1997

JOINT APPROPRIATIONS HUMAN RESOURCES COMMITTEE

MINUTES

SENATE APPROPRIATIONS SUBCOMMITTEE

ON

HEALTH AND HUMAN SERVICES

MEMBERSHIP

1997-1998

MEMBER	TELEPHONE	OFFICE	<u>CLERK</u>
Senator William N. Martin Co-chair	715-3042	Room 411-LOB	Wanda Kay
Senator R.L. Clark	733-5742	Room 1118	Linda Hines
Senator Charlie Dannelly	733-5955	Room 2106-LB	Dee Hodge
Senator Jim Forrester	733-5708	Room 1121-LB	Marianne Jacobi
Senator Brad Miller	733-9349	Room 621-LOB	Cornelia McMillan
Senator Jim Phillips, Sr.	733-5870	Room 628-LOB	Gerry Bowles

STAFF:

Karen Hammonds-Blank Fiscal Research Division of Mental Health/DSS 733-4910

Carol Shaw Fiscal Research AFDC/ Medicaid/ Aging/ Facility Services 733-4910

Mary Ellen Sylvester
Fiscal Research
Youth Services/ Div. Of Blind/Div. Of Voc. Rehab/Div. Deaf/Hard of Hearing/Child Dev.
733-4910

AGENDA

Joint Subcommittee on Human Resources Appropriations

Legislative Office Building - Room 424 Thursday, February 13, 1997 8:30 a.m.

Welcome & Introductions

Co-Chairs Sen. Bill Martin, Rep. Charlotte Gardner, Rep. Debbie A. Clary & Rep. Lanier Cansler

DHR Overview

Dr. David Bruton, Secretary

Subcommittee Schedule & Process

FRD Staff

Subcommittee Discussion

Next Meeting

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

February 13, 1997

The Joint Appropriations Subcommittee on Human Resources held its first meeting on Thursday, February 13, 1997, at 8:30 a.m., in Room 424 of the Legislative Office Building. Senator William Martin, Cochairman presided and the following members of the Committee introduced themselves: Representatives Cansler, Cochairman; Clary, Cochair; Gardner, Alridge, Nye, Watson, Alexander, and Senators Miller, Phillips, Clark, Adams, and Senator Dannelly.

Representative Cansler, Cochair expressed being happy to be a part of the Committee and felt it is going to be a challenging two years and looks forward to working with each member of the Committee.

Representative Clary, Cochair also expressed being happy to be a part of the Committee and working with each of the Committee members and quickly getting things done.

Senator Martin said the Committee has a very aggressive agenda. He said there has been a time table set and the Senate is developing the budget this time. March 20 has been set to complete the continuation budget and then get into the expansion budget. Senator Martin said this is this several weeks less than they have had in the past and there is a lot to do in a very short time. He said the Committee needs to operate as efficiently as possible. The Fiscal Research Staff will have a lot to do during this time and we hope whatever requests need to be made of them will be made through the committee process and realize that they might not be able to get to every thing as quickly as they ordinarily would. Senator Martin said the meetings will be held on Tuesday, Wednesday and Thursday and two meetings will be scheduled a day in early morning and about 15 minutes after session.

Senator Martin introduced the following staff members who will be working with the Committee this session: Dianne Jessup, Staff from Bill Drafting, Carol Shaw, Senior Fiscal Analyst with Fiscal Research, Mary Ellen Sylvester, and Karen Hammonds-Blanks.

Dr. David Bruton, Secretary of the Department of Human Resources was introduced and presented an overview of the work to be done by the Department and this Committee. (handout given) The four big items that the Department and the Committee will deal with are: welfare reform, child development, Medicaid reform, and reorganization. Dr. Bruton said they are planning to combine the health activities with the Human Resources activities, not moving health over to Human Resources but

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the Human Resources activities, not moving health over to Human Resources but combining and creating a new thing. A health and human services organization that is seamless, that is bottom up, that is customer oriented and that builds

better policies to debate and adopt or modify or reject so that not only as a customer service an in-user all serve together. We need to all together make a decision on what is correct for our citizens, Dr. Bruton said.

At this time Dr. Bruton referred to the handout from the Department of Human Resources and walked through the DHR budget explaining briefly each part of it.

Dr. Bruton introduced the following people from the Department of Human Resources: Stephanie Bass who will help with the management, Jim Burnstein works in health care, Jim Edgerton, Peter Leousis, with Child Development, Lynne Perrin works with in-home care, Steve Davis runs the personnel shop, Lynn Garrison is to help develop their message, Marc Lodge, attorney, Angie McMillan, Bonnie Cramer is Director of the Division of Aging, Bill Cox is the computer information guru. Dr. Bruton said it is obvious that much better information systems is needed throughout the whole state government enterprise. Dr. Bruton continued introducing the people in his department with John DeLuca who is Director of the Services For The Blind, Stephanie Fanjul with Child Development, Kevin FitzGerald, works with County Directors of Social Service, Craig Greene is standing in for Dr. Turk, Lee Kitteridge, Joyce Johnson, Leslie Mann, Hot line, Barbara Matula, Dick Parrusie, Mike Pedneau, Bob Philbeck, Vocational Rehab, Holly Riddle, Richard Ridout, Division of Youth Services; Lawrence Wilson, Director of the Office of Economic Opportunities, and Linda McDaniel, Facility Services.

Nina Yeager with the State Budget Office was recognized and introduced four people with her.

Carol Shaw, staff to the Committee was recognized and pointed out that the schedule for the session is a very ambitious one. She said that DHR is a very large and complicated department with a variety of programs. Many of the programs are similar but many of them are different. This schedule is an attempt to cover every one of those programs and few other assorted topics which have been of interest to the General Assembly in the past and fit it all into 24 meetings. Leaving a week for general committee deliberations and discussions of special provisions. Carol announced the Committee will start with Medicaid next week. Staff has discussed with the Cochairs since this is an ambitious schedule it may not always be possible to cover everything as

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thoroughly as has been done in the past. The Committee members may want to think about if there is any specific topic in any one of the divisions in the Department that you are specifically interested in hearing please let the staff know and they will be sure it gets covered.

Carol Shaw continued giving basic information about committee procedures. She said basic DHR staff will attend the meetings and answer questions as needed as the budget is being discussed. Carol said the staff is looking forward to working with the Committee.

Senator Martin opened the meeting to suggestions from the Committee members. A request for discussion on the Certificate of Need. Carol indicated that this will be covered. Senator Forrester requested the legal people look at the possibilities of what happens if someone is injured in the nursing homes, is the state liable for that. What liability does the state have if something would happen? Senator Martin asked staff to look into what the current inspection process is and to what extent that might leave the state open to liability.

The meeting was adjourned.

Senator William Martin, Cochairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Committee Olerk

Joint Appropriations Subcommittee on Human Resources

Introduction of DHR Management

Stephanie Bass - Chief of Staff

James Bernstein - Acting Assistant Secretary for Health Resources

Responsible for the following divisions and offices:

Division of Facility Services

Division of Medical Assistance

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Council on Developmental Disabilities

Office of Rural Health

James Edgerton - Assistant Secretary for Budget and Management

Responsible for the following divisions and offices:

Division of Budget and Analysis

Office of Controller

Division of Information Resource Management

Office of Internal Audit

Town of Butner Administration

Peter Leousis - Assistant Secretary for Children, Youth, and Families

Responsible for the following divisions and offices:

Division of Child Development

Division of Social Services

Division of Youth Services

Office of Economic Opportunity

Lynne Perrin - Assistant Secretary for Aging and Special Needs

Responsible for the following divisions:

Division of Aging

Division of Services for the Blind

Division of Vocational Rehabilitation

Division of Services for the Deaf and Hard of Hearing

Steve Davis - Director, Division of Personnel Services Equal Employment Opportunity

Lynne Garrison - Director, Public Affairs

Marc Lodge - Director, Legal Affairs

Angie McMillan - Director, Legislative and External Affairs
Citizen Services
Governmental Liaison Services
Grants Management
Americans with Disabilities Act

Bonnie Cramer - Director, Division of Aging

Frank Bobbitt - Director, Internal Audit

William Cox - Director, Division of Information Resource Management

John DeLuca - Director, Division of Services for the Blind

Stephanie Fanjul - Director, Division of Child Development

Kevin FitzGerald - Director, Division of Social Services

Craig Greene, Deputy Director, Division of Services for the Deaf and Hard of Hearing

Lee Kittredge - Director, Division of Budget and Analysis

Joyce Johnson - Director, Division of the Controller

Leslie Mann - Director, Citizen Services

Barbara Matula - Medicaid Program Advisor

Lynda McDaniel - Director, Division of Facility Services

Michael Pedneau - Director, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Dick Perruzzi - Acting Director, Division of Medical Assistance

Bob Philbeck- Director, Division of Vocational Rehabilitation Services

Holly Riddle - Director, Council on Developmental Disabilities

Richard Rideout, Deputy Director, Division of Youth Services

Lawrence Wilson - Director, Economic Opportunity

Am 2/13/97

JOINT HUMAN RESOURCES APPROPRIATIONS SUBCOMMITTEE

I. Budget Review Process:

A. FRD Staff:

- 1. Overview of the Department of Human Resources budget and responsibilities.
- 2. Review of each division's budget.
- 3. Provide additional information related to each division's budget.
- 4. Answer questions posed by committee members.
- 5. Provide additional information as needed.
- 6. Prepare committee reports for review and approval by the committee.

B. Agency Staff:

- 1. Answer questions posed by committee members.
- 2. Provide additional information as needed.

C. Budget Office Staff:

- 1. Answer questions posed by committee members.
- 2. Provide additional information as needed.

II. Flagged Items:

- A. Committee members may flag any budget item to be considered at a later time. Examples of possible flagged items include specific line items in departmental budgets and options for consideration presented by FRD staff.
- B. FRD staff and committee clerks will maintain master lists of all flagged items.
- C. In general, flagged items will be reviewed at the end of the Base Budget process. Additional information needs for reviewing flagged items will be provided at this time.

III. General Information:

- A. Committee members may request additional information related to the Department of Human Resources.
- B. FRD or agency staff will provide the individual committee member or the committee the information in a timely fashion.

IV. Committee Clerks:

- A. Maintain committee notebooks, updating them as new information is provided.
- B. Record each meeting and prepare minutes.
- C. Maintain a list of all flagged items to be included in each meeting's minutes.

Department of Human Resources

Divisions and Their Roles

Central Management and Support directs operations and provides services for the department's agencies and institutions including personnel, fiscal and program monitoring, property control, and purchase and contract. The general public is kept informed through the public information and citizen affairs offices. The Division of Information Resource Management supports DHR's business and client record keeping needs using some of the most sophisticated computer systems in state government. The principal mission of the Office of Rural Health and Resource Development is to strengthen and reinforce health services in the state's rural areas by recruiting physicians and other health professionals to work in medically underserved communities. The Office of Economic Opportunity works to link families with private and public agencies and community organizations to locate the services they want and need. The North Carolina Council on Developmental Disabilities assesses and promotes interagency coordination of services for persons with developmental disabilities.

The Division of Aging acts as an advocate for the state's older adults and works closely with local agencies statewide to promote continued independent living for North Carolina's rapidly growing older adult population. Meal delivery, personal care, and help with finding jobs and volunteer opportunities are just some of the programs offered. Older adults and their families can also turn to the division for information about home care, adult day care, legal aid and other services available in their community.

The Division of Services for the Blind works to provide treatment, rehabilitation, education and independent living options for blind and visually impaired residents of North Carolina. The division helps people keep their job or find a new one through comprehensive vocational rehabilitation which provides counseling, guidance, job training and placement. The division also promotes the prevention of blindness through educational programs and operates the Governor Morehead School, the state's residential school for the blind, serving children from birth to age 21.

The Division of Child Development works to ensure safe and caring child care settings. Smart Start is a bold crusade initiated by Governor Jim Hunt to ensure that every child in North Carolina enters school healthy and ready to succeed. Smart Start's innovative approach uses state government as a catalyst to bring about real change at the local level in how children and their families are served. Through Smart Start, children will have access to quality, affordable child care, health care and other crucial services. The

division licenses, monitors and regulates child care programs across the state. The division provides technical assistance to help child care programs accommodate children with special needs, assists home child care providers in meeting safety standards and helps communities establish resource and referral agencies to help families find the child care services they need. The division also has programs to help low-income families pay child care expenses enabling the parents to continue working.

The Division of Services for the Deaf and Hard of Hearing helps the state's 600,000 deaf and hard of hearing citizens find the assistance and information they need. The division provides a broad range of services for children and adults, their families and the professionals who serve them. More than 770 children attend the three N.C. Schools for the Deaf, and regional resource centers help families through the first difficult years of dealing with hearing loss. The division also provides interpreter services, advocacy, access to technology and coordination of human services for the deaf and hard of hearing.

The Division of Facility Services plans for health care facilities and services through the State Medical Facilities Plan, allocates them through the Certificate of Need process, and inspects, licenses and/or certifies the physical facilities and operation of hospitals, nursing care facilities, mental health facilities, adult care homes, home care programs and other health facilities in order to assure safe, high quality care. The division also oversees the state's emergency medical services system, including certification of local EMS personnel, inspection of ambulances and designation of trauma centers. In addition, the division inspects jails and regulates charitable fund raising through licensure of solicitors and bingo operators.

The Division of Medical Assistance, through the Medicaid program, serves more than one million North Carolinians, including 530,000 children. People eligible to receive Medicaid include the elderly, blind and disabled, pregnant women, children and their caregivers. Medicaid, jointly administered and financed by federal, state and county governments, pays for a comprehensive array of services including doctor visits, hospital stays, prescription drugs, eye care, dental care, nursing home and in-home services. The division works to lower Medicaid costs and improve services through programs such as Carolina Access, which links Medicaid recipients with primary care doctors; Community Alternatives, which provides services that allow the elderly and disabled to stay in their homes and out of nursing homes; and Baby Love, which combats infant mortality through early prenatal and preventive health care.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services provides help and support to North Carolinians and their families suffering from mental illness, struggling with a drug or alcohol addiction or coping with a developmental disability. The division operates four regional psychiatric hospitals for

those who need inpatient psychiatric services, and oversees a network of mental health programs in communities across the state. The division also operates a Special Care Center for the elderly with serious medical and mental problems and operates three educational centers to meet the needs of children with serious emotional or behavioral disorders. The division also oversees residential and outpatient treatment at three alcohol and drug abuse treatment centers for those suffering from the effects of alcohol and drug addiction.

The Division of Social Services strengthens communities by strengthening families. Its primary focus is to help people get jobs and become self-sufficient. The division is responsible for implementation of the Governor's Work First Family Assistance Program, a major new welfare reform initiative. Social Services offices are located in each of the state's 100 counties and oversee programs such as Aid to Families with Dependent Children, food stamps, help with heating bills and employment programs. The division is also responsible for child support enforcement, foster care and adoption services, protective services for abused or neglected children and adults, adolescent parenting programs aimed at reducing teen pregnancies, and family preservation services.

The Division of Vocational Rehabilitation Service provides services to assist eligible persons with disabilities to achieve gainful employment, to have equal opportunity for career development and advancement, and/or to increase their ability to live independently. Job placement, job training, counseling and guidance are examples of the wide range of services available. In addition, the division operates the state's Disability Determination Services which processes disability claims for Social Security, Supplemental Security Income and Medicaid.

The Division of Youth Services places youngsters back on the right track. It oversees programs aimed at providing second chances, and comprehensive treatment and care for troubled youngsters between the ages of 7 and 17. The division offers assistance and funding to almost 500 community-based programs as well as non-institutional residential services such as wilderness camps and multipurpose juvenile homes. The division also operates five state-run training schools and seven secure detention centers, the latter serving as an alternative to adult jails for juvenile offenders awaiting trial and other short-term stays. The "Support Our Students" program works to combat juvenile crime through a public-private partnership that depends on volunteers to provide positive role models and offer youngsters after-school alternatives to the streets.

Department of Human Resources
Outcomes, Objectives, Outcome
Measures, Strategies and Activities
of the
1997-1999 Budget

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Note: Programs, subprograms and elements are highlighted to show where DHR objectives fall within the taxonomy.

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Note: Programs, subprograms and elements are highlighted to show where DHR objectives fall within the taxonomy.

DEPARTMENT OF HUMAN RESOURCES

Mission Statement

Building a stronger North Carolina by creating and continuously improving opportunities for

- ♦ Health
- ♦ Social and Economic Well-Being
- Dignity

for

- ♦ Individuals
- Families
- ♦ Communities

(G.S. 143B-136 through G.S. 143B-140)

The Department employed an integrated planning process in order to achieve consistency among the Department's Operational Plan, the Performance/Program Budget (P/PB), and the Information Technology Strategy. The starting point of the integrated planning process was the Department's mission statement and six goals. The six goal areas were selected as categories because they are reflective of the major client services where program funding is tied to a particular goal.

DHR Goal Areas

DHR Goal 1

Family Development, Support and Independence

The department (1) recognizes its vital role in encouraging the development of stable, nurturing and self-reliant families; (2) is committed to assisting families in their efforts to achieve and maintain health, social and economic well-being and self-respect; and (3) will strive to maximize family support and independence through the accomplishment of objectives which seek to ensure greater equity and accessibility of services, maximization of private sector involvement, and more effective and flexible use of resources.

DHR Goal 2 At-risk Children

The department is committed to identifying children under 18 years of age, with or at-risk for physical handicaps, developmental disabilities, substance abuse, delinquency, emotional illness, abuse or neglect, or who are vulnerable because of poverty, health problems, and the lack of supervision; to providing services to these children; and to strengthening their families. Prevention/early intervention and outreach services are the most cost-effective means to reverse the trends which place increasing numbers of children at-risk.

DHR Goal 3 Older Adults

The department is committed to identifying the needs of North Carolina's older adult population and, through leadership and coordination of federal, state and local efforts, to the provision of services and resources to meet the needs of older adults and their family caregivers.

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DHR Goal 4 Individuals with Physical and Mental Disabilities

The department is committed to increasing the self-sufficiency of people (1) with severe and persistent mental illness; (2) who are substance abusers; (3) with developmental disabilities; and (4) with other disabilities including physical disabilities, blindness and deafness so that they may secure and maintain maximum independence, contribution and inclusion into the community.

DHR Goal 5 Health Quality and Access

The department is committed to the assurance of geographic and economic access to high quality, affordable health care by all citizens of the state. Optimum health contributes significantly to social and economic well-being as well as self-respect.

DHR Goal 6 Education

The department recognizes its vital role in assuring the development of comprehensive, cohesive and coordinated educational programs and schools in the Department of Human Resources. It is committed to a child-centered focus in assisting students and educators by maximizing local flexibility among our intermediate educational units and adhering to the legal and procedural mandates of state and federal law relating to children who have special needs.

The Department of Human Resources' budget is devoted to accomplishing objectives in four Performance Program Budget areas: Health, Human Services; Corrections, and Education.

P/PB Program Area

Health

The Health Program Area includes those state programs which protect the public health and maintain and improve health care access and treatment.

Human Service

The Human Services Program Area covers those state programs which enable families and individuals to achieve maximum self-sufficiency and well-being and protect the economic well-being of families and individuals.

Corrections

The Corrections Program Area contains those state programs which control adult offenders, rehabilitate adult offenders and control and reform juvenile offenders.

Education

The Education Program Area is comprised of those state programs which provide educational services in public kindergarten through twelfth grade schools, the community college system and the university system.

The chart below reflects the Divisions and Offices arrayed by the Performance/Program Budget areas and the DHR goal areas.

		P/PB	PROGRAM		
		Health	Human Services	Corrections	Education
D H R	Family Development	 Medical Assistance Mental Health, DD and SAS 	 Office of Economic Opportunity DD Council Child Development Services for the Deaf and Hard of Hearing Social Services Services for the Blind Vocational Rehabilitation 		_
G O A L	At-risk Children	 Medical Assistance Mental Health, DD and SAS 	 Social Services Child Development Services for the Deaf and Hard of Hearing Services for the Blind Youth Services 	- Youth Services	
	Older Adults	Medical Assistance Mental Health, DD and SAS	 Aging Services for the Deaf and Hard of Hearing Social Services Services for the Blind Vocational Rehabilitation 		
	Physical & Mental Disability	 Medical Assistance Mental Health, DD and SAS 	 Services for the Deaf and Hard of Hearing Services for the Blind Vocational Rehabilitation 		
	Health Quality and Access	 Office of Rural Health and Resource Development Medical Assistance Services for the Blind Mental Health, DD and SAS Facility Services 			
	Education .	Mental Health, DD and SAS		- Youth Services	 Services for the Deaf and Hard of Hearing Services for the Blind

Outcomes, Objectives, Outcome Measures, Strategies and Activities

The following is a report on objectives that are presented in the state's Performance Budget and administrative objectives that are unique to the Department. In each box is listed the P/PB taxonomy for the objective(s). After the name of the division, the expected outcome resulting from achieving the objective is listed followed by the objective(s). Each P/PB objective is identified by a unique Department number and the P/PB program number. Administrative objectives which do not appear in the Performance Budget are not assigned a P/PB number. Following the objective are outcome measures which will be used to assess the objective. Current strategies and activities directed towards achievement of each objective are described. Finally, innovations which represent creative strategies and activities for improving services using current funding levels are identified.

To facilitate review and discussion of this report, definitions of key terms are listed below.

Outcome (aka expected outcome): a result, an impact on a problem, an effect on the customer or client, an accomplishment toward a policy commitment or what specific government activity or set of activities is trying to achieve. For example, in a healthy baby program, one outcome would be full-term healthy babies.

Objective: a clearly defined target or milestone which is aimed for in pursuit of a goal and related outcomes. an objective should be defined in measurable terms, be clearly related to an expected outcome, and be achievable in four to six years.

Outcome Measure: a type of performance measure representing the results of a specific government activity or set of activities. For example, in a healthy baby program, one outcome measure would be the percent of participating women who deliver normal weight babies. An outcome measure is directly related to an objective. The outcome measures are the tools to assess the objectives.

Strategy: way to reach objectives and get desired results. A strategy may be carried out through an activity or a group of activities. Strategies should be evaluated in terms of how well they contribute to outcomes and objectives.

Activities: an action or service the government performs. For example, in a healthy baby program, one activity is the counseling that is offered.

Innovation: progressive and creative strategies for improving current services, using current funding levels.

Administrative objective: an objective that does not appear in the PPB document and is more administrative in its focus. For example, an administrative objective would be "to decrease the amount of paper products used throughout the department by 25 percent."

Program Area:

Health

P/PB Goal #1:

Protect the public health

Program:

Prevent diseases and promote health

Subprogram:

Health Promotion

Division of Services for the Blind

Expected Outcome

The expected outcome is prevention of vision loss and, where possible, restoration of vision.

P/PB Objective # 1 (1420.--):

Reduce incidence of blindness.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of individuals who receive vision loss prevention and treatment services through the Medical Eye Care Program annually.	16,591	13,965	10,621	11,000	11,400	11,800

Description of strategies or activities directed toward this objective:

• Provide for eye examinations, treatment and/or surgery for vision restoration (DSB fund 1310)

Program Area:

Health

P/PB Goal # II:

Maintain and improve health care access and treatment

Program:

Maintain and improve health treatment services

Subprogram:

Provide mental health services - institutional and community-based

Element:

Emotional disturbances/mental illness

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Expected Outcome:

Mental Health services will be delivered in a manner that is effective, accessible, and responsive to the needs of clients of area mental health, developmental disabilities, and substance abuse programs in local communities and state psychiatric hospitals.

P/PB Objective # 2 (1421.01):

At least 80% of mental health clients and their families will be satisfied with the mental health services received.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Client/Family Satisfaction Rate-Child client with SED.	N/A	N/A	86.9%	80.0%	80.0%	80.0%
Client/Family Satisfaction Rate-Adult client with SPMI.	N/A	N/A	88.0%	80.0%	80.0%	80.0%

Description of strategies or activities directed toward this objective:

- Provide training to staff of local mental health centers on various aspects of service provision (DMHDDSAS funds 1290, 1291, 1513, 1532, 1840 and 1850)
- Analyze client and family satisfaction data (DMHDDSAS funds 1290, 1291, 1513, 1532, 1840 and 1850)
- Target programs that score below 80% satisfaction for additional training and technical assistance (DMHDDSAS funds 1290, 1291, 1513, 1532, 1840 and 1850)
- Develop the base line needed to establish quantitative targets for providing services to children with Serious Emotional Disturbance in the following areas: (a) types of services provided; (b) volume of services provided; (c) number of clients served; and (d) functional impairment of clients served. (DMHDDSAS funds 1290, 1291, 1513, 1532, 1840 and 1850)

Expected Outcome:

State operated psychiatric hospitals will provide effective treatment.

P/PB Objective #3 (1421.02):

Ninety percent (90%) of adults with severe and persistent mental illness who are involuntarily admitted to State hospitals and children with serious emotional disturbance who are treated in State Hospitals will show an increase in the level of functioning at discharge.

Outcome Measure:

. <i>.</i>	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of patients showing an increase in the level of functioning at discharge.	N	N	97%	90%	90%	90%

Description of strategies or activities directed toward this objective:

- Accurately assess each adult and child admission for level of functioning (DMHDDSAS funds 1220, 1230, 1240, and 1260,)
- Identify appropriate interventions, medications and course of treatment to increase level of functioning (DMHDDSAS funds 1220, 1230, 1240, and 1260)
- Carry out appropriate interventions (DMHDDSAS funds 1220, 1230, 1240, and 1260)
- Accurately assess each discharge for level of functioning (DMHDDSAS funds 1220, 1230, 1240, and 1260)

Expected Outcome:

Community based mental health treatment and services will enable adults with severe mental illness, and children with SED, to improve or maintain their ability to function in the community without being a danger to self or others.

P/PB Objective # 4 (1421.03):

Eighty percent (80%) of adults with severe and persistent mental illness and children with serious emotional disturbance, who receive mental health treatment and services from area MHDDSA programs, will either show improvement or maintain level of functioning, as evidenced by not requiring involuntary admission (adults)/admission (children) to a State psychiatric hospital within a 12 month period.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percent of adults with SPMI not requiring involuntary admission to a State psychiatric hospital within a 12 month period.	90.2 %	91.5%	91.8%	80%	80%	80%
Percent of children with SED not requiring admission to a State psychiatric hospital within a 12 month period.	98.2%	98.45	98.6%	80%	80%	80%

Description of strategies or activities directed toward this objective:

- Increase and improve quality of community based services. (DMHDDSAS funds 1290, 1291, 1513, 1532, 1840, 1850)
- Analyze hospital admission data to assess readmission rates. (DMHDDSAS funds 1290 1291, 1513, 1532, 1840, 1850)
- Increase the number of persons with mental illness receiving community based care. (DMHDDSAS funds 1290 1291, 1513, 1532, 1840, 1850)

Program Area:

Health

P/PB Goal # II:

Maintain and improve health care access and treatment

Program:

Maintain and improve health treatment services

Subprogram:

Provide mental health services - institutional and community-based

Element:

Willie M.

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Expected Outcome:

As a result of involvement in treatment and other services provided through the Willie M. service system, class members will exhibit improved functioning.

P/PB Objective # 5 (1422.01):

Twenty-five percent (25%) of all certified Willie M. class members who are eligible to receive services will show improvement in all six life domains (educational, health, housing/residential, social, vocational, behavioral).

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of Willie M. class members who show improvement in all six life domains as demonstrated by the Willie M Assessment & Outcome Instrument.	N	N	N	25%	25%	25%

Description of strategies or activities directed toward this objective:

- Create reliable measures of outcome according to established definitions. (DMH funds 1215, 1216 and 1217)
- Collect reliable data using tested instruments. (DMH funds 1215, 1216 and 1217)
- Analyze data in rigorous ways to find out accurate results. (DMH funds 1215, 1216 and 1217)
- Provide information feedback for corrective action when not meeting desired objectives. (DMH funds 1215, 1216 and 1217)

Innovations:

• Using clear theoretical orientations about resiliency theory that can help guide the design, implementation and analysis of instrument.

Expected Outcome:

As a result of involvement in treatment and other services provided through the Willie M. service system, class members will exhibit improved functioning.

P/PB Objective # 6 (1422.02):

Seventy-five percent (75%) of all certified Willie M. class members who are eligible to receive services will show improvement in at least one of the six life domains (educational, health, housing/residential, social, vocational, behavioral).

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of Willie M. class members who show improvement in at least one of the six life domains as demonstrated by the Willie M Assessment & Outcome Instrument.	N	N	N	75%	75%	75%

Description of strategies or activities directed toward this objective:

- Create reliable measures of outcome according to established definitions. (DMH funds 1215, 1216 and 1217)
- Collect reliable data using tested instruments. (DMH funds 1215, 1216 and 1217)
- Analyze data in rigorous ways to find out accurate results. (DMH funds 1215, 1216 and 1217)
- Provide information feedback for corrective action when not meeting desired objectives. (DMH funds 1215, 1216 and 1217)

Innovations:

• Use clear theoretical orientations about resiliency theory that can help guide the design, implementation and analysis of instrument.

Program Area:

Health

P/PB Goal # 11:

Maintain and improve health care access and treatment

Program:

Maintain and improve health treatment services

Subprogram:

Provide substance abuse services - institutional and community-based

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Expected Outcome:

Reduction in days of acute hospital care utilization.

P/PB Objective #7 (1430.01):

At least 65% of clients receiving substance abuse treatment services will show a reduction in the annualized rate of the number of days of acute hospital care utilization for substance abuse, psychiatric, and medical disorders

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of clients receiving substance abuse services showing a reduction in acute hospital care utilization for substance abuse, psychiatric and medical disorders for	N	N	N	65%	65%	65%

Description of strategies or activities directed toward this objective:

- Orient state institutions and area programs on use of SA Outcomes Assessments forms. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Identify clients to be included in Division sample survey. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Implement survey, analyze data, and report on findings. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)

Innovations:

 Perinatal and Maternal Substance Abuse Programs, Adolescent Substance Abuse Regional 24-Hour Programs; Carolina Alternatives Medicaid Waiver Program.

Expected Outcome:

Reduction in DWI reconvictions of DWI clients.

P/PB Objective #8 (1430.02):

At least 70% of DWI clients completing substance abuse services will not be reconvicted of a subsequent DWI offense within two (2) years of conviction of the initial DWI offense.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
•	Actual	Actual	Actual	Projected	Projected	Projected
Percent of DWI client completing substance	N	N	N	70%	70%	70%
abuse services not reconvicted for DWI						{
offenses within two years.						L

Description of strategies or activities directed toward this objective:

- Monitor completion of forms per State laws and rules and key data. (DMH funds 1410, 1411, 1490 and 1491)
- Provide daily consultation to offenders, attorneys, providers, and other states. (DMH funds 1410, 1411, 1490 and 1491)
- Develop and monitor annual evaluation contract to measure recidivism. (DMH funds 1410, 1411, 1490 and 1491)
- Analyze data, prepare reports for General Assembly, providers and others. (DMH funds 1410, 1411, 1490 and 1491)
- Support system refinements through training, rules and laws. (DMH funds 1410, 1411, 1490 and 1491)

Innovations:

A quality assurance panel, comprised of volunteers from public and private DWI service providers is assisting DMHDDSAS in developing a
protocol to provide due process to clients and others filing written complaints.

Expected Outcome:

Reduction in crime.

P/PB Objective # 9 (1430.03):

At least 65% of clients admitted to substance abuse treatment services and/or enrolled in the Treatment Alternatives to Street Crime Program will show a reduction in annualized arrest rate.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of substance abuse and/or TASC clients showing a reduction in incidence of client arrests (excluding traffic offenses other than DWI).	N	N	N	65%	65%	65%

Description of strategies or activities directed toward this objective:

- Orient state institutions and area programs on use of Substance Abuse Outcomes Assessment forms, and finalize ADM and DIS forms. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Identify clients to be included in Division sample survey. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Implement survey and review completed forms and key data. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Analyze data, and report on findings. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Provide feedback to local TASC programs, researchers and DMHDDSAS. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Refine system and provide technical assistance. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)

Innovations:

Bi-annual activity reports to be shared with TASC programs followed by technical assistance.

Expected Outcome:

Improvement of student academic performance.

P/PB Objective # 10 (1430.04):

At least 50% of children and adolescents admitted to substance abuse treatment services or enrolled in designated substance abuse primary prevention programs will attain measurable improvement in student academic performance in school.

Outcome Measure:

$\dot{\cdot}$	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of students displaying an overall improvement in academic grade point average (GPA).	N	N	N	50%	50%	50%

Description of strategies or activities directed toward this objective:

- Orient area programs on use of SA Outcomes Assessments forms. (DMH funds 1410, 1411, 1490 and 1491)
- Identify clients to be included in Division sample survey. (DMH funds 1410, 1411, 1490 and 1491)
- Implement survey, analyze data, and report on findings. (DMH funds 1410, 1411, 1490 and 1491)

Innovations:

Perinatal and Maternal Substance Abuse Programs, Adolescent Substance Abuse Regional 24-Hour Programs; Carolina Alternatives Medicaid Waiver Programs.

Expected Outcome:

Reduction in the use of alcohol and other drugs.

P/PB Objective # 11 (1430.05):

At least 50% of clients admitted to substance abuse treatment services will show a reduction in the rate of use of alcohol and other drugs.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of substance abuse treatment services clients showing a reduction in use of alcohol	N	N	N	50%	50%	50%
and other drugs.				L		

Description of strategies or activities directed toward this objective:

- Orient area programs on use of SA Outcomes Assessments forms. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Identify clients to be included in Division sample survey. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)
- Implement survey, analyze data, and report on findings. (DMH funds 1410, 1411, 1420, 1421, 1430, 1431, 1440, 1441, 1490 and 1491)

Innovations:

 Perinatal and Maternal Substance Abuse Programs, Adolescent Substance Abuse Regional 24-Hour Programs; Carolina Alternatives Medicaid Waiver Programs. Program Area:

Health

P/PB Goal # II:

Maintain and improve health care access and treatment

Program:

Maintain and improve health treatment services

Subprogram:

Provide developmental disability services - institutional and community-based

Element:

Developmental disability treatment and support services

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Expected Outcome:

Person-centered developmental disabilities services will be provided so that each individual will have:

- active involvement in the community with support of family and friends;
- housing, work, training, education and recreation will be client need and desire appropriate;
- individuals and their families will be involved in treatment planning. Those residing in MR Centers will continue to move toward community placement.

P/PB Objective # 12 (1441.01):

At least 80% of individuals with developmental disabilities (DD) will show satisfaction with/participation in the following lifestyles: activities of daily living; housing options; and a variety of work/recreational alternatives.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Client/Family Satisfaction Rate.	N	94.7%	NA	80%	80%	80%

Description of strategies or activities directed toward this objective:

- Provide a Single Portal Process to assure consumers are involved in client centered planning (DMHDDSAS fund 1390)
- Assess waiting list data to assure clients are moving into needed services (DMHDDSAS fund 1390)
- Provide Early Intervention services (DMHDDSAS fund 1390)
- Redirect resources to develop and/or expand services contingent upon measured need (DMHDDSAS fund 1390)

Innovations:

Family Support Pilots and Residential Subsidies

Expected Outcome:

Person-centered developmental disabilities services will be provided so that each individual will have:

- active involvement in the community with support of family and friends;
- housing, work, training, education and recreation will be client need and desire appropriate;
- individuals and their families will be involved in treatment planning. Those residing in MR Centers will continue to move toward community placement.

P/PB Objective # 13 (1441.02):

Move 4% of the current population residing in Mental Retardation (MR) Centers to less intensive, more self reliant, community-based support systems.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of MR Center residents moved to community-based support systems.	5.3%	6.7%	5.0%	4.0%	4.0%	4.0%

Description of strategies or activities directed toward this objective:

- Prepare MR Center clients to move to community (DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)
- Develop community services for MR Center clients(DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)
- Support movement of clients to communities through Center Outreach Programs (DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)
- Maintain high quality services at MR Centers(DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)

Innovations:

- Consumer Monitoring
- Specialized Units

Expected Outcome:

Person-centered developmental disabilities services will be provided so that each individual will have:

- active involvement in the community with support of family and friends;
- housing, work, training, education and recreation will be client need and desire appropriate;
- individuals and their families will be involved in treatment planning. Those residing in MR Centers will continue to move toward community placement.

P/PB Objective # 14 (1441.03):

Move 2% of current children residing in MR Centers to less intensive, more self reliant, community-based support systems.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of children residing in MR Centers	42.3%	39.1%	38.9%	26.7%	9.1%	9.1%
moved into less intensive, more self reliant,						
community-based support systems.			İ			

Description of strategies or activities directed toward this objective:

- Expand early intervention services in community (DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)
- Develop crisis intervention services for children (DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)
- Prepare community for discharge through outreach (DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)
- Develop community residential options for children (DMH funds 1390, 1320, 1330, 1340, 1350 and 1360)

Innovations:

Family Preservation, Family Support, Respite

Program Area:

Health

P/PB Goal # II:

Maintain and improve health care access and treatment

Program:

Maintain and improve health treatment services

Subprogram:

Provide developmental disability services - institutional and community-based

Element:

Thomas S.

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Expected Outcome:

Thomas S. class members will receive services pursuant to the court order.

P/PB Objective # 15 (1442.01):

Sixty percent (60%) of the Thomas S. class members will receive appropriate services in community settings pursuant to the requirements of the court order.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98 ·	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of the Thomas S. class members	N	N	N	N	N	N
receiving appropriate services as measured by						
the Thomas S. Service Appropriateness Rate.						

- Establish services and supports appropriate to the needs and preferences of class members. (DMHDDSAS fund 1315)
- Monitor services and supports implemented via approved service plans. (DMHDDSAS fund 1315)
- Train public and private providers, Area Program staff, class members and their families, and policy makers on the requirements of the
 Thomas S. court order, the delivery of appropriate services and supports, monitoring procedures and expected outcomes. (DMHDDSAS fund 1315)
- Support the infrastructure of the service delivery system through technical assistance, provider recruitment, and resource development to
 ensure the availability of appropriate services in community settings pursuant to the requirements of the court order. (DMHDDSAS fund
 1315)
- Implement the Thomas S. Comprehensive Plan as approved by the court. (DMHDDSAS fund 1315)
- Report to the court and respond to court directives. (DMHDDSAS fund 1315)

Innovations:

- Implementation of the UCR-TS Revisions to unbundle service and supports to class members.
- Development and dissemination of a request for applications to seek innovative and creative proposals for meeting the objectives of the Thomas S. Comprehensive Plan. Projects will create additional community capacity for supporting class members and will demonstrate the utilization of existing generic resources to support the needs and preferences of class members cost efficiently.

Program Area: Health and Safety

P/PB Goal #2: Maintain and improve health care access and treatment

Program: Provide appropriate facilities and staff

Office of Rural Health and Resource Development

Expected Outcome:

North Carolina's rural citizens will gain greater access to primary care medical services

P/PB Objective # 16 (1500.11):

Within six years, improve the availability of primary care services in 75% of North Carolina's medically-underserved rural counties. (As of July 1, 1996, there were 79 medically underserved counties.)

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of medically underserved counties with improved availability of primary care physicians.	N	N	N	12	24	36

- Determine the State's areas of greatest need and target those areas (DHR 1510)
- Provide incentives through loan repayments, residency loans, and bonuses to primary care providers willing to locate in the State's underserved rural areas (DHR 1510)
- Mount an aggressive recruitment campaign utilizing personal contacts, mass mailings, exhibiting at conferences, and close-in work with instate primary care residencies. (DHR 1510)
- Assist communities in developing and implementing recruitment strategies (DHR 1510)

Office of Rural Health and Resource Development

Expected Outcome:

North Carolina's network of state-sponsored, community-owned rural health centers will provide a more cost-effective access point to primary care services for underserved rural citizens.

P/PB Objective # 17 (1500.12):

Within six years increase the overall productivity of the state-sponsored, community-owned network of rural health centers in medically-underserved areas by 350,000 patient visits.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of patient visits to the rural heath centers in medically underserved areas (in thousands).	552	584	622	660	750	820

- Provide technical assistance with practice management (DHR fund 1510)
- Provide appropriate provider staff through office recruitment effort (DHR fund 1510)
- Provide operational support to rural health centers (DHR fund 1510)
- Provide comprehensive practice assessments of rural primary care practices (DHR fund 1510)

Expected Outcome:

The protection of the health, safety and welfare of the patients and residents being served by the health care facilities, agencies and programs that we regulate.

P/PB Objective # 18 (1500.01)

To improve quality of care and services available in hospitals, nursing homes, adult care homes, home care agencies, hospice agencies and local confinement facilities that the Division regulates through the achievement of 95% regulatory compliance of all these providers.

Outcome Measure:

		SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
ex	rcentage of services and facilities not periencing one of the following actions ainst them during any given year:.						
1.	adverse actions against licensees by Licensure or Certification Officials, or	96.9	96.8	97.2	96	96	96
2.	civil monetary penalties imposed for past non- compliance or immediate and serious threat to patient health and safety due to non-compliance issues, or	96.9	97.4	97.4	96	96	96
3.	their accreditation revoked, or local confinement facilities identified as having conditions that jeopardize the custody, safety. health or welfare of their inmates.	95	97	99	98	98	98

- Identify and disseminate reports on best practices to address areas of regulatory non-compliance. (DFS fund 1311)
- Encourage families, clients, advocates and other interested citizens to contact the Division when facilities are not in compliance to enable the Division to respond quickly to have facilities achieve compliance. (DFS fund 1311)
- Expand and fully implement the complaints telephone hotline. (DFS fund 1311)
- Monitor all existing jail operations and new jail construction projects to ensure compliance with jail construction standards. (DFS fund 1311)
- Implement and enforce new rules adopted by the Social Services Commission pursuant to G.S. 131D-4.3 (Senate Bill 864) for adult care homes which require training for personal care aides, clients assessment and case management. (DFS fund 1311)

Expected Outcome:

Reduce the number of systemic deficient practices in hospitals, nursing homes, adult care homes, home care agencies, hospice agencies and local confinement facilities that the Division regulates.

P/PB Objective # 19 (1500.02)

By 2002, 95% of all hospitals, nursing homes, adult care homes, home care agencies, hospice agencies, and local confinement facilities will have quality assessment programs in place in which the facilities and agencies identify their own systemic problems and correct them without regulatory intervention.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
· · · · · · · · · · · · · · · · · · ·	Actual	Actual	Actual	Projected	Projected	Projected
Number of identified facilities and agencies	N	N	N	93.0%	94.0%	94.5%
who have quality assessment programs that		ļ		1		1
identify and correct their own deficient		İ				1
practices without regulatory intervention.						

- Elicit participation by consumers, advocates, health professionals and providers in establishing priority care areas that commonly lead to systemic deficient practices. (DFS fund 1311)
- Develop modules based on these care areas that facility's quality initiative programs can utilize in preventing and correcting systemic deficient practices. (DFS fund 1311)
- Establish and implement data collection and monitoring systems based on criteria for measuring outcomes. (DFS fund 1311)
- Encourage the development and monitor the implementation of quality assurance procedures in all adult care homes. (DFS fund 1311)
- Encourage preventative maintenance programs, code and licensure compliance, and interaction with local building and fire officials to improve and/or maintain building safety and performance. (DFS fund 1311)

Expected Outcome:

Reduce death, suffering, and disability for North Carolinians who suffer traumatic or medical emergencies outside of medical facilities.

P/PB Objective # 20 (1500.03)

Reduce death from out-of-hospital cardiac arrest by making Automatic External Defibrillators (AED) available in under 5 minutes to 80% of the state's population by the year 2002.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The percentage of the state's population having access to AED in under 5 minutes.	N	N	N	65%	70%	75%

- Present evidence to the NC Medical Board that rules governing the use of AED should provide for widespread availability of the device while assuring public safety. (DFS fund 1511)
- Give priority for the purchase of AED's for local providers through the EMS System Development Grant Program. (DFS fund 1511).
- Develop rules regarding use of AED to be as non-restricting as possible while protecting public safety. (DFS fund 1511)

Expected Outcome:

Reduce death, suffering, and disability for North Carolinians who suffer traumatic or medical emergencies outside of medical facilities.

P/PB Objective # 21 (1500.04)

By the year 2002, reduce the current rate of 0.634 trauma deaths per 1000.

Outcome Measure:

· ·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Mortality rate of trauma per 1,000 population .	N	.0635	.0634	.0633	.0632	.0631

- Develop rules or proposed legislation to codify the process for trauma center designation and to establish a comprehensive statewide trauma system. (DFS fund 1511)
- Develop a reporting system to collect data on trauma deaths and average length of stay for trauma patients. (DFS fund 1511)
- Encourage participation in the rule making process by distributing draft rules and conducting public meetings. (DFS fund 1511)

Expected Outcome:

Ensure that North Carolina citizens and visitors have access to a safe and efficient EMS system which adheres to established North Carolina EMS standards.

P/PB Objective # 22 (1500.05)

Maintain access to basic life support (BLS) care in all 100 North Carolina counties.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
•	Actual	Actual	Actual	Projected	Projected	Projected
Number of counties providing a minimum of basic life support out-of-hospital care.	100%	100%	100%	100%	100%	100%

- Develop a customer "rules review committee" which meets at least annually to actively seek input from customers. (DFS fund 1511)
- Allow for and encourage public participation in the development of BLS standards for North Carolina EMS providers. (DFS fund 1511)

Expected Outcome:

Ensure that North Carolina citizens and visitors have access to a safe and efficient EMS system which adheres to established North Carolina EMS standards.

P/PB Objective # 23 (1500.06)

Increase by 5% the number of EMS providers functioning at an advanced life support (ALS) level of care by the year 2002.

Outcome Measure:

. •	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Annual percentage of out-of-hospital providers functioning at an advanced life support level of care.	N	N	N	62.7%	65.8%	69.1%

- Actively assist providers to successfully expand their level of care to Advanced Life Support. (DFS fund 1511)
- Conduct EMS system evaluations and make recommendations for system enhancement as requested by county government officials. (DFS fund 1511)

Expected Outcome:

To ensure both economic and geographic access to high quality and cost effective health care services, and to promote their efficient utilization.

P/PB Objective # 24 (1500.07)

Monitor and regulate nursing home growth and development in order to assure that there are at least 35 nursing home beds per 1000 population aged 65 and older in 95 of the state's 98 counties that have nursing facility beds and that no more than five counties have more than 60 beds per 1000 population.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Number of counties with 35 or more nursing facility beds per 1000 population over age 65 by county.	88	93	93	93	94	94
Number of counties with more than 60 nursing facility beds per 1000 population over age 65.	6	5	5	5	5	5

- Provide forums and public hearings for participation of the public in the development of the State Medical Facilities Plan and review of Certificate of Need applications to assure services are developed to meet needs. (DFS fund 1711)
- Develop the annual State Medical Facilities Plan. (DFS fund 1711)
- Review Certificate of Need Applications and make decisions to approve or deny them. (DFS fund 1711)
- Adopt review criteria and apply them in the review of Certificate of Need Applications.
- Monitor development of approved projects to assure material compliance with conditions. (DFS fund 1711)

Expected Outcome:

To ensure both economic and geographic access to high quality and cost effective health care services, and to promote their efficient utilization.

P/PB Objective # 25 (1500.08)

Through the year 2000, assure that the statewide average utilization rates do not drop below 60 percent for open heart surgery programs or 70 percent for fixed cardiac catherization services as a result of need determinations in the State Medical Facilities Plan (SMFP) or Certificates of Need (CON's) issued for additional services.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Annual Utilization Rates of open heart-	58.0%	62.6%	NA	63.0%	63.5%	63.5%
surgery programs. (Data covers fiscal year						
October 1 through September 30.)						
Annual Utilization Rates of fixed cardiac	71.0%	74.0%	NA	74.5%	74.5%	74.5%
catheterization programs. (Data covers fiscal						
year October 1 through September 30.)						

- Provide forums and public hearings for participation of the public in the development of the State Medical Facilities Plan and review of Certificate of Need applications to assure services are developed to meet needs. (DFS fund 1711)
- Develop the annual State Medical Facilities Plan. (DFS fund 1711)
- Review Certificate of Need Applications and make decisions to approve or deny them. (DFS fund 1711)
- Adopt review criteria and apply them in the review of Certificate of Need Applications. (DFS fund 1711)
- Monitor development of approved projects to assure material compliance with conditions. (DFS fund 1711)

Expected Outcome:

To ensure both economic and geographic access to high quality and cost effective health care services, and to promote their efficient utilization.

P/PB Objective # 26 (1500.09)

Assure that the statewide average utilization rate through the year 2000 is at least 92% for nursing facility beds and is at least 95% for intermediate care facilities for the mentally retarded (ICF-MR's).

Outcome Measure:

, ·	SFY	SFY	SFY	SFY	SFY	SFY
•	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Annual utilization rates for nursing facility	94.7%	94.7%	Not	94.0%	94.0%	94.0%
beds. (Data covers fiscal year October 1			available		:	
through September 30.)						
Annual utilization rates for ICF-MR beds.	95.5%	98.9%	Not	98.0%	98.0%	98.0%
(Data covers fiscal year October 1 through			available			
September 30.)						

- Provide forums and public hearings for participation of the public in the development of the State Medical Facilities Plan and review of Certificate of Need applications to assure services are developed to meet needs. (DFS fund 1711)
- Develop the annual State Medical Facilities Plan. (DFS fund 1711)
- Review Certificate of Need Applications and make decisions to approve or deny them. (DFS fund 1711)
- Adopt review criteria and apply them in the review of Certificate of Need Applications. (DFS fund 1711)
- Monitor development of approved projects to assure material compliance with conditions. (DFS fund 1711)

Expected Outcome:

To achieve the Division's outcomes and program objectives and offer non-profit and publicly owned health care facilities an economic alternative for capital financing.

P/PB Objective # 27 (1500.10)

Provide savings of approximately \$35 million in annual debt service payments of health care facilities.

Outcome Measure:

··	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Annual debt service savings of health care facilities borrowing through the Medical Care Commission based on outstanding debt for the year in millions.	\$36.6	\$35.7	\$36.3	\$37.0	\$37.5	\$38.0

- Review Applications for financing through the Health Facilities Finance Act (DFS fund 1111)
- Issue tax-exempt bonds for projects approved by the Medical Care Commission (DFS fund 1111)
- Conduct financial and operational reviews of bond financed projects to assure fiscal integrity and compliance with Medical Care Commission guidelines. (DFS fund 1111)



Administrative Objective #28

Develop measurable objectives for each program unit within the Division of Facility Services and monitor progress in accomplishing the objective within the established timeframe.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Number of program units within the division with measurable objectives.						
Number of program units within the division which did not meet one or more objectives.						

- Work with each program unit to develop objectives (DFS fund 1111)
- Monitor progress in meeting objectives (DFS fund 1111)

Administrative Objective # 29:

Revoke or prevent reissuance of solicitation licenses to professional solicitors and charitable organizations whose legal violations can be documented.

Outcome Measure:

;	SFY	SFY	SFY	SFY	SFY	SFY
;	93-94	94-95	95-96	96-97	97-98	98-99
Number of licenses revoked or not reissued.	Actual	Actual	Actual	Projected	Projected	Projected

- Educate charitable organizations in the legal aspects of conducting bingo. (DFS fund 1818)
- Work with local law enforcement officials to enhance enforcement bingo laws. . (DFS fund 1818)
- Collect and disseminate information concerning the collection and use of bingo receipts. . (DFS fund 1818)
- Review licensure applications and issue or deny licenses. . (DFS fund 1818)

Program Area:

Health

P/PB Goal #2:

Maintain and improve health care access and treatment

Program:

Regulate and ensure fair access to health care

Division of Medical Assistance

Expected Outcome:

Decrease health problems through early detection and treatments by increasing the number of children screened each year.

P/PB Objective # 30 (1600.01):

Increase the number of children screened for early detection and treatment of health problems by 3% each year.

Outcome Measure:

Outcome Measurer						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of child screenings, unduplicated by	171,326	182,214	187,680	193,310	199,109	205,082
federal fiscal year.		1				

- Continue automation strategy to identify and notify families of need for health checks. (DMA fund 1310)
- Continue improving partnership efforts with local Health Check projects to enhance system performance. (DMA fund 1310)
- Build on existing outreach through multi-media plan. (DMA fund 1310)
- Continue provider recruitment efforts. (DMA fund 1310)
- Capture data and maintain Health Check participation in HMO's. (DMA fund 1310)

Division of Medical Assistance

Expected Outcome:

To improve access and quality of care, make managed care available to more Medicaid eligibles and to increase the use of managed care

P/PB Objective # 31 (1600.02):

Increase the number of Medicaid eligibles using managed care by 10% each year.

Outcome Measure:

o accome mensure.							
	SFY	SFY	SFY	SFY	SFY	SFY	SFY
. •	93-94	94-95	95-96	96-97	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Review	Projected	Projected
Medicaid eligibles enrolled in prepaid health	5,265	5,189	5,213	30,000		40,000	48,000
plans. (Mecklenburg Project started in SFY	i		1				
96-97.)	•		1	i			
Medicaid eligibles enrolled in Carolina	127,042	188,553	260,519	330,519		400,000	470,000
ACCESS (a managed care plan).		<u> </u>					

- Expand Carolina ACCESS to more counties (DMA fund 1310)
- Contract with HMO's to serve Medicaid eligibles in more counties (DMA fund 1310)
- Develop ACCESS II (DMA fund 1310)

Division of Medical Assistance

Expected Outcome:

Increase the availability and visibility of in-home services as an alternative for institutional services.

P/PB Objective # 32 (1600.03):

Of the total persons receiving Medicaid long term services in SFY 97-98 and SFY 98-99, 20% and 22% respectively will receive in-home services as an alternative.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of long term care Medicaid clients receiving in-home vs. institutional long term	12.3%	13.7%	16.7%	18%	20%	22%
care services.				<u> </u>		

- Increase CAP slots. (DMA fund 1310)
- Provide education and support to local CAP/DA case managers. (DMA fund 1310)
- Assist local CAP/DA program expansion efforts. (DMA fund 1310)
- Streamline program procedures to expedite admission. (DMA fund 1310)

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide protective services for children

Division of Social Services

Expected Outcome:

Known victims of child abuse and neglect are protected.

P/PB Objective # 33 (2100.01)

Increase by 2 percentage points the percentage of child victims of abuse and neglect without subsequent substantiation over a two year period by June 30, 2000.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The percentage of child victims of abuse and neglect without subsequent substantiations.	N	N	N	N	N	. N

NOTE: The baseline will be established in SFY 96-97.

Description of strategies or activities directed toward this objective:

- Investigate reports of abuse within 24 hours (DSS funds 1140, 1410, 1180, and 1480).
- Investigate reports of neglect and dependency within 72 hours (DSS funds 1140, 1410, 1180, and 1480).
- Increase public awareness (including awareness in children) (DSS funds 1140, 1410, 1180 and 1480).
- Identify risk factors in families with substantiated reports of abuse/neglect/dependency (DSS funds 1140, 1410, 1180, and 1480).
- Develop individual goals and treatment plans for reducing risk, complete with specific objectives and timeframes (DSS funds 1140, 1410, 1180, and 1480).
- Provide or coordinate the services needed to achieve the treatment goals (DSS funds 1140, 1410, 1180, and 1480).

Innovations:

Automation efforts are currently under development which will assist in the evaluation process of the data collected including revisions to the Central Registry.

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Expected Outcome:

Known victims of child abuse and neglect are protected from subsequent abuse and neglect without being removed from their homes.

P/PB Objective # 34 (2100.02)

Increase by 2 percentage points the percentage of child victims of abuse and neglect without subsequent substantiation while remaining in their homes by June 30, 2000.

Outcome Measure:

··	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The percentage of child victims of abuse and	N	N	N	N	N	N
neglect without subsequent substantiation						
while remaining in their homes.		· ·				

NOTE: The baseline will be established in SFY 96-97.

Description of strategies or activities directed toward this objective:

- Investigate reports of abuse within 24 hours (DSS funds 1140, 1410, 1180, and 1480).
- Investigate reports of neglect and dependency within 72 hours (DSS funds 1140, 1410, 1180, & 1480).
- Increase public awareness (including awareness in children) (DSS funds 1140, 1410, 1180 and 1480).
- Identify risk factors in families with substantiated reports of abuse/neglect/dependency (DSS funds 1140, 1410, 1180, and 1480).
- Develop individual goals and treatment plans for reducing risk, complete with specific objectives and timeframes (DSS funds 1140, 1410, 1180, and 1480).
- Provide or coordinate the services needed to achieve the treatment goals (DSS funds 1140, 1410, 1180, and 1480).

Innovations:

Automation efforts are currently under development which will assist in the evaluation process of the data collected including revisions to the Central Registry.

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Assure the placement of children in the most appropriate setting

Division of Social Services

Expected Outcome:

Children in the legal custody or placement responsibility of a county DSS find a permanent home within twelve months.

P/PB Objective # 35 (2100.10)

Increase by 3 percentage points the percentage of children who leave DSS legal custody/placement responsibility within twelve months of entry by June 30, 2000.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of children who leave DSS legal custody/placement responsibility within twelve months of entry.	N	N	N	N	N	N

NOTE: The baseline will be established in SFY 96-97.

- Develop and license foster care resources (DSS Funds 1140, 1180, and 1480)
- Supervise children in foster care (DSS Funds 1140, 1180, and 1480)
- Provide extra counseling and support for families and foster parents of children who are ill, disabled, or delinquent (DSS Funds 1140, 1180, and 1480)
- Petition the courts to legally terminate parental rights when needed (DSS Funds-1140, 1180, & 1480)
- Make recommendations for children unable to return home (DSS Funds 1140, 1180, and 1480)
- Increase the availability of appropriate foster care families (DSS Funds 1140, 1180, and 1480)

Expected Outcome:

Children in the legal custody or placement responsibility of a county DSS find a permanent home within twelve months.

P/PB Objective # 36 (2100.11)

Decrease by one month the median length of stay in DSS custody/placement responsibility by June 30, 2000.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
. •	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Median length of stay in DSS	N	N	N	N	N	N
custody/placement responsibility.						

- Develop and license foster care resources (DSS Funds 1140, 1180, and 1480)
- Supervise children in foster care (DSS Funds 1140, 1180, and 1480)
- Provide extra counseling and support for families and foster parents of children who are ill, disabled, or delinquent (DSS Funds 1140, 1180, and 1480)
- Petition the courts to legally terminate parental rights when needed (DSS Funds 1140, 1180, and 1480)
- Make recommendations for children unable to return home (DSS Funds 1140, 1180, and 1480)
- Increase the availability of appropriate foster care families (DSS Funds 1140, 1180, and 1480).

Expected Outcome:

Children in the legal custody or placement responsibility of a county DSS find a permanent home within twelve months.

P/PB Objective # 37 (2100.12)

Decrease by one month the median length of time between the termination of parental rights and the Final Order of Adoption by June 30, 2000.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
. •	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Median length of time between the	N	N	N	N	N	N
termination of parental rights and the Final						
Order of Adoption.						

NOTE: The baseline will be established in SFY 96-97.

- Petition the courts to legally terminate parental rights when needed (DSS Funds 1140, 1180, and 1480)
- Provide services to children in the process of being adopted (DSS Funds 1140, 1180, and 1480)
- Increase the number of placements and adoptions with extended family members (DSS Funds 1140, 1180, and 1480)
- Work to bring about increases in adoption board rates to increase the likelihood for quality adoptions of hard to adopt children (DSS Funds 1140, 1180, 1480, and DOS Fund 2766
- Make recommendations for children unable to return home (DSS Funds 1140, 1180, and 1480)

Expected Outcome:

Children who are removed from their homes for their protection are ensured stable, alternative living arrangements.

P/PB Objective # 38 (2100.13)

Increase by 2 percentage points the percentage of children in out-of-home placement who have been in no more than one out of home living arrangement while in DSS custody by June 30, 2000.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
·	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of children in out-of-home placement who have been in no more than one out of home living arrangement while in DSS custody.	N	N	N	N	N	N

NOTE: The baseline will be established in SFY 96-97.

- Provide training to foster care and adoption social workers and families to assure quality of placements (DSS Funds 1140, 1180, 1250, 1260, 1480)
- Increase the number of placements and adoptions with extended family members (DSS Funds 1140, 1180, 1250, 1260, 1480)
- Work to bring about increases in foster care board rates to increase the likelihood for quality adoptions of hard to adopt children (DSS Funds 1140, 1180, 1250, 1260, 1480)

Administrative Objective Number # 39:

Of the children in DSS custody and/or placement responsibility between July 1, 1996 and June 30, 1999, no more than 45% will be African American.

Outcome Measure:

. ·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of African-American children in DSS custody and/or placement responsibility.						

Description of strategies or activities directed toward this objective:

- Increase the number of placements and adoptions with extended family members. (DSS Funds-1140, 1180, 1250, 1260, 1480)
- Provide training to foster care and adoption social workers and families to assure quality placements of African American children. (DSS Funds-1140, 1180, 1250, 1260, 1480)
- Provide post adoption services to diminish disruptions. (DSS Funds-1140, 1180, 1250, 1260, 1480)
- Utilize private agencies, the media, and other resources to highlight the need for African American families. (DSS Funds-1140, 1180, 1250, 1260, 1480)

Innovations:

Automation efforts are currently under development which will assist in the evaluation process of the data collected including revisions to the Central Registry.

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide family support services to strengthen families

Division of Social Services

Expected Outcome:

Families receiving family preservation services remain intact.

P/PB Objective # 40 (2100.20)

At least ninety percent (90%) of families receiving family preservation services will not have a child removed from their homes by June 30, 2000.

Outcome Measure:

• 4.00						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of families receiving family	88%	90%	NA	91%	92%	92%
preservation services which do not have a	1.					
child removed from their homes.						

- Provide training for new workers and advanced training for experienced workers. (DSS funds 1140, 1410, 1180, and 1480).
- Provide technical assistance and consultation to local programs. (DSS funds 1140, 1410, 1180, and 1480).
- Initiate family preservation services within 24 hours of referral. (DSS funds 1140, 1180, 1410, and 1480).
- Provide services needed to stabilize crisis and keep families together. (DSS funds 1140, 1180, 1410, and 1480).
- Increase public awareness of available services. (DSS funds 1140, 1410, 1180, and 1480).

Expected Outcome:

Families remain intact one year after receiving family preservation services.

P/PB Objective # 41 (2100.21)

At least 70% of families who received family preservation services remained intact one year after receiving services by June 30, 2000.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of families who remain intact 1 year after receiving family preservation services compared to the total number of families served.	N	67%	NA NA	70%	72%	73%

- Provide training for new workers and advanced training for experienced workers. (DSS funds 1140, 1410, 1180, and 1480).
- Provide technical assistance and consultation to local programs. (DSS funds 1140, 1410, 1180, and 1480).
- Initiate family preservation services within 24 hours of referral. (DSS funds 1140, 1180, 1410, and 1480).
- Provide services needed to stabilize crisis and keep families together. (DSS funds 1140, 1180, 1410, and 1480).
- Increase public awareness of available services. (DSS funds 1140, 1410, 1180, and 1480).

Expected Outcome:

Facilitate the social and economic adjustment of refugees settling in North Carolina.

P/PB Objective # 42 (2100.22)

By the year 2000, seventy percent of employable refugee customers will become economically self-sufficient.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The number of refugee customers who are economically self-sufficient	NA	504	432	425	400	375

- Increase access to services for refugee families (DSS funds 1140, 1180, and 1480).
- Increase English language skills of refuge clients by 15 % by the year 2000 (DSS funds 1140, 1180, and 1480).

Program Area:

Human Services

P/PB Goal #1: Program: Enable families and individuals to achieve maximum self-sufficiency and

well-being

Strengthen and preserve families and protect children for harm

Provide preventive and protective services for vulnerable adults

Division of Social Services

Expected Outcome:

Reduction in the incidence of abuse, neglect and exploitation of vulnerable disabled and elderly adults.

P/PB Objective # 43 (2100.30)

Maintain at or below 5% repeated occurrences of abuse, neglect or exploitation of elder and disabled adults.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Adult Protective Services Recidivism	7%	7%	7%	6%	5%	5%

- Strengthen the ability of social services to evaluate and provide adult protective services (DSS funds 1140,1180 & 1480).
- Increase detection and reporting of abuse, neglect or exploitation of the elderly and disabled (DSS funds 1140,1180 & 1480).

Division of Aging

Expected Outcome:

Enhance quality of care and quality of life of residents of long-term care facilities.

P/PB Objective # 44 (2100.31):

By the year 2000, of those served through the Ombudsman program annually, at least 85% are satisfied with the quality of service they received.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Ombudsman program consumer satisfaction.	N	N	N	N	N	N

NOTE: Surveys and protocols for collecting this information are being developed.

- Educate adult care home and nursing home residents and their families about residents' Bill of Rights (Aging fund 1310)
- Provide technical assistance and/or training to nursing home and adult care home staff and volunteer community advisory committee members (Aging fund 1310)
- Increase public awareness about the Ombudsman program (Aging fund 1310)

Division of Aging

Expected Outcome:

Enhanced quality of care and quality of life of residents of long-term care facilities.

P/PB Objective # 45 (2100.32)

By the year 2000, at least 80% of complaints received annually by the Ombudsman program will be resolved through mediation and advocacy without needing to involve regulatory agencies.

Outcome Measure:

·.	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
·	Actual	Actual	Actual	Projected	Projected	Projected
Percent of complaints resolved through mediation and advocacy without needing to involve regulatory agencies.	69%	76%	76%	77%	78%	79%

- Educate adult care home and nursing home residents and their families about residents' Bill of Rights (Aging fund 1310)
- Increase public awareness about the Ombudsman Program (Aging fund 1310)
- Provide technical assistance and/or training to nursing home and adult care homes and volunteer community advisory committee members. (Aging fund 1310)
- Provide training on elder abuse prevention to human services professionals annually (Aging fund 1310)

Office of Economic Opportunity

Expected Outcome:

Homeless families will be provided emergency shelter.

P/PB Objective # 46 (2100.33):

Provide emergency shelter to 2,800 homeless families annually (average per day).

Outcome Measure:

··	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The number of homeless families provided emergency shelter (average per day).	1,850	2,108	2,672	2,800	3,000	3,000

- Provide Emergency Shelter Grants Program funds to local homeless shelters (DHR 1310).
- Assist local shelters in identifying additional program resources (DHR 1310).

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide residential services for impaired or disabled adults

Division of Social Services

Expected Outcome:

Arrange and provide assisted living arrangements in a safe and emotionally stable environment consistent with elderly or disabled adults ability to function.

P/PB Objective # 47 (2100.40)

By the year 2000, increase by 5% the number of elderly or disabled adults receiving placement services from county departments of social services, consistent with their ability to function.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of elderly or disabled adults receiving placement services.	2,255	2,891	2,562	2,604	2,464	2,690

- Develop and use uniform screening and risk assessment tools to help assure the quality of placements (DSS funds 1140, 1180 & 1480)
- Provide adult placement services in all 100 counties (DSS funds 1180 & 1480)

Expected Outcome:

Improved health care and quality of life for heavy care residents living in adult care homes

P/PB Objective # 48 (2100.41)

By the Year 2000, 50% of heavy care residents and their families will be satisfied with the personal care services and case management rendered.

Outcome Measure:

NOTE: Survey will be developed in SFY 96-97.

- Use of uniform assessment and care planning tools for personal care services by adult care homes. (DSS funds 1140, 1180 and 1480)
- Use of uniform assessment and service planning tools for case management services by local case management agencies. (DSS funds 1140, 1180 and 1480)

Division of Social Services
Division of Services for the Blind

Expected Outcome:

Provide timely placements for elderly and disabled adults needing out-of-home care in adult care homes,

PPB Objective # 49 (2100.42):

Place 90% of eligible State/County Special Assistance (S/CS) and Special Assistance for the Blind (SAB) applicants within 90 days of initial application.

Outcome Measure:

Outcome Madabator	CEN	CEV	CEV	CEV	CCV	CEV
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of blind applicants placed in adult care homes within 90 days of application (DSB)	100%	100%	100%	100%	100%	100%
Percent of approved S/CSA applicants placed adult care homes within 90 days of initial application. (DSS)	97.2%					

- Ensure timely processing of all applications in order to assure timely placement (DSB fund 1210)
- Provide technical assistance and consultation to county departments of social services (DSS fund 1130)
- Develop and issue policy and procedural material to county staff (DSS fund 1130)
- Develop, implement and maintain automated systems support (DSS fund 1130)
- Promote use by local agencies of uniform assessment and service planning tools to help assure the appropriateness and quality of out-of-home placements. (DSS funds 1140,1180 & 1480)
- Provide adult placement services in all 100 counties (DSS funds 1180 & 1480)

Division of Social Services
Division of Services for the Blind

Expected Outcome:

Process applications for State/County Special Assistance for Adults and Special Assistance for the Blind in a timely manner for elderly and disabled adults needing care in adult care homes.

P/PB Objective # 50 (2100.43):

Determine eligibility for S/CSA and SAB for 90% of applicants within 45 days of initial application.

Outcome Measure:

-	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percent of SAB applications approved/denied within 45 days of initial application.(DSB)	100%	100%	100%	100%	100%	100%
Percent of S/C SA applicants approved/denied payments within 45 days of application. (DSS)	95%	95%	95%	95%	95%	95%

- Ensure timely processing of all applications in order to assure timely placement (DSB fund 1210)
- Provide technical assistance and consultation to county departments of social services (DSS fund 1130)
- Develop and issue policy and procedural material to county staff (DSS fund 1130)
- Develop, implement and maintain automated systems support (DSS fund 1130)
- Update eligibility application forms and instructions in a timely manner when eligibility criteria are changed by the General Assembly (DSS funds 1140, 1180, 1230, &1480)
- Provide technical assistance to local agencies when eligibility decisions are not made within the 45 day time period (DSS funds 1140, 1180, &1480)

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide community-based services to the impaired or disabled and their families

Division of Aging
Division of Services for the Deaf and Hard of Hearing
Division of Social Services
Division of Services for the Blind
Division of Vocational Rehabilitation

The expected outcome is that safe and stable at-home living arrangements for impaired older adults will result in maintenance or improvement of daily functioning, reduced incidence of abuse and neglect, and strengthened family caregiving, that individuals with hearing or vision loss with proper training, assistive aids and appliances, and in-home services can remain independent, and that the number of impaired people requiring institutional care is reduced. Adults with a hearing loss will achieve a greater and more comprehensive level of self advocacy.

P/PB Objective # 51 (2100.50):

By the year 2000, increase by 10% the number of impaired individuals receiving supportive services resulting in maintenance or improvement of daily functioning and living more independently and strengthened family caregiver.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of frail older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	8,041	8,202	8,822	9,947	10,649	10,966
Number of impaired older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	NA	NA	22,522	24,500	26,000	26,500

<i>"</i>	SFY	SFY	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY
<i>:</i>	93-94	94-95				98-99
	Actual	Actual				Projected
Number of older adults satisfied with services designed to provide greater independence (measure under development) (DSD/HH)	N	N .	N	N	N	N
Number of impaired individuals using in- home care and living independently at home consistent with their ability to function. (DSS)	12,751	13,168	12,698	?	13,545	13,968
Number of blind and visually impaired people who can continue to care for themselves in their homes. (DSB)	5,362	5,413	5,456	5,522	5,500	5,500
Number persons with severe disabilities living more independently after receiving services. (DVR)	449	597	874	850	885	945

Description of strategies or activities directed toward this objective:

- Assess the appropriateness of in-home and community-based services for 100% of older or disabled adults seeking assistance (Aging-funds 1110 & 1210, (DSB funds 1315 & 1410, DSD/HH fund 1501, DSS funds 1140, 1180 & 1480, DVR funds 1303 & 1305)
- Support frail or older adults and their caregivers by increasing by 2% per year through 2000, the number receiving home delivered or congregate meals (Aging-funds 1110&1210 and DSS funds 1140, 1180 & 1480)
- Provide training to service providers and family caregivers to be better prepared to serve/care for victims of Alzheimer's disease and other dementia's (Aging funds 1110 & 1210)
- Increase the number of senior centers providing comprehensive health and wellness programs by 2% per year by the year 2000. (Aging funds 1110 & 1210)
- Increase the number of families receiving respite care services (Aging funds 1110&1210)
- Advocacy training programs (DSD/HH fund 1501)
- Access to interpreter services and assistive technology (DSD/HH fund 1501)
- Provide training to caregivers/providers (i.e., doctors, nurses, hospital staff, long term care staff) (DSD/HH fund 1501)
- Provide skill training for a persons adjustment to blindness (DSB Fund 1410)
- Provide adaptive aids and appliances (DSB Fund 1410)
- Provide quality in-home aide services for eligible visually impaired consumers (DSB fund 1315)

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- Establish a comprehensive statewide program -- fully staffed and adequately funded to serve eligible persons with severe disabilities with sufficient support services funds to meet demands and maximize independence. (DVR fund 1305)
- Emphasize the total person physical, psychological, social needs for total integration into their respective communities. (DVR fund 1305)
- Collaborate with other agencies/organizations interested in serving persons with disabilities to utilize resources most effectively and efficiently. (DVR fund 1305)
- Enhance customer satisfaction survey and focus group activity to identify customer satisfaction level, thus improving staff customer relationships and ensuring consumer choice. (DVR fund 1305)
- Implement policies and procedures to improve service delivery time. (DVR fund 1305)
- Assure the availability of a core set of services needed by functionally impaired adults in all 100 counties (DSS funds 1140, 1180 & 1480).
- Improve access to services, including transportation (DSS funds 1140, 1180 & 1480).
- Maximize the use of Medicaid funding for adult day health care and personal care services (DSS funds 1140, 1180 & 1480).

Innovations:

- Specialized outreach programs for the hard of hearing (DSD/HH fund 1501)
- Specialized outreach programs older adults with hearing loss (DSD/HH fund 1501)
- Internet access to DSD/HH web page of deaf and hard of hearing services (DSD/HH fund 1501)

Expected Outcome:

To maintain/improve the daily functioning levels of incompetent adults and reduce incidence of abuse, neglect and exploitation.

P/PB Objective # 52 (2100.51)

By the year 2000, expand the availability of guardianship services to older and disabled adults by 100% to meet the statutory requirement for this service. [G.S. 35A-1213(d)]

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of public agent guardianship clients.	1,669	1,825	2,650	2,995	3,384	3,823

Description of strategies or activities directed toward this objective:

• Expand the number of guardianship resources available in counties (DSS funds 1140,1180 &1480)

Division of Services for the Deaf and Hard of Hearing Division of Vocational Rehabilitation

Expected Outcome:

Deaf, deaf/blind and hard of hearing older adults will have equal access to services through equal access to communications.

P/PB Objective # 53 (2100.52):

Increase the number of impaired individuals who have equal access to all modes of assistive technology.

Outcome Measure:

:	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of individuals receiving assistive technology (DSD/HH)	N	N	N	N	N	N
Number of consumers and families served through assistive technology services and support.(DVR)	5,662	5,078	5,629	5,660	5,660	5,660

- Provide assistive technology programs and training (DSD/HH fund 1501)
- Provide interpreter training and assessment, and classification programs (DSD/HH fund 1501)
- Maintain Internet access to DSD/HH web page (DSD/HH fund 1501)
- Provide training to caregivers/providers (i.e., doctors., nurses, hospital staff, long term care staff) (DSD/HH fund 1501)
- Develop and disseminate information about Assistive Technology. (DVR fund 1303)
- Establish regional technology resource centers to enable disabled customers and other interested publics to experience the different types of assistive aids/devices before purchasing. (DVR fund 1303)
- Provide individual and program technical assistance. (DVR fund 1303)
- Provide training, funding assistance, and advocacy that enables persons with disabilities to make informed choices regarding personal use of Assistive Technologies. (DVR fund 1303)
- Develop additional referral sources/mechanisms and increase rural and minority outreach activity. (DVR fund 1303)

Division of Services for the Deaf and Hard of Hearing

Expected Outcome:

Decrease the number of clients who receive disability income.

P/PB Objective # 54 (2100.53):

By the year 2000, increase by 5% per year the number of eligible unemployed clients reporting to the Regional Resource Centers who become gainfully employed.

Outcome Measure:

.*	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The number of eligible unemployed clients	N	N	N	N	N	N
reporting to the Regional Resource Centers		1				
who become gainfully employed.						

- Advocacy training programs for consumers and service providers (DSD/HH fund 1501)
- Hard of hearing programs (DSD/HH fund 1501)
- Outreach programs (DSD/HH fund 1501)
- Provide access to interpreter services and assistive technology (DSD/HH fund 1501)
- Continue cooperative programs with DVR, NC Schools for the Deaf, and other agencies (DSD/HH fund 1501)

Administrative Objective # 55:

Increase, on an annual basis, the number of counties with Grandparent Support groups to enable grandparents who are serving as primary caregivers of grandchildren to have access to quality information and support.

Outcome Measure:

<i>.</i>	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of counties with Grandparent Support groups.						

- Link efforts with child day care centers, public schools, Smart Start, Head Start, SOS, senior centers, aging agencies, etc. to facilitate development of support groups where needed (Aging fund 1110)
- Develop and update as necessary, a Grandparent Resource Handbook for use by Support Groups/aging network agencies such as senior centers/information and referral agencies, etc. (Aging fund 1110)
- Seek private foundation funding to financially support development of support groups locally (Aging fund 1110)
- Seek private foundation to establish a Grandparent Resource Center within the Division of Aging as a point of contact for consumers and community agencies interested in or providing services targeted to Grandparents raising grandchildren. (Aging fund 1110)
- Develop for consumers, a "pocket" telephone directory of toll-free and other phone numbers that can be helpful to grandparents needing information/services related to raising their grandchildren (Aging fund 1110)

Administrative Objective # 56:

Prepare family caregivers and paid care providers to be better prepared to care for victims of Alzheimer's Disease and related disorders.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Number of family/informal caregivers trained.			-			
Number of training sessions provided annually for service professionals.				·		

Description of strategies or activities directed toward this objective:

- Provide training sessions on dealing with Alzheimer's/dementia victims for service agencies/adult care home/nursing home staff, etc. (Aging fund 1110 & 1210)
- Provide information/training resources/technical assistance to rural health centers to better enable rural health centers to diagnose
 Alzheimer's disease and other related disorders as well as appropriately care for these persons and help families to deal with behavior and physical impairment associated with Alzheimer's and/or other related dementia's. (Aging fund 1110 & 1210)
- Develop and disseminate a training curriculum and competency testing tool for use by in-home aide agencies, day care providers, adult care homes for training personal care aides to more effectively deal with victims of Alzheimer's and other dementia's and support their family caregivers. (Aging fund 1110 & 1210)

Innovations:

• Develop and implement a service standard to reimburse group respite programs to make short term social model respite available in communities where adult day care programs are not feasible.



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Administrative Objective 57.1:

Increase, on an annual basis, the number of persons age 55 and older who participate in the North Carolina senior Games programs to promote their health and wellness.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The number of older adults prticipating in		,				
Senior Games activities						

- Increase the number of local Senior Games which focus on providing exercise and physical fitness activities (Aging fund 1110)
- Increase the number of local silver-Strider walking programs (Aging fund 1110)
- Increase the number of Silver Arts programs which promote older adult participation in visual, literary, heritage and performing arts activities (Aging fund 1110)
- Increase the number of health education programs offered by North Carolina Senior Games (Aging fund 1110)

Administrative Objective 57.2:

By December 1996, establish a home page for the Division of Aging on the internet to provide computer access to older adults, caregivers, aging professionals and others about aging services and resources.

Outcome Measure:

·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Feedback from users indicating satisfaction with quality and quantity of information available.						

- Identify and develop/compile scope of content for inclusion on the home page. (Aging fund 1110)
- Coordinate with outside agencies as needed to operationalize technology for home page access via internet. (Aging fund 1110)
- Provide opportunity for user input regarding consumer satisfaction with home page. (Aging fund 1110)

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide community-based services for adolescent parents and/or vulnerable adults and families

Division of Social Services

Expected Outcome:

Women and adolescents experiencing problem pregnancies will have a greater likelihood of having a healthy birth.

P/PB Objective # 58 (2100.60)

By the year 2000, increase by 10% the occurrence of healthy births to women and adolescents experiencing problem pregnancies.

Outcome Measure:

Outcome Measure.						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of healthy births to women and						
adolescents experiencing problem			1			
pregnancies.			<u></u>			

- Maintain adequate resources for women and adolescents experiencing problem pregnancies (DSS funds 1140, 1410, 1180, and 1480).
- Increase maternity home placements by 20% by year 2000 (at current funding levels) (DSS funds 1140, 1410, 1180, and 1480).

Expected Outcome:

Adolescent parents will not have another child while participating in the program thus allowing them to concentrate on completing their education and improving their parenting skills.

P/PB Objective # 59 (2100.61)

By the year 2000, 90% of Adolescent Parenting Program participants will not experience a second pregnancy during program participation

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of teens receiving DSS services who do not have a second or higher order	91%	92%	92%	90%	90%	90%
pregnancy.			Ì	İ		

- Provide family planning counseling and referrals to family planning services (DSS funds 1140, 1410, 1180, and 1480).
- Increase to 75% the percent of pregnant teenage customers and adolescent parents who complete high school (or equivalent) by age 20. (DSS funds 1140, 1410, 1180, and 1480).
- Local coordinator advocates for teen in community systems. (DSS funds 1140, 1410, 1180, and 1480).
- Match teen with mature volunteer mentor/role model. (DSS funds 1140, 1410, 1180, and 1480).
- Teen participates in educational/support group meetings monthly. (DSS funds 1140, 1410, 1180, and 1480).

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Improve the self-sufficiency of the economically vulnerable

Division of Aging

Expected Outcome:

Increase the ability of older adults to obtain basic necessities, reduce unemployment and underemployment, and the accompanying dependence on public programs.

P/PB Objective # 60 (2100.70):

By the year 2000, increase by 20% the number of Senior Community Service Employment program enrollees age 55 to 64 who are transitioned to unsubsidized employment.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of SCSEP enrollees transitioned to unsubsidized employment	NA	NA	16%	18%	19%	19%

- Place individuals in unsubsidized employment. (Aging fund 1110 & 1210)
- Provide enrollees with skills training, training regarding job search/interview skills (Aging fund 1210)
- During recruitment, orientation and in-service education, place more emphasis on the goal of transitioning participants to unsubsidized employment. (Aging fund 1210)
- Recruit increased numbers of participants between ages 55-65. (Aging fund 1110 & 1210)
- Provide technical assistance, coordination of training and quality control of service delivery (Aging funds 1110 &1210)

Expected Outcome:

Through subsidized employment in public and private non-profit community service agencies, low-income older adults will increase their income and prepare for unsubsidized employment.

P/PB Objective # 61 (2100.71):

Increase the income of low-income older adults through subsidized community service employment while preparing for unsubsidized employment.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Number of older adults actively participating in subsidized community service	456	439	440	414	414	414
employment.						<u></u>

- Provide technical assistance to providers to maximize use of federally allotted spaces available participants (Aging-fund 1110)
- Provide technical assistance, coordination of training and quality control of service delivery (Aging fund 1110 and 1210)



Administrative Objective #62.1:

Promote increased employment opportunities for older workers.

Outcome Measure:

SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
Actual	Actual	Actual	Projected	Projected	Projected

Strategies or activities directed toward this objective:

- Work with the Department of Commerce and Workforce Development Board to develop economic incentives for recruiting new business and industry to the state that hire and promote older workers.
- Link efforts with the Governor's commission on Workforce Development to ensure one-stop centers include strategies for serving older workers in their long-range plans.
- Work with the Employment Security commission to conduct a statewide survey of older workers to determine number of older adults seeking employment and where those looking for jobs live. Data will be analyzed and shared with local employment and aging agencies.
- Conduct a public awareness campaign targeting local chambers of commerce to encourage businesses to hire older adults.
- Work with the Department of Transportation to address lack of transportation, particularly in rural areas, which affects the ability of many older workers to become employed.

Administrative Objective #62.2:

Establish a Senior Education Corps program in all 100 counties.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of counties with operational Senior Education Corps programs.						

Strategies or activities directed toward this objective:

- Identify a volunteer Senior Education Corps coordinator in every county to serve as a liaison between the Division of Aging and the county to facilitate program development and implementation.
- Identify a local agency to assume responsibility for volunteer recruitment; coordination with appropriate school officials for volunteer assignments and placement; and volunteer retention and recognition.
- Track status of counties regarding development and implementation phases with goal of having Senior Education Corps volunteers serving in all 100 counties by the year 2000.



Office of Economic Opportunity

Expected Outcome:

Low-income families will become more economically self-sufficient.

P/PB Objective # 63 (2100.72):

Of all families participating in Community Services Block Grant Program, 28% will achieve economic self sufficiency with incomes above the poverty level annually.

Outcome Measure:

· .	SFY	SFY	SFY	SFY	SFY	SFY
•	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The number of participant families whose income increased above the federal poverty level.	1,213	1,576	1,612	1,700	1,800	1,800

- Provide Community Services Block Grant to local Community Action Agencies. (DHR Fund 1310)
- Assist local agencies in identifying additional resources. (DHR Fund 1310)
- Provide training and technical assistance to local grantees. (DHR Fund 1310)

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Subsistence Administration

Division of Social Services

Expected Outcome:

The ability to obtain basic necessities through food assistance programs (such as commodity distribution and food stamps)

P/PB Objective # 64 (2100.80)

Raise the nutritional level of eligible household members to the United States Department of Agriculture (USDA) Thrifty Food Plan consumption standards.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Average number of individuals and families receiving food stamps.		257,550	260,551	265,052	266,989	262,325

Description of strategies or activities directed toward this objective:

- Provide Food Stamps timely for 97% of all normal applications. (DSS funds 1130, and 1180)
- Provide emergency Food Stamps timely for 100% of the applications that qualify for emergency services. (DSS funds 1130, and 1180)
- Implement federal benefit standards timely. (DSS funds 1130, and 1180)
- Increase local efforts to identify and notify eligible households of the availability of food assistance through the food stamp program. (DSS funds 1130, and 1180)

Innovations:

- Recruit eligible households by emphasizing the benefits of participating in the Food Stamp Program
- Develop and support nutritional education programs that emphasize good diet and smart purchases with food stamp purchases.



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Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children from harm

Strengthen family and parental responsibility of AFDC and nonAFDC families

Division of Social Services

Expected Outcome:

A decrease in the number of individuals applying for Work First Family Assistance

P/PB Objective # 65 (2100.90)

By June 2001, divert 10% of potential applicants for Work First by providing these individuals with the Work First Diversion Grant

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of potential work First applicants diverted.	N	N	N	N	N	N
		i.				

NOTE: Data will be collected beginning SFY 96-97.

- Educate department of social services staff about the appropriate use of the Work First Diversion Grant (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Provide Work First Diversion grant to appropriate individuals (i.e., those seeking employment, recent connection to workforce, etc. (DSS funds 1130, 1150, 1180, 1220, and 1480)

Expected Outcome:

An increase in job placements (employment) and/or participation in employment related activities

P/PB Objective # 66 (2100.91)

By June 2001, increase percentage of Work First participants in thirty hours of employment and/or participation in employment related activities (i.e., On-the-Job Training, Work Experience, Job Readiness, Job Skills Training).

Outcome Measure:

·:	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of Work First participants in thirty hours of employment, employment related activities, or concurrent employment and employment related activities.	N	. N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Build stronger collaborative relationships with employers, businesses and churches (DSS funds 1130, 1150, 1180, 1220, 1480);
- Greater emphasis on job development and placement activities (DSS funds 1130, 1150, 1180, 1220, 1480);
- Institutionalize the Curtis and Associate Training for all DSS employees and participants (DSS funds 1130, 1150, 1180, 1220, 1480);
- Increase the availability of Work Experience slots (DSS funds 1130, 1150, 1180, 1220, 1480);
- Utilize a generic approach in providing services to participants (DSS funds 1130, 1150, 1180, 1220,1480);
- Increase the number of Work First families who have reliable transportation to enter and retain employment (DSS funds 1130, 1150, 1180, 1220, 1480).

Innovations:

- Earned Income Tax Credit education campaign for staff, participants, and employers.
- · Work First Forums to educate business and church leaders about their role in welfare reform

Expected Outcome:

An increase in Work First wage earners who receive additional job skills training and/or education

P/PB Objective # 67 (2100.92)

By June 2001, increase the percentage of Work First wage earners who receive additional job skills training and/or education

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
. •	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of Work First wage earners who	N	N	N	N	N	N
receive additional job skills training and/or			1			
education.						

NOTE: Data will be collected beginning SFY 96-97.

- Encourage and support wage earners in enhancing job skills and seeking additional education (DSS funds 1130, 1150, 1180, 1220, and 1480);
- Educate department of social services staff and client population of this need (DSS funds 1130, 1150, 1180, 1220, and 1480);
- Work collaboratively with other education and training agencies who provide these services/activities. (DSS funds 1130, 1150, 1180, 1220, and 1480)

Expected Outcome:

An decrease in the number of Work First dependent children who fail to attend school on a regular basis.

P/PB Objective # 68 (2100.93)

By June 2001, decrease the number of Work First dependent children who fail to attend school on a regular basis.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of Work First dependent children who fail to attend school on a regular basis	N	N	N	N	N N	N N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Require all applicants who have been approved for Work First Family Assistance to sign Personal Responsibility Contracts stipulating that, as a condition of eligibility for Work First, they will ensure that their dependent children remain in school and attend on a regular basis (DSS funds 1130, 1150, 1180, 1220, & 1480)
- Build stronger collaborative relationships with public school system and local Cities in Schools Programs (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Provide case management and referral to community services for tutoring and intervention programs for students who are at high risk for becoming school dropouts (DSS funds 1130, 1150, 1180, 1220, & 1480)
- Strengthen collaborative partnerships with churches, volunteer organizations and other non-profits to provide support to families and students (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Develop and implement strategies to provide more family literacy programs at the local level (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Sanction grant amounts for all recipients who have not complied with the immunization provision in their Personal Responsibility Contract (DSS funds 1130, 1150, 1180, 1220, and 1480).

Innovations:

- Some county department of social services have established on-line access to local school system records to verify school attendance requirement.
- Work First Forums to educate business and church leaders about their role in welfare reform.

Expected Outcome:

A reduction in the number of Work First dependent children who leave school before graduating.

P/PB Objective # 69 (2100.94)

By June 2001, increase the number of Work First dependent children who remain in school and obtain their high school diploma or its equivalency

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of high school completions or high school equivalency for Work First dependent children.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Require all applicants who have been approved for Work First Family Assistance to sign Personal Responsibility Contracts stipulating that, as a condition of eligibility for Work First, they will ensure that their dependent children remain in school in order to receive a high school diploma or its equivalency (DSS funds 1130, 1150, 1180, 1220, and 1480);
- Build stronger collaborative relationships with public school system and local Cities in Schools Programs (DSS funds 1130, 1150, 1180, 1220, and 1480);
- Provide case management and referral to community services for tutoring and intervention programs for students who are at high risk for becoming school dropouts (DSS funds 1130, 1150, 1180, 1220, & 1480);
- Strengthen collaborative partnerships with churches, volunteer organizations and other non-profits to provide support to families and students (DSS funds 1130, 1150, 1180, 1220, and 1480);
- Develop and implement strategies to provide more family literacy programs at the local level (DSS funds 1130, 1150, 1180, 1220, and 1480);

Innovations:

Work First Forums to educate business and church leaders about their role in welfare reform

Expected Outcome:

An decrease in the number of Work First dependent children who are not properly immunized against infections diseases.

P/PB Objective # 70 (2100.95)

By June 2001, decrease the number of Work First children who are not properly immunized

Outcome Measure:

••	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of dependent children in Work First families who have not received required childhood immunizations.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Require all applicants who have been approved for Work First Family Assistance (Work First) to sign Personal Responsibility Contracts stipulating that as a condition of eligibility, they will ensure that their dependent children are properly immunized (DSS funds 1150, 1180, 1220, and 1480);
- Sanction grant amounts for all recipients who have not complied with the immunization provision in their Contract (DSS funds 1150, 1180, 1220, and 1480);
- Build stronger collaborative relationships with health departments, local health care providers, local Smart Start Partnerships, public schools and child caring institutions (DSS funds 1150,1180, 1220, and 1480);
- Provide case management, referral and follow-up services to Work First participants (DSS funds 1150, 1180, 1220, and 1480);
- Provide information and educational materials to parents on childhood immunizations and free or low-cost medical screening for children (DSS funds 1150, 1180, 1220, and 1480)

Innovations:

Waiver of federal regulations to allow state to make this a condition of eligibility

Administrative Objective #71:

By June 2001, increase Work First employment services for 80 percent of the primary target group of 28,000 mandatory families for Work First work program (i.e., two-parent families, parents of school-aged children, adults working 30 hours or more a week).

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of target group mandatory families who receive employment services and become employed.		·				·

- Utilize a generic approach in providing services to participants (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Greater utilization of group work techniques (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Refer to other employment and training agencies when appropriate (DSS funds 1130, 1150, 1180, 1220, and 1480)
- Implement Curtis and Associate Training for DSS staff (DSS funds 1130, 1150, 1180, 1220, and 1480)

Expected Outcome:

The ability to obtain financial child support which is timely, consistent, and in the full amount for children and families

P/PB Objective # 72 (2100.96)

Increase the statewide current support collection rate for child support cases to 70% by the year 2000.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Collection Rate for Current Support	63%	63%	64%	65%	69%	70%

Description of strategies or activities directed toward this objective:

- Initiate legal action against the absent parent (DSS fund 1500)
- Withhold support payments from the absent parent's wages (DSS fund 1500)
- Intercept absent parents' tax refunds, and Unemployment Benefits (DSS fund 1500)
- Continue the Public Awareness Campaign (DSS fund 1500)
- Implement the new Automated Collections Tracking System (ACTS) (DSS fund 1500)

Innovations:

- Driver licenses revocation for non-payment of Child Support (DSS fund 1500)
- Professional licenses revocation for non-payment of Child Support (DSS fund 1500)
- Prevent vehicle registration for non-payment of Child Support (DSS fund 1500)
- Hunting and fishing licenses revocation for non-payment of Child Support (DSS fund 1500)

Expected Outcome:

The ability to obtain financial child support which is timely, consistent, and in the full amount for children and families

P/PB Objective # 73 (2100.97)

Increase the percentage of children receiving their child support to 70% by the year 2000.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
. •	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of children for whom support orders are established.	36%	40%	43%	55%	62%	70%

- Continue the Public Awareness Campaign (DSS fund 1500)
- Implement the new Automated Collections Tracking System (ACTS) (DSS fund 1500)
- Increase the number of hospital based affidavits of paternity obtained (DSS fund 1500)
- Increase the number of absent parents located in order to establish paternity and support (DSS fund 1500)

Expected Outcome:

The ability to obtain financial child support which is timely, consistent, and in the full amount for children and families

P/PB Objective # 74 (2100.98)

Increase the percentage of children for whom paternity is established to 75% by the year 2000.

Outcome Measure:

Actual	94-95	95-96	96-97 Projected	97-98 Projected	98-99 Projected
Percentage of children for whom paternity is established Actual 51%	Actual 49%	Actual 51%	59%	67%	75%

- Continue the Public Awareness Campaign (DSS fund 1500)
- Implement the new Automated Collections Tracking System (ACTS) (DSS fund 1500)
- Increase the number of hospital based affidavits of paternity obtained (DSS fund 1500)
- Increase the number of locations accomplished in order to establish paternity and support (DSS fund 1500)
- Initiate legal action against the absent parent (DSS fund 1500)

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Support child care and early childhood development

Division of Child Development

Expected Outcome:

Children in Smart Start Counties will enter kindergarten healthy and ready to learn.

P/PB Objective # 75 (2200.01):

Increase by 2% annually the number of children in Smart Start counties who enter school fully immunized

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94 Actual	94-95 Actual	95-96 Actual	96-97 Projected	97-98 Projected	98-99 Projected
Percentage of children in Smart Start counties who enter school fully immunized.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded child care programs (DCD funds 1111, 1711 and 1811);
- Reduce turnover among child care staff (DCD funds 1111, 1711 and 1811);
- Expand the amount of child care available (DCD funds 1111, 1711 and 1811);
- Improve access to child care for low-income families to support employment, training, and other employment related purposes (DCD funds 1111, 1711 and 1811);
- Expand access to low-income families by providing more subsides (DCD funds 1111, 1711 and 1811);
- Improve program quality by increasing capacity for systematic monitoring of child care facilities (DCD funds 1111, 1711 and 1811);
- Develop a plan for providing families and children with needed support services (DCD funds 1111, 1711 and 1811);

Innovations:

Early Childhood Initiative - Smart Start began in 1993 and is currently in 44 counties. Collaboration with all local and state family-centered service agencies allows local communities to provide family-centered support to empower families to seek and find services needed to become self-sufficient.

Expected Outcome:

Children in Smart Start Counties will enter kindergarten healthy and ready to learn.

P/PB Objective # 76 (2200.02):

Decrease by 5% annually the number of children in Smart Start counties who have not been assessed/treated for vision, hearing or developmental needs.

Outcome Measure:

· .	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of children in Smart Start counties who have not been assessed/treated for vision, hearing or developmental needs.	N	N	N	N	N	N ·

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded child care programs (DCD funds 1111, 1711 and 1811);
- Reduce turnover among child care staff (DCD funds 1111, 1711 and 1811);
- Expand the amount of child care available (DCD funds 1111, 1711 and 1811);
- Improve access to child care for low-income families to support employment, training, and other employment related purposes (DCD funds 1111, 1711 and 1811);
- Expand access to low-income families by providing more subsides (DCD funds 1111, 1711 and 1811);
- Improve program quality by increasing capacity for systematic monitoring of child care facilities (DCD funds 1111, 1711 and 1811);
- Develop a plan for providing families and children with needed support services (DCD funds 1111, 1711 and 1811);

Innovations:

Early Childhood Initiative - Smart Start began in 1993 and is currently in 44 counties. Collaboration with all local and state family-centered service agencies allows local communities to provide family-centered support to empower families to seek and find services needed to become self-sufficient.

Expected Outcome:

Children in Smart Start Counties will enter kindergarten healthy and ready to learn

P/PB Objective # 77 (2200.03):

Increase by 5% annually the number of children in Smart Start counties who will score above the 25th percentile on the kindergarten screening measure used by the local Education Agency.

Outcome Measure:

• .	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of children in Smart Start counties who will score above the 25th percentile on the kindergarten screening measure used by the Local Education Agency.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded child care programs (DCD funds 1111, 1711 and 1811);
- Reduce turnover among child care staff (DCD funds 1111, 1711 and 1811);
- Expand the amount of child care available (DCD funds 1111, 1711 and 1811);
- Improve access to child care for low-income families to support employment, training, and other employment related purposes (DCD funds 1111, 1711 and 1811);
- Expand access to low-income families by providing more subsides (DCD funds 1111, 1711 and 1811);
- Improve program quality by increasing capacity for systematic monitoring of child care facilities (DCD funds 1111, 1711 and 1811);
- Develop a plan for providing families and children with needed support services (DCD funds 1111, 1711 and 1811)

Innovations

Early Childhood Initiative - Smart Start began in 1993 and is currently in 44 counties. Collaboration with all local and state family-centered service agencies allows local communities to provide family-centered support to empower families to seek and find services needed to become self-sufficient.

Expected Outcome:

The availability of regulated and higher quality child care will be increased statewide.

P/PB Objective # 78 (2200.04):

By the year 2000, increase by 10% the number of regulated child care spaces available to children statewide.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
•.	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of child care spaces in regulated facilities and homes.	228,938	245,172	258,077	268,737	276,681	283,010

Description of strategies or activities directed toward this objective:

- Increase the number of regulated day care centers and homes (DCD funds 1111, 1711 and 1811)
- Provide technical assistance for starting up child day care services. (DCD funds 1111, 1711 and 1811)

Innovations

• Expand collaborative efforts with the Small Business Centers in the community college system to provide seminars for potential child day care center operators.

Expected Outcome:

The availability of regulated and higher quality child care will be increased statewide

P/PB Objective # 79 (2200.05):

By the year 2000, increase by 3% the number of child care spaces available to children statewide that meet higher than minimum licensing standards.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of child care spaces in regulated child care arrangements meeting higher than minimum licensing standards or accreditation standards.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

- Increase the number of accredited, or otherwise upgraded, child day care programs. (DCD funds 1111, 1711 and 1811)
- Provide technical assistance for improving child day care services. (DCD funds 1111, 1711 and 1811)
- Improve program quality by increasing capacity for systematic monitoring of child day care centers and homes. (DCD funds 1111, 1711 and 1811)

Expected Outcome:

A safer environment will be created for children in child care arrangements.

P/PB Objective # 80 (2200.06):

Decrease by 5% the percentage of children receiving care in child care arrangements requiring administrative actions (revocations, special provisionals, written warnings etc.)

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of children enrolled in child care	N	N	N	N	N	N
arrangements requiring negative	1					
administrative action.						

NOTE: Data will be collected beginning SFY 96-97.

- Provide technical assistance for improving child day care services. (DCD funds 1111, 1711 and 1811)
- Improve program quality by increasing capacity for systematic monitoring of child day care centers and homes. (DCD funds 1111, 1711 and 1811)
- Increase the number of caregivers receiving child care credentials and other professional development. (DCD funds 1111, 1711 and 1811)

Expected Outcome:

A successful transition from early childhood education programs and child care to the public schools for children of families in communities served by Family Resource Centers (FRC).

P/PB Objective #81 (2200.07):

Increase by 2%, the enrollment of child(ren) and parents in educational services and activities offered through the Family Resource Centers programs.

Outcome Measure:

0 - 100 / 110 / 100 - 100						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of persons entering educational	N	N	N	N	N	N
programs.					ŀ	

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Utilize accredited, or otherwise upgraded, child care programs (DCD fund 1111,1711,1811).
- Provide assessment of child development needs and resources (DCD fund 1111,1711,1811).
- Utilize family support services available through other community organizations (DCD fund 1111,1711,1811).
- Provide early childhood education options for children and parents who are otherwise not in the child care system (DCD fund 1111,1711,1811).
- Provide culturally sensitive training sessions to educators and health and human service providers. (DCD fund 1111, 1711, 1811).

Innovations

• Family Resource Centers do not represent a new kind of service but rather a new way to organize and direct the way families receive services. Family Resource Centers are a "one-stop" source of help for families, which are intended to facilitate coordinated, focused, and integrated access to necessary services and assistance. Programs emphasize service flexibility; families may obtain services delivered on-site, off-site, or through a voluntary home-based program.

Division of Child Development

Expected Outcome:

Increase access to child care.

P/PB Objective # 82 (2200.08):

By the year 2000, increase access to child care for low income families by 12%.

Outcome Measure:

·	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The average monthly number of children receiving subsidized child care (CCDF, SSBG, CCDBG, State Subsidy Funds, Smart Start, and Head Start Wrap-Around).	56,805	65,828	64,139	71,028	78,076	76,895

- Transfer the Work First Child Care Program to the Division of Child Development (DCD funds 1111, 1711 and 1811).
- Expand access to low income families by providing more subsidies through Smart Start funding (DCD funds 1111, 1711 and 1811).

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Provide community-based services to prevent or correct delinquency

Division of Youth Services

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 83 (2300.01):

Reduce by 25% the number of counties that have a training school commitment rate that exceeds the state average (1/1000).

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of counties that have a training school commitment rate exceeding the state average (1/1000).	54	68	55	52	47	40

- Promoting interagency coordination and program development in all 100 counties that offer a comprehensive continuum of Community Based Alternatives to reduce the number of youth who would be committed to training school (DYS fund 1310).
- Increasing the availability of Community-Based Alternative to training schools (DYS fund 1310).

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live.

P/PB Objective # 84 (2300.02):

By the year 2000, reduce by 25% the training school commitment rate for counties served by a multipurpose home.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Training school commitment rate per 1,000	1.46	1.50	1.36	1.29	1.20	1.10
for counties served by a multipurpose home.						

- Designing and managing an existing network of six state-owned multipurpose juvenile homes in judicial districts which have high training school commitment rates and few other residential alternatives (DYS fund 1310).
- Increasing the availability of Community-Based Alternative to training schools.

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 85 (2300.03):

Reduce new referrals to juvenile court by 80% for individual youth participating in community service programs.

Outcome Measure:

÷	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of new referrals to juvenile court for individuals participating in community service programs	84%	86%	84%	80%	80%	80%

- Designing and managing an existing network of six state-owned multipurpose juvenile homes in judicial districts which have high training school commitment rates and few other residential alternatives (DYS fund 1310).
- Increasing the availability of Community-Based Alternative to training schools. (DYS fund 1310).

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 86 (2300.04):

By the year 2000, reduce by 20% the rate of training school commitments in counties served by Support Our Students programs.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
•.	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of training school commitments per 1,000 in counties served by Support Our Students programs	1.38	1.57	1.30	1.22	1.16	1.11

- Establish after-school crime prevention programs in 48 counties. (DYS fund 1311)
- Increase student participation by 50% or 6,000 students. (DYS fund 1311)
- Increase the total number of volunteers by 20%. (DYS fund 1311)

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 87 (2300.05):

By the year 2000, improve the average academic performance of Support Our Students participants by 10% or one letter grade.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of Support Our Students participants with improved grades after participating for one year.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

- Create an academic component in each of the local SOS programs with a tracking component to periodically assess their performance. (DYS fund 1311)
- Develop a Saturday Academy at three regional universities to help enhance student skills and academics. (DYS fund 1311)

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 88 (2300.06):

By the year 2000, increase by 10% the number of students participating in the Support Our Students programs.

Outcome Measure:

YTD Rate						
Number of students participating in SOS.	0	6,013	6,200	6,300	6,500	6,600
p	Actual	Actual	Actual	Projected	Projected	Projected
. •	93-94	94-95	95-96	96-97	97-98	98-99
	SFY	SFY	SFY	SFY	SFY	SFY

- Establish after-school crime prevention programs in 64 counties. (DYS fund 1311)
- Increase student participation by 50% or 6,000 students. (DYS fund 1311)
- Increase the total number of volunteers by 20%. (DYS fund 1311)

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Provide general advocacy for vulnerable individuals or groups to protect their rights

Council on Developmental Disabilities

Expected Outcome:

Increased independence, productivity, integration, and inclusion into the community of individuals with developmental disabilities and their families.

P/PB Objective #89 (2400.01):

By the year 2000, increase by 10% the number of protected citizens who are informed and able to exercise their social and economic rights and their right to impartial access to services benefiting from Council-sponsored activities in the priority areas of employment, community living, prevention and child development, and systems coordination and community education.

Outcome Measure:

Cuttomic Mensurer						
	SFY	SFY	SFY	SFY 96-97	SFY 97-98	SFY 98-99
	93-94	94-95	95-96	90-97	97-90	70-77
	Actual	Actual	Actual	Projected	Projected	Projected
The number of individuals with						
developmental disabilities impacted by DD						
Council priority are activities.						

NOTE: Fulfillment of this objective will be realized through the success of systems change advocacy efforts as reflected in the performance measures.

- Assess and promote interagency coordination of employment, community living arrangements, and child development services for persons with developmental disabilities.
- Monitor and evaluate Employment Related Activity, Prevention and Child Development, Community Living, Systems Coordination and Community Education grants. (DHR fund 1110)
- Sponsor and participate in conferences and workshops to increase the level of public awareness. (DHR fund 1110)

Human Services

P/PB Goal #1:

Protect the economic well-being of families and individuals

Program:

Provide assistance to individuals to get and maintain employment

Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Eligible disabled and visually impaired individuals will experience an increase in their quality of life. Areas of life improvement will include: increased personal and financial independence, self-determination, and integration in all aspects of community and social life.

P/PB Objective # 90 (2500.01):

Increase the percent of employment program customers still employed one year after leaving the program (based on a 3-month window).

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percent of blind and visually impaired individuals still employed one year after successful completion of employment program services. (DSB)	N	N	· N	N	N	N
Percent of disabled persons employed one year after successful completion of vocational rehabilitation services. (DVR)	75%	88%	Available 2/97	80%	80%	80%

NOTE: This data will be collected beginning in SFY 96-97.

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)

- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Assess on-going customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program services/guidance to reach out to a larger and more diversified population of persons
 with disabilities including more minorities and other underserved populations through various media formats, i.e., radio, video, reading
 services, television and newspaper to inform of CAP services. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Revise the current evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information. (DVR funds 1100, 1201, 1301, 1302, 1304)

Division of Services for the Blind
Division of Vocational Rehabilitation

Expected Outcome:

Disabled, blind and visually impaired rehabilitation service consumers obtain or retain employment.

P/PB Objective # 91 (2500.02):

Increase the percent of employment program enrollees placed in unsubsidized employment.

Outcome Measure:

••	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of blind or visually impaired individuals entering unsubsidized employment.(DSB) Number of new operators entering the Business Enterprise program	624	643	670	675	685	695
	10	12	15	17	18	20
Number of persons with disabilities who are employed following employment program completion.(DVR)	8,332	7,725	7,899	7,970	8,090	8,250

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)

- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Identify new sites for potential facility establishment. (DSB fund 1610)
- Negotiate contracts/agreements for new facilities. (DSB fund 1610)
- Construct, equip and staff new locations. (DSB fund 1610)
- Provide on-going support via Business Enterprise counselors to operators/trainers. (DSB fund 1610)
- Monitor, audit, and provide oversight to operators comparing performance to standards developed. (DSB fund 1610)
- Improve VR staff and publics awareness of the Americans with Disabilities Act (ADA) by developing a Division approach for providing education, training, and technical assistance to staff and employers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Continue the initiative to strengthen staff's knowledge of Assistive Technology. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Establish a business and industry based vocational program in each service region, in order to conduct job analysis, situation assessments, develop work samples, and suggestions for technology applications. in work situations. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Strengthen job coaching program for special populations, in order to facilitate transition into employment for individuals for whom an employment outcome was traditionally thought not possible. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve utilization of customer feedback from ongoing satisfaction surveys of the entire population of customers closed rehabilitated or not rehabilitated to determine their satisfaction with rehabilitation services received; improve utilization of customer feedback through focus groups. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Obtain consultation from the VR Advisory Council, input from customers and other stakeholders regarding the most appropriate design for the customer satisfaction survey, the survey form, survey implementation, feedback interpretation and utilization (DVR funds 1100, 1201, 1301, 1302, 1304)

Division of Social Services
Division of Services for the Blind
Division of Vocational Rehabilitation

Expected Outcome:

Job Corps applicants are satisfied with the Division of Social Services Job Corps services.

Blind and visually impaired rehabilitation service consumers are satisfied with the Division of Blind Services Rehabilitation Program services. More disabled customers will be satisfied with Vocational Rehabilitation (VR) services.

P/PB Objective # 92 (2500.04):

Maintain a high rate of customer satisfaction with employment program services.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of Job Corps applicants' satisfaction	N	N	N	N	N	N
with services.			•	l		
Percent of blind and visually impaired	79.8%	91.0%	91.4%	92%	92.5%	93%
individuals exiting the Rehabilitation	-					
Program who are satisfied with services.						
(DSB)						
Percent of persons with disabilities	NA	87%	89%	90%	90%	90%
participating in the program (completers and						
non-completers) who are satisfied with						
employment program services. (DVR)				İ		·

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)

- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Determine wages and compare to previous earnings to determine percentage. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Assess on-going customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program services/guidance to reach out to a larger and more diversified population of persons
 with disabilities including more minorities and other underserved populations through various media formats, i.e., radio, video, reading
 services, television and newspaper to inform of CAP services. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Revise the current evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information. (DVR funds 1100, 1201, 1301, 1302, 1304)

Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Increase income of blind and visually impaired rehabilitation program participants
Increased average earnings for persons with disabilities, with corresponding improvement in standard of living.

P/PB Objective # 93 (2500.07)

Improve the average wage for customers one year after receiving employment program services.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Increase in earnings after rehabilitation over the earnings before rehabilitation. (DSB) Average income of operators in the Business Enterprise Program.	159% \$27,913	160% \$31,195	137% \$29,846	140% \$31,000	140% \$31,500	140% \$32,000
Ratio of average wage to minimum wage for disabled persons who complete employment programs. (DVR)	1.41	1.48	1.52	1.54	1.56	1.58

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Determine wages and compare to previous earnings to determine percentage. (DSB fund 1510)

- Educate employers regarding the abilities of individuals with disabilities. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Train Business Enterprise counselors to be better business advisors. (DSB fund 1610)
- Develop standards of performance for each facility. (DSB fund 1610)
- Monitor performance of operators against standards developed. (DSB fund 1610)
- Terminate situations/relationships that cannot be made profitable. (DSB fund 1610)
- Provide continued support, counseling, and training to facility operators. (DSB fund 1610)
- Continue the Staff Development initiative to strengthen staffs knowledge of Assistive Technology. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve VR staff and public awareness of the Americans with Disabilities Act (ADA) by developing a Division approach for providing education, training, and technical assistance to staff and employers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Establish a business and industry based vocational evaluation program in each service region in order to conduct job analysis, situation assessments, develop work samples, and suggestions for technology applications in work situations. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Strengthen job coaching program for special populations, in order to facilitate transition into employment for individuals for whom an employment outcome was traditionally thought not possible. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve utilization of customer feedback from ongoing satisfaction surveys of the entire population of customers closed rehabilitated or not rehabilitated to determine their satisfaction with rehabilitation services received; improve utilization of customer feedback through focus groups. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Obtain consultation from the VR Advisory Council, input from customers and other stakeholders regarding the most appropriate design for the customer satisfaction survey, the survey form, survey implementation, feedback interpretation and utilization (DVR funds 1100, 1201, 1301, 1302, 1304)

Division of Vocational Rehabilitation

Expected Outcome:

More youth with disabilities employed

P/PB Objective # 94 (2500.08)

By the year 2000, increase the percentage of youth moving into jobs.

Outcome Measure:

Outcome Manager						
	SFY	SFY	SFY	SFY	SFY	SFY
. •	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of youth with disabilities who are	2,136	2,100	2,186	2,229	2,273	2,318
employed following employment program						
completion.						

- Collaborate with other agencies (public & private) to identify and refer youth with disabilities to be considered for Vocational Rehabilitation (VR) services. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Strengthen VR staff's special skills required to provide effective vocational counseling and guidance to youth with disabilities, by providing opportunities for professional development. (DVR funds 1100, 1201, 1301, 1302, 1304)

Human Services

P/PB Goal #1:

Protect the economic well-being of families and individuals

Program:

Provide subsistence to met basic needs

Division of Social Services

Expected Outcome:

Increase the ability of low income citizens to obtain needed financial assistance to meet a household's energy needs.

P/PB Objective # 95 (2700.04)

Maintain the number of elderly that qualify for needed assistance to offset energy (winter heating) costs.

Outcome Measure:

O Lite of the Constitution						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of elderly households receiving Low	N	N	N	36,000	36,000	36,000
Income Energy Assistance.						

NOTE: Effective with SFY 96-97 the eligibility criteria changed to include only households with members age 65 or older.

- Take and process applications for energy assistance, assuring fair and impartial participation of targeted populations. (DSS funds 1240 and 1280)
- Eliminate application process for Low Income Energy Assistance Program (LIEAP) by utilizing data from the Food Stamp Information System to identify eligible households (DSS funds 1240 and 1280)
- Target potentially eligible individuals and families by requiring the development and execution of effective outreach plans that informs the populace of the availability of energy assistance. (DSS funds 1240 and 1280)

Division of Social Services

Expected Outcome:

Increase the ability of refugees settling in North Carolina to obtain basic necessities while they are adjusting to living in a foreign country and locating employment.

P/PB Objective # 96 (2700.02)

Provide time-limited economic support to refugees settling in North Carolina.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Average monthly number of refugees receiving cash payments through the Division	206	224	169	225	200	200
of Social Services.						

- Complete Refugee Assistance applications within an average processing time of 45 days. (DSS fund 1210)
- Provide 96 % of Refugee Assistance Payments accurately. (DSS fund 1210)

Expected Outcome:

North Carolina citizens will receive timely decisions on all disability claims.

P/PB Objective # 97 (2700.01):

Maintain under 60 days the average processing time for all disability claims processed within the year.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Average processing days for disability claims.	42.4	44.0	45.7	58.0	55.0	49.0

- Monitor claims processing time and cost per claim processed. (DVR 2125)
- On-going review and analysis of administrative and claims processing activities to identify areas where improvement is needed. (DVR 2125)

Corrections

P/PB Goal #3:

Control and reform juvenile offenders.

Program:

Training school facilities

Division of Youth Services

Expected Outcome:

Safer social environment

P/PB Objective # 98 (3500.01):

By the year 2000, increase by 5% the percentage of juveniles exiting training school with two or fewer major infractions for assaultive behavior.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of juveniles exiting training school with 2 or fewer major infractions for assaultive behavior.	NA	92%	84%	85%	90%	97%

- Implement competency-based treatment plans for aggressive/assaultive behavior (DYS fund 1220)
- Operate a 48-bed substance abuse treatment program at the Juvenile Evaluation Center (DYS fund 1220)
- Increase family involvement through community meetings between the family and DYS social workers (DYS fund 1220)

Expected Outcome:

Safer social environment

P/PB Objective # 99 (3500.02):

Using 1995 as a baseline, increase by 5% during each year of the FY 1997-99 biennium the number of juveniles who successfully complete Extended Home Visit (60 day transitional program) prior to release.

Outcome Measure:

:	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of juveniles successfully completing the Extended Home Visit transitional period.	NA	535	725	755	80%	80%

- Implement competency-based treatment plans for aggressive/assaultive behavior (DYS fund 1220)
- Operate a 48-bed substance abuse treatment program at the Juvenile Evaluation Center (DYS fund 1220)
- Increase family involvement through community meetings between the family and DYS social workers (DYS fund 1220)

Expected Outcome:

Safer social environment

P/PB Objective # 100 (3500.03):

By the year 2000, increase by 5% the number of juveniles who achieve a one-month educational gain (as measured by the Test of Adult Basic Skills-TABE) for each month of training school stay.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of students exiting training school who demonstrate at least one month progress per each month stay in training school.	NA	NA	43%	50%	60%	65%

Description of strategies or activities directed toward this objective:

- Implement competency-based treatment plans for aggressive/assaultive behavior (DYS fund 1220)
- Operate a 48-bed substance abuse treatment program at the Juvenile Evaluation Center (DYS fund 1220)
- Increase family involvement through community meetings between the family and DYS social workers (DYS fund 1220)

Innovations

• Operate the FORMAT model of lesson planning and teaching to increase grade level equivalency one month per each month of attendance.

Corrections

P/PB Goal #3:

Control and reform juvenile offenders.

Program:

Detention center funds

Division of Youth Services

Expected Outcome:

Safer social environment

P/PB Objective # 101 (3600.01):

Maintain state-operated detention centers below 120% of the system's designed bed capacity.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Ratio of detention centers' census to centers' designed bed capacities.	157%	147%	111%	105%	110%	110%

Description of strategies or activities directed toward this objective:

• Increase the use of secure detention through contracts with the Administrative Office of the Courts (DYS fund 1320)

Expected Outcome:

Safer social environment

P/PB Objective # 102 (3600.02):

Increase the number of low-risk juvenile detainees who are "stepped-down" to non-secure detention options when those resources are available (case-by-case basis).

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of eligible low-risk juveniles "stepped down" to non-secure detention.	N N	N	N	N N	N N	N

NOTE: This data will be collected for the first time in SFY 96-97.

Description of strategies or activities directed toward this objective:

• Conduct case-by-case review of all juveniles detained to determine appropriateness of placement. (DYS fund 1320)

Expected Outcome:

Safer social environment

P/PB Objective # 103 (3600.03):

By the year 2000, reduce by 20% the number of detention days for juveniles who are not bound over to Superior Court (state-operated centers only).

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Average length of stay of detainees not bound	19.9	16.2	13.6	13.5	13.0	13.0
over to Superior Court.						

Description of strategies or activities directed toward this objective:

• Conduct case-by-case review of all juveniles detained to determine appropriateness of placement. (DYS fund 1320)

Expected Outcome:

Safer social environment

P/PB Objective # 104 (3600.04):

By the year 2000, reduce by 20% the rate of assaults (per 1,000) by juveniles in state-operated detention centers.

Outcome Measure:

٠.	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of assaults per 1,000 by juveniles in state-operated detention centers.	NA	NA	43	40	37	34

Description of strategies or activities directed toward this objective:

• Maintain appropriate training and operational procedures to ensure and enhance the program and security functions of state-operated detention centers. (DYS fund 1320)

Expected Outcome:

Safer social environment and accurate, efficient assessments of juvenile offenders

P/PB Objective # 105 (3600.05):

By the year 2000, provide a physical, behavioral, psychological and educational assessment for 20% of juveniles charged with A - E felonies who are held in state-operated detention facilities.

Outcome Measure:

. ·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Assessment rate of A-E felony juveniles admitted to state-operated detention centers.	NA	NA	1,360	1,650	2,000	2,250

- Develop screening instrument for mental health/suicide. (DYS fund 1320)
- Contract with North Carolina State University to develop an assessment instrument to include educational assessment, medical assessment, and social/psychological assessment (DYS fund 1320).
- Contract with local service providers to provide assessments for juveniles (DYS 1320).
- Provide assessment information to court prior to dispositional hearings (DYS 1320).

Education

Program:

Provide an effective, high quality, equitable system of public K-12 school

Subprogram:

Instruction, K-12

Element:

Instruction in special K-12 Schools

Division of Services for the Deaf and Hard of Hearing

Division of Services for the Blind

Expected Outcome:

Students will improve performance on NC standardized tests and will increase literacy levels.

P/PB Objective # 106 (7112.01):

Increase the percent of students passing NC standardized tests in reading, administered in grades 3-8, each year of the 1997-99 biennium

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percentage of non-exempt students within DSB passing the NC end-of-grade reading tests. (DSB)	0	21.4%	12.5%	18.75%	22.2%	40%
Percentage of non-exempt students within DSDHH passing the NC end-of-grade reading tests. (DSDHH)	N/A	N/A	N/A	N/A	N/A	N/A

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)

- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning.

Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Students will improve performance on NC standardized tests and will increase literacy levels.

P/PB Objective # 107 (7112.02):

Increase the percent of students passing NC standardized tests in mathematics, administered in grades 3-8, each year of the 1997-99 biennium

Outcome Measure:

. •	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percentage of non-exempt students within DSB passing the NC end-of-grade mathematics tests. (DSB)	5.6%	7.1%	0	18.8%	27.8%	40%
Percentage of non-exempt students within DSDHH passing the NC end-of-grade mathematics tests. (DSDHH)	N/A	N/A	N/A	N/A	N/A	N/A

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning.

Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Students will improve performance on NC standardized tests by increasing writing competency levels. Students will demonstrate progress in the area of communication skills development.

P/PB Objective # 108 (7112.03):

Increase by 7% the number of students passing the NC standardized test in writing, administered in grades 4 and 7 in each year of the 1997-99 biennium.

Outcome Measure:

_						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of non-exempt students within	NA	12.5%	12.5%	25%	30%	41.7%
DSB passing the NC standardized tests in writing. (DSB)						
Percentage of non-exempt students within	N/A	N/A	N/A	N/A	N/A	N/A
DSDHH passing the NC standardized tests in						ļ
writing. (DSDHH)			İ			

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning

Division of Services for the Deaf and Hard of Hearing

Expected Outcome:

Students will develop computer literacy and useful computer skills.

P/PB Objective # 109 (7112.04)

Increase the percent of students passing the 8th grade NC Computer Literacy Test in each year of the 1997-99 biennium.

Outcome Measure:

. •	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of students within DSDHH passing the 8th grade NC Computer Literacy Test	N/A	N/A	N/A	N/A	N/A	N/A

Description of strategies or activities directed toward this objective:

- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100)
- Recruit and retain qualified personnel (DSD/HH fund 1100)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning.
- Connect all classrooms, dormitories, and offices together through the internet and LAN's.

Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Students will increase social skills development and independent living skills. Graduates will decrease dependency on public assistance and become more self-sufficient.

P/PB Objective # 110 (7112.05):

Increase the percentage of students living independent of public assistance one year beyond graduation

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of students, excluding those in college, living independent of public assistance one year beyond graduation. (DSB)	0	0 ·	0	0	28.5%	37.5%
Percentage of students, excluding those in college, living independent of public assistance one year beyond graduation. (DSD/HH)	N/A	N/A	N/A	N/A	N/A	N/A

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)
- Provide independent living and transition programming (DSD/HH fund 1100)

2/44/97

Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Exiting students will be able to maintain lifestyles of productivity and personal adjustment, as appropriate to age and developmental levels.

P/PB Objective # 111 (7112.06)

Increase by 5% per year for 1996-97 and 1997-98 the number of exiting students successful in post-school activities.

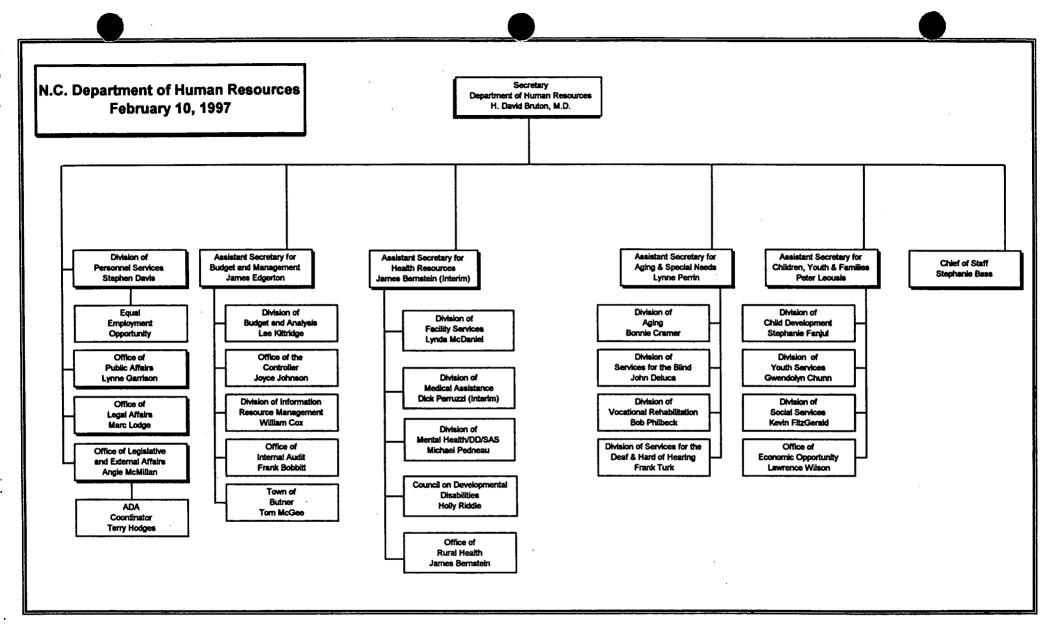
Outcome Measure:

٠.	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of exiting students within DSB successful in post-school activities. (DSB)	15.8%	50%	42.1%	100%	100%	100%
Percentage of exiting students within DSDHH successful in post-school activities. (DSD/HH)	N/A	N/A	N/A	N/A	N/A	N/A

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)
- Provide independent living and transition programming (DSD/HH fund 1100)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning.



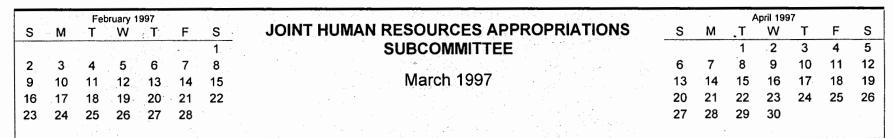
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23 	3	25 3:30 AM-10:00 AM Mental Health 3:00 PM-5:00 PM Mental Health	8:30 AM-10:00 AM Mental Health 3:00 PM-5:00 PM Mental Health	M 3:	27 	[28	Page 1

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9		8:30 AM-10:00 AM Welfare Reform 3:00 PM-5:00 PM	8:30 AM-10:00 AM Child Development 3:00 PM-5:00 PM Child Development	8:30 AM-10:00 AM Vocational Rehab. 3:00 PM-5:00 PM Special Topics	3 14	115
116		8:30 AM-10:00 AM Special Provisions 3:00 PM-5:00 PM	8:30 AM-10:00 AM Special Provisions 3:00 PM-5:00 PM Committee Discussion	8:30 AM-10:00 AM Committee Discussion 3:00 PM-5:00 PM Committee Discussion	0 21	[22
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Department of Human Resources

Overview

February 13, 1997

Human Resources Issues 1997 Session

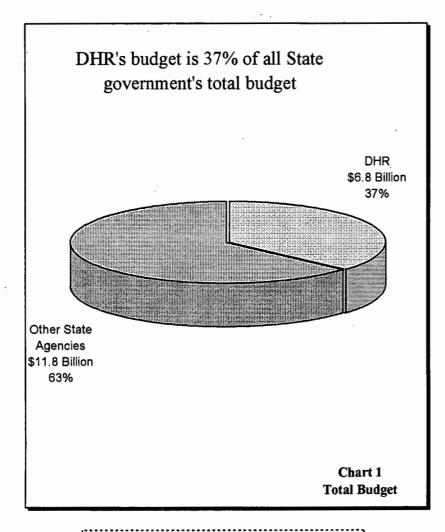
Welfare Reform - Work First

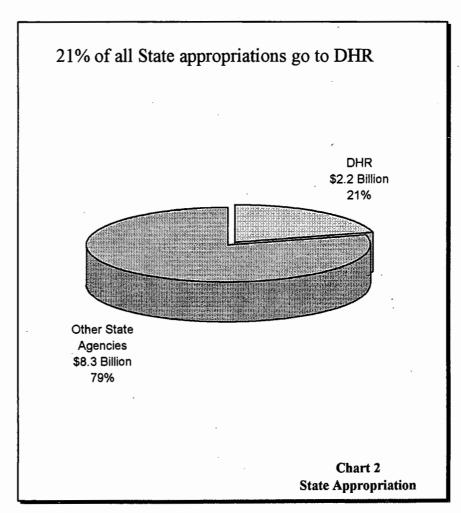
Smart Start

Medicaid Reform

DHR Reorganization

DHR Operating Budget - 1996-97





- As of September 30, 1996

DHR amount excludes intradepartmental transfers.

⁻ Includes only General Fund Budget Codes.

