

# ANNUAL REPORT

## FISCAL YEAR 2014



**BUNCOMBE COUNTY  
HEALTH & HUMAN SERVICES**

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# A Message from the Director

**H**ealth and human service integration is a complex undertaking, however, the payoff is big. Our overriding goal is to ensure that we bring good choices within reach for the citizens we touch. Choices that do not occur in isolation and ones that support better health, safety, and self-sufficiency. One way we accomplish this is by making access to services seamless and coordinated. Through integration and a data-driven practice , our dollars are maximized and our citizens are healthier, safer, and better positioned to succeed and contribute to our community.

In this report you will hear directly from our staff about how our new model of an integrated Health and Human Services has contributed to changes in their practice . Through their stories, you will hear a shared vision for the people we serve as our employees reach across programs and ensure our citizens have the supports they need. This has not been without its challenges.

Part of our efforts centered on reshaping employee habits, including work mindsets that can be specialized in focus. This means making sure that an income maintenance caseworker understands how important it is to take a few minutes to connect a mother with a new baby to immunizations and to do that in a way that communicates that saying “yes” to immunizations is an important choice that each of us can make that strengthens our community shield of protection.

With the priority on an expanded view for our employees, we are fortunate in Buncombe County to be able to apply resources (both technologically and physically) necessary to support integration. We live in a data-driven world where real time data is needed to monitor trends and realign resources to achieve a desired outcome. We have also examined our physical work environments to understand how space can work to support collaboration, improved work flow, and customer service. More relevant now than ever is communication and our communication team is a key part of integration by aligning messages around shared outcomes.

In this new model, we are also asking our community members to work with us to reshape their habits, to intentionally choose to act in ways that support better health and safety outcomes. We know that good choices are not made in a vacuum and that we are most effective when we can provide supports that bring those good choices within reach. But our ability to do that depends on the strength of our community’s social fabric. Over the last several years, we have found that through smart partnerships we can create sustainable networks of support that reach deep into our community and provide stepping stones to healthier, safer, and more stable lives.

We’ve learned in this process that we must continually challenge ourselves, using data and best practices to improve our efforts. This is an exciting time for us within and across health and human services as we stretch ourselves and our dollars to improve lives in Buncombe County.



# HHS BOARD & ADVISORY COUNCILS

# HHS Integrated Board

## Professionals Required by Statute

NAME	TITLE	TERM
<b>Dr. Candrice Thul</b>	Psychologist	3 years
<b>Stephanie Kiser</b>	Pharmacist	4 years
<b>Ken Putnam</b>	Engineer	4 Years
<b>Vacant</b>	Dentist	4 Years
<b>Dr. Paul Endry</b>	Optometrist	3 years
<b>Jennifer Wehe</b>	Social Worker	4 years
<b>Winnie Ziegler</b>	Registered Nurse	3 years
<b>Dr. David McClain</b>	Physician	3 years
<b>Dr. Rick Weigel</b>	Psychiatrist	4 years
<b>Dr. Richard Oliver</b>	Veterinarian	3 years
<b>David King</b>	County Commissioner	N/A

## Public/Community Advocates/Representatives

NAME	TITLE	TERM
<b>Bill McElrath</b>	County Liaison	3 years
<b>Susanne Swanger</b>	Associate Superintendent/BC Schools	3 years
<b>Sharon West</b>	Veteran's Program Manager	4 years
<b>Frank Castelblanco</b>	Director of Regional Services MAHEC	4 years
<b>Rick Elingburg</b>	Employment Security Commission	3 years
<b>Don Locke</b>	Retired Director, Asheville Graduation Center	4 years
<b>Terry Van Duyn</b>	Community Advisory Member	4 years

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

Check out the Board and Advisory Councils page of the Health and Human Services site:  
<http://buncombecounty.org/governing/depts/hhs/boards.aspx>

# Advisory Councils

Laying the groundwork for community support that brings good choices within reach

The four HHS Advisory Councils brought community experts around the table to identify strategic objectives that support the work of the Health and Human Services Board. With these objectives set, the councils then tailored solutions based on internal resources for our community at-large.

These councils laid the groundwork for more effective integration efforts which was critical for moving forward in an integrated model. With this foundational work done, in the new fiscal year we will be reducing these councils to a single integrated council.

Here is summary of each council and some highlights of their work.

## Economic and Work Support Strategies Advisory Council

The purpose of the Economic and Work Support Strategies Advisory Council is to provide input and recommendations to the Board regarding the administration of economic services such as Food and Nutrition Services, Work First Family Assistance, Medicaid, Emergency Assistance, Child Care, Child Support, etc. Some of the community work that this council has accomplished this past year included:

- Building capacity across all service providers to mimic the integration going on at HHS. That means making services to customers as seamless as possible across multiple program providers across the county.
- Strategy development to make child care more affordable, available, and improve quality across funding sources and providers.
- Sessions that tackled the issue of safe and affordable housing with the intention to implement those ideas once agreed upon by multiple agencies.
- The development of sub-committees to address issues that impact employment, such as transportation, education, and financial stability.



## **Social Work Advisory Council**

The purpose of the Social Work Advisory Council is to provide the HHS Board with information to advocate for the improvement of Social Work Services within Buncombe County, evaluate program needs, recommend action-oriented strategies, set priorities for advocacy, and engage the broader community in support of established Social Work Services priorities.

Over the past fiscal year, this council implemented the following initiatives aimed at positive outcomes for the community:

- Partnership with RHA Health Services to provide specialized support to Veteran's in the community to address Military Sexual Trauma (MST)
- Solidified the top 3 priorities for child welfare in our community: repeat maltreatment, placement stability, and adoption within 24 months
- Provided Trauma informed Child Welfare Practice presentations which resulted in a partnership with both school systems and Family Preservation Services to educate school staff on trauma triggers for children
- Community education outreach related to the social work practice model (Signs Of Safety)

## **The Public Health Advisory Council**

The Public Health Advisory Council provides expertise, leadership, support, and coordination as Buncombe County moves towards its health goals. They advocate for systems, policy and environmental change, and consider the data in the Community Health Assessment as they help prioritize planning and implementation around the health needs of the community.

