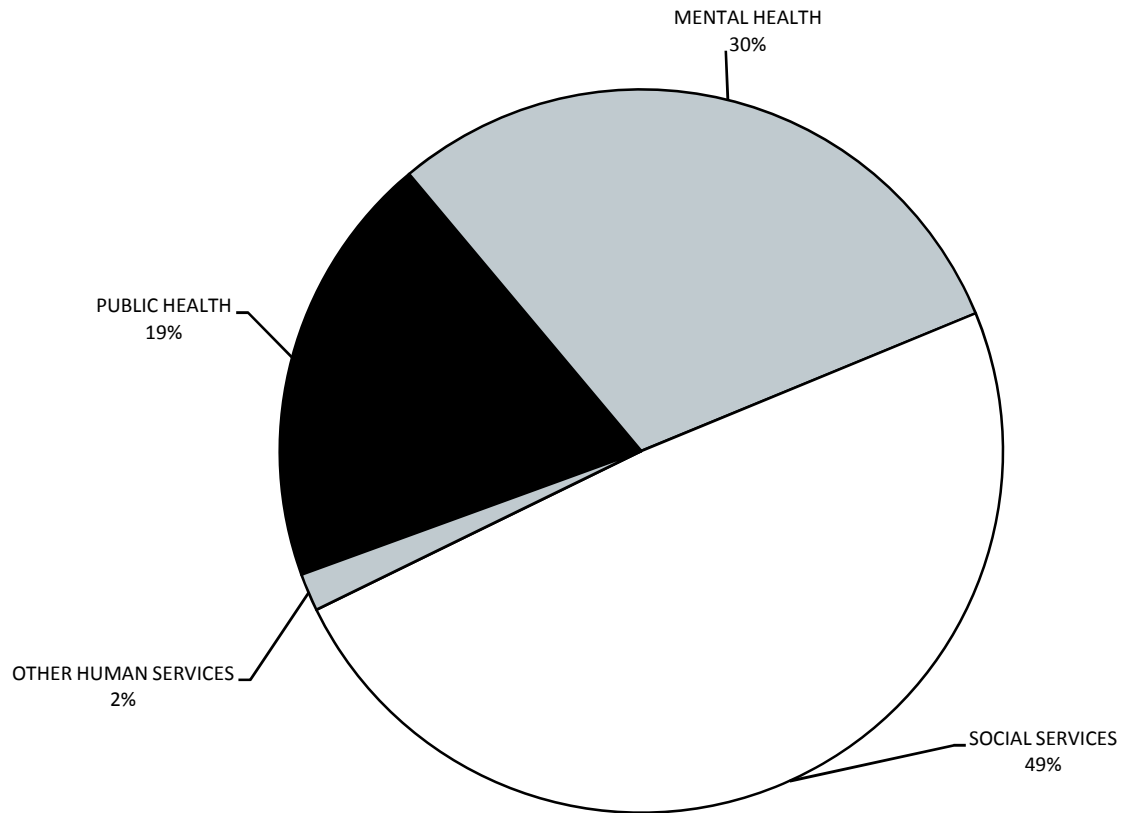


## Human Services Approved Budget



Business area	2008-2009 Actual Expenditures	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
PUBLIC HEALTH	\$ 20,811,696	\$ 19,963,743	\$ 19,809,113	\$ 20,121,595	\$20,067,588
MENTAL HEALTH	\$ 28,988,970	\$ 31,866,045	\$ 30,893,656	\$ 30,612,643	\$30,818,125
SOCIAL SERVICES	\$ 386,182,394	\$ 420,927,609	\$ 417,474,250	\$ 49,896,487	\$50,517,208
OTHER HUMAN SERVICES	\$ 1,782,906	\$ 1,706,656	\$ 2,127,500	\$ 2,238,754	\$1,730,516
<b>Overall Result</b>	<b>\$ 437,765,966</b>	<b>\$ 474,464,053</b>	<b>\$ 470,304,519</b>	<b>\$ 102,869,479</b>	<b>\$103,133,437</b>

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# PUBLIC HEALTH

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## MISSION

The Durham County Health Department's mission is to preserve, protect and enhance the general health and environment of the community.

## PROGRAM DESCRIPTION

The department is comprised of seven divisions: Administration, Nutrition, Health Education, General Health Services, Dental, Community Health and Environmental Health. These divisions work collaboratively to accomplish the following goals:

- Promote optimal health and wellness of children;
- Decrease premature death rates;
- Prevent and control communicable disease; and
- Maximize organization productivity.

A list of accomplishments and performance measures of the seven divisions within Public Health is presented on the succeeding pages.

## 2010-11 HIGHLIGHTS

The approved budget for Public Health includes the following items:

- Added 1.0 FTE for an Assistant Health Director
- Added 4.0 FTE's for additional Laboratory staff in order to better utilize the laboratory facilities in the new Human Services Building. There is no additional County funding needed for these positions, due to the contract with current laboratory vendors will be reduced to cover these costs.
- 4.8 FTE's (3.8 filled and 1.0 vacant) are eliminated related to the sale of the Home Health Agency.
- 1.0 FTE eliminated in Health Education for a vacant County funded Public Health Educator I.
- 6.48 grant-funded FTEs are eliminated or reduced to match grant funding.
- 1.0 FTE vacant Dentist I position is eliminated however the funding will be used for contracted dentists which have proven to be a better method of service delivery.
- 2.0 FTE for School Health Nurses has been eliminated due to the reduction from the state in funding for the Child and Family Support Team Program. The remaining 4 positions will be reduced .15 FTE each (a total of .60 FTE) to become 10-month employees and match the school calendar. One position will remain a 12-month employee in order to maintain mandated service levels during the summer months.
- 3.0 FTE vacant Maternal Outreach Worker positions have been eliminated. This is partly due to the state no longer providing support for this function.
- Jail Health contract increased by \$72,000. This increase and the FY2009-10 increase is being funded through the Community Health Trust Fund.
- Annualized funding for Project Access, which is funded through the Community Health Trust Fund (\$329,126).
- Fee changes are being recommended in Environmental Health, General Health, Nutrition, and Dental. Please see the fee schedule in the Ordinance section for details.

# Public Health

Business Area: 5100

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
▽ <i>Expenditures</i>					
Personnel	\$14,342,461	\$13,372,673	\$12,983,445	\$13,531,229	\$13,478,207
Operating	\$6,426,110	\$6,286,105	\$6,815,098	\$6,573,479	\$6,542,832
Capital	\$43,125	\$0	\$10,570	\$0	\$0
Transfers	\$0	\$304,965	\$0	\$16,887	\$46,549
<b>Total Expenditures</b>	<b>\$20,811,696</b>	<b>\$19,963,743</b>	<b>\$19,809,113</b>	<b>\$20,121,595</b>	<b>\$20,067,588</b>
▽ <i>Revenues</i>					
Intergovernmental	\$5,168,680	\$4,598,496	\$5,407,265	\$4,874,887	\$4,924,054
Contrib. & Donations	\$816,175	\$1,060,547	\$866,236	\$886,531	\$886,531
Service Charges	\$709,246	\$414,218	\$370,607	\$376,218	\$412,318
Other Revenues	\$778	\$600	\$1,200	\$1,200	\$1,200
<b>Total Revenues</b>	<b>\$6,694,879</b>	<b>\$6,073,861</b>	<b>\$6,645,308</b>	<b>\$6,138,836</b>	<b>\$6,224,103</b>
<b>Net Expenditures</b>	<b>\$14,116,817</b>	<b>\$13,889,882</b>	<b>\$13,163,805</b>	<b>\$13,982,759</b>	<b>\$13,843,485</b>
FTEs	268.20	248.11	235.91	222.58	221.88

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# PUBLIC HEALTH-ADMINISTRATION

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The Health Director is responsible for the overall administration and management of the Durham County Health Department. The Assistant Health Director oversees the administration and management of the Community Health, Dental and Health Education divisions.

The Local Public Health Administrator oversees the general administrative functions of the department. These include:

- Processing payments for invoices;
- Maintaining personnel files;
- Maintaining organizational charts;
- Maintaining the computer system and ordering and receiving computer equipment;
- Registering birth and death records;
- Maintaining the patient care management system (Insight);
- Registering patients;
- Maintaining patients' medical records;
- Ensuring compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations;
- Collecting payments for services rendered;
- Processing Medicaid, Medicare and third party billing; and
- Overseeing janitorial issues and security services.

## **2009-10 ACCOMPLISHMENTS**

- Implementation of LaserFiche software as part of the Department's Document Management and Imaging Project. Purchased scanners and developed policies and procedures, provided training to department representatives in an effort to convert to electronic format in preparation for the new building. Completed the last phase of scanning charts in the medical records room.

## **2010-11 PERFORMANCE MEASURES**

- Continuation of the Department's Document Management and Imaging Project. The objective is to have all medical and some non-medical records scanned, indexed and stored for easy retrieval. Additionally, the department will continue its transition to electronic medical records.

# PUBLIC HEALTH-NUTRITION

Registered Dietitians/Licensed Nutritionists are organized into three sections to conduct individual and population-based, consumer-oriented nutrition services consistent with the department’s mission.

**Community Nutrition Section:** DINE for LIFE (Durham’s Innovative Nutrition Education for Lasting Improvements in Fitness and Eating) program provides classes and school-wide events which focus on the U.S. dietary guidelines and MyPyramid for nutrition, food safety and physical activity in 15 eligible Durham Public Schools, seven senior centers and the community.

**Clinical Nutrition Section:** Child Care Nutrition Consultation provides guidance to parents on child nutrition issues and conducts trainings for staff in child care centers. Medical nutrition therapy provides individually-based counseling with clients having medical or nutrition conditions for which nutrition guidance can prevent, treat or stabilize a diagnosed condition, such as diabetes, hypertension, failure-to-thrive, high-risk pregnancy and obesity. Preconceptual Nutrition promotes health practices that can improve pregnancy outcomes.

**Nutrition Communications and Health Promotion Section:** Media outreach is conducted to reach the general public through placing targeted educational messages in Durham Area Transit Authority (DATA) buses and a variety of independent and school newspapers, participating in radio and television interviews and distributing bimonthly media releases. The Healthy Smiles, Healthy Kids program teaches pregnant women and families with young children nutrition choices and habits and eating/oral hygiene habits for healthy teeth and gums. Health Promotion conducts activities and outreach on nutrition and wellness issues with worksites, churches and groups in the community.

## 2009-10 ACCOMPLISHMENTS

- Completed certification requirements for the Health Department to provide a Diabetes Self Management Training class series under the North Carolina Diabetes Education Recognition Program and the American Diabetes Association.
- Lee Lichtenwalter, MPH, RD, LDN, won the GlaxoSmithKline Public Health Staff Recognition Award for providing over 20 years of outstanding nutrition care, client advocacy, and provider education related to infants and young children.
- Clinical Nutrition Program Manager appointed a community co-leader for diabetes project of the Durham Health Innovations (DHI) initiative to improve the health of Durham residents.
- Awarded grant from Durham’s Partnership for Children to conduct nutrition consultation in 45 of Durham’s child care centers.
- Awarded United States Department of Agriculture Supplemental Nutrition Assistance Program (food stamp program) education funds to conduct nutrition education with Durham residents eligible for food stamps.

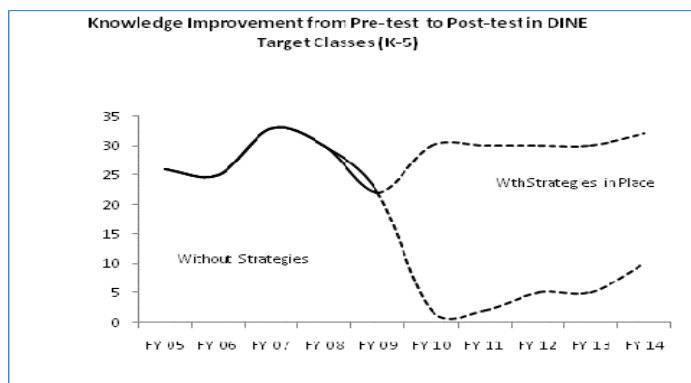
## 2010-11 PERFORMANCE MEASURES

### DINE for LIFE

**Performance Measure:** Percent Knowledge Improvement in 13 at-risk elementary schools (K-5) coupled with teacher observed “behavior” changes in students.

### Story Behind the Last Two Years of Performance

- DINE for LIFE nutritionists provided classroom “interactive” nutrition education classes and healthy foods taste-test/exposure in 13 at-risk elementary schools covering key nutrition messages on whole grains, fruits and vegetables, low-fat dairy, food safety and breakfasts. Additional activities include monthly promotions, cafeteria events, bulletin boards/displays and parent outreach to reinforce classroom teaching.
- Results from annual pre and post intervention screening of children with feedback from teachers and parents show educational interventions are well targeted and effective.
- Children’s improved knowledge coupled with teacher feedback on observed behavior changes shows that DINE programming is effective and part of the solution to combat childhood obesity in Durham County.



- Greatest knowledge improvements over pre-screen levels seen with milk (32%), whole grains (27%) and food safety (38%).
- Students on average improved knowledge over pre-screen levels on all food group identification questions. The greatest change in percent from pre to post-test was in the meat and beans group (37%).
- Teachers participating in DINE noted improvements in “key” behaviors due to the program:
  - 98% noted an improvement in students’ knowledge of healthy choices
  - 76% noted that students made healthier choices
  - 60% noted that students chose lower fat milk in the cafeteria
  - 71% noted that students were more willing to try new foods
  - 77% noted that students improved hand washing skills
- Teachers request more classes than can be conducted with current staffing levels.

**Strategies: What do you propose to do to improve program performance?**

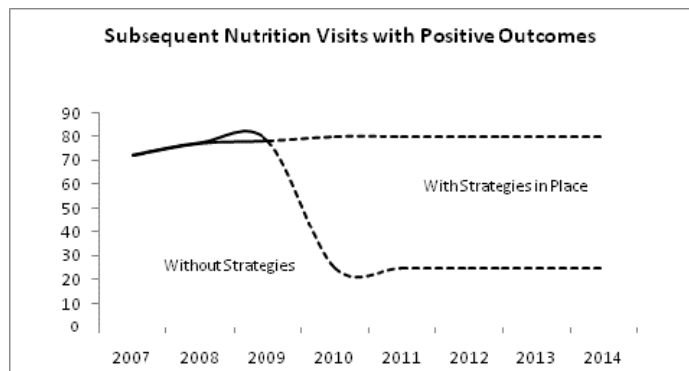
- Seek improvements in measures to identify and reinforce behavioral outcomes in children and to link school interventions with home and community environments to improve the health and lifestyles of at-risk children and families in Durham.
- Conduct effective social marketing campaigns through various media venues (newsletters, newspapers, bus posters, radio and television).
- Improve efficiency through a strong community collaborative of “like-minded” agencies/programs with similar goals.
- Provide nutritionists with resources to spend more time on-site in schools to improve efficiency and to better reach more children and to effectively target more parents/caregivers.

**Clinical Nutrition**

**Performance Measure:** Subsequent nutrition visits with positive outcomes.

**Story Behind the Last Two Years of Performance**

- Obesity continues to be a significant problem in Durham County for both children and adults. For example, 34% of low income children 2 – 4 years of age seen in WIC clinics in Durham County are overweight (14.7%) or obese (19.6%). Seventy-one percent of adults in Durham County are overweight or obese. Overweight individuals (including children) have or are at risk of developing co-morbidities such as insulin resistance (“prediabetes”), Type 2 diabetes, hypertension and high blood cholesterol levels, all conditions that have nutrition as a treatment component. In fact, over 50 percent of pediatric referrals received by the Health Department are for pediatric obesity and many of the referrals have complications of obesity as described above.



