



TABLE OF CONTENTS

Director's message 3

Integrated Board 4

Advisory Committees 5

Integration in HHS 7

Community Involvement 12

Appendices 17

A MESSAGE FROM THE DIRECTOR

This report highlights Buncombe County Health and Human Services' progress towards a fully integrated Health and Human Services system; efforts recently recognized by awarding Buncombe County the National Association of Counties Achievement Award in 2013 for its integration initiatives. An award that was made possible by the foresight of Buncombe County Commissioners, our County Manager who supported these efforts as early as 2005, and by our employees who embrace each day improvements that support better outcomes for individuals and families in our community.

Why is integration important? Because the cumulative evidence shows that if you want to impact complex issues like safety and health that addressing single problems in isolation is far less effective than comprehensive interventions. Integration strategies bridge gaps between programs and service providers connecting families to better support services, across multiple settings—such as school, home and the community. They also save money because they better position individuals and families for success.

What does an integrated health and social service system look like?

- It means working within Health and Human Services to reinforce messages that support good choices leading to better health and safety for members of our community. It means creating opportunities to bring these choices within reach through education, resources and supports.
- It means finding and supporting community leaders who are nested within our community and neighborhood organizations - who bring people together around a common purpose of lifting the health and safety of everyone in our community.
- It means partnering with community organizations whose missions support and sustain healthy choices, safer families and communities that help to change the life pathways of individuals and families.
- It means advocating for policies at a local, state, and federal level that support systems that reinforce and make it easier for people to achieve better health, safety and self-sufficiency.



Program goals vary from family stability, self-sufficiency, health protection, or child safety, but we know that the answers do not reside independently; rather success is based on the intentional integration of many factors and the intentional utilization of the supports and resources that exist in our community. This report highlights our recent efforts toward a more streamlined and integrated Health and Human Services system.

Mandy Stone, MSW

Health and Human Services Director
Assistant County Manager

INTEGRATED BOARD

BRINGING COMMUNITY PARTNERS TOGETHER

We are grateful to the talented citizens of Buncombe County who have volunteered their time to serve on the first integrated HHS Board:

PROFESSIONALS REQUIRED BY STATUTE

Name	Title	Term
Dr. Candice Thul	Psychologist	3 years
Stephanie Kiser	Pharmacist	4 years
Ken Putnam	Engineer	4 years
Dr. Bill Ryals	Dentist	4 years
Dr. John Whitener	Optometrist	3 years
Jennifer Wehe	Social Worker	4 years
Winnie Ziegler	Registered Nurse	3 years
Dr. David McClain	Physician	3 years
Dr. Rick Weigel	Psychiatrist	4 years
Dr. Richard Oliver	Veterinarian	3 years

PUBLIC/CONSUMER ADVOCATES/REPRESENTATIVES

Name	Title	Term
Bill McElrath	County Liaison	3 years
Susanne Swanger	Associate Superintendent / BC Schools	3 years
Sharon West	Veteran's Program Manager	4 years
Frank Castelblanco	RACE Coordinator	4 years
David Begley	BC Parks, Greenways and Recreation	3 years
Dr. Don Locke	Retired Director Asheville Graduation Center	4 years

This Board was formally integrated under NCGS 153A-77.

Find out more information about our integrated board and their role in shaping our community. Check out the Board and Advisory Councils page of the Health and Human Services site: BuncombeCounty.org/Governing/Depts/HHS/Boards.aspx

ADVISORY COUNCILS:

A key component of a consolidated HHS

INSIGHT GAINED THROUGH COMMUNITY INVOLVEMENT

Government alone cannot be responsible for the health and well-being of children and adults in their communities. By creating Advisory Councils, the Health and Human Services Board (the Board) can engage a multitude of partners in the community to identify health and social problems and concerns, set priorities, and design solutions. When leaders and citizens are engaged as partners in decision-making, progress is grounded in the vantage point of the community's local knowledge and resources.

The four HHS Advisory Councils are key to successful integration efforts as they set strategic objectives that support the efforts of the Board.

ECONOMIC AND WORK SUPPORT STRATEGIES ADVISORY COUNCIL

The purpose of the council is to:

- Provide input and recommendations to the Board regarding the administration of public assistance programming (Food Nutrition Services, Work First Family Assistance, Medicaid, Emergency Assistance, Child Care, Child Support, etc.)
- Recommend strategies to enhance access to services
- Identify and recommend strategies to improve our community partnerships to increase access,

services to meet the identified needs of the community

- Recommend enhanced outreach strategies to reach potential consumers of our various services and to inform the public at large, community leaders and community partners
- Ensure the Board has information to develop and/or advocate for work support strategies
- Serve as conduit to the Board for budget, policy, fee setting and program recommendations

THE PUBLIC HEALTH ADVISORY COUNCIL

The purpose of the council is to:

- Serve as a catalyst for providing leadership, support, and coordination to assist the community in reaching its health goals
- Consider the data and information available through the Community Health Assessment, provide guidance for the workgroups during the planning process, and oversee the implementation and evaluation of the plan
- Advocate for systems, policy, and environmental change in the community
- Act as a conduit to the Board for budget, public health policy, fee setting, and program recommendation

SOCIAL WORK ADVISORY COUNCIL

The purpose of the council is to:

- Ensure the Board has information to advocate for the improvement of Social Work Services within Buncombe County
- Evaluate program needs; develop and recommend action-oriented strategies
- Recommend priorities for advocacy and

Find out more information about advisory committees and the work that they do on the Board and Advisory Councils page of the Health and Human Services site. BuncombeCounty.org/Governing/Depts/HHS/Boards.aspx

streamline processes, education, etc.

- Advise the Board on strategies to expand

...continued on next page

engage the broader community in support of established Social Work Services priorities

- Serve as a conduit to the Board for budget, policy, fee setting and program recommendations

COMMUNITY ADVISORY COUNCIL

The purpose of the council is to:

- Give community members the opportunity to provide input about the delivery and effectiveness of services and programs that support the safety, health, well-being and self-sufficiency of our community. Specifically to:
 - Provide input on customer service - accessibility, integration, and effectiveness
 - Provide input on community partners, programs, resources so we can better align services
 - Provide input from our teens and young

adults so we stay ahead of the changing needs of our community

- Provide input on unique community assets and needs
- Interface with the developmental assets program; Pisgah View Apartments, Community Navigators
- Cultural competency and inclusion (breaking down institutional biases or barriers across service program areas)

By gaining community input, we will be able to:

- Identify issues that impede our residents from making good choices that support their safety, health and well-being
- Effectively pool resources and align efforts with community partners
- Streamline services to meet the needs of our consumers



CONNECTING THE DOTS

Our goal in Health and Human Services is to bring good choices within reach that support the health, safety and self-sufficiency for every community member. Our work is focused on individual choices and the choices we make together as a community. We seek to foster in HHS a shared vision of a strong, healthy, safe and vibrant community. From something as simple as ridding our neighborhoods

navigate either through a kiosk self-check-in, front desk reception or our self-scanning station. Blended Health and DSS staff assess individual needs and are able to connect our residents to all that Health and Human Services has to offer in a seamless one-stop process.