54% of DHR's budget comes from federal sources; 32% comes from the state

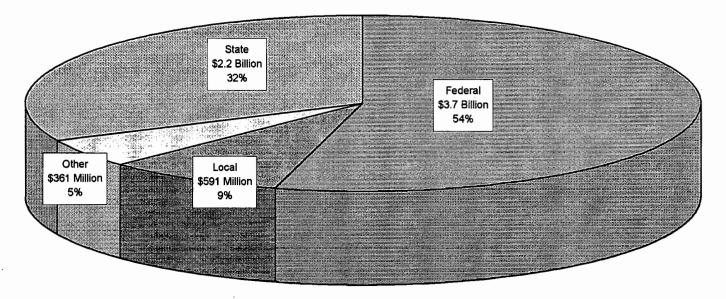
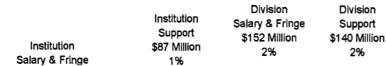


Chart 3
DHR Source of Funds - 1996-97

88% of the total budget goes for programs & benefits to individuals, such as TANF and Medicaid



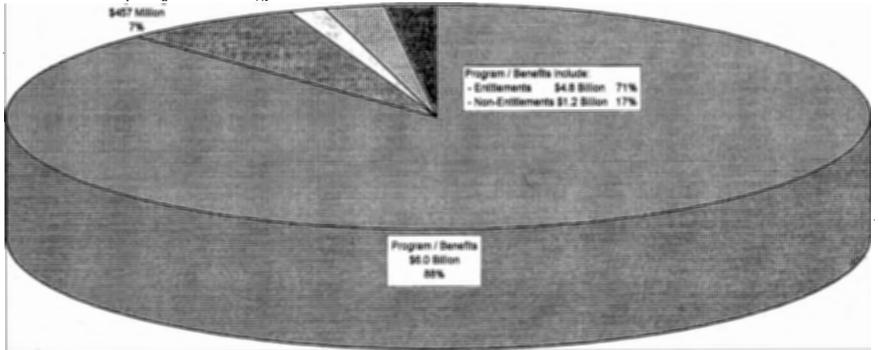
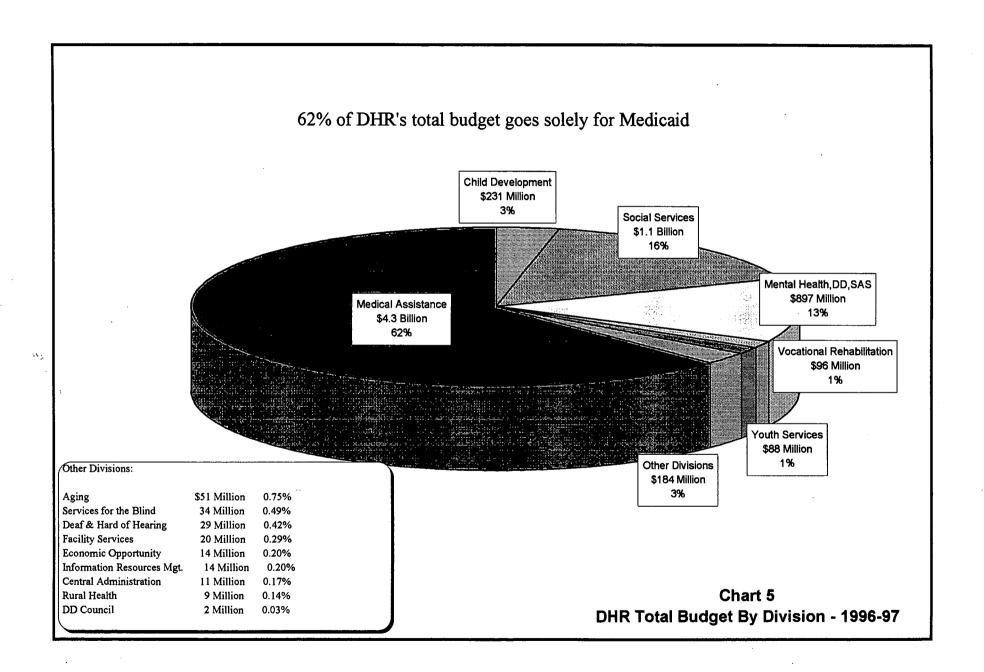
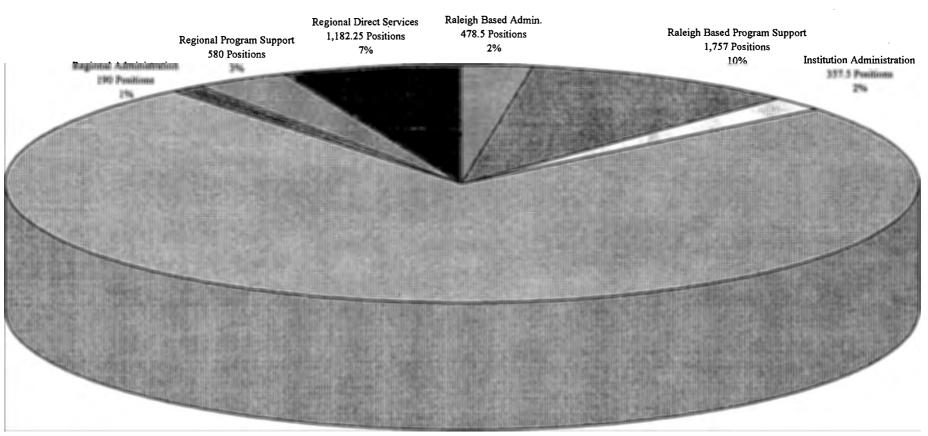


Chart 4
DHR Total Budget By Category - 1996-97

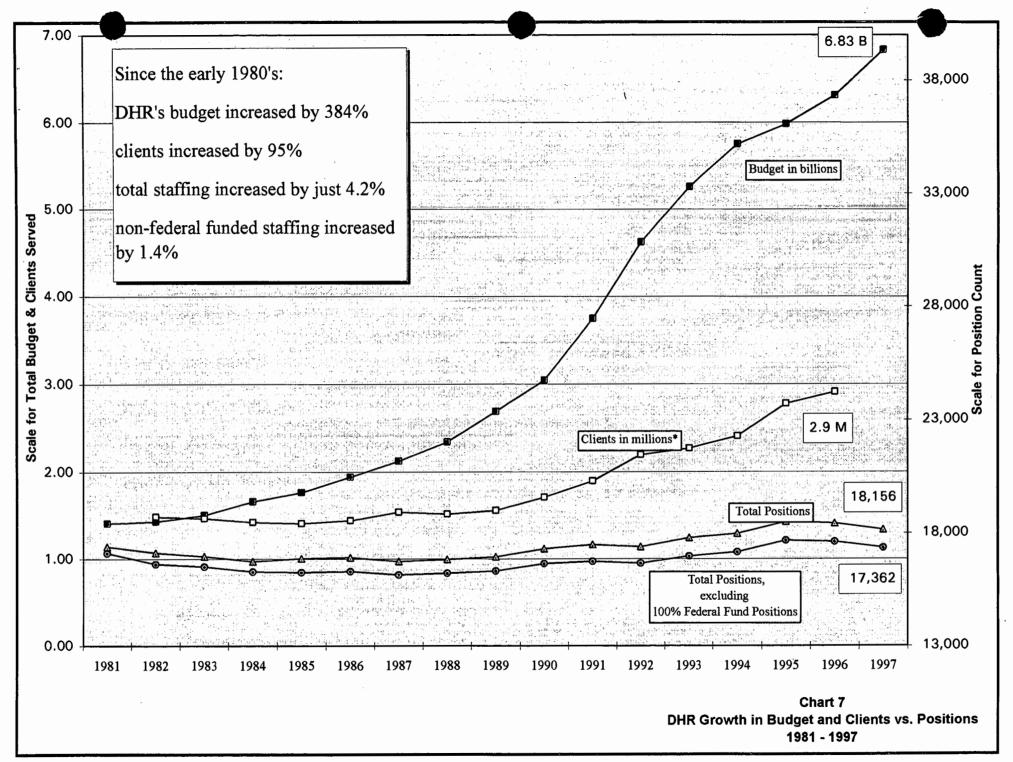


Of DHR's 18,156 positions, 77% are in institutions, 12% are based in Raleigh, and 11% are in field offices



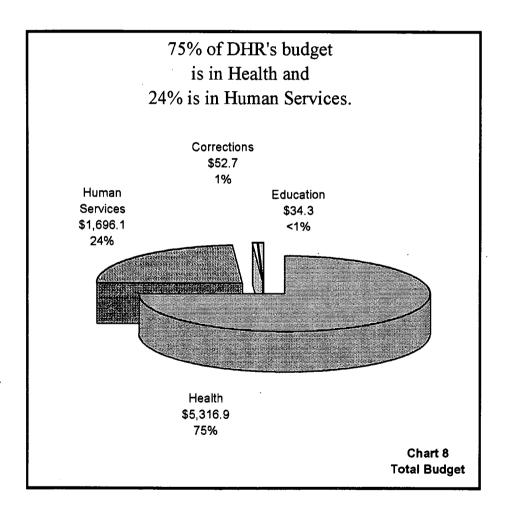
Institution Direct Services 13,610.5 Positions 75%

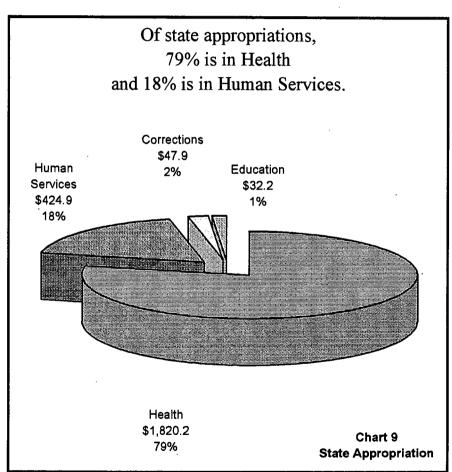
Chart 6
DHR Positions By Location and Function - 1996-97

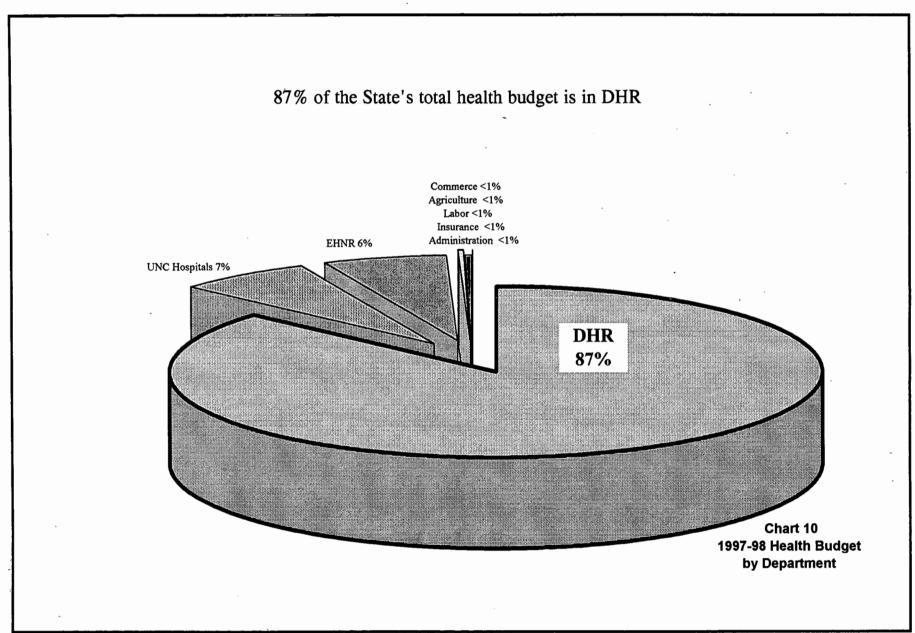


^{* 1981} information incomplete or not available.

DHR 1997-98 Recommended Continuation Budget by Performance Budget Program Areas (\$ in Millions)







Source: 1997-98 Biennium Recommended Continuation Budget Summary for Health; Office of State Budget and Management

Index of Charts

Chart 1	DHR Operating Budget -1996-97 Total Budget
Chart 2	DHR Operating Budget -1996-97 State Appropriation
Chart 3	DHR Source of Funds - 1996-97
Chart 4	DHR Total Budget by Category - 1996-97
Chart 5	DHR Total Budget by Division - 1996-97
Chart 6	DHR Positions by Location and Function - 1996-97
Chart 7	DHR Growth in Budget and Clients vs. Positions 1981 - 1997
Chart 8	DHR 1997-98 Recommended Continuation Budget by Performance Budget Program Area Total Budget
Chart 9	DHR 1997-98 Recommended Continuation Budget by Performance Budget Program Area State Appropriation
Chart 10	1997-98 Health Budget by Department

Division of MH/DD/SAS

Mental Health Services Sections

1997-99 Budget & Program Overview

DEPARTMENT OF HUMAN RESOURCES

MEDICAID PROGRAM OVERVIEW

FISCAL RESEARCH DIVISION February 1997

THREE PROGRAMS IN ONE

- HEALTH INSURANCE
- LONG TERM CARE FOR THE ELDERLY
- SERVICES FOR PEOPLE WITH DISABILITIES

MEDICAID

Medicaid is health care for certain groups of poor persons, including single parent families, persons over age 65 and the disabled. Coverage is based on a person falling into one of the target groups and passing income and resources tests. Medicaid is administered by states and counties and financed with federal, state and county funds.

MEDICARE

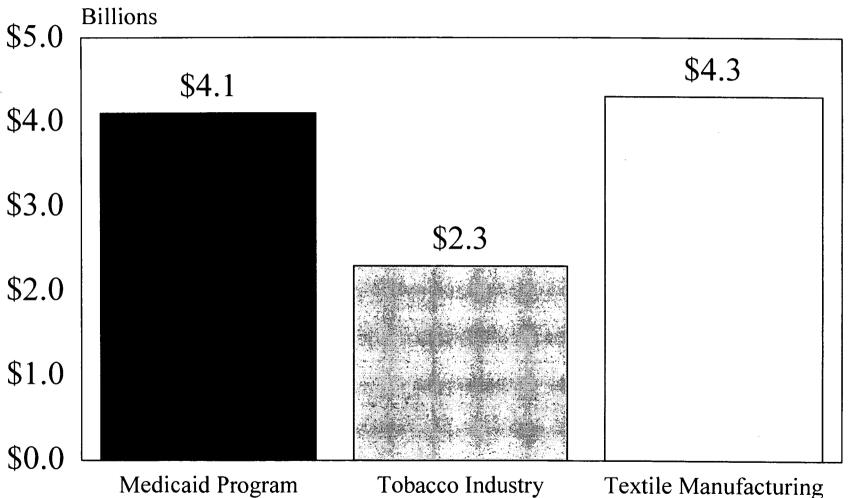
Medicare is health care for persons over age 65 and for the disabled who receive Social Security payments. It is administered by the Health Care Financing Administration and financed by employer/employee contributions to the Social Security Trust Fund.

Fiscal Research Division 2/97

N. C. MEDICAID SNAPSHOTS

- Covered 1.1 Million state residents in SFY 1995-96 -- 16% of N.C.'s population
- Covers 45% of the babies born each year
- 28 % of recipients consume 71 % of resources -- includes aged, blind, and disabled
- Inpatient care consumes 50 % of expenditures for services -- includes hospitals, nursing homes, and mental retardation centers
- 72 % of the state's nursing home beds serve Medicaid patients
- 14 % of N. C. hospital charges are paid by Medicaid -- 47% are paid by Medicare

ROLE IN STATE ECONOMY



NOTE: Tobacco Industry includes the value of the 1996 crop and the estimated 1996 salaries and wages for tobacco manufacturing. Textile Manufacturing includes the estimated salaries and wages for the industry.

OTHER COMPARISONS

- The FY 1995-96 Medicaid Program expenditures are equal to the estimated total income of the citizens of Buncombe County for 1996.
- Assuming an average private sector salary of \$25,092 for 1996, the FY 1995-96 Medicaid expenditures would pay the salary of 163,399 employees in the private sector.

IMPACT ON STATE AGENCIES

- About 10% of the Medicaid budget is paid to State and Local agencies to provide medical services to Medicaid recipients
- The following State and Local agencies receive reimbursement from Medicaid: Mental Retardation Centers, State Psychiatric Hospitals, Special Care Center, N.C. Memorial, Area Mental Health Agencies, Public Health Departments, County Owned Home Health Agencies, and Some School Clinics

HISTORY OF TOTAL EXPENDITURES

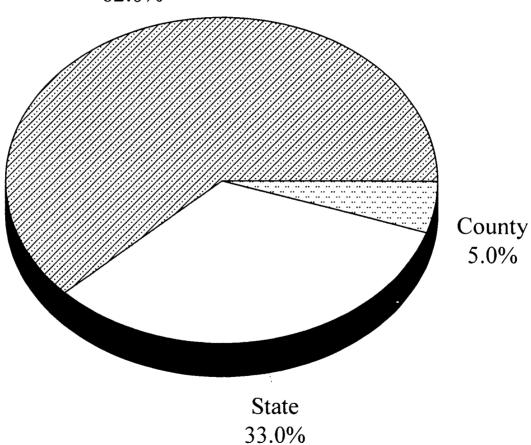
STATE FISCAL YEAR	TOTAL EXPENDITURES
1980-81	\$507,602,694
1985-86	\$758,115,890
1990-91	\$1,942,016,092
1995-96	\$4,113,344,777

EXPENDITURES 1995-96

SOURCES OF FUNDS	SFY 1995-96
FEDERAL	\$2,600,855,361
STATE APPROPRIATIONS	\$1,040,207,046
OTHER STATE FUNDS	\$289,101,309
COUNTY	\$183,181,061
TOTAL	\$4,113,344,777

SOURCE OF FUNDS

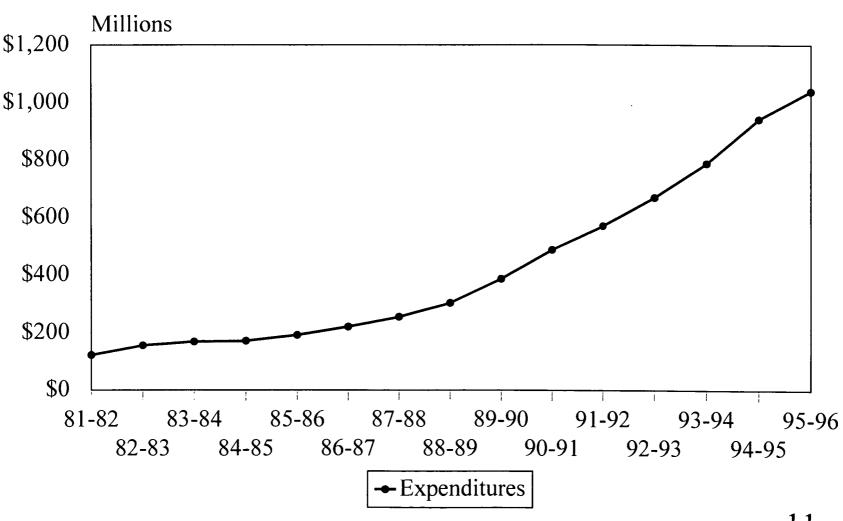
Federal 62.0%



State Fiscal Year 1995-96

Fiscal Research Division 2/97

HISTORY OF GENERAL FUND EXPENDITURES



BUDGET RULES OF THUMB

• 10 YEARS AGO, MEDICAID WAS 4% OF THE GENERAL FUND OPERATING BUDGET; TODAY IT IS 11%

• A 1% INCREASE IN THE MEDICAID BUDGET EQUALS A \$11 MILLION INCREASE IN GENERAL FUND REQUIREMENTS

FACTORS AFFECTING GROWTH

UTILIZATION

INTENSITY

INFLATION

FEDERAL PARTICIPATION RATE

MEDICAID PROGRAM METHODS FOR REDUCING COSTS

ELIGIBLES

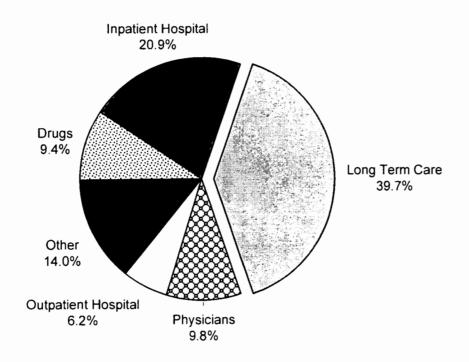
PROVIDERS

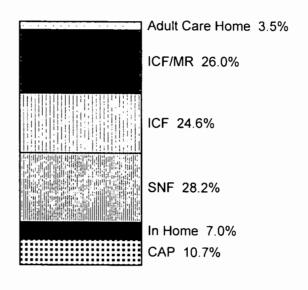
SERVICES

EXPENDITURES FOR SERVICES

- Total expenditures for services and premiums was \$3.6 Billion for SFY 1995-96.
- 95.8 % of expenditures for services paid for direct medical services while the remaining 4.2 % paid for Medicare and HMO premiums.

EXPENDITURES BY SERVICES





MANDATORY SERVICES

- Durable Medical Equipment
- Health Check Services (ESPDT)
- Family Planning Services
- Hearing Aids (children)
- Home Health Services
- Impatient Hospital Services
- Outpatient Hospital Services
- Laboratory & X-Ray Services

- Nurse Midwives
- Nurse Practitioners
- Nursing Facilities (NF)
- Physicians
- Prosthetics & Orthotics (children)
- Specialty Hospitals
- Transportation

OPTIONAL SERVICES

- Ambulance Transportation
- Case Management for:
 - Pregnant Women
 - High Risk Children (0-5)
 - Chronically mentally ill adults
 - Emotionally disturbed children
 - Chronic substance abusers
 - At-Risk adults & Children
 - Persons with HIV disease
- Chiropractors
- Clinic Services
- Community Alternatives Program (CAP)
- Dental Care Services
- Home Infusion Therapy Services
- Hospice

- Intermediate Care Facilities for the Mentally Retarded (ICF-MR)
- Mental Hospitals (age 65 & over)
- Migrant Health Clinics
- Optical Supplies
- Optometrists
- Personal Care Services
- Podiatrists
- Prepaid Health Plan Services
- Prescription Drugs
- Private Duty Nursing Services
- Rehab. Services (mental health)
- Rural Health Clinics

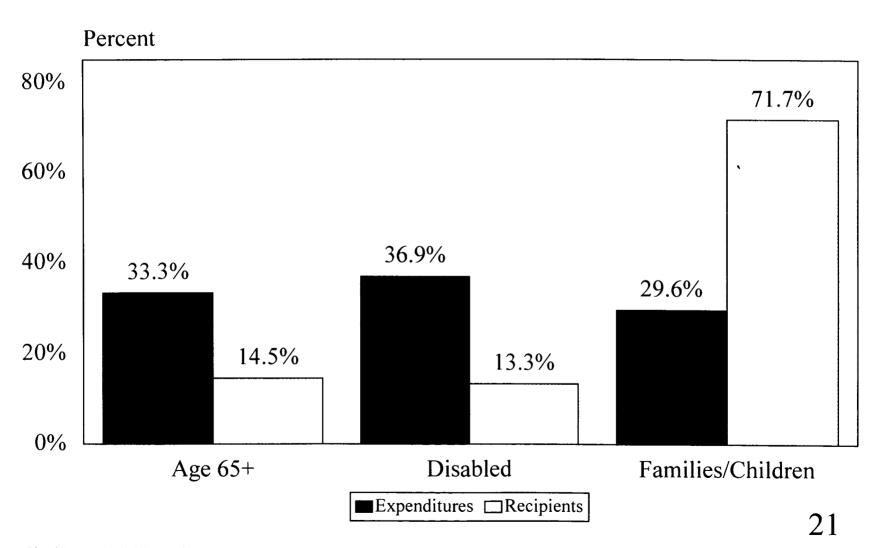
RETURN ON EQUITY (ROE) PAYMENTS

Fiscal Year	ROE Payments (GF)
1990-91	\$939,785
1991-92	\$1,236,692
1992-93	\$1,240,795
1993-94	\$1,338,532
1994-95	\$1,389,503
1995-96	\$1,446,614

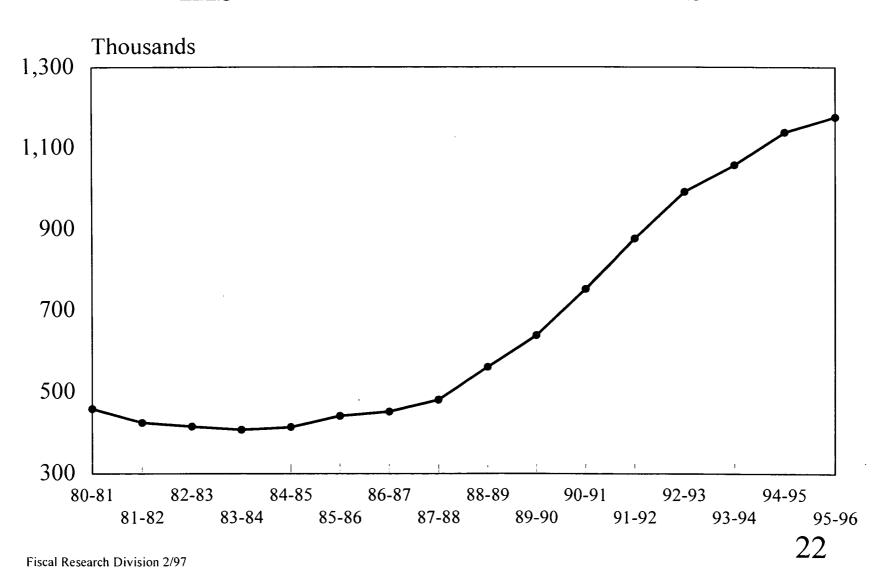
DRUG REBATE PROGRAM

Fiscal Year	Rebate Collected
1991-92	\$28,863,275
1992-93	\$38,380,353
1993-94	\$40,230,222
1994-95	\$47,933,307
1995-96	\$59,857,543

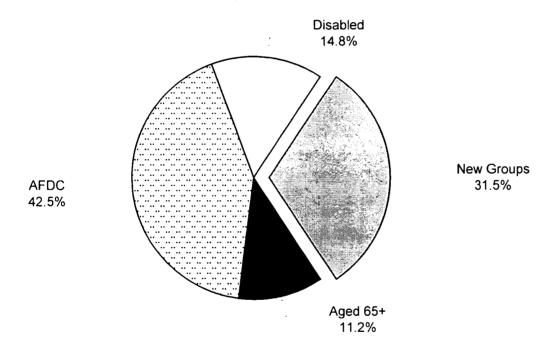
RECIPIENTS AND EXPENDITURES

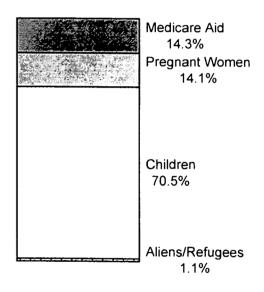


HISTORY OF ANNUAL ELIGIBLES



NEW GROUPS SINCE 1987



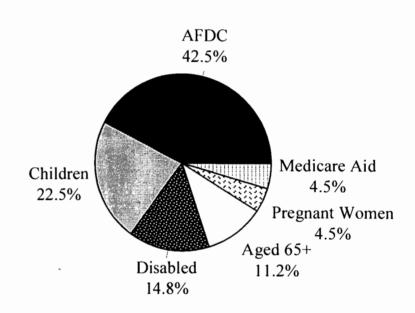


MEDICAID ELIGIBLES

SFY 1995

AFDC 47.1% Pregnant Women 4.2% Medicare Aid 4.2% Aged 65+ Disabled 13.9%

SFY 1996

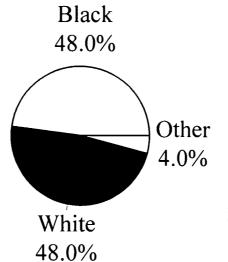


RECIPIENT INFORMATION

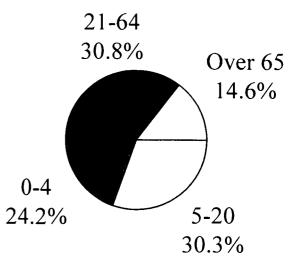
BY GENDER

Male 36.0% Female 64.0%

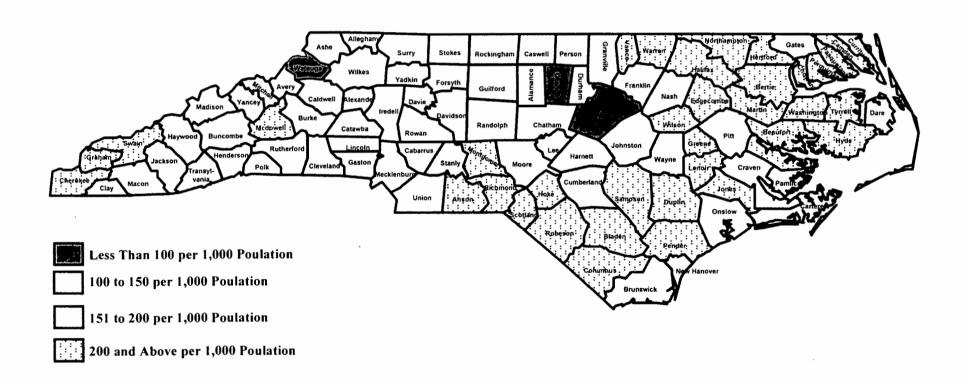
BY RACE



BY AGE



Medicaid Eligibles per 1,000 County Population



Note: State Fiscal Year 1996

MEDICAID PROGRAM MANDATORY ELIGIBLES

- AFDC Recipients (Based on State Plan as of July 16, 1996)
- Aged, Blind, and Disabled SSI Recipients
- Infants born to Medicaid eligible women (to 133% of FPL)
- Children under age 6 (to 133% of FPL)
- Pregnant Women (to 133% of FPL)
- All Children born after 9/30/83 (to 100% of FPL)
- Recipients of Adoption Assistance and Foster Care
- Certain Medicare Recipients
 - Dual Eligibles
 - Qualified Medicare Beneficiaries
 - Specified Low-Income Medicare beneficiaries
 - Qualified Disabled and Working Individuals

Note: FPL is the Federal Poverty Level

OPTIONAL ELIGIBLES

- Infants born to Medicaid eligible women (134% to 185% of FPL)
- Pregnant Women (134% to 185% of FPL)
- Children age 19, 20, and 21 meeting AFDC income standards
- Recipients of State/County Special Assistance
- Recipients of State Assistance to the Blind
- Persons recieving care under home and community-based waivers
- Aged, Blind, and Disabled persons presumed eligible for but not receiving SSI
- Institutionalized individuals with income and resources below specified limits
- Medically Needy persons

MEDICAID PROGRAM 1994 EXPANSION OF ELIGIBLES

- SSI ELIGIBLE ELDERLY, BLIND AND DISABLED PEOPLE EFFECTIVE 1/1/95 52,000 PERSONS
- CHILDREN AGES 11 TO 19 WITH FAMILY INCOMES UNDER 100% OF THE FEDERAL POVERTY GUIDELINES EFFECTIVE 7/1/94 - 31,700 CHILDREN
- ADOPTIVE CHILDREN WITH SPECIAL
 REHABILITATIVE NEEDS EFFECTIVE 10/1/94 COVERAGE WITHOUT REGARD TO FAMILY
 INCOME

RECENT LEGISLATIVE CHANGES

- Increased General Fund Appropriations for the Medicaid Program to \$1 Billion for FY 1995-96 and \$1.1 Billion for FY 1996-97
- Allowed DHR to draw down federal Medicaid funds to pay for existing personal care services provided in adult care homes for Medicaid recipients -- Total increase to the Medicaid program was \$45.9 Million for FY 1995-96 and is estimated to be \$70.3 Million for FY 1996-97

Managed Care Initiatives

CAROLINA ACCESS

HEALTH CARE CONNECTION

CAROLINA ALTERNATIVES

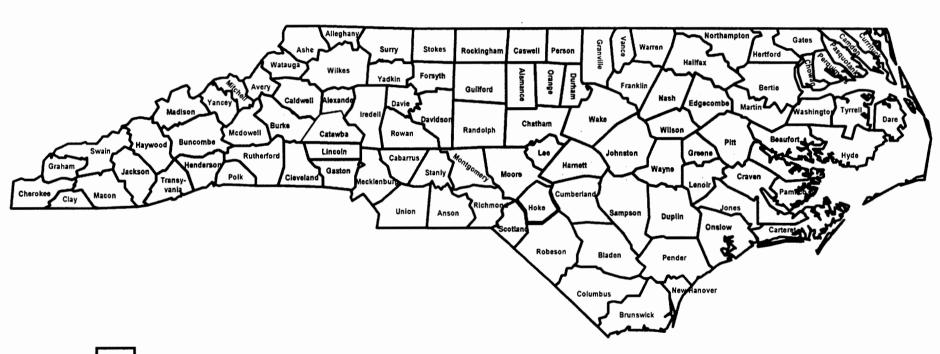
CAROLINA ACCESS - GENERAL INFORMATION

- Coordinates care by linking eligible recipients with a primary care provider who has agreed to act as a gatekeeper and to provide or arrange for health care services.
- By improving access to primary care, the program promotes a continuity of care while helping to reduce inappropriate utilization and controlling costs.
- Implemented April 1991
- Participation is mandatory for all Medicaid eligibles except for special pregnant women coverage is excluded. Elderly and disabled with Medicare coverage have the option to participate.
- Currently serving over 295,000 recipients in 46 counties
- 2,678 Physicians participate in the program and are paid \$2.50/\$3.00 per month per enrolled recipient

CAROLINA ACCESS - COST SAVINGS

- Cost savings from Carolina Access cannot be specifically identified because the program is not a specific line item in the Medicaid budget
- Carolina Access may be helping to slow the rate of growth of the Medicaid program. Some indications of slower growth are as follows:
 - Overall growth in the cost per eligible participating in Carolina Access has slowed significantly during the past three years and in the case of children, the cost per child has decreased by 12.8%
 - For the first seven months of 1996-97, emergency room expenditures are down 7.2% and inpatient hospital expenditures show no growth

CAROLINA ACCESS COUNTY ENROLLMENT



Access Counties

HEALTH CARE CONNECTION - GENERAL INFORMATION

- A pre-paid capitated risk contract with a group of Health Maintenance Organizations (HMOs) to provide a comprehensive range of medical and other services to Medicaid recipients residing in Mecklenburg County
- Implemented July 1996
- Five HMOs and one Federally Qualified Health Center are currently participating in program
- Mandatory enrollment for AFDC recipients, children, and pregnant women elderly and disabled recipients are excluded
- Current enrollment: 24,134 of 35,913 eligible
- Prescription drugs, mental health, and long-term care services are excluded from the capitated rate

HEALTH CARE CONNECTION - COST SAVINGS

- Monthly capitated rates per eligible are 12% to 14% below the average monthly fee for service cost per eligible
- After the administrative costs for managing Health Care Connection are included, the net reduction for Health Care Connection is 8% below the projected statewide fee for service costs for 1995-96
- The 8% rate may be eroded in 1996-97 because of lower than projected growth rates for the other 99 counties

8:30a.m.

Human Res.

Feb. 25, 1997

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Rosly Saudt	loffinist
Kim Bernstein	DHR
Vois Diek	Speaker, Seniar Far Heel Legisloterre
	,
James Worth Ann Wardell	DHR Budget & analysis
Bill Cox	DHR /DIRM
Capl Morin	OHR/OIRM
Bob Fitzgerald	IDAR/DFS
Lynda McDaniel	DHR/DFS
Gé Brogde	DHR B+A
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Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

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FIRM OR AGENCY AND ADDRESS

Many Elotridge	MH/AB/5A5
Lynn Stelle	MAN IDD/SAS
Grafie Sakacenall	05PL
The Rolling	08891
John Dorman	OSPL
CARO MOVIN	DHR/DIRM
BILLCOX	DHR/DIRM
Elvis Breeley	
John Bourdich	Zeb alley .PA.
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8:30a.m.

VISITOR REGISTRATION SHEET

Human Res, Welfare reform study commission February

February

25, 1997

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS				
Byron K. Harris	OSBM				
John Bowlish	Zeb Alley PA.				
Lesley Waren	myself				
Beckir Stut	PPAB				
Lou B. Wilson	TICALTC7				
Patrice Rouler	MACC				
Jim Elanto	PHR				
Les Hoffelle	DHR				
Male Kirk	ARC/Sternly				
Angela Kick	10 10				
Jeaneth Wilhelm	Arc Stanly Co 501 Smith St Albemarie, NC 28001				
Peggy Terhune	Are of Stanly Co				
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Human Res.

February 25, 1997

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS	
Peter Brown	Duke University - Public Policy	
Meager	OSBM	
Argie Willillace	DHR	·
PEYTON MAYMAND	9Pm	
GRORGE REED	NC COLUCIO DE CHUNCHES	— ,
John Lamer	DAS /55	_ \
B. Woodard	OSBM	
Ways Milliams	- OSBM	— <u> </u>
I Davies	03B M	_
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Dance Fitzgerald	05PL	

Human	Res.
Nama of	Committee

February 25, 1997
Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME ·	FIRM OR AGENCY AND ADDRESS			
Sheila Chavis	State Planning			
George W. Paryish	State Planning. DVRS, 805 Ruggler Dre,			
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2/13/97

T APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

Stem Shaber	FIRM OR AGENCY AND ADDRESS
Can Rulaidan	OSPL
Keyin Fitz Gerald	NCDHR -DSS.
System James	NCDHR-DCD
Mike Redneam	MADDSA5-DHR
Dave Bichard	Andre Association per Potrich Charge
MARC LODGE	Avefred Association per Boter of Chings
Laurence Wilson	NC DHR - OEU
Leslie Mann	DHR-OCS
Carried Prober Buell	Carolinas Hearth Care Scoten
Myrna Miller N	MSW-NC (Nat'l Assoc. of Social Workers)
Ja Jan	Council on Dev. Diglailities
Lelle Fradle	ne Council on Des Disabilités
John Bowdish.	Zebulon Alley PA
Lym Gorason	OHR-Puli Affais

2/13/97

T APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

Paula X. Holf.	FIRM OR AGENCY AND ADDRESS Covenant with North Groling's Children
Roshn Davitt	ne child Care Coaliter
Spirce Johnson	DHC Controlle's Office
Hynda Mr Daniel	DHR/DFS
So helled	DHR / DURS
Trichary Trijeour	DHR/DYS
P. Perrusa	DMA
Barbara D Matula	DHR-NCMSF
Bouwe Cramer	DHR - aging
Jany Jum	DSD/HH (DHR
John De Lyga	DSB/DHR
Sunda Summers	NC Equile
Megan Carney	BW Student at Meredith Callege
Fullyn Hawthome	NCHA
Buki Strut	PPAB

2/20/96/

AGENDA

Joint Subcommittee on Human Resources Appropriations

Legislative Office Building - Room 424 Thursday, February 20, 1997 8:30 am

Division of Medical Assistance 1997-99 Budget (Continued) Carol Shaw Fiscal Research Division

Division of Services for the Blind 1997-99 Budget Overview Mary Ellen Sylvester Fiscal Research Division

Report on the Consolidation of the Office of the Controller

Joyce Johnson, Controller DHR

Division of Facility Services 1997-99 Budget Overview Carol Shaw

Fiscal Research Division

MINUTES

JOINT APPROPRIATION SUBCOMMITTEE ON HUMAN RESOURCES

February 20, 1997

The Joint Appropriations Subcommittee on Human Resources met on Thursday afternoon, February 20, 1997, after session, in Room 424 of the Legislative Office Building. Senator Martin presided.

Mary Ellen Sylvester presented an overview on the Division Of Services For The Blind. (Handout attached to minutes). The Governor Morehead School had a high rate of productivity:

- 2 Curriculum programs 50%
- Other 80% into non-graded programs

Teacher Training Program in progress with NCCU.

Senator Phillips asked if information is based upon being able to do early interventions for first time.

Reason for decrease in numbers is based upon private service care. Has the decrease in numbers translated into less institutionalization?

Incomes, commissions, salaries paid on the intestate need to be provided to Committee per Representative Nye's request..

Deborah Jackson, Assistant Director - one counselor serving 15-20 blind vendors at a time. A small number of administrators to a great number of business folks.

Smart Start and Education Preventions Children should be served in their homes and cost should be according to income. Services for Blind should provide services same children age groups not being met. All needs need to be serviced.

Residential education schools:

- Trying to host meeting to talk about what group can achieve.
- Office of Controller re-examining their organization and structure/made adjustment in Raleigh offices, now located in 3 offices in Raleigh.

Appro. Subcom. On H.R. Minutes 2-20-97 Page 2

■ Local flexibility to choose:

To issue magnetic strip cards to welfare recipient instead of stamps because of fraud.(EBT) Electronic Benefits Transit.

■ Outreach program from Greensboro to Raleigh.

Senator William Martin, Cochairman

Joint Appropriations Subcommittee On Human Resources

Wanda C. Kay, Committee Clerk

Joint Appropriations Subcommittee On Human Resources

DIVISION OF MEDICAL ASSISTANCE

1997-99 TOTAL CONTINUATION BUDGET

	1995-96	1995-96	1996-97	1996-97	1997-98	1998-99
Description	Certified	Actual	Certified	Authorized	Recommended	Recommended
Total Requirements	\$4,204,601,911	\$4,117,852,544	\$3,982,085,354	\$4,082,039,060	\$4,349,171,040	\$4,720,357,838
Total Estimated Receipts	(\$3,146,597,735)	(\$3,077,645,486)	(\$2,825,922,981)	(\$2,909,936,545)	(\$3,082,656,940)	(\$3,325,631,381)
Net Appropriation	\$1,058,004,176	\$1,040,207,058	\$1,156,162,373	\$1,172,102,515	\$1,266,514,100	\$1,394,726,457

Reference Documents:

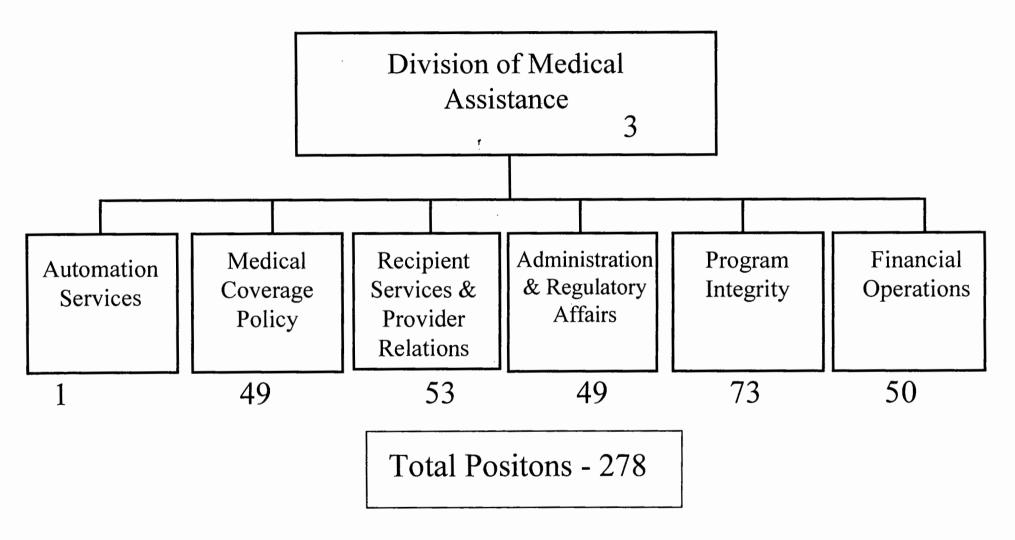
Continuation Budget

Volume 3, Pages R(3)-1 through R(3)-21

Performance/Program Budget

Volume 7A, Pages 1-183 through 1-197

DIVISION OF MEDICAL ASSISTANCE



Governmental Opera-Fiscal Research Division tive Services Office the reaunt expended for a program the amount appropriated for

propriated for salaries and nly be used for salaries and remium pay, overtime pay, employment compensation, ensation, temporary wages, rsonal services, moving exent of accumulated annual awards to employees, tort employer's social security, d hospitalization payments: wever, funds appropriated id wages may also be used or which over expenditures by subdivisions (3), (4), and section but the Director of all include such use and the n his quarterly report to the ve Commission on Governations and to the Fiscal Reon of the Legislative Services d salary funds that become n vacant positions may not new permanent employee raise the salary of existing

s subsection, "program" p of expenditure and receipt support of a specific budoutlined in the certified ach department, agency, or designated by the four-digit e) number in the Budget vstem.

ments in this section that of the Budget report to the ve Commission on Governtions shall not apply to exreceipts by entities that are it supported, except for entiby the Wildlife Resources

ed by 1985 N.C. Sess. Laws effective 1 July 1985.]

rs or changes as between tems in the budget of the e made by the President Prone Senate;

rs or changes as between items in the budget of the

House of Représentatives may be made by the Speaker of the House of Representatives:

(e) Transfers or changes as between objects and items in the budget of the General Assembly other than of the Senate and House of Representatives may be made jointly by the President Pro Tempore of the Senate and the Speaker of the House of Representatives. (1929, c. 100, s. 24; 1981, c. 1127, s. 82; 1985, c. 290, s. 8; c. 479, s. 159; c. 757, s. 183; 1985 (Reg. Sess., 1986), c. 955, s. 72; 1989, c. 752, s. 44.)

§ 143-23.1 [Repealed by 1985 N.C. Sess. Laws ch. 290, § 4, effective 1 July 1985.]

§ 143-23.2. Transfers to Department of Human Resources.

(a) Political subdivisions may appropriate funds directly to the Department of Human Resources for Medicaid programs. Other public agencies and private sources may transfer funds to the Department for Medicaid programs. The Department may accept unconditional and unrestricted donations of such funds. Notwithstanding the provisions of this Article which might forbid such transfer or donation, the University of North Carolina Hospitals at Chapel Hill may transfer funds as provided by the previous sentence of this section.

(b) Contributed funds shall be subject to the Department of Human Resources administrative control and allocated as provided in the current operations appropriations act, except such contributions shall not reduce State general revenue funding. At the end of any fiscal year, the unobligated balance of any such funds shall not revert to the General Fund, but shall be reappropriated for these purposes in the next fiscal year. (1987, c. 861, s. 1; 1989, c. 141, s. 18; c. 361.)

§ 143-24. Borrowing of money by State Treasurer.

The Director of the Budget, by and with the consent of the Governor and Council of State, shall have authority to

authorize and direct the State Treasurer to borrow in the name of the State, in anticipation of the collection of taxes, such sum or sums as may be necessary to make the payments on the appropriations as even as possible and to preserve the best interest of the State in the conduct of the various State institutions, departments, bureaus, and agencies during each fiscal year. (1929, c. 100, s. 25.)

§ 143-25. Maintenance appropriations dependent upon adequacy of revenues to support them.

All maintenance appropriations now or hereafter made are hereby declared to be maximum, conditional and proportionate appropriations, the purpose being to make the appropriations payable in full in the amounts named herein if necessary and then only in the event the aggregate revenues collected and available during each fiscal year of the biennium for which such appropriations are made, are sufficient to pay all of the appropriations in full; otherwise, the said appropriations shall be deemed to be payable in such proportion as the total sum of all appropriations bears to the total amount of revenue available in each of said fiscal years. The Director of the Budget is hereby given full power and authority to examine and survey the progress of the collection of the revenue out of which such appropriations are to be made, and to declare and determine the amounts that can be, during each quarter of each of the fiscal years of the biennium properly allocated to each respective appropriation. In making such examination and survey, he shall receive estimates of the prospective collection of revenues from the Secretary of Revenue and every other revenue collecting agency of the State. The Director of the Budget may reduce all of said appropriations pro rata when necessary to prevent an overdraft or deficit to the fiscal period for which such appropriations are made. The purpose and policy of this Article are to provide and insure that there shall be no overdraft or deficit in the general fund of the State at the end of the fiscal period, growing out of appropriations for maintenance and the Director of the Budget is



Table 1-13: Medicaid Expenditures by State, 1994 (By type of service—\$ millions)

	Acute Care					
State/Region	Total	Services	Medicare	HMOs	Long-Term Care	DSH* Payments
United States—TOTAL	\$137,112	\$60,999	\$3,376	\$6,804	49,044	16,890
New England	9,952	3,497	257	371	4,219	1,609
Connecticut	2,424	709	102	0	1,204	409
Maine	932	362	31	10	364	165
Massachusetts	4,698	1,781	97	348	1,928	541
New Hampshire	830	158	10	10	271	380
Rhode Island	787	347	10	2	333	95
Vermont	284	140	6	. 0	119	19
Middle Atlantic	32,447	12,276	367	1,057	14,391	4,357
New Jersey	4,793	1,819	74	45	1,822	1,034
New York	21,223	8,516	169	435	9,596	2,507
Pennsylvania	6,432	1,941	124	577	2,973	817
South Atlantic	20,139	10,491	681	798	6,205	1,964
Delaware	281	150	4	1	120	6
District of Columbia	790	377	9	38	314	53
Florida	5,347	2,715	290	544	1,513	285
Georgia	3,274	2,015	95	0	808	355
Maryland	2,246	1,167	48	207	675	151
North Carolina	3,175	1,491	. 105	8	1,181	390
South Carolina	1,900	857	49	0	513	481
Virginia	1,871	971	50	0	710	140
West Virginia	1,254	749	30	0	371	103
East South Central	7,659	3,453	288	898	2,270	751
Alabama	1,769	740	66	1	545	417
Kentucky	1,867	1,160	56	0	584	67
Mississippi	1,330	743	70	0	358	158
Tennessee ¹	2,694	810	95	897	783	108
West South Central	14,317	7,081	412	0	3,957	2,866
Arkansas	1,074	528	47	0	497	3
Louisiana	4,065	1,701	68	0	969	1,326
Oklahoma	1,041	513	44	0	459	24
Texas	8,137	4,339	252	0	2,033	1,513
East North Central	20,780	9,452	430	1,200	7,978	1,720
Illinois	5,286	2,871	138	143	1,833	300
Indiana	2,811	1,167	30	223	1,096	295
Michigan	4,930	2,281	85	402	1,546	615
Ohio	5,499	2,311	62	245	2,383	498
Wisconsin	2,256	823	114	187	1,120	12
West North Central	8,258	3,252	327	202	3,539	938
lowa	1,089	524	106	1	452	6
Kansas	981	376	30	0	409	165
Minnesota	2,470	888	32	175	1,331	44
Missouri	2,533	923	123	25	750	713
Nebraska	615	300	25	0	281	9
North Dakota	279	110	3	0	165	1
South Dakota	291	131	8	0	151	0
Mountain	5,101	2,095	95	961	1,650	299
Arizona ¹	1,571	193	21	884	368	106
Colorado	1,119	535	20	34	424	106
Idaho	312	171	5	0	135	.4
Montana	344	173	12	0	159	.3
Nevada	418	198	7	17	123	74
New Mexico	665	439	15	0	203	8
Utah	513	307	12	25	163	5
Wyoming	158	80	3	0	76	.0
Pacific	18,458	9,401	519	1,317	4,835	2,386
Alaska	288	190	4	. 0	77	17
California	14,065	7,436	443	906	3,270	2,009
Hawaii	458	215	17	42	154	30
Oregon	1,105	454	21	165	444	21
Washington	2,543	1,106	35	205	889	309

Source: Urban Institute, cited in Medicaid Expenditures and Beneficiaries: National and State Profiles and Trends, 1988-1994, 2nd ed., Kaiser Commission on the Future of Medicaid, table 16, in press.

Urban Institute calculations based on HCFA 64 data.

^{*}DSH = Disproportionate share hospital.

Total spending for all categories in 1994 was approximately \$143.7 billion.

For Arizona and Tennessee, expenditures and beneficiaries are based on data reported directly by the state. Adjustments were made to categorize these numbers in the same manner as other states report to HCFA.

Table 1-3: Medicaid Beneficiaries and Low-Income Persons, 1994

(Total and as a percentage of state and low-income populations)

State/Region	Medicaid Beneficiaries (thousands)	Total Population (thousands)	Total Low- Income Population (thousands)	Beneficiaries as a percent of State Population	Low-Income Persons as a Percent of State Population	Medicaid Beneficiaries as a Percent of Low-Income Population
United States—TOTAL	34,183	262,157	57,175	13.0%	25.5%	50.9
New England	1,525	13,263	2,443	11.5	18.4	62.4
Connecticut	344	3,256	497	10.6	15.3	69.2
Maine	176	1,279	347	13.8	27.1	50.8
Massachusetts	704	6,027	1,104	11.7	18.3	63.8
New Hampshire	83	1,143	186	7.2	18.2	44.6
Rhode Island	126	965	193	13.1	20.1	65.3
Vermont	92	593	116	15.5	19.6	79.1
Middle Atlantic	4,937	38,356	8,826	12.9	23.0	55.9
New Jersey	779	8,016	1,472	9.7	18.4	52.9
New York	2,903	18,235	4,777	15.9	26.2	60.8
Pennsylvania	1,255	12,105	2,577	10.4	21.3	48.7
				12.7	26.6	
South Atlantic	5,888	46,547	12,395			47.5
Delaware	.75	723	152	10.3	31.0	49.0
District of Columbia	127	586	224	21.7	38.2	56.8
Florida	1,727	14,375	4,363	12.0	30.4	39.6
Georgia	1,070	7,002	1,832	15.3	26.2	58.4
Maryland	415	4,976	1,008	8.3	20.3	41.1
North Carolina	983	6,852	1,795	-14.3	26.2	54.8
South Carolina	483	3,646	1,179	13.3	32.3	41.0
Virginia	642	6,574	1,219	9.8	18.5	52.8
West Virginia	366	1,813	622	20.2	34.3	58.8
East South Central	2,876	15,785	5,085	18.2	32.2	56.6
Alabama	538	4,209	1,361	12.8	32.3	39.5
Kentucky	621	3,784	1,182	16.4	31.2	52.5
Mississippi	526	2,603	1,005	20.2	38.6	52.3
Tennessee ²	1,191	5,189	1,537	23.0	29.6	77.5
West South Central	3,997	28,727	9,069	13.9	31.6	44.1
Arkansas	. 337	2,455	876	13.7	35.7	38.5
Louisiana	757	4,282	1,568	1 <i>7.7</i>	36.6	48.3
Oklahoma	388	3,356	1,074	11.6	32.0	36.1
Texas	2,514	18,634	5,551	13.5	29.8	45.3
East North Central	5,195	43,628	9,855	11.9	22.6	52.7
Illinois	1,441	11,812	2,722	12.2	23.0	52.9
Indiana	≻ 601	5,814	1,348	10.3	23.2	44.8
Michigan	1,187	9,605	2,198	12.4	22.9	54.0
Ohio	1,496	· 11,321	2,529	13.2	22.3	59.2
Wisconsin	470	5,075	1,058	9.3	20.8	44.5
West North Central	1,928	17,979	4,155	10.7	23.1	46.4
lowa	302	2,824	586	10.7	20.8	51.5
Kansas	252	2,518	546	10.0	21.7	46.1
Minnesota	413	4,396	876	9.4	19.9	47.1
Missouri	669	5,240	1,504	12.8	28.7	44.5
Nebraska	159	1,655	310	9.6	18. <i>7</i>	51.3
North Dakota	62	629	138	9.9	22.0	45.2
South Dakota	72	717	195	10.0	27.2	36.7
Mountain	1,560	15,486	3,718	10.1	24.0	42.0
Arizona ²	509	4,142	1,137	12.3	27.5	44.7
Colorado	287	3,661	699	7.8	19.1	41.0
Idaho	110	1,181	292	9.3	24.7	37.7
Montana	95	865	228	11.0	26.3	41.7
Nevada	96	1,526	317	6.3	20.8	30.1
New Mexico	258	1,664	532	15.5	32.0	48.4
Utah	157	1,958	397	8.0	20.3	39.6
Wyoming	50	490	117	10.1	23.9	42.5
Pacific	6,275	42,387	11,629	14.8	27.4	54.0
Alaska	69	42,367 576	138	12.0	24.0	49.8
California	5,008	32,218	9,531	15.5	24.0 29.6	49.8 52.5
	3,000					
	110	1 150	256	10.4	າາາ	AC C
Hawaii Oregon	119 411	1,150 3,123	256 721	10.4 13.2	22.3 23.1	46.6 57.0

Source: Urban Institute, cited in *Medicaid Expenditures and Beneficiaries: National and State Profiles and Trends, 1988-1994*, 2nd ed., Kaiser Commission on the Future of Medicaid, table 6, in press.

The Urban Institute based calculations on HCFA 2082 and projections from the March 1994 Current Population Survey. Totals may not add due to rounding. Beneficiaries are defined as individuals who actually received services in that year, and not all people enrolled in Medicaid.

Adjustments were made to categorize these numbers in the same manner as other states report to HCFA.

Low-income defined as under 150 percent of the federal poverty guideline, which was \$12,320 for a family of three in 1994.

For Arizona and Tennessee, expenditures and beneficiaries are based on data reported directly by the state.

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Human Res. Name of Committee	20 tebruary 199
Name of Committee ,) , , Date
VISITORS: PLEASE SIGN BELOW	AND RETURN TO COMMITTEE CLERK.
NAME	FIRM OR AGENCY AND ADDRESS
DAVE BRUTTON	DITTER
Tim Edgerfor	DITIE
Jayce Johnson	DHR Controller's Office
Elizaboth Hollon	MASON-NC
Megan Carney	BSW- Student Meredith College
Souci Schrist	The dustice Contra
Odam Loasing	NC Health Accors Ceralitie.
Peyton MAYNAND	Spm
Patrici Jances	APPENC + State Council for Soint
Police Roeler	NCACL
Im Tomban MD.	
John Bourlish	Zab lelley PA.
Lou Hilson	neAlTC7.
Huguel Hairans	Love vasue
O177	

Human	RES.
Name of	f Committee

Date 2/20/97

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS			
Sebbie Jackson	DHR- Sewies for the Blind			
Carl Previette	DHR-Services for the Blinds			
Lee Hethrede	DHR,			
Clave Hilland	Gov'o office			
Lusses, Hartiell	MEIC			
Melfex	prate			
Jen Tole	MHA/NC-CZOOI			
Save Richard	ARCINC-CZON			
David Simmons	7eb Alley, PA			

DIVISION OF SERVICES FOR THE BLIND

DIVISION OVERVIEW

Presented by: Mary Ellen Sylvester
Fiscal Research Division
February 20, 1997

February 20, 1997

DIVISION OF SERVICES FOR THE BLIND DIVISION OVERVIEW

Budget Summary:	1995-96 <u>Actual</u>	1996-97 <u>Authorized</u>	1997-98 Recommended	1998-99 Recommended
Total Requirements	\$31,483,899	\$32,812,506	\$32,794,137	\$32,821,455
Estimated Receipts	16,477,609	17,902,892	<u>17,953,651</u>	17,962,987
Net Appropriation	\$15,006,290	\$14,909,614	\$14,840,486	\$14,858,468

Reference Documents:

Continuation Budget: Volume 3, Pages R(11)-1 through R(11)-35

Performance/Program Budget: Human Services (Vol. 7A):

2100 (pages 2-35, 2-36, 2-75 and 2-76)

2500 (pages 2-135 to 2-157)

Health (Vol. 7A):

1130 (pages 1-37 and 1-38)

Education (Vol. 7B):

7100 (pages 7-1 and 7-29 to 7-38)

DIVISION OF SERVICES FOR THE BLIND

Clients:

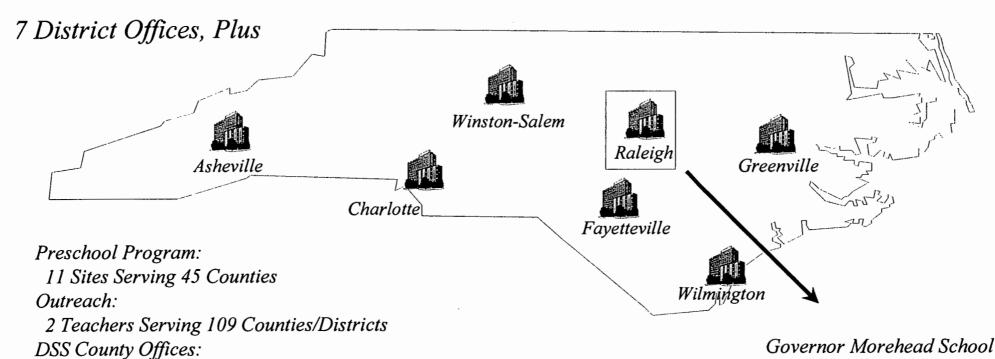
- Register of the Blind Lists 21,781 North Carolinians as Blind or Severely Visually-Impaired (as of 12/31/96)
 - 16,230 are Blind; 5,551 Visually-Impaired
 - 852 are Children
- Official Numbers May Understate the True Population

MISSION

PROVIDE SERVICES TO -

- REDUCE/PREVENT INCIDENCE OF BLINDNESS
- RESTORE VISION
- HELP INDIVIDUALS COMPENSATE FOR LOSS OF VISION
- ENABLE VISUALLY-IMPAIRED TO RETAIN OR ENGAGE IN
 - -- EDUCATIONAL OPPORTUNITIES
 - -- COMPETITIVE EMPLOYMENT
 - -- INDEPENDENT LIVING

SERVICE DELIVERY SYSTEM



57 Social Workers Serving 100 Counties

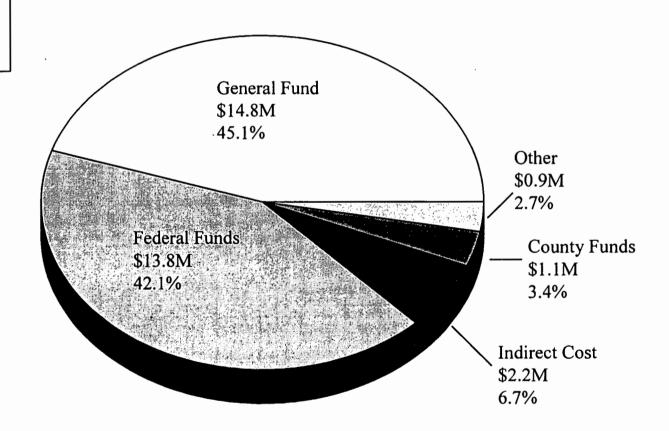
Supported Employment (4 Locations)

Workshops for the Blind (7)

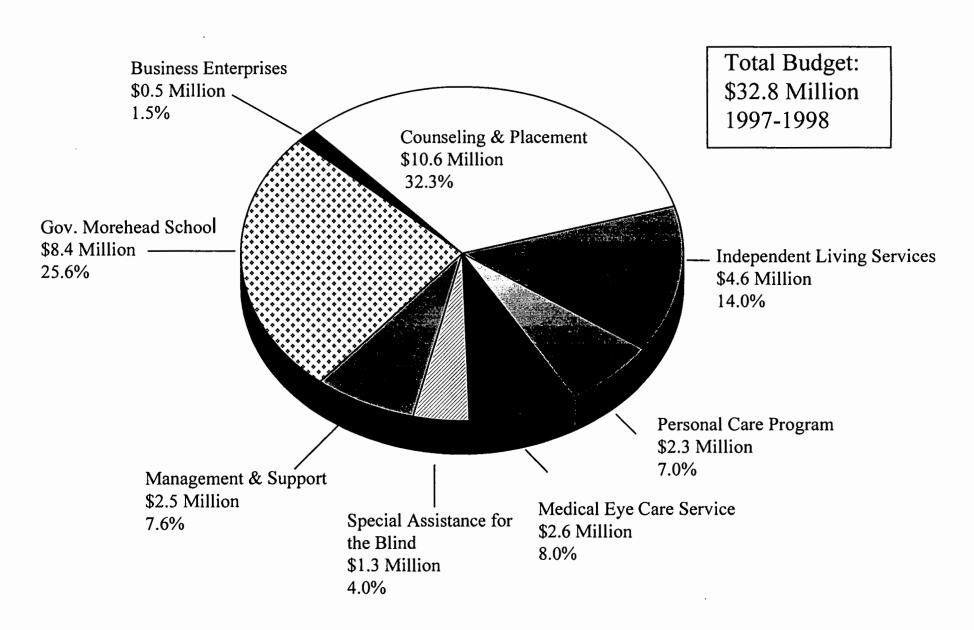
Governor Morehead School Rehabilitation Center Evaluation Unit Preschool Inclusive Day Care Supported Employment Resource Center Workshop for the Blind

DIVISION OF SERVICES FOR THE BLIND SOURCES OF FUNDS

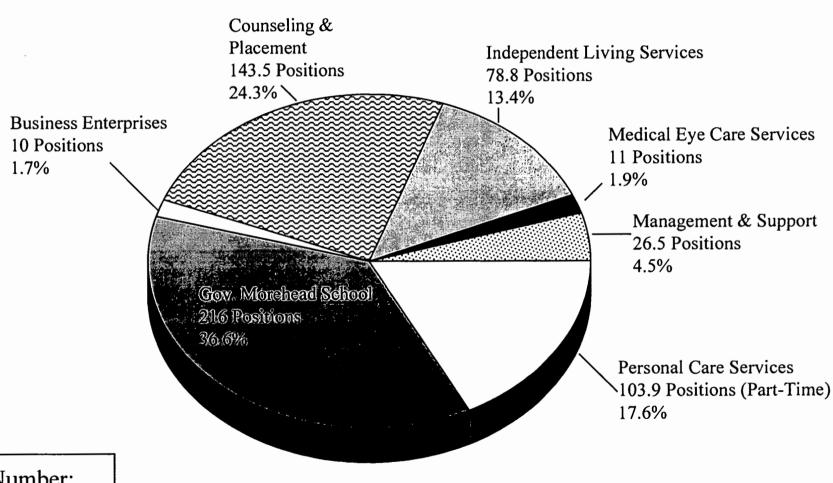
Total Budget: \$32.8 Million 1997-1998



DIVISION OF SERVICES FOR THE BLIND FUNDING BY PURPOSE



DIVISION OF SERVICES FOR THE BLIND NUMBER OF POSITIONS



Total Number: 589.7 Positions 1997-1998

DIVISION OF SERVICES FOR THE BLIND GOVERNOR MOREHEAD SCHOOL

1997-98 Budget: \$8.4 Million

Auth. Positions: 216

STUDENT INFORMATION: (Total Population - 91 Students)

Annual Cost/Student:

77 Residential (84%)

14 Day (16%)

(1996-97)

\$40,993

\$21,415

Capacity:

130 Beds

Ages:

5-12 Yrs. 31 Students (34%)

13-18 Yrs. 53 Students (58%)

19-21 Yrs. 7 Students (8%)

- 70% of All Students Have a Secondary Disability

- 1/2 are Braille Readers, 1/2 are Large Print Readers

CURRICULUM: Two Programs

% of Student Body

Academic:

N.C. Competency-Based Curriculum Leading to a H.S.

50%

Diploma

Alternative:

Non-Graded, Functional Skills Curriculum

50%

PLUS

Support Services:

Braille, Orientation and Mobility,

(all students)

Occupational/Physical/Speech and Language Therapy,

Counseling, Transition Services

Certifications:

Southern Association of College and Secondary Schools

NC Dept. of Public Instruction (educational component only)

DIVISION OF SERVICES FOR THE BLIND GOVERNOR MOREHEAD SCHOOL

EVOLVING ROLE AS A STATEWIDE RESOURCE

Objectives:

- Availability of Appropriate Assessments for All Visually-Impaired Students
- Provision of Educational Materials in the Medium and Format Appropriate to Students' Needs
- Instruction in Vision-Specific Skills From Teachers Certified in Visual Impairment

Services:

- Preschool Program
- Field Staff and Outreach Program (including Resource Center)
- Special Skills Program and Extended School Year
- Teacher Training and Development
 - -- Masters in Visual Impairment (with NCCU)
 - -- Distance Learning (Tele-classroom, Internet)

PRESCHOOL PROGRAM

(Birth to 5 Years)

NEED:

- Currently, 11 preschool sites serving 45 Counties (279 Children)

- Identified Demand: 479 Children (0 to 2 Years: 197 Children 3 to 5 years: 282 Children)

- Number Unserved: 200 Children (0 to 2 Years: 97 Children (42%) 3 to 5 Years: 103 Children)

SERVICES:

- 60% of Children Receive Special Education Services at Least Once Per Week
- 40% of Children Receive Itinerant, Consultative Services, 1-3 Times Per Month
- Also Provided: Therapy, Family Support, Assessment, and Orientation and Mobility Services

BUDGET (1997-98): \$1.6 Million

AUTH. POSITIONS: 23 Certified Teachers

4 Certified Staff (e.g., Speech, Orientation and Mobility)

17 Suppport Staff (e.g., Occupational Therapist, Diagnostician)

44 Positions

DIVISION OF SERVICES FOR THE BLIND OUTREACH PROGRAM

PURPOSE: Assist Local School Systems In Serving Visually-Impaired (VI) Students Through:

- Evaluations/Consultations
- Adaptive Technology
- Technical Assistance to Teachers and Administrators
- Parent/Family Training

DPI STATISTICS: 530 Blind and Visually-Impaired Children in Grades K through 12

PROGRAM ACCOMPLISHMENTS: Since Its Inception in July 1993, Two Specialists Have:

- Traveled to 109 Counties/Districts
- Visited 372 Students
- Performed 571 Assessments
- Conducted Training Activities Attended By 1,210 Participants (e.g., Workshop Topics: Orientation to Blindness, Appropriate Technology for Students)
- Used MCNC's State-Wide Interactive Video Network to Teach a Braille Course to 65 Teachers/Parents/Social Workers at Six Sites
- Assisted With 3 Semester-Long University Courses Associated With Braille Course Via Internet
- Sponsored 3 Statewide Conferences for Teachers of VI Students

AVAILABILITY OF CERTIFIED TEACHERS:

- DPI Reports 145 Teachers in North Carolina Hold VI Certifications
 - -- 61 Work at the Governor Morehead School
- County Statistics:
 - -- 53 Counties are Serving VI Students Without a Certified Teacher
 - -- 33 Counties are Serving Children With a Provisionally Certified Teacher (may be an aide or a contract person)
 - -- 7 Counties Report Having No VI Children
 - -- 7 Counties Report Having 2 or More VI-Certified Teachers

Budget (1997-98): \$100,000

Auth. Positions:

Program Area:

Education

Program:

Provide an effective, high quality, equitable system of public K-12 school

Subprogram:

Instruction, K-12

Element:

Instruction in special K-12 Schools

Division of Services for the Deaf and Hard of Hearing

Division of Services for the Blind

Expected Outcome:

Students will improve performance on NC standardized tests and will increase literacy levels.

P/PB Objective # 106 (7112.01):

Increase the percent of students passing NC standardized tests in reading, administered in grades 3-8, each year of the 1997-99 biennium

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Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
Percentage of non-exempt students within DSB passing the NC end-of-grade reading tests. (DSB)	Actual 0	Actual 21.4%	Actual 12.5%	Projected 18.75%	Projected 22.2%	Projected 40%
Percentage of non-exempt students within DSDHH passing the NC end-of-grade reading tests. (DSDHH)	N/A	N/A	N/A	N/A	N/A	N/A

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)

- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning.

Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Students will improve performance on NC standardized tests and will increase literacy levels.

P/PB Objective # 107 (7112.02):

Increase the percent of students passing NC standardized tests in mathematics, administered in grades 3-8, each year of the 1997-99 biennium

Outcome Measure:

Outcome measure.						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of non-exempt students within	5.6%	7.1%	0	18.8%	27.8%	40%
DSB passing the NC end-of-grade						
mathematics tests. (DSB)						
Percentage of non-exempt students within	N/A	N/A	N/A	N/A	N/A	N/A
DSDHH passing the NC end-of-grade						
mathematics tests. (DSDHH)						

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- · Increased child-centered and family-centered strategic planning.



Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Students will improve performance on NC standardized tests by increasing writing competency levels. Students will demonstrate progress in the area of communication skills development.

P/PB Objective # 108 (7112.03):

Increase by 7% the number of students passing the NC standardized test in writing, administered in grades 4 and 7 in each year of the 1997-99 biennium.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percentage of non-exempt students within DSB passing the NC standardized tests in writing. (DSB)	NA	12.5%	12.5%	25%	30%	41.7%
Percentage of non-exempt students within DSDHH passing the NC standardized tests in writing. (DSDHH)	N/A	N/A	N/A	N/A	N/A	N/A

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- · Increased child-centered and family-centered strategic planning



Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Students will increase social skills development and independent living skills. Graduates will decrease dependency on public assistance and become more self-sufficient.

P/PB Objective # 110 (7112.05):

Increase the percentage of students living independent of public assistance one year beyond graduation

Outcome Measure:

Percentage of students, excluding those in	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected 28.5%	SFY 98-99 Projected 37.5%
college, living independent of public assistance one year beyond graduation. (DSB)		J	v		20.370	37.370
Percentage of students, excluding those in college, living independent of public assistance one year beyond graduation. (DSD/HH)	N/A	N/A	N/A	N/A	N/A	N/A

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)
- Provide independent living and transition programming (DSD/HH fund 1100)



Division of Services for the Deaf and Hard of Hearing Division of Services for the Blind

Expected Outcome:

Exiting students will be able to maintain lifestyles of productivity and personal adjustment, as appropriate to age and developmental levels.

P/PB Objective # 111 (7112.06)

Increase by 5% per year for 1996-97 and 1997-98 the number of exiting students successful in post-school activities.

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percentage of exiting students within DSB successful in post-school activities. (DSB)	15.8%	50%	42.1%	100%	100%	100%
Percentage of exiting students within DSDHH successful in post-school activities. (DSD/HH)	N/A	N/A	N/A	N/A	N/A	N/A

Description of strategies or activities directed toward this objective:

- Provide appropriate early intervention (DSD/HH fund 1100)
- Stabilize student populations by numbers and characteristics (DSD/HH fund 1100 and DSB fund 1710)
- Utilize staff development to increase knowledge, improve skills and effect positive change in staff attitudes (DSD/HH fund 1100 and DSB fund 1710)
- Recruit and retain qualified personnel (DSD/HH fund 1100 and DSB fund 1710)
- Provide access to resources in personnel, services, and materials as needed to achieve this objective (DSD/HH fund 1100 and DSB fund 1710)
- Provide assessments and consultations for students in local school districts and technical assistance and training to their teachers and families through the Outreach program. (DSB fund 1710)
- Provide independent living and transition programming (DSD/HH fund 1100)

- Increased site-based management and empowerment to enhance authority of staff for decision-making.
- Enhancement of communication strategies internal and external to the school and agency.
- Increased child-centered and family-centered strategic planning.

ADULT SERVICES

BUDGET(1997-98): \$ 10.6 Million

Federal VR Funds

General Fund: \$ 2.4 Million

Auth. Positions: 143.5

REHABILITATION - COUNSELING AND PLACEMENT:

Purpose: Provides Employment-Related Services, Such as Evaluation, Work Adjustment, Vocational Training, Physical Restoration, Job Placement, Transportation, and Supported Employment.

Performance Measures:

Clients Receiving Employment-Related Services	1993-94 4,742	1994-95 3,816	1995-96 3,525
Severely Disabled	3,154	2,665	2,595
Non-Severely Disabled	1,588	1,151	1,030
Clients Placed in Employment	851	823	822
Competitive Employment	624	643	670
Non-Competitive Employment	227	180	152

Also, Rehabilitation Center (Governor Morehead Campus) Provides Adjustment to Blindness and Training Services (e.g., Home/Personal Management, Orientation and Mobility)

	<u> 1993-94</u>	<u> 1994-95</u>	<u> 1995-96</u>
Results: Number of Clients Served	173	190	164

Program Area:

Human Services

P/PB Goal #1:

Protect the economic well-being of families and individuals

Program:

Provide assistance to individuals to get and maintain employment

Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Eligible disabled and visually impaired individuals will experience an increase in their quality of life. Areas of life improvement will include: increased personal and financial independence, self-determination, and integration in all aspects of community and social life.

P/PB Objective # 90 (2500.01):

Increase the percent of employment program customers still employed one year after leaving the program (based on a 3-month window).

Outcome Measure:

	SFY 93-94 Actual	SFY 94-95 Actual	SFY 95-96 Actual	SFY 96-97 Projected	SFY 97-98 Projected	SFY 98-99 Projected
Percent of blind and visually impaired individuals still employed one year after successful completion of employment program services. (DSB)	N	N	N	N	N	N
Percent of disabled persons employed one year after successful completion of vocational rehabilitation services. (DVR)	75%	88%	Available 2/97	80%	80%	80%

NOTE: This data will be collected beginning in SFY 96-97.

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)

- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Assess on-going customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program services/guidance to reach out to a larger and more diversified population of persons
 with disabilities including more minorities and other underserved populations through various media formats, i.e., radio, video, reading
 services, television and newspaper to inform of CAP services. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Revise the current evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information. (DVR funds 1100, 1201, 1301, 1302, 1304)



Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Disabled, blind and visually impaired rehabilitation service consumers obtain or retain employment.

P/PB Objective # 91 (2500.02):

Increase the percent of employment program enrollees placed in unsubsidized employment.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of blind or visually impaired individuals entering unsubsidized employment.(DSB)	624	643	670	675	685	695
Number of new operators entering the Business Enterprise program	10	12	15	17	18	20
Number of persons with disabilities who are employed following employment program completion.(DVR)	8,332	7,725	7,899	7,970	8,090	8,250

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)

- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Identify new sites for potential facility establishment. (DSB fund 1610)
- Negotiate contracts/agreements for new facilities. (DSB fund 1610)
- Construct, equip and staff new locations. (DSB fund 1610)
- Provide on-going support via Business Enterprise counselors to operators/trainers. (DSB fund 1610)
- Monitor, audit, and provide oversight to operators comparing performance to standards developed. (DSB fund 1610)
- Improve VR staff and publics awareness of the Americans with Disabilities Act (ADA) by developing a Division approach for providing education, training, and technical assistance to staff and employers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Continue the initiative to strengthen staff's knowledge of Assistive Technology. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Establish a business and industry based vocational program in each service region, in order to conduct job analysis, situation assessments, develop work samples, and suggestions for technology applications. in work situations. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Strengthen job coaching program for special populations, in order to facilitate transition into employment for individuals for whom an employment outcome was traditionally thought not possible. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve utilization of customer feedback from ongoing satisfaction surveys of the entire population of customers closed rehabilitated or not rehabilitated to determine their satisfaction with rehabilitation services received; improve utilization of customer feedback through focus groups. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Obtain consultation from the VR Advisory Council, input from customers and other stakeholders regarding the most appropriate design for the customer satisfaction survey, the survey form, survey implementation, feedback interpretation and utilization (DVR funds 1100, 1201, 1301, 1302, 1304)

Division of Social Services
Division of Services for the Blind
Division of Vocational Rehabilitation

Expected Outcome:

Job Corps applicants are satisfied with the Division of Social Services Job Corps services.

Blind and visually impaired rehabilitation service consumers are satisfied with the Division of Blind Services Rehabilitation Program services. More disabled customers will be satisfied with Vocational Rehabilitation (VR) services.

P/PB Objective # 92 (2500.04):

Maintain a high rate of customer satisfaction with employment program services.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of Job Corps applicants' satisfaction with services.	N	N	N	N	N	N
Percent of blind and visually impaired individuals exiting the Rehabilitation Program who are satisfied with services. (DSB)	79.8%	91.0%	91.4%	92%	92.5%	93%
Percent of persons with disabilities participating in the program (completers and non-completers) who are satisfied with employment program services. (DVR)	NA	87%	89%	90%	90%	90%

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)

- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Determine wages and compare to previous earnings to determine percentage. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Assess on-going customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program services/guidance to reach out to a larger and more diversified population of persons with disabilities including more minorities and other underserved populations through various media formats, i.e., radio, video, reading services, television and newspaper to inform of CAP services. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Revise the current evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information. (DVR funds 1100, 1201, 1301, 1302, 1304)



Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Increase income of blind and visually impaired rehabilitation program participants

Increased average earnings for persons with disabilities, with corresponding improvement in standard of living.

P/PB Objective # 93 (2500.07)

Improve the average wage for customers one year after receiving employment program services.

Outcome Measure:

·	SFY	SFY .	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Increase in earnings after rehabilitation over the earnings before rehabilitation. (DSB) Average income of operators in the Business Enterprise Program.	159% \$27,913	160% \$31,195	137% \$29,846	140% \$31,000	140% \$31,500	140% \$32,000
Ratio of average wage to minimum wage for disabled persons who complete employment programs. (DVR)	1.41	1.48	1.52	1.54	1.56	1.58

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)

- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Determine wages and compare to previous earnings to determine percentage. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Train Business Enterprise counselors to be better business advisors. (DSB fund 1610)
- Develop standards of performance for each facility. (DSB fund 1610)
- Monitor performance of operators against standards developed. (DSB fund 1610)
- Terminate situations/relationships that cannot be made profitable. (DSB fund 1610)
- Provide continued support, counseling, and training to facility operators. (DSB fund 1610)
- Continue the Staff Development initiative to strengthen staffs knowledge of Assistive Technology. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve VR staff and public awareness of the Americans with Disabilities Act (ADA) by developing a Division approach for providing education, training, and technical assistance to staff and employers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Establish a business and industry based vocational evaluation program in each service region in order to conduct job analysis, situation assessments, develop work samples, and suggestions for technology applications in work situations. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Strengthen job coaching program for special populations, in order to facilitate transition into employment for individuals for whom an employment outcome was traditionally thought not possible. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve utilization of customer feedback from ongoing satisfaction surveys of the entire population of customers closed rehabilitated or not rehabilitated to determine their satisfaction with rehabilitation services received; improve utilization of customer feedback through focus groups. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Obtain consultation from the VR Advisory Council, input from customers and other stakeholders regarding the most appropriate design for the customer satisfaction survey, the survey form, survey implementation, feedback interpretation and utilization (DVR funds 1100, 1201, 1301, 1302, 1304)

ADULT SERVICES (CONT'D)

BUDGET (1997-98): \$ 4.6 Million

Social Services Block Grant General Fund: \$1.35 Million

Auth. Positions: 78.8

<u>INDEPENDENT LIVING SERVICES</u>

Purpose: Achieve Maximum Level of Self-Sufficiency and Prevent Institutionalization

Service		Performance Measures				
	<u> 1993-94</u>	<u> 1994-96</u>	<u> 1995-96</u>			
- In-Home Training (e.g., Cooking, Home and Personal Care,						
Cane Travel) - Avg. 15 hrs. each	5,362	5,413	5,456 Clients			
- Chore Services (3 hrs/day, 5 days/wk)	617	608	514 Clients			
- Home Improvements, Health Support (Transportation to Medical Care,						
Arranging In-Home Personal Care Services), Family Adjustment Services	995		921 Clients			

BUDGET (1997-98): \$ 2.3 Million

100% Receipt Supported General Fund: None

Auth. Positions: 103.9

PERSONAL CARE PROGRAM

Purpose: Prevent Institutionalization By Providing In-Home Medical Assistance to Medicaid Eligible Individuals (e.g., Monitor Medications/Temperature/Blood Pressure, Prepare Special Diets, Assist With Grooming/Bathing)

Performance Measure:	<u> 1993-94</u>	<u> 1994-95</u>	<u> 1995-96</u>
Average Number of Clients Served Per Month	255	122	136

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide community-based services to the impaired or disabled and their families

Division of Aging

Division of Services for the Deaf and Hard of Hearing

Division of Social Services

Division of Services for the Blind

Division of Vocational Rehabilitation

The expected outcome is that safe and stable at-home living arrangements for impaired older adults will result in maintenance or improvement of daily functioning, reduced incidence of abuse and neglect, and strengthened family caregiving, that individuals with hearing or vision loss with proper training, assistive aids and appliances, and in-home services can remain independent, and that the number of impaired people requiring institutional care is reduced. Adults with a hearing loss will achieve a greater and more comprehensive level of self advocacy.

P/PB Objective #51 (2100.50):

By the year 2000, increase by 10% the number of impaired individuals receiving supportive services resulting in maintenance or improvement of daily functioning and living more independently and strengthened family caregiver.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of frail older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	8,041	8,202	8,822	9,947	10,649	10,966
Number of impaired older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	NA	NA	22,522	24,500	26,000	26,500

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of older adults satisfied with services designed to provide greater independence (measure under development) (DSD/HH)	N	N	N	N	N	N
Number of impaired individuals using in- home care and living independently at home consistent with their ability to function. (DSS)	12,751	13,168	12,698	?	13,545	13,968
Number of blind and visually impaired people who can continue to care for themselves in their homes. (DSB)	5,362	5,413	5,456	5,522	5,500	5,500
Number persons with severe disabilities living more independently after receiving services. (DVR)	449	597	874	850	885	945

- Assess the appropriateness of in-home and community-based services for 100% of older or disabled adults seeking assistance (Aging-funds 1110 & 1210, (DSB funds 1315 & 1410, DSD/HH fund 1501, DSS funds 1140, 1180 & 1480, DVR funds 1303 & 1305)
- Support frail or older adults and their caregivers by increasing by 2% per year through 2000, the number receiving home delivered or congregate meals (Aging-funds 1110&1210 and DSS funds 1140, 1180 & 1480)
- Provide training to service providers and family caregivers to be better prepared to serve/care for victims of Alzheimer's disease and other dementia's (Aging funds 1110 & 1210)
- Increase the number of senior centers providing comprehensive health and wellness programs by 2% per year by the year 2000.
 (Aging funds 1110 & 1210)
- Increase the number of families receiving respite care services (Aging funds 1110&1210)
- Advocacy training programs (DSD/HH fund 1501)
- Access to interpreter services and assistive technology (DSD/HH fund 1501)
- Provide training to caregivers/providers (i.e., doctors, nurses, hospital staff, long term care staff) (DSD/HH fund 1501)
- Provide skill training for a persons adjustment to blindness (DSB Fund 1410)
- Provide adaptive aids and appliances (DSB Fund 1410)

- Provide quality in-home aide services for eligible visually impaired consumers (DSB fund 1315)
- Establish a comprehensive statewide program -- fully staffed and adequately funded to serve eligible persons with severe disabilities with sufficient support services funds to meet demands and maximize independence. (DVR fund 1305)
- Emphasize the total person physical, psychological, social needs for total integration into their respective communities. (DVR fund 1305)
- Collaborate with other agencies/organizations interested in serving persons with disabilities to utilize resources most effectively and efficiently. (DVR fund 1305)
- Enhance customer satisfaction survey and focus group activity to identify customer satisfaction level, thus improving staff customer relationships and ensuring consumer choice. (DVR fund 1305)
- Implement policies and procedures to improve service delivery time. (DVR fund 1305)
- Assure the availability of a core set of services needed by functionally impaired adults in all 100 counties (DSS funds 1140, 1180 & 1480).
- Improve access to services, including transportation (DSS funds 1140, 1180 & 1480).
- Maximize the use of Medicaid funding for adult day health care and personal care services (DSS funds 1140, 1180 & 1480).

- Specialized outreach programs for the hard of hearing (DSD/HH fund 1501)
- Specialized outreach programs older adults with hearing loss (DSD/HH fund 1501)
- Internet access to DSD/HH web page of deaf and hard of hearing services (DSD/HH fund 1501)

ADULT SERVICES (CONT'D)

BUDGET (1997-98): \$2.6Million

100% State Funded

General Fund: 2.3Million

Auth. Positions: 11

MEDICAL EYE CARE SERVICES

Purpose: Provide Eye Exams, Eyeglasses, and Surgery to Low Income Individuals

Provide Screening, Education, and Low Vision Services to All North Carolinians

Performance Measures:

	<u> 1993-94</u>	<u> 1994-95</u>	<u> 1995-96</u>
Vision Restored by Providing Eyeglasses	5,141	3,552	2,692
Eye Disorders Treated with Surgery/Medication	1 4,744	4,893	3,721
Eye Exams Performed	11,847	9,072	6,900
Number of Children Screened	10,117	15,129	10,995

BUDGET (1997-98): \$1.3 Million

State/County Funded (50/50)

General Fund: \$.64 Million

Auth. Positions: None

SPECIAL ASSISTANCE FOR THE BLIND

Purpose: Assist Blind Persons in Meeting Minimum Needs By Providing Financial Assistance to

Supplement Social Security and Supplemental Security Income Payments For Blind Persons In

Domiciliary Care Facilities

- Identical to State/County Special Assistance to Adults Program (With Minor Exceptions)

Performance Measure:	<u>1993-94</u>	<u>1994-95</u>	<u>1995-96</u>
Clients in Adult Care Homes Receiving Monthly Cash Payment	296	254	243
(Average Cash Payment)	\$565	\$600	\$521

Program Area:

Health

P/PB Goal #1:

Protect the public health

Program:

Prevent diseases and promote health

Subprogram:

Health Promotion

Expected Outcome

The expected outcome is prevention of vision loss and, where possible, restoration of vision.

P/PB Objective #1 (1420.--):

Reduce incidence of blindness.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of individuals who receive vision loss prevention and treatment services through the Medical Eye Care Program annually.	16,591	13,965	10,621	11,000	11,400	11,800

Description of strategies or activities directed toward this objective:

• Provide for eye examinations, treatment and/or surgery for vision restoration (DSB fund 1310)

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide residential services for impaired or disabled adults

Division of Social Services

Division of Services for the Blind

Expected Outcome:

Provide timely placements for elderly and disabled adults needing out-of-home care in adult care homes,

PPB Objective # 49 (2100.42):

Place 90% of eligible State/County Special Assistance (S/CS) and Special Assistance for the Blind (SAB) applicants within 90 days of initial application.

Outcome Measure:

Outcome Mensure.						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of blind applicants placed in adult care homes within 90 days of application (DSB)	100%	100%	100%	100%	100%	100%
Percent of approved S/CSA applicants placed adult care homes within 90 days of initial application. (DSS)	97.2%					

- Ensure timely processing of all applications in order to assure timely placement (DSB fund 1210)
- Provide technical assistance and consultation to county departments of social services (DSS fund 1130)
- Develop and issue policy and procedural material to county staff (DSS fund 1130)
- Develop, implement and maintain automated systems support (DSS fund 1130)
- Promote use by local agencies of uniform assessment and service planning tools to help assure the appropriateness and quality of out-of-home placements. (DSS funds 1140,1180 & 1480)
- Provide adult placement services in all 100 counties (DSS funds 1180 & 1480)



Division of Social Services
Division of Services for the Blind

Expected Outcome:

Process applications for State/County Special Assistance for Adults and Special Assistance for the Blind in a timely manner for elderly and disabled adults needing care in adult care homes.

P/PB Objective # 50 (2100.43):

Determine eligibility for S/CSA and SAB for 90% of applicants within 45 days of initial application.

Outcome Measure:

o accome measurer						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of SAB applications approved/denied within 45 days of initial application.(DSB)	100%	100%	100%	100%	100%	100%
Percent of S/C SA applicants approved/denied payments within 45 days of application. (DSS)	95%	95%	95%	95%	95%	95%

- Ensure timely processing of all applications in order to assure timely placement (DSB fund 1210)
- Provide technical assistance and consultation to county departments of social services (DSS fund 1130)
- Develop and issue policy and procedural material to county staff (DSS fund 1130)
- Develop, implement and maintain automated systems support (DSS fund 1130)
- Update eligibility application forms and instructions in a timely manner when eligibility criteria are changed by the General Assembly (DSS funds 1140, 1180, 1230, &1480)
- Provide technical assistance to local agencies when eligibility decisions are not made within the 45 day time period (DSS funds 1140, 1180, &1480)

ADULT SERVICES (CONT'D)

BUDGET (1997-98): \$.5 Million

100% Federal Funds General Fund: None Auth. Positions: 10

BUSINESS ENTERPRISES

Purpose: Provides Job Opportunities for Blind and Visually-Impaired Businessmen/women as Managers in Food Service and Vending Operations. For Example,

- Legislative Office Building Snack Bar
- Highway Vending at Interstate Rest Areas/Welcome Centers

Performance Measure:	<u> 1993-94</u>	<u> 1994-95</u>	<u> 1995-96</u>
Number of Blind Operators Employed in Food Service Operations	88	94	93

LEGISLATIVE ACTIONS 1995-97

1995-96

1996-97

\$250,000

\$250,000

1) Supported Employment

Provided funding to maintain extended service provider positions at local, non-profit supported employment programs

STATUS:

- 70 clients served in 1995-96
- Eastern NC unserved

2) Braille Literacy

Provided 4 VI-certified teachers to assist local school administrative units, primarily in rural areas, in providing services for visually-impaired students

\$175,000 4

\$175,000 4

STATUS:

- One teacher assigned to each of the following group of counties:
- Henderson, Rutherford, Polk
- Carteret, Pamlico, Jones
- Anson, Montgomery, Richmond
- Rockingham, Alamance, Chatham
- Average caseload is 10-11 students

LEGISLATIVE ACTIONS 1995-97 (CONT'D)

1995-96

1996-97

3) UNC Visual Impairment Teacher Training Curriculum

Directs UNC Board of Governors to design and implement a Special Education Master's Degree program in Visual Impairment, using the Governor Morehead School as the clinical site for the program

STATUS

- NC Central University selected as lead school
- Third course in progress; 7 students enrolled
- Tele-classroom under development at GMS (Lineberry Hall)

DIVISION OF SERVICES FOR THE BLIND GOVERNOR'S PROPOSED REDUCTIONS

	<u>1997-98</u>	<u>1998-99</u>
1) Continuation Budget Adjustments:		
Special Assistance for the Blind - Adjustment for program utilization	\$12,408	\$12,408
Medical Eye Care Program - Reduction in case service funds	47,538	47,538
Governor Morehead School - Adjustment in projected utility costs	72,483	72,483
Budget Correction Total:	<u>7,568</u> \$139,997	<u>7,568</u> \$139,997
2) Span of Control	?	?

- Early Intervention/Prevention
- Residential Education Programs

DIVISION OF SERVICES FOR THE BLIND

EARLY INTERVENTION/PREVENTION

- Federal law (P.L. 102-119 Part H) and State law [G.S. 122C-11(a)] entitle infants and toddlers (birth to 2 years) with disabilities to:
 - -- appropriate early intervention services
 - -- provided by qualified personnel
 - -- in natural environments with typically developing children
 - -- at no cost
 - -- in accordance with their Individualized Family Service Plan
- By Interagency Agreement, DSB is the lead agency for providing and funding vision services in the Infant-Toddler program
- Currently, there are 97 children in 55 counties without access to these services
- Expansion budget request: \$1,425,858

17 positions

BBP

Human Resources Joint Appropriations Subcommittee Agenda February 25, 1997

Voverview of the Performance Program Budget Process

✓ State-wide Process

John Dorman

Department of Human Resources Process

James B. Edgerton

Division of Facility Services Process

Bob Fitzgerald

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

February 25, 1997

The Joint Appropriations Subcommittee on Human Resources met on Tuesday morning, February 25, 1997, at 8:30 a.m.. Senator Martin presided and introduced the pages for today, Tashi Perkins from Wake County, sponsored by Senator Reeves, and Esten Hikes, sponsored by Representative Allred.

Senator Martin said the Committee members were asked to bring the Performance Budget documents today to get started with the overview to get a state wide perspective and also from the perspective looking specifically at Human Resources Budget.

Mr. John Dorman, Director of the State Budget spoke to the Committee on Performance Program Budgeting. He said Performance Budgeting began as a national movement back in the 80's. The purpose for Performance Budgeting was dealing with more efficient and more effective state and local governments. (A handout was given out.) A Governmental Performance Audit Committee formed in the early 1990's came back to the General Assembly with some recommendations and one of those was that a strategic planning process be developed that allowed the state to develop a state wide plan. In the findings that the Committee came up with they saw that planning, budgeting and evaluation was not connected. They were not even linked. The state did not have a state wide plan to work towards the policies that they had set, as well as there was not continuance comprehensive evaluation done that most of the revenue was done one line items as opposed to what the state was accomplishing or managing by results. The General Assembly approved that a performance program budget be developed for the state as a whole. Also, that a strategic planning process would be conducted for state agencies so that there would be some efficiencies and effectiveness resulting from that. The main purpose for performance budgeting identified by GPAC was that overlap and identification within state government. In addition to that it was to insure that planning was not consolidated or isolated to just one department. Multiple departments may have similar functions and that they need to work together towards that. Mr. Dorman said the document they have provided to the Committee incorporates all of state government. Mr. Dorman continued to explain the program for Human Resources, the process they went through in planning it and it's operation in action.

During the discussion of the performance budget program for Human Resources a question was asked if it has been a positive impact on budgeting or anything that is going to help the citizens of the state or has it been a negative impact? Mr. Dorman said it has been a positive impact. Carrying the Executive Branch through a performance planning process agencies were

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able to get together that never wanted to get together before and discuss common functions that they are doing. Many of them are aware that they are doing duplicate functions and they have corrected that within the executive branch. He pointed out that you see in the matrices how much is being spent on the health program area. That will help Mr. Edgerton's department go through an analysis of what needs to be moved from the Department of Environment Health and Natural Resources to the Department of Human Resources. Mr. Dorman said on the executive side I think it is providing a much clearer understanding of what they need to be doing. We see it showing the positive results.

The meeting was adjourned to reconvene this afternoon one hour after each House adjourns its session.

Senator William Martin, Cochairman

Appropriations Subcommittee on Human Resources

Wanda C. Kay, Committee Clerk_

Appropriations Subcommittee on Human Resources

DIVISION OF MENTAL HEALTH/DEVELOPMENTAL DISABILITIES/SUBSTANCE ABUSE SERVICES

BUDGET/PROGRAM OVERVIEW

Fiscal Research Division

February 25, 1997

Division of Mental Health/Developmental Disabilities/Substance Abuse Services

Mission

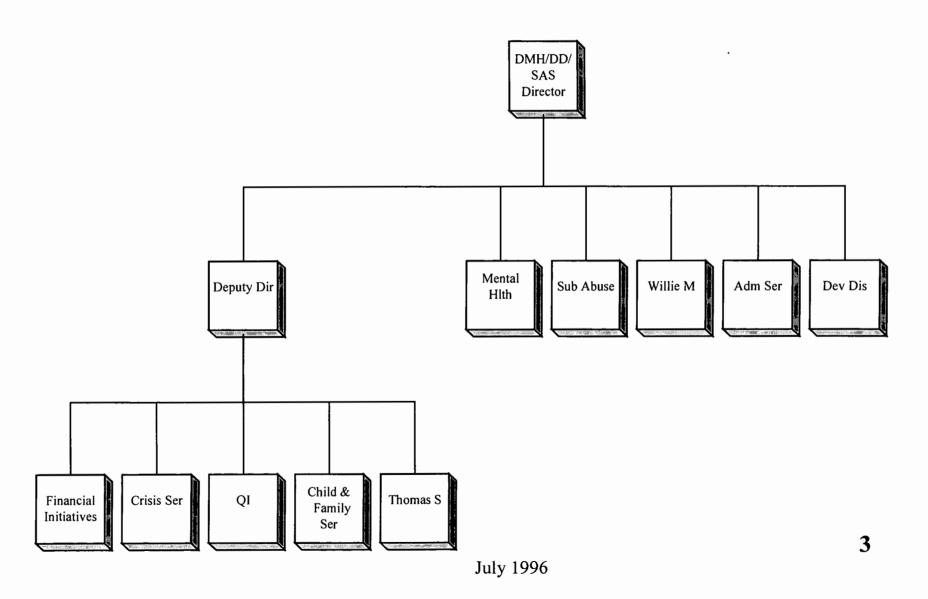
• To respond to the mental health, developmental disabilities and substance abuse needs of the people of North Carolina with the most appropriate and efficient programs and services. To assure the provision of quality clinical services institutions and area programs.

Policy (G.S. Section 122C-2)

• The policy of the State is to assist individuals with mental illness, developmental disabilities, and substance abuse problems in ways consistent with the dignity, rights, and responsibilities of all North Carolina citizens. Within available resources, it is the obligation of the State and local government to provide services to eliminate, reduce, or prevent the disabling effects of mental illness, developmental disabilities, and substance abuse through a service delivery system designed to meet the needs of clients in the least restrictive available setting, if the least restrictive setting is therapeutically most appropriate, and to maximize their quality of life.

DEPARTMENT OF HUMAN RESOURCES

Division of Mental Health/Developmental Disabilities/Substance Abuse Services



Oversight & Regulatory Commissions

Commission for MH/DD/SAS

- -G.S. 143B-147 through 143B-150
- -26-member regulatory body
- -adopt/amend/repeal rules for state & local mh/dd/sas

Legislative Study Commission on MH/DD/SAS

- -G.S. 120-204 through 120-207
- -21 members
- -review systemwide issues affecting mh/dd/sas

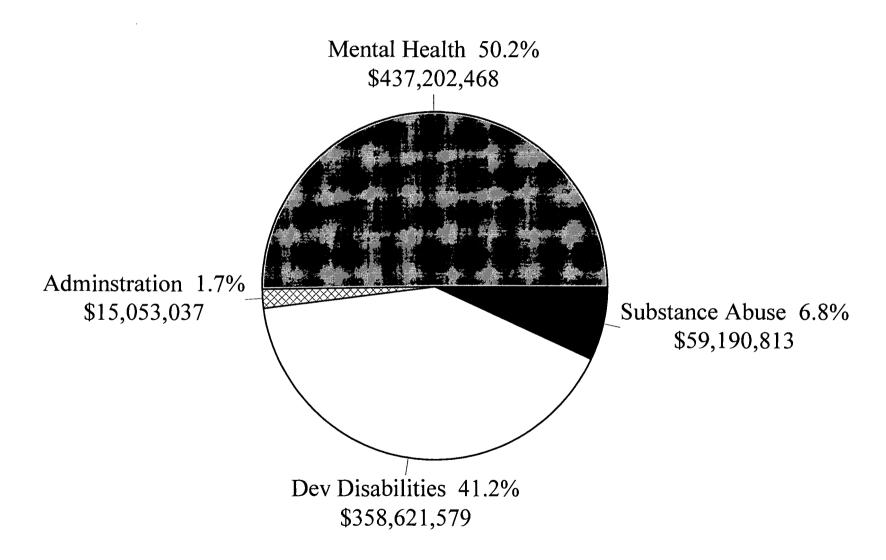
Division of Mental Health/Developmental Disabilities/Substance Abuse Services

BUDGET SUMMARY:	FY95/96 Actual	FY96/97 Certified	FY96/97 Authorized	FY97/98 Rec'd.	FY97/98 Rec'd.
Requirements Revenues	\$1,071,812,443 598,677,150	\$877,882,263 399,316,865	\$881,609,686 403,395,706	\$912,368,012 392,017,922	\$927,283,316 393,281,767
Appropriations	473,135,293	478,565,398	478,213,980	520,350,090	534,001,549
TOTAL	.,,,,,,,,,	., 0,0 00,00	,	, ,	3%
POSITIONS	12,129.86	11,867.5	11,920.89	11,984.39	11,894.39

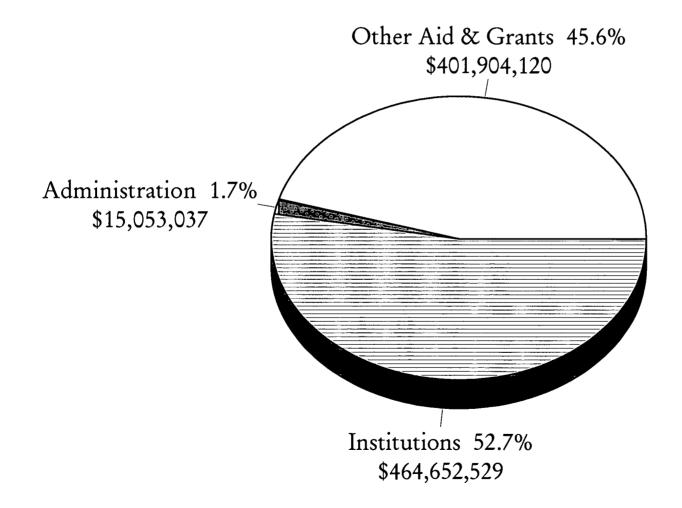
SELECTED LEGISLATIVE BUDGET HIGHLIGHTS

Reductions:	FY 93/95 Biennium	FY 95/97 Biennium
1. Area Programs	(\$3,181,230)	(\$17,791,644)
2. Position Eliminations	(59.52)	(181.0)
Expansion:		
1. Willie M Services	\$ 9,900,000	\$ 4,000,000
2. Thomas S Services	\$24,548,842	\$19,200,000
3. Community Based Ser	\$17,178,675	\$ 14,000,000

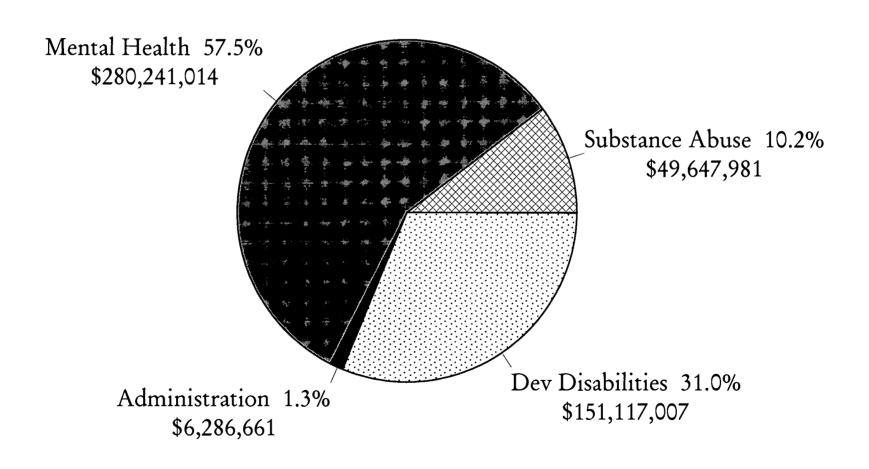
Total Expenditures by Disability



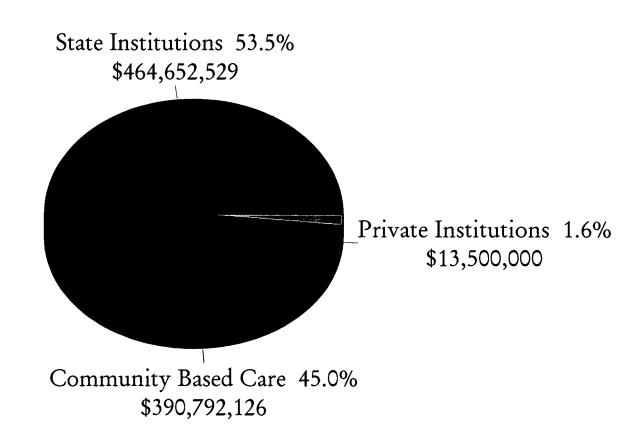
How Are Funds Spent?



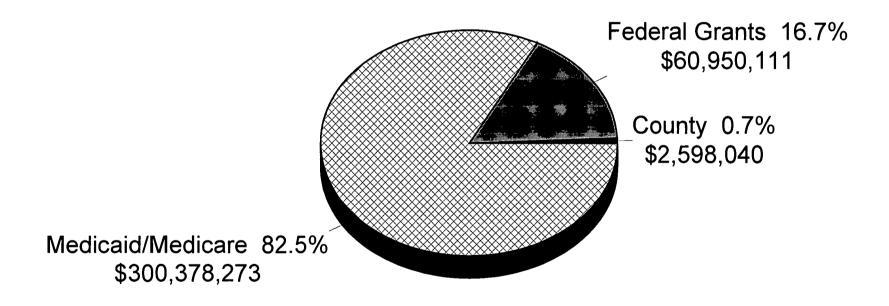
State Appropriations by Disability Area



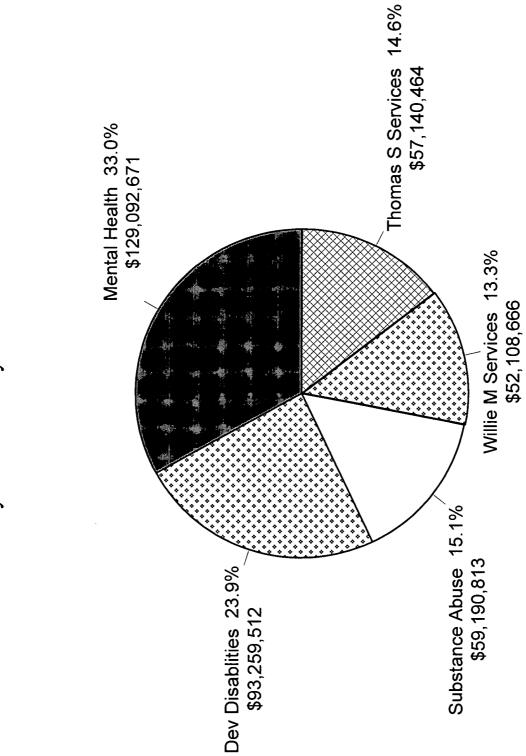
Institutional Versus Community Based Care



Analysis of Revenues FY1996-97

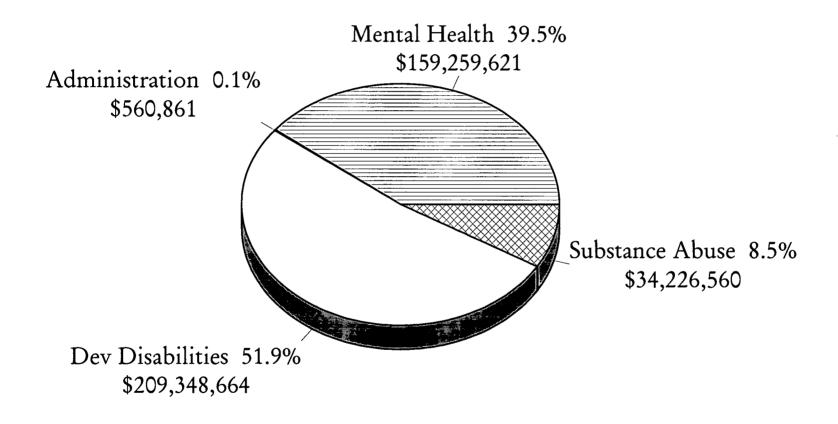


Community Programs Funding by Disability Area



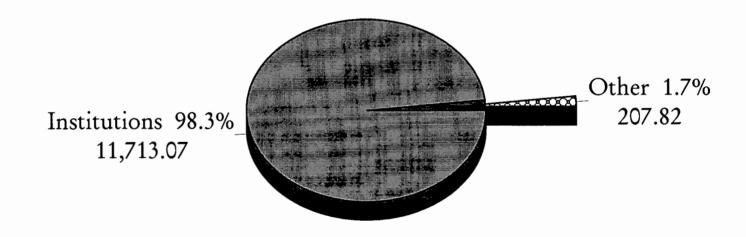
Total FY96/97 Expenditures: \$390,792,126

Total Revenues by Disability



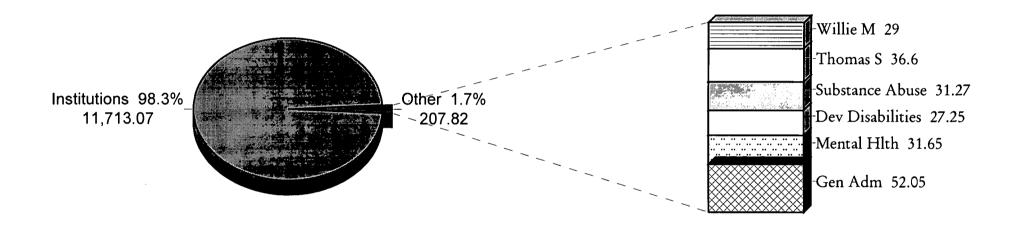
FY96/97 Total Revenues: \$403,395,706

FY1996-97 Positions



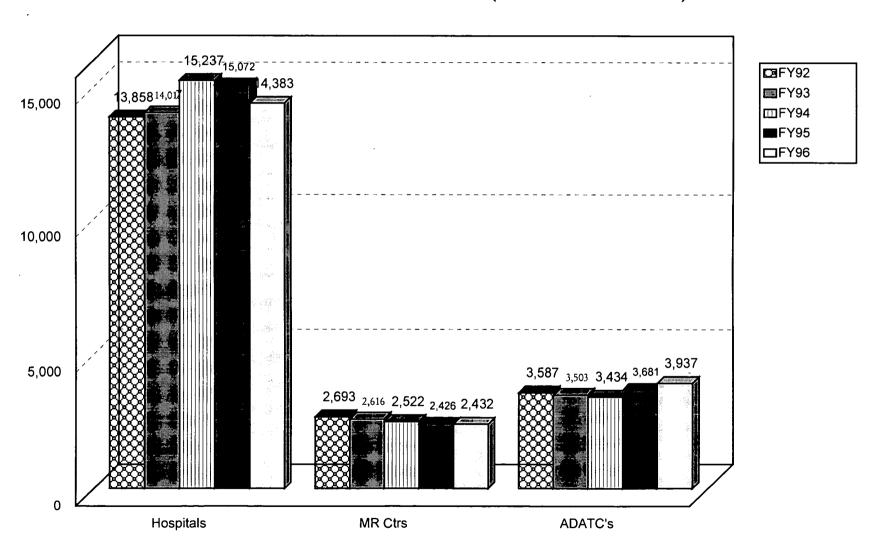
Total Positions: 11,920.89

FY1996-97 Positions



Total Positions: 11,920.89

Trends in Direct Service (State Facilities)



Division of Mental Health/ Developmental Disabilities/Substance Abuse Services

1997-99 Governor's Recommended Reductions

Total Reductions	(\$4,373,961)	(\$4,394,250)
 Reduce Willie M Community Funds (prior year revenue to replace state ap 	(500,000) propriations)	(500,000)
 Reduce Social Security/Retirement at State Facilities 	(432,769)	(432,769)
• Reduce Utilities at State Facilities	(1,099,373)	(1,119,662)
• Reduce Overtime at State Facilities	(\$2,341,819)	(\$2,341,819)

NORTH CAROLINA'S SYSTEM OF SERVICE DELIVERY

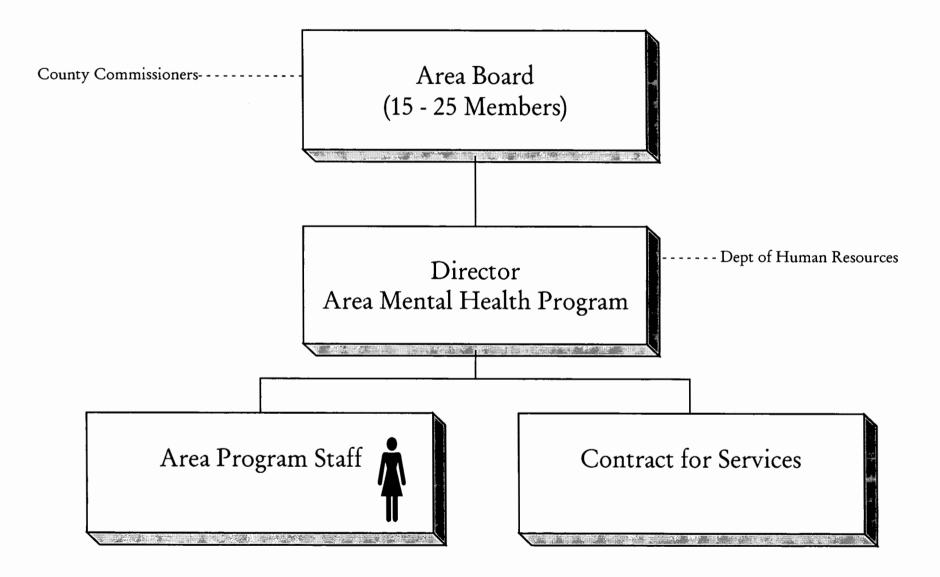
AREA MENTAL HEALTH PROGRAMS

The provision of mental health in North Carolina is a cooperative effort of the state and local governments. Public mental health services are coordinated and delivered primarily on the local level by Area Mental Health Authorities/Programs. Area Programs provide services directly or under contract with other service providers. All funds appropriated by the General Assembly for the purpose of providing these services are adminstered by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Selected Facts:

- * 41 Area Mental Health Programs/Authorities (25 are multi-county; 16 single county)
- * Governed by an Area Board
- * Employees Work for Area Authority
- * Area Board is a Policy Making Body
- County Commissioners Appoint Area Board

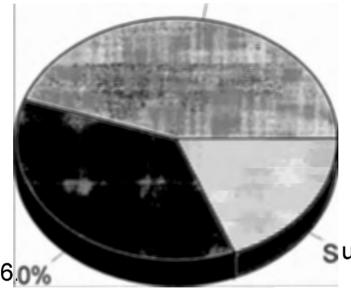
NORTH CAROLINA AREA MENTAL HEALTH PROGRAMS



Area Program Expenditures by Disability Area FY95/96

(expenditures in millions)

Mental Health 44.8% \$242.32



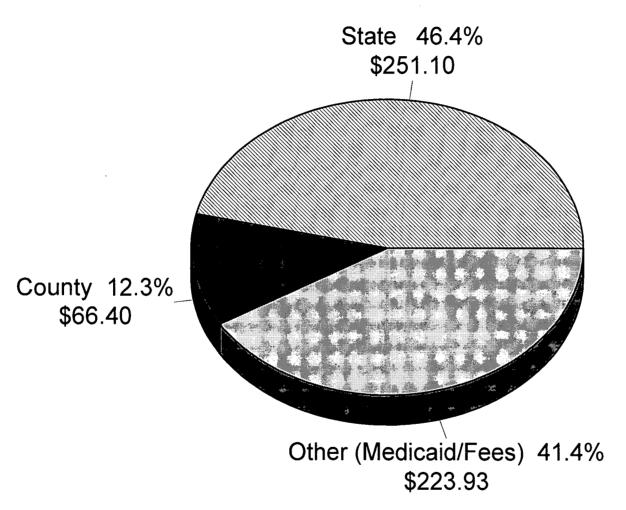
substance Abuse 19.2% \$103.95

Dev Disablities 36.0% \$195.16

Total: \$541.43M (excludes Thomas S & Willie M funds)

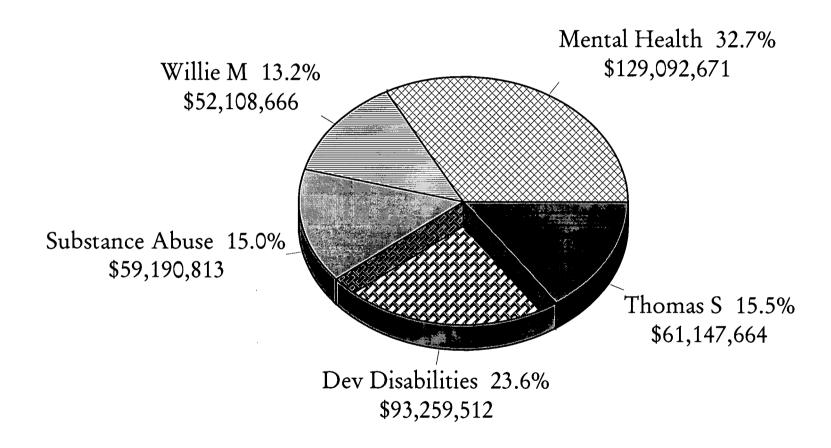
Area Program Total Funds by Source

FY95/96 (in millions)



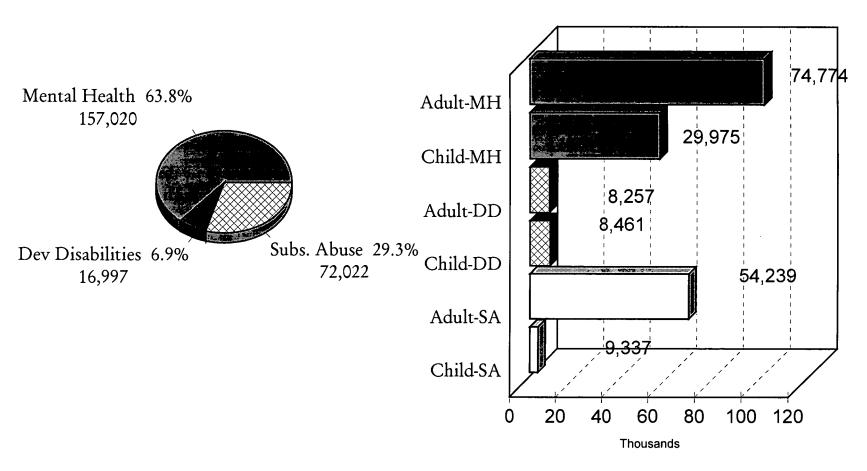
Total: \$541.43M (excludes Thomas S & Willie M)

Area Mental Health Program Funding FY1996-97



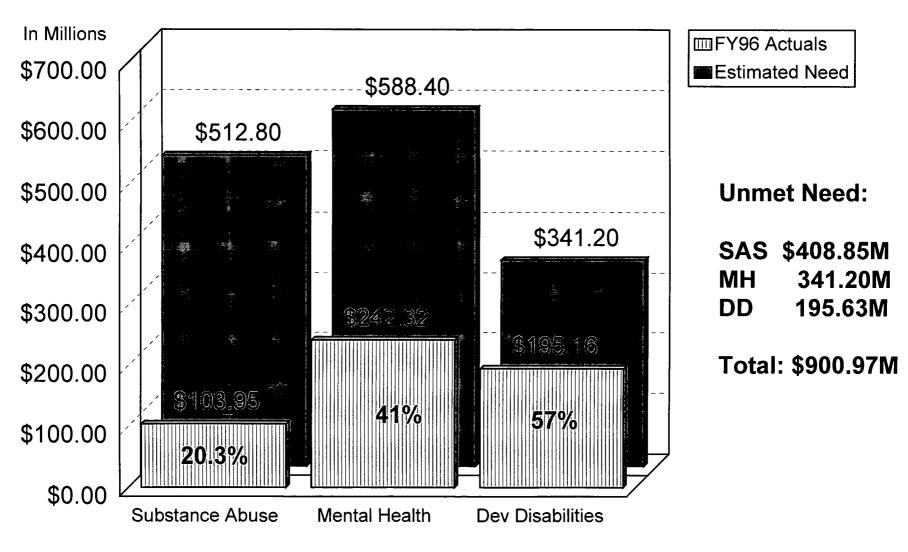
Total State Appropriations: \$401,904,120

AREA MENTAL HEALTH PROGRAM Clients Served by Disability and Age FY95/96

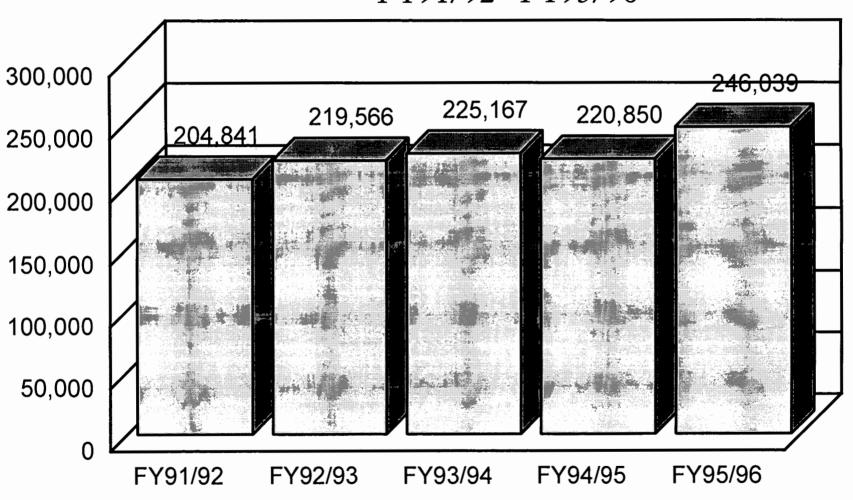


Total Clients Served: 246,039

Estimated Community Based MH/DD/SAS Unmet Need by Disability Versus FY95/96 Funds



AREA MENTAL HEALTH PROGRAM CLIENTS SERVED FY91/92 - FY95/96



Area Mental Health Programs Selected Facts

A. Catchment Area Size (population 7/95):

Single County: Range 57,468 (Halifax) - 577,479 (Mecklenburg)

Multi-County: Range 73,630 (Roanoke-Chowan) - 320,975 (Forsyth-Stokes)

B. Persons Served FY95/96 (246,039)

Substance Abuse - 72,022 (29%)
Developmental Disabilities - 16,997 (7%)
Mentally Ill - 157,020 (64%)

C. Budgets (based on FY94/95 data)

Range: \$3M to \$46M (total funds)

Range: \$132,000 to \$19.8M (county general funds)

Range: 3% to 44% (county general funds)

Origin and Recent Developments of Performance/Program Budgeting

Over the years, the public sector has experimented with a variety of ways to measure the efficiency and effectiveness of its programs. Only recently, however, have most states and the federal government recognized the value of incorporating planning and evaluation (through outcome and performance measures) into their accountability systems. North Carolina is at the forefront of this movement and has linked planning and program evaluation to the budgeting process.

In 1991, an intensive effort to study North Carolina's state government was conducted by a legislative Governmental Performance Audit Committee (GPAC). The study revealed that:

- the state's planning, budgeting and program evaluation functions operated independently and were not linked to provide ample managerial information
- the state lacked an effective long-range or strategic planning process
- the traditional line-item budget did not provide policy makers with the intent, content and results of programs needed for decision-making
- the state lacked a comprehensive, orderly approach to program evaluation

Based on these findings, GPAC recommended that state government develop:

- a strategic planning process that included a statewide plan transcending departmental boundaries
- a performance-based budget
- a process to ensure regular comprehensive program evaluation

The 1994 and 1995 General Assembly passed legislation (G.S. 143-10.3-10.6) mandated strategic planning, departmental operations planning, and performance/program budgeting for all state government agencies. A planning process that integrates performance/program budgeting and individual department operations planning has now been institutionalized in *all* state agencies. The Office of State Planning and the Office of State Budget and Management have consolidated the two sets of budget document formats delivered to the 1995 General Assembly and thus modified the content for better presentation. The performance/program budget representing all program areas of state government will be delivered to the 1997 General Assembly.

16/58/6 win

Perspective of Performance/Program Budgeting

Another Way of Looking at Government Activities

Departments

Administration Agriculture

Auditor

Commerce

Community Colleges

Controller

Correction

CCPS

EHNR

General Assembly

Govenor

Human Resources

Justice

Labor

Lt. Governor

Public Instruction

Revenue

Secretary of State

Transportation

UNC System



Health
Human Services
Corrections

Justice & Public Safety

Environment

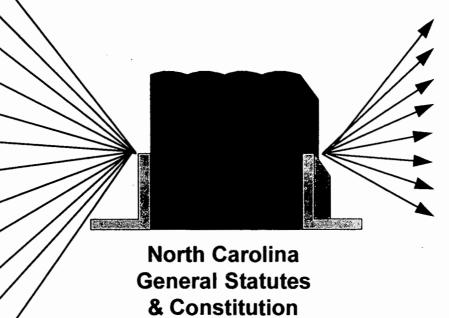
Econ. Develop. & Comm.

Education

Transportation

Cultural Resources

General Government



1997-98 Recommended Continuation Budget Summary by Program Area

(in \$ millions)

Program Areas	Health	Human Services	Corrections	Justice & Public Safety	Environ.	Econ. Devl & Com.	Education	Transport.	Cultural Resources	General Govern.	Total
Departments						18 20 18 18 18 18 18 18 18 18 18 18 18 18 18	1, 42, 15, 115, 110, 110, 110, 110, 110, 110,				
Administration	0.23	23.18	-	•	0.94	1.15	-	-	-	90.37	115.87
Office of Administrative Hearings					-	-	-	-		2.34	2.34
Agiculture	9.29	2.66	-	-	4.71	59.11	-	-	-	-	75.77
Board of Elections	-	-	-	-	-		-	-		1.04	1.04
Commerce	0.29	178.92	-	-	-	174.04	-	0.03		2.20	355.48
Community Colleges	-	6.19	-	-	-	13.75	537.48	-	-	-	557.42
Correction	-	-	917.33	-	-		-	-	-	-	917.33
Crime Control and Public Safety	-	-	-	191.41	-		-	-		-	191.41
Cultural Resources	-	-	-	-		-	-	-	58.04	-	58.04
Environment, Health, and Natural Resources	362.89	-	0.60	-	218.71	7.10	-	-	-	1.09	590.39
General Assembly	-	-	-	-	-	-	-	-	-	31.12	31.12
Human Resources	5,316.86	1,696.11	52.72	-	-	-	34.28	-	-	-	7,099.97
Insurance	10.18	-	-	-	-	38.94	-	-	-	-	49.12
Judicial	-	-	-	347.82	-	-	-	-	-	-	347.82
Justice	-	-	-	72.54	-	-	-		-	-	72.54
Labor	18.42	4.18	-	-	-	1.94	-		-	-	24.54
Governor's Office	-		-		-	-	-	-	-	5.40	5.40
Office of State Budget and Management	-	-	-	-		-	-	-	-	3.74	3.74
Office of State Planning	-	-		-	-	-	-	-	-	4.25	4.25
Housing Finance Authority	-	45.20	-	-	-	-	-	-	-	-	45.20
Office of the Lieutenant Governor	-	-	-	-	-	-	-	-	-	0.59	0.59
Public Instruction	-	-		-	-	-	4,705.88	-	-	-	4,705.88
Revenue	-	-	-	-				-	-	70.08	70.08
Secretary of State		-	:	-		4.80	-	-	-	0.44	5.24
State Auditor	-	-	-	-	-	-	-	-	-	10.57	10.57
State Controller	-	-	-	-	-	-	-	-	-	141.08	141.08
State Treasurer	-	-	-	-	-	-	-	-	-	29.26	29.26
State Major Health Plan	-	-	-	-	-	-	-	-	-	17.27	17.27
Rules Review Commission		-	-	-	-	-	-	-	-	0.28	0.28
Transportation	-	-	-	-	2.63	-	-	2,413.59	-	-	2,416.22
University of North Carolina	412.75	-	-	-	-	-	1,820.30	-		-	2,233.05
Wildlife Resources Commission		-	-	-	48.09		-	2.29	-	- 1	50.38
Special Boards and Commissions	-	-	-			2.35	-		-	-	2.35
Compensation Increase	16.65	3.25	22.18	12.01	1.88	2.65	228.79	-	0.89	14.41	302.71
Debt Service / Federal Debt	0.77		23.61	0.12	42.98		78.35	-	-	0.43	146.26
Other Reserves	-	-	-	0.40	-	-	-	-	-	14.06	14.46
Total Requirements	6.143333	41,959,69	1,016:44	624.30	319.94	305.83	7,405.08	2,415.91	58.93	440.02	20,694.47
Receipts/Cash Balances	4,111.43	1,499.43	103.29	218.17	159.49	181.89	1,071.98	540.05	6.42	209.80	8,101.95
General Fund Appropriation	2,036.90	460.26	913.15	406.13	160.45	123.94	6,333.10	0.00	52.51	230.22	10,716.66
Highway Fund Appropriation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,875.86	0.00	0.00	1,875.86
Number of Positions	20,089.69	5,582.36	20,355.05	8,670.88	3,406.51	2,452.85	28,197.46	14,334.60	718.63	3,350.05	107,158.08
Community College / Public School Employees	0.00	0.00	0.00	0.00	0.00	0.00	135,172.77	0.00	0.00	0.00	135,172.77

NOTE: The totals in this table represent total requirements in departments' budgets and are not adjusted for inter- and intra-department transfers.