- Infant mortality also continues to be a problem in Durham County. Nutrition has a role in addressing prevention strategies to reduce infant mortality. Conditions such as obesity prior to pregnancy and poorly controlled diabetes during pregnancy are risk factors for poor birth outcomes. Infants born prematurely with congenital anomalies and genetic disorders are at high risk for under nutrition, poor growth, chronic health problems, and developmental delays that can affect normal eating.
- Studies have shown that medical nutrition therapy (MNT) is effective and results in significant health benefits and cost savings; individuals receiving MNT require fewer hospitalizations and medications and have fewer complications. Moreover, MNT can provide other significant benefits such as improved feelings of self-worth, less depression, and positive changes in an entire family’s diet and lifestyle.
- Provided 900 medical nutrition therapy (MNT) sessions to clients who have medical or nutrition conditions for which nutrition is important for prevention, intervention or maintenance of a diagnosed condition such as diabetes, hypertension, pediatric failure-to-thrive, and weight management.
- Provided 1000 nutrition consultations related to patient care to medical providers and parents and/or caregivers of patients seen for nutrition care.
- Positive changes in behavior, knowledge, weight and/or clinical measures occurred in eighty percent of subsequent nutrition visits.
- Individuals seen for MNT services by Health Department nutritionists have made changes as a result of the therapy as described below:

- Behavior changes such as following a cholesterol lowering diet, increased fruit and vegetable intake, and increased physical activity.
- Positive changes in anthropometric measurements such as weight loss or improved body mass index (BMI) or a successful growth rate for a premature infant.
- Improved clinical measures such as the gestational diabetic woman who is controlling her blood sugars after receiving medical nutrition therapy or the adult who has lowered his blood pressure after following the nutrition care plan he and the nutritionist developed.
- Increase in knowledge related to nutrition and disease management and self-care.
- Local referral sources value the expertise and availability of the Health Department registered dietitians (RD) and consider the RD as a member of the client treatment team, allowing for successful collaborations and the provision of MNT to residents of Durham County who are underinsured or are enrolled in Medicaid and Health Choice.

**Strategies: What do you propose to do to improve program performance?**

- Continue to provide quality medical nutrition therapy services to Durham County residents.
- Investigate methods to improve efficiency of services such as working with practice groups and school-based wellness centers to better target the problem of childhood overweight.
- Finalize implementation of the Nutrition Care Process, a national model for medical nutrition therapy that allows for improved nutrition outcome monitoring and evaluation.
- Maintain and/or improve the percent of subsequent nutrition visits with positive outcomes.
- Continue to maximize reimbursement opportunities for medical nutrition therapy services, including pursuing obtaining provider status with insurance carriers such as Blue Cross Blue Shield of North Carolina.

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# PUBLIC HEALTH-HEALTH EDUCATION

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The purpose of the Division of Health Education is to solve health problems by influencing decisions individuals, groups and communities make and actions they choose to take to promote health and prevent disease and disability. The division strives to bring about voluntary adaptation of behavior conducive to health. Health education services are provided in the clinic and in community settings in the following program areas: **Communicable Diseases, Health Promotion and Wellness, and Partnership for a Healthy Durham.**

## 2009-10 ACCOMPLISHMENTS

- The Division of Health Education participated in the Durham Health Innovations planning project: Prevention and treatment of HIV, STDs and Hepatitis in Durham County. This novel, coordinated partnership amongst Duke, UNC, the Durham County Health Department and Community organizations took place between April and December 2009. Mary DeCoster, Health Educator, participated in all aspects of the planning process and coordinated the community engagement components of the project. She recruited participants for the community working group, organized focus groups and key informant interviews, organized a pastor's luncheon and a town hall meeting and worked with the evaluation staff from Duke. The partnership members worked together to develop ways to improve health and health care access in Durham County.
- The Partnership for a Healthy Durham (PHD) is the certified Healthy Carolinians partnership for Durham County and the Health Work group for Results-Based Accountability. PHD is a coalition of local organizations and community members, with the goal of collaboratively improving the physical, mental, and social health and well-being of Durham's residents. The Partnership has eight committees that focus on a Durham County health priority and are led by the Steering committee. These health priorities include: 1) Access to Healthcare; 2) Adolescent Pregnancy; 3) HIV/STDs; 4) Infant Mortality; 5) Injury Prevention; 6) Mental Health; 7) Obesity and Chronic Illness; and 8) Substance Abuse.

Under the leadership of Mel Downey-Piper PHD successfully accomplished the following:

- Formalized Partnership structure
- Created New website
- Redesigned *State Of The County Health* report
- Organized the Annual Community Events
- Served as a Clearinghouse for Selected Resources
- Formulated Annual Action Plans
- Served in an Advocacy capacity



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# PUBLIC HEALTH-DENTAL

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The Dental Division strives to improve the oral health of economically disadvantaged children as well as offer oral health education to the Durham County community by providing:

- Dental services for children three to twenty years old in the Dental Clinic and kindergarten through fifth grades at selected Durham Public Schools using the Dental Van;
- Services through the Healthy Smiles, Healthy Kids program such as:
  - periodontal and nutritional services for pregnant women who do not have access to regular dental care;
  - dental treatment for pregnant women during the second trimester and when emergency needs arise; and
  - fluoride varnishing and educational services for children six months to five years old;
- Annual screenings conducted by the division in targeted elementary grades at Durham Public Schools and Head Start at Operation Breakthrough; and
- Educational presentations for schools and some community organizations in order to increase knowledge regarding good oral health and stimulate an interest in attaining excellence in oral hygiene.

## 2009-10 ACCOMPLISHMENTS

- The department's Dental Program was selected to participate in the BCBS of NC Foundation's "Strengthening the Oral Health Safety Net" project. Ten community dental practices in North Carolina that provide dental services to an underserved population were selected to participate. Fifty (50) hours of practice management consulting services provided by Safety Net Solutions will be provided to each site. The dental clinic operations and program data will be evaluated and recommendations to improve clinic and administrative efficiencies will be made by the consultant.

## 2010-11 PERFORMANCE MEASURES

**Performance Measure 1:** Percent of students in kindergarten with urgent dental needs.

**Performance Measure 2:** Percent of students in fifth grade with urgent dental needs.

### Story Behind the Last Two Years of Performance

- A decrease in the percentage of kindergarteners with urgent dental needs was observed. In the 2006-07 school year, 16% of kindergarteners had urgent dental needs, and in 2007-08, 17% of students had urgent dental needs. In 2008-09, the percentage fell to 11.2% and remained at 11.2% for 2009-10.
- A decrease in the percentage of fifth graders with urgent dental needs was observed. In the 2006-07 school year, 5% of fifth graders had urgent dental needs, and in 2007-08, 7% of students had urgent dental needs. In 2008-09, the percentage fell to 3% and remained at 3% for 2009-10.
- Interventions in place that have made a positive impact include:
  - dental health education presentations which raise awareness of the importance of good oral hygiene and regular visits to a dentist;
  - dental screenings annually to identify children who have urgent dental needs and notifying parents of their need to be seen by a dentist;
  - dental services provided on the Dental Van for children with urgent dental needs at selected schools who do not have a dentist; and
  - parents of children identified to have urgent needs who register for services on the Dental Van are notified and given assistance with making appointments at the Health Department Dental Clinic for follow-up visits.

### Strategies: What do you propose to do to improve program performance?

- Maintain number of trained staff needed to provide dental services and dental health education in the Dental Clinic and Dental Van throughout each year.
- Continue relationship with Durham Public Schools' staff to assist with obtaining parental consent for dental treatment on the Dental Van for students identified as having urgent needs.
- Continue contacting parents of students who register for the Dental Van to assist them with getting follow-up appointments at the Health Department Dental Clinic.
- Implement strategies recommended by consultants, Safety Net Solutions, to increase access to dental care for uninsured children in Durham.

**Performance Measure 3:** Percent of students in fifth grade with sealants.

**Story Behind the Last Two Years of Performance**

- The percentage of fifth graders with sealants has remained relatively constant. In the 2006-07 school year, 37% of fifth graders had sealants, in 2007-08, 35% had sealants, in 2008-09, 33% had sealants and in 2009-10, 31.6% had sealants.
- Interventions that have made a positive impact include:
  - dental health education presentations in classrooms, school health fairs and community health fairs keep students and parents aware of the importance of regular dental visits so the presence of decay can be detected early and teeth without decay can have sealants placed to protect them from developing decay; and
  - students at Dental Van schools are provided sealant placement by a Dental Hygienist as well as a Dentist.

**Strategies: What do you propose to do to improve program performance?**

- Maintain number of trained staff needed to provide dental services and dental health education in the Dental Clinic and Dental Van throughout each year.
- Continue relationship with Durham Public Schools' staff to assist with obtaining parental consent for dental treatment on the Dental Van for students identified as having urgent needs.
- Continue contacting parents of students who register for the Dental Van to assist them with getting follow-up appointments at the Health Department Dental Clinic.
- Continue dental screenings and community outreach through dental health education presentations and the Healthy Smiles, Healthy Kids program in the Dental Clinic which targets pregnant women and children six months to five years old who do not have access to dental care. In this program, mothers are educated regarding good dental care for themselves and for their infants and toddlers. Pregnant women also receive dental hygiene services to reduce and control periodontal infections found to affect the term and birthweight of infants as well as urgent dental care during the second trimester. Children six months to five years old are provided nutrition counseling and fluoride varnish to prevent early childhood caries and provided dental care as needed.

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# PUBLIC HEALTH-GENERAL HEALTH SERVICES

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The Division of General Health Services provides administrative oversight of communicable disease control programs and provides prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow up of communicable diseases. The services rendered through this division are considered, for the most part, “essential public health services,” which are mandated under North Carolina General Statute 130A-1.1. The Division of General Health Services consists of the Tuberculosis/Communicable Disease Control Program, Immunization Program, Adult Health Services, Sexually Transmitted Disease Control Program, AIDS Control/HIV Testing and Counseling and support services provided by the Laboratory and Pharmacy.

## 2009-10 ACCOMPLISHMENTS

### General Health Services

- Continued to expand the use of the North Carolina Electronic Disease Surveillance System (NCEDSS) to include direct data entry of all positive laboratory results for reportable communicable diseases performed by the health department.
- Continued collaboration with the Duke University Division of Community Health in the assignment of a Centers for Disease Control and Prevention (CDC) Public Health Prevention Specialist (PS) in Durham. The CDC PS focused on adolescent health issues in Durham integrating sexual, reproductive and mental health over the two-year assignment and provided adolescent risk reduction counseling in the STD clinic. The 2 year assignment ended July 2009.
- Continued partnership with UNC and the NC HIV/STD Prevention and Care Branch in providing an HIV Care Bridge Coordinator (CBC) in Durham County. The CBC initiated contact with newly diagnosed HIV-positive patients and HIV-infected persons in the community who are lost-to-care in order to link them to HIV care and treatment.

### Sexually Transmitted Disease (STD) Control

- Referred clients to the Immunization Clinic for new adult vaccines including Twinrix (hepatitis A and B), Gardasil (HPV-young women less than 19 years of age), T-dap (Tetanus-Diphtheria-Pertussis), and H1N1 influenza vaccinations.
- Initiated additional medical histories among STD clients for persistent cough and other symptoms, with referral to the Tuberculosis Clinic for an evaluation as needed.
- Completed enrollment in a Genprobe study through UNC evaluating the use of Gen-Probe APTIMA® TV analyte specific reagents for detection of *Trichomonas vaginalis* infections in female STD clinic attendees.
- Completed enrollment in an NIH-sponsored multi-center, randomized clinical trial through UNC to evaluate a new treatment regimen for non-gonococcal urethritis in men.
- Continued enrollment in another NIH-sponsored study through UNC evaluating the treatment of asymptomatic bacterial vaginosis to prevent STDs among young women.

### Tuberculosis/Communicable Disease Control Program

- Received an excellent review from State TB Nurse Control Nurse Consultant annual audit.
- Met Agreement Addenda objective for 100% of TB cases to be placed on Directly Observed Therapy
- Met Agreement Addenda objective from State TB Control Program for 85% of high priority contacts identified receiving a tuberculin skin test within 7 days of notification, 85% of high priority contacts identified being fully evaluated, 80% of high priority contacts over 5 years old who begin treatment for latent tuberculosis treatment complete treatment, and 65% of all persons who begin treatment for latent infection complete treatment.
- Received a visit from the Centers for Diseases Control (CDC) and DHHS TB staff to observe weekly TB Patient Conference. This process was identified as a “best practice” and the procedure was documented for use at other TB Control Programs.
- Assisted Duke University with two TB research studies through the CDC’s TB Trials Consortium:
  - *TB Study #26*: Comparison of two treatments for individuals with latent TB Infection.
  - *TB Study #29*: Evaluation of a rifapentine-containing regimen for intensive phase treatment of pulmonary tuberculosis.
- Investigated and managed an outbreak of norovirus in a long term facility, and an outbreak of Salmonella infection in a daycare center.
- Participated in H1N1 medical meetings at Duke University Student Health Center biweekly from May through July to assist with management of an H1N1 outbreak involving several residential summer camps on campus
- Began H1N1 influenza surveillance for probable and confirmed cases in April 2009, and participated in H1N1 Planning meetings at Durham County Health Department

- Previously participated in the investigation of increased community-associated *Clostridium difficile* infections in Durham County with the Centers for Disease Control and Prevention, which was subsequently published this year as an article in the journal *Emerging Infectious Diseases*.
- Previously participated in the investigation of *Kingella kingae* infections in a daycare facility with Duke University Health System, which was subsequently published this year as an article in the journal *Pediatric Infectious Diseases*.

### **Immunization Program**

- Achieved an 82% vaccination completion rate for the North Carolina Immunization Rate Assessment for Children 24-35 months of age compared to the statewide average of 81% for local health departments.
- Expanded influenza vaccinations to include not only seasonal influenza vaccine but also the 2009 H1N1 vaccinations, based on the CDC's recommendations. A large proportion of the children and adults vaccinated in the Immunization Clinic were non-English speaking requiring interpreter services. Additional venues for influenza vaccinations were also provided, including clinics for Durham County Employees and community based outreaches to Senior Centers, Durham County Emergency Medical Services, the 2009 Durham County Employee Wellness Expo and H1N1 mass vaccination clinics.
- Collaborated with Duke University Medical Center Emergency Department, Durham Regional Hospital Emergency Department and the state veterinarian to determine risk of rabies exposure and appropriate utilization of rabies vaccines during the national rabies vaccine shortage.
- Provided initial/follow-up immunization services and Supplemental I-693 forms (documentation of required vaccinations for adjustment of status) to a significantly increased number of refugees from different countries including Bhutan, Malaysia, Congo, Thailand, Iraq, Burma and Vietnam due to an increase in the number of resettlement agencies located in Durham County.
- Conducted investigation and surveillance of reported vaccine preventable diseases including hepatitis A, hepatitis B, pertussis, haemophilus influenza type b, mumps, and measles.
- Provided case work on H1N1 cases in Durham County and collaborated with the Duke Infectious Diseases Committee for the Talent Identification Program and other summer camps at Duke University related to outbreaks of H1N1 influenza.
- Offered extended clinic hours for students endeavoring to meet the Tdap vaccination requirements for entry into the 6th grade.
- Facilitated an increase in the number of Durham County medical providers utilizing the North Carolina Immunization Registry.

### **Adult Health Services**

- BCCCP provided clinical breast screening exams, Pap smears and mammography services to 200 eligible female residents of Durham County. The priority population was women over fifty years of age, who were low income and had not been screened in the past year. More than 70% per cent of the women screened at Durham Health Department belonged to an ethnic minority group.
- Participated in a site program review in March 23, 2009 and was compliant with BCCCP documentation requirements and in key performance indicators exceeding screenings by 33%.
- Provided breast and cervical cancer education and information at a health fair organized by El Centro Hispano of Durham in September 2009.
- Participated in a breast cancer educational activity in October 14, 2009 organized by El Centro
- Continued a successful screening partnership with the Adult Health Clinic at Lincoln Community Health Center, the Durham Rescue Mission, and with women enrolled at Triangle Residential Options for Substance Abuse (TROSA).
- Provided 150 health assessments and communicable disease screenings to new refugees arriving in Durham County.

### **AIDS Control/HIV Testing and Counseling**

- Collaborated with UNC Infectious Disease to "fast track" specimens for clients presenting with acute HIV symptoms for faster processing and decreased time for result reporting.
- Began UNC and NC HIV/STD Prevention Branch sponsored research study (START-Strategies to Target Testing for Acute HIV Infection) with the purpose of researching new HIV testing methods and targeted testing based on symptom identification.
- Continued collaboration with the UNC and NC HIV/STD Prevention Branch supported HIV Care Bridge Coordinator assigned to the Durham County Health Department to link newly diagnosed HIV positive individuals to HIV care.
- Transitioned to electronic medical records for all HIV testing and result encounters.
- Staff was trained in NC Electronic Disease Surveillance System for electronic reporting of communicable disease.

