

FY 2015 ANNUAL REPORT BUNCOMBE COUNTY HEALTH & HUMAN SERVICES

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A Message from the Director

As we work to ensure the health, safety and self-sufficiency of our community, we are learning more about how to tackle complex issues such as poverty, child abuse, and health issues such as obesity. What is increasingly clear is:



Mandy Stone
Health & Human Services Director

- No one agency can effectively address these issues in isolation
- These complex issues are interconnected
- Our progress is dependent on an integrated approach across service areas and throughout the community
- By paying attention to upstream factors such as housing and employment, we can increase the odds of our success
- Shared concepts like resiliency and continuous improvement can align our efforts across multiple domains

Given the above factors, our success as a Health and Human Services agency is linked to our ability to form effective and adaptive relationships within our agency and with community members and partners.

Two years ago we looked at the nuts and bolts of building an integrated Health and Human Services system and what structures and practices were needed to make sure that social work services, health and economic services were working seamlessly to meet the outcomes of our mandated services. Last year, the annual report focused on our employees' perspectives and how an integrated model has changed their practices leading to improved outcomes. This year's annual report highlights some of the integrated partnerships we have developed in our community that build on the core work of Health and Human Services. The research is clear: better outcomes are achieved when agencies and community members work together.

Through these partnerships, our capacity to serve our citizens is far greater than if we each act alone. Instead of overlapping services and dividing resources, we explore opportunities for best-practice partnerships, maximizing both county and community dollars, and expanding our capacity for service and/or improving outcomes. Two projects highlighted in this report - The Family Justice Center and Child Advocacy Center – are examples of how we have built partnerships based on our unique roles and responsibilities. These partnerships give lift to the core mandated work of Health and Human Services and create a resource grid for citizens where we are all working together to make our community safer, healthier and more resilient.

HHS Integrated Board

Professionals Required by Statute

Name	Title	Term
Dr. Candrice Thul	Psychologist	3 years
Stephanie Kiser, RPh	Pharmacist	4 years
Ken Putnam, PE	Engineer	4 years
Ed Coryell, DDS	Dentist	4 years
Dr. Paul Endry	Optometrist	3 years
Jennifer Wehe, BSW	Social Worker	4 years
Winnie Ziegler, RN, MA, CCRC	Registered Nurse	3 years
Dr. David McClain	Physician	3 years
Dr. Rick Weigel	Psychiatrist	4 years
Dr. Richard Oliver, DVM	Veterinarian	3 years
Miranda DeBruhl	County Commissioner	N/A

Public/Consumer Advocates/Representatives

Name	Title	Term
Bill McElrath, Emeritus	County Liaison	3 years
Susanne Swanger, Vice Chair	Associate Superintendent/BC Schools	3 years
Sonya Greck	Behavioral Health and Safety Net Services Mission Health	4 years
Sharon West, RN, MHS	Veteran's Program Manager	4 years
Frank Castelblanco, RN, DNP	Director of Regional Services MAHEC	4 years
Rick Elingburg	Employment Security Commission	3 years
Don Locke, Ed. D., Chair	Retired Director Asheville Graduation Center	4 years
Terry VanDuyne	Community Advisory Member	4 years

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

Several standing and ad hoc committees advise the Board when needed. The functions of these committees are to:

- » Promote evidence-based practice
- » Drive innovation and change
- » Model cultural competence
- » Serve as community leadership coalition

For more information on the Health and Human Services Board, check out:
buncombecounty.org/governing/depts/hhs/boards.aspx



Partnerships

State and Federal laws mandate that Buncombe County Health and Human Services directly provide certain services. These essential services include functions such as Child and Adult Protective Services, Food and Nutrition Services, and Communicable Disease Control. Apart from these mandated services, Buncombe County looks for every opportunity possible to engage and support outside partners in the provision of other services that contribute to the wellbeing of our community. To do this we assess our capacity to deliver the best overall possible outcome and impact to our community. Partnerships with other government entities, nonprofits, and the private sector expand the safety net for our citizens and eliminate duplication of both efforts and resources.

In Fiscal Year 2015, HHS managed 172 contracts for a total of \$15,135,937.86. Buncombe is unique among other counties in having such a large number of contracts. It allows us to focus on core services and positions our partners to better serve Buncombe County residents. By continuing to look strategically at programs currently offered by Buncombe County HHS, we were able to engage several new and existing partners for the provision of services in FY 2015. The stories highlighted in this section exemplify what integration looks like in our community and how we are trying to tackle the complex problems of socioeconomic stability, health, safety, and social capital - together.

Care Coordination for Children

Community Care of Western NC

For children entering the care of Child Protective Services, ensuring quality care and wrap-around services is essential in helping minimize the trauma that they have experienced. Research shows that children with Traumatic Adverse Childhood Experiences (ACEs) such as abuse and neglect have more serious health conditions throughout their life including heart disease, mental health issues, and diabetes. They also have a higher chance of adopting risky behaviors such as substance abuse, too early pregnancy, and engaging in unhealthy relationships with others. Data from CCWNC shows that in Buncombe County foster children have a 65% higher hospitalization rate than children not in foster care. The numbers also show that children in foster care cost Medicaid 2.5 times more than children who receive Medicaid who are not in foster care.

The good news is that the impact of ACEs can be mitigated by unloading the negative factors from a child's life and adding on positive factors such as appropriate health care, a safe network of advocates, and positive childhood experiences. This is key to serving and healing the children in our care, and it requires a coordinated, comprehensive approach.