A new integrated Health and Human Services Call Center is another point of access for comprehensive information about DSS and Health programs.

INTEGRATION

IMPROVING OUR PHYSICAL ENVIRONMENT AND TECHNOLOGY

of mosquitoes to supporting community garden plots, we know that we are stronger and better when we work together in an integrated and coordinated fashion.

PHYSICAL CHANGES THAT SUPPORT AN INTEGRATED PRACTICE

We want our services to be easily accessible so that individuals get the supports they need to be healthy, safe, and self-sufficient. With the recent economic downturn, Buncombe County was able to help many families stay in their homes, feed their families and ensure their children received health care. This helps keep our community strong.

Our ability to handle such a rapid increase in people needing help was due to efficiencies we had put in place over the last several years. Renovations at the 40 Coxe Avenue location allow customers an integrated one-stop experience complete with automated options for them to register and access services. The lobby is equipped with staff greeters who answer questions, explain the process, direct consumers and help them

Residents of Buncombe County may call to ask questions, request a mail-in application or schedule an appointment for services. Applications are also taken over the telephone through the call center for Food Assistance, Medicaid and Health Choice.

In addition, residents can visit one of our community sites where customers can enjoy a simple brief interview process thanks to a new automated system called *Medicaider*, that quickly screens applicants for multiple services.

Through a contract with United Way, citizens can call 211 after normal business hours to apply for our largest programs over the phone.



The days of paper files have faded...

INTEGRATING OUR PRACTICE: CHANGING THE WAY WE WORK

Our focus is on improved outcomes that move our community forward in ways that support the health, safety and self-sufficiency of our community members. Innovation is fostered by the flexibility entrusted by the Buncombe County

Board of Commissioners to our workforce. With this freedom, employees have achieved improved

...continued on next page

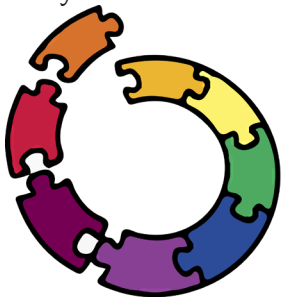
service delivery and more integrated outcomes while maximizing existing dollars using realized savings to efficiently and effectively provide North Carolina Families vital support services.

STATE TECHNOLOGY SUPPORTING STREAMLINED SERVICES AND INTEGRATION

NC FAST

At the beginning of fiscal year 2013, Buncombe became the first County in NC to fully launch into the State's new automated eligible system called North Carolina Families Accessing Services through Technology, or more simply known as NC FAST. Food and Nutrition Services was the first program switched over to the system, while Medicaid, Work First, Child Care Subsidy, Energy Assistance, and Child Welfare are on the horizon for future incorporation. Being an NC FAST pilot county allowed a partnership between Buncombe and the State to help identify potential system improvements, along with best practices regarding organizational redesign, customer service and process.

The vision behind NC FAST is that a family will only have to tell their story once to gain access to the



ePASS
Public Portal of
NC FAST

services they need. While this vision will not be fully realized until other programs are added, a customer portal component of NC FAST, ePASS has already been partially implemented. Beginning in April, 2013, NC residents were able to start submitting Food Assistance applications electronically. Additionally, a streamlined application on ePASS allows people to apply for Food Assistance and Medicaid via one set of screening questions. This initial roll-out is building the foundation for a future with a single application to determine eligibility for multiple public assistance programs.

To prepare for the ongoing roll-out of NC FAST, HHS has used ongoing meetings of employee-driven results teams to foster a cross-pollination of ideas and create a more integrated culture. These teams continue to address the specific challenges and opportunities that accompany widespread system change while tracking the key benchmarks of success.

Since the beginning of Fiscal Year 2013, HHS staff have processed over 20,000 Food Assistance applications in NC FAST and completed over 21,000 re-certifications. This helped bring \$61 million worth of food onto the tables of 20,757 low-income families each month in Buncombe County.

TECHNOLOGY MOVING US FORWARD TOWARD BETTER SERVICE DELIVERY

ELECTRONIC CASE RECORDS - NORTHWOODS

Fiscal Year 2013 marked the first full year of HHS Economic Services programs operating paperless using a system called Northwoods. The investment in document management software allowed Food



Assistance, Medicaid, Work First, Child Care Subsidy, and Program Integrity to create and maintain electronic case files. This implementation freed up over 4,000 square feet of much needed space previously occupied by filing cabinets. It also allowed for the reallocation of staff time previously spent handling paper files. The cost avoided by not having to build new space for staff and storage was over \$508,000.

Transitioning to the Northwoods system has helped the agency make strides towards integration. Some of the required verifications for eligibility may now be shared between programs in the system, reducing client hassles and increasing staff efficiency and improving program integrity. Additionally, HHS established the Northwoods Continuous Improvement Team. With staff from different program areas, the team has helped to solidify best practices relating to quality control, process improvements, and standard operating procedures.

NORTHWOODS
Document Management Software
implementation freed up over 4,000 square feet of much needed space previously occupied by filing cabinets.

CHANGING OUR PRACTICE BY CHANGING OUR MINDSET AND APPROACH

CHILD WELFARE - TRAUMA INFORMED SERVICES

Traumatic stress in childhood can cause impairments in emotional, behavioral, physical, and developmental functioning, as well as longer-term poor outcomes for children – leading to encounters in adulthood with the court and penal system, economic barriers, ongoing child protective services interventions with their own children, poor health

outcomes and high-risk behaviors that can lead to death in adults.

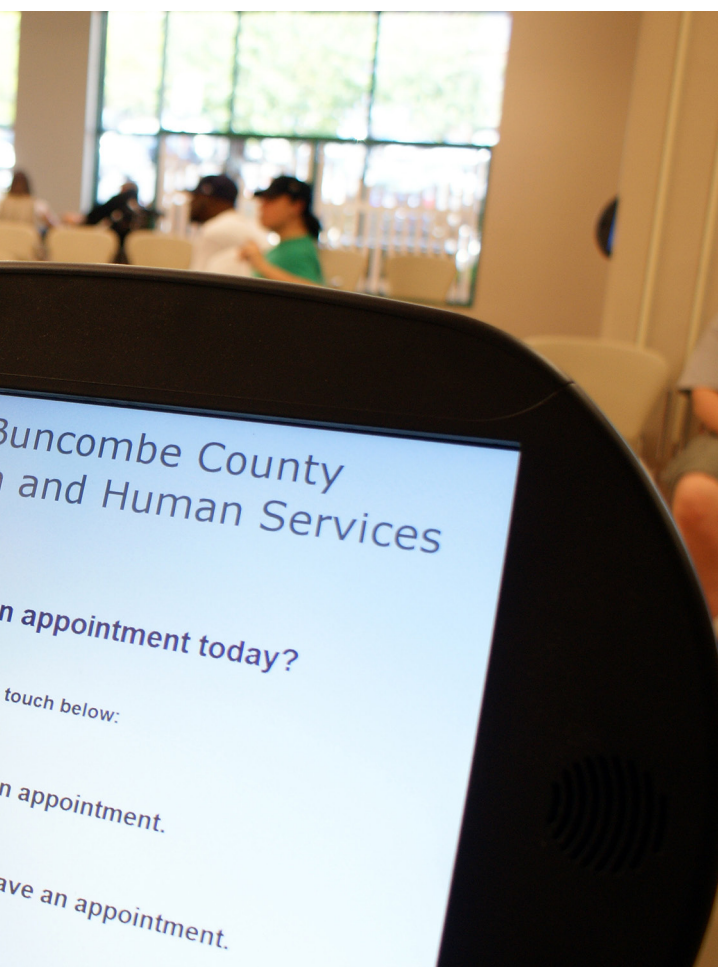
Current research demonstrates that effective interventions take into consideration screening for trauma so that its effects can be recognized and managed.