1997-98 Recommended Continuation Budget Summary for Human Resources Subcommittee

(in \$ millions)

Program Areas	Health	Human Services	Corrections	Justice & Public Safety	Environ.	Econ. Devl & Com.	Education	Transport.	Cultural Resources	General Govern.	Total
Department of Human Resources by Division	77.5						7				
Central Management and Support	27.72	36.79	-	-		-	-	-	-	-	64.51
Aging	-	51.55	-	-	-	-	-	-	-	-	51.55
Medical Assistance	4,349.17	-	-	-		-	-	-	-	-	4,349.17
Social Services	-	1,137.59	-	-	-		-	-	-	-	1,137.59
Vocational Rehabilitiation - Disability Determination		31.12	-				-			-	31.12
Mental Health, Dev. Disab. & Substance Abuse Services	920.12		-	-		-	-	-	-	-	920.12
Child Development		279.23		-	-	•	-		-	-	279.23
Facility Services	17.26	0.17	-	-	-	•	-	-	-	-	17.43
Vocational Rehabilitation	-	97.01	-	-	-	-	-	-	-	-	97.01
Services for the Deaf and hard of Hearing	-	2.88	-		-	-	25.83		-	-	28.71
Services for the Blind	2.59	23.10	-	-	-	•	8.45	-	-	-	34.14
Youth Services	-	36.67	52.72	-	-	•	-		-	-	89.39
Total Requirements	5,316.86	1,696.11	52.72				34.28	•	-	-	7,099.97
Receipts/Cash Balances	3,496.61	1,271.25	4.87		-	-	2.07	-	-		4,774.80
General Fund Appropriation	1,820.25	424.86	- 47 .85	-		-	32.21	-	-	-	2,325.17
Highway Fund Appropriation	0.00	0.00	0.00	-			0.00	-	-	-	0.00
Number of Positions	13,000.26	3,103.18	1,247.85	-	•	-	894.95	-	-		18,247.24

Steps

to

Peformance/Program Budgeting

- Identify program areas, representing the major service commitments of state government. The North Carolina Constitution and the General Statutes provided the basis for identifying program areas. There are ten (10) areas:
 - Corrections
 - Cultural resources
 - Commerce and Economic Development
 - Education
 - Environment
 - General Government
 - Health
 - Human Services
 - Justice and Public Safety
 - Transportation
- Delineate each program area into hierarchical outline of programs, subprograms and elements to provide greater insight into legislative intent and state policies. The North Carolina Constitution and the General Statutes provided the basis for developing the outlines.
- 3. Classify all state government services/activities and supporting budget funds to a program, subprogram, or element. Develop a program classification accounting code to delineate each program, subprogram, and element. Assign all state government funds with a program classification code. Requirements, receipts, expenditures, objectives, and outcomes will be tracked by program classification codes.

- Conduct strategic/performance planning. Department operations planning is conducted in concert with program planning (by Program Area). Department operation planning is the foundation used to do program planning.
 Strategic/performance planning is an eight step process incorporating the following tasks:
 - a) Convene departments serving similar client needs or expected outcomes_to improve collaboration and help avoid gaps and overlap in services. Identify target populations and expected outcomes.
 - b) Identify emerging trends and factors and the effects these trends and factors have on workload, program operations and expected outcomes.
 - c) Identify objectives and outcome measures. Departments set their own objectives and outcome measures, then collaborate with other departments serving similar client needs or expected outcomes for the purpose of coordination.
 - d) Identify strategies, activities, and innovations for achieving objectives and improving services. Strategies show the different types of activities used to accomplish objectives. Innovations represent new ideas (within current funding levels) for making services more effective or efficient.

Planning Outputs for

Performance/Program Budgeting

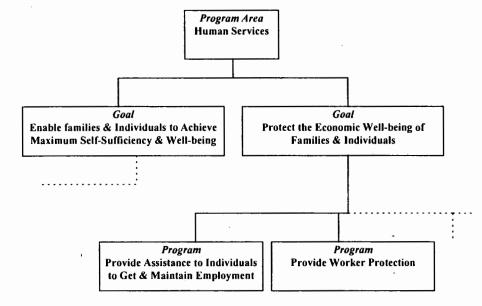
The Performance Planning process produces 11 outputs that are incorporated in the Department Operations Plan and the Performance/Program Budget Documents. Three outputs are incorporated in each of the documents and provide a link between them: program objectives, outcome measures, and funds supporting objectives.

Performance Planning Outputs	Department Operations Plans	Program Budget (Volume 7)	Line-Item Budget (Volumes 1-6)	
Mission statement	X '			
Department Goals	Χ			
Trends and Implications	X	X		
Customers		X		
Expected Outcomes	·	X	X	
Program Objectives	X	X	X	
Administrative Objectives	X.			
Outcome Measures		X	X	
Performance Measures		X	X	
Funds Supporting Objectives	X	X	X	
Strategies/Activities	X	X		
Innovations	X		70-70-11.	

Classification Structure of

Performance/Program Budgeting

The Performance Budget provides information in an orderly presentation progressing from the general concept to a specific focus.



* "Program" refers to a *group* of *activities* sharing a common purpose. Also, these activities are not limited to any one state organization.; they may involve several agencies working together toward the achievement of a single outcome.

Here is an example of how levels in a program area may be divided:

Program Area:

Human Services

Goal:

Protect the Economic Well-being of Families &

Individuals

Program:

Provide Assistance to Individuals to Get & Maintain

Employment

Note that some programs have *no* further division into subprograms, while others have subprograms that are further divided into *elements*. The specific breakdowns of the programs depend upon the purposes expressed in the associated General Statutes and regulations.

The intention is to make program categories broad enough to encompass activities that:

- share a common purpose,
- have common or similar customers or clients,
- have common or similar outcome measures, and
- can be analyzed by similar methods.

HUMAN SERVICES PROGRAM AREA

······································	P/PB Code	<u>Page</u>
Program Area Budget Summary	2000	2-1
Program Area Summary	2000	2-3
Goal: Enable families and individuals to achieve maximum self-sufficiency and well-being		2-7
Program: Strengthen and preserve families and protect children from harm	2100	2-9
Program: Support child care and early childhood development	2200	2-79
Program: Provide community-based services to prevent or correct delinquency	2300	2-93
Program: Provide general advocacy for vulnerable individuals or groups to protect their rights	2400	2-103
Goal: Protect the economic well-being of families and individuals		2-133
Program: Provide assistance to individuals to get and maintain employment	2500	2-135
Program: Provide worker protection	2600	2-159
Program: Provide subsistence to meet basic needs	2700	2-169
Program: Provide housing assistance	2800	2-183
Support services and administration	2998	2-197
Reserves, transfers and other accounting funds	2999	2-199



HEALTH PROGRAM AREA

			P/PB Code	<u>Page</u>
Program Area Budg	et Summary			1-1
Program Area Sumn	nary		1000	1-3
Goal: Protect the pu	blic heath			1-5
Program:	Prevent disease	s and promote health	1100	1-7
-	Subprogram:	Prevent communicable diseases	1110	1-9
	Subprogram:	Maternal and child health	1120	1-19
	Subprogram:	Health promotion	1130	1-29
Program:	Assure safe and	I healthy working and living conditions	1200	1-41
	Subprogram:	Assure safe and sanitary conditions for the public	1210	1-43
	Subprogram:	Assure a safe and healthy food/beverage supply	1220	1-53
	Subprogram:	Assure a safe and healthy drinking water supply	1230	1-61
	Subprogram:	Reduce exposure to health hazards and injury risks	1240	1-67
	Subprogram:	Reduce circumstantial endangerment to life and property	1250	1-83
Program:	Assess and mor	nitor health issues, conditions and outcomes	1300	1-97
Goal: Provide treatn	nent for health pro	<u>oblems</u>		1-107
Program:	Maintain and ir	mprove health treatment services	1400	1-109
	Subprogram: P	rovide acute medical carehospital and ambulatory services	1410	1-111
		rovide mental health servicesinstitutional and community-based		1-121
		Element: Emotional disturbances/mental illness	1421	1-123
		Element: Willie M	1422	1-131
	Subprogram: P	rovide substance abuse services - institutional and community-based	1430	1-137
	Subprogram: P	rovide developmental disability services - institutional and community-based	1440	1-147
		Element: Developmental disability treatment and support services	1441	1-149
		Element: Thomas S.	1442	1-157



HEALTH PROGRAM AREA

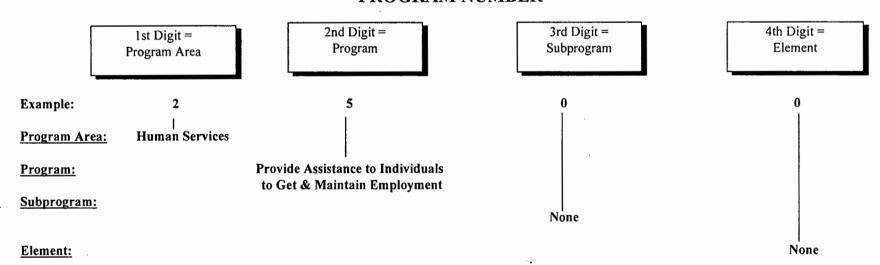
Goal: Improve acces	s to health care	1-163
Program:	Provide appropriate facilities and staff	1-165
Program:	Regulate and ensure fair access to health care	1-183
Support services and	l administration	1-19
Reserves, transfers a	nd other accounting funds	1-19:

PERFORMANCE BUDGET ACCOUNTING

As of the 1997-99 biennium, each budget fund will be linked to a program number and there will be no split funds. This change accommodates a new accounting system in the Office of the State Controller. The change will not affect the former budget and accounting for Performance Budget Accounting, which uses a four-digit program number to correspond to the hierarchy in the program classification outline. The first digit identifies the Program Area; the second digit identifies the Program; the third digit identifies the Subprogram (if applicable); and the fourth digit identifies the Element (if applicable).

The program number will not replace the operating fund number used in the traditional budget, but the program number will be used in addition to the operating fund number to accommodate Performance Budget implementation. The program number will be incorporated into all phases of budget and accounting to reflect the reporting and budgetary control that will be used when Performance Budgeting is implemented.

PROGRAM NUMBER



Human Services Program Area Continuation Budget Summary by Department (in millions)

9			

Program Area: Human Services	DOA	DHR	Labor	COMM	Agri.	DCC	Housing Finance	Total
Enable families and individuals to achieve maximum self-sufficiency and well-being.	18.12	1,454.19	•	•	•	•	<u>.</u>	1,472.31
Strengthen and preserve families and protect children from harm	5.55	1,136.16	-	-	-			1,141.71
Support child care and early childhood education	-	279.23	-	-	-	-	-	279.23
 Provide community-based services to prevent or correct deliquency 	-	36.67	-			-		36.67
 Provide general advocacy for vulnerable individuals or groups to protect their rights 	12.57	2.13	-	-	-	-	•	14.70
Protect the economic well-being of families and individuals	5.05	143.00	4.18	178.92	2.66	6.19	45.20	385.20
Provide assistance to individuals to get and maintain employment	0.73	99.56	1.90	103.23	-	6.19	-	211.61
Provide worker protection	-	-	2.28	64.61		-		66.89
Provide subsistence to meet basic needs	-	43.44	-		2.66	-	-	46.10
Provide housing assistance	4.32	•	-	11.08	-		45.20	60.60
Support services and administration		30.47	-	-	-	-	-	30.47
Reserves, transfers and other accounting funds	-	68.45	-	-	-	-	-	68.45
Total Requirements	23.18	1,696.11	4.18	178.92	2.66	6.19	45.20	1,956.44
Receipts/Cash Balances	9.16	1,271.25	1.90	173.39	0.83	0.00	42.90	1,499.43
General Fund Appropriation	14.02	424.86	2.28	5.53	1.83	6.19	2.30	457.01
Highway Fund Appropriation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Number of Positions	201.26	3,103.18	7 7 .00	2,071.92	49.00	0.00	80.00	5,582.36

Health Program Area Continuation Budget Summary by Department (in millions)

1997-98

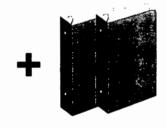
Program Area: Health	DEHNR	DHR	Agri.	Labor	COMM	DOI	UNC Hospitals	DOA	Total
Protect the public health	338.88	2.59	9.29	15.54	0.29	10.18	nospitais -	-	376.78
Prevent diseases and promote health	303.10	2.59	-	-	-	-		-	305.69
Prevent communicable diseases	36.56	-	-	-	-		-		36.56
Maternal and child health	231.68	-	-	-	-	-	-		231.68
Health promotion	34.86	2.59	-	-	-	-	-	-	37.45
Assure safe and healthy working and living conditions	15.62	-	9.29	15.54	0.29	10.18		-	50.92
Assure safe and sanitary conditions for the public	4.42	-	-	-	-	-	-	-	4.42
Assure a safe and healthy food/beverage supply	0.95		9.29		-	-	-	-	10.24
Assure a safe and healthy drinking water supply	4.44	-		-		-	-	-	4.44
Reduce exposure to health hazards and injury risks	5.78		-	15.54	-	•	-	-	21.32
Reduce circumstantial endangement to life and property	0.02	-	-	-	0.29	10.18	-	-	10.49
Assess and monitor health issues, conditions and outcomes	20.16	-	-	-	-	-	-	-	20.16
Provide treatment for health problems		916.52	· · ·	•	•	•	327.66	0.23	1,244.42
Maintain and improve health treatment services	-	916.52	•	-			327.66	0.23	1,244.42
Provide acute medical carehospital and ambulatory services	-		-	-	-	-	327.66	-	327.66
Provide mental health servicesinstitutional and community-based	•	446.46	-	•	-	-	-	-	446.46
Emotional disturbance/mental illness	-	385.97	•	-	-			-	385.97
Willie M.	-	60.49	-	•	-	-	-	-	60.49
Provde substance abuse servicesinstitutional and community-based	-	76.85	•	-	-	-		0.23	77.08
 Provide developmental disability services—institutional and community-based 	•	393.22	-	-	-	-	-	-	393.22
Developmental disability treatment and support services	-	304.05	-	-	-	-	-		304.05
Thomas S.	-	89.16	-		-	-	-		89.16
Improve access to health care	•	4,375.28	Parely 1			•			4,375.28
Provide appropriate facilities and staff	-	26.11	-	-		•	-	-	26.11
Regulate and ensure fair access to health care	-	4,349.17				-	-		4,349.17
Support services and administration	18.70	22.03	- 1	2.67	-	-	40.14	- 1	83.54
Reserves, transfers and other accounting funds	5.31	0.43	-	0.20	-	-	44.95	-	50.89
Total Requirements	362.89	5,316.86	9.29	18.42	0.29	10.18	412.75	0.23	6,130.91
Receipts/Cash Balances	229.47	3,496.61	3.53	6.11	0.29	7.39	367.80	0.23	4,111.43
General Fund Appropriation	133.42	1,820.25	5.76	12.31	0.00	2.79	44.95	0.00	2,019.48
Highway Fund Appropriation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Number of Positions	1,706.10	13,001.26	208.50	344.00	5.00	97.00	4,723.83	. 4.00	20,089.69

Documents of Performance/Program Budgeting

Three sets of documents support the 1997-99 State Performance Budget



6 budget volumes
Organizationally
Structured



2 budget volumes
Programmatically
Structured



1 planning volume organizationally Structured

Key Documents of Performance/Program Budgeting

Three key documents are associated with Performance/Program Budgeting:

1. Performance/Program Budget, by department (Volumes 1-6)

This document is considered the traditional line-item budget. There are six (6) volumes, which include all of the budget funds used to support state government services. The six volumes correspond to six (6) legislative committees set up to examine the Governor's recommended budget. The funds in each volume are grouped by department, and include line-by-line objects of expenditure, providing the basis for fiscal control. All of the funds are also cross referenced to the programs they support. There are approximately 1,350 budget funds.

2. Performance/Program Budget, by program (Volumes 7a and 7b)

This document groups budget information by program area and provides policy-related information on the purpose and intent of funds. There are ten (10) program areas, each representing a broad sector of public services--education, economic development and commerce, corrections, etc. Within each program area, funds are classified by program, subprogram or element, each addressing a type of policy issue, such as "Communicable disease" or "Access to health care." Fiscal information is presented by "categories of expenditure" rather than by specific "objects of expenditure." If funds were actually appropriated by categories rather than by objects, departmental managers would have greater flexibility in administering their funds. In the program presentation, funds from different departments are sometimes classified together if they address a similar policy issue.

3. Departments Operations Plan

This document provides department operations plans for each of the principle department in state government. Plans included in this volume describe specifically how (through strategies and activities) each department's program objectives are being addressed by the department. In addition, each plan shows what new innovations are planned over the next six years to improve the performance of department or program activities. Both the departmental and program budget documents are cross-referenced to the department plan.

Cross-references

Certain reference points are used to link the *Performance/Program budget documents* with each other and with the *department operations plan*. Reference points include: program objectives, outcome measures (values only shown in budget documents), supporting funds, and P/PB codes.

1301	Client	Assistance	Project

P/PB 2500 Provide Assistance to Individuals to Get and Maintain Employment

PURPOSE: The Client Assistance Project (CAP) assists rehabilitation clients and potential clients in understanding what services are available through state rehabilitation programs and related state and federal assistance programs. Further, it informs them of their rights and responsibilities in connection with the benefits of these programs. This program also works to improve the efficiency of service delivery. CAP accomplishes its purpose by responding to requests for information about statewide rehabilitation programs, answering specific questions about rehabilitation services, and refers clients to other services when appropriate. Also, CAP establishes cases with individual clients in order to resolve their issues and concerns when involvement beyond information and referral is necessary.

PROGRAM INFORMATION:

The total 1996-97 certified budget This is one of 42 funds that contribute to program number 2500, Get & Maintain Employment \$225,135, or 0.11% of the total. A programmatic presentation for P/PB 2500 is \$210,739,998 of which this fund is which groups all funds that contribute to specific program levels throughout state government according to similar outcomes, objectives, and outcome measures may be found in Volume 7. Following is a complete list of departmental accounting funds which contribute to P/PB 2500.

LABOR	2421 WORKFORCE DEVEL & TRNG	.90%	DHR-VOC REHAB	2005 WESTERN REGION VR FACILI	.36%
ADMINISTRATION	1732 DISPLACED HOMEMAKERS	.18%	DHR-VOC REHAB	2201 RANDOLPH SHELTERED WORK	.01%
ADMINISTRATION	2731 WOMEN'S SPECIAL EMP ASSI	.01%	DHR-VOC REHAB	2228 WATAUGA OPPORTUNITIES	.04%
ADMINISTRATION	2884 JTPA PROGRAM-INDIAN AFFA	.16%	DHR-VOC REHAB	2229 WILKES COUNTY VOCATIONAL	.01%
DHR-SOC SERVICE	1160 JOB CORPS	.44%	DHR-VOC REHAB	2236 CRAVEN EVALUATION AND TR	.07%
DHR-SVC F/T BLI	1510 COUNSELING & PLACEMENT	4.83%	DHR-VOC REHAB	2238 HARNETT PRODUCTION ENTER	.00%
DHR-SVC F/T BLI	1610 BUSINESS ENTERPRISES	.24%	DHR-VOC REHAB	2245 WESTERN REGIONAL VR FACI	.01%
DHR-SVC F/T BLI	2510 WORKSHOP EQUIPMENT PROG	.44%	DHR-VOC REHAB	2253 DAVIDSON COUNTY SHELTERE	.00%
DHR-SVC F/T BLI	2610 BUSINESS ENTERPRISE FUND	.16%	DHR-VOC REHAB	2257 PERSON INDUSTRIES	.00%
DHR-VOC REHAB	1101 MANAGEMENT & SUPPORT SER	2.55%	DHR-VOC REHAB	2266 MACON CITIZENS' ENTERPRI	.03%
DHR-VOC REHAB	1102 COUN. & PLACEMENT-STATE	11.53%	DHR-VOC REHAB	2269 DURHAM EXCHANGE CLUB IND	.02%
DHR-VOC REHAB	1103 COUN. & PLACEMNT 3RD PAR	4.34%	DHR-VOC REHAB	2286 ERVRF-CLIENT ACT FUND	.00%
DHR-VOC REHAB	1104 AGENCY OPER. REHAB FACIL	1.29%	DHR-VOC REHAB	2289 WRVRF-CLIENT ACTIVITY FU	.00%
DHR-VOC REHAB	1105 CASE SERVICES	19.32%	DHR-VOC REHAB	2294 WRVRF-EMPLOYEE ACT FUND	.00%
DHR-VOC REHAB	1201 ESTABLISHMENT OF FACILIT	.12%	COMMERCE	1645 COMM ON WORKFORCE PREPAR	.10%
DHR-VOC REHAB	1301 CLIENT ASSISTANCE PROJEC	.11%	COMMERCE	2315 SECOND INJURY FUND	.03%
DHR-VOC REHAB	1302 SUPPORTED EMPLOY PROJECT	.37%	COMMERCE	2680 EMPLOYMNT&TRAINING ADMIN	.88%
DHR-VOC REHAB	1303 ASSISTIVE TECHNOLOGY PRO	.43%	COMMERCE	2681 USDOL GRANTS PROGRAM	23.33%
DHR-VOC REHAB	1304 TRANSITION SERV YOUTH	.06%	COMMERCE	2781 COMM ON WORKFORCE PREPAR	.75%
DHR-VOC REHAB	2001 EASTERN REGION VR FACILI	.03%	ESC	2205 EMPLOYMENT/LMI SERVICES	23.92%
DHR-VOC REHAB	2002 S. CENTRAL REGION VR FAC	.00%	COMM COLLEGE	1601 STATE AID-HRD	2.94%

Objectives:

- Increase the percent of employment program customers still employed one year after leaving the program (based on a 3-month
- Increase the percent of employment program completers placed in unsubsidized employment.
- Maintain customer satisfaction with employment program services at 90% or higher.
- Improve the average wage for former customers one year after receiving employment program services.
- Increase the percentage of youth moving into jobs.

14480 Division of Vocational Rehabilitation

Outcome Measures:

	1993-94 Actual	1994-95 Actual	1995-96 Actual	1996-97 Estimated	1997-98 Expected	1998-99 Expected
 Percent of disabled persons employed one year after successful completion of vocational rehabilitation services. 	75%	88%	n/a	80%	80%	80%
 Rate of persons with disabilities who are employed following employment program completion. Percent of persons with disabilities participating in 	55.3%	51.5%	55.7%	57.0%	59.0%	60.0%
<pre>the program (completers and non-completers) who are satisfied with employment program services. - Ratio of average wage to minimum wage for disabled</pre>	n/a	87%	89%	90%	90%	90%
persons who complete employment programs. - Rate of youth with disabilities who are employed	1.41:1	1.48:1	1.55:1	1.62:1	1.69:1	1.76:1
following employment program completion.	54.6%	51.0%	55.9%	57.0%	59.0%	60.0%
Other Performance Measures:		ł				t
 Number of requests for information/referral about statewide rehabilitation programs. Number of clients served with issues and concerns beyond information and referral. 	929	717 136	1,286	1,300 182	1,300	1,300
belong intormation and referrati	101	200	100			

PURPOSE DETAIL:

		199	7-98	1998	3-99
1995-96 Actual	1996-97 Authorized	Inc/Dec From Authorized	Total Recommended	Inc/Dec From Authorized	Total Recommended
4.00	4.00	.00	4.00	.00	4.00
138.784	139,997	. 0	139,997	0	139,997
2,731	3,485	373	3,858	373	3,858
31,737	33,642	172	33,814	172	33,814
37,671	34,682	0	34,682	0	34,682
5,305	2,800	. 0	2,800	0	2,800
10,129	0	0	0	0	0
3,622	3,942	0	3,942	0	3,942
0	6,587	0	6,587	0	6,587
229,979	225,135	545	225,680	545	225,680
	4.00 138,784 2,731 31,737 37,671 5,305 10,129 3,622 0	Actual Authorized 4.00 4.00 138,784 139,997 2,731 3,485 31,737 33,642 37,671 34,682 5,305 2,800 10,129 0 3,622 3,942 0 6,587	1995-96 Actual 1996-97 Authorized Inc/Dec From Authorized 4.00 4.00 .00 138,784 139,997 0 2,731 3,485 373 31,737 33,642 172 37,671 34,682 0 5,305 2,800 0 10,129 0 0 3,622 3,942 0 0 6,587 0	Actual Authorized Authorized Recommended 4.00 4.00 .00 4.00 138,784 139,997 0 139,997 2,731 3,485 373 3,858 31,737 33,642 172 33,814 37,671 34,682 0 34,682 5,305 2,800 0 2,800 10,129 0 0 0 3,622 3,942 0 3,942 0 6,587 0 6,587	1995-96 Actual 1996-97 Authorized Inc/Dec From Authorized Total Recommended Inc/Dec From Authorized 4.00 4.00 .00 4.00 .00 138,784 139,997 0 139,997 0 2,731 3,485 373 3,858 373 31,737 33,642 172 33,814 172 37,671 34,682 0 34,682 0 5,305 2,800 0 2,800 0 10,129 0 0 0 0 3,622 3,942 0 3,942 0 0 6,587 0 6,587 0

14480 Division of Vocational Rehabilitation

			199	7-98	1998-99		
Description	1995-96 Actual	1996-97 Authorized	Inc/Dec From Authorized	Total Recommended	Inc/Dec From Authorized	Total Recommended	
ESTIMATED RECEIPTS							
43 7000 MISCELLANEOUS 43 8000 INTRA GOVERNMENTAL TR	2,220 227,759	2,500 222,635	0 545	2,500 223,180	0 545	2,500 223,180	
TOTAL RECEIPTS	229,979	225,135	545	225,680	545	225,680	
NET APPROPRIATION	0	0	0	0	. 0	0	

1302 Supported Employment Program

P/PB 2500 Provide Assistance to Individuals to Get and Maintain Employment

PURPOSE:

The Supported Employment Program (BE) establishes a system of services for persons with the most severe disabilities who need extensive on-job site training with long-term support services to learn, obtain, and maintain employment in the competitive labor market. To accomplish this purpose, the division places persons with the most severe disabilities and those for whom job placement has not traditionally been expected into competitive employment. This is accomplished through a multi-agency collaborative effort.

PROGRAM INFORMATION:

This is one of 42 funds that contribute to program number 2500, Get & Maintain Employment The total 1996-97 certified budget for P/PB 2500 is \$210,739,998 of which this fund is \$771,132, or 0.37% of the total. A programmatic presentation which groups all funds that contribute to specific program levels throughout state government according to similar outcomes, objectives, and outcome measures may be found in Volume 7.
Following is a complete list of departmental accounting funds which contribute to P/PB 2500.

LABOR	2421 WORKFORCE DEVEL & TRNG	.90%	DHR-VOC REHAB	2005 WESTERN REGION VR FACILI	.36%
ADMINISTRATION	1732 DISPLACED HOMEMAKERS	.18%	DHR-VOC REHAB	2201 RANDOLPH SHELTERED WORK	.01%
ADMINISTRATION	2731 WOMEN'S SPECIAL EMP ASSI	.01%	DHR-VOC REHAB	2228 WATAUGA OPPORTUNITIES	.04%
ADMINISTRATION	2884 JTPA PROGRAM-INDIAN AFFA	.16%	DHR-VOC REHAB	2229 WILKES COUNTY VOCATIONAL	.01%
DHR-SOC SERVICE	1160 JOB CORPS	.44%	DHR-VOC REHAB	2236 CRAVEN EVALUATION AND TR	.07%
DHR-SVC F/T BLI	1510 COUNSELING & PLACEMENT	4.83%	DHR-VOC REHAB	2238 HARNETT PRODUCTION ENTER	.00%
DHR-SVC F/T BLI	1610 BUSINESS ENTERPRISES	.24%	DHR-VOC REHAB	2245 WESTERN REGIONAL VR FACI	.01%
DHR-SVC F/T BLI	2510 WORKSHOP EQUIPMENT PROG	.44%	DHR-VOC REHAB	2253 DAVIDSON COUNTY SHELTERE	.00%
DHR-SVC F/T BLI	2610 BUSINESS ENTERPRISE FUND	.16%	DHR-VOC REHAB	2257 PERSON INDUSTRIES	.00%
DHR-VOC REHAB	1101 MANAGEMENT & SUPPORT SER	2.55%	DHR-VOC REHAB	2266 MACON CITIZENS' ENTERPRI	.03%
DHR-VOC REHAB	1102 COUN. & PLACEMENT-STATE	11.53%	DHR-VOC REHAB	2269 DURHAM EXCHANGE CLUB IND	.02%
DHR-VOC REHAB	1103 COUN. & PLACEMNT 3RD PAR	4.34%	DHR-VOC REHAB	2286 ERVRF-CLIENT ACT FUND	.00%
DHR-VOC REHAB	1104 AGENCY OPER. REHAB FACIL	1.29%	DHR-VOC REHAB	2289 WRVRF-CLIENT ACTIVITY FU	.00%
DHR-VOC REHAB	1105 CASE SERVICES	19.32%	DHR-VOC REHAB	2294 WRVRF-EMPLOYEE ACT FUND	.00%
DHR-VOC REHAB	1201 ESTABLISHMENT OF FACILIT	.12%	COMMERCE	1645 COMM ON WORKFORCE PREPAR	.10%
DHR-VOC REHAB	1301 CLIENT ASSISTANCE PROJEC	.11%	COMMERCE	2315 SECOND INJURY FUND	.03%

Purpose

The purpose of this program is to assist North Carolinians who are job ready to become employed and to assist those who are not job ready to prepare for employment.

Expected outcomes

The expected outcomes of this program are:

- · reduced unemployment,
- reduced underemployment,
- · reduced dependency on public assistance, and
- increased job skills.

Background and trends

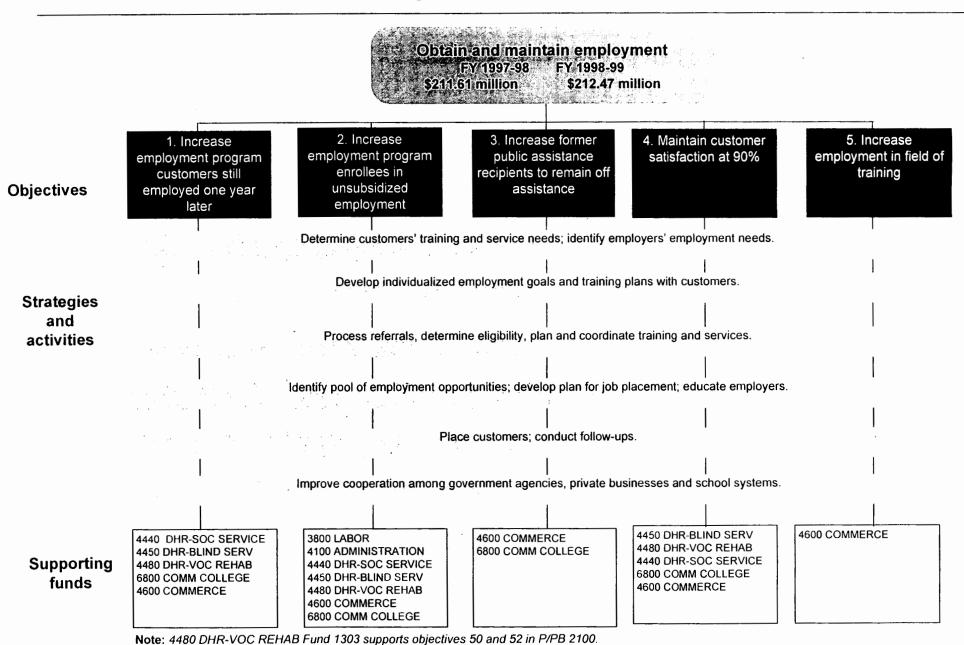
This program uses the job placement services available through JTPA (Job Training Partnership Act), apprenticeships, and other employment services needed by particular client populations, such as the impaired and/or elderly.

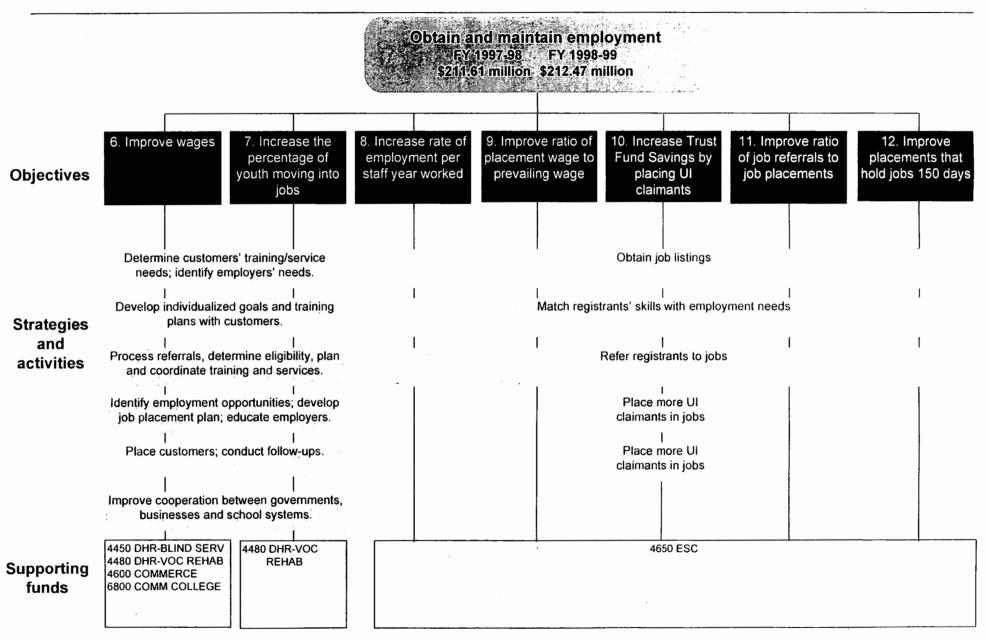
Services leading to employment include direct employment services (such as work experience and job placement services); indirect services (such as education and training); and supportive services (such as child care, family counseling, medical assistance and transportation).

Some of the trends and social conditions that impact this program area include:

- the growth in population,
- an increasing number of persons with physical and/or mental disabilities,
- more migration from high density population centers to centers of economic development,
- an increasing number of single parent households, •
- an increase in the number of migrant workers staying in the state and the associated lack of job skills,
- a decrease in the number of individuals who qualify for public assistance and the accompanying loss of jobs available for low-skill workers,
- an increasing demand for high skill workers,
- growing service sector employment,
- · more cultural diversity and the associated language problems,
- · increasing polarization along economic and social lines, and
- an increase in government regulations protecting persons with disabilities.

Note: The Governor's Commission on Workforce Preparedness is working to define common measures and appropriate measurement procedures for all employment programs. Work First Program measures are shown in P/PB 2100, measures 90-99.





Objective 1: Increase the percent and/or number of employment program customers still employed one year after leaving the program.

			Actual			Estimated	Expected	Expected
Measure	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
Outcome Measures:								
Percent of disabled persons employed one year after successful completion of vocational rehabilitation services (DVR)	74%	75%	75%	88%	n/a	80%	80%	80%
Percent of employment program customers still employed one year after completing the program (Community Colleges)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Number of people employed 90 days after leaving the JTPA program (Commerce) [Note: Studies have shown that employees holding jobs for 90 days are likely to hold their jobs a full year]	7,375	7,460	2,560	6,252	5,820	5,850	5,850	5,875
Percent of blind and visually impaired persons employed one year after successful completion of employment program services	n/a	n/a	n/a	n/a	n/a	50-55%	55-60%	60-65%
Percent of Job Corps customers still employed one year after leaving the employment program	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Performance Measures:								
Number receiving job placement services: interviewing skills development, counseling, vocational guidance, and job development (Vocational Rehabilitation)	3,322	3,132	3,509	3,504	3,306	3,306	3,400	3,500
Percent of community college Human Resource Development (HRD) job and training placements for the chronically unemployed and underemployed (Community Colleges)	70.8%	89.0%	97.0%	95.0%	93.0%	90.0%	90.0%	90.0%
Number of people enrolled in the Job Training Partnership Act (JTPA) program (Commerce)	28,108	36,860	24,959	26,068	22,149	22,100	22,000	22,000
Annual number of enrollees at Job Corps Centers (DSS)	2,196	1,821	1,821	1,613	2,021	1,824	1,824	1,824

Current Situation:

The Governor's Commission on Workforce Preparedness and agencies are working to define common employment and training objectives and outcome measures. Work First Program measures are shown in P/PB 2100, measures 90-99.

Funds:

4480 DHR-V0C REHAB

- 1101 Management and Support Services
- 1102 Counseling and Placement-State
- 1103 Counseling and Placement-3rd Party
- 1104 Agency Operated Rehabilitation Facilities
- 1105 Case Services
- 1201 Establishment of Facilities
- 1301 Client Assistance Project
- 1302 Supported Employment Project
- 1304 Transition Services-Youth

6800 COMM COLLEGE

1601 State Aid Institutions-HRD

4600 COMMERCE

2315 Second Injury Fund

2680 Employment and Training Administration 2681 USDOL Grants Program

4450 DHR-BLIND SERV

1510 Counseling and Placement

2510 Workshop Equipment Program 2610 Business Enterprise Fund

4440 DHR-SOC SERVICE

1160 Job Corps

Objective 2: Increase the percent and/or number	r of employ	ment prog	gram custo	mers plac	ed in unsu	ıbsidized em	ployment.	
			Actual			Estimated	Expected	Expected
Measure	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
Outcome Measures:								
Number of blind or visually impaired individuals entering unsubsidized employment (DSB)	· n/a	n/a	624	643	670	675	685	695
Number of blind or visually impaired operators entering Business Enterprise Program (DSB)	n/a	n/a	10	12	15	17	18	20
Percent of persons with disabilities who are employed following employment program completion (DVR)	61.0%	60.0%	55.3%	51.5%	55.7%	57.0%	59.0%	60.0%
Number of displaced homemakers who receive jobs (DOA)	n/a	n/a	1,807	1,721	1,945	2,536	2,886	. 3,236
Number Native Americans placed in jobs (DOA)	50	46	. 45	43	41	42	42	42
Percent of program completers obtaining unsubsidized employment within 13 weeks (Labor)	n/a	n/a	65%	88%	91%	89%	90%	91%
Number of people who entered employment as a result of being in the JTPA program (Commerce)	8,882	10,507	7,138	7,105	6,518	6,500	6,500	6,500
Percent of employment program enrollees placed in unsubsidized employment (Community Colleges)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	. n/a
Number Job Corps completers placed in unsubsidized employment (DSS)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Performance Measures:								
Number of persons receiving job seeking skills training consisting of 15 hours or more of seminar/role play training (Vocational Rehabilitation)	3,794	3,712	3,700	3,522	3,237	3,237	3,300	3,400
Number of displaced homemakers served in the agencies receiving grant funds	n/a	n/a	2,535	2,450	3,003	4,000	4,500	5,000
Number of employment program completers(JTPA-Indian Affairs)	133	106	72	56	56	56	56	56
Number of participants enrolled (Labor)	n/a	n/a	n/a	866	867	625	850	900
Number of people enrolled in the JTPA program(Commerce) (includes youth)	28,108	36,860	24,959	26,068	22,149	22,100	22,000	22,000
Number enrolled in HRD in community colleges	7,980	8,565	9,351	9,819	13,601	14,281	14,995	15,,744

Current Situation:

The Governor's Commission on Workforce Preparedness and agencies are working to define common employment and training objectives and outcome measures. Work First Program measures are shown in P/PB 2100, measures 90-99.

Funds:

4480 DHR-VOC REHAB

1101 Management and Support Services

1102 Counseling and Placement-State

1103 Counseling and Placement-3rd Party

1104 Agency Operated Rehabilitation Facilities

1105 Case Services

1201 Establishment of Facilities

1301 Client Assistance Project

1302 Supported Employment Project

1304 Transition Services-Youth

3800 LABOR

2421 Workforce Development and Training

2422 Training Initiatives

4100 ADMINISTRATION

1732 Displaced Homemakers

2884 JTPA Program-Indian Affairs

6800 COMM COLLEGE

1601 State Aid Institutions-HRD

4600 COMMERCE

2315 Second Injury Fund

2680 Employment and Training Administration

2681 USDOL Grants Program

4450 DHR-BLIND SERV

1510 Counseling and Placement

1610 Business Enterprises

4440 DHR-SOC SERVICE

1160 Job Corps

		1996-9	7 Authorized Expenditu	ires	
	Number of	Total	Total	Total	Percent of Total
	Positions	Requirements	Receipts	Appropriation	Requirements
Funds reviewed by					
General Government					
Appropriations Subcommittee:					
4100 ADMINISTRATION					
1732 DISPLACED HOMEMAKERS	1.00	377,769.00	0.00	377,769.00	0.18
2731 WOMEN'S SPECIAL EMP ASSI	0.00	25,043.00	0.00	0.00	0.01
2884 JTPA PROGRAM-INDIAN AFFA	3.50	330,415.00	330,415.00	0.00	0.16
Funds reviewed by					
Human Resources					
Appropriations Subcommittee:					
4440 DHR-SOC SERVICE					
1160 JOB CORPS	20.00	927,211.00	927,211.00	0.00	0.44
4450 DHR-SVC. F/T BLIND					
1510 COUNSELING & PLACEMENT	139.00	10,517,360.00	8,130,500.00	2,386,860.00	4.97
1610 BUSINESS ENTERPRISES	10.00	517,554.00	517,554.00	0.00	0.24
2510 WORKSHOP EQUIPMENT PROG	0.00	922,012.00	922,012.00	0.00	0.44
2610 BUSINESS ENTERPRISE FUND	0.00	346,931.00	356,276.00	0.00	0.16
4480 DHR-VOC REHAB					
1101 MANAGEMENT & SUPPORT SER	84.50	5,374,720.00	3,779,409.00	1,595,311.00	2.54
1102 COUN. & PLACEMENT-STATE	540.70	24,303,773.00	16,991,811.00	7,311,962.00	11.47
1103 COUN. & PLACEMNT 3RD PAR	248.50	9,153,746.00	9,153,746.00	0.00	4.32
1104 AGENCY OPER. REHAB FACIL	68.80	2,680,182.00	2,008,939.00	671,243.00	1.27
1105 CASE SERVICES	0.00	40,714,049.00	30,307,499.00	10,406,550.00	19.22
1201 ESTABLISHMENT OF FACILIT	0.00	262,784.00	262,784.00	0.00	0.12
1301 CLIENT ASSISTANCE PROJEC	4.00	225,135.00	225,135.00	0.00	0.11

1996-97 Authorized Expe	naitures
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	2500 - Continued	Number of	Total	Total	Total	Percent of Total
		Positions	Requirements	Receipts	Appropriation	Requirements
1302	SUPPORTED EMPLOY PROJECT	0.00	771,132.00	771,132.00	0.00	0.36
	ASSISTIVE TECHNOLOGY PRO	11.50	898,859.00	783,859.00	115,000.00	0.42
1304	TRANSITION SERVYOUTH	2.00	130,895.00	130,895.00	0.00	0.06
2001	EASTERN REGION VR FACILI	0.00	63,004.00	53,580.00	0.00	0.03
	S. CENTRAL REGION VR FAC	0.00	2,579.00	1,800.00	0.00	0.00
	WESTERN REGION VR FACILI	0.00	752,510.00	715,078.00	0.00	0.36
2201	RANDOLPH SHELTERED WORK	0.00	10,876.00	2,317.00	0.00	0.01
	GOODWILL-NORTHWEST,NC	0.00	100,000.00	21,300.00	78,700.00	0.05
	EAST CAROLINA VOC CENTER	0.00	12,043.00	2,552.00	9,491.00	0.01
	COLUMBUS INDUSTRIES	0.00	5,833.00	1,162.00	4,671.00	0.00
	GOODWILL-CENTRAL NC,INC.	0.00	7,078.00	0.00	7,078.00	0.00
	GOODWILL INDUSTRIES OF T	0.00	30,112.00	6,390.00	23,722.00	0.01
2208	INDUSTRIAL OPPORTUNITIES	0.00	8,049.00	1,713.00	6,336.00	0.00
2211	HAYWOOD VOCATIONAL OPP	0.00	15,300.00	3,259.00	12,041.00	0.01
2213	POLK COUNTY SHELTERED WO	0.00	2,514.00	0.00	2,514.00	0.00
2215	WEBSTER ENTERPRISES OF J	0.00	198.00	0.00	198.00	0.00
2217	ROANOKE CHOWAN COMM COLL	0.00 -	20,874.00	2,229.00	18,645.00	0.01
2220	STANLY INDUSTRIAL SERVIC	0.00	2,455.00	0.00	2,455.00	0.00
2222	OMEGA ENTERPRISES	0.00	12,849.00	2,737.00	10,112.00	0.01
2223	EASTERN REGION VF FACILI	0.00	19,000.00	4,047.00	14,953.00	0.01
2224	UNION DIVERSIFIED INDUST	0.00	2,947.00	545.00	2,402.00	0.00
2226	HANDI-SKILLS, INC.	0.00	1,084.00	0.00	1,084.00	0.00
2228	WATAUGA OPPORTUNITIES	0.00	80,699.00	12,422.00	0.00	0.04
2229	WILKES COUNTY VOCATIONAL	0.00	28,573.00	6,070.00	0.00	0.01
2231	LEE COUNTY INDUSTRIES	0.00	1,475.00	0.00	1,475.00	0.00
2233	ORANGE ENTERPRISES, INC.	0.00	933.00	0.00	933.00	0.00
2234	TRANSYLVANIA VOCATIONAL	0.00	29.00	0.00	29.00	0.00
2235	RALEIGH VOCATIONAL CENTE	0.00	94,325.00	11,853.00	82,472.00	0.04
2236	CRAVEN EVALUATION AND TR	0.00	155,008.00	33,015.00	0.00	0.07
2238	HARNETT PRODUCTION ENTER	0.00	50.00	0.00	0.00	0.00



		1996-9	7 Authorized Expenditu	ires	
2500 - Continued	Number of	Total	Total	Total	Percent of Total
	<u>Positions</u>	Requirements	Receipts	Appropriation	Requirements
2241 JOHNSTON COUNTY INDUSTRI	0.00	8,891.00	0.00	8,891.00	0.00
2244 TRI-COUNTY INDUSTRIES	0.00	6,483.00	1,070.00	5,413.00	0.00
2245 WESTERN REGIONAL VR FACI	0.00	27,000.00	3,462.00	0.00	0.01
2246 RUTHERFORD VOCATIONAL WO	0.00	16.00	0.00	16.00	0.00
2251 COASTAL ENTERPRISES OF J	0.00	95,000.00	20,235.00	74,765.00	0.04
2252 WAYNE OPPORTUNITY CENTER	0.00	21,654.00	0.00	21,654.00	0.01
2253 DAVIDSON COUNTY SHELTERE	0.00	3,000.00	0.00	0.00	0.00
2256 CHARLOTTE INST OF REHAB	0.00	53.00	0.00	53.00	0.00
2257 PERSON INDUSTRIES	0.00	8.00	0.00	0.00	0.00
2266 MACON CITIZENS' ENTERPRI	0.00	63,532.00	0.00	0.00	0.03
2267 WAKE MEDICAL CENTER	0.00	141.00	0.00	141.00	0.00
2269 DURHAM EXCHANGE CLUB IND	0.00	35,868.00	7,196.00	0.00	0.02
2271 RESERVE-3RD PARTY & OTHE	0.00	15,223.00	0.00	15,223.00	0.01
2272 FOOTHILLS INDUSTRIES	0.00	5,121.00	0.00	5,121.00	0.00
2286 ERVRF-CLIENT ACT FUND	0.00	6,000.00	6,000.00	0.00	0.00
2289 WRVRF-CLIENT ACTIVITY FU	0.00	2,000.00	2,000.00	0.00	0.00
2294 WRVRF-EMPLOYEE ACT FUND	0.00 -	1,000.00	1,000.00	0.00	0.00
Funds reviewed by					
Natural and Economic Resources <u>Appropriations Subcommittee</u> :					
3800 LABOR					
2421 WORKFORCE DEVEL & TRNG	27.00	1,897,469.00	1,897,469.00	0.00	0.90
4600 COMMERCE	•				
1645 COMM ON WORKFORCE PREPAR	3.00	219,656.00	118,079.00	101,577.00	0.10
4650 ESC					
2205 EMPLOYMENT/LMI SERVICES	1,030.52	50,400,386.00	50,400,386.00	0.00	23.80

		1996	-97 Authorized Expendit	ures	
2500 - Continued	Number of	Total	Total	Total	Percent of Total
	<u>Positions</u>	Requirements	Receipts	Appropriation	Requirements
4600 COMMERCE		-			
2315 SECOND INJURY FUND	0.00	72,980.00	72,980.00	0.00	0.03
2680 EMPLOYMNT&TRAINING ADMIN	24.00	1,978,497.00	1,978,497.00	0.00	0.93
2681 USDOL GRANTS PROGRAM	0.00	49,156,862.00	49,156,862.00	0.00	23.21
2781 COMM ON WORKFORCE PREPAR	14.00	1,682,754.00	1,682,754.00	0.00	0.79
Funds reviewed by					
Education Appropriations Subcommittee:					
6800 COMM COLLEGE					
1601 STATE AID-HRD	0.00	<u>6,193,608.00</u>	0.00	6,193,608.00	<u>2.92</u>
TOTAL FOR 2500 FUNDS	2,232.02	\$ 211,803,169.00	\$ 181,829,236.00	\$ 29,159,880.00	100.00

	1996-97	****** 1997	-98 *********	****** 1998	1-99 ********
	AUTHORIZED	INCREASE/DECREASE	TOTAL RECOMMENDED	INCREASE/DECREASE	TOTAL RECOMMENDED
REQUIREMENTS	211,803,169	-195,942	211,607,227	669,729	212,472,898
INTER/INTRA TRANSFERS IN	126,850,412	405,773	127,256,185	1,023,137	127,873,549
OTHER ESTIMATED RECEIPTS	54,978,824	-113,712	54,865,112	-110,094	54,868,730
NET APPROPRIATION	29,159,880	287,760	29,447,640	532,449	29,692,329
CHANGE IN CASH BALANCE	-814,053	775,763	-38,290	775,763	-38,290
NUMBER OF POSITIONS	2,232.02	.00	2,232.02	.00	2,232.02

Program Area:

Human Services

P/PB Goal #1:

Protect the economic well-being of families and individuals

Provide assistance to individuals to get and maintain

Program:

Provide assistance to individuals to get and maintain

employment

* P/PB Objective # 90 (2500.01):

Increase the percent and/or number of employment program customers still employed one year after leaving the program (based on a three-month window).

Associated outcome measure:

- Percent of blind and visually impaired individuals still employed one year after successful completion of employment program services. (DSB)
- Percent of disabled persons employed one year after successful completion of vocational rehabilitation services. (DVR)
- Percent of Job Corps customers still employed one year after leaving the employment program.

Fund(s) contributing to objective:

4440-2500-1160: Job Corps

4450-2500-1510: Counseling and Placement 4450-2500-2510: Workshop Equipment Fund 4450-2500-2610: Business Enterprise Fund 4480-2500-1100: Vocational Rehabilitation 4480-2500-1201: Establishment of Facilities 4480-2500-1301: Client Assistance Project 4480-2500-1302: Supported Employment Project 4480-2500-1304: Transition Services - Youth

Organizational unit(s) contributing to objective:

DSB Rehabilitation Central Office

Field Offices

Rehabilitation Center for the Blind

Evaluation Unit

Division of Vocational Rehabilitation

Description of strategies or activities directed toward this objective:

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive (DSB fund 1510)
- Provide individualized rehabilitation services which help blind and visually impaired individuals to prepare for, enter into, and retain employment (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation (DSB fund 1510)
- Complete any physical restoration services (DSB fund 1510)

- Develop placement plan, involve consumer, counselor and if needed, the job placement specialist (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities and encourage employers to address barriers to the disabled (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment Council (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs (DVR funds 1100, 1201, 1301, 1302, 1304)
- Assess ongoing customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers (DVR funds 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate (DVR funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program (CAP) services/guidance to reach out
 to a larger and more diversified population of persons with disabilities including more
 minorities and other underserved populations through various media formats, i.e., radio,
 video, reading services, television and newspaper to inform of CAP services (DVR funds
 1100, 1201, 1301, 1302, 1304)
- Revise the CAP consumer satisfaction evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information (DVR funds 1100, 1201, 1301, 1302, 1304)

* P/PB Objective # 91 (2500.02):

Increase the percent and/or number of employment program customers placed in unsubsidized employment.

Associated outcome measure:

- Number of blind or visually impaired individuals entering unsubsidized employment. (DSB)
- Number of new blind or visually impaired operators entering the Business Enterprise program. (DSB)
- Percent of persons with disabilities who are employed following employment program completion.(DVR)
- Percent of Job Corps completers placed in unsubsidized employment.

HUMAN RESOURCES JOINT APPROPRIATIONS SUBCOMMITTEE

AGENDA

FEBRUARY 25, 1997

Afternoon Meeting

DEPARTMENT OF HUMAN RESOURCES PROCESS

James B. Edgerton

DIVISION OF FACILITY SERVICES PROCESS

Bob Fitzgerald

DIVISION OF MENTAL HEALTH

Karen Hammonds-Blanks

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

February 25, 1997

The Joint Appropriations Subcommittee on Human Resources met on Tuesday afternoon, February 25, 1997. The meeting was held after the session adjournment of each House. Senator William Martin presided.

Senator Martin said the meeting concluded this morning after discussing the state wide process dealing with performance budgeting.

Jim Edgerton, gave a presentation from the Department of Human Resources explaining the process used for performance program budget. He gave a handout on Central Management. He said there are 5 planning processes that impact their department and he explained them. Mr. Edgerton said if the Committee members will read the Department of Human Resources' performance budget, and the Department's operational plan this will give you a good indication of what DHR is all about and what they are trying to accomplish with the dollars being spent. All of the divisions in the department are involved in this report.

Mr. Bob Fitzgerald with the Division of Facility of Services in the Department of Human Resources spoke to the Committee about the way the Facility of Services proceeded along the lines in developing the performance budgeting information. Mr. Fitzgerald said his division has had a long standing tradition of tracking measures of work activity and work that has been performed in the division. He continued to explain this in detail. Mr. Fitzgerald said all of these things don't happen over night and it is going to take a while for the process to run its course. It is not a case of identifying the objectives initially they also have to be able to collect the information about what the outcomes are. One of their objectives in the emergency medical services program is to provide the automatic external defibrillators to have providers have them and be within 5 minutes of 80% of the population of the people suffering cardiac arrest. They are trying to use the strategies of promoting their use, getting proper authorization from the medical board to expand their use and using the funding, the resources they have to encourage local providers to purchase these devices to be able to get them in the hands of the people that can do the good.

During the discussion about what is being done in the facilities for the betterment of caring for people Mr. Fitzgerald said what has been done in some of the long term care facilities is patient satisfaction with the facility. This is not the same thing as outcome but it is an important aspect of a person who is residing in a long term care facility and they feel that is one measure they might be able to do something about. Senator Martin said he would suggest that this would be part of the outcome.

Appro. Subcom. On H.R. Minutes 2-25-97 Page 2

Karen Hammonds-Blanks, staff for the Committee, called attention to the handout on The Division of Mental Health. (Handout attached to minutes). She said the Division of Mental Health is a very large division and various programs or sub-programs. Karen presented an overview of the Division of Mental Health. She talked about the local service delivery system. She said the mission for the division is to respond to the needs for mental health. Karen said the entire area for mental health comes the program area of health and the goal is provide treatment for health problems. She called attention to the budget summary that shows a reduction in requirements from 1995-96 to the current budget and that is primarily due to those disproportionment share payments that has been discussed in the Committee as part of the Medicaid presentation. She said every year in the third quarter those funds flow through this budget as a pass through and they do show up as actuals in this budget. Karen called attention to the current expenditures in each of the disability areas. She said 53% approximately is being used to fund and operate the institutions in mental health. The other area which is about 47% includes those funds going down to the local level primarily but there are some grants as well, although it is primarily the community based funding. Karen pointed out the different institutions, schools and facilities in Mental Health with 207 people managing the department. More personnel is needed.

During the discussion by the Committee concerning the conditions of the building the institutions and facilities are housed in Karen said there is a separate bill being introduced in the General Assembly to take care of repairs and renovations.

The meeting was adjourned.

Senator William Martin, Cochairman

Appropriations Subcommittee On Human Resources

Wanda C. Kay, Committee Clerk-

Appropriations Subcommittee On Human Resources

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Mark Benton	NooHe/DSS
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Paula Wolf	Covenant WINC's Children
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NAME	FIRM OR AGENCY AND ADDRESS
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Lynda Mc Daniel	DHP/DFS
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Report to the North Carolina General Assembly

Quarterly Report
October 1, 1996 - December 30, 1996

Submitted on March 3, 1997 by the:

NORTH CAROLINA
PARTNERSHIP FOR CHILDREN

1323 Capital Blvd., Suite 102 Raleigh, NC 27603 (919) 821-7999

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Executive Summary

Building Brighter Futures for North Carolina's Children

Smart Start, initiated in 1993 by Gov. Jim Hunt, is a comprehensive public-private initiative to help all North Carolina children enter school healthy and ready to succeed. Through local partnerships, Smart Start programs and services reach children during the most critical years of development. The goal of the North Carolina Partnership for Children is to ensure that every child in North Carolina has this opportunity for a brighter future.

This year, the N.C. Partnership for Children, the statewide nonprofit organization which provides oversight and technical assistance for Smart Start partnerships, assumed many new responsibilities from the Department of Human Resources. To accomplish its new responsibilities and focus on the strict accountability of Smart Start programs and services, the NC Partnership developed a team concept where accounting, contracting and program staff monitor local partnership contracts and programs. These teams work directly with local partnerships to ensure controls are tight.

Many of the NC Partnership's responsibilities this year were also recommendations of a Performance Audit of Smart Start conducted by Coopers & Lybrand. Specifically, the audit called for Smart Start's continuation and expansion and included a number of recommendations adopted by the General Assembly during its Second Extra Session.

The NC Partnership has already implemented many of those recommendations including developing a plan to regionalize partnerships. This plan was developed in efforts to make sure that Smart Start programs and services are expanded in the most efficient and effective way possible. A Special Committee on Regionalization was appointed by the NC Partnership Board of Directors and chaired by Representative Carolyn Russell. Numerous meetings have been held around the state as local partnerships look at ways to share resources. The special committee agreed that incentives for both Smart Start and non-Smart Start counties be offered to establish multi-county partnerships or to develop other means to improve administrative efficiency.

Local partnerships participated extensively in developing this plan to regionalize partnerships and are at the heart of Smart Start. Through collaboration and a strong commitment to North Carolina's youngest citizens, local partnerships are recording solid results that show Smart Start is working. Many examples are given in this report.

Each partnership's plan focuses on its area's unique needs and challenges while developing these core services: high quality child care, accessible child care, affordable child care, health services and education and family support.

Currently there are 47 funded Smart Start partnerships in 55 counties. Eleven of those partnerships kicked off services in January, 1997, while 12 are in the planning stage. The total allocation for SFY 1996-97 for local partnerships is \$68 million. Planning groups in the 45 counties not yet receiving Smart Start funding are in various stages of planning anticipating Smart Start expansion.

Some examples of Smart Start successes at the local level include:

In Ashe County, 58 of the 69 child care teachers in the county (85 percent) have received a higher level of education, through a credential or degree program, because of the T.E.A.C.H. Early Childhood Project.

In **Orange County**, 182 child care teachers and directors received salary supplements to increase their education and to encourage them to remain in their programs. As a result, there was a 22 percent decrease in the turnover rate in the county.

Because of the collaboration initiated through Smart Start, the local community college in **Cleveland County** has established an early childhood associate degree program, a child care administrators certificate program as well as the child care credential program. None of these were in place prior to Smart Start.

In **Person County**, an assessment was conducted of children who were not recommended for promotion to kindergarten. No child identified as unready was involved in Smart Start services.

Six pre-kindergarten classes have been established in **Jones County** to teach readiness skills to young children who have never been exposed to learning activities. In addition, eight learning groups have been established for very young children in area churches to allow them to have readiness experiences prior to entering school in the fall.

In Catawba County, almost 1,000 children receive subsidized child care every month with funds provided through Smart Start and the waiting list for child care has been completely eliminated.

In **Burke County**, prior to Smart Start, more than 33 percent of the children entering kindergarten needed dental treatment. Through Smart Start, a public dental health clinic was established, bringing together local dentists and the health department, to provide dental treatment for children and dental education for parents. More than 200 children have had corrective treatment done in the clinic so far.

Through its efforts with Smart Start, Wilkes Community College was selected among 12 other programs in the nation to receive the Secretary's Award for Outstanding Adult Education and Literacy.

Smart Start continues to be cited as a national model for comprehensive early childhood initiatives. The business community has also embraced Smart Start, with many top corporations giving their largest contributions to date to Smart Start. The NC Partnership is on target to raise \$3.4 million in cash this year.

The NC Partnership, local partnerships, the Department of Human Resources, and other state agencies continue to work together to ensure brighter futures for North Carolina's children and to have Smart Start in every county.

Smart Start Accomplishments Summary

Accomplishments of Year 1 and Year 2 Partnerships

Twelve Year 1 partnerships, made up of 18 counties were selected in September 1993 and funded in January 1994. Twelve Year 2 partnerships, made up of 14 counties, were selected in September 1994 and funded in January 1995. These partnerships provide the impetus and focal point for a wide range of programs and services for young children and their families. These include child care initiatives to improve quality and availability, subsidy programs to provide child care funding for low income and working poor families, teacher education and support, new and expanded initiatives to best serve children with special needs, and health initiatives to detect and treat vision, hearing, dental and other problems. In addition, family resource centers and other programs are providing support to strengthen families.

Accomplishments of Year 3 Partnerships

Eleven Year 3 partnerships, made up of 11 counties, were selected in January 1995 and given planning funds during the General Assembly's summer session. During the planning year, these partnerships were involved in collaboration and strategic planning and developed plans for delivery of services to children and families. Some of these counties are using a portion of their administrative funds to deliver services within their communities. Year 3 counties began receiving service funding in January 1997 and are now beginning implementation of their comprehensive services to meet the needs of young children and their families.

Accomplishments of Year 4 Partnerships

Twelve Year 4 partnerships, made up of 12 counties, were selected in April 1996 and were given planning funds during the General Assembly's Second Extra Session. During this planning year, Year 4 counties are involved in strategic planning, collaboration training, and organizational development, as they develop long-term strategic plans to address the needs of young children and their families.

Private Cash and In-Kind Contributions

Smart Start continues to emphasize the need for investment by the private sector in this public-private partnership. To that end, the North Carolina Partnership for Children and the local partnerships are now more than half way to their fundraising goal of \$6.8 million in cash and in-kind contributions. By the end of the second quarter of fiscal year 1997, a total of \$2,395,206 in cash contributions and \$1,976,941 in in-kind contributions had been raised on behalf of Smart Start. In addition, more than 50,000 volunteer hours had been contributed to Smart Start since the start of the fiscal year. It is clear that the private sector understands the great need for Smart Start programs and is willing to invest their own time and money into the process. In addition to raising funds, efforts began during the second quarter to disburse to local partnerships more than \$3 million in private funding received during fiscal year 1996. Approximately 95% of these private funds will be utilized on behalf of Smart Start programs during fiscal year 1997.

Child Care Resource & Referral Services

In the design of Smart Start, Child Care Resource & Referral services were determined to be a vital part of the development of a child care and education system. Each county received funds specifically earmarked for child care resource and referral. These services include assisting families in finding high quality child care, ensuring that training is available for child care providers, giving technical assistance and making resources available to child care providers and families, and providing community members with information about child care supply and demand. This report includes an update on the various stages of development of child care resource and referral services in Smart Start counties.

Staff to Child Ratios: Monitoring Staff

Compared to other states, North Carolina lagged behind the rest of the nation in the required staff to child ratios in child care programs. The 1993 legislature improved the ratios for children under three years of age. A staff person can now only be responsible for five children under one year of age. Only six one-year-olds can be cared for by one staff person and only ten two year olds may be cared for by one staff. To enforce these new ratios as well as other child care requirements, the Division of Child Development hired additional monitoring staff. In 1993, caseloads for monitoring staff reached an average of almost 150 facilities per staff; the recommended average is 75. The infusion of new staff in 1994 lowered caseloads only temporarily. However, with increased Smart Start resources and parents' increased need for child care, the average caseload for licensing consultants is now 178.

Systems Automation

The new on-line reimbursement system for the state's subsidized child care program has been adapted to accommodate federal and state statutory changes. It is expected that the volume of Smart Start children who go through the modified system will increase in SFY 1996-97 as Year 3 partnerships begin services. In addition, the Division has initiated a plan of action regarding a systems automation recommendation proposed in the 1996 Coopers and Lybrand Smart Start Performance Audit. The recommendation targeted the development of a statewide child care resource and referral database which would increase the availability of child care information to the general public. The systems analysis required to build such a system has begun. It is clear that the major source of data for the child care resource & referral database will be developed from the existing Division of Child Development regulatory system database, which is already undergoing a preparatory update. The child care resource & referral database will reside on the Division of Child Development webpage located on the Department of Human Resources website.

T.E.A.C.H. Early Childhood Project

One of the most highly successful and nationally recognized single activities related to Smart Start is the T.E.A.C.H. (Teacher Education and Compensation Helps) Project. This project rewards teachers with bonuses or increased pay when they increase their education in early childhood development. Scholarships have been provided to 4,070 teachers since March 1993. At least 62,314 children across North Carolina have been cared for in programs where a staff member is improving her/his knowledge base and skills by studying early childhood education, receiving increased compensation, and has made a commitment to remain in the early childhood profession. The actual number of children reached by T.E.A.C.H. Early Childhood Project is believed to be significantly higher because of the effect of T.E.A.C.H. on reduction of teacher turnover, participating teachers are more likely to remain on their jobs longer, interacting with multiple cohorts of children, thereby multiplying the positive impact of the T.E.A.C.H. Project on North Carolina's children and families.

North Carolina Partnership for Children

The North Carolina Partnership for Children was established to provide support to the local partnerships and to set goals for children and family services across the state. The State Partnership has 39 board members representing state agencies, private business, education, nonprofits, religious organizations, child care providers, parents and members of the General Assembly. During this quarter the state partnership developed a fiscal and contracts management system, developed a proposed regionalization plan in collaboration with local partnerships, and provided technical assistance to local partnerships in the areas of program development, administration, organizational development, communications, fiscal management, contracts management and fundraising.

Division of Child Development

The Division continues to blend programmatic and administrative resources with the North Carolina Partnership for Children. The coordination of the subsidized child care reimbursement system with the management of the Department's child development knowledge base enables the Division to effectively partner with the North Carolina Partnership for Children in Smart Start strategic planning, development and implementation. The Division of Child Development and the North Carolina Partnership for Children continue to provide both services and technical assistance to support Governor Hunt's mandate regarding the effective integration of public and private expertise as the new model for doing business in North Carolina.

Evaluation

The evaluation team for the Smart Start initiative is comprised of professionals with extensive experience in the areas of program evaluation, early childhood education, health, and family support. During the first year, the evaluation team concentrated on developing a statewide evaluation plan to collect a core set of data and provided technical assistance on evaluation issues to the local partnerships. Second-year evaluation activities focused on data collection. Database variables and definitions were created and refined, county evaluation coordinators visited approximately 120 child care centers and interviewed families participating in Smart Start. During the second quarter of the 1996-97 year, the Smart Start evaluation team focused evaluation efforts on collecting data on child care quality, exploring the use of unique identifiers in Smart Start partnerships, and developing studies of specific Smart Start programs.

Smart Start Expenditures in Local Partnerships

Smart Start expenditures in local partnerships cover a range of activities. The charts in this report show the 1996-97 allocations of Smart Start funds to each county and the total expenditures for each county during the second quarter. A system is being developed to show expenditures by activity and will be included in future reports.

The accreditation process requires a lengthy process of self-study and analysis by the center or home staff, parent evaluation, and an assessment of the early childhood environment. Center and family child care providers usually spend more than a year in self-study before evaluation occurs and accreditation is achieved. Although many child care programs are being encouraged to seek accreditation through local Smart Start activities, it will take several years to measure the impact made by Smart Start due to the length of time required by programs to do a self-study and make needed improvements. In an accredited child care program you can expect to see:

- planned learning activities and materials appropriate to children's age and development and sensitive to their individual characteristics;
- frequent, positive, and warm interactions among adults and children;
- · a healthy and safe environment for children and staff;
- enough adults to respond to individual children;
- · regular communication with parents and involvement of parents in the program; and
- nutritious snacks and meals being served.

Year 1 Partnerships

Burke County Partnership for Children

Smart Start in Action

Ed and Evelyn agreed to keep their son's young children to allow both of them to work. They found it so enjoyable that they decided they wanted to keep other children. They contacted the Burke County Partnership office for assistance. Through the guidance and assistance of the Smart Start representatives, they opened a registered small child care home and have now expanded to care for 12 children. "Our mission is to provide a safe, loving, healthy and nurturing environment for each child entrusted to our care." Thanks to Smart Start in Burke County, more children are receiving a high quality child care experience.

Improving the lives of children and families.

Two years ago, Kim was trying to find a better way of life for herself and her young son. She wanted to go back to school to study nursing but needed child care for her son. Because she was working part-time, she was not eligible to receive assistance with child care. Burke County Smart Start has a program in place to assist working families such as Kim. "If it weren't for Smart Start, I would have had to put off going to school," Kim said. Today, because of assistance from a Smart Start program, Kim is working as a nurse at Caldwell Memorial Hospital and contributing to her family and community.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Finding a strategy for involving family child care home providers in training has been a challenge. Providers are often not able to attend evening sessions after caring for children all day, and finding a substitute for day time training has not proven successful. In a recent survey, home providers indicated an interest in having on-site training during nap time. The Training Task Force that coordinates all training efforts took this response as an opportunity to offer "Naptime Nuggets," a series of one hour sessions on topics related to child development and in-home care. The sessions are conducted by local professionals who volunteer their time, thus requiring no additional funding for the sessions. The response has been tremendous! All sessions are filled for the next two months and a preliminary list developed for the next sessions to be offered.

Child Care and Education

Subsidies

153 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

Creating additional spaces for children in preschool programs Note: Child care spaces created in licensed/regulated child care centers and family child care homes will be reported through a state-level reporting system.

26 permanent child care spaces have been created in legally operating, but unlicensed preschool programs-this quarter. (Ex: Head Start*, Chapter I, half-day preschools).

*Head Start programs and Public Preschool/Chapter I programs operated by public school systems are not required to be licensed by the state. However, some of these voluntarily choose to obtain state licensing.

Quality Improvement

118 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

245 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

464 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

13 children with special needs have received one or more special therapies/interventions this quarter.

1 child with special needs has received care or support because of an emergency or crisis situation this quarter.

Educational Programs

513 children have received one or more educational programs this quarter.

Health Care / Health Care Education

71 children have received immunizations this quarter.

28 children received health and/or developmental screenings this quarter.

931 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

125 families received direct child care resource and referral services this quarter.

Parent Education and Support

110 families received parent education and/or support services in family resource centers this quarter.

395 families received parent education and/or support services in places other than family resource centers this quarter.

Transportation

Caldwell County Partnership for Children

Smart Start In Action

The Health Department was

audited in October, 1996, to

determine the immunization

status of children birth through 24 months. The last audit was May, 1995, one month after Smart Start funding helped provide a mobile health unit and three nurses assigned to the Child care Team. The October, 1996, audit indicated that the Smart Start nurses and the mobile health unit had played a significant part in improving the immunization rate for children in Caldwell County. In May, 1995, the Caldwell County immunization rate for 2 year olds who were fully immunized for their age was 66%. In the October, 1996 audit, the rate for the same age group had risen to 84%. The national average is 90% for this age group. In some age groups, Caldwell County's rates surpassed the national averages. The health department also employed a part-time Immunization Outreach Worker in January, 1996, using Smart Start funds, to assist with tracking children who have not been properly immunized. The Smart Start nurses are now able to assist in immunizing the children once they are located.

Improving the lives of children and families.

A grandmother uses Smart Start-funded Read-To-Me bags to check out books to read to her 10-month-old granddaughter and also participates in the Read-To-Me Incentives program. The child lights up when books are brought out, and she already has a "favorite" book that her grandmother has to read to her every day. The child points out objects in picture books and is learning how books work, e.g.. which is right-side-up and where is the front of the book. The child is also learning the joy of hearing stories and will grow up understanding that reading is rewarding.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The Family Preservation coordinator funded through Smart Start has been lucky to work with many social and human service agencies: The Women's Shelter, Family Resource Center, special education teachers, health nurses, and more. One of her families' 4 year old child has been removed from the home due to neglect and abuse. The coordinator is assisting in reunification of the family. The mother will learn about nutrition through the Expanded Food and Nutrition program. The Parents As Teachers program will work with the family to help them learn good parenting skills. The Health Department is assisting with a newborn child in the family. The Family Resource Center and the Department of Social Services are providing a meeting place and facilitator to involve the mother in the Nurturing Program to teach her to care for her newborn.

Child Care and Education

Subsidies

24 children with special needs have received Smart Start subsidized care this quarter.

208 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

153 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

402 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

Children with Special Needs

47 children with special needs have received one or more special therapies/interventions this quarter.

12 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

632 children have received one or more educational programs this quarter.

Health Care / Health Care Education

88 children have received immunizations this quarter.

1,825 children received health and/or developmental screenings this quarter.

130 children have received any other health services, other than transportation, this quarter.

90 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

46 families received direct child care resource and referral services this quarter.

106 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

1,484 families received parent education and/or support services in family resource centers this quarter.

403 families received parent education and/or support services in places other than family resource centers this quarter.

1,184 families were contacted through community outreach efforts, such as Family Ties, this quarter.

<u>Transportation</u>

Cleveland County Partnership for Children

Smart Start Impact

Through Smart Start, an agreement has been reached between the three school systems in our county and the Department of Social Services to allow access to and sharing of data in a pilot project, "Data Sharing System." The "Matchware" software program will allow "matching" of children's records between school records and DSS records in order to, for example, identify children eligible for free or reduced lunches who are not now receiving this service. The software has been ordered and consultant time is being arranged. During this quarter, the DSS Director offered the time of her computer technician for this project. The school systems have agreed to share the \$3000 cost for the training and consulting fee. The Cleveland Partnership for Children has begun to coordinate a project called "Child Care Market Study." Many service agencies, human resource directors, church organizations, and the business/ industry community will be involved in this project. The purpose of this project is to "paint a picture" of the almost 7,000 children ages birth through 5 years in Cleveland County. This is an expansion of a child care workforce study. This project will identify where the children are; where they are cared for (at home with parent, child care centers/ homes, etc.); and what the current opportunities and barriers are to creating healthy environments for young children. This project will help Cleveland County plan its long-range strategy for addressing the needs of all children in Cleveland County ages birth through 5 years.

Improving the lives of children and families.

A parent educator for the Parents As Teachers program, which is funded by Smart Start, arranged for the Developmental Evaluation Center (DEC) to screen a 32-month-old child who was at-risk because of prenatal substance abuse. The parent educator, who had met with the family in their home, was present for the screening, staffing, and subsequent parent conference. The professionals at DEC had not seen the child or mother in the home setting, only in a professional setting. The parent educator was able to communicate some of the parents' strengths and help devise a better plan to address the child's needs.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The Smart Start child care consultant was able to go into a classroom and observe a child who had been demonstrating severe behavior problems in the classroom. The child care consultant offered the staff technical assistance and made a referral to Cleveland Center for Mental Health. The child care consultant also offered the staff at Cleveland Center assistance in developing appropriate intervention strategies for the child. The staff of one agency in Cleveland County reports that, due to the sharing of knowledge between agencies that has happened because of Smart Start, the number of "abusers" of programs has dropped.

Because of the Neighborhood Team (a project funded by Smart Start) effort in the Ramblewood/Olsen Court housing project along with the Cleveland County Boys Club, community representatives received a \$25,000.00 grant from the Z. Smith Reynolds Foundation to expand and continue their work.

Child Care and Education

Subsidies

24 children with special needs have received Smart Start subsidized care this quarter.

173 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

259 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

107 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

846 children enrolled in programs/classes that received quality enhancements this quarter.

17 substitute caregivers were provided to child care centers to replace absent care givers this quarter.

Children with Special Needs

70 children with special needs have received one or more special therapies/interventions this quarter.

1 child with special needs has received care or support because of an emergency or crisis situation this quarter.

Educational Programs

428 children have received one or more educational programs this quarter.

Health Care / Health Care Education

226 children have received immunizations this quarter.

55 children received health and/or developmental screenings this quarter.

1,404 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

82 families received direct child care resource and referral services this quarter.

65 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

553 families received parent education and/or support services in family resource centers this quarter.

158 families received parent education and/or support services in places other than family resource centers this quarter.

Transportation

Cumberland County Partnership for Children

Smart Start Impact

For the first time, the Cumberland County Department of Social Services Child Care Advisory Committee and the Cumberland County Partnership for Children CCR&R Advisory Committee collaboratively sponsored a workshop for directors, assistant directors, and managers of child care facilities. The workshop was held October 22 &23, 1996, and was entitled "Effectively Managing Subsidized Child Care." It was offered at no charge to participants for the purposes of increasing the knowledge of child care providers and of improving working relationships between DSS, Child Care Solutions, and providers.

There were approximately 100 participants the first day and 60 the second. The board chairs for both sponsoring organizations welcomed the participants. Presenters and panel members included Senator Tony Rand and Representative Bill Hurley, child care consultants from the Division of Child Development, a county commissioner, the branch head of the DSS child care program, the department chair of the local community college who is also a child care facility owner, a child care director, an office manager, and a local CPA who has child care providers as clients. Topics addressed during the workshop were welfare reform and the implications for subsidized child care; nuts and bolts of how subsidized child care works in Cumberland County; smart practices and principles for small businesses; licensing issues; professional development; and scholarship opportunities.

The committees of these two organizations identified a need related to child care service delivery, developed a plan together to address the need, shared resources, and accomplished the task. Not only are providers better informed, but also the working relationships between providers, Cumberland County DSS and the Cumberland County Partnership for Children have improved. This has been evident by a reduction in the number of complaints received from providers and an increased number of positive statements about the efforts of DSS staff and Partnership staff by both providers and the staff of these two organizations. DSS board members, as well as the director, have also made positive statements regarding their perception that these relationships have improved. The positive response to this effort has prompted these two committees to plan a follow-up workshop for February.

Improving the lives of children and families.

The Infant Oral Health and Screening Program, a Smart Start project, has helped a number of patients this quarter. Every day, we are able to ease the concerns and fears of parents with very young children. Brushing and flossing is not a child's favorite thing to do, nor is it a parent's favorite thing to do for their child. Through the Infant Oral Health Program, however, parents are learning new ways to make such a chore easier for all involved.

One particular patient who received services from Infant Oral Health Program, is the baby of a very large family of six members. At 2 years of age, this child was already experiencing slight decay and staining and had a rare occurrence in abnormal development of some teeth; which was of great concern to the parents. Because this family chose to be seen in the Smart Start funded program, we were able to refer them to a dentist to have the teeth treated. Both the child and the parents were able to benefit from this early intervention. Early education in prevention is the key to ensuring that all children grow up with a healthy mouth.

Child Care and Education

Subsidies

420 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

Quality Improvement

599 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

612 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

2,785 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

799 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

1,763 children have received one or more educational programs this quarter.

Health Care / Health Care Education

2,128 children received health and/or developmental screenings this quarter.

63 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

353 families received direct child care resource and referral services this quarter.

697 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

313 families received parent education and/or support services in family resource centers this quarter.

349 families received parent education and/or support services in places other than family resource centers this quarter.

Davidson County Partnership for Children

Smart Start Impact

Work/Family Resource Center, funded by Smart Start, administers the Continuum of Professional Development, a professional development plan for family child care homes providers. Positive changes are beginning to take place. Through this program, providers are placed in one of four stages depending upon their education and training. Parents receive a brochure describing the Continuum program, so that they can discuss the quality indicators with the providers and other parents. One parent asked a provider she was visiting, "I see you are at Stage 2 --what are you doing to get to Stage 4?" Another parent called Work/Family Resource Center for a referral because a friend told her about the Continuum.

During the 96-97 fiscal year, Smart Start is making it possible for many families who have tended to "fall through the cracks" to receive support and services that they may not previously have known about. The School Readiness Specialist position, funded by Smart Start, has its foundation in a nationally recognized program entitled Parents as Teachers. Parents as Teachers is the only program in the county that brings the teacher to the home of the parent and child with the family's permission. Many parents are reluctant to seek information about parenting or simply lack the means or transportation to attend formal meetings. Parents as Teachers provides parents with a non-threatening means of acquiring information that is specific to their child's development and age. This program seeks to empower the parent as a child's first and best teacher. Parents as Teachers provides parents of preschoolers with personalized information in a convenient, nonthreatening way. Without this Smart Start program, some parents would never realize that they are truly their child's first and most important teacher. Children begin learning from the moment they are born. With this Smart Start program, parents are encouraged to take the role of teacher from the very beginning of parenthood. In addition, through this contact, parents learn about parenting classes and GED classes that are being offered at the community college and in Family Resource Centers. Each family is given a schedule of the Mobile Family Resource Center and provided with many avenues of referral.

The North Davidson Family Resource Center, funded by Smart Start, has enabled local groups, such as the Ministerial Fellowship, to help more families with needs by letting them know about (see next page)

Improving the lives of children and families.

A single mother and her four-year-old son participated in the Smart Start Family Therapy project. The mother was able to improve her parenting skills to help her son express his anger with less aggressive behavior. The mother was concerned because her son had witnessed family abuse. She attended parenting classes through Davidson County Community College and the North Davidson Family Resource Center, and learned how to improve her parenting skills. The mother has placed her son on the Head Start waiting list and has reported that her son's aggressive behavior lessened after one parenting class and four months of weekly family therapy sessions, and that social interaction increased for both mother and child.

Working together in new and better ways.

Because of Smart Start, several programs are now available to parents and children who did not previously realize that they were eligible or even encouraged to participate. Department of Social Services, Health Department, churches, Ecumenical Ministries, the community college, and some business organizations have come together to enhance the lives of children in the community. Children who were previously not eligible for formal preschool programs have been enrolled, allowing their mothers to attend school. Home Health nurses have referred teen-age mothers to programs that were not available to them prior to Smart Start. One family had many different needs and there were several agencies involved with this family at one time. Representatives from Mental Health and Social Services and a Smart Start Family Therapist met to discuss the goals of the agencies involved with the family. It was decided that not all of the agencies needed to be involved in the case and decisions were made as to how to make the necessary transitions which were then "mapped out' to the satisfaction of the family and all involved.

Smart Start staff visited a parenting group sponsored by Smart Start at a local church. The group consisted of three parents and a grandmother of preschoolers. It was a very good feeling to see needs and programs dovetailing so well, especially when staff recognized one of the parents as one involved with a child protective services referral. Plans are now underway for the Smart Start parenting consultant to come to an elementary school and help the Smart Start staff co-facilitate parents groups. The aim is to help parents feel more comfortable and empowered in the school environment, building on the confidence they gained in their own church setting. Several churches have agreed to assist with parenting groups. These alliances are important to the community.

specific families and serving as the intermediary to connect these families with services. The FRC also serves as the contact for teachers and students at North Davidson Senior High School Key Club, who, through the FRC, were able to "adopt" three families with young children at Christmas and donate needed gifts of warm clothing, toys, food, and cash. The FRC also serves as a meeting place for the Family Support Network's weekly meetings, which has allowed this organization of parents with children who have special needs to meet regularly. The FRC serves as a hub for activities where parents can bring their children and enjoy crafts and learning experiences, as well as a meeting place for mothers who have limited opportunities to socialize with others because they are staying home to raise their children. It also allows young couples who have just moved into the North Davidson area a place to come and make friends and find out about child care and other available services in their new community. In the South Davidson area, there are several different groups that assist families with needs such as food, financial, clothing, and counseling. By having a Family Resource Center in this area, with funding from Smart Start, the groups have been able to organize and reduce duplication of services. The FRC also provides a meeting site and helps to bring in new families to receive assistance.

Due to coordination by Smart Start staff, a large group home for children has expanded their child care and after school care program to an inclusion model. They cooperated with TEACCH staff coming from Greensboro to Thomasville to do inservice training and are working with a High Risk Intervention worker to serve an autistic child who would otherwise be unserved.

Child Care and Education

Subsidies

20 children with special needs have received Smart Start subsidized care this quarter.

135 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

20 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

192 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

387 children enrolled in programs/classes that received quality enhancements this quarter.

52 children were served in child care centers by AmeriCorps volunteers this quarter.

Children with Special Needs

167 children with special needs have received one or more special therapies/interventions this quarter.

16 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

802 children have received one or more educational programs this quarter.

Health Care / Health Care Education

2 children have received immunizations this quarter.

15 children received health and/or developmental screenings this quarter.

7 children have received any other health services, other than transportation, this quarter.

39 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

212 families received direct child care resource and referral services this quarter.

35 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

394 families received parent education and/or support services in family resource centers this quarter.

519 families received parent education and/or support services in places other than family resource centers this quarter.

9,726 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Halifax County Partnership for Children

Smart Start Impact

Through collaborative efforts, the Neonatal Tracking Program, sponsored by Smart Start, serves as the main collection point for information from all local health providers in Halifax County and makes this information available to the community. This collaboration task keeps the doctors' offices free from being bombarded with phone calls and visits from the many numerous agencies that need the same information. As a result of Smart Start funds, Weldon City Schools have been able to continue to serve all of their preschool students through a collaborative effort. They now have a Family Literacy Center and a Parent/ Teacher Resource Center which opened in September. The Resource Center was funded through Smart Start funding. Twelve children received intensive psychological services from the Smart Start psychologist at the Halifax County Mental Health Center in October. Three of those children came from families with serious mental illness that is chronic in nature. Services have been initiated early and intensively through a collaborative effort of the Smart Start Psychologist and Smart Start Social Worker.

Improving the lives of children and families.

One of the families served by the Smart Start-sponsored Parents Are Teachers, Too (PATT) Program in Halifax County has been involved in both homesite visits and support group meetings for some time. The family lives in a rural area and services are limited. Their five-year-old son was referred for testing to the Developmental Evaluation Center in Rocky Mount, and the results showed mild retardation. The parents let the DEC staff know how much the PATT Parent Educator had helped them, and the DEC staff recommended that the PATT services be continued to help enhance the services the child was receiving at school. One of the children assessed at the Mental Health Center had two working parents: the father is on the road 4 1/2 days out of the week and the mother works shifts. The little boy was having extreme difficulty adjusting to a pre-kindergarten environment. Testing indicated emotional, learning, and psychomotor delays. A program was recommended to assist this child and the family towards a more healthy school adjustment. In addition, the parents are learning good parenting skills and how to maximize family time with their child.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

A Breastfeeding Task Force has been formed in Halifax County. It consists of a group of people that came together through a mutual interest in promoting breastfeeding. Many on the task force represent agencies that are involved in maternal and child health, and others are individuals committed to increasing awareness of the importance of breastfeeding. The group has worked hard to develop a plan of action and has recently received a Glaxo Wellcome grant through Smart Start that will allow the task force to initiate breastfeeding education and awareness activities in Halifax County.

The Smart Start sponsored Parents Are Teachers, Too (PATT) Program is now collaborating with the prenatal program at Twin County Rural Health Center in Hollister through their monthly support group meetings, and hopes soon to work in conjunction with the Carolina Access Program at the Enfield Medical Clinic and the new child care center at Halifax Community College in Weldon. These collaborative efforts increase attendance for all programs in Halifax County.

Child Care and Education

Subsidies

41 children with special needs have received Smart Start subsidized care this quarter.

77 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

154 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

173 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

6 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

Children with Special Needs

98 children with special needs have received one or more special therapies/interventions this quarter.

8 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

124 children have received one or more educational programs this quarter.

Health Care / Health Care Education

494 children received health and/or developmental screenings this quarter.

863 children have received any other health services, other than transportation, this quarter.

251 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

89 families received direct child care resource and referral services this quarter.

2,484 families received indirect child care and related information, e.g., written materials, this quarter.

69 agency personnel were trained to use a computer network to help coordinate services for child care provider database this quarter.

Parent Education and Support

167 families received parent education and/or support services in family resource centers this quarter.

539 families received parent education and/or support services in places other than family resource centers this quarter.

Transportation

Hertford County Partnership for Children

Smart Start Impact

Smart Start in Hertford County funds Child Care Resource and Referral Services and, in the second quarter of FY 96-97, the DEHNR Child Care Food Program was initiated through the CCR&R. This program had not previously had a local sponsor and participants had to seek information through either Greensboro or South Carolina. Having a local consultant will make it easier for providers to get the information they need to carry out the program and will promote enrollment in the program. Currently, forty children in three family child care homes are benefiting from the service. As revenue is generated, funds will be used for programs to benefit children. There have been three educational newspaper articles for parents published this quarter (five articles published this year to date). The estimated readership is 6,000.

Improving the lives of children and families.

A Smart Start project makes books, audio tapes, tape recorders, and technical assistance available to nonregulated family child care homes in the county. The Smart Start Social Worker makes monthly visits to these homes and rotates reading materials through the homes. A nonregulated child care provider wrote to the Partnership office expressing her appreciation for the loan of books that she receives through Smart Start. She says that since she now has books in the home, she reads to the children, and has noticed an improvement in the speech of the children and in their ability to recognize colors and shapes.

Another Smart Start project provides computers for literacy classes at the local community college. The instructor informed the Partnership that one student has become so proficient in using the computer that she frequently helps the other students (and the instructor herself) with software applications. The instructor also expressed the opinion that students make exceptionally rapid progress in their studies when using the computer. The advantage of immediate feedback as well as the satisfaction in using the latest technology contribute significantly to the students' gains.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Parents as First Teachers parent educators, funded by Smart Start, have begun collaborating with the Triad Group, which consists of representatives from Roanoke-Chowan Hospital, Hertford-Gates District Health Department, and Roanoke-Chowan Human Services Center. At the monthly meetings, representatives from these agencies share information about progress made with clients, so as to assure appropriate services without duplication. The Parent Educators have received referrals from others involved, and have begun serving these families as a result of this collaboration.

The Parent Educator and the Executive Director also have met with Chief District Court Judge Alfred W. Kwasikpui, and have informed him about the Parents as First Teachers program. This collaboration should result in referrals from the court system.

Child Care and Education

Subsidies

36 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

62 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

10 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

Children with Special Needs

2 children with special needs have received one or more special therapies/interventions this quarter.

18 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Health Care / Health Care Education

60 children have received immunizations this quarter.

49 children received health and/or developmental screenings this quarter.

229 children have received any other health services, other than transportation, this quarter.

85 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

8 families received direct child care resource and referral services this quarter.

Parent Education and Support

66 families received parent education and/or support services in places other than family resource centers this quarter.

127 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Jones County Partnership for Children

Smart Start Impact

Jones County Smart Start recently received a \$25,000 grant from Glaxo Wellcome to fund a Maternal and Child Health Educator at the Health Department. The educator will provide comprehensive health education, including wellness and prevention, to parents, which will result in healthier children and parents. The Director of the Health Department is currently negotiating with personnel at East Carolina University to place graduate and undergraduate health education students as interns in the Health Department with the Health Educator as supervisor, enabling this program to be self sustaining. The Partnership has also submitted a proposal to obtain funds to help purchase a mobile dental unit to provide dental care to the children of Jones, Craven and Pamlico counties. Each year that Jones County has been involved in the Smart Start effort, we have been able to create solutions or expand upon solutions to severe health issues in our county. In the first year, we hired the only physician in the county to render medical care to children birth through 5 years. In the second year, we were able to extend the hours of available medical care. In the third year, we hired a Nurse Educator through the Kinston Community Health Center to provide in-home care and preventive care. And as we look towards the fourth year, we plan to fund the Maternal and Child Health Educator at the Health Department and purchase the mobile dental van to provide dental care to the children of Jones County, Craven County and Pamlico County. The collaboration that has occurred within Jones County and with our neighboring counties - a direct result of Smart Start - has transformed health care in Jones County.

Improving the lives of children and families.

The Child and Family Specialist funded by Smart Start provides free intervention services to families in Jones County. Recently the Department of Social Services made a child abuse referral to her. Four children were reported to be experiencing abusive treatment. The specialist worked with the family, meeting twice a week since July, 1996. She suggested new discipline methods and more reasonable expectations of the children's behavior. DSS worked on the issue of money management and the need for food. There have been no incidents of abuse reported since.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The Partnership Board has become more aware of the problems facing families as the new welfare reform plan is being implemented. A new Subsidy Issues Committee of our board has been formed to study the implications of the effects of the reform has on our families. As a result of this committee's work, the Partnership will be working hand in hand with Department of Social Services to create criteria for awarding special Smart Start funding to cover a variety of needs, including night time child care, sick child care, wraparound child care, transportation to child care and summer programs for young children.

Child Care and Education

Subsidies

14 children with special needs have received Smart Start subsidized care this quarter.

1 child has received a Smart Start subsidy through an increase in the eligibility scale or categories expansion this quarter.

77 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

4 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

18 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

90 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

20 children with special needs have received one or more special therapies/interventions this quarter.

1 child with special needs has received care or support because of an emergency or crisis situation this quarter.

Educational Programs

34 children have received one or more educational programs this quarter.

Health Care / Health Care Education

48 children have received immunizations this quarter.

123 children received health and/or developmental screenings this quarter.

123 children have received any other health services, other than transportation, this quarter.

239 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

10 families received direct child care resource and referral services this quarter.

9 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

81 families received parent education and/or support services in places other than family resource centers this quarter.

99 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Mecklenburg County Partnership for Children

Smart Start Impact

Agape Family Center, a Smart Start grant recipient, is a part-day program of the Metrolina AIDS Project that offers respite care for infants and children who are infected or affected by HIV/AIDS. Rect ...y, Partnership staff observed in the program classrooms using the Early Childhood Environmental Rating (ECERS) and Infant Toddler Environmental Rating (ITERS), and presented the results to the program coordinator. Several recommendations were made for how the program could improve its quality of care. One recommendation cited was to increase parent awareness of daily activities. The lead teacher acted by designing a daily activities sheet to be sent home to parents each day. She received numerous phone calls from parents thanking her for the information sheet. One parent who does not have a phone, used a friend's phone to call the teacher and inform her of how much she appreciated her daughter's activity sheet. Many of these parents had never previously shown an interest in wanting to know about their child's day at Agape. Staff are working to successfully implement other recommendations. In December, 404 full-time and part-time child care providers in Mecklenburg County received Salary Supplement bonuses.

part-time child care providers in Mecklenburg County received Salary Supplement bonuses. Recipients were required to be employed by a AA-licensed facility for at least six months and to have an Early Childhood Education Certificate/Credential,

Improving the lives of children and families.

A director, who completed Smart Start sponsored Inclusion Training last year was able to help identify a child in her care with significant developmental delays and make the appropriate referral to Mecklenburg Preschool Services. The family did not respond to appointments and hope for intervention seemed lost. The director inquired about the child's progress and discovered the parents had not kept appointments because of a lack of clear understanding concerning the importance of early intervention and the services they were eligible to receive. The director began to work tenaciously as a liaison between the agency and the parents, explaining the services and providing the parents with support and encouragement needed to obtain services.

Ten months after the initial appointment was set, this child is receiving needed services because the director remained actively involved. Cases such as this are generally closed after a certain number of missed appointments, but because of the training the director received, she was motivated to see that this family received help with school services. In addition to his regular child care program, the three-year-old boy now also receives speech and other specialized intervention services.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Over 65 volunteers have contributed more than 390 hours this quarter to Partnership Programs, Board and Committee Meetings, and various other projects. In addition to Committee and Board volunteers, 4 Child Development and Family Relations seniors from UNC-Charlotte completed internships and contributed more than 165 hours to Partnership programs.

Child Care and Education

Subsidies

589 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

626 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

or higher education level, to be eligible. One recipient wrote, "Thank you for the \$100 check. It is certainly encouraging to know we have your support." The Parenting Videos premiere held at the main branch of the Public Library on October 11, 1996, was a huge success! Two TVs and VCRs donated by NationsBank were raffled along with full video sets donated by the Partnership. Recipients were the Mecklenburg County Jail and Charlotte Emergency Housing, both of whom have since reported the videos to be a wonderful teaching tool.

"The women love the tapes because most have children or grandchildren in their care... the parenting videos were an excellent addition to the limited educational resources women can access." Mecklenburg County Jail

"... We touch a part of the community [homeless families] that might not otherwise have access to these videos... we receive new parents every 60 days, so new parents will be exposed continuously to this information." Charlotte **Emergency Housing** The Partnership is currently working to distribute the videos throughout the community. To date, 197 videos have been distributed to families and agencies free of charge. Agencies will use the videos for staff training, parents, volunteers, and child care providers; conferences; waiting rooms, and lending libraries. Estimates are that over 52,700 people will see the videos each quarter!

595 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

Children with Special Needs

22 children with special needs have received one or more special therapies/interventions this quarter.

Health Care / Health Care Education

156 children have received immunizations this quarter.

339 children received health and/or developmental screenings this quarter.

518 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

100 families received direct child care resource and referral services this quarter.

Parent Education and Support

232 families received parent education and/or support services in places other than family resource centers this quarter.

266 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Orange County Partnership for Children

Smart Start Impact

In Orange County, like in most of North Carolina, the majority of teachers in child care have had only a high school education and earn an average of \$5.25 per hour. Before Smart Start, more than one-third were leaving the field each year. The W.A.G.E.\$ Project, funded through Smart Start, has turned these statistics around in Orange County. Teacher turnover has been reduced to 12% per year and 84% are either planning to take additional classes or are already enrolled in a community college in an early childhood program. Teachers affirm the role that W.A.G.E.\$ plays in increasing child care quality by providing stability for the children. "Children's stability and security have been assured just through my staying at the center. The same face makes a difference."

Improving the lives of children and families.

In October, a mother and preschool-aged son visited the Family Resource Center for the first time. This FRC is located in a public housing community in Chapel Hill. The family was new to the neighborhood and was looking for ways to socialize with other families as well as play opportunities for the child. The mother explained that her son is a child with special needs and that she and her husband would like their son to be in a child care program so that the parents can work outside the home. The FRC staff worked with the family, and the child is now on a waiting list for a specialized child care program. In addition, Child Services Coordination has been activated for the family. Together the parents and their child attend the weekly parent/child program at the FRC. The mother has been so satisfied with the family's FRC experience that she has accepted an invitation to become a member of the FRC Governing Board.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

County and across the Triangle area to guarantee comprehensive information and referral service for families. The Orange Resource Connection (ORC) is funded jointly by the Partnership and Orange County Government and operated by the Triangle United Way (TUW). ORC has been replicated by the Durham Partnership, and joins with Wake County under TUW leadership to offer services to families throughout the Triangle. This quarter, publicity materials were developed to represent the services of all three county groups, which provided considerable cost-savings. During Hurricane Fran, for example, over 15,000 brochures were distributed at shelters, feeding sites and ice distribution locations to help families find help during this disaster

Child Care and Education

Subsidies

20 children with special needs have received Smart Start subsidized care this quarter.

90 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

239 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

43 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

206 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

656 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

29 children with special needs have received one or more special therapies/interventions this quarter.

6 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Health Care / Health Care Education

251 children have received immunizations this quarter.

567 children received health and/or developmental screenings this quarter.

Family and Community Services

Child Care Resource & Referral Services

69 families received direct child care resource and referral services this quarter.

17 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

58 families received parent education and/or support services in family resource centers this quarter.

1,201 families received parent education and/or support services in places other than family resource centers this quarter.

2,084 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Region A Partnership for Children

Smart Start Impact

After about two years of attempting to get dental care for a child, a dental appointment in Hendersonville (approximately 130 miles from Swain County) was obtained by the Smart Start nurse from Graham/Swain District Health Department, for a Swain County child who had just turned 4 years old. This child had severe dental cavities but the parent was getting nowhere in obtaining care for him due to his age and also having Medicaid. Through Smart Start efforts, this child has received dental care. It took 4 trips out of his home county and a stay in the hospital for treatment. His mother was extremely pleased with the care he received. In December, 1996, the Jackson County Family Resource Center, in Partnership with Department of Social Services and Jackson Paper Manufacturing Company, hosted a "Christmas Carnival" for approximately 100 children. These children had been identified through DSS as being children who would most likely not have much of a Christmas without some assistance. So, on December 14th, with the help of approximately 40 volunteers, these children were treated to a day of fun and learning. There were a variety of carnival booths ("Go Fish," "The Wheel of Fun," etc.)

Improving the lives of children and families.

Smart Start sponsors A Child's Garden Project, which provides professional mental health services to children, care providers and families. The following story is told by a Smart Start mental health professional who works in Region A:

A family with a very out-of-control four-year-old child asked for help because the child was expelled from child care for biting. The child was hitting and biting the mother also, and the mother was struggling to know what to do. She had to take a leave of absence from work to stay at home with him.

Services were started in the home setting to help the parents cope, learn how to set limits, and manage the child's behavior better. Both parents were encouraged to be involved in the services. 1-2-3 Magic was presented in two sessions with both parents present. The father was willing to work on helping the child improve his behavior and support was given to implement time-outs with the child. After two months of services, the mother felt strong enough to return to work in the evening hours and let the father care for the child while she worked. The mother was also encouraged to continue with counseling for herself. While the child's behavior has improved and is more under control, referrals have been made for an EEG and an occupational therapy evaluation for sensory integration dysfunction. With all these early interventions in place and with continued support, this child should be better prepared to enter kindergarten in the fall of 1997 and to interact in more socially appropriate ways.

A young woman was first hired at the Macon Program for Progress (MPP) Head Start New Horizons Center as a part-time summer worker. She applied for and received an AmeriCorps scholarship. When she became pregnant, she put her name on the waiting list for child care at the New Horizons Center, hoping there would be an opening at the center where she was already working. On November 19, the young woman gave birth to a baby boy. Since MPP Head Start New Horizons Center had received funds to open an expanded classroom through the Region A Partnership Smart Start project, she did not have to wait long to have child care for her newborn son. She returned to work in December and is working to complete her AmeriCorps Scholarship project. She is happy that her son is housed at the New Horizons II Center next door to her classroom. On her breaks, she can go and spend time with him.

The young mother will soon complete her AmeriCorps project and plans to acquire a position in the child care profession. She has been an asset to her classroom with her innovative ideas and has also taken advantage of several training sessions offered through the Smart Start funded New Horizons Training Center. Without the additional child care slots funded by Smart Start, this young mother would have had to delay her career and missed the opportunity to touch the lives of the children she currently teaches.

face painting, "goodie bags," live entertainment and storytelling, crafts, food, a visit from none other than jolly-ole' St. Nick himself, and many more activities. The room was full of smiles and laughter — the Family Resource Center had truly been transformed into a magical place. It was hard to tell who had more fun --- the volunteers or the children and their families! The Haywood County Smart Start Nurse received a call from a preschool director about a child who was having problems. In class, the child was very quiet and did not participate much. The teacher became concerned and wanted to rule out any physical problems. The child had previously passed a vision screening given last year. The nurse performed another screening and discovered that the child repeatedly stated he couldn't see the pictures at a distance with his left eye. He was referred and found to have a severe comeal infection (without symptoms) and to be very farsighted. The parents were very appreciative that these problems were found early. Without early intervention, the child could have lost vision in the left eye due to scarring. The father stated, "We weren't concerned that he wasn't reading, since I don't read much. We just thought he was a chip off the old block." The child's infection has been successfully treated and he is now wearing glasses.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Smart Start has encouraged Southwestern Child Development Commission to collaborate in many new ways with other agencies involved in early childhood education activities in Region A. Programs at the community colleges are excellent examples. Southwestern works with all three community colleges in Region A: Southwestern, Haywood, and Tri-County Community Colleges. All three community colleges have Carl Perkins Vocational Child Care Funds and Community College Child Care Funds to provide assistance to a small number of their students who have child care needs. Region A Smart Start can now offer additional child care funds for their students, and, with this additional funding source, many more students are able to attend community college. The Region A Smart Start subsidized child care enhancement program also enables the lab centers at community colleges to operate at a higher level of quality, which in turn provides students studying to be child care teachers a better field experience. This emphasis on quality will result in long-term dividends for Region A as the child care centers of the future operates as higher quality programs with better trained staff.

Child Care and Education

Subsidies

- 41 children with special needs have received Smart Start subsidized care this quarter.
- 41 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.
- 483 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

- 277 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.
- 430 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.
- 1,556 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

78 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

1,563 children have received one or more educational programs this quarter.

Health Care / Health Care Education

632 children have received immunizations this quarter.

1,611 children received health and/or developmental screenings this quarter.

506 children have received any other health services, other than transportation, this quarter.

1,487 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

522 families received direct child care resource and referral services this quarter.

Parent Education and Support

1,487 families received parent education and/or support services in family resource centers this quarter.

468 families received parent education and/or support services in places other than family resource centers this quarter.

 $\textbf{2,065} \ families \ were \ contacted \ through \ community \ outreach \ efforts, such \ as \ Family \ Ties, this \ quarter.$

Stanly County Partnership for Children

Smart Start Impact

The Partnership has funded two English as a Second Language (ESL) preschool projects with Stanly County Schools. These projects focus on Hmong and Hispanic families with children ages 3 to 4 years. Children participate in educational activities that help to improve their English. Parents participate on a regular basis. The project represents the first attempt by public schools in Stanly County to offer preschool programs during the school year.

Improving the lives of children and families.

Letter received by the Partnership from a parent:

"As a parent of a preschool graduate from Kiddie Kare, I would like to give my sincere appreciation for your help in acquiring computers for the children to learn on. Having such a good head start has made my son's transition from preschool to kindergarten much easier. His kindergarten teacher has commented on how good Kiddie Kare kids are at using the computer. I believe putting computers in preschool is wonderful in helping to prepare the children for school."

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Stanly Community College (SCC) and the Partnership are working collaboratively to provide a family literacy program. SCC and the Partnership each provide a part-time instructor to assist parents in completing their GED or improving basic skills. Child care is provided to parents who attend the classes.

Child Care and Education

Subsidies

12 children with special needs have received Smart Start subsidized care this quarter.

219 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

200 teachers have received teacher education, technical assistance and/ or support services through a child care resource & referral agency this quarter.

70 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

99 children enrolled in programs/classes that received quality enhancements this quarter.

208 memberships to the Early Childhood Resource Center were added this quarter.

Educational Programs

252 children have received one or more educational programs this quarter.

Health Care / Health Care Education

69 children received health and/or developmental screenings this quarter.

4 children have received any other health services, other than transportation, this quarter.

Family and Community Services

Child Care Resource & Referral Services

28 families received direct child care resource and referral services this quarter.

6 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

127 families received parent education and/or support services in family resource centers this quarter.

448 families received parent education and/or support services in places other than family resource centers this quarter.

13,000 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Year 2 Partnerships

Ashe County Partnership for Children

Smart Start Impact

Recently, a unique request for information was made to our Family Resource Center. A woman needed to find a location in the county that was suitable for supervised visits between her estranged husband and their children. According to Court orders, she needed to be able to offer evening hours as an option and at times would also need a person to supervise the visits. We felt that this was very much within the realm of what our Family Resource Center, in conjunction with the Partnership, should be offering to community families, and let the caller know that we would be happy to offer the FRC as a visitation site. All staff members were notified of the possibility of these visits and everyone was in agreement that we could and should offer the support. Letter received by the Partnership from a family child care director:

"Thanks so much to everyone that has had a part in helping me improve the quality of my family child care. As you might know, at the family child care level, it's very hard to purchase the supplies you need to be at the quality level one prefers without a resource such as Smart Start.

In a small county, such as Ashe, you can even feel isolated in your profession, to the point of quitting. I feel the Ashe County Partnership for Children has improved that issue. I can relate to other child care providers, when attending workshops, or other events, more frequently now.

A special thanks for going beyond the call of duty to help me this past year with my education and to purchase needed supplies. It's people like you that make a program such as Smart Start successful!"

Improving the lives of children and families.

Children in the Touching the Lives of Children program, funded by Smart Start, are reported to be more attentive and to have increased attention spans after being involved with the program. They also use skills learned in the educational games at home, giving them an opportunity to participate in activities and stimulation not otherwise received at home. One volunteer reports that, at the first session, a child was only able to participate for a total of 10 minutes, being distracted by every noise and every object within reach. By the fourth session, the child stayed focused and played for more than half an hour. All suggested activities for the game were completed and the child and volunteer talked about how he could play at home with other activities. He was talkative, eager to create stories, and even played one game from the previous sessions' activities. This improved ability to concentrate on tasks will give this child a better chance of success in school.

A student enrolled in the Fleetwood Elementary School prekindergarten program, funded by Smart Start, is from a very low-income family. Since the child has been attending the pre-kindergarten program, his mother has been able to find a job outside the home and help the family begin to move toward sound financial footing.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The Smart Start funded pre-kindergarten program has a fultime assistant who is paid for by the Ashe County Board of Education. In addition, the Board of Education pays for supplies, equipment and training for the pre-kindergarten staff. Appalachian State University, located in an adjoining county, has placed a student teacher and an intern in the program who are working on their birth to kindergarten education degrees. New River Mental Health is collaborating with the Family Resource Center to develop a proposal for a Child Abuse Prevention Education Team, to be composed of professionals who volunteer their time to provide programs on Child Abuse Awareness and Prevention.

Child Care and Education

Subsidies

3 children with special needs have received Smart Start subsidized care this quarter.

34 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

267 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

26 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

304 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

3 children with special needs have received one or more special therapies/interventions this quarter.

1 child with special needs has received care or support because of an emergency or crisis situation this quarter.

Educational Programs

39 children have received one or more educational programs this quarter.

Health Care / Health Care Education

55 children have received immunizations this quarter.

90 children received health and/or developmental screenings this quarter.

111 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

45 families received direct child care resource and referral services this quarter.

10 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

40 families received parent education and/or support services in family resource centers this quarter.

105 families received parent education and/or support services in places other than family resource centers this quarter.

1,119 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Avery County Partnership for Children

Smart Start Impact

A key to the improvements in human services and early childhood education is the Partnership forums provided for agencies and organizations to get together and discuss issues. Social Services, Mental Health, Transportation, the Health Department and child care providers now work together in a variety of ways that could not have been imagined two years ago. A very specific outcome is the opening of a "AA" licensed center and the subsequent upgrading to 'AA' of two other centers. The combination of funds and motivation was provided by Smart Start!

Improving the lives of children and families.

A young single mother with two sons became involved in Partnership projects through the Kindersport program. She has hooked into many agencies and services that she had not known existed prior to Kindersport. the informal discussions she had with staff at the class led to her youngest son getting enrolled in public preschool, and she has recently moved into her own home due to Habitat for Humanity.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The Kiwanis Club and Project Avery Literacy have both made significant contributions to the work of the Partnership, the former financially and the latter with tutoring. The Chamber of Commerce has also contributed financially. All three groups participated in our Child Fest. Both Partnership and Kiwanis volunteers now help out at the Chamber.

Child Care and Education

Subsidies

35 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

Quality Improvement

70 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

298 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

12 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

205 children have received one or more educational programs this quarter.

Health Care / Health Care Education

92 children have received immunizations this quarter.

57 children received health and/or developmental screenings this quarter.

14 children have received any other health services, other than transportation, this quarter.

Family and Community Services

Child Care Resource & Referral Services

117 families received direct child care resource and referral services this quarter.

450 families received indirect child care and related information, e.g., written materials, this quarter.

Transportation

Catawba County Partnership for Children

Smart Start Impact

The new collaborations are numerous and sometimes hard to capture on paper. The Ridgecrest community is now able to have a Family Resource Center. The staff at this Resource Center makes home visits in order to provide parenting education and support to the parents. They also assist the parents in getting prepared for the job market. They have been instrumental in educating the parents on the importance of play to future learning. The goal is to help the parents have their children ready to learn at school age. The staff also is responsible for ensuring that the families at Ridgecrest have access to the necessary services to become self sufficient. A new service currently being developed is the Family Child Care Home Continuum. This program will provide support and mini-grants to family child care home providers. The continuum has a focus on encouraging professionalism and developing respect for the important role these providers fill in the child care market. Prior to Smart Start and the Children's Resource Center, these providers did not have a voice in the community and did not meet together. Now they meet monthly and share resources. The Children's Resource Center provides toy lending kits to the providers in order to allow them the ability to offer toys to the children. The Children's Resource Center has become an integral part of the child care community. Directors have commented that prior to the implementation of this Smart Start funded program they did not feel they had a advocate in the community. The director of the Children's Resource Center has become a advocate for quality care and for the importance of bringing respect to the field of child care.

Improving the lives of children and families.

One child served by the Early Childhood Support Team (ECST) was having many aggressive behavior problems at child care and at home with his mother. The ECST staff provided the teacher with behavior management information and technical assistance. They also provided parenting information and counseling to the parents. The parents report many positive changes in the child's behavior. The child care center reported that his behavior has drastically improved which allows the child to stay in child care. Subsidized child care is helping a mother meet the basic needs of her children, as well as making sure that the family stays intact. The mother had previously abused the child and has spent the last year in a treatment program. She was at risk of losing the children if she could not prove herself to be a responsible parent. Smart Start offered a safe place for the children to be while mother made the transition to independence. Smart Start child care also provided assistance to allow the mother time to look for a job.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Our city and county libraries are working together in a collaborative arrangement for the first time. The Smart Start funding is provided to the city library, and the program is delivered by both library systems. The Youth Services Directors of both libraries worked together to interview staff for the Books on the Go program. They have also started providing extended services to the child care community.

Another new collaboration being developed is through the Training Committee co-chaired by the Children's Resource Center and the Smart Start program. This committee is dedicated to developing a Professional Development program for Child Care directors and providers. Representatives include those from the community college, Lenoir-Rhyne College, the Science Center, library, Early Childhood Support Team, Cooperative Extension, child care directors and teachers, and the licensing consultant for child care programs. This group will be working to develop a professional continuum for directors and teachers.

Child Care and Education

Subsidies

4 children with special needs have received Smart Start subsidized care this quarter.

689 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

188 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Creating additional spaces for children in preschool programs

Note: Child care spaces created in licensed/regulated child care centers and family child care homes will be reported through a state-level reporting system.

16 permanent child care spaces have been created in legally operating, but unlicensed preschool programs-this quarter. (Ex: Head Start*, Chapter I, half-day preschools).

*Head Start programs and Public Preschool/Chapter I programs operated by public school systems are not required to be licensed by the state. However, some of these voluntarily choose to obtain state licensing.

Quality Improvement

131 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

257 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

300 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

16 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

701 children have received one or more educational programs this quarter.

<u>Health Care / Health Care Education</u>

6 children received health and/or developmental screenings this quarter.

71 children have received any other health services, other than transportation, this quarter.

31 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

132 families received direct child care resource and referral services this quarter.

232 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

60 families received parent education and/or support services in family resource centers this quarter.

155 families received parent education and/or support services in places other than family resource centers this quarter.

125 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Chatham County Partnership for Children

Smart Start Impact

After receiving planning funds for six months, the Parent **Education Program** (PEP) is now up and running. The PEP has attracted nearly 50 parents from across the county to the workshops which are offered twice weekly. **Evaluation ratings** from attendees average 4.8 on a 5point rating scale for all workshops and classes. Parents from both Head Start and the Smart Startfunded Little Kids program are being encouraged to attend by each program's staff. As a Little Kids' staffer puts it, "These are exactly the type of programs that we have strived to create. We are currently discussing new strategies." As a result of having parent programs readily accessible and the ability to refer parents to a program wellregarded by attendees, more staff time is now devoted to home visitation and other program efforts.

Improving the lives of children and families.

A final review of the Health and Safety evaluations of 28 child care sites has been provided by Health Directions, Inc. This is a review of the work accomplished during the 95-96 fiscal year. The data revealed that significant improvements in child safety appear to have been made at the 28 child care sites assessed by this program. The Health and Safety Intervention Program provided each child care site with an environmental assessment for both indoor and outdoor areas. Recommendations for improvements were prioritized according to need to correct potential danger to children. Each provider and the Chatham County Partnership was provided with an extensive report detailing each item identified as Priority 1 (hazards that could result in a life-threatening injury), Priority 2 (hazard that could produce a serious or debilitating injury), or Priority 3 (hazards that could lead to an injury requiring minor medical treatment).

The following table shows the number of priorities in each category.

Priority Status of Recommendations Indoor (N=267) Percent Corrected

Outdoor (N=279) Percent Corrected

Outdoor $(N=2/9)$			Percent Corrected			
1	corrected	91	-	77%	150	82%
	not corrected	27			32	
2	corrected	82		70%	78	75%
	not corrected	35			26	
3	corrected	67		81%	51	75%
	not corrected	16			17	

These results indicate that the 344 children enrolled with these providers now have significantly safer environments. It is worth noting that a total of 241 potentially life-threatening Priority 1 hazards, indoor and outdoor, have been corrected and are no longer a present danger to children. An additional 160 Priority 2 hazards have been corrected, preventing the possibility of debilitating injuries. The Health and Safety Intervention Program has helped increase safety of child care environments in for one-third of providers and over 25% of the children in child care in Chatham County. Transportation is a problem for many clients of Smart Start programs. There is not public access to the county transportation system. Some programs contract through the Chatham Transit Network to provide transportation to and from programs, but for many families, transportation is a major obstacle. Transportation remains a significant barrier that confounds the outcomes of many Smart Start funded programs, and prevents many families from providing for their children.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The Family Resource Center Coordinator writes:

"A common goal of human services programs is to educate and develop the skills of participants to go back into the community to help disseminate information and encourage peers to improve the quality of life within the community. Many of the programs funded by Smart Start are peer-based and strive to accomplish this goal. The fruits of this effort are beginning to become apparent at the Family Resource Center (FRC). Program participants and staff members are encouraged to think of ways they can work within the community demonstrating positive methods of achieving personal well-being and financial self-sufficiency. During this quarter, participants and staff in FRC programs have donated time, food, clothing and new toys. This comes from many people who themselves are struggling to support families. They have reached out to the battered women's shelter, delivered books and magazines to women isolated from the community, provided transportation, learned about and practiced good nutrition, and spoken of increased confidence in their abilities and improved self-esteem. Smart Start has given many members of the community renewed faith in themselves. Smart Start not only affects children and families served by Smart Start funded programs, but it is also having a profound effect on those who are employed by Smart Start programs. Smart Start is indeed changing the quality of life in Chatham County.

Child Care and Education

Subsidies

32 children with special needs have received Smart Start subsidized care this quarter.

147 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

11 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

118 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

281 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

67 children with special needs have received one or more special therapies/interventions this quarter.

20 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

15 children have received one or more educational programs this quarter.

Health Care / Health Care Education

33 children have received immunizations this quarter.

77 children received health and/or developmental screenings this quarter.

7 children have received any other health services, other than transportation, this quarter.

Quality Improvement

599 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

69 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

87 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

8 children with special needs have received one or more special therapies/interventions this quarter.

53 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

579 children have received one or more educational programs this quarter.

Health Care / Health Care Education

27 children have received immunizations this quarter.

486 children received health and/or developmental screenings this quarter.

102 children have received any other health services, other than transportation, this quarter.

628 families have received health care education this quarter.

18 pregnant women identified with a substance abuse problem were in treatment this quarter.

Family and Community Services

Child Care Resource & Referral Services

89 families received direct child care resource and referral services this quarter.

534 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

76 families received parent education and/or support services in family resource centers this quarter.

314 families received parent education and/or support services in places other than family resource centers this quarter.

1,269 families were contacted through community outreach efforts, such as Family Ties, this quarter.

69 professional leaders from the community received education regarding child and family needs and services this quarter.

108 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

352 families received direct child care resource and referral services this quarter.

114 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

511 families received parent education and/or support services in family resource centers this quarter.

129 families received parent education and/or support services in places other than family resource centers this quarter.

3,356 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

203 one-way trips were provided for children and family members to child care, health or other services this quarter.

1,825 people in the "community at large" were provided with information regarding child and family needs and services this quarter.

Transportation

Duplin County Partnership for Children

Smart Start Impact

More and more women are becoming excited about the importance of breastfeeding through the Expanded Foods and Nutrition Education Program. Several of the breastfeeding moms have stated that they wish the program had existed when they gave birth to their first child. The mothers are reporting that the breastfed babies are gaining weight much faster than their bottle fed babies.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Agencies are spreading the word about Smart Start. Most agencies are making referrals to Smart Start servces. Many call to find out about what services Smart Start offers. The activities co-sponsored by Smart Start are reporting increases in the number of referrals they are receiving.

Child Care and Education

Subsidies

117 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

Quality Improvement

76 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

12 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

261 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

3 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

127 children have received one or more educational programs this quarter.

Health Care / Health Care Education

225 children have received immunizations this quarter.

127 children received health and/or developmental screenings this quarter.

214 children have received any other health services, other than transportation, this quarter.

30 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

17 families received direct child care resource and referral services this quarter.

380 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

98 families received parent education and/or support services in family resource centers this quarter.

167 families received parent education and/or support services in places other than family resource centers this quarter.

Transportation

Durham County Partnership for Children

Smart Start Impact

As part of an ongoing initiative to streamline the subsidized child care system in Durham, the Subsidy Design team developed four options for implementation of a centralized, familyfriendly system of making subsidies available to families this quarter. During the next quarter, these options will be reviewed and adopted by the community and by department heads of the participating agencies with a target implementation date of July 1, 1997. Durham's Partnership Family Work Group offered an all day collaboration training for 15 Work Group members for the purpose of assisting them with designing and implementing a funding recommendations process that nurtures collaborative projects. As a result of the training, the Family Work Group will give special attention to proposals from agencies or programs for FY97/ 98 that seek to develop truly collaborative relationships with pooling of resources and missions.

Improving the lives of children and families.

Durham Public Schools Family Resource Center assisted the mother of a child who is blind and developmentally delayed with speech problems to secure child care funds so her son could attend a child care program (housed within Durham Public Schools) with typically developing children. In addition to assisting the mother with securing Department of Social Services funds, Family Resource Center staff have developed a plan with child care providers, therapists, and administrators to meet the child's needs. FRC staff will continue to serve as liaisons and advocates for the family.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

In FY 95/96, Durham's Partnership sponsored a series of discussions with key community leaders about comprehensive systems change initiatives. As a result of those interviews, the following people have met several times this quarter to discuss how these agencies can begin to work together more systematically. Specifically, they are looking at the strategic plans of each of these organizations with the intent of developing one common goal. The "people at the table" are:

Area Director of Mental Health
County Health Department Director
County Department of Social Services Director
Triangle United Way Director
County Manager
Assistant County Manager
City Manager
Durham Technical Community College President
Duke University, Vice President for Community Relations
Chamber of Commerce, Vice President
Superintendent, Durham Public Schools
Durham Congregations In Action
Durham Ministerial Alliance
Durham's Partnership for Children

Child Care and Education

Subsidies

310 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

131 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

393 teachers have received teacher education, technical assistance and/ or support services through a child care resource & referral agency this quarter. 79 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

1,318 children enrolled in programs/classes that received quality enhancements this quarter.

55 child care providers were offered technical assistance for business management practices this quarter.

Children with Special Needs

107 children with special needs have received one or more special therapies/interventions this quarter.

7 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

102 children have received one or more educational programs this quarter.

Health Care / Health Care Education

15 children have received immunizations this quarter.

50 children's immunization records were updated this quarter.

265 families were contacted regarding missed immunization appointments for their children this quarter.

1,134 children received health and/or developmental screenings this quarter.

47 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

74 families received direct child care resource and referral services this quarter.

193 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

209 families received parent education and/or support services in family resource centers this quarter.

165 families received parent education and/or support services in places other than family resource centers this quarter.

19,864 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Forsyth County Partnership for Children

Smart Start Impact

There are incredibly exciting forms of collaboration and new approaches going on in the county. This area of impact is difficult to capture — it certainly doesn't show up necessarily in the quarterly report numbers — but may be one of the most significant aspects of Smart Start work over the long haul. In an urban county, such as Forsyth, where there are multiple agencies, often duplicating services, tripping over each other in service delivery, missing some groups or needs, and previously not communicating well with each other, collaboration is particularly necessary and important. What follows simply highlights a few of the significant developments:

Collaboration with the United Way and other funders: In the last six months, as we worked with one of our contracting agencies funded by several sources, we became very aware of the need for increased coordination between Forsyth Early Childhood Partnership (FECP), United Way, and local foundations, since we provide funding to many of the same agencies. FECP has developed a monitoring system for providing both fiscal and programmatic oversight—but how much more effective we could be if all funding sources shared similar expectations in fiscal and program monitoring! Furthermore, as we reviewed our programs, we became increasingly aware of the need to build the capacity for effective service delivery and management of our contracting agencies. Consequently, we have held several planning sessions with the United Way to explore joint efforts in the areas cited below. This spring, we will pilot our efforts with one or two agencies under consideration for funding by both of us. When we are satisfied with the model, we will approach Foundations about participating in this effort and will expand it to other agencies. Some expected outcomes are:

- Allocation decisions in areas affecting young children, which could lead to joint presentation and review sessions, as agencies would present requests and program plans simultaneously to FECP and United Way.
- Fiscal and programmatic monitoring: establish similar expectations and joint monitoring; would
 further prevent possibilities for inappropriate expenditures or double charging; which should reduce
 recordkeeping by agencies, if required reports are similar.
- Collaborative work in building the capacities of agencies
- Joint planning/funding of professional development experiences.
- Shared review and evaluation of programs.

Community-wide strategic planning: We are currently working with two other community planning efforts (Common Vision and Forsyth Futures) to develop a structure for shared community planning for all efforts directed at children.

Professional development and improved networking of agencies serving children and families: FECP holds a monthly meeting of all agencies with Smart Start contracts. These meetings are well-attended (usually about 60 people from over 50 agencies), with great energy and enthusiasm during the meeting. We have used these meetings for two primary purposes: (1) Networking and referral: the agencies share their current services; share resources; make referrals to each other; and provide service to each other; (2) We provide a professional development experience at each meeting. For example, in October, our program was on "Elements that must be present if a community is to effectively nurture children;" in November we brought in facilitators to present an outstanding program on "Marketing your program and involving reluctant clients;" in January, we will present "The cultural context of human development;" in February will be "The impact of systems thinking on collaboration;" and March's program will focus on "Effective financial management." This is a cost-effective way to gradually build the effectiveness and expertise of many agencies simultaneously.

Collaboration with business in providing child care scholarships: In December, we launched a new effort. We are meeting with area businesses to solicit participation in a scholarship fund for child care. Our first participant, Integon Corporation, donated \$15,000 in December, matched by Smart Start dollars, creating a \$30,000 fund for child care scholarships for Integon employees with children birth through 5 years and maximum annual incomes of \$2,000 over DSS guidelines. We have several other businesses interested in joining this exciting effort!

Centralized services to child care providers: Our Technical Assistance Center has proven extremely effective in centralizing support services and training experiences for all the child care providers in the county. Providers come to the center to check out curriculum kits complete with materials for working with their children; to check out professional development books and videos; to pick up handouts on specific topics; to observe presentations in the model classrooms; to use support services, such as a copier, laminating machine, or computers; to receive consultation services; and to go through training experiences. In the past year, 1,327 providers participated in training sessions at the TAC. In addition, the TAC selects and coordinates providers of Enrichments experiences for children that go out to the child care centers, including music experience through the Symphony and Musicare; art experiences; a movement and exercise program; "Mr. Friendly's" self-esteem and environmental awareness programs; swimming instruction through the local Y; multicultural storytellers; drama; and others. These have given an immediate boost to the quality of experiences for children, and work long-range to improve the education and professionalism of staff.

Availability of parenting information and support: In collaboration with Forsyth Memorial Hospital, we now provide child development and parenting materials (such as a video, a notebook, and other items) to every parent upon the birth of a child. Note: this has become a regional effort, since Forsyth Hospital serves several counties. FECP provides these materials to every baby, regardless of county of origin. In addition, in collaboration with doctors, businesses, schools, and agencies, we are distributing racks of parenting cards on a variety of topics.

Evaluation of parenting programs: Evaluation of parent support programs is often difficult. Our UNC-G evaluation team has met collectively with the agencies providing Smart Start family support programs several times, has facilitated intense debate around the issues of assessing effective parenting in culturally sensitive ways, and is developing new or improved instruments to use toward this end. This is also facilitating open dialogue among professionals about cultural differences in parenting — a subject often avoided in the past. In turn, this is promoting increased understanding, reduced antagonism, and reconciliation between ethnic and socio-economic groups.

Improving the lives of children and families.

Our Father Support programs have been helpful in encouraging increased participation by fathers with their children; increased employment; and reduced dysfunctional patterns. Some examples: When one father entered the program, he and his wife were both unemployed; consequently, he was living with his mother and his wife and child were living with her mother. After participating in support group meetings and with staff assistance, the father found a job. He and his wife now have an apartment and are living together. When a second family entered the program, they had been homeless for two years. The program helped the family find housing, food, and fuel; the father located a job; and both parents now participate in father/mother support groups.

Our telephone outreach program has been very effective in helping parents with problem situations, as the following demonstrates: A mother called Parent Line and asked for help with her 12-month old child who had a bruise on his forehead from "banging his head on the floor or on furniture when he was mad and being bad." The worker helped the parent analyze the patterns as to when and why this behavior occurred, enabling the mother to understand that the child was not "being bad." Together, they

explored optional ways to handle the situations. The mother has since reported cessation of the behavior. Another family had a problem with a toddler not sleeping (no nap and up much of the night). They had sought help from their doctor, but had not gotten any suggestions. Again, the worker helped the family analyze recent changes in the family that might be contributing to the problem and explored optional responses, with the parents subsequently reporting relief at improvements.

One of our Great Beginnings parent educators noticed that a 12-day old baby did not appear to be nursing well; was not urinating frequently enough; and appeared pale and apathetic. The teen-parent asked the parent educator to call a nurse at Baptist Hospital to convince her that the baby needed to be seen. The doctor found the baby dehydrated, losing weight, and in need of lab work. With further medical intervention and supplemental feedings, the baby began gaining weight.

In our Nutrition program for expectant parents, two teens recently gave birth to full term, healthy, full weight babies. Teens participating in this program have substantially lower incidences of low birth weight babies.

A Motheread participant writes that, "Being a student and a working parent at the same time is exhausting, but this small portion of success with the respect that I receive from the Motheread program is great and makes me feel good about myself. I have learned to separate the categories — mother, student, working parent. I am a mother and I am proud. I am a student, I am proud. I am a working parent, I am proud."

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Great Beginnings, our Parents as Teachers program, now has 27 parent educators working in 13 different agencies. The supervisor, placed in one agency, supervises all of the parent educators, provides support services, arranges the monthly in-service training sessions, and maintains contact with the national center. Another exciting development: the National Parents as Teachers Center called in December to express interest in including our Great Beginnings program as one of four PAT programs across the U. S. participating in a longitudinal evaluation focusing on urban programs. We hope to be selected for this, as it will provide excellent research!

We have just established a more extensive collaborative approach to the Peer Counseling for nursing mothers. Research has demonstrated that breastfeeding has definite health benefits for babies, as well as positive impact on parent-child bonding. There are also strengths in using peers in parenting counseling and support. However, these peer counselors needed more extensive professional supervision than they had been receiving. We have just established a collaboration with certified lactation consultants from WIC and Bowman Gray Medical School providing monthly in-service training to the ABCD Peer Counselors and the Welcome Baby volunteers who visit new mothers in the hospital. In addition, these consultants will be available on call as needed for daily concerns or questions. There will be no charge for these services by WIC and Bowman Gray. Finally, ABCD will include 4 WIC counselors under their Smart Start contract and provide their pay. This collaboration results in smoother delivery of services and ensures high quality services.