To ensure that this vulnerable population receives the proper evaluation and case management, Buncombe County partners with Community Care of Western North

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Carolina (CCWNC) to help link children entering foster care with quality medical, dental, and mental health care. CCWNC ensures that initial, brief health screenings are conducted with all foster children within seven days of entering foster care and follows up with a comprehensive health, behavioral health, trauma, developmental, and/or substance abuse assessment within 30 days. For many of these children, trauma is a “preexisting” condition and a negative factor that can be offset by connecting these children early on with the appropriate trauma-informed medical care. With a caseload hovering at around 30 children, coordination is no easy task but most children served by the program were seen by their providers within the desired timeframe.

In those cases when parental care is terminated, placing a child with a family with whom they already have a bond, such as a relative or godparent, can further offset the effects of trauma. This allows the child to grow and develop in a familiar environment. To help ease the transition into kinship care, a contract with the Bair Foundation ensures that children placed in kinship care continue to receive additional services that help nurture a supportive, healthy relationship and environment. Local faith communities and volunteers provide positive experiential opportunities, special treats such as birthday cakes, and necessary items like beds and bedding, winter clothing, and food for children and families involved in kinship care. There were forty-one children in kinship care and their caregivers were served through the Bair Foundation during FY 2015.

These efforts help to build healthier brains and safer relationships for children in our care and can result in better health outcomes, decreased hospitalizations, and increased health savings in the future.



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Coordinated Community Response to Domestic and Sexual Violence

In 2013, nearly 1,200 individuals accessed services from local and family violence programs in North Carolina. In the same year, eight homicides related to domestic or intimate partner violence were reported in Buncombe County. Currently, the path to receiving the help that could have saved these eight individuals is cumbersome, fragmented, and often requires the victim to retell their story multiple times, escalating the trauma they have endured.

In May 2014, Buncombe County and community partners launched the official plan to address domestic and sexual violence. The five focus areas of this Coordinated Community Response are:

- » Cross System Dialogue
- » Community Engagement
- » Survivor Services
- » High Risk Interventions
- » Offender Accountability

Since that time, several teams of community partners have been responsible for implementing strategies for achieving the goal of reducing instances of domestic violence and eliminating domestic violence homicides.

The creation of a Family Justice Center (FJC) is also part of the Coordinated Community Response. As a national best practice model, law enforcement, community partners, the District Attorney, and the Courts all have a role in making the path to receiving help more simplified.

Among the elements of the Coordinated Community Response is the focus on prevention. Working with Helpmate and MAHEC to provide trainings and toolkits, HHS is helping medical providers recognize the warning signs of domestic and intimate partner violence and give them the resources to help their patient access services. “We know that upwards of 80% of DV survivors tell us they want their primary care provider to ask about domestic violence. Only 10% of primary care physicians routinely screen for intimate



Eliminate Duplication

Increase Arrest & Prosecution of Offenders

Reduce Fear & Anxiety for Victims

Increase Victim Safety

Reduce Domestic & Sexual Violence



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partner abuse during new patient visits and 9% routinely screen during periodic checkups to ask them privately about intimate partner violence.¹ We knew that some new guidelines came out for medical service providers, underscoring the fact that it is best practice to screen for domestic violence across the spectrum in medical settings,” said April Burgess-Johnson, Executive Director of Helpmate. Four medical practices in the area are piloting this advanced screening process and toolkit.

Though the FJC will be operational in the summer of 2016, these community partners are already collaborating in the design of a safe, one-stop location for families experiencing the trauma of domestic violence, sexual assault, and child abuse. Buncombe County HHS, Asheville Police Department, the Sheriff’s Office, the Office of the District Attorney, Helpmate, Our VOICE, Child Abuse Prevention Services, Mission Hospital, and Pisgah Legal Services have made a commitment to providing on-site support, allowing for comprehensive care in a safe environment. The FJC will use a “den” model where the victim remains in a safe, comfortable room while representatives from the appropriate agencies come to them.

This project is paramount to Buncombe County’s comprehensive plan on domestic and sexual violence. Reducing domestic and sexual violence and preventing domestic violence homicides has remained a primary objective of the County and its community partners. The creation of a place where victims can begin their journey to hope, safety, and strength in one place will be a giant step forward towards this goal.

Pop-Up Markets

MANNA Food Bank

“There’s power in food far beyond just a full belly,” said Katy German, Agency Relations Manager for MANNA Food Bank. Buncombe County’s pop-up markets do just that—empower people to make both healthy choices and leverage their dollars. At nine sites across the county, HHS partners with MANNA Food Bank to distribute nutrient dense, perishable foods for free to citizens who qualify for federal food assistance. At each site, residents are able to “shop” for healthy foods in a farmers-market type setting while making connections with their neighbors and volunteers from the community. Since the program began in 2014, it has grown exponentially. From June 2014 to June 2015, the pop-up program has distributed 176,169 pounds of food (approximately 146,807 meals) to families and individuals throughout the county.

This model has received local and national attention for its commonsense method for delivering healthy food to those in need. While food banks, such as MANNA, are often best equipped to provide shelf-stable items to their customers, it is more difficult to coordinate the distribution of perishable items. However, Hunger in America, the largest study of charitable food assistance in the country, determined that the top three desired items not currently available at food pantries were fruits and vegetables (61%), meat and



protein (52%), and dairy and milk (42%).² “It is a much more flexible, dynamic, and resilient approach to giving out food—not just a once a month box. There’s always going to be a need for those shelf-stable items and those boxes of food; but where we want to focus our efforts is developing relationships within our community that empower others to care for their neighborhoods by helping us move the perishable foods to where they are most needed,” said German. This model has been used to show other community partners how a well-coordinated distribution program can work for them.