To address this critical issue, Buncombe County, along with seven other Counties in NC and the North Carolina Division of Social Services, began in January 2013, participating in an in-depth learning collaborative, Project Broadcast, a federally supported, statewide effort to increase trauma informed practices in Child Welfare. With federal funds from Department of Health and Human Services, Administration for Children and Families, North Carolina Division of Social Services is the first in the nation to apply the learning collaborative methodology to implementation of the Child Welfare Trauma Training Toolkit.

The initial work lays the foundation to ensure that children who encounter the child welfare system are assessed for trauma, which can sometimes be misdiagnosed as a mental health issue. All children who enter foster care will be screened to determine if a trauma assessment and treatment is needed and will be connected with trauma therapists.

Whether first contact is a visiting home or school nurse, a social worker or a public assistance worker, employees who understand the lasting effects of trauma can help shape better outcomes for clients and manage interactions with insight.

...continued on next page



Project Broadcast is also helping us identify and address secondary or cumulative trauma within our social work staff. This is critical in ensuring a resilient workforce that delivers quality services to our children and families in Buncombe County.

THE WNC PEDIATRIC CARE COLLABORATIVE

The Western North Carolina Pediatric Collaborative (the Collaborative) is an example of what can happen when a group of pediatricians, community health providers and public health partners come together to collaborate, improve practice and improve community health.

The Collaborative aims to work with physicians to implement evidence-based asthma and obesity care for patients in 15 practices. Built upon existing partnerships and expertise among Community Care of WNC, the Mountain Area Health Education Center (MAHEC), and Buncombe County Health and Human Services, with the leadership of a local pediatrician, the Collaborative is developing systems and procedures to assess and manage the practices' patient populations, track and share data

related to asthma and obesity care within and among practices,

and provide effective patient education and self-management support. The Collaborative also has a strong prevention focus and is partnering with WNC Healthy Kids to expand social marketing around the "5-2-1-Almost None" pediatric obesity messaging campaign (5 fruits and vegetables, 2 hours or less of screen time, 1 hour of physical activity and almost no sugar-sweetened beverages), as well as to develop and pilot a screening tool for patient engagement and motivational interviewing. Additionally, school nurses are involved to ensure their efforts to provide care to children/youth through the school setting aligns with primary care.

NURSE-SOCIAL WORK TEAMS

Nurse-Social Work Teams (NST) are a collaborative effort between at-risk case managers, social workers (DSS), school nurses (Public Health) and the school social workers (Buncombe County and Asheville City Schools). The goal of NST is to get needed services to at-risk children in order to:

- Prevent abuse and neglect
- Support academic success
- Ensure needed health services

During the 2012-2013 school year, NST served 63 students at 7 pilot sites. End of year assessment for

**YOUR OPINION
MATTERS**



RAISE YOUR HAND!
FILL OUT A SURVEY TODAY

CUSTOMER SURVEY REACHES OUT

"The only way to know what your customer needs is to ask." That is the philosophy behind the development of the "Your Opinion Matters" survey project. The Health and Human Services Communications and Customer Service teams worked together to develop a survey that would relate to the populations we serve and reach out to them in a way we haven't done before.

"We wanted to create a look that said Buncombe County CARES about your needs." said designer, Ben Atkins, who created the cards. The design incorporates a graphic of hands of different colors and sizes, reaching up to the sky and exclaiming, "Raise Your Hand!"

The questions, developed through research and testing from the Customer Service Team, pursue the needs of participants as they navigate Health and Human Services programs and receive the assistance they require. They were translated into Spanish and Russian languages in order to engage with populations where language can be a barrier to getting assistance and find out how to bridge those divides. A web version of the survey was also created to accommodate individuals more comfortable in the online environment. Our goal is to engage people in a way that speaks directly to their needs. With the help of this survey, the small changes we will make can lead to better customer service.

participating students indicated significant progress in meeting student goals in the following areas:

- Education (attendance, academic, discipline)
- Health
- Social Issues

Only 7 students participating in the NST program needed a subsequent referral to Child Protective Services.

This joint effort between school nurses, school social workers and school counselors improved collaboration and strengthened their ability to improve health, social and academic goals of at-risk youth. NST can also enhance school safety, which was identified as a high priority by the Buncombe County Safe Schools Task Force in 2013. Over 75% of parents felt that school social workers and school counselors needed more support to improve school safety needs.*

Based on community feedback and the current success of the program, schools in Buncombe will receive funding through Health and Human Services for school social workers serving all Buncombe County School System districts in FY14.

* Buncombe County Safe Schools Task Force Survey: <http://www.buncombe.k12.nc.us/page/272>

COMMUNITY SAFETY AND SECURITY

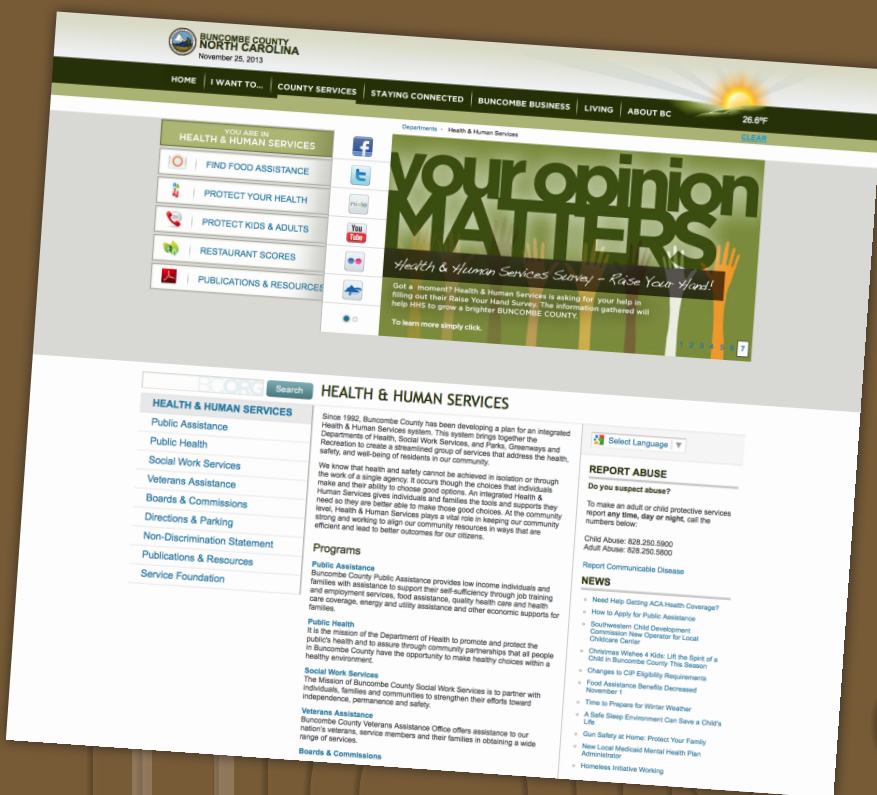
For the last 5 years, Buncombe County Health and Human Services has used a Threat Assessment Team (TAT) process to manage safety and security of our employees and the people we serve. The TAT uses a disciplined process to assess and manage risk associated with safety concerns. Key to the TAT is a checklist that is used to gather facts and a multi-disciplinary team – led by the HHS HR Director with standing members of legal, law enforcement, management and employees affected by the threat and community members when appropriate. Members of the team, capitalizing on each member's unique perspective, distill a picture of the current situation and risk factors and develop a plan moving forward. Central to the plan is ongoing communication as often times these situations can be very fluid. By proactively managing safety, we hope to improve the overall safety for our community. Work is underway to expand this model to the community at-large.