Smart Start funded the provision of incentives for participation in Baby Love — that has now been expanded in exciting ways. Originally, parents who participate in Baby Love groups received "Baby Bucks" for attendance which could be accumulated and cashed in for car seats, cribs, and high chairs. Now, the Health Department has negotiated arrangements with doctors through which these "bucks" are also given if parents keep their pre-natal medical appointments, and take their baby in for well-baby checkups. There are negotiations under way now to further expand the incentives to include attendance at Cooperative Extension nutrition programs.

Smart Start funded an Inclusion program, through which the Special Children's School mainstreams

children with special needs in typical child care programs, with training for the providers. Now, we have brought to the table the Winston-Salem/Forsyth County School System and are working on an expanded inclusion program for 3- and 4-year old children with special needs, currently served half day in the public schools.

Child Care and Education

Subsidies

79 children with special needs have received Smart Start subsidized care this quarter.

459 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

546 other children have received Smart Start subsidized child care this quarter.

Creating additional spaces for children in preschool programs

Note: Child care spaces created in licensed/regulated child care centers and family child care homes will be reported through a state-level reporting system.

486 permanent child care spaces have been created in legally operating, but unlicensed preschool programs-this quarter. (Ex: Head Start*, Chapter I, half-day preschools).

*Head Start programs and Public Preschool/Chapter I programs operated by public school systems are not required to be licensed by the state. However, some of these voluntarily choose to obtain state licensing.

Quality Improvement

540 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

9,836 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

419 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

987 children have received one or more educational programs this quarter.

Health Care / Health Care Education

40 children have received immunizations this quarter.

1,560 children received health and/or developmental screenings this quarter.

1,123 children have received any other health services, other than transportation, this quarter.

1,580 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

146 families received direct child care resource and referral services this quarter.

125 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

332 families received parent education and/or support services in family resource centers this quarter.

7,067 families received parent education and/or support services in places other than family resource centers this quarter.

Transportation

212 one-way trips were provided for children and family members to child care, health or other services this quarter.

Lenoir/Greene Partnership for Children

Smart Start Impact

Early childhood education for children ages 1 through 3 years and literacy training, along with parenting education, has been made available for 13 families living in Greene County. This early intervention opportunity with transportation has been possible because of Smart Start funding. None of this would have been possible without this early childhood initiative.

Improving the lives of children and families.

A three-year-old boy served by a Smart Start funded program was identified as needing speech testing. His mother didn't realize that he might have problems with his speech because she thought his speech was typical for a threeyear-old. He now speaks more clearly and seems less frustrated because he is understood.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

A family literacy program held a Family Literacy Day. High school students from a local private school worked with younger children making literacy fun. The local health department did a puppet show promoting safety. One of the communities State Legislators and members of the Board of Education came and offered their support.

Another example of the community coming together, as a direct result of Smart Start, was exemplified when adult family literacy students volunteered their services to several local public agencies.

An assistant parent coordinator has offered technical assistance to a Smart Start center and an Even Start adult class.

An Hispanic mother of two, involved in a family literacy program, serves as a translator for the local health department.

An instructor is shared by the community college, an Even Start program, and a family literacy program funded by Smart Start.

Child Care and Education

Subsidies

15 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

99 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

99 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

295 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

125 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

501 children have received one or more educational programs this quarter.

Health Care / Health Care Education

98 children have received immunizations this quarter.

- 531 children received health and/or developmental screenings this quarter.
- 21 children have received any other health services, other than transportation, this quarter.
- 1,472 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

5 families received direct child care resource and referral services this quarter.

86 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

311 families received parent education and/or support services in places other than family resource centers this quarter.

490 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Pasquotank Partnership for Children

Smart Start Impact

Through the Family Resource Center, a woman started attending class from the startup date back in October and "graduated" with a certificate granted by the Partnership. From the start, she worked very hard. She shared with the class her desire to work full-time and the personal goals she wanted to achieve in the computer class. She had perfect attendance in the computer class and achieved all of her goals. Consequently, she called the FRC office, and communicated that she is working full-time using her computer skills, how much she enjoyed the computer class and expressed her thanks to Smart Start.

Improving the lives of children and families.

More available, immediate, increased level of evaluation and therapeutic services are now in place for abused/neglected children under 5 years, and their siblings including 135 therapy sessions with children, 260 family contacts/sessions, and 87 professional contacts

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Smart Start has made substantial, potentially long lasting collaborative, multi-disciplinary efforts among the specific agencies and community organizations concerned about young children. Specific examples include on-going interaction and cooperation among Kids First, Inc., the Health Department, the Department of Social Services, Mental Health, law enforcement, Distract Attorney's Office, domestic violence shelter, and the Pasquotank County Partnership for Children.

Child Care and Education

Subsidies

246 other children have received Smart Start subsidized child care this quarter.

Quality Improvement

53 teachers have received teacher education, technical assistance and/ or support services through a child care resource & referral agency this quarter.

8 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

408 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

13 children with special needs have received one or more special therapies/interventions this quarter.

13 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

129 children have received one or more educational programs this quarter.

Health Care / Health Care Education

132 children received health and/or developmental screenings this quarter.

152 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

41 families received direct child care resource and referral services this quarter.

20 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

39 families received parent education and/or support services in family resource centers this quarter.

211 families received parent education and/or support services in places other than family resource centers this quarter.

139 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Person County Partnership for Children

Smart Start Impact

Smart Start funds have created a larger local community based service area for the children and families of Person County. Many families used to travel to Durham, Chapel Hill and South Boston, VA, to receive many of the services that are now offered in the county. Examples of these are prenatal care and delivery, parent education, and academic education for child care providers. Smart Start funds allow for 15 programs to continue to address the needs of the community by providing local accessibility. For example, instead of a family calling Durham and waiting for a return call regarding sickle cell traits of their twins, they received a home visit and resource information to ease their concerns from the Babytime nurse funded by Smart Start. Prior to Smart Start, many local child care providers were commuting to Durham Technical College for the Early Childhood Education program. This commute required them to be on the highway late at night or perhaps miss classes during inclement weather, which resulted in many students dropping out. Now, with the early childhood program at Piedmont Community College, these issues for the students are eliminated. Smart Start made this happen!

Improving the lives of children and families.

Smart Start has increased the chances for a stable future for an infant of a local teen mother. The teen mother had no child care or funds to secure quality child care. Due to the Smart Start program, she was able to locate a registered provider with the assistance of CCR&R, and receive Smart Start subsidy and transportation for her child. Without these services, the 10th grader more than likely would have had to drop out of school, thereby increasing the chances that the welfare cycle would continue. The teen contacted the office to thank the staff for assisting her.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Agencies and organizations in the community continue to develop stronger communication and a secure service base. The service base allows for a greater utilization of the services by individuals in need. Resources and information are shared by each agency to provide service to those individuals who may have slipped through the service system in the past. The sharing between agencies also decreases the chances for duplication of services. A family was assisted by the Child Care Emergency Scholarship for two weeks, when one of the parents was out of work because of a car accident. Without payment of child care fees, this child would have been dismissed from the child care center causing additional stress for the child and family. As a follow-up referral, the family was informed of the child care subsidy and the family received temporary assistance until the parent returned to work.

Child Care and Education

Subsidies

98 children have received Smart Start subsidies through an increase in the eligibility scale or categories expansion this quarter.

143 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Quality Improvement

87 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

332 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

659 children enrolled in programs/classes that received quality enhancements this quarter.

1,560 hours of staffing were provided by CCR&R substitutes in child care facilities this quarter.

Children with Special Needs

48 children with special needs have received one or more special therapies/interventions this quarter.

12 children with special needs have received care or support because of an emergency or crisis situation this quarter.

Educational Programs

70 children have received one or more educational programs this quarter.

Health Care / Health Care Education

9 children received health and/or developmental screenings this quarter.

40 children have received any other health services, other than transportation, this quarter.

51 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

36 families received direct child care resource and referral services this quarter.

36 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

258 families received parent education and/or support services in places other than family resource centers this quarter.

225 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Transportation

Wilkes County Partnership for Children

Smart Start Impact

Outreach: The act of reaching out; the extending of services or activities beyond current or usual limits. This definition describes the role of outreach workers in Wilkes County. From January 1995 to the present, Wilkes Outreach Workers have reached out to hundreds of families and their children by providing resources ranging from educational support to social interaction skills. Outreach started reaching out to communities by making personal home visits to families wanting or needing advice on parenting issues. Outreach offers developmental screenings, child care services, and suggestions for ageappropriate activities that parents can use at home with children. Outreach provides information to families on all Smart Start programs and resources available to them in the county. The focus of Outreach has mainly been a one-on-one relationship between parents and their preschoolers. The

program has now expanded to include more group activities to encourage social and emotional development.

Outreach implemented three new programs this year: Drop In and Play, Crafts for Kids, and Teen Parent program. Drop in and Play is a daytime activity session for parents and children to socialize, play, and learn in a structured environment — the Family Resource Centers. Drop In and Play builds the social skills of children and parents by allowing them to interact with people from different backgrounds and cultures. Crafts for Kids gives children 2 through 5 years of age and their parents the opportunity to interact with other children and explore the world of art. By participating in Crafts for Kids, the parent learns which skills are developed from each activity and can then take this knowledge home to use to encourage further growth and development. Both of these child-focused programs are very important for children's social, intellectual, language, and fine motor skills development. Outreach for Teen Parents provides a curriculum for high school students, based on parenting activities to help young people build support groups and gain experience in nurturing their children. Touching the Lives of Children is an outreach program beginning in the county. It involves a series of board games designed to challenge children's memory, decision making, and problem solving skills. Outreach plans to use this program for children who have never been in a preschool setting. Outreach has many continuing programs that have been very successful. A strong bond has developed between Outreach and the Hispanic community through English as a second language classes at the YMCA. Outreach also provides Motheread classes at different locations throughout the county. Motheread shows parents ways of reading to their children interactively that encourage learning.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Mobile Expanded Child Health (MECH) is a collaborative health services program operated through the Health Department. An adolescent/high school health project in place prior to Smart Start funding used Smart Start funds to add preschool health services in October 1995. A 36-foot mobile medical unit travels to the four county high schools, Head Start centers, community sites including Family Resource Centers, child care centers, public housing units, and elementary schools.

The purpose of the preschool portion of this health project is to fill gaps in medical services available for preschoolers. Well-child and kindergarten physicals are offered to children who do not have a regular doctor or who cannot schedule appointments in time to avoid suspension from school, child care or Head Start. A sliding scale fee is charged or Medicaid reimbursement is filed. Required immunizations are provided at no cost for anyone who needs them. The team staff includes registered nurses, physician assistant, and medical office assistant, with consultation

services provided as needed by a pediatrician and dietitian.

From October 1995 through June 1996, 282 children received services through MECH. Since July 1, 1996, 47 preschoolers have received well-child exams including vision, hearing, and developmental screenings, and laboratory, history, and physical examination services. Each exam takes approximately 2 hours to complete. In addition, 18 children have received immunizations only. Vision screenings are scheduled for children in Head Start centers who have not previously been screened. MECH plans to also work cooperatively with public preschool programs and child care centers, to screen preschoolers and refer children for needed services.

Child Care and Education

Subsidies

16 children with special needs have received Smart Start subsidized care this quarter.

355 other children have received Smart Start subsidized child care this quarter.

Creating additional spaces for children in preschool programs

Note: Child care spaces created in licensed/regulated child care centers and family child care homes will be reported through a state-level reporting system.

12 new family child care homes were created this quarter.

Quality Improvement

135 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

7 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

38 children enrolled in programs/classes that received quality enhancements this quarter.

Children with Special Needs

178 children with special needs have received one or more special therapies/interventions this quarter.

Educational Programs

373 children have received one or more educational programs this quarter.

Health Care / Health Care Education

9 children have received immunizations this quarter.

7 children received health and/or developmental screenings this quarter.

128 children have received any other health services, other than transportation, this quarter.

59 families have received health care education this quarter.

Family and Community Services

Child Care Resource & Referral Services

111 families received direct child care resource and referral services this quarter.

68 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

30 families received parent education and/or support services in family resource centers this quarter.

46 families received parent education and/or support services in places other than family resource centers this quarter.

127 families were contacted through community outreach efforts, such as Family Ties, this quarter.

251 people accessed materials through the Parent/Provider Lending Library this quarter.

<u>Transportation</u>

Year 3 Partnerships

Year 3 partnerships received planning and administrative funds from July through December, 1996. Beginning in January, 1997, funds are available to provide services to children and families.

Alleghany Partnership for Children

Smart Start Impact

In Alleghany county, child care has often been an afterthought in terms of considering work and economic issues. To increase awareness of child care issues, the Partnership has located its Child Care Resource & Referral office in the county's newly established Job Link office. Job Link is an effort to bring job-related services together under one roof. This office houses full time offices of the Employment Security Commission, JTPA, and CCR&R and part-time offices for Work First and Vocational Rehabilitation. The offices are also located in the same building as the community college satellite campus, making it especially convenient for individuals needing child care to attend school. The immediate goal for having CCR&R located here is to be in the flow of people moving into new jobs and to communicate to job hunters that child care arrangements are a top priority and can be planned well in advance. A longer term goal is to make a statement to employers that child care is an critical component in the process of securing a job.

Improving the lives of children and families.

Last fall, the county's largest employer began a third shift operation, the first time in this small county that a significant number of individuals were employed on a third shift. A short time later that employer referred Joe, a young, single father, to Alleghany Child Care Resource & Referral. Following a long night of work, Joe sat slumped in a chair in the CCR&R office, fighting sleep with constant chatter while explaining his current dilemma. Joe was new to this rural North Carolina county where most of the 9,500 residents know their neighbors. Recently separated, Joe had no family and no local acquaintances to call on for help with child care. He had nothing and yet he had everything: Picture after picture of his precious daughter stuffed his wallet.

Joe faced the dilemma of every parent balancing work and family, with an added complication — Alleghany County had no registered or licensed child care arrangements for night care. He had no one to trust with his most precious gift, not even a prospect.

Contacting several local registered family child care homes and explaining Joe's plight, the CCR&R coordinator was able to find a family care home willing to provider overnight care. This being the county's first experience with night care and with a new child care coordinator at the Department of Social Services, the process required a hands-on approach to get the home registered for night care and to get Joe subsidy assistance.

The problems seemed solved until Joe showed up a short time later, again slumped in the chair in the CCR&R office, this time holding a red-headed little girl. In attempting to solve the novelty of night care, it was overlooked that Joe would need daytime care as well so that he could sleep.

Among the Department of Social Services, the regional subsidy consultant, the provider, and Joe, a second plan of care was authorized with the same provider so that Joe could sleep several hours each day. His daughter benefits from the undivided attention of her father during their time together and the consistency of a single child care provider. Now Joe can effectively fulfill his roles as both a father and a breadwinner. CCR&R not only served the real need of a parent, but also showed it can adapt local resources to meet the evolving needs of local employers.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

In November, 1996, the Alleghany Partnership contacted service agencies regarding local maternal and child health needs in response to an announcement by the NCPFC of the availability of Glaxo Wellcome Community Enhancement Funds. Although the county ranks low statewide in teen pregnancies, public health and others have identified this as a persistent problem in the county that has gotten too little attention. The Partnership pulled together representatives from Public Health, Department of Social Services, the Family Resource Center, Cooperative Extension, and Alleghany County Public Schools to explore the problem further.

A survey was conducted. Public Health identified 23 expectant teens and teen mothers and managed to contact 18 of them. This survey revealed an extremely isolated group that is more likely to have a second child than to complete a high school education. Social Services did a records check of abuse and neglect cases that revealed, during the past three years, 45% of such reports came from families where one or both parents became a parent while a teenager.

Using this information and other statistics, a successful grant application was written that utilized resources from the school system, public health, Cooperative Extension, and the Family Resource Center to offer a one-day-a-week program to provide: support to teen parents and expectant teens in their roles as parents and in completing their education; acquisition of skills that they will need as young adults and parents; knowledge about available services to parents and children; and encouragement in completing their educational career. Teen parents and expectant teens are involved in planning the program which is expected to begin on a limited basis the first week in February.

This is the first time in recent memory that a collaborative effort around the issue of teen pregnancy has involved such a large number of local agencies. In fact it is one of the few efforts that has gone beyond a single agency. Smart Start coordinated this effort!

Through the use of administrative funds:

Child Care and Education

Quality Improvement

4 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

Family and Community Services

Child Care Resource & Referral Services

16 families received direct child care resource and referral services this quarter.

19 families received indirect child care and related information, e.g., written materials, this quarter.

Buncombe County Partnership for Children

Smart Start Impact

A unique collaboration of Resource and Referral and child care providers has formed to develop a new "bench-marking process" for waiting list reduction. In brief, the coalition has met 4 - 5 times to develop a bench-marking criteria, template design, and reporting procedure. The outcome of the project will be to assist the Partnership in determining the impact of Smart Start dollars on reducing the number of children from the child care subsidy waiting list.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The most immediate result of the Smart Start effort is formation of several new partnerships and collaborations within the child care community. For example, as a result of the Buncombe County Partnership for Children's bidders orientation, the Asheville School District, Family Services, and local hospital groups, are collaborating on a community initiative for the first time. The grant project will support the provision of one-on-one support to individual families to assist parents in being their children's first and best teacher. In this process, several new organizations, such as The Puckett Institute, have surfaced as new players in the child care community.

New Hanover Partnership for Children

Smart Start Impact

Even though Smart Start service dollars have only been available in New Hanover County for a short time, that support is already making a difference in the local provision of services. Child Care Resource & Referral has used Smart Start funding to create "Smart Packs." These kits provide basic health and safety supplies to new home child care providers that are essential to operation. Items include a fire extinguisher, a smoke detector, two lock boxes for medicines, a refrigerator thermometer, outlet plugs, a sponge alphabet set, and a book on quality child care. Costing approximately \$100, this Smart Pack has removed a financial obstacle and made it possible for several providers to begin operation, often in lower income neighborhoods where convenient, accessible and quality care is very much needed.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

The New Hanover County Partnership for Children allocated Smart Start funding for 13 programs to begin providing services January 1, 1997. As a part of our long-term goal of ensuring accessible, affordable, quality child care in New Hanover County, many agencies are coming together to provide new, or enhance existing, services to child care providers so that, together, a nurturing, healthy and stimulating environment is developed where young children thrive and become prepared to succeed to school.

The American Red Cross is offering training in the health, wellness and safety of young children to all child care providers as well as training in cultural sensitivity.

Child Care Resource & Referral is implementing a four level quality development program for child care facilities and registered homes to assist them in achieving "AA" licensing status and NAFCC accreditation, respectively.

The New Hanover County Health Department is providing public health nursing services to children ages birth through 5 years on-site in local child care settings.

With the addition of a full-time Executive Director, we are looking forward to continued and enhanced leadership by the Partnership in collaborative efforts to identify and address the needs of young children in New Hanover County, especially in the areas of health, child care and family support.

Through the use of administrative funds:

Child Care and Education

Subsidies

164 other children (not including those counted above) have received Smart Start subsidized child care this quarter.

Family and Community Services

Child Care Resource & Referral Services

95 families received direct child care resource and referral services this quarter.

30 families received indirect child care and related information, e.g., written materials, this quarter.

Pamlico Partnership for Children

Pamlico Partnership for Children did not report this quarter.

Robeson County Partnership for Children

Smart Start Impact

Through the use of some administrative funds, we were able to purchase 23 Peabody Early Experiences Kits (PEEK) and provide training to all interested child care providers in the county. All the individuals and agencies attending the training received PEEK kits. Comments made by all participants were very encouraging:

"I have really enjoyed this workshop. I learned a lot about the PEEK program kit. I think this workshop should continue in order to help others in the preschool and child care programs."

"I really enjoyed this information and training. The materials were very appropriate. The visual materials were adequate and well organized. This workshop will benefit me as center manager in helping my staff and teachers to motivate and inspire their children and parents through this curriculum. I would like to see a follow-up given by the same presenter."

With our county being approved for program funding, we are very excited and busy in the planning stages. We are prepared to help larger numbers of children and families when we receive service funds.

Improving the lives of children and families.

We were able to directly help children and families through providing our Peabody Early Experience training and kits. One of the participants commented that she had had a PEEK kit in her classroom for quite a while, but that it was never used because no training had ever occurred and the kit was missing some essential components. Since the Smart Start-sponsored training, the teacher has ordered the missing pieces and implemented the curriculum.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

With the anticipation of upcoming program funding, we are seeing increased participation among agencies and organizations who have come "to the table." The following agencies are sharing ideas and working very hard as a team: Health Department, NC Cooperative Extension, Lumberton Children's Clinic (private pediatric group), Lumber River Council of Governments, Public Library, Child Care Directions, and the Public Schools. We are looking forward with great excitement to making Smart Start work for Robeson County.

Rutherford County Partnership for Children

Smart Start Impact

Many agencies and non-profits in Rutherford County have come together through the grant process and are working together to determine the best way to deliver services. The partnership will report on the outcome of this collaboration as funding for these services begins in 1997. Some examples of new Smart Start programs include:

- a family preservation program through the mental health department that will work intensively with families and children at-risk of being removed from the home;
- a child care subsidy project to decrease the waiting list for eligible families needing child care;
- a child care subsidy project to increase wages of child care providers as they receive more education (WAGE\$);
- a competitive grant program to fund increases in child care quality and licensure status (A to AA, for
 example) and to recruit for non-traditional child care situations (for example, infant and non-first shift
 child care spaces).

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Rutherford County went through the bidding selection process in the second quarter of 1996-97. Several collaborations among community agencies and organizations developed during that process. For example, the Hospital will administer a health care screening project and the Department of Social Services is working with the hospital to identify and contact all Medicaid eligible children to further improve the program. The Parents As Teachers (PAT) program has targeted 75% of its new families to be Medicaid families. Since this is a voluntary program, recruitment will be needed. The partnership is helping offices develop a program that will combine resources in Social Services, Health, the Hospital, and doctor's offices to recruit for this school-based PAT program.

Stokes County Partnership for Children

Smart Start Impact

The Partnership worked collaboratively with the Local Interagency Coordinating Council, in sponsoring an Early Intervention Health Fair. No Smart Start funds were used — only in-kind donations. This could not have happened without the leadership of the Stokes Partnership.

The Partnership has coordinated pre-employment physicals for child care providers through the health department. This effort evolved through a collaboration between the Health Department and the Partnership.

The Partnership is working with other ARC counties to address common needs through a regional approach such as a Dental Care Initiative.

The Partnership has collaborated with AmeriCorps and now have a sponsored member who is working

with the Partnership to set up English as a Second Language classes for mothers, with rotating child care being provided by other moms within the county.

Informational packets for families have been distributed through the library system to augment their educational services for families.

A collaborative effort has begun to create a Family Resource and Education Center. Although this proposal was not funded, the planning is continuing by bringing the agencies and community together, looking at community resources and finding a way to make it happen, because this county desperately needs it.

Improving the lives of children and families.

A board member, who has been working part-time, has not been able to make ends meet and has received assistance. She is a Work First mom who is now enrolled at Forsyth Technical Institute, working part-time, and loving the new road that education has taken her down. Her self-esteem dramatically increased this summer when she volunteered as a Work First volunteer for the Partnership. She began to see herself in a different light as a professional. She has a 4.0 average at Forsyth Tech and plans to get her bachelor's degree to better provide for her family.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Agencies are supporting and working to create a Family Resource Center and are committed to making it happen. We started with four agencies and now have approximately 20 agencies and community groups who are interested in working together on this project.

Through the use of administrative funds:

Child Care and Education

Quality Improvement

37 teachers have received teacher education, technical assistance and/or support services through a child care resource & referral agency this quarter.

Health Care / Health Care Education

15 children have received any other health services, other than transportation, this quarter.

Family and Community Services

Child Care Resource & Referral Services

9 families received direct child care resource and referral services this quarter.

30 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

34 families received parent education and/or support services in places other than family resource centers this quarter.

Surry County Partnership for Children

Smart Start Impact

A fragmented county has worked together as never before! With three separate schools systems, two county arts councils, and two chambers of commerce, Smart Start has brought the county together as never before.

Improving the lives of children and families.

The board approved unspent administration dollars to buy toys for the children's waiting room at the Health Department. The children and parents have expressed much appreciation for this.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Staff of the Partnership, such as outreach workers, have been shared with all agencies in the county. This serves as an opportunity to link all agencies together and prevent duplication of services. New associations have formed with the assistance of Smart Start staff support. The Child Care Association is becoming a stronger organization with more benefits to the members. Presently, a Foster Parent Association is forming.

Through the use of administrative funds:

Child Care and Education

Quality Improvement

57 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

Family and Community Services

Child Care Resource & Referral Services

77 families received indirect child care and related information, e.g., written materials, this quarter.

Parent Education and Support

44 families received parent education and/or support services in places other than family resource centers this quarter.

17 families were contacted through community outreach efforts, such as Family Ties, this quarter.

Wake County Partnership for Children

Smart Start Impact

The last few months of 1996 were very active ones for Smart Start in Wake County. Since learning last quarter that program funding would be received around the first of the year, the partnership carefully revised the Strategic Plan. The Board welcomed three new Board Members and began a search for hiring an Executive Director. Programmatically, administrative funds were redirected for use as grants to child care centers and family child care homes that were impacted by Hurricane Fran. A total of 21 centers and homes received grants ranging from \$500-\$1,000 each. Grants were used for an array of items, including replacing damaged toys, repairing damaged playgrounds, replacing spoiled food, and repairing or replacing other items damaged by the storm. Grants were made only for items not covered by other sources such as insurance. This could not have occurred without Smart Start in Wake County.

Improving the lives of children and families.

Thirty low-income preschoolers and their parents went to the opera to see "Amahl and the Night Visitors," the inaugural performance by the Opera Company of North Carolina. This trip for the children and their families was made possible by individual and corporate sponsors of this event. This was a unique cultural experience for these children who might not otherwise have had this opportunity.

Human service agencies and organizations are working together in new and better ways because of Smart Start.

Three "Bidders Conferences" were held and attended by 60 agencies and organizations interested in applying for Smart Start program funds. The thrust of these sessions was to have various organizations concerned with early childhood and family success connect with each other. As a result of these sessions, several organizations from across the community joined together and submitted collaborative proposals for funding by Smart Start. Wake County SmartStart plans to continue being a catalyst for community collaboration and cooperation.

Through the use of administrative funds:

Family and Community Services

21 child care centers and homes received a Hurricane Fran Capacity Restoration Grant, with amounts ranging from \$500 to \$1,000 each, this quarter.

Washington County Partnership for Children

Smart Start Impact

Parenting skills development was an area of need identified by parents and professionals and adopted as a Smart Start project. Curriculums for parenting skills classes were reviewed and selected by the Preschool Interagency Council, and purchased with Smart Start administrative funds. A pilot program was conducted in the summer of 1996. The program was such a success that a continuing series of parenting skills classes evolved. Sessions are conducted quarterly and allow participant entry at any time. Classes are held weekly for two hours with transportation and child care provided. Specific topics about family life, parenting skills, and child care and development are presented through a video series, hands-on activities, and open discussion.

The program is a wonderful example of collaboration with contributions from:

- AmeriCorps child care services
- Cooperative Extension Agency instructor and curriculum coordinator
- The Enrichment Center transportation
- The Food Pantry refreshments
- Preschool Interagency Council curriculum coordination, referrals and follow along services, plus child care services
- Smart Start curriculum funding, facility, materials, and service coordinator

Improving the lives of children and families.

A young mother of four children moved to Washington County. The children did not move with their mother, but remained in Grandma's care in another state. This young mother has a history that includes drug abuse. The young mother gave birth to a fifth child while residing in Washington County. Smart Start sponsors parenting classes in the community, and, although the mom was reluctant to attend, she agreed to in order to cooperate with social services.

After a week or two in the parenting class, the young mother emerged as a leader. Her comments evolved from "Why do we have to come?" and "When can we leave?" to "Oh, I didn't know that" and "Hey, so it's okay to plan and have fun with my baby." In the following months, the mom became even more supportive of the parenting class. Her attitude toward herself and her child have changed dramatically. The young mother is preparing to get her GED and a job. Positive changes are showing up in the baby, too. The baby is 6 months old, and laughs, sits alone, grasps toys and is bonding well with her mom. Circumstances have greatly improved for this mother and her child because Smart Start is active in Washington County. The young mother expressed her feelings about her participation in the parenting classes this way: "This parenting thing is like saving your life and your child's too — that's the best definition I can give for it."

Human service agencies and organizations are working together in new and better ways because of Smart Start.

From the mental health perspective, where interagency efforts are crucial to quality service provision, agencies have, in fact, begun to work more closely together to collaboratively provide services. Open, honest communication between agencies is first and foremost in the interagency process, and the ways and means to achieve this have become more apparent. Staff members are working collaboratively between agencies to provide better services. For example, at the same time the Parenting Class meets, early childhood specialists work with the children through play in groups and one-on-one, helping to build appropriate developmental skills.

Child Care and Education

Subsidies

8 children with special needs have received Smart Start subsidized care this quarter.

100 other children have received Smart Start subsidized child care this quarter.

Family and Community Services

Parent Education and Support

12 families received parent education and/or support services in places other than family resource centers this quarter.

Transportation

3 children and family members were provided transportation to child care, health or other services this quarter.

Wilson County Partnership for Children

Smart Start Impact

Wilson County Partnership Board hired its new Executive Director in November, 1996. The director brings to the Partnership over 20 years of experience in public administration and human services work. The director and the board are focusing on establishing sound accounting practices and procedures. Wilson County has assumed payroll functions at no cost to the partnership, a new office location was opened with the office space donated by Wilson County.

In December, the partnership board funded several program initiatives:

- Wilson County Schools was awarded a grant to implement a Family Literacy Program.
- Department of Social Services was awarded funding for an Automatic Information and Communication Project, to enable human service agencies to communicate better and access client data more effectively.
- The Health Department was provided with funding to acquire computer hardware and software to track children who are delinquent with immunizations and interface with the state's database in order to provide a broader range of immunization data for local health and human service providers.
- Department of Social Services was able to substantially reduce the waiting list for child care subsidies by approximately 200 children as a result of Smart Start funding for temporary support personnel.

Year 4 Partnerships

Year 4 partnerships are receiving planning and administrative funds for the 1996-97 state fiscal year.

Anson County Partnership for Children

Impact of Smart Start

The last quarter of 1996 found the Anson County Partnership for Children "getting ready to start up." The nonprofit status was granted on December 24 after months of preparation by board members and board attorney. Representatives of the board have attended Orientation for Year 4 Counties in Raleigh, Child Care Resource and Referral Network Orientation in Charlotte, Fundraising Information Meeting in Fayetteville, Regionalization Information Meeting in Raleigh, and Regionalization Discussion in Rockingham. Partners in Innovation was contracted to provide technical assistance to the partnership in the area of strategic planning. The Executive Committee conducted a search for the Partnership's first Executive Director and selected an executive director to begin employment on January 1, 1997.

Human service agencies and organizations are working together in new and better ways because of Smart Start

Representatives of organizations and human service agencies in Anson County continued working together on the Anson County Partnership for Children. Collaboration led to success as the Partnership was granted nonprofit status and the funding of the Glaxo Wellcome Enhancement Grant was announced.

Bertie County Partnership for Children

Human service agencies and organizations are working together in new and better ways because of Smart Start

Human service agencies in the county have come together using Smart Start as common ground. This has helped to develop better relationships between staff in the agencies. Through this collaboration, agencies will more effectively meet the needs of the county without duplicating core services or expenditures of funds.

The Health Department, Department of Social Services, Day Care Association, Board of Education, and Family Resource Centers have joined forces to plan for service implementation.

Some new groups of agencies that have also "come to the table "are the Bertie County Arts Council, Mid-East Commission, and Merry Hill Women's Auxiliary.

The Executive Director serves as liaison between all agencies involved.

Because the Partnership Administration Office has not yet been set up, the YMCA allows its receptionist to receive phone communication for the Executive Director and also provides temporary housing for the partnership.

Brunswick County Partnership for Children

Impact of Smart Start

Brunswick is a fourth year partnership and is getting started with the strategic planning process. Because of partnership efforts, the county is benefiting from the WINGS program, the Preschool Music Hour, the Association of Child Care Professionals, and increased services at the Teen Family Development Project. The partnership is also responsible for an increased level of awareness in the community of the importance of the first five years of children's lives.

Collaboration isn't new to Brunswick County — many relationships have been formed, laying a solid foundation for the collaborative work that is ahead for the partnership. For example, the partnership has built a collaborative relationship with Communities in Schools, Brunswick County Schools, and the community to implement the Touching the Lives of Children program. The partnership received \$90,000 in private dollars to implement the program at six elementary schools, a Family Resource Center and the five large child care centers in the county. The schools invested an additional \$65,000 in supplementary materials. The program began in October, 1996, and, since that time, 320 children ages birth through 5 years have been assessed and many volunteer hours have been logged. In January, the program expanded to the child care community, where it is anticipated that an additional 350 young children will be served.

Human service agencies and organizations are working together in new and better ways because of Smart Start

The Teen Family Development Project (TFDP) is a good example of agencies working together effectively to connect consumers to services. Funding from government and private sources have been blended to support this program. Services for the teen parents and their children that are under the umbrella of TFDP are located at the county's alternative school and in other community agencies: The partnership and Department of Social Services provide child care subsidies to teen parents with young children who are not otherwise eligible for child care subsidies.

Brunswick Learning Center alternative school provides education, teachers, and classrooms for teen parents.

Brunswick County Schools and its Board actively support and advocate for TFDP.

The Family Support Services Coordinator in the Department of Social Services helps connect teen parents and their extended families with needed services.

The Cooperative Extension sponsors a nutrition program designed for teen parents.

The Health Department provides prenatal exams, WIC certification, immunizations, and child birth classes for pregnant teens.

The Human Development Coordinator at Brunswick Community College provides vocational counseling and basic life skills classes for the teen parents.

Mental Health provides support services for teen parents.

Local churches solicit for equipment, toys, clothes, diapers, and Christmas presents for teen parents and their children.

Columbia-Brunswick Hospital provides on-site child birth classes.

Community and business volunteers help support the program.

Through the use of administrative funds: Child Care and Education

Subsidies

7 children have received Smart Start subsidized child care this quarter.

Quality Improvement

71 teachers have participated in teacher education (not provided by a child care resource & referral agency) this quarter.

Educational Programs

37 children have participated in the Preschool Music Hour this quarter.

395 children 5 years and under have participated in the Touching the Lives of Children program this quarter.

Family and Community Services

Parent Education and Support

25 families have received health care education and parent education and/or support services in places other than family resource centers this quarter.

Columbus County Partnership for Children

Impact of Smart Start

Columbus County was selected as a Round 4 partnership and formally created in 1996. The partnership group had worked together previously to complete two Smart Start applications that were not funded. Since being selected as a Round 4 partnership, Columbus Partnership has been awarded a grant through private funds from the NC Partnership for \$21,500 that will be used by the Health Department to expand an existing postpartum-newborn visitation program. Partnership members are also participating on several other community initiatives for young children.

Human service agencies and organizations are working together in new and better ways because of Smart Start

The Partnership has contracted with the community college to provide personnel from the Early Child-hood Department to help facilitate the program planning phase. Partnership members are also serving on the board of the Family Resource Center, working with existing agencies to promote awareness of Smart Start in the community, and meeting with other county partnerships to discuss regionalization. Partnership board members are also involved in the cross-county meetings.

The partnership is not yet providing direct services. Planned program funding will, for example, help subsidize child care services for children of teen parents and offer quality improvement grants to child care providers to help upgrade the safety and quality of existing playgrounds.

Dare County Partnership for Children

Impact of Smart Start

The beginning of Smart Start in North Carolina in the early 1990's ('93 & '94) caused the county to develop a partnership organization along the guidelines of the programs. This planning group has evolved into the non-profit partnership, Children & Youth Partnership for Dare County, which has been in existence since 1994 without any state funds. This group has been the catalyst for the development of a youth center and a group home for abused and neglected children. Using the Smart Start model, our board was helpful in setting the stage for the collaboration necessary to make these projects happen.

Human service agencies and organizations are working together in new and better ways because of Smart Start

Because of the partnership organization, there are:

- Better lines of communication among staff at human service agencies serving young children and the opportunity for staff from several agencies to communicate at same time during partnership board meetings.
- Better understandings and awareness of the scope of available services among agency workers and private citizens.
- More education and awareness about the partnership and its mission within the public and private sectors.

Guilford County Partnership for Children

Impact of Smart Start

Smart Start has had a very positive impact on Guilford County in a very short period of time. To begin with, the 35 member partnership board was formed according to guiding principles as follows: the Partnership Board shall be community based; the Partnership Board shall consist of up to 35 members with the 15 non-required member slots filled to assure roughly equal Board representation from the public sector, private sector, and community-at-large; Board representation shall address issues of racial, ethnic and economic diversity and shall include grass roots representatives; the Partnership Board shall be proportionally representative of the county in diversity; it is desirable to have an agency chair, rather than a professional, serve as a member of the Partnership Board, whenever possible; conflicts of interest shall be avoided, wherever possible, by not including representatives likely to be contractors.

Because of these guiding principles, the Partnership Board has broad representation from the community and there is a feeling of trust and openness. We believe that, while a broad representation of members who do not know each other requires more team building in the beginning, our end product will be a Smart Start plan that can be embraced and endorsed by the entire county.

Human service agencies and organizations are working together in new and better ways because of Smart Start

The Partnership Board began meeting in November, 1996, and are just beginning the strategic planning and board team building processes. However, new forms of communication among agencies and citizens at large are taking place. There are two working committees of the partnership that involve a wide range of agencies and citizens at large: the Community Involvement Committee and the Quality Child Care Visioning Committee.

Though the work of the diverse 25-member Community Involvement Committee, six focus groups and three community meetings are planned for the month of February, 1997, to receive input on what people want for young children and their families.

The Quality Child Care Visioning Committee is an outgrowth of a smaller committee of university and community college professionals, as well as owners and directors of child care centers and others, who have been meeting for two years. This committee is responsible for developing the Child Care Quality Enhancement Project, spearheaded by the Guilford County Office for Children, that is currently funded by county government. The Committee has now enlarged to over 30 people, and includes parents, day care home providers, and other interested parties. There is an outside facilitator who will be making recommendations to the partnership board regarding enhancing the quality of child care in Guilford County. The use of an outside facilitator has proven to be extremely effective, and has saved time and increased the efficiency of the Committee.

Hoke County Partnership for Children

Impact of Smart Start

A group in Hoke County has worked on partnership applications since the beginning of Smart Start in North Carolina. The group consists of staff from the Health Department, Cooperative Extension, Head Start, the Family Resource Center, the Methodist's Children's Home, and other service agencies. The application that was accepted and designated Hoke County as a Round 4 Smart Start partnership reflected more collaboration, planning, and evidence of prior accomplishments on the part of the involved agencies and organizations in the community than did previous applications. And, in fact, this collaborative evolution has already sparked the development of many activities that benefit young children in Hoke County.

Human service agencies and organizations are working together in new and better ways because of Smart Start

Although no Smart Start funds were received in Hoke County until the end of December, 1996, the process of developing the partnership grant applications has helped collaboration efforts develop in the county. For example, prior to receiving Smart Start funds, the group operating as the partnership helped to administer an SOS grant from the NC Department of Human Resources for middle school students, forming a partnership with the Hoke County Schools.

Iredell County Partnership for Children

Impact of Smart Start

The Iredell County Partnership application was selected for funding in this fourth round. The needs assessment was done by several agencies working together to collect current data about the needs of our county's children and families. These agencies included Department of Social Services, Health Department, Healthier Iredell Children, Iredell/Statesville Schools, Iredell/ Statesville Schools Division of Exceptional Children, Agricultural Extension Service, Parents and Children Together (PACT), and Parents as Teachers. This bringing together of the many programs currently serving community children helped demonstrate the gaps in those services provided. It seems, for example, that Iredell County is doing a good job with immunizations for young children, but is lacking in services for dental and eye care for young children. There seems to be a need for parent education, since a large percentage of adults in the county do not have a high school education. There is also a large group of teenage mothers in the county with many and various unmet needs. Through Smart Start funding, the partnership hopes to be successful in providing services and educational resources in each of these areas.

Human service agencies and organizations are working together in new and better ways because of Smart Start

Through county collaboration in collecting the information for the Smart Start application, two important working groups were formed. One is "Healthier Iredell Children" that works to see that children are immunized and receive medical care. The other is "Friends of Children". This group brings together Department of Social Services, Interagency Coordinating Council, Health Department ,child care providers, Exchange Club Child Abuse and Prevention Center (SCAN), Iredell/Statesville Schools and Mooresville Division of Exceptional Children programs, and Agricultural Extension Service, to plan ways to collaboratively serve the children in Iredell County. Not only does this group strive to provide services such as screening, immunizations, and health information to young children and their families, but also the group plans a very inclusive WEEK OF THE YOUNG CHILD. The fire department and all of the above agencies and organizations work together to plan many activities that bring the community together to focus on young children and caregivers.

The partnership has already received several in-kind donations and given many hours of volunteer effort. Prior to receiving funds, a child care program loaned money to pay to advertise for an executive director. The local school system loaned money to expedite the application for non-profit status. Numerous volunteer hours have been given by members in the community in helping to develop the board and to prepare information packets for each member.

We are excited to see the potential to make a difference in the lives of our children through Smart Start.

Lee County Partnership for Children

Impact of Smart Start

The establishment of the Lee County Partnership has expanded efforts to broaden services to children and families. Through board membership, individual agencies are able to reduce solitary efforts and increase a more unified and systemic approach to advocacy, education and information sharing.

Human service agencies and organizations are working together in new and better ways because of Smart Start

The Partnership continues to recruit a broad diversity of members. The goal is to develop a partnership

that is inclusive and representative of the residents of Lee County.

No services are being delivered at this time. However, the partnership sponsored a Child Watch Tour for key entities within the county. Representatives from public, private and civic sectors were able to see the various resources, restrictions, opportunities and challenges that a Lee County child might experience.

McDowell County Partnership for Children

Impact of Smart Start

The McDowell County Partnership for Children & Families has begun exploring the possibility of working with a group of local industries to provide work-site day care for their employees and the community. The committee is continuing to meet to determine interest and cost associated with such a project.

The Partnership Board authorized the hiring of an Executive Director and a Strategic Planning Consultant effective the first of 1997.

Moore County Partnership for Children

Impact of Smart Start

Smart Start has been the catalyst in bringing together many agencies and organizations in Moore County. There have been many positive liaisons throughout the community simply as a result of agency and organization representatives sitting at the same table. The partnership has recently hired a new Executive Director who will begin later this month and is just now beginning the strategic planning process.

Human service agencies and organizations are working together in new and better ways because of Smart Start

The partnership has met with neighboring counties to study the regionalization concept and look at ways to provide services.

Many agencies are already networking and doing cross referrals as a result of Smart Start partners sitting around the same table. Committees and task forces are being formed, and, as a result, more agencies with common interests will communicate and join forces to implement Smart Start activities with young children's needs as their primary and common focus.

Rowan County Partnership for Children

Impact of Smart Start

The Partnership Board was established in 1993-94 to prepare Smart Start applications. Rowan County was selected as a Round 4 partnership.

Human service agencies and organizations are working together in new and better ways because of Smart Start

Because of Board and committee meetings, there is better communication between human service agencies in our community. Planning for the Smart Start program began in December 1996, with funding to begin in January 1997.

QUARTERLY REPORT: October 1, 1996 - December 31, 1996 PRIVATE SECTOR CASH AND IN-KIND CONTRIBUTIONS

This cumulative report summarizes private sector cash and in-kind donations to the North Carolina Partnership for Children and the 45 local partnerships for the first and second quarters of the 1996-1997 fiscal year.

Smart Start was conceived as a public-private partnership and the participation of the private sector through the donation of capital and human resources is a critical part of North Carolina's initiative for children. Smart Start funding and its collaborative approach leverages resources for communities in many different forms: cash contributions from the private sector, foundation grants, investment in child care centers and related businesses, resources donated to contracting agencies for use in Smart Start programs, funding blended with other resources in ways that add value, and new access to federal funds through cooperation among government, nonprofit and private sector entities. Moreover, many local partnerships cite more efficient use of existing funding streams as an important outcome of the Smart Start planning process.

Finally, every local partnership has received significant contributions of North Carolina's most precious resource: the human capital represented in the work of citizens in communities who are committed to improving the quality of life for children and their families across our state.

Cash Gifts: Cash donations and pledges of support from any private sources, including pledges payable through the end of 96/97.

North Carolina Partnership for Children	
-Cash Received	\$ 257,602
-Pledges	\$1,373,334
Local Partnerships	
-Cash Received	\$ 397,184
-Pledges	\$ 58,100
Total	\$2,086,220

Foundation Grants: Grants received from private philanthropic foundations.

North Carolina Partnership for Children	
-Cash Received	\$ 42,500
-Pledged	\$ 157,500
Local Partnerships	
-Cash Received	\$ 108,986
-Pledged	none
Total	\$ 308,986

Total Cash & Foundation Contributions \$2,395,206

Pledged or Received through 12/31/96 In-Kind Contributions: Most in-kind contributions are made to local partnerships for Smart Start programs and activities. These contributions include the gift or loan of equipment, supplies, or other goods and are reported at fair market value. Contributions of services are recognized if they create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills and would need to be purchased if not provided by donations.

Total In-Kind Contributions Received through 12/31/96

\$1,976,941

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Volunteer Services Received through 12/31/96 50,097 Total Volunteer Hours

CHILD CARE RESOURCE AND REFERRAL SERVICES

In the design of the Smart Start Initiative, Child Care Resource and Referral (CCR&R) services were determined to be a vital part of the development of a child care and education system. Specific funds were earmarked for these services to be provided in each Smart Start county.

What Is CCR&R? CCR&R is a service that has developed in local communities to link all people and groups concerned about child care — parents, child care providers, local governments, businesses and human service agencies. It does this by:

- Providing parents with information to help them to make informed child care choices. This information is more extensive and personalized than a mere list. It includes such things as types of child care available, licensing requirements, components of quality care, how to evaluate care, financial assistance available, other needed community services and written follow-up materials. Specific recommendations about which facility to use are not made by CCR&R staff the aim is to provide parents with the full range of choices for child care in the community beyond the simple listings of programs in the yellow pages.
- Ensuring that training is available for the people caring for children, providing technical assistance to help potential child care providers get started in the business, helping existing providers improve the quality of their care, and supporting providers through newsletters, associations, resource libraries, and helping them become more visible and well-utilized;
- Developing new or additional child care resources in the community, if parents need them. As the local economy develops, the supply of high quality child care must be in place to support the economic growth; and
- Providing people in the community such as human service agencies, local government, potential child care providers, Chambers of Commerce, employers, and realtors with valuable information on child care supply and demand that helps them serve customers better, make better business decisions and more effectively allocate limited resources. The information supplied includes unregulated (but legal) as well as regulated care. Many CCR&Rs have contracts with businesses to provide enhanced referral services for their employees.
- CCR&Rs do not serve as regulators and have no vested interest in advocating for one type of care over another. This enables them to play a critical role in creating a more cohesive child care system that supports parent choice and builds on the valuable diversity present in our current system.

How Is CCR&R Developing in NC? Nationally and in North Carolina, CCR&Rs have been developing since the early 1970s. These services have usually been created in response to the needs of parents and/or child care professionals. Typically, there are several stages of development of CCR&R services:

• The *planning stage* is where a broad-based community group learns about CCR&R, studies parents' and providers' needs, and then determines what services are most needed there and how CCR&R should be structured and function in that community. Counties in this stage include Anson, Bertie, Brunswick, Dare, Duplin, Hoke, Iredell, Lee, Pamlico, Rowan, Surry, Washington and Wilson;

- The start-up stage is where staff are hired, an office is set up, educational materials for parents and providers are developed, a data base of providers is created, policies and procedures are written (how providers are to list with CCR&R, what to do when a parent complains about a facility, how referrals are made, etc.), services are advertised and begin to be provided. Counties in this category include Alleghany, Ashe, Avery, Caldwell, Jones, Lenoir-Greene, Pasquotank, Robeson and Stokes;
- The core service stage is where, at a minimum, basic CCR&R services to parents, providers and the community are being provided. Counties in this stage range from those that have recently begun offering services to those that have been providing services for almost two years and are ready to move into the next stage so there is a great amount of variation among them. Counties in this stage include Catawba, Cleveland, Cumberland, Halifax, Hertford, McDowell, Stanly and Wilkes; and
- Beyond the core services stage, CCR&R programs typically work on improving their services and add new services as they are needed and as funds are available to provide them. CCR&R programs may seek accreditation from the NC CCR&R Network to help ensure a certain professionally recognized level of quality in services provided. There are varying levels of accreditation so agencies can continually strive to provide better services.

Of the 35 local Smart Start projects, fourteen had CCR&R services prior to receiving Smart Start funds. Twelve of these fourteen have completed the NC CCR&R Network's Accreditation process. The other two programs are expected to participate in this process during 1996. Accredited programs operate in these Smart Start counties: Buncombe, Burke, Chatham, Columbus, Davidson, Durham, Forsyth, Guilford, Mecklenburg, Moore, New Hanover, Orange, Region A, Rutherford and Wake.

All of the accredited programs listed above receive funding from a variety of sources in addition to Smart Start funds. Sources may include United Way, local and federal government, foundation and corporate grants, corporate contracts for services, membership fees, fund-raisers, etc. Therefore, when CCR&R programs report numbers served for this report, they are reporting only those customers served with Smart Start funds. For example, during the past quarter:

Work/Family Resource Center, Forsyth County, provided direct child care information and referrals to a total of 584 families. Smart Start funds supported 146 of these.

Durham Day Care Council, Durham County, provided child care information and referrals to a total of 2,149 families. Smart Start funds supported 968 of these.

Child Care Resources, Inc., Mecklenburg County, provided direct child care information and referrals to a total of 1,183 families. Smart Start funds supported 100 of these.

Establishing CCR&R services is hard work but is critical to the success of a Smart Start effort. It is similar to building a bridge, an infrastructure that can help support the child care system at the local level. Instead of cars, this bridge helps connect and transport the various players in the child care community — parents, child care providers, businesses and a wide variety of agencies. Typically, those counties that have taken the time to solicit community input for the development of CCR&R services and thoroughly planned for this local infrastructure, or bridge, have created stronger programs that will serve the community for many years to come.

Systems Automation

The new on-line reimbursement system for the state's subsidized child care program has been adapted to accommodate federal and state statutory changes. It is expected that the volume of Smart Start children processed through the modified system will increase in SFY 1996-97 as Year 3 partnerships begin services. In addition, the Division has initiated a plan of action regarding a systems automation recommendation proposed in the 1996 Coopers and Lybrand Smart Start Performance Audit. The recommendation targeted the development of a statewide child care resource and referral database which would increase the availability of child care information to the general public. The systems analysis required to build such a system has begun. It is clear that the major source of data for the child care resource & referral database will be developed from the existing Division of Child Development regulatory system database, which is already undergoing a preparatory update. The child care resource & referral database will reside on the Division of Child Development webpage located on the Department of Human Resources website.

T.E.A.C.H.

(Teacher Education And Compensation Helps)

T.E.A.C.H. EARLY CHILDHOOD®

Quarterly Report October 1-December 31, 1996

Current Status

Recruitment

Recruitment efforts for this reporting period are reflected on the attached recruitment log (Attachment 1). T.E.A.C.H. Early Childhood® Project staff have directly reached 310 child care providers, administrators and agency representatives through these presentations. Project staff and other representatives from Day Care Services Association were engaged in a variety of presentations focusing on the T.E.A.C.H. Early Childhood® Project at the NAEYC Conference in November.

In addition, potential program participants were recruited through a statewide mailing to all licensed child care centers and registered family child care homes (Attachment 2).

Counselors identified child care programs within their service areas that were not participating on the T.E.A.C.H. Early Childhood® Project and offered on-site technical assistance as a recruitment strategy. Other strategies employed during the quarter included enclosing associate degree scholarship applications with each credential bonus award. Credential bonus award recipients will be contacted by respective scholarship counselors six months after the bonus is issued.

Program Participation

Enrollment figures from Fall 1996 indicate the following rates of participation in the various T.E.A.C.H. scholarship programs:

•CDA Scholarship Collaborative:	23
•North Carolina Early Childhood Credential Scholarship Program: - for Center-Based Staff: 452 - for Family Child Care Providers: 41	493
•Early Childhood Associate Degree Scholarship Program: - for Center-Based Teachers: 370 - for Center-Based Directors: 63 - for Family Child Care Providers: 61	494
•Early Childhood Bachelor's Degree Scholarship Program: - for Center-Based Teachers: - for Center-Based Directors: 9	25

During Fall quarter these 1035 scholarship recipients representing 82 North Carolina counties cared for 29,186 children in 545 child care programs across the state. We expect that these figures will continue to show slight increases as the Project continues to receive requests for reimbursement from participating scholarship recipients and their sponsoring child care programs.

New Directions

CDA Assessment Scholarship Program

To alleviate some of the existing barriers for CDA assessment, Day Care Services Association will expand the T.E.A.C.H. Early Childhood® Project to include the CDA Assessment Scholarship Program. This will be developed as a core program and will be made available statewide to child care providers employed at licensed child care centers or registered family child care homes. The scholarship program includes options for providers to participate with or without the sponsorship of their child care program.

Application and promotional materials are currently being developed and will be disseminated statewide to licensed child care programs including Head Start programs, registered family child care homes, resource and referral agencies, cooperative extensions and Smart Start partnerships (Attachment 3).

T.E.A.C.H. Early Childhood® Fellows Program

One of the primary objectives of the T.E.A.C.H. Early Childhood® Project is to increase the educational level of the childcare workforce in North Carolina. An even greater goal is to attract individuals to the field who are planning careers in early childhood education. The T.E.A.C.H. Early Childhood® Fellows Program is conceptually similar to the North Carolina Teaching Fellows Program and will offer two-year scholarships to students enrolled in child development/ early childhood degree programs at both public and private universities across the state. Scholarships will be available to juniors and seniors who are wiling to commit to 1-2 years of employment in a North Carolina child care program after graduation.

Inception of this scholarship initiative occurred during this quarter. However, a formal proposal for implementation will be submitted to the Advisory Committee for review in January 1997.

PROGRAM UPDATES

Early Childhood Bachelor's Degree Scholarship Program

Currently, 32 students are active on the Bachelor's Degree Scholarship program. Of those, one is in the pre-B.A. category. Two of the pre-B.A. recipients who had been accepted for the Fall 1996 quarter were dropped from the program. One teacher left her center, and the other teacher decided to decline the scholarship for the present. Four recipients who had previously completed contracts on the Bachelor's Degree Scholarship program decided not to renew their scholarships for a variety of reasons. Three new applicants have been accepted for the Spring 1997 semester and are expected to begin their courses in January, 1997.

Currently, sixteen completed applications are on file; we are waiting for information about applicants' transfer hours. If accepted, those applicants would begin in the Fall of 1997.

The project coordinator has been actively engaged in reviewing all of the recipients' files, updating their database records, and contacting all the recipients, as well as applicants.

Number of students accepted and/or active October-December, 1996:

Center-based teachers:	19+1 (Pre-BA)	20
Center-based directors:		7
Directors/Owners:		5

Total: 32

Number of students attending participating universities/community colleges:

East Carolina	3
North Carolina Central	12
UNC-Charlotte	5
UNC-Greensboro	6
Western Carolina	5
Nash (pre-B.A.)	1

Total 32

Early Childhood Model/Mentor Teacher Program

Fifteen applicants were accepted into the fifth cohort of Model/Mentor teachers. Of those, one recipient decided not to participate, so the class has a total of 14 participants. Class began November 5, 1996 and is expected to run through February, 1997. The instructor reports that this cohort is a good group, and they are all very excited. Comments from the recipients also indicate that the class is going quite well and is meeting their expectations.

A gathering of past cohorts of Model/Mentor teachers is still in the planning stages. The group will meet in conjunction with a class meeting of the 1996-1997 cohort. The meeting will be early in 1997. The Project Coordinator will be working with the instructor to plan this event.

The Project Coordinator has contacted each member of the fourth cohort of Model/Mentor teachers in order to find out which ones have had student teachers. Students have been placed with five of these mentors, and the mentors' first bonus has been requested. A letter also was sent to all of the participating centers to remind them to give their Model/Mentor teachers their first bonus. Additionally, a letter was sent to surrounding community colleges to remind them of the availability of the mentor teachers as placement sites.

T.E.A.C.H. Early Childhood® Corps-AmeriCorps

The T.E.A.C.H. Early Childhood® Corps is an AmeriCorps program with volunteers, or Members, placed in child care settings all across the state of North Carolina. These settings include child care centers and Head Start programs which have a significant number of teachers receiving a T.E.A.C.H. Early Childhood Project Scholarship. Nineteen full-time Corps Members support these teachers and programs by covering the release time required by the scholarship program.

The 1996-97 T.E.A.C.H. Early Childhood Corps has had a very productive and eventful quarter. The Corps Members are acclimating to their sites very well, and have added 2 or 3 community college courses in early education to their busy schedules. Through December 15th 1996, Corps Members had served a collective total of nearly 8700 hours as follows:

- 6,400 hours of on-site direct service,
- 330 hours of class time,
- 305 hours of off-site projects and activities, and
- 1,600 hours of professional in-service training.

Training was provided for the entire Corps on October 24th and December 6th in Chapel Hill. Topics for the trainings included: behavior management, child abuse and neglect, communication skills, and the necessity of considering the whole child. On October 25th, Corps Members gathered with the rest of North Carolina's AmeriCorps Members to be officially sworn in. Corps Members also worked to clean a building in a public housing community in downtown Winston Salem.

CDA Rural Scholarship Collaborative

Currently, 23 providers are active on the CDA Rural Scholarship Collaborative. This number reflects both those who are still working on trainings and on their resource file, as well as participants who are simply waiting on their assessment. Funding for this project has been shared between the NC Rural Economic Development Center and the T.E.A.C.H. Early Childhood Project. During this time, 35 participants have been accepted onto the program. In addition to the 23 who are still working on their CDA, six have become CDAs, five have been accepted but have not turned in their contracts and only one has withdrawn from the program. As of November 30, 1996, funding through the NC Rural Economic Development Center has been expended. The CDA Rural Scholarship Collaborative now falls completely under the T.E.A.C.H. Early Childhood Project.

Recruitment efforts continue for participants for the CDA Rural Scholarship Collaborative. A large mailing will go out to all child care centers and homes in the project area who are not currently sponsoring a recipient. This mailing should go out in late January or early February. Additionally, Day Care Services Association is holding its annual Day for Day Care Training on February 1, 1997. Many of the CDA Rural Scholarship Collaborative participants who still need training hours will be attending this training event.

CONCLUSION

Since its inception in 1993, a total of 4,070 T.E.A.C.H. Early Childhood® Project recipients have been funded in 1,350 different programs across North Carolina. At least 62,314 children across North Carolina have been cared for in programs where a staff member is improving her/his knowledge base and skills by studying early childhood education, receiving increased compensation, and has made a commitment to remain in the early childhood profession. The actual number of children reached by the T.E.A.C.H. Early Childhood® Project is believed to be significantly higher—because of the effect of T.E.A.C.H. on reduction of teacher turnover, participating teachers are more likely to remain in their jobs longer, interacting with multiple cohorts of children, thereby multiplying the positive impact of the T.E.A.C.H. Project on North Carolina's children and families.

T.E.A.C.H. Early Candhood® Project

Outreach Presentations

October 1 - December 31, 1996

Date	Location	Agency	Contact Person	Audience	Counties	Title	# Attended
***************************************	Davidson	Davidson CC	Sonya David	FCCH Providers	Davidson	TEACH	14
	Chapel Hill	 	Cynthia Turner	Administrators	Statewide	TEACH	20
)		
I '	Maryland	Maryland Committee for Children	Steve Rhode	Administrators, Providers	National	TEACH	150
	Raleigh	DHR/DCD			Statewide	TEACH	25
11/23-24/96	Dallas	NAEYC	Acting transcript	Administrators	National	TEACH	20
	I	(· · · - · · ·	1	1	'		
12/10-11/96	Wilmington	Cape Fear CC	Lynda Huneycutt	NC-CCC 1&2	New Hanover	TEACH	81

T.E.A.C.H. Early Childhood[®] Project Scholarship Opportunities Available

N.C. Early Childhood Credential Scholarships

for full-time early childhood professionals wishing to earn the N.C. Early Childhood Credential

Early Childhood Associate Degree Scholarships

tor full-time early childhood professionals wishing to earth a certificate, diplome, or Associate degree in early childhood

Early Childhood Bachelor's Degree Scholarships

for full-time early childhood professionals wishing to earn a Bachelor's Dagree in early childhood education at a limited number of public universities across the state

CDA Assessment Scholarships

for early childhood professionals working toward becoming Child Development Associates

We'd like to put YOU on the map!

Since January 1993, the T.E.A.C.H. Early Childhood® Project has provided scholarships for over 3,400 early childhood teachers, directors, and family child care providers. These early childhood professionals receive a scholarship for tuition and books, a travel stipend, and a salary raise or bonus. Some scholarships also provide paid release time from work.

If you would like to be a part of this exciting new wave of qualified, educated, and motivated early childhood professionals, please complete the enclosed form and mail to:

T.E.A.C.H. Early Childhood® Project
Day Care Services Association
P.O. Box 231
Chapel Hill, NC 27514

T.E.A.C.H. Early Childhood® Project Child Development Associate (CDA) Assessment Scholarship

What is a CDA Credential?

The CDA Credential is a nationally recognized credential awarded to individuals who have demonstrated competency through both experience and education in working with young children ages 0-5. The CDA Credential is awarded to infant/toddler child care teachers, preschool teachers or family child care providers.

Who awards the CDA Credential?

The Council for Early Childhood Professional Recognition (The Council) administers the CDA credentialing program and awards the CDA Credential.

Who administers the CDA Credential Assessment Scholarship Program?

The CDA Credential Assessment Scholarship Program is made available through the T.E.A.C.H. Early Childhood® Project and is administered by Day Care Services Association.

Does the CDA Credential have to be renewed?

Yes. The CDA Credential is valid for 3 years from the date of award. At the end of that period, a CDA may apply for renewal. When renewal is granted, the Credential becomes valid for an additional 5 years.

What are the eligibility requirements?

Candidates for the CDA must meet the following four criteria: be 18 years or older, have a high school diploma or equivalent, have 480 hours of experience working with young children within the past five years and have 120 hours of formal child care education and training within the past five years in the CDA training content areas.

Who is eligible for a CDA Credential Assessment Scholarship?

Individuals earning less than \$12 per hour while working in a licensed child care center or a registered family child care home for at least 20 hours per week are encouraged to apply.

How do I earn the CDA Credential?

In order to receive the CDA Credential, an individual must meet the eligibility requirements and complete or facilitate the completion of the following: a professional resource file, parent opinion questionnaires, a formal observation, an oral interview and a written assessment.

What will the CDA Credential Assessment Scholarship cover?

The CDA Assessment Scholarship will pay 85% of the assessment fee.

What kind of commitment is required of recipients of the CDA Assessment Scholarship?

Scholarship recipients are asked to remain with their sponsoring programs or in the field for an additional 3-6 months after the CDA Credential has been received.

Will I be compensated for earning the CDA Credential?

Yes. Day Care Sevices Association will award a \$200 bonus to individuals who attain the CDA Credential.

What kind of commitment is required of the center?

The center may be required to pay a portion of the assessment fee. Centers allow teachers to be formally observed in the classroom by a representative from the Council.

What kind of support does Day Care Services Association provide?

DCSA provides counseling and administrative support. DCSA reviews assessment application materials and submits them to the Council.

For more information, contact Day Care Services Association PO Box 231 Chapel Hill, NC 27514

T.E.A.C.H. Early Childhood® Project CDA Assessment Scholarship Application Date:

Name:Social Security Number:		
Address:		
City:		
Phone: (H) (area code)	(W) (_{are}	ea code)
Employment Status		
a. What is your job title?		
b. How many hours do you work per week?	?	
c. Date of employment in current work pla	ace?	1
d. What age groups do you teach?	·····	
e. Number of children in your classroom or	child care h	ome?
f. What is your current hourly salary?		
Family Structure		
a. How many people live in your household	d?	
b. List everyone in your house and their re	lationship to	you.
Name		
Name	Relation	ship
Name		
Name		
Name	Relation	ship
Race: African-American Eur	ro-American	Other
Name of Program:		
(Enter the name of the program in which you		
name of the operator.)		
License/Registration Number:		•
Program Address:		
Program Type (Please check one):		
	Head Sta	
		ChildPublic Center
	Care Ho	ome

For Center Based Programs: PLEASE CHOOSE ONE OPTION ONLY

OPTION I

Participant agrees to:

- Pay 15% of the assessment fee (\$48.75)
- Submit assessment application to DCSA
- Complete the assessment
- Commit to remaining in child care for 3 months after receiving the CDA Credential
- Send assessment package to DCSA
- Notify DCSA upon attainment of CDA Credential

Center agrees to:

 Allow observation of teacher in center by a representative from the Council for Early Childhood Professional Recognition

OPTION II

Participant agrees to:

- Complete the assessment
- Submit assessment application to DCSA
- · Commit to employment at sponsoring center for 6 months after receiving the CDA Credential
- Notify DCSA upon attainment of CDA Credential

Center agrees to:

- Pay 15% of the assessment fee (\$48.75)
- Allow observation of teacher in center by a representative from the Council for Early Childhood Professional Recognition

OPTION III

Participant agrees to:

- Pay 7.5% of the assessment fee (\$24.38)
- Submit assessment application to DCSA
- Complete the assessment
- Commit to employment at sponsoring center for 3 months after receiving the CDA Credential
- Notify DCSA upon attainment of CDA Credential

Center agrees to:

- Pay 7.5% of the assessment fee (\$24.38)
- Allow observation of teacher in center by a representative from the Council for Early Childhood Professional Recognition

(Participant's Signature)	(Date)
(Center Director's Signature)	(Date)

For Family Child Care Homes:

Participant agrees to:

- Pay 15% and of the assessment fee (\$48.75)
- Submit assessment application to DCSA
- Complete the assessment
- Commit to keeping registered Family Child Care Home in operation for 6 months after receiving the CDA Credential
- Send assessment package to DCSA
- Notify DCSA upon attainment of CDA Credential

(Participant's Signature)	(Date)

Statement of Income

tructions: List sources of income available to you. For our source of income, you must provide a copy of verification of that income. A statement from your employer indicating your hours and rate of pay (on center letterhead) or a copy of your most recent pay stub will verify earnings from a job. A statement from your exspouse or a court award letter can be used to verify child support. Family child care home providers must complete the Statement of Income on the right.

APPLICANT'S INCOME

A. Earnings Job #1 per
B. Employer #1
C. Hours/Week
D. Earnings Job #2 per
E. Employer #2
F. Hours/Week
G. Are you a student? ☐ yes ☐ no
If yes, answer H - J. If no, go to K.
Scholarship/Grant #1 \$
. Scholarship/Grant #2 \$
J. Student Loan \$
K. Child support/Alimony \$
L. AFDC/SSI \$
M. YOUR TOTAL INCOME \$
N. TOTAL FAMILY INCOME (your spouse
included) \$

rease attach a copy of your most recent pay stub here.

Family Child Care Providers Statement of Income

Instructions: This sheet is to help you determine your monthly earnings from your family child care home. Base your answers on last month's receipts. Special instructions are in italics.

Revenue Line 5	Expenses Line 14	Monthly Earnings (line A on left)
Aaa iines (6, 7, 8, 9, 10, 11, 12 _, -	, 13
	thly Expenses	12
13.Other (spec	ify) '	
12.Gifts for Ch	ildren / Families	-
11.Training Fee	S	
10.Transportat	ion (\$0.25/mile)	
9. Crafts/Sup	plies	
8. Assistant/S	ubstitute Care	
7. Toys		
6. Food		
care home last	•	
How much did	you spend for child	ren in vour child
Add lines	2, 3, and 4	
	thly Revenue	
children in y		
	rces subsidy for	
4. How much	was the DSS or Chil	d ·
Care Food F	Prog. Reimbursemen	t?
3. How much	was your Child & A	dult
	thly Parent Fees	
, , ,	or weeks/month)	X 4.33
	arents each week?	
1 What is the	total amount paid	

Remember, you must include verification of your income such as copies of receipts from each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

Application Due to DCSA:	Application Date:	Verification visits to occur:			
Nov 1	Dec 1	1st Quarter: Jan, Feb, March			
Feb1	Mar 1	2nd Quarter: Apr, May, Jun			
May 1	June 1	3rd Quarter: Jul, Aug, Sep			
Aug 1	Sep 1	4th Quarter: Oct, Nov, Dec			
Center-based infant Center-based prescl Family day care pro	I intend to apply for assessment for the Credential by (date): Center-based infant/toddler program (children up to 36 months) Center-based preschool program (children 3-5 years) Family day care program (small or large child day care home) Home visitor program				
Check here if you will app	ly for the Bilingual Specialization	on			

THIS APPLICATION MUST BE ACCOMPANIED BY COMPLETED CDA APPLICATION

Return this application with verification of income to:

T.E.A.C.H. Early Childhood® Project Day Care Services Association P.O. Box 231 Chapel Hill, NC 27514

STATE-LEVEL ADMINISTRATIVE AND SUPPORT SERVICES

orth Carolina Partnership for Children

Created by 1993 legislation, the mission of the North Carolina Partnership for Children, a private nonprofit organization, is to take action on behalf of the people of North Carolina to support children under six and their families through statewide and local community partnerships. The North Carolina Partnership provides administrative support and offers technical assistance to local partnerships in the development of Smart Start strategic plans. During the second quarter, the North Carolina Partnership for Children:

- A revised budget and new staffing plan were approved by the Board of Directors. These were
 necessitated by the significant increase in responsibilities undertaken by the state partnership. These
 responsibilities included fiscal management and contracts management for 23 of the local
 partnerships that were selected during the third and fourth years of the program; the development of
 a statewide regionalization plan; orientation, training and technical assistance to the
 newly-developing local partnerships; resource development/fundraising; communications; and
 organizational development.
- A regionalization work group, comprised of local partnership executive directors, and members of
 the Special Committee on Regionalization of the North Carolina Partnership Board, was formed to
 develop a Regionalization Plan for Smart Start. The Special Committee on Regionalization was
 chaired by Rep. Carolyn Russell and was comprised of ten North Carolina Partnership For
 Children Board members, including four state legislators, four local partnership directors and the
 North Carolina Partnership for Children Executive Director. The North Carolina Partnership for
 Children Board Chair also convened a meeting, attended by 37 local partnership board chairs, to
 discuss strategies for regionalization. During the quarter, the North Carolina Partnership for
 Children Executive Director attended over 20 meetings across the state to discuss regionalization
 with the boards and staff of local Smart Start partnerships and representatives from unfunded
 counties.
- These efforts resulted in a plan for regionalization to be submitted to the General Assembly and the North Carolina Partnership for Children Board of Directors.
- The North Carolina Partnership for Children began plans for relocating the state office, to accommodate the growth in staff and operations. The former United Way office at 1100 Wake Forest Road was selected as the new site.
- An Administrative Action Plan was submitted to the North Carolina Partnership for Children by
 each of the 47 local Smart Start Partnerships. The plan will ensure that policies and procedures will
 be followed by the local partnerships to ensure greater accountability, fiscal integrity and adherence
 to established guidelines for local partnership administration.
- A meeting was held with state transportation administrators to plan for a transportation summit to
 identify best practices and develop strategies in response to the need for public transportation in the
 rural areas in which Smart Start offers services. This summit will address ongoing concerns about
 access to services in local communities.

Communications

- Distributed materials to local partnerships including brochures, posters, and counter cards paid for by a private donation by SeaLand, Inc.
- A communications work group was formed with member s of the Board's Communications
 Committee and local partnership representatives to outline public information efforts throughout the
 state. The committee focused on plans for spring events.
- The North Carolina Partnership for Children was asked to serve as the statewide contact for the National Early Childhood Public Engagement Campaign, which begins in April.
- The NCPC participated in resource fairs and event, distributed more than 300 information packets and had more than 1,500 "visits" to its web site in its first two months.
- Board Chairman Ashley Thrift visited more than 25 local partnerships to see Smart Start at work and its accomplishments.

DIVISION OF CHILD DEVELOPMENT

The Division of Child Development in the Department of Human Resources continues to work closely with the North Carolina Partnership for Children in an effort to assist with transition activities and to ensure uninterrupted funding for existing local partnership projects. Contracts were in place and funds were available effective July 1, 1996. During the second quarter of the 1996-97 state fiscal year, the Division also accomplished the following.

Managed and monitored contracts for Years 1 & 2 local partnerships which included developing new contracts, amending current ones, assisting with budget revisions and processing reimbursements.

Amended seven existing administrative contracts for Year 3 local partnerships to add service funds for activities approved by NCPC.

Developed planning contracts for nine Year 4 local partnerships.

Provided administrative support to state-wide Smart Start projects and programs, including T.E.A.C.H., the Smart Start evaluation and North Carolina Partnership for Children.

Provided to the Office of the State Auditor information regarding contracts from the 1995-96 state fiscal year to assist in the auditing process. Collaborated with the fiscal director at the North Carolina Partnership for Children to design technical assistance to local partnerships based on individual findings and patterns of findings.

Met with auditors from the Office of the State Auditor to provide information on the history of Smart Start from a programmatic standpoint.

Provided training with NCPC to all Year 3 & 4 local partnerships on contracting and financial reporting. Provided family resource center staff with information to enhance and strengthen program efforts in family involvement, grant writing, building collaboration and staff development.

Provided information on Smart Start to individuals and groups in North Carolina and throughout the country.

Assisted NCPC by amending its contract to add additional funding provided by legislation and approved by the NCPC Board of Directors.

Provided technical assistance to Frank Porter Graham on the amendment of its contract to expand the scope of the evaluation and add new funding.

Smart Start Evaluation Progress Report October 1, 1996 — December 31, 1996

During the second quarter of the 1996-97 year, the Smart Start evaluation team from the Frank Porter Graham Child Development Center (FPG) at the University of North Carolina at Chapel Hill has focused our evaluation efforts on collecting data on child care quality, exploring the use of unique identifiers in Smart Start partnerships, and developing studies of specific Smart Start programs. Each of these major activities will be discussed in this report.

Data Collection

We have continued collecting data in child care centers across the pioneer partnerships to determine the effect of Smart Start on the quality of child care. Other studies, like the Cost, Quality, and Outcomes study, have shown that children in higher quality child care centers are better prepared for school. To date, 193 centers have agreed to participate in the evaluation. We plan to finish collecting data by the end of February. We continue to enter and verify data for accuracy as we receive it from the field data collectors. Once the data are gathered, entered, and verified, we will begin analyzing the information to describe the current quality of child care, compare this year's data to the 1994-95 data, and determine the relationship between quality child care and participation in Smart Start quality improvement activities.

Feasibility Study of Unique Identifier Systems

In response to the need for determining an accurate number of children who have participated in Smart Start and the need for determining the impact of service intensity and duration on outcomes (e.g., determining whether children who participate in more intensive Smart Start services have better outcomes), the Smart Start evaluation team is conducting a feasibility study of unique identifier systems. During this quarter, we identified 4 partnerships who have asked Smart Start funded programs to collect demographic data on participants, using a unique identifier such as social security number. Members of the evaluation team interviewed key persons in each partnership to find out more about their systems. Everyone interviewed believed that all Smart Start programs could implement a procedure for gathering unique identification information from participants. However, none of the 4 partnerships currently obtain unique identifier information from all programs. Partnerships identified a lack of staff as a major barrier to implementing a unique identifier system. None of the 4 partnerships have enough staff right now to adequately handle the responsibility of gathering unique identifier information from all participants. As a pilot study, we have asked all 4 partnerships—and all have agreed—to gather basic information, including a unique identifier, for all children they serve. We will provide financial and technical support as the 4 partnerships take this next step and, with them, will evaluate the progress. We will share our findings from this next step with Smart Start leaders during the upcoming months.

Additional Evaluation Studies

This section briefly describes some of the other evaluation studies we are conducting this year. Playground Safety Study. Many injuries occur on child care center playgrounds, partially because of unsafe playground equipment. To address this problem, several Smart Start partnerships have funded playground improvement grants for child care centers. We will gather playground safety information in one Smart Start partnership that focused on improving child care center playgrounds and in a neighboring non-Smart Start county in which there were no organized efforts to improve the safety of center playgrounds. By comparing playground information gathered in each county, we will determine the impact of playground improvements on the safety of playgrounds.

Child Care Quality Comparison Study. We will gather information on the quality and types of services provided by licensed child care centers in a sample of third- and fourth-round partnerships. These data will allow us to answer questions like, "What is the quality of child care in non-Smart Start counties compared to pioneer Smart Start counties?" We will also use this data as a baseline to determine the impact of Smart Start on the quality of child care in these third- and fourth-round Smart Start counties. Public-Private Partnerships. We will conduct interviews and case studies with selected partnerships to understand how local partnerships are organizing public-private efforts and to be able to share lessons across all partnerships.

Allocations and Expenditures

Summary of Smart Start SFY 96-97 as of December 30, 1996

Year 1 Counties	1996/97 Allocation	Payment to Contractors	Subsidy Allocation	Payment for Subsidy	Subsid. Care Spending Coeff.	Payment for DSS Admin.	Total Expenditures
Burke	\$2,172,646	\$818,980	\$524,253	\$154,521	88%	\$19,545	\$993,046
Caldwell	\$2,176,371	\$343,190	\$598,000	\$289,321	145%	\$18,662	\$651,173
Cleveland	\$2,185,053	\$494,154	\$693,349	\$339,668	147%	\$45,427	\$879,249
*Cumberland	\$3,884,544	\$551,527	\$1,148,477	\$567,561	148%	\$57,751	\$1,176,839
Davidson	\$2,391,735	\$794,900	\$534,537	\$101,597	57%	\$17,394	\$913,891
Halifax	\$1,915,340	\$451,473	\$665,000	\$356,842	161%	\$31,778	\$840,093
Hertford	\$716,243	\$232,689	\$150,000	\$24,551	49%	\$14,959	\$272,199
Jones	\$408,207	\$171,139	\$32,000	\$13,598	127%	\$9,444	\$194,181
*Mecklenburg	\$5,073,948	\$459,798	\$3,440,033	\$1,541,914	134%	\$0	\$2,001,712
Orange	\$2,217,146	\$1,064,758	\$90,000	\$40,990	137%	\$36,582	\$1,142,330
Region A	\$2,237,036	\$596,021	\$1,239,334	\$573,108	139%		\$1,169,129
Stanly	\$1,783,994	\$320,318	\$561,840	\$277,537	148%	\$36,326	\$634,181
Total	\$27,162,263	\$6,298,947	\$9,676,823	\$4,281,208	88%	\$287,868	\$10,868,023

*Cumberland and Mecklenburg Counties' Allocation was increased by \$500,000 from additional Smart Start funding granted by the Gereral Assembly.

Year 2 Counties	1996/97 Allocation	Payment to Contractors	Subsidy Allocation	Payment for Subsidy	Subsid. Care Spending Coeff.	Payment for DSS Admin.	Total Expenditures
Ashe	\$621,884	\$166,550	\$185,832	\$84,003	136%	\$0	\$250,553
Avery	\$503,611	\$198,862	\$105,000	\$18,828	54%	\$11,583	\$229,273
Catawba	\$3,190,094	\$464,586	\$2,123,490	\$994,488	140%		\$1,534,703
Chatham	\$1,240,351	\$427,810	\$428,000	\$233,813	164%		\$661,623
Duplin	\$1,244,776	\$385,525	\$327,233	\$194,064	178%	\$52,670	\$632,259
Durham	\$5,186,227	\$1,886,694	\$746,271	\$661,528	266%	\$20,730	\$2,568,952
Forsyth	\$4,737,494	\$1,843,674	\$500,000	\$358,073	215%		\$2,217,827
Lenior-Greene	\$2,156,792	\$681,587	\$484,450	\$206,620	128%	\$32,698	\$920,905
Nash-Edgecombe	\$3,521,785	\$925,008	\$125,000	\$47,507	114%	\$52,474	\$1,024,989
Pasquotank	\$1,169,349	\$419,350	\$375,794	\$126,873	101%	\$0	\$546,223
Person	\$1,000,688	\$411,422	\$92,650	\$41,234	134%	\$13,723	\$466,379
Wilkes	\$1,495,550	\$438,679	\$523,145	\$242,929	139%	\$22,426	\$704,034
Total	\$26,068,601	\$8,249,747	\$6,016,865	\$3,209,960	107%	\$298,013	\$11,757,720
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AGENDA

Joint Subcommittee on Human Resources Appropriations

Legislative Office Building - Room 424 Tuesday - March 4, 1997 8:30 a.m.

Division of Mental Health, Developmental Disabilities, Substance Abuse Services (continued)

- Crisis Services
- Willie M Services
- Developmental Disabilities Services

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

Wednesday, March 4, 1997

Senator Martin opened the meeting at 8:35 a.m. There were six Senate members present and House members present were as follows:

Representative Gardner Representative Aldridge Representative Nye Representative Watson Representative Adams Representative Hurley Representative Cansler

Senator Martin turned the floor over to Karen Hammonds-Blank to present on the Crisis Services budget and to give a program overview (see handout).

Karen passed out a status report on the Thomas S diversion. Senator Martin inquired as to whether or not there had been any negative repercussions as a result of the Thomas S diversion. Dr. John Baggett, with the Department, clarified that there had not been any negative repercussions other than folks adjusting to doing business differently.

Upon completion of the Crisis Services presentation, Karen proceeded with an overview of the Willie M Services (see handout). She indicated that \$500 million had been appropriated to Willie M; 1420 persons were certified eligible to receive services; and aged out children are connected with adult services in crisis intervention. There was some discussion concerning transitioning a child out of the program as an adult.

There was also some discussion on the Attorney General's office possibly paying for beefing up representation (legal) in the front end to eliminate extensive legal representation on the far end.

Senator Phillips stated that, if the issue had been addressed in the beginning when the state was first forewarned, relative to the Willie M program, we would not be experiencing the legal battle now.

Appro. Sub HR Minutes 3-4-97 Page 2

Karen concluded her overview and the meeting adjourned at 9:55 a.m.

Senator William N. Martin, Chairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay Clerk

Joint Appropriations Subcommittee on Human Resources

VISITOR REGISTRATION SHEET

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DEPARTMENT OF HUMAN RESOURCES DIVISION OF SOCIAL SERVICES

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT (TANF)

The Temporary Assistance for Needy Families (TANF) Block Grant is a new grant from the Federal government created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L 104-193). The grant was created by combining several formerly entitlement programs into one capped grant: Aid To Families With Dependent Children (AFDC), Job Opportunities and Basic Skills (JOBS), AFDC Emergency Assistance cash and services (AFDC-EA), and AFDC state and county administration. Amounts provided to states were determined based on FFY 1995 expenditures for the programs combined into the TANF grant, with additional funds provided to states, including North Carolina, which have above-average population growth and below-average cash benefit levels per recipient.

For the State Fiscal Year 1997-98 the TANF Block Grant funding level is projected to be \$317,411,115 as is shown on page 4.

GENERAL DESCRIPTION

The Temporary Assistance for Needy Families Block Grant is intended to provide federal funds which support helping people achieve and maintain a greater degree of economic self-sufficiency, through a combination of cash assistance; case management, employment and training services; system automation and administrative expenses in support of service delivery; and other activities intended to reduce and prevent welfare dependency and promote self-sufficiency.

The primary providers of the services proposed to be funded by the TANF Block Grant are the one hundred county departments of social services. Part of the funds within this block grant are proposed to be used to help meet the rapidly growing demand for day care services for children of families moving to work. Because child care is critical to assisting families to enter employment it is vitally important that these services be available. Federal regulations for the TANF grant allow transfers of up to 30% of the grant per year to child care and to the Social Services Block Grant. In addition to a transfer to child care, an additional transfer to SSBG is also recommended, as detailed in the following recommendations.

RECOMMENDATIONS:

1.	Allocation to the state Division of Social Services for payment of cash assistance benefit payments to Work First families both those families subject and those exempt from work requirements as determined based upon state-established eligibility criteria.	\$262,747,194
2.	Allocation to county Departments of Social Services as partial funding for block grants to Counties for program eligibility determination and case management services, emergency cash assistance and services, employment and training services, and allocated county administrative cost. Balance of county block grant funding to come from state and county funds.	\$ 19,281,882
3.	Transfer to the Child Care Development Fund for day care subsidies previously funded with state appropriations. State appropriations previously used for subsidy to be used for Smart Start and other expansion priorities.	\$ 27,958,825
4.	Transfer to the Child Care Development Fund for day care subsidy assistance for Work First participants.	\$ 3,758,011
5.	Allocation to the state Division of Social Services for funds to purchase substance abuse treatment services for Work First participants who require such treatment in order to achieve and maintain employment.	\$ 1,000,000
6.	Allocation to the State Division of Social Services to provide funds to contract for a short-term and long-range evaluation of North Carolina's implementation of federal welfare reform requirements and the Work First program.	\$ 700,000
7.	Allocation to the State Division of Social Services to provide funds to foster collaborative efforts with the Community College System to secure effective, time-limited training programs for Work First participants.	\$ 500,000
8.	Allocation to the State Division of Social Services to provide funds to train state and county staff on operational changes as a result of Work First and federal welfare reform.	\$ 500,000

9.	Transfer to the Social Services Block Gran partial funding for an expansion of the Ma Worker program in the Department of Env and Natural Resources - Division of Mater	\$	400,000	
10.	Carry-forward federal fund availability to by federal legislation.	\$	565,203	
	Total Expen	ditures:	\$31	7,411,115
	Federal Supp	Block Grant plemental Funds ard from FY 97	6	2,240,000 5,520,000 3,651,115

Total Funds Available:

\$317,411,115

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DIVISION OF SOCIAL SERVICES Analysis of Temporary Assistance for Needy Families (TANF) Block Grant SFY 1997-1998

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Item Number	Title	Actual SFY 95-96	Appropriated SFY 96-97 (HB 53)	SFY 96-97 Additional Grant Award	SFY 96-97 Total Funds	Recommended Amount SFY 97-98	SFY 96/ Recommended Difference	Explanation of Difference
	Cash Assistance Benefit payments to Work First families based upon state-established eligibility criteria			177,441,242	177,441,242	262,747,194	262,747,194	Cash benefits to be paid entirely from federal funds in SFY 97-98 and subsequent years.
	Partial funding for Block Grants to County DSS for program eligibility determination and case management, emergency cash and services assistance, Work First diversion efforts, employment and training services, and administration.			. 0	0	19,281,882	19,281,882	
	Provide funding for Smart Start and other Expansion Priorities by transfer to DCD.				0	27,958,825	27,958,825	
4	Transfer to the Division of Child Development for additional day care subsidy purchase for Work First participants.			0	0	3,758,011	3,758,011	
	Funds to purchase substance abuse treatment services for Work First participants	0	0	0	0	1,000,000	1,000,000	
	Funds to purchase an evaluation of North Carolina's implementation of federal welfare reform requirements.	0	0	0	0	700,000	700,000	
7	Funds to foster collaborative efforts with the Community College System to secure effective, time-limited training programs for Work First participants.	0	0	0 .	o	500,000	500,000	
8	Funds to train state and county staff on operational changes as a result of Work First and federal welfare reform.	0	O	0	o	500,000	500,000	<i>></i>



ltem Number	Title	Actual SFY 95-96	Appropriated SFY 96-97 (HB 53)	SFY 96-97 Additional Grant Award	SFY 96-97 Total Funds	Recommended Amount SFY 97-98	SFY 96/ Recommended Difference	Explanation of Difference
9	Transfer to Social Services Block Grant to provide partial funding for an expansion of the Maternal Outreach Worker program in DEHNR.	0	0	0	0	400,000	400,000	
	Carry-forward to subsequent fiscal year as permitted by federal legislation	0	0	8,651,115	8,651,115	565,203	565,203	
11	Work First employment program (old JOBS)			23,100,000	23,100,000			To be included in County Block Grant in FY 97-98 and subsequent years.
12	Emergency Assistance Cash and Services			52,291,265	52,291,265			To be included in County Block Grant in FY 97-98 and subsequent years.
13	County Eligibility Determination/Case Management and Administration			29,052,489	29,052,489			To be included in County Block Grant in FY 97-98 and subsequent years.
14	State Administration			5,203,889	5,203,889	,		To be funded with state funds in FY 97- 98 and subsequent years.
	Total Planned Expenditures			295,740,000	295,740,000	317,411,115	317,411,115	
	Available Funds: Base TANF Block Grant TANF Supplemental Funds Carry-Forward from FY 96-97 Total TANF Block Grant	o	0	295,740,000 295,740,000	295,740,000 295,740,000	302,240,000 6,520,000 8,651,115 317,411,115	302,240,000 6,520,000 8,651,115 317,411,115	
	Carry-Forward from FY 96-97	0	0	295,740,000	295,740,000	8,651,115	8,651,115	·

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Strengthening Work First

In North Carolina, three guiding documents contain the state's direction for Work First, Governor Jim Hunt's welfare reform initiative that's putting people to work, cutting the welfare rolls and saving tax dollars.

Proposed Welfare Reform Legislation

The legislation sets the state's broad direction in strengthening Work First. It gives counties greater control and greater flexibility in deciding how to spend welfare funds. It also demands more accountability for how that money is spent.

The legislation calls for counties to submit annual plans telling the state how they will run their program and meet the state and federal performance goals. Counties receive their funds in a block grant. The state will have the option to take over ineffective county programs.

1997-99 State Plan for Work First

The state plan is required by the federal government to describe how North Carolina is carrying out welfare reform. It contains the details of the Work First program. Since January 1, 1997, North Carolina has operated under an interim state plan, based on Work First, that fills the federal requirements for the welfare block grant.

In April, Gov. Jim Hunt will submit to the legislature a comprehensive, two-year state plan taking advantage of increased federal flexibility. It incorporates recommendations of the Human Services Task Force--a group of legislators, county commissioners, county managers, social services directors, welfare parents, and religious, nonprofit and business leaders--who offered their advice on the best ways to use the increased flexibility in the federal welfare law.

The state plan specifies cash benefit levels, eligibility standards, and how county performance will be judged.

Work First Business Plan

The Business Plan is a five-year blueprint that shows how the state will use available funds to make Work First efficient and effective. It emphasizes the need to run Work First like a business, investing in child care and other support services necessary to help families be successful in the workplace. Investing savings from Work First into Smart Start will help make quality child care more affordable and more available for working families. The business plan calls for modernizing the computer system so county staff can better help families, cut red tape, and meet federal reporting requirements.

Welfare Reform Legislation Summary

e state's proposed welfare reform legislation will make Work First the foundation for implementing the new federal welfare reform law. The legislation recognizes and implements the federal shift to a block grant with a cap on federal spending.

The legislation replaces an entitlement program that provided benefits for an indefinite time with a temporary assistance program that focuses on moving families to self-sufficiency within a five-year lifetime limit on cash assistance.

Program provisions aim to help children, support families, and promote personal responsibility and self-sufficiency.

Following are key features of the legislation:

- Most able-bodied adult recipients are required to be working or in work-related activities within two
 years. There is a 60-month lifetime limit on cash benefits. (Work First continues to require work within
 12 weeks for families in the employment program and ends benefits after two years. Families can then
 reapply for benefits after being off welfare for three years.)
- Welfare recipients must sign a personal responsibility contract that includes promises to care properly for their children, find a job, and comply with all Work First requirements.
 - Work First continues to be state-supervised and county-administered, but with changes, such as increased county flexibility and accountability in spending welfare dollars.
- Each year, counties will be required to submit local block grant plans to the Department of Human Resources, detailing how they intend to use welfare dollars to meet Work First goals. Plans will be enforced through memorandums of agreement between DHR and the counties. DHR can take over county programs which are not effective.
- Welfare checks to families and diversion grants will be paid from federal funds, but support services such
 as transportation, counseling, etc., will be paid by counties from the block grants primarily funded by
 state and county appropriations.
- Counties will be required to maintain spending at 100 percent of 1996-97 levels, with no subsequent adjustments for inflation.
- The Department of Human Resources will annually submit for the General Assembly's approval a state plan which includes the bulk of program details (e.g., benefit levels, eligibility standards, and block grant allocations).
- The bill also amends state law to conform to new federal food stamp requirements. Child support enforcement changes to conform to new federal law will be offered in a separate bill.

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North Carolina Work First Business Plan

Investing in North Carolina Families

As North Carolina works to help welfare families move to self-sufficiency with Work First, the N.C. Department of Human Resources has created a five-year blueprint for reaching Gov. Jim Hunt's goal of every able-bodied welfare recipient in a job or in job training by 2000.

This business plan recognizes that the state's welfare system must be run like a business—with clearly defined goals and strategies to meet those goals. It highlights the investments in families that will be needed to reach the Governor's goal and to ensure that families remain independent, closing the revolving door to welfare.

It highlights the upfront investment in child care necessary to help parents go to work. Transferring dollars from the federal welfare block grant, as Gov. Hunt has proposed, will free up state dollars to expand Smart Start. This allows those parts of the state not now participating in Smart Start time to plan improvements in child care quality and availability to meet the needs of working families.

Modernizing the state's public assistance computer systems at both the county and state level is critical so county staff can work more closely with families. Now, 4,000 county workers are almost exclusively devoted to manually determining families' eligibility for public assistance. Automating that job throughout the state will cut the red tape and give staff more time to help families move to self-sufficiency. An aggressive fraud prevention and recovery effort supports efforts to direct services to children and families.

Following are key highlights of the five-year business plan:

Smart Start: In 1997-98, \$22.9 million of federal welfare block grant dollars is invested in child care subsidies, his frees up state money to expand Smart Start statewide. Through Smart Start, families will have better access to higher quality child care, improved preventive health care for their children, and other support services. By state law, communities must spend at least 30 percent of Smart Start dollars for financial help with child care expenses. The annual investment in Smart Start increases to \$31.5 million in 1998-99 and remains at that level through 2001-02.

Child care: In 1997-98, an additional \$3.8 million is provided to help pay for child care for families leaving welfare. That investment rises to \$104.5 million by 2001-02.

<u>Support services</u>: Transportation, job training and other support services are built into the business plan at a rate of \$1,500 per participant. An additional \$500,000 a year is provided for joint community college/Work First training initiatives.

<u>Substance abuse</u>: The plan includes a new investment in substance abuse services of \$1 million a year for five years so Work First participants with substance abuse problems can get the help they need and get back on their feet.

<u>Child welfare/mental health</u>: The plan maintains the state's investment in child welfare and mental health services at \$104.6 million a year for five years. About 60 percent of those dollars support the protection of children at the county level, with the remainder going for mental health treatment and emergency grants for families.

Evaluation: The plan invests \$700,000 a year for five years to evaluate the impact of Work First on families and children. It will look at issues such as how long welfare parents stay in jobs, how much they're paid, and the impact of welfare reform on child abuse and neglect.

County administration: The plan projects that county administrative costs will decline by 3 percent a year and state costs by 2 percent a year.

<u>Automation</u>: The plan invests \$16.9 million in automation for 1997-98 and \$62.8 million over the five-year period to improve efficiency and meet federal reporting requirements.

Work First State Plan Summary

Work First, Gov. Jim Hunt's welfare reform initiative, changed the face of welfare in North Carolina with tough work requirements, personal responsibility contracts, and incentives to help welfare families move into the work force. Now, with the new flexibility provided by federal welfare reform, the state is moving to strengthen and build on Work First's progress.

In October 1996, the state convened an 80-member Human Services Task Force—a group of legislators, county commissioners, county managers, social services directors, welfare parents, and religious, nonprofit and business leaders—to work on a far-reaching state plan for Work First. The task force and its 14 work groups began intensive meetings, looking at issues ranging from child care to child support, accountability for helping families find work to creating job bonuses for families that go to work. Their goal was to strengthen personal responsibility and self-sufficiency.

The new proposed state plan, being presented in April to the General Assembly:

- Builds on the success and groundwork of Work First, Governor Jim Hunt's welfare-to-work initiative, which has helped reduce welfare rolls by almost 20 percent since it began. It continues all provisions of Work First, such as requiring work and personal responsibility.
- Describes a new county block grant system that increases local control over how welfare money is spent.
 After offering a core group of services, counties can determine the needs of their welfare families and
 spend funds accordingly. They must maintain their 1996-97 level of spending.
 - Reinvests savings from Work First into child care, Smart Start, transportation services, substance abuse counseling, an employee assistance program, employer incentives such as wage subsidies, and other services to help families be self sufficient.
- Calls for broad community participation in the local planning process and encourages counties to consider contracting with nonprofits, including religious groups, to help families move to self-sufficiency.
- Rewards families moving from welfare to work with a three-month "job bonus" and simplifies eligibility and benefits for families."
- Spells out goals that counties must address in their block grant plans, including decreasing their welfare
 populations, diverting more families from going on welfare in the first place, and working to keep families
 self-sufficient after they leave welfare.
- Specifies how funds may be spent, and limits spending on administration to 15 percent of the total.
- Describes how Work First will be evaluated by an outside group, including the impact of welfare reform on children.
- Sets a statewide goal of a 4 percent reduction in out-of-wedlock births in two years.

Together with proposed changes in state law and with the Department of Human Resources' five-year "business plan," which highlights investments in child care and other family services from welfare savings, the state plan charts a new course for Work First. These changes require no new funding and will help lead stronger families and a stronger North Carolina.

In Oct. 1996, North Carolina submitted an interim state plan based on Work First to U.S. Health and Human Services. The interim plan, which went into effect Jan. 1, allowed North Carolina to receive more funds than the state would have gotten under the old welfare rules.

WORK FIRST STATE PLAN: 1997-99

Temporary Assistance for Needy Families P.L. 104-193

N.C. Department of Human Resources Raleigh, North Carolina April 8, 1997

WORK FIRST STATE PLAN Temporary Assistance for Needy Families P.L. 104-193

INTRODUCTION

North Carolina launched its comprehensive, statewide approach to moving families from welfare to work in July, 1995, through Work First, Governor Jim Hunt's welfare reform initiative. From the beginning, Work First represented a fundamental shift in the state's welfare policies and program and is breaking the cycle of welfare dependency in North Carolina.

Work First means what it says. Work is required for families on welfare. Work First is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and families can get child care and other services to help them become self-sufficient, but ultimately the responsibility is theirs, and they have two years to move off welfare.

In any given month, depending on how many families come into the system, how long they stay, and how many leave, the number of families on welfare rises or falls. Recognizing this, Work First emphasizes three strategies:

- 1. Keeping families out of the welfare system by helping them cope with unexpected emergencies or set-backs.
 - Under Work First, qualifying families can get up to three months worth of cash assistance, child care, food stamps, and Medicaid, if they stay off of welfare. If they wind up on the Work First welfare rolls, they must repay the grant.
- Shortening the length of time that families are in the welfare system by making work mandatory and by limiting how long a family can receive cash assistance.
 - To receive benefits under Work First, parents must sign a personal responsibility contract and, once they move into the phased-in work requirement, they can continue to receive benefits only for 24 months. Families reaching that limit cannot reapply for welfare for three years.
- 3. Helping families that leave welfare to stay off by encouraging them to save and by helping to make sure they really are better off working than on welfare.
 - Work First waivers increased limits on savings and cars, and the state legislature raised income eligibility limits for subsidized child care to ease the burden on low-income, working families.

Under the new federal welfare block grant (also known as Temporary Assistance for Needy Families), the dynamics of welfare rolls have not changed, but the consequences of rising caseloads during an economic downturn have changed greatly. The ceiling on federal funding and the five-year lifetime limit on benefits mean that states not only must



help families move toward self-sufficiency, they must help make sure that former welfare families (and low-income working families, in general) have the support they need to remain self-sufficient.

Through Work First, the number of families on welfare in North Carolina has dropped nearly 20 percent, from 113,485 in June 1995, to 91,538 at the beginning of March, 1997. Ultimately, North Carolina's goal is to help all families move to self-sufficiency. Most will make it all the way; some, because of hardship or disability, may only make it part of the way. All families can and should help to support themselves.

PUBLIC INVOLVEMENT

In August 1995, when it appeared that a federal welfare block grant would soon become reality, the North Carolina Local Government Partnership Council, created by executive order and chaired by the state's Lieutenant Governor, appointed a Human Services Task Force in an effort to reach consensus on a state plan. This effort, involving more than 80 people representing a wide range of advocates, public and nonprofit agencies, religious groups, and individuals (including legislators, county officials, low-income families, and former welfare recipients), met a number of times over the next five months and began crafting a response broadly based on increased flexibility in exchange for accountability for moving families to self-sufficiency.

On September 18, 1996 the Task Force again convened after enactment of the federal welfare reform bill. The Task Force agreed that the state should pursue both short-term and long-term plans of action. In the short-term, North Carolina submitted a state plan based largely on North Carolina's existing Work First program, including federal waivers approved by the US Department of Health and Human Services in February 1996, which took effect on July 1, 1996. This initial plan allowed the state to continue its present course with as few disruptions as possible to Work First and to obtain federal funds at the higher "capped" level established in the new law. The Task Force then began the longer-term strategy to develop a new, comprehensive state plan.

The 80-plus members of the Human Services Task Force were joined by county commissioners and managers, directors of county departments of social services, and others, including Department of Human Resources staff. This diverse group of nearly 200 people were assembled in 14 work groups to develop a long-term plan for Work First in North Carolina. The work groups, which are listed below, developed recommendations which have been incorporated into this state plan.

Welfare Reform Work Groups

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State/County Relations
Work & Benefits
Health Care
Transportation
Fraud & Abuse

Budget Child Care Legal Issues Housing Child Support

Automation

Community Involvement
Organizational Development
Mental Health & Substance Abuse



4/8/97

PROGRAM ADMINISTRATION

North Carolina will continue to operate Work First through a partnership between the State and counties that is state-supervised and county-administered and is supported through both State and county financial contributions. (The N.C. Department of Human Resources will operate as the lead state agency responsible for administering Work First.) Work First will provide recipients with job preparation and employment and support services. A cooperative initiative with the community college system will help provide training and basic skills instruction.

Building partnerships and alliances with public agencies and community groups is critical to nurture, protect and support families and children. Thus, this state plan has been developed to:

- Enable families to become and remain self-sufficient through unsubsidized employment.
- Help families overcome barriers such as lack of transportation, child care, health care, adequate housing, and employment skills.
- Give counties flexibility in developing local Work First programs which are tailored to their demographic and employment needs.
- Provide services in a manner that is efficient, accountable, and fair.

Statewide standards define eligible families and benefits for families. A set of core services will be available throughout the state that:

- Assure that children and adults are protected from abuse, neglect and exploitation.
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment and short-term training.
- Strengthen family life that nurtures and protects children so they can become healthy, productive, and responsible adults.
- Help families and individuals obtain the basic necessities of life.
- Require non-custodial parents to support their children.
- Assist disabled and dependent adults, and caretakers of disabled children, while ensuring that they live as independently as possible.

Each county will develop a local block grant plan, including descriptions of strategies to achieve the measurable outcome goals described in this plan. In developing their plans, counties must involve a broad range of public, private, and nonprofit groups. Counties may include in their plans demonstration projects which are intended to improve their ability to meet local goals. The Department will approve local plans through a memorandum of agreement. (See Appendix A for specific requirements of local block grant plans.)



As lead agencies, county departments of social services will coordinate community resources to help meet their plan goals, including resources to meet the child care and transportation needs of families. Because broad-based community involvement is essential to help families become self-sufficient, the local block grant plan should describe how businesses, community groups, nonprofits, and religious groups will be involved in their Work First program.

Eligibility standards that were in place as of January 1997 will remain in effect until 180 days after approval by the General Assembly of the Block Grant plan or January 1, 1998, whichever is later.

North Carolina, in accordance with G.S. 108A-80 and applicable federal law, will restrict the use and disclosure of information about people receiving assistance under Work First to safeguard the confidentiality of all applicants and recipients.

NEEDY FAMILIES

Welfare is provided primarily to children. Biological or adoptive parents and step-parents may apply for assistance for a child and must be included in the payment for the family, unless they are disqualified from the program. Other relatives and individuals with legal custody or guardianship of children may apply for assistance on their behalf, but will not be included in the payment to the family.

County staff will assess the living arrangements of children who do not live with a parent and may discontinue assistance if a suitable living arrangement with a parent is established.

Children are eligible for benefits through age 17. Parents under age 18 must live at home or in an approved adult-supervised arrangement (subject to certain exceptions) and remain in school. Legal immigrants who were living in the United States on August 22, 1996 and who otherwise are eligible for benefits shall continue to be eligible for Temporary Assistance for Needy Families and for Medicaid.

TEMPORARY ASSISTANCE

Work, child support, and, when necessary, federal disability – not welfare – should be the primary sources of family income. Within 12 weeks of being found eligible for temporary assistance, adults in the Work First employment program must be working or engaged in work activities, or both for at least 30 hours per week.

Within 24 months of receiving assistance, all adults should be participating in a work activity. A single parent of a child less than one year old shall not be required to comply with work requirements for 12 months, or until the child turns one (this exemption cannot exceed 12 months per lifetime for each single adult). The responsibilities of the recipient and the county are spelled out in a Personal Responsibility Contract which describes steps the family will take to become self-sufficient and support services the county will provide. (See Appendix B.)



Denial of assistance and benefits for certain drug-related convictions identified in federal law shall be as enacted by State law. North Carolina does not require community service employment within two months of receiving assistance. Families must legally reside in the state to receive assistance, and families that have moved to North Carolina after receiving welfare in another state will not be treated differently from current residents.

Work First Diversion Assistance (emergency grants) is available to families in lieu of cash assistance when they simply need short-term help to remain self-sufficient. While families must meet the same income and asset limits as families that qualify for family assistance, the payment is not based on the family's income, but rather on the family's need. Benefits may include a cash payment of up to three months of cash assistance, employment services, Medicaid, child care, and food stamps. If a family later receives assistance within 36 months, the family must repay the cash assistance it received.

Since diversion assistance is a one time payment, it does not trigger the two-year Work First time limit or the five-year federal lifetime limit on benefits. Nor are recipients of diversion assistance required to participate in the Work First employment program. These families are not considered in calculating the state's participation rate.

Families are limited to a cumulative total of 24 months of assistance once they enter the Work First employment program. Families must wait 36 months before they may reapply for assistance.

At the end of 24 months in the Work First employment program, families who have complied with the terms of their Personal Responsibility Contract and, through no fault of their own, are unable to find a job may request an extension. County boards of social services shall review each request to determine whether an extension should be granted on a month-to-month basis. Families must comply with their Personal Responsibility Contract during any extension.

Non-custodial parents who are delinquent in child support payments may also be required to participate in work activities.

The Department is developing an information package for businesses that will include information about the federal Work Opportunity Tax Credit, wage subsidies, the earned income tax credit, and other incentives to help business that hire Work First participants. The Department is also expanding the employee assistance program to help businesses assist new employees as they move from welfare to work.

Any overpayment of cash assistance will be recovered from the family, as allowed under state or federal law. This includes fraud, inadvertent errors by the family, and administrative errors by the local agency or state.

ELIGIBILITY AND BENEFITS

Only cash and assets that can be readily converted to cash will be counted toward a \$3,000 asset limit. All types of income will be counted in determining eligibility and

computing benefits, except earnings of children, earned income tax credit, and income excluded by other law. Benefits for families with income shall be calculated as follows:

- For the first three months a families has earned income, the family will receive a job bonus by having 100% of their earnings excluded from the payment calculation.
- After the first three months of employment, 55% of earned income will not be counted toward total income.
- The 45% balance of earned income is added to any unearned income,
- The total of earned and unearned income is then subtracted from the payment standard which is based on the family size.

If total income exceeds the payment standard for the number of individuals in the family, the family is not eligible for assistance. If family income is less than the payment standard, the cash benefit is the difference between the payment standard and the family's income. In child-only cases, only the unearned income of the child or children is counted.

Families, except for child-only cases, are certified as eligible for three months. Benefit levels and eligibility are not affected by changes in income or assets during the three month certification period. At the end of each certification period, the caseworker and adult recipient review eligibility, recalculate benefits, and review the personal responsibility contract.

A child, except for child-only cases, who is expected to be away from home for 90 consecutive days or more is not eligible for assistance. An adult caretaker who does not report the child's absence is ineligible for cash assistance for three months.

As under previous federal law, counties may use Work First block grant funds to offer emergency assistance to families in accordance with their approved local plan.

As required under federal law, child support must be assigned to the state while the family remains on Work First Family Assistance. The distribution of child support payments will be made in accordance with federal regulations.

A "representative payee" will be appointed to manage benefits for family when a parent is sanctioned for failing to participate in substance abuse treatment as stipulated in their personal responsibility contract.

The changes to Title IV-A financial eligibility made by this plan are not more restrictive than those in effect in July, 1996, and thus may be extended to Medicaid. A single application may be used to determine eligible for Work First, Medicaid and food stamps. Medicaid income and resource standards may be adjusted annually by the Consumer Price Index.

SANCTIONS

The families of parents who refuse to sign the Part I of the Personal Responsibility Contract are ineligible to receive cash benefits until the contract is signed. If a parent refuses to sign Part II of the Personal Responsibility Contract, the family is ineligible for cash assistance for at least one month. Eligibility shall not be re-established until Part II is signed. For failing to comply with a signed contract, existing monetary sanctions shall be enforced.

APPLICATION PROCESS

County departments of social services are responsible for developing a benefit package as quickly as possible to help the family move toward self-sufficiency. Applications must be completed by the 45th calendar day following the date of application. Counties should offer families other services to enable them to remain off cash assistance. Such services may include diversion assistance, child support services, child care, and job placement services offered by the local employment security office.

EMERGENCY ASSISTANCE

Counties may continue to offer services formerly provided under the Emergency Assistance Program as specified in their block grant plans. Services, cash assistance, or both may be provided on behalf of children under age 21 or to the adult caretaker with whom the child lives or has lived during the previous six months. To be eligible for services, the family must be unable to pay for services needed to alleviate the emergency.

These services may include in-home services such as case management and service planning and coordination, counseling and treatment services, and family support and family preservation services. Out-of-home services may include residential placement, care and treatment in a group setting, and other services such as child welfare services and transportation.

Counties may also provide cash assistance as specified in their block grant plans. To be eligible for emergency cash assistance, the family's net income must not exceed 110% of the current poverty level and its total countable liquid assets must not exceed \$2,200. Families may receive emergency cash assistance only during one 30 day period in any 12 month period.

Emergency assistance does not trigger the 24- or 60-month time limit. Nor will families receiving emergency assistance be required to participate in the work program. These families are not included in calculating the state's participation rates. (See Appendix C for full eligibility criteria.)

APPEALS PROCESS

The Department of Human Resources has set uniform standards for determining eligibility, providing benefits, and ensuring fair and equitable treatment. Applicants or recipients who wish to contest a decision adversely affecting their receipt of public

assistance, or workers contending a breach of the non-displacement in work activity provision of federal law, may appeal in accordance with G.S. 108A-79. Families must be informed of their right to appeal and provided with copies of Work First policy upon request.

SUPPORT SERVICES

Counties must provide support services to enable families to become and remain self-sufficient. To the extent resources are available, they may be provided at any time to support all of the activities in the Personal Responsibility Contract, including before and after a family receives cash assistance.

Child Care

All parents receiving child care subsidies should have a choice of legally operating providers and information to help them evaluate their child care arrangement. To receive public funding, child care providers must abide by public health and safety standards.

Payment rates should support the development and maintenance of effective child care options for children and families and help parents move toward full financial responsibility as their resources permit. All parents who have income are required to help pay for the cost of child care in accordance with the fee schedules administered by the N.C. Division of Child Development.

The state will collect data profiling the children and families receiving services, cost patterns, and trends affecting the availability of and need for child care.

Child Support

Child support is an important source of income for many families, but less than 18 percent of children on welfare get support from their absent parent. In an effort to increase the rate and amount of child support collections and to bring the State into compliance with new federal requirements, the Department will:

- Propose increasing application fees from \$10 to \$25, pending legislation, for non-public assistance cases receiving services.
- Establish a central collection unit no later than October 1999, which may be operated by an outside contractor if it is more cost-effective.
- Establish and publicize a New Hire Directory by October 1997 which would use W-4 forms to report new hires within 20 days.
- Develop a group health plan coverage option for non-custodial parents of children that do not affordable health coverage.

Courts are authorized to hold parents of custodial and non-custodial minor parents liable for support provided to their grandchildren. Pending legislative approval, procedures will be established by October 1997, for access to data from financial institutions on delinquent parents.



Housing

Counties may establish a "shelter assistance fund" to provide short term rental or utility assistance to help families get or keep affordable housing. Housing needs will also be part of the assessment to develop the Personal Responsibility Contract. Individual development accounts, as defined in Sec. 404 (h)(2)(B) of the federal block grant, may be used to promote home ownership.

The Department will promote an information exchange and referral network collaboration between county DSS offices and housing providers such as public housing authorities, the N.C. Housing Trust Fund, and others.

Health Care & Substance Abuse

Early childhood services are provided when substance abuse is identified to ensure the healthy development of children in these families. The Department will begin outstationing trained substance abuse counselors in county offices to do screening, assessment, employment readiness counseling, and referrals for treatment.

Treatment programs will provide self-sufficiency skills and vocational support for individuals with substance abuse related impairments. The Department will finish developing an enhanced Employee Assistance Program (EAP) program for employers. The EAP is will help employers work with participants in the workplace and encourage greater employer support.

Transportation

Counties may provide transportation services, including child care services, to Work First participants for whom transportation is not otherwise available to enable them to participate in Work First activities and to work. Transportation expenditures may not exceed \$3,000 per participant or family member in any 12 month period.

One-time transportation assistance may be provided for up to six months after a Work First participant becomes ineligible for cash assistance.

Counties are encouraged to promote car ownership for Work First families by working with community groups, community colleges, and businesses. In addition, counties should encourage employers to help meet the transportation needs of Work First participants by purchasing company vans or monthly bus passes and providing transit commuter benefits.

Counties are also encouraged to use geographic information systems technology to identify major employers, training centers, child care facilities, and family residences in planning to meet the needs of Work First families. County staff and transportation coordinators should participate in developing local Transportation Development Plans and making employers aware of transportation services in their community.

FRAUD AND ABUSE

The Department of Human Resources, through regulations, is strengthening and enforcing standards and procedures to detect and prevent fraud and abuse by recipients and employees of the program. In addition, the Department is pursuing legislative action to provide additional statutory tools in this area.

AUTOMATION

Effective automation tools and access to useful information are essential to achieve the goals of Work First. Five of the six major systems supporting welfare-related programs were built in the 1980's to meet business needs of the time. These systems, which primarily focus on paying benefits, have been heavily modified throughout the years to keep abreast of regulatory and program rules.

Work First has dramatically changed the business operation and the type of services that are to be delivered. Caseworkers now must deliver services that promote family self-sufficiency. To do their job, they must act as counselors, community liaisons, and negotiators of the Personal Responsibility Contract. These new responsibilities are not supported by the existing systems.

The Department has developed a plan that will integrate the traditional eligibility determination and benefit delivery components with case management tools required in today's environment. The approach, which is driven by the business need, centers on the phased-in delivery of critical components.

This approach will improve the use of public resources, ensure comparable access to services throughout the state, and allow county staff to focus on helping Work First families become self-sufficient. Investments in automation will improve child support collections, fraud detection and recovery, and performance assessment at the individual, county and state level. Specific components of the plan include:

- Roll-out of a statewide network to support e-mail and exchange of information among agencies
- Interfaces between systems
- Compliance with federal requirements
- A registry of new hires for child support
- Management Information and Tracking
- A data warehouse for statistical analysis, outcome measures and local, state, and federal reporting
- Enhanced fraud and abuse tracking
- Development of new service delivery tools
- · User training, office readiness
- · Skilled project management

PROGRAM EVALUATION

The state will monitor the outcome and performance goals described in Appendix A. County plans will include specific goals. Beyond this, the Department will assess such indicators as:

Percentage change in the overall caseload size

Employment status of Work First participants

Change in family income

Percentage of families involved in work or training activities

Percentage of families diverted from assistance

Number of reapplications (recidivism rate)

School performance and attendance of Work First children

Percentage of Work First children who are appropriately immunized

Number and percentage of out of wedlock births

Amount and percentage of collections on overpayments

Percentage of child support cases with paternity established

Percentage change in child support collections

The Department is working with the Jordan Institute for Families at the University of North Carolina at Chapel Hill to develop state- and county-level forecasting models for welfare rolls and management information software. The Department is also working with Maximus, Inc., a national consulting firm, to assess the impact of Work First on the well-being of children and families.

County plans must target performance measures required by the State and any other performance measures as stipulated by the local planning effort and incorporated into the Memorandum of Agreement.

WAIVERS

The U.S. Department of Health and Human Services approved North Carolina's welfare waiver package in February, 1996. These waivers took effect statewide on July 1, 1996. Inconsistencies between this state plan and the requirements of P.L. 104-193, not expressly prohibited by federal law, are supported by approved waivers, as interpreted with reference to the laws in effect at that time.

The waiver for Cabarrus County, North Carolina, will continue to operate as described in the terms and conditions for that waiver.

ORGANIZATIONAL DEVELOPMENT

As Work First helps families move from dependency to self-sufficiency and from a welfare check to a paycheck, public agencies that administer Work First must also change. Helping counties make that transition will be a major focus of the Department's technical assistance and training efforts. These efforts may include but are not limited to:

- Training staff and redesigning welfare offices to help Work First families become self-sufficient;
- Reviewing and rewriting job classifications of staff who work with families;
- Developing measures of job performance that target outcome measures for families; and
- Assisting county efforts to try new approaches, work regionally, train staff in integrated case management, develop teams, and conduct demonstration projects.

The Department will encourage counties to move to performance contracts to provide services to families and to contract with private providers as specified in their county plan.

One of the first goals of the automation initiative (described on a preceding page) is to streamline and simplify processes such as eligibility determination and case management, which will make it easier to contract those services to outside organizations. Non-profits, including religious organizations, will be given the opportunity to compete for contracts to provide services to Work First families.

Finally, the Department will expand the accreditation program with county departments of social services to promote customer service, community involvement, and management.

COMMUNITY PARTNERSHIPS

Government alone cannot help families become self-sufficient. Real welfare reform must be a community-wide effort that involves a broad range of community resources, including non-profits, religious organizations, and the business sector. Ultimately, work and community support – not government programs – constitute a genuine "safety net" for needy families.

In the past, private and nonprofit groups and organizations have not been given a leading role in helping families leave welfare. Now, to make welfare reform a reality, they must become partners in supporting change. This can be accomplished by involving the entire community in planning, implementing, and evaluating welfare reform. Employers, in particular, can play a critical role in hiring, training, supporting, and retaining Work First participants.

Grassroots efforts to educate the public about Work First and to involve them in helping families are essential to its success. Effective community partnerships between public and private agencies and organizations are key, and a description of them must be included in county block grant plans.

In addition, the Department is developing a planning guide for local Work First "forums" to highlight job openings, business incentives for hiring participants, transportation barriers, and other issues.

OUT-OF-WEDLOCK BIRTHS

Children born out of wedlock are three times more likely to be on welfare than children of married parents. Because out-of-wedlock births are so closely linked to poverty, reducing them will improve the health of women and children and help reduce welfare dependency.

While the number of out-of-wedlock births has been slowly declining, aggressive action could help reduce them even faster. The state's goal is to reduce the incidence of out-of-wedlock births by 4.0 percent for calendar years 1997 and 1998, as anticipated in federal law.

Because the circumstances contributing to out-of-wedlock births are complex, strategies to reduce them must address a wide range of issues – from access to family planning services to promoting abstinence and responsible behavior. Some of these strategies include:

- Supporting community efforts to promote family values and responsible reproductive health behavior and practices.
- Strictly enforcing laws against statutory rape.
- Cooperative efforts to provide training for State and local law enforcement officials, the education system and relevant counseling services about the problems of statutory rape that include men will continue.

Counties must address the problem of out-of-wedlock births in the local plans and describe strategies to reduce them. In addition, the Department is giving high priority to its Adolescent Parenting Program and to the Adolescent Pregnancy Prevention Program. The Department will continue to monitor prevention efforts, particularly those aimed at reducing teen pregnancy.

INDIAN TRIBES

The Eastern Band of Cherokee Indians, the only Indian tribe in North Carolina recognized by the U.S. Bureau of Indian Affairs, has elected to remain under the state Work First Family Assistance Program. The Eastern Band of Cherokee Indians will continue to operate a separate employment and training program.

CONFIDENTIALITY

North Carolina, in accordance with state and federal law, will restrict the use and disclosure of information about families and individuals receiving assistance under the Work First program to the extent needed to protect their confidentiality.

DOMESTIC VIOLENCE

The state is developing standards and procedures to screen and identify individuals with a history of domestic violence who receive assistance and to refer them to counseling and supportive services (while maintaining their confidentiality).

Once standards and procedures are in place, the Department may waive, with good cause, Work First requirements such as time limits (for as long as necessary), child support cooperation, and family cap provisions, in cases where compliance would make it more difficult for the recipient to escape domestic violence, or would unfairly penalize someone who is, or has been, a victim of domestic violence.

USE OF FUNDS

- 1. Federal TANF funds will be used for cash assistance payments to needy families.
- 2. Maintenance of effort will be 100%. State and county appropriations for the Work First program shall equal State and county appropriations for the fiscal year ending June 30, 1997.
- 3. Non cash assistance TANF costs will be funded out of block grants provided to counties. Employment services, administrative costs, Emergency Assistance, eligibility determination, case management functions, welfare diversion measures, and other non cash assistance costs will be paid from block grants to the counties.
- 4. Federal, State, and county TANF funds will be invested in activities to support achievement of specified outcome measures. These activities include, but are not limited to, enhanced training to facilitate re-engineering of state and local staff, automation, employer incentives, family planning services, substance abuse treatment, child care, and other activities enabling self-sufficiency for families.
- 5. Administration costs will not exceed 15 percent of total expenditures. Administration is defined as costs associated with office directors, policy, fiscal, budget, personnel, purchasing, legal, clerical support, and direct, indirect, and allocated costs in support of these positions. The costs of eligibility workers, case managers, program supervisors, program clerical staff, and support costs of program staff are considered services costs.
- 6. If federal TANF funds are insufficient to cover cash assistance costs in the event of economic downturns, other federal, state, and county funds will be used to meet the costs of assisting needy families.
- 7. Counties will be able to partially retain collections made on overpayments not due to agency error, including child care overpayments.

CERTIFICATIONS REQUIRED OF THE GOVERNOR

As Governor of the State of North Carolina, I hereby certify that during each fiscal year to which this state plan is applicable:

This program will be known as the Work First Program;

The provisions described in this state plan will be carried out in accordance with federal and state law;

The state will operate a Child Support Program in accordance with the state plan approved under Title IV-D of the Social Security Act;

The state will operate a foster care and adoption assistance program in accordance with the state plan approved under Title IV-E of the Social Security Act;

The state will take any actions that are necessary to ensure that children receiving assistance under Title IV-E of the Social Security Act are eligible for medical assistance under Title XIX of the Social Security Act.

I also certify that:

Local governments and private organizations have been consulted regarding the plan and design of welfare services in the state, and they have been given 45 days to submit comments on the plan and design of those services.

The North Carolina Department of Human Resources is the agency responsible for supervising the program and administering program funds.

James B. Hunt Jr., Governor State of North Carolina

APPENDIX A

Local Block Grant Plans

Each county must submit annually to the Department of Human Resources for approval a local block grant plan which describes its proposed Work First Employment Services, Emergency Assistance, and Diversion Assistance Programs. The public must have an opportunity to review and comment upon the local block grant plan before it is submitted to the Department, and counties are strongly encouraged to involve the business community, religious organizations, local non-profits, and others in the development of their plan.

The local block grant plan should include public and private resources that will help families move to self-sufficiency and should describe how services such as child care, transportation, housing, and skills training will be used. The plan must include the county's priorities for serving families who need child care, based on the needs of the community and the availability of services and funding. The county's Emergency Assistance program – cash and services – must also be described.

Following review by the local social services board and other parties, the local block grant plan shall be approved by the county commissioners before it is submitted to the Department. The Department and the county shall confirm agreement on the plan through a Memorandum of Agreement (referred to in this plan as the "county agreement").

The Department may specify details in the county agreement that are necessary to ensure proper operation of the Work First Program. The county agreement may include the amount of and any limitations or conditions on the use of funds under the block grant, including the disposition of remaining funds at the completion of the fiscal year.

The county agreement must describe outcome and performance goals for determining the success of Work First at the county level. The county agreement may also provide for accreditation of county programs by the Department, for technical assistance to counties, and for other monitoring activities.

County outcome and performance goals will take into account economic factors and conditions and will include the following:

- I. <u>Caseload Reduction</u>. The North Carolina business plan reflects a steady decline in the overall Work First caseload. This critical indicator of success is the primary objective for the local administration of the program. The agreement for each county will specify the county's proportionate share of the reduction required to achieve the statewide goals.
- II. <u>Employment.</u> Self-sufficiency and caseload reductions will be realized primarily through the employment of Work First clients. The county agreement will establish the number of Work First recipients who should be employed. The hours of

- employment must meet or exceed the minimum needed to qualify under the applicable federal work participation rate.
- III. Active Participation. The active participation in employment services and activities will lead to full time employment. The county agreement will establish the percentage of a county's caseload that should be in active status. The participation must average 30 hours per week or more. Two parent families must participate 35 hours per week.
- IV. <u>Diversion Assistance</u>. The most successful outcome possible for an applicant for public assistance is to avoid the need to become a recipient. This is also recognized in the federal law, which specifies diversion from public assistance as a desired outcome. Use of the Work First diversion assistance for a specified percentage or number of Work First applications (for families who have not received assistance for 12 months) will be included in each county's county agreement.
- V. <u>Staying Off Welfare</u>. Efforts to reduce welfare rolls, help families find jobs, and increase self-sufficiency are undermined when families return to welfare. Families leaving Work First will be tracked to determine if they return to cash assistance. The county agreement will specify the percentage of all closed cases that should remain off of assistance.
- VI. Child Support. An effective child support effort will help prevent families from returning to welfare. New federal changes enhance the ability to pursue support. The key components of this measure are (1) the number of child support orders established, and (2) the dollar amount of each child support order among Work First families.

The agreement will specify numerical goals for each county for each factor.

MAINTENANCE OF EFFORT

County block grant funds may be used as necessary to meet the goals in the county plan and memorandum of agreement, consistent with the federal definition of a qualified state expenditure. Qualified expenditures may only be made on behalf of families with children that meet income eligibility standards. Funds may be spent for:

- Cash assistance.
- Child care.
- Educational activities intended to increase self-sufficiency, job training, and work, excluding any expenditure for public education in the State except expenditures which involve the provision of services or assistance to a member of an eligible family which is not generally available to other people.
- Administrative costs (which may not exceed 15% of the total funds spent for purposes under Title I of the federal block grant).
 - [Administration is defined as costs associated with office directors, policy, fiscal, budget, personnel, purchasing, legal, clerical support, and direct,

indirect, and allocated costs in support of these positions. The costs of eligibility workers, case managers, program supervisors, program clerical staff, and support costs of program staff are considered services costs.]

- Eligibility determination and case management services.
- Other uses that reasonably can be expected to enable families to care for children in their homes; that promote job preparation, work, and marriage; that prevent or reduce the incidence of out of wedlock pregnancies; and that encourage parents to marry and remain married.
- Any purpose for which the State was authorized to use funds received under Parts A and F (i.e., cash assistance, emergency assistance, and employment services) as they were in effect on September 30, 1995.

The Department will provide a template that counties must follow in developing their block grant plans and complying with their Memorandum of Agreement.

APPENDIX B

Personal Responsibilities and Work Requirements

Work First is based on the premise that all parents have a responsibility to support themselves and their children. Under Work First, the Personal Responsibility Contract spells out in detail the obligations of parents or legal guardians in return for family assistance.

Personal Responsibility Contracts

Part I of the Personal Responsibility Contract applies to all families and describes the parent's or caretaker's responsibilities. All contracts must include the first three items and other items, as appropriate:

- make sure that their children attend school
- get their children immunized appropriately and regular check-ups
- · cooperate with child support enforcement
- participate in financial management and life skills classes
- participate in substance abuse treatment
- · participate in mental health treatment
- · attend family planning counseling
- · attend domestic violence counseling
- · participate in work activities
- participate in rehabilitation services
- live with a parent or other approved adult (parents under age 18).

A family is not eligible for Family Assistance unless the parent or caretaker signs Part I.

Part II of the Personal Responsibility Contract is the parent's or caretaker's plan to meet the work requirements. Part II:

- 1. Establishes an employment goal for the parent;
- 2. Describes a plan for participating an average of at least 30 hours per week for single parents, or 35 hours per week for two parent families; and
- 3. Describes the case management and support services that will be provided to help the family become self-sufficient within two years.

Part II may also include requirements shown under Part I. A family whose parent refuses to sign Part II loses their benefits for at least one month. Benefits may not be restored until the parent signs Part II.

SANCTIONS

For parents who fail, without good cause, to participate in work activities or to comply with the terms and conditions of their personal responsibility contracts, sanctions will result which reduce a family's monthly Work First Family Assistance payment as follows:

WORK FIRST STATE PLAN

First Sanction \$50 reduction for three months
Second Sanction \$75 reduction for three months
Third Sanction \$75 reduction for six months
Fourth & Subsequent Sanctions \$75 reduction for 12 months

These sanctions were included in the waivers approved by the U.S. Department of Health and Human Services in February 1996 and will continue unchanged. Good cause is defined as:

- · A family crisis or change;
- Illness of the caretaker or child, including participation in substance abuse treatment or medical appointment;
- Civil leave, including jury duty, or a required court appearance; and
- Any other reason deemed sufficient by the county director or designee.

Work Requirements

Within three months of receiving assistance, a family will be assessed for employability. A single parent with a child under 12 months of age is exempt from active participation in Work First employment services (limited to 12 months exemption for each single parent); also, individuals with children under six who demonstrate that adequate child care is not available are exempt from participation.

Lack of adequate child care is defined as the unavailability of appropriate child care within a reasonable distance from the parent's home or work; the unavailability or unsuitability of informal child care by a relative or other arrangements; and the unavailability of appropriate and affordable formal child care arrangements. When a child care subsidy is available to the family, the child care is deemed affordable.