The pop-up markets have grown to be much more than just a method to deliver healthy food. When a family does not have access to enough food, often times they are affected by other conditions that affect their overall wellbeing. Knowing this, HHS has integrated needed services, such as health and educational screenings, offered by HHS staff and other community partners. “I know there are many food banks in our community, but the pop-ups are events that support community building. They are used as a catalyst of change in many neighborhoods, and it’s a great way to have fellowship and develop deep and meaningful relationships in communities. It’s been a great experience, and I am excited to work for such a great County that supports the people we serve,” said Rasheeda McDaniels, Community Service Navigator Coordinator for HHS. It is also a way to meet people where they are to make sure they have information on immunizations, HIV and STDs, flu prevention, and safe sleep for babies. Buncombe County HHS staff and Asheville Police Department officers volunteer their time at the markets and work on building relationships with residents. Cooperative Extension agents provide cooking demos with the food available that week. “It’s always inspiring to hear about the unintended outcomes. To see the community grow up around this, to see the residents so involved,” said German. The pop-up markets help build community resiliency and is a smart partnership to ensure effective service delivery. “We know that our community matters. We want them to know that too,” said McDaniels.

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Excellence in Innovation Award

The pop up market model was the winner of the North Carolina Association of County Commissioners’ Local Government Federal Credit Union Excellence in Innovation Award in the Health and Human Services Category. Counties are recognized with this award for developing innovative programs that improve services for citizens. An award committee made up of county commissioners, county managers, and county staff in North Carolina evaluates submissions.



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MAHEC



Community Health Improvement Specialists

MAHEC

In FY 2015, Health and Human Services began a partnership with the Mountain Area Health Education Center (MAHEC) for work on community health priorities and the Community Health Improvement Process (CHIP), using Community Health Improvement Specialists.

This collaboration with MAHEC enhances that ability to find and connect community health work to health care population work. The Community Health Improvement Specialists look at the connections that can be made with all sectors in the community that play a role in improving the overall health of our population. For example, in the coming year, MAHEC is going to pilot a program that would place medical residents in every school in the county, supporting the wellness of students and staff. Further, area medical clinicians are utilizing the Healthy Living Opportunities Map developed by CHIP partners and Buncombe County GIS to connect their patients to parks, greenways, farmers markets, and food distribution sites. Blending the expertise of the community health improvement specialists with the staff at MAHEC is not just a smart move for these two organizations, but it makes sense for the entire community and the health of those who live here.

Shield of Protection Campaign

Buncombe County's immunization rate is among the lowest in the state. In an effort to tackle this problem and reverse the trend, Buncombe County HHS crafted an award-winning campaign to reach healthcare and childcare providers, parents of school-aged children, and kids themselves. Using the theme of a "Shield of Protection" the campaign helped mothers, fathers, and children understand how they all play a part in keeping our community's shield of protection strong, protecting themselves, their loved ones, and our most vulnerable citizens. By ensuring that those healthy enough to receive immunizations are doing so, we build a Shield of Protection for those who cannot.

To promote immunizations and the recent changes to NC immunization requirements, Buncombe County HHS Communications Staff created campaign materials, including posters, social media ads, customized tools for childcare providers and school nurses, and short videos. Healthcare providers were given these tools to help communicate consistently and effectively about immunizations. Buncombe County HHS and Mountain Area Health Education Center hosted screenings of "The Invisible Threat" for healthcare professionals where they were able to receive continuing education credits. HHS also partnered with Smart Start Buncombe County to host another screening of "The Invisible Threat" for childcare providers, who received continuing education credits. The Shield of Protection campaign won a child health award from the GlaxoSmithKline Foundation, which



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recognizes creative and innovative approaches to child health promotion.

Buncombe County HHS has shared the materials with our neighbor, Henderson County, so they too can use them in education and awareness efforts. The materials were also presented at the state immunization conference. The pilot materials in the clinical setting showed improved provider confidence around talking with parents about immunizations. It is still too early to measure the larger immunization trend county-wide.

Non-Emergency Medicaid Transportation

Land of Sky Regional Council

Streamlining services for our clients not only makes business sense, but also makes it easier for citizens to receive the care they need. In FY 2015, Buncombe County HHS established a partnership with Land of Sky Regional Council to operate the Non-Emergency Medicaid Transportation program (NEMT), a decision that resulted in cost savings and eliminated duplication of efforts. NEMT ensures that Medicaid eligible individuals with transportation needs are able to make it to medical appointments and to the pharmacy. Our community partner, Land of Sky, administers the Mountain Mobility program, allowing for the consolidation of work around transportation needs in Buncombe County. Land of Sky now assists the population who benefit from the Non-Emergency Medicaid Transportation program with coordination and scheduling of trips. This allowed for the reallocation of positions within HHS, a continued focus on core Health and Human Services, and a partnership that makes better sense for the community.

Community Service Navigators

Connecting people, leveraging community assets, and building a community's capacity to meet the needs of their neighbors are all functions of the Community Service Navigators (CSNs). Buncombe County coordinates with the Asheville-Buncombe Institute of Parity Achievement (ABIPA), the YWCA, Swannanoa Valley Christian Ministries, Asheville Buncombe Community Christian Ministries (ABCCM), and Big Ivey Community Club to provide navigator services in neighborhoods across Buncombe County. "It has been great to work with our partners who are community based because, like HHS, they understand the importance of meeting people where they are and how to deliver needed supports in a compassionate and caring way that can help keep families whole. It has been exciting to see how these efforts have brought people together and strengthened the bonds between neighbors," said Rasheeda McDaniels, Community Service Navigator Coordinator.