In FY 2014, the Council led and supported a number of initiatives such as:

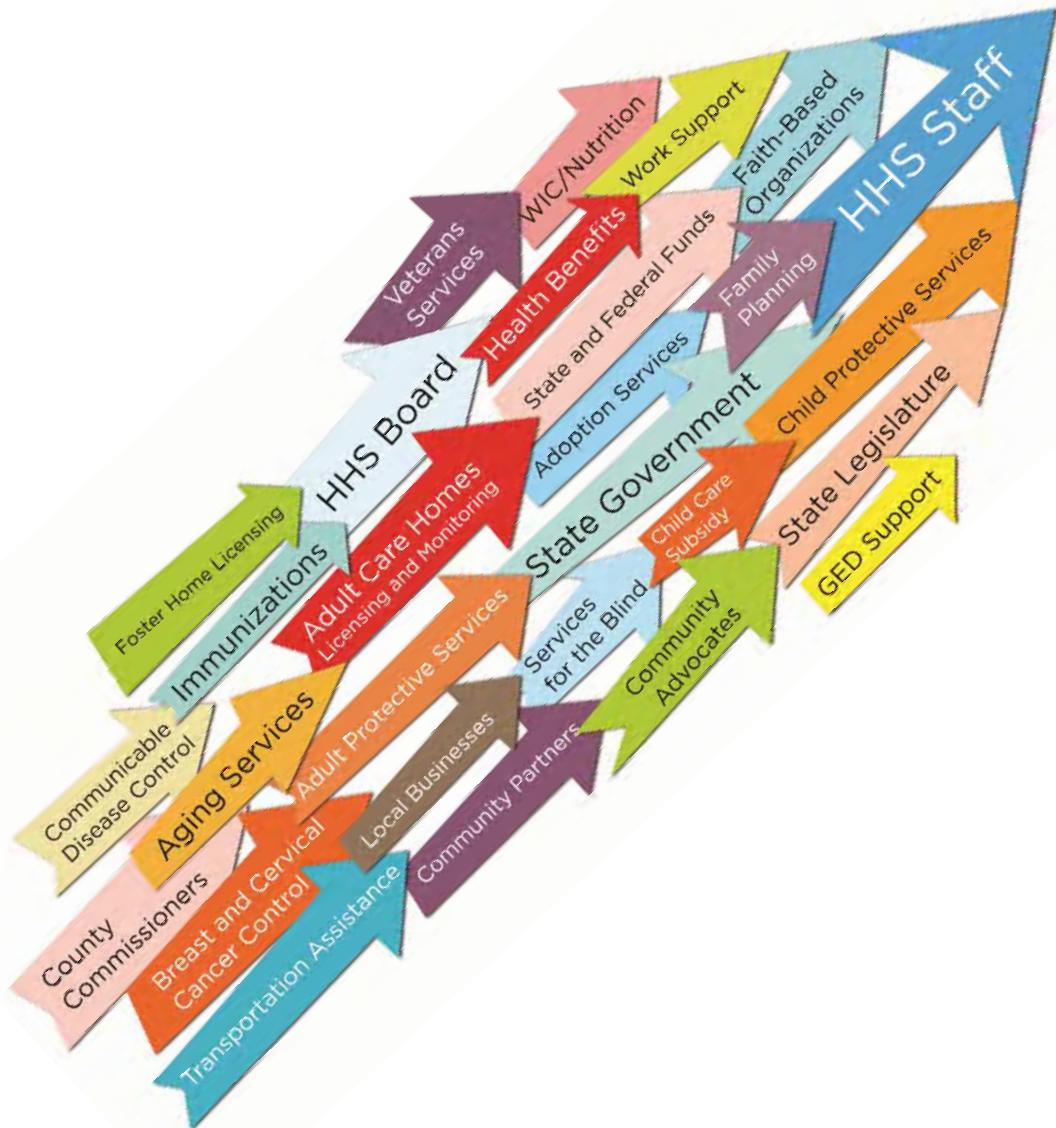
- The Innovative Approaches project which brought pediatricians, parents, and support agencies together to improve quality of care for children with special health care needs.
- Fostering the conversation between the county's physicians in addressing obesity and asthma; reducing secondhand smoke through collaborative efforts to make multi-unit housing complexes smoke-free; and working with area "tailgate markets" and larger farmer's markets to accept EBT food assistance in exchange for healthy foods.
- The work of this group and many others positioned Buncombe County to apply for the prestigious Robert Wood Foundation Culture of Health Award. When an organization has the capacity to apply for this award, it means business. Through the effort of this group, Buncombe County was able to enter the selection process.

## **Community Advisory Council**

The purpose of the Community Advisory Council is to give community members the opportunity to provide feedback and input about the accessibility, delivery and effectiveness of services and programs that support the safety, health, and self-sufficiency of our community.

In FY 2014, the Community Advisory Council provided feedback on:

- Customer service - accessibility and ideas about lobby flow and our external webpage, both of which resulted in modifications.
- Communication campaigns and related materials. Their feedback was key in making sure that materials were appealing, easy to read, and more user-friendly.
- Effects of chronic stress and toxic stress on a client as they tried to access services and comply with mandated services. Understanding barriers through a different perspective was helpful feedback as we try to put services in reach for our clients.



Easy access, coordinated services, and clear communication set the stage so good choices are the easy choice. Through improved technology, ergonomically designed workflows for employees, and consistent, clear messaging, HHS strives to clear a path to health, safety, and self-sufficiency for everyone.



## CUSTOMER SERVICE, TECHNOLOGY & COMMUNICATIONS

## Improved Customer Service

No matter how someone accesses our services, we want our citizens to experience a supportive and caring environment—one that fosters good choices that lead to better health, safety, and self-sufficiency. Customer-centered service begins with our first point of contact and continues throughout our interactions.

We have an open line of communication with the community through avenues such as the Community Advisory Board and our customer feedback surveys (available at all of our locations and online in 3 languages). There is also a feedback submission form available online for clients. Our goal is to connect with community members so we can better understand their needs and benefit from their feedback. We also have the ability to communicate in the event of an emergency through a rapid phone communications system which was helpful in FY 2014 as we reached out to vulnerable populations about emergency preparedness.

The Community Service Navigators continue to be part of the outreach effort to communities throughout the county. In their respective communities, they are seen as experts on opportunities that improve health, wellness, and self sufficiency. Whether it is a hot meal, connection to assistance, opportunities for professional development, or fresh produce, Community Service Navigators help create stronger communities so that our residents can thrive.