## Laboratory

- Performed an increased volume of syphilis tests for the Prenatal Clinic, Jail Health and various community outreach events in addition to those performed for in-house clinics.
- Managed an increased volume of HIV specimens requiring an increase in processing and packaging for the NC Public Health Laboratory.
- Continued to provide laboratory services for homebound TB patients as needed.
- Provided phlebotomy services as well as packaging and shipping clinical specimens for two TB contact investigations.
- Provided phlebotomy training to state Disease Investigation Specialists from other counties, members of the ISIS study group as well as ongoing phlebotomy training for Health Education staff.

## Pharmacy

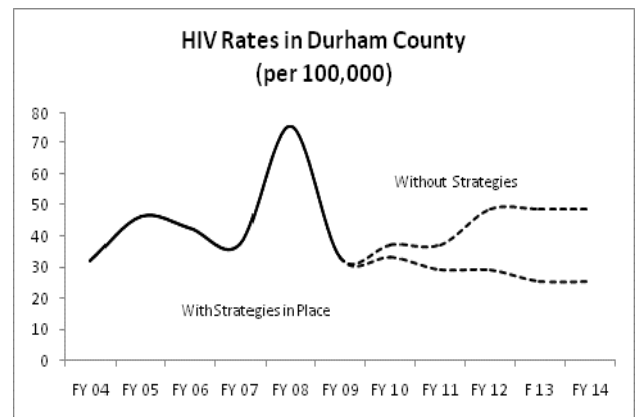
- Continued participation with the Duke TB Trials Consortium, TB Study # 26
- Pharmacy director provided pharmacy update regarding TB medication and packaging requirements at the statewide Health Department Pharmacy Convention
- Assisted with the receipt of the Strategic National Stockpile of antiviral medications allocated to Durham County from the NC Division of Public Health. Our supply of antiviral medications was then distributed to several local pharmacies for use in the community.
- Provided inventory control of H1N1 vaccinations at influenza clinics held throughout the community.
- Initiated a proposal with Lincoln Community Health Center Pharmacy to provide medications for Early Intervention Clinic patients because the AIDS Drug Assistance Program has discontinued several drugs from their tier treatment system. Efforts to utilize patient assistance programs from many manufacturers along with assistance from the Lincoln Community Health Center Pharmacy will allow these clients continuation of medications at no cost.

## 2010-11 PERFORMANCE MEASURES

**Performance Measure:** Control communicable diseases in Durham County (HIV, Syphilis, Tuberculosis).

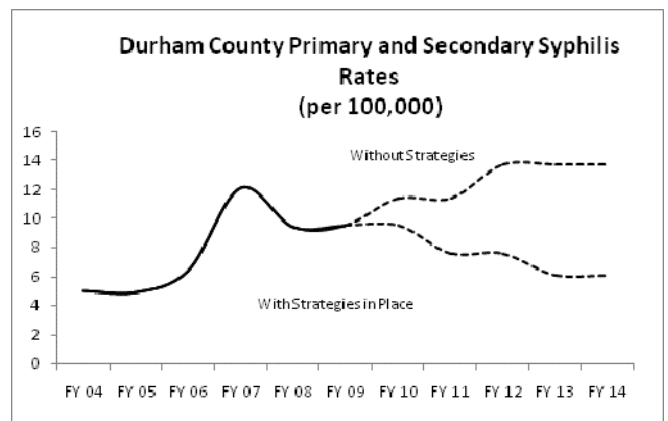
### Story Behind the Last Two Years of Performance

**HIV:** In the past, the number of HIV disease cases reported by the state each year did not distinguish between the dates when the cases were reported versus the dates of diagnosis. Therefore, in 2008, the rate appeared to increase significantly from 37.4/100,000 in 2007 to 75.4/100,000 in 2008, which was artifactual and due to a backlog of cases that had not been previously reported from local infectious disease clinics in the area. In contrast, the HIV rates based on year of diagnosis (which is a better indicator of new cases in the past year) had experienced a less dramatic increase from 29.2/100,000 in 2007 to 39.8/100,000 in 2008. Using the prior system of all HIV cases reported or diagnosed in 2009, the rate in Durham County has decreased to 33.1/100,000.



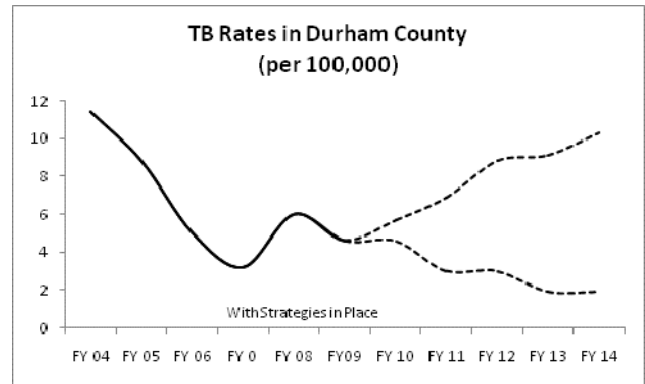
With continued strategies to increase screening, reporting, and linking HIV-positive patients to medical care with the Durham County HIV Care Bridge Coordinator, there may be a leveling in the rates with a gradual decline in newly diagnosed HIV cases over 5 years. Without interventions, the rates of HIV and AIDS will increase due to transmission among individuals unaware of their HIV status in the community and delays in care. A major issue that may lead to a future increase in the rates of HIV/AIDS statewide is the reduction in funding for the NC AIDS Drug Assistance Program (ADAP), which provides access to HIV medications for low-income HIV-infected individuals who have limited or no coverage from private insurance or Medicaid. This could lead to a reduction in quality of HIV care and an increase in transmission from HIV-infected individuals not able to afford antiretroviral therapy.

**Syphilis:** The rates of primary and secondary (P&S) syphilis (12.3/100,000 in 2007 to 9.5/100,000 in 2009) have decreased and remained steady, with continued efforts to provide preventive messages among at-risk individuals including incarcerated persons



and men who have sex with men. Activities to increase early disease detection, health education, and public awareness through grant monies enable enhanced outreach activities and screening of high-risk individuals in the community, however, these grant funds from the state have been reduced in the coming year. With continued strategies and aggressive screening, there may be a continued plateau followed by a gradual decline over 5 years. Without interventions, the rates will begin to increase and remain high due to transmission among sexual partners, lack of awareness of testing and treatment, and lack of prevention measures.

**Tuberculosis:** In 2009, the rates of active TB decreased to 4.6/100,000 from 6.0/100,000 in 2008, but have yet to reach its lowest level of 3.2/100,000 in 2007. Durham County has seen a decrease in the proportion of active TB cases that are foreign-born (73% in 2008 to 58% in 2009) or HIV-positive (20% in 2008 to 8.3% in 2009), which are both contributing to the decrease in cases this past year. Durham County had its first multi-drug resistant TB case in 2008 that is still requiring extensive medical coordination between DCHD, Duke University Infectious Diseases, the NC TB Control Program, and local community support services. The program continues to provide enhanced TB education/ prevention among at risk individuals in the clinic and the community, and effective contact notification and management to prevent exposed persons from developing active TB. With continued strategies focused on those at highest risk for TB infections, the number of cases and rates may continue to decrease; however, due to a sustained inflow of foreign-born persons in the area in addition to the complexity in managing cases co-infected with HIV, elimination of TB over years will not be feasible. Without interventions, cases and rates will definitely increase over time due to transmission from individuals with infectious TB in the community.



**Strategies: What do you propose to do to improve program performance?**

- Provide notifications and periodic reminders to health care providers about importance of prompt reporting of cases
- Provide adequate and competent staff in the STD and TB clinic including public health nurses, laboratory support personnel, Spanish-speaking interpreters, and health educators
- Increase accessibility of the clinics for high-risk individuals needing HIV testing/treatment
- Increase accessibility of the clinics for high-risk individuals needing syphilis testing/treatment
- Enhance state collaborations for consultation and request for additional funds
- Increase training to staff and health care providers in the community regarding syphilis management
- Establish and use best practices for management of TB and latent TB infection (LTBI)
- Enhance TB education in the clinics and in the community regarding risk factors and symptoms for active TB and LTBI
- Acquire social work assistance for complicated TB patients including the homeless and non-English speaking immigrants
- Enhance state collaborations for consultation and request for additional funds
- Provide culturally appropriate education about TB to foreign-born immigrants to the community

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# PUBLIC HEALTH-COMMUNITY HEALTH

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The Division of Community Health is comprised of Public Health Nurses, Social Workers, Processing Assistants, Physician Extenders, Physical Therapists, Community Health Assistants, Outreach Workers and Spanish Interpreters. Additionally, specialty services are provided by contract staff, including Physicians, Nurse Midwives and Nurse Practitioners. This staff contributes to Public Health's mission by providing services in 10 programs: Family Care Coordination, Family Planning, Maternal Health, Child Health, Home Health, Jail Health, School Health, Neighborhood Nursing, Durham Connects and Public Health Preparedness.

## 2009-10 ACCOMPLISHMENTS

### Family Care Coordination

- Continued collaboration with the University of North Carolina at Chapel Hill School of Social Work and Cooperative Extension to offer this program designed to strengthen couple relationships and improve childhood outcomes among at-risk, newly-forming families.
- Improved marketing resulted in higher-than-projected participation.

### Family Planning

- Continued to provide high-quality medical services to female teenagers and low income women most of whom have no other access to contraception.
- Provided a wide variety of contraceptive options to patients.
- Wanda Thompson, WHNP and candidate for PhD in nursing, submitted a poster to the Southern Nursing Research Society conference in Austin, Texas. Out of 300 abstracts/posters submitted, Wanda's was ranked in the top 10. She has been invited to present the poster at the Minority Health Conference in Chapel Hill on February 26, 2010.

### Maternal Health

- Progress toward outcomes: Prematurity rates remained stable, in spite of the significant economic downturn.
- The CenteringPregnancy® model of group prenatal care was more fully incorporated into the Maternity Clinic schedule. Most women were given the option to take part in Centering as long as they began their prenatal care by 16 weeks gestation.
- CenteringPregnancy® began using an offsite setting—*El Centro Hispano*. This partnership with *El Centro* has allowed the program to expand its number of groups, and has benefited *El Centro* by allowing more women to become familiar with their setting.

### Child Health

- Since the State withdrew the funding for the Health Check Coordinators Program, the Child Service Coordination (CSC) supervisor established a referral and notification process with the Durham Community Health Network when a child is closed to CSC.

### Jail Health

- Continued contract services with Correct Care Solutions.
- Continued 24-hour nursing services.
- Completed regular admission physicals on all inmates by day 14 of incarceration.
- The Jail Medical Unit was re-accredited by the National Commission on Correctional Health Care (NCCCHC).
- There have been no inmate grievances for the first half of FY 2010.

### School Health

- Continued to provide nursing services to students and families enrolled in Durham Public Schools, school faculty, staff and administrators and the larger community.
- Organized immunization clinics in Durham Public Schools' middle schools to provide Tetanus, Diphtheria, Acellular Pertussis (Tdap) Booster Vaccination to sixth graders.
- Provided educational offerings to Durham Public Schools' staff on medication administration, diabetes management and special health care services provided in the schools. Nurses provided continued oversight throughout the traditional and year-round school settings to implement and evaluate the effectiveness of these offerings.

**Durham Connects**

- The Duke Endowment withdrew or reduced funding for most of its projects, but funding for Durham Connects was not reduced. This showed their confidence that a universal home visiting postpartum program can be developed for replication by a local health department and an educational institution.

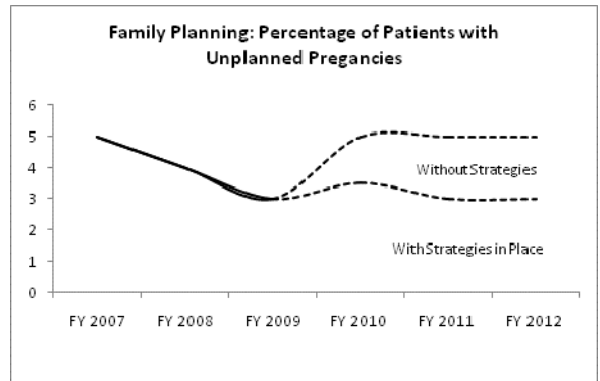
**Public Health Preparedness**

- Responded to several complicated communicable disease events with feedback showing the agency managed the events smoothly with some suggestions for improved response.
- Completed communications exercises.
- Participated in regional preparedness exercise.

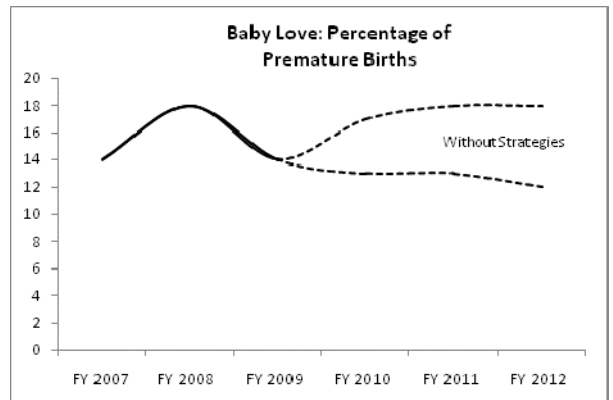
**2010-11 PERFORMANCE MEASURE**

**Story Behind the Last Two Years of Performance**

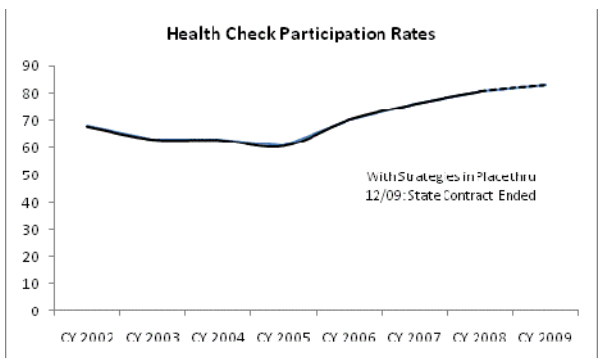
**Family Planning:** The goal of the Family Planning program is to reduce unplanned pregnancies. Measuring returning patients’ report of unplanned pregnancies is a direct measure of success. This data is collected by adding the question, “Have you had an unplanned pregnancy since your last annual physical?” to the interview, and capturing these answers through a code in the Patient Management System. The measured outcome had decreased steadily over the past 3 years; however, there is a small increase in the projected percent of unplanned pregnancies this year. This is probably insignificant, but will be monitored.



**Maternal Health:** The goal of the Maternal Health program is healthy pregnancy outcomes for women followed in the program. The most significant factor in preventing infant mortality and morbidity is low birthweight reduction. The Baby Love project enrolls patients who are financially eligible for Medicaid from patients in the agency’s Prenatal Clinic, community providers and Duke University’s High Risk Obstetrics Clinic. If the project can maintain current services, it is anticipated that prematurity rates can be maintained or slightly improved; however, economic downturns also are associated with higher prematurity and higher infant mortality, so there is a risk the current recession will prevent improvement.



**Child Health:** The Health Check participation ratio is based on the percentage of children who have Health Check (Medicaid) and who are due for a health screening in a given year and receive the screening. For the past two years, a Health Check Improvement Task Force has worked to understand issues related to Health Check participation, enrollment and data collection. One barrier identified was an inability to communicate in Spanish. As a result, the program was able to obtain funding through Duke University Medical Center Division of Community Health to hire a Spanish-speaking Health Check Coordinator. In December, 2009, Health Departments were notified that the Health Check Outreach Coordinator activity would be discontinued, effective 1/31/10.



**Strategies: What do you propose to do to improve program performance?**

**Family Planning**

- Maintain high-quality clinical services provided by a skilled and committed staff.
- Improve efficiency and relationships by hiring more Spanish-speaking staff
- Improve efficiency (thereby reducing wait times) and transitions to other programs with facility improvements, including co-locating services with Maternity Services. (This is a long-term activity to be accomplished in construction of new Human Services Building complex).



**Maternal Health**

- Streamlined clinic flow for reduced waiting times for patients (particularly in new Human Services Building)
- Expand Centering Pregnancy Clinic
- Improve efficiency and relationships by recruiting more Spanish-speaking staff.
- Improve efficiency (thereby reducing wait times) and transitions to other programs with facility improvements, including co-locating services with Family Planning Clinic. (This is a long-term activity to be accomplished in construction of new Human Services Building complex).
- Secure dedicated space and financial resources to provide child care to patients taking part in Centering Pregnancy Clinics.