INTEGRATING THE WEB

When the Department of Health and the Department of Social Services were integrated to create Buncombe County Health and Human Services, their presence on the web combined as well. A combination of programs and services previously separated by departments are now interacting in new ways.

The new Health and Human Services web (buncombecounty.org/hhs) strives to create a connection not only to the services we provide but also the community we serve. A new content structure emphasizes a user-friendly approach to accessing services. A live chat feature provides quick access to our experts for people seeking aid.

The new HHS web makes it even easier to access the help our community needs.



COMMUNITY ENGAGEMENT

ENGAGING THE PUBLIC MIND

In 2012, Buncombe County Health and Human Services conducted a community-driven assessment to gather information from Buncombe County residents about the strengths and needs of their communities that could be used to inform county-level decisions and improve accessibility of services. A principal finding from this Community Listening Project was our citizens don't necessarily want satellite offices to reach out into our County, but rather they want a local presence in their

community - assisting residents to

obtain needed services - and empowering our unique neighborhoods to support its residents.

This type of community engagement often times involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.

Here is a sample of some of these efforts:

MAKING PROUD CHOICES!

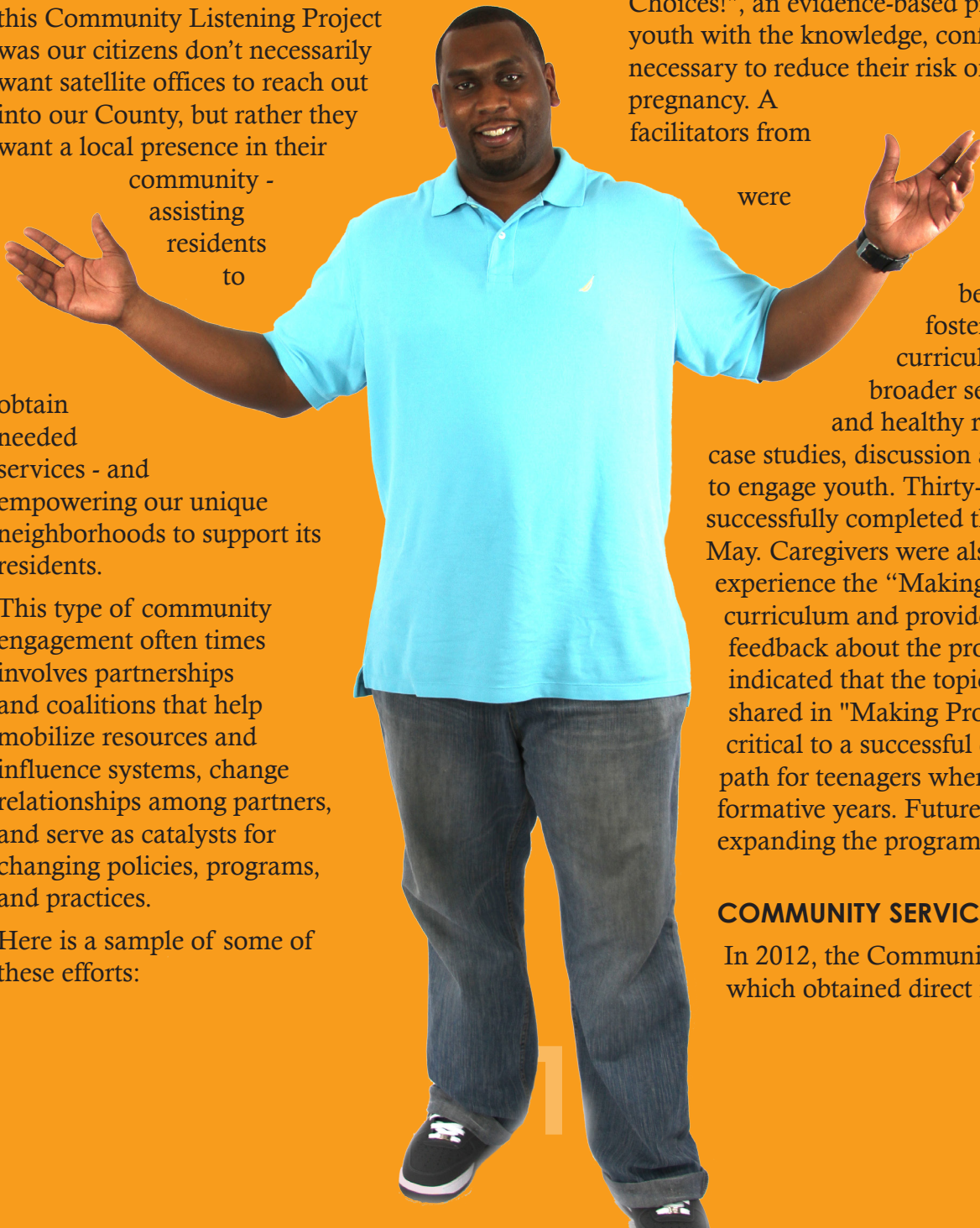
BCHHS and strategic community partners are working together to implement "Making Proud Choices!", an evidence-based program that provides youth with the knowledge, confidence and skills necessary to reduce their risk of STIs, HIV and pregnancy. A diverse group of facilitators from

community organizations trained to deliver the program to the community,

beginning with foster care youth. The curriculum focuses on broader sexuality issues and healthy relationships using case studies, discussion and role plays to engage youth. Thirty-five foster youth successfully completed the sessions held in May. Caregivers were also given a chance to experience the "Making Proud Choices!" curriculum and provided valuable positive feedback about the program. Participants indicated that the topics and information shared in "Making Proud Choices!" is critical to a successful decision-making path for teenagers when they are in their formative years. Future efforts include expanding the program into the community.

COMMUNITY SERVICE NAVIGATORS

In 2012, the Community Listening Project, which obtained direct feedback from



EMENT

citizens about what they need, indicated that people turn to someone they trust when they need help and do not have adequate information about Health and Human Services. As a result, Buncombe County HSS is working with five community partners to make Community Service Navigators available in key areas of the County.