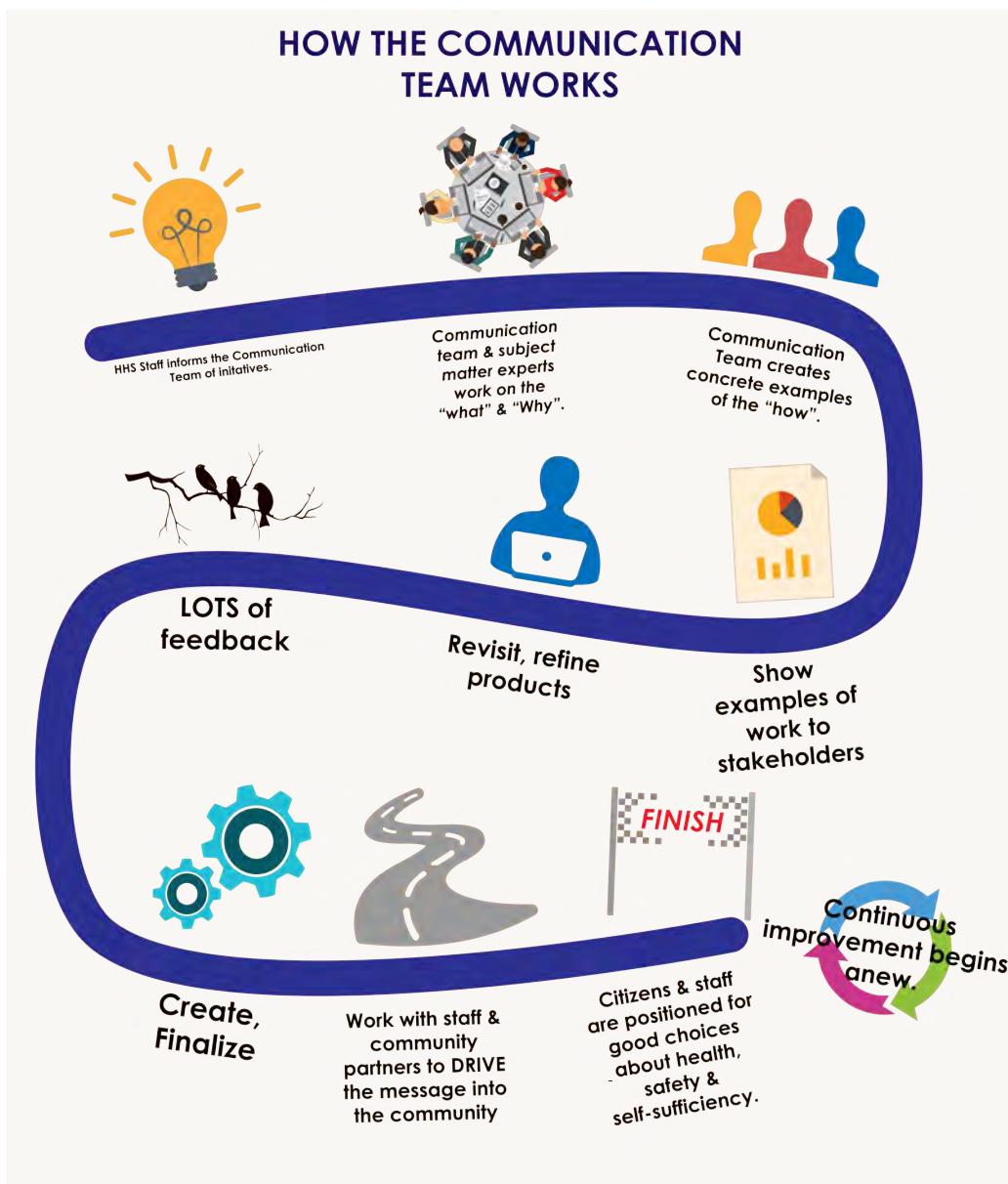


Robert Simmons,  
Community Service Navigator

# Clear Communications

Our agency has a broad reach and impact in our community. The safety net of services that HHS provides is so huge that it can be a challenge to fully understand what they do or how they are connected. The communication team works with a variety of subject matter experts to tell the story of our agency's work in ways that help our citizens realize health, safety, and self-sufficiency.

"Tip and Toss" is a great example of the integrative work of the communication team. Developed with County PR, the "Tip and Toss" video, which included the Girl and Boy Scout Troops of Pisgah



View Apartments, won a first place award for the best public service announcement at the North Carolina City and County Communicators Conference.

The numbers show that children under six years of age are the most common victims of abuse and neglect and that a child's chance of dying due to maltreatment is 6-8 times higher when a non-biological caregiver lives in the home. The "Under Six" campaign was developed in partnership with the Community Child Protection Team (CCPT) to help reduce child neglect and fatalities in the community. "Under Six" was used as the platform to promote April as Child Abuse Awareness month and communicated a key step for parents: know and trust the person you leave your child with. Other child welfare issues, such as (SIDS) Sudden Infant Death Syndrome, and Shaken Baby Syndrome were emphasized in the outreach to reduce child abuse and neglect.

During the fall of 2014, the communication team worked with School Health and the Immunization Clinic to promote flu shot clinics at schools throughout the county. Print advertisement, radio PSAs, and school-based communication helped direct citizens to a flu shot clinic in their community. The flu clinics experienced a 20% increase in flu immunization acceptance within all city and county schools.

In the upcoming fiscal year the communication team is working with the foster home licensure group to increase the number of foster homes in our community. Phase one of the "I Can Do That for a Child" campaign was rolled out in radio PSAs and print advertisements.

Effective communication should create understanding and drive action. We want our staff and clients to know that what you do matters.



# Technology that improves the customer experience

Driven by the rollout of the new statewide case management software (NC FAST) which began in 2013, Buncombe County HHS' Economic Services Division made the decision to fully cross-train its staff in Medicaid and Food and Nutrition Services. This was in line with the ultimate vision of NC FAST: clients tell their story one time and get the services that they need with one visit.

Cross-training staff in a singular case management system is a huge leap towards fulfilling this vision but work still remains. The reorganization required hard work and devoted efforts from case workers and supervisors while simultaneously training and continuing to serve clients in a timely and high-quality manner. To better support employees in this transition, major changes took place such as:

- A totally revamped workflow (see below)
- Realigned roles and responsibilities to better support the integrated work of employees working in NC Fast
- Added supports such as over-the-shoulder support staff, subject matter experts, training and on-demand IT support

The 2014 fiscal year saw the partial roll-out of the Medicaid and Work First programs. Buncombe County was one of the early-adopters, piloting the new system for the State. Buncombe County provided an ongoing stream of data metrics and practice needs to the State that improved the