Residents frequently share stories of how the CSNs help them meet goals, access needed health and dental care, and make important connections. Daniel Suber is one individual



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who feels he would not have been able to achieve some very important goals without the help of Community Service Navigator, Keynon Lake. Daniel was one class away from finishing his associate of science degree at AB Tech when he experienced complications with his financial aid. With Keynon's help, he was able to obtain the resources he needed to finish that last class. "Everything worked out. I had the support I needed. Keynon was always there when I needed to talk—it was great. I even ended up qualifying for my associate of art." Daniel wants to continue his education at UNC Asheville and be a positive influence in communities around Buncombe County. With Keynon's help, he was also able to get his driver's license and plans to work with the program "My Daddy Taught Me That," an opportunity to serve as a positive influence to young males in communities around Buncombe County.

Energy Assistance Program

Eblen Charities

For families with limited income, the choice of heating their house or having food on the table is real. Through a partnership with Eblen Charities, HHS is able to centralize community resources that help pay energy bills when a family or individual is in need. Though HHS could provide the same services internally, working with Eblen provides a more holistic approach that could actually alleviate someone's emergency. While HHS only has access to certain streams of assistance, Eblen's partnerships with Biltmore Oil Company, Haywood Electric Membership Corporation, and Duke Energy, among others, allows them to put together a package that is best suited for a family's situation. This partnership expands the safety net for those people who need it the most.

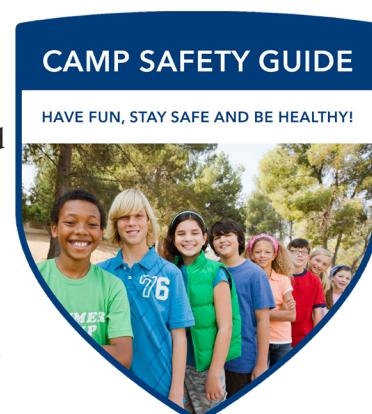
"We have the same goals and the same mindset and the same heart in serving the community. By contracting with Health and Human Services, it gives us the opportunity to help more and more families."

- Bill Murdock, Executive Director of Eblen Charities

Camp Safety Guide

There are numerous camps in and around Buncombe County, and potential health and safety hazards often accompany these types of settings. Keeping both local and visiting children safe and healthy while also reducing the risk of public health issues is a top concern of Buncombe County Health and Human Services.

HHS Disease Control and Communications staff partnered in the





creation of a comprehensive guide for health and safety for camp administrators, parents, and campers. The information is specific to what campers might encounter during their time in Western North Carolina, but it has received attention statewide for its applicability.

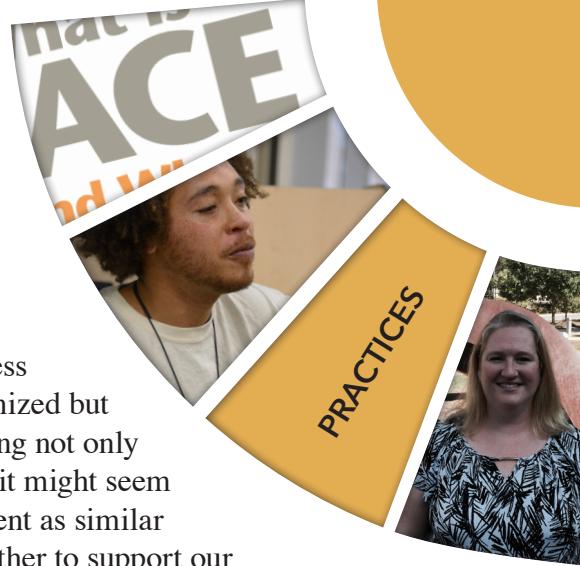
C3@356

Comprehensive Care Center @ 356 Biltmore Avenue

Citizens who need to access behavioral health services have often been met with a fragmented and overwhelmed system. Emergency departments are often not the clinically appropriate location for patients experiencing a behavioral health episode and are frequently over capacity. Law enforcement officers devote long wait times at the emergency department, resulting in less time dedicated to other responsibilities. Moreover, follow-up or preventative services for behavioral health issues with providers and support networks is often uncoordinated or non-existent.

Planning for a coordinated response to this crisis has been underway in FY 2015, with the full implementation of the Comprehensive Care Center set for mid-FY 2016. Buncombe County HHS and community partners have joined forces in the creation of a single point of entry for behavioral health issues. A range of behavioral health services will be offered at this location, including law enforcement drop-offs for involuntary commitments, an increase in the number of crisis stabilization/detox beds available for children and adults, immediate access to medication, and a peer-led respite program.

This is not a project that one agency could undertake alone. This is a community response to the need to alleviate the burden on the emergency departments, jails, and the criminal justice system. Partners in this project include Buncombe County, Smoky Mountain Center, Mission Health, RHA Health Services, ABCCM, NAMI, Family Preservation Services of North Carolina, Inc., and the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse. Working together, this investment will provide a needed resource for citizens and will reinforce the safety net.