The goal of Community Service Navigators is to work with the community's most disconnected, at-risk residents and connect them with appropriate services and supports. Community Service Navigators identify the care pathways that address the client's most critical near-term needs (although clients can be assigned to many different pathways). The pathways encompass medical issues as well as social determinants of health; example pathways include behavioral health, child care, dental care, diabetes, domestic violence, employment, food security, regular health care provider, housing, homelessness prevention, legal services, medical debt and transportation.

Community Service Navigators strengthen the community's capacity to help its citizens, including mobilizing unique community assets. Community neighborhoods are empowered to act as change agents and to leverage available resources, which in the long-run reduces utilization of more costly services.

Community Services Navigators: A Success Story

Success is what everyone dreams of. I believe that success is being able to wake up each morning, look in the mirror and be satisfied with your life... I believe that learning is one road that leads to a successful life not because having an education means earning a bigger income, but having education provides us with knowledge and critical thinking skills and a chance to meet different people and communities, which help us to know the importance of taking personal responsibility for our lives.

Robert Simmons, Community Service Navigator

REACHING OUT TO THE COMMUNITY TO PREVENT DISEASE

Because the symptoms of hepatitis are often not apparent for decades, many people are unaware that they are infected. As a result, they do not seek treatment or make lifestyle changes that could improve their health and reduce the spread of the infection. Injection drug use is the main method of contracting hepatitis C virus (HCV).

With funding provided by the Centers for Disease Control's Program Collaboration and Service Integration (PCSI) grant, The HHS Department of Health has been able to expand testing and education in Buncombe County.

HHS clinics have implemented HVC testing and risk reduction education for clients who have ever used injection drugs. This testing is also offered along with traditional HIV and STD testing. From December 2011 through June 2013, 1,118 at-risk clients were tested and 64 (5.7%) were diagnosed with HCV infection.

In addition, Department of Health staff provided rapid HCV and HIV testing for at-risk populations in non-traditional testing sites including the Buncombe County Detention Facility, local

...continued on next page

substance abuse treatment centers, facilities for the homeless and at community events targeting at-risk populations. From March 2012 through June 2013, 80 outreach/testing opportunities at 22 non-traditional sites for 1202 individuals had the following results:

- In local substance abuse treatment centers, testing of 245 clients found 27 individuals (11%) with HCV; and none positive for HIV
- In local facilities serving the homeless, testing of 215 clients of found 27 individuals (12.6%) with HCV and one positive for HIV
- Testing of 18 inmates at the local jail found 4 individuals (22%) with HCV and none with HIV.

Because early medical management of chronic hepatitis is critical to prevent serious health consequences, the Department of Health distributed information and an algorithm on primary care management of patients with hepatitis C to local medical providers, offering best practices for providing care to persons diagnosed with HCV

LOCAL GOVERNMENT REPRESENTATION FOR COMMUNITY INTERESTS

The majority of HHS programs and services are funded and directed by State and Federal laws and policies. We understand that Federal and State advocacy is a critical component in our ability to impact systematic change. HHS leadership serve on many Federal and State Boards and Committees. Mandy Stone serves on the National Association of County Commissioners, Legislative Advisory Committee for Health, Education and Human Services as well as participates in committees specific to behavioral health, aging and veteran services. Mandy serves on the NC Association of County Commissioners Advisory Committee on Health and Human Services and was one of two state leaders asked to brief the NC General Assembly Health and Human Services Legislative Oversight Committee this year.

infection.

RESULTS OF COMMUNITY PARTNERSHIPS

The Community Health Improvement Process (CHIP) is driven by two primary groups of individuals and organizations: the Public Health Advisory Council and the Priority Health Workgroups.

The CHIP plan outlines the priority health issues for a defined community and how each issue will be addressed. This plan was created through a community-wide, collaborative process that engages partners and organizations to develop, support and implement the plan. It is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

THE RESULT OF COMMUNITY INPUT

The large size of our newly integrated Health and Human Services Board was a motive for convening smaller advisory groups that can provide deeper focus. Under the leadership of Board members Frank Castelblanco and Terry Van Duyn and HHS Human Resources/Cultural Affairs Director Lisa Eby, the Community Advisory Committee (CAC) makes a place at the policy table for community representation.

CAC community representatives bring invaluable input and feedback. The CAC has been meeting monthly since March 2013. At the April meeting, committee members toured the Coxe Avenue building, and staff listened to their feedback on ways the building has been restructured and retooled to improve service integration. CAC input in April on new HHS core messages is now helping ensure that our outreach communications are resonating with the community. In May the Committee reviewed messaging posters for the "US" (Under Six) campaign, to improve safety for pre-school aged children, and in June they gave input on signage at Coxe Avenue. Asking for this type of input is now a regular part of the monthly meeting agenda.

The CAC is showing a particular interest in initiatives whose strategic approach is to build on existing community resources and assets – not only service organizations but also socially effective networks of concerned community residents.

COMMUNICATION WITH THE PUBLIC

Another finding of the Community Listening Session was confusion about what services citizens could access through Health and Human Services. In response to these results and as part of our strategic plan, a communications team was developed. This team has developed a Health and Human Services messaging platform that focuses our outreach efforts around a key central idea – that each of us each day can make better choices to support our health, safety and self sufficiency and as a Health and Human Services agency it is our mission to help bring those choices within reach of our citizens and our community as a whole.

One project that captured the integrated approach and branding of messaging was a “Tip and Toss” campaign. The key HHS message was “Make Small Choices, Expect Big Things” the campaign encourages each of us to help reduce the community mosquito population through the simple step of tipping over and tossing our standing water.

The campaign culminated in a video produced with the Girl and Boy Scouts of Pisgah View Apartments. You can watch the video at: <http://youtu.be/rm0lRpWZ4o>



DIVERSITY AND INCLUSION

A thought-provoking presentation by nationally renowned researcher Dr. Robert Livingston was the spark that ignited a community conference on “Realizing the Benefits of a Diverse and Inclusive Workforce.” In partnership with the City of Asheville, Center for Diversity Education, and UNC Asheville, HHS organized the event, April 2013 at UNCA’s Wilma Sherrill Center.

Dr. Livingston, the keynote speaker, discussed ways in which physical appearance and non-conscious processes influence stereotyping, prejudice and discrimination. His research has also shown that increasing inclusiveness is literally “good for business,” contributing to successful business results.

Following the opening session with Dr. Livingston and regional economics expert Tom Tveidt, the 140 attendees chose from among 18 breakout sessions. Here’s a selection of titles:

- Filling the pipeline – how to support the education of the emerging workforce
- Building effective diverse teams – what does research show?
- Beyond Black and White

increasing inclusiveness is
literally "good for business."

- Ruby Payne’s Hidden Rules (training exercise)
- Implicit bias – what is it?
- Conflict mediation
- Science of networks – what makes for an effective network?
- Accountability measurements – what should be measured?

An outgrowth of the conference has been the formation of the Western North Carolina Diversity Engagement Coalition (WNC DEC), an evolving network of Human Resources representatives from area anchor institutions – currently A-B Tech, Buncombe County Government, City of Asheville, MAHEC, Mission Health, The Asheville Area Chamber of Commerce, and UNC Asheville. The coalition is meeting regularly to build and promote a network of resources that support member organizations’ efforts to recruit, retain engage and advance a diverse and inclusive workforce in WNC.