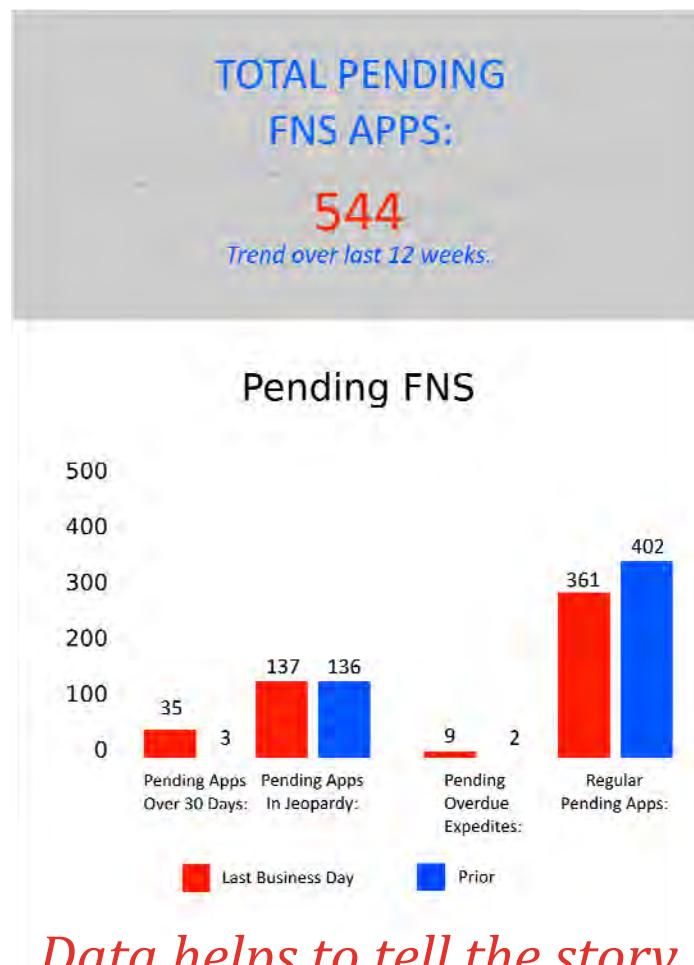


system and prompted policy changes so that services can be better delivered to those in need. All new programs will be fully implemented in August 2015.

## New data metrics to manage workflow

As Buncombe County Health and Human Services implemented NC FAST in early FY 2014, the organization lost access to the standard reports it relied on to manage workload and create reports for project management. Using raw data extracts from the State's data warehouse, BC HHS' Human Services Planner Evaluators created multi-source data models to provide needed reports for staff, supervisors, and leadership in real time. Internal data sources were included to provide useful management insights that were new to North Carolina counties. These reports enabled Buncombe County to consistently process work in a timely and accurate manner and pinpoint any system training needs.

The Planner Evaluator staff was able to produce performance reports, comparing Buncombe County's performance with that of North Carolina's biggest urban counties. In each comparison, Buncombe remained a leader in nearly all performance metrics for Food and Nutrition Services and Medicaid. Since the development of these data models, the State and other counties have called upon Buncombe to present its reports and data modeling processes to other counties.



# SERVICE INTEGRATION AT WORK

## Redesigning Practice

Service integration, in its simplest form, is when employees talk to one another, connect resources and rework practice in a collaborative, solutions-oriented way. It requires a foundation built on best practices and a constant focus on building resiliency across all programs in HHS.

In the following pages you will hear directly from staff about how they have embraced integrated practices and how it works to bring good choices within reach for those that we serve.



## MEREDITH GREENE

### Customer Service Manager

I supervise the customer service unit for our agency which includes the front desk, the greeter desk, and the call center. I think that integration began here in a way because we are the point of entry for people that need services. It ripples out from us to the other departments and sets the stage for informed, positive choices.

People on my team are excited when they can cover three different programs with a client in a single encounter.

There are many ways that we furthered integration in our agency. During the Affordable Care Act open enrollment periods we worked closely with the insurance representatives located in our lobby to make sure that our clients that don't qualify for Medicaid have easy access to healthcare options.

We now have a member of the adult and child protective service intake unit co-located with us in the customer service area. This enables a rapid response for clients and helps educate our staff about abuse and neglect so that we are able to respond appropriately.

We also collaborated with United Way's 2-1-1 to transfer calls directly from our call center to them with a warm hand-off. This allows us to give a little information about what the person's needs are so they can take it from there.

2-1-1 also worked with us to get some key messages out to callers. For example, they gave callers a 10 second promotion to sign up for healthcare coverage during the enrollment period. These small changes in practice add up into a smoother, more coordinated effort.



**“S**o much of what we are doing now is integrated that we don't see it as anything different. Our expanded view allows us to more effectively help clients.”



## MERRY MICHALSEN

### Economic Services Supervisor

**I** think that one of the most effective things that we've done is utilize our Health and Human Services Support Team and Information Technology to develop dashboards that look at trends across the organization. We use a lot of the reports and technology to look at how efficiently we are serving our clients.

We have a 'lobby flow' meeting where we brainstorm ways to better serve our clients. One idea was to make sure our Economic Services staff are connecting our clients and their children with the option of getting immunizations. To support this healthy choice, we developed a cheat sheet of questions for Economic Services staff to ask of clients (this took the stress off the economic services staff going into unknown territory). We also worked with IT to ensure systems were in place to be able to route clients from the front desk to an Economic Services worker and then to immunizations in a seamless fashion. Based on the infrastructure we built with immunizations, I think we will see improved outcomes with flu immunizations in the upcoming year.

Integration is not just within the organization, it's also in the community. At our local food bank, MANNA, we have staff that can take applications for benefits. We also have caseworkers located at Mission and the Minnie Jones Center. Pushing access to these services out into our community helps people easily connect to resources that support their well-being.

With all of the challenges this year with the implementation of NC Fast, we were fortunate to model some resiliency practices from Social Work Services to help support our employees. Having a program administrator, who came from Child Welfare into our program area, who could implement those practices was very helpful.



## **DAWN WARREN**

### **Social Work and Economic Services Program Administrator**

**I** think it always helps staff morale when they can meet customers' needs because that's really why we are all here. It also boosts morale when it can be done more efficiently.

As a program administrator in Economic Services with a social worker background, I see how I can support the Economic Services staff in an integrated way. Once an Adult Medicaid worker got an email from an individual who was disabled. He had mental health issues and was not able to get out of his home to go get food. While that didn't impact his Medicaid situation, she sent that information to me and we were able to make an Adult Protective Services report and get somebody out there to help offer him some food. Integration within our organization extends out into the community with our Community Service Navigators. Navigators are able to leverage their connections with community needs to serve clients broadly, all the way from supplying fresh produce in public housing locations to arranging STD/HIV testing remotely in a community based way.