**Child Health**

- Develop closer collaboration between CSC, and Postpartum Newborn Nurse/Durham Connects to find families lost to follow up
- Coordinate with staff at area hospitals to increase referrals. (Due to state funding cuts, staff previously housed at hospitals to make these referrals were eliminated. Referral system needs to be strengthened).
- Provide more accessible language line services as county population becomes more diverse

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# PUBLIC HEALTH-ENVIRONMENTAL HEALTH

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The Division of Environmental Health supports the prevention and control of communicable diseases. Through compliance and consultative activities, the General Inspections Section and the Water and Waste Section promote the improvement of public health and environmental quality.

The **General Inspections Section** is responsible for the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food services, lodging facilities, tattoo artists, day care centers and other institutions. Environmental investigations of childhood lead poisonings are provided and the subsequent remediation of identified lead hazards is documented. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents.

The **Water and Waste Section** is responsible for the mandated enforcement of local and state rules and regulations as they apply to private water supply wells, private sewage disposal systems, public swimming pools and nuisance complaints. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to soil, water, swimming pool sanitation and safety, general sanitary practices and exposure to chemical, biological and/or physical agents.

## 2009-10 ACCOMPLISHMENTS

- Initiated the use of the Custom Data Processing (CDP) system, a comprehensive data management system designed to serve environmental health permitting and inspection functions including restaurants, lodging facilities, commercial pools, lot evaluations for septic systems, private water wells and more. It is intended to increase efficiencies in data retrieval, record keeping, workload management, statistical reports and customer service.

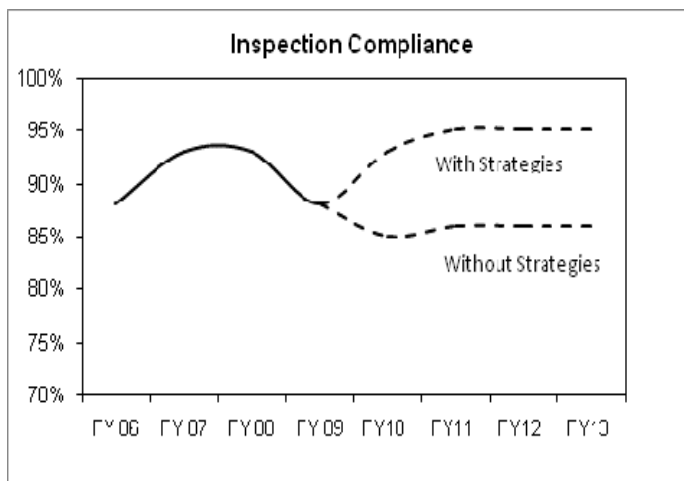
## 2010-11 PERFORMANCE MEASURES

### General Inspections Section

**Performance Measure:** Percentage of food service establishments receiving all mandated/required quarterly inspections.

### Story Behind the Last Two Years of Performance

- Staff vacancies in FY09 resulted in a nine point reduction in the compliance rate. This decline was tempered by additional inspection assignments to remaining staff.
- Increased compliance in FY 2010 is expected. Section has been fully staffed since December, 2009.
- Optimal compliance rates in subsequent years will depend in part on staff retention.
- Increased emphasis on establishments with lower scores has resulted in increased return visits by staff.
- As Durham's population grows, the number of establishments under inspection has seen an increase in every year. There has not yet been any decline in plan submittals and permits issued for new food service establishments due to the current economic downturn. The number of new applications is meeting or exceeding the levels of last year as of February, 2010.
- Inspection complexity is rising due to an increasing number of food service establishments with greater seating capacities and expanded menus.



### Strategies: What do you propose to do to improve program performance?

- Continue emphasis by Environmental Health staff on mandated inspection requirements
- Maintain competitive salaries to support retention of experienced personnel

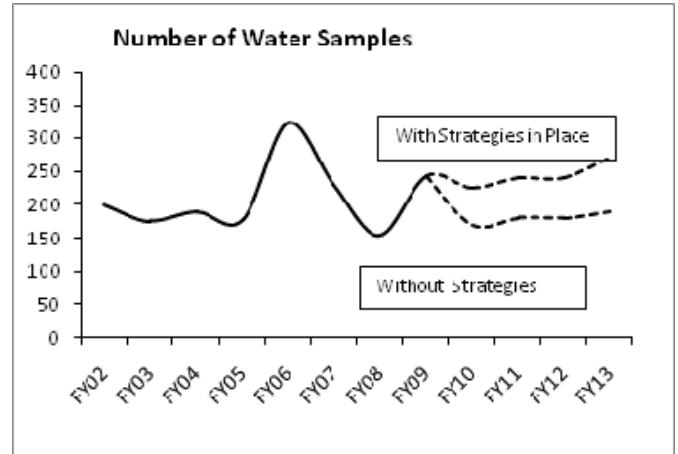
- Continue information dissemination through the promotion of ServSafe, food safety handouts and the yearly newsletter.
- Target facilities with low inspection scores for additional educational opportunities.

**Water and Waste Section**

**Performance Measure:** Number of water sample requests from residents connected to private wells.

**Story Behind the Last Two Years of Performance**

- Economic downturn has impacted the number of new housing starts served by wells.
- New State well rules effective July 1, 2009 required all new wells to be sampled for bacteria, inorganic elements, and nitrates/nitrites. Additional sampling requirements for VOC's (volatile organic compounds) to be effective July 1, 2010.
- Continued emphasis by Environmental Health staff on recommended well maintenance and the importance of good water quality contributes to awareness by the public of our water sampling resources.
- The number of water samples processed through January, 2010 is consistent with numbers through the same period of FY 2009.
- Economic recovery should lead to increased interest in water sampling in FY 2010 and beyond.



**Strategies: What do you propose to do to improve program performance?**

- Maintain a database of water sample requests and sample results.
- Begin a data base of known locations of VOC contamination.
- Continue emphasis by Environmental Health staff on mandated well inspection requirements.
- Maintain a continual message to the public emphasizing the importance of regular well maintenance and monitoring of well water quality.
- Continue the promotion of regular well maintenance and monitoring of well water quality through consultation, presentations, news releases and a mailing to Durham County residents.

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# MENTAL HEALTH (THE DURHAM CENTER)

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## MISSION

The Durham Center is committed to helping individuals and families affected by mental illness, developmental disabilities and substance abuse in achieving their full potential to live, work and grow in their community.

The Durham Center will provide leadership and collaborate with others to assure a flexible, responsive and cost effective service system with priority assistance to Durham citizens who have limited service and/or financial options.

## PROGRAM DESCRIPTION

The Durham Center is the Local Management Entity (LME) for mental health, developmental disabilities and substance abuse for the single county catchment area: Durham County. The Durham Center is governed by an area board, with all board members appointed by the Board of County Commissioners.

The Durham Center is responsible for ensuring that Durham County citizens who seek help receive the services and supports for which they are eligible to achieve their goals and to live as independently as possible. The Durham Center also is responsible for ensuring Durham County citizens receive quality services and their individual rights are protected.

The Durham Center is responsible for managing finances, service authorizations, contracts with direct service providers, service quality and regulatory standards as well as developing the service array and ensuring appropriate customer choice. It no longer directly provides mental health, developmental disabilities or substance abuse services.

The Durham Center contracts with more than 200 service providers in the area to provide mental health, developmental disabilities and substance abuse services to children and adults in Durham County. For those clients who do not speak English, The Durham Center can provide a list of providers who speak languages other than English.

## 2010-11 HIGHLIGHTS

- The Durham Center will begin acting as the agent for Medicaid Utilization and Review on September 15, 2010. Efforts will continue to make this a successful endeavor. This is an important responsibility that will have a positive impact on the lives of our citizens. The budget reflects an increase in LME costs but should be covered by revenue generated by the contract with the State for compensation for performing this function.
- The State is proposing a reduction in funds of 3%, 5%, or 7%. The Durham Center budget projects a 3% reduction, or \$294,000
- There was no reduction in the county funded Mental Health budget, but funding for employee insurance costs were budgeted in a different fund, thus the shown decrease in funding as compared to FY 2009-10

## 2009-10 ACCOMPLISHMENTS

### Substance Abuse

- Coalesced community resources and coordinated a wide range of Recovery Month activities, including a highly-successful recovery celebration block party attended by over 200 community members.
- Increased visibility of services through 4-page full-color informational tabloid that ran in Durham Herald during Recovery Month in September. Placards promoting a variety of recovery messages placed in all 42 DATA buses, on billboard, newspaper inserts.
- Continued to support members of SAY-IT (Substance Abuse - Youth Intervention Team) and FACE-IT (Facing Addiction Through Community Empowerment and Intervention Teams) teams, 15- 20 community members who volunteered to learn about the disease of addiction and how to intervene and support youth and adults with substance use disorders. Team members have intervened and reduced the stigma of seeking treatment by providing training to lawyers on the disease of addiction, creating a webpage and Facebook page for youth to learn the truth about substance abuse, presenting to a support group of gay men about addiction and how to seek treatment, outreach to Hispanic community through a Spanish radio show, and inspiring and giving hope to the individuals they serve.
- Offered 125 hours of substance abuse-specific training for substance abuse counselors, mental health professionals, professionals from other public agencies, and the faith community.
- Continued four Technical Assistance Teams to assist and monitor implementation of best practice services.
- In January 2010, opened a specialized, residential treatment program for adolescent boys with severe substance use disorders, a service gap in the community for several years.

# Mental Health (The Durham Center)

Business Area: 5200

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
<b>▽ Expenditures</b>					
Personnel	\$3,897,016	\$4,584,470	\$4,071,760	\$5,065,522	\$5,065,522
Operating	\$24,401,577	\$26,706,162	\$26,821,896	\$25,547,121	\$25,752,603
Capital	\$690,377	\$139,093	\$0	\$0	\$0
Transfers	\$0	\$436,320	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$28,988,970</b>	<b>\$31,866,045</b>	<b>\$30,893,656</b>	<b>\$30,612,643</b>	<b>\$30,818,125</b>
<b>▽ Revenues</b>					
Intergovernmental	\$22,190,375	\$24,935,656	\$24,384,421	\$23,940,756	\$23,940,756
Service Charges	\$77,261	\$50,000	\$50,000	\$50,000	\$50,000
Other Revenues	\$208,300	\$31,000	\$148,834	\$81,000	\$81,000
<b>Total Revenues</b>	<b>\$22,475,936</b>	<b>\$25,016,656</b>	<b>\$24,583,255</b>	<b>\$24,071,756</b>	<b>\$24,071,756</b>
<b>Net Expenditures</b>	<b>\$6,513,034</b>	<b>\$6,849,389</b>	<b>\$6,310,401</b>	<b>\$6,540,887</b>	<b>\$6,746,369</b>
FTEs	65.00	77.00	80.00	80.00	80.00

## 2009-10 ACCOMPLISHMENTS (continued)

- Continue to offer Workforce Incentive Package for substance abuse counselors committed to staying in Durham. Five counselors are participating in program for FY09-10.
- Began development of substance abuse treatment services for Spanish-speaking population, an unserved and increasing population in Durham County.
- Continued four Technical Assistance Teams to assist and monitor implementation of best practice services.
- In January 2010, opened a specialized, residential treatment program for adolescent boys with severe substance use disorders, a service gap in the community for several years.

### Adult Mental Health

- Continued working with Durham Police Department and other local law enforcement agencies to establish a Crisis Intervention Team Program (Durham County Sheriff's Dept., Duke University PD, Chapel Hill PD and NC Central PD). During this year approximately 36 additional officers were trained and have been successful in de-escalating crisis situations, thereby diverting people with mental illness from arrest and incarceration.
- Redesigned our Adult Mental Health service array. This included establishing the Durham Assessment Team a group of experienced mental health and substance abuse professionals housed at Durham Center Access to provide the Durham community with an assessment service, a determination of clinical needs and a connection to appropriate assistance in the community. Since its inception in July 2009, the Durham Assessment Team has provided over 1,500 assessments and has been successful in connecting individuals to the appropriate level of care.
- Continued to seek Evidence-Based Treatment and Training Opportunities for Durham Providers and the Durham community, including the addition of Seeking Safety to the array of services offered to the indigent population.
- Thru a two-year, \$200,000 grant from the Bureau of Justice Assistance of the US Department of Justice TDC has contracted with a local provider to develop a Mental Health Jail Diversion Team. Now in the second year of this grant the team has served over 35 consumers. According to data collected by the agency the Team has provided over 3200 hours of direct service which has resulted in consumers spending a total of 6075 days out of jail (16.4 years).
- Worked with Recovery Innovations/Wellness City to provide Peer Specialist Training to assist consumers in becoming Certified Peer Specialists, as well as contracted with Recovery Innovations for a full-time Peer Specialist to work with The Durham Center's Care Coordination and Quality, Research and Development Teams.
- Continued to partner with Gurley's Pharmacy to ensure individuals have access to necessary medications. Since July 2009, over 2,500 individuals have been served.

## **Child Mental Health**

- The Durham Center continues to collaborate with Durham Public Schools, Public Health, and Social Services to maintain the Child and Family Support Team (CFST) grant in seven schools in Durham. This initiative provides interagency teams to support at-risk students and their families to prevent school failure and out-of-home placements. Current planning is underway to implement System of Care within Durham Public Schools.
- Durham Center staff conducted 124 Care Reviews from July 2009—March 2010.
- The Durham Center/SOC child team provided technical assistance to 327 Child and Family Teams between July 2009-March 2010.
- The Child Community Collaborative has offered monthly supportive educational topics through guest speakers on various life domain topics including education, health, community programs and substance abuse. This format continues to improve networking and collaboration across public agencies, private providers and community programs to improve services to our youth and families.
- The Transition Care Review (developed March 2009) continues to focus on assisting in the transition for youth 17-19 years old. The review is offered 2x monthly and is attended by a specific group of review members who are involved in transition services including independent living, vocational rehabilitation and guardian ad litem. 9 transition reviews were conducted during July 2009—March 2010. We are currently working with DPS to improve the transition review process and increase utilization through DPS transition teams.
- Durham Center sponsored a Care Review retreat including the child, transition and adult review members to review and improve the forms and process of referral and follow-up for care reviews. This was in response to feedback as well as the merging of child and adult system of care.
- A specific Youth Treatment Center (YDC) care review process was developed in February 2010 through collaboration between the Durham Center and DJJDP utilizing System of Care to assist DJJDP in the transition of youth being released from YDC back into the community. A separate authorization was developed to allow a provider to establish services and placement needed since the consumer cannot access Medicaid while in the facility. There have been 6 YDC reviews for 2010.
- A partnership between Durham Center and the Youth Home/Detention has been working to improve the mental health services for youth in detention who have mental health issues. The focus has been on improving training for staff, updated clinical materials to support group processes, and exploring the supervision of an intern to assist in care coordination.
- Care review orientation continues monthly to assist with preparation for individuals presenting or interested in being on the review team. This format has increased participation on the review teams including more community program members.
- Durham Center continues to be a consistent participant in the Adolescent Health Initiative—a planning grant was given for 2009 to develop a plan to improve the health, coordination of services and access for adolescents and their families to health services in Durham.
- A group was created in Durham of community members, providers, etc. to improve the support for LGBT (lesbian, gay, bisexual and transgendered) youth in Durham. Currently working with Durham Public Schools to implement a Safe Space training which would identify “safe” adults willing to support LGBT youth in the schools who are facing bullying or other negative consequences based on their sexuality.
- Continued partnership with the Council for Children with Special Needs, Health Dept, Durham Public Schools, Duke and other providers to improve services and address the gap for early childhood mental health, especially ages 3-6 years old.
- Training being organized and sponsored by the Durham Center on Preventing Child Sexual Abuse—goal is to train 100 individuals on preventing, identifying and responding to child sexual abuse concerns.