CONCLUSION

Integration will improve service delivery to our community by changing the way that we work and think. A broader awareness of health and human services allows the agency to more effectively mobilize the community to achieve positive outcomes for our citizens. Our multi-faceted approach to integration includes:

- a consolidated Health and Human Services board with broad community representation
- advisory councils that provide valuable connections to leaders and resources in our community and help promote the mission of Health and Human Services
- a redesign of the client and employee experience including the flow and feel of the buildings that we work in and the customer service that we provide
- engagement of employees through comprehensive new employee orientations, continuous learning opportunities and monthly informal feedback sessions with integrated senior leadership
- community participation through advisory boards and ongoing feedback loops

We are proud of the progress we have made in Buncombe County and realize that this change has been made possible by our employees who embrace innovation. Buncombe County Health and Human Services is fortunate to have a first-rate professional work-force whose single most important purpose is to lift every member of Buncombe toward a better future.



Buncombe County
Health & Human Services

APPENDICES

Economic Services.....18

Public Health.....21

Social Work Services.....23

Behavioral Health.....26

PUBLIC ASSISTANCE

FOOD AND NUTRITION SERVICES (FNS)

Food and Nutrition Services (FNS) provides a safety net, keeping food on the table in tough times of hardship and recovery. Of the 20,795 households served in FY13, 49% had children or an elder adult. FNS also supports local jobs by bringing significant dollars into the local economy.

Number of Households receiving FNS	20,795
Dollar Value of FA benefits (all FY12)	\$ 60,696,835
Average Dollars monthly HH FA benefit	\$ 244

WORK FIRST

helps families get back on their feet when parents have little or no income to support their children. It provides temporary cash support for the children, and job training and employment services for parents through a partnership with Goodwill Industries.

Number of Work First cash recipients	664
Number of Non-parental caretakers getting cash	242
Number of Adults entering employment	126
Average entry Dollars hourly wage, newly employed	\$ 8.24

EMERGENCY ASSISTANCE

is a County partnership with three community charities for one-time help to families in temporary financial crisis. Payments go directly to the utility or housing company owed money. Our charitable partnership realizes that working together to keep a family from losing their home through a one-time payment not only helps keep that family whole – it is also a more unified, effective, and less expensive community response to crisis and poverty.

Number of Families Served	1,785
Average Benefit per Household	\$ 221.66
Dollar Value of Emergency Assistance (all FY13)	\$ 395,656
Additional funding sources and programs available through Crisis Intervention Program, Energy Neighbors, Family Preservation, and General Assistance	\$ 2,081,743

MEDICAID

plays a vital role insuring low-income children, pregnant mothers, and disabled or aged adults with health care coverage. Medical costs can be crippling, so uninsured people often put off care. And if they become sick, their only option may be the Emergency Room, which drives up health costs for everyone.

Percent Of county population enrolled in Medicaid	17.5%
Number of Families and children covered (clarify)	30,216
Number of Elderly/blind/disabled adults	12,615
Percent Recipients receiving benefits timely	95%

HEALTH CHOICE

offers low-cost children’s insurance to many families who are just over the income limits for Medicaid. Together, these two programs reduce the high personal, social and economic costs of neglecting timely, preventive health care. They also bring in substantial dollars that compensate our medical providers and stimulate the local economy.

Number of kids with Health Choice coverage	4,321
Yearly fees to cover child/ren (based on income)	\$0 (if low income) \$50/child, \$100 max/family

COMMUNITY OUTREACH

We all appreciate convenience, efficiency and choice. HHS designed Community Outreach to connect people with our Economic Services while they’re being served by a community partner. That partner site is often closer to a person’s home or work – or the outreach “location” may be an agency a resident calls on the phone during evening hours. It’s where clients have come for help – where they’re comfortable. Using new screening technology (Medicaider) partner organizations (such as MANNA, Care Partners, Council on Aging, MAHEC (Barnardsville), and United Way 2-1-1 fulfill their own missions more effectively, thereby strengthening our community continuum of support.

Outreach Locations:	Number of clients receiving services through out-post staff	3,480
A HOPE Day Center		
Mission Health System		
Minnie Jones Health Center (WNCCHS)		
RHA/Families Together		
Health and Human Services West		
MAHEC OB/GYN Specialists		
Black Mountain United Methodist Church		

CHILD CARE SUBSIDY

helps low-income families overcome the barrier of affordable quality child care, so they can hold a job and become independent. County HHS partners with Southwestern Child Development, an experienced regional expert in this field. Southwestern's efficient operation has maximized our use of capped annual funding from the State. Allocations have been cut in recent years, despite increased community need in the face of a recession. As a result, the waiting list rose and has generally remained over 1,000 children since November 2010.

Total child care subsidy dollars	\$ 8,908,041
Avg. number of children served per month	1,791
Number of children on waiting list for Child Care	1,555
Avg. number of months on waiting list	10.9
Percentage of need met	57%
Percent of total child care dollars expended	100%

CHILD SUPPORT

combines investigative and legal expertise to get children cash support and other benefits from their non-custodial parent. Secure child support payments can lift a family out of poverty and avoid future reliance on public assistance programs. The County partners with MAXIMUS for this service. Nationwide, the economic downturn has reduced child support compliance as fewer absent parents have the means to pay.

Unduplicated children receiving support	11,029
Collection rate on past due support	67%
Total dollars collected for Buncombe	\$ 14,267,131

PUBLIC HEALTH

WOMEN'S HEALTH

provided confidential family planning services to support women's health in the childbearing years and the best possible birth outcomes for our babies.

Number of Family Planning clients served	3374
Number of Family Planning clinic visits	6,715

PREVENTIVE HEALTH SCREENING

and education for low-income, uninsured women is provided through the Breast and Cervical Cancer Control Program (BCCCP) and the WISEWOMAN program (heart health screening).

Number of women screened for heart disease risk	1,715
Number of women screened for cancer	1,970
Number of women diagnosed and treated for CA	65

PREPAREDNESS

focuses on response planning, to assure our agency and our citizens are ready for public health threats from natural and human-caused hazards.

Percentage of required plans with local practice exercise	100%
---	------

IMMUNIZATION and STD/HIV

services prevent epidemics and the spread of communicable diseases through ongoing prevention activities, testing and treatment services and a rapid, effective response to urgent and emerging community outbreaks.

Number of vaccines given (including flu)	18,569
Percent BCDH children properly immunized at 2	97%
STD/HIV services provided per time frame	100%

DISEASE CONTROL

services prevent epidemics and the spread of communicable diseases through ongoing prevention activities, testing and treatment services and a rapid, effective response to urgent and emerging community outbreaks.

Communicable disease investigations	2,047
Confirmed reportable diseases	1,433
Communicable disease clinic visits monthly average (HIV, STD, TB)	456
Persons screened for TB exposure (PPD)	2,204

ONSITE GROUNDWATER

services assure protection of groundwater through properly installed septic systems and permitting of new wells.