### **Economic Services Success Story: Work First Program**

A young woman applied for the Work First program last year. She had no work history but was a student at AB-Tech studying to become an Ultrasound Technician. Through Work First, she had help with goal setting, mileage reimbursement, uniforms and temporary cash benefits. This helped to provide her the support she needed to complete the ASPIRE Job readiness class and complete the Medical Sonography Associates degree program at AB-Tech. As a result, she currently has a full-time job earning over \$23 per hour and no longer needs supplemental assistance.



# GINGER CLOUGH

## Nurse Family Partnership

The power of the Nurse-Family Partnership® (NFP) is based on the relationship between the new mom and the home visiting nurse. In that relationship there is an opportunity for young moms, young dads, and extended family members, to be able to have a secure attachment with another adult that helps model for them what a healthy relationship is so that they can create a secure attachment with their baby. Our goal is to have mothers and children who are thriving in our community. I love that about my work.

Right now, I have a teen that is pregnant and she is receiving multiple services: Nurse Family Partnership, the CARS (Continuing Agreement for Residential Supports) program and Medicaid. This young mother-to-be has been in foster care most of her life so she is working with a foster care worker who is focused on helping her build life skills as she moves into becoming an adult and finishes high school.

We know that she can heal and recover from her trauma and use the positive influences of our nurses and social workers to help build her resiliency. She will hopefully be able to raise a resilient child by creating opportunities for the baby to safely learn and play. I am excited that the concept of building resiliency is being discussed at all levels because it's a powerful conversation that can really change make a lot of positive change.



“A group of us have been trained on the Community Resiliency Model and we are working to embed the six wellness skills of this model into our culture. Helping staff to stay in a resilient zone at work or bounce back quickly when they are knocked out of their resilient zone will make our organization more effective and will model healthy life skills for others.

We can't build resiliency for our clients if we're not cultivating it amongst ourselves.”

# MICK MCGUIRE

## Social Work Program Manager

**S**igns of Safety within children's services is an international practice model for child protection that we have been looking at since 2010. We are in year one of the two year implementation plan.

The approach is to balance risk, looking at those things that are worrisome while also figuring out what's working well to help create a plan that gives clients ownership. Inherently, so much of what we deal with is a problem. So it's very easy to get into this "fix it" problem mentality. With the adoption of Signs of Safety, this model challenges all of us to make a shift from a problem-based culture to a culture where we look for the good and balance the things that are working well with the things that we want to improve. It's a change of outlook that has a huge impact - recognizing the awesome stuff that's happening within our staff and for the families that we work with is exciting. If you're constantly pressing forward without the acknowledgement of what's working well, I think it impacts your culture and climate in a negative way. When Angie Pittman our program director first asked what's working well there was dead silence in the room. People were confused because they weren't used to thinking about it that way. Once people opened up, tons of people shared what's working well and that really changed the tone of our conversations for the better. You never know until you ask.

**T**o develop a resilient community, we must begin within our own organization. Social Work Services was a natural place to start because many of the people who come for services with us have dealt with significant trauma in their lives. Our social work staff experiences that trauma second-hand. We are creating a resilient culture from many angles. We have developed internal resiliency teams led by our direct staff.

We contracted with a Resiliency Specialist, who specializes in secondary and cumulative trauma to work with staff across HHS. The resiliency specialist leads our staff in participating in the Peer Response Model.

Our staff were also trained to recognize the signs of trauma and to work with families with this mindset to address root causes and connect them with resources. We have also provided trauma informed services for children in foster care and for those at risk of coming into care."



# DESTINY KINDELL

## Social Worker III

**T**alking about resiliency and actually doing something about it says a lot about Buncombe County. Resiliency efforts so far include lunch and learns, stress relief massages, open conversations about resiliency, and a staff-driven resiliency workforce team that meets several times a month. We have line staff and “meet your peers” meetings and in those meetings we discuss what’s going well and what could be better. We take that information back to administration. The administration listens, is open to new ideas, provides feedback, and does the things that can be done.

I work with new staff to help them understand what resiliency is in the work environment. I share with them what has worked well for me and what hasn’t when it comes to dealing with stress and trauma. I try help them cut down on drama and encourage them to take time off using annual leave in order to prevent burnout in child protective services.

Expectations are a lot higher at Buncombe County but they give you the tools to meet those expectations. We have a buoyant culture that helps us stay afloat. If you feel like you aren’t going to make a visit or you’re behind on documentation, they make a plan or pull in others to help out when needed. I feel like anything Buncombe County puts their mind to - always gets done.



“Administration’s quick turnaround indicates that they are listening and doing the best they can to support their staff and keep them healthy.”

# FELISSA VAZQUEZ

## Environmental Health Supervisor

In September of 2012, the new FDA food code rolled out. As a result, we implement a science-based approach to our inspections. The new rules weigh heavily on those risk factors that could contribute to foodborne outbreaks. With the new code, there was so much that changed the day-to-day operations of restaurants so we really focused on educating the restaurant staff.

ServSafe has a new class that is facilitated by the State called NC Safe Plates.

Studies show that you really don't learn as much when you are sitting in a classroom setting versus storytelling. That's the great thing about this training. It really makes environmental health understandable by putting faces and names to the victims and all the players involved in food safety issues. Restaurant Management often think foodborne outbreaks are far removed from their restaurant and could never happen to them. After listening to the stories of situations that have happened to others in the industry, food service managers understand the importance of being vigilant when it comes to food safety.

With the new system, the public is better protected. It's a nice marriage between federal, state, and local guidelines based on fairness and science.

**“ I** love my job. I paid my way through school working in the restaurant business, going from a dishwasher to a manager in the food service industry. My educational background is in the science field. I feel that this is a perfect blend of the two. Whether it is educating restaurant staff to about foodborne outbreaks or educating an institution on proper sanitation, I know that my work prevents people from becoming ill.”



# **Collaborative Community Efforts**

## **Partnerships that build sustainable support**

### **Using contract dollars to bring good choices within reach**

Buncombe County Health and Human Services (HHS) is responsible for ensuring a wide array of social, economic, and health services. Some programs are operated by HHS, yet many services are delivered by outside organizations on behalf of the county via service contracts. In fiscal year 2014, there were more than 150 contracts within HHS for a total value of about \$13 million, including services and consumer benefits. Contracts ranged from as large as \$2.3 million for primary care services and \$1.8 million for child support enforcement to as small as \$500 for services such as foreign language interpreting.

### **Community Health Improvement Process (CHIP)**

**Community Health Improvement Process** brings over 70 organizations in Buncombe County together to outline strategies currently in place that are targeting community health priorities. The Improvement Process looks at ways to measure the work collectively creating shared goals, identified strategies and objectives, and key indicators. A community score card is being built around our health priorities to track the results of this coordinated effort.