Practices

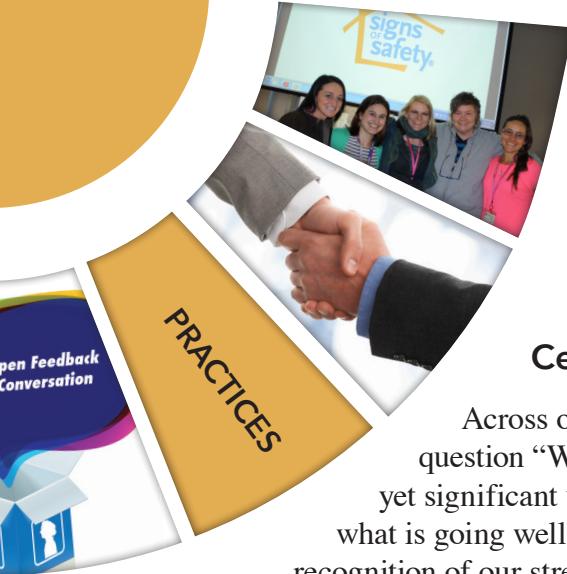
Effectively managing resources and maintaining good business practices is a function of government that remains unrecognized but is critical to public trust. Finding the best way of doing something not only makes common sense, it makes financial sense. At first glance, it might seem strange to consider resiliency and continuous quality improvement as similar but we see them as strands of a rope that we have to weave together to support our workforce and our community. Inherent to the nature of Health and Human Services is change, and continuous quality improvement (CQI) is a process that helps keep our agency on track and ahead of the curve. The HHS field requires constant learning and adaptation to dynamic and emerging situations, which can be stressful and even traumatic at times. This is why it is so important to be resilient. Resiliency is the ability to bounce back and thrive in all sorts of circumstances. By weaving CQI and resiliency together, we support a culture of innovation and improvement which enables us to maintain high quality work standards and more positive customer interactions.

Resiliency

Working in Health and Human Services, we see first-hand the grip that adversity can have on our community. Through studies like the Adverse Childhood Experiences (ACEs)³ we know that what happens in early childhood – domestic violence in the home, separation from a parent, substance abuse – causes toxic stress and can be predictive of problems later in life such as the risk of suicide, depression, incarceration, and heart disease. The good news is that science shows us that by shaping better protective factors that buffer children, adults, and our employees from the effects of toxic stress, we help the healing process begin. When we are able to increase positive supportive factors and offload negative factors, such as domestic violence and substance abuse, we shift the scales toward resiliency, in turn helping to break the cycle of these complex problems.

Resilient Workforce

Research shows that a resilient workforce contributes to increased retention. By keeping seasoned employees, we retain critical expertise and reduce costs associated with turnover. As we looked at practices to support our staff we began in child welfare. One of the most important things you can do for people who have or are experiencing trauma is to give them better control over their situation. Our staff are no different. Part of our efforts around resiliency is to provide staff with the opportunities to shape their work environment. With the help of our resiliency coordinator, we have created Resilient Workforce Teams in each division. These teams are co-facilitated by a staff member and the resiliency coordinator. In these bi-monthly meetings, staff provide input into resources and practices that can better support our staff. As a result of these resilient



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workforce teams, some of the following responses have been implemented throughout HHS.

Celebrating Success:

Across our agency, every divisional meeting begins with asking the question “What’s working well?” This has been one of the most simple, yet significant ways of shaping a positive culture. By stopping and recognizing what is going well right now, we anchor our discussion and future efforts from a recognition of our strengths and our collective capacity to work together.

Transparency in Hiring:

Staff indicated frustration about our promotional process, not understanding how decisions were made. This contributed to decreased morale among staff. To clarify the process with staff, we created specific competencies for each position. We also hold informational sessions with the program administrator and human resources staff to outline the expectations of the competencies and to answer questions from people who are interested in applying. Applicants are encouraged to meet with their supervisor and program administrator to discuss their proficiency with the competencies identified with the job using the scaling tool from our practice, Signs of Safety. We also encourage staff to solicit “open feedback” from other people - co-workers, other supervisors, clients - so that we can gather a rich and diverse understanding of their relationships with others. After the hiring decision is made, management offers meetings with those applicants not chosen to provide them feedback on why they were not chosen giving them specific feedback on areas for improvement.

Response from this approach has been extremely positive. By giving staff greater control and certainty about the hiring process, we have increased morale. Those staff not chosen remain engaged in their development due to their greater sense of clarity around competencies needed and greater sense of fairness and transparency in the hiring process.

Performance Conversations:

Fundamental to resiliency is a culture that supports ongoing learning and development. Toward this end, we initiated performance feedback conversations. These monthly conversations are short (around 20 minutes), structured conversation with a specific topic for each month: agency climate and culture, strengths and talents, opportunities for growth, learning and development, and innovation and continuous improvement. The sixth conversation in this series is the “open feedback” conversation that invites employees to get input on their performance from co-workers, clients, community partners, and anyone else they may identify and then, if they choose to do so, share this feedback with their supervisor. These conversations are rotated in the series throughout the year. By setting aside specific time to address employee concerns and development, supervisors forge strong, personal relationships with staff.



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Embedded into these conversations are tools taken from a social work practice model framework called “Signs of Safety.” Supervisors are using scaling questions and the 3-column conversation format to engage in conversations with employees that better elicit their perspective and engage them in designing and owning approaches that shape their future behavior. Through a parallel process like this, we are able to model internally within our agency in ways that reinforce how we show up when interacting with members of our community.