Single parents must participate an average of 30 hours per week in an approved activity. At least 20 hours per week must be in an activity allowed in the Personal Responsibility and Work Opportunity Act of 1996: Work activities can include:

- Unsubsidized employment an unlimited, paid work activity. Employment may occur in any profit, non-profit, public, or private setting. Wages earned in this activity are not subsidized.
- Work experience an unlimited, unpaid work activity. Work Experience may
 occur at any non-profit, public, or for profit organization. Participation in this
 activity must enhance a participant's employability, offer exploration in a new
 career, or strengthen their existing work history.
- On-the-job training a subsidized work activity limited to a maximum of 12 months. The amount of subsidy is limited to no more than 50% of the wages paid to the employee. On-the-job training may occur in any non-profit, for profit, public or private setting. Participation in this activity offers the

- opportunity to learn a new trade, in a supportive environment, while transitioning into a regular, unsubsidized employee status.
- Job search and job readiness provides skills to enhance overall employability. Participation in this activity includes exposure to job-seeking skills, improved job retention; conflict management; goal-setting, and household budgeting.
- Community service an unlimited, unpaid work activity. Community service is a court-ordered activity that is generally performed in a government or nonprofit agency. The length and type of community service is outlined in the court order.
- Vocational educational training a short-term educational activity that leads to the preparation for a specific vocation. Likely providers of Vocational Educational Training include, but are not limited to: community colleges, post secondary institutions, and non-profit organizations. Participation and support in graduate and post-graduate programs is prohibited.
- Providing child care for someone in community service an unlimited, unpaid
 work activity. Providing child care to individuals in Community Service must
 adhere to established rules and statutes. Participation in this activity provides
 an excellent venue for individuals desiring to open their own, for-profit, child
 care operation.
- Completing high school or a GED a traditional educational activity that leads to a high school diploma or its equivalent.
- Subsidized employment an employment opportunity in public, private, forprofit, or not-for-profit situations. Counties may include in their plan wage supplementation as described below.
- · Job skills training directly related to employment.
- · Education directly related to employment.

North Carolina counties may include wage supplementation as a work component in their local plan. This may include cashing-out food stamp benefits, as well as the amount of the Work First Family Assistance payment, and should be used primarily for families in which the adult may be less job ready and difficult to place without the subsidy. The amount of the wage supplement equals the amount of the cash or food stamp benefit received the month prior to the individual becoming employed.

For new applicants, the wage supplement equals the amount of cash or food stamps the family would have been eligible to receive without consideration of the income to be received through the supplemented job. The amount of subsidy will be frozen for the length of the subsidy. Employers will enter into a contract with the local department of social services specifying the conditions of the wage supplementation. Contracts may not exceed 12 months.

Additional work activities that do not meet the federal definition may also be allowed. A worker and a client will use the results of the employability assessment to create the most likely and timely path to self-sufficiency.

ALLOWABLE FEDERAL WORK ACTIVITIES

Parents are required to work. Federal law is very specific about what qualifies as a work activity and what does not. The definition of work activities under Work First is broader than the federal definition. That does not mean that those activities are no longer permitted, but that parents must be engaged in allowable *federal* work activities to count towards the state's participation rate. The state will monitor and direct activities to ensure that required federal participate rates are met.

Federally qualifying activities include: unsubsidized employment; subsidized private or public sector employment; work experience (including refurbishing public housing) if private sector jobs are not available; vocational educational training for a maximum of 12 months (with no more than 20% of all families); onthe-job training; job search and job readiness assistance for no longer than (1) six weeks, or 12 weeks if North Carolina's unemployment rate is greater than 150% of the national unemployment rate, or (2) one week for someone who has been employed for the preceding four weeks; community service work; and child care for someone participating in a community service program.

Other acceptable work activities that do not count toward meeting federal participation rates include: job skills training directly related to employment; education directly related to employment for parents who haven't graduated from high school or earned their general equivalency diploma (GED); and satisfactory attendance at a secondary school or in a course of study leading to a GED for parents who haven't graduated from high school or earned their GED.

Single parents are required to engage in allowable work activities for a minimum average number of hours for at least four weeks of each month. Federal requirements are as follows:

Oct. 1, 1996 to Sept. 30, 1997	20 hours per week
Oct. 1, 1997 to Sept. 30, 1998	20 hours per week
Oct. 1, 1998 to Sept. 30, 1999	25 hours per week
Oct. 1, 1999 and thereafter	30 hours per week

Work First requires parents to work at least 30 hours per week, or work and participate in work activities for 30 hours per week. Parents must spend the minimum required hours shown above in allowable *federal* work activities. For the first three years of the state

plan, hours that parents are required to work above federal requirements may be spent in work activities allowed under Work First but not allowed under the new federal block grant.

Single parents under age 20 are considered to be engaged in work if they maintain satisfactory attendance at secondary school or participate in education related to employment.

Funds may be used to contract with (or provide job placement vouchers to) stateapproved public and private employment agencies. Funds may not be used to subsidize a job when a person has been laid off from the same (or substantially equivalent) job, or if an employer fired or laid off a regular employee to fill the job with a subsidized Work First participant.

SPECIAL ELIGIBILITY CONDITION FOR TWO-PARENT FAMILIES

An adult in a two parent family must participate in a work activity for at least an average of 35 hours per week. A two parent family is not eligible for Work First Family Assistance during any month in which an adult does not participate at least an average of 35 hours per week in an approved activity. At least 30 of the 35 hours must be in allowable federal work activities. Two parent families will receive cash assistance after meeting their work requirement.

APPENDIX C

Eligibility Rules

Families must meet certain eligibility rules in order to receive Work First Family Assistance. The basic eligibility rules are described below.

- 1. Children must be age 17 or younger.
- When parents, including biological, adoptive, or step parents, apply for a child or children, they must be included with the child in the Work First Family Assistance case.
- 3. Certain relatives, or a person with legal custody or guardianship, may apply for assistance for a child but may not be included in the payment. These cases will be considered child-only cases.
 - The following relatives qualify to apply for a child: a blood or half blood relative or adoptive relative limited to: brother, sister, grandparent, great-grandparent, great-grandparent, uncle or aunt, great-uncle or aunt, great-great-uncle or aunt, nephew, niece, first cousin, stepbrother, stepsister; and spouses of anyone listed above even after the marriage has been terminated by death or divorce.
- 4. Illegal immigrants are not eligible to receive Work First. However, Work First may be provided to citizens and qualified legal immigrants as defined by P.L. 104-193. Also, North Carolina elects to provide assistance to cover optional immigrant populations as defined in P.L.104-193.
- 5. A family cap on assistance is in place. This means that a family's Work First Family Assistance check will not increase when a child is born 10 or more months after the family begins receiving assistance. There are some exceptions to the family cap rule: the first born child of a minor who is a dependent child; a child conceived as a result of verifiable rape, sexual assault, or incest; a child when parental custody has been legally transferred; a child no longer able to live with his parent due to the parents' death, incapacity or disability, and the incarceration or institutionalization of a parent for at least three months.
- 6. Teen parents under age 18, unless emancipated, must meet special requirements.
 - They must stay in school to complete their high school education, or its equivalent. In instances when a teen parent has completed high school or received a GED, or is suspended or expelled from school, the teen parent must participate in an appropriate educational, training, or work activity.
 - They must live with a parent, or in another adult supervised setting approved by the case manager. Family Assistance payments will be made to an adult as a substitute payee, and not to the minor parent.

- 7. There is a five year lifetime limit on receipt of any federal TANF funds. This means that a family is not eligible for Work First Family Assistance if it contains an adult who has received Work First Family Assistance for 60 cumulative months. The count for the five year lifetime time limit began January 1, 1997. The Department will establish guidelines to ensure the hardship exemptions to this time limit may not be granted for more than 20% of the caseload.
- 8. In addition to the five year lifetime limit, families who are active in Work First Employment Services are limited to 24 cumulative months of cash assistance. Families may apply for Work First cash assistance after being off assistance for three years. For families who through no fault of their own are unable to support themselves at the end of the 24 month period, month-to-month extensions may be granted. In order to receive an extension, families must have been in full compliance with their Personal Responsibility Contract. Local Boards of Social Services make the determination of whether an extension is granted. The process for families to request an extension is defined in the Work First Manual.
- 9. Each individual must provide a social security number, or apply for a social security number if he does not have one. Individuals who do not have a social security number and who do not apply for one are not eligible for Work First.
- 10. Individuals who are temporarily absent from the home may continue to be eligible for Work First as described here. An adult must report to the case manager when a child is absent from the home for 90 consecutive days or longer. A child who is expected to be absent from the home for longer than 90 days is not eligible for Work First Family Assistance unless the child is absent with good cause. Good cause includes absences for medical treatment, substance abuse treatment, health care, and educational requirements.
- 11. The adult must report the child's absence within five days of the date he knew the absence would exceed 90 consecutive days. Failure to report the absence within five days makes the adult ineligible for three months beginning the month after the individual fails to make the report.
- 12. An adult who is temporarily absent from the home for longer than 90 consecutive days is not eligible for Work First Family Assistance without good cause. Good cause includes absences fro medical treatment, substance abuse treatment and health care.
- 13. An individual who is convicted of misrepresenting his residence in order to receive Work First (TANF in other states), Medicaid, SSI, or Food Stamps in more than one state or more than one location in North Carolina is ineligible for Work First Family Assistance for ten years beginning the date of conviction.
- 14. An individual who is incarcerated is not eligible for Work First Family Assistance.
- 15. A family must apply for Work First Family Assistance in the county of their residence.

16. The family resource/assets that can be readily converted to cash will be counted toward a \$3,000 asset limit.

Work First Family Assistance Payment Calculation

The amount of the Work First Family Assistance payment is calculated based on the other income received by the family.

- 1. To calculate the payment, all income of Work First recipients is counted, except the earnings of children and the Earned Income Tax Credit, unless the income is excluded by other law;
- 2. For unearned income, the actual amount received is the amount counted in calculation of the payment;
- 3. For earned income, percentages are subtracted from the total monthly gross income as follows:
 - For the first three months each individual has earnings (as described in the Work First Policy Manual), the income is disregarded in full as a job bonus. The 100% job bonus applies when a Work First recipient becomes employed. If an applicant has earnings at the time he applies, he does not receive the 100% job bonus, rather 55% of his gross monthly earnings is excluded. Also, the 100% job bonus is applied the first time a Work First recipient becomes employed, subsequent employment's receive the 55% job bonus;
 - After the three months (as described in the Work First Policy Manual), as a job bonus, 55% of gross monthly earnings is excluded from consideration.
- 4. Earnings that remain after applying the job bonus are added to any unearned income for the family.
- 5. The Family Assistance payment is the difference between the total countable income and the payment standard;
- 6. The payment standard is based on the number of eligible family members:

Number on Work First	1	2	3	4	5	6	7	8	
Payment standard	\$181	\$236	\$272	\$297	\$324	\$349	\$373	\$386	
Number on Work First	9	10	11	12	13	14		Each additional	
Payment standard	\$406	\$430	\$448	\$473	\$496	\$521	Add \$25		

1. A family remains eligible as long as the result of the payment calculation is ten dollars or more (payments will not be made for less than ten dollars). Sanctions may result in

- active cases with no payment if the amount of the sanction would result in a payment of less than \$10.
- 2. For adults who would otherwise be required to be included in the payment but who are ineligible, income is counted as if they were included in the payment.

For the month of application, Work First Family Assistance payments are prorated from the date of application with the date of application being day one. Otherwise, payments are made for the full month.

Eligibility Reviews

Except for child-only cases, every three months the case manager will review of progress being made on the terms of the Personal Responsibility Contract. Families that do not participate in the three month review will have their Work First assistance stopped. During this review, income will be assessed and projected for the next three month eligibility period, and the new payment amount will be incorporated into the update to the contract. This payment amount will be received until the next three month review is completed. Income and asset changes will not be reacted to during the three month certification period.

Child-only cases will be reviewed initially within six months of the date of application. This review will be done to evaluate the child's living arrangement to ensure that a more permanent placement is not available or suitable, that placement with the child's parent is not possible or appropriate, and to gather detailed information about the child's parents to facilitate location. If it is determined by the local DSS that a more suitable living arrangement is needed the family will not receive Work First Family Assistance. After this initial six month review, eligibility for child-only cases will be reviewed at a minimum every 12 months. Cases with unearned income will be subject to reporting requirements as described in the Work First Manual.

Diversion Assistance

Under certain circumstances, a one-time short term benefit package is more appropriate in meeting the needs of Work First applicants. Diversion Assistance may be provided when families are in need of short term assistance to enable them to get or keep a job or to enable families to access or begin receiving other financial assistance that will help meet their needs. In these circumstances, Work First Diversion may provide:

- 1. A one-time lump sum payment not to exceed three months of Family Assistance benefits (the payment is not income-based, but rather is need-based up to the maximum of three months of Family Assistance);
- 2. Medicaid and food stamps for the months in the Diversion period;
- 3. Employment services;
- 4. Eligibility for child care; and
- 5. Referrals to child support and other agency resources.

In order to be eligible for Diversion Assistance, families must meet the same eligibility requirements as for Family Assistance, including the income and asset limits. Families that receive Benefit Diversion and subsequently apply for Work First within 36 months are required to repay the cash portion of their package.

Work First Program

Proposed Business Plan and Reinvestment Strategy

Temporary Assistance for Needy Families

State Fiscal Years 1997 - 2002

Semmary of Projected Work First Funding and Expenditures SFY 96-97 through 2001-2002

Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000 Dollars In Millions



		TOTAL					
PROGRAM AREA	1996-97	1997-98	1998-99	1999-200	2000-01	2001-02	SFY 1996-2002
stimated Expenditures:							
Work First Families Subject to Work Requirements	\$212.2	\$190.0	\$166.4	\$143.3	\$120.9	\$118.7	\$951.
Child Only Families & Families with Child Under Age 1	114.2	117.9	108.9	108.5	104.0	99.8	. 653.
Work First Diversion	0.2	1.5	2.0	2.5	3.0	3.5	12.
Child Protective Services, MH/SA Services - Emergency Grants	104.6	104.6	104.6	104.6	104.6	104.6	627
County Eligibility Determination/Case Workers	43.0	39.6	36.9	35.8	34.7	33.7	223
County Administration	15.1	13.9	12.9	12.5	12.2	11.8	78
State Management	10.4	10.2	10.0	9.8	9.6	9.4	59
Child Support Enforcement Operations	0.0	0.4	0.4	2.1	2.1	2.1	7
Automation	0.0	16.9	11.7	14.3	11.8	8.1	62
TOTAL Estimated Expenditures:	\$499.7	\$494.9	\$454.0	\$433.4	\$402.9	\$391.5	\$2,676
Available Funds:							
Federal Block Grant	\$295.7	\$302.2	\$302.2		\$302.2	\$302.2	\$1,806
Federal Supplemental Funds	0.0	6.5	15.4		26.9	6.7	
State	109.0	109.0	109.0		109.0	109.0	
Local	103.9	103.9	103.9		103.9	103.9	
Carry Forward from Prior Year	0.0	8.7	0.6	1.0	1.9	10.5	22
TOTAL Available Funds:	\$508.6	\$530.3	\$531.1	\$540.6	\$543.9	\$532.3	\$3,186
DIFFERENCE:	\$8.9	\$35.4	\$77.1	\$107.1	\$141.0	\$140.8	\$510
Reinvestment Needs							
Transfer to Division of Child Development:							
Increased Subsidy to Accomodate Work First Participants	\$0.0		\$41.8			\$104.5	
Provide funds for Smart Start Expansion	0.0		31.5			31.5	
Provide funds for other Expansion Priorities	0.0		0.0			0.0	•
Maternal Outreach Program	0.0		0.4			0.4	
Substance Abuse Treatment Funds	0.0		1.0			1.0	
Community College Collaboration	0.0		0.5			0.5	
Evaluation	0.0		0.7			0.7	
Staff Development	0.3		0.3			0.0	
Carry-Forward to Subsequent Year	8.7	0.6	1.0	1.9	10.5	0.0	22
TOTAL Reinvestment Needs	\$8.9	\$35.4	\$77.1	\$107.1	\$141.0	\$138.6	\$508
Difference	(\$0.0)	\$0.0	(\$0.0	(\$0.0)	\$0.0	\$2.2	\$2





1. Estimated Participants:

			STATE FIS	CAL YEAR		
PROGRAM AREA	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02
Total Work First Participants	104,800	100,192	92,417	89,096	85,572	83,361
Less: Child Only Families & Families with Child Under Age 1	<u>-41,200</u>	<u>-42.820</u>	-39,594	<u>-39,465</u>	· <u>-37,866</u>	<u>-36.319</u>
Work First Participants Subject to Work Requirements	63,600	57,372	52,822	49,631	47,706	47,04
Unsubdized Employment	8,000	11,000	17,000	20,000	26,706	26,54
Subsidized Employment	0	500	1,500	2,500	4,000	4,000
Training and Support Services	31,000	31,000	28,500	22,500	17,000	16,500
Not Participating in work or training	24,600	14,872	5,822	4,631	0	(
Work First Diversion	200	1,500	2,000	2,500	3,000	3,50
Child Protective Services, MH/SA Services - Emergency Grants	41,786	41,786	41,786	41,786	41,786	41,780

II. Estimated Annual Cost Per Participant:

	STATE FISCAL YEAR								
PROGRAM AREA	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02			
Total Work First Participants	\$3,115	\$3,074	\$2,980	\$2,826	\$2,628	\$2,620			
Less:Child Only Families & Families with Child Under Age 1	2,772	2,772	2,772	2,772	2,772	2,772			
Work First Participants Subject to Work Requirements	3,337	3,329	3,169	2,905	2,551	2,540			
Unsubdized Employment	1,488	1,488	1,488	1,488	. 1,488	1,488			
Subsidized Employment	0	2,488	2,488	2,488	2,488	2,488			
Training and Support Services	4,262	4,262	4,288	4,239	4,237	4,245			
Not Participating in work or training	2,772	2,772	2,772	2,772	0	C			
Work First Diversion	1,000	1,000	1,000	1,000	1,000	1,000			
Child Protective Services, MH/SA Services - Emergency Grants	2,503	2,503	2,503	2,503	2,503	2,503			

Workerirst Business Plan Assumptions:



Overall:

- Changes in how counties charge the cost of taking applications, making re-determinations and changes to cases effective July 1, 1997 which causes
 additional cost to be allocated to Medicaid in FY 98 and to Medicaid and Food Stamps in FY 99 and beyond. This change results in \$23,254,768 in
 savings over 5 years.
- An additional 3% decrease per year in County eligibility determination/case management and overhead expense, resulting in a savings of \$23,226,587 over 5 years.
- A decrease of 2% per year in State administration expense, a cost reduction of \$3,040,011.
- A decrease in cash assistance cost of .65% in FY 98, escalating to .90% in FY 2002 as a result of decreased fraud accruing from the automation improvements. This is a cost reduction of \$8,766,987 over 5 years.

These additional savings assumptions provide the funding necessary for the automation plan and allow funds to be included in the plan for Community College Collaboration, Substance Abuse Treatment, DSS staff development expenses related to changing county business practices, and evaluation -- while keeping the transfer to DCD for purchase of day care subsidy for Work First participants at the level anticipated by DHR & OSBM when the decision was made to transfer TANF funds to DCD to provide for Smart Start expansion.

Automation:

DIRM's revised automation plan now totals \$148,789,001, including Child Support Enforcement's welfare reform automation projects. This costs out to \$62,811,181 which must be covered by the Work First plan.

This amount assumes the following:

- \$9,745,110 will be available to NC in enhanced 75% FFP for Medicaid projects related to "de-linking" AFDC and Medicaid eligibility. This amount is computed from the Medicaid share of the "Service Delivery Functionality" piece of the DIRM plan.
- Counties will cover 50% of the non-federal share of the cost of hardware and software purchased for them as part of the automation plan. This amount, \$4,670,975, is over and above the county funds included in the Business Plan. It has been computed based upon an assumption that 2/3 of the cost of the LAN/WAN item in the DIRM plan relates to equipment purchased for counties.
- Child Support funds are not included in the allocation of the LAN/WAN cost, since IVD is currently paying for equipment related to ACTS and that funding source cannot also participate in this purchase.

Work First Program

Proposed Business Plan and Reinvestment Strategy

Temporary Assistance for Needy Families

State Fiscal Years 1997 - 2002

Summary of Projected Work First Funding and Expenditures SFY 96-97 through 2001-2002

Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000 Dollars in Millions



			STATE FIS	CAL YEAR		*******	TOTAL
ROGRAM AREA	1996-97	1997-98	1998-99	1999-200	2000-01	2001-02	SFY 1996-200
stimated Expenditures:							
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Child Only Families & Families with Child Under Age 1	114.2	117.9	108.9	108.5	104.0	99.8	653.
Work First Diversion	0.2	1.5	2.0	. 2.5	3.0	3.5	12
Child Protective Services, MH/SA Services - Emergency Grants	104.6	104.6	104.6		104.6	104.6	627
County Eligibility Determination/Case Workers	43.0	39.6	36.9		34.7	33.7	223
County Administration	15.1	13.9	12.9		12.2	11.8	78
State Management	10.4	10.2	10.0		9.6	9.4	59
Child Support Enforcement Operations	0.0	0.4	0.4		2.1	2.1	7
Automation	0.0	16.9	11.7	14.3	11.8	8.1	62
TOTAL Estimated Expenditures:	\$499.7	\$494.9	\$454.0	\$433.4	\$402.9	\$391.5	\$2,676
Available Funds:			_				
Federal Block Grant	\$295.7	\$302.2	\$302.2		\$302.2	\$302.2	\$1,806
Federal Supplemental Funds	0.0		15.4		26.9	6.7	79
State	109.0	109.0	109.0		109.0	109.0	1
Local	103.9		103.9		103.9	103.9	
Carry Forward from Prior Year	0.0	8.7	0.6	1.0	1.9	10.5	22
TOTAL Available Funds:	\$508.6	\$530.3	\$531.1	\$540.6	\$543.9	\$532.3	\$3,186
DIFFERENCE:	\$8.9	\$35.4	\$77.1	\$107.1	\$141.0	\$140.8	\$510
Reinvestment Needs							
Transfer to Division of Child Development:							
Increased Subsidy to Accomodate Work First Participants	\$0.0	\$3.8	\$41.8	\$71.2	\$96.5	\$104.5	\$317
Provide funds for Smart Start Expansion	0.0		31.5		31.5	31.5	
Provide funds for other Expansion Priorities	0.0		0.0		0.0	0.0	•
Maternal Outreach Program	0.0		0.4		0.4	0.4	3
Substance Abuse Treatment Funds	0.0		1.0		1.0	1.0	I .
Community College Collaboration	0.0		0.5		0.5	0.5	
Evaluation	0.0		0.7		0.7	0.7	
Staff Development	0.3		0.3		0.0	0.0	
Carry-Forward to Subsequent Year	8.7	0.6	1.0	1.9	10.5	0.0	22
TOTAL Reinvestment Needs	\$8.9	\$35.4	\$77.1	\$107.1	\$141.0	\$138.6	\$508
Difference	(\$0.0)	\$0.0	(\$0.0)	(\$0.0)	\$0 .0	\$2.2	\$2





Summary of Projected Work First Participants
and Cost Per Participant
SFY 96-97 through 2001-2002
Based on Estimates of Welfare Refom Impacts and Governor's 100% Work Participation Goal

1. Estimated Participants:

	STATE FISCAL YEAR									
PROGRAM AREA	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02				
Total Work First Participants	104,800	100,192	92,417	89,096	85,572	83,361				
Less:Child Only Families & Families with Child Under Age 1	<u>-41,200</u>	<u>-42,820</u>	-39,594	<u>-39.465</u>	· <u>-37.866</u>	<u>-36,319</u>				
Work First Participants Subject to Work Requirements	63,600	57,372	52,822	49,631	47,706	47,042				
Unsubdized Employment	8,000	11,000	17,000	20,000	26,706	26,542				
Subsidized Employment	0	500	1,500	2,500	4,000	4,000				
Training and Support Services	31,000	31,000	28,500	22,500	17,000	16,500				
Not Participating in work or training	24,600	14,872	5,822	4,631	0	0				
Work First Diversion	200	1,500	2,000	2,500	3,000	3,500				
Child Protective Services, MH/SA Services - Emergency Grants	41,786	41,786	41,786	41,786	41,786	41,786				

II. Estimated Annual Cost Per Participant:

	STATE FISCAL YEAR								
PROGRAM AREA	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02			
Total Work First Participants	\$3,115	\$3,074	\$2,980	\$2,826	\$2,628	\$2,620			
Less:Child Only Families & Families with Child Under Age 1	2,772	2,772	2,772	2,772	2,772	2,772			
Work First Participants Subject to Work Requirements	3,337	3,329	3,169	2,905	2,551	2,540			
Unsubdized Employment	1,488	1,488	1,488	1,488	. 1,488	1,480			
Subsidized Employment		2,488	2,488	2,488	2,488	2,488			
Training and Support Services	4,262	4,262	4,288	4,239	4,237	4,24			
Not Participating in work or training	2,772	2,772	2,772	2,772	0	(
Work First Diversion	1,000	1,000	1,000	1,000	1,000	1,000			
Child Protective Services, MH/SA Services - Emergency Grants	2,503	2,503	2,503	2,503	2,503	2,503			

Worker irst Business Plan Assumptions:



Overall:

- Changes in how counties charge the cost of taking applications, making re-determinations and changes to cases effective July 1, 1997 which causes
 additional cost to be allocated to Medicaid in FY 98 and to Medicaid and Food Stamps in FY 99 and beyond. This change results in \$23,254,768 in
 savings over 5 years.
- An additional 3% decrease per year in County eligibility determination/case management and overhead expense, resulting in a savings of \$23,226,587 over 5 years.
- A decrease of 2% per year in State administration expense, a cost reduction of \$3,040,011.
- A decrease in cash assistance cost of .65% in FY 98, escalating to .90% in FY 2002 as a result of decreased fraud accruing from the automation improvements. This is a cost reduction of \$8,766,987 over 5 years.

These additional savings assumptions provide the funding necessary for the automation plan and allow funds to be included in the plan for Community College Collaboration, Substance Abuse Treatment, DSS staff development expenses related to changing county business practices, and evaluation — while keeping the transfer to DCD for purchase of day care subsidy for Work First participants at the level anticipated by DHR & OSBM when the decision was made to transfer TANF funds to DCD to provide for Smart Start expansion.

Automation:

DIRM's revised automation plan now totals \$148,789,001, including Child Support Enforcement's welfare reform automation projects. This costs out to \$62,811,181 which must be covered by the Work First plan.

This amount assumes the following:

- \$9,745,110 will be available to NC in enhanced 75% FFP for Medicaid projects related to "de-linking" AFDC and Medicaid eligibility. This amount is computed from the Medicaid share of the "Service Delivery Functionality" piece of the DIRM plan.
- Counties will cover 50% of the non-federal share of the cost of hardware and software purchased for them as part of the automation plan. This
 amount, \$4,670,975, is over and above the county funds included in the Business Plan. It has been computed based upon an assumption that 2/3 of
 the cost of the LAN/WAN item in the DIRM plan relates to equipment purchased for counties.
- Child Support funds are not included in the allocation of the LAN/WAN cost, since IVD is currently paying for equipment related to ACTS and that funding source cannot also participate in this purchase.



Work First Program

Proposed Business Plan and Reinvestment Strategy

Child Care

State Fiscal Years 1997 - 2002

Summary of Projected Child Care Funding and Emphditure SFY 96-97 through 2001-2002



Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000

Dollars in Millions

			STA	TE FISCA	LYEAR		
PROGRAM AREA	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	SFY 1997-00
Estimated Expenditures							
Work First Related (Incl. Child Only)	\$71.1	\$83.7	\$116.3	\$156.0	\$189.5	\$200.2	\$816.8
Welfare Diversion	95.6	110.6	131.6	154.0	177.7	202.9	872.6
Child Protective and Welfare Services	13.6	13.3	13.8	14.3	14.8	15.3	85.2
Quality, Availability, Services Support	13.3	13.3	13.3	13.3	13.3	13.3	79.8
Administration	<u>5.8</u>	<u>5.8</u>	<u>5.9</u>	<u>6.2</u>	<u>6.4</u>	<u>6.6</u>	<u>36.7</u>
TOTAL Estimated Expenditures:	\$199.5	\$226.8	\$281.0	\$343.7	\$401.8	\$438.3	\$1,891.1
Available Funds:							
Federal	\$124.0	\$131.9	\$134.4	\$138.9	\$144.1	\$148.2	\$821.6
State (Non-Smart Start)	61.7	65.4	65.4	65.4	65.4	65.4	389.0
Smart Start	18.8	21.5	21.5	21.5	21.5	21.5	126.3
Smart Start Expansion	0.0	4.2	17.8	36.1	63.5	75.1	196.7
Transfer from TANF	0.0	<u>3.8</u>	<u>41.8</u>	<u>71.2</u>	<u>96.5</u>	104.5	<u>317.7</u>
TOTAL Available Funds:	\$204.6	\$226 .8	\$281.0	\$333.1	\$391.0	\$414.7	\$1,851.2

Notes: 1) Estimated Expenditures include costs to subsidize children currently being served under federal CCDBG, federal Child Care Development Fund and SSBG, as well as children served under state subsidy funds and Smart Start. Anticipated additional demand for care in SFY 1996-97 through SFY 01-02 includes children expected to demand care due to Work First requirements, children eligible for care that are waiting to be served and children anticipated to demand care under new income eligibility limits.

²⁾ Available Federal Funds assume North Carolina receives all mandatory (formerly FSA), matching (new), and discretionary (formerly CCDBG) funds authorized by the welfare reform bill. Additional funds may be reallocated to North Carolina if other states do not fully utilize their matching funds allocations. Also assumes continuation of current SSBG.

³⁾ Available State Funds include \$45.0 million in FSA match, \$20.4 million in Non-FSA/Non-Welfare Reform and 30% of available Smart Start direct services funds (assumes expansion of Smart Start).

Summary of Projected Child Care Recipients Servi and Cost Per Recipient SFY 96-97 through 2001-2002



Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000

1. Estimated Recipients

	STATE FISCAL YEAR								
Program Area	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02			
Work First Related (Incl. Child Only Cases)	50,453	60,054	80,589	104,472	122,625	125,131			
Welfare Diversion	78,692	94,107	109,523	115,071	130,687	135,292			
Child Protective and Welfare Services	10,888	10,888	10,888	10,888	10,888	10,888			
Total Children Served	140,033	165,049	201,000	230,431	264,199	271,312			

NOTES: 1) Projected number of Work First child care recipients are based upon meeting the Work First Goal 2000 requirements.

- 2) The Welfare diversion population includes children currently served and projected to be served who are at risk for welfare dependency. This population includes; children previously served with Non-FSA funds, children served with Smart Start funds; children who are waiting for child care; and children who are newly income eligible for subsidized child care.
- 3) Child Protective and Welfare Services include children receiving subsidized child care for a reason specific to the child. This group includes children in foster care, child protective services, child welfare services and children in developmental care. Children in this category are not eligible for federal TANF funds.

II. Estimated Annual Cost Per Recipient

	STATE FISCAL YEAR									
Program Area	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02				
Work First Related (Incl. Child Only Cases)	\$1,410	\$1,394	\$1,443	\$1,493	\$1,546	\$1,600				
Welfare Diversion	\$1,215	\$1,176	\$1,202	\$1,338	\$1,360	\$1,500				
Child Protective and Welfare Services	\$1,253	\$1,225	\$1,268	\$1,313	\$1,359	\$1,406				

NOTES: Average costs have been adjusted to reflect expected changes in payment rates due legislation passed in the 1996 short session. Changes made to the subsidized child care program include; revising the parent fee schedule; making differential payments to providers; and increasing the county market rate for small counties to the statewide rate.

North Carolina Child Care Program

Breakdown of Child Expected to Demand Care

Total Engine Children Not Currently Served	205,100
Number of Children Under 47% State Median Income	124,169
Number of Children Between 47% - 75% State Median Income	84,931
Total Of Eligible Unserved Population Expected to Demand Care	155,738
Number of Children Under 47% State Median Income	92,481
Number of Children Between 47% - 75% State Median Income	63,257
Total Current Number of Children Served	165,000
Total Children Expected to Demand Care	320,738
Less Children Served through Head Start/Chapter I	28,947
Net Children Expected to Demand Care	291,791

NOTES: 1) Assumes that 74.48% of unserved eligible children will demand care. This percentage represents historical propensity to demand child care in the AFDC population.

2) For purposes of estimating costs to serve children through DCD, children served with Head Start and Chapter I funding are removed from totals.

				SFY			
Total Expected Demand for Child Care (Assuming Phase-In)	95-96	96-97	97-98	98-99	99-00	00-01	01-02
Work First Related (Including Child Only Cases)	61,889	50,453	60,054	80,589	104,472	122,625	125,131
Welfare Diversion (Under 47% of State Median Income)	63,276	68,149	73,022	77,895	82,768	87,641	92,515
Child Protective and Welfare Services	10,888	10,888	10,888	10,888	10,888	10,888	10,888
Welfare Diversion (47% - 75% of State Median Income)	0	10,543	21,086	31,628	42,171	52,714	63,257
Total Demand for Care	136,053	140,033	165,049	201,000	240,300	273,868	291,791

NOTES: 1) Assumes a constant annual increase in the number of children served from current levels of service to reach full demand in SFY 2001-02. This phase in is included to estimate the effects of a gradual influx of new populations into care. Additionally it will take time for child care capacities to grow to accommodate these new levels of demand.

Children Served with Available Funds	96-97	97-98	98-99	99-00	00-01	01-02
Work First Related (Including Child Only Cases)	50,453	60,054	80,589	104,472	122,625	125,131
- Percentage of Work First Demand Served	100%	100%	100%	100%	100%	100%
Welfare Diversion (Under 47% of State Median Inc.)	68,149	73,022	77,895	82,768	87,641	92,515
- Percentage of Welfare Diversion Demand Served	100%	100%	100%	100%	100%	100%
Child Protective and Welfare Services	10,888	10,888	10,888	10,888	10,888	10,888
- Percentage of Child Protective and Welfare Services Served	100%	100%	100%	100%	100%	100%
Welfare Diversion (47% - 75% of State Median Inc.)	10,543	21,086	31,628	32,302	43,045	42,778
- Percentage of Newly Eligible Demand Served	100%	100%	100%	77%	82%	68%
Total Costs	140,033	165,049	201,000	230,431	264,199	271,312
- Percentage of Total Demand Served	100%	100%	100%	96%	96%	93%

NOTES: Assumes children are served in the following priority: 1) Work First Related 2) Welfare Diversion - Under 47% State Median Income 3) Child Protective and Welfare Services 4) Welfare Diversion - 47%-75% State Median Income.



Work First Program

Proposed Business Plan and Reinvestment Strategy

Automation

State Fiscal Years 1997-2002



Pressures Driving Change

- Welfare Reform
- Block Grants
- PPB
- Outcome Measures
- Program Accountability

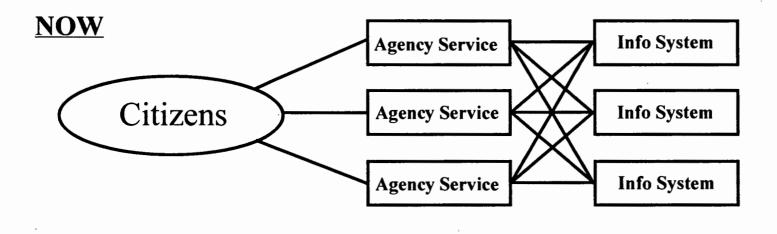
- Managed Care
- Citizen Demands
- Client / Family Focus
- Declining Revenues
- Possible External Reorg

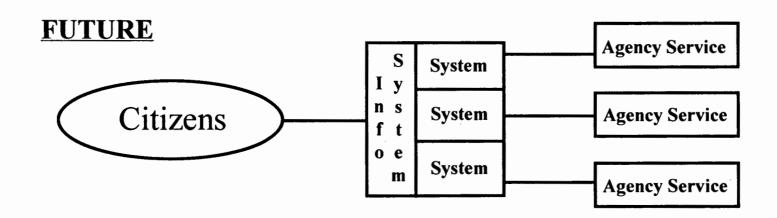
Requiring DHR To Take An Enterprise View



Reinventing How Government Serves the Citizens

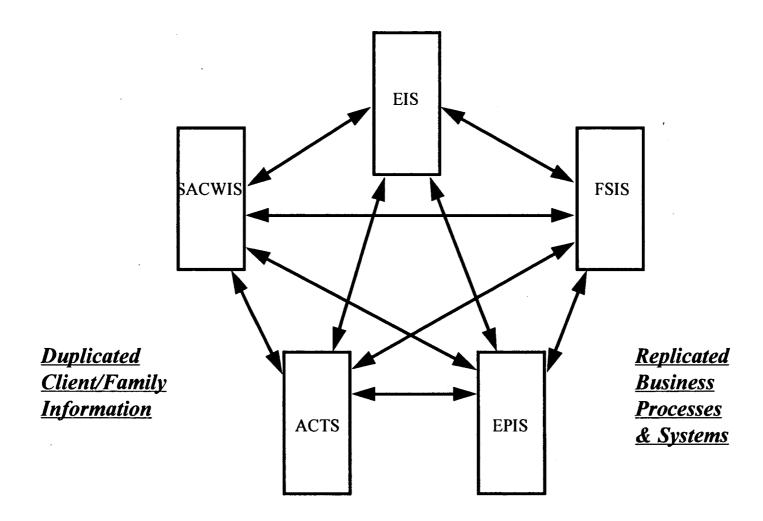






Technology Integrated Service Delivery

Today's Non-Adaptive Systems



Poor Return on IT Investment

Silo Systems Supporting Independent Programs



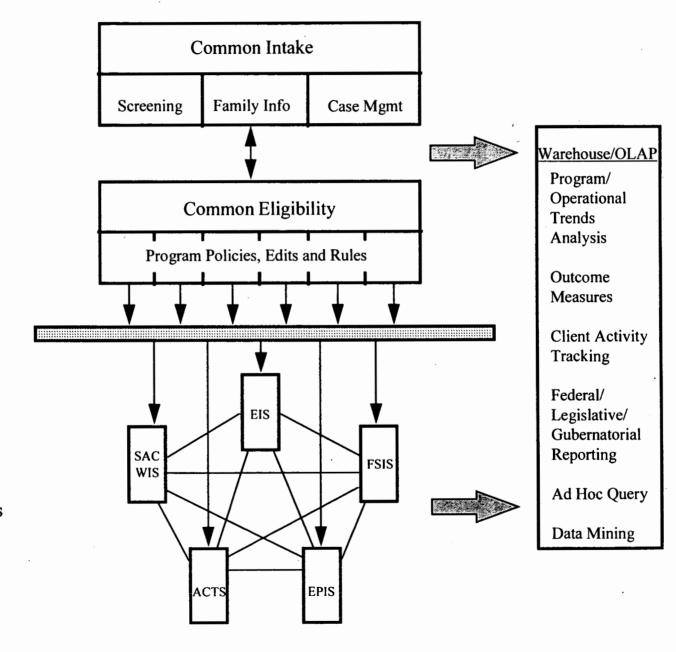


Workflow, Interview, Unique ID

AI Knowledge Engines

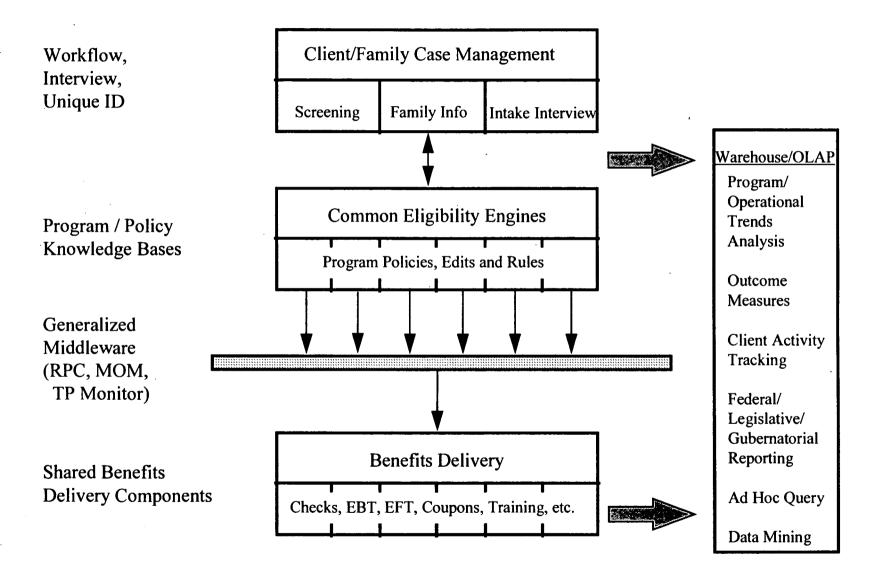
Interface Engine Middleware

Legacy Benefits Delivery Systems





Enterprise Adaptive Systems



Shared Components Supporting Integrated, Client Focused Service Delivery



Adaptive Systems

Implementations of enterprise-wide architecture which facilitates rapid change in the business and administrative processes of the organization.

Enterprise Architecture

Provides a cross-functional framework that defines the business processes, information, and technical infrastructure of DHR across divisions and programs.

Data Warehouse

A repository of information that crosses program and agency boundaries which enables program analysis, outcome measurement, client activity tracking, fraud audit, trends analysis, federal and other management reporting.

APMS

Application Portfolio Management System treats business systems and information as valuable enterprise assets and, as such, provides a structured method for managing the creation, deployment, use, and eventual replacement or retirement of them.

DHR AUTOMATION REINVESTMENT COSTS FOR WELFARE REFORM

Infrastructure and Interfaces	\$36,000,000
 ✓ Deploy statewide LAN/WAN environment ✓ Develop interfaces to external partners 	
Federal Requirements Affecting Current Systems	\$31,839,001
 ✓ Implement minimal modifications to current systems ✓ Implement Child Support modifications and new functions 	
Management Information and Tracking	\$14,500,000
 ✓ Provide Data Warehouse for statistical analysis, outcome measures and local/state/federal reporting ✓ Provide fraud and abuse tracking 	
Systems Development	\$52,750,000
 ✓ Develop and deploy new Service Delivery Model ✓ Provide for office readiness 	
Administration and Development Environment	\$13,700,000
 ✓ Acquire development tools and associated training ✓ Provide facilities for development staff ✓ Provide administration of the Reinvestment Plan 	
TOTAL	\$148,789,001

Welfare Reform Reinvestment Plan Timeline



Projects		SFY	96-9	7		SFY	97-9	8		SFY	98-9	9		SFY	99-0	0	5	FY (00-0	1	5	FY (01-02	2
	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
Infrastructure and Interfaces Develop Statewide LAN/WAN																		·						
Develop Interfaces					C. T. C.	 43 				A	司称								Sec 2					
Federal Req's Affecting Current Systems Continuation of Interim Modifications														,										
Child Support Modifications																								
Management Information and Tracking Management Information and Analysis																								
Fraud and Abuse Tracking																								
Systems Development Service Delivery Functionality																								
Transition from Legacy Systems															S.									
Training/Implementation Support																								
Administration and Development Environment Transition to Adaptable Systems Env.																								
Facilities																								
Management/Administration																								
Planning for Long Range																			匚					

HIGH LEVEL WELFARE REFORM BUDGET REINVESTMENT

-
M

Projects	SFY	96-97	SFY 9	97-98	SFY 9	8-99	SFY	99-00	SFY	00-01	SFY	01-02	Five Yea	ar Totals
	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring
Infrastructure and Interfaces														
Develop Statewide LAN/WAN	-		\$13,500,000	\longrightarrow	\$5,500,000		\$11,000,000						\$30,000,000	
Develop Interfaces			\$1,000,000		\$1,000,000		\$3,000,000		\$1,000,000				\$6,000,000	
·														
Federal Req's Affecting Current Systems														
Continuation of Interim Modifications	\$1,900,000		\$2,965,006										\$2,965,006	
Child Support Modifications	\$886,050		\$8,130,950		\$9,003,045		\$4,114,000		\$3,753,600		\$3,872,400		\$28,873,995	
Management Information and Tracking														
Management Information and Analysis														
Warehouse Functionality			\$1,000,000	,	\$1,000,000		\$2,000,000		\$2,000,000				\$6,000,000	
UNIX Platform			\$500,000		\$500,000		\$500,000		\$500,000		\$500,000		\$2,500,000	
Analysis Tools			\$1,000,000			\$150,000		\$150,000		\$150,000		\$150,000	\$1,000,000	\$600,000
Training			\$500,000		\$500,000		\$500,000			\$100,000		\$100,000	\$1,500,000	\$200,000
Fraud and Abuse Tracking	\$250,000		\$1,700,000		\$1,000,000								\$2,700,000	
Systems Development														
Service Delivery Functionality			\$5,000,000		\$4,000,000		\$5,000,000		\$3,300,000	\$6,000,000		\$11,000,000	\$17,300,000	\$17,000,000
Transition from Legacy Systems					\$450,000		\$2,000,000		\$6,000,000				\$8,450,000	
Training/Implementation Support			\$1,000,000		\$2,000,000		\$3,000,000		\$2,000,000		\$2,000,000		\$10,000,000	
Administration & Development Environment					<u> </u>									
Transition to Adaptable System Environment						- ::								
Development & Deployment Environment			\$1,300,000		\$1,300,000								\$2,600,000	
Software License Renewal						\$200,000		\$400,000		\$400,000		\$400,000		\$1,400,000
New Staff				\$250,000		\$450,000		\$650,000		\$650,000		\$650,000		\$2,650,000
Training			\$500,000		\$500,000		\$500,000		\$200,000			\$100,000	\$1,700,000	\$100,000
Facilities			\$500,000	\$200,000		\$200,000		\$200,000		\$200,000		\$200,000	\$500,000	\$1,000,000
Management/Administration		\$200,000		\$750,000		\$750,000		\$750,000		\$750,000		\$750,000		\$3,750,000
Management/Authinistration		\$200,000		\$7.50,000		\$7.50,000		97.50,000		9730,000	<u> </u>	\$7.50,000		40,100,000
Planning for Long Range	\$250,000													
						··								
One Time Totals			\$38,595,956		\$26,753,045		\$31,614,000		\$18,753,600		\$6,372,400		\$122,089,001	
Recurring Totals		\$200,000		\$1,200,000		\$1,750,000		\$2,150,000		\$8,250,000		\$13,350,000		\$26,700,000
Yearly Totals (One time + Recurring)		\$3,486,050		\$39,795,956		\$28,503,045		\$33,764,000		\$27,003,600		\$19,722,400		\$148,789,001

GRAND TOTAL SUMMARY \$148,789,001

Grant	Allocated Dollars	FFP	Federal Share	State Share
TANF	\$5,612,202	100.00%	\$5,612,202	\$0
SA	\$1,189,730	0.00%	\$0	\$1,189,730
FC	\$479,121	50.00%	\$239,562	\$239,559
Adoption	\$285,244	50.00%	\$142,622	\$142,622
Medicaid @ 75%	\$12,993,480	75.00%	\$9,745,110	\$3,248,370
Medicaid @ 50%	\$34,656,925	50.00%	\$17,328,463	\$17,328,462
Smartstart	\$700,230	0.00%	· \$0	\$700,230
Sub. Child Care	\$4,964,092	60.49%	\$3,002,779	\$1,961,313
Energy	\$1,970,734	100.00%	\$1,970,734	\$0
Food Stamps	\$36,065,377	50.00%	\$18,032,690	\$18,032,687
Refugee	\$110,347	100.00%	\$110,347	(\$1)
State	\$35,141	0.00%	\$0	\$35,141
Title XX	\$998	90.00%	\$898	\$100
JOBS	\$250,000	90.00%	\$225,000	\$25,000
SSBG	\$13,369	75.00%	\$10,027	\$3,342
Child Welfare	\$87,583	75.00%	\$65,687	\$21,896
Independent Living	\$341	100.00%	\$341	\$0
Job Corps	\$158	100.00%	\$158	\$0
CWS - Fam. Pres.	\$49	100.00%	\$49	\$0
Child Support @ 80%	\$295,350	80.00%	\$236,280	\$59,070
Child Support @ 66%	\$49,078,532	66.00%	\$32,391,832	\$16,686,700
Total	\$148,789,001	=	\$89,114,781	\$59,674,220
County Equipment = 2/3 c	of LAN/WAN			
Non-Federal Share of L			14,012,925	
2/3 of Non-Federal Shar	re =		9,341,950	
County 1/2 of Non-Fede	eral Share on County Equ	uipment	4,670,975	
TANF PLAN Amounts:				
Non-Federal Share from S	•		59,674,220	
TANF Share from Summa	•		5,612,202	
Energy Share from Summ	-		1,970,734	
JOBS Share from Summa	•		225,000	
Less: County share of equ	uipment		(4,670,975)	
Total for TANF Plan			62,811,181	



Benefits of Reinvestment in Automation for Welfare Reform

Infrastructure and Interfaces Develop Statewide LAN/WAN Develop Statewide LAN/WAN Federal Requirements Affecting Current Systems Continue interim modifications to support Welfare Reform plan and to meet federal reporting requirements. Child Support Modifications Management Information and Tracking Management Information and Analysis Fraud and Abuse Tracking National Tracking of TANF Time Limits Meet Work First Family Assistance objectives, Maintain TANF allocation, Meet new federal reporting requirements for Child Support, avoid penalties. Enable faster parent locate service nationally Capability to access information on program utilization, client outcomes, trends. Improved management decision making. Enable fraud detection for multiple programs, and increased recoupments. Systems Development Service Delivery Functionality Transition from Legacy Systems Training/Implementation Support Administration and Development Environment Transition to Adaptable Systems Environment Management/Administration, Planning for Long Range	Automation	Benefits
Federal Requirements Affecting Current Systems Continue interim modifications to support Welfare Reform plan and to meet federal reporting requirements. Child Support Modifications Management Information and Tracking Management Information and Analysis Fraud and Abuse Tracking National Tracking of TANF Time Limits Systems Development Service Delivery Functionality Transition from Legacy Systems Training/Implementation Support Administration and Development Environment Transition to Adaptable Systems Environment Management/Administration, Meet Work First Family Assistance objectives, Maintain TANF allocation, Meet new federal reporting requirements for Child Support, avoid penalties. Enable faster parent locate service nationally Capability to access information on program utilization, client outcomes, trends. Improved management decision making. Enable fraud detection for multiple programs, and increased recoupments. Enhance productivity, streamline processes, eliminate redundancies, improve data integrity across systems, coordinate services among agencies. Reduce risks in modifying legacy systems, and reduce operational costs. Enable model-based component development Ensure adequate resources to achieve results	Infrastructure and Interfaces	Provide communications, enhanced productivity, and data
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Analysis of Benefits - Wenare Reform Automation

I. Background

A. Current Situation

Six major systems support welfare-related programs. All are mainframe based systems. Several were built in the early 1980s and modified throughout the past two decades. Total number of system users is approximately 6,000 with many others accessing data in one or more system. The cost of maintaining and operating the Welfare systems presently costs the state \$9.3 million annually.

Each system supports one or more programs, and has policy, user support, system support mechanisms in place.

A family may currently apply for assistance or services from multiple program areas, such as day care, cash assistance, job training and placement, food stamps, and child support. To access services from multiple programs requires separate interviews, which may take several hours. Families must provide largely the same personal information repeatedly. Agency information sharing or coordination of services is minimal.

B. Deficiencies

- 1. Some of the current systems are 15 years old, and have exceeded their useful life expectancy(7-8 years).
- 2. Missing Functionality
 - a. Limited coordination of cases between programs, does not support the family focus
 - b. Lacks data to evaluate program effectiveness/outcome measures
 - c. Lacks demographic and case data (1/3 electronic; 1/3 paper; 1/3 uncollected) to comply with federal requirements
 - d. Limited hours of systems availability (7:30 am- 5:30 pm) do not facilitate access for employed citizens)
 - e. Lacks caseworker productivity tools necessitating separate investments (e.g. word processing)
 - f. Lacks automation to support complex policies (e.g. eligibility rules are understood by caseworkers, when they leave knowledge goes with them)
- 3. System Integrity Age of system coupled with years of modification has weakened the integrity of documentation and the structure of the system making future modifications difficult and increasingly risky.
- 4. Data Integrity Redundant data collection; limited verification of accuracy; diluted ownership and inconsistent collection techniques
- 5. Outdated System Architecture mainframe vs. client-server
- 6. Increasingly less fit with the organizational structure and business requirements resulting in manual work outside the system.

C. Changing Business Environment

Work First substantially revised the role that the county caseworker plays in supporting families. In addition to the administrative functions presently handled, caseworkers are also expected to serve as:

- 1. Family sase managers
- 2. Resource referral agents
- 3. Assessment counselors (needs, job readiness, etc.)
- 4. Community liaisons (e.g. employers)
- 5. Negotiators of the Personal Responsibility Contract

II. Proposed Environment

To effectively support Welfare Reform and the developing role of the family case worker current systems must be replaced with an adaptive model which supports client -focused service delivery.

A. Benefits

IMPACT	QUALITATIVE BENEFITS	TANGIBLE BENEFITS
Automation of Business Functions: Streamlined and simplified intake, screening,	Eliminates redundancies in data and	Time savings through an estimated
eligibility, update and redetermination processing.	processes; enables service integration; shifts focus from production of work products to the accomplishment of goals.	reduction in the intake process by 25%, processing by 25% and redetermination by 33%.
Case management tools	Capability to track case activity, manage workflow and monitor a family's progress.	Time savings enable a 25% increase in caseload management capability.
	:	Enforcement of Personal Responsibility Contract with the application of monetary sanctions when not honored.
Electronic data sharing to assist with resource referral and verification processes.		24 min. per day per case manager and 2 hrs. per day per clerk.
Use of rule-based decision logic to determine eligibility and calculate benefits increases the accuracy of program administration.	Reduced need for case managers to know detail of program policy reduces learning curve and promotes consistent interpretation and application of program policy.	Improved staff retention rate and increased accuracy in benefits. An estimated 45% of present day recoupments are attributable to agency errors. Automation is expected to reduce the error rate by at least 60%.
Networked PCs To Increase Office Productivity:	24. 17. 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	at 1000t 00 /v.
Case managers and support staff will have access to word processing, e-mail, calendars/schedulers, spreadsheets and electronic forms libraries	Improved agency communications result in more efficient use of resources, improved quality of work products, less paper and reduced filing.	84.5 min. per worker per day TBD-Savings in the form of reduced printing, supply, storage and obsolescence of paper forms.
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IMPACI	QUALITATIVE BENEFITS	TANGIBLE BENEFITS
Program Effectiveness:		
Improved collection and management of data.	Flexible reporting and query capability.	Allows on-going assessment of
	Capacity to access data for individual, case,	program effectiveness, enabling NC
	aggregate, geographic or time perspective.	to qualify for federal incentives and bonuses.
	Reduces duplicate data collection by	
	integrating program administration.	Meets extensive federal reporting requirements and avoids sanctions in excess of \$12 million annually.
National new hire directory will promptly identify		Boosts overall collection of child
employment changes of absentee parents.		support and minimizes amount of
	•	time spent on income assistance
٠,		programs.
Increased fraud detection and prevention capability.		Reduces cost of overpayment collection efforts and decreases cash assistance outlays by \$8.7 million over 5 years.
System Efficiencies:		
Systems will be component-based, enabling code reuse and shorter modification cycles.	Mitigates the risk of legacy system modification and potential system failure. More efficient use of technical staff and ability to implement change rapidly.	TBD - Reduced modification and development costs.
System will integrate user support functions (on-line help screens, training, help desk, etc.)	Reduces impact of turnover and re-training efforts.	Cost effective means of supporting a large and changing user base.
Integrated system with expanded access and hours of systems availability.	Supports the concept of employed, self- sufficient families/citizens by providing access beyond the 8-5 workday.	Saves families time in application, and in providing update information to the agency.
Migration from independent mainframe systems to Local Area Network (LAN).	Enables local flexibility in program administration and operations.	Increased diagnostic capability minimizes down time. Reduction in staffing requirements, travel time and cost.

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B. Risk Factors

1. Risks associated with implementation of this plan

Risk Factor	Risk Mitigation 1000年11日
Management:	
Business approach is undergoing revision concurrently with changes to supporting systems.	Meaningful participation by all stakeholders throughout the change process.
Highly complex project, with a broad scope and dynamic business environment.	Consistent application of Risk, Project, Change and Contract management methodologies to reduce risk.
Time:	
Insufficient time for the most cost effective implementations (mandated dates of legislative initiatives, executive orders, other competing priorities)	Phased development and deployment schedules. Adaptive systems will accommodate change more readily.
Resources:	
Requires development of staff skills	Plan includes technical training and anticipates contract resources.
Requires adequate level of funding	Reinvestment plan maximizes federal participation.
Function:	·
Incomplete requirements	Development phases begin with process modeling. Users will define requirements and frequent acceptance points will be utilized to ensure understanding.
Inadequate training for users on new business processes and system functions	Transition plan includes extensive user training, office readiness and change management support.

2. Risks associated with <u>not</u> implementing this plan

Risk Factor	了。 Impact 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Failure to meet federal and state program requirements.	Fiscal sanctions of at least \$12 million per year.
Increasing inability of systems to keep pace with changing	Continued redundancies and increasing workload on case managers
business requirements.	which will result in higher administrative costs.
Modifying vulnerable, outdated systems.	Increasing modification costs, longer modification cycles and increased
·	risk of system failure.
Individuals responsible for delivering services won't have the	Inability of communities, local and state agencies to meet performance
tools and information to adequately perform their job.	and family outcome measures.

DHR

Work First Business Plan

County Block Grant Allocations

1. Funds Included in County Block Grant Allocations

Funds identified in the DHR Work First Business Plan for the following areas will be block granted to counties:

- Work First Employment Program
- Emergency Assistance Cash
- Emergency Assistance County Funds
- County Eligibility Workers
- County Administration

In state <u>fiscal year 1997-98</u>, the allocation among counties of the funds in the block grant pool shall be based on the percentage of each county's expenditures to the total statewide expenditures in these areas in SFY 95-96.

During SFY 97-98, the Division of Social Services, with collaboration and consultation from the County Director's Association and the County Commissioners Association, shall develop a methodology for allocating block grant funds in future years which takes into consideration caseload size, performance expectations and historical factors.

2. Maintenance of Effort

State and County monies which provide for the non-federal share of expenditures in the Work First Business Plan shall remain budgeted at the FY 96-97 level, except as noted below under Settlement.

3. County/State Participation Rates

The state will cover the full non-federal cost, as outlined in the Work First Business Plan, for all emergency assistance services provided by agencies other than county DSS. In addition, state funds will be used to fund all state administration, child support enforcement increases, and welfare reform automation projects.

State funds will be put into county block grants in an amount sufficient to fully fund those grants, after first deducting county and federal dollars, at the level

outlined in the Work First Business Plan. In recognition that county's individual participation in the areas covered by the Work First Business Plan has been variable depending upon the array and volume of the services offered, the proportion of federal, state, and county dollars in each individual county's block grant will be variable. With cash assistance benefits funded with 100% federal funds, county funds which previously were required to match federal funds in that area will be available to support county block grants. In addition, every county will receive federal and state funding to augment county funds in the block grant. During FY 97-98, the total funding available to a county will be the same as it would have been under the old federal matching requirements; the only difference will be that the same amount of funding will be used differently.

4. Settlement

After year end, if a county has met all of the goals and requirements of its Memorandum of Agreement with the Division of Social Services, and it has unexpended block grant funds, the county will retain the county percentage of those unexpended funds. These dollars will then be available for one-time county expenditure priorities. In the following fiscal year, however, the county will continue to budget an amount equal to the FY 96-97 budgeted level. State and federal funds which are not expended from a county's block grant, will revert to the State.

It is the intent of the Department of Human Resources to re-examine each year, beginning in SFY 1999-2000, on an individual county basis, the 100% county MOE requirement. If a county has consistently met all program requirements, and not fully expended its block grant each year, the Department would consider allowing the county to reduce its budgeted committment in subsequent years, contingent upon the county's continued high performance. If a county that was allowed to reduce its budgeted committment failed to meet its program requirements, it could be required to increase its budget back to the SFY 97 level.

At year end, if a county has not met all of the goals and requirements of its Memorandum of Agreement, penalties shall be assessed in accordance with the terms of the MOA.

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Ellen Russell	The Arc & NC
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Jonny Wath	CHS

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AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

Tuesday, March 4, 1997

Afternoon Meeting

DEVELOPMENTAL DISABILITIES OVERVIEW

Karen Hammonds-Blanks (Continuation of Overview)

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

Wednesday, March 4, 1997, 3:25 p.m.

Senator Martin Opened the meeting at 3:25 p.m. There were six Senate members present. He turned the floor over to Karen Hammonds-Blanks for an overview of Developmental Disabilities (see handout).

There was some discussion regarding the cost of beds; occupancy rates, waiting lists, lack of staff and comparisons between private and state facilities. It was indicated that other states pay more to their employees, usually assuring a greater quality of care with less turnover and greater efficiency. It was also indicated that programs involving brain injury services treated sixty-eight hundred last year.

Karen concluded her presentation and the meeting adjourned at 4:45 p.m.

Senator William N. Martin, Chair

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk

Joint Appropriations Subcommittee on Human Resources

AGENDA

JOINT SUBCOMMITTEE ON HUMAN RESOURCES APPROPRIATIONS LEGISLATIVE OFFICE BUILDING - ROOM 424

TUESDAY - MARCH 11, 1997

SUBSTANCE ABUSE

Karen Hammonds-Blanks

MINUTES

JOINT APPREPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

Tuesday, March 11, 1997

Senator Martin opened the meeting at 8:35 a.m. announcing Substance Abuse as the agenda item. There were five Senate members present. The House members present were as follows:

Representative Gardner Representative Cansler Representative Clary Representative Aldridge Representative Nye Representative Watson Representative Adams

Senator Martin called on Karen Hammonds-Black to give the presentation. Karen explained we would first view substance abuse from the national perspective, and then from a state level. Karen clarified the definitions, myths and facts concerning substance abuse (see handout). She cited the estimated economic cost of alcoholism and alcohol related problems to be a total of \$15.8 billion. Senator Phillips asked the Chairman and Karen a question regarding the increase in total population versus an increase or rate of users. Senator Martin called on Dr. Keith of the Department to respond.

Senator Clark asked if there is any information about use in public schools? Karen stated that to her knowledge there is not.

Dr. Keith was called upon to speak to the issue of the perinatal population of drugs users. Incidents did not vary by race nor culture. The following are illicit drug statistics only: 1.6% urban users; 13.0% rural users. There was no substantial difference in those of unemployed status versus employed. These statistics were taken from the Chasinoff Report, completed four years ago. It was cited that there are two major prevention programs for prescription drug abuse. "Elder Education for Seniors" in local communities and a regulatory branch of DHR Substance Abuse.

Senator Martin asked Dr. Keith about the availability of information on reducing needle exchange usage by cocaine/heroine users. Dr. Keith confirmed that there is such information available.

Jt.Appro. H.R. Minutes 3-11-98 Page 2

Karen concluded her presentation and Senator Martin adjourned the meeting at 9:50 a.m., announcing that the committee would reconvene in the afternoon.

Senator William N. Martin, Cochair

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk

Joint Appropriations Subcommittee on Human Resources

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Whitney Obrig	DMHDDSAS
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John Tota	MHA/NC-C2001

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Whitney Obrig	DM HDDSAS
Helen Lipma	Meck. Co. DSS
Milles Afferen	DMHDD545
Lee Hitting	DHR
Will Landsay	DHR
Do Steen	DMH 1.DD /8A5
De. JF KEITH	Div. 1012 150 5
John Baggett	1)
Garoe (x. Markin)	/\
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Substance Abuse

A Public Policy Challenge for North Carolina

Substance Abuse: What is it?

• Alcohol Use:

- "Current" users defined as individuals 12 and older having used alcohol in the past month;
- -"Binge" drinking defined as 5 or more drinks on at least one occasion in the past month; and
- -"Heavy" drinking defined as 5 or more drinks on 5 or more days in the past month.

• Illicit Drug Use:

- -"Current" user is defined as an individual having used an illicit drug in the month prior to the survey;
- -"Occasional" user is defined as an individual who used an illicit drug during the past year but fewer than 12 days; and
- "Frequent" user is defined as an individual who used drugs on 51 or more days during the past year.
- *Addiction* is chronic & life-threatening, rooted in genetic susceptibility, social circumstances and personal behavior.



Myths and Facts

• Myth: People with substance abuse problems get sent to 28-day treatment programs where they are cured.

Fact: Treatment is provided in many settings (outpatient, & inpatient with different levels of intensity; in many different ways (short-term treatment and therapeutic communities); for different lengths of time {4 general phases of treatment include 1) detoxification; 2) rehabilitation; 3) continuing care; and 4) relapse prevention};

• Myth: Addiction is a bad habit.

Fact: Addiction is chronic & life-threatening, rooted in genetic susceptibility, social circumstances & personal behavior; certain drugs are highly addictive & others become addictive over longer periods of time; and

• Myth: Many people relapse, so treatment obviously does not work.

Fact: Relapse is often part of the recovery process; addiction treatment can reduce the number and duration of relapses resulting in improvements in an individual's health and ability to function.

Substance Abuse:

A National Perspective

- Estimated 12.8 Million Americans Current Illicit Drug Users {Down from 25 million in 1979}
- About 32 Million Americans Age 12 and Older Engaged in Binge Drinking
- 1.45 Million Current Cocaine Users {Down from 5.7 Million in 1985}
- 9.8 Million Americans Were Current Marijuana Users (NHSDA, SAMHSA)
- 7.3% (4.3 Million) of Women Age 15-44 Had Used an Illicit Drug in the Past Month (of these, 1.6 Million had children living with them)
- Estimated \$15.8 Billion in Economic Costs of Alcoholism and Alcohol-Related Problems {includes only medical care and crime cost estimates} (*Alcohol Health & Research World*, Vol. 17. No. 2, 1993, p. 133)

Substance Abuse:

A National Perspective (continued)

- Estimated \$3 Billion Spent Per Year in Health Costs Due to Untreated Drug Addiction (Brandeis University)
- 75% in Federal Prisons Were Substance Related Offenders (based on 1991 data);
- 69% in State Prisons Were Substance Related Offenders;
- Alcohol is Present in More Than One-Half of All Incidents of Domestic Violence (Alcohol Health & Research World, Epidemiology of Alcohol-Related Violence, 1993)
- Estimated 4,000 -12,000 Babies Born With Physical Signs and Intellectual Disabilities Associated With Fetal Alcohol Syndrome (Center for Substance Abuse Prevention, SAMSHA, 1993)
- At Least 20% of Welfare Recipients about 1 million mothers Have Drug and Alcohol Problems Severe Enough to Require Treatment BEFORE Benefitting From Literacy and Job Training, or Holding a Job.

Substance Abuse: A National Perspective (continued)

- 1 out of Every 5 Medicaid Hospital Days is Attributable to Substance Abuse; and
- Cocaine-Related Emergency Room Visits Have Increased From 29,000 in 1985 to 142,000 in 1995 (Drug Abuse Warning Network)

Source: Costs of Substance Abuse: National Center on Addiction and Substance Abuse at Columbia University (1996)

Substan Abuse: A National Perspective (continued)

Drug Use on the Rise Again in 1995 Among American Youth:

- Continuing Increase In Illicit Drug Use Prevalence Among Youths:
 - -8th Graders Taking Any Illicit Drug Doubled Since 1991 (from 11% to 21%);
 - -10th Graders Taking Any Illicit Drug Rose by Two-Thirds (20% to 33%); and
 - -the Number Grew by Nearly Half Among 12th Graders (27% to 39%)
- 35% of High School Seniors Used Marijuana (1 in 20 {5%} use marijuana daily)
- Heroin & Cocaine Use Began to Rise After 1991
- 1.7 Million Heavy Drinkers Were Under Age 21
- 4.5 Million (20% of youth) Current Smokers Between Ages 12-17

Perceived Risks:

In 1995, continuing a downward trend, significantly fewer students felt that there is a great risk of people harming themselves when they use marijuana, crack, or powdered cocaine. (*Monitoring the Future Study*, University of Michigan - 1995)

Substance Abuse:

A North Carolina Perspective

Substan Abuse: A North Carolina Perspective

Impact on Crime/Criminal Justice

- 34,127 Drug Related Arrests (N.C. Department of Justice, State Bureau of Investigation, 1995) -4,011 were less than 18 years old
- 2,305 Less Than 18 Years Old Arrested for DWI's & Liquor Laws
- 84,908 DWI's (1995)
- Estimated 57,000 Alcohol-Connected Violent Crimes (1992)
 - -Estimated \$49.2 Million Cost to Taxpaying Citizens
 - -Estimated \$10.2 Million in Costs for Public Programs
- 49 {known} Murders in 1995 (Involving Alcohol/Drugs)
- 26,940 Filings (32% of total filings) in Superior Court for Controlled Substances (FY95/96)
- Estimated \$136.3 Million in Costs for Public Programs for Drug-Involved Violent Crime
- 19% (436) of Rapes Included Offenders Under the Influence of Alcohol or Drugs

Estimated Cost: \$254.3 Million Per Year {Of this, \$146.5 Million Represents Costs to Public Programs}

Substante Abuse: A North Carolina Perspective

Impact on Health

- Estimated 7,400 Infants Born Exposed to Illicit Drugs
- Estimated 17,544 IV Drug Users
- Estimated Large Percentage of Teen Pregnancies are Linked to Substance Abuse
- 11, 115 Crashes Involving Alcohol (N.C. Department of Transportation)
- 51.1 Deaths per 100,000 Attributed to Alcohol Compared to 44 Nationally (State Trends in Alcohol-Related Mortality 1992 NIAAA)
- Estimated 3,044 AIDS Cases Drug Related
- \$26.5M in Medicaid Payments for Substance Abuse Services (CY1996)
- \$3.8M in FY95/96 Claims for Substance Abuse Services (State Employee Health Plan)

Substance Abuse: A North Carolina Perspective Impact on Health (continuing)

- Estimated 50% of Domestic Violence Cases Directly Involve Substance Abuse (Alcohol Health & Research World, Epidemiology of Alcohol-Related Violence, 1993)
- 1-2% of Pregnant Women At Delivery Showed Evidence of Recent Illicit Drug Use
 - -1.7% Tested Positive for Marijuana
 - -1.3% Showed Evidence of Recent Cocaine Use
 - -Women testing positive for cocaine use were primarily nonwhite, from urban counties, and on Medicaid or uninsured (Pilot Study to Determine the Incidence of Substance Use at Delivery in North Carolina Tertiary Center: State Center for Health and Environmental Statistics, June 1992).

Estimated Cost: \$UNKNOWN

Substance Abuse: A North Carolina Perspective

Impact on Education

High School:

- 69% of High School Students had used alcohol at least once by the age of 17;
- 40% drank alcohol within the past month & 23% reported binge drinking in the past month;
- 22% reported using marijuana during the past month;
- 1.7% ever injected drugs; and among seniors, 6% had used cocaine.

Middle School:

- 59% Middle School students reported they had used alcohol;
- 7% reported using marijuana;
- 3.1% had used cocaine; and 1.2% reported injecting drugs.

Estimated Cost: \$UNKNOWN

Source: Department of Public Instruction

Substance Abuse: A North Carolina Perspective (continued)

Impact on Families

Domestic Violence

Poverty

Divorce

Infant Mortality

- Poor School Performance
 high school & college dro
 - -high school & college dropouts
 - -developmental delays

- Parents in Prison
- Teen Pregnancies

- Children in Training Schools
- 31% of All Substantiated Cases of Child Abuse & Neglect Involved at Least One Substance Abusing Parent/Caretaker (FY95/96)

Estimated Costs: \$UNKNOWN

Substance Abuse: A North Carolina Perspective (continued)

Drain on Public Resources

- SA Contributes to Increased AFDC/Public Assistance Costs/Clients
 -11,100 Individuals Received SA Treatment During 1996 Cost: \$26.5M
- SA Contributes to Increased Prison Population
 Estimated 13,936 {45%} Inmates Need Treatment
- SA Increases Training School Population
 - -165 Juveniles Admitted to Training Schools for SA Related Crimes
 - -252 Juveniles Admitted to State Detention Centers for SA Related Crimes
 - -Another 543 Juveniles in Training Schools Determined in Need of SA Treatment
 - -Another 1,208 Juveniles in State Detention Centers Determined in Need of SA Treatment
- SA Contributes to Increased Crime
 - -Court Costs -Medical Care Costs -Law Enforcement Costs
- SA Contributes to Increased Mortality & Morbidity

Estimated Costs: \$UNKNOWN

Substance Abuse

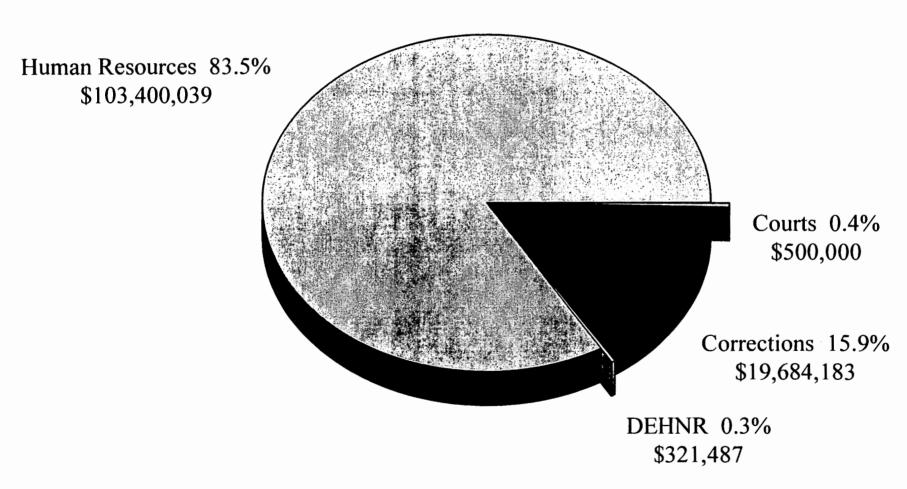
North Carolina's Response to the Problem

North Carolina Has Responded by:

- 1. Creating Various Substance Abuse Offices/Commissions/Programs
- Commission on Substance Abuse Treatment and Prevention
- Governor's Office of Substance Abuse Policy
- Department of Human Resources Division of Mental Health Substance Abuse Services Section
- Department of Corrections Division of Alcoholism and Chemical Dependency Programs
- Department of Crime Control & Public Safety Drug Task Forces
- Administrative Office of the Courts Drug Treatment Courts
- Department of Environment, Health & Natural Resources Perinatal Services

North Carolina Has Responded by:

2. Appropriating & Allocating Resources

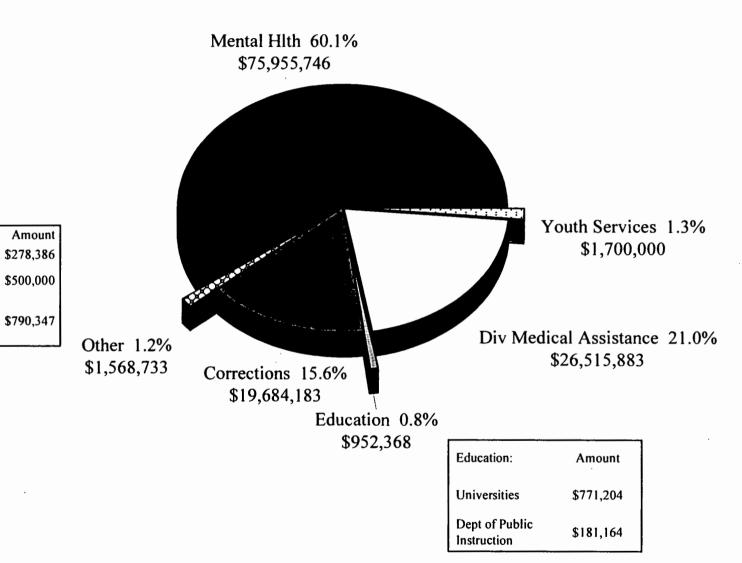


FRD 3/97

FY96/97 Total: \$124,676,913

North Carolina H Responded by:

2. Appropriating & Allocating Resources (continued)



Other:

Dept of Adm.

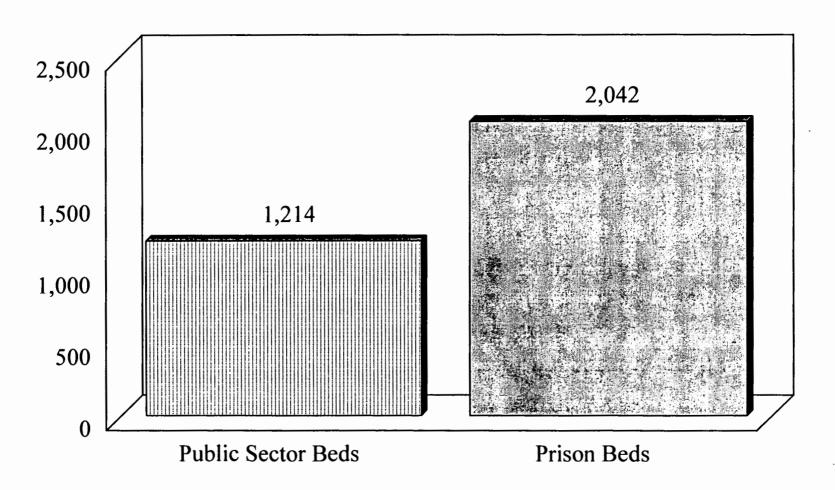
Adm. Office

of Courts Env. Health & Natural

Resources

North Carolina Has Responded by:

3. Creating & Supporting Treatment Beds



How Has North Carolina's Efforts Impacted The Problem?

- Provided Funding Which Supported Services to 93,596 North Carolinians
- 35th Rank in Nation for Substance Abuse Spending (1994, SAMHSA)
- No **State** Funds Dedicated for Prevention
- Among the Highest in the Country for DWI's per 100,000 {51.1 per 100,000 compared to national average of 44}
- No Central Policy Making Body/Department
 - -Lack of Statewide Policy on Substance Abuse
 - -Lack of Statewide Standards for Care
- Fragmentation
- Inability to Hold Providers Accountable for Outcomes

Division of MH/DD/SAS

Substance Abuse Services Section

1997-99 Program & Budget Overview

Fiscal Research Division

March 11, 1997

Mission: to provide leadership in the planning, development and organization of a statewide system alcohol and other drug services; to coordinate and communicate policies and strategies that educate, encourage, and respond proactively to alcohol and other drug prevention, intervention, and treatment issues.

The Section Supports Its Mission Through:

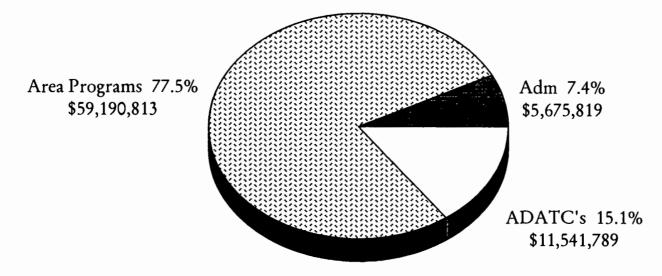
- Institutional Services
- Community Services
- Employee Assistance Program

- DWI/Criminal Justice
- Regulatory Unit

- Institutional Services
 - -Provides inpatient services through 3 Alcohol and Drug Abuse Treatment Centers.
- Community Services
 - -Provides support to 41 Area Programs in the implementation of substance abuse plans; 2) coordination and development of programs to reduce HIV/AIDS; 3) provide leadership and support for the development of a comprehensive system of prevention and treatment services for children and youth; and 4) coordination of prevention efforts.
- Employee Assistance Program
 - -Assists employees impaired by stress, financial problems, substance abuse or other personal concerns; provides technical assistance to Area Programs; and provides guidance for DHR's Alcohol & Drug-Free Workplace Initiative.
- Regulatory Unit
 - -Prevention of controlled substances into illicit markets; and
- DWI/Criminal Justice
 - -Provides leadership and support for services targeted at clients involved with the criminal justice system (e.g., Treatment Alternatives to Street Crime TASC).

Budget Summary:	FY95/96 Actual	FY96/97 Authorized	FY97/98 Rec'd.	FY98/99 Rec'd.
Requirements	\$77,757,876	\$76,408,421	\$76,659,764	\$76,625,929
Revenues	\$35,293,204	\$34,326,558	\$34,217,645	\$34,218,479
Appropriations	\$41,464,672	\$42,081,863	\$42,442,119	\$42,407,450
Positions	321.9	368.2	368.2	368.2

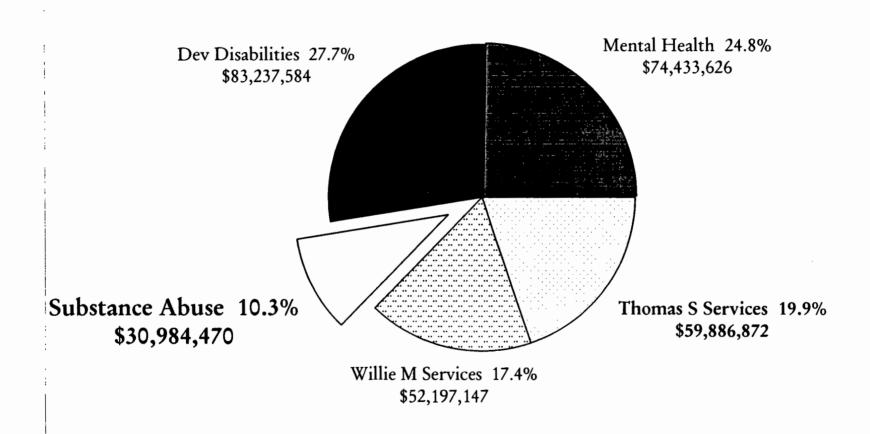
FY1996-97 Requirements by Purpose



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Total: \$76,408,421

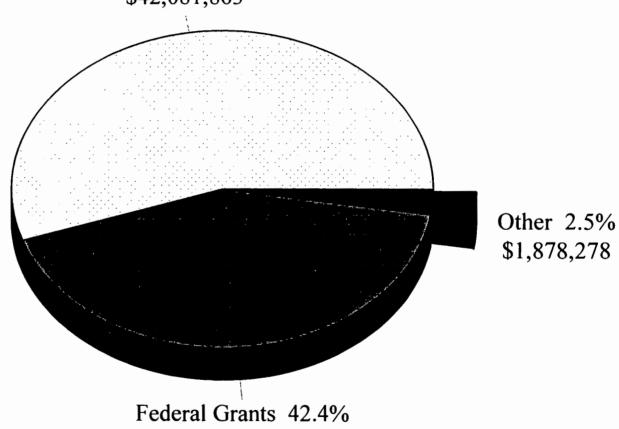
Community Services Program Funding (FY96/97)



(State General Funds Only)

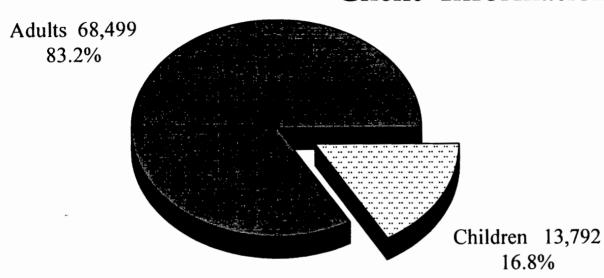
Source of Funds (FY96/97)

General Fund 55.1% \$42,081,863

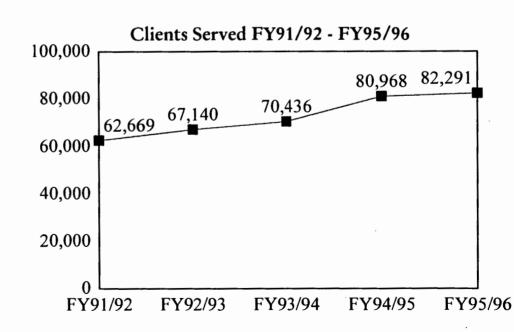


\$32,348,282

Area Program Substance Abuse Services Client Information:



FY95/96



FRD 3/97

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SUBSANCE ABUSE SERVICES

North Carolina's "Public" Service Delivery System:

Area Programs - provide services in the areas of assessment, screening, education, half-way house, detoxification, inpatient and residential treatment, and day activity.

Residential Services in North Carolina

Service	Total Beds Available		
Non-Hospital Detoxification	124		
Social Setting Detoxification	109		
Half-way House	431		
Residential Treatment	284		
ADATC	257		
TOTAL	1205		

State Alcohol & Drug Abuse Treatment Centers Client Profile (FY95/96)

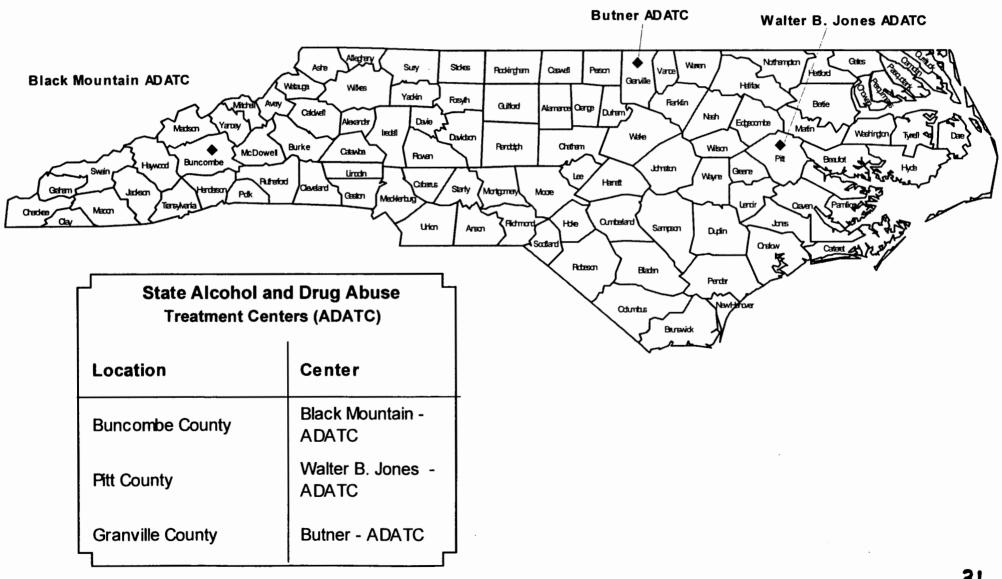
- 3,937 Persons Served
- Average Length of Stay 24.7 days
- 95.5 Voluntarily Committed
- 32% Women Served
- 48% Nonwhite Clients
- 4% Clients Were Pregnant Women
- 19.5% Treated for Alcohol Only; 19.2% Treated for Drugs Only & 60% Both
- 58% Reported Cocaine as the Drug of Choice
- 5% Were IV Drug Users

STATE ALCOHOL & DRUG ABUSE TREATMENT CENTERS

Fact Sheet

FACILITY BUDGET	POSITIONS	CAPACITY/ BEDS	DAILY COST/BED	AVE DAILY POP	OCCUPANCY RATE
Black Mtn - ADATC \$6,045,591	119.75	104	\$176	94	90%
Butner - ADATC	102	80	181	75	94%
Walter B. Jones - ADATC \$6,784,872	115	76	202	68	89%
TOTAL/AVE.	346.75	260	\$186	79	91%

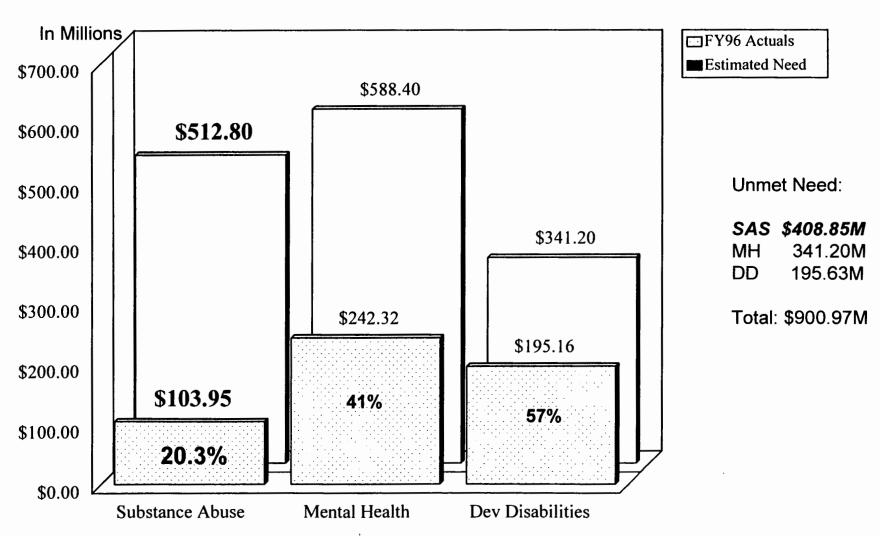
STATE ALCOHOL AND DRUG ABUSE TREATMENT CENTERS (ADATC)



What Are the Projected Needs for Public Sector Substance Abuse Services in North Carolina?

Estimated Community Based MH/DD/SAS Unmet Need by Disability

Versus FY95/96 Funds



Total Estimated Need: \$1,442.4M

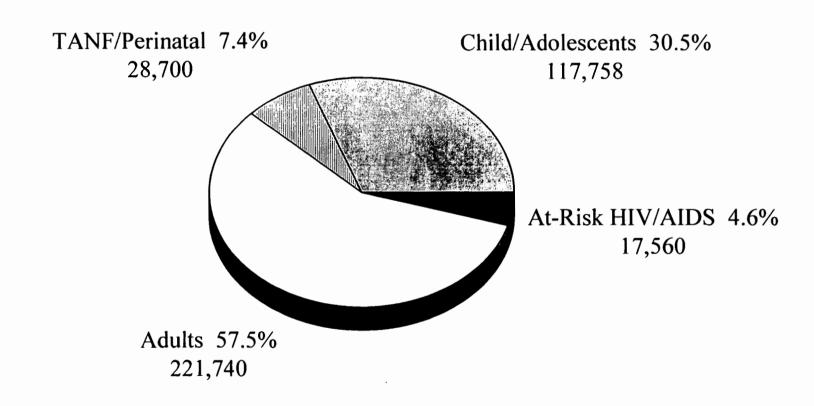
Substance Abuse Services

Factors Impacting System Demands Across the State:

- Estimated 787,000 North Carolinians with Substance Abuse Problems
- Estimated 17,544 IV Drug Users
- Estimated 190,856 Women In Need of Services
- Projected 7,400 Infants Prenatally Exposed to Illicit Substances
- 84,908 DWI Arrests in the State in 1995
- 34,132 Drug Related Arrests
- Welfare Reform
 - -estimated 20,384 TANF recipients in need of substance abuse services
 - -estimated 41% of TANF recipients need comprehensive treatment

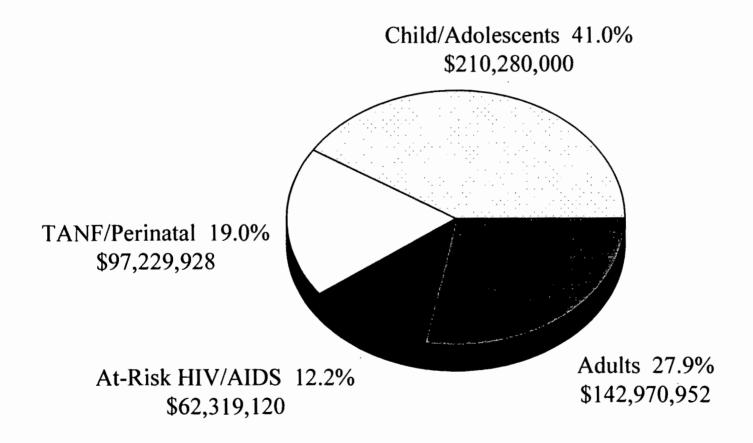
Projected Persons in Need of Public Sector Substance Abuse Services

By Population Group

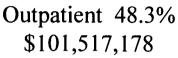


Projected Need for Public Sector SA

By Selected Population



Projected Costs of SA Services for Children & Adolescents By Level of Service



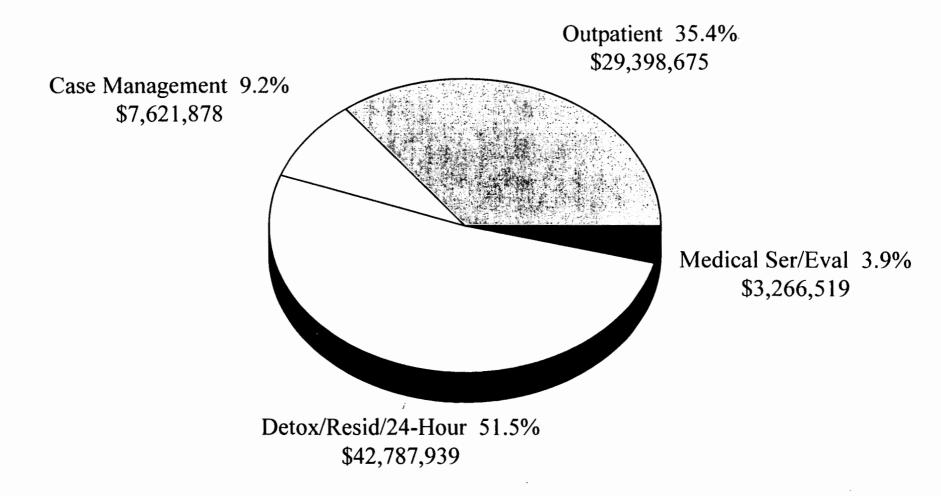


Case Management 18.0% \$37,902,346

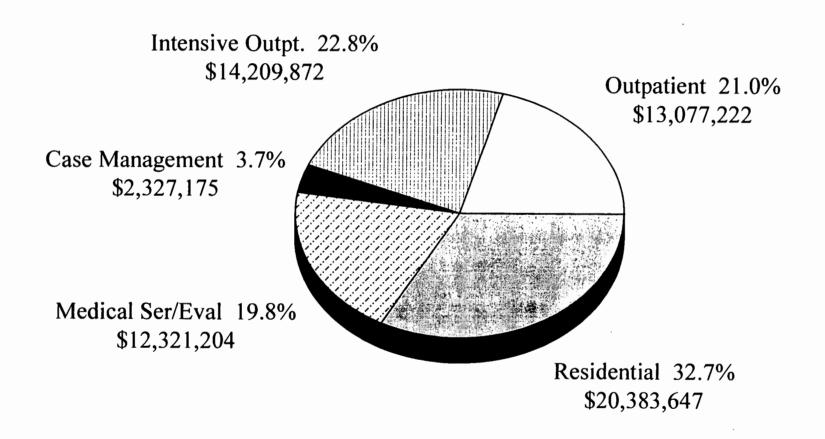
Intensive Outpatient 13.1% \$27,550,163

FRD 3/97 \$43,310,313

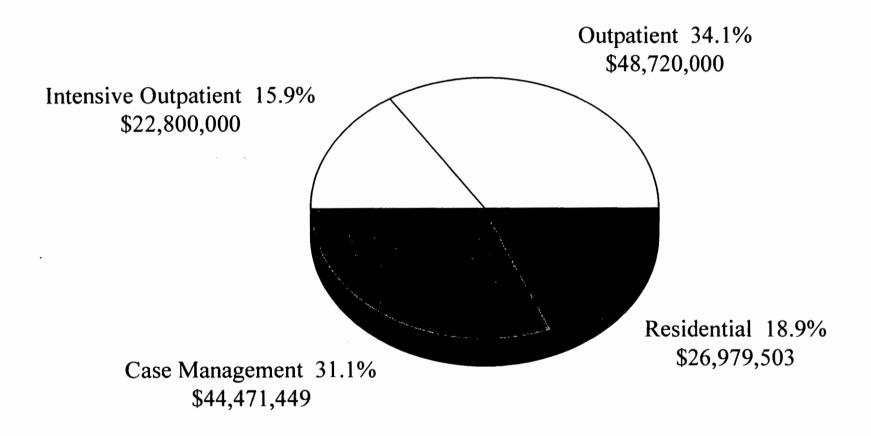
Projected Costs for SA Services for TANF & Perinatal By Level of Service



Projected Need for SA Services for Persons At Risk for HIV/AIS By Level of Service



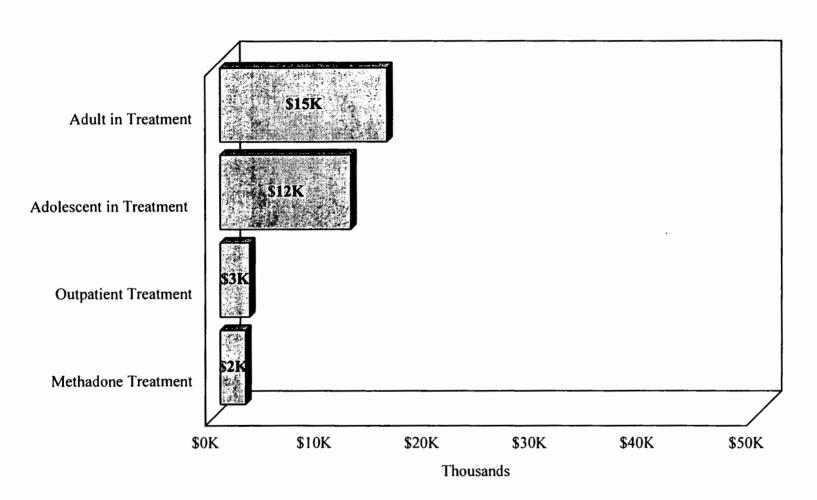
Projected Need for SA Services for Adults By Level of Service



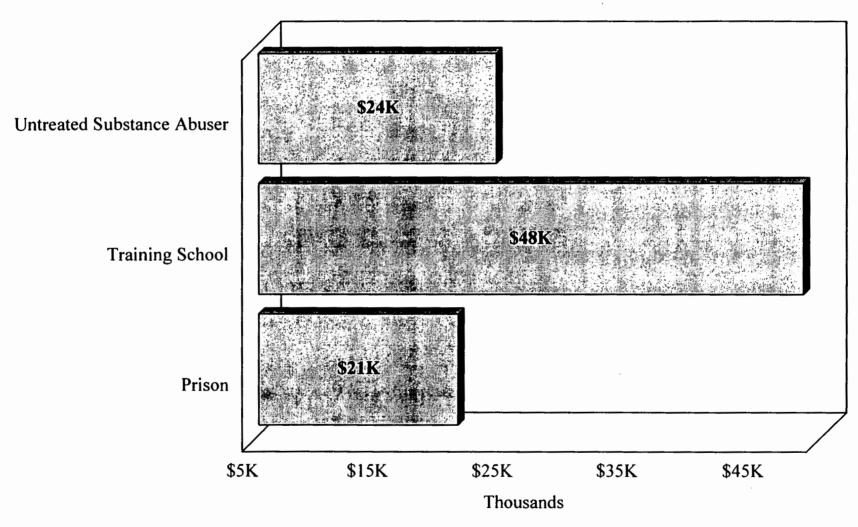
Substance Abuse:

Can North Carolina Afford The Cost of Treatment?

Estimated Costs of Substance Abuse Treatment in North Carolina

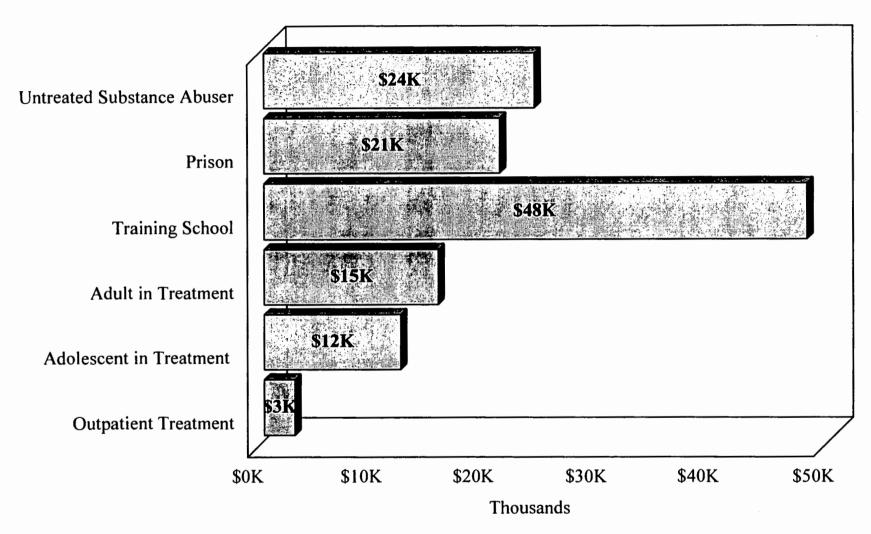


Costs of Untreated Substance Abuse in North Carolina



FRD 3/97

Substance Abuse in North Carolina: Cost of Untreated Versus Treated Substance Abuse



Cost Effectiveness of Substance Abuse Treatment:

What Does The Research Say?

Costs & Benefits of Substance Abuse Treatment

The National Treatment Improvement Evaluation Study (NTIES)

A five-year study of the impact of drug and alcohol treatment in 5,388 clients treated in public substance abuse treatment programs funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Among NTIES' Findings:

- Reduced Drug & Alcohol Use
- Reduced Involvement of Criminal Activity
- Improved Employment, Income, and Housing
- Improved Physical and Mental Health
- Reduced Risk for HIV/AIDS Infection

Costs & Benefits of Substance Abuse Treatment (continued)

CALDATA

"An Analysis of the Costs and Benefits of Public Sector Substance Abuse Treatment in the State of California"

- "Return on investment" approach
- Assessed the economic impacts related to drug & alcohol use before, during and after treatment; and
- Assessed "costs to society"
- Assessed "costs to taxpaying citizens"

Source: Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) - National Opinion Research Center, University of Chicago, April 1994

Costs & Benefits of Substance Abuse Treatment CALDATA Findings

Before Treatment:

- In the year before treatment the average drug and alcohol abuser cost taxpaying citizens almost \$23,000.
- 70% of the costs were crime related costs {law enforcement, adjudication and corrections}.

During Treatment:

• Treatment generally paid for itself while it was being delivered.

After Treatment:

• Costs to taxpaying citizens reduced by 35% {due primarily to a 42% drop in the costs of crime}.

Costs & Benefits of Substance Abuse Treatment CALDATA Findings

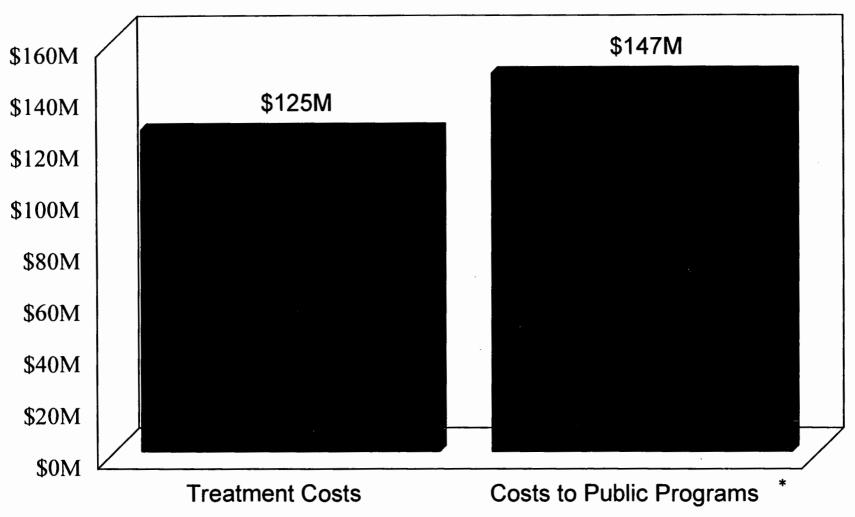
Conclusions:

- Regardless of the modality of care, treatment-related economic savings outweighed costs
 - -by at least 4 to 1 in inpatient settings
 - -by more than 10 to 1 for outpatient settings;
- 72.4% receiving treatment showed some improvement {defined as reduced costs to taxpayers};
- 66% showed reductions in costs following treatment; and
- Treatment resulted in \$1.5 billion in savings to taxpayers {with an investment of \$209 million}.

North Carolina is Already Paying for Substance Abuse

In Ineffective & Inappropriate Ways

State Appropriations for Substance Abuse Services Versus Estimated Costs to Public Programs



FRD 3/97

Note: *Includes Costs Related to Violent Crimes Related to Substance Abuse

North Carolina Is Already Paying for Untreated Substance Abuse

- Annual Cost of a Child in Foster Care
 - -\$4,200 \$4,980 Per Year {private home}
 - -\$9,600 \$19,200 Per Year for HIV/AIDS Child
 - -Average of \$38,562 Per Year for Residential/Institutional Care
- Average Cost Per Child in Training School {average length of stay 8.5 months} \$34,314
- Average Cost Per Inmate in Prison \$20,933
- Annual Cost of Public Assistance {family of 3} \$2,616
- Estimated \$146.5 Million Spent Per Year on Public Programs as a Result of Violent Crimes Related to Substance Abuse (National Public Services Research Institute, 1996)

Policy Questions

- Can North Carolina Afford Substance Abuse Treatment?
- Can North Carolina Afford NOT to Treat Substance Abuse?

AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

WEDNESDAY - MARCH 12, 1997

8:30 a.m.

MENTAL HEALTH - DD/SS

Karen Hammonds-Blanks (Continuation of Overview)

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

March 12, 1997

The Joint Appropriations Subcommittee on Human Resources met on Wednesday morning at 8:30 a.m. in Room 424 of the Legislative Office Building. Senator Martin presided and acknowledged and introduced the pages, Jennifer White of Randolph County and Beth Pardon of Cabarrus County. There were six Senate members present and the following House members were present:

Representative Gardner Representative Aldridge Representative Nye Representative Clary Representative Hurley Representative Watson

Karen Hammonds-Blank picked up where she left off on the prior day, which was with an estimated community based MH/DD/SS unmet need by disability versus Fiscal Year 95/96 funds (see handout). Karen cited area programs serving 13,000 (see page 37 of the handout). Senator Phillips inquired as to the success rate of Methadone treatment. Dr. Keith addressed Senator Phillips question and further stated that the methadone program has been modified to focus on long term treatment.

Senator Dannelly inquired about why it cost forty-eight thousand dollars per training school student versus the cost of regular prison being lower. Karen explained that being a smaller institution makes economical purchases unavailable to them, as well as the fact, the range of staff varies from that of prisons...having psychologists, social workers, etc. to assist children.

Senator Martin requested that the executive summary of the National Treatment Improvement Evaluation Study (NTES) be made available to the committee. Another study, Caldata, reflects costs and benefits of the public Sector Substance Abuse Treatment in the state of California (see handout, page 47-49). North Carolina has already been paying for substance abuse on an inefficient cost basis.

Senator Clark requested figures for the cost annually for families on public assistance for untreated substance abuse.

Senator Forrester asked if Dr. Keith is advocating the needle exchange program. Dr. Keith responded by expounding on the comparison of where we were in the 1930's

versus today and confirmed that he does indeed support needle exchange as a program that North Carolina needs to consider strongly (Public Health Issue).

The question of testing pregnant mothers for HIV/AIDS was discussed and it was agreed that mandatory testing should be required. Infants are to be properly treated before and after birth.

Discussion concluded on substance abuse and Jim Edgerton was called upon to give an overview on the Alzheimer's Unit in Wilson. It is expected to be operational by May of 1998.

Rep. Gardner requested the total cost of the revision for the Independent Living Program. It was determined that the south wing cost \$200,000 in renovations; \$120,000 to renovate for the students to move back to the center; an overall estimated construction cost for the Alzheiver's unit was approximately \$1,829,338. To purchase/construct a new unit for the hearing impaired students would cost approximately \$1.2 million.

Senator Forrester requested a breakdown of positions for the unit. It was determined that there are 88 positions; 44 registered practitioners; 2/3 direct care or clinical positions, with the unit serving those in their middle to late stages of the disease and the Black Mountain location serving the early to middle stages.

Representative Adams requested that the committee be provided more information regarding Alzheimer's disease. Senator Martin requested that the Department provide such information in a handout.

The meeting adjourned at 9:57 a.m..

Senator William N. Martin, Chairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk

Joint Appropriations Subcommittee on Human Resources

DEPARTMENT OF HUMAN RESOURCES

NORTH CAROLINA SPECIAL CARE CENTER ALZHEIMER'S UNIT

MARCH 11, 1997

North Carolina Special Care Center - Alzheimer's Unit

Brief History

The establishment of an Alzheimer's Unit at the North Carolina Special Care Center (NCSCC) generated from the efforts of the Wilson area legislative delegation and other local officials. As a result of the local delegation's efforts, the North Carolina General assembly (during the 1995 Session) appropriated to the N. C. Department of Human Resources \$400,000 in non-recurring funds for fiscal year 1995-96 and \$1,182,213 in recurring funds for fiscal year 1996-97 to support the start-up and operation of an Alzheimer's Unit to be located at the NCSCC. The original target date set for the Unit's opening was March, 1997. When the Department began working with the State Construction Office and the designer, we determined that the construction cost would be nearly \$2.0 million and the original opening schedule was changed to May 1998. The 1.1 million support cost was taken out of the budget by the 1996 General Assembly at the request of the Office of State Budget and Management and has been restored in the 1997-99 continuation budget requests.

2. Why do we need the Alzheimer's Unit?

The purpose of the Alzheimer's Unit will be to provide a 40 bed treatment center to serve clients from eastern North Carolina with Alzheimer's disease that have become combative, aggressive or difficult to manage.

3. Construction Costs

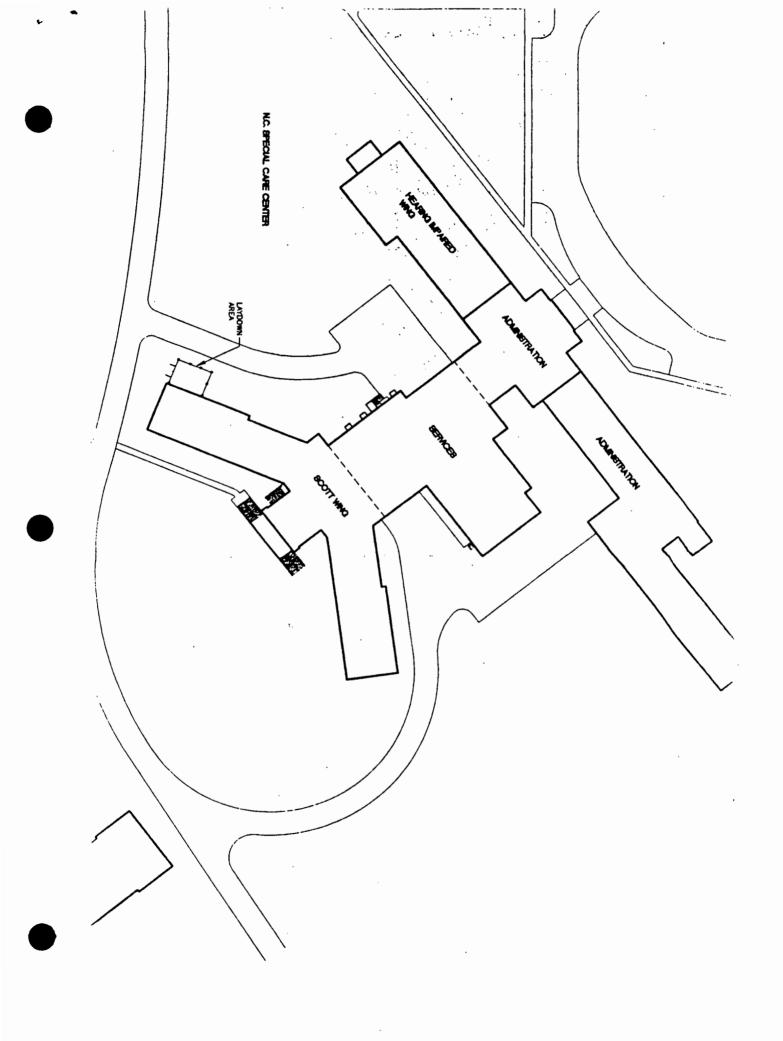
The estimated construction cost for Phase I (first floor) is:	\$861,220
The estimated construction cost for Phase II (second floor) is:	<u>\$968,118</u>
Total estimated construction cost:	\$1,829,338

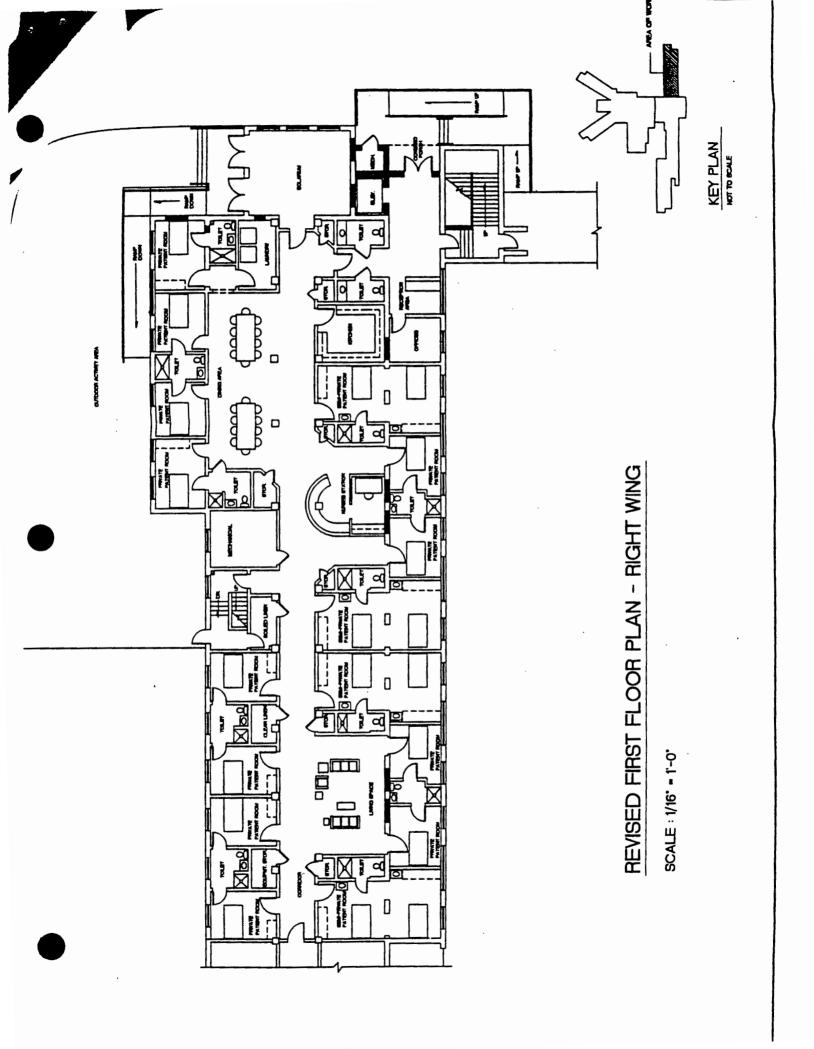
Operating Costs

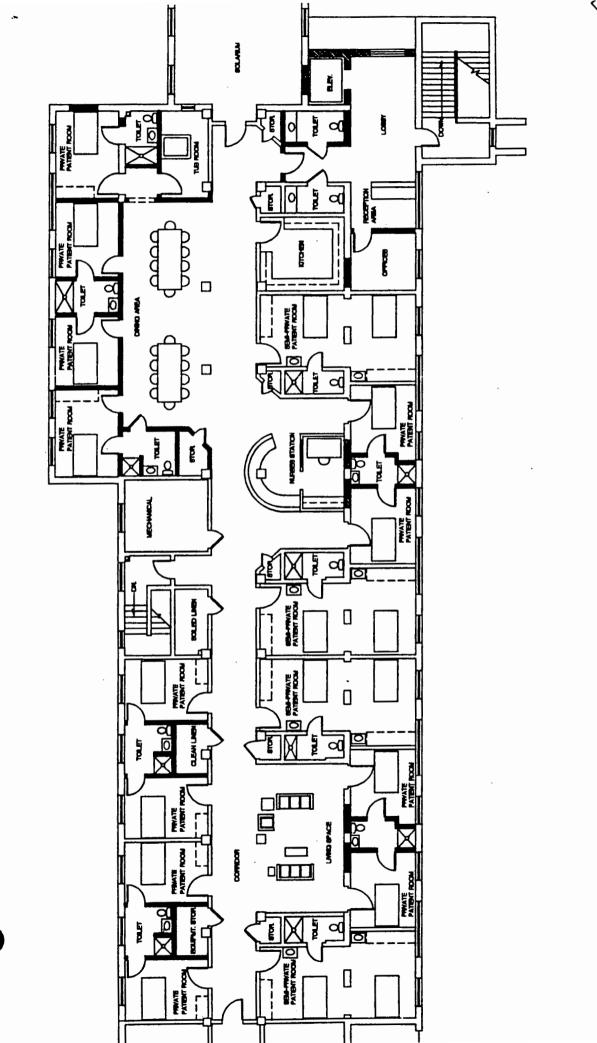
	<u>1997-98</u> (includes start-up)	<u> 1998-99</u>
Requirements	\$1,605,124	\$2,942,741
Receipts	1,040,878	2,337,683
Appropriations	564,246	605,058
Budgeted positions	88	88

Construction time line

Vacate South Wing	March 1, 1997	Completed
Asbestos Abatement	April 1, 1997	On Schedule
Renovation Contract Awarded	March 20, 1997	On Schedule
Begin Construction	May 1, 1997	
Renovation Completed	May 1, 1998	







REVISED SECOND FLOOR PLAN - RIGHT WING

SCALE: 1/16" = 1'-0"

HR Appr. PM 315 Sessim

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF NORTH CAROLINA CHARLOTTE DIVISION 3:79-CV-294-MU

FILED CHARLOTTE, N.C.

FEB 2 4 1997

WILLIE M., et al.,)		W. DIST. OF N.C.
Plaintiffs,)		
v.)	ORDER	•
JAMES B. HUNT, JR., et al.,	.)		
Defendants.)		

This matter is before the Court upon its own motion. In response to the Court's order of January 9, 1997, the parties filed submissions on February 14, 1997, regarding termination of the Willie M. case and of the Willie M. Review Panel.

Plaintiffs' submission was styled as a proposal, while

Defendants' submission was in the form of a motion to terminate the class action pursuant to Rule 60(b) of the Federal Rules of Civil Procedure.

After reviewing said submissions, as well as input from the Review Panel, the Court concludes that an evidentiary hearing will be necessary in which Defendants will bear the burden of demonstrating that they are sufficiently in compliance with their obligations under the Consent Decree to justify such a termination. To that end, the Court ORDERS the parties to adhere to the following briefing schedule:

(1) The parties may each file a response succinctly addressing the legal arguments raised in the aforementioned submissions no later than April 25, 1997. To facilitate such

response, the parties may conduct additional, relevant discovery until April 4, 1997.

(2) The parties may then file a reply brief no later than May 16, 1997.

The Court will review the arguments and then provide additional guidance regarding the timing and scope of the evidentiary hearing. The Clerk is directed to send copies of this order to all counsel for both parties, as well as counsel for the Review Panel.

This July day of February, 1997.

UNITED STATES DISTRICT JUDGE

GRAHAM C. MULLEN

Willie M., et al v. James B. Hunt, Jr., et al C-C-79-294M

Certificate of Mailing

True and corect copies of the attached were mailed by the Clerk to the following:

Melinda Lawrence Patterson, Harkavy & Lawrence P. O. Box 27927 Raleigh, NC 27611

Robert D. McDonnell 212 So. Tryon St. Suite 980 United Carolina Bank Bldg. Charlotte, NC 28281

Christine O. Heinberg Carolina Legal Assistance P. O. Box 2446 Raleigh, NC 27602

Edwin M. Speas Jr.
M. Ann Reed
Robert M. Curran
Robert T. Hargett
Bruce S. Ambrose
NC Dept of Justice
P. O. Box 629
Raleigh, NC 27602-0629

J. Jerome Hartzell Hartzell & Whiteman 2626 Glenwood Ave. #210 Raleigh, NC 27608

Deborah Greenblatt Carolina Legal Assistance P. O. Box 2446 Raleigh, NC 27602

Sandra Johnson Johnson & Johnson P. O. Box 10122 Raleigh, NC 27605-0122 Loren M. Warboys Youth Law Center 114 Sansome St. #950 San Francisco, CA 94104

William Trott Young, Moore, Henderson P. O. Box 31627 Raleigh, NC 27622

Frank/G. Johns, Clerk

February 25, 1997

TUMAN	R	RS.	
Name of C		_	

3-/2-97 Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
George W. Varioh	OVRS, 805 Raggles Dr. 27611
Biel Jaylor	DHR-DVR
John Dolynde	DHR-OVR
308 helled	DHR- DURS
Jon Lampley	DHR-DO Aging
Bouwe Cramer	SHR-Agins
Doris Wick	Speaker, Sr. Law Heel Legislature
Bill Lille	Epiaher Pro Ten SR TAR HEEL LEGISLATUR
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Alice Dhusa.	
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Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME

FIRM OR AGENCY AND ADDRESS

Wayn Williams	08811
Bobby Woodard	081814
Byrn Hamis	0815M
Ed Cochrane Brown	DHR- B44
Tommy Worth	Carolinais Halth Can System
Lan B. Wilos	hCARTET !
Why	NOAHO
Salchel Paige	NCACC
Polly Williams	NC Equity
Glenn Sexton.	VR
Wanda Mandeville	DHR-Budget + Analysis
De Kins	Vr

Hum	AN	R	RS	d
Name	of Com	mitt	PP.	

3-12-1997

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
Derish Dick	Spesker, Surion Jan Head Legislatin
Bill Latte	Speaker Pro Tens Se. Tan Heel Legislatus
Dick Hatch	AARP
Priscilla Swindell	AARP
Polly Williams	NC Equity
Ant Somme	NCARE
Cl. Cohn	UCPAC - Cooled 2001
Megan Snyster	Eastone Seals - Coaldie 201
In Webs	NCALTC7.
Jonay Wortz	Carolinas Keneste Cire System
Eatherine Hery	NC Psychiatrie Associ
Allen Lynna	hecli Co DSS.

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
Milly Asspenan	DMH DD5AS
Dong Baler	DMH/DO/SAS
Marace Harrier	DSS
Josephandan)	0586
Steer Johnson	DMH/00/545
Da hillis	{c
Whitney Obnig	DM HD DSAS
Spenen Clark	DMH ND/SAS
Starlen Door Nochlans	DMH IDOKAS
JAvice Peterson	Su distance a lance Robber appiret
Meager	

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME

FIRM OR AGENCY AND ADDRESS

AGENDA

JOINT APPROPRIATION SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

MARCH 12, 1997

Wednesday Afternoon

DIVISION OF REHABILITATION SERVICES

Mary Ellen Sylvester

ALZHEIMER DISEASE

Alice Watkins Executive Director, Alzheimer's Association

DIVISION ON AGING

Carol Shaw

JOINT APPROPRIATION SUBCOMMITTEE ON HUMAN RESOURCES MARCH 12, 1997 MINUTES

Senator Bill Martin presided over the afternoon meeting of Joint Appropriation Subcommittee on Human Resources held in Room 424 on Wednesday, March 12, 1997.

Five Senators were present and the following Representatives attended:

Representative Debbie Clary

Representative Henry Aldridge

Representative Edd Nye

Representative Alma Adams

Representative Lanier Cansler

Mary Ellen Sylvester, Fiscal Staff, presented an overview of the Division of Vocational Rehabilitation Services (See Attachment #1). Bob Philbeck, Director of the Division of Vocational Rehabilitation, fielded questions from the committee members.

Representative Aldridge presented letters and questions regarding funding for Independent Living on behalf of Representative Watson who was absent to due conflict in committee scheduling. (See Attachment #2)

Alice Watkins, Executive Director of the Alzheimer Association, spoke to the group on the disease and handed out information to the members. (See Attachment #3) Mike Mosley, head of the Special Unit in Wilson, gave information on the Special Care Unit at Wilson (See Attachment #4).

Carol Shaw of the Fiscal Staff made the presentation on the Division of Aging (See Attachment # 5).

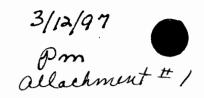
Senator Martin announced the next meeting of the subcommittee will be on Tuesday morning, March 18, 1997, and the topic will Adult Care Initiative. The meeting was adjourned.

Respectfully submitted,

Barbara R. Hocutt Clerk

Approved: // C//

Senator William N. Martin, Chairman



DIVISION OF VOCATIONAL REHABILITATION SERVICES

DIVISION OVERVIEW

Presented by: Mary Ellen Sylvester

Fiscal Research Division

March 12, 1997

DIVISION OF VOCATIONAL REHABILITATION

DIVISION OVERVIEW

BUDGET SUMMARY

	1995-96 Actual	1996-97 Certified	1996-97 Authorized	1997-98 Recommended	1998-99 Recommended
Requirements	\$92,848,096	\$94,376,618	\$94,354,345	\$96,178,078	\$97,087,922
Receipts	<u>\$65,552,425</u>	<u>\$65,487,087</u>	<u>\$65,487,087</u>	<u>\$66,145,896</u>	<u>\$66,755,627</u>
Net Appropriation	\$27,295,671	\$28,889,531	\$28,867,258	\$30,032,174	\$30,332,295

REFERENCE DOCUMENTS

Continuation Budget:

(Volume 3)

Pages R(9)-1 through R(9)-37

R(5)-1 through R(5)-4

Performance/Program Budget:

(Volume 7A)

Human Services:

2100 (Pages 2-37 to 2-42)

"Provide Community-Based Services to the Impaired or Disabled and Their Families

2500 (Pages 2-135 to 2-157)

"Provide Assistance to Individuals to Get and Maintain Employment"

2700 (Pages 2-171 to 2-182)

"Provide Subsistence to Meet Basic Needs"

DIVISION OF VOCATIONAL REHABILITATION SERVICES

MISSION

Assist Eligible Persons With Disabilities to Achieve Gainful Employment And/Or Increase Their Ability to Live Independently Through the Effective Administration of the State and Federal Programs in Accordance With Enabling Legislation.