Number of septic permits issued:	1,657
Average days from the date clients are ready begin work to the date of initial visit by onsite staff:	2.6
Number of well permits issued:	344

FOOD AND LODGING

provides inspections of regulated food, lodging, nursing home, day care and summer camp facilities to protect residents and tourist populations.

Facility inspections	3,606
Restaurants in compliance with inspection standards	83.4%
Restaurants receiving Grade "A"	99.5%

SCHOOL HEALTH

programs reduce health barriers that impact educational success. 24 School Nurses work in our County and City schools, prioritizing students with significant health needs and identifying those at risk for serious health concerns. Nurses develop individual care plans for these students in consultation with parents, physicians, and school staff. Key to this work is health promotion and education that supports a lifetime of healthy choices.

School staff trained to give medications	504
School staff trained to provide health procedure	878
Student contacts	12,820

NURSE FAMILY PARTNERSHIP

is an evidence-based nurse home visiting program that targets low-income first-time parents. NFP partners with them from pregnancy through their child's second year. NFP's goal is to improve pregnancy outcomes, improve child health and development, and increase economic self-sufficiency.

Early success of this program brought additional federal funding for another nurse expanding the program to reach an additional 25 first-time mothers.

Number of babies born	56
Number of mothers served	176
Number of NFP home visits	1,795
Number of NFP nurses	4.25

WIC NUTRITION

provides education, nutritious foods, and breastfeeding support to improve the health and nutritional status of low-income women and children.

Average Number of enrolled per month in WIC	5,250
Dollar Value of vouchers (all FY12)	\$ 3,750,000

SOCIAL WORK SERVICES

PERMANENCY PLANNING

allows Social Work Services to partner with families and other community agencies to achieve timely permanence for children, whether that is safe reunification with their family, guardianship with a relative or kinship provider, or adoption.

Children in Foster Care	396
Average number of children in custody with Social Work Services, per month	265
Children kept safe from maltreatment while in a foster home	100%
Children who exited foster care to be reunified with their families remained safely in their home and did not re-enter Foster Care (National Median is 85%)	96.43%

FOSTER PARENT TRAINING AND LICENSING

Social Work Services trains, licenses, and supports families who open their home to children.

Average number of licensed foster homes	88
New foster families	22
Families approved for adoptive placement	21

ADOPTION ASSISTANCE

helps children achieve permanency and may provide families with help when they adopt a child from foster care.

Children receiving adoption assistance	573
Number of adoptions finalized	37

CHILD CARE SUBSIDY

helps low-income families overcome the barrier of affordable quality child care, so they can hold a job and become independent. County HHS partners with *Southwestern Child Development*, an experienced regional expert in this field. Southwestern's efficient operation has maximized our use of capped annual funding from the State. Allocations have been cut in recent years, despite increased community need in the face of a recession. As a result, the waiting list rose and has generally remained over 1,000 children since November 2010.

Total child care subsidy dollars	\$ 8,908,041
Average number of children served monthly	1,791
Children on waiting list for Child Care Subsidy services	1,555
Average time on the child care waiting list in months	10.9
Percentage of need met	57%
Percentage of total child care subsidy dollars expended	100%

CHILD SUPPORT

combines investigative and legal expertise to get children cash support and other benefits from their non-custodial parent. Secure child support payments can lift a family out of poverty and avoid future reliance on public assistance programs. The County partners with MAXIMUS for this service. Nationwide, the economic downturn has reduced child support compliance as fewer absent parents have the means to pay.

Unduplicated children receiving support in FY12	11,029
Collection rate on past due support	67%
Total FY12 collections for Buncombe	\$ 14,267,131

PREVENTION SERVICES

decrease the likelihood of child welfare involvement with the family, using resources wisely to strengthen families and our community.

Total families served	176
Total referrals received	217

CHILD PROTECTIVE SERVICES

investigates and assesses all allegations of child abuse, neglect or dependency.

Responses to reports of abuse, neglect, or dependency of children:	2,291
Children involved:	4,716

FAMILY IN-HOME SERVICES

allows Social Workers to partner with families to strengthen their ability to safely parent their child in their own home.

Total number of families served	662
Total number of children served	1,390
Children who remain at home or with kin while receiving In-Home services (thus avoiding foster care).	94%

ADULT PROTECTIVE SERVICES (APS)

provides a timely, comprehensive and respectful response to the needs of elders and adults with disabilities who are victims of abuse, neglect or exploitation.

Responses to reports of abuse, neglect or exploitation of elderly and disabled:	1,022
Percent of Evaluations with Mistreatment Confirmed:	46%
Increase in APS reports accepted per year between FY05 and FY13:	221%

VETERANS' SERVICES

In Buncombe County, we're answering the needs of our returning service members by connecting them to support services and providing guidance regarding employment, housing, retirement issues, and counseling.

Buncombe County works extensively with a network of community providers that assist our veterans. In 2012 the Veterans Service Office grew to include 3 Veterans Service Officers, supported by a veterans service accredited clerical staffer. The team made deliberate efforts to reach out into the community and moved to the ground-level on College Street for easier access. They also found a software solution that should give better control and feedback on the work done for veterans.

The VA published that Buncombe County's roughly 21,000 veterans got \$58 Million in compensation and pensions in 2011. Buncombe County Veterans Service Office activities account for part of that amount.

All veterans (and their families) have stories to tell. Some of those stories involve great pain and loss. The Veterans Service Officer has the unique privilege of meeting veterans where they are, and helping them find a path to ensure their safety, health and well-being.

Office or Home visits :	1,928
Phone Calls:	5,908

BEHAVIORAL HEALTH SERVICES

PREVENTION SERVICES

Prevention dollars save money. This year, approximately 15+% of the budget was allocated to prevention programs. Included in prevention are the Career Academy dropout prevention program in Buncombe County Schools (serving 171 students with 100% retention), and a dropout prevention program for at-risk youth by One Youth At A Time (serving 58 students with 98% retention).

Percent of Behavioral Budget in Prevention Services	15%+
Number of students served in Career Academy	171
Percent Career Academy students retained	100%
Number of students served in One Youth at a Time	58
Percent One Youth at a Time students retained	98%

CHRONIC HOMELESSNESS

impacts community safety and drain limited community dollars unnecessarily. The Chronic Homeless Program is a workgroup of the Asheville-Buncombe Homeless Initiative Advisory Committee. Main participants are the Asheville Housing Authority, Homeward Bound, Western Highlands Network, and Buncombe County. The workgroup meets monthly and reviews high-need, high cost homeless persons, who typically cycle through the jail multiple times annually.

The Asheville Housing Authority applies the “disability preference” option to move eligible persons from this target group to the top of the waiting list for apartments in public housing or Housing Choice vouchers, which are used to access apartments in the private market.

Number of chronic homeless placed	40
Percent placed who are “successful” (remain in housing)	88%
Average Number of chronic homeless placed per month	3.3

SOAR

Creating sustainable support for the disabled, the SSI/SSDI Outreach, Access and Recovery (SOAR) Program at Pisgah Legal Services identifies homeless persons who may be eligible for disability benefits. SOAR attempts to fast-track their application. Buncombe County met the State’s “silver-level” of implementation and leads the State in successful applications. A total of 47 persons were approved for benefits in FY12, a 15% increase. The average time from application to approval was 174 days (about 6 months), compared to 2-3 years for most SSI/SSDI applications. The project leveraged \$9,898,812 in value of benefits. For every County \$1 invested in the project, \$110 are returned to the County over the average timespan of entitlements.