Resilient Practice

Ensuring our employees understand the impact of trauma and the potential long lasting consequences of cumulative stress allows them to educate every citizen they touch and connect them to services that offload negative factors in their lives and add on positive buffering factors. As mentioned in this report, neighbors coming to a “pop-up” market where they get screened for high blood pressure, connect with their neighbors, and leave with fresh fruits and vegetables. All of this serves to add buffering factors that tip the scale toward resiliency. We continue to find innovative ways to integrate a resiliency-informed practice into each of our service areas. These include things like:

- » Inviting our staff to celebrations of both Adoptions and Reunification cases with the families, inviting every employee that touched the family from the beginning to the point of resolution.
- » We have rolled out our Animal Assisted Therapy Program to aide in visitations that occur with parents/children here at the agency.
- » We are offering a Resource Parenting Curriculum to licensed foster parents to build their knowledge of trauma and build their skills to respond to behaviors of children placed in their care by looking through a trauma-informed lens, thereby increasing the foster parent’s ability to meet the needs of the child by understanding what is driving their behavior.

Continuous Quality Improvement - building space for continued learning and development

Our goal is to create a learning organization engaged in the Continuous Quality Improvement process through which:

- » All programs clearly communicate the value of their results
- » The continuous trending of our most important indicators is core to our daily management and motivation of staff
- » All levels of staff have immediate access to tools that help identify meaningful patterns in their data, and they are supported in innovating system improvements
- » Supervisors have the skills and autonomy to be team leaders; they are prepared and supported to motivate their team by facilitating continuous quality



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improvement and performance conversations
 » Supervisors and leadership are bolstered by CQI experts in data analysis and reporting, facilitating results teams with all stakeholders, and utilizing the collective wisdom to implement evidence-based solutions to drive improvements on the most challenging quality issues

To achieve these goals, HHS employs a vertical and horizontal focus on our most important results. This means that results are aligned and communicated all the way from front line staff to top leadership and their capacity to achieve this disciplined focus is supported agency-wide.

Fundamental to embedding this continuous quality improvement practice is our ability to create a culture that rewards innovative behavior and learning from mistakes. By using a “growth” mindset, we cultivate a learning organization that encourages our staff to embrace feedback and to develop in the face of challenges.

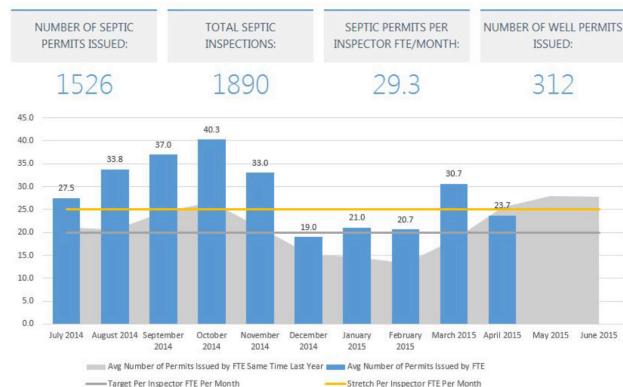
Automated Quality Improvement Center

When you choose to invest your money with a bank, you feel certain that they will safeguard it and that it will be available to you when you need it. This level of trust is earned through using effective business practices that ensure quality service. Buncombe County HHS is responsible for delivering public assistance programs to those who qualify based on their needs. With State and Federal laws receiving constant modification and clarification, determining who can receive benefits is complex.

To ensure applications for assistance are being processed correctly, Human Services Planner/Evaluators have developed automated electronic quality improvement forms for multiple programs, functions, and purposes. By constructing corresponding dashboards to review statistics by worker and supervisor, management and senior level staff can drill into the data to find where to target extra instruction or focus. This system also automatically generates emails to staff when follow-up is required or when excellent work happens.

Automated staff success plans are another way HHS is innovating to support a culture of CQI. Success plans are a 3-month data snapshot of an individual’s productivity, timeliness, accuracy, and

ONSITE PRODUCTIVITY - INSPECTIONS PER FTE



HHS staff and management utilize dashboards that automatically combine data from multiple sources to display trends, benchmarks, and key indicators of success. Tailoring dashboards to the specific responsibilities of positions not only reduces time spent filtering through reports and crunching numbers, but it increases the ability to make informed decisions and helps staff align their work with the goals of the agency and the larger community.



PRACTICES

upcoming workload forecast as compared to the agency and their unit. Supervisors are then able to utilize these reports to have performance conversations, address training needs, and drive staff improvement. Prior to automation, gathering the data for these reviews took approximately half an hour per staff member. The resulting time-savings, based on monthly need, would be a total of 75 hours per month, or 900 hours per year. This available free time is now utilized by Supervisors to assist their staff, instead of building success plans from raw data.

Planning for the Future

Construction at Coxe Avenue

Health and Human Services sees 100,000 citizens each year at the Coxe Avenue location alone. Despite efforts to maximize technology, going paperless, changing business practices, and focusing on only keeping core services in-house, HHS staff and the citizens they serve are still pressed for space.

To remain in compliance with state-mandated space requirements and to better serve citizens, construction on additional space has begun. After careful review of site options, remaining at the current location in a “corridor of service” was chosen as the optimal spot to serve citizens. With increased space and additional parking, more citizens will be able to access services. Though some HHS programs are currently moving locations during the renovation, this investment will ultimately provide better service for citizens now and for years to come.



Rendering of future 40 Coxe Avenue building

Conclusion

We hold a shared responsibility to think and act in ways that support and sustain healthy patterns of behavior and relationships. Our ability to have a safe, healthy, and self-sufficient community depends on many factors. When we work together to educate, protect, and connect, we help to create those conditions that tip the scales towards resiliency.