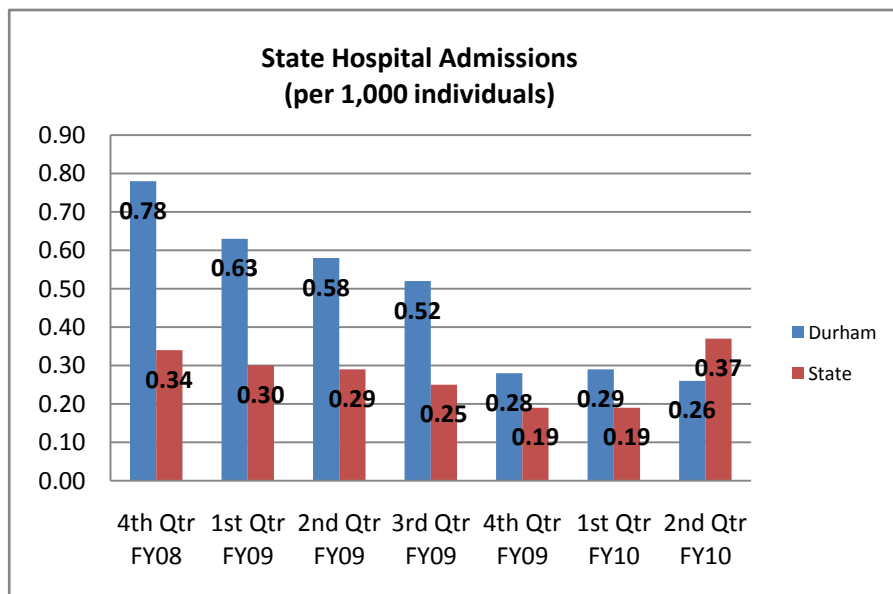
## **Developmental Disabilities**

- Central NC S.T.A.R.T. (Systemic Therapeutic Assessment, Respite & Treatment) completed its first year of support in January 2010. This crisis model is for individuals with developmental disabilities who have severe behavioral challenges. 28 adults have received support services from Durham, which has kept these individuals in their current residential setting 74% of the time. Also a respite home has been established, with 40 bed days provided in this home.
- Hosted county wide trainings for both the Supports Intensity Scale, and Determining Family & Caregiver Needs. The Supports Intensity Scale is an assessment instrument that determines levels of support needs that enhances the overall quality of life of persons with developmental disabilities. Determining Family & Caregiver Needs focused on family centered needs assessments.
- 29 additional CAP Medicaid Waiver slots were received in Durham County. CAP stands for the Community Alternatives Program, which is a Home and Community Based Waiver. This brings the total of individuals receiving the CAP Waiver in Durham to 368. The total support cost for the Durham Center’s 368 individuals on the CAP Waiver is now approximately \$15,188,000 of Medicaid funding.

- Through funding provided to Durham Inclusion Support Services (DISS), 99 programs received trained in increasing out-of-school options to 357 individuals. Also, 50 community providers received consultation in meeting the individual needs of children and 71 parents participated in educations workshops on quality out-of-school time. DISS provides evidenced based best practices for youth ages 3-17.
- Through continued efforts in collaboration with Murdoch Developmental Center, 2 persons with developmental disabilities from Durham have transitioned to the community, having left their previous institutional settings.
- Three initiatives have been started concerning young adults with developmental disabilities leaving high schools. A School to Work service definition has been approved that focuses on increased employment efforts for these youth. Also, a Parent Transition Checklist developed through Durham Center and Durham Public Schools collaboration has been instituted throughout the local school system. Last, Project SEARCH is in its early stages, which establishes local business internships during a young adult’s last year of school. Project SEARCH is a nationally recognized program, currently in use in 34 other states.
- An initiative called Time Banks is also in its early stages. Time Banks provide a means by which participants are organized within an exchange network, where everyone’s contributions of time are valued equally and tracked. The purpose of Time Banks is to mobilize groups of people to make better use of their time and skills to help one another, which includes all individuals with developmental disabilities.
- Respite vouchers have been provided to the Arc of Durham, which enable families of individuals with developmental disabilities to be more creative and flexible in giving caregivers and family members’ time as necessary away from ongoing support of the individual with disabilities.
- Additional funding was provided to Voices Together, which is a model of choral groups that promote increased social and communication skills for individuals with developmental disabilities.

## 2009-10 PERFORMANCE MEASURES

### Performance Measure 1: Stabilize hospital admissions



### Story Behind the Last Two Years of Performance:

- Keeping individuals in the community, rather than sending them to the state hospital, is a priority for The Durham Center.
- The state has a target of no more than 0.37 admissions to the state hospital per 1,000 individuals.
- The number of admissions to the state hospital has gone down over the past few years and for the first time in 3 years TDC reported being below the State average in 2<sup>nd</sup> Quarter of FY10. Due to a number of strategies (Opened the new Durham Center Access Facility with additional beds, increase in transitional beds, hired a hospital Liaison, started a mobile crisis team, began a

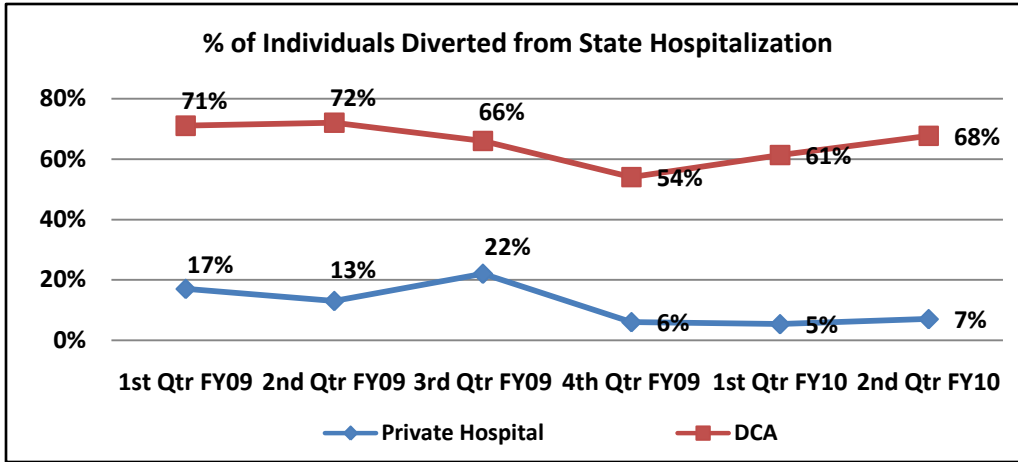
weekly Hospital Committee Meeting to look at individuals frequently use the state hospital) from the 2<sup>nd</sup> quarter of FY08 to the 2<sup>nd</sup> quarter of FY10 we have had a 61% decrease in admission rates to the state hospital.

### Strategies: What do you propose to do to improve program performance?

- Through our System of Care efforts find ways to better connect indigents’ who are homeless and in crisis and/or who step down from the hospital to needed services.
- Increase utilization of Mobile Crisis Services responding to individuals experiencing a crisis in the home or community settings. This team will also begin follow up with consumers that being discharged from the hospital to ensure they get to their initial treatment appointment.
- Continue to utilize Durham Center Access as a diversion for individuals that are under involuntary commitment.
- Utilize the Walk-in Clinic to ensure that individuals that are stepping down from the hospital have access to appropriate psychiatric medications in a timely manner.

- The Durham Center’s Care Coordination Unit (including the Hospital Liaison) will continue to work to connect individuals with appropriate community treatment, particularly those with frequent readmissions to hospitals or emergency rooms.
- Utilize community inpatient alternatives such as Duke University Medical Center via the State Three Way Contract.

**Performance Measure 2: Reduce state hospital usage through community diversion**



**Story Behind the Last Two Years of Performance**

- Consumers in crisis who present to Durham Center Access (DCA) first rather than to a local emergency department have a better opportunity of being stabilized without being sent to a State hospital.
- For example, in 2<sup>nd</sup> Qtr FY10, individuals who were initially evaluated at DCA were over 60% more likely to be stabilized with local

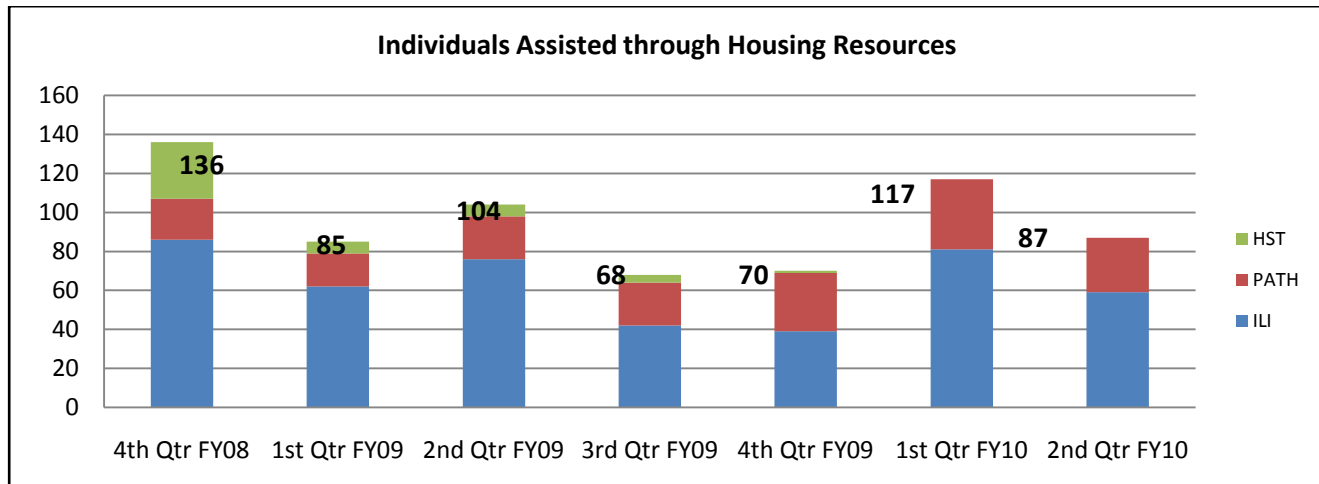
resources than those who initially presented to other emergency centers.

- DCA’s ability to accept involuntarily commitments has increased the number of individuals that can be diverted from the state hospital.
- We have seen a marked increase (75%) in the number of individuals that have been diverted from the state hospital over the last year.

**Strategies: What do you propose to do to improve program performance?**

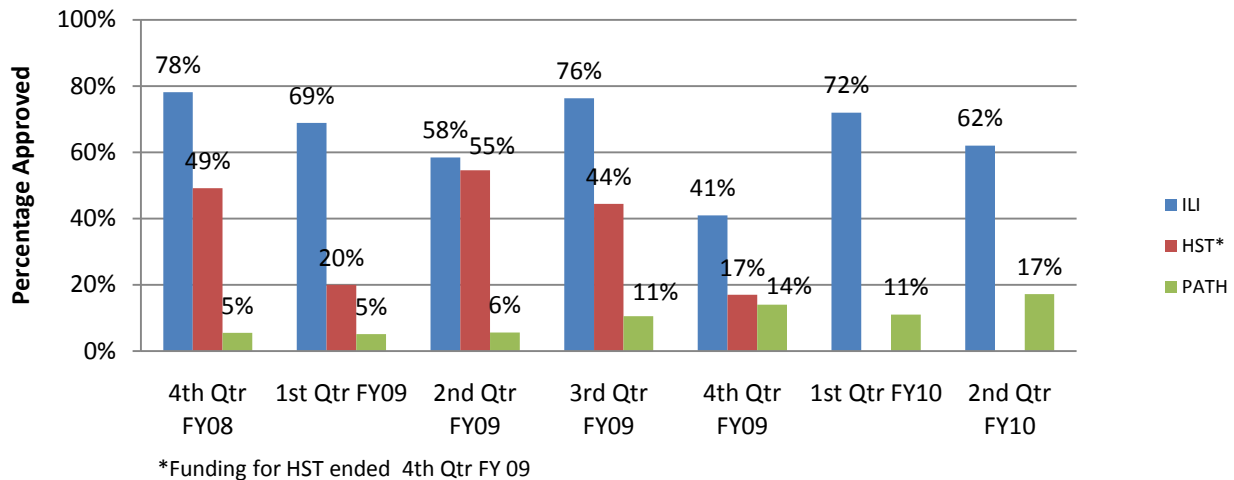
- Durham Center Access will continue to educate the community about how to access services.
- Continue to work with law enforcement to promote pre-booking diversion through Durham Center Access (instead of emergency department) for individuals that are more appropriate for treatment than incarceration.
- Continue to work closely with other inpatient facilities to identify diversion opportunities.
- Increase utilization of Mobile Crisis Services responding to individuals experiencing a crisis in the home or community settings. For individuals that need involuntary commitment, they will divert them.
- The Durham Center will continue to work with providers agencies to develop appropriate crisis plans for individuals that they serve.
- Fully actualize new crisis services to include the Walk-In Clinic, inpatient services and psychiatric services to the jail.
- Seek funding for child inpatient beds.
- Implemented rapid response beds for adolescents.

**Performance Measure 3: Decrease the number of individuals who are homeless or at risk of homelessness**





**% Consumers Assisted Through Housing Resources  
(# Approved or Assisted / # Requested or Referred)**



**ILI** = Independent Living Initiative (emergency funding to stabilize housing for individuals in The Durham Center network)  
**HST** = Housing Support Team (two-year pilot program to assist individuals who have significant housing and mental health needs to stabilize housing)  
**PATH** = Assertive outreach to individuals who are homeless and have a mental illness

**Story Behind the Last Two Years of Performance:**

- Stable housing is an essential part of treatment for individuals with mental illness, developmental disabilities and substance abuse issues. Individuals with these disabilities often have trouble finding affordable housing due to low incomes and limited disability benefits.
- The Durham Center has a number of housing programs that we support to ensure there are affordable housing options for individuals in our system.
- Due to some funding restored by DMH/DD/SAS in FY09-10, some funding was placed back into housing, resulting in an increase through the 2<sup>nd</sup> quarter.

**Strategies: What do you propose to do to improve program performance?**

- Identify possible grant funding to address the significant housing needs of individuals in services.
- Continue to provide support for programs that utilize best practices approaches to housing.
- Identify funding sources to increase the number of supportive housing developments for individuals with special needs.
- Collaborate with agencies that have housing resources that are appropriate for individuals with disabilities (ex. Veteran’s Administration)
- Continue to train providers on the importance of housing during treatment and the available resources in the community.
- Increase the number of permanent supportive housing options (ex. Shelter Plus Care).
- Increase the number of homeless individuals that have access to disability benefits through a number of new approaches, such as the SOAR Program (a national best practice program that increases the likelihood of successfully accessing disability benefits in expedited manner for individuals that are homeless). This allows individuals access to income that can stabilize housing.

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# SOCIAL SERVICES

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## MISSION

Created by the North Carolina General Assembly and sustained with public funds, the Durham County Department of Social Services' vision is a community where families achieve well-being. The department's mission is "Partnering with families and communities in achieving well-being through prosperity, permanence, safety and support." The department operates with a Core Values Statement:

The staff of the Durham County Department of Social Services makes this commitment to individuals, families, our community and ourselves:

- We will show **RESPECT** by recognizing the importance of each individual, treating everyone with kindness, dignity and compassion.
- We will demonstrate **INTEGRITY** by being honest, dependable, trustworthy, responsible and accountable for performance and results.
- We will cultivate **PARTNERSHIP** as the best way to help individuals and families develop their strengths and meet their needs, while working together to achieve more.

# Social Services

Business Area: 5300

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
<b>▽ Expenditures</b>					
Personnel	\$24,601,539	\$22,101,450	\$21,964,331	\$22,866,647	\$22,902,647
Operating	\$361,621,168	\$395,683,719	\$395,509,919	\$26,859,659	\$27,045,314
Capital	(\$40,314)	\$270,000	\$0	\$170,181	\$569,247
Transfers	\$0	\$2,872,440	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$386,182,394</b>	<b>\$420,927,609</b>	<b>\$417,474,250</b>	<b>\$49,896,487</b>	<b>\$50,517,208</b>
<b>▽ Revenues</b>					
Intergovernmental	\$360,648,592	\$401,402,127	\$403,796,468	\$33,562,917	\$33,632,757
Contrib. & Donations	\$800,525	\$0	\$27,786	\$0	\$187,561
Service Charges	\$304,921	\$154,693	\$157,834	\$164,476	\$164,476
Other Revenues	\$92,569	\$0	\$58,925	\$0	\$0
<b>Total Revenues</b>	<b>\$361,846,607</b>	<b>\$401,556,820</b>	<b>\$404,041,013</b>	<b>\$33,727,393</b>	<b>\$33,984,794</b>
<b>Net Expenditures</b>	<b>\$24,335,786</b>	<b>\$19,370,789</b>	<b>\$13,433,237</b>	<b>\$16,169,094</b>	<b>\$16,532,414</b>
FTEs	486.00	486.00	487.00	478.00	475.45

## 2010-11 HIGHLIGHTS

- Various operating expenditures were reduced in order to reach the targeted budget reduction.
- Eliminated 7 FTEs (2 Processing Assistant II positions, 2 Social Worker II positions, 1 Administrative Assistant position, 1 Planner Evaluator position and 1 child Support Agent II position)
- For FY2010 employee benefits were budgeted in this agency for purposes of drawing down State and Federal revenues on the expenditure. For FY2011, this expenditure has been moved to non-departmental and budgeted as a transfer to the Health Benefits Plan Fund in the amount of \$2,872,440.
- The Child and Family Support Team Program (CFST) has been reduced from 7 Social Workers to 5 Social Workers due to State cuts in grant funding for the program. The remaining five social workers have been reduced from a 12 month schedule to a 10 month schedule. Durham Public Schools also contract with DSS for 12 social workers for the Community Initiatives Program. These positions have been reduced from a 12 month schedule to a 10 month schedule 4.55 FTEs
- Durham County has historically budgeted state and federal pass-through funding in the DSS budget. Beginning with the FY2011, Durham County will no longer budget pass-through funding. This change will also allow for easier comparisons between counties throughout the State.
- Funding for continuation of the Document Imaging Project \$569,248.
- Funding of County dollars for Emergency Assistance, Share your Christmas and Adolescent Parenting Program as requested by the DSS Board \$151,815

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# SOCIAL SERVICES-ADMINISTRATION

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## MISSION

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- We will cultivate **PARTNERSHIP** as the best way to help individuals and families develop their strengths and meet their needs, while working together to achieve more.

