce stress on staff and patients
- Managed community health crisis events; sudden national shortage of flu vaccine; E. Coli outbreak from State Fair; meningitis exposure to N.C. State and UNC-CH students—coordinated release of information and public updates with state and university news bureaus; Whooping Cough; specific outreach and education to Latino community.
- Supported staff in ongoing event promotion, media management and materials production to enhance attendance, community understanding and public support for HS programs, goals and initiatives, specifically, Housing Fair, Project DIRECT programs, Foster Care celebrations and drives, Smoke-Free Restaurant Decal Program, National HIV Testing Day, Eastern Wake Job Fair, White Flag network, energy assistance programs, Wide-A-Wake Forum, NBC 17 Health and Fitness Fair.

Local Management Entity

- Created this new HS Division, in response to state wide Mental Health Reform, which will be responsible for the management and assurance of Mental Health/Developmental Disability/Substance Abuse Services for Wake County citizens.
- Developed management and organizational structure.
- Assessed workload and measures for each LME function. Began planning for resourcing properly.

Issues for FY 2006

Information Management Unit

- Technology support for the emerging Bioterrorism/Disaster Response role for the agency.
- To transition ownership and support of the Homeless Management Information System (HMIS) to the Wake County Continuum of Care.
- Redesigning the existing Service Index to support the service information needs of Wake County's website redesign efforts.

HUMAN SERVICES

Operations (cont'd)

Administration

- Impacts on Client Accounting and Accounts Payable due to the expansion of the mental health provider network and the direct billing of Medicaid and IPRS services.

Local Management Entity

- Develop provider and community capacity to for service provision.
- Establish strong monitoring component to assure quality of care.

Horizon Issues

Information Management Unit

- Leveraging key concepts and components in the Homeless Management Information System (HMIS) to support the work to further a Common Registration System.
- Replacement of the existing Patient Care Management System (PCMS).

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area: Operations

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Houses rehabilitated	28	23	N/A	28	N/A
Efficiency					
Percentage of actual to budget projections	98.8%	97%	96%	97%	97%
Cost per trip for consumer transportation	\$22.15	\$25.50	N/A	\$26.00	N/A
Effectiveness:					
Average turnaround for payment of claims, in days	30.8	32	40	32	45
Percentage of consumers triaged within 30 minutes of arrival	95%	96%	95%	95%	95%

HUMAN SERVICES

Division Summary - Regional Network

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	5,724,352	5,776,141	5,934,824	6,168,329
Operating Expenses		545,821	601,005	602,089	612,438
Capital Outlay		11,852	5,000	10,603	0
Expenditure Totals	\$	6,282,025	6,382,146	6,547,516	6,780,767
Intergovernmental Revenues	\$	895,186	610,283	610,283	617,659
Fee & Other Revenues		757,649	420,039	420,039	692,272
Revenue Totals	\$	1,652,835	1,030,322	1,030,322	1,309,931
Number of FTEs		118.20	118.20	123.10	123.10

Regional Network Purpose and Goals

The Southern Regional Center (SRC) and the new Eastern Regional Center (ERC) allow the opportunity to provide an array of county, community and private services and resources that we can now target to address local community concerns. These community-based services increase the County's ability to intensify support to families and provide staff that can easily respond to citizen needs and collaborate with other community systems such as municipal local government, schools, courts, family service agencies, medical professionals and the faith community. Both clients and staff can reduce their travel time and transportation costs with access to these Centers.

Major Accomplishments

Southern Regional Center

- The Child Welfare team established a formal partnership between Southern Center and the region's larger faith community. The recruitment of churches and faith organizations is designed to increase support for children and families receiving services. Last year only 3% of children served required out of home placement as a result of strong family preservation efforts.
- The availability of employment resources at Southern Regional Center facilitated a combined and integrated Employment Services structure to maximize and increase employment of clients.
- Addition of Inspections Department and full time Solid Waste Inspector at SRC increased resources available within the region and collaborations with the towns to maximize resources.
- Increased health initiatives focusing on preventive health strategies with the startup of evening Women's Health Clinic services, which

HUMAN SERVICES

Regional Network (cont'd)

will increase accessibility of family planning services for women in the southern region.