Our job is to make the hard work of families easier. In Buncombe County, we are fortunate that our community embraces a collaborative approach where the needs of our citizens come first. Through an integrated approach, we are increasing capacity and building networks to ensure that no individual, family or neighborhood is left in the dark.

We are excited by the progress we are making and encouraged by the ways, big and small, that we are shaping a stronger, more resilient Buncombe County.

Economic Services

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 19,906 households receiving FNS at the end of FY 2015, 54% had children or an elder adult (60+). FNS also supports local jobs by bringing significant dollars into the local economy.

Number of households receiving FNS	19,906
Average days to process FNS application (Target: 30 days)	13 days
Dollar value of FA benefits (all FY 2015)	\$54,888,281
Average dollars monthly Household FA benefit	\$221

WORK FIRST

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	549
Number of non-parental caretakers getting cash	205
Number of adults entering employment	85
Average entry dollars hourly wage, newly employed	\$8.89

EMERGENCY ASSISTANCE

Emergency Assistance is a County partnership with three community charities for one-time help to families in a 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	1,657
Average benefit per household	\$238.68
Dollar value of Emergency Assistance (all FY 2015)	\$395,500
Additional funding sources and programs available through Crisis Intervention Program, Energy Neighbors, Family Preservation, and General Assistance	\$2,151,840

MEDICAID

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. Moreover, 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	17.9%
Number of families and children covered (children and caretakers)	30,823
Number of elderly/blind/disabled adults	13,197
Average number of days to process Adult Disability applications (Target: 95 days)	65 days
Average number of days to process Family and Children's Medicaid applications (Target: 45 days)	33 days

HEALTH CHOICE

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.

Yearly fees to cover child/ren (based on income)	\$0 (if low income) \$50/child, \$100 max/family
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COMMUNITY OUTREACH

We all appreciate convenience, efficiency, and choice. HHS designed Community Outreach to connect people with our Economic Services while a community partner is serving them. 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.

Number of clients receiving services through out-post staff	3,480
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Outreach Locations

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

The Child Care Subsidy program helps low-income families overcome the barrier of affordable, quality childcare, so they can hold a job and become independent. Buncombe 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.

Total child care subsidy dollars	\$8,463,652.85
Avg. number of children served per month	1,885
Number of children on waiting list for child care	757
Avg. number of months on waiting list	3 months
Percentage of need met	71%
Percent of total child care dollars expended	100%

CHILD SUPPORT

Buncombe County's Child Support unit combines investigative and legal expertise to get children cash support and other benefits from their noncustodial parent. Secure child support payments can lift a family out of poverty and avoid future reliance on economic services 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	9,592
Collection rate on past due support	72.06%
Total dollars collected for Buncombe	\$14,038,667

Public Health

WOMEN'S HEALTH

Women's Health provides 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	2,318
Number of Family Planning clinic visits	4,416

PREVENTIVE HEALTH SCREENING

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

Number of women screened for heart disease risk	1,213
Number of women screened for cancer	1,504
Number of women diagnosed and treated for cancer	32

PREPAREDNESS

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%
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IMMUNIZATION and STD/HIV

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 immunizations given (including flu)	12,735
Percent BC HHS children properly immunized at 2	98%
STD/HIV services provided per time frame	100%

DISEASE CONTROL

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	2,565
Confirmed reportable diseases	1,401
Communicable disease clinic visits monthly average (HIV, STD, TB)	542
Persons screened for TB exposure (PPD)	337

ONSITE GROUNDWATER

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

Number of septic permits issued	1,860
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Average days from the date clients are ready begin work to the date of initial visit by onsite staff	5.6
Number of well permits issued	374

FOOD AND LODGING

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	4,566
Restaurants in compliance with inspection standards	100%
Restaurants receiving Grade "A"	99.1%

SCHOOL HEALTH

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	569
School staff trained to provide health procedure	1,335
Number of Students Care Managed	256 (93% of goals met)

NURSE FAMILY PARTNERSHIP

Nurse Family Partnership (NFP) 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	73
Number of mothers served	218
% of NFP babies born low birth weight	8.33%
% of NFP children with substantiated abuse/neglect	4%

WIC NUTRITION

The Women Infants and Children (WIC) nutrition program 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	4,773
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Behavioral Health Services

HOMELESSNESS TO PERMANENT HOUSING

Chronic homelessness impacts community safety and drains limited community dollars unnecessarily. The County, in partnership with the Housing Authority of the City of Asheville, Mission Health, and Smoky Mountain LME/MCO funds supportive case management for chronically homeless persons in Housing Authority apartments and private-sector apartments through vouchers.

Beginning in FY 2015, the County funded Homeward Bound for supported housing case management using a pay-for-performance method. Homeward Bound earned a case rate for each person based on achieving identified clinical pathways, such as primary care services, disability applications, food security, employment, etc. In FY 2015, Homeward Bound served 28 persons and achieved 78 clinical pathway—to earn the entire allotment of \$90,000.

Number of persons served	28
Number of pathways met	78

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. 42 persons were approved for benefits in FY 2015, a 7.7% increase. The average time from application to approval was 120 days (about 4 months), compared to 2-3 years for most SSI/SSDI applications. The project leveraged \$5,776,761 in value of benefits. For every County \$1 invested in the project, \$64 are returned to the County over the average timespan of entitlements.