Number of participants approved for SSI/SSDI bens	36
Average Number of days from application to approval	106
Dollars leveraged value of benefit dollars	\$ 6,036,201
Dollar value returned per \$1 invested in SOAR	\$ 67

PROBLEM-SOLVING COURTS

State funding for Adult Drug Treatment Court and Family Drug Treatment Court (serving Social Work Services’ clients) was eliminated for FY12. The County worked with the judicial system to ensure a smooth transition of the services. The County has contracted to continue staffing and support of both courts. Drug Court averaged 23 participants per month; Family Treatment Court averaged 12.

Number of case managements for substance abuse	488
Number of case managements for mental health	504
Average number of detainees/mo. in psycho-education group	438
Percent increase in psycho-education groups vs. FY11	6%
Number of graduates of JUST program	48
Percent JUST participants who graduated	66%

JUSTICE COLLABORATION PROGRAMS

This partnership with law enforcement and the Courts aims to divert persons from the criminal justice system, saving County dollars and reducing recidivism. This means fewer crime victims and a safer community.

County budget for drug treatment courts	\$ 213,628
Average number of participants/mo. in Drug Court	23
Average number of participants/mo. in Family Treatment Center	12

BUNCOMBE COUNTY HEALTH & HUMAN SERVICES DIVISIONS

SOCIAL WORK SERVICES

828-250-5500

Angela Pittman, Director

Our mission in Adult and Child Protective Services is to partner with individuals, families, and communities to strengthen their efforts toward independence, permanence and safety.

We aim to:

- Prevent abuse, neglect, and exploitation of vulnerable children and adults
- Promote self-reliance and self-sufficiency for individuals and families

ECONOMIC SERVICES

828-250-5500

Jim Holland, Interim Director

Buncombe County's Economic Services provides services that help low income families get and maintain work, support employment, promote quality health care coverage, food assistance, energy assistance and other economic supports for families.

We aim to promote self-reliance and self-sufficiency for individuals and families

PUBLIC HEALTH

828-250-5000

Alma "Gibbie" Harris, Director

Our mission is to promote and protect the public's health and to assure through community partnerships that all people in Buncombe County have the opportunity to make healthy choices within a healthy environment by:

- Attaining high quality, longer lives free of preventable disease, disability, injury and premature death
- Achieving health equity, eliminating disparities, and improving health of all groups
- Fostering social and physical environments that promote good health for all
- Promoting quality of life, healthy development and healthy behaviors throughout all stages of life

We appreciate the guidance and support of the FY2013 County Commissioners, County Manager, and our Governing Boards.

COUNTY COMMISSIONERS FY13:

David Gantt (Chairman), Holly Jones, Brownie Newman, Mike Fryar, Ellen Frost, Joe Belcher, David King

BUNCOMBE COUNTY MANAGER: Wanda Greene

ASSISTANT COUNTY MANAGERS: Jon Creighton and Mandy Stone

HEALTH AND HUMAN SERVICES BOARD FY13:

Dr. Candrice Thul, Stephanie Kiser, Ken Putnam, Dr. Bill Ryals, Dr. John Whitener, Jennifer Wehe, Winnie Ziegler, Dr. David McClain, Dr. Rick Weigel, Dr. Richard Oliver, David King, Bill McElrath, Susanne Swanger, Sharon West, Frank Castelblanco, Rick Elingburg, Don Locke, Terry VanDuyn

Fill out your application for benefits online with



DISASTERS HAPPEN

Take Small Steps Now to be Prepared.

Building a preparedness kit is simple and cost effective.

BUNCOMBE COUNTY HEALTH & HUMAN SERVICES
buncombecounty.org/preparedness



The 2013 Western North Carolina Foster Adopt Fall Festival

Saturday, November 16th, 2013
1pm – 4pm
Asheville-Biltmore DoubleTree
115 Hendersonville Rd., Asheville
Free, drop in anytime!



Learn more about foster parenting and the children of all ages waiting to be fostered and adopted. Crafts for kids, give-aways, snacks, and more!

If you would like to learn about fostering or adopting, attend the festival or contact Families For Kids at 828-250-5868 or familiesforkids@buncombecounty.org.

Building a Better Future Together,
 One CHILD at a Time

BUNCOMBE COUNTY SOCIAL WORK SERVICES
BUNCOMBECOUNTY.ORG/FOSTER



SAY GOODBYE TO YOUR PESKIEST NEIGHBOR!

KEEP YOU AND YOUR FAMILY MOSQUITO FREE:
TIP & TOSS STANDING WATER AROUND YOUR HOME
 FOLLOW DIRECTIONS ON INSECT REPELLENTS
 AVOID THE OUTDOORS AT DAWN & DUSK
 KEEP SCREENS IN GOOD REPAIR



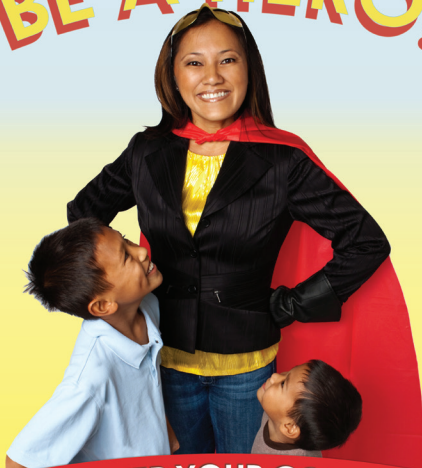
FIGHT THE BITE!

MAKE SMALL CHOICES, EXPECT BIG THINGS

A Message from BUNCOMBE COUNTY HEALTH & HUMAN SERVICES



BE A HERO!



COVER YOUR COUGH
WASH YOUR HANDS
STAY HOME IF YOU'RE SICK
GET A FLU SHOT

TAKE THESE SIMPLE STEPS TO PROTECT YOU AND YOUR FAMILY
 A message from BUNCOMBE COUNTY HEALTH & HUMAN SERVICES

I WANT TO BE A **DOCTOR**

I WANT TO BE A **FASHION DESIGNER**

I WANT TO BE AN **ENGINEER**

I WANT TO BE A **COP**

I WANT TO BE A **CHEF**

I WANT TO BE AN **ASTRONAUT**

I WANT TO BE A **NURSE**

I WANT TO BE A **TEACHER**

You can be what you want to be when you have a family at the right time.

I WANT TO BE A **SOCIAL WORKER**

I WANT TO BE A **SCIENTIST**

I WANT TO BE **FREE**

★ **MAKING PROUD CHOICES**

3 EASY WAYS TO CONNECT TO SERVICES

Visit our offices:

40 Coxe Ave

35 Woodfin St

339 New Leicester Hwy

Call us:

(828) 250-5000

Visit our webpage:

buncombecounty.org/hhs

BUNCOMBE COUNTY
HEALTH & HUMAN SERVICES