## PROGRAM DESCRIPTION

This cost center includes the activities of the Program Support and Accountability Division and the Communication, Development and Customer Information Division. These divisions support the department's direct services staff, which carry out the department's mission.

Key components of the Program Support and Accountability Division include:

- Accounting
- Budget preparation
- Information technology management and planning
- Information technology support
- Facility support
- Risk management
- Planning
- Evaluation

Key components of the Communication, Development and Customer Information Division include:

- Management of internal and external communications
- Staff training
- Organizational development
- Customer service
- Customer information center
- Results based accountability (RBA)

# Social Services-Administration

Funds Center: 5300641000

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
<b>▽ Expenditures</b>					
Personnel	\$2,820,992	\$2,692,892	\$2,380,340	\$2,480,806	\$2,480,806
Operating	\$2,734,811	\$2,674,491	\$3,217,214	\$2,488,637	\$2,488,637
Capital	(\$40,314)	\$270,000	\$0	\$170,181	\$569,247
<b>Total Expenditures</b>	<b>\$5,515,489</b>	<b>\$5,637,383</b>	<b>\$5,597,554</b>	<b>\$5,139,624</b>	<b>\$5,538,690</b>
<b>▽ Revenues</b>					
Intergovernmental	\$166,945	\$166,945	\$0	\$0	\$0
Contrib. & Donations	\$0	\$0	\$0	\$0	\$187,561
Other Revenues	\$1,810	\$0	\$520	\$0	\$0
<b>Total Revenues</b>	<b>\$168,755</b>	<b>\$166,945</b>	<b>\$520</b>	<b>\$0</b>	<b>\$187,561</b>
<b>Net Expenditures</b>	<b>\$5,346,734</b>	<b>\$5,470,438</b>	<b>\$5,597,034</b>	<b>\$5,139,624</b>	<b>\$5,351,129</b>

## 2009-10 ACCOMPLISHMENTS

### Program Support and Accountability Division

- Continued partnership with other departments in planning for the new Human Services Complex.
- Provided effective contract management for more than seventy (70) contracts, ensuring fiscal and performance accountability.
- Continued to analyze time entry in order to draw down all revenue.
- Continued to scan records (over 9 million images).
- Cleared independent audit with no material weaknesses.
- Maximized resources effectively, leaving very little money unspent from non-county sources.
- Assisted all divisions with planning and data collection.
- Provided timely and effective responses to all staff with regards to continuously improving work environments.

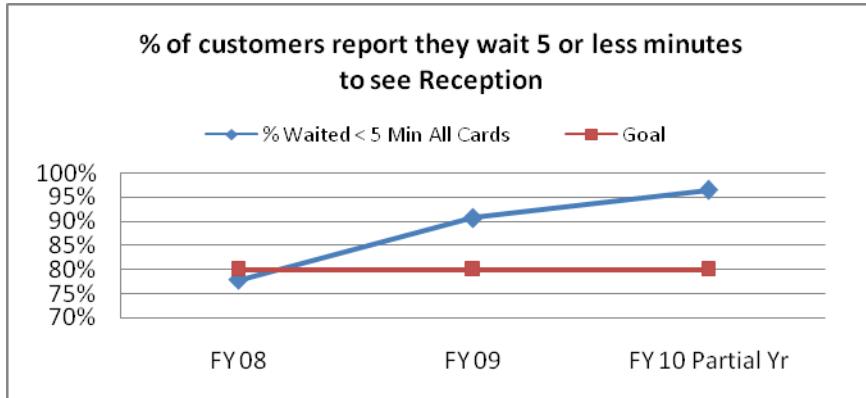
### Communication, Development and Customer Information Division

- The award winning **DSS Partnership Series: Investing in Human Capital** continued.
- DSS published a monthly newsletter providing information on agency events, programs, and special initiatives.
- DSS published quarterly electronic Results Based Accountability (RBA) reports via email and on the agency's website. The reports highlighted the "public square test indicators" of progress in reaching key agency-wide RBA goals. Program-specific RBA reports were also shared with the DSS Board and DSS Management Team on a rotating basis.
- 98.9% of clients reported that our Reception staff members treated them with courtesy and respect.
- More than 35 articles about DSS programs, services, challenges, and results appeared in the Herald-Sun and News and Observer. Durham County DSS communication work was also featured in the American Public Human Services Association's Policy and Practice magazine.
- DSS offered more than 100 different training courses to staff members every 6 months. Classes were designed to increase the capacity to serve customers, with a particular emphasis on building leadership skills in the agency. Courses included technology skills, customer service, cultural competency, supervisory development and program-specific training.
- The DSS website was launched with full Spanish translation.
- Outreach was expanded for VITA sites and the Earned Income Tax Credit in partnership with the Economic Prosperity RBA group, this partnership included a site at DSS.

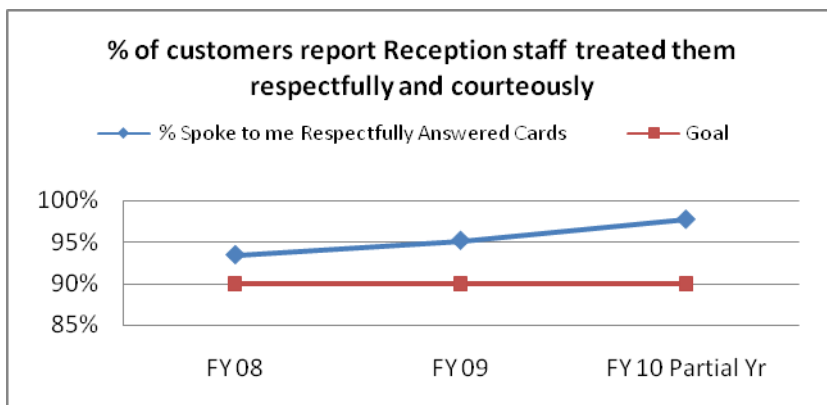
## 2010-11 PERFORMANCE MEASURES

### Performance Measure 1: Length of time customers wait to see a Receptionist

DSS's goal is that 80% of customers report they wait five minutes or less to see a Receptionist. DSS has exceeded this goal every month will be increasing the goal to reflect our consistent high performance in FY11.



### Performance Measure 2: Customers report they are treated respectfully and courteously



We distribute Customer Service Survey cards to every client that checks in at Reception. We have improved performance considerably since 2002, when only 65% of respondents indicated the Reception Staff was rated "excellent or good" related to friendliness and courteousness. In FY09 our average rating was 90.7% and it has been 96.5% year to date in FY10.

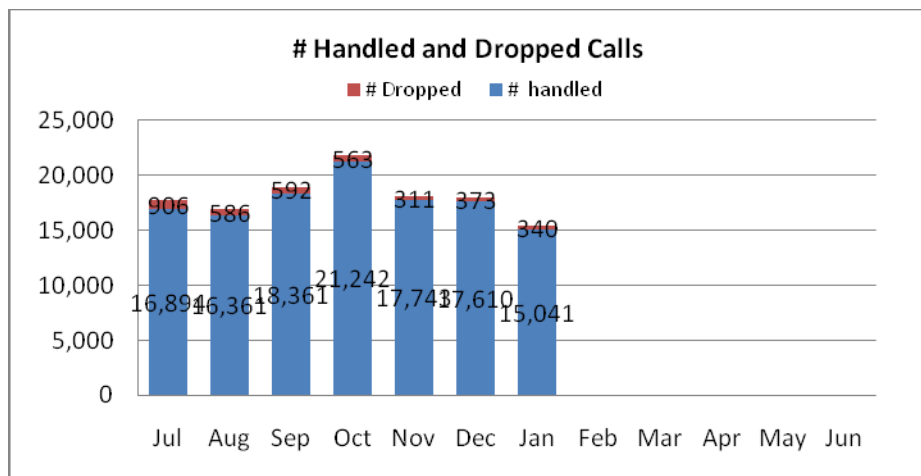
This fiscal year has seen a substantial increase in cases for our public assistance programs. As a result, the Duke St. lobby is frequently crowded and service excellence is even more important to defuse tension and maintain a safe environment. We continue to use bulletin boards to share in depth information about how to access services, use an LCD information screen to share information on program access and documentation required to apply for assistance, distribute donated books for children to read and take home, promote mail-in Medicaid applications and use reminder telephone calls for client appointments.

All reception staff at our Duke Street office are bilingual in English and Spanish and we also always have staff in our Back Office and Call Center who are bilingual.

### Strategies

- Distribute daily Customer Survey Cards and share results with staff
- Inclusion of customer wait time standards in individual work plans
- Fill vacant positions with temporaries so we don't lose customer service quality or increase wait times

**Performance Measure 3:** Increase the percentage of handled calls in the Call Center indicated by fewer than 5% of calls being dropped



The Call Center’s hours of operation were adjusted to 7:15am – 5:45 pm in May, 2008. Being open for extended hours resulted in a significant decrease in dropped calls. Since August 2009, Call Center staff have dropped under 5% of calls consistently while average 17,607 calls per month with a staff of four.

**Story Behind Our Results:**

- Customer Service work processes have been changed dramatically in the past five years.
- Created Back Office to collect demographic data/open cases/scan common documents. Result: shorter time in line, new step between check-in and seeing worker, greater privacy
- Work plan expectations are clear about dropped calls and customer service ratings
- More bilingual staff have been added and recruiting bilingual preferred.
- Cross-trained staff among CIC functions
- Next year anticipate changes as a result of implementing an automated client check in/assignment system that began in January 2010.

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# SOCIAL SERVICES-SERVICES

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## PROGRAM DESCRIPTION

These programs provide for the protection of abused and neglected children and adults, the provision of services to prevent unnecessary institutionalization of disabled and elderly residents, Work First support services, school and community social work services, and child day care subsidy. Services and programs include:

**Adult Social Work Services** - Provides services allowing disabled and elderly adults to remain in their own homes; protection of adults from abuse, neglect and exploitation; in-home supportive services to avoid unnecessary institutionalization; and supervision of adult care homes and facilities.

**Child Protective Services** - Receives screens and investigates reports of suspected abuse, neglect and dependency of children from birth to 18 years old; provides intensive in-home services to families at risk of or with a history of child abuse, neglect or dependency.

**Child Foster Care and Adoptions** - Provides for the safety and well-being of youth placed in the legal custody of the Durham County Department of Social Services by the juvenile court, and finds permanent, adoptive homes for youth who cannot be reunited with their families or relatives. Recruits, trains and supports foster and adoptive families.

**Durham's Alliance for Child Care Access (DACCA)** - A unified child care subsidy system responsible for the administration of child care scholarships, transportation services through Smart Start Transportation and access to resource and referral information. The collaboration is governed by a Leadership Team consisting of Directors from the partner agencies: Durham County DSS, Child Care Services Association, Operation Breakthrough and Durham's Partnership for Children. In addition to providing financial subsidy, the program also provides training and technical assistance to contracted child care providers.

**Work First Employment Support Services** - Provides services to current and former Work First recipients, which enable families to gain economic self-sufficiency by helping them find and retain employment.

**Family Crisis and Adult ACCESS Services** - Focuses on assisting families and elderly and disabled adults with counseling, information and referral as well as temporary financial assistance to cope with crisis situations related to health, loss of employment, housing and energy problems.

**Community Initiatives** - Partners with agencies including, Duke University Health System and Durham Public Schools, to provide social work services in the community.

## 2009-10 ACCOMPLISHMENTS

### Adult Social Work Services

- Played a role in merging Adult System of Care with the Children's System of Care Network.
- Managed an award-winning web site on adult care homes in Durham County
- Continued to increase the number of elderly and disabled adults that remain in their own homes as a result of in-home and community services.
- Partnered with the Durham Partnership for Seniors in a Results Based Accountability grant designated to develop a hard copy Senior Resource Guide, which is also found on the Durham System of Care website.

### Child Protective Services

- The repeat maltreatment rate in Durham County (1.4%) continues to be far below the standard set by the Federal government and the statewide rate.
- Timely initiation of family assessments (98%) and investigations (95%), exceeding State goal of (94%).
- Continued partnerships with community agencies to prevent child abuse and neglect.

### Child Placement and Supportive Services

- Exceeded State goal (21) for number of youths leaving foster care through adoptions (36 youths)
- Increased the number of children diverted from entering foster Care (39 children placed in kinship arrangements).
- Decreased the number of children in foster care.
- 96.2% of youths remain in same school or day care upon entry into foster care.



# Social Services-Services

Funds Center: 5300642000

Summary	2009-2010	2008-2009	2009-2010	2010-2011	2010-2011
	Original	Actual	12 Month	Department	Commissioner
	Budget	Exp/Rev	Estimate	Requested	Approved
<b>▽ Expenditures</b>					
Personnel	\$11,697,000	\$13,324,308	\$12,087,941	\$12,451,586	\$12,487,586
Operating	\$15,364,664	\$24,684,718	\$21,823,921	\$15,071,596	\$15,223,411
<b>Total Expenditures</b>	<b>\$27,061,664</b>	<b>\$38,009,027</b>	<b>\$33,911,862</b>	<b>\$27,523,182</b>	<b>\$27,710,997</b>
<b>▽ Revenues</b>					
Intergovernmental	\$22,512,057	\$31,205,171	\$29,701,386	\$22,028,917	\$22,064,917
Contrib. & Donations	\$0	\$800,525	\$27,786	\$0	\$0
Service Charges	\$2,000	\$2,620	\$2,000	\$2,000	\$2,000
Other Revenues	\$0	\$27,656	\$31,927	\$0	\$0
<b>Total Revenues</b>	<b>\$22,514,057</b>	<b>\$32,035,971</b>	<b>\$29,763,099</b>	<b>\$22,030,917</b>	<b>\$22,066,917</b>
<b>Net Expenditures</b>	<b>\$4,547,607</b>	<b>\$5,973,056</b>	<b>\$4,148,763</b>	<b>\$5,492,265</b>	<b>\$5,644,080</b>

## 2009-10 ACCOMPLISHMENTS (continued)

### Durham's Alliance for Child Care Access (DACCA)

- 97% of children ages 0-5 are placed in child care facilities with 3, 4, or 5 star ratings; the average star placement for a child in FY 08 is 3.73.

100% of preschool children receiving scholarships are in regulated care

### Work First Employment Support Services

- The Work First Team (WFFA and WFES) achieved an All Parent Participation Average Rate of 44.90% and a Two Parent Household rate of 67.71%.
- 95 recipients entered employment
- 203 families received Benefit Diversion payments (assistance given to families diverting them from signing on as Work First Participants).
- Social Workers provided services to an average of 413 individuals per month.

### Family Crisis and Adult ACCESS Services

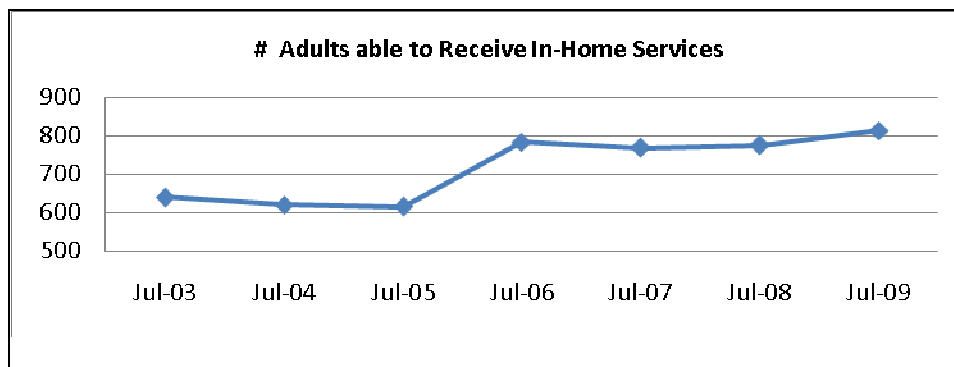
- Provided heating/cooling and eviction relief assistance to a record high number of families
- Developed financial management classes for individuals who experience frequent financial crises.