Eastern Regional Center

- Developed and implemented several efficiency strategies to improve overall center operations to include re-engineering of consumer records process – ERC rated 2nd in customer service out of 7 Wake County consumer records sites; partnered with Human Services Raleigh site (Call Center) to streamline customer telephone calls resulting in reduced customer wait-time and increase productivity time for regional center call staff – average customer hold time is 32 seconds; continue to improve overall customer satisfaction- 97% of center customers report favorable service delivery through ERC.
- ERC Child Welfare services met 100% of their service outcomes. Additionally, ERC Child Welfare began piloting the Multiple Response Service (MRS) initiative in June 2004. The regional center model affords the county a tremendous opportunity to integrate and collaborate across county services. Child Welfare, Family Support, WorkFirst, Child Mental Health, and Wake County Sheriff's Office routinely staff cases to assure best practice methods for regional families. ERC's blended child welfare services model, a child welfare team consisting of all child welfare disciplines managed by a supervisor who is cross-trained in each discipline, continues to be successful.
- ERC Economic Services "Service Intake" assisted 579 eligible eastern regional families (1888 individuals) avert housing evictions and maintain utilities to preserve their quality of life. This program is very efficient and successful. ERC experienced a 34% increase in emergency assistance request accounting for \$99,645.00 (total year disbursement). However, County fund utilized to assist in averting evictions and maintaining utilities consisted of less than 7% of total cost. Economic Services Teams are cross-trained to perform multiple services thus fostering a "one-stop shopping" experience for the regional customer.

New services begun in fiscal year 2005: Birth Certificates, Voting/Election site, and Domestic Abuse Support groups.

Issues for FY 2006

Southern Regional Center

- Utilization of providers in the Provider Network to develop community capacity to address the provision of MH/DD/SA services in the southern region.
- Communities in the southern region have been identified as an area where a significant population of seniors will reside. Southern Regional Center will address service provision for seniors in an effort to increase support of senior community members and improve access of available resources.
- There is a need to increase Child Welfare staff capacity to address a growing Child Welfare caseload. A blended Child Welfare team was assigned to SRC representing Child Protective Services, Investigative Assessment and Treatment and Child Placement Services. The number of staff will be increased to address the increase in cases.
- Youth face very challenging times and a partnership with 4-H Youth Development and local youth service organizations will address the increased need for community-based youth services in the southern region.

Eastern Regional Center

- Address increasing incidence of child protective services reports for east Wake County relative to one team performing this task. Increased caseloads (as they are currently at capacity) will negatively impact child welfare's ability to manage services and keep pace with state standards.
- Address increasing services to our prenatal and family planning clinics – 25% increase. Population growth in general and an increase in our Latino customers appear to be influential factors.

HUMAN SERVICES

Regional Network (cont'd)

Horizon Issues

Southern Regional Center

- Continue focus on providing culturally competent services to respond to a diverse population. Development and implementation of strategies to improve cultural competence in service design and delivery at Southern Regional Center was prioritized to address client needs.
- Expansion of rural development strategies, which will include sup-

port of community coalitions, partnerships, and resource development, will increase availability of community-wide strategies to address disparities in the region.

- Population growth in the south is one of the primary factors affecting the demand for services. We anticipate a CIP request to address current space and renovation needs of the Center.

Eastern Regional Center

- Mental Health Reform: To identify new strategies and/or modify existing regional services model such that the mental health component continues to collaboratively support other regional service needs.

FY 2006 to FY 2008 Business Plan Key Programs, Objectives and Measures

Program Area 1: Southern Regional Center

Key Objectives:

- Regional Centers assist Human Services programs to achieve program outcomes by improving customer access to services.
- Regional Centers increase community involvement and partner-

ships.

- Regional Centers provide a comprehensive array of services in one convenient location.

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Number of contacts with clients	97,663	98,000	98,000	98,000	98,000
Effectiveness:					
Dollar amount generated through partnerships	\$47,287	\$53,000	\$53,000	\$60,000	\$100,000
Client Satisfaction	88%	90%	90%	90%	90%

HUMAN SERVICES

Program Area 2: Eastern Regional Center

Key Objectives:

- To enhance Human Services and other County programs operating through the regional center achieve their program outcomes including customer access to services.
- Increase community involvement and community partnerships

aimed at resolving local community needs.

- Improve community access to services and assure a comprehensive array of services through a “one-stop shopping” approach to service delivery.

Key Measures	FY04 Actual	FY05 Estimated	FY05 Target	FY06 Projected	Desired Level
Workload (Output):					
Number of contacts with clients	72,000	50,000	72,000	80,000	80,000
Efficiency					
Amount of community support/resources garnished through partnerships	\$180,523	\$80,000	\$80,000	\$80,000	\$80,000
Effectiveness:					
Client Satisfaction	96%	90%	97%	97%	98%

MEDICAL EXAMINER

Department Summary

		FY 2004 Actual	FY 2005 Adopted Budget	FY 2005 Current Budget	FY 2006 Adopted Budget
Personnel Services	\$	0	0	0	0
Operating Expenses		173,925	200,000	200,000	200,000
Capital Outlay		0	0	0	0
Expenditure Totals	\$	173,925	200,000	200,000	200,000
Number of FTEs		0.00	0.00	0.00	0.00

Medical Examiner Purpose and Goals

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

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

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.