PROGRAMS

SERVICES

Vocational Rehabilitation Counseling & Guidance, Physical/Mental

Restoration, Training, Job Placement, Interpreter Services

Supported Employment Extensive On-Job Site Training in Competitive

Employment with Long Term Support Services

Transition Services for Youth IEP-Related Transition Services for Disabled High School Students

Client Assistance Program Information & Referral, Assistance With Appeals Process

Assistive Technology Statewide Awareness and Demonstration of Assistive

Technology for Disabled Persons (4 Demo Centers)

Independent Living Rehabilitation Rehabilitation Engineering, Personal Care,

Adaptive Equipment Purchases, Rehabilitation Therapy

ACCESS, North Carolina NC Travel and Tourism Guide for Disabled Persons,

Accessibility and Barrier Removal Projects at Travel Sites

Disability Determination Services Processing of Disability Claims From Social Security Administration

Offices and Medicaid Eligibility From Local Depts of Social Services

3



DIVISION OF VOCATIONAL REHABILITATION



CLIENTS:

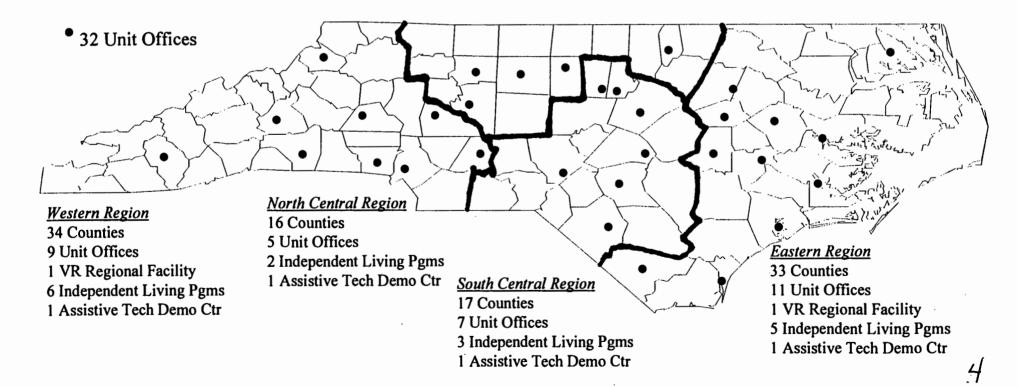
Evaluate 20,000 - 25,000 New Clients Each Year

Serve a Total Population of 52,000 - 55,000 Clients Annually

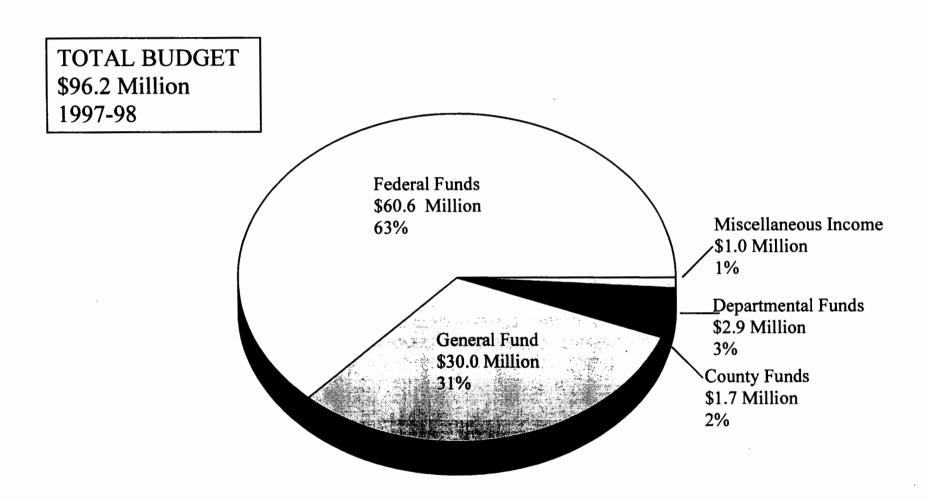
70% of Clients are Severely Disabled

55-60% of Clients Complete Their Individual Written Rehabilitation Program Successfully

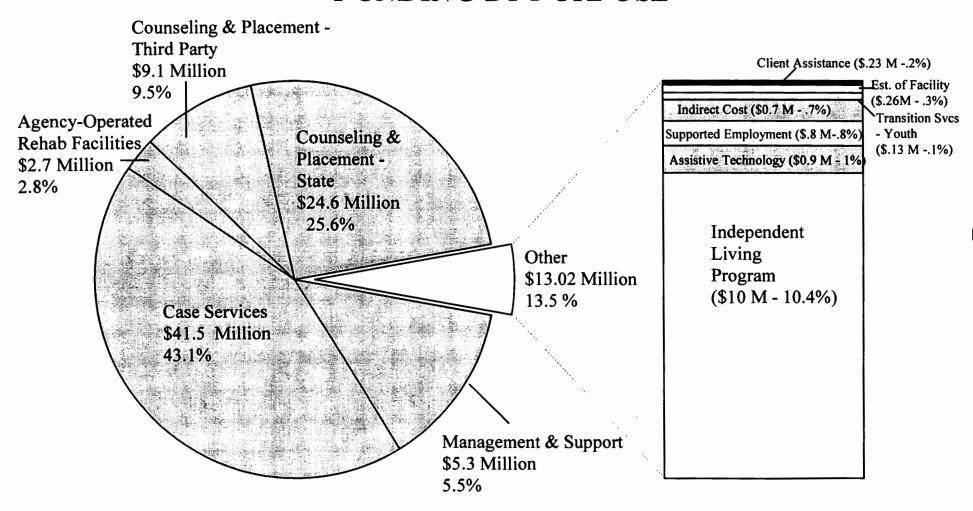
DELIVERY SYSTEM:



DIVISION OF VOCATIONAL REHABILITATION SOURCES OF FUNDS



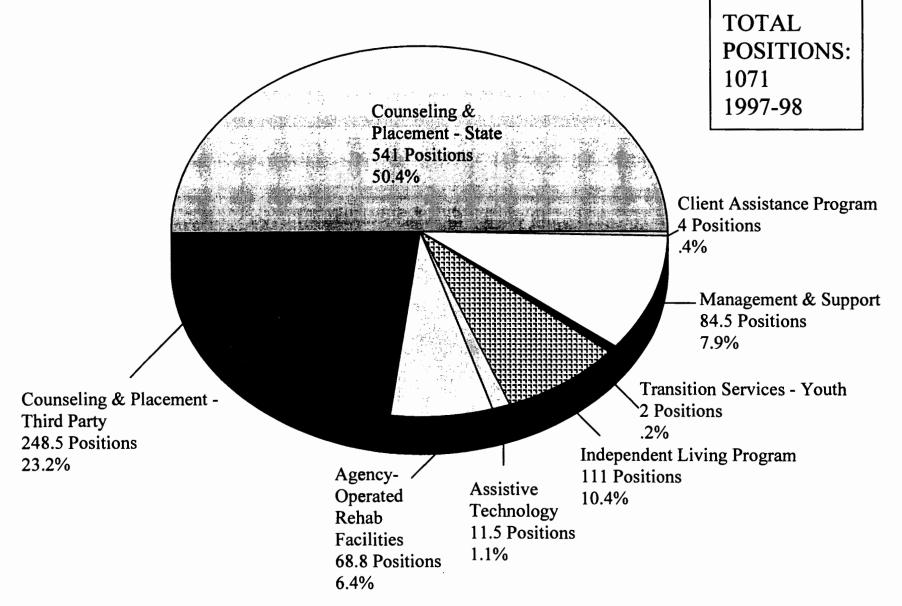
DIVISION OF VOCATIONAL REHABILITATION FUNDING BY PURPOSE



TOTAL BUDGET: \$96.2 Million 1997-98

DIVISION OF VOCATIONAL REHABILITATION

NUMBER OF POSITIONS



DIVISION OF VOCATIONAL REHABILITATION

CLIENT STATISTICS (1995-96)

Referral Sources:

Individuals	3,227	(40.1%)
Educational Institutions	1,709	(21.3%)
Health Organizations/Agencies	1,177	(14.6%)
Correctional Agencies	553	(6.9%)
Hospitals	477	(6.0%)
Social Services Agencies	249	(3.1%)
Other Public Organizations	389	(4.8%)
Private Organizations	257	(3.2%)

Number of Closures: 8,038 Clients

Average Case

Services Cost: \$2,683/Client

	At Application	At Closure
Primary Source of Support		
Earnings	1,408 (17.5%)	6,666 (82.9%)
Public Assistance	2,191 (27.3%)	567 (7.1%)
No Weekly Earnings	6,371 (79.3%)	90 (1.1%)
Hours Worked Week Before		
None	6,371 (79.3%)	90 (1.1%)
20+ Hours	1,283 (16.0%)	7,564 (94.0%)
Work Status		
Competitive Labor Market	1,541 (19.2%)	7,697 (95.8%)
Sheltered Workshop	82 (1.0%)	47 (0.6%)
Self-Employed	44 (0.5%)	202 (2.5%)
State Employee	0	2
Homemaker (Own Home)	24 (0.3%)	75 (0.9%)
Unpaid Family Worker	3	15 (0.2%)
Not Working	6,344 (79.0%)	0 `

DIVISION OF VOCATIONAL REHABILITATION DISABILITY DETERMINATION SERVICES

	1995-96 Actual	1996-97 Certified	1996-97 Authorized	1997-98 Recommended	1998-99 Recommended
Requirements	\$29,823,118	\$31,131,290	\$31,131,290	\$31,123,073	\$31,150,138
Receipts	<u>\$29,823,119</u>	<u>\$31,131,290</u>	<u>\$31,131,290</u>	<u>\$31,123,073</u>	<u>\$31,150,138</u>
Net Appropriation	(-1)	\$0	\$0	\$0	\$0

Positions:

481

466

466

466

466

Budget Drivers:

Salaries and Related Costs

Purchased Contractual Services

\$18,796,501 (60.4%)

\$10,596,624 (34.0%)

PERFORMANCE MEASURES:	1995-96 <u>Actual</u>	1996-97 Estimated
- Average Number of Processing Days	45.7	58.0
- Number of Claims Completed		
Social Security Disability	73,051	77,200
Supplemental Security	81,874	84,100
Medicaid	29,539	28,500
Total	184,464	189,800
- Processing Cost Per Claim	\$164.85	\$177.00

1996-97 WORKLOAD PRESSURES:

- Hyatt Court Case
- Continuing Disability Review Requirements
- Federal Eligibility Changes
- Hurricane Fran

DIVISION OF VOCATIONAL REHABILITATION STATE INITIATIVES

- Statutory Authority for State's Vocational Rehabilitation and Independent Living Programs (GS 143-545A)
- Work First Collaboration
- Development of Resources for Brain-Injured Adults
- Participation in One Stop Career Centers
- Statewide Coverage of Independent Living Rehabilitation Program

Purpose: Promote Personal Independence of Severely Disabled Individuals

- Provide an Alternative to Institutionalization

- Improve Functioning in One's Family, Home, and Community

- Prepare for Traditional VR Services

Services: Rehabilitation Engineering

Home and Vehicle Modifications Consumer-Managed Attendant Care

Guidance and Counseling

Assistive Equipment Purchases

Typical Office: Budget: \$500,000 to \$745,000 Per Year

Staffing: 5-8 Rehabilitation Specialists (30% Disabled)

Expected Outcomes: Serve 150 Clients/Year; 75 Clients/Year Achieve Goals

Avg. Expenditure: Personal Care \$7,000/Client One-Time Eqpt. \$3,500/Client

Expenditures

1995-96 Statistics: Clients Served: 2,382

New Clients: 1,765

Achieved Goals: 874 Clients
Personal Care Sycs.: 179 Clients

IL Staff Generated an Additional \$2.6 Million for Client Services

Waiting List For General Case Services (as of 12/31/96)

Office	General Case Funds (1996-97)*	Unencumbered	Waiting List # Clients	Waiting List Funds Needed	% of Budget
Albemarle	\$211,555	\$37,033	39	\$149,450	70.6%
Asheville	\$192,667	\$43,757	66	\$236,200	122.6%
Boone	\$175,000	\$57,355	55	\$244,690	139.8%
Charlotte	\$201,555	\$51,984	75	\$271,453	134.7%
Durham	\$191,051	\$13,479	54	\$244,160	127.8%
Elizabeth City	\$30,000	\$60,000	New Office	\$0	0.0%
Fayetteville	\$201,555	\$49,337	32	\$73,500	36.5%
Greensboro	\$201,555	\$47,439	65	\$242,215	120.2%
Greenville	\$216,555	\$6,100	31	\$102,500	47.3%
Hickory	\$207,475	\$49,948	100	\$362,600	174.8%
New Bern	\$125,000	\$112,270	11	\$43,776	35.0%
Raleigh	\$70,000	\$80,000	New Office	\$0	0.0%
Rocky Mount	\$206,421	\$21,437	71	\$222,382	107.7%
Sylva	\$201,555	\$47,060	38	\$109,300	54.2%
Wilmington	\$193,528	\$61,113	37	\$93,255	48.2%
Winston-Salem	\$181,000	\$50,359	46	\$131,253	72.5%
Total	\$2,806,472	\$788,671	720	\$2,526,734	90.0%

*Reallocated Jan 97

- In 7 of 16 Offices, Waiting Lists Exceed Annual Budget for Services
- Historically, 15% of These Clients are At-Risk of Imminent Institutionalization

Waiting List For Personal Care Services (as of 12/31/96)

Office	Personal Care Budget	Waiting List # Clients	Waiting List Funds Needed	% of Budget
Albemarle	\$140,000	4	\$34,098	24.4%
Asheville	\$72,000	0	\$0	0.0%
Boone	\$80,396	0	\$0	0.0%
Charlotte	\$156,650	11	\$87,688	56.0%
Durham	\$110,435	6	\$36,190	32.8%
Elizabeth City	\$20,000	New Office	\$0	0.0%
Fayetteville	\$92,426	0	\$0	0.0%
Greensboro	\$165,000	23	\$140,525	85.2%
Greenville	\$130,600	1	\$7,166	5.5%
Hickory	\$94,408	5	\$42,205	44.7%
New Bern	\$90,396	5	\$38,148	42.2%
Raleigh	\$30,000	New Office	\$0	0.0%
Rocky Mount	\$169,597	10	\$74,848	44.1%
Sylva	\$110,396	0	\$0	0.0%
Wilmington	\$89,448	1	\$3,538	4.0%
Winston-Salem	\$77,000	7	\$44,772	58.1%
Total	\$1,628,752	73	\$509,178	31.3%

Historically, 50% of These Clients are At-Risk of Imminent Institutionalization

Resource Differences Among Offices (1996-97)

Office	Year Established	Budget General Case Funds	Budget Personal Care Funds	Staff Positions
Albemarle	1995	\$200,000	\$150,000	6
Asheville	1987	\$171,366	\$89,000	6
Boone	1994	\$200,000	\$150,000	7
Charlotte	1985	\$172,662	\$150,000	7
Durham	1987	\$171,366	\$89,000	5
Elizabeth City	1996	\$60,000*	\$20,000*	8
Fayetteville	1987	\$171,366	\$89,000	5
Greensboro	1992	\$200,000	\$150,000	8
Greenville	1987	\$171,366	\$89,000	5
Hickory	1989	\$171,366	\$89,000	5
New Bern	1994	\$200,000	\$150,000	8
Raleigh	1996	\$80,000*	\$30,000*	8
Rocky Mount	1993	\$200,000	\$150,000	8
Sylva	1993	\$200,000	\$150,000	8
Wilmington	1989	\$171,366	\$89,000	6
Winston-Salem	1985	\$171,366	\$89,000	5
Total		\$2,712,224	\$1,723,000	105

6 of 16 Offices Have Model Staffing Pattern (With Rehabilitation Engineer and Rehabilitation Therapist)

Annualized Amounts: General Case: \$225,000

Personal Care: \$150,000

DIVISION OF VOCATIONAL REHABILITATION

ISSUES

- Reauthorization of the Rehabilitation Act of 1973
- Federal Funding for the NC Assistive Technology Project

DIVISION OF VOCATIONAL REHABILITATION

NC ASSISTIVE TECHNOLOGY PROJECT

Purpose:

- Provide Information, Technical Assistance, and Demonstration of Assistive Technology

- Serve All Ages, All Disabilities, All Aspects of Life

Demo Centers: Greenville, Raleigh, Winston-Salem, Charlotte

Budget:

\$782,915 Federal Funds

\$115,000 General Fund

\$897,915

Mandatory Phase-Out of Federal Funding (10-Year Grant):

7/1/98 Reduced 25% (Year 9)

7/1/99 Reduced 50%

7/1/00 Eliminated

Select 1995-96 Accomplishments:

- Information and Referral to 3,246 People
- 59 Training/Awareness Sessions Attended By 3,865 Individuals
- 5th Annual NC Assistive Technology Expo Attended by 800 People
- 505 Consumers and 808 Professionals Visited Demonstration Centers
- 101 Technical Assistance Visits to Professionals and Consumers
- Monthly Technology Exchange Post for Buying and Selling Used Equipment

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

appride community based services to the impaired or disabled and their families

Division of Aging

Division of Services for the Deaf and Hard of Hearing

Division of Social Services

Division of Services for the Blind

Division of Vocational Rehabilitation

The expected outcome is that safe and stable at-home living arrangements for impaired older adults will result in maintenance or improvement of daily functioning, reduced incidence of abuse and neglect, and strengthened family caregiving, that individuals with hearing or vision loss with proper training, assistive aids and appliances, and in-home services can remain independent, and that the number of impaired people requiring institutional care is reduced. Adults with a hearing loss will achieve a greater and more comprehensive level of self advocacy.

P/PB Objective # 51 (2100.50):

By the year 2000, increase by 10% the number of impaired individuals receiving supportive services resulting in maintenance or improvement of daily functioning and living more independently and strengthened family caregiver.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of frail older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	8,041	8,202	8,822	9,947	10,649	10,966
Number of impaired older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	NA	NA	22,522	24,500	26,000	26,500

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of older adults satisfied with services designed to provide greater independence (measure under development) (DSD/HH)	N	N	N	N	N	N
Number of impaired individuals using in- home care and living independently at home consistent with their ability to function. (DSS)	12,751	13,168	12,698	?	13,545	13,968
Number of blind and visually impaired people who can continue to care for themselves in their homes. (DSB)	5,362	5,413	5,456	5,522	5,500	5,500
Number persons with severe disabilities Inving more independently after recording	449	597	874	850	885	945

Description of strategies or activities directed toward this objective:

- Assess the appropriateness of in-home and community-based services for 100% of older or disabled adults seeking assistance (Aging-funds 1110 & 1210, (DSB funds 1315 & 1410, DSD/HH fund 1501, DSS funds 1140, 1180 & 1480 DVR funds 1303 & 1305)
- Support frail or older adults and their caregivers by increasing by 2% per year through 2000, the number receiving home delivered or congregate meals (Aging-funds 1110&1210 and DSS funds 1140, 1180 & 1480)
- Provide training to service providers and family caregivers to be better prepared to serve/care for victims of Alzheimer's disease and other dementia's (Aging funds 1110 & 1210)
- Increase the number of senior centers providing comprehensive health and wellness programs by 2% per year by the year 2000.
 (Aging funds 1110 & 1210)
- Increase the number of families receiving respite care services (Aging funds 1110&1210)
- Advocacy training programs (DSD/HH fund 1501)
- Access to interpreter services and assistive technology (DSD/HH fund 1501)
- Provide training to caregivers/providers (i.e., doctors, nurses, hospital staff, long term care staff) (DSD/HH fund 1501)
- Provide skill training for a persons adjustment to blindness (DSB Fund 1410)
- Provide adaptive aids and appliances (DSB Fund 1410)

- Provide quality in-home aide services for eligible visually impaired consumers (DSB fund 1315)
- Establish a comprehensive statewide program -- fully staffed and adequately funded to serve eligible persons with severe disabilities with sufficient support services funds to meet demands and maximize independence. (DVR fund 1305)
- Emphasize the total person physical, psychological, social needs for total integration into their respective communities. (2007) fund 1305)
- Collaborate with other agencies/organizations interested in serving persons with disabilities to utilize resources most effectively and
 efficiently. The fund 1305)
- Enhance customer satisfaction survey and focus group activity to identify customer satisfaction level, thus improving staff customer relationships and ensuring consumer choice. (DMR) fund 1305)
- Implement policies and procedures to improve service delivery time. (DVR fund 1305)
- Assure the availability of a core set of services needed by functionally impaired adults in all 100 counties (DSS funds 1140, 1180 & 1480).
- Improve access to services, including transportation (DSS funds 1140, 1180 & 1480).
- Maximize the use of Medicaid funding for adult day health care and personal care services (DSS funds 1140, 1180 & 1480).

Innovations:

- Specialized outreach programs for the hard of hearing (DSD/HH fund 1501)
- Specialized outreach programs older adults with hearing loss (DSD/HH fund 1501)
- Internet access to DSD/HH web page of deaf and hard of hearing services (DSD/HH fund 1501)

Program Area:

Human Services

P/PB Goal #1:

Protect the economic well-being of families and individuals

Program:

Provide assistance to individuals to get and maintain employment

Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Eligible disabled and visually impaired individuals will experience an increase in their quality of life. Areas of life improvement will include: increased personal and financial independence, self-determination, and integration in all aspects of community and social life.

P/PB Objective # 90 (2500.01):

Increase the percent of employment program customers still employed one-year after-leaving the program (based on a 3-month window).

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of blind and visually impaired	N	N	N	N	N	N
individuals still employed one year after						
successful completion of employment						
program services. (DSB)						
secent of disabled persons employed one	75%	88%	Available	80%	80%	80%
gear after successful completion of vocational			2/97			
rehabilitation services. (DVR)						

NOTE: This data will be collected beginning in SFY 96-97.

Description of strategies or activities directed toward this objective:

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)

- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs. **DVR** funds 1100, 1201, 1301, 1302, 1304)
- Assess on-going customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers. Figure 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program services/guidance to reach out to a larger and more diversified population of persons with disabilities including more minorities and other underserved populations through various media formats, i.e., radio, video, reading services, television and newspaper to inform of CAP services (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Revise the current evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information (DVR funds 1100, 1201, 1301, 1302, 1304)



Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Disabled, blind and visually impaired rehabilitation service consumers obtain or retain employment.

P/PB Objective # 91 (2500.02):

increase the percent of employment program enrollees placed in unsubsidized employments

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of blind or visually impaired individuals entering unsubsidized employment.(DSB) Number of new operators entering the Business Enterprise program	624	643	670	675	685	695
	10	12	15	17	18	20
Number of persons with disabilities who are a completion: (DVR)?	8,332	7,725	7,899	7,970	8,090	8,250

Description of strategies or activities directed toward this objective:

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)

- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Identify new sites for potential facility establishment. (DSB fund 1610)
- Negotiate contracts/agreements for new facilities. (DSB fund 1610)
- Construct, equip and staff new locations. (DSB fund 1610)
- Provide on-going support via Business Enterprise counselors to operators/trainers. (DSB fund 1610)
- Monitor, audit, and provide oversight to operators comparing performance to standards developed. (DSB fund 1610)
- Improve VR staff and publics awareness of the Americans with Disabilities Act (ADA) by developing a Division approach for providing education, training, and technical assistance to staff and employers. (BVR funds 1100, 1201, 1301, 1302, 1304)
- Continue the initiative to strengthen staff's knowledge of Assistive Technology. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Establish a business and industry based vocational program in each service region, in order to conduct job analysis, situation assessments, develop work samples, and suggestions for technology applications. in work situations. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Strengthen job coaching program for special populations, in order to facilitate transition into employment for individuals for whom an employment outcome was traditionally thought not possible. **(DVR)** funds 1100, 1201, 1301, 1302, 1304)
- Improve utilization of customer feedback from ongoing satisfaction surveys of the entire population of customers closed rehabilitated or not rehabilitated to determine their satisfaction with rehabilitation services received; improve utilization of customer feedback through focus groups. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Obtain consultation from the VR Advisory Council, input from customers and other stakeholders regarding the most appropriate design for the customer satisfaction survey, the survey form, survey implementation, feedback interpretation and utilization (DVR funds 1100, 1201, 1301, 1302, 1304)



Division of Social Services
Division of Services for the Blind
Division of Vocational Rehabilitation

Expected Outcome:

Job Corps applicants are satisfied with the Division of Social Services Job Corps services.

Blind and visually impaired rehabilitation service consumers are satisfied with the Division of Blind Services Rehabilitation Program services. More disabled customers will be satisfied with Vocational Rehabilitation (VR) services.

P/PB Objective # 92 (2500.04):

Maintain a night rate of customer satisfaction with employment program services.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of Job Corps applicants' satisfaction with services.	N	N	N	N	N	N
Percent of blind and visually impaired individuals exiting the Rehabilitation Program who are satisfied with services. (DSB)	79.8%	91.0%	91.4%	92%	92.5%	93%
Percent of persons with disabilities participating in the program (completers and non-completers) who are satisfied with employment program services: (DVR)	NA	87%	89%	90%	90%	90%

Description of strategies or activities directed toward this objective:

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)

- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)
- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Determine wages and compare to previous earnings to determine percentage. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Cultivate a program management/leadership environment that ensures respect for customers' personal integrity, individual dignity and one in which they are treated as equal partners in planning/implementing their rehab programs. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Assess on-going customer satisfaction survey of all disabled customers who exit the employment program -- successful and unsuccessful completers. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Monitor survey results and address client concerns as soon as possible; make adjustments in programming as survey results indicate. DVR funds 1100, 1201, 1301, 1302, 1304)
- Make more effective use of Client Assistance Program services/guidance to reach out to a larger and more diversified population of persons with disabilities including more minorities and other underserved populations through various media formats, i.e., radio, video, reading services, television and newspaper to inform of CAP services. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Revise the current evaluation survey in order to obtain from customers of employment programs, more comprehensive and specific information. (DVR) funds 1100, 1201, 1301, 1302, 1304)

Division of Services for the Blind Division of Vocational Rehabilitation

Expected Outcome:

Increase income of blind and visually impaired rehabilitation program participants

Increased average earnings for persons with disabilities, with corresponding improvement in standard of living.

P/PB Objective # 93 (2500.07)

comprove the average wage for customers one year after receiving employment program services.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Increase in earnings after rehabilitation over the earnings before rehabilitation. (DSB) Average income of operators in the Business Enterprise Program.	159% \$27,913	160% \$31,195	137% \$29,846	140% \$31,000	140% \$31,500	140% \$32,000
Ratio of average wage to minimum wage for disabled persons who complete employment programs: (DVR)	1.41	1.48	1.52	1.54	1.56	1.58

Description of strategies or activities directed toward this objective:

- Determine need for special technology and provide the needed technology to keep our consumers trained in the latest devices so that they can be more competitive. (DSB fund 1510)
- Provide individualized rehabilitation services which help to prepare blind and visually impaired individuals to prepare for, enter into, and retain employment. (DSB fund 1510)
- Process referrals, determine eligibility, plan program of services. (DSB fund 1510)
- Utilize agency facilities such as the Rehabilitation Center for the Blind and the DSB Evaluation Unit for special training or evaluation. (DSB fund 1510)
- Complete any physical restoration services. (DSB fund 1510)
- Develop placement plan, involve consumer, counselor, and if needed the job placement Specialist. (DSB fund 1510)

- Place in job and follow up for 60 days as required by the Rehabilitation Act of 1973 as amended. (DSB fund 1510)
- Determine wages and compare to previous earnings to determine percentage. (DSB fund 1510)
- Educate employers regarding the abilities of individuals with disabilities. (DSB fund 1510)
- Educate and encourage employers to address barriers to the disabled. (DSB fund 1510)
- Increase the pool of employment opportunities for job placement participants. (DSB fund 1510)
- Implement and monitor the policies established by the N. C. Human Resources Investment council. (DSB fund 1510)
- Improve cooperation among governments, private businesses and school systems. (DSB fund 1510)
- Train Business Enterprise counselors to be better business advisors. (DSB fund 1610)
- Develop standards of performance for each facility. (DSB fund 1610)
- Monitor performance of operators against standards developed. (DSB fund 1610)
- Terminate situations/relationships that cannot be made profitable. (DSB fund 1610)
- Provide continued support, counseling, and training to facility operators. (DSB fund 1610)
- Continue the Staff Development initiative to strengthen staffs knowledge of Assistive Technology. (DVR funds 1100, 1201, 1301, 1302, 1304)
- Improve VR staff and public awareness of the Americans with Disabilities Act (ADA) by developing a Division approach for providing education, training, and technical assistance to staff and employers. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Establish a business and industry based vocational evaluation program in each service region in order to conduct job analysis, situation assessments, develop work samples, and suggestions for technology applications in work situations. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Strengthen job coaching program for special populations, in order to facilitate transition into employment for individuals for whom an employment outcome was traditionally thought not possible. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Improve utilization of customer feedback from ongoing satisfaction surveys of the entire population of customers closed rehabilitated or not rehabilitated to determine their satisfaction with rehabilitation services received; improve utilization of customer feedback through focus groups. (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Obtain consultation from the VR Advisory Council, input from customers and other stakeholders regarding the most appropriate design for
 the customer satisfaction survey, the survey form, survey implementation, feedback interpretation and utilization (DVR funds 1100, 1201,
 1301, 1302, 1304)

Expected Outcome:

More youth with disabilities employed

P/PB Objective # 94 (2500.08)

By the year 2000, increase the percentage of youth moving into jobs.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of youth with disabilities who are employed following employment program	2,136	2,100	2,186	2,229	2,273	2,318
completion.						

Description of strategies or activities directed toward this objective:

- Collaborate with other agencies (public & private) to identify and refer youth with disabilities to be considered for Vocational Rehabilitation (VR) services (DVR) funds 1100, 1201, 1301, 1302, 1304)
- Strengthen VR staff's special skills required to provide effective vocational counseling and guidance to youth with disabilities, by providing opportunities for professional development. (DNR*funds 1100, 1201, 1301, 1302, 1304)

Program Area:

Human Services

P/PB Goal #1:

Protect the economic well-being of families and individuals

Program:

Provide subsistence to met basic needs

Expected Outcome:

North Carolina citizens will receive timely decisions on all disability claims.

P/PB Objective # 97 (2700.01):

Walnuain under 60 days the average processing time for all disability claims processed within the year.

Outcome Measure:

·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Average processing days for disability claims.	42.4	44.0	45.7	58.0	55.0	49.0

Description of strategies or activities directed toward this objective:

- Monitor claims processing time and cost per claim processed. (DVR 2125)
- On-going review and analysis of administrative and claims processing activities to identify areas where improvement is needed. (DVR 2125)

lead out

3/12/97 P.M. attachment == 2

Dear Senator Martin:

Thank you so much for efforts you have made on behalf of the Independent Living Program. I appreciate your Senate Bill 1332 and House Bill 1329 which was partially funded in 1996. The effect will make a difference in the lives of thousands - allowing access to fresh air, family interaction and community involvement.

Please be advised that a number of offices across the state still do not have enough funding to be fully staffed, thus making services to clients extremely slow.

Mrs. Sylvester, a staff member of the House of Representatives, has the figures needed to fund staff and the purchasing of services. Please ask your staff for more information. I find it amazing that most service programs have several times the number of offices to cover North Carolina compared to Independent Living with sixteen offices. Some of our offices are fledgling because they have barely enough staff to serve their clients. This is truly a streamlined program. Please, Please help by bringing the finish to legislation left incomplete last year so response can be quicker and the offices can begin to reach out to a tremendous backlog of clients, most of whom are waiting for one time services.

Dorcus was a resident of a Carolina Street care facility in Greensboro. With the helpof friends and Independent Living staff she went home a couple of years ago. She has a live in attendant and continues to reside in her own home, in the community she has been a part of for many years. This would not have been possible without assistance in getting released from the care facility and some care for her being coordinated by Independent Living staff. She has told me she is happy at home. (She would have been a tremendous burden to the taxpayer.) She is sustained by limited assistance.

Sarah resides in Asheboro and uses positive ventilation to breath due to the complications of Post Polio Syndrom. Though a registered nurse is required to care for her ventilator and must be available at times - she has times that she can use the services of an attendant, her wheelchair and van to get out of her apartment. She will always have some restrictions due to the bulkiness of the ventilator and assistance must be given immediately when a power failure occurs. Independent Living assistance and coordination of services afford her a quality lifestyle. Her care in a skilled nursing facility would be costing the taxpayer at least \$5000, per month and she would live her life like a caged bird.

Peggy has Rheumatoid Arthritis. Many years ago she had knee replacement surgery. Most recently she was in an auto accident that broke a femur in each leg. She continues to reside at home. She has limited help in the daytime and a brother in-law stays through the night. Sisters help out on the weekends. She speaks to groups about arthritis and is enjoying letter writing on her word processor, chatting with friends and neighbors and reading. Her gnarled fingers still crochet. With all that has happened to her she is happy in her own home with limited assistance. This saves the taxpayer thousands of dollars every year and frees up her family for employment. They have homes of their own.

No doubt about it - Independent Living works! The highly trained staff of the Independent Living Program recognizes that even the most severely disabled person can function well in their own home with proper home modifications and equipment. Many times they even find a way to become gainfully employed. It isn't true for all because some have degenerative diseases. Even the kind of Multiple Sclerosis that is a killer can insidiously rob the body of strength and life over 20 years.

For many years I was a paraplegic, walking with long leg braces and crutches and wearing a body support. I gave birth to and raised two sons. I worked as did my husband and we enjoyed a wonderful life until his death in 1986.

I am a quadriplegic today and unable to raise to a sitting position without assistance due to Post Polio Syndrome. I live alone with 20 hours or less attendant care each week.

I have spent many years as an advocate for persons with disabilities and currently am a Telecare Volunteer with United Services for Older Adults in Greensboro. I call at least 20 persons daily who are elderly and live alone. Most have disabilities or health problems that could be potentially life threatening. Some are just lonely and need someone to talk to - someone who cares. I am truly needed and what I do is priceless to them. I intermittently check on younger people with varying disabilities. I have found emergency help for someone who fell and broke a bone, facilitated the diagnosis of diabetes in another, sent law enforcement to check on the well being of someone who had not been seen or heard from in several days. I have helped a nursing home patient obtain title to his car. I have found transportation to a doctor in an emergency for a client. I located a place for a homeless man and his wife to stay after he was dismissed from the hospital following colostomy surgery.

What I am saying is that my life matters - I have an agenda - I am important to the quality of life of many people on a daily basis - I AM A QUADRAEGIC.

All that I have accomplished since 1948 is the result of a Vocational Rehabilitation Education that my family could not have afforded.

The only reason I am not in a care facility today is because a well trained, well equipped Independent Living Program staff checked my home, made modifications so I could take a shower with the help of an assistant, wash my hair in an accessible sink and move easily about my home in a motorized wheelchair. I do not have the strength to push a manual chair. An electric bed raises me to sitting in the morning, and I dress with the clothing my attendant lays out after a shower the night before. I use a waxed slide board to get in and out of bed. When the weather is good I walk my dog beside motorized wheelchair. Breakfast may be an instant breakfast lunch a TV dinner and I can easily prepare my own meal if it is simple. Much of the time my attendant cooks enough for a couple of days, washes dishes, does the laundry and cleans. She is a whiz with my special medical and personal needs. I drive my ten year old van from my wheelchair scat with a special lock down installed by Independent Living. I already had purchased the van, lift and hand controls.

Please protect the integrity of the Independent Living Programs by specifying funding for Independent Living Rehabilitation Programs only.

Thank you in advance for every consideration given.

May God be with you today and everyday! I am proud to be a constituent of yours!

Sincerely, Norma Jean Blackwell 4100 US 29 Hwy,Lot 2 Greensboro, N. C. 27405

Mar 11 97

Rep. Watson,

I really appreciate your ongoing support of Independent Living services. The Wilmington Office, which serves five counties (Hew Hanover, Brunswick, Columbus, Duplin, & Pender) is presently in dire need of funds in order to meet a backlog of needs as well as a number of new clients. They have a mere \$20,000, which is already encumbered, to operate the rest of this fiscal year. The needs in these five counties are great, and we have come to a point where the clients of this program are waiting many months to get the services they desperately need. Please help Independent Living with the following:

Tues

- 1) Approx. \$114,000 needed to meet case service needs already identified (Attendant care, home modifications, vehicle modifications, etc.)
- 2) Approx. \$100,000 for staffing needs to bring the Wilmington Office at the same operating level as other IL offices. They need a therapist and a case worker technician, and travel funds to get out into the communities and meet the diverse needs of disabled people in these five counties.

Thank you very much, and may God richly bless you.

Sherry Hewitt SILC Member Phone: (910) 686-4247

4002 Glen Arbor Dr. Wilmington, NC 28405 August Jakk Jakus Jumanus Jumanus August Jumanus Juman

DATE: Mar 11, 1997

TO: Rep. Cynthia Watson

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FROM: Sherry Hewitt

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FAX PHONE: 6864247

VOICE PHONE: 6864247 (Call first to have computer turned on)

MESSAGE: Thanks.

:

Good morning. My name is Al Hargett. I am from Jones County. I was injured diving accident in 1980. I injured my spinal cord and now I have difficulty using my arms and legs. Before my accident I owned my own building contracting business. I am looking forward to the day when I do not receive Social Seciuty Disability payments and when I can become a tax payer to the State of North Carolina.

Until a few weeks ago I was living in a nursing home in Jones County. I had to go into the nursing home because my mother was unable to provide my care at home. Although the nursing home staff was very good to me, I always felt that it was not normal for someone my age to be in a nursing home.

Once I entered the nursing home, my goal was to leave the nursing home and to live on my own as soon as possible. I looked everywhere for someone to help me, and I was glad to find the Independent Living Rehabilitation Program. They have been able to help me to leave the nursing home and enter the Regional Rehabilitation Center in Greenville when I am learning the independent living skills that I will need to live in the community. I will stay at the rehablement for about another 10 days, then I will move to the Shared Living Arrangement in Greenville, This is a wheelchair accessible house in Greenville where I will live with 2 roomates who also use wheelchairs and a live-in attentiant. This is not a group home because I will be responsble for managing my own affairs and my attendant care.

I am glad that the New Bern Independent Living Program came looking for me in Jones County after this office was opened. my counselor is helping me to move to the shared living arrangement, and helping me to get the equipment, and the attendant care that I need. Most of all this program has given me the encouragement that I could live on my own.

I would like to thank you for coming this morning to listen to my testimony, and to encourage you to study the documents that you have on independent Living. There are still 15 counties in the State without services from Independent Living, and the original programs need funding that will bring the original programs to parity with the newer programs.

Independent Living Rehab. Program (Division of Vocational Rehab. Services)

Sherry Hewitt, a lady concerned about the Wilmington Independent Living office where her disabled brother is served, has brought to my attention their staffing shortfall (compared to the model used in a number of other offices) and the backlog of people waiting to complete their independent living plans. As of this month, their waiting list remains at about 40 people (given the new eligible applicants who have replaced those served), and they are down to \$20,000 to serve the people on their waiting list, plus those who are determined eligible between now and July 1.

I've visited five of my constitutents, all severely disabled, and I have been amazed at what IL can do in partnership with these people. Al Hargett, a former developer who I met in a nursing home in Jones Co. is out in the community now and going to a community college. He manages his own care and has plans to eventually get a degree and become an architect, and he is quadriplegic. He is just one of many examples.

Questions:

- 1. Mary Ellen: Last year I co-sponsored House Bill 1329 in the House for Independent Living and Senator Martin, our distinguished Senate Chair sponsored a companion Senate bill. This was to address, as I recall, the remaining 2 offices needed-for a total of 16--and also bring other existing offices in line with more adequate service funds and staff. It was only partially funded. Can you help me understand what was left out and what, in your opinion, we can do to help one of the most "common sense" programs I've come across to get their job down and complete this program to the point that all offices and counties have reasonably quick access to the same services? (bill was originally for approximately 4.2 million)
- 2. Did you say that those served by IL are not usually the same people year in and year out, but are usually different people?
- So, over the years we can reach hundreds and perhaps thousands of individuals with out annual appropriations.
- 3. (To Mary Ellen) Just how effective and efficient do you think this program is compared to some of the others in government?

(See next page)

Summary and question:

Here we have a program helping people falling through the cracks achieve independent living in a streamlined way through 16 offices statewide. (The Wilmington office serves at least 5 counties, including Duplin.)

It seems the least we can do is give this program the tools to do their job!

Representative Gardner, (Cansler, Clary) and Senator Martin--Can we go ahead and finish what we were trying to do in our companion bills for IL last year and put the money in to get this thing on track with more parity in funding and staff for these existing offices offices and counties served?

I, for one, am awfully proud of what we are doing and have done these past 12 years (first 2 offices established in 1985), but lets go ahead and get the tools in this program's hands!

alici Watkins Oxarch 12, 1997 attachment #3

Alzheimer's Disease

What is Alzheimer's disease?

Alzheimer's disease (AD) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. It affects an estimated 4 million American adults.

AD usually has a gradual onset. Problems remembering recent events and difficulty performing familiar tasks are early symptoms. Additionally, the Alzheimer patient may experience confusion, personality change, behavior change, impaired judgment and difficulty finding words, finishing thoughts or following directions. How quickly these changes occur will vary from persons to person, but the disease eventually leaves its victims totally unable to care for themselves.

What is the difference between Alzheimer's and senility?

Increasing public awareness of Alzheimer's disease and its devastating effects is causing many older adults and Alzheimer family members to fear that forgotten names or misplaced keys may be early signs of Alzheimer's.

Until recently, an older person who was forgetful and had difficulty caring for himself was labeled "senile." Senility was considered a normal part of aging.

The symptoms of senility are not described by the term "dementia." Health care professionals recognize that when memory loss interferes with daily activities, it is not normal and is most likely the result of a disease.

Dementia is not a normal part of aging. This is because its symptoms, which include difficulties with language, learning, thinking and reasoning, as well as memory loss, eventually become severe enough to interfere with a person's work and social life.

Although Alzheimer's disease is the most common form of irreversible dementia, some forms of dementia are treatable or reversible. Keep in mind, however, that the majority of adults over the age of 65 do not develop any form of dementia.

What causes Alzheimer's Disease?

Alzheimer's disease is a disorder, directly affecting the brain. The brain is an amazing communications center, controlling how we think, feel, and act.

Vital communications are sent throughout the brain with the help of chemical messengers called neurotransmitters. These messengers help the brain's instructions reach their many destinations in the network. One important messenger is acetylcholine. Scientists believe that acetylcholine is particularly helpful to the human ability to remember.

Serious problems can occur when the number of available chemical messengers in the brain is diminished. Then the brain cells have trouble communicating. It has been shown that levels of acetylcholine are sharply lower in the brains of patients with Alzheimer's disease and researchers believe this contributes to a decline in the patients' ability to remember and reason.

Risk Factor for Alzheimer's Disease

A number of factors increase the likelihood that someone will develop Alzheimer's disease. Most of them, we cannot control.

The greatest risk factor for Alzheimer's disease is age. Alzheimer's disease affects approximately 10% of people between the ages of 65 and 85 and 45 - 50% of those over the age of 85. Other risk factors include a family history of Alzheimer's disease or genetics.

Because the populations of the U.S. and other developed countries are aging, Alzheimer's disease is now becoming more common.

In the U.S. alone, over 4 million people suffer from Alzheimer's disease. By the year 2040, this number is expected to rise 7-10 million cases.

STAGES OF SYMPTOM PROGRESSION IN ALZHEIMER'S DISEASE (Stages often overlap)

1. FIRST STAGE 2-4 years leading up to and including diagnosis.

Symptoms - Recent memory loss begins to affect job performance

- What was she just told to do?
- Confusion about place gets lost on way to work.
- Loses spontaneity, spark or zest for life.
- Loses initiative, can't start anything.
- Mood/personality changes, anxious about her symptoms, keeps to herself.
- Poor judgment, makes bad decisions.
- Takes longer with routine chores.
- Trouble handling money, paying bills.

Examples - Forgets which bills are paid, which cards are played in bridge, which phone numbers are often dialed.

- Loses things. Forgets grocery list.
- Arrives at wrong time or place, or constantly rechecks calendar.
- "Mother's not the same. She's withdrawn, disinterested.
- She's less outgoing, hides things, gets upset easily.

- She orders from door-to-door salesmen.
- She spent all day making dinner and forgot three courses.
- She paid the bills three times over, or didn't pay for three months.

2. SECOND STAGE 2-10 years after diagnosis; longest stage.

Symptoms - Increasing memory loss and confusion, shorter attention span.

- Repetitive statements and/or movements.
- Restless, especially in late afternoon and at night.
- Occasional muscle twitches or jerking.
- Perceptual and motor problems.
- Problems organizing thoughts, thinking logically.
- Can't find right words, makes up stories to fill in blanks.
- Problems with reading, writing, and numbers.
- May be suspicious, irritable, fidgety, teary or silly.
- Loss of impulse control, sloppy, won't bathe or is afraid to bathe, trouble dressing.
- Gains and then loses weight.
- May see or hear things that are not there. ("My daddy is waiting for me outside. I'm going home.")
- May have fixed ideas that aren't real.
- Needs full-time supervision.

Examples - memory loss, can't remember visits immediately after you leave.

- Sample statements: "There are babies in this house." "The police are after me." "I wanna go home." "This isn't my home!"
- Repetitive movements, i.e., tapping, folding, smoothing clothes constantly.
- Repetitive statements, i.e., "I want to go home," and "Where am I?"
- Sleeps often; awakens frequently at night and may try to jump up and "go to work."
- Perceptual and motor problems, difficulty getting into a chair, setting a table.
- Can't find right words. ("I used to be a big boss man and now I'm a big old dummy...")
- Problems with reading, numbers-can't follow written signs, write name, add or subtract.
- Suspicious-may accuse spouse of hiding things, infidelity, may act childish.
- Loss of impulse control, sloppier table manners. May forget proper place to undress.
- Huge appetite for junk food or other people's food; forgets when last meal occurred; then gradually loses interest in food.

3. TERMINAL STAGE 1-3 years.

Symptoms - Can't recognize family or self in mirror.

- Loses weight even with good diet.
- Little or no capacity for self care.
- Can't communicate with words.
- May put everything in mouth or touch everything.
- Can't control bowel, bladder.
- May have problems with seizures, swallowing, skin breakdown.

Examples - Looks in the mirror and talks to own image.

- Needs help with bathing, dressing, eating, toilet.
- May groan, scream or make grunting sounds.
- May try to suck on everything.
- Sleeps more.

*NOTE - PLEASE NOTE THIS IS JUST A GUIDELINE! Not every individual with Alzheimer's disease will have all the above symptoms. Also symptoms may overlap in the "stages." There are no rules to the disease. Each individual with Alzheimer's disease progresses differently! Your loved one may not suffer through all the symptoms above!

From: <u>Care of Alzheimer's Patients: A Manual for Nursing Home Staff</u>, by Lisa P. Gwyther. American Health Association and ADRDA, Inc., pp. 25-27. 1985

Alzheimer's Association of Central Ohio 3380 Tremont Road Columbus, Ohio 43221 (614) 457-6003 (800) 441-3322 FAX (614) 457-6634

Alzheimer's Unit North Carolina Special Care Center

- 40 Bed unit developed to meet the needs of Alzheimer's victims with priority for admission given to residents of Eastern North Carolina.
- Developed to serve the needs of Alzheimer's victims with nursing care needs whose aggressive, combative behaviors preclude them from being served in a traditional nursing home.
- The target population is identical to that served at Black Mountain Center, i.e., those individuals with problem behaviors. However, the larger size of the N.C. Special Care Center gives it additional flexibility in continuing to serve Alzheimer's patients when their medical needs begin to override behavioral concerns.
- Admission based on :
 - Diagnosis of Alzheimer's disease
 - Primary need being management of behaviors associated with the disease
 - Unavailability of appropriate community resources

- Discharges considered when:
 - The transfer or discharge is appropriate because those behaviors which made admission necessary have improved sufficiently so the resident no longer needs the services provided by the Special Care Center.
 - The resident's family and/or legal representatives requests discharge.
 - Community resources are available to meet overall resident needs more appropriately.

DEPARTMENT OF HUMAN attachment #sRESOURCES

DIVISION OF AGING BUDGET OVERVIEW

FISCAL RESEARCH DIVISION MARCH 1997

DIVISION OF AGING1997-99 TOTAL CONTINUATION BUDGET

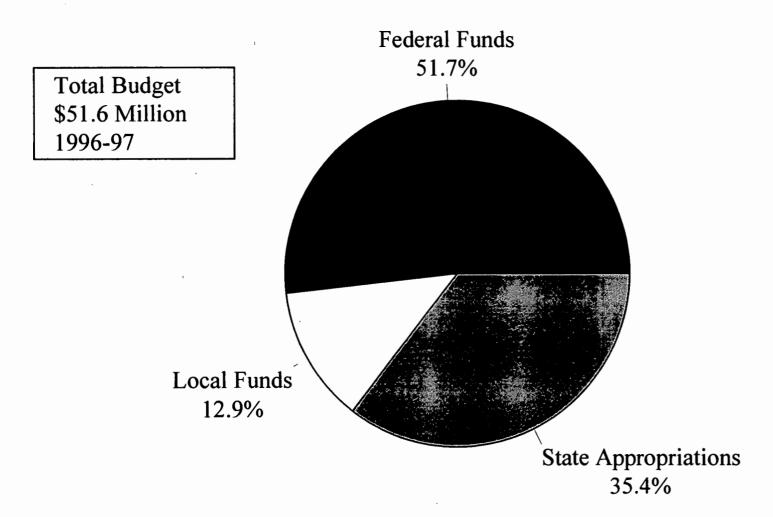
	1995-96	1996-97	1996-97	1997-98	1998-99
Description	Actual	Certified	Authorized	Recommended	Recommended
Total Requirements	\$46,154,308	\$51,550,499	\$51,554,058	\$51,548,619	\$51,551,197
Total Estimated Receipts	(\$32,735,922)	<u>(\$33,132,246)</u>	(\$33,129,620)	(\$33,123,730)	(\$33,126,027)
Net Appropriation	\$13,418,386	\$18,418,253	\$18,424,438	\$18,424,889	\$18,425,170
Total Positions	35	29	29	29	29

Reference Documents:

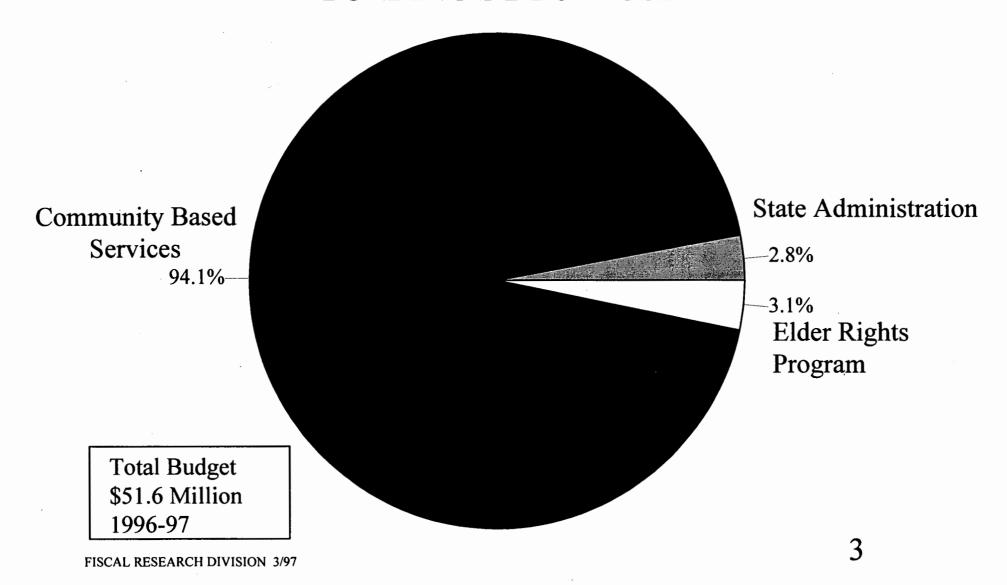
Continuation Budget Volume 3, R(2) - 1 through R(2) - 12

Performance/Program Budget Volume 7A, 2-7 through 2-77

SOURCES OF FUNDING



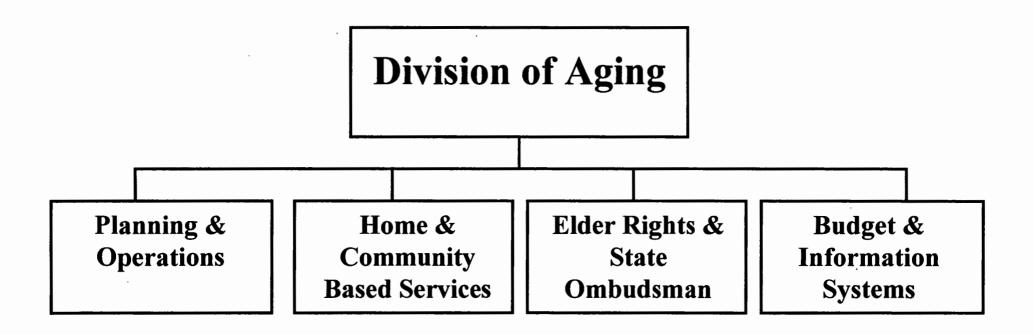
FUNDING BY PURPOSE



DIVISION OF AGING MISSION

- The Division of Aging is the State Agency responsible for planning, administering, coordinating, and evaluating the activities, programs, and services developed under the Older Americans Act and related programs for older state populations. Activities include:
 - Developing, administering and monitoring the activities of the State Plan on Aging required by state and federal law
 - Coordinating statewide activities related to the purposes of the Older Americans Act
 - Reviewing, approving, and monitoring the plans developed by Area Agencies on Aging
 - Providing technical assistance and training for the 18 Area Agencies on Aging and the over 300 local service providers
 - Allocating state and federal funding to the Area Agencies on Aging which administer and monitor various home and community based services for older adults
 - Administering the Elder Rights program which advocates on the behalf of residents in long term facilities to protect them from abuse and neglect

DIVISION OF AGING ORGANIZATION

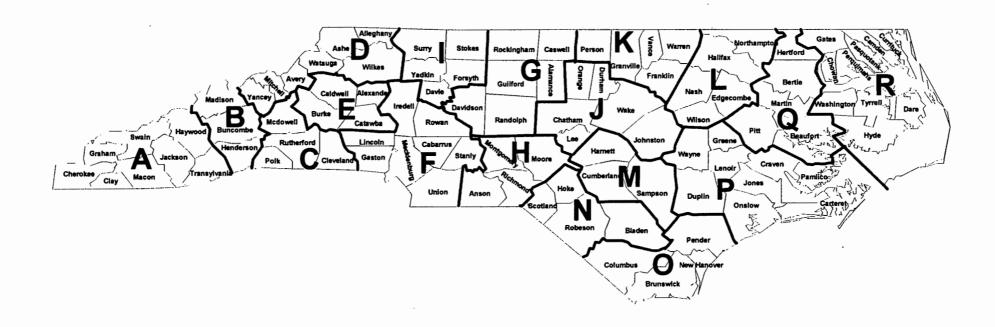


Total Positions: 29

AGING DEMOGRAPHICS

- State's 65+ population will increase from 946,300 in 1997 to over 1.2 million in 2010 -- a 27% increase
- State's 85+ population will increase from 69,000 in 1990 to about 165,000 in 2010 a 140% increase
- Number of severely disabled older adults living in the community is expected to increase from about 78,700 in 1996 to about 104,000 in 2010
- State's poverty rate among older adults is 19.5%

Regional Planning and Service Areas For Aging



18 Area Agencies on Aging

HOME AND COMMUNITY CARE BLOCK GRANT

- In July 1992, the Home and Community Care Block Grant Legislation was implemented. The purpose of the legislation was to improve the planning, management, and coordination of in-home and community based services provided to older North Carolinians.
- The Block Grant combined state and federal funding which had been allocated separately before the legislation was enacted.
- To receive funding, the county commissioners of each county must designate a lead agency to develop a block grant funding plan for their county. The lead agency may be an area agency on aging, a department or council on aging, a social services department, other public agencies, or other private non-profit agency.
- The county aging funding plan must identify services to be provided, the funding levels for their services, unit costs, and the agencies designated by the county commissioners to provide or purchase services on behalf on the county.
- The plan must be approved by the county commissioners, including a public hearing.
- After the plan is approved, it is sent to the area agency on aging for funding and the Division of Aging so that county, area, and State Aging Services Plans can be coordinated.

HOME AND COMMUNITY CARE BLOCK GRANT ALLOCATIONS

- The Division of Aging allocates the Home and Community Care Block Grant to counties through its intrastate funding formula.
- The formula includes the following weighted factors
 - 60+ population in the county 50%
 - 60+ population in poverty 30%
 - 60+ minority population 10%
 - 60+ rural population 10%
- The Division of Aging calculates each county's share and awards funds to counties through the Area Agencies on Aging (AAA). AAA may not modify county allocations of state appropriations.
- Counties must match funding with a 10% match.

HOME AND COMMUNITY CARE BLOCK GRANT SERVICES

- Adult Day Care
- Adult Day Health Care
- Care Management
- Congregate Nutrition
- Health Promotion and Disease Promotion
- Health Screening
- Home Delivered Meals
- · Home Health
- Housing and Home Improvement
- Information and Care Assistance
- In-Home Aide
- Institutional Respite Care
- Mental Health Counseling
- Senior Companion
- Senior Center Operations
- Transportation
- Volunteer Program Development

HOME AND COMMUNITY CARE BLOCK GRANT ALLOCATIONS 1996-97

Services	Total Allocation	Expansion Funding
Adult Day Care	\$2,109,730	\$447,284
Care Management	\$748,468	\$262,262
Nutrition Services	\$12,497,705	\$1,176,336
Respite Care	\$339,626	\$183,507
In-Home Aid	\$13,306,525	\$3,395,915
Information and Case Assistance	\$1,083,292	\$373,435
Senior Centers	\$1,237,096	\$0
Transportation	\$4,939,290	\$583,304
Miscellaneous	\$599,684	\$147,656
Total 1996-97 Allocation	\$36,861,416	\$6,569,699

DIVISION OF AGING

HOME AND COMMUNITY CARE BLOCK GRANT CLIENT INFORMATION

- 65,606 are projected to receive services in 1996-97
- More than 50% are 75+, 1 in 4 are 85+
- 59% of persons served have incomes at/below poverty
- 75% are female
- 21% are very frail impairments in 3 or more activities of daily living
- Appears that services provide relief for caregivers for about half those served

DIVISION OF AGING

SENIOR CENTER OPERATIONS

- Currently, 138 senior centers are located in 89 counties; 95 of these senior centers receive federal and state funding
- A senior center must meet the following standards:
 - Provide information and case assistance, outreach, and health promotion.
 - Complete the Senior Center Standards and Self-Assessment Workbook Guideline for Practice
 - Operate on a 5 day 40 hour per week schedule
 - Employ a full-time director and have adequate paid and/or volunteer staff to carry out a program
- Federal senior center funding is authorized through Title III-B of the Older Americans Act as a Home and Community Care Block Grant service and is budgeted at the discretion of counties
- State appropriations for senior centers (\$365,316) is awarded by area agencies on aging and usually supports the ongoing outreach efforts of senior centers
- If additional state funds were available, the Division of Aging estimates that 150 senior centers could utilize state senior center funding for capital or program purposes.

AGING SERVICE EXPENDITURES 1995-96

			Hospital,	Home		Social &		
	Adult Care	Economic	Physicians, &	Health/In-	Institutional	Supportive		Agency
Agency	Homes	Support	Other Health	Home Care	Care	Services	Agency Total	Percent
Aging	\$0	\$0	\$1,185,689	\$17,284,839	\$0	\$15,323,066	\$33,793,594	2.03%
Blind	\$56,542	\$0	\$226,739	\$505,215	\$0	\$1,995,254	\$2,783,750	0.17%
Health Promotion	\$0	\$0	\$0	\$1,776,021	\$0	\$0	\$1,776,021	0.11%
Medical Assistance	\$31,949,135	\$143,978,645	\$336,372,426	\$149,343,379	\$712,999,349	\$0	\$1,374,642,934	82.48%
Mental Health	\$0	\$0	\$15,306,849	\$0	\$117,866,729	\$0	\$133,173,578	7.99%
Social Services	\$57,505,705	\$53,276,353	\$0	\$1,078,911	\$0	\$6,355,181	\$118,216,150	7.09%
Public Transportation	\$0		\$0	\$0	\$0	\$1,584,281	\$1,584,281	0.10%
Vocational Rehabilitation	\$0		\$0	\$0	\$0	\$624,387	\$624,387	0.04%
Category Total	\$89,511,382	\$197,254,998	\$286,766,380	\$169,988,365	\$830,866,078	\$25,882,169	\$1,666,594,695	
Category Percent	5.37%	11.84%	17.21%	10.20%	49.85%	1.55%		

PERFORMANCE/PROGRAM ANALYSIS

OUTCOME MEASURES



Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and

well-being

Program:

Strengthen and preserve families and protect children for harm

Provide preventive and protective services for vulnerable adults

Expected Outcome:

Enhance quality of care and quality of life of residents of long-term care facilities.

P/PB Objective # 44 (2100.31):

By the year 2000, of those served through the Ombudsman program annually, at least 85% are satisfied with the quality of service they received.

Outcome Measure:

•	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Ombudsman program consumer satisfaction.	N	N	N	N	N	N

NOTE: Surveys and protocols for collecting this information are being developed.

Description of strategies or activities directed toward this objective:

- Educate adult care home and nursing home residents and their families about residents' Bill of Rights (Aging fund 1310)
- Provide technical assistance and/or training to nursing home and adult care home staff and volunteer community advisory committee members (Aging fund 1310)
- Increase public awareness about the Ombudsman program (Aging fund 1310)



Expected Outcome:

Enhanced quality of care and quality of life of residents of long-term care facilities.

P/PB Objective # 45 (2100.32)

By the year 2000, at least 80% of complaints received annually by the Ombudsman program will be resolved through mediation and advocacy without needing to involve regulatory agencies.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of complaints resolved through mediation and advocacy without needing to involve regulatory agencies.	69%	76%	76%	77%	78%	79%

Description of strategies or activities directed toward this objective:

- Educate adult care home and nursing home residents and their families about residents' Bill of Rights (Aging fund 1310)
- Increase public awareness about the Ombudsman Program (Aging fund 1310)
- Provide technical assistance and/or training to nursing home and adult care homes and volunteer community advisory committee members.
 (Aging fund 1310)
- Provide training on elder abuse prevention to human services professionals annually (Aging fund 1310)



Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Strengthen and preserve families and protect children for harm

Provide community-based services to the impaired or disabled and their families

Division of Aging

Division of Services for the Deaf and Hard of Hearing

Division of Social Services

Division of Services for the Blind

Division of Vocational Rehabilitation

The expected outcome is that safe and stable at-home living arrangements for impaired older adults will result in maintenance or improvement of daily functioning, reduced incidence of abuse and neglect, and strengthened family caregiving, that individuals with hearing or vision loss with proper training, assistive aids and appliances, and in-home services can remain independent, and that the number of impaired people requiring institutional care is reduced. Adults with a hearing loss will achieve a greater and more comprehensive level of self advocacy.

P/PB Objective # 51 (2100.50):

By the year 2000, increase by 10% the number of impaired individuals receiving supportive services resulting in maintenance or improvement of daily functioning and living more independently and strengthened family caregiver.

Outcome Measure:

•	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of frail older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	8,041	8,202	8,822	9,947	10,649	10,966
Number of impaired older adults receiving supportive services and living independently at home consistent with their ability to function (Aging)	NA	NA	22,522	24,500	26,000	26,500

Division of Aging

· · · · · · · · · · · · · · · · · · ·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of older adults satisfied with services designed to provide greater independence (measure under development) (DSD/HH)	N	N	N	N	N	, N
Number of impaired individuals using in- home care and living independently at home consistent with their ability to function. (DSS)	12,751	13,168	12,698	?	13,545	13,968
Number of blind and visually impaired people who can continue to care for themselves in their homes. (DSB)	5,362	5,413	5,456	5,522	5,500	5,500
Number persons with severe disabilities living more independently after receiving services. (DVR)	449	597	874	850	885	945

Description of strategies or activities directed toward this objective:

- Assess the appropriateness of in-home and community-based services for 100% of older or disabled adults seeking assistance (Aging-funds 1110 & 1210, (DSB funds 1315 & 1410, DSD/HH fund 1501, DSS funds 1140, 1180 & 1480, DVR funds 1303 & 1305)
- Support frail or older adults and their caregivers by increasing by 2% per year through 2000, the number receiving home delivered or congregate meals (Aging-funds 1110&1210 and DSS funds 1140, 1180 & 1480)
- Provide training to service providers and family caregivers to be better prepared to serve/care for victims of Alzheimer's disease and other dementia's (Aging funds 1110 & 1210)
- Increase the number of senior centers providing comprehensive health and wellness programs by 2% per year by the year 2000. (Aging funds 1110 & 1210)
- Increase the number of families receiving respite care services (Aging funds 1110&1210)
- Advocacy training programs (DSD/HH fund 1501)
- Access to interpreter services and assistive technology (DSD/HH fund 1501)
- Provide training to caregivers/providers (i.e., doctors, nurses, hospital staff, long term care staff) (DSD/HH fund 1501)
- Provide skill training for a persons adjustment to blindness (DSB Fund 1410)
- Provide adaptive aids and appliances (DSB Fund 1410)

Division of Aging

- Provide quality in-home aide services for eligible visually impaired consumers (DSB fund 1315)
- Establish a comprehensive statewide program -- fully staffed and adequately funded to serve eligible persons with severe disabilities with sufficient support services funds to meet demands and maximize independence. (DVR fund 1305)
- Emphasize the total person physical, psychological, social needs for total integration into their respective communities. (DVR fund 1305)
- Collaborate with other agencies/organizations interested in serving persons with disabilities to utilize resources most effectively and efficiently. (DVR fund 1305)
- Enhance customer satisfaction survey and focus group activity to identify customer satisfaction level, thus improving staff customer relationships and ensuring consumer choice. (DVR fund 1305)
- Implement policies and procedures to improve service delivery time. (DVR fund 1305)
- Assure the availability of a core set of services needed by functionally impaired adults in all 100 counties (DSS funds 1140, 1180 & 1480).
- Improve access to services, including transportation (DSS funds 1140, 1180 & 1480).
- Maximize the use of Medicaid funding for adult day health care and personal care services (DSS funds 1140, 1180 & 1480).

Innovations:

- Specialized outreach programs for the hard of hearing (DSD/HH fund 1501)
- Specialized outreach programs older adults with hearing loss (DSD/HH fund 1501)
- Internet access to DSD/HH web page of deaf and hard of hearing services (DSD/HH fund 1501)

AGENDA

Joint Subcommittee on Human Resources Appropriations

Legislative Office Building - Room 424 Tuesday, March 18, 1997 8:30 am

Adult Home Care Initiative

Carol Shaw, Fiscal Research Division

Adult Care Home Cost Reporting

Jim Edgerton, Department of Human Resources

ADULT CARE COST REPORTING

MARCH 18, 1997

PREPARED BY DHR

SENATE BILL 864 PASSED IN THE 1995 SESSION REQUIRES:

COST REPORTS TO BE UTILIZED TO "ADJUST THE DOMICILIARY (ADULT CARE HOME) HOME RATE ANNUALLY, AN ADJUSTMENT THAT IS IN ADDITION TO THE ANNUAL STANDARD ADJUSTMENT FOR INFLATION AS DETERMINED BY THE OFFICE OF STATE BUDGET AND MANAGEMENT."

HOW MANY ADULT CARE HOMES/BEDS DO WE HAVE?

	REPORT PERIOD		
TYPE	# HOMES	# BEDS	PERCENT
Homes for the Aged	479	23,210	66%
Family Care Homes	760	4,007	11%
Developmentally Disabled Adults	-217	1,238	4%
Combined (Nursing Home/Hospital)	232	5,723	16%
Mental Health 122C Facility	269	1,102	3%
TOTALS	1,957	35,280	<u>100%</u>

TO ASSIST THE DEPARTMENT OF HUMAN RESOURCES IN SETTING THE ADULT CARE RATE, SENATE BILL 864 REQUIRES:

- ⇒ ANNUAL COST REPORTS
- ⇒ EXCEPT FOR FAMILY CARE HOMES, REQUIRE ADULT CARE HOMES WITH 7-20 BEDS TO SUBMIT AUDITED COST REPORTS AT LEAST EVERY TWO YEARS (1996 IS A NON-AUDIT YEAR)
- ⇒ EXCEPT FOR FAMILY CARE HOMES, REQUIRE ADULT CARE HOMES WITH 21+ BEDS TO SUBMIT ANNUAL AUDITED COST REPORTS
- ⇒ FACILITIES THAT DO NOT RECEIVE STATE/COUNTY SPECIAL ASSISTANCE OR MEDICAID PERSONAL CARE FUNDING ARE EXEMPT FROM THE REPORTING REQUIREMENTS
- ⇒ ESTABLISHES A COST REPORTING PERIOD OF OCTOBER 1 THROUGH SEPTEMBER 30

GOVERNOR'S BUDGET PROPOSAL STATE/COUNTY SPECIAL ASSISTANCE

- The Governor's continuation budget proposal for State/County Special Assistance includes significant increases -- \$6,026,704 for 1997-98 and \$12,750,205 for 1998-99.
- The increases are based on the following assumptions;
 - 4% increase in utilization each year of the biennium
 - 2.2% increase in inflation for 1997-98
 - 2.5% increase in inflation for 1998-99
- The inflation rates are based on information from the audited cost reports for 1995 and the use of OSBM inflation rates for labor costs, fixed costs and other costs.
- The current State/County Special Assistance monthly rate is \$874. The Governor's proposal would increase the monthly rate to \$893 for 1997-98 and \$916 for 1998-99.
- Utilization increases have always been built into the continuation budget, but inflation or any other increases in State/County Special Assistance rates have always been considered through the expansion process.

GOVERNOR'S PROPOSAL PERSONAL CARE SERVICES

- The Governor's continuation budget proposal for Adult Care Home Personal Care Services includes the following increases: \$3,866,795 for 1997-98 and \$8,243,373 for 1998-99.
- The increases are based on the following assumptions:
 - 3.17% increase in inflation for 1997-98
 - 3.50% increase in inflation for 1998-99
 - 2.53% average increase in utilization for 1997-98
 - 2.58% average increase in utilization for 1998-99
- The current hourly rate for Adult Care Home Personal Care Services is \$8.07. Under the Governor's proposal, the hourly rate would increase to \$8.33 for 1997-98 and \$8.62 for 1998-99.
- The inflation increases will not be automatic because the Health Care Financing Administration will not allow an increase in the hourly personal care rate until a time/motion study for the provision of personal care services is completed. The study is on-going and will be completed in September 1997.
- Utilization and inflation increases are usually built into the Medicaid budget for all services provided.

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GOVERNOR'S PROPOSAL FOR THE 1997-99 BIENNIUM

INCLUDES UTILIZATION INCREASES AND INFLATION INCREASES.

Program			Rec 199		Recommended 1998-99		
State/County Special Assistance	\$	96,026,065	\$	103,254,644	\$	109,881,174	
Basic Personal Care Services	\$	48,579,798	\$	51,720,194	\$	55,280,133	
Enhanced Personal Care Services	\$	13,573,500	\$	14,299,899	\$	15,116,338	
Medicaid Transportation	\$	3,273,451	\$	3,477,996	\$	3,709,574	
Total Payments	\$	161,452,814	\$	172,752,733	\$	183,987,219	
% Increase over 1996-97				7%		14%	

INCLUDES UTILIZATION INCREASES AND NO INFLATION

Program					Recommended 1998-99		
State/County Special Assistance	\$	96,026,065	\$	101,005,846	\$	104,993,368	
Basic Personal Care Services	\$	48,579,798	\$	50,131,040	\$	51,770,325	
Enhanced Personal Care Services	\$	13,573,500	\$	13,860,520	\$	14,156,701	
Medicaid Transportation	\$	3,273,451	\$	3,371,131	\$	3,473,950	
Total Payments	\$	161,452,814	S	168,368,537	S	174,394,344	
% Increase over 1996-97				4.3%		8.0%	

IMPACT OF GOVERNOR'S PROPOSAL

- The Governor's continuation proposal for increasing payments to Adult Care Homes results in the following increases: \$11,299,919 for 1997-98 and \$22,534,405 for 1998-99.
- Elimination of the inflation increases results in a much smaller increase in payments to Adult Care Homes: \$6,915,723 for 1997-98 and \$12,941,530 for 1998-99.
- If the Governor's continuation budget proposal for Adult Care Homes is approved, payments to Adult Care Homes will increase by 53% in 1998-99 when compared to 1994-95 -- the last year under the old system of payment.

FISCAL RESEARCH DIVISION 3/97

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ADULT CARE HOME INITIATIVE POLICY QUESTIONS

- Inflation increases for State/County Special Assistance
 - Continuation or Expansion?
- Case management funding
 - Potential \$2,000,000 reduction?
- Cost Reporting
 - Do the 1996 cost reports justify further increases in rates for adult care homes?

STAFFING FOR ADULT CARE HOME INITIATIVE PURPOSE OF POSITIONS

Division of Facility Services

- Coordinate implementation of SB 864. Develop a standardized resident assessment instrument and provide training to staff in facilities around resident assessment care plan. Develop information system to support improvements and evaluate program effectiveness.
- Conduct annual inspections of each adult care home with 7 residents or more and
 work with county DSSs to develop a monitoring and enforcement plan specific to
 each facility. Develop and administer training and competency direct care aides in
 adult care homes. Provide technical assistance and consultation to facilities and
 professional support to target three major problem areas: nursing services, food
 services, and medication.

Division of Social Services

Develop and administer case management program for enhanced care residents.
 Provide training for case managers and staff in facilities on case management issues.
 Provide consultation and technical assistance to local staff providing adult care case management

STAFFING FOR ADULT CARE HOME INITIATIVE

PURPOSE OF POSITIONS

Controller's Office

• Develop and oversee collection of cost reports. Develop rate algorithm for State/County Special Assistance and calculate rates.

DHR Internal Audit

• Perform audits on facilities of six or fewer beds. Provide technical assistance to CPAs and Accountants performing audits of adult care homes.

Division of Medical Assistance

• Manage Personal Care Services policy and reimbursements. Provide technical assistance to facilities and local case management staff.

EXPENDITURE DATA

BUDGET INFORMATION FOR ADULT CARE HOME INITIATIVE

Program	A	Authorized 1995-96	Actual 1995-96	I	Authorized 1996-97		Projected 1996-97
State/County Special Assistance	\$	92,026,634	\$ 92,255,236	\$	97,158,703	\$	96,026,065
Basic Personal Care Services	\$	57,072,015	\$ 41,204,829	\$	61,844,768	\$	48,579,798
Enhanced Personal Care Services	\$	10,252,935	\$ 4,350,347	\$	8,433,017	\$	13,573,500
Local Case Management	\$	4,287,600	\$ 530,274	\$	5,145,120	\$	2,000,000
Aide Training	\$	2,259,439	\$ 2,615,907	\$	-	\$	•
Wrap Around Services	\$	605,620	\$ 605,620	\$	605,620	\$	605,620
DHR Positions	\$	1,569,858	\$ 1,569,858	\$	1,548,979	\$	1,548,979
TOTAL	\$	168,074,101	\$ 143,132,071	\$	174,736,207	S	162,333,962

PAYMENTS TO ADULT HOME CARE PROVIDERS

Program	Actual 1994-95		Actual 1995-96	F	Authorized 1996-97		Projected 1996-97
State/County Special Assistance	\$ 119,718,050	\$	92,255,236	\$	97,158,703	\$	96,026,065
Basic Personal Care Services	\$ -	\$	41,204,829	\$	61,844,768	\$	48,579,798
Enhanced Personal Care Services	\$ -	\$	4,350,347	\$	8,433,017	\$	13,573,500
Aide Training	\$ -	\$	2,615,907	\$	-	\$	-
Medicaid Transportation	\$ 613,576	\$	2,951,360	\$	5,778,240	\$	3,273,451
Total Payments	\$ 120,331,626	S	143,377,679	\$	173,214,728	S	161,452,814
% Increase over 1994-95			19.3%		45,0%		34.2%

UTILIZATION OF PERSONAL CARE SERVICES

Number of Eligibles for 1996-97

Personal Care Service Type	Initial Estimate 1996-97 a/	Current Estimate 1996-97 b/	Average Monthly Clients 1996-97 YTD c/
Basic Care Only	17,563	16,153	15,126
Basic and Enhanced Care	4,391	4,843	2,667
Total Basic and Enhanced	21,954	20,996	17,793

Toileting	N/A	3 523	1 795
Tolleting	1W/A	3,323	1,763
Eating	N/A	329	42
Eating and Toileting	N/A	991	840
Enhanced Care Total	4,391	4,843	2,667

Expenditures for 1996-97

Personal Care Service Type	,	Authorized Budget 1996-97	ΥΊ	FD Expenditures
Basic Care Only	\$	61,844,768	\$	31,717,818
Basic and Enhanced Care	\$	8,433,017	\$	9,045,635
Total Basic and Enhanced	\$	70,277,785	\$	40,763,453

Notes:

a/: Initial projections before implementation based on 20% of the Adult Home population needing enhanced care.

b/: Current projections based on actual implementation which limits enhanced care to residents needing assistance with eating and toileting.

c/: Average number of clients receiving enhanced care as of February 28, 1997.

d/: Expenditures as of February 28, 1997.

GOVERNOR'S BUDGET PROPOSAL

TRAINING

- Training Time Frame: Must be completed by October 1, 1996 or six months after hiring
- Status of Training: 7,622 Adult Care aides and supervisors were reported as needing training
 - 44% have completed training
 - 11% are currently in training
 - 23% are scheduled for training
 - 22% are untrained and unscheduled
- Adult home specialists in county departments of social services are monitoring for facility compliance with training requirement.

CASE MANAGEMENT

- Adult Care home residents who are eligible for enhanced personal care services are also eligible for case management services. Eligibility is based on residents needing assistance with toileting and eating.
- Case managers determine whether a resident is eligible for enhanced personal care services, reviews the adult care home's plan of service for the resident, and determines whether resident needs other services available in the community
- Adult Home case management can be provided by county departments of social services or area mental health programs. 95% of the clients are being served by county departments of social services.
- Implementation of case management occurred in two phases:
 - Phase One: Verifying eligibility for enhanced personal care services began January 1, 1996 and was ongoing through June.
 - Phase Two: Case managers began assessing the social and health needs of residents and developing service plans to meet unmet needs. These activities are ongoing.

CASE MANAGEMENT

- Local Administration: 85 counties are providing case management services; the other 15 counties have no enhanced care residents or no adult care facilities
- Workload: Number of enhanced care residents per county varies, ranging from 1 resident to 166 residents. 132 case managers, representing 48.5 full-time equivalent positions are providing case management services. During the first six months of 1996-97, 3,587 residents received case management services
- Funding: \$5,145,120 is budgeted for case management (50% federal, 255 state, and 25% county). \$2,000,000 in expenditures are projected to be spent for 1996-97.

MONITORING AND QUALITY ASSURANCE

- SB 864 enabled the Division of Facility Services to increase the consistency and frequency of its monitoring of adult care homes in the state
- Additional staff were hired to conduct annual surveys of each adult care home with seven or more beds and begin targeting three major problem areas: nursing, medication administration, and food services
- Purpose of Annual Survey:
 - Ensure a through inspection is conducted by state staff
 - Serve as a basis for working with county departments of social services to develop a monitoring plan and schedule for the year
- During 1995-96, the Division of Facility Services conducted annual surveys of every adult care home with seven or more beds (475 survey visits)

STAFFING

- The 1995 Special Provision for the Adult Care Home Initiative allowed DHR to use existing State/County Special Assistance and federal Medicaid funding to support increased staff and support costs for rate setting and auditing requirements, increased monitoring, and case management services.
- During 1995-96, 29.5 positions were created and placed in the following Divisions to fulfill the requirements of the Adult Care Home Initiative: Facility Services, Social Services, Medical Assistance, Controller's Office, and DHR Internal Audit.
- During the 1996 Session, the General Assembly eliminated 4.5 positions of the original 28.5 at the request of DHR.

STAFFING FOR ADULT CARE HOME INITIATIVE

	Number of Positions					
Division	1995-96	1996-97				
Facility Services	13.5	10				
Social Services	6	6				
Controller's Office	2	2				
DHR Internal Audit	4	4				
Medical Assistance	3	2				
Total DHR Positions	28.5	24				

ADULT CARE HOME LEGISLATION

1995 LEGISLATION

- Senate Bill 864 which required Adult Care Homes to submit annual audited reports of actual costs and required DHR to adopt rules to ensure quality of care in Adult Care Homes.
- Section 23.10 of the Appropriations Act which established a new method for reimbursing Adult Care Homes which combined the traditional State/County Special Assistance funding with funds from Medicaid.

SENATE BILL 864

SUMMARY OF LEGISLATION

- Required Adult Care Homes, except for family care homes, to submit annual audited cost reports. Family care homes are exempted from the audit requirement. These reports will be used to adjust the adult care home rate annually.
- Required the Social Services Commission to adopt the following rules to ensure the quality of care in Adult Care Homes:
 - Client Assessment and independent case management
 - Training requirements for personal care aides
 - Monitoring and supervision of residents
 - Oversight and quality of care

SECTION 23.10 OF THE APPROPRIATIONS ACT

SUMMARY OF THE 1995 SPECIAL PROVISION

- Used existing State/County Special Assistance and federal Medicaid funding to support increased staff and support costs for rate setting and auditing requirements, increased monitoring, and case management services.
- Reimburses through Medicaid (a) one hour basic personal care services for residents of adult care homes and (b) enhanced personal care services for an estimated 20% of residents who require additional care.
- Used state and county funding "freed up" to draw down federal Medicaid funding and increase reimbursement for adult care homes by 10%.
- Provided one-time training funds for adult care home staff.

ADULT CARE HOME REIMBURSEMENT

NEW SYSTEM OF PAYMENT

- Reduced the monthly State/County Special Assistance rate from \$990 per resident to \$844 per resident. The rate was increased to \$874 per month during the 1996 Session.
- Provides Medicaid reimbursement for one hour of personal care services per day to all Medicaid eligible residents which equals to \$245 per month per resident.
- Provides additional reimbursement for enhanced personal care services for residents which have been identified as needing assistance with toileting and eating which ranges from \$85 to \$326 per month per resident.
- Total monthly reimbursement ranges from \$1119 for residents receiving basic personal care services to \$1,446 receiving enhanced personal care services for toileting and eating.

SPECIAL ASSISTANCE AND PERSONAL CARE REIMBURSEMENT RATES

Special Assistance/Personal Care Service Type	1994-95 1995-96		1995-96	\$ Increase Over 1994-95		% Increase Over 1994-95	1996-97	\$ Increase Over 1994-95		% Increase Over 1994-95	
SA plus Basic PCS	\$	990	\$ 1,089	\$	99	10%	\$ 1,119	\$	129	13%	
SA plus Basic and Eating	\$	990	\$ 1,331	\$	185	34%	\$ 1,361	\$	371	37%	
SA plus Basic and Toileting	\$	990	\$ 1,175	\$	341	19%	\$ 1,205	\$	215	22%	
SA plus Basic and E&T	\$	990	\$ 1,416	\$	426	43%	\$ 1,446	\$	456	46%	

ADULT CARE HOME FUNDING

1996 LEGISLATIVE CHANGES

- Increased the State/County Special Assistance payment from \$844 per month to \$874 -- A 3% rate increase.
- Reduced projected Medicaid expenditures for Personal Care Services by \$15.5 million because of a lower estimate on the number of eligibles.
- Established a \$1 million Fire Protection Revolving Loan Fund for Adult Care Homes, Group Homes and Nursing Homes.

ADULT CARE HOME INITIATIVE

MAJOR ACTIVITIES

- Training
- Case Management
- Monitoring and Quality Assurance
- Staffing
- Expenditure Data

ADULT CARE HOME INITIATIVE

TRAINING

- SB 864 requires that adult care home staff providing personal care and their direct supervisors must be trained.
- Types of Training:

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- Adult Care Homes with 7 or more residents 40 hours
- Homes for the Developmentally Disabled Adult 40 hours
- Family Care Homes 20 hours
- For staff performing or directly supervising special health-related personal care tasks - 75 hours for all homes
- Source of Training: Community Colleges and 82 programs approved by the Division of Facility Services based on criteria established in rule
- Funding: \$2,800,000 one-time state funding appropriated for 1995-96 which was made available to all facilities

ACCURACY OF COST REPORTS

Of the 1243 cost reports listed as received as of Friday, March 14, 1997; 129 were from exempt facilities; 1114 were from non-exempt facilities of which 1077 were reviewed and considered acceptable; and 37 were awaiting review. A total of 265 audited cost reports were received. An additional 106 cost reports were received and upon review considered unacceptable due to incompleteness or major errors. These were returned to providers for corrections and resubmission. A summarization of the exempt facilities and cost reports awaiting review/returned for corrections are:

			AWAITING
TYPE	EXEMPT	RETURNED	REVIEW
Home for the Aged	18	9	/
Family Care Home	20	85	18
Developmental Disabled Home	1	5	10
Combined (Nursing Home/Hospital)	58	1	4
Mental Health 122C Facility	<u>32</u>	<u>_6</u>	_5
	100	. 100	.
<u>TOTALS</u>	<u>129</u>	<u>106</u>	<u>37</u>

COST ANALYSIS

Adult Ca	re Home Cost Repo	rt Summary		
Prepared From	n Cost Report Recei	ved As Of 3-14-9	7	
			RAGE	
Report Type/Sort	Personal Care Cost Rate	Special Assistance Direct Costs	Special Assistance Indirect Costs	Total Special Assistance Costs
	Per Staff Hour **	P	er Resident Mor	ith
All Homes (Inclusive of audited and Unaudited)	\$8.97	\$420.44	\$533.50	\$953.94
Sort By Home Type (Audited and Unaudited)				
Nursing/Hospitals with Adult Care Beds *	\$16.02	\$925.27	\$616.60	\$1,541.87
Mental Health Homes *	\$12.36	\$1,947.03	\$1,028.60	\$2,975.63
Developmentally Disabled Group Homes *	\$13.47	\$671.65	\$590.28	\$1,261.93
Homes For The Aged *	\$8.59	\$312.74	\$477.45	\$790.19
Family Care Homes *	\$6.41	\$373.66	\$492.81	\$866.47
Consolidated - All Categories	\$7.91	\$351.66	\$597.80	\$949.46
Note: * = Does not include Consolidated Repo ** = Total cost of the Personal Care Cost			e separate by typ	e of facility.
Current State County Special Assistance Rate	\$874/per month			
Current Basic Personal Care Rate	\$8.07/hour			

			I		1			I 1	T	1		
			Adul	Care Home	Cost Report	Summary					•	
					eport Receive		4-97					
		l	1 repured r	10111 003111	- Treceiv		17-01		1			~~~~
	i	RANKED BY	TOTAL CO	STS	1	RANKED BY	DIRECTIC	STS	RANKED BY INDIRECT COSTS			COSTS
	8(0)14	/5 th	60th	50115	6(6))4	7/5 th	60th	50th	8(0)))	7/5 th	6000	50th
Report Type/Sort	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile	Percentile
All Homes (Inclusive of audited and Unaudited)	\$1,324.88	\$1,154.08	968.33	\$864.19	\$675.02	\$605.59	\$435.08	\$366.81	713.27	\$666.17	\$537.94	\$485.77
Sort By Home Type (Audited and Unaudited)									1			
Nursing/Hospitals with Adult Care Beds *	\$1,672.46	\$1,587.01	\$1,244.17	\$1,120.02	\$990.28	\$864.90	\$718.64	\$658.46	\$744.04	\$657.96	\$547.42	\$507.58
Mental Health Homes *	\$7,280.52	\$6,346.19		\$3,322.75	\$4,885.01	\$4,070.73	\$2,278.37	\$1,826.48	\$2,036.40	\$1,894.07	\$1,478.99	\$1,304.73
Developmentally Disabled Group Homes *	\$1,704.97	\$1,619.22	\$1,371.51	\$1,209.15	\$970.24	\$924.99	\$759.30	\$617.76	\$792.10	\$761.53	\$629.33	\$534.37
Homes For The Aged *	\$941.40	\$891.06	\$816.18	\$763.96	\$399.78	\$373.34	\$321.69	\$292.91	\$594.24	\$552.37	\$497.37	\$462.82
Family Care Homes *	\$1,073.53	\$1,027.25	\$882.22	\$820.92	\$550.75	\$515.74	\$402.18	\$348.05	\$632.68	\$589.33	\$493.38	\$444.21
Consolidated Reports-All Categories	\$1,401.55	\$1,266.04	\$988.62	\$807.91	\$718.83	\$528.42	\$412.81	\$370.14	\$748.40	\$698.95	\$609.62	\$511.47
								1				
Note: * = Does not include Consolidated Report	ts as the cost	from these re	ports cannot t	e separate by	type of facility.							
** = Total cost of the Personal Care Cost C	enter divided	by staff hours	5									
Current State County Special Assistance Rate		\$874 per mo										
Current Basic Personal Care Rate		\$8.07 per ho	our									

	lome Cost Repor					
Prepared From Co						
Homes for the Aged	I, Family Care Hom	es & (Consolidated			
	-					
		************	Si	ATEWIDE AVE	:RAGE	
Report Type/Sort	Personal Care Cost Rate		Special Assistance Direct Costs	Special Assistance Indirect Costs	Total Special Assistance Costs	
Averaged Cost	Per Staff Hour		Per Resident Month			
Homes for the Aged, Family Care Homes & Consolidat	\$8.29		\$329.11	\$511.61	\$840.72	
(Inclusive of Audited and Unaudited)						
Cost By Selected Percentiles						
Direct Cost at 80th percentile & indirect at 60th percentile			\$500.68	\$500.30	\$1,000.98	
Direct Cost at 80th percentile & indirect at 50th percentile			\$500.68	\$454.03	\$954.71	
Direct Cost at 75th percentile & indirect at 60th percentile			\$447.56	\$500.30	\$947.86	
Direct Cost at 75th percentile & indirect at 50th percentile			\$447.56	\$454.03	\$901.59	
Current State County Special Assistance Rate	\$874/per month					
Current Basic Personal Care Rate	\$8.07/hour		·			

DEPARTMENT OF HUMAN RESOURCES

ADULT CARE HOME INITIATIVE

FISCAL RESEARCH DIVISION MARCH 1997

• MENTAL HEALTH CONTRACTED SERVICES

GROUP HOMES RECEIVING MENTAL HEALTH FUNDING ARE TO RECORD COST ASSOCIATED WITH PROVIDING THESE SERVICES IN THIS COST CENTER

TO HELP ENSURE ACCURACY AND QUALITY OF COST REPORTS:

- ⇒ A LIST OF "AGREED UPON PROCEDURES" WAS DEVELOPED FOR USE BY ACCOUNTANTS IN THE AUDIT OF COST REPORT DATA
- ⇒ THE DEPARTMENT'S OFFICE OF INTERNAL AUDIT PERFORMED AN AUDIT ON A SAMPLE OF FAMILY CARE HOMES

TO PROVIDE FOR AN "OPEN LINE OF COMMUNICATION"

⇒ THE DEPARTMENT'S ADULT CARE PROJECT TEAM MEETS ONCE A MONTH WITH INDUSTRY REPRESENTATIVES AND ADVOCATE GROUPS FOR OBTAINING THEIR INPUT.

COST REPORTS FOR 1996 RECEIVED AND PROCESSED:

AS OF FRIDAY MARCH 14, 1997, THE FOLLOWING COST REPORTS WERE RECEIVED FROM PROVIDERS:

TYPE Home for the Aged Family Care Home Developmental Disabled Home	FACILITY COUNT 479 760 217	RECEIVED 338 447 146	REVIEWED 338 429 136	NOT RECEIVED 141 313 71
Combined (Nursing Home/Hospital) Mental Health 122C Facility	232 269	124 <u>188</u>	120 , <u>183</u>	108 <u>81</u>
TOTALS	<u>1,957</u>	<u>1,243</u>	<u>1,206</u>	<u>714</u>

A list of the providers that did not submit a cost report as required by General Statute 131D-4.2 (e) has been turned over to the Division of Facility Services.

- ⇒ ESTABLISHES A COST REPORT DUE DATE OF MARCH 1
- ⇒ ALLOWS THE DEPARTMENT OF HUMAN RESOURCES TO SEEK A COURT ORDER TO ENFORCE COMPLIANCE WITH SENATE BILL 864 AND/OR SUSPEND OR REVOKE AN ADULT CARE HOME'S LICENSE, SUBJECT TO THE PROVISIONS OF CHAPTER 150B OF THE GENERAL STATUTE

THE DEPARTMENT OF HUMAN RESOURCES INITIATIVES TO ASSIST AUDIT CARE HOME IN MEETING THE REQUIREMENTS OF SENATE BILL 864:

TO ENSURE UNIFORMITY OF DATA ACCURACY IN COST REPORTING, THE DEPARTMENT WORKED WITH INDUSTRY REPRESENTATIVES AND ADVOCATE GROUPS TO DEVELOP:

TWO SEPARATE CHARTS OF ACCOUNTS AND COST REPORTS TO ENSURE UNIFORMITY OF DATA FOR COST REPORTING; ENABLE ADULT CARE HOMES TO CAPTURE DATA REQUIRED FOR RATE SETTING; AND FOR DOCUMENTING MEDICAID REIMBURSED COST:

- ⇒ ONE CHART OF ACCOUNTS AND COST REPORT FOR ADULT CARE HOMES WITH A LICENSED BED CAPACITY OF 10 BEDS OR GREATER AND
- ⇒ ONE CHART OF ACCOUNTS AND COST REPORT FOR ADULT CARE HOMES WITH A LICENSED BED CAPACITY OF 9 BEDS OR LESS

THE CHART OF ACCOUNTS IS DESIGNED TO IDENTIFY BOTH DIRECT AND INDIRECT COST CENTERS.

THE DIRECT COST CENTERS ARE:

- HOUSEKEEPING/LAUNDRY
- PERSONAL CARE

FOR PERSONAL CARE SERVICES TO CLIENTS IN THE HOME. ADMINISTRATION OF DRUGS, ADMINISTRATION OF MEDICATION THROUGH FEEDING TUBES/INJECTION/VASCULAR ACCESS, MAINTAINING ACCURATE INPUT AND OUTPUT DATA, IRRIGATION OF WOUNDS, COLLECTING/TESTING BLOOD SAMPLES, AND TRAINING ARE THE TYPE PERSONAL CARE SERVICES COST COLLECTED IN THIS CATEGORY

- HEALTH SERVICES
- DIETARY
- RECREATION ACTIVITIES
- MEDICAL TRANSPORTATION

THIS CENTER CONSISTS OF SALARIES, FRINGE BENEFITS AND VEHICLES COST ASSOCIATED WITH PROVIDING TRANSPORTATION NECESSARY FOR CLIENTS TO RECEIVE NEEDED MEDICAL TREATMENT

• INITIAL/ ORIENTATION

SALARIES/FRINGE BENEFITS, TRAVEL, REGISTRATION, AND TRAINING MATERIALS COST ASSOCIATED WITH PERMANENT STAFF ATTENDING MANDATORY PERSONAL CARE AIDE TRAINING

THE INDIRECT COST CENTERS ARE:

- PROPERTY /OWNERSHIP USE

 THIS INCLUDES DEPRECIATION, RENT, REAL ESTATE TAXES, INTEREST

 ON MORTGAGE/FIXED ASSETS, AND INSURANCE ON FIXED ASSETS

 AND BUILDINGS
- ADMINISTRATIVE AND GENERAL EXPENSE

 ADMINISTRATOR, BOOKKEEPING, AND SECRETARIAL SALARIES,
 LEGAL/ACCOUNTING/AUDIT FEES, EMPLOYEE CRIMINAL RECORD
 CHECK, INTEREST ON OPERATING LOANS, DATA PROCESSING,
 MANAGEMENT SERVICES, AND OTHER ADMINISTRATIVE TYPE COST.
- OPERATIONS/MAINTENANCE COST SALARIES, UTILITIES, PEST CONTROL, GASOLINE & OIL, REPAIRS, AND OTHER COST ASSOCIATED WITH MAINTENANCE OF BUILDINGS/VEHICLES, GASOLINE & OIL
- NON-REIMBURSABLE FEDERAL/STATE INCOME TAX, LOBBYIST EXPENSE, CONTRIBUTIONS, BAD DEBTS, AND VENDING SERVICES

AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

THURSDAY - MARCH 20, 1997

8:30 AM

OVERVIEW OF CALENDAR

Senator William Martin

DIVISION OF YOUTH SERVICES

Mary Ellen Sylvester

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MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

March 20, 1997

The Joint Appropriations Subcommittee on Human Resources met on Thursday morning March 20, 1997 at 8:35 a.m., in Room 424, of the Legislative Office Building. Senator Martin presided and acknowledged the pages present; Shelly Strickland of Robeson County and Natasha Isley of Siler City. There were six Senate members present and House members who were present were as follows: Representative Nye, Representative Hurley, Representative Gardner, Representative Watson, Representative Adams, Representative Alexander, Representative Clary, and Representative Aldridge.

Senator Martin proceeded with a brief overview of the calendar for the Joint Appropriations on Human Resources meetings, after which he turned the floor over to Mary Ellen Sylvester to present an overview of the Division of Youth Services, a recap of the prior day's presentation.

Senator Martin asked how much information we have reflecting on how successful we have been with the intensive program for youth. It was determined that Robeson County has a model Youth Services Program with the highest training school commitment history of most cities in North Carolina and Robeson County had reduced their population by 2/3 (see handout).

The meeting was adjourned at 9:55 a.m. until the afternoon.

Senator William N. Martin, Cochairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk

Joint Appropriations Subcommittee on Human Resources

DIVISION OF YOUTH SERVICES

DIVISION OVERVIEW

Presented by: Mary Ellen Sylvester Fiscal Research Division March 19, 1997 3/20/5/1 Am

DIVISION OF YOUTH SERVICES DIVISION OVERVIEW

Budget Summary:

	1995-96 Actual	1996-97 Certified	1996-97 Authorized	1997-98 Recommended	1998-99 Recommended
Requirements	\$83,908,719	\$85,041,593	\$85,299,258	\$88,723,524	\$90,290,333
Receipts	<u>\$13,147,445</u>	\$8,543,188	<u>\$8,648,242</u>	<u>\$5,152,907</u>	<u>\$6,056,852</u>
Net Appropriation	\$70,761,274	\$76,498,405	\$76,651,016	\$83,570,617	\$84,233,481

Reference Documents:

Continuation Budget:

Pages R(12)-1 through R(12)-25

(Volume 3)

Performance/Program Budget:

Human Services:

(Volume 7A)

2300 Community-Based Services, Pages 2-93 to 2-102

3500 Training School Services, Pages 3-43 to 3-51

3600 Detention Center Services, Pages 3-53 to 3-61

Justice and Public Safety:

4240 Services for Juveniles, Pages 4-61 to 4-69

DIVISION OF YOUTH SERVICES

DEFINITIONS

Juvenile: Between the Ages of 6 and 16*
(May Be Committed to DYS Until Their 18th Birthday)

Adjudication:

Delinquent: Offense Would be a Crime if Committed by an Adult

Undisciplined: Runaway, Regularly Absent From School

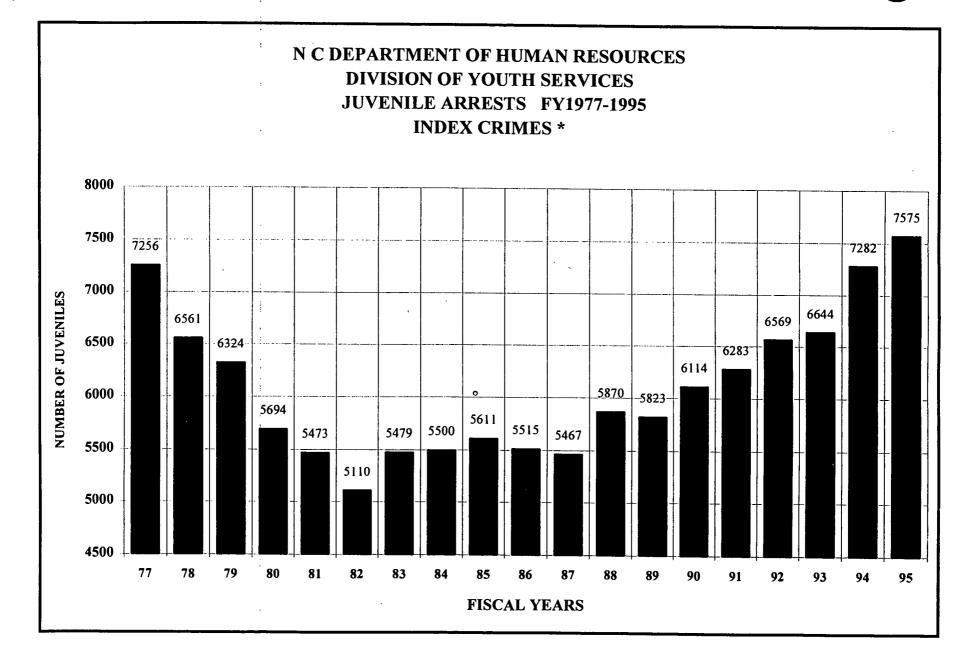
Jurisdiction:

For 13, 14, and 15 Year Olds Who Commit Felonies

- Transfer to Superior Court is Mandatory for Class A Felonies
- Transfer to Superior Court is Discretionary for Other Felonies

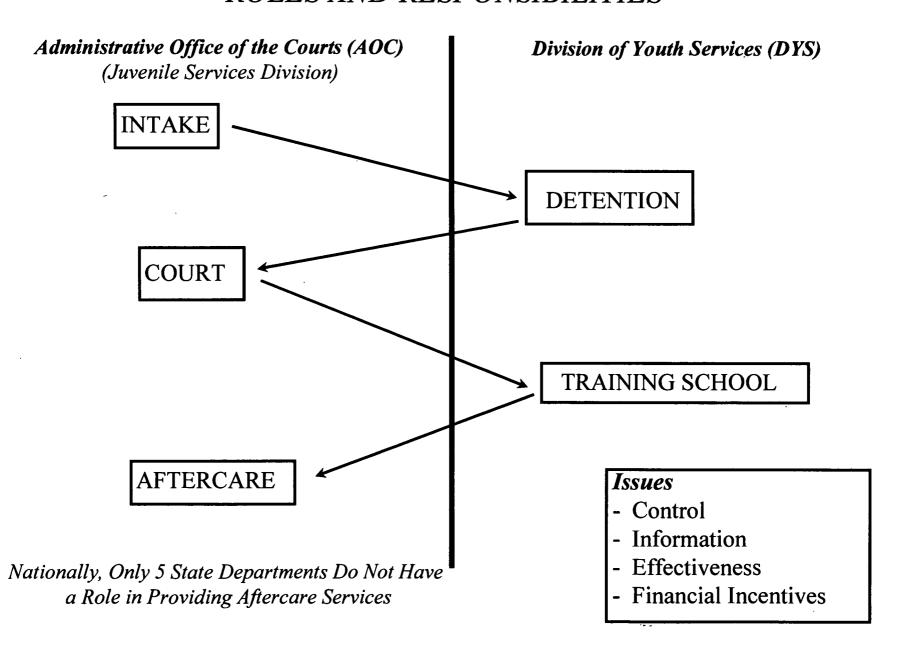
"Boundover:" Juvenile Awaiting Trial in Superior Court **

- * Training School-Age Population (10-17) is Projected to Increase 18% by 2010
- ** 132 Juveniles Were Boundover in 1995-96. Population in State-Operated Facilities Has Grown from 33 to 84 Children in the Past 5 Years.



^{*}Index Crimes are comprised of the following: murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Source: Uniform Crime Report, N.C. Dept. of Justice, July 1996.

DIVISION OF YOUTH SERVICES *ROLES AND RESPONSIBILITIES*



DIVISION OF YOUTH SERVICES

MISSION

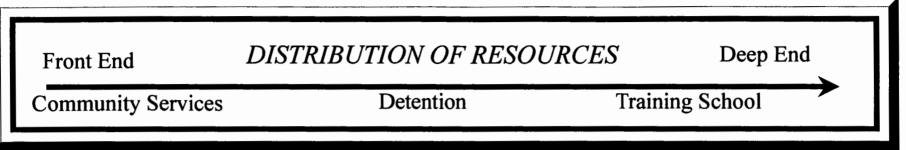
Encourage Productive, Responsible Behavior in North Carolina's Youth, as Well as an Abiding Respect for the Law, Through Its Community Services Programs and Residential Treatment Facilities

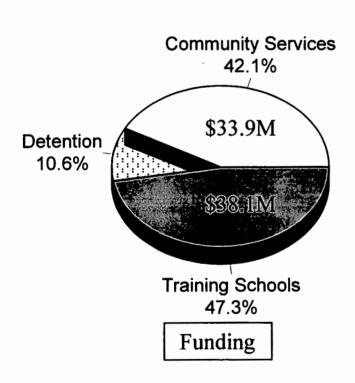
IDEALS

- All People Have the Potential to Learn
- People Must be Given Opportunities to Change and Grow
- Appropriate Services Must Be Provided to Children and Their Families Based on Their Identified Needs
- All Services Must Be Provided in a Non-Discriminatory, Equitable Manner

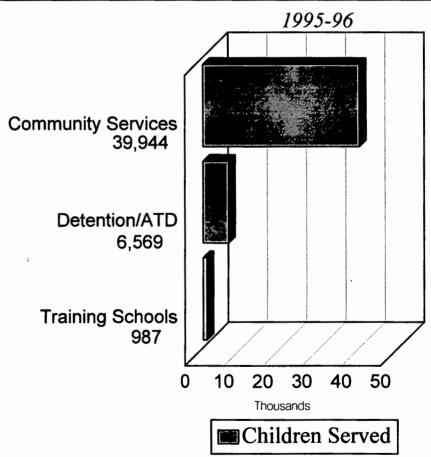
	CON	TINUUM O	F SERVICE	S	
Front End	d			Deep	End
Commun Prevention	nity Services Intervention	Treatment	Detention	Training School	90-Day Transition Program

DIVISION OF YOUTH SERVICES

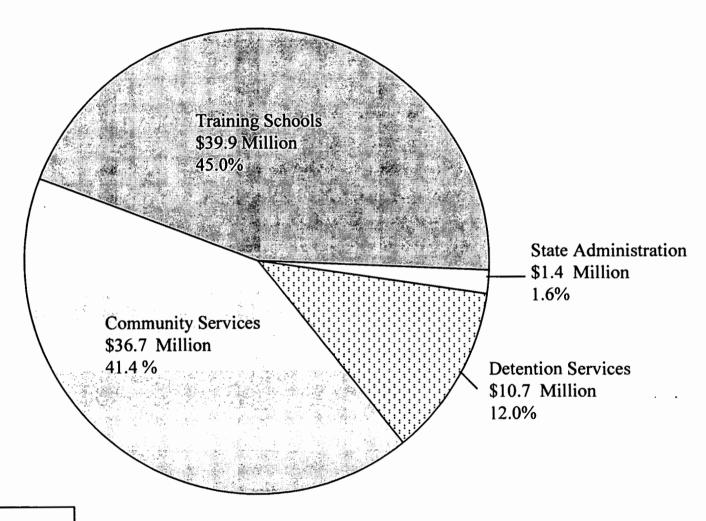




Total Budget for Services: \$80.5 Million 1995-96

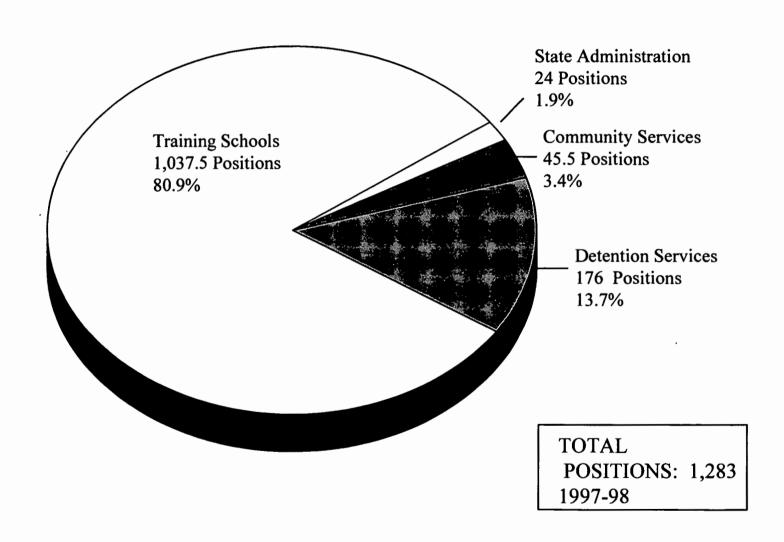


DIVISION OF YOUTH SERVICES FUNDING BY PURPOSE



TOTAL BUDGET: \$88.7 Million 1997-98

DIVISION OF YOUTH SERVICES NUMBER OF POSITIONS



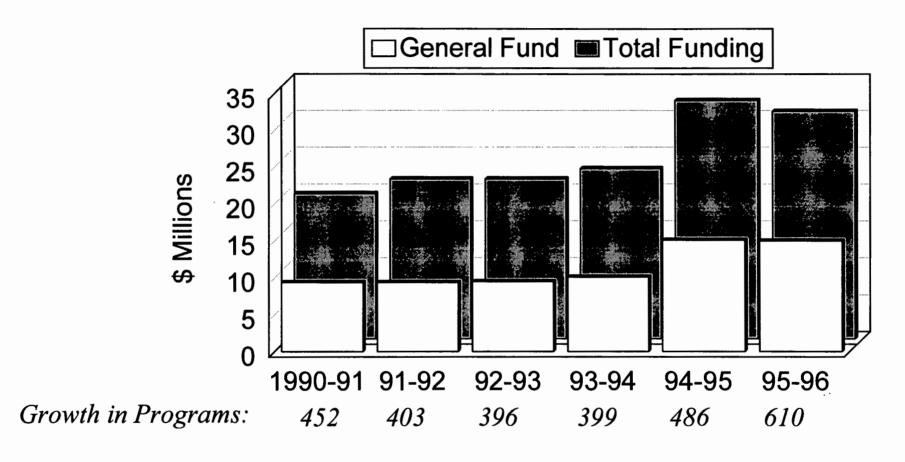
DIVISION OF YOUTH SERVICES

COMMUNITY SERVICES

DIVISION OF YOUTH SERVICES COMMUNITY SERVICES

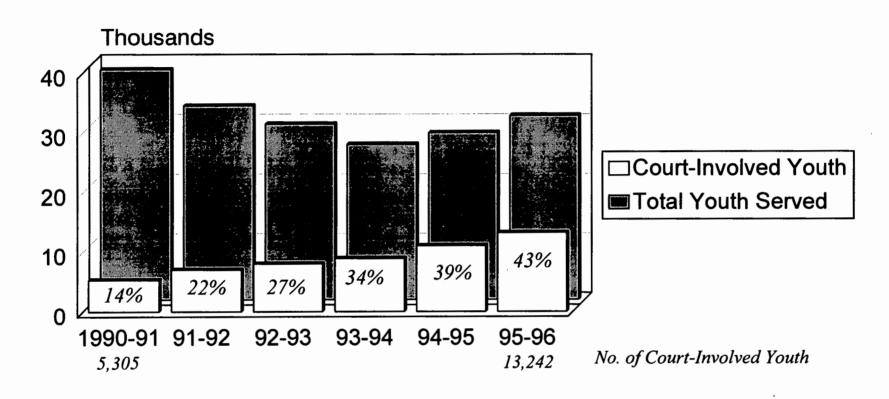
- Community-Based Alternatives (CBA) Programs
- Eckerd Wilderness Camps
- Multipurpose Juvenile Homes
- Governor's One-on-One Programs
- Support Our Students (SOS) Program

DIVISION OF YOUTH SERVICES 6-YR SUMMARY OF CBA GROWTH



Crime Session Funding (\$5M) Increased the Number of CBA Programs by 50% -- Mostly in the Treatment Category

DIVISION OF YOUTH SERVICES 6-YR SUMMARY OF CBA ACTIVITY



- Today, CBA Programs Are Serving 250% More Court-Involved Youth Than in 1990
- However, These Programs are Still Reaching Only 46% of All Court-Involved Juveniles

DIVISION OF YOUTH SERVICES *IMPACT OF CBA PROGRAMS (1995-96)*

Demographics:	Male: 67.8%	Minority: 54.4	% Ages	10-17: 95.0%	•
Total Youth Leaving CB	A Programs:			15,849	
Reduction in Unlawful B	Behavior				
Court Referra	als Year Prior to CB	A Involvement		15,369	
Court Referra	als While Involved i	in CBA		2,410	
Reduction in	Court Referrals			84.3%	
Reported Rui	naways Year Prior t	o CBA		7,531	
•	naways While Invol		1,618		
Reduction in		78.5%			
Improved School Behavi	ior and Attendance	e			
-	ensions Year Prior to			20,428	
School Suspe	ensions While Invol	lved in CBA		4,690	
Reduction in	n School Suspensio	ns		77.0%	•
			Statewide	Served	Not Served
Reduction in Training S	chool Commitmen	its	<u>Total</u>	by CBA	by CBA
•	Youth In Juvenile Co		24,150	11,188	12,962
-	ool Commitments		987	355	632
Commitment			4.0%	3.1%	4.9%

DIVISION OF YOUTH SERVICES COMMUNITY-BASED ALTERNATIVES FACT SHEET

Purpose:

- 1) Eliminate Status Offenders From Training Schools
- 2) Provide Non-Institutional Disposition Options For the Court When It Is in the Best Interest of the Child and the Community

Target Population: Serve 50% Court-Referred Youth in Treatment Programs (Achieved 71% Last Year)

Categories of Programs:

FY 95-96

- 1) **Treatment** (446 Programs/79% Total Funding) 18,505 Children e.g., Group Homes, Counseling, Restitution/Community Service
- 2) Intervention (124 Programs/19% Funding) 5,477 Children e.g., Temporary Foster Care, Runaway Shelters, Psychological Evaluation
- 3) Prevention (40 Programs/2% Funding) 5,684 Children
 e.g., Primary Prevention, High Risk Neighborhoods
 Total 29,666 Children

Local Administration: Youth Services Advisory Committee, Appointed by County Commissioners,
Develops Annual Funding Plan and Training School Reduction Plan, With
Technical Assistance from DYS

Funding (Statewide):

- Base Grant of \$16,500 + Balance Determined by Population of 10-17 Year Olds
- Local Match by Ability to Pay (10% to 30%)
- General Fund Provides Approximately Half of Total Program Funding

DIVISION OF FOUTH SERVICES ECKERD WILDERNESS CAMPS FACT SHEET

Purpose: Serve a High Risk Group Of Children With Behavior Problems Who Typically Have

Difficulty With Anger Management,

Difficulty Verbalizing Thoughts and Feelings,

Low Self-Concept, and

Average Intellligence but are 1 to 2 Years Behind Grade Level

Focus on Improving Social Skills, Academic Achievement, and Basic Attitudes

Program: Campers are Assigned in Small, Self-Sufficient Groups of Up to 10

Treatment Includes Adventure-Based Counseling, Group Peer Counseling, Experiential

Education, Individual Treatment Planning, and Family Support Campers Return Home Every Six Weeks to Practice New Skills

Final 2-3 Months, Move to Transitional Classroom Environment (Weekend Home Visits)

Selection Process: Monthly Inter-Agency Screening and Referral Process

FY 95-96: 525 Referred

313 Admitted

215 Graduated (82%)

Of the 313 Admitted: 90% Male, 30% Minority, 61% Adjudicated Delinquent, and 83% Aged 13-15

Results: (Average Length of Stay: 10.6 months)

- 90% of Graduates Had At Least a One-Year Improvement in Grade Placement

- At One-Year Follow-up: 21% Had New Criminal Convictions

84% Were Still in School

74% Involved in Other Community Activities

Rate: \$74.89/0

\$74.89/Camper/Day

Accreditation: Southern Association of Colleges and Schools

DIVISION OF YOUTH SERVICESMULTIPURPOSE JUVENILE HOMES FACT SHEET

Purpose: Provide Secure, Non-Institutional Alternatives to Training School and Secure Detention

History: Six Homes Funded in Prison Bond Referendum (1991 General Assembly)

Description: 8-Bed Residential Homes with Live-In House Parents, a Certified Teacher, and a Full Time

Family Counselor

Length of Stay: - Up to 30 Days Prior to Adjudication

- Up to 240 Days As Treatment Disposition

Administration: Five Homes Operated by Methodist Home for Children, One by Mountain Youth Resources

Target Population: Carefully Sited to Serve 33 Counties With Few Residential Treatment Alternatives

Results: - 247 Children Admitted in 1995-96 Avg. Length of Stay

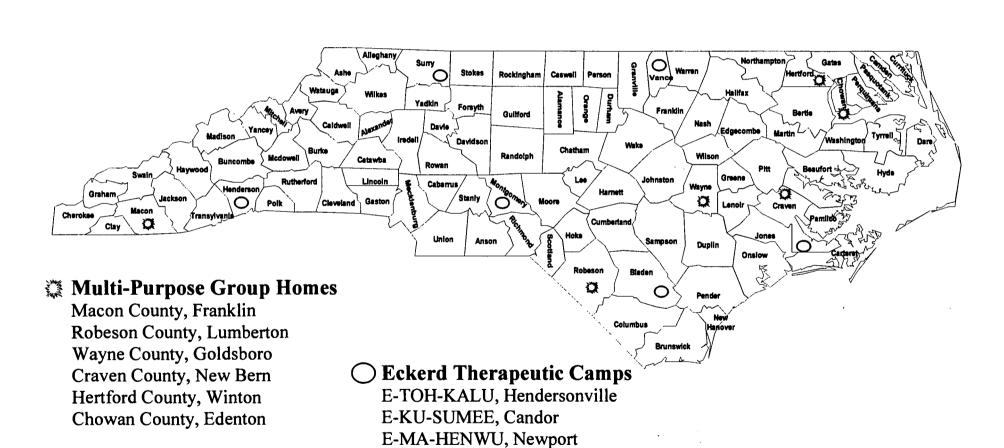
183 as Alternative to Secure Detention
 64 as Alternative to Training School
 18.4 Days
 144 Days

Cost: Cost Per Day is Similar to Training Schools, However

- Stay is much shorter: 4.8 months versus 8.5 months

- Children are Closer to Home, Families are More Involved in Treatment

DIVISION OF YOUTH SERVICES ECKERD CAMPS/MULTIPURPOSE GROUP HOMES



E-MUN-TALEE, Lowgap E-TIK-ETU, Elizabethtown Kerr Lake (Open July 1997)

DIVISION OF YOUTH SERVICES GOVERNOR'S ONE-ON-ONE PROGRAM FACT SHEET

Purpose:

Prevent Training School Commitments by Matching Adult Volunteers in One-to-One Relationships

with Court-Involved Children (Minimum of 4 Hours/Week for 1 Year)

State's Role: Provide Technical Assistance, Training, Monitoring, and Funding for Local Program Coordinators to

Recruit, Screen, and Match Adult Volunteers

Target Population: Youth Referred by Juvenile Court or Law Enforcement (90% Minimum)

Local Administration: Volunteer Board of Directors and Paid Full-Time or Part-Time Program Director

No. of Programs: - 23 Half-Time Programs (\$15,000) - Requires 10-15 active matches, 8 new volunteers each year

- 29 Full Time Programs (\$30,000) - Requires 20-25 active matches, 15 new volunteers each year

- 5 Double Programs (\$60,000) - Requires 40-50 active matches, 30 new volunteers each year

In 1995-96, 38% of all programs were in their first or second year of funding

Expenditures: DYS: \$1,573,189 (53% - includes Social Services Block Grant Funds)

Local Cash: \$986,728

In-Kind Contributions: \$409,367

Total: \$2,969,284 Average Cost per Child: \$1,926

1995-96 Results: Before During % Reduction
Court Referrals 615 140 77%
Out of School Suspensions 484 228 53%

- Of 1,542 Children Served, only 15 Were Committed to Training School While in the Program
- After Two Years, 59 (3.8%) of the 1,557 Who Completed the Program Had Been Committed to Training School

DIVISION OF YOTH SERVICES SUPPORT OUR STUDENTS (SOS) PROGRAM

Purpose: Provide High Quality, Community-Based After School Programs for At-Risk Middle School Students

Legislative Goals: - Reduce Juvenile Crime

- Reduce Number of Students Unsupervised After School

- Recruit Community Volunteers as Positive Adult Role Models

- Improve Academic Performance

- Meet the Physical, Intellectual, Emotional, and Social Needs of Children and Improve Their Attitudes and Behaviors

Funding: \$5,950,000 Neighborhood Grants: \$75,000/Year

County-wide Grants: \$200,000/Year

Program Emphasis: Homework, Life Skills, and Community Service

Program Statistics: Number of Programs: 64 Programs With 125 Sites

(January 1997) Number of Children Served: 9,023 Number of Volunteers: 3,594

Contributions: Almost \$1.2 Million Donated in Cash and In-Kind Contributions in 1996-97

Saturday Academy is in Operation at 3 Universities, Providing Exposure to Higher Education

Evaluation Measures: Improvements in Academic Performance, School Attendance, and In- and Out-of-School Suspensions

Buspensions

Awards: Council of State Governments' Innovations Award (8 Recipients Selected From 292 Applicants Nationally)

DETENTION CENTERS

DIVISION OF YOUTH SERVICES DETENTION CENTERS



Richmond County Boundover Facility (Open June 1998)

DETENTION CENTERS

Purpose:

- Provide Secure, Safe Juvenile Custody Prior to Adjudication

- Provide a Dispositional Alternative (Up to 45 Days)

Capacity: 191 Beds Statewide -- Individual Centers are Small by Design (Currently 8 to 28 Beds)

1995-96 Statistics:

No. of Children Admitted:

5,401

Annual Cost Per Bed:

\$50,645

Average Length of Stay:

13.6 Days

State Per Diem Rate:

\$117/Day (State/County Share 50/50)

In 1993, Overcrowding was a Serious Issue

- Average Daily Population in State-Operated Centers Was 200% Over Capacity
- Prisoner Legal Services Filed a Lawsuit in Federal Court -- Settled 1/3/95
- Lawsuit Directed at State-Operated Centers Only Not Limited to Capacity Issues

Factors Affecting Overcrowding:

- Renovations at Training Schools (Completed 12/94)
- No Control Over In-Flow From Juvenile Court System
- More Boundover Juveniles (Average Stay: 3-4 Months)
- Lack of Alternatives

DIVISION OF SUTH SERVICES DETENTION CENTERS

State's Response to Lawsuit:

- Provided 76 Additional Beds (40% Increase)
 - New Center for Northeastern NC 24 Beds
 - New, Expanded Facility for Wake County 10 Beds (24 Beds Total)
 - Expansion of Gaston Detention Center 12 Beds
 - Dedicated Facility for Boundover Juveniles 30 Beds
- Increased Staffing for Third Shift
- Funded More "Alternatives to Detention" Programs
- Improved Contract Services for Medical and Mental Health Needs
- Maintained Temporary Unit at Umstead to Manage System Capacity

Settlement Agreement Dictated Strict Capacity Limitations

DYS Has Managed Within These Limits:

	Avg. Daily Population 1994-95	Avg. Daily Population 1995-96	Avg. Length Stay	Design Capacity	Lawsuit Limitation
Buncombe	14.7	14.3	8.9	14	18 +
New Hanover	31.3	17.6	16.5	18	23
Wake	16.7	15.6	10.9	14	18
Cumberland	30.4	18.9	12.2	18	23
Gaston	18.1	15.7	12.3	12	17
Pitt	25.9	17.2	18.7	14	18
Wilkes	13	11.6	8.1	8	13
Leonard	9.9	10.2	69.1	10	adeca 11 mars
Umstead*	n/a	10.1	11.7	32	, n/a
Total All Centers		207.5	13.6		William Commence

^{*} In 1995-96, Umstead Served 314 Children (4.8%). Cost: \$247,673

ALTERNATIVES TO DETENTION (ATD)

Purpose: Provide Intensive Supervision of Juveniles in Their Home Communities Prior to Appearances in Juvenile Court

- Improves Treatment
 - -- Provides Intense Intervention in Crisis Periods
 - -- Provides Early Assessment of Needs
 - -- Utilizes Community Resources for Juvenile and Family
- Reduces Demand on Secure Detention Beds
- Reduces Transportation Costs

ATD Programs are Available in 19 of NC's 39 Judicial Districts

DYS Contracts Directly for 6 ATD Programs

- Annual Cost:

\$196,410

- Avg. Length of Stay: < 25 Days

- Number Served:

262 Juveniles

DYS Contracts With the Administrative Office of the Courts for 14 ATD Programs (Cost: \$587,485)

In CY 1996, AOC's Programs Served 906 Children

Results:

- Saved an Equivalent 18,125 Days in Secure Detention
- Of 1,170 Scheduled Court Appearances, Only 29 (2.5%) Not Met

Together, ATD Programs Served 1,168 Children -- an Additional 20% of All Juveniles Served in Secure Detention

DIVISION OF YOUTH SERVICES DETENTION ISSUES

Managing Within the Settlement Agreement

Capacity Limitations

Experience With Contract Services

Improving Detention Center Assessment and Evaluation

Section 134A-8. Powers and Duties of Secretary of Human Resources.

(3) To develop a sound admission or intake program to youth services institutions, including the requirement of a careful evaluation of the needs of each child prior to acceptance and placement;

TRAINING SCHOOLS

TRAINING SCHOOLS -- Legislative Authority

Article 1. Division of Youth Services in the Department of Human Resources

134A-1. Legislative Intent and Purpose

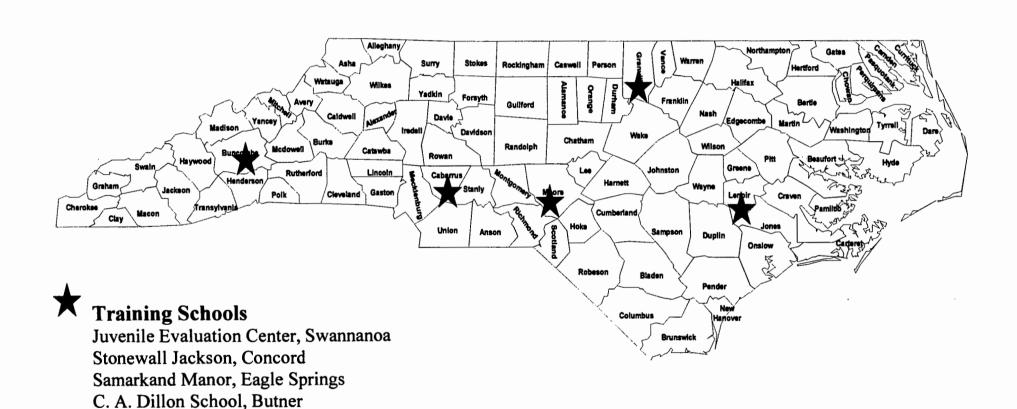
The General Assembly hereby declares its intent and legislative policy to separate the administration of training schools for committed delinquents from the adult corrections system to avoid the stigma and punitive philosophy associated with penal facilities for convicted adult offenders. It is further intended that institutional programs for delinquents provide appropriate treatment and care according to the needs of the children in care and that such programs be appropriately coordinated with other services for children within the Department of Human Resources.

Article 3. Commitment and Care

Sec. 134A-20. Program

The Department shall provide such programs in its institutions or other youth services programs as will implement the right of any committed child to appropriate treatment according to his needs including but not limited to the following programs or services: educational; clinical and psychological; psychiatric; social; medical; vocational; recreational; and others, as identified as appropriate by the Secretary.

DIVISION OF YOUTH SERVICES TRAINING SCHOOLS



Dobbs School, Kinston

DIVISION OF SUTH SERVICES TRAINING SCHOOLS

Purpose: Provide Treatment, Education, and Rehabilitative Services for Juveniles Ages 10 through

15 who are Committed to DYS by the Court (May be Committed Until Age 18)

Capacity: 811 Beds Statewide -- Schools Vary in Size From 121 to 224 Beds Each

Cost: \$48,441 Per Bed Per Year Average Length of Stay: 8.5 Months

Program: - Each Student is Assigned a Social Worker and a Treatment Team Consisting of

Clinical, Educational, and Cottage Life Staff

- Individualized Treatment Plans and Education Plans are Prepared for Each Student

Conditions for Release: 1) Master Specific Competencies:

- Acknowledgment of Criminal Behavior

- Victim Empathy

- Self Esteem

- Anger Management

- Relapse Prevention

- Academic and Vocational Skills

- Community Plan

2) Earn Points for Appropriate Behavior

Plus, For Serious Offenders,

- Communications Skills

- Reality Therapy

- Moral Development

- Health Risk Education

- Developing Healthy Relationships

Specialized Treatment Programs:

Serious Offenders C.A. Dillon

Sex Offender Program C. A. Dillon and Juvenile Evaluation Center

Residential Substance Abuse Juvenile Evaluation Center

Females Samarkand Manor and Juvenile Evaluation Center

Step-Down Programs: Camp Woodson, Extended Home Visits

Accreditation: American Correctional Association; NC Department of Public Instruction

TRAINING REQUIREMENTS FOR YOUTH SERVICES OFFICERS

- Department of Justice Requires 167 Hours of Basic Training During the First Year
- Training Conducted in Four, Five-Day Sessions:
 - -- Orientation
 - -- Sociology and Psychology of Delinquency
 - -- Basic Counseling Skills
 - -- Interpersonal Communication Skills, Problem-Solving, and Team-Building
- Continuing In-Service Requirement is 40 Hours/Year
- NC Criminal Justice Training and Standards Division:
 - -- Accredits the Course
 - -- Monitors Applicable Regulations and Specifications
 - -- Certifies Both Instructors and Employees

DIVISION OF YOUTH SERVICES TRAINING SCHOOLS -- CY 1996 STATISTICS

Admissions: 1,019 Juveniles

(Average Daily Population: 850 Students)

Age at Admission:

10-12: 33 Students

13: 96

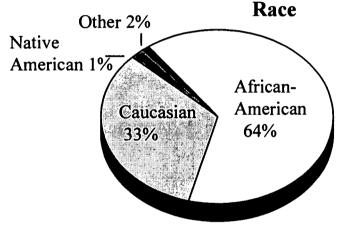
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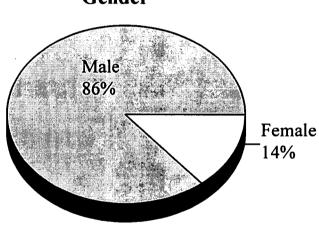
15: 424

16: 212

17: 21







Recidivists: 84 (8.2%) (Defined as Returning to Training School for a New Conviction After

Having Received a Final Discharge)

Revocation of Conditional Release: 149 (14.6%)

Average Commitment Rate Statewide: 1.33/1,000 Juveniles (Up 37% from .97/1,000 in 1987)

- 1/3 of Admissions Come From 6 Counties
- 14 Counties Did Not Have any Juveniles in Training Schools in 1995-96

DIVISION OF YOUTH SERVICES MINIMUM AOC STANDARDS FOR TRAINING SCHOOL

Training School Standards:

A. With the Juvenile and the Training School

- 1) There shall be visits every 30 days to the juvenile by the juvenile's court counselor or substitute counselor. If the distance is prohibitive -- in the judgment of the chief court counselor -- for travel every 30 days, visits shall occur a minimum of once each ninety days, supplemented by telephone calls or letters at least every 30 days.
- 2) There shall be a discussion of the juvenile's status, with the social worker at the training school and the juvenile, at least each ninety days.
- 3) The juvenile shall be kept informed of his home situation by the court counselor.
- 4) The juvenile's court counselor shall assist training school personnel in planning, arranging, and supervising home visits, including emergency visits.
- 5) The court counselor shall provide, or arrange for, appropriate transportation for juveniles returning home for a visit, conditional release, or final discharge.

B. With the Parents or Custodian, the Court Counselor Shall

- 1) Maintain personal contact at least each ninety days.
- 2) See that they are advised as to the juvenile's progress, behavior, and needs, and encourage them to write and visit the juvenile.
- 3) Help develop aftercare planning for the juvenile.
- 4) Provide or facilitate services to the family, as appropriate, to increase the probability of the juvenile's successful return from training school.

DIVISION OF YOUTH SERVICES MINIMUM AOC STANDARDS FOR AFTERCARE

The court counselor shall:

- a. Assist the juvenile in returning to the community through such activities as making contacts with the school, job corps, vocational rehabilitation, and the Department of Social Services or other service providers.
- b. Prepare a supervision plan upon the juvenile's return, enter it in the case narrative, and revise it as needed during the period of aftercare.
- c. Maintain periodic contacts with the juvenile, the first of which shall be within five working days after release, and thereafter no less than once each thirty days.
- d. Request final discharge and termination of supervision when appropriate.

Juveniles Services Division Staffing (AOC):									
<u>N</u>	o. of Counselors	Avg. Caseload (95-96)	Caseload Goal	<u>Cost/Case ('96)</u>					
Probation/Aftercare	184	36.8	30	\$ 789					
Intensive Probation	28	10.0	10	\$2,906					

Although Expensive From AOC's Perspective, Intensive Probation May Provide a Cost-Effective Alternative to Training School Commitment

FACTORS INFLUENCING TRAINING SCHOOL COMMITMENTS

- JUDICIAL TEMPERAMENT
- COMMUNITY PLANNING AND RESOURCES
- SPECIALIZED TREATMENT PROGRAMS
- QUALITY OF AFTERCARE
- STRUCTURED SENTENCING

DIVISION OF YOUTH SERVICES ONE COUNTY'S EXPERIENCE

Robeson County's Training School Commitment History:

(10-17 Population: 14,189)

<u>1982</u>	<u>1983</u>	<u>1984</u>	<u> 1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u> 1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>
45	29	36	27	35	27	33	33	25	29	16	14	20	8	9

How Did They Achieve This Reduction?

Emphasized Community Planning and Commitment:

Established a Juvenile Task Force in the Law Enforcement Community

Implemented an Intensive Aftercare Program with Samarkand Manor

Developed a Stakeholder Network, representing Educators, Counselors, and Service Providers

Designated the Chief Court Counselor as Chair of the County's CBA Task Force

Developed/Used Community-Based Resources

Multipurpose Juvenile Home

3rd Highest User of Eckerd Program in NC

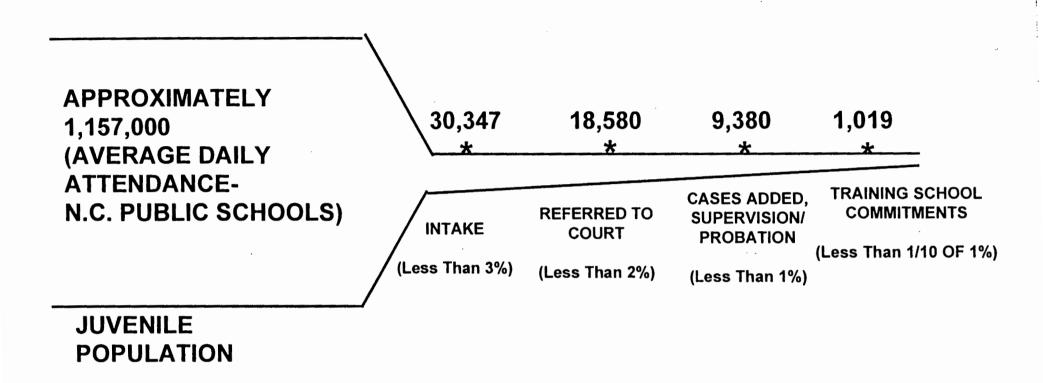
Funded Court Psychologist and Court/Mental Health Liaison Positions

Funded an Alternatives to Detention Program

Funded School Resource Officers

Committed County Funds, Pursued Grants, and Held Fundraisers

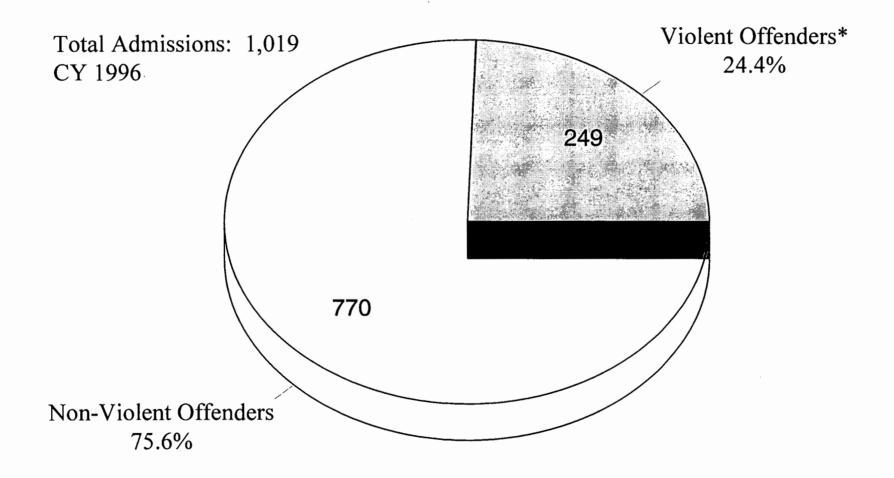
Results:	Robeson County	<u>Statewide</u>		
1987 Commitment Rate:	2.05/1,000	.97/1,000		
1996 Commitment Rate:	0.63/1,000	1.33/1,000		



JUVENILES AND THE JUSTICE SYSTEM IN NORTH CAROLINA

YEAR: 1996

TRAINING SCHOOL ADMISSIONS



^{*} Defined as All Class A-F Felonies, Selling/Delivering Controlled Substance, Crime Against Nature, and Assaultive Misdemeanors (Class A1). 10% of the 1,019 Juveniles Committed A-E Felonies.