### Community Initiatives

- Implemented Computer 4 Kids program and deployed 95 computers.
- Adolescent Parenting Program implemented a Grandparent Support Group to help grandparents cope with raising children with children.
- DSS School Social workers work with truancy issues contributed to a 14% decrease in DPS's dropout rate.
- Share Your Christmas program in partnership with The Volunteer Center of Durham provided gifts, toys, and food for families in need.
- Continued an innovative partnership with Durham Public Schools and Durham County Public Health to assist students at risk of academic failure or out-of-home placement

## 2010-11 PEFFORMANCE MEASURES

**Performance Measure 1:** Number of adults avoiding placement through in-home services provided



### Story behind the Last Two Years of Performance:

- CAP slots have been frozen on two different occasions. There are currently 148 slots.

### Strategies

- Continued to engage the community in planning to meet the needs of the growing aging population.
- Worked with various community partners and the Duke Health Network regarding a comprehensive approach to helping seniors "Age in Place."
- Continued role in strengthening the Adult System of Care network, which has merged with the Children's System of Care Network.
- Partnered with the Durham Partnership for Seniors as part of a Results Based accountability Grant designated to develop a hard copy Senior Resource Guide, which is also on the System of Care website.

**Performance Measure 2:** Adults who have been abused, neglected or exploited accept services to prevent a reoccurrence of maltreatment

	Referrals received	Evaluations Initiated	Substantiations	Substantiated persons accept services
FY 04	290	164	38	37
FY 05	342	147	35	34
FY 06	273	114	24	23
FY 07	332	146	32	27
FY 08	323	158	38	37
FY 09	344	178	36	34

### Story behind the Last Two Years of Performance:

- Continued increase in proportion of reports involving disabled adults with mental health needs.
- Due to economy, more APS clients have multiple needs such as shelter, food, medicine, mental health treatment
- A higher proportion of APS clients require guardianship to assure their protection
- Nearly all elderly and disabled persons who we determine to be abused, neglected or exploited are accepting of our services

### Strategies

- Played a leadership role in strengthening the Adult System of Care network.
- Continued to advocate for additional services and resources for elderly and disabled adults.
- Advocated for a broader population of residents eligible for an APS evaluation.

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# SOCIAL SERVICES-PUBLIC ASSISTANCE

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## PROGRAM DESCRIPTION

These programs provide entitlement benefits for health access and nutrition services, foster care and adoption payments as well as cash assistance through Work First. The programs are Food Assistance; Medicaid and North Carolina Health Choice for Children; and Work First Family Assistance. The Food Assistance program provides nutrition assistance to eligible families and individuals through an electronic benefit card. The Medicaid and North Carolina Health Choice for Children programs provide health insurance to eligible families and individuals. The Work First Family Assistance program provides Work First cash assistance to families to meet their basic needs of cash, shelter and medical assistance.

## 2009-10 ACCOMPLISHMENTS

### Food Assistance

- Exceeded State goals for processing non-emergency applications within 30 days (100%), and processing applications accurately (100%)
- Met State goals for processing emergency applications within 7 days (zero tolerance)
- Managed continued caseload increases in Food and Nutrition Services (from 450 in July, 2008 to 525 in June, 2009)
- Increased program participation rate from 76.71% to 82.85%
- Processed 17,143 applications
- Current accuracy rate is 98.79%
- Third consecutive year of maintaining 100% accuracy rate

### Medicaid and North Carolina Health Choice for Children

- Assisted 10,894 elderly and disabled individuals in accessing and paying for medical care.
- 34,168 children and their caretakers were assisted in the various Family Medicaid Programs (excluding WFFA and Foster Care Medicaid recipients).
- 5,003 children were provided medical coverage under the NC Health Choice Program
- 84.14% of Medicaid Recipients were linked with a primary care physician to coordinate their medical care.
- The percentage of Medicaid applications processed timely was 93% exceeding the State goal of 90%.
- The percentage of Health Choice applications processed timely was 94% exceeding the State goal of 90%.
- Managed continued caseload increases in Medicaid.

### Work First Family Assistance

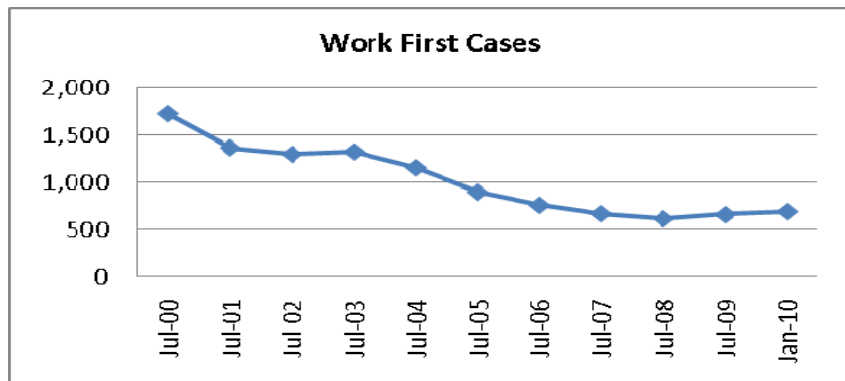
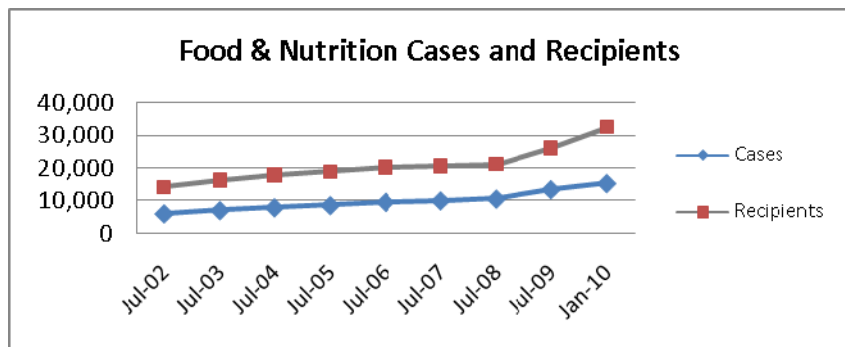
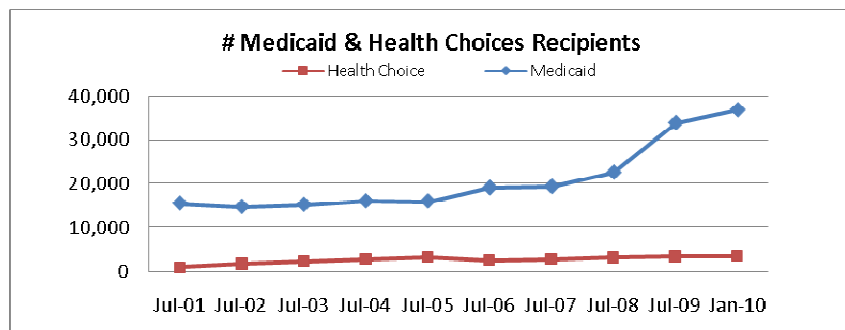
- 96% of applications were processed timely exceeding the goal of 90%.
- The average days to process applications was 26 days exceeding the State goal of 45 days.
- The average total cases stood at 642 cases, with an average of 537 child only cases (cases in which the parent is not included in the household because the child is being taken care of by a relative or someone else) and 106 cases including adults. Increases in cases including adults were as follows: 62 (July, 2008), 146 (December, 2008), and 129 (June, 2009). This growth represents a 100% increase.

# Social Services-Public Assistance

Funds Center: 5300643000

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$6,391,431	\$5,835,496	\$5,673,750	\$6,038,019	\$6,038,019
Operating	\$334,053,994	\$377,377,064	\$370,081,498	\$8,730,544	\$8,730,544
Transfers	\$0	\$2,872,440	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$340,445,425</b>	<b>\$386,085,000</b>	<b>\$375,755,248</b>	<b>\$14,768,563</b>	<b>\$14,768,563</b>
<b>Revenues</b>					
Intergovernmental	\$326,681,310	\$375,775,632	\$370,705,151	\$8,719,022	\$8,719,022
Service Charges	\$297,004	\$152,693	\$152,927	\$162,476	\$162,476
Other Revenues	\$63,103	\$0	\$26,478	\$0	\$0
<b>Total Revenues</b>	<b>\$327,041,418</b>	<b>\$375,928,325</b>	<b>\$370,884,556</b>	<b>\$8,881,498</b>	<b>\$8,881,498</b>
<b>Net Expenditures</b>	<b>\$13,404,008</b>	<b>\$10,156,675</b>	<b>\$4,870,692</b>	<b>\$5,887,065</b>	<b>\$5,887,065</b>

## 2010-11 PERFORMANCE MEASURES



# SOCIAL SERVICES-CHILD SUPPORT ENFORCEMENT

## PROGRAM DESCRIPTION

This program ensures that non-custodial parents provide financial and medical support for their children. Child Support Enforcement services include location of non-custodial parents and their assets; establishment of support orders; establishment of paternity, if necessary; collection and distribution of payments; and enforcement of legal child support obligations.

## 2009-10 ACCOMPLISHMENTS

- Durham County child support collected 100% of their goal for fiscal year 2008-2009.
- Established paternity in 100.7% of cases.
- 85.8% of cases have an order for child support.
- Collected 67.2% of current support owed.
- Completed the calendar year with an overall ranking of 69.
- Electronic House Arrest Order revised to review cases every two weeks. This ensures compliance with job search and the monitoring process.
- Assigned a Child Support Agent to assist the court in implementing a New Life Court to ensure that non-custodial parents ordered into the program located employment, received drug screenings, drug counseling and other services to maintain a state of sobriety and employability.
- Initiated a group interview process for custodial and non-custodial parties.

## 2010-11 PERFORMANCE MEASURES

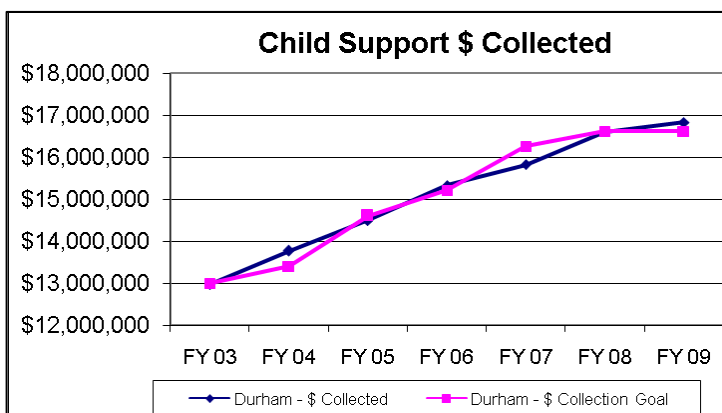
*Note: North Carolina Child Support Enforcement has embarked upon a five-year Journey to Excellence Plan that includes set goals for each county. There are goal increases for Durham County in each incentive area built into this plan though 2009.*

### Performance Measure 1: Total Collections

- 2004-2005 goal \$14,601,464 - collected \$14,502,592
- 2005-2006 goal \$15,212,597 - collected \$15,334,105
- 2006-2007 goal \$16,254,151 – collected \$15,823,035
- 2007-2008 goal \$16,614,186 – collected \$16,609,737
- 2008-2009 goal \$16,614,186 – collected \$16,829,240

### Performance Measure 2: Percentage of Current Support Collected

- 2004-05 goal 61.9%. Completed the year at 62%. Factor that contributed to meeting the goal was no staff vacancies.
- 2005-2006 goal 66.50% Completed the fiscal year at 63.9%.
- 2006-2007 goal 70.1% Completed fiscal year at 65.3%
- 2007-2008 goal 73.6% Completed the fiscal year at 66.7%
- 2008-2009 goal 67.70% Completed the fiscal year at 67.2%.



	Collections	
	Actual	Goal
FY 03	\$12,971,777	\$13,000,000
FY 04	\$13,774,966	\$13,400,000
FY 05	\$14,502,592	\$14,601,464
FY 06	\$15,334,107	\$15,212,597
FY 07	\$15,823,035	\$16,254,151
FY 08	\$16,609,737	\$16,614,186
FY 09	\$16,829,240	\$16,614,186

# Social Services-Child Support Enforcement

Funds Center: 5300644000

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
<b>▽ Expenditures</b>					
Personnel	\$2,064,808	\$1,876,062	\$1,819,158	\$1,841,932	\$1,841,932
Operating	\$147,645	\$267,500	\$139,279	\$209,000	\$209,000
<b>Total Expenditures</b>	<b>\$2,212,453</b>	<b>\$2,143,562</b>	<b>\$1,958,437</b>	<b>\$2,050,932</b>	<b>\$2,050,932</b>
<b>▽ Revenues</b>					
Intergovernmental	\$2,595,167	\$2,947,493	\$3,015,016	\$2,400,792	\$2,400,792
Service Charges	\$5,297	\$0	\$2,907	\$0	\$0
<b>Total Revenues</b>	<b>\$2,600,464</b>	<b>\$2,947,493</b>	<b>\$3,017,923</b>	<b>\$2,400,792</b>	<b>\$2,400,792</b>
<b>Net Expenditures</b>	<b>(\$388,011)</b>	<b>(\$803,931)</b>	<b>(\$1,059,486)</b>	<b>(\$349,860)</b>	<b>(\$349,860)</b>

## 2010-11 PERFORMANCE MEASURES (continued)

### Story behind the Last Two Years of Performance:

To enhance program performance in this area the following initiatives were created or enhanced:

- Improved processes for contacting payors at the beginning of the order to determine barriers to paying support.
- Assisted in implementation of pre-trial day for those that have the ability to resolve the case before court.
- Partnered with the Criminal Justice Resource Center to institute the use of the Electronic Monitoring Program as an enforcement tool.
- Focused on timely completion of reports.
- Implemented processes to call delinquent payors to request payments (Call for Collections)
- Made calls after hours and on weekends to ensure contact with the non custodial parent NCP).
- Additional court time on Monday afternoons of regular court week
- Assigned two sheriff deputies to serve Child Support Enforcement's Orders for Arrest.
- Frequent reviews of Electronic House Arrests participants.
- Improvement Committee formed to enhance the court process.
- Began to fill vacant positions.

### Strategies:

- Partnered with Employment Security Commission.
- Partnered with the Work First Program to send payors and/or potential payors to the training typically offered to TANF recipients.
- Enhanced the Electronic Monitoring Process.
- Planned and implemented a Parent Focus Group to explore child support issues and barriers to paying child support in the Durham Community.
- Additional court time.
- Representation on the Implementation committee for New Life Court which began on 2/18/08. Non-custodial parents will be given the opportunity to participate in a program to find employment, receive life skills training to enhance their employability.
- Served on the Court Improvement Committee to ensure that child support court needs are met.
- Scheduled appointments with non-custodial parents for 'face to face' meetings with the agents.
- Accepted money from non-custodial parents in the office.
- Collected data from parents that will assist job readiness determinations.
- Reviewed EHA participant cases on pre-trial dates.
- Reviewed pending disability cases on pre-trial dates.
- Educated court committee on CSE issues and goals.

### **Performance Measure 3: Percentage of Cases that Paternity is Established**

#### **Story behind the Last Two Years of Performance:**

- In Fiscal Year 2007-2008 Paternity Establishment Goal is 102.5% and Durham attained a rate of 95.5%
  - Review all closed cases for Affidavits of Paternity
- In Fiscal Year 2008-2009 Paternity establishment goal was 99% and Durham attained a rate of 100.7%.
  - Reviewed all terminated and enforcement cases for Affidavits of Paternity
  - Focused attention on add-a-baby cases

#### **Strategies:**

- Conducted more group and individual interviews in person
- Contacted clients and Non-custodial parents by telephone
- Increased the contacts made with hospital personnel as a way to increase the Affidavits of Parentage completed.
- Informed more community partners of the benefits of early paternity establishment
- Visited Duke and Durham Regional Hospital Birth Certificate staff and were advised of their process and information that they will make available to us if needed
- Manually reviewed all files to determine if paternity at issue and if system coded correctly.
- Reviewed Affidavit of Paternity spreadsheets to ensure that all paternity affidavits had been entered in the system.
- Entered affidavits in system immediately upon receipt from state office.
- Assigned agent to complete add-a baby cases immediately upon receipt of worklist items.
- Focused attention on add-a-baby cases
- Meetings with Duke and Durham Regional staff regarding paternity brochures and other trainings.