**Our ability to bring good choices within reach is dependent on a network of community resources that also embrace best practices and support resiliency.**

### **Trauma Informed Services**

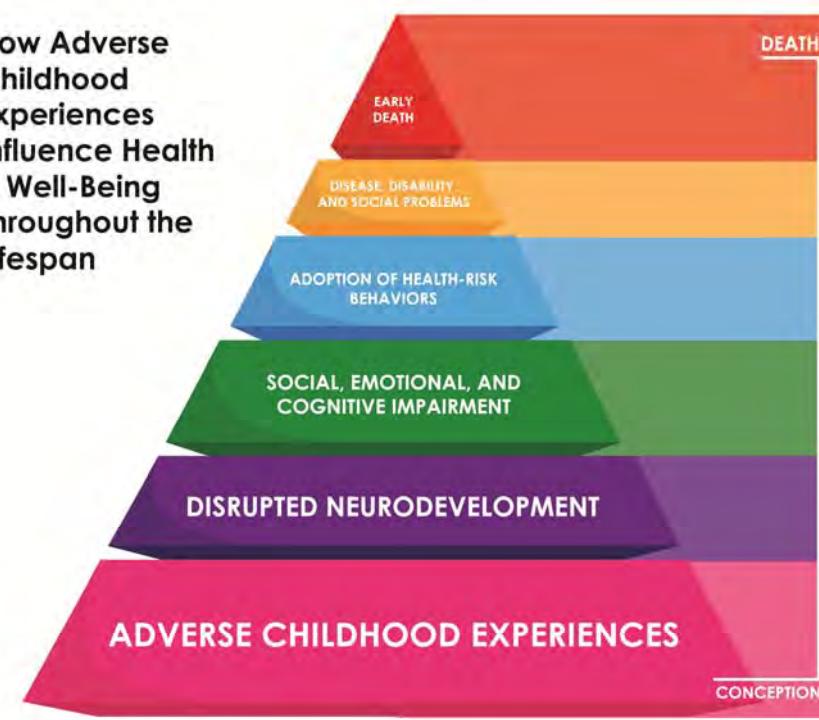
Research indicates that exposure to trauma occurs at high rates in children involved in the child welfare system. This trauma exposure can cause impairments in emotional, behavioral, physical, and developmental functioning as well as impact longer-term health, social, and economic outcomes. HHS has implemented a strategy of trauma informed practices in child welfare, including a partnership serving children in foster care. As part of a new contract in fiscal year 2014, Family Preservation Services provides onsite assessments and trauma-focused cognitive behavioral therapy. Evidence indicates these services lead to a reduction in behaviors and symptoms that are associated with placement disruptions and other issues, which increases the long-term health and wellbeing of children in foster care.

### **Adverse Childhood Experience Learning Collaborative**

The Adverse Childhood Experience Learning Collaborative began in the fall of 2013, which was comprised of approximately 10-15 dedicated Innovative Approaches members. Leaders from the following agencies and institutions comprise the committee; Buncombe County Health and Human Services, including Population Health and Department of Social Services, Blue Sky Pediatrics, MAHEC OBGYN and Family Medicine, Buncombe County Schools, Asheville City Schools, Mission Health, Buncombe County Smart Start, and Children First Communities in Schools, etc. Interest in

the collaborative has grown whereby the Collaborative has become its own sub-committee of the Innovative Approaches Steering Committee. With 20-25 members who participate regularly in Innovative Approaches monthly meetings and small work-groups, the ACE Sub-Committee began work on the following four projects:

1. The development an ACE Resource Guide for primary care providers that included community trainings/presentations that promote the Positive Parenting Program, Darkness to Light; Stewards of Children, Youth Mental Health First Aide, Nurturing the Brain-Buffering Toxic Stress, the Community Resiliency Model Training, and The First 2000 Days Campaign.
2. A countywide speakers bureau that allows leaders from different disciplines to give presentations on ACEs as they relate to specific populations and community agencies' efforts.
3. A local Buncombe County ACE website; [www.buncombeaces.org](http://www.buncombeaces.org) which is the portal for community information sharing, community resources and where the ACE Resources Guide, to be adapted for disciplines outside of primary care, is housed.
4. Participation in the planning of an Adverse Childhood Experience Conference in early fall of 2015, in partnership with MAHEC, with potential for south-east regional reach for attendees, including national speakers and presentations.



## Critical supports for families

The winter of 2014 was one of record-breaking cold temperatures. Through a partnership with Duke Energy Progress, Buncombe County was able to support the health, safety, and well-being of vulnerable, low-income residents by investing an additional \$328,600 in electric bill payment

assistance. These funds were administered through contracts with Eblen Charities and Swannanoa Valley Christian Ministry.

## Triple P

Triple P – the Positive Parenting Program – is a whole system of supports for parents and people caring for young children (ages 0-12) in Buncombe County. Some parents are just seeking brief advice to handle minor disobedience or survive toilet training, while others may need lots of direct support as they learn positive ways to deal their children's severe or aggressive behaviors.

Research has shown that children who grow up with positive parenting are more likely to do well in school, build friendships, feel good about themselves and are less likely to develop behavioral or emotional problems, including addiction, when they get older.

Since the grant was awarded in June 2013, Triple P's program coordinator at Buncombe County Health and Human Services, Deanna LaMotte, has trained 70 professionals across 25 private, public and nonprofit agencies in Western North Carolina.

## Community Outreach for Safe Choices

The communication team worked with representatives throughout the agency to promote good and safe choices. The topic areas included: fall prevention for adults, safe sleep and shaken baby, WIC promotion, child abuse prevention, and foster parent appreciation. Working with 2-1-1, our community contracts, and partners, we were able to disperse this information throughout our community.



# AWARDS AND ACHIEVEMENTS



## 2014 RWJF Culture of Health Award

Focusing on access, healthy eating, and prevention, Buncombe County has engaged all sectors of the community to strive for better health for its residents. Buncombe County is one of six winners of the 2014 RWJF Culture of Health Prize which honors communities that place a high priority on health and bring partners together to drive local change. With the support of more than 70 organizations and thousands of individuals, the community is coming together to improve health outcomes; now and for generations to come.