FELONY OFFENSE CLASSIFICATION CRITERIA*

CLASS CRITERIA

A • Reserved for First Degree Murder

[Reasonably tends to result or does result in]:

- B Serious debilitating long-term personal injury
- Serious long-term personal injury
 - Serious long-term or widespread societal injury
- Serious infringements on property interest which also implicate physical safety concerns by use of a deadly weapon or an offense involving an occupied dwelling
- Serious personal injury
- F Significant personal injury
 - Serious societal injury
- Serious property loss:

 Loss from the person or from the person's dwelling
- H Serious property loss:

Loss from any structure designed to house or secure any activity or property

Loss occasioned by the taking or removing of property Loss occasioned by breach of trust, formal or informal

- Personal injury
- Significant societal injury
- I Serious property loss:

All other felonious property loss

- Societal injury
- All other misdemeanors

^{*} Personal injury includes both physical and mental injury.

Societal injury includes violations of public morality, judicial or government operations, and/or public order and welfare.

North Carolina Division of Youth Services Training School Admissions (Calendar Year 1996)

			
Category A: Felony Classes A			
	·	Category C: Misdemeanor Class A1	
Description		Assault inflicting serious injury	2
Murder, 1st Degree	1	Assault with a deadly weapon	1
Rape, 1st Degree	5	Assault on child under twelve	
Sexual Offense, 1st Degree	15	Assault on an officer or employee of the state	3
Murder, 2nd Degree	1	Assault on a schoolbus driver/school employee	
Assault w/dw w/itk inflict serious injury	8	Assault by pointing a gun	
Rape, 2nd Degree	2	Total (8.24%)	84
Sexual Offense, 2nd Degree	5		
		Category D:Misdemeanor Classes 1, 2, and	
Arson, 1st Degree	1	3	
Armed Robbery/attempted armed robbery	33	Communicating threats	46
Attempted rape/sexual offense, 2nd degree	2	Possession of weapon on school grounds	2
Burglary, 1st Degree	4	Peeping	
Breaking out of dwelling	1	Hit and run	
Manslaughter, Voluntary	2	Hit and run when injury/death not apparent	
Assault w/dw w/itk	2	Speeding-attempting to elude apprehension	2
Assault w/dw inflicting serious injury	17	Breaking and entering, misdemeanor	31
Discharging firearm into occupied property	1	Larceny, misdemeanor	75
Other Class E felonies	2	Receiving stolen goods, misdemeanor	2
Total: (10.01%)	102	Possessing stolen goods, misdemeanor	15
		Injury to real property	19
ategory B: Felony Classes F I		Possession of controlled substance	
Taking indecent liberties with children	3	Purchase/possession of wine/mixed beverages	2
Burning building/property	7	Purchase or possession of malt beverages	2
Assault on officer/firearm	1	Drug paraphernalia	3
Possession of weapon/mass destruction	7	Unauthorized use of vehicles	29
Other Class F felonies	1	Other Class 1 misderneanors	6
Arson, 2nd Degree	3	Simple assault	52
Burglary, 2nd Degree	6	Indecent Exposure	1
Common law robbery	35	Setting fire to grass, woodlands	1
Larceny, felony	216	Resisting arrest	5
Breaking or entering-felony	34	Concealed weapons	5
Possession of stolen vehicle	15	Reckless driving	2
Receiving stolen goods, felony	1	Driving while impaired	1
Felonious possession of stolen goods	20	Disorderly conduct	1
Controlled substance - sell/deliver	35	Driving without license	4
Counterfeit controlled substance	8	Injury to personal property	13
Crime against nature	9	Trespassing, 2nd Degree	1
Possession of weapon on school grounds	7	Total (34.05%)	347
Credit card theft	3		
Credit card forgery	1		
Credit card forgery	3	TOTAL ADMISSIONS: 1,019	
Forgery	5		
ering	3		
····a	<u> </u>		
reaking or entering vehicle	23	l l	
Breaking or entering vehicle Possession of controlled substance	23 40		

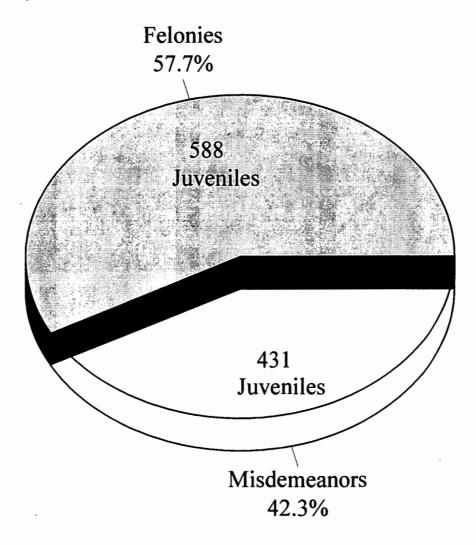
TRAINING SCHOOL ADMISSIONS

Total Admissions: 1,019

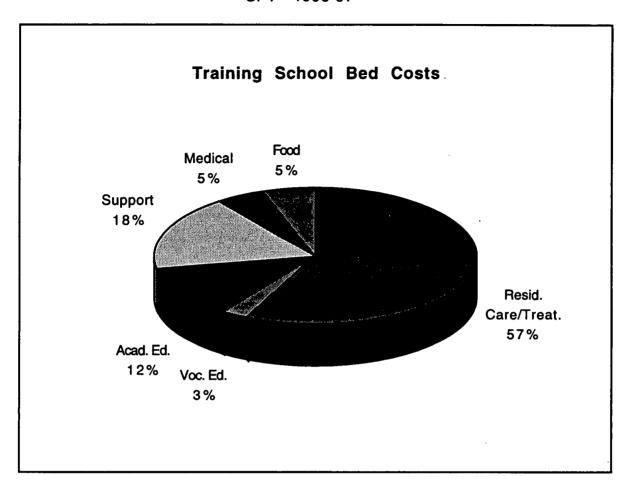
CY 1996

Admissions With No Prior Adjudications: 111

(11%)



North Carolina Division of Youth Services SFY 1996-97



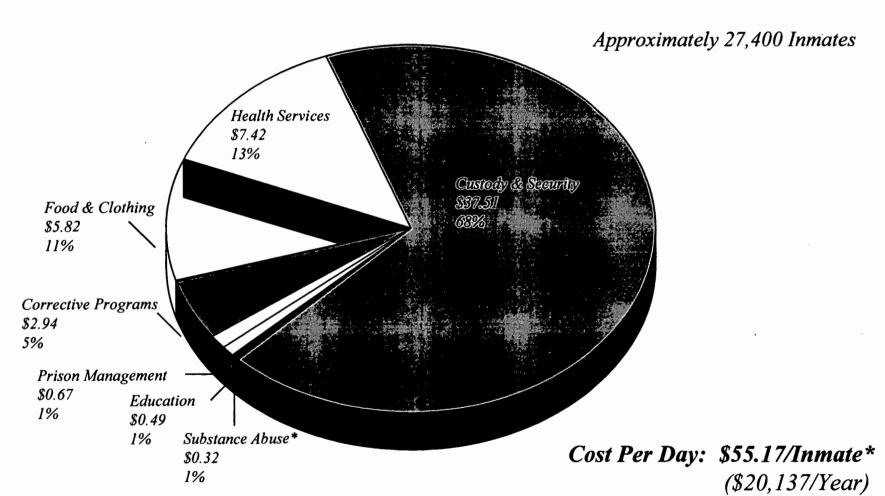
ITEM	TYPE OF COST	AMOUNT PER BED	% of BED COST
1	Residential care and treatment includes caregiving staff on shifts, social workers, psychologists, and costs of residential and treatment supplies and equipment	\$27, 611.00	57%
2.	Vocational education includes vocational teachers, education supplies and equipment	\$1, 453.00	3%
3.	Academic education includes principals, academic teachers, education supplies and equipment	\$5, 813.00	12%
4	Support costs include: facility director; business office; personnel; utilities; telecommunications; maintenance; security; transportation for students and staff; office supplies; all supplies and equipment not directly charged to any component	\$8, 720.00	18%
5	Medical costs include medical supplies; payments for student care; doctors; dentists; medical specialists	\$2, 422.00	5%
6	Food and Food Service include food services staff and supplies and equipment directly charged to this component.	\$2, 422.00	5%
	TOTAL	\$48, 441.00	100%

rcentages derived from review of actual expenditures through 12-31-96. Per bed cost of \$48,441 to the per bed cost in the 1996-97 Continuation Budget.

DEPARTMENT OF CORRECTIONS

OPERATING COST PER INMATE DAY

(Year Ending June 30, 1996)



^{*} Does Not Include Substance Abuse Funding for Private Beds or Parole/Probation Programs

*Does Not Include \$3.20/Day for Department Management Costs

DIVISION OF YOUTH SERVICES SPECIAL EDUCATION-RELATED LAWSUIT

Adam et al. vs. Britt Was Filed on 6/24/96 in US District Court

This Class Action Suit Alleges DYS Fails to:

- Adequately Identify/Properly Assess the Special Needs of all Committed Youth in a Timely Manner
 - -- No Comprehensive Program to Identify as Disabled any Child Not Classified Previously
- Properly Develop and/or Implement the Individualized Education Plans (IEP)
 - -- Children Who Have Current IEPs Before Entering Training School Receive Virtually the Same Educational Services as those Not Identified as Disabled
- Provide Related Services to Eligible Students on a Par With What is Required for a Free and Appropriate Public Education
 - -- Some Children Receive Instruction From a Special Education Teacher, Others Receive Consultative Services Only

17.6% of the Children Committed to Training Schools Have Been Identified as Exceptional Children

DYS Has 10 Special Ed Teachers to Assess 1,000 Children in Five Schools and Provide Needed Services

DYS Submitted an Expansion Request for Additional Special Education Teachers, Teacher Aides, and School Psychologists to Address This Issue -- It Was Not Forwarded in the Governor's Budget

DIVISION OF YOUTH SERVICES LEGISLATIVE ACTIONS 1991-1997

Since 1990-91, DYS's Budget Has Increased From \$48.8M to \$85.3M (75% Increase)

What Has North Carolina Invested in?

Community Services Programs

- -- 200 Additional CBA Programs
- -- 64 Support Our Students (SOS) Programs
- -- 19 Alternatives to Detention Programs
- -- 2 New Eckerd Camps
- -- 6 Multipurpose Juvenile Homes
- -- Governor's 1-on-1 Program Expansion

Detention Centers

- -- 76 New Beds (40% Increase)
- -- Dedicated Facility for Boundover Juveniles
- -- Additional Staffing for Third Shift in All Centers

Training Schools

- -- 147 New Beds (22% Increase)
- -- Extensive Renovation/Construction on All Campuses
- -- Sex Offender Program
- -- Residential Substance Abuse Program

However, With This Expansion, There Have Been

- No New Central Administration Positions
- No New Community Services Positions (Except SOS)
- Only Minimal Investments in Programming at the Training Schools

DIVISION OF YOUTH SERVICES DYS COMPREHENSIVE STUDY

LEGISLATIVE INITIATIVE

- Authorized During Crime Session
- Completed in October 1995
- Reported to Joint Governmental Operations in December 1995
- Presented Progress Report to Joint Governmental Operations in October 1996

KEY RECOMMENDATIONS

Training School Services

- Secure Funds for Training Schools to Expand Educational, Vocational, Treatment, and Transitional Services
- Take Necessary Steps to Remove Willie M Students From DYS Institutions
- Provide Secure Mental Health Facilities for Youth Needing Secure Custody or Confinement

Detention Services

- Provide Sufficient Funds to Build Secure Custody Facility for Boundover Youth

Juvenile Services (AOC)

- Reduce Average Caseloads to 25 Cases/Counselor
- Expand Intensive Probation Statewide
- Purchase Mental, Educational, Health, and Substance Abuse Assessments of Youth Upfront
- Expand Alternatives to Detention

Community Services

- Expand CBA Programs, to Include a Day Reporting Option and More Intensive Aftercare Programs
- Develop More Residential and Treatment-Oriented Programs

Other Issues

- Establish a Uniform Information System for Children in Juvenile Justice System
- Establish an Ongoing Juvenile Services Commission

DIVISION OF YOUTH SERVICES GOVERNOR'S RECOMMENDED REDUCTIONS

	<u>1997-98</u>	<u>1998-99</u>
Adjustments Reflected in Continuation Budget		
Eckerd Wilderness Camps Maintain Payment Rate at \$74.89 per day	(\$501,215)	(\$501,215)
Further Adjustments		
Detention Center Receipts Adjust Budget to Reflect Anticipated Receipts More	(\$ 46,180)	(\$ 46,180)
Accurately Span of Control	(\$ 2.9 mil)	?

DIVISION OF YOUTH SERVICES ISSUE SUMMARY

Fragmentation in NC's Juvenile Justice System

-- Accelerate Management Information System Development

Investment in Community Services is Cost Effective --

-- May Need Additional Staff to Ensure Continued Program Quality

Utilization of Training School Beds is a Resource Management Issue

- -- Anticipate Significant Growth in Both the Juvenile Population and Number of Index Crimes
- -- Reserve Training School Beds for Serious and Violent Offenders
- -- Explore Day Reporting Options to Reduce Demand on Training School Facilities

Investment in Training School Programming Has Been Minimal Over Time

-- State Continues to be Vulnerable to Legal Action

Increase in Recidivism Has Implications for

- -- Aftercare
- -- Structured Sentencing
- -- Training School Programming

PERFORMANCE/PROGRAM BUDGET OUTCOME MEASURES

Division of Youth Services

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Provide community-based services to prevent or correct delinquency

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective #83 (2300.01):

Reduce by 25% the number of counties that have a training school commitment rate that exceeds the state average (1/1000).

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of counties that have a training school commitment rate exceeding the state average (1/1000).	54	68	55	52	47	40

Description of strategies or activities directed toward this objective:

- Promoting interagency coordination and program development in all 100 counties that offer a comprehensive continuum of Community Based Alternatives to reduce the number of youth who would be committed to training school (DYS fund 1310).
- Increasing the availability of Community-Based Alternative to training schools (DYS fund 1310).

Division of Youth Services

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live.

P/PB Objective #84 (2300.02):

By the year 2000, reduce by 25% the training school commitment rate for counties served by a multipurpose home.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Training school commitment rate per 1,000 for counties served by a multipurpose home.	1.46	1.50	1.36	1.29	1.20	1.10

Description of strategies or activities directed toward this objective:

- Designing and managing an existing network of six state-owned multipurpose juvenile homes in judicial districts which have high training school commitment rates and few other residential alternatives (DYS fund 1310).
- Increasing the availability of Community-Based Alternative to training schools.

Division of Youth Services

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 85 (2300.03):

Reduce new referrals to juvenile court by 80% for individual youth participating in community service programs.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of new referrals to juvenile court for individuals participating in community service programs	84%	86%	84%	80%	80%	80%

Description of strategies or activities directed toward this objective:

- Designing and managing an existing network of six state-owned multipurpose juvenile homes in judicial districts which have high training school commitment rates and few other residential alternatives (DYS fund 1310).
- Increasing the availability of Community-Based Alternative to training schools. (DYS fund 1310).

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 86 (2300.04):

By the year 2000, reduce by 20% the rate of training school commitments in counties served by Support Our Students programs.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of training school commitments per 1,000 in counties served by Support Our Students programs	1.38	1.57	1.30	1.22	1.16	1.11

Description of strategies or activities directed toward this objective:

- Establish after-school crime prevention programs in 48 counties. (DYS fund 1311)
- Increase student participation by 50% or 6,000 students. (DYS fund 1311)
- Increase the total number of volunteers by 20%. (DYS fund 1311)

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective #87 (2300.05):

By the year 2000, improve the average academic performance of Support Our Students participants by 10% or one letter grade.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
·	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of Support Our Students participants with improved grades after participating for one year.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Create an academic component in each of the local SOS programs with a tracking component to periodically assess their performance. (DYS fund 1311)
- Develop a Saturday Academy at three regional universities to help enhance student skills and academics. (DYS fund 1311)

Expected Outcome:

Decreased incidence of delinquent behavior; stronger families; safe and emotionally stable environments in which youth can live

P/PB Objective # 88 (2300.06):

By the year 2000, increase by 10% the number of students participating in the Support Our Students programs.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of students participating in SOS.	0	6,013	6,200	6,300	6,500	6,600

Description of strategies or activities directed toward this objective:

- Establish after-school crime prevention programs in 64 counties. (DYS fund 1311)
- Increase student participation by 50% or 6,000 students. (DYS fund 1311)

Increase the total number of volunteers by 20%. (DYS fund 1311)

Program Area:

Corrections

P/PB Goal #3:

Control and reform juvenile offenders.

Program:

Training school facilities

Expected Outcome:

Safer social environment

P/PB Objective # 98 (3500.01):

By the year 2000, increase by 5% the percentage of juveniles exiting training school with two or fewer major infractions for assaultive behavior.

Outcome Measure:

•						
	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of juveniles exiting training school	NA	92%	84%	85%	90%	97%
with 2 or fewer major infractions for						
assaultive behavior.						

Description of strategies or activities directed toward this objective:

- Implement competency-based treatment plans for aggressive/assaultive behavior (DYS fund 1220)
- Operate a 48-bed substance abuse treatment program at the Juvenile Evaluation Center (DYS fund 1220)
- Increase family involvement through community meetings between the family and DYS social workers (DYS fund 1220)

Expected Outcome:

Safer social environment

P/PB Objective # 99 (3500.02):

Using 1995 as a baseline, increase by 5% during each year of the FY 1997-99 biennium the number of juveniles who successfully complete Extended Home Visit (60 day transitional program) prior to release.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of juveniles successfully completing the Extended Home Visit transitional period.	NA	535	725	755	80%	80%

Description of strategies or activities directed toward this objective:

- Implement competency-based treatment plans for aggressive/assaultive behavior (DYS fund 1220)
- Operate a 48-bed substance abuse treatment program at the Juvenile Evaluation Center (DYS fund 1220)
- Increase family involvement through community meetings between the family and DYS social workers (DYS fund 1220)

Expected Outcome:

Safer social environment

P/PB Objective # 100 (3500.03):

By the year 2000, increase by 5% the number of juveniles who achieve a one-month educational gain (as measured by the Test of Adult Basic Skills-TABE) for each month of training school stay.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of students exiting training school who demonstrate at least one month progress per each month stay in training school.	NA	NA ·	43%	50%	60%	65%

Description of strategies or activities directed toward this objective:

- Implement competency-based treatment plans for aggressive/assaultive behavior (DYS fund 1220)
- Operate a 48-bed substance abuse treatment program at the Juvenile Evaluation Center (DYS fund 1220)
- Increase family involvement through community meetings between the family and DYS social workers (DYS fund 1220)

Innovations

• Operate the FORMAT model of lesson planning and teaching to increase grade level equivalency one month per each month of attendance.

Program Area:

Corrections

P/PB Goal #3:

Control and reform juvenile offenders.

Program:

Detention center funds

Expected Outcome:

Safer social environment

P/PB Objective # 101 (3600.01):

Maintain state-operated detention centers below 120% of the system's designed bed capacity.

Outcome Measure:

·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Ratio of detention centers' census to centers' designed bed capacities.	157%	147%	111%	105%	110%	110%

Description of strategies or activities directed toward this objective:

• Increase the use of secure detention through contracts with the Administrative Office of the Courts (DYS fund 1320)

Expected Outcome:

Safer social environment

P/PB Objective # 102 (3600.02):

Increase the number of low-risk juvenile detainees who are "stepped-down" to non-secure detention options when those resources are available (case-by-case basis).

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of eligible low-risk juveniles "stepped down" to non-secure detention.	N	N	N	N	N	N

NOTE: This data will be collected for the first time in SFY 96-97.

Description of strategies or activities directed toward this objective:

• Conduct case-by-case review of all juveniles detained to determine appropriateness of placement. (DYS fund 1320)

Division of Youth Services

Expected Outcome:

Safer social environment

P/PB Objective # 103 (3600.03):

By the year 2000, reduce by 20% the number of detention days for juveniles who are not bound over to Superior Court (state-operated centers only).

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Average length of stay of detainees not bound over to Superior Court.	19.9	16.2	13.6	13.5	13.0	13.0

Description of strategies or activities directed toward this objective:

• Conduct case-by-case review of all juveniles detained to determine appropriateness of placement. (DYS fund 1320)

Expected Outcome:

Safer social environment

P/PB Objective # 104 (3600.04):

By the year 2000, reduce by 20% the rate of assaults (per 1,000) by juveniles in state-operated detention centers.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Rate of assaults per 1,000 by juveniles in state-operated detention centers.	NA NA	NA NA	43	40	37	34

Description of strategies or activities directed toward this objective:

• Maintain appropriate training and operational procedures to ensure and enhance the program and security functions of state-operated detention centers. (DYS fund 1320)

Expected Outcome:

Safer social environment and accurate, efficient assessments of juvenile offenders

P/PB Objective # 105 (3600.05):

By the year 2000, provide a physical, behavioral, psychological and educational assessment for 20% of juveniles charged with A - E felonies who are held in state-operated detention facilities.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Assessment rate of A-E felony juveniles	NA	NA	1,360	1,650	2,000	2,250
admitted to state-operated detention centers.				<u> </u>	<u> </u>	

Description of strategies or activities directed toward this objective:

- Develop screening instrument for mental health/suicide. (DYS fund 1320)
- Contract with North Carolina State University to develop an assessment instrument to include educational assessment, medical assessment, and social/psychological assessment (DYS fund 1320).
- Contract with local service providers to provide assessments for juveniles (DYS 1320).
- Provide assessment information to court prior to dispositional hearings (DYS 1320).

VISITOR REGISTRATION SHEET

Committee: HUMAN RR 5	Date: 3 _ 20 _ 7
VISITORS: Please sign below and ret	urn to Committee Clerk.
NAME	FIRM OR STATE AGENCY AND ADDRESS
Sharnen Lannone	755
Jill Doss	The Dispatch (news paper)
Kevin FrtzGerald	DHR - DSSI
Luncoca	DAR-DSS
Wolde mardeille	DHR-Budget + analysis.
Lee D latellack	OHR
Clien Education	DHR
DAVIE BEUTON)	DHR
TRICHADO TRIDE OUT	DHR / DKS
Lety Leons	DITR
The charl Bryout	DHEIDGS
C. L. Cochietracoon	UCP = Coalifica coo.
Megan Soxater	Easter sonts - Coalition >00
Jarel Simongal	NCARE
and Reglands	OSAL,
Man Mille	NASW-N(
Megan Carney	BSW Student - Meradith College
Paula A. Word	Covenant with Nos Children
town Maker	Jordan Kice Wallerray Iro
Johns Wait	CHS
NELS ROSELAND	STATE BUDGET
Byron K Harris	OSBM
Bobby Weddard	OSBM
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VISITOR REGISTRATION SHEET

Committee:		Date:			
VISITORS: Please sign below a	and return	to Committee	Clerk.		
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AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

THURSDAY - MARCH 20, 1997

3:55 PM

DIVISION OF SOCIAL SERVICES

Senator William Martin

DIVISION OF YOUTH SERVICES

Mary Ellen Sylvester

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

March 20, 1997

The Joint Appropriations Subcommittee on Human Resources met on Thursday, March 20, 1997, at 3:55 p.m., in Room 424 of the Legislative Office Building. There were two Senate members present and the House members present were; Representative Alexander, Representative Adams, Representative Gardner, and Representative Esposito.

Senator Martin turned the floor over to Carol Shaw, who gave an overview of the Division of Social Services (see handout).

Karen Hammonds-Blankspresented an overview of Children's Services (see handout). Chuck Harris Chief of Children's Services responded to a question which Senator Phillip's posed regarding whether there are any counties where a person would be referred to police/sheriff if they are suspected of child abuse. Chief Harris responded that folks in the Department of Social Services are well trained to distinguish what is abuse and what is neglect. It is in the definition of caretaker that those kinds of issues and things that do not fall into our jurisdiction are referred to the Police Department.

During the discussion on child welfare Kevin Fitzgerald was requested by Senator Martin to get copies of the Executive Summaries of the RTI Study on Child Welfare for the Committee.

Ms. Hammonds-Blank continued with her presentation on Intensive Family Preservation Services. Selected Program Facts (page 10 in her handout on the Division of Social Services 1997-99) Program Overview. Ms. Hammonds-Blank said the purpose is to provide short-term, intensive crisis intervention for children and families at imminent risk of out-of home placement into foster care or other residential placement. The remainder of the meeting was used in the discussion on family preservation and foster care.

The meeting adjourned at 5:24 p.m..

Senator William N. Martin, Chairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk

Joint Appropriation Subcommittee on Human Resources

MINUTES

JOINT APPROPRIATIONS

ON

HUMAN RESOURCES

March 20, 1997

(afternoon)

The meeting convened at 3:55 p.m. with Senator Martin serving as Chairman. There were two Senate members present and the House members present were as follows:

Representative Alexander Representative Adams Representative Gardner Representative Esposito

Senator Martin turned the floor over to Carol Shaw, who gave an overview of the Division of Social Services (see handout).

Karen Hammonds-Blank proceeded after Carol with an overview of Children's Services. Chuck Harris, Chief of Children's Services, with the Division of Social Services responded to a question which Senator Phillip's posed regarding the issue of whether there are any counties where a person would be referred to police/sheriff if they are suspected of child abuse. Chief Harris replied there are, for the purpose of determining the degree of abuse or injury. Wanda, are you certain this is contest in their injury or abuse? It seems that some charitreation is needed here.

Senator Martin requested copies of the RTI study Wanda, RTI study on "what"? , as well as the percentage information of breakdown on what the disciplinary measures include relative to neglect abuse of children [Wanda please clarify this phrase]. Kevin Fitzgerald was designated to be responsible for securing the information which Senator Martin requested.

Invensive Family Preservation Services was introduced, to faclude a breakdown of
gender and face arrong differenserved. Wanda, this servere needs work. It is not clear
when you you are seeding to convey. It was determined Wanda, indicated by
whom? that is was cheaper, based upon the percentages and money spent the last
session, to maintain Family Preservation Services than out of home placements. It was
also determined that african american children stay in foster care

longer than others, thus the cost is greater to maintain african american children in foster care.

The meeting adjourned at 5:24 p.m..

APHR Minutes - 3/20/97 (afternoon cont'd)

Page 2

Senator William N. Martin, Chairman Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay
Joint Appropriations Subcommittee on Human Resources

Division of Social Services

1997-99 Program Overview

Fiscal Research Division

March 20, 1997

Children's Services

Children's Services Section

- Child Protective Services
- Family Preservation Services
- Foster Care Assistance
- Adoption Services
- Adolescent Parenting Project



North Carolina Juvenile Code Chapter 7A

- Legally mandated service, without regard to income; which provides protective services for juveniles (birth to eighteen) alleged to be abused, neglected, or dependent.
- Protective services include investigation and screening of complaints, casework or other counseling services to parents or other caretakers and to the court to prevent child abuse or neglect, to improve the quality of child care, to be more adequate parents or caretakers, and to preserve and stabilize family life.
- G.S. 7A-543: Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, or has died as the result of maltreatment, shall report the case of that juvenile to the Director of Social Services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing.

Definitions

- 1. Abuse a serious physical injury by other than accidental injury (inflicted by or allowed by a parent, guardian, custodian or caretaker); a substantial risk of serious physical injury to the juvenile by other than accidental means (created or allowed to be created by the parent/guardian/custodian/caretaker); use of inappropriate devices to modify behavior; sexual offenses (e.g., rape, pornography and prostitution); serious emotional damage as evidenced by severe anxiety, depression, withdrawal or aggressive behavior to himself or others; delinquent acts involving moral turpitude.
- 2. Neglect improper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker; abandonment; improper medical care; injurious environment; and placement of a child outside of the law.
- 3. Dependency lack of a parent, guardian or custodian responsible for a juvenile's care and supervision (due to physical or mental incapacity and the absence of an appropriate, alternative child care arrangement).

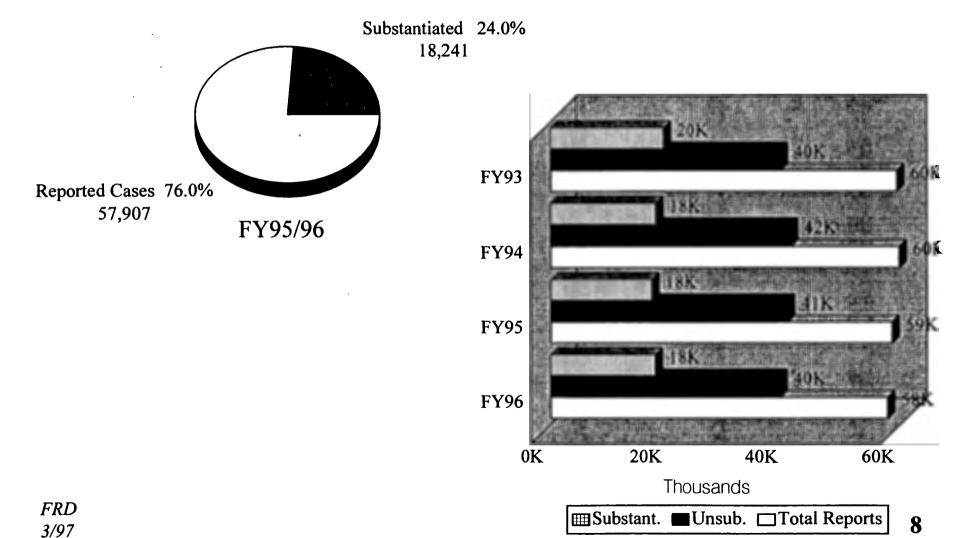
Selected Program Facts

- I. FY96/97 Budget Summary: Estimated Expenditures \$54,188,447
- II. FY95/96 Total Reports: 57,907 (involving 96,175 children)
 - -18,241 Substantiated Reports {31.5%}
 - -55% White; 39% African-American; 3% Native American; 2% Hispanic & 1% Asian/Pacific Islander & Unknown
 - -51% Female & 49% Male
 - -52% of Reports Were for Children 0-6 Years Old
 - -31% for Children 7-12 Years Old
 - -17% for Children 13+ Years
- III. FY95/96 Substantiated Reports: 30,812 Children
 - -88% of Substantiated Cases Were for Neglect {27,173 Children}
 - -10% Abuse & 2% for Dependency
 - -54% White; 41% African-American; 2% Native American; 1.8% Hispanic & 1.2% Asian/Pacific Islander & Unknown

Selected Facts (continued)

- FY95/96 Substantiated Cases (Involving 30,812 Children)
 - -5% Sexual Abuse {1,557} & 5% Physical Abuse {1,428}
 - -34% Improper Discipline {10,570}
 - -23% Improper Supervision {7,184}
 - -28% Injurious Environment (e.g., drug & alcohol abuse) {8,513}
 - -5% Other (e.g., dependency, lack of medical care, abandonment)
- Changes in Reports & Substantiations of Child Abuse
 - -3% Decrease in Reported Cases Since FY92/93
 - -7.6% Decrease in Substantiated Cases Since FY92/93
 - -34% Increase in Substantiated Cases Involving Injurious Environment
 - -10% Increase in Cases for Physical Abuse
 - -22% Increase in Reports Involving Hispanic Children
 - -14% Increase in Reports Involving Native American Children

Trends in Reports, Substantiated & Unsubstantiated Cases of Child Abuse and Neglect



Other Child Abuse Services

- Guardian ad Litem Program
 - -Volunteer Program
 - -Act as an "Advocate" for the Child & Provides a "Second" Opinion to Court
 - -Administered through the Administrative Office of the Courts
 - -Authority established in N.C. General Statutes; and
 - -\$5.3 Million Budget for FY96/97; 96 FTE's & 3,600 Volunteers
- Department of Administration
 - -N.C. Fund for Children & Youth Advocacy & Involvement Office
 - -\$1,247,593 for FY96/97
 - -Provides Funding for Treatment & Advocacy Activities

Intensive Family Preservation Services

Selected Program Facts

Purpose: To provide short-term, intensive crisis intervention for children and families at imminent risk of out-of-home placement into foster care or other residential placement.

- \$2.9M Total Funds FY95/96; 21 Programs Serving 34 Counties
- 865 Children Served During FY95/96 {543 Families}
- 89% of Families Served Remained Intact
- 69% Children Served Were White {596}
- 24% Children Were African-American {208}
- 4% Were Native American {32} & 3% Hispanic, Multi-racial & Unknown {22}
- 53% Male & 47% Female
- 29% Were 0-5 Years; 35% 6-12 Years; 27% 13-15 Years & 9% 16+ Years

Intensive Family Preservation Services

Selected Facts (continued)

- Estimated \$5.3 Million \$6.8 Million in Cost Avoidance
- Estimated \$60 Million Spent in FY95/96 for Foster Care Assistance Payments (this does not include the cost of AFDC, Mental Health or Youth Services Residential Services Costs)

North Carolina Children in Foster Care

Foster Care: Alternative out-of-home living arrangement that best meets a child's needs. Options include family foster care; kinship care; and group homes and residential facilities.

Out-of-Home Care Must:

- Protect & Nurture Children
- Meet Developmental Needs
- Promote Positive Self-Esteem
- Plan and Achieve Permanence; and
- Prepare Children & Their Families for Safe and Appropriate Relationships and Responsibilities

Foster Care Services

Selected Program Facts

- I. FY96/97 Budget Summary: Estimated Expenditures \$85,767,508
- II. Basic Monthly Assistance:

\$315 0-5 Years

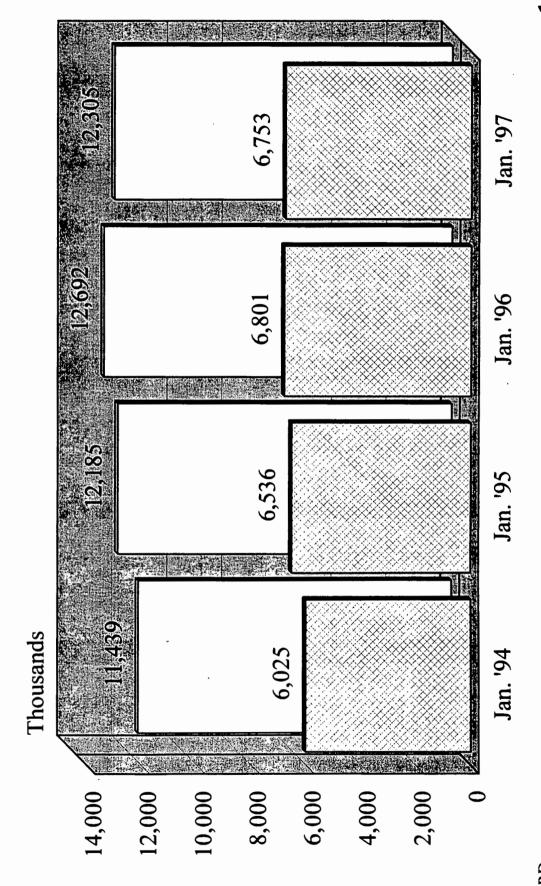
\$365 6-12 Years

\$415 13-18 Years

- III. Monthly Assistance for HIV/AIDS:
 - -\$800 HIV/AIDS Exposed; \$1,000 HIV Asymptomatic
 - -\$1,200 HIV Symptomatic & \$1,600 HIV Terminal
- IV. Demographics
 - -12,305 Children in Custody or Placement Responsibility of DSS
 - -7.6% Increase in Children Since January 1994
 - -6,753 ({55%} in Paid Out-of-Home Placements
 - -5,578 White; 6,299 African-American & 430 (NA, A/PI, Unknown)
 - -3,888 0-5 Years Old; 4,393 6-12 Years Old & 4,024 13+
 - -6,303 Male & 6,002 Female

North Carolina Children in Foster Care

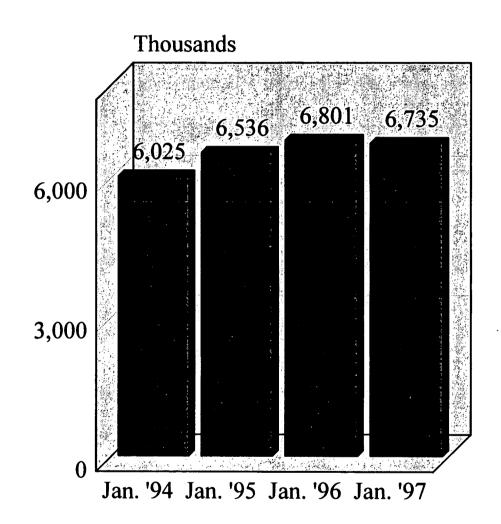
Trends in Children Served Versus Children in Paid Out-of-Home Placements



North Carolina Children in Out-of-Home Placements

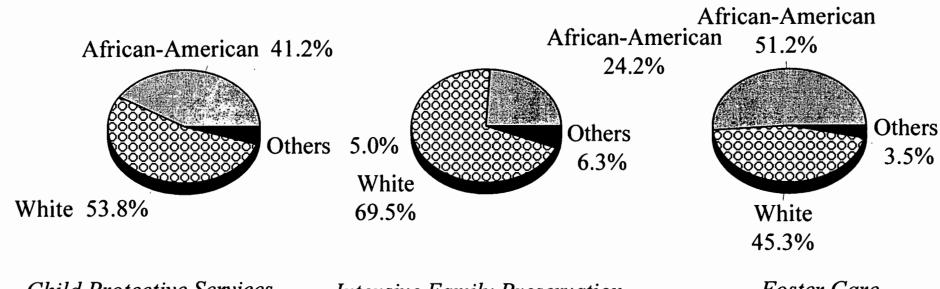
Out-of-Home Care Options

- Family Foster Care 4,320
- Kinship Care
- Group Homes 91
- Residential Facilities 22



Child Welfare Services

Child Welfare System Services By Ethnicity FY95/96



Child Protective Services (substantiated cases)

Intensive Family Preservation

Foster Care

Children's Services

Policy Issues/Questions

- Disproportionate Numbers of Underserved Populations in Intensive Family Preservation Services
- How Are Resources Allocated?
- Should Resources be Targeted to High Foster Care Placement Counties/Areas?

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF SOCIAL SERVICES OVERVIEW

FISCAL RESEARCH DIVISION MARCH 1997 3/20/97 PM

DIVISION OF SOCIAL SERVICES 1997-99 TOTAL CONTINUATION BUDGET

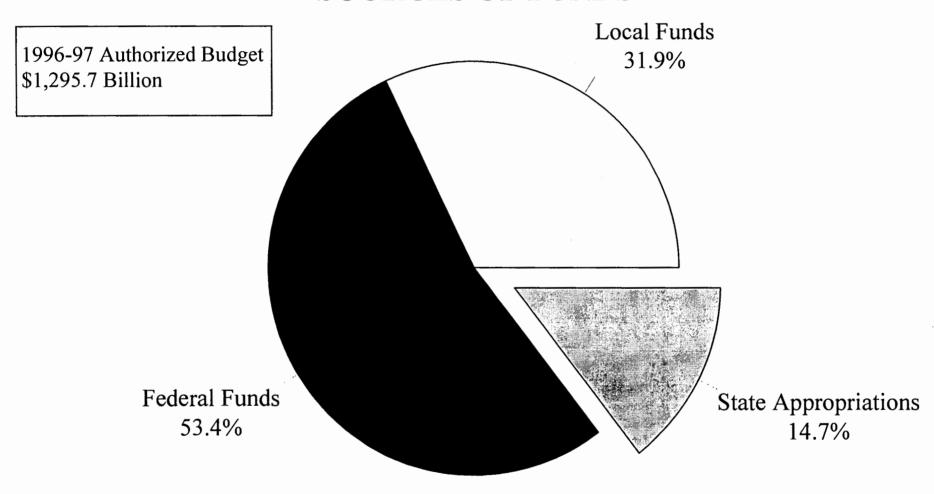
	1995-96	1996-97	1996-97	1997-98	1998-99
Description	Actual	Certified	Authorized	Recommended	Recommended
Total Requirements	\$1,300,565,043	\$1,295,684,648	\$1,295,685,600	\$1,137,586,717	\$1,160,823,583
Total Estimated Receipts	(\$1,118,630,616)	(\$1,121,341,057)	(\$1,121,421,409)	(\$960,915,660)	(\$978,057,491)
Net Appropriation	\$181,934,427	\$174,343,591	\$174,264,191	\$176,671,057	\$182,766,092
Total Positions	776	685	686	686	686

Reference Documents:

Continuation Budget Volume 3, R(4) - 1 through R(4) - 53

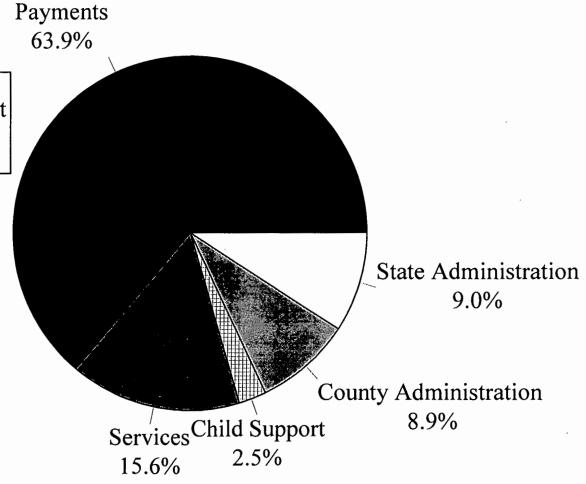
Performance/Program Budget Volume 7A, Human Services Program Area

SOURCES OF FUNDS



WHERE GENERAL FUND DOLLARS GO

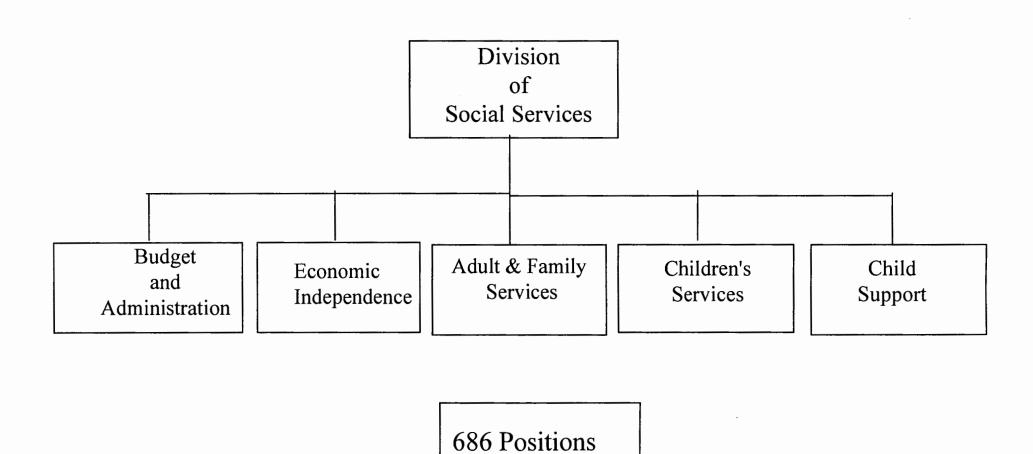
1996-97 Authorized Budget \$174.3 Million G. F.



MISSION

- To ensure that children and adults are protected from abuse, neglect, and exploitation;
- To enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment;
- To strengthen family life in order to nurture children so that they may become productive, healthy, and responsible adults;
- To assist disabled and dependent adults, while ensuring they live in the most independent setting feasible; and
- To ensure every family and individual has sufficient economic resources to obtain the basic necessities of life.

ORGANIZATION



SOCIAL SERVICES COMMISSION

- The Social Services Commission, authorized by GS 143B-153, has the authority to adopt rules and regulations for the State's social service program.
- The 12 members of the Commission are appointed by the governor one from each congressional district.

COUNTY DEPARTMENTS OF SOCIAL SERVICES

- North Carolina has a state supervised, locally administered social services system. This means that the Department of Human Resources provides supervision through rules and oversight while counties actually are responsible for the delivery the services.
- The 100 county Departments of Social Services administer all social service and public assistance programs on the local level.
- Every county must have a board of social services or a consolidated human services board to establish county policies for social service and public assistance programs, and to appoint the county director of social services.

VISITOR REGISTRATION SHEET

Committee: Human Res	Date: 3_ 20_97
VISITORS: Please sign below and re	eturn to Committee Clerk.
NAME	FIRM OR STATE AGENCY AND ADDRESS
Janot Simonopus	1)CD426=
Evelyn Hawthorne	NC HA
Will Fan	NCAHC
Souri Schmidt	Nesele
Churck Barris	NC DSS
JoAnn Lamm	nc ass
Esther High	NC DSS
Rant a. Jendins	NC DSS
Paula Wolf	Covenant W/NC's Children
Steve Dhalon	Joseph Rice Wall Grand Jone
John James	/ NCDSS 0/
Jim McCleskey	DHR Budget
Dorph Mulson	Find Swark
Just Jeonen	DHR
Dat your	APPCNC/SCSL
The kerely	OSPL
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AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

WEDNESDAY - MARCH 26, 1997

8:30 AM

CHILD DEVELOPMENT

Mary Ellen Sylvester

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

March 26, 1997

The Joint Appropriations Subcommittee on Human Resources met Wednesday, March 26, 1997, at 8:40 a.m.. Senator Martin presided and introduced the pages, Julie Clovinger, sponsored by Senator Forrester and Karen Trinsdahl, of Onslow County. There were six Senate members present and House members present were as follows: Representatives Clary, Gardner, Nye, Hurley, Watson, Adams, Aldridge, and Alexander.

The agenda for the morning was Child Development with Mary Ellen Sylvester presenting (see handout).

David Walker, Director of Smart Start, was given the floor and he proceeded to explain the problem the program is experiencing with the way transportation is being implemented. Mr. Walker informed the committee of a transportation summit with representatives from the Department of Transportation, the North Carolina Partnership, and the local partnerships to be held on April 28, the results of which will be regionally incorporated into plans. He further stated that they were not seeking an increase in the level of funding for Smart Start, but were exploring other resources through which to provide transportation services. Mr. Walker indicated that there would have to be an outlay of resources to provide funding for transportation for some counties.

Senator Forrester suggested the possibility of looking into the use of school buses to provide transportation and possibly rearranging Smart Start drop-offs and pick-ups.

During the explanation and discussion of the number of children being served in North Carolina by First Related Child Care 1996-97, Child Care Not Directly Associated with Work First 1996-97 and Smart Start Child Care, Senator Clark questioned that the chart on page 30 of the handout showed fewer children being served and it costing many more dollars. Senator Martin requested that an analysis of more dollars serving fewer children be supplied to the Committee..

The meeting adjourned at 9:50 a.m..

Senator William N. Martin, Chairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk,

Joint Appropriations Subcommittee On Human Resources

DIVISION OVERVIEW

Presented by Mary Ellen Sylvester Fiscal Research Division March 26, 1997

AM 3/26/97

DIVISION OVERVIEW

Budget Summary

	1995-96 Actual			1997-98 Recommended	1998-99 Recommended	
Requirements	\$216,783,770	\$268,228,670	\$268,249,138	\$279,227,479	\$279,238,392	
Receipts	\$102,039,837	\$130,756,679	\$130,756,679	\$133,711,182	\$133,716,428	
Net Appropriation	\$114,743,933	\$137,471,991	\$137,492,459	\$145,516,297	\$145,521,964	
Positions	163.5	144.5	144.5	144.5	144.5	

Reference Documents

Continuation Budget:

Pages R(7)-1 Through R(7)-11

Volume 3

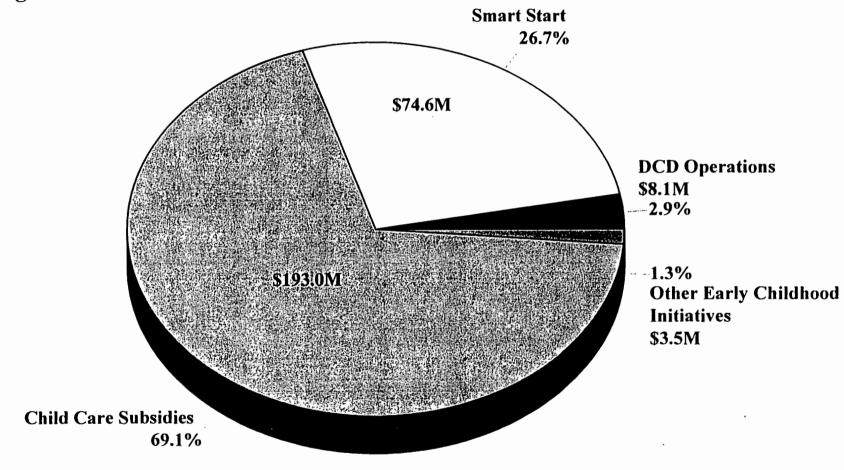
Performance/Program Budgét: Pages 2-79 Through 2-92

Volume 7A

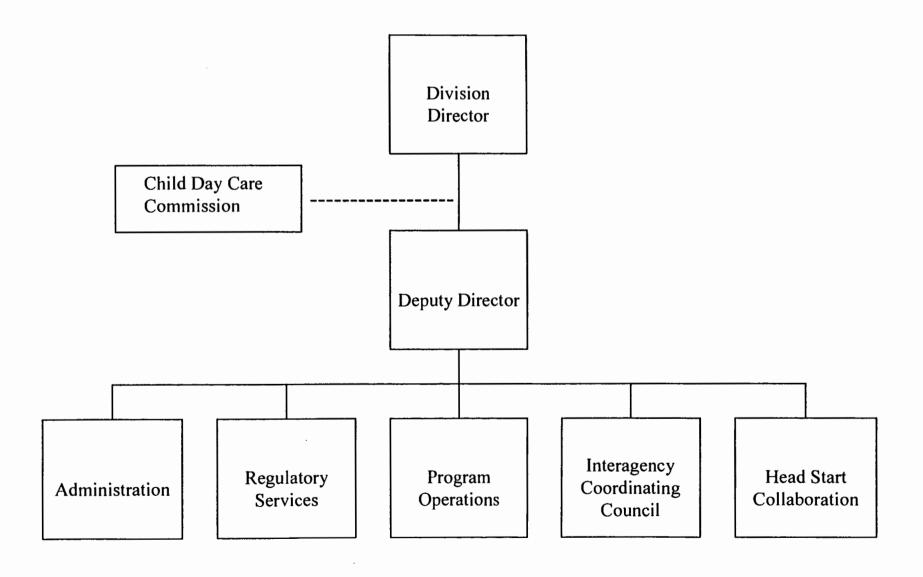
2200 Support Child Care and Early Childhood Development

FUNDS BY PURPOSE (1997-98)

Total Budget: \$279.2 Million



ORGANIZATION



DIVISION OF CHILD DEVELOPMENT RESPONSIBILITIES

- Inspects, Licenses, Monitors, and Sanctions Child Care Centers and Homes Statewide
- Provides Training and Technical Assistance to Child Care Providers
- Investigates Abuse and Neglect Complaints in Regulated Child Care Settings
- Administers Criminal Records Check Process
- Administers Publicly Subsidized Day Care Program
- Provides **Information** about Child Care to Parents, Public and Private Agencies, and the General Public
- Provides Administrative and Technical Assistance to the Smart Start Program
- Coordinates and Implements Initiatives to Improve the Quality and Increase the Availability of Child Care
- Provides Administrative Support and Staff to the Interagency Coordinating Council
- Administers the Head Start Collaboration Project Grant
- Provides Technical Assistance and Monitoring Functions for Family Support Programs
- Administers the North Carolina Early Childhood Credential/Family Child Care Credential Programs

DIVISION OF CHEED DEVELOPMENT EXTRAORDINARY GROWTH AND CHANGE

Division Established in 1992, Combining

Licensing and Subsidy Functions From the Division of Facility Services
Head Start Coordination and Interagency Coordinating Council From the Division of Social Services

In Past Four Years --

Establishment of Smart Start Programs in 55 Counties (\$0 to \$74.6 Million)

Massive Increases in Funding and Capacity of State's Day Care System

	<u>1992-93</u>	<u> 1996-97</u>
Subsidy Dollars:	\$ 99.8M	\$193.1M
Number of Regulated Facilities:	5,998 (1/93)	8,012 (1/97)
Children Served in Subsidized Care:	88,766	140,033

Substantial Changes in Federal Child Care Policy

- Title IV-A Family Support Act	1990-91
- Title IV-A At-Risk	1991-92
- Child Care Development Block Grant	1991-92
- Welfare Reform/Child Care and Development Fund	1996-97

Family Resource Centers Established (1994-95); Division of Family Development Abolished (1995-96)

Criminal Background Checks Required on Employees in Child Care Programs (1995-96)

Business Functions Automated Within the Division

DIVISION OF CHILD DEVELOPMENT CHILD CARE DEMOGRAPHICS

Population by Age Group in North Carolina (1996)

Ages 0-5	613,675
Ages 6-12	692,323
Total	1,305,999

Number of Children In Regulated Child Care (December 1996)

		% of Population
	No. in Care	in Regulated Care
Ages 0-5	152,005	25%
Ages 6-12	46,394	<u>7%</u>
Total	198,399	15%

- Approximately 25% of All Children in Regulated Care are Subsidized
- Approximately 10% of the Children Who Receive Subsidies are in Unregulated Care

Percentage of Mothers in the Work Force

	Children 0-5	Children 6-17
United States	56%	73%
North Carolina	67%	80%

Cost:

A-Licensed	Infant/Toddler Rates	2-Yr Old Rates	3-5 Yr Old Rates
Centers/Large Homes	\$250 to \$550	\$228 to \$481	\$225 to \$457
Registered			
Small Homes	\$250 to \$410	\$250 to \$410	\$281 to \$410

Division of Child Developm Monthly Statistical Summary January, 1997

Information About Child Care Arrangements Regulated by the Division

Regulated Child Care Arrangements by License Type

	Day Car	e Centers	Large Day	Care Homes	Family Day Care Homes	
	Number	Enrollment	Number	Enrollment	Number	Enrollment
Λ License	1,922	107,793	207	2,260		
AA License	888	48,511	50	826		
Special Provisional License	1	60				
Religious Sponsored Notice of Compliance	324	16,555	5	97	1	5
Provisional License	8	351	1	16		
Temporary License	103	2,641	14	66		
Registered Home		•			4,458	19,800
Temporary Registration					7	27
Probationary Registration						
Other	23	387				
Total	3,269	176,298	277	3,265	4,466	19,832

Combined Facility/Family Day Care Home Totals

	Centers and	Family Day	All Regulated	
	Large Homes	Care Homes	Arrangements	
Number of Regulated/Registered Arrangements	3,546	4,466	8,012	
Number Approved for Purchase of Care	3,493	2,412	5,905	
Total Enrollment	179,563	19,832	199,395	
Number of First Shift Slots Available	232,282	32,822	265,104	

Information About Abuse and Neglect Investigations by the Division

Centers	Homes Total	
39	18	57

Division of Child Development Monthly Statistical Summary January, 1997*

Information About the Child Care Subsidy Program

Children Served/Expenditures/Average Costs by Type of Arrangement

Child Care Facilities
Family Day Care Homes
Non Registered Homes
Total

Wo	Work First Children Total Children Total Children												
Children	Expenditures A	Avg.	Children Expanditures	Expenditures Avg. Cost	Expanditures	Expanditures	n Expanditures	Ava Cost	Children	% of Total	Expenditures	% of Total	Avg. Cost
Served	Expenditures	Cost	Served		Served	Children	Expenditures	Expend.	Arg. Cost				
13,712	\$3,592,205	\$262	28,105	\$6,589,820	\$234	41,817	81.1%	\$10,182,025	86.4%	\$243			
1,372	\$334,108	\$244	2,782	\$627,192	\$225	4,154	8.1%	\$961,301	8.2%	\$231			
2,194	\$281,488	\$128	3,378	\$356,691	\$106	5,572	10.8%	\$638,178	5.4%	\$115			
17,278	\$4,207,801	\$244	34,265	\$7,573,703	\$221	51,543	100.0%	\$11,781,504	100.0%	\$229			

Children Served/Expenditures/Average Costs by Client Need Category

Seeking Employment
Support Employment
Child Protective Services
Post Secondary Education
Developmental Needs
Child Welfare Services
High School Education
Total

	Work First Children			Non-V	Vork First Chil	Total Children					
	Children Served	Expenditures	Avg. Cost	Children Served	Expenditures	Avg. Cost	Children Served	% of Total Children	Expenditures	% of Total Expend.	Avg. Cost
	22	\$5,119	\$234	37	\$8,460	\$229	59	0.1%	\$13,578	0.1%	\$231
	13,246	\$3,165,880	\$239	29,428	\$6,261,871	\$213	42,674	82.8%	\$9,427,751	80.0%	\$221
	0	\$0	-	1,679	\$451,045	\$269	1,679	3.3%	\$451,045	3.8%	\$269
n	3,377	\$755,517	\$224	1,726	\$406,898	\$236	5,103	9.9%	\$1,162,414	9.9%	\$228
	354	\$202,233	\$572	489	\$189,946	\$388	843	1.6%	\$392,179	3.3%	\$465
	0	\$0	-	755	\$214,172	\$284	755	1.5%	\$214,172	1.8%	\$284
	279	\$79,052	\$284	151	\$41,312	\$274	430	0.8%	\$120,364	1.0%	\$280
	17,278	\$4,207,801	\$244	34,265	\$7,573,703	\$221	51,543	100.0%	\$11,781,504	100.0%	\$229

Children Served/Expenditures/Average Costs by Income Eligibility Category

Family Assistance
Employment Services
Teen Parent
With Regard to Income
Without Regard to Income
Foster Care
Transitional
Total

	Woi	Work First Children Non-Work First Children			Total Children						
	Children Served	Expenditures	Avg. Cost	Children Served	Expenditures	Avg. Cost	Children Served	% of Total Children	Expenditures	% of Total Expend.	Avg. Cost
	14,701	\$3,632,332	\$247				14,701	28.5%	\$3,632,332	30.8%	\$247
	2,152	\$448,616	\$208				2,152	4.2%	\$448,616	3.8%	\$208
	425	\$126,853	\$298			•	425	0.8%	\$126,853	1.1%	\$298
		i		29,934	\$6,422,600	\$215	29,934	58.1%	\$6,422,600	54.5%	\$215
e				2,301	\$629,065	\$273	2,301	4.5%	\$629,065	5.3%	\$273
1				1,941	\$506,393	\$261	1,941	3.8%	\$506,393	4.3%	\$261
1				89	\$15,645	\$176	89	0.2%	\$15,645	0.1%	\$176
	17,278	\$4,207,801	\$244	34,265	\$7,573,703	\$221	51,543	100.0%	\$11,781,504	100.0%	\$229

[•] Represents payments made in January, 1997 for children served in December.

DIVISION OF CHILD DEVELOPMENT QUALITY IN CHILD CARE

Quality Can Be Predicted by:

Teacher Education/Specialized Training

Teacher Continuity/Wage Levels

Staff/Child Ratios (Number of Children Per Adult)

Parental Involvement

Group Size

Environment/Availability of Age-Appropriate Materials

Parents Don't Always Understand the Importance of These Factors When Seeking Child Care

Why is Quality Important?

- -- Children Demonstrate Higher Math, Language, and Social Skills
- -- Children are Safer
- -- Children are More Engaged in Activities, Less Aggressive, Show More Task Persistence
- -- Caregivers are More Attentive, Less Punitive, Less Likely to Leave

Effective Licensing Prevents Harm and Promotes Quality However, Licensing is Not the Only Strategy For Improving Quality

TEACH (Teacher Education and Compensation Helps)

Purpose: - Increase the Education of Directors/Teachers Working With Young Children (Currently, 50% of Directors and 70% of Teachers Have No Degree Past High School)

- Encourage Child Care Programs to Support the Continuing Education of Their Staffs
- Increase Compensation With More Education

(Average Wages: Directors - \$8/Hour

Child Care Center Teachers - \$5.25/Hour

Family Day Care Home Providers - \$3.97/Hour)

- Reduce Staff Turnover (42% Per Year)
- Provide a Sequential Professional Development Path

Program: Shares the Cost of Education With the Sponsoring Child Care Program and the Scholarship Recipient Requires Participants to Work in Child Care for One Year Following Training

Accomplishments (January 1993 Through February 1997):

Participating Programs:

1,500

Scholarship Recipients:

4,198

Children Affected:

70,000 (One-Third of Total Number of Children in Regulated Care)

For Participants in the Associate Degree Program (Average 18 Credit Hours/Year)

Turnover Rate: Less Than 10% **Compensation**: 6-13% Raise

TEACH is Being Licensed in Illinois, Florida, New York, Colorado, Georgia, Massachusetts, and Pennsylvania

SMART START

Goal:

- Ensure Every Child in North Carolina Enters Kindergarten Healthy and Ready to Succeed **Approach:**

- Local Partnerships Design Innovative Programs and Services to Meet the Specific Needs of Their Communities
- Requires Collaboration of Local Service Agencies, Schools, Businesses, Religious Leaders, Parents, and Others

Result:

- Improved Access to Quality, Affordable Child Care, Health Care, and Other Crucial Family Support Services

	1993-94	1994-95	1995-96	1996-97
Program Funding	\$20.0M	\$46.8M	\$57.3M	\$67.4M
Local Partnerships	12	24	35	47

Management:

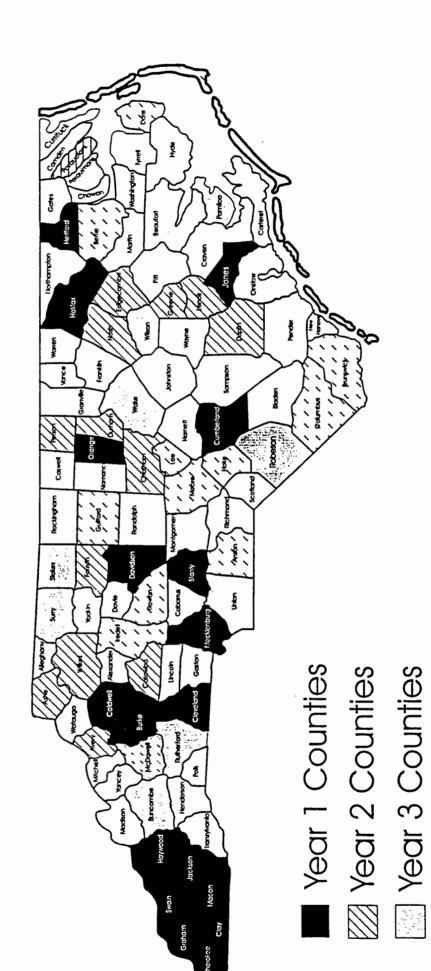
- The NC Partnership for Children, a Non-Profit Corporation, is Responsible for the Strategic Planning, Technical Assistance, Fundraising, and Oversight and Evaluation of Local Partnerships' Operations

Performance Audit Conclusions/Recommendations (1996):

- Smart Start,"...is a Credible Program That Delivers Substantial Good to Children and Families in the State of North Carolina"
 - Key Audit Recommendations Included:
 - -- Strengthening the Management Role and Capacity of the NC Partnership
 - -- Developing a Plan to Regionalize the Local Partnerships
 - -- Improving Accountability
 - -- Developing a Performance Assessment System for Local Partnerships
 - -- Exploring Transportation Alternatives

Year 4 Counties

Smart 国际国际



DIVISION OF CHILD DEVELOPMENT CRIMINAL HISTORY CHECKS

Required for all Child Care Providers Working in Regulated Child Care Facilities and Nonregistered Homes Which Receive State or Federal Funds

- -- Local Criminal History and SBI Checks for Providers Who Have Lived in North Carolina Continuously for the Previous Five Years
- -- Local Criminal History, SBI, and FBI Checks for All Others

Statistics: May 1, 1996 Through February 28, 1997

	Total Applications Received	Number Qualified W/No Record	Number Qualified W/Record	Number Disqualified
Regulated Programs	17,815	4,747	263	2
Unregulated	4,641	1,679	270	14
Total	22,456	6,426	533	16

Most Common Convictions for Providers Who Were "Qualified With a Record:"

Worthless Checks

Fraud

Traffic Offense (Not DWI)

Larceny

Process:

Phased-In With Annual License Renewal Process

Response Time From SBI is Four Months

Approximately 10% of Applicants Require Both SBI and FBI Checks

None of the 16 Individuals Who Were Disqualified Have Appealed (as of 1/15/97)

DIVISION OF CHIED DEVELOPMENT NC RATIOS AND GROUP SIZES COMPARED WITH OTHER STATES

STAFF/CHILD RATIOS

Age	NC Ratio (A License)	No. States With More Stringent Rule
6 Weeks	5:1	34
9 Months	5:1	42
18 Months	6:1	27
27 Months	10:1	36
3 Years	15:1	48
4 Years	20:1	48
5 Years	25:1	49
6 Years	25:1	43
7 Years	25:1	43

GROUP SIZE

Ago	Group Size	No. States With
Age	(A License)	Smaller Group Size
6 Weeks	10	21
9 Months	10	24
18 Months	12	17
27 Months	20	26
3 Years	25	30
4 Years	25	26
5 Years	25	16
6 Years	25	11
7 Years	25	11

REGULATORY SERVICES

DIVISION OF CHILD DEVELOPMENT TYPES OF LICENSES AND REGISTRATION

Approved Unregistered

Small Home Registration

A License: Meets State and Local Regulations

AA License: Meets Higher Standards for Space Per Child, Staff/Child Ratios, Number of Activity

Areas, Parent Involvement, and Management Preparedness

Others:

Provisional License or Registration

Probationary License or Registration

Church-Exempt Notice of Compliance (Exempt From Some State Regulations)

Accreditations (Not Administered or Issued by the State)

DIVISION OF CHILD DEVELOPMENT REGULATORY SERVICES

Annual License Renewal: Large Homes and Centers

Registration Renewal Every Two Years: Small Homes

Announced Visits: Small Homes Every Two Years

Centers and Large Homes Once Per Year

Unannounced Visits: Investigate Complaints and Suspected Violations

Monitor Corrective Actions

Training and Technical Assistance to Day Care Providers on Regulations, Age-Appropriate Activities, and All Aspects of Providing Quality Child Care

Preparation and Implementation of Sanctions Against Operators With Serious and/or Patterns of Violations

REGULATED FACILITIES:

(as of January 1997)

	<u>Number</u>	<u>Enrollment</u>
Day Care Centers	3,269	176,298
Large Day Care Homes	277	3,265
Family Day Care Homes	<u>4,466</u>	<u>19,832</u>
Total	8,012	199,395

WORKLOAD:

Number of Licensing Consultants: 49.5

Average Caseload Per Consultant: 162 Facilities (Range: 139 to 191--

Up From 130 in 1994)

Recommended Caseload Per Consultant: 75 (Recommended Standard)

DIVISION OF CHILD DEVELOPMENT REGULATORY ISSUES

Perpetual License

Differential Monitoring For Compliance

Licensing Consultant Caseloads

SUBSIDY PROGRAM

DIVISION OF CHILD DEVELOPMENT ELIGIBILITY CRITERIA

Criteria for Receiving Subsidized Child Care:

Maintain or Seek Employment (30 Days)

Attend School* or Job Training Activities Which Lead to Employment

Support Child Protective Services

Meet Developmental Needs of Child

Support Child Welfare Services

Counties Determine Their Own Priorities

Post-Secondary Education is Limited to Two Years

DIVISION OF CHILD DEVELOPMENT SUBSIDIZED CHILD CARE

Eligibility:

- Family Income Less Than 75% of State Median Income, Adjusted for Family Size
- Child Protective Services (CPS)
- Other Welfare Services, e.g., Foster Care

Fees:

- Family Pays Between 7% and 9% of Gross Countable Monthly Income, Adjusted for Family Size

Fee %	9%	9%	9%	8%	8%	7%	7%	7%	7%	7%	7%	7%
Family Size	1	2	3	4	5	6	7	8	9	10	11	12
Max. Monthly Income	\$1,449	\$1,895	\$2,341	\$2,786	\$3,232	\$3,678	\$3,762	\$3,845	\$3,929	\$4,012	\$4,096	\$4,180

- One Fee is Assessed for Subsidized Child Care, Regardless of the Number of Children in Care
- No Fees for Child Protective Services

Parental Choice:

- Parents are Issued a Voucher and May Choose a Provider From Among Regulated Facilities Who Will Accept Public Funds for Their Services

Program Administration:

- Administered by local Departments of Social Services or, in Some Counties, by a Resource and Referral Agency

Provider Payment Rates:

- Vary By County, Age of Children, Type of Facility, Licensing Level, and Number of Children in Facility Receiving Subsidized Child Care

DIVISION OF CHILD DEVELOPMENT LEGISLATIVE CHANGES AFFECTING SUBSIDIES

1996-97 Has Been A Challenging Year --

State-Level Policy Changes

- Increase Income Eligibility From 43% to 75% of State Median Income
- Revise and Simplify the Sliding Fee Scale for Parents
- Allow Differential Payments to Category B Providers With AA Licenses (+10%) and to Nonregistered Homes (-50%)

Smart Start Subsidy Allocations

- Minimum 30% of Direct Services Funds

Welfare Reform (Effective October 1, 1996)

- Elimination of Entitlement Status
- Consolidation and Capping of Funding Streams
- Emphasis on Child Care as a Priority in Welfare Reform

Dramatic Impact on the Local Level

DIVISION OF CHILD DEVELOPMENT *IMPACT OF STATE POLICY CHANGES*

Costs/(Savings):	<u>1996-97</u>	<u>1997-98</u>
Differential Payments to Providers:	(\$2,696,835)	(\$3,595,780)
Increase Market Rates in Small Counties to Statewide Rate:	\$2,931,698	\$3,908,930
Revise Parent Fee Schedule:	(\$3,279,686)	(\$6,082,662)
Total	(\$3,044,824)	(\$5,769,512)
Additional Children Served With Saving (Avg. Cost: \$229/Month for 6 Mos.)	s: 2,216	4,199

Results:

- Extending Eligibility Eliminates "Cliffs" in Transitioning From Welfare to Work
- Requiring All Parents to Pay Fees Results in a More Equitable System
- Generating Revenues Enables More Children to be Served
- Allowing Differential Payments Creates Quality Incentives

IMPACT OF SMART START SUBSIDY FUNDS

Fiscal Year	Total Subsidized Child Care Expenditure	Smart Start Subsidized Child Care Expenditures	% of Subsidy Funds That Are Smart Start Funds	
1993-94	\$134,451,570	\$1,455,336	1%	
1994-95	\$166,374,250	\$10,217,650	6%	
1995-96	\$167,322,177	\$17,750,798	11%	
1996-97	\$193,149,130	\$18,806,620	10%	

- Strain on Subsidy System -- No Additional Supporting Resources
- Year 1 and Year 2 Partnerships are Serving 51-52% of The Children Who are Eligible for Subsidized Care (Versus 37% in Other Counties)

DIVISION OF CHILD DEVELOPMENT IMPACT OF FEDERAL REFORM

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996:

- Eliminates Child Care as an Entitlement
- Consolidates All Federal Funding Into the Child Care and Development Fund (CCDF)

Establishes Three Funding Categories Within CCDF:

Mandatory (100% Federal)

Discretionary (100% Federal), and

Matching [Available to Match Allowable State Costs Above Maintenance of Effort Thresholds (NC's MOE Threshold is \$37,978,185)]

Mandates 4% of Total Funds be Used on Quality Improvements

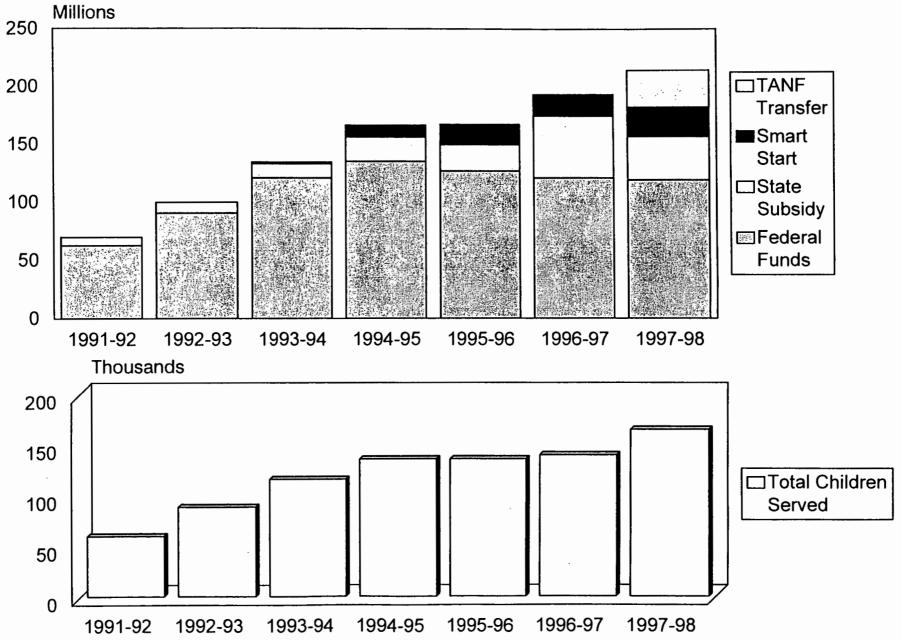
Caps Administrative Costs at 5% (Liberal Definition of Direct Service Providers)

Social Services Block Grant Funding is Still Available to Support Child Care Subsidies (Currently \$15,694,900)

Funding Transferred From the TANF Grant May Be Used For Any Purpose Allowable Under CCDF (i.e., Not Just to Subsidize Work First Children)

Comparing 1996-97 Allocations to 1995-96 Expenditures:	
Total Subsidized Child Care/Services Support Funds Available	\$173,342,509
Maximum Services Support	<u>6,641,445</u>
Total Subsidized Child Care Funds Available	\$166,701,064
Funds Spent on FSA/Non-FSA Child Care in 1995-96	\$149,555,547
Increase in Overall Available Funds	16%
Increase in Subsidized Care Funds	11%

DIVISION OF CHEED DEVELOPMENT SUBSIDIZED CHILD CARE EXPENDITURES



DIVISION OF CHILD DEVELOPMENT

RESULTS OF NC's INVESTMENT IN CHILD CARE

Capacity:

Increase in the Number of Regulated Child Care Homes and Centers:

<u>1990</u>

<u>1997</u>

6,170

8,012

30% Increase

Increase in the Number of Children Being Subsidized:

<u>1990</u>

1997

33,014

140,033

Reduction in Waiting Lists:

November 1, 1995:

16, 824 Children

November 1, 1996:

9, 447

March 1997:

Virtually Eliminated in Durham, Guilford,

Mecklenburg, Orange, and Wake Counties

Few Complaints About Child Care Availability

Established Smart Start Counties More Successful in Placing Larger Numbers of Children (51% of Eligibles vs. 37%)

DIVISION OF CHILD DEVELOPMENT

RESULTS OF INVESTMENT (CONT'D)

Quality:

- Increase in the Number of AA-Licensed Centers

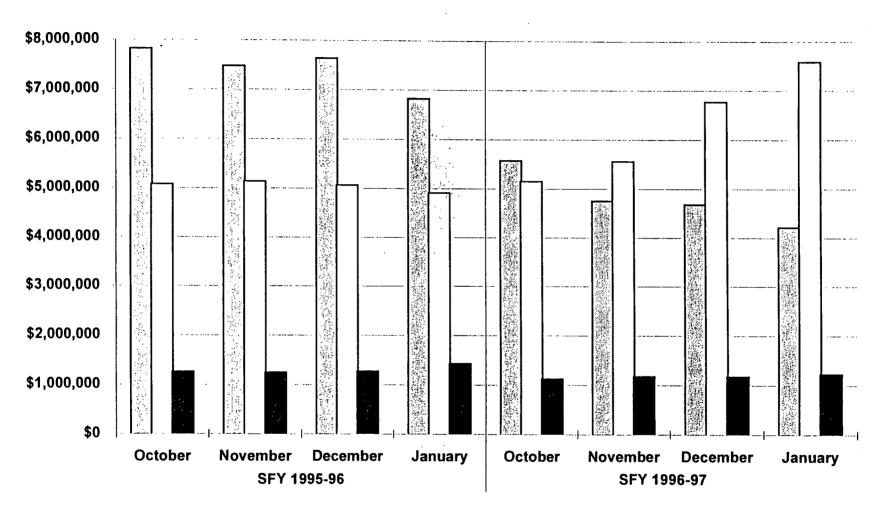
1993 1997 551 888 61% Increase

- Smart Start Counties Have a Much Higher Percentage of AA-Licensed Facilities: 32% vs. 18% in Non-Smart Start Counties
- TEACH Has Enabled 4,200 Child Care Directors/Teachers to Return to School
- Differential Provider Payments Create the Right Incentives for Improving Quality

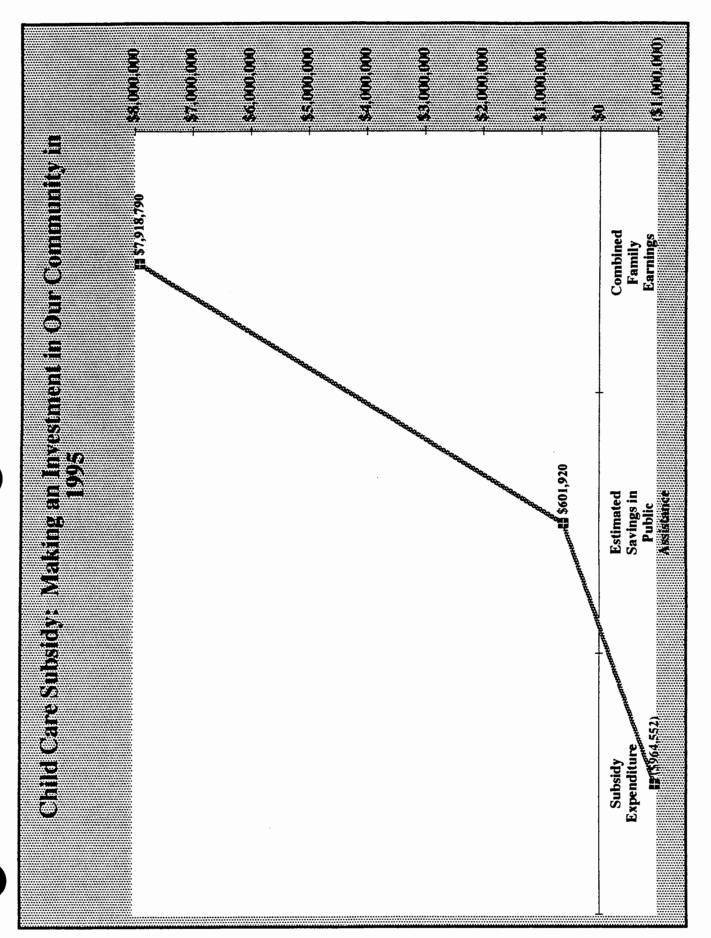
NC is Well-Positioned for Welfare Reform -- System is Producing the Desired Outcomes

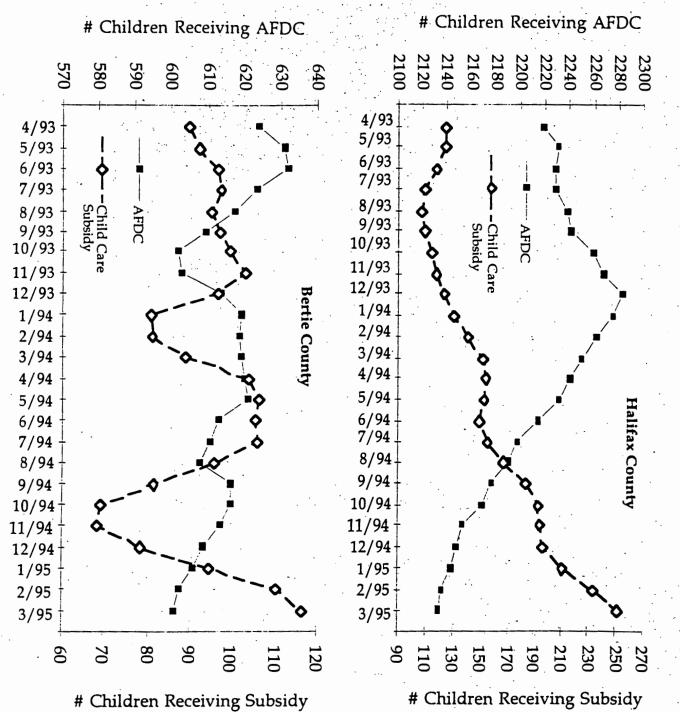
- Capacity is Growing System is Not Saturated
- State Subsidy Policy Supports Transition From Welfare to Work
- Work First Clients are Declining as a Percentage of Subsidized Child Care Population
- State is Implementing Smart Start Successes Statewide
- Preliminary Analyses Indicate That Investment in Child Care Subsidies Is Reducing Welfare Expenditures

Subsidized Chilare Expenditures October - January SFY 1995-96 and SFY 1996-97



- ☐FSA Child Care (1995-96)/Work First Related Child Care (1996-97)
- □Non-FSA Child Care (1995-96)/Child Care Not Directly Assoc. with Work First (1996-97)
- **■**Smart Start Child Care





2

DIVISION OF CHILD DEVELOPMENT

PERFORMANCE/PROGRAM BUDGET

Program Area:

Human Services

P/PB Goal #1:

Enable families and individuals to achieve maximum self-sufficiency and well-being

Program:

Support child care and early childhood development

Expected Outcome:

Children in Smart Start Counties will enter kindergarten healthy and ready to learn.

P/PB Objective # 75 (2200.01):

Increase by 2% annually the number of children in Smart Start counties who enter school fully immunized

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
·	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percentage of children in Smart Start counties	N	N	N	N	N	N
who enter school fully immunized.						

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded child care programs (DCD funds 1111, 1711 and 1811);
- Reduce turnover among child care staff (DCD funds 1111, 1711 and 1811);
- Expand the amount of child care available (DCD funds 1111, 1711 and 1811);
- Improve access to child care for low-income families to support employment, training, and other employment related purposes (DCD funds 1111, 1711 and 1811);
- Expand access to low-income families by providing more subsides (DCD funds 1111, 1711 and 1811);
- Improve program quality by increasing capacity for systematic monitoring of child care facilities (DCD funds 1111, 1711 and 1811);
- Develop a plan for providing families and children with needed support services (DCD funds 1111, 1711 and 1811);

Innovations:

Early Childhood Initiative - Smart Start began in 1993 and is currently in 44 counties. Collaboration with all local and state family-centered service agencies allows local communities to provide family-centered support to empower families to seek and find services needed to become self-sufficient.

Expected Outcome:

Children in Smart Start Counties will enter kindergarten healthy and ready to learn.

P/PB Objective # 76 (2200.02):

Decrease by 5% annually the number of children in Smart Start counties who have not been assessed/treated for vision, hearing or developmental needs.

Outcome Measure:

	SFY 93-94	SFY 94-95	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of children in Smart Start counties who have not been assessed/treated for vision, hearing or developmental needs.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded child care programs (DCD funds 1111, 1711 and 1811);
- Reduce turnover among child care staff (DCD funds 1111, 1711 and 1811);
- Expand the amount of child care available (DCD funds 1111, 1711 and 1811);
- Improve access to child care for low-income families to support employment, training, and other employment related purposes (DCD funds 1111, 1711 and 1811);
- Expand access to low-income families by providing more subsides (DCD funds 1111, 1711 and 1811);
- Improve program quality by increasing capacity for systematic monitoring of child care facilities (DCD funds 1111, 1711 and 1811);
- Develop a plan for providing families and children with needed support services (DCD funds 1111, 1711 and 1811);

Innovations:

Early Childhood Initiative - Smart Start began in 1993 and is currently in 44 counties. Collaboration with all local and state family-centered service agencies allows local communities to provide family-centered support to empower families to seek and find services needed to become self-sufficient.

Expected Outcome:

Children in Smart Start Counties will enter kindergarten healthy and ready to learn

P/PB Objective # 77 (2200.03):

Increase by 5% annually the number of children in Smart Start counties who will score above the 25th percentile on the kindergarten screening measure used by the local Education Agency.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of children in Smart Start counties	N	N	N	N	N	N
who will score above the 25th percentile on						
the kindergarten screening measure used by						
the Local Education Agency.						

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded child care programs (DCD funds 1111, 1711 and 1811);
- Reduce turnover among child care staff (DCD funds 1111, 1711 and 1811);
- Expand the amount of child care available (DCD funds 1111, 1711 and 1811);
- Improve access to child care for low-income families to support employment, training, and other employment related purposes (DCD funds 1111, 1711 and 1811);
- Expand access to low-income families by providing more subsides (DCD funds 1111, 1711 and 1811);
- Improve program quality by increasing capacity for systematic monitoring of child care facilities (DCD funds 1111, 1711 and 1811);
- Develop a plan for providing families and children with needed support services (DCD funds 1111, 1711 and 1811)

Innovations

Early Childhood Initiative - Smart Start began in 1993 and is currently in 44 counties. Collaboration with all local and state family-centered service agencies allows local communities to provide family-centered support to empower families to seek and find services needed to become self-sufficient.

Expected Outcome:

The availability of regulated and higher quality child care will be increased statewide.

P/PB Objective # 78 (2200.04):

By the year 2000, increase by 10% the number of regulated child care spaces available to children statewide.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of child care spaces in regulated facilities and homes.	228,938	245,172	258,077	268,737	276,681	283,010

Description of strategies or activities directed toward this objective:

- Increase the number of regulated day care centers and homes (DCD funds 1111, 1711 and 1811)
- Provide technical assistance for starting up child day care services. (DCD funds 1111, 1711 and 1811)

Innovations

• Expand collaborative efforts with the Small Business Centers in the community college system to provide seminars for potential child day care center operators.

Expected Outcome:

The availability of regulated and higher quality child care will be increased statewide

P/PB Objective # 79 (2200.05):

By the year 2000, increase by 3% the number of child care spaces available to children statewide that meet higher than minimum licensing standards.

Outcome Measure:

·	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of child care spaces in regulated child care arrangements meeting higher than minimum licensing standards or accreditation standards.	N	N	N	N	N	N

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Increase the number of accredited, or otherwise upgraded, child day care programs. (DCD funds 1111, 1711 and 1811)
- Provide technical assistance for improving child day care services. (DCD funds 1111, 1711 and 1811)
- Improve program quality by increasing capacity for systematic monitoring of child day care centers and homes. (DCD funds 1111, 1711 and 1811)

Expected Outcome:

A safer environment will be created for children in child care arrangements.

P/PB Objective # 80 (2200.06):

Decrease by 5% the percentage of children receiving care in child care arrangements requiring administrative actions (revocations, special provisionals, written warnings etc.)

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Percent of children enrolled in child care	N	N	N	N	N	N
arrangements requiring negative						
administrative action.						

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Provide technical assistance for improving child day care services. (DCD funds 1111, 1711 and 1811)
- Improve program quality by increasing capacity for systematic monitoring of child day care centers and homes. (DCD funds 1111, 1711 and 1811)
- Increase the number of caregivers receiving child care credentials and other professional development. (DCD funds 1111, 1711 and 1811)

Expected Outcome:

A successful transition from early childhood education programs and child care to the public schools for children of families in communities served by Family Resource Centers (FRC).

P/PB Objective #81 (2200.07):

Increase by 2%, the enrollment of child(ren) and parents in educational services and activities offered through the Family Resource Centers programs.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
Number of persons entering educational	N	N	N	N	N	N
programs.						

NOTE: Data will be collected beginning SFY 96-97.

Description of strategies or activities directed toward this objective:

- Utilize accredited, or otherwise upgraded, child care programs (DCD fund !111,1711,1811).
- Provide assessment of child development needs and resources (DCD fund 1111,1711,1811).
- Utilize family support services available through other community organizations (DCD fund 1111,1711,1811).
- Provide early childhood education options for children and parents who are otherwise not in the child care system (DCD fund 1111,1711,1811).
- Provide culturally sensitive training sessions to educators and health and human service providers. (DCD fund 1111, 1711, 1811).

Innovations

• Family Resource Centers do not represent a new kind of service but rather a new way to organize and direct the way families receive services. Family Resource Centers are a "one-stop" source of help for families, which are intended to facilitate coordinated, focused, and integrated access to necessary services and assistance. Programs emphasize service flexibility; families may obtain services delivered on-site, off-site, or through a voluntary home-based program.

Expected Outcome:

Increase access to child care.

P/PB Objective # 82 (2200.08):

By the year 2000, increase access to child care for low income families by 12%.

Outcome Measure:

	SFY	SFY	SFY	SFY	SFY	SFY
	93-94	94-95	95-96	96-97	97-98	98-99
	Actual	Actual	Actual	Projected	Projected	Projected
The average monthly number of children receiving subsidized child care (CCDF, SSBG, CCDBG, State Subsidy Funds, Smart Start, and Head Start Wrap-Around).	56,805	65,828	64,139	71,028	78,076	76,895

Description of strategies or activities directed toward this objective:

- Transfer the Work First Child Care Program to the Division of Child Development (DCD funds 1111, 1711 and 1811).
- Expand access to low income families by providing more subsidies through Smart Start funding (DCD funds 1111, 1711 and 1811).

VISITOR REGISTRATION SHEET

LUMAN	Res.
Name of Co	mmittee

26-97

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
DAVID WALKER	N.C. PARTHERSHIP FOR Chicken
Bunda Summus	DC Equity
AL DEMCH	JOUTH ADVOCACY
Rodry Swith	ne Clubo Care Coalitin
Helen Lynna	neck Co.
Wanda Mandeville	DHR-Budget + Analysis
David Benton	DHE
Jim Edgud	OBR
It flows	DAR
Blangul	DHR-DCD
Paula Wolf	Covenant with NC's Children
Sonny Worth	Carolinas Red & Can Insker

VISITOR REGISTRATION SHEET

Name of Committee

Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
Man Raharden	$0 \leq \rho_L$
Bobby Woodard	OSBM
Meager	OSAM
Wayne William	083n
NELS ROSELAND	05BM
Byron K. Harris	OSBM
Bicki Sluts	PPAB
Paliere Rouler	MCACC
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Affic Session

VISITOR REGISTRATION SHEET

HUMAN Res.	3-26-27
Name of Committee	Date
VISITORS: Please sign below	and return to Committee Clerk.
NAME	FIRM OR STATE AGENCY AND ADDRESS
Whitney Obig	DMHDDS15
Jakir Stalnahu	DVRS
Be Watts	JHR-DSS
Them Beal	DHR-PS
Mean Smoth	Easten Spals Gallingon
Consie Mochran	UCP - Coal him 2 501
11 W Sax	NCAHE
Bill Cox	DHR/DIRM
Bob Fitzgerald	DIAR/ DES
Apoli Hymnel	DIAK /DEC
Hatine Roeder	N COAC.C
Ann Schwindaman	NC Council of Comm. MH/DO/SA Program
Sand Smarcon	NCARE
9/ Myn Miles	WASW-NC
Helen Lynn	Meck Co.
Type Clyerch	WR-DSS
May Milhous	THR-PMHDDSAS
Jon & Bay ext	
Stone Staber	Jordan Trice
THEHARD RIDEOUT	DHR DYS
TORKEN WADE	DHR RH
Merger	OSPAN

AFTER SLOSSON

VISITOR REGISTRATION SHEET

Name of Committee	Date
VISITORS: Please sign below and	d return to Committee Clerk.
NAME	FIRM OR STATE AGENCY AND ADDRESS
Rosh Saul	we child Care Coalition
Jonny War Pa	CIS
Par inguas.	Sp
Sur Richard	Forcinc
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Marien Dorman	OSBM
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AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

WEDNESDAY - MARCH 26, 1997

Afternoon

DHR SPECIAL PROVISIONS FOR 1997-99 - CAROL SHAW

DAY CARE ALLOCATION FORMULA - MARY ELLEN SYLVESTER

MENTAL HEALTH SPECIAL PROVISIONS - KAREN HAMMONDS-BLANKS

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

March 26, 1997

The Joint Appropriations Subcommittee on Human Resources met on Wednesday afternoon, at 4:35 p.m., in Room 424, in the Legislative Office Building. Senator Martin presided with six Senate members present and House member present were as follows: Representative Gardner, Representative Nye, Representative Clary, Representative Cansler, Representative Adams, Representative Alexander, and Representative Watson.

Carol Shaw presented an overview of the Department of Human Resources special provisions for 1997-99. Carol indicated that the date for beginning the implementation of the Food Stamp Electronic Benefits Transfer process is January 1998, two years before every county is on board.

Mary Ellen Sylvester then proceeded with an overview of the Day Care Allocation Formula (see page 19 of special provisions).

Karen Hammonds-Blanks proceeded with her presentation on Mental Health special provisions after which, Senator Dannelly moved that the committee adopt the provisions other than the state abortion funds on page 47, and one provision which recommends that reimbursement rates be approved.

The committee adjourned for dinner at 5:45 to reconvene at 7:15 p.m. with Senate members only.

The Senate Appropriations Subcommittee on Human Resources reconvened and began addressing the fact that the Department would look at the provision regarding reimbursement rates.

Senator Miller questioned line 5 of the special provisions regarding the state abortion fund eligibility. The language was changed to reflect "or" rather than "and".

Senator Martin suggested that we discuss the State abortion fund eligibility issue the following day and move on with the agenda. Carol Shaw proceeded with the draft document of the recommended continuation budget, inclusive of all the Governor's reductions with the exception of welfare reform, because Senator Martin did not want to address welfare reform until the committee has had a chance to discuss it.

Jt. APHR Minutes 3-26-97 Page 2

During the discussion on Medicaid, Secretary Bruton warned about tightening the budget down any further, based upon the trend that they expect to report in two weeks. There was a possible provision with the intent of the General Assembly to increase Medicaid growth by 8%.

Karen Hammonds-Blanks continued with a review of the recommended continuation budget for the Division of Mental Health.

Mary Ellen Sylvester presented the continuation budget for Youth Services. It was determined that the committee would hold off on item #10, #21 and #22 until the following day and move on to adopt the rest of the continuation budget. Senator Forrester requested figures to see where we were in DHR before voting on item #12. He then made a motion not to take cuts on items #21 and #22 of the recommended continuation budget (see handout). Senator Dannelly made a motion to accept all except item #10 until further discussion.

The meeting adjourned at 8:40 p.m.

Senator William N. Martin, Chairman

Senate Appropriations Subcommittee on Human Resources

Wanda C. Kay, Committee Clerk

Senate Appropriations Subcommittee on Human Resources

BM 3/26/97

CODE NO. 97DHR-S043

22 23 Requested by: Senator Miller

STATE ABORTION FUND ELIGIBILITY CRITERIA

1 The Social Services Commission shall adopt Sec. @. (a) 2 rules governing the eligibility of applicants to receive services 3 under the State Abortion Fund. Eligibility for services shall be 4 limited to women whose income is below the federal poverty level, 5 as revised annually, or who are eligible for Medicaid, and: The woman is a victim of rape or incest; 7 (2) The woman is mentally retarded; 8 (3) The woman is a minor; 9 (4) A physician, selected by the woman, has advised 10 that the woman's mental or physical health could be 11 impaired by the pregnancy; or 12 A physician has determined that a fetal deformity (5) 13 is present. 14 (b) Except as otherwise provided under subsection .(a) 15 of this section, eligibility rules adopted by the Commission may 16 not be based on the applicant's race, creed, color, national 17 origin, marital status, age, or handicapping condition. 18 Services provided under this section shall be in 19 accordance with the provisions of G.S. 14-45.1 governing when 20 abortion is lawful. 21

PM 3-26-9

Department of Human Resources

1997-99 Special Provisions

Fiscal Research & Bill Drafting Divisions

March 26, 1997

CODE NO. 97DHR-S040

Requested by: Senator Martin of Guilford

DISPOSITION OF DISPROPORTIONATE SHARE RECEIPT CLARIFICATION

Sec. @. For the 1997-99 fiscal biennium, as it receives funds associated with Disproportionate Share Payments from the State hospitals, the Division of Medical Assistance shall deposit funds appropriated for the Medicaid program in a sum equal to the federal share of the Disproportionate Share Payments as nontax revenue. Any of these funds that are not appropriated by the General Assembly shall be reserved by the State Controller for future appropriation.



CODE NO. 97DHR-S019

Requested by: Senator Martin of Guilford

MEDICAID

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Sec. @. (a) Funds appropriated in this act for services provided in accordance with Title XIX of the Social Security Act (Medicaid) are for both the categorically needy and the medically needy. Funds appropriated for these services shall be expended in accordance with the following schedule of services and payment bases. All services and payments are subject to the language at the end of this subsection.

8 Services and payment bases:

- (1) Hospital-Inpatient Payment for hospital inpatient services will be prescribed in the State Plan as established by the Department of Human Resources. Administrative days for any period of hospitalization shall be limited to a maximum of three days.
- (2) Hospital-Outpatient Eighty percent (80%) of allowable costs or a prospective reimbursement plan as established by the Department of Human Resources.
- (3) Nursing Facilities Payment for nursing facility services will be prescribed in the State Plan as established by the Department of Human Resources. Nursing facilities providing services to Medicaid recipients who also qualify for Medicare, must be enrolled in the Medicare program as a condition of participation in the Medicaid program. State facilities are not subject to the requirement to enroll in the Medicare program.
- (4) Intermediate Care Facilities for the Mentally Retarded - As prescribed in the State Plan as established by the Department of Human Resources.
- allowed bv (5) Drugs Drug costs as regulations plus a professional services fee per month excluding refills for the same generic equivalent during the same month. Reimbursement shall be available for up to six prescriptions per recipient, per month, including Payments for drugs are subject to the refills. provisions of subsection (f) of this section and to the provisions at the end of subsection (a) of this

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section, or in accordance with the State Plan adopted by the Department of Human consistent with federal reimbursement regulations. Payment of the professional services fee shall be made in accordance with the Plan adopted by the Department of Human Resources, consistent with reimbursement federal regulations. The professional services fee shall be five dollars and sixty cents (\$5.60) per prescription. Adiustments the professional services fee shall established by the General Assembly.

- (6) Physicians, Chiropractors, Podiatrists, Optometrists, Dentists, Certified Nurse Midwife Services Fee schedules as developed by the Department of Human Resources. Payments for dental services are subject to the provisions of subsection (g) of this section.
- (7) Community Alternative Program, EPSDT Screens Payment to be made in accordance with rate schedule developed by the Department of Human Resources.
- (8) Home Health and Related Services, Private Duty Nursing, Clinic Services, Prepaid Health Plans, Durable Medical Equipment - Payment to be made according to reimbursement plans developed by the Department of Human Resources.
- (9) Medicare Buy-In Social Security Administration premium.
- (10) Ambulance Services Uniform fee schedules as developed by the Department of Human Resources.
- (11) Hearing Aids Actual cost plus a dispensing fee.
- (12) Rural Health Clinic Services Provider-based reasonable cost; nonprovider based - single cost reimbursement rate per clinic visit.
- (13) Family Planning Negotiated rate for local health departments. For other providers - see specific services, for instance, hospitals, physicians.
- (14) Independent Laboratory and X-Ray Services Uniform fee schedules as developed by the Department of Human Resources.
- (15) Optical Supplies One hundred percent (100%) of reasonable wholesale cost of materials.
- (16) Ambulatory Surgical Centers Payment as prescribed in the reimbursement plan established by the Department of Human Resources.

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- (17) Medicare Crossover Claims An amount up to the actual coinsurance or deductible or both, in accordance with the Plan, as approved by the Department of Human Resources.
- (18) Physical Therapy and Speech Therapy Services limited to EPSDT eligible children. Payments are to be made only to qualified providers at rates negotiated by the Department of Human Resources.
- (19) Personal Care Services Payment in accordance with Plan approved by the Department of Human Resources.
- (20) Case Management Services Reimbursement in accordance with the availability of funds to be transferred within the Department of Human Resources.
- (21) Hospice Services may be provided in accordance with Plan developed by the Department of Human Resources.
- (22) Other Mental Health Services Unless otherwise covered by this section, coverage is limited to agencies meeting the requirements of the rules established by the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services, and reimbursement is made in accordance with a Plan developed by the Department of Human Resources not to exceed the upper limits established in federal regulations.
- (23) Medically Necessary Prosthetics or Orthotics for EPSDT Eligible Children Reimbursement in accordance with Plan approved by the Department of Human Resources.
- (24) Health Insurance Premiums Payments to be made in accordance with the Plan adopted by the Department of Human Resources consistent with federal regulations.
- (25) Medical Care/Other Remedial Care Services not covered elsewhere in this section include related services in schools; health professional services provided outside the clinic setting to meet maternal and infant health goals; and services to meet federal EPSDT mandates. Services addressed by this paragraph are limited to those prescribed in the State Plan as established by the Department of Human Resources. Providers of these services must be certified as meeting program standards of the

- Department of Environment, Health, and Natural Resources.
- (26) Pregnancy Related Services Covered services for pregnant women shall include nutritional counseling, psychosocial counseling, and predelivery and postpartum home visits by maternity care coordinators and public health nurses.

8 Services and payment bases may be changed with the approval of 9 the Director of the Budget.

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Reimbursement is available for up to 24 visits per recipient 11 per year to any one or combination of the following: physicians, 12 clinics, hospital outpatient, optometrists, chiropractors, Prenatal services, all EPSDT 13 podiatrists. children, 14 emergency rooms are exempt from the visit limitations contained this paragraph. Exceptions may be authorized by 16 Department of Human Resources where the life of the patient would 17 be threatened without such additional care. Any person who is 18 determined by the Department to be exempt from the 24-visit 19 limitation may also be exempt from the six-prescription 20 limitation.

- 21 (b) Allocation of Nonfederal Cost of Medicaid. The State 22 shall pay eighty-five percent (85%); the county shall pay fifteen 23 percent (15%) of the nonfederal costs of all applicable services 24 listed in this section.
- 25 (c) Copayment for Medicaid Services. The Department of Human 26 Resources may establish copayment up to the maximum permitted by 27 federal law and regulation.
- 28 (d) Medicaid and Aid to Families With Dependent Children 29 Income Eligibility Standards. The maximum net family annual 30 income eligibility standards for Medicaid and Aid to Families 31 with Dependent Children, and the Standard of Need for Aid to 32 Families with Dependent Children shall be as follows:

J J				
34	Catego	orically Needy	Medically Needy	
35	Family	Standard	AFDC Payment	
36	Size	of Need	<u>Level*</u>	AA, AB, AD*
37				
38	1	\$ 4,344	\$ 2,172	\$ 2,900
39	2	5,664	2,832	3,800
40	3	6, 528	3,264	4,400
41	4	7,128	3,564	4,800
42	5	7,776	3,888	5,200
43	6	8,376	4,188	5,600
44	7	8,952	4,476	6,000
45	8	9,256	4,680	6,300
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1 *Aid to Families With Dependent Children (AFDC); Aid to the Aged 2 (AA); Aid to the Blind (AB); and Aid to the Disabled (AD).

4 The payment level for Aid to Families With Dependent Children 5 shall be fifty percent (50%) of the standard of need.

6 These standards may be changed with the approval of the 7 Director of the Budget with the advice of the Advisory Budget 8 Commission.

9 (e) All Elderly, Blind, and Disabled Persons who receive 10 Supplemental Security Income are eligible for Medicaid coverage.

(f) ICF and ICF/MR Work Incentive Allowances. The Department Human Resources may provide an incentive allowance to 12 of 13 Medicaid-eligible recipients of ICF and ICF/MR facilities who are in work activities 14 regularly engaged as part 15 developmental plan and for whom retention of additional income 16 contributes to their achievement of independence. The State 17 funds required to match the federal funds that are required by 18 these allowances shall be provided from savings within the 19 Medicaid budget or from other unbudgeted funds available to the 20 Department. The incentive allowances may be as follows:

Monthly Net Wages

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Monthly Incentive Allowance

\$1.00 to \$100.99	Up to \$50.00
\$101.00 - \$200.99	\$80.00
\$201.00 to \$300.99	\$130.00
\$301.00 and greater	\$212.00

- 29 (g) Dental Coverage Limits. Dental services shall be provided 30 on a restricted basis in accordance with rules adopted by the 31 Department to implement this subsection.
- (h) Dispensing of Generic Drugs. Notwithstanding G.S. 90-33 85.27 through G.S. 90-85.31, under the Medical Assistance Program (Title XIX of the Social Security Act) a prescription order for a drug designated by a trade or brand name shall be considered to be an order for the drug by its established or generic name, except when the prescriber personally indicates, either orally or in the prescriber's own handwriting on the prescription order, "dispense as written" or words of similar meaning. Generic drugs, when available in the pharmacy, shall be dispensed at a lower cost to the Medical Assistance Program rather than trade or brand name drugs, subject to the prescriber's "dispense as written" order as noted above.

As used in this subsection "brand name" means the proprietary 45 name the manufacturer places upon a drug product or on its 46 container, label, or wrapping at the time of packaging; and 47 "established name" has the same meaning as in section 502(e)(3) 48 of the Federal Food, Drug, and Cosmetic Act as amended, 21 U.S.C. 49 § 352(e)(3).

50 (i) Exceptions to Service Limitations, Eligibility 51 Requirements, and Payments. Service limitations, eligibility 52 requirements, and payments bases in this section may be waived by 53 the Department of Human Resources, with the approval of the

1 Director of the Budget, to allow the Department to carry out 2 pilot programs for prepaid health plans, managed care plans, or 3 community-based services programs in accordance with plans 4 approved by the United States Department of Health and Human 5 Services, or when the Department determines that such a waiver 6 will result in a reduction in the total Medicaid costs for the 7 recipient.

Volume Purchase Plans and Single Source Procurement. (j) 9 Department of Human Resources, Division of Medical Assistance, 10 may, subject to the approval of a change in the State Medicaid 11 Plan, contract for services, medical equipment, supplies, 12 appliances by implementation of volume purchase plans, single 13 source procurement, or other similar processes in order to 14 improve cost containment.

Cost Containment Programs. The Department of Human (k) 16 Resources, Division of Medical Assistance, may undertake cost 17 containment programs including preadmissions to hospitals and 18 prior approval for certain outpatient surgeries before they may 19 be performed in an inpatient setting.

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(1) For all Medicaid eligibility classifications for which the 21 federal poverty level is used as an income limit for eligibility 22 determination, the income limits will be updated each April 1 23 immediately following publication of federal poverty guidelines.

(m) The Department of Human Resources shall provide Medicaid to 25 19-, 20-, and 21-year olds in accordance with federal rules and 26 regulations.

- The Department of Human Resources shall provide coverage 28 to pregnant women and to children according to the following 29 schedule:
 - (1)Pregnant women with incomes equal to or less than one hundred eighty-five percent (185%) of the federal poverty guidelines as revised each April 1 shall be covered for Medicaid benefits.
 - Infants under the age of 1 with family incomes (2) equal to or less than one hundred eighty-five percent (185%) of the federal poverty guidelines as revised each April 1 shall be covered for Medicaid benefits.
 - (3) Children aged 1 through 5 with family incomes equal. to or less than one hundred thirty-three percent (133%) of the federal poverty guidelines as revised April 1 shall be covered for Medicaid benefits.
 - Children aged 6 through 18 with family incomes (4)equal to or less than the federal poverty quidelines as revised each April 1 shall be covered for Medicaid benefits.
 - The Department of Human Resources shall provide (5) Medicaid coverage for adoptive children with special or rehabilitative needs regardless of the adoptive family's income.

51 pregnant women eligible under this subsection 52 Services to 53 continue throughout the pregnancy but include only those related

- 1 to pregnancy and to those other conditions determined by the 2 Department as conditions that may complicate pregnancy. In order 3 to reduce county administrative costs and to expedite the 4 provision of medical services to pregnant women, to infants, and 5 to children described in subdivisions (3) and (4) of this 6 subsection, no resources test shall be applied.
- 7 (o) The Department of Human Resources may use Medicaid funds 8 budgeted from program services to support the cost of 9 administrative activities to the extent that these administrative 10 activities produce a net savings in services requirements. 11 Administrative initiatives funded by this section shall be first 12 approved by the Office of State Budget and Management.
- (p) The Department of Human Resources shall submit a monthly status report on expenditures for acute care and long-term care services to the Fiscal Research Division and to the Office of State Budget and Management. This report shall include an analysis of budgeted versus actual expenditures for eligibles by actegory and for long-term care beds. In addition, the Department shall revise the program's projected spending for the current fiscal year and the estimated spending for the subsequent fiscal year on a quarterly basis. Reports for the preceding month shall be forwarded to the Fiscal Research Division and to the Office of State Budget and Management no later than the third Thursday of the month.
- 25 (q) The Division of Medical Assistance, Department of Human 26 Resources, may provide incentives to counties that successfully 27 recover fraudulently spent Medicaid funds by sharing State 28 savings with counties responsible for the recovery of the 29 fraudulently spent funds.
- 30 (r) If first approved by the Office of State Budget and 31 Management, the Division of Medical Assistance, Department of 32 Human Resources, may use funds that are identified to support the 33 cost of development and acquisition of equipment and software 34 through contractual means to improve and enhance information 35 systems that provide management information and claims 36 processing.
- 37 (s) The Division of Medical Assistance, Department of Human 38 Resources, may administer Medicaid estate recovery mandated by 39 the Omnibus Budget Reconciliation Act of 1993, (OBRA 1993), 42 40 U.S.C. § 1396p(b), and G.S. 108-70.5 using temporary rules 41 pending approval of final rules promulgated pursuant to Chapter 42 150B of the General Statutes.
- 43 (t) The Department of Human Resources may adopt temporary 44 rules according to the procedures established in G.S. 150B-21.1 45 when it finds that such rules are necessary to maximize receipt 46 of federal funds, to reduce Medicaid expenditures, and to reduce 47 fraud and abuse. Prior to the filing of these temporary rules 48 with the Office of Administrative Hearings, the Department shall 49 consult with the Office of State Budget and Management on the 50 possible fiscal impact of the temporary rule and its effect on 51 State appropriations and local governments."



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CODE NO. 97DHR-S013

Requested by: Senator Martin of Guilford

NONMEDICAID REIMBURSEMENT CHANGES

Sec. @. Providers of medical services under the various 2 State programs, other than Medicaid, offering medical care to 3 citizens of the State shall be reimbursed at rates no more than 4 those under the North Carolina Medical Assistance Program. 5 Hospitals that provide psychiatric inpatient care for Thomas S. 6 class members or adults with mental retardation and mental 7 illness may be paid an additional incentive payment not to exceed 8 fifteen percent (15%) of their regular daily per diem 9 reimbursement.

The Department of Human Resources may reimburse hospitals at the full prospective per diem rates without regard to the Medical 2 Assistance Program's annual limits on hospital days. When the 13 Medical Assistance Program's per diem rates for inpatient 14 services and its interim rates for outpatient services are used 15 to reimburse providers in non-Medicaid medical service programs, 16 retroactive adjustments to claims already paid shall not be 17 required.

Notwithstanding the provisions of paragraph one, the Department 19 of Human Resources may negotiate with providers of medical the various Department of 20 services Human under 21 programs, other than Medicaid, for rates as close as possible to 22 Medicaid rates for the following purposes: contracts or 23 agreements for medical services and purchases of 24 equipment and other medical supplies. These negotiated rates are 25 allowable only to meet the medical needs of its non-Medicaid 26 eligible patients, residents, and clients who require such 27 services which cannot be provided when limited to the Medicaid 28 rate.

29 Maximum net family annual income eligibility standards for 30 services in these programs shall be as follows:

32		Medical Eye	All	
33	Family Size	Care Adults	Rehabilitation	Other
34	1	\$ 4,860	\$ 8,364	$\$ \ \overline{4,200}$
35	2	5,940	10,944	5,300
36	3	6,204	13,500	6,400
37	4	7,284	16,092	7,500
38	5	7,824	18,648	7,900
39	6	8,220	21,228	8,300
40	7	8,772	21,708	8,800

8 9,312 22,220 9,300

3 The eligibility level for children in the Medical Eye Care 4 Program in the Division of Services for the Blind and for adults 5 in the Atypical Antipsychotic Medication Program in the Division 6 of Mental Health, Developmental Disabilities, and Substance Abuse 7 Services shall be one hundred percent (100%) of the federal 8 poverty guidelines, as revised annually by the United States 9 Department of Health and Human Services and in effect on July 1 10 of each fiscal year. Additionally, those adults enrolled in the 11 Atypical Antipsychotic Medication Program who become gainfully 12 employed may continue to be eligible to receive State support, in 13 decreasing amounts, for the purchase of atypical antipsychotic 14 medication and related services up to three hundred percent 15 (300%) of the poverty level.

16 State financial participation in the Atypical Antipsychotic 17 Medication Program for those enrollees who become gainfully 18 employed is as follows: 19 Income State Participation Client Participation

TZ	THEOME	State Fartitipation	citent Participation
20	(% of poverty)		
21			
22	0-100%	100%	0%
23	101-120%	95%	5%
24	121-140%	85%	15%
25	141-160%	75%	25%
26	161-180%	65%	35%
27	181-200%	55%	45%
28	201-220%	45%	55%
29	221-240%	35%	65%
30	241-260%	25%	75%
31	261-280%	15%	85%
32	281-300%	5%	95%
33	301%-over	0%	100%.

35 The Department of Human Resources shall contract at, or as 36 close as possible to, Medicaid rates for medical services 37 provided to residents of State facilities of the Department. 38

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CODE NO. 97DHR-S021

Requested by: Senator Martin of Guilford

FOOD STAMP ELECTRONIC BENEFITS TRANSFER FUNDS SPECIFICATIONS

Sec. @. The Controller's Office, Department of Human Resources, shall manage the development, implementation, and operation of the Food Stamp Electronic Benefits Transfer Program 4 (EBT).

CODE NO. 97DHR-S018

Requested by: Senator Martin of Guilford

TRANSFER OF CERTAIN FUNDS AUTHORIZED

Sec. @. In order to assure maximum utilization of funds in county departments of social services, county or district health agencies, and area mental health, developmental disabilities, and substance abuse authorities, the Director of the Budget may transfer excess funds appropriated to a specific service, program, or fund, whether specified service in a block grant plan or General Fund appropriation, into another service, program, or fund for local services within the budget of the respective State agency.



CODE NO. 97DHR-S001A

Requested by: Senator Martin of Guilford

DHR EMPLOYEES/IN-KIND MATCH

Sec. @. Notwithstanding the limitations of G.S. 143B-2 139.4, the Secretary of the Department of Human Resources may assign employees of the Office of Rural Health and Resource 4 Development to serve as in-kind match to nonprofit corporations 5 working to establish health care programs that will improve 6 health care access while controlling costs.

Requested by: Senator Martin of Guilford

MEDICAL DATA PROCESSING FUNDS

1 Sec. @. The sum of one hundred fifty thousand dollars 1997-98 1998-99 2 (\$150,000) for the and fiscal years 3 transferred from the Insurance Regulatory Fund established 4 pursuant to G.S. 58-6-25 to the Division of Facility Services, certify statewide data 5 Department of Human Resources, to 6 processors pursuant to Article 11A of Chapter 131E of the General 7 Statutes, to purchase data from statewide data processors, and to 8 process and analyze the data.



Requested by: Senator Martin of Guilford

SENIOR CENTER OUTREACH

- Sec. @. (a) Funds appropriated to the Department of Human Resources, Division of Aging, for the 1997-99 fiscal biennium, shall be used by the Division of Aging to enhance 4 senior center programs as follows:
 - (1) To test "satellite" services provided by existing senior centers to unserved or underserved areas; or
 - (2) To provide start-up funds for new senior centers.
- 8 All of these funds shall be allocated by October 1 of 9 each fiscal year.
- 10 (b) Prior to funds being allocated pursuant to this 11 section for start-up funds for a new senior center, the county 12 commissioners of the county in which the new center will be 13 located shall:
- 14 (1) Formally endorse the need for such a center;
- 15 (2) Formally agree on the sponsoring agency for the center; and
 - (3) Make a formal commitment to use local funds to support the ongoing operation of the center.
- 19 (c) State funding shall not exceed ninety percent (90%) 20 of reimbursable costs.

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Requested by: Senator Martin of Guilford

ADULT HOME CARE REPORT

Sec. @. Beginning October 1, 1997, the Department of Human Resources shall report annually, on the previous fiscal year's activities, to the Joint Legislative Commission on Governmental Operations and the Fiscal Research Division of the Legislative Services Office as to the status of the following:

- (1) Rate setting and financing of adult home care, including the use of Medicaid funds for personal care services;
- (2) Quality assurance and enhancement of adult home care, including case management for residents with special care needs, monitoring of adult home care facilities and specialized training of direct care staff, and
- (3) The process of the evaluation of the Adult Home Care Financing and Quality Assurance Program.

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Requested by: Senator Martin of Guilford

ANNUAL REPORT ON CARING PROGRAM FOR CHILDREN, INC.

Sec. @. The Caring Program for Children, Inc., shall report annually by May 1 to the Joint Legislative Commission on Governmental Operations and to the Fiscal Research Division of the Legislative Services Office, beginning with May 1, 1998, on its program for providing health care for children.

6 This report shall include the number of children served and the 7 cost per child served.

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Requested by: Senator Martin of Guilford

DAY CARE ALLOCATION FORMULA

- Sec. @. (a) To simplify current day care allocation methodology and more equitably distribute State day care funds, the Department of Human Resources shall apply the following allocation formula to all noncategorical federal and State day care funds used to pay the costs of necessary day care for minor children of needy families:
 - (1) One-third of budgeted funds shall be distributed according to the county's population in relation to the total population of the State;
 - (2) One-third of the budgeted funds shall be distributed according to the number of children under 6 years of age in a county who are living in families whose income is below the State poverty level in relation to the total number of children under 6 years of age in the State in families whose income is below the poverty level; and
 - (3) One-third of budgeted funds shall be distributed according to the number of working mothers with children under 6 years of age in a county in relation to the total number of working mothers with children under 6 years of age in the State.
- (b) A county's initial allocation shall not be less 23 than that county's total expenditures for both FSA and Non-FSA 24 child care in fiscal year 1995-96.

Requested by: Senator Martin of Guilford

DAY CARE FUNDS MATCHING REQUIREMENT

Sec. @. No local matching funds may be required by the Department of Human Resources as a condition of any locality's receiving any State day care funds appropriated by this act 4 unless federal law requires such a match.

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Requested by: Senator Martin of Guilford

CHILD DAY CARE SUBSIDIES

- The maximum gross annual/income for Sec. 0. (a) 2 initial eligibility, adjusted biennially, for subsidized child 3 care services shall be seventy-five percent (75%) of the State 4 median income, adjusted for family size.
- (b) Parents who receive child care subsidy to work, 5 attend work-related training or education work, fox 7 activities or meet the special developmental needs of their 8 child, shall share in the cost of child gare. No fees shall be 9 charged to the client when child day care services are provided 10 to the individuals in the following circumstances:
 - When children are receiving day care services in conjunction with protective services as described in 10 NCAC 35E.0106, up to a maximum of 12 months from the time protective services are initiated;
 - When day care services are provided as a support to (2) child receiving Child Welfare described in the North Carolina Division of Social Services Family Services Manual, Volume 1, Chapter II; or
 - When a child with no income is living with someone (3) other than the child's biological or adoptive parent or/is living with someone who does not have court-ordered financial responsibility.
- Fees shall be established based on a percent of 24 (C) 25 gross family income and adjusted for family size. Fees shall be 26 determined as follows:

PERCENT OF GROSS FAMILY INCOME 27 FAMILY SIZE 28 1 - 398 29 4 - 588 30 6 or more 7%

31 Local departments of social services shall apply this new fee 32 schedule to pecipients at the next eligibility review on or after 33 the effective date of this section.

- (d/) Rules for the monthly schedule of payments for the 35 purchase of day care services for low-income children shall be 36 established by the Social Services Commission pursuant to G.S. 37 143-153(8)(a) in accordance with the following requirements:
- (1) For day care facilities as defined in G.S. 110-38 39 86(3) in which fewer than fifty percent (50%) of

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the enrollees are subsidized by State or federal funds, the State shall continue to pay the same fee paid by private paying parents for a child in the same age group in the same facility.

(2) The monthly schedule of payments for the purchase of child day care services for low-income children from providers who have fifty percent (50%) or more children receiving child care subsidized with State or federal funds include:

Provision of payment rates for child care that are tied to the provider's regulatory status as follows:

- Registered homes and "A" licensed centers receive the market rate or the rate they charge their private paying parents, whichever is lower;
- 2. "AA" licensed centers receive one hundred ten percent (110%) of the market rate or the rate they charge their private paying parents, whichever is lower;
- "AA" licensed centers which are certified 3. as developmental day centers by the Division of Mental Health, Developmental Disabilities, and Substance Services receive one hundred ten percent (110%) of the market rate or the rate they charge private paying whichever is lower, for typically developing children; and
- 4. Unregistered providers receive fifty percent (50%) of the market rate or the rate they charge their private paying parents, whichever is lower.
- b. Provision of payment rates for child care providers in counties who do not have at least 75 children in each age group for center-based and home-based care as follows:
 - Payment rates shall be set at the statewide market rate for registered homes and "A" licensed centers.
 - 2. If, it can be demonstrated that the application of the statewide market rate to a county with fewer than 75 children in each age group is lower than the

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Requested by: Senator Martin of Guilford

CHILD DAY CARE SUBSIDIES

Sec. @. (a) The maximum gross annual income for initial eligibility, adjusted biennially, for subsidized child care services shall be seventy-five percent (75%) of the State 4 median income, adjusted for family size.

- 5 (b) Parents who receive child care subsidy to work, 6 look for work, attend work-related training or education 7 activities, or meet the special developmental needs of their 8 child, shall share in the cost of child care. No fees shall be 9 charged to the client when child day care services are provided 10 to the individuals in the following circumstances:
 - (1) When children are receiving day care services in conjunction with protective services as described in 10 NCAC 35E.0106, up to a maximum of 12 months from the time protective services are initiated;
 - (2) When day care services are provided as a support to a child receiving Child Welfare Services as described in the North Carolina Division of Social Services Family Services Manual, Volume 1, Chapter II; or
 - (3) When a child with no income is living with someone other than the child's biological or adoptive parent or is living with someone who does not have court-ordered financial responsibility.
- 24 (c) Fees shall be established based on a percent of 25 gross family income and adjusted for family size. Fees shall be 26 determined as follows:

27 FAMILY SIZE PERCENT OF GROSS FAMILY INCOME
28 1-3 9%
29 4-5 8%
30 6 or more 7%

31 Local departments of social services shall apply this new fee 32 schedule to recipients at the next eligibility review on or after 33 the effective date of this section.

- (d) Rules for the monthly schedule of payments for the purchase of day care services for low-income children shall be 36 established by the Social Services Commission pursuant to G.S. 37 143-153(8)(a) in accordance with the following requirements:
- 38 (1) For day care facilities as defined in G.S. 110-39 86(3) in which fewer than fifty percent (50%) of

the enrollees are subsidized by State or federal funds, the State shall continue to pay the same fee paid by private paying parents for a child in the same age group in the same facility.

- (2) "AA" licensed centers which are certified as developmental day centers by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services receive one hundred ten percent (110%) of the market rate or the rate they charge private paying parents, whichever is lower, for typically developing children.
- (3) The monthly schedule of payments for the purchase of child day care services for low-income children from providers who have fifty percent (50%) or more children receiving child care subsidized with State or federal funds include:
 - a. Provision of payment rates for child care that are tied to the provider's regulatory status as follows:
 - Registered homes and "A" licensed centers receive the market rate or the rate they charge their private paying parents, whichever is lower;
 - 2. "AA" licensed centers receive one hundred ten percent (110%) of the market rate or the rate they charge their private paying parents, whichever is lower; and
 - 3. Unregistered providers receive fifty percent (50%) of the market rate or the rate they charge their private paying parents, whichever is lower.
 - b. Provision of payment rates for child care providers in counties who do not have at least 75 children in each age group for center-based and home-based care as follows:
 - Payment rates shall be set at the statewide market rate for registered homes and "A" licensed centers.
 - 2. If it can be demonstrated that the application of the statewide market rate to a county with fewer than 75 children in each age group is lower than the county market rate and would inhibit the ability of the county to purchase child

care for low-income children, then the county market rate may be applied.

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- 3 (e) Payment rates described in subdivision (2)a. of 4 subsection (d) of this section shall be applied to all licensed 5 child care centers, including Head Start Wrap Around, that have 6 fifty percent (50%) or more of enrolled children receiving child 7 care subsidies, and to registered family child care homes and 8 unregulated providers that enroll subsidized children.
- 9 (f) A market rate shall be calculated for facilities 10 and homes for each county and for each age group or age category 11 of enrollees and shall be representative of fees charged to 12 unsubsidized private paying parents for each age group of 13 enrollees within the county. The Division of Child Development 14 shall also calculate a statewide market rate for each age 15 category. The Division of Child Development may also calculate 16 regional market rates for each age group and age category.
- (g) Facilities licensed pursuant to Article 7 of 18 Chapter 110 of the General Statutes may participate in the 19 program that provides for the purchase of care in day care 20 facilities for minor children of needy families. No separate 21 licensing requirements shall be used to select facilities to 22 participate. In addition, day care facilities shall be required 23 to meet any additional applicable requirements of federal law or 24 regulations.

Day care homes as defined in G.S. 110-86(4) from which the State purchases day care services shall meet the standards established by the Child Day Care Commission pursuant to G.S. 28 110-101 and G.S. 110-105.1 and any additional requirements of State law or federal law or regulations. Child care arrangements exempt from State regulation pursuant to Article 7 of Chapter 110 31 of the General Statutes shall meet the requirements established 32 by other State law and by the Social Services Commission.

County departments of social services or other local contracting agencies shall not use a provider's failure to comply with requirements in addition to those specified in this subsection as a condition for reducing the provider's subsidized child day care rate.

county market rate and would inhibit the ability of the county to purchase child care for low-income children, then the county market rate may be applied.

5 (e) Payment rates described in subdivision (2)a. of 6 subsection (d) of this section shall be applied to all licensed 7 child care centers, including Head Start Wrap Around, that have 8 fifty percent (50%) or more of enrolled children receiving child 9 care subsidies, and to registered family child care homes and 10 unregulated providers that enroll subsidized children.

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(f) A market rate shall be calculated for facilities 12 and homes for each county and for each age group or age category 13 of enrollees and shall be representative of fees charged to 14 unsubsidized private paying parents for each age group of 15 enrollees within the county. The Division of Child Development 16 shall also calculate a statewide market rate for each age 17 category. The Division of Child Development may also calculate 18 regional market rates for each age group and age category.

19 (g) Facilities licensed pursuant to Article 7 of 20 Chapter 110 of the General Statutes may participate in the 21 program that provides for the purchase of care in day care 22 facilities for minor children of needy families. No separate 23 licensing requirements shall be used to select facilities to 24 participate. In addition, day care facilities shall be required 25 to meet any additional applicable requirements of federal law or 26 regulations.

Day care homes as defined in C.S. 110-86(4) from which the State purchases day care services shall meet the standards established by the Child Day Care Commission pursuant to G.S. 30 110-101 and G.S. 110-105.1 and any additional requirements of State law or federal law or regulations. Child care arrangements exempt from State regulation pursuant to Article 7 of Chapter 110 33 of the General Statutes shall meet the requirements established by other State law and by the Social Services Commission.

County departments of social services or other local 36 contracting agencies shall not use a provider's failure to comply 37 with requirements in addition to those specified in this 38 subsection as a condition for reducing the provider's subsidized 39 child day care rate.

Requested by: Senator Martin of Guilford

CHILD DAY CARE REVOLVING LOAN FUND

Notwithstanding any law to the contrary, funds 1 Sec. @. 2 budgeted for the Child Day Care Revolving Loan Fund may be 3 transferred to and invested by the financial institution 4 contracted to operate the Fund. The principal and any income to 5 the Fund may be used to make loans, reduce loan interest to 6 borrowers, serve collateral for borrowers, as the or to pay 7 contractor's cost of operating the Fund, the 8 Department's cost of administering the program.

Requested by: Senator Martin of Guilford

COMMUNITY-BASED ALTERNATIVES PARTICIPATION

Sec. @. County governments participating in the Community-Based Alternatives Program shall certify annually to the Division of Youth Services, Department of Human Resources, that Community-Based Alternatives Aid to Counties shall not be used to duplicate or supplant other programs within the county.

Requested by: Senator Martin of Guilford

S.O.S. AND FAMILY RESOURCE CENTER GRANT PROGRAMS ADMINISTRATIVE COST LIMITS

Sec. @. (a) Of the funds appropriated to the Department of Human Resources in this act, not more than three hundred fifty thousand dollars (\$350,000) for the 1997-98 fiscal year and not more than three hundred fifty thousand dollars (\$350,000) for the 1998-99 fiscal year may be used to administer the S.O.S. Program, to provide technical assistance to applicants and to local S.O.S. programs, and to evaluate the local S.O.S. programs. The Department may contract with appropriate public or nonprofit agencies to provide the technical assistance, including training and related services.

11 (b) Of the funds appropriated in this act to the Department of 12 Human Resources for the Family Resource Center Grant Program, the 13 Department may use up to two hundred fifty thousand dollars 14 (\$250,000) in each fiscal year to administer the Program.

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Requested by: Senator Martin of Guilford

REIMBURSEMENT AND COMPENSATION OF MEMBERS OF THE NORTH CAROLINA VOCATIONAL REHABILITATION ADVISORY COUNCIL, THE STATEWIDE INDEPENDENT LIVING COUNCIL, AND THE COMMISSION FOR THE BLIND

Notwithstanding G.S. 138-5(a)(1), those members Sec. @. 1 2 of the North Carolina Vocational Rehabilitation Advisory Council, 3 the Statewide Independent Living Council, and the Commission for 4 the Blind, who are unemployed or who must forfeit wages from 5 other employment to attend council or commission meetings or to 6 perform related duties, may receive compensation not to exceed 7 fifty dollars (\$50.00) a day for attending these meetings or for 8 performing related duties, as authorized in Sections 105 and 705 9 of P.L. 102-569, the Rehabilitation Act of 1973, 42 U.S.C. § 701 10 et seq., as amended. This compensation is instead of the 11 compensation specified in G.S. 138-5(a)(1). Reimbursement for 12 subsistence and travel expenses is as specified in G.S. 138-5.