### **Performance Measure 4: Percentage of Cases that have a Child Support Order**

#### **Story behind the Last Two Years of Performance:**

- In Fiscal Year 2007-2008 the goal was 89.5%. Completed year at 85.4%.
- In Fiscal Year 2008-2009 the goal was 86.40%. Completed at 85.8%
  - Staff vacancies contributed to this result.

#### **Strategies:**

- Provided more training to staff members with regard to court processes.
- Continued staff processes that impact timeliness and effectiveness.
- Advocated for increased access to court and county attorney time.
- Second attorney assigned to cover 2<sup>nd</sup> court room and review and sign documents.
- Establishment Unit will go to court extra ½ day once per month to increase % of Cases Under Order.
- Voluntary Support Agreement (VSA) Day to be scheduled in April – all agents will be assigned to interview NCPs for a Voluntary Support Agreement.
- Identified cases that meet closure criteria.
- Out of Compliance work list is highest priority.
- Processing Staff trained to assist with client interviews by preparing cases for agents.
- Processing Staff entered employment addresses and service information in system.
- Increased number of orders required of each agent with a caseload.
- Increased number of potential orders in the “pipeline”.
- Enhanced group process to include conversation regarding family planning.
- Collected data regarding job readiness for collaboration with ESC and other employment possibilities.



## Performance Measure 5: Percentage of Arrears Collected

### Story behind the Last Two Years of Performance:

- In Fiscal Year 2007-2008 the goal 73.40%. Completed year at 64.4%
- In Fiscal Year 2008-2009 the goal was 66.40%. Completed year at 65.3%

### Strategies:

- Planned an amnesty day and invite non-custodial parents to make a payment toward arrears in the Child Support Enforcement Office.
- March Project to add frequencies to all cases (400) with arrears and no frequency.
- Court and office negotiations to collect arrears.
- Called for Collections after hours and week-ends.
- Mailed job listings to unemployed non-custodial parents.
- Special days to add frequency to arrears.
- Used this day to collect a payment to be applied toward arrears.
- All agents attended court to process cases.
- Overloaded dockets to collect payments.
- Have a judge on stand-by to sign orders.
- Decreased cases with no frequency towards arrears to zero.
- As cases are scheduled for frequency on arrears – ask for payment.
- More location efforts on arrears only cases.

	Paternity Estab Rate		Cases Under Order		Collection on Arrears		Collection Rate	
	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal
FY 03	87.53%		71.80%		55.82%		58.1%	
FY 04	85.53%		70.40%		55.11%		59.5%	
FY 05	93.00%	89.80%	74.70%	75.20%	60.00%	59.70%	62.0%	61.9%
FY 06	96.50%	94.00%	81.70%	79.90%	60.30%	64.30%	63.9%	66.5%
FY 07	92.30%	98.30%	83.70%	84.7%	62.20%	68.80%	65.3%	70.1%
FY 08	95.5%	102.5%	85.4%	89.5%	64.40%	73.40%	66.7%	73.6%
FY 09	100.7%	99.00%	86.4%	86.4%	65.307%	66.40%	67.2%	67.7%

# JUVENILE CRIME PREVENTION COUNCIL (JCPC)

## PROGRAM DESCRIPTION

The **Juvenile Crime Prevention Council (JCPC)** works in partnership with the United States Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve the lives of youth by reducing and preventing juvenile crime. Durham’s JCPC prioritizes the needs of youth in Durham County and distributes funds to local programs. JCPC focuses on gang prevention and intervention.

These funds are allocated to Durham County by the North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) from their Intervention/Prevention Funding. This money is available only for programs serving delinquent, undisciplined, and youth at-risk of court involvement, and is restricted to services providing intermediate and community sanctions to juvenile court for delinquent and at-risk youth. Programs are required to offer treatment, rehabilitation, and/or educational enrichment as prioritized in the publicly advertised “Request for Proposals” (RFP) attached.

The Durham JCPC conducted the funding allocation process in accordance with the relevant N.C. General Statutes, and the N.C. Department of Juvenile Justice and Delinquency Prevention (DJJDP) procedures and guidelines. Once the applications were received, the Durham County Juvenile Crime Prevention Council (JCPC) voted to adopt the Durham Annual Funding Plan.

The administrative oversight of this program is managed by the Criminal Justice Resource Center (CJRC).

The following programs are recommended for funding contingent to inclusion in the State of North Carolina budget:

- Building Family Strengths (Durham Housing Authority) \$10,800
- Durham Teen Court and Restitution \$163,973
- Evidence Based Trauma Assessment and Treatment (Child and Parent Support Services) \$12,000
- Parenting of Adolescents (Exchange Clubs’ Family Center) \$94,800
- The P.R.O.U.D (Personal Responsibility to Overcome with Understanding and Determination) Program \$50,000
- Rites of Passage Durham Business and Professional Chain) \$8,400
- Young Warriors Athlete Scholarship (Budo Karate House) \$18,000
- Emergency Shelter Crisis Intervention Services- Reserved \$6,791
- Durham Mediation Center (DMC) Juvenile Justice Project (WoMen In Action) \$9,000
- Durham Mentors for Children and Youth (Durham Companions, INC.) \$6,000
- Youth Think @ Hayti (St. Joseph’s Historic Foundation Inc. Hayti Heritage Center) \$7,500
- Contingency Fund \$37,566

**Funds Center:** 5800273000

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$427,634	\$446,717	\$365,173	\$424,830	\$424,830
<b>Total Expenditures</b>	<b>\$427,634</b>	<b>\$446,717</b>	<b>\$365,173</b>	<b>\$424,830</b>	<b>\$424,830</b>
▽ <i>Revenues</i>					
Intergovernmental	\$427,593	\$446,717	\$434,717	\$424,830	\$424,830
<b>Total Revenues</b>	<b>\$427,593</b>	<b>\$446,717</b>	<b>\$434,717</b>	<b>\$424,830</b>	<b>\$424,830</b>
<b>Net Expenditures</b>	<b>\$41</b>	<b>\$0</b>	<b>(\$69,544)</b>	<b>\$0</b>	<b>\$0</b>
FTEs	0.00	0.00	0.00	0.00	0.00

# HOMELESSNESS SERVICES

## PROGRAM DESCRIPTION

Homelessness Services consists of funding for the 10-Year Results Plan to End Homelessness and Urban Ministries of Durham.

The 10-Year Results Plan to End Homelessness is based on the philosophy and format of Durham's Results Based Accountability Initiative. This initiative is a unified commitment to improving outcomes for children, families and the Durham community as a whole. The plan is one strategy to help ensure that every citizen in Durham has access to adequate, safe and affordable housing. The plan also incorporates Durham County's award-winning System of Care model, which is an integrated network of community services and resources supported by active teamwork among families, professionals and the community. The 10-Year Results Plan to End Homelessness is contracted to receive \$67,602 in funding for FY 2010-11. In past years, this appropriation has funded a contract with the Durham Affordable Housing Coalition to implement the Ten Year Plan. This year the funding will be used to support other, coordinated efforts to end chronic homelessness, including the provision of permanent, supportive housing.

The mission of Urban Ministries of Durham is to provide food, clothing, shelter and supportive services to neighbors in need. Durham County supports the Community Shelter at Urban Ministries of Durham, housing 81 beds for men, 30 beds for women and 9 rooms, each with a private bath, for families. In emergency situations, the shelter can house up to 175 individuals. The organization also offers a Community Kitchen, Food Pantry and Clothes Closet as well as programs in addiction recovery and job training. Urban Ministries of Durham is contracted to receive \$149,440 in funding for FY 2010-11.

**Funds Center:** 5800273100

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
▽ <i>Expenditures</i>					
Operating	\$202,789	\$217,042	\$217,042	\$212,602	\$217,042
<b>Total Expenditures</b>	<b>\$202,789</b>	<b>\$217,042</b>	<b>\$217,042</b>	<b>\$212,602</b>	<b>\$217,042</b>
▽ <i>Revenues</i>					
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Expenditures</b>	<b>\$202,789</b>	<b>\$217,042</b>	<b>\$217,042</b>	<b>\$212,602</b>	<b>\$217,042</b>
FTEs	0.00	0.00	0.00	0.00	0.00

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# COORDINATED TRANSPORTATION SYSTEM

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## MISSION

The Durham County Center of North Carolina Cooperative Extension helps individuals, families and communities use research-based information and county resources to improve the quality of their lives.

## PROGRAM DESCRIPTION

North Carolina Cooperative Extension is an educational partnership between county government and the state's land grant universities – North Carolina State University and North Carolina Agricultural and Technical State University – and the federal government. Local issues are addressed through educational programs delivered at the county center as well as in the community.

Coordinated Transportation is funded by the North Carolina Department of Transportation to assist in assuring accessibility to transportation for citizens with special needs and those living outside the urban sections of the community. Human services and nonprofit agencies use this funding to reduce transportation costs for citizens served. Staff, in conjunction with the Transportation Advisory Board, identifies needs, leverages resources and evaluates options for helping agencies and citizens meet their transportation needs.

## 2009-10 ACCOMPLISHMENTS

- Durham County ACCESS provided approximately 54,700 trips to residents of the county. These included services for employment, general public and human services passengers.
- Promoted options for mobility service, responsive to the needs of all citizens in the community.
- Provided more than 16,883 trips for elderly and disabled passengers.

## 2010-11 HIGHLIGHTS

- Rural Operating Assistance Program (ROAP) Grant which includes Elderly and Disable Transportation Assistance Program (EDTAP), Work First/Employment Program and Rural General Public Transportation (RGP) Grant ; 5311 Community Transportation Grant Program; and the American Recovery and Reinvestment Act (ARRA) Grant and County match associated with these grants.

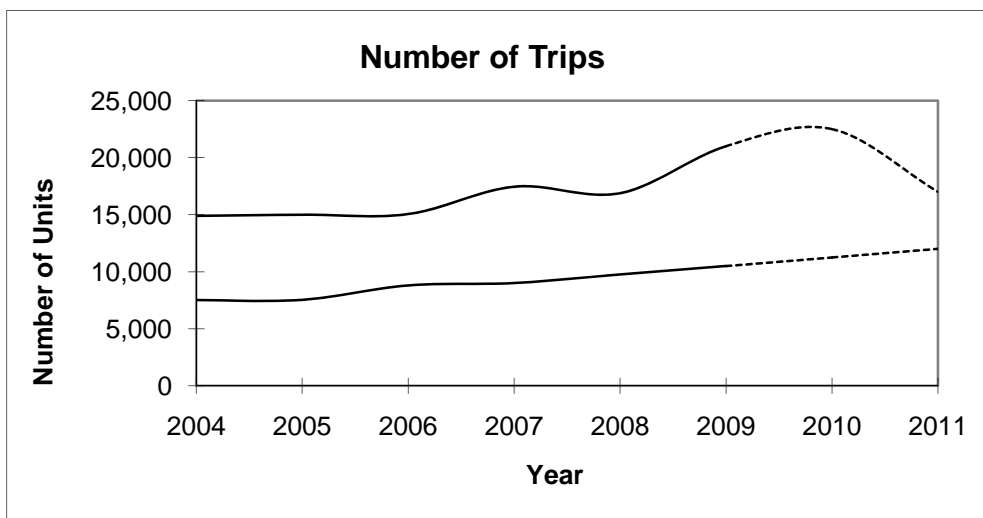
# Coordinated Transportation System

Funds Center: 5800650000

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
<b>Expenditures</b>					
Personnel	\$59,031	\$108,661	\$69,630	\$155,500	\$155,500
Operating	\$201,745	\$167,350	\$234,825	\$221,374	\$221,374
Capital	\$112,086	\$120,600	\$120,600	\$84,800	\$84,800
<b>Total Expenditures</b>	<b>\$372,861</b>	<b>\$396,611</b>	<b>\$425,055</b>	<b>\$461,674</b>	<b>\$461,674</b>
<b>Revenues</b>					
Intergovernmental	\$361,734	\$367,845	\$575,888	\$443,737	\$443,737
<b>Total Revenues</b>	<b>\$361,734</b>	<b>\$367,845</b>	<b>\$575,888</b>	<b>\$443,737</b>	<b>\$443,737</b>
<b>Net Expenditures</b>	<b>\$11,127</b>	<b>\$28,766</b>	<b>(\$150,833)</b>	<b>\$17,937</b>	<b>\$17,937</b>
FTEs	2.00	2.00	2.00	2.00	2.00

## 2010-11 PERFORMANCE MEASURES

**Performance Measure:** Number of elderly and disabled citizens transported via Coordinated Transportation



### Story Behind the Last Two Years of Performance

- Substantial increase in the number of citizens participating in the elderly and disabled funding transportation.
- Increase marketing of services increased usage; however, funding continues to limit growth capacity.

### Strategies: What do you propose to do to improve performance?

- Continue collaborative efforts with human services and nonprofit agencies to increase service efficiency.
- Completed Transportation Development Study between Durham, Wake and Orange counties should provide strategies that will lead to more options for transportation services.

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# HUMAN SERVICES NONPROFIT AGENCIES

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## MISSION

The mission of Durham County government is to enhance the quality of life for its citizens by providing education, safety and security, health and human services, economic development, and cultural and recreational resources.

## PROGRAM DESCRIPTION

Durham County is committed to providing financial assistance to those nonprofit agencies which assist it in carrying out its mission. Nonprofit agencies also are asked to focus on one or more of Durham County's Results Based Accountability outcome areas. These outcomes were adopted to engage the community in making broad-based change:

- Everyone is safe.
- Everyone is healthy.
- Children are ready for and succeeding in school.
- Everyone enjoys a prosperous economy.
- Everyone has access to adequate, safe and affordable housing.
- Everyone enjoys a community that is vibrant, rich in aesthetic beauty and embraces and promotes its cultural heritage.
- Everyone enjoys a healthy environment.
- Senior adults have optimum choices for the highest quality of life.
- Everyone enjoys sustainable, thriving neighborhoods with an efficient and well-maintained infrastructure.

Included in this funds center are nonprofit agencies and other nongovernmental agencies whose work complements the efforts of the county's human service agencies and whose mission is the public welfare of the residents of Durham County. The following agencies are budgeted within this cost center:

- Alliance of AIDS Services – Carolina
- Big Brothers Big Sisters of the Triangle
- Child Advocacy Commission
- Child and Parent Support Services
- Child Care Services Association
- Coordinating Council for Senior Citizens
- Durham Council for Children with Special Needs
- Durham Interfaith Hospitality Network
- Durham Literacy Center
- El Centro Hispano
- Food Bank of Central and Eastern North Carolina
- Genesis Home
- Inter-Faith Food Shuttle
- Operation Breakthrough
- Planned Parenthood of Central North Carolina
- Reality Ministries, Inc.
- Salvation Army
- Senior PHARMAssist
- Triangle Radio Reading Service
- Triangle Residential Options for Substance Abusers (TROSA)
- WoMen in Action for the Prevention of Violence and Its Causes

Detailed funding information for each nonprofit agency is listed in the Appendix.

# Human Services Nonprofit Agencies

Business Area: 5800

Summary	2008-2009 Actual Exp/Rev	2009-2010 Original Budget	2009-2010 12 Month Estimate	2010-2011 Department Requested	2010-2011 Commissioner Approved
▽ <i>Expenditures</i>					
▷ Operating	\$779,622	\$646,286	\$1,120,230	\$1,139,648	\$626,970
▷ <b>Total Expenditures</b>	<b>\$779,622</b>	<b>\$646,286</b>	<b>\$1,120,230</b>	<b>\$1,139,648</b>	<b>\$626,970</b>
▽ <i>Revenues</i>					
▷ <b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
▷ <b>Net Expenditures</b>	<b>\$779,622</b>	<b>\$646,286</b>	<b>\$1,120,230</b>	<b>\$1,139,648</b>	<b>\$626,970</b>
FTEs	0.00	0.00	0.00	0.00	0.00

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