In 2013, Buncombe County Health and Human Services began the groundwork to address community health issues by forming the Public Health Advisory Council. The Council includes the YMCA of Western North Carolina, The Asheville Area Chamber of Commerce, health care professionals, transportation experts, and environmental organizations. During FY14, this Council has led a number of initiatives to improve health goals including:

- Reducing Childhood Poverty
- Making Healthy Eating Accessible and Fun
- Empowering Underserved Communities - Community Service Navigators were a key component in achieving this goal. Community Service Navigators know first hand how important it is for community members to work with someone they trust.
- Community Collaboration

### For more information:

<http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/culture-of-health-prize/buncombe-nc-2014.html>



## 2014 NACo Achievement Award Winner (Two Awards)

Each year, the National Association of Counties (NACo) recognizes county governments across the country for developing innovative programs that modernize county government. The programs must utilize a creative approach when meeting a community need, enhance employee productivity and show measurable results. Two programs, Community Safety and Security Team and WNC Diversity Engagement Coalition, were nationally recognized and awarded with the 2014 Achievement Award by NACo. These programs were initiated by Lisa Eby, Director of Human Resources and Organizational and Community Development for Buncombe County Health and Human Services.

## **1) Community Safety and Security Team (CSST): a Community Threat Assessment Team Process**

For the last 6 years, Buncombe County Health and Human Services with standing members of legal, law enforcement, management and employees, and community members when appropriate, have used a Threat Assessment Team (TAT) process to manage safety and security of HHS employees and clients. The TAT model uses a disciplined process to assess and manage risk associated with safety concerns.

This same TAT model was used to develop a community based program – Community Safety and Security Team (CSST). CSST was developed to improve information sharing of high risk threats between organizations and community members in Buncombe County. CSST's community stakeholders collaborate to organize and respond to situations where one or more people create a dangerous risk of harm to a specific individual, a group of individuals, and/or the general public. The CSST has three primary purposes: (1) to receive, evaluate, and investigate information related to a threat and determine the level of risk of harm; (2) to develop a security and safety plan to an identified threat, and (3) make referrals to services designed to mitigate or eliminate the threat.

A Memorandum of Understanding (MOU) was developed for the participating organizations to clarify how laws can be used to address a threat within the criminal and mental health system, legally share confidential information across organizations, agree on a governing structure and policies and procedures including the agreement on a Threat Assessment Team Process, development of a web-based platform to share confidential information across organizations, and a system for calling a Threat Assessment meeting using web-based technology (video conference call) so emerging threats are managed in real time. Since the signing of the MOU in November of 2013, CSST has successfully addressed 5 acute community safety issues and meets regularly to strengthen relationships across organizations, review scenarios, threats, and best practices regarding the threat assessment process.

## **2) Western North Carolina Diversity Engagement Coalition: Realizing the Benefits of a Diverse and Fully Engaged Workforce**

The Western North Carolina Diversity Engagement Coalition (WNC DEC) was developed in April of 2013 with a network of anchor institutions dedicated to engaging a diverse and inclusive workforce in Western North Carolina. WNC DEC combines resources, expertise, and social capital to create intentional networks of support, development, and policies and practices that increase the diversity and development of professional talent and fosters a sense of belonging. Major stakeholders include A-B Tech, Asheville Area Chamber of Commerce, Buncombe County, City of Asheville, MAHEC, Mission Health, and UNC Asheville. Together, WNC DEC's anchor institutions represent more than 15,000 employees.

WNC DEC's goal is to advance 100 professionals across the member anchor institutions within three years. WNC DEC is working toward a professional certification process that focuses on best practices and policy standards for institutions that support a fair, transparent, and inclusive workforce. All WNC DEC initiatives target strategies that recruit, retain, advance, and engage individuals from diverse communities within the coalition.

Initiatives include:

- Professional development classes using the expertise of coalition members and the community (with free childcare)
- Monthly social events in partnership with community organizations such as “Date My City,” and “Drinks and Dialogue”
- Website ([wncdec.com](http://wncdec.com)), Facebook page ([facebook.com/wncdec](https://facebook.com/wncdec)), and email ([info@wncdec.com](mailto:info@wncdec.com)) to connect individuals with resources and provide a platform for connection.
- Networks of Mentoring/Sponsoring
- Collaborative hiring across institutions emphasizing promotions
- Social Networks
- Standards of Practice
- Metrics of performance (diversity, promotions, turnover, etc.)



## Public Health Express STD Clinic Featured in CDC's Success Stories

Buncombe County Health and Human Services' Public Health department was featured in the Centers for Disease Control and Prevention's (CDC) Program Collaboration and Service Integration (PCSI) Success Stories in April 2014. The CDC awarded \$6.2 million to six health departments in U.S. jurisdictions to implement demonstration projects including New York City, North Carolina, Philadelphia, San Francisco, Texas, and Washington, D.C. Awardees applied program collaboration and service integration in their jurisdictions to support the implementation of a syndemic approach to the prevention of viral hepatitis, HIV, STDs, and TB.



The BC HHS Public Health department opened an Express STD Clinic to provide more patient-centered care and improve clinic efficiencies. Through participation in PCSI, our staff deepened their knowledge about program planning and implementation and how to use data to drive STD screening activities and protocols. The clinic was able to successfully sustain STD, HIV, and hepatitis C testing by determining how best to maximize resources through integrated services for priority clients that met multiple needs within one visit.

Previously, a routine STD screening took approximately two hours per patient and involved a lengthy state-required interview, followed by a focused physical exam, and laboratory testing if needed. By offering multiple services to meet clients' needs, the average visit-time for the Express STD Clinic reduced to 47 minutes, approximately 40% of the average visit-time for a routine STD clinic visit.

With PCSI support, the Public Health department was able to incorporate urine-based and extra-genital NAAT chlamydia testing for men into the Express STD Clinic. With this testing, previously unidentified chlamydia infection can now be detected and treated in men, which has the potential to reduce the burden of disease within the community. If a woman was seen in the Express STD Clinic, she was offered contraception, including the emergency contraceptive pill (if indicated), and was able to start on her choice of contraception the same day. In addition to services unique to



gender, clients were also offered hepatitis A/hepatitis B, Tdap, HPV, and seasonal influenza immunizations.

Since the clinic has opened, 809 clients were seen at the Express STD Clinic Of those clients, 30 chlamydia (including 15 in males), 6 gonorrhea, 24 hepatitis C, 1 HIV, and 3 syphilis infections were detected. The Express STD Clinic clients made up 16.8% of all STD screening visits.

## NC3C 2014 Award of Excellence

Buncombe County won first place in the TV and Videos Public Service Announcement category at the North Carolina City and County Communicators Conference in March 2014 for the "Tip and Toss" campaign public service announcement. The "Tip and Toss" campaign was created by the HHS Communications Team and the video PSA, which included the Girl and Boy Scout Troops of Pisgah View Apartments, was developed in partnership with the Buncombe County Public Relations department.