Number of participants approved for SSI/SSDI bens	42
Average number of days from application to approval	120
Dollars leveraged value of benefit dollars	\$5,776,761.41
Dollar value returned per \$1 invested in SOAR	\$64

PROBLEM-SOLVING COURT

In FY 2015, a DWI Court was implemented, giving Buncombe County four problem-solving courts: Adult Drug Treatment Court, Family Drug Treatment Court, DWI Court, and the JUST program (alternative to a mental health court). The County contracts for the staffing and support of these courts. Problem-solving courts had 65 graduates in FY 2015, with a combined 54% success rate.

Number of case managements for substance abuse	549
Number of case managements for mental health	547
Average number of detainees/mo. in psycho-education group	387
Percent increase in psycho-education groups vs. FY 2011	11.9%
Number of graduates of problem-solving courts	65
Percent problem-solving court participants who graduated	54%

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	\$188,166
Average number of participants/mo. in Drug Court	25
Average number of participants/mo. in Family Treatment Center	22

Social Work Services

PERMANENCY PLANNING

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	281
Average number of children in custody with Social Work Services, per month	291
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%)	94.2%

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, per month	81
New foster families	6
Families approved for adoptive placement	91

ADOPTION ASSISTANCE

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

Children receiving adoption assistance	556
Number of adoptions finalized	44

UNDER SIX

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

Total families served	78
Total referrals received	240

CHILD PROTECTIVE SERVICES

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

Responses to reports of abuse, neglect, or dependency of children	2,232
Children involved	4,490
Children who did not enter foster care	98.3%

FAMILY IN-HOME SERVICES

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	483
Total number of children served	1,026
Children who remain at home or with kin while receiving In-Home services (thus avoiding foster care)	95.1%

ADULT PROTECTIVE SERVICES (APS)

Adult Protective Services 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 & disabled	1,075
Percent of Evaluations with Mistreatment Confirmed	40%

ADULT CARE HOME LICENSURE & MONITORING

Adult Care Home Licensure and Monitoring is responsible for responding to complaints related to compliance with regulations and issues of resident safety. Buncombe County Health and Human Services refers areas of concern to the Department of Health and Human Services Regulation, the entity that has authority for enforcement.

Adult care homes monitored	85
Complaints investigated	159
Percent of Investigations with confirmed mistreatment	26%
Average number of adults using Adult Day Care, per month	29.6

VETERANS SERVICES

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

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

Number of office and home visits	2,837
Number of phone calls received by Veterans Services office	6,197

Senior Leadership Team

BUNCOMBE COUNTY HEALTH & HUMAN SERVICES

Our overall mission at Buncombe County Health and Human Services is to keep our community strong by working to align our community resources in ways that are efficient and lead to better outcomes for our citizens. Through an integrated Health and Human Services, we give individuals and families the tools and supports they need so they are better able to make those good choices.

SOCIAL WORK SERVICES

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 and to promote self-reliance and self-sufficiency for individuals and families.

PUBLIC HEALTH

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.

We aim to: help people attain high quality, longer lives free of preventable disease, disability, injury and premature death, achieve health equity by elimination of disparities to improve the health of all groups, foster social and physical environments that promote good health for all, and promote quality of life, healthy development and healthy behaviors throughout all stages of life.



Mandy Stone,
HHS Director &
Assistant County
Manager



Angela Pittman,
Division Director



Jan Shepard,
Division Director



Dr. Jennifer
Mullendore,
Medical Director/
Clinical Services
Division Director

ECONOMIC SERVICES

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.

HHS SUPPORT TEAM

The Health and Human Services Support Team provides assistance in planning and evaluating fiscal and program performance service gaps and developing strategies to fulfill service needs with available resources. The Team supports HHS programs in a number of ways including program development and planning, establishing priorities and implementing program objectives, and also monitoring, evaluating, and modifying services to best maximize dollars.

HUMAN RESOURCES & ORGANIZATIONAL & COMMUNITY DEVELOPMENT

Through workforce and organizational development strategies, we support a robust workforce across Health and Human Services. We use communication strategies and tools to align messaging that supports best practices within HHS and reinforces that work in the community, helping citizens to make good choices each and every day that support their safety, health, and self-sufficiency.



Phillip Hardin,
Division Director



Jim Holland,
Division Director



Lisa Eby,
Division Director

Acknowledgments

We appreciate the guidance and support of the FY 2015 County Commissioners, County Manager, and Governing Boards.

County Commissioners Fiscal Year 2015

David Gantt (Chairman)

Joe Belcher

Miranda V. DeBruhl

Ellen Frost

Mike Fryar

Holly Jones

Brownie Newman

Buncombe County Manager

Wanda Greene

Assistant County Managers

Jon Creighton and Mandy Stone

Health and Human Services Board Fiscal Year 2015

Frank Castelblanco, Ed Coryell, Miranda DeBruhl, Rick Elingburg, Dr. Paul Endry, Sonya Greck, Stephanie Kiser, Don Locke, Dr. David McClain, Bill McElrath, Dr. Richard Oliver, Ken Putnam, Susanne Swanger, Dr. Candice Thul, Terry VanDuyn, Jennifer Wehe, Dr. Rick Weigel, Sharon West, Winnie Ziegler

1. Source: Rodriguez, M., Bauer, H., McLoughlin, E., Grumbach, K. 1999. "Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians." The Journal of the American Medical Association. 282(5).
2. Hunger in America: Western North Carolina 2014 Report
3. <http://developingchild.harvard.edu>

3 EASY WAYS TO CONNECT TO SERVICES

Visit our offices:

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(828) 250-5000

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buncombecounty.org/hhs

BUNCOMBE COUNTY
HEALTH & HUMAN SERVICES