Judges for the NC3C Excellence in Communications Awards were government communication professionals from Missouri, Florida, Texas, Colorado and Tennessee. Each judge had previously won first or second-place in the national Savvy Awards, presented annually by the City-County Communications and Marketing Association.

The purpose of North Carolina City & County Communicators is to encourage professional development and networking among local governmental communications professionals. The organization is made up of government professional communicators from around the state.

To see the campaign video and materials, go to [www.buncombecounty.org/nobites](http://www.buncombecounty.org/nobites).



# Conclusion

We live in a world where change is constant and the pace is furious. Many of us are juggling competing demands at our work and home, resulting in an accumulation of stress. This can be compounded when we also are managing a scarcity of resources. We continue to educate ourselves about those choices we can make individually and collectively to be more resilient and to foster conditions that promote our health, safety, and well-being. We know that the more we can approach these complex issues with an integrated, asset-based mindset - the more likely we will foster better outcomes. As reflected in this report, our staff are embracing this challenge and it is summed up by Mick McGuire, "It's really neat because our resilient workforce initiative empowers staff to have a voice and be solution-focused in a way that not only identifies issues but creates avenues to address them in a realistic and positive manner. It's cool because we are solving problems from the inside out instead of the outside in and that is good for staff and our clients." We continue to work toward transforming ourselves and our community through coordinated, integrated evidence-based practices.



Making the good choice the  
easy choice

# **PROGRAM**

# **FACTS & FIGURES**

# 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 20,636 households receiving FNS at the end of FY2014, 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	20,636
Dollar value of FA benefits (all FY14)	\$ 55,823,635
Average dollars monthly HH FA benefit	\$ 228

## 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	522
Number of non-parental caretakers getting cash	210
Number of adults entering employment	106
Average entry Dollars hourly wage, newly employed	\$ 8.49

## 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	\$ 1,775
Average benefit per household	\$ 225
Dollar value of Emergency Assistance (all FY14)	\$ 395,500
Additional funding sources and programs available through Crisis Intervention Program, Energy Neighbors, Family Preservation, and General Assistance	\$ 1,685,428

## 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	18%
Number of Families and children covered (children and caretakers)	29,107
Number of Elderly/Blind/Disabled adults	12,742

## 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 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

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

## 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.

Total child care subsidy dollars	\$8,711,222
Avg. number of children served per month	1,750
Number of children on waiting list for Child Care	749
Avg. number of months on waiting list	8.9
Percentage of need met	74%
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 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	10,202
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Collection rate on past due support	69%
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Total dollars collected for Buncombe	\$13,710,329
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# **Public 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	3,008
Number of Family Planning clinic visits	5,900

## **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	536
Number of women screened for cancer	1,805
Number of women diagnosed and treated for cancer	59

## **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**

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)	14,275
Percent BC HHS children properly immunized at 2	98%
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	2,414
Confirmed reportable diseases	1,550
Communicable disease clinic visits monthly average (HIV, STD, TB)	612
Persons screened for TB exposure (PPD)	56

## ONSITE GROUNDWATER

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

Number of septic permits issued:	1,355
Average days from the date clients are ready begin work to the date of initial visit by onsite staff:	4.67
Number of well permits issued:	295

## 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	3,625
Restaurants in compliance with inspection standards	84.1%
Restaurants receiving Grade "A"	98.9%

## 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	665
School staff trained to provide health procedure	1202
Student contacts	14,363

## 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	48
Number of mothers served	70
% of NFP babies born low birth weight	7.46%
% of NFP children with substantiated abuse/neglect	3.51%

## **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	5,098
Dollar value of vouchers	\$3.39 million

# Behavioral Health Services

## 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	26
Percent placed who are “successful” (remain in housing)	85%
Average number of chronic homeless placed per month	2.2

## 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 39 persons were approved for benefits in FY14, an 8% increase. The average time from application to approval was 104 days (about 3.5 months), compared to 2-3 years for most SSI/SSDI applications. The project leveraged \$5,239,553 in value of benefits. For every County \$1 invested in the project, \$59 are returned to the County over the average timespan of entitlements.

Number of participants approved for SSI/SSDI bens	39
Average number of days from application to approval	104
Dollars leveraged value of benefit dollars	\$ 5,239,553
Dollar value returned per \$1 invested in SOAR	\$ 59

## Problem-Solving Courts

In FY14, 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 to staff and support of these courts. Problem-solving courts had a total of 102 graduates in FY14, with a combined 42% success rate.

Office or Home visits :	2,284
Phone Calls:	5,894
Number of case managements for substance abuse	588
Number of case managements for mental health	494
Average number of detainees/mo. in psycho-education group	435
Percent increase in psycho-education groups vs. FY11	26%
Number of graduates of problem-solving courts	102
Percent problem-solving court participants who graduated	42%

## 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	15

# 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	302
Average number of children in custody with Social Work Services, per month	289
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%)	82.61%

## 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	23
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	552
Number of adoptions finalized	30

## PREVENTION SERVICES

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

Total families served	204
Total referrals received	248

## **CHILD PROTECTIVE SERVICES**

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

Responses to reports of abuse, neglect, or dependency of children:	2,237
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Children involved:	4,497
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## **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	514
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Total number of children served	1,120
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Children who remain at home or with kin while receiving In-Home services (thus avoiding foster care).	92.4%
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## **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:	1,067
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Percent of Evaluations with Mistreatment Confirmed:	38%
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## **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.

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.

# Senior Leadership Team



## BUNCOMBE COUNTY HEALTH AND HUMAN SERVICES

**Mandy Stone, HHS Director and Assistant County Manager**

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

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



## PUBLIC HEALTH

**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.

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.



## ECONOMIC SERVICES

**Phillip Hardin, 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.



#### HHS SUPPORT TEAM

##### **Jim Holland, Business Officer**

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 AND ORGANIZATIONAL AND COMMUNITY DEVELOPMENT

##### **Lisa Eby, Director**

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.

# Acknowledgments

We appreciate the guidance and support of the FY2014 County Commissioners, County Manager, and our Governing Boards.

## **County Commissioners Fiscal Year 2014**

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 & Human Services Board Fiscal Year 2014**

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 VanDuyne



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**339 NEW LEICESTER HWY (WIC SERVICES ONLY)**

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**SOCIAL WORK SERVICES: (828) 250-5500**  
**PUBLIC HEALTH SERVICES: (828) 250-5000**

**VISIT OUR WEBPAGE:**  
**[HTTP://BUNCOMBECOUNTY.ORG/HHS](http://BUNCOMBECOUNTY.ORG/HHS)**

**BUNCOMBE COUNTY**  
**HEALTH & HUMAN SERVICES**