Requested by: Senator Martin of Guilford

FAMILY SUPPORT/DEAF AND HARD OF HEARING SERVICES CONTRACT

1 Sec. @. Of the funds appropriated in this act to the 2 Division of Services for the Deaf and Hard of Hearing, Department 3 of Human Resources, for family support services, the sum of five 4 hundred three thousand two hundred thirty-eight 5 (\$503,238) for the 1997-98 fiscal year and the sum of five three hundred 6 hundred thousand two thirty-eight 7 (\$503,238) for the 1998-99 fiscal year shall be used to contract 8 with a private, nonprofit corporation licensed to do business in 9 North Carolina to perform those services, including family 10 support and advocacy services as well as technical assistance to 11 professionals who work with families of hearing impaired 12 children.

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CODE NO. 97DHR-S038A

Requested by: Senator Martin of Guilford

LIMITATION ON USE OF SPECIAL ALZHEIMER'S UNIT IN WILSON

Sec. @. (a) The Special Alzheimer's Unit established in Wilson by funds appropriated in Chapter 507 of the 1995 Session 3 Laws shall serve only those clients who cannot be served by an 4 similar private facility.

5 (b) The Department of Human Resources shall solicit bids from 6 private providers for the operation of the Special Alzheimer's 7 Unit in Wilson. The Department shall report to the 1997 General 8 Assembly not more than 60 days prior to the opening of the Unit 9 for operation. If the General Assembly is not in session at the 10 time of the report, the Department shall submit the report to the 11 Joint Legislative Commission on Governmental Operations. The 12 report shall provide the cost of operation of the Unit by the 13 State as compared to the cost of operation by private providers 14 who have submitted bids.

Requested by: Senator Martin of Guilford

PRIVATE AGENCY UNIFORM COST FINDING REQUIREMENT

Sec. @. To ensure uniformity in rates charged to area 2 programs and funded with State-allocated resources, the Division 3 of Mental Health, Developmental Disabilities, and Substance Abuse 4 Services of the Department of Human Resources may require a 5 private agency that provides services under contract with two or 6 more area programs, except for hospital services that have an 7 established Medicaid rate, to complete an agency-wide uniform 8 cost finding in accordance with G.S. 122C-143.2(a) and G.S. 122C-9 147.2. The resulting cost shall be the maximum included for the 10 private agency in the contracting area program's unit cost 11 finding.

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Requested by: Senator Martin of Guilford

WILLIE M.

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- 1 Sec. @. (a) Legislative Findings. -- The General 2 Assembly finds:
 - (1) That there is a need in North Carolina to provide appropriate treatment and education programs to children under the age of 18 who suffer from emotional, mental, or neurological handicaps accompanied by violent or assaultive behavior;
 - (2) That children meeting these criteria have been identified as a Class in the case of Willie M., et al. v. Hunt, et al., formerly Willie M., et al. v. Martin, et al. [Willie M., 3:79 CV 294-MU (Western District); and as defined in G.S. 122C-3(13a) as Eligible Assaultive and Violent Children]; and
 - (3) That these children have a need for a variety of services, in addition to those normally provided, that may include, but are not limited to, residential treatment services, educational services, and independent living arrangements.
- 19 (b) Funds appropriated by the General Assembly to the 20 Department of Human Resources for serving members of the Willie 21 M. Class shall be expended only for programs serving members of 22 the Willie M. Class identified in Willie M., et al. v. Hunt, et 23 al., formerly Willie M., et al. v. Martin, et al., [or as 24 Eligible Assaultive and Violent Children] including evaluations 25 of potential Class members. The Department shall reallocate 26 these funds among services to Willie M. Class members during the 27 year as it deems advisable in order to use the funds efficiently 28 in providing appropriate services to Willie M. Class children.
- (c) Funds for Department of Public Education. -- Funds appropriated to the Department of Public Education in this act for members of the Willie M. Class are to establish a supplemental reserve fund to serve only members of the Class identified in Willie M., et al. v. Hunt, et al., formerly Willie M., et al. v. Martin, et al, [or as Eligible Assaultive and Violent Children]. These funds shall be allocated by the State Board of Education to the local education agencies to serve those Class members who were not included in the regular average daily membership and the census of children with special needs, and to provide the additional program costs which exceed the per pupil

1 allocation from the State Public School Fund and other State and 2 federal funds for children with special needs.

d) The Department of Human Resources shall continue to implement its prospective unit cost reimbursement system and shall ensure that unit cost rates reflect reasonable costs by conducting cost center service type rate comparisons and cost center line item budget reviews as may be necessary, and based upon these reviews and comparisons, the Department shall reduce and/or cap rates to programs which are significantly higher than those rates paid to other programs for the same service.

Any exception to this requirement shall be approved by 12 the Director of the Division of Mental Health, Developmental 13 Disabilities, and Substance Abuse Services, and shall be reported 14 in the Department's annual joint report to the Governor and the 15 General Assembly and in any periodic report the Department may 16 make to the Joint Legislative Commission on Governmental 17 Operations.

- 18 (d1) The Department of Human Resources shall implement 19 a process to review those cases for whom treatment has been 20 recommended whose annual cost is anticipated to be in excess of 21 one hundred fifty percent (150%) of the average annual per client 22 expenditure of the previous fiscal year and shall take actions to 23 reduce these treatment costs where appropriate.
- Reporting Requirements. -- The Department of Human 25 Resources and the Department of Public Education shall submit, by 26 May 1 of each fiscal year, a joint report to the Governor and the 27 General Assembly on the progress achieved in serving members of 28 the Willie M. Class. The report shall include the following 29 unduplicated data for each county: (i) the number of children 30 nominated for the Willie M. Class; (ii) the number of children 31 actually identified as members of the Class in each county; 32 (iii) the number of children served as members of the Class in (iv) the number of children who remain unserved or 33 each county; 34 for whom additional services are needed in order to be determined 35 to be appropriately served; (v) the types and locations of 36 treatment and education services provided to Class members; 37 the cost of services, by type, to members of the Class and the 38 maximum and minimum rates paid to providers for each service; 39 (vii) the number of cases whose treatment costs were in excess of 40 one hundred fifty percent (150%) of the average annual per client 41 expenditure; (viii) information on the impact of treatment and 42 education services on members of the Class; (ix) an explanation 43 of, and justification for, any waiver of departmental rules that 44 affect the Willie M. program; and (x) the total State funds

- 1 expended, by program, on Willie M. Class members, other than 2 those funds specifically appropriated for the Willie M. programs 3 and services.
- 4 (el) From existing funds available to it, the 5 Department of Human Resources shall begin a process to document 6 and assess individual Class members' progress through the 7 continuum of services. Standardized measures of functioning 8 shall be administered periodically to each member of the Class, 9 and the information generated from these measures shall be used 10 to assess client progress and program effectiveness.
- (f) The Departments of Human Resources and Public 12 Education shall provide periodic reports of expenditures and 13 program effectiveness on behalf of the Willie M. Class to the 14 Fiscal Research Division. As part of these reports, the 15 Departments shall explain measures they have taken to control and 16 reduce program expenditures.
- 17 (g) In fulfilling the responsibilities vested in it by 18 the Constitution of North Carolina, the General Assembly finds:

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- (1) That the General Assembly has evaluated the known needs of the State and has endeavored to satisfy those needs in comparison to their social and economic priorities; and
- (2) That the funds appropriated will enable the development and implementation of placement and services for the Class members in Willie M., et al. v. Hunt, et al., formerly Willie M., et al. v. Martin, et al., [or Eligible Assaultive and Violent Children] within a reasonable period of time considered within the context of the needs of the Class members, the other needs of the State and the resources available to the State.
- (h) The General Assembly supports the efforts of the 33 responsible officials and agencies of the State to meet the 34 requirements of the court order in Willie M., et al. v. Hunt, et 35 al., formerly Willie M., et al. v. Martin, et al, [Willie M., 36 3:79 CV 294-MU (Western District)]. To ensure that Willie M. 37 Class members are appropriately served, no State funds shall be 38 expended on placement and services for Willie M. Class members 39 except:
 - (1) Funds specifically appropriated by the General Assembly for the placement and services of Willie M. Class members; and
 - (2) Funds for placement and services for which Willie M. Class members are otherwise eligible.

- 1 This limitation shall not preclude the use of unexpended Willie 2 M. funds from prior fiscal years to cover current or future needs 3 of the Willie M. program subject to approval by the Director of 4 the Budget. These Willie M. expenditures shall not be subject to 5 the requirements of G.S. 143-18.
- (i) Notwithstanding any other provision of law, if the 7 Department of Human Resources determines that a local program is 8 not providing appropriate services to members of the Class 9 identified in Willie M., et al. v. Hunt, et al., formerly Willie 10 M., et al. v. Martin, et al., [or as Eligible Assaultive and 11 Violent Children] the Department may ensure the provision of 12 these services through contracts with public or private agencies 13 or by direct operation by the Department of such programs.

Requested by: Senator Martin of Guilford

LIABILITY INSURANCE

The Secretary of the Department of Human 1 @. the Secretary of the Department of Environment, 2 Resources, Resources, and the Secretary of and Natural 4 Department of Correction may provide medical liability coverage 5 not to exceed one million dollars (\$1,000,000) per incident on 6 behalf of employees of the Departments licensed to practice 7 medicine or dentistry, all licensed physicians who are faculty 8 members of The University of North Carolina who work on contract 9 for the Division of MHDDSAS for incidents that occur in Division 10 programs, and on behalf of physicians in all residency training 11 programs from The University of North Carolina who are 12 training at institutions operated by the Department of Human This coverage may include commercial insurance or 14 self-insurance and shall cover these individuals for their acts 15 or omissions only while they are engaged in providing medical and 16 dental services pursuant to their State employment or training.

The coverage provided under this section shall not cover 18 any individual for any act or omission that the individual knows 19 or reasonably should know constitutes a violation of the 20 applicable criminal laws of any state or the United States, or 21 that arises out of any sexual, fraudulent, criminal, or malicious 22 act, or out of any act amounting to willful or wanton negligence.

The coverage provided pursuant to this section shall not 23 24 require any additional appropriations and shall not apply to any 25 individual providing contractual service to the Department of 26 Human Resources, the Department of Environment, Health, 27 Natural Resources, or the Department of Correction, with the 28 exception that coverage may include physicians in all residency 29 training programs from The University of North Carolina who are 30 in training at institutions operated by the Department of Human 31 Resources and licensed physicians who are faculty members of The 32 University of North Carolina who work for the Division of 33 MHDDSAS.

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Requested by: Senator Martin of Guilford

PHYSICIAN SERVICES

Sec. @. With the approval of the Office of State Budget 2 and Management, the Department of Human Resources may use funds 3 appropriated in this act for across-the-board salary increases 4 and performance pay to offset similar increases in the costs of 5 contracting with private and independent universities for the 6 provision of physician services to clients in facilities operated 7 by the Division of Mental Health, Developmental Disabilities, and 8 Substance Abuse Services. This offsetting shall be done in the 9 same manner as is currently done with constituent institutions of 10 The University of North Carolina.

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Requested by: Senator Martin of Guilford

THOMAS S.

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- Sec. @. (a) Funds appropriated to the Department of 2 Human Resources in this act for the 1997-98 fiscal year and the 3 1998-99 fiscal year for members of the Thomas S. Class as 4 identified in Thomas S., et al. v. Britt formerly Thomas S., et 5 al. v. Flaherty, 5 shall be expended only for programs 7 serving Thomas S. Class members or for services for those clients 8 who are:
 - (1) Adults with mental retardation, or who have been treated as if they had mental retardation, who were admitted to a State psychiatric hospital on or after March 22, 1984, and who are included on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services' official list of prospective Class members;
 - (2) Adults with mental retardation who have a documented history of State psychiatric hospital admissions regardless of admission date and who, without funding support, have a good probability of being readmitted to a State psychiatric hospital;
 - Adults with mental retardation who have never been (3) admitted to a State psychiatric hospital but who have a documented history of behavior determined to be of danger to self or others that results in referrals for inpatient psychiatric treatment and without funding support, have good probability being admitted of to a State psychiatric hospital; or
 - (4) Adults who are included on the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services' official list of prospective Class members and have yet to be confirmed as Class members, who currently reside in the community, and who have a good probability of being admitted to a facility licensed as a "home for the aged and disabled".

37 No more than five percent (5%) of the funds appropriated in this 38 act for the Thomas S. program shall be used for clients meeting 39 subdivisions (2), (3), or (4) of this subsection.

- 1 (b) To ensure that Thomas s. Class members 2 appropriately served, no State funds shall be 3 placement and services for Thomas S. Class members except:
 - Funds specifically appropriated by the General (1)Assembly for the placement and services of Thomas S. Class members; and
 - (2) Funds for placement and services for which Thomas S. Class members are otherwise eligible.
- 9 The Department of Human Resources shall continue to 10 implement a prospective unit cost reimbursement system and shall unit 11 ensure that cost rates reflect reasonable costs 12 conducting cost center service type rate comparisons and cost 13 center line item budget reviews as may be necessary.
- Reporting requirements. (d) The Department of Human 15 Resources shall submit by April 1 of each fiscal year a report to 16 the General Assembly on the progress achieved in serving members 17 and prospective members of the Thomas S. Class. The report shall 18 include the following:
 - (1)The number of Thomas S. clients confirmed as Class members;
 - (2) The number of prospective Class members evaluated;
 - The number of prospective Class members awaiting (3) evaluation;
 - (4). The number of Class members or prospective Class members added in the preceding 12 months due to their admission to a State psychiatric hospital;
 - (5) A description of the types of treatment services provided to Class members; and
 - An analysis of the use of funds appropriated for (6) the Class.
- 31 Notwithstanding any other provision of law, if the (e) 32 Department of Human Resources determines that a local program is 33 not providing minimally adequate services to members of the Class 34 identified in Thomas S., et al. v. Britt, formerly Thomas S., et 35 al. v. Flaherty,

or does not show a willingness to do so, 37 the Department may ensure the provision of these services through 38 contracts with public or private agencies or by direct operation 39 by the Department of these programs.

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Requested by: Senator Martin of Guilford

THOMAS S. LAWSUIT COMPLIANCE

Sec. @. The Department of Justice and the Department of Human Resources shall pursue all administrative and legal options necessary to enable the State to resolve the Thomas S. lawsuit in the most expeditious and cost-effective manner possible and to seek elimination of the necessity for oversight by a special master.

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Requested by: Senator Martin of Guilford

ALLOCATION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE EXPANSION FUNDS

Sec. @. Of the funds appropriated in this act to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Human Resources, for 4 expansion of mental health, developmental disabilities, and 5 substance abuse programs and services, other than crisis 6 services, those funds needed by area authorities for "catch-up" 7 purposes shall be allocated pursuant to the Incentive Method 8 adopted by the Mental Health Study Commission and presented in 9 the Commission's Report to the 1996 General Assembly.

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Requested by: Senator Martin of Guilford

CLINICAL SOCIAL WORKER EXEMPTION

Sec. @. Section 8 of Chapter 732 of the 1991 Session 2 Laws reads as rewritten:

"Sec. 8. This act becomes effective January 1, 1992. G.S. 4 90B-10(b)(3)a. is repealed effective January 1, 1997. 1999. The 5 term of the additional Board position for clinical social worker 6 created by this act shall commence upon the expiration of the 7 term of the public member whose term expires first."

CODE NO. 97DHR-S035A

Requested by: Senator Martin of Guilford

MIXED BEVERAGE TAX FOR AREA MENTAL HEALTH PROGRAMS

Sec. 0. Funds received by the Department of Human 2 Resources from the tax levied on mixed beverages under G.S. 18B-3 804(b)(8) shall be expended by the Department of Human Resources 4 as prescribed by G.S. 18B-805(h). These funds shall be allocated 5 to the area mental health programs for substance abuse services.

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11 allowance for the child.

Requested by: Senator Martin of Guilford

FOSTER CARE ASSISTANCE PAYMENTS

Sec. @. The maximum rates for State participation in 2 the foster care assistance program are established on a graduated 3 scale as follows: \$315.00 per child per month for children aged birth (1) 5 through 5; \$365.00 per child per month for children aged 6 6 (2) 7 through 12; and \$415.00 per child per month for children aged 13 8 (3) through 18. 9 10 Of these amounts, fifteen dollars (\$15.00) is a special needs

Requested by: Senator Martin of Guilford

ADOPTION ASSISTANCE PAYMENTS

1	Sec.	@. The	e maximum	rates	for S	tate	participa	ation	in
2	the adoption	assistan	ce program	n are	estab]	lishe	d on a g	raduat	ted
3	scale as follo	ows:							
1	(1)	\$315.00	per child	per m	onth fo	or ch	ildren ag	ed bir	rth
5		through	5;						
5	(2)	\$365.00	per child	per	month	for	children	aged	6
7		through	12; and						
3	(3)	\$415.00	per child	per	month	for	children	aged	13
9		through	18.						

Requested by: Senator Martin of Guilford

REVIEW OF AUTOMATED COLLECTION AND TRACKING SYSTEM

Sec. @. The Information Resource Management Commission 2 shall conduct a quarterly review of the Automated Collection and 3 Tracking System (ACTS) project being developed by the Department 4 of Human Resources. The review shall include an analysis of the 5 problems encountered and progress achieved, identify critical 6 issues to be resolved, and estimate the final cost and date of 7 completion. The review shall be submitted through the Office of 8 the State Controller to the chairs of the House and Senate 9 Appropriations committees, the chairs of the House and Senate 10 Human Resources Appropriations subcommittees, the State Budget 11 Director, and to the Director of the Fiscal Research Division of 12 the Legislative Services Office of the General Assembly no later 13 than the last day of each quarter.

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Requested by: Senator Martin of Guilford

AUTHORIZED ADDITIONAL USE OF HIV FOSTER CARE AND ADOPTIVE FAMILY **FUNDS**

Sec. @. (a) In addition to providing board payments to 1 of HIV-infected children 2 foster and adoptive families as 3 prescribed in Chapter 324 of the 1995 Session Laws, 4 additional funds remaining that were appropriated in Chapter 324 5 of the 1995 Session Laws for this purpose shall be used as 6 follows:

- provide medical training in avoiding (1)To transmission in the home; and
- (2) To transfer funds to the Department of Environment, and Natural Resources to create three Health, social work positions within the Department of Environment, Health, and Natural Resources, for the eastern part of North Carolina to enable the casemanaging of families with HIV-infected children so that the children and the parents get access to medical care and so that child protective services issues are addressed rapidly and effectively. three positions shall be medically based and located:
 - a. One in the northeast, covering Northampton, Hertford, Halifax, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck, Bertie, Wilson, Edgecombe, and Nash Counties;
 - b. One in the central east, covering Martin, Washington, Tyrrell, Dare, Beaufort, Jones, Greene, Craven, and Pamlico Counties; and
 - One in the southeast, covering New Hanover, C. Robeson, Brunswick, Carteret, Onslow, Lenoir, Pender, Duplin, Bladen, and Columbus Counties.
- The maximum rates for State participation in HIV 32 Foster Care and Adoptions Assistance are established on a 33 graduated scale as follows:
 - \$800.00 per month per child with indeterminate HIV (1)
 - \$1,000 per month per child confirmed HIV-infected, (2) asymptomatic;

1	(3)	\$1,200	per	month	per	child	confirmed	HIV	-infe	cted,
2		sympton	atic	and						
3	(4)	\$1,600	per	month	n pe	r chi	ld termina	lly	ill	with
4		complex	care	e need	s.					



CODE NO. 97DHR-S032

Requested by: Senator Martin of Guilford

STATE ABORTION FUND

Sec. @. Eligibility for services of the State Abortion Fund shall be limited to women whose income is below the federal poverty level, as revised annually, and who are not eligible for Medicaid. The State Abortion Fund shall be used to fund abortions only to terminate pregnancies resulting from cases of rape or incest, or to terminate pregnancies that, in the written opinion of one doctor licensed to practice medicine in North Carolina, endanger the life of the mother."

CODE NO. 97DHR-S034

Requested by: Senator Martin of Guilford

CHILD PROTECTIVE SERVICES

Sec. @. (a) The funds appropriated in this act to the Department of Human Resources, Division of Social Services, for the 1997-99 fiscal biennium for Child Protective Services shall be allocated to county departments of social services based upon a formula which takes into consideration the number of Child Protective Services cases and the number of Child Protective Services workers necessary to meet recommended standards adopted by the North Carolina Association of County Directors of Social Services.

10 (b) Funds allocated under subsection (a) of this 11 section shall be used by county departments for carrying out 12 investigations of reports of child abuse or neglect or for 13 providing protective or preventive services in which the 14 department confirms abuse, neglect, or dependency.

Senate Subcommittee on Human Resources

Human Resources

GENERAL FUND

Recommended Continuation Budget	FY 97-98 \$1,305,682,010		FY 98-99 \$1,440,363,295	j
Legislative Changes		,		
(1.00) Division of Medical Assistance				
1 Nursing Home Bed Adjustments Adjusts the forecast for nursing home beds to reflectime for the construction of new nursing home beds.	(\$1,058,611) ct lag	R	(\$3,726,846)	R
2 Drug Rebate Increase Increases Drug Rebates because more revenue is antique to increased drug prices and increased effort by Division of Medical Assistance to claim rebates.		R	(\$5,811,868)	R
3 DME Rent and Supply Rate Adjustment Adjusts methodology used to establish durable medic equipment rental rates by basing rates on useful li equipment and return on investment.		R	(\$629,024)	R
4 Third Party Liability Cost Avoidance Adjusts methodology for ensuring that payment by all responsible parties for services consumed by redical eligibles occurs before any payments are made by Medical	id	R	(\$1,918,522)	R
5 Personal Care Service Catera Establishes more specific criteria on Personal Care Services to ensure the appropriateness of care for I eligibles who receive Personal Care Services.		R	(\$1,383,852)	R
6 Home Health Care Cost Avoidance Ensures that Home Health Care services covered by Me are paid by Medicare instead of Medicaid.		R	(\$660,475)	R
7 Reduce Inflationary Increases Reduces Inflationary increases for providers by .259	み. 9 (\$2,893,800) €.	R	ラ・ ン (\$3,229,506)	R
8 Adjust 1996-97 Base Year for Actual Performance Adjusts the 1996-97 base year to reflect actual expethrough 12/96 which indicates that the budget is his projected expenditures. This adjustment allows the projected budget for the 1997-99 biennium to be reduced.	gher than	R	(\$38,102,771)	R
9 Medicaid Reduction Initiative Reduces the growth in the Medicaid budget from 10.5% by making additional reductions to program costs.	\$0 ₹ to 9%	R	(\$19,110,288)	R

Senate Subcommittee on Human Resources

	10	Medicaid Trust Fund Reduces state appropriations to the Medicaid program and replaces them with revenues from the Medicaid Trust Fund.	(\$40,000,000)	NR	(\$30,000,000)	NR
	(2.	00) Office of the Secretary				
	11	Reduce SIPS Payments Reduces SIPS payments due to the centralization of data processing.	(\$500,000)	R	(\$500,000)	R
	12	Salary Reductions Reduces positions throughout the Department of Human Resources.	(\$2,952,032)	R	(\$2,952,032)	R
	(3.	00) Division of Mental Health				
	13	Reduce Utilities at State Facilities Reduces the cost of utilities at state facilities to reflect actual 1995-96 expenditures.	(\$1,099,373)	R	(\$1,119,662)	R
	14	Reduce Willie M. Community Services Reduces continuation budget increases for Willie M. Community Services.	(\$500,000)	R	(\$500,000)	R
)	15	Reduce Overtime Expenditures at State Facilities Reduce overtime and related fringes at the following state facilities: Butner Adolescent Treatment Center, Cherry Hospital, Dix Hospital, Umstead Hospital, Caswell Center, Murdoch Center, O'Berry Center, and Western Carolina Center.	(\$2,774,588)	R	(\$2,774,588)	R
	(4.	00) Division of Social Services				
	16	Reduce Excess Appropriation in Reserve Reduces excess state appropriations in reserve for data processing.	(\$295,717)	R	(\$295,717)	R
	17	Increase State Return on Child Support Collections Reduces appropriations by budgeting increased State return on Child Support Collections.	(\$1,000,000)	R	(\$1,000,000)	R
	18	Interest Earned on Child Support Collections Reduces appropriations by budgeting interest on child support collections.	(\$150,000)	R	(\$150,000)	R
	(5.	00) Division of Youth Services				
	19	No Rate Increase in Eckerd Camp Rates Maintains Eckerd Wilderness Camp payment rate of \$74.89 per day.	(\$501,215)	R	(\$501,215)	R
	20	Increased Receipts in Detention Centers Reduces state appropriations to reflect increased receipts.	(\$46,180)	R	(\$46,180)	R

(6.00) Division of Blind Services

Senate Subcommittee on Human Resources

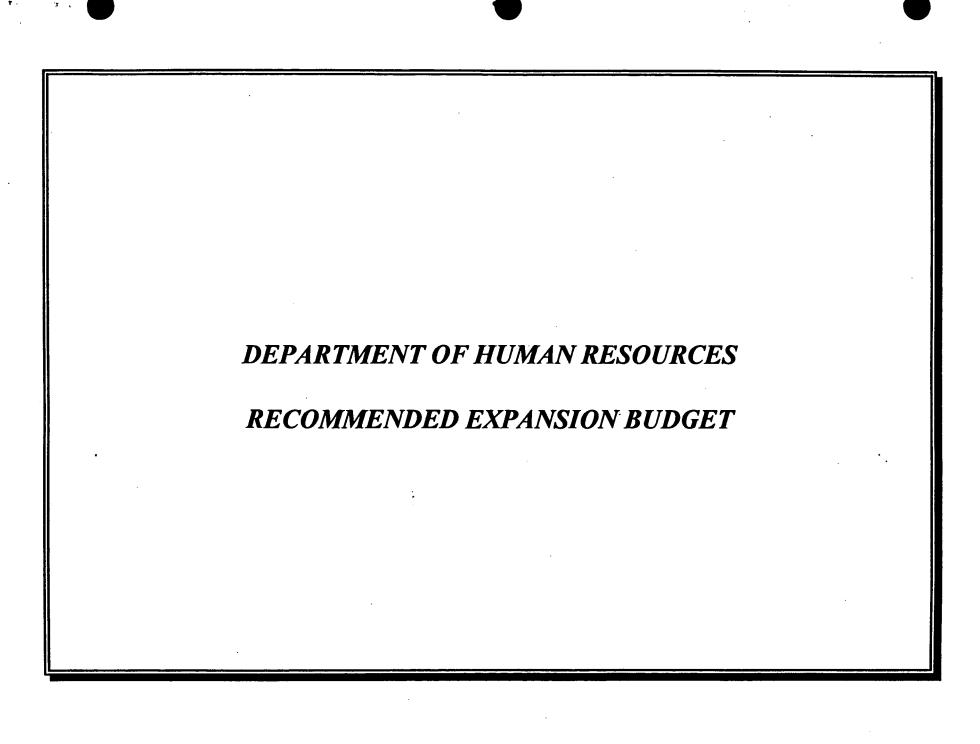
Revised Budget	\$1,204,654,014		\$1,325,810,752	
Position Changes				
Total Legislative Changes	(\$61,027,996) (\$40,000,000)	R NR	(\$84,552,543) (\$30,000,000)	R
24 Adjustment to Budgeted Salaries Adjusts budgeted salaries to reflect actual expenditures.	(\$7,568)	R	(\$7,568)	R
23 Utility Adjustments for Governor Morehead School Reduces state appropriations for utilities to reflect projected expenditures.	(\$72,483)	R	(\$72,483)	R
22 Reduce Medical Eye Care Program Reduces appropriations for the Medical Eye Care Program.	(\$47,538)	R	(\$47,538)	R
21 Reduce Special Assistance for the Blind Adjusts state appropriations to reflect reductions in program utilization.	(\$12,408)	R	(\$12,408)	R

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCE

PUBLIC HEARING

WEDNESDAY - APRIL 2, 1997

FEDERAL BLOCK GRANTS



#1 Smart Start

During the biennium this request would provide funding so a total of 55 counties will be in Smart Start and 45 counties will be planning in SFY 97-98 with some direct services funds in 98-99.. This request also includes the T.E.A.C.H. Program, the State-wide Partnership, Resource and Referral, staff development and appropriate support costs including 6.5 regulatory staff. State funds replaced by TANF Block Grant will be redirected to assist in the increased funding for Smart Start. Smart Start and the TANF Block Grant will be discussed next Tuesday.

	Actual	Authorized	Requested	Requested	
	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99	
Requirements	\$58,107,864	\$68,661,990	\$22,928,879	\$68,729,863	
Receipts	0	0	0	0	
Appropriation	\$58,107,864	\$68,661,990	\$22,928,879	\$68,729,863	
Number of Positions			6.5	6.5	

See pages 10 through 13 for detail.

#2 Support Our Students

The Support Our Students (S.O.S) Program is aimed at reducing the incidence of juvenile crime through high quality, educationally appropriate after-school programs for school-aged children. These programs provide services such as homework assistance, computer classes, mentoring, peer mediation, sports, and clubs. Funds in the amount of \$5 million were approved by the 1994 Special Crime Session of the Legislature to initiate this program. Additional funding of \$1 million was approved for the SFY1996-97.

- ♦ There are currently SOS programs in 64 counties providing quality academic enrichment and recreational opportunities in the after-school hours to students at 156 different sites.
- ♦ The recommended \$1 million expansion will support programs in at least twelve additional sites and allow expansion of some existing programs to serve additional students in large counties. Counties with the highest incidences of juvenile crime will continue to receive first priority for funding.

	Actual SFY 95-96	Authorized SFY 96-97	Requested SFY 97-98	Requested SFY 98-99
Requirements	\$5,059,423	\$5,952,931	\$1,000,000	\$1,000,000
Receipts	18,040	0	0	0
Appropriation	\$5,041,383	\$5,952,931	\$1,000,000	\$1,000,000
Number of Positions	4.0	3.0	. 0	0

See pages 14 through 17 for detail.

#3 Community Based Alternatives

Additional funds for Community Based Alternatives programs would be targeted at expanding restitution programs from 46 to 100 counties and to strengthen the existing Victim Restitution and Community Service components of the CBA program effective 1/1/98. Restitution is a court-ordered disposition alternative for delinquent juveniles which includes either Community Service work or Victim Restitution work directed towards repayment of a loss or damage suffered by an individual.

	Actual	Authorized	Requested	Requested	
	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99	
Requirements	\$15,442,316	\$15,136,923	\$1,250,000	\$2,500,000	
Receipts	0	0	0	. 0	
Appropriation	\$15,442,316	\$15,136,923	\$1,250,000	\$2,500,000	
Number of Positions			0	•• 0	

See pages 18 through 25 for detail.

#4 In-Home and Care Giver Support Services

We are requesting additional funds to provide home and community-based services for *High Risk Older Adults*. These services, such as in-home aides, respite care, adult day care, and home delivered meals, are needed by non-Medicaid, *frail*, older adults who cannot afford the total cost of the services they need to stay in their homes. Two positions will be responsible for program development, training and information/referral assistance related to serving Alzheimers patients and their families. The third position will be responsible for quality improvement and training and technical assistance for local in-home and caregiver service providers.

- Funding for the current state fiscal year enabled 4,600 individuals to receive services.
- ♦ Over 10,900 remain on waiting lists for services they desperately need
- ♦ About 4,680 of these older adults can be served with these expansion funds.

	Actual	Authorized	Requested	Requested
	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
Requirements	\$34,634,674	\$41,158,776	\$2,920,952	\$5,841,903
Receipts	23,283,121	24,807,223	279,257	558,513
Appropriation	\$11,351,553	\$16,351,553	\$2,641,695	\$5,283,390
Number of Positions	3.0	3.0	3.0	3.0

See pages 26 through 29 for detail.

#6 Adolescent Parenting Program Expansion

We propose to increase the number of counties served by Adolescent Parenting Programs (APP) from 26 to 63 effective January 1, 1998. This program has demonstrated considerable success in reducing the incidence of repeat pregnancies, school drop-outs, and child abuse/neglect within the teen parent population in the participating counties. In this program the teenager is matched with a mature mentor/role model, attends monthly educational or support meetings, receives family planning counseling and referrals to family planning services and is encouraged to complete high school or equivalency. A local coordinator advocates for the teens in community systems. Three positions are recommended to provide training and evaluation services to local APP provider agencies.

	Actual	Authorized	Requested	Requested
	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
Requirements	\$1,444,506	\$1,710,109	\$1,219,755	\$2,486,475
Receipts (Federal)	631,551	794,699	271,370	554,481
Receipts (County)	323,200	345,710	150,572	301,143
Appropriation	\$ 489,755	\$569,700	\$ 797,813	1,630,851
Number of Positions	1.0	1.0	3.0	3.0

See pages 31 through 36 for detail.

#7 Adult Care Home staffing

Boosting safety in rest homes is critical. We propose funding to improve the staff ratio on the third shift for adult care homes from the 1:50 to 1:30 effective January 1, 1998. This will provide about 260 additional staff members for about 225 adult care homes. Funds will be allocated based on an equivalency formula developed by DHR.

•	Actual	Authorized	Requested	Requested	
	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99	
Requirements	0	0	\$2,600,000	\$5,200,000	
Receipts (County)	0	0	1,300,000	2,600,000	
Appropriation	0	0	\$1,300,000	\$2,600,000	
Number of Positions	0	.0	0	0	

See pages 37 through 40 for detail.

#8 Smoke Detector and Sprinkler Systems Revolving Loan Fund

We are requesting \$1 million for the Fire Protection revolving loan fund for smoke detectors and sprinkler systems to promote the safety of residents in adult care homes, group homes for the developmentally disabled, and nursing homes. The North Carolina Housing Finance Agency will continue to operate the fund.

	Actual		Authorized	Requested	Requested
	SFY 95-96		SFY 96-97	SFY 97-98	SFY 98-99
Requirements		0	\$1,000,000 NR	\$1,000,000 NR	0
Receipts		0	0	0	0
Appropriation		0	\$1,000,000 NR	\$1,000,000 NR	. 0
Number of Positions		0	0	0	0

See pages 41 through 44 for detail.

#9 Secure Forensic Treatment Program

We are requesting funds for a secure Forensic Treatment Program at Dorothea Dix Hospital to serve high risk population such as patients found to be mentally incompetent to stand trial or patients found not guilty by reason of insanity of a violent crime who are considered escape risks and/or potentially dangerous to others. The Forensic Treatment Program will serve violent patients from the four psychiatric hospitals.

	Actual	Authorized	Requested	Requested
	SFY 95-96	SFY 96-97	SFY 97-98	SFY 98-99
Requirements	0	0	\$1,228,375	\$2,848,935
Receipts	0	C	156,092	360,960
Appropriation	0	O	\$1,072,283	2,487,975
Number of Positions	0	C	45.0	83.0

See pages 45 through 47 for detail.

	Requested SFY 97-98	Requested SFY 98-99
Smart Start		
Requirements	\$22,928,879	\$68,729,863
Receipts	0	0
Appropriation	\$22,928,879	\$68,729,863
Number of Positions	6.5	6.5
Other Expansion Requests		
Requirements	\$11,219,082	\$19,877,313
Receipts	2,157,291	4,375,097
Appropriation	\$ 9,061,791	\$15,502,216
Number of Positions	51.0	89.0
Grand Total		
Requirements	\$34,147,961	\$88,607,176
Receipts	2,157,291	4,375,097
Appropriation	\$31,990,670	\$84,232,079
Number of Positions	57.5	95.5



			MOKVOHEE	I II EXPANSION BUUGEI K	EGOESI			
1			•		Priority No.	1		35
		DEPARTMENT:	Human Resources		IVISION/ INSTITUTION:	Child Developm	nent	
3	FUND NUMBER:	1711/1111	FUND TITLE:	Early Childhood Initiatives/				
•	PROGRAM NUMBER:	2200	PROGRAM TITLE:	Child Care and Other Child	Dev. Programs			_
	TITLE OF REQUEST:	Expand Smart Start				1997-98	1998-99	
8	STATUTORY CHANGES/S	PECIAL PROVISIONS RE	QUIRED TO IMPLEMEN	T? 6	b TOTAL REQUIREMENTS	22,928,879	68,729,863	
8	YES	NO X		7	b TOTAL RECEIPTS	0	0	
a	IF YES, ATTACH A COPY	OF THE DRAFT.	_	8	b APPROPRIATION	22,928,879	68,729,863	
a				9	b TOTAL POSITIONS	6.50	6.50	
0	INAPPATRE.							
•	INVINATIAE.							
	•	•	•	in originally prepared by the Seci	•	•		
	1	•		, this request will provide money	_			_
				ng funds only in SFY 1997. Plan				
	additional 45 counties. Over	all, these direct service and p	lanning funds will allow all	100 North Carolina counties to be	e involved in the Smart Start pro	ess of developing a	and deli vering c	comprehensive
	child development programs	for young children.						
	Also included in this request	are funds to cover costs asso-	ciated with carrying out the r	ecommendations of the Smart St	art performance audit. These rec	ommendations incl	ude increasing	allocations for
				lina Partnership for Children, and				
				at Smart Start direct services are d				
	T.E.A.C.H program. T.E.A.				,	••••••••••••		
	T.E.A.C.II program. T.E.A.	0.11. assists only 0.20 provid	io o moderning ingrior to to.	o or protessioner or communication				
	In current Smart Start countie	es there has been accelerated	growth in regulated child ca	re arrangements as well as increa	sed demand for changes in child	care program licen	e and/or canac	ty status. This
				nodate this increased demand for				
				the needs of child care operators				
						chang and improve	uicii programs	inis will
	support the Smart Start object	tive of making nigh quality c	mild care more accessible to	North Carolina families and child	iren.			
							:	
	Assumptions							
	Smart Start Direct Service	æs. Year 1 Partnerships v	vill receive funds needed (to reach 55% of their full fundi	ng need from their current alk	cation in SFY 19	97-98 and fun	ds to reach
	75% of full funding in 1998	⊢99; Year 2 Partnerships •	will receive funds needed!	to reach 65% of their full fundi	ing need from their current all	ocation in SFY 19	97-98 and fun	ds to reach
				to reach 45% of their full fundi				
	50% of full funding in 1998	-99; Year 4 Partnerships	will receive funds needed	to reach 25% of their full fundi	ing need for 1/2 of the year in	SFY 1997-98 and	I funds to read	# 40% of full
				n SFY's); Year 5 Partnerships				
	full funding need for 1/2 of	the year in SFY 1998-99	Year 5 Partnerships also	receive Partnership funds in S	SFY 1998-99). Full funding r	eed in each year	is calculated	to include
	inflation by using current y	ear market rates (\$356 in	1997-98 \$374 in 1998-99). Population estimates from	State Planning were used for	each year to calc	ulate full fundi	ng need.
	Other Smart Start Alloca	tions. All requests for oth	or Smart Start funds (non-di	rect service related) are based up	on the recommendations of the S	mart Start Performs	nce Audit with	the following
				by the NC Partnership and (2) a				
				by the NC Partieship and (2) a	dillonal DCD administration to	nas nave occurredo		//o-// ouses
	upon the expected growth in			-4-Mbi	ild This	d allam 2 misiss	to all	.lateri
	Regulatory Staff. Additio	nai regulatory stall needed is	based upon each regulatory	staff having a caseload of 110 ch	ilia care arrangements. I his wou	a allow 2 visits per	year to an regu	nateu
				attributable to Smart Start, is app	roximately 600 arrangements over	r the biennium. A	caseload of this	size requires
	5 1/2 new regulatory staff and	d 1 additional regulatory sup-	ervisor.					
				DCDREV:XLS; 1/28/97				
			•	COUNTRICO NEGO				

						F	Priority No.	1	of [
MEASURES: G.S. 143-3.5										
Description:		New/ Existing*	Actual 1995-96	Authorized 1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	
The number of counties receiving Smart	Continuation	E	43	55	55	55	55	55	55	
Start funds	Expansion	E			45	45	45	45	45	
	Revised			Ĺ	100	100	100	100	100	
Monthly number of children receiving	, 	E	6,095	8,190	8,190	8,190	8,190	8,190	8,190	
child care subsidies though Smart Start Expendent Revised		E	0,033[0,130	1,656	6,364	12,421	21,209	24,082	
	- •	ــــــــــــــــــــــــــــــــــــــ		-						
	Revised			L	9,846	14,554	20,611	29,399	32,272	
Number of providers who participate in the	Continuation	E	3,270	3,700	3,700	3,700	3,700	3,700	3,700	
T.E.A.C.H. project	Expansion	E			500	1,000	1,500	2,000	2,500	
	Revised				4,200	4,700	5,200	5,700	6,200	
I was a state of the state of t	1									
The number of child care spaces in regulated facilities and homes	Continuation	E	258,077	268,737	268,737	268,737	268,737	268,737	268,737	
	Expansion	E			14,682	28,788	42,736	57,439	72,813	
	Revised				283,419	297,525	311,473	326,176	341,550	
The percentage of children in Smart	Continuation	N	N	N	N	N	N	N	N	
Start counties who enter school fully	Expension	N			N	N	N	N	N	
immunized	Revised			F	N	N	N	N	N	
	J			L						
The number of children in Smart Start	Continuation	N	N	N	N	N	N	N	N	
counties who have not been assessed/treated for vision, hearing or	Expansion	N			N	N	N	N	N	
developmental needs	Revised			. [N	N	N	N	N	
The number of children in Smart Start]		 r				- I	. 1		
counties who will score above the 25th	Continuation	N	N	N	N	N	N	N	N N	
percentile on the kindergarten screening		N	٠.	1	N	N	N	N .	N	
measure used by the Local Education Agency.	Revised			Ĺ	N	N I	N I	<u> </u>	N	

Note: Attach a graphic if necessary to explain the change in measures.

* Indicate if this is a New (N) or Existing Measure (E).

392,593

		Actual	Authorized					
		1995-96	1996-97					
	Requirements			22,928,879	68,729,863	130,000,000	222,919,239	
	Number of F.T.E.*	0.00	0.00	6.50	6.50	6.50	6.50	6.50
RECEIPTS:		_						
]						
			, i					
	Receipts			0	0	0	0	0
. /	APPROPRIATION			22,928,879	68,729,863	130,000,000	222,919,239	260,424,613
	CHANGE IN CASH BALANCE							

300,000

BUDGET: G.S. 143-3.5

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531511

531521

531561

533110

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5328XX

592942

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536495

536495

536495

536498

536412

536495

532199

532199

536991

15

19

ACCOUNT TITLE

Medical Insurance

Communications

Grants/Transfers

Evaluation

Employee Training

Travel

SPA-Regular Salaries

Retirement Contributions

Social Security Contributions

Office Supplies and Materials

Personal Computers and Peripherals

Total Cost for DCD Administration

Funds for Smart Start Counties

Needs and Resources Assessment

North Carolina Partnership for Children

Complete Detail information for total positions requested on the following page.

Local Partnership Costs

Resource and Referral

Automation (CCR&R)

Support T.E.A.C.H.

Professional Development

Support DCD Cost Alloc. for Smart Start

REQUIREMENTS:

ACCOUNT NO.

14

Priority No.

345,500

441,333

491,780

Section 6 Attachment 2 Page 4

GRADE	·		n request. 1997-98 <u>F.T.E</u>	1998-99 <u>F.T.E</u>	Annual Salary**	1997-98 Budgeted Salary	1998-99 Budgeted Salary
70	Regulatory Consultants	10/1/97	5.500	5.500	\$29,449	\$121,477	\$161,970
72	Regulatory Supervisors	10/1/97	1.000	1.000	\$32,016	\$24,012	\$32,016
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		Totali	6.500	6.500	Napple and Specimen	\$145,489	\$193,986
imum level salary for t	he classification requested unless supp	porting OSP documentation a	ittached.				
F.T.E's equal the nun	ber of total F.T.E.'s shown on Page 3,	Line 16 of this request.				····	
THIS EXPANSION R	EQUEST RELATE TO A CAPITAL IMP	ROVEMENT PROJECT?		YES		NO	X.
				1		-	
	ITEM NUMBER:	PROJECTED	COMPLETION D	ATE:			
E DECILIPEMENTS:	2 8 420.38 7 (c)						
		YES	1 NOT	X	YES, COMPL	ETE THE FOL	LOWING:
TINO NEGOLOT NEG		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2001-02
Type of Space:	3.3.3						
Type of Space.		4					
Additional Square Fo	otage Required						
	GRADE 70 72 72 minum level salary for the first sequal the num THIS EXPANSION RIS, TITLE OF C.I. PROJUDGET CODE:	Regulatory Consultants Regulatory Supervisors	GRADE CLASSIFICATION/EFFECTIVE DATE: Regulatory Consultants 10/1/97 Regulatory Supervisors 10/1/97 Regulatory Supervisors 10/1/97 Totals Immum level salary for the classification requested unless supporting OSP documentation of the first sequal the number of total F.T.E.'s shown on Page 3, Line 16 of this request. STHIS EXPANSION REQUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT? STITLE OF C.I. PROJECT: UDGET CODE: ITEM NUMBER: PROJECTED REREQUIREMENTS: G.S. 120-36.7 (c) STHIS REQUEST REQUIRE ADDITIONAL SPACE? YES TOTALS TOTA	GRADE CLASSIFICATION/EFFECTIVE DATE: F.T.E 70 Regulatory Consultants 10/1/97 72 Regulatory Supervisors 10/1/97 1.000 10/1/97 1.000 Total® 6.500 IF.T.E's equal the number of total F.T.E.'s shown on Page 3, Line 16 of this request. S. THIS EXPANSION REQUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT? S, TITLE OF C.I. PROJECT: UDGET CODE: ITEM NUMBER: PROJECTED COMPLETION DE REQUIREMENTS: G.S. 120-36.7 (c) ITHIS REQUEST REQUIRE ADDITIONAL SPACE? YES NO	GRADE CLASSIFICATION/EFFECTIVE DATE: F.T.E F.T.E F.T.E 70 Regulatory Consultants 10/1/97 5.500 5.500 72 Regulatory Supervisors 10/1/97 1.000 1.000	GRADE CLASSIFICATION/EFFECTIVE DATE: F.T.E F.T.E Salary* 70 Regulatory Consultants 10/1/97 5.500 5.500 \$29,449 72 Regulatory Supervisors 10/1/97 1.000 1.000 \$32,016	GRADE CLASSIFICATION/EFFECTIVE DATE: F.T.E Salary* Salary 70 Regulatory Consultants 10/1/97 5.500 5.500 \$29,449 \$121,477 72 Regulatory Supervisors 10/1/97 1.000 1.000 \$32,016 \$24,012



WORKSHEET II EXPANSION BUDGET REQUEST

					РПОПТУ №.	21	Of 1	I 35
BUDGET CODE:	14490	DEPARTMENT:	Human Resources		DIVISION/INSTITUTION:	Youth Services	'	
FUND NUMBER:		1311	FUND TITLE:	Support Our Students				
PROGRAM NUMBER:	3	2300	PROGRAM TITLE:	Provide community-bas	ed services to prevent delinquent	y		
TITLE OF REQUEST:	7	Support Our Students				1997-98	1998-99	l
STATUTORY CHANGE	S/SPEC	IAL PROVISIONS REC	QUIRED TO IMPLEMENT	?	6b TOTAL REQUIREMENTS	1,000,000	1,000,000	i
YES		NO X	7		7b TOTAL RECEIPTS			1
IF YES, ATTACH A CO	PY OF T	HE DRAFT.			8b APPROPRIATION	1,000,000	1,000,000	i
					96 TOTAL POSITIONS	0.00	0.00	
NARRATIVE:								·
					ity, educationally appropriate after ng, peer meditation, sport, clubs (l			
place for latch-key chil Crime, and an addition	idren wh nai \$1,00	o need adult supervision,0,000 was approved b	on. Funds in the amount y the Legislature in 1996.	of \$5,000,000 were appro These funds have supp	oved by the 1994 General Assemi orted the development of 156 loca rovide limited expansion to existin	bly during its Special sites in 64 cour	cial Session	on
tunding of \$1,000,000	is recon	imended to expand the	s enort to 12 new countie	s m F 1 1897-89 and to p	TOVICE BITILEG EXPANSION TO EXISTIN	g programs.		
							•	
					•			



			···				Pı	riority No.		of
Ñ	Description:		New/ Existing	Actual 1995-96	Authorized 1996-97	<u>1997-98</u>	1998-99	<u>1999-00</u>	2000-01	<u>2001-02</u>
	The number of counties participating in the SOS Program	Continuation	Ε	52	64	64	64	64	64	64
	the SOS Flogram	Expansion	E		-	12	12	12	12	12
		Revised			L	76	76	76	76	76
		Continuation								
		Expansion								
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Note: Attach a graphic if necessary to explain the change in measures.

• Indicate if this is a New (N) or Existing Measure (E).

				•				Attachn.	Y
BUDGET: G.S.	143-3.5 Detail of budget is to be provided at the	MCAS Agency Mene	nament Dennet dat	المنطأ		Priority No.		of	_4
REQUIREMENT:		TIONS Agoricy Marie,	yomeni Nepun uen	54 10 VOI.					
ACCOUNT NO.	ACCOUNT TITLE		1	1997-98	1998-99	1999-00	2000-01	2001-	<u>771</u>
53-6960	Support Our Students-Grant Regular			1,000,000	1,000,000	1,000,000	1,000,000	1,000,00	
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		Actual	Authorized			· · · · · · · · · · · · · · · · · · ·			_
		1995-96	1996-97	_	_				
	Requirements	4,462,343	5,650,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,00	O
	Number of F.T.E.*	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0
RECEIPTS:									
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	Receipts	_						4 000 00	
	APPROPRIATION			1,000,000	1,000,000	1,000,000	1,000,000	1,000,00	~

CHANGE IN CASH BALANCE

* Complete Detail information for total positions requested on the following page.

	Į	tion 6
Attachment	2	Page 4

				1	Priority No.		of	
POSITIONS REQUESTED:	Detail of the positions included in	n this expansion	n request.					
						1997-98	1998-99	
			1997-98	1998-99	Annual	Budgeted	Budgeted	
GRADE	CLASSIFICATION/EFFECTIVE DATE:		F.T.E	F.T.E	Salary**	Salary	Salary	
			0.000	0.000	\$0	\$0	\$0	1.
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Total E T E's agual the sure	e classification requested unless supporting OSP over of total F.T.E.'s shown on Page 3, Line 16 of th	io mare el	niacirou.					
# rotal P. L.E. s equal the numb	ren un tuten m. r.c. s shown on mage 3, Line 16 of th	is request.						
· · · · · · · · · · · · · · · · · · ·								
DOES THIS EVEN NEION PE	QUEST RELATE TO A CAPITAL IMPROVEMENT	DDO IECTO		YES		NO	x	ļ
		PROJECTY		169[HOL.		ı
IF YES, TITLE OF C.I. PROJE		DDC IFOTES	COMPLETION:	SATE				
C.I. BUDGET CODE:	ITEM NUMBER:	_PROJECTED	COMPLETION	DAIE:				
L								
CONTRACT DECLES	S 400 26 7 (c)							
SPACE REQUIREMENTS: G.							1100000	
DOES THIS REQUEST REQU		`L	NO [IF YES, COMPI			
	Office Storage Other		<u>1997-98</u>	<u>1998-99</u>	<u> 1999-00</u>	<u>2000-01</u>	<u>2001-02</u>	
Type of Space:		_						1
Additional Square Foo		1		I				1
Estimated Cost of Spa	ce Requirements	i		I				1
Submit 6 copies on 8 1/2 x 1	1-inch yellow paper.							

WORKSHEET II EXPANSION BUDGET REQUEST

1					Priority No.		of .	
2 BUDGET CODE: 14490	DEPARTMENT:	Human Resources		DIVI	SION/ INSTITUTION:	Youth Services		
3 FUND NUMBER:	1310	FUND TITLE:	Community Services					
4 PROGRAM NUMBER:	2300	PROGRAM TITLE:	Delinquency Prevention					
5 TITLE OF REQUEST:	Expand Community-Base	d Alternatives Pro grams				1997-98	1998-99	ļ
60 STATUTORY CHANGES/SPECIAL	PROVISIONS REQUIRED 1	TO IMPLEMENT?		66	TOTAL REQUIREMENTS	1,250,000	2,500,000	Ì
7. YES	NO X]		76	TOTAL RECEIPTS	0	0	
80 IF YES, ATTACH A COPY OF THE	DRAFT.			<i>8</i> b	APPROPRIATION	1,250,000	2,500,000	
<i>9a</i>				<i>9</i> b	TOTAL POSITIONS	0.00	0.00	

10 MARRATIVE

The 1995 RTI comprehensive study of the CBA program found that "the vast majority (87%) of youth participating in CBA programs had no new problems (with juvenile court) during the time they were involved with CBA." Among the 17 different program types supported by CBA funding Restitution programs received special recognition; "...restitution programs stand out because, as discussed earlier, 99% of the youth they serve were referred because of having committed delinquent offenses, yet 90% of these youth had no additional problems at home, at school, or in court while in the program."

Over \$1.8 million in current total funding supports CBA funded restitution programs in 46 counties at an average cest of \$672 per child.

This request will expand services to all 100 counties and strengthen the level of support for this important juvenile court sanction in all counties. Over the two year period of this request an additional 3,000 to 4,000 delinquent youth will be served.

Section (

							F	Priority No.		of
ME	ASURES: G.S. 143-3.5		New/	Actual	Authorized					
	Description:		Existing*	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
În	crease the number of court involved youth	Continuation	New	3,066	3,000	3,000	3,000	6,000	6,000	6,000
	erved in CBA restitution programs by 50%	Expansion				1,500	3,000	0	0	0
		Revised			Ĺ	4,500	6,000	6,000	6,000	. 6,000
1	xpand restitution programs to all 100 pourties	Continuation	New	46	46	46	100	100	100	100
١	OURILIES	Expension				54	0	0	0	0
		Revised				100	100	100	100	100
		Continuation								
		Espanion			1					•
۱.		Revised			Į		<u>j</u>			
		Continuation								
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		Revised			Į		<u></u> j			
$\ \Gamma \ $		Continuation								
Ш		Expension			ļ					
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		Continuation								
		Expension			ļ.					
		Revised			Ĺ					
١٦		Continuation								
Ш		Expension								
		Revised			ĺ					

Note: Attach a graphic if necessary to explain the change in measures.

^{*} Indicate if this is a New (N) or Existing Measure (E).

	,	Section 0	
	 Attachment	2 Page 3	
Priority No.	 of		

ſ	UDGET: G.S. 143	-3.5 Detail of budget in to be provided at the k	YCAS Agency Manageme	nt Report detail les					
	REQUIREMENTS:	•						•	
	CCOUNT NO.	ACCOUNT TITLE	7		1997-98	1998-99	1999-00	2000-01	2001-02
ı	6923	Aid to Counties-Comm Based			1,250,000	2,500,000	2,500,000	2,500,000	2,500,000
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ŀ		<u> </u>	Actual	Authorized					
ı			1995-96	1996-97					
5		Requirements	13333	100001	1,250,000	2,500,000	2,500,000	2,500,000	2,500,000
,		Number of F.T.E.*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
•	RECEIPTS:	11 11 11 11 11 11 11 11 11 11 11 11 11	0.00	0.00	•	0.00	0.00		
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9		Receipts			.0	0	0	0	0
,		APPROPRIATION			3,500,000	6,124,000	6,124,000	6,124,000	6,124,000
0		CHANGE IN CASH BALANCE							

^{*} Complete Detail information for total positions requested on the following page.

Section 6
Attachment 2 Page 4
Priority No. of

OSITIONS REQUESTED:	Detail of the positions included in th	is expansion reque	st.			100100	1000.00
GRADE	CLASSIFICATION/EFFECTIVE DATE:		1997-98 <u>F.T.E</u>	1998-99 <u>F.T.E</u>	Annual Salary**	1997-98 Budgeted Salary	1998-99 Budgeted Salary
		Г	0.000	0.000	\$0	‡ 0	‡ 0
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		·					
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		Total	0.000	0.000	tachasina a is	10	‡8
* Minimum level salary for th	e classification requested unless supporting OSP docume		0.0001	0.000 E			
	or of total F.T.E.'s shown on Page 3, Line 16 of this requi						
OES THIS EXPANSION REQU	EST RELATE TO A CAPITAL IMPROVEMENT PROJECT?			YES		NO x	
YES, TITLE OF C.I. PROJECT	f:						
.I. BUDGET CODE:	ITEM NUMBER:	PROJECTED CON		-			
PACE REQUIREMENTS: G.S	3, 120-36,7 (c)		•			· 	
OES THIS REQUEST REQUIR			MO			TE THE FOLLO	
	Office Storage Other		<u>1997-98</u>	1998-99	1999-00	<u>2000-01</u>	<u>2001-02</u>
Type of Space:							
Type of Space: Additional Square Fool Estimated Cost of Spa							

Submit 6 copies en 8 1/2 x 11-inch yellow paper.

Restitution Fact Sheet

<u>Restitution</u>: A court-ordered disposition alternative for a delinquent juvenile, consistent with the requirements of G. S. 7A-649 which may include either:

- 1). Community Service. Reparation by a juvenile to the community through public service work, consistent with the juvenile's age and ability. The nature of the work and the number of hours required shall be specified in writing for each juvenile enrolled and shall otherwise be consistent with the requirements of G. S. 7A-649; or
- 2). Victim Restitution. Work by a juvenile directed toward repayment of a loss or damage suffered by an individual. Sometimes referred to as "monetary restitution".
- G. S. 7A-649. Dispositional alternatives for delinquent juveniles. "(2) Require restitution, full or partial, payable within a 12 month period to any person who has suffered loss or damage as a result of the offense committed by the juvenile. The judge may determine the amount, terms, and conditions of the restitution. If the juvenile participated with another person or persons, all participants should be jointly and severally responsible for the payment of restitution; however, the judge shall not require the juvenile to make restitution if the juvenile satisfies the court that he does not have, and could not reasonably acquire, the means to make restitution;".

CBA Funded Community Service/Restitution 1995-96 Profile

Number of programs and components		54
Number of counties served	•	46
Total admissions:		3,066
male	2,443	
female	623	
white	1,206	
black	1,746	
other	114	
under 9	23	
10 thru 13	770	
14 thru 17	2,264	
over 17	9	
Referred by J. Crt or Law Enf.	3045 (99%)
Diverted at Intake	462 (15%	6)
Awaiting Disposition	240 (8%	6)
Crt Supervision, Probation or Aftercare	2,364 (77	%)

Program Outcomes

Number of youth terminated from programs

2,756

Number and percent to successfully Complete 2,215 (80%) compared to 71% for all **CBA** programs

Average length of stay

108 days

Average days of contact / youth served

Impact on court referrals for youth served

3,417 referrals during 12 months prior to assignment to Restitution program 505 referrals while participating in Restitution program

85% reduction

Impact on out of school suspension

3,015 suspensions during 12 months prior to assignment to Restitution program 569 suspensions while participating

in Restitution program

81% reduction

Training School Commitments

106 3.8% of all Restitution Program termination's compared to 4.1% commitment rate for delinquent youth not assigned to a

Restitution program

Independent Evaluation:

Chapter 24 of the Crime Control and Prevention Act of 1994 authorized an independent comprehensive evaluation of the Division of Youth Services. The Research Triangle Institute was contracted to carry out the evaluation of the CBA program. In accessing the overall effectiveness of programs funded by CBA during the five year period from 1989 through 1994, the RTI study found: "The vast majority (87%) of youth participating in CBA programs experienced no new problems at home, at school, or with the court during the time they were involved with CBA." Addressing Restitution programs specifically the report stated:

"...restitution programs stand out because, as discussed earlier, 99% of the youth they serve were referred because of having committed delinquent offenses, yet 90% of these youth had no additional problems at home, at school, or in court while in the program."

		Pr	ojected	2	Year E	Exp	ansion	- C	BA			
					1997-9				1998-9	9 2.	5 M	
County	Dist	Reg	Pop.	Re	stitution	Ot	ner CBA	Re	stitution	01	her CBA	
Alamance	15a		11,363			\$	18,522			\$	37,055	
Alexander	22	2	3,258	\$	5,311			\$	10,624			İ
Allegheny	23	3	827	\$	1,348			\$	2,697			;
Anson	20		2,630			\$	4,287			\$	8,576	
Ashe	23	3	2,056	\$	3,351			\$	6,705			
Avery	24	1	1,486	\$	2,422			\$	4,846			
Beaufort	02	7	4,622			\$	7,534			\$	15,072	
Bertie	06b	10	2,575			\$	4,197			\$	8,397	
Bladen	13	6	3,333	\$	5,433			\$	10,869	1		
Brunswick	13	6	6,025	\$	9,821			\$	19,648			
Buncombe	28	1	18,918	\$	30,836			\$	61,692	'		i
Burke	25	9	8,429		13,739			\$	27,487			
Cabarrus	19a	2	12,077	\$	19,686			\$	39,383			i
Caldwell	25		7,191	\$	11,721			\$	23,450			
Camden	01		674	\$	1,099			\$	2,198			:
Carteret	03ь	8	5,831			\$	9,505			\$	19,015	1
Caswell	17a	3	2,162	\$	3,524			\$	7,050	i		!
Catawba	25	9	12,822		20,900			\$	41,813	1		
Chatham	15b	5	4,201	\$	6,848			\$	13,699	!		
Cherokee	30	1	2,136	\$	3,482			\$	6,965			
Chowan	01	7	1,606	Ť		\$	2,618	H		\$	5,237	
Clay	30	1	772	\$	1,258		··	\$	2,517			
Cleveland	27b	2	9,168		14,944			\$	29,897			
Columbus	13		6,140		10,008			\$	20,023			
Craven	03b	8	9,415			\$	15,346	Ė	•	\$	30,702	
Cumberland	12	6	35,541			\$	57,932			\$	115,899	
Currituck	01	7	1,856			\$	3,025			\$	6,052	<u> </u>
Dare	01	7	2,680			\$	4,368			\$	8,739	
Davidson	22	2	14,067		22,929	<u> </u>		\$	45,872	<u> </u>		<u> </u>
Davie	22	2	2,879		4,693			\$	9,388	 		!
Duplin	4	I	4,891	Ť		\$	7,972	<u> </u>		\$	15,950	
Durham	14	L	18,672	Н		\$	30,435	\vdash		\$	60,889	
Edgecombe	7		6,678			\$	10,885	-		\$	21,777	
Forsyth	21	3	29,235			\$	47,653	\vdash		\$	95,335	<u> </u>
Franklin	9		4,759		7,757	_	,	\$	15,519	, .	1	1
Gaston	27a		18,892		30,794			\$	61,607	ļ		
Gates	1		1,166		1,901			\$	3,802			
Graham	30		735		1,198			\$	2,397			
Granville	9		4,359		.,	\$	7,105	Ť	_,	\$	14,215	
Greene	8		1,875			\$	3,056			\$	6,114	
Guilford	18		36,634		59,713	 		\$	119,463	Ť		
Halifax	06a		6,849			\$	11,164	Ť	, , , , ,	\$	22,335	
Hamett	11		8,819			\$	14,375			\$	28,759	<u> </u>
Haywood	30		4,371		7,125	-	,5. 5	\$	14,254	Ť		
Henderson	29	1	6,923		11,284			\$	22,576	-		<u> </u>
Hertford	06b		2,802		11,204	\$	4,567	Ť		\$	9,137	
Hoke	16a		3,671		5,984	-	7,007	\$	11,971	Ψ.	5,157	
	2		543		885			\$	1,771	-		-
Hyde		1 1					· · · · · · · · · · · · · · · · · · ·	\$	35,617	_		
Iredell	22		10,922					\$	8,436	-		
Jackson	30		2,587		4,217	æ	18 704	₽	0,430	•	33 570	
Johnston	11	5	10,297			\$	16,784			\$	33,579	!

					997-98 1.				1998-9			
County		Reg	Pop.		stitution	Ot	her CBA		stitution	Ot	her CBA	
iones	4	8	1,023	\$	1,667			\$	3,336		1	
Lee	_11	5	5,331			\$	8,690	L.		\$	17,384	
Lenoir	8	8	6,502			\$	10,598			\$	21,203	
Lincoln	27b	2	5,938		9,679			\$	19,364			
Macon	30	1		\$	3,819			\$	7,641			
Madison	24	1	1,698	\$	2,768			\$	5,537			
Martin	2	7	2,938			\$	4,789			\$	9,581	
McDowell	29	9	3,594	\$	5,858			\$	11,720			
Mecklenburg	26	2	63,626	\$	103,710			\$	207,484			
Mitchell	24	1	1,437	\$	2,342			\$	4,686			
Montgomery	19b	6	2,568	\$	4,186			\$	8,374			
Moore	20	6	6,873			\$	11,203			\$	22,413	
Nash	7	4	9,384			\$	15,296			\$	30,601	
New Hanove	5	5	14,204			\$	23,153			\$	46,319	
Northampton	6b	10	2,259			\$	3,682			\$	7,367	
Onslow	4	8	16,036			\$	26,139			\$	52,293	
Orange	15b	5	9,255			\$	15,086			\$	30,181	
Pamlico	3b	8	1,180			\$	1,923			\$	3,848	
Pasquotank	1	7	4,214			\$	6,869			\$	13,742	
Pender	5	5	3,689	\$	6,013			\$	12,030			
Perquimans	1	7	1,167		1,902			\$	3,806			
Person	9	3	3,260			\$	5,314			\$	10,631	
Pitt	3a	8	12,980			\$	21,157			\$	42,328	_
Polk	29	9	1,267	\$	2,065			\$	4,132			
Randolph	19b	6	12,298			\$	20,046			\$	40,104	
Richmond	20	6	5,084	\$	8,287			\$	16,579			_
Robeson	16b	6	14,450			\$	23,554			\$	47,121	_
Rockingham	17a	3	8,922			\$	14,543			\$	29,095	
Rowan	19c	2	12,996	\$	21,183			\$	42,380			_
Rutherford	29		6,142		10,011			\$	20,029			
Sampson	• 4	8	5,771			\$	9,407			\$	18,819	_
Scotland	16a	6	4,283			\$	6,981			\$	13,967	
Stanly	20	6	5,902	\$	9,620			\$	19,246	-		
Stokes	17b	3	4,284		6,983			\$	13,970			
Surry	17b	3	6,284		10,243			\$	20,492			
Swain	30		1,270		2,070			\$	4,141			
Transylvania	29	9	2,588		4,218			\$	8,439			_
Tyrell	2	7	467	Ť		\$	761	Ė	,	\$	1,523	
Union	20		12,121	\$	19,757	Ť		\$	39,527	Ť		
Vance	9		4,610			\$	7,514	Ė	,	\$	15,033	
Wake	10	4	55,968	_		\$	91,228	-		\$	182,512	
Warren	9	4	1,966			\$	3,205			\$	6,411	
Washington	2	7	1,569	_		\$	2,557		•	\$	5,117	
Watauga	24		3,124		5,092	Ť		\$	10,187	Ť	-,	
Wayne	8	8	12,365			\$	20,155	۲		\$	40,322	_
Wilkes	23	3	6,181		10,075	Ť		\$	20,156	Ť		
Wilson	7	4	7,958		,	\$	12,972	Ť		\$	25,951	
Yadkin	23		3,328		5,425	-	,	\$	10,853	_	20,00	
Yancey	24	1	1,470		2,396			\$	4,794	-		
TOTALS					601,385	-	\$648,152		1,203,139	\$	1,296,701	
					s 10-17 fo				.,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



WORKSHEET II EXPANSION BUDGET REQUEST

1							тюту но.		or [35
2	BUDGET CODE:	14411	DEPARTMENT:	Human Resources		_ Dr	VISION/ INSTITUTION:	Aging		
3	FUND NUMBER:	1110	& 1210	FUND TI 1110:State A	dmin.	1210: Home&	Community Services			
4	PROGRAM NUMBER:		2100	PROGRAM TITLE:	Families and	Children				
5	TITLE OF REQUEST:		In-Home and Caregiv	er Support Services				1997-98	98-99	
a	STATUTORY CHANGES	S/SPEC	CIAL PROVISIONS RE	QUIRED TO IMPLEMENT	?	- 6b	TOTAL REQUIREMENTS	2,920,952	5,841,903	
8	YES		NO x			7b	TOTAL RECEIPTS	279,257	558,513	
a	IF YES, ATTACH A COP	Y OF	THE DRAFT.			8b	APPROPRIATION	2,641,695	5,283,390	
a						9b	TOTAL POSITIONS	3.00	3.00	

Purpose: To address by SFY 98-99, an additional 30% of the original 15,509 on waiting lists statewide for in-home and community based services. Specifically, this expansion request would provide additional state funding to serve about 4,680 non-Medicaid eligible older adults who cannot pay privately for the essential in-home and/or caregiver support services they need to stay in their own homes and function as independently as possible. Essential services include services such as in-home aide, adult day care/day health care, skilled home care, home delivered meals, medical transportation and institutional respite. This request is in keeping with the Performance Budget Outcome to achieve safe and stable at-home living arrangements for impaired older adults, resulting in maintenance or improvement of daily functioning, reduced incidence of abuse and neglect, and strengthened family caregiving. Also, about 4.3% of the total requirements for each year of the biennium would be used for administrative expenses at the Division of Aging.

Rationale: In December 1995, North Carolina's 18 Area Agencies on Aging conducted a county by county survey of local community service providers to determine the number of older adults on waiting lists statewide for non-Medicaid funded in-home and caregiver support services. The survey results indicated that there were 15,509 impaired older adults waiting to receive essential in-home and/or caregiver support services. According to the service provider reports from all 100 counties, these older adults are eligible for services but cannot be served due to lack of provider resources, nor are these individuals able to pay privately for the total cost of the services needed. Medicare does not cover long term care. As such, for those impaired older adults who are not Medicaid eligible and cannot pay privately for the services they need, their options for at least some publicly subsidized help to stay at home and remain as independent as possible are extremely limited. Although North Carolina has a high poverty rate among the elderly (19.5% compared with 10.5% nationally), it is projected that at least 74% of frail older adults living in the community will not be Medicaid eligible even if the Medicaid eligibility level for the aged and disabled is raised to 100% of poverty. Given our growing older population, especially those 85 years of age and older, the number of persons who will need some help to stay at home will increase over time. The need for additional state funding to provide in-home and caregiver support services for non-Medicaid eligible older adults is the top priority of the North Carolina Senior Tar Heel Legislature, the North Carolina Coalition on Aging, and the Governor's Advisory Council on Aging. Five million in additional state funding was authorized for SFY 96-97 which will reach about 4,600 of the waiting list. Increased availability for home and community services continues to be an Aging Agenda item supported by Governor Hunt. Punding requested for the SFY 97-99 biennium would reach an addition

Outcomes:

-provide essential in-home and/or caregiver support services to 2,342 non-Medicaid eligible impaired older adults in SFY 97-98 and 4,680 in SFY 98-99 (4,680 represents an additional 30% of the original waiting list of 15,509). This funding would reduce the original waiting list to 6,229.

-respond to key older adult advocacy groups that have repeatedly identified as their top priority, the need for additional state funding for in-home/community services for non-Medicaid eligible.

-provide increased training/technical assistance for AAA's and more than 300 local service agencies funded to provide in-home and caregiver support services and increase the Division's capacity to research issues impacting tomorrow's older adults and their long term care needs.

							riority No.	1	of	丄
EASURES: G.S. 143-3.5 Description:		New/ Existing*	Actual 1995-96	Authorized 1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	È
number of frail (high-risk) older adults receiving supportive services and living	Continuation	E	8,822	9,947	9,947	9,947	9,947	9,947	9,947	1
independently at home consistent with	Expansion			L	351	1,019	1,019	1,019	1,019	2
their ability to function.	Revised			L	10,298	10,966	10,966	10,966	10,966	3
number of older adults receiving	Continuation	N	15,735	17,012	17,012	17,012	17,012	17,012	17,012	2]
services that provide relief for a family	Expansion				326	1,309	1,309	1,309	1,309	7
caregiver.	Revised				17,338	18,321	18,321	18,321	18,321	7
	_] Continuation					 i	·	1		1
	Expension		1_							1
	Revised	<u> </u>		į						1
	_1 Continuation		. 1				T			7
	Expension	 	L							1
	Revised			İ						1
										_
	Continuation									1
	Expension			_					·	1
	Revised			L						J
1					- · · · · · · · · · · · · · · · · · · ·			····		7
	Continuation									1
	Expansion	L		-						1
L	Revised			L						_
	Continuation									1
	Expension									1

Note: Attach a graphic if necessary to explain the change in measures.

* Indicate if this is a New (N) or Existing Measure (E).

								Priority No.	1	of
	OGET: G.S. 14 QUIREMENTS:	3-3.5	Detail of budget is to be provided at the N	CAS Agency Manag	ement Report deta	il level.				
	OUNT NO.	ACCOUNT	T TITLE	7	ſ	1997-98	1998-99	1999-00	2000-01	2001-02
	53-1211	Salaries &	Wages new & replacement	1	Ī	79,175	145,423	145,423	145,423	145,423
111		medical in	surance -new pos.	7	i	2,604	5,208	5,208	5,208	5,208
111	53-1511	FICA - nev	w positions and replacement	1	-	5,562	11,125	11,125	11,125	11,125
111	53-1521	Retiremen	it - new pos. & replacement	1	Ī	7,876	15,749	15,749	15,749	15,749
111		Communic	cation Equipment]	[400	0	0	0	0
111	53-4511	Office Fun	niture]	- 1	5,400	0	0	0	0
111	0 53-4522	Equipmen	t - Computers]	[7,800	0	0	0	0
111		Computer	Software]	[1,800	0	0	0	0
111		Contracte	d Services]	ſ	0	25,000	25,000	25,000	25,000
111	0 53-4710	DP Suppli				1,000	2,695	2,695	2,695	2,695
111	0 53-2850	Office Sup	pplies		[1,500	4,500	4,500	4,500	4,500
111	0 53-4521	Office Equ	ipment			3,765	5,000	5,000	5,000	5,000
111			-]	[2,500	6,800	6,800	6,800	6,800
111		Printing] '		1,500	6,500	6,500	6,500	6,500
111		In-state Tr	ransportation]		3,000	7,577	7,577	7,577	7,577
111	0 53-272X	In-state S	ubsistence] .		1,500	6,000	6,000	6,000	6,000
111	0 53-271X		ate Transportation]		1,000	4,000	4,000	4,000	4,000
111		Out-of-Sta	ate Subsistence]	. [500	2,500	2,500	2,500	2,500
111			ubscriptions	3		500	4,700	4,700	4,700	4,700
111			Training/educ.			1,000	4,000	4,000	4,000	4,000
121	0 53-6332	in-home/s	upportive services			2,792,570	5,585,126	5,585,126	5,585,126	5,585,126
]						
				1					l	
				Actual	Authorized					_
				1995-96	1996-97					· · · · · · · · · · · · · · · · · · ·
5			Requirements	34,634,674	41,158,776	2,920,952	5,841,903	5,841,903	5,841,903	5,841,903
5			Number of F.T.E.*	3.00	3.00	3.00	3.00	3.00	3.00	3.00
RE	CEIPTS:									
7 121	0 43-2304	local mate	th]	1	279,257	558,513	558,513	558,513	558,513
			CEV OF 00 100 07	4						
L			or SFY 95-96 and 96-97	-1						
-		of local ar	nd federal funds)	-{		·				
<u>, </u>		<u> </u>	Receipts	23,283,121	24,807,223	279,257	558,513	558,513	558,513	558,513
			APPROPRIATION	11,351,553	16,351,553					
9			CHANGE IN CASH BALANCE	11,001,000	10,551,555	2,641,695	5,283,390	5,283,390	5,283,390	5,283,390
<u> ا</u>		·	for total positions mayested on the			2,041,093	3,203,380	3,203,350	J,203,330	0,200,000

Complete Detail information for total positions requested on the following page.

	tion 6
Attachment 2	Dogo 4
Allecinient Z	Paye +

			P	riority No.	1	of
SITIONS REQUESTED:	Detail of the positions included in this expansion	m request.				
	·				1997-98	1998-99
		1997-98	1998-9 9	Annual	Budgeted	Budgeted
GRADE	CLASSIFICATION/EFFECTIVE DATE:	<u>F.T.E</u>	F.T.E	Salary**	Salary	Salary
70	Aging Program Specialist II	1.000	1.000	\$29,449	\$14,725	\$29,449
70	Aging Program Specialist II	1.000	1.000	\$29,449	\$14,725	\$29,449
70	Aging Program Specialist II	1.000	1.000	\$29,449	\$14,725	\$29,449
 .						
· ·						
		· · · · · · · · · · · · · · · · · · ·				
						
						
						
						
		ļ				
		·				
			·			
	Totali		3.000	の変わない場合に	\$44,175	\$88,347
	e classification requested unless supporting OSP documentation	attached.				
otal F.T.E's equal the number	ber of total F.T.E.'s shown on Page 3, Line 16 of this request.				····	
						
ES THIS EXPANSION DE	QUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT?		YES		NO	
YES, TITLE OF C.I. PROJ			, 25			<u> </u>
I. BUDGET CODE:		COMPLETION D	ATE			
. BODGET CODE.	TROJECTE	COMPLETION D				
ACE REQUIREMENTS: G	S. 120-36.7 (c)					-
	UIRE ADDITIONAL SPACE? YES	NOX]IF	YES. COMPI	ETE THE FOL	LOWING:
JES THIS HELEGEST NEW	Office Storage Other	1997-98	1998-99	1999-00	2000-01	2001-02
Type of Space:	Olice Otologo Otilor	1001-00	1000-00	1000-00	2000 01	2001.02
Additional Square Foo	Mana Paguinad					
Estimated Cost of Spa	ace Requirements	L			l"	
ibmit 6 copies on 8 1/2 x 1	11-inch yellow paper.					

Section 6 Attachment 2 Page 1 (Due 9/30/96)

WORKSHEET II EXPANSION BUDGET REQUEST

1					•	Priority No.	4	of	
2 B	BUDGET CODE: 14440	DEPARTMENT:	Human Resources		DIVISION/ INSTIT		Social Servi	ces	
_	FUND NUMBER:		FUND TITLE:	Facility & Health Service	Regulation	·			
	PROGRAM NUMBER:	2100	PROGRAM TITLE:	Human Services			_		
	TITLE OF REQUEST:	TANF transfer for Chil						1997-98	1998-99
	STATUTORY CHANGES/SPE		QUIRED TO IMPLEMEN	IT?		TOTAL REQU		(\$27,958,825)	
7a	YES	NO X				TOTAL RECE		(\$27,958,825)	
	F YES, ATTACH A COPY OF	THE DRAFT.				APPROPRIAT		\$0	\$0
9a _					9b	TOTAL POSI	TIONS	0.00	0.00
<u>N</u>	NARRATIVE: NEED Work First, North Carolina's we beneficiaries will requires child Change to Present Strategy To meet these and other human fund as allowed by federal law Anticipated Outcome	d care and related support	rt services provided by th	e Division of Child Develo	opment.		·		

WORKSHEET II EXPANSION BUDGET REQUEST

1					Priority No.	6a.	of	35
2	BUDGET CODE: 14440	DEPARTMENT:	Human Resources	D	IVISION/ INSTITUTION:	Social Services		
3	FUND NUMBER: 1140/1180	/1480	FUND TITLE:	Adolesecent Parenting Pro	gram .			
4	PROGRAM NUMBER:	2100	PROGRAM TITLE:	Families & Children			•	
5	TITLE OF REQUEST:	Adolescent Parenting F	Program Expansion			1997-98	1998-99	
а	STATUTORY CHANGES/SPEC	CIAL PROVISIONS REC	QUIRED TO IMPLEMENT	? 6	TOTAL REQUIREMENTS	1,219,755	2,486,475	
а	YES X	NO	7	7	TOTAL RECEIPTS	421,942	855,624	
а	IF YES, ATTACH A COPY OF	THE DRAFT.		8	b APPROPRIATION	797,813	1,630,851	
2	50% Medicaid			9	TOTAL POSITIONS	3.00	3.00	

NARRATIVE: DHR Performance Based Budgeting Outcomes call for preventing children from being abused and neglected and for protecting known victims from subsequent abuse and neglect without removing them from their homes. This request proposes to increase the number of counties served by Adolescent Parenting Programs (APP) from 26 to 100. This program has demonstrated considerable effectiveness in reducing the incidence of repeat pregnancies, school drop-outs, and child abuse among first-time teen parents ages 17 and younger. The requested funding will enable the Division to increase the number of participating counties in the first year of the 1997-99 biennium from 26 to 63 with continued expansion to all 100 counties in the 1999-2001 biennium. It will also reduce the incidence of repeat pregnancies, school drop-outs, and child abuse/neglect within the teen parent population in the participating counties.

The North Carolina Division of Social Services instituted the Adolescent Parenting Program (APP) in 1984 to strengthen preventive services to adolescent parents at the county level. It was designed as a way to reduce second pregnancy rates and the high costs, both human and financial, associated with early teen pregnancy and parenting. The APP is currently in operation in 26 counties. This program is administered by the NC Division of Social Services, but local program sponsors can be DSS agencies, public health/mental health agencies, school systems, or other community-based organizations. The basic components of the program are: Program Coordinator, In-House Management Team, Community Advisory Committee, Volunteer Mentors, and Teen Parent Peer Group. The program design includes a limited case-load, intensive family centered services, a volunteer mentor who acts as a positive supportive role model, and linkages with various public and private community agencies.

In 1995, 74 teenagers in North Carolina became pregnant each day. Over 16,000 adolescent girls become teen parents each year. Furthermore, one out of five low birth-weight babies are born to a teenage mother. In 1990, the average cost of care for a very low birth-weight infant was \$29,000. Teenage mothers earn about 50% of the income of those who first give birth in their 20's. Children born of teenage parents are more likely to experience abuse and neglect by their parents. Finally, national statistics indicate that greater than 50% of teenage mothers will drop out of school. Given these startling statistics, prevention programs are clearly necessary to reverse these trends.

In 1992, an evaluation of the APP was completed by the Carolina Evaluation Research Center. The evaluation found the program to be effective in delaying second pregnancies, enhancing parenting skills and increasing the participants' completion of high school or equivalent. Specifically, the evaluation found that APP participants had less than half the rate of second pregnancy found among adolescent parents in the general population. Also, nearly nine in ten of the teen mothers who were in school at the time they began in APP were still in school or had graduated from school when they exited the program. Based on national statistics, approximately 50% of teen parents in the general population do not finish high school. Lastly, the evaluation found that the incidence of child abuse and neglect among APP participants was significantly lower than that among non-APP teen mothers.

Continued on next page.

Section 6 Attachment 2 Page 1 (Due 9/30/96)

NO	DYCHEET	II EYDA	NSION	RUDGE	T REQUEST	r

1				Priority No. 6	а	of	35	
2 BUDGET CODE: 14440	DEPARTMENT:	Human Resources		DIVISION/ INST	ITUTIO So	cial Services		
3 FUND NUMBER:	1180/1480 /1140	FUND TITLE:	Adolescent Parenting I	Program				
4 PROGRAM NUMBER:	2100	PROGRAM TITLE:	Families & Children					
5 TITLE OF REQUEST:	Adolescent Parenting	Program Expansion				1997-98	1998-99	
6a STATUTORY CHANGES/SPECIA	L PROVISIONS REQU	JIRED TO IMPLEMENT	? 6b	TOTAL REQUIR	EMENT	1,219,755	2,486,475	
7a YES X	NO	1	7b	TOTAL RECEIP	TS	421,942	855,624	
8a IF YES, ATTACH A COPY OF THE	DRAFT.	•	8b	APPROPRIATIO	N	797,813	1,630,851	
9a 50% Medicaid			9b	TOTAL POSITIO	NS	3.00	3.00	

NARRATIVE: Continued from previous page.

The evaluation also made four primary recommendations: 1) Increase funding to the existing programs and expand the program into other counties, 2) Increase supportive services to at-risk adolescent parents and their children, including transportation, tutorial services, in-home parenting education and limited day-care, 3) Develop a state level advisory committee that would provide guidance and monitoring of program operation and development, and 4) Develop an automated information reporting system which would provide uniform data on client profiles, outcomes, services received and program deficits. Since the evaluation, the program has expanded into six more counties (although three existing counties have discontinued the program) and a state level advisory committee has been formed.

Currently, each APP serves clients in only one county. For purposes of expansion, the plan is to serve each of the 100 counties in North Carolina. The number of programs in each county will be determined by the number of adolescent parents in each county. For example, urban counties may have more than one program, whereas rural counties may share a program. As with past expansions, a request for proposals will be mailed out prior to the selection of new programs. Collaborative efforts among various agencies to provide APP will be encouraged and one lead agency will be identified. Those agencies who submit the highest quality proposals will be funded.

The current funding formula for Medicald eligible youth is 50% Medicaid, 35% State, and 15% local match. The funding formula for serving non-medicaid eligible participants is 50% State and 50% local match. The restriction of federal Medicaid funds has created difficulties in some of the current programs. Often, a pregnant teen is eligible for Medicaid for Pregnant Women (MPW), but after her baby is born, she no longer qualifies for Medicaid. Program coordinators have also found that each participant in APP is best served when there is a balanced mixture of low-income mothers and some who come from families with higher incomes. There tends to be a stigma placed upon those participating in the program when it is perceived as a service for lower income groups. State financial support for APP must be sufficient to ensure that the program is made available to teen parents who can benefit

Section 6 Attachment 2 Page 1 (Due 9/30/96)

WORKSHEET II EXPANSION BUDGET REQUEST

1			Pi	riority No.	6a	of [35	
2 BUDGET CODE: 14440	DEPARTMENT:	Human Resources	DIVISION/ INST	TITUTION:		Social Services		
3 FUND NUMBER:	1180/1480 /1140	FUND TITLE:	Adolescent Parenting Pro	gram	_	· · · · · · · · · · · · · · · · · · ·		
4 PROGRAM NUMBER:	2100	PROGRAM TITLE:	Children & Families					
5 TITLE OF REQUEST:	Adolescent Parenting Pro	ogram Expansion				1997-98	1998-99	
6a STATUTORY CHANGES/SPECIAL PRO	OVISIONS REQUIRED 1	O IMPLEMENT?	6b T0	OTAL REQUI	REME	1,219,755	2,486,475	
78 YES X	NO]	76 TO	OTAL RECEI	PTS	421,942	855,624	
8a IF YES, ATTACH A COPY OF THE DRA	AFT.	_	86 A	PPROPRIATI	ON	797,813	1,630,851	
9a 50% Medicald			9b T	OTAL POSITI	ONS	3.00	3.00	

NARRATIVE: Continued from previous page.

from participation but are not eligible for Medicaid. A 50% Medicaid, 50% non-Medicaid mix of participants would create a more effective, well balanced program.

Additional funding will be required to conduct an evaluation of the program every two years. As a result of the TANF Act, greater emphasis is now placed on the setting of measurable goals. The added benefit of fiscal federal incentives is available to states that experience reduction in their teen pregnancy and illegitimate birth rates.

The amount of state funds each local program must receive for the proposed APP expansion will increase from \$18,990 to \$34,954. This includes the existing 26 programs as well as the expansion programs. Local program match will be \$8139. This will allow us to maintain the current annual local budget of approximately \$54,258 assuming that approximately 50% of the participants are Medicaideligible. The Division of Social Services will require three Social Services Consultant II positions and a Clerk-Typist IV position to provide consultation and training to local program staff and to monitor program effectiveness and achievement of outcomes in each local program. This proposal assumes that two program consultants (one trainer) and thetrainer) and the clerk-typist would be employed in the first biennium and the third program consultant in the second biennium. It is proposed that 37 programs be added in the first biennium, beginning in January, 1998, and 37 more programs be added in the second biennium. State level positions are requested effective January 1, 1998.

						F	Priority No.		of
MEASURES: G.S. 143-3.5									
Description:		New/ Existing*	Actual 1995-96	Authorized 1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
Provide preventive and support services	Continuation	N	375	390	390	390	390	390	390
to adolescent parents in designated counties as a deterrent to long term	Expansion]	417	945	1389	1500	1500
dependency.	Revised		•	l	807	1335	1779	1890	1890
Prevent second pregnancies among	Continuation		315	328	328	328	328	328	328
APP participants.	Expansion	N			350	794	1167	1260	1260
·	Revised			l	678	1122	1495	1588	1588
Maintain 90% of APP participants in	Continuation		338	351	351	351	351	351	351
school while enrolled in the program.	Expansion	N	L.		315	715	1050	1134	1134
	Revised				666	1066	1401	1485	1485
Prevent incidence of child abuse and	Continuation		349	363	363	363	363	363	363
neglect among APP participants.	Expansion	. N			388	879	1292	1395	1395
	Revised			Į	751	1242	1655	1758	1758
	Continuation		<u>-</u>						
	Expansion								
	Revised			Į	<u> </u>				
	Continuation					T			
	Expansion								
	Revised			į	·				
1	Continuation					— · · · · · · · · · · · ·	. T		
	Expansion								
	Revised			Ī					

Note: Attach a graphic if necessary to explain the change in measures.

^{*} Indicate if this is a New (N) or Existing Measure (E).

Section 6 Attachment 2 Page 3

						Priority No.		, of
BUDGET: G.S. 1		NCAS Agency Manag	ement Report del	ail level.				
REQUIREMENTS								
ACCOUNT NO.	ACCOUNT TITLE	_		1997-98	1998-99	1999-00	2000-01	2001-02
531213	Salaries and Wages			40,140	80,278	109,777	109,777	109,777
531513	Social Security			3,071	6,141	8,398	8,398	8,398
531523	Retirement			4,347	8,694	11,889	11,889	11,889
531563	Health Insurance			2,604	5,208	6,944	6,944	6,944
533110	Office Supplies/Materials		[642	1,722	2,296	2,296	2,296
532714	In-State Transportation - Staff]		3,250	7,500	10,000	10,000	10,000
532724	In-State Subsistence - Staff			619	1,638	2,407	2,407	2,407
532715	Transportation Ground Out-of-State			150	400	600	600	600
532712	Transportation Air Out-of-State			892	1,890	2,835	2,835	2,835
532725	Out of State Subsistence - Staff			655	2,304	3,456	3,456	3,456
532811	Telephone			1,250	2,500	3,500	3,500	3,500
532840003	Postage			700	1,400	2,100	2,100	2,100
532850	Outside Printing/Administrative			600	1,200	1,800	1,800	1,800
532850	State Government Printing/Administrative		. [1,000	2,000	3,000	3,000	3,000
532942	Employee Training			250	1,000	1,500	1,500	1,500
535890	Other Misc. Services			250	1,000	1,500	1,500	1,500
535830	Dues/Subscriptions			250	500	750	750	750
534511	Office Equipment			3,135	0	1,045	0	0
534522	Data Processing Equipment			7,400	0	3,300	0	0
532170	Contract/Personal Services]		5,000	70,000	10,000	70,000	10,000
533110900	Workshop/Conference Expenses	•		5,500	15,000	15,000	15,000	15,000
•	County Services Programs		j	1,138,050	2,276,100	4,283,646	4,283,646	4,283,646
				i	i			
		Actual 1995-96	Authorized 1996-97					
5	Requirements	1,444,506	1,710,109	1,219,755	2,486,475	4,485,743	4,541,398	4,481,398
6	Number of F.T.E.*	1.00	1.00	3.00	3.00	4.00	4.00	4.00
RECEIPTS:								
7 536214	Medicaid Funds - 50%	7		236,634	501,887	1,003,773	1,003,773	1,003,773
536263	County Funds			150,572	301,143	602,286	602,286	602,286
438108	Tfr. from DMA - Admin. Cost			34,736	52,594	74,410	88,324	73,324
		-						
3	Receipts	954,751	1,140,409	421,942	855,624	1,680,469	1,694,383	1,679,383
9	APPROPRIATION	489,755	569,700	797,813	1,630,851	2,805,274	2,847,015	2,802,015
\tilde{o}	CHANGE IN CASH BALANCE	133,133			.,			

Complete Detail information for total positions requested on the following page.

					_		Attachment 2	Page 4
				P	riority No.		of	
ŀ	POSITIONS REQUESTED:	Detail of the positions included in this expan	sion request.					
ŀ						1997-98	1998-99	
ı		·	1997-98	1 998 -99	Annual	Budgeted	. Budgeted	
	GRADE	CLASSIFICATION/EFFECTIVE DATE:	<u>F.T.E</u>	<u>F.T.E</u>	Salary**	Salary	Salary	
21	· _ ·	-						
- 1								
	70	Social Services Program Consultant II/1-1-98	0.500	1.000	\$29,499	\$14,750	\$29,499	
	72 59 72	Social Services Program Consultant/Trainer/1-1-98	0.500	1.000	\$32,016	\$16,008	\$32,016	
- [59	Clerk-Typist IV/1-1-98	0.500	1.000	\$18,763	\$9,382	\$18,763	
	72	Social Services Program Consultant II/7-1-99			\$29,499			
- 1								
- 1								
- 1								
- 1								
- 1			 					
- 1								
- 1								
1								
- 1								
				-0.000				
22		Tot		3.000	section with a color part of	\$40,140	\$80,278	
		e classification requested unless supporting OSP documentation	on attached.					
l	#Total F.T.E's equal the numb	per of total F.T.E.'s shown on Page 3, Line 16 of this request.						
			····					
ı						-		
		QUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT?	7	YES[NO[X	
	IF YES, TITLE OF C.I. PROJE							
25	C.I. BUDGET CODE:	ITEM NUMBER: PROJECT	ED COMPLETION D	ATE:				
- 1								
•								
•	SPACE REQUIREMENTS: G	S. 120-36.7 (c)						
	DOES THIS REQUEST REQ		NO X	IF	YES, COMPL	ETE THE FO	LLOWING:	
		Office Storage Other	1997-98	1998-99	1999-00	2000-01	2001-02	
27	Type of Space:							
28	Additional Square Foo	lage Required					1	
29	Estimated Cost of Spa							
29	Laumated Cost of Spa	noc meganementa	L					
l	Submit 6 copies on 8 1/2 x 1	1 inch vollow paper		···				
	Submit a cobies on a 1/2 X 1	т-иси уеном рарег.						

Section 6

WORKSHEET II EXPANSION BUDGET REQUEST

1						Priority No.	12b	of	35
2	BUDGET CODE: 14440	DEPARTMENT:	HUMAN RESOURCE	S	DIVISIO	ON/ INSTITUTION:	SOCIAL SERV	/ICES	
3	FUND NUMBER:	1230	FUND TITLE:	Special Assistance for A	Adults	<u> </u>			
4	PROGRAM NUMBER:	2100	PROGRAM TITLE:	Families & Children					
5	TITLE OF REQUEST:	Improve Staffing in A	dult Care Homes				1997-98	1998-99	
6a	STATUTORY CHANGES/SPI	ECIAL PROVISIONS I	REQUIRED TO IMPLE	MENT?	6b TOT	AL REQUIREMENTS	2,600,000	5,200,000	
7a	YESX	NO]		7b TOT.	AL RECEIPTS	1,300,000	2,600,000	
8a	IF YES, ATTACH A COPY OF	THE DRAFT.			86 APP	ROPRIATION	1,300,000	2,600,000	
9 a					96 TOT.	AL POSITIONS	0.00	0.00	

10 NARRATIVE:

This request is for funds to improve the care provided to elderly and disabled adults residing in adult care homes. These funds will be used for additional payments to facilities specifically to improve the staff-to-resident ratio on the third shift from the current average of 1 staff person for every 50 residents to 1 staff person for every 30 residents effective January 1, 1998. This funding will support one of the recommendations made by the Governor's Ad Hoc Committee on Rest Homes and Nursing Homes in May 1996.

Attachment 2 Page 2

								Priority No.	12b	of	35
ſ	MEASURES: G.S. 143-3.5		New/	A1	Authorized						
	Description:		Existing*	Actual <u>1995-96</u>	1996-97	<u>1997-98</u>	<u>1998-99</u>	<u>1999-00</u>	<u>2000-01</u>	2001-02	
11	Number of staff caring for residents	Continuation	E	489	489	489	489	489	489	489	
2	on third shift.	Expansion	Е			130	260	260	260	260	
3		Revined				619	749	749	749	749	
		Continuation									
1		Expansion									
		Revised									
١		Continuation									
		Expansion									
		Revised								·	J
		Continuation									
		Expansion									
		Revised									J
		Continuation									
		Expansion				-					
		Revised									j
		Continuation				·					
		Expansion									
		Revised									
		.1									

Note: Attach a graphic if necessary to explain the change in measures.

^{*} Indicate if this is a New (N) or Existing Measure (E).

Priority No.	12b	of	35
 		0.	001

REQUIREMENTS: ACCOUNT TITLE ACCOUNT NO. 1998-99 1999-00 2000-01 1997-98 2001-02 Adult Care Home Staffing Grants 5361XX 2,600,000 5,200,000 5.200,000 5,200,000 5,200,000 Actual Authorized 1995-96 1996-97 5,200,000 Requirements 2,600,000 5,200,000 5,200,000 5,200,000 15 Number of F.T.E.* 0.00 0.00 0.00 0.00 0.00 16 0.00 0.00 RECEIPTS: County Funds 2,600,000 432200 1,300,000 2,600,000 2,600,000 2,600,000 17 1,300,000 2,600,000 2,600,000 2,600,000 2,600,000 Receipts 18 APPROPRIATION 1,300,000 2,600,000 2,600,000 2,600,000 2,600,000 19 CHANGE IN CASH BALANCE 20

Detail of budget is to be provided at the NCAS Agency Management Report detail level.

BUDGET: G.S. 143-3.5

Attachment 2 Page 4 Priority No. 12b of POSITIONS REQUESTED: Detail of the positions included in this expansion request. 1997-98 1998-99 1997-98 1998-99 Annual **Budgeted Budgeted** GRADE **CLASSIFICATION/EFFECTIVE DATE:** F.T.E F.T.E Salary** Salary Salary 21 0.000 0.000 \$0 \$0 Total# 0.000 0.000 ** Minimum level salary for the classification requested unless supporting OSP documentation attached. #Total F.T.E's equal the number of total F.T.E.'s shown on Page 3, Line 16 of this request. NOX 23 DOES THIS EXPANSION REQUEST RELATE TO A CAPITAL IMPROVEMENT PROJECT? 24 IF YES, TITLE OF C.I. PROJECT: PROJECTED COMPLETION DATE: ITEM NUMBER: 25 C.I. BUDGET CODE: SPACE REQUIREMENTS: G.S. 120-36.7 (c) NOX IF YES, COMPLETE THE FOLLOWING: 26 DOES THIS REQUEST REQUIRE ADDITIONAL SPACE? YES 2000-01 2001-02 1997-98 1998-99 1999-00 Office Storage Other Type of Space: 27 Additional Square Footage Required 28 29 **Estimated Cost of Space Requirements**

Section 6 Attachment 2 Page 1 (Due 9/30/96)

WORKSHEET II EXPANSION BUDGET REQUEST

1						Prio	ority No.	1	of	9NR
2	BUDGET CODE:	14470	DEPARTMENT:	Human Resources	DIVISIO	N/ INSTITUTIO	,	Facility Service		
	FUND NUMBER:		311	FUND TITLE:	Facility & Health Service Regulati	on				
4	PROGRAM NUMBER:	19	500	PROGRAM TITLE:	Health Access			•		
5	TITLE OF REQUEST:	Fi	ire Protection Revolvi	ng Loan Fund				ſ	1997-98	1998-99
6a	STATUTORY CHANGES	S/SPECI/	AL PROVISIONS RE	QUIRED TO IMPLEMENT	7?	6b TOT	AL REQUI	REMENTS	1,000,000	
7a			NO X	7			AL RECEIP		0	
	IF YES, ATTACH A COP	Y OF TH					ROPRIATIO		1,000,000	
9a	•						AL POSITION		.,,,,,,,,,	
	NARRATIVE:									
	NEED In the aftermath of a trag and nursing home regula similar to the State of Vin recommendations called care homes and nursing established a fire protect House Finance Agency w Change to Present Stra Many facilities are without Anticipated Outcome	tion. In a ginia's. If or smol homes ion revol will continutery ut advance	addition to asking for After a series of publicke detection systems. In order to assist factions from the fire protection systems to administer the coed fire protection systems.	recommendations from the chearings and discussion described illities with the purchase of a the number of facilities refunds.)	ourg rest home, Governor Hunt app ne committee, the Governor specifi ns, the committee submitted several evices for new or existing fire alarm I these devices, the department wite requiring these devices, the amount resources with which to purchase the aff will greatly reduce the risk of de-	ically charged to al recommenda is systems, and th funds approp t appropriated in hem.	the commit ations to the d semi-ann oriated (\$1, is inadequa	tee to consider e Governor in it ual fire alarm s ,000,000) by the ate to meet the	a mandatory: Is final report. System certifica a 1995 Genera need. (The N	sprinkler law One of the ation for adult al Assembly lorth Carolina

Priority No. 9NR **MEASURES: G.S. 143-3.5** New/ **Authorized** Actual Existing* 1995-96 1996-97 1997-98 2000-01 2001-02 1999-00 Description: <u>1998-99</u> 11 Continuation 12 Expansion 13 Revised Continuation Expansion Revised Expansion Revised Expansion Continuation Expansion Revised Continuation Expansion Continuation Expansion Revised

Note: Attach a graphic if necessary to explain the change in measures.

Section 6

Attachment 2 Page 2

^{*} Indicate if this is a New (N) or Existing Measure (E).

Section 6
Attachment 2 Page 3

							Priority No.	1	of	91
SUDGET: G.S.		Detail of budget is to be provided at the	ne NCAS Agency Manag	ement Report deta	nil level.					
REQUIREMENT	'S:									
ACCOUNT NO.	ACCOU	NT TITLE			1997-98	1998-99	1999-00	2000-01	2001-02	
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		Receipts			0	0	0	0	0	
		APPROPRIATION		1,000,000	1,000,000					
1		CHANGE IN CASH BALANC	F	.,,	1,555,550					
		CHANGE IN CASH BALANC		L						

^{*} Complete Detail information for total positions requested on the following page.

Section Attachment 2 Page 4

				Pı	riority No.	1	of	9N
OSITIONS REQUESTED:	Detail of the posit	ions included in this expansio	n request.			1007.00	4000.00	
			4607.06	4000 00	•	1997-98	1998-99	
ODADE.	OLAGGICIOATIONE	ATE.	1997-98	1998-99	Annual	Budgeted	Budgeted	
GRADE	CLASSIFICATION/EFFECTIVE D	DATE:	<u>F.T.E</u>	<u>F.T.E</u>	Salary**	Salary	Salary	
NA	NA							
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	e classification requested unless su	pporting OSP documentation		0.000	s except	\$0	\$0	
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		pporting OSP documentation		0.000	, 28 / 4 ,	\$0	\$0	
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DES THIS EXPANSION REYES, TITLE OF C.I. PROJ. BUDGET CODE:	EQUEST RELATE TO A CAPITAL IN IECT: ITEM NUMBER: G.S. 120-36.7 (c) UIRE ADDITIONAL SPACE?	pporting OSP documentation 3, Line 16 of this request. MPROVEMENT PROJECT? PROJECTED YES	COMPLETION D	YES ATE:	YES, COMP	NO[X DLLOWING:	-
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WORKSHEET II EXPANSION BUDGET REQUEST

					Priority No.		of
BUDGET CODE:	14460	DEPARTMENT:	HUMAN RESOURCES	D	IVISION/ INSTITUTION:	DMHDDSAS/	DDH
FUND NUMBER:	1240		FUND TITLE:				
PROGRAM NUMBER:	7	1431	PROGRAM TITLE:	<u> </u>	•		
TITLE OF REQUEST:	3	SECURE FORENSIC	TREATMENT PROGRAM			1997-98	1998-99
STATUTORY CHANGI	ES/SPECIA	PROVISIONS REQ	UIRED TO IMPLEMENT?	6b	TOTAL REQUIREMENTS	\$ 1,228,375	\$2,848,935
YES		NO X]	7b	TOTAL RECEIPTS	156,092	360,960
IF YES, ATTACH A CO	PY OF THE	DRAFT.	_	8b	APPROPRIATION	1,072,283	2,487,975
				· 9b	TOTAL POSITIONS	45.00	83.00

NARRATIVE:

This proposal is in response to the rising concerns generated by the recent elopements, or escapes, of patients from our psychiatric hospitals.

While many elopements are unavoidable and do not constitute a threat to the general public, legitimate safety concerns are generated when legal status patients such as HB 95 and NGRI patients escape.

This request is to establish a secure Forensic Treatment Programs at Dorothea Dix Hospital to address these concerns. These certified psychiatric beds will be utilized for male and female legal status patients who are considered elopement risks and/or potentially dangerous to others. The Forensic Treatment Program will provide a highly structured, secure facility for those violent patients from the four state psychiatric hospitals. By providing a safe, secure forensic units, the safety of other patients, staff, and the general public will be greatly enhanced.

This program will provide a highly structured, individually designed approach to treatment based on an interdisciplinary team model. Emphasis will be placed on behavioral and cognitive behavioral techniques. The milieu will offer the maximum amount of therapeutic stimulation and learning opportunities that a patient can tolerate and utilize. Treatment modalities will include counseling, education, occupational and recreational therapy, pharmacological intervention, role modeling and skills training techniques for individuals and groups of patients. Patients' families or legally responsible person will be involved in the treatment process as appropriate. Outcomes will be measured in terms of decreased aggressive activity, increased social cooperation and increased socially responsible behavior.

Funding of this request will complete the first phase of a two-part plan to provide a more secure setting for patients traditionally committed to the state hospitals after having been charged with crimes or who have potential for extreme violence. This phase will provide for a secure setting for approximately one half of this population,. The final part of the plan, which would take place in the 99-01 biennium, would include the development of a similar unit at another state hospital. Alternatively, a combination of statutory changes regarding the commitment of patients with legal detainers, and the development of care agreements with the Department of Corrections for some clients charged with violent crimes, may negate the need for a second hospital unit.

The first 36 bed unit can be estabished in an existing patient living area which is very secure. However, capital improvement funding will be needed in the first year of the biennium in order to initiate the second 36 bed unit in 1998-99. Capital improvements costing \$233,200 will be necessary.

	Dix Hospital Priority No.					of					
	r: G.S. 143-3	3.5	Detail of budget is to be pro	vided at the N	CAS Agency M	lanagement R	•				
	EMENTS:						9 months				
ACCOU	NT NO.	ACCOUNT					1997-98	1998-99	1999-00	2000-01	2001-02
1240	531211	SPA-REG	SALARIES APPROPR	IATION			913,424	2,261,191	2,261,191	2,261,191	2,261,191
1240	531511	Social Sec	curity				66,159	165,338	196,949	196,949	196,949
1240	531521	Retiremen	ıt				93,660	236,229	278,818	278,818	278,818
1240	531561	Medical In	surance				78,120	144,088	144,088	144,088	144,088
1240	532714	Trans-Grn	d in State				1,440	2,626	2,626	2,626	2,626
1240	532721	Lodging in	n State				600	1,400	1,400	1,400	1,400
1240	532724	Meals in S	itate				600	1,400	1,400	1,400	1,400
1240	532811	Telephone	Service				1,823	4,860	4,860	4,860	4,860
1240	532942	Other Edu	cational Expense				1,750	4,222	4,222	4,222	4,222
1240	533110	General O	ffice Supplies				3,000	7,600	7,600	7,600	7,600
1240	533120	Data Proc	essing Supplies				1,800	4,600	4,600	4,600	4,600
1240	533210	Janitorial	Supplies				3,000	8,000	8,000	8,000	8,000
1240	533240	Carpentry	& Hardware Supplies	(Renovation	ons to Spac	:e)	9,000	2,000	2,000	2,000	2,000
1240	533530	Rehab Su	pplies			4	1,500	5,381	5,381	5,381	5,381
1240	534512	Furn-Resi	dental				12,000	0	0	0	0
1240	534521	Office Equ	uipment				11,000	0	0	0	0
1240	534522	Equipmen	t Computers				21,000	0	0	0	0
1240	534523	Equipmen	it Scientific/Medical (E	xam Room)		2,000	0	0	0	0
1240	534539	Other Equ	ipment (Video Monito	ring)(Perso	onal Alarms	3)	6,500	0	0	0	. 0
					Actual	Authorized					•
			•		1995-96	1996-97					
			Requirements		0	0	1,228,375	2,848,935	2,923,135	2,923,135	2,923,135
ļ			Number of F.T.E.*		0.00	0.00	45.00	83.00	83.00	83.00	83.00
RECEIP	TS:										
1240 53	8335	Medicaid -	- TXIX Current Year				156,092	360,960	370,361	370,361	370,361
			Receipts				156,092	360,960	370,361	370,361	370,361
			APPROPRIATION				1,072,283	2,487,975	2,552,774	2,552,774	2,552,774
			CHANGE IN CASH BA	ALANCE							

•	Dix Hosp					riority No.		of
POSITIONS REQUESTED:	Detail of the pos	itions included	in this expa	nsion request.	,		4007.00	4000.00
·				1997-98	1000.00	`. 	1997-98	1998-99
ODADE.	OLA COLFICATION/FFFFOTIVE	DATE.			1998-99	Annual	Budgeted	Budgeted
GRADE	CLASSIFICATION/EFFECTIVE	DATE:		<u>F.T.E</u>	<u>F.T.E</u>	Salary**	Salary	Salary
1240 Phy Sal 10	Physician III - B	10/1/97	I	2.00	3.00	120,196	180,294	360,588
1240 70	Nurse B	10/1/97		3.00	13.00	32,891	74,005	427,583
1240 60	FHCT I	10/1/97		24.00	37.00	22,215	399,870	821,955
1240 57	Processing Assistant III	10/1/97		2.00	3.00	17,378	26,067	52,134
1240 57	Medical Record Assistant III	10/1/97		1.00	2.00	17,378	13,034	34,756
1240 68	Social Worker III	10/1/97		1.00	2.00	28,053	21,040	56,106
1240 58	Rehab Therapy Technician	10/1/97		6.00	12.00	18,037	81,167	216,444
1240 72	Nurse Supervisor A	10/1/97		1.00	2.00	35,853	26,890	71,706
1240 60	Practical Nurse II	10/1/97		2.00	4.00	19,515	29,273	78,060
1240 50	Housekeeper	10/1/97		1.00	2.00	15,600	11,700	31,200
1240 76	Senior Psychologist II	10/1/97		1.00	2.00	43,878	32,909	87,756
1240 64	Forensic Case Specalist	10/1/97		1.00	1.00	22,903	17,177	22,903
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			Total#	45.00	83.00	tista ka vitini seale .	913,424	2,261,191
** Minimum level salary for the	classification requested unless supp	oortina OSP d			55.55	estable nick printers of the entire		
•	er of total F.T.E.'s shown on Page 3,	•						
	,							
								
DOES THIS EXPANSION REC	QUEST RELATE TO A CAPITAL IMI	PROVEMENT	PROJECT?		YES		NO	
IF YES, TITLE OF C.I. PROJE								
C.I. BUDGET CODE:	ITEM NUMBER:		PROJECTE	COMPLETION	ON DATE:			
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VISITOR REGISTRATION SHEET

HUMAN RRS. A	ETERNOON 4-2-97
Name of Committee	Date
VISITORS: Please sign below and	d return to Committee Clerk.
NAME	FIRM OR STATE AGENCY AND ADDRESS
Lm B. Wilson	
The Stein	MHIDDISAS
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Behan K Harris	OSBIM
John Dorman	OSPL ,
Paylawolf	Covenant which Children
Rumbos	Bove + Assoc / LTC
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JimMcCleskev	DAR Budget Haralpis NCAHC
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AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

THURSDAY - APRIL 3, 1997

8:30 AM

IN HOME ADULT CARE, HOME STAFFING,
HOME DETECTORS AND SPRINKLER SYSTEMS - CAROL SHAW

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

April 3, 1997

The Joint Appropriation Subcommittee on Human Resources met on Thursday. April 3, 1997, at 8:40 a.m.. Senator William Martin presided and introduced the page for today, John Faulk from Monroe, North Carolina sponsored by Senator Plyler. Representatives present were Representatives Gardner and Aldridge and there were five Senators present.

Carol Shaw gave a presentation on In Home Adult Care, Home Staffing, Smoke Detectors and Sprinkler Systems.

The Committee discussed Systems Revolving Loan plan.

The Department suggested full funding for staffing per home be considered. Follow up on constituting change in community based alternative. The staff will follow up with the Department on special provision for targeting funds and evaluation of Adolescent Parenting. Staff made recommendations to fund current request on sprinkler s and smoke detectors.

The meeting adjourned.

Senator William Martin, Cochairman

Appropriations Subcommittee on Human Resources

Wanda C. Kay, Committee Clerk

Appropriations Subcommittee on Human Resources

HUMAN RESOURCES JOINT APPROPRIATIONS SUBCOMMITTEE AGENDA

April 4, 1997

EXPANSION BUDGET

WORK FIRST PROGRAM

DIVISION OF FACILITY SERVICES PROCESS

BOB FITZGERALD

DIVISION OF MENTAL HEALTH BLANKS

KAREN HAMMONDS-

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

April 4, 1997

The Joint Appropriations Subcommittee on Human Resources met on Friday, April 4, 1998, at 4:35 p.m., in Room 424 of the Legislative Office Building. Senator Martin presided with six Senate members present and the following House members: Representative Adams, Representative Hurley, Representative Gardner, Representative Cansler, and Representative Clary.

The Senate voted on the abortion provision in the Expansion Budget. Senator Forrester made a comment that he believe most citizens consider abortion to be murder using taxpayers money to so and additionally, abortion funds are taking away from other programs. He indicated that 74,000 lives had been aborted by taxpayers dollars.

Senator Clark indicated that the proposed provision was misleading, and that he concurred with Senator Forrester, in that he did not support the provision. Senator Forrester stated that he did not object to abortions, however, he does object to using taxpayers dollars to pay for them.

The next line item up for discussion was North Carolina's Work First Program. It was indicated that there were more individuals dropping out of the program than there were those completing it. The goal is to assist people with getting back on their feet to reduce welfare recipients and increase the numbers in the work force.

The meeting adjourned at 5:40 p.m.

Senator William N. Martin, Chairman

Joint Appropriations Subcommittee on Human Resources

Wanda C. Kay, Clerk

Joint Appropriations Subcommittee on Human Resources

Joint Appropriations Subcommittee on Human Resources AGENDA

Tuesday, April 8, 1997 8:30 a.m. LOB, Room 424

Smart Start Program

Governor's Expansion Request

Mary Ellen Sylvester Fiscal Research Division

Smart Start Program Update

David Walker Executive Director, NC Partnership for Children, Inc.

VISITOR REGISTRATION SHEET

P. HUMBARS

Nome of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME	FIRM OR STATE AGENCY AND ADDRESS
Starlein Scott Robbins	DMHIDDISAS.
Bubby Wooderch	OSBM
Brucox	DAR/DIRM
Megan Carpey	BSW Student - Meredith College
Bed WAPTS	DHR/D55
Janes Smill	DHRIDSS
Aya Olyori	DHR. DSS
Sharmer Ransone	DHR DSS
Kevin Fitz Gerald	DIA-DSS
Sharon throck	NCACDSS
Mana & hoo	NASW-NC
The Simona	NCAICE
Petrecas Trontmas	NCACC
Patrice Rouler	ncace
LIELS ROSECAND	STATE BUNGET
Jan Sichaelon	05PL
Polly Williams	NC Squity
Tommy Worth	CAROLINAS HEALTHRANCE STILL
NL DEITCH	YOUTH ADVOCACY I LIVAULM OF FILE
Roslyn Saut	Ne Child line Califyin
Helen Lyma	Meck G. DSS
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VISITOR REGISTRATION SHEET

ame of Committee	Human Resources	Date
ISITORS: Please sig	n below and return to Committee	: Clerk.
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DAN BALLOS	= BNM	
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Jim McClecker	DHR	
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AGENDA

JOINT APPROPRIATIONS SUBCOMMITTEE ON HUMAN RESOURCES

LEGISLATIVE OFFICE BUILDING - ROOM 424

WEDNESDAY - APRIL 9, 1997

8:30 AM

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES -

PETER LEOUSIS

MINUTES

JOINT APPROPRIATIONS SUBCOMMITTEE ON

HUMAN RESOURCES

April 9, 1998

The Joint Appropriations Subcommittee on Human Resources met on Wednesday, April 9, 1998, at 8:40 a.m..Senator Martin presided and introduced the page for today Dennaé Harshaw from Raleigh. There were five Senate members present and the House members present were as follows: Representatives Aldridge, Nye, Gardner, Clary, Alexander and Cansler.

Senator Martin turned the floor over to Peter Leousis whose presentation was on TANF (Temporary Assistance for Needy Families). (see handout, page 8) The TANF program works to help welfare families move to self-sufficiency with Work First. Modernizing the state's public assistance computer systems at both the county and state level is critical so county staff can work more closely with families. Now, 4,000 county workers are almost exclusively devoted to manually determining families' eligibility for public assistance. Automating that job throughout the state will cut the red tape and give staff more time to help families move to self-sufficiency.

There was a question posed as to what the plans are two years down the road should the forecast for cash assistance needs become greater than that which has been allocated. Peter suggested that the State's Rainy Day Fund is set up for this purpose and they would hope to rely on it some.

The members of the Committee expressed some concern for tracking folks who don't complete the application and do not sign the agreement form.

Senator Martin asked how the figure of \$1,000,000 was derived for substance abuse and staff development? Peter suggested that it is expected to be higher, however, substance abuse is also reflected in Mental Health Child Protective Services. Substance Abuse, at \$12,000,000, is included in the \$104.6 million a year, the plan to maintain the state's investment in child welfare and mental health services for five years.

Senator Clark followed up on Senator Martin's question regarding substance abuse with regard to whether drug screening is going to be considered. Peter said there will not be automatic drug screening. The only time there will be drug screening is if there is a reason to suspect a youth of using drugs.

Jt. Appro.Subcom. on Human Resources Minutes 4-9-98 Page 2

The meeting adjourned at 9:50 a.m.

Senator William N. Martin, Chairman

Joint Appropriations Subcommittee on Human Resources

Wanda Kay, Committee Olerk

Joint Appropriations Subcommittee on Human Resources

m. 4-5-9

Presented by: Mary Ellen Sylvester Fiscal Research Division April 8, 1997







Selected Performance Audit Recommendations Affecting the NC Partnership for Children, Inc.

- Strengthen the Management Role and Capacity of the NC Partnership
 - -- Centralize Financial and Contracts Management
 - -- Perform Contract Monitoring/Enforcement for Local Partnerships
 - -- Perform Annual Assessment of Partnerships' Performance
 - -- Provide Technical Assistance to Local Partnerships
 - -- Manage the Partnership Selection Process
 - -- Determine Annual Funding Allocations for Local Partnerships
 - -- Adopt a Formula to Limit Local Partnerships' Administrative Costs
 - -- Meet Cash Fundraising Requirement
 - -- Report Program Information Quarterly to the General Assembly
- Plan for Regionalization of Local Partnerships
- Establish a Task Force to Study Transportation Issues Statewide







1997-98 Continuation Budget

Local Partnerships (55 Counties)	\$71,368,364
NC Partnership Administration	\$1,700,000
DHR Administration	\$528,626
Automation	\$665,000
Program Evaluation	<u>\$850,000</u>
Total	\$75,111,990







Governor's Expansion Request

	1997-98 Recommended	1998-99 (1997-98 Annualized)	1998-99 Recommended
Local Partnerships (100 Counties)	\$20,468,626	\$24,358,839	\$66,782,091
NC Partnership Administration	\$700,000	\$700,000	\$800,000
DHR Administration	\$0	\$0	\$172,080
Automation	\$100,000 NR	\$0	\$0
Program Evaluation	\$62,000	\$62,000	\$62,000
Needs & Resources Assessment	\$750,000 NR	\$0	\$0
Professional Development	\$300,000	\$300,000	\$300,000
Licensing Consultants	\$248,253	\$268,192	\$268,192
ТЕАСН	\$300,000	\$300,000	\$345,500
Total	\$22,928,879	\$25,989,031	\$68,729,863







Program Budget With Expansion

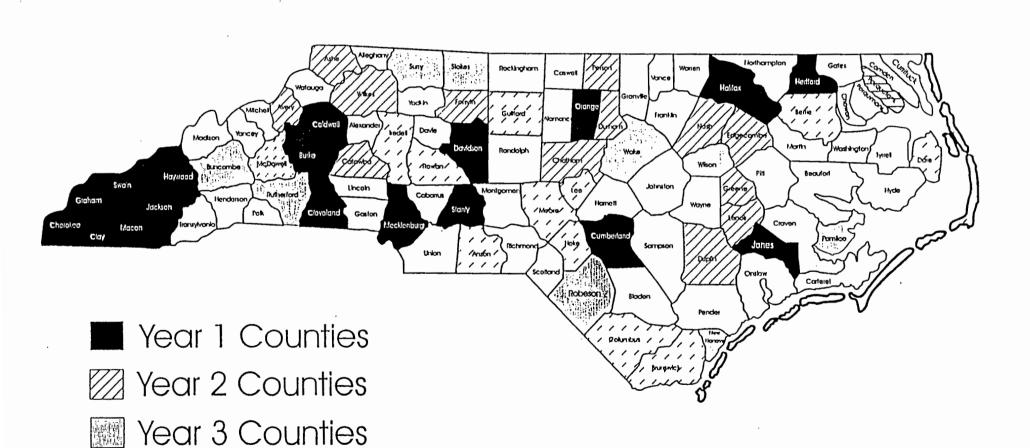
	1997-98 (w/o Expansion)	1997-98 (with Expansion)	1998-99 (1997-98 Annualized)	1998-99 Recommended
Local Partnerships (100 Counties)	\$71,368,364	\$91,836,990	\$95,727,203	\$138,150,455
NC Partnership Administration	\$1,700,000	\$2,400,000	\$2,400,000	\$2,500,000
DHR Administration	\$528,626	\$528,626	\$528,626	\$700,706
Automation	\$665,000	\$765,000	\$665,000	\$665,000
Program Evaluation	\$850,000	\$912,000	\$912,000	\$912,000
Needs & Resources Assessment	\$0	\$750,000	\$0	\$0
Professional Development	<u>\$0</u>	\$300,000	<u>\$300,000</u>	<u>\$300,000</u>
Smart Start Total	\$75,111,990	\$97,492,616	\$100,532,829	\$143,228,161
Licensing Consultants		\$248,253	\$268,192	\$268,192
TEACH	<u>\$1,000,000</u>	<u>\$1,300,000</u>	\$1,300,000	<u>\$1,345,500</u>
Non-Smart Start Funding	\$1,000,000	\$1,548,253	\$1,568,192	\$1,613,692



Year 4 Counties



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NORTH CAROLINA PARTNERSHIP FOR CHILDREN

Regionalization and Multi-County Collaboration

A total of \$200,000 in non-Smart Start funds have been distributed to eight (8) local "clusters" of unfunded counties for the purpose of collaboration and planning toward regionalization or multi-county partnerships. An additional \$192,000 in private funds has been approved by the Private Donors Advisory Group for allocation to a total of 8 "clusters" of funded and unfunded counties for the same purpose.

In total, nearly \$400,000 in non-Smart Start funds have been allocated for planning and regional partnership/multi-county collaboration. These funds will impact 32 unfunded counties and 13 funded counties.

Private sector funds were also allocated for the hiring of a full-time Training and Evaluation Coordinator and two full-time Program Coordinators at the state partnership, who will provide technical assistance to the unfunded counties, as well as the funded counties.

The Orange County Partnership for Children and the Durham County Partnership for Children, which have jointly outsourced their financial management work to a private accounting firm, have collaborated with the Wake County Partnership for Children to have that firm perform those functions for all three local partnerships. Person County Partnership for Children has also expressed an interest in joining the collaboration.

Representatives from Alamance, Caswell, Rockingham and Stokes have recently met to discuss a four-county collaboration for Smart Start.

Chatham, Lee, Moore, Harnett and Sampson counties held their fourth meeting to develop a regional "Central Carolina Partnership for Children".

The Lenoir-Greene Partnership for Children has discussed the possibility of joint financial management which might include that partnership, Duplin county and Wilson county.

Buncombe County, a Year 3 partnership, has convened two meetings of representatives of three unfunded counties located within their Council of Governments (COG) -- Henderson, Transylvania and Madison counties.

Other counties that have met to discuss regionalization or multi-county collaboration are Rutherford, Cleveland, McDowell and Polk; Avery, Mitchell and Yancey; Alleghany, Ashe and Watauga; Warren and Halifax; Bertie, Northampton and Hertford; Currituck, Camden and Pasquotank; Hyde, Tyrell, Beaufort and Washington; Martin and Pitt; Craven, Jones, Pamlico and Carteret; Lincoln and Gaston; Granville, Vance and Franklin; Robeson, Hoke, Scotland and Bladen; Richmond and Montgomery; Wilkes,

Alexander and Yadkin; Chowan, Perquimans and Gates; Columbus, Brunswick, New Hanover and Pender.

Smart Start Expansion

With the approval by the NCPC Board of Directors, Requests for Applications (RFAs) were sent to all 45 unfunded counties on March 14th. Applications for Smart Start funding are to be submitted to the state partnership office by May 1st.

The applications will be reviewed by NCPC staff and a Review Committee. That committee will then make its recommendations on selected counties and present those to the NCPC Board at the May 9th meeting. Counties approved for selection would be notified on May 9th.

Contingent upon legislative approval of an expansion budget for FY '97/98, counties would be eligible to receive planning funds on October 1, 1997 (nine-month allocations, through June 30, 1998). Special incentives may be provided to those counties that collaborate in their planning process (i.e., Lincoln-Gaston; Granville-Vance-Franklin).

Private funds and other non-Smart Start funds (if renewed) would be used to supplement Smart Start planning (state) funds. Technical assistance, training, support, and other assistance would be provided by NCPC staff.

Financial and Contracts Management

The NCPC has assumed, from DHR, the responsibility for contracts management for the eleven Year 3 partnerships.

A new, uniform fund accounting system (MIP) has been selected for use by all of the local partnerships, effective July 1, 1997. Staff of the state and local partnerships worked with consultants from Deloitte and Touche in the selection of the system. Deloitte and Touche is currently engaged in the installation and training phase of this development.

A financial and contracts management unit has been established at the state partnership. This unit incudes eight staff, headed by Bonnie Parr, a CPA. These staff perform financial management and contracts assessment for the Year 3 and 4 partnerships and provide training and technical assistance to the other partnerships.

Smart Start Core Services

The state partnership's Strategic Planning Committee has developed a set of five core services that each partnership must address in their local plans. They include Health, Family Support, Child Care Accessibility, Affordability and Quality.

Smart Start funds could also be used for discretionary programs and services, as follows:

Year 1 at 5% Year 2 at 10% Year 3 at 15%

Joint planning and blending of funding sources will allow counties to integrate efforts and maximize services.

Administrative Costs

At its March meeting, the NCPC Board of Directors, acting on the recommendations of the Accountability Committee, voted to limit the administrative expenses for each local partnership to eight percent (8%). This formula is to be phased in over a two-year period, beginning July 1, 1997. Included in the revised formula will be a clear delineation of allowable administrative and program expenses.

Transportation Summit

A half-day transportation summit, co-sponsored by the NCDOT and NCPC, has been scheduled for April 24th to focus on current needs and issues related to public transportation and Smart Start programs. Participants will include the staff of local Smart Start partnerships, NC Department of Transportation staff, directors of local transportation authorities and representatives of the Human Services Transportation Council and the NCSU Institute for Transportation Research and Education.

The group will plan to review best practices and develop strategies for addressing local transportation needs and the resources that will be required.

Office Expansion

The state partnership has relocated its office to 1100 Wake Forest Road, in Raleigh (former site of Raleigh Hospital and Wake County United Way). This expansion was necessitated by the need for increased staffing and training in response to additional mandated responsibilities.

National Interest in Smart Start

- President Clinton's address to the NC General Assembly, on March 13th, mentioned Smart Start and plans to bring national attention to this initiative during next week's White House Conference on Early Childhood Development and learning.
- On March 14th, the House Minority Leader and Chairperson of the Success By Six program, in South Carolina, visited Raleigh and attended the NCPC Board meeting.
- A delegation from Gov. Lawton Chiles' administration plans to visit on May
 28th to learn more about Smart Start.

- o In Illinois, Rep. Carol Ronan introduced legislation to create an early childhood initiative modeled after Smart Start.
- o In Hawaii, the Good Beginnings Program, also modeled after Smart Start, has been operating for the first eighteen months.
- Smart Start staff have participated in recent meetings or conferences sponsored by the National Governors Association (NGA), Carnegie Corporation Starting Points Initiative and the Finance Project.
- Also, a group from Budapest, Hungary met with several NCPC staff to learn more about early childhood programs that are administered by nonprofit organizations such as the state and local partnerships.
- NCPC Program Director, Karen Ponder, presented at the National Education Association's 1997 Regional Advisory Conference in Columbus, Ohio.

Local Partnership Advisory Committee

The first meeting of the Local Partnership Advisory Committee was held in March. The group, comprised of eight board chairs and seven executive directors of the local partnership, will serve in an advisory capacity to the state partnership. There are three representatives from each of Years 1-4 of the local partnerships, plus three representatives from the unfunded counties. The group plans to meet monthly and will select its own chair.

Fundraising Results

The state and local partnerships, combined, have raised \$3.1 million, to date, during this fiscal year. The required match in private funds is \$3.4 million for this year.

P.M. 4-9-97

DEPARTMENT OF HUMAN RESOURCES DIVISION OF SOCIAL SERVICES

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT (TANF)

The Temporary Assistance for Needy Families (TANF) Block Grant is a new grant from the Federal government created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L 104-193). The grant was created by combining several formerly entitlement programs into one capped grant: Aid To Families With Dependent Children (AFDC), Job Opportunities and Basic Skills (JOBS), AFDC Emergency Assistance cash and services (AFDC-EA), and AFDC state and county administration. Amounts provided to states were determined based on FFY 1995 expenditures for the programs combined into the TANF grant, with additional funds provided to states, including North Carolina, which have above-average population growth and below-average cash benefit levels per recipient.

For the State Fiscal Year 1997-98 the TANF Block Grant funding level is projected to be \$317,411,115 as is shown on page 4.

GENERAL DESCRIPTION

The Temporary Assistance for Needy Families Block Grant is intended to provide federal funds which support helping people achieve and maintain a greater degree of economic self-sufficiency, through a combination of cash assistance; case management, employment and training services; system automation and administrative expenses in support of service delivery; and other activities intended to reduce and prevent welfare dependency and promote self-sufficiency.

The primary providers of the services proposed to be funded by the TANF Block Grant are the one hundred county departments of social services. Part of the funds within this block grant are proposed to be used to help meet the rapidly growing demand for day care services for children of families moving to work. Because child care is critical to assisting families to enter employment it is vitally important that these services be available. Federal regulations for the TANF grant allow transfers of up to 30% of the grant per year to child care and to the Social Services Block Grant. In addition to a transfer to child care, an additional transfer to SSBG is also recommended, as detailed in the following recommendations.

RECOMMENDATIONS:

1.	Allocation to the state Division of Social Services for payment of cash assistance benefit payments to Work First families both those families subject and those exempt from work requirements as determined based upon state-established eligibility criteria.	\$262,747,194
2.	Allocation to county Departments of Social Services as partial funding for block grants to Counties for program eligibility determination and case management services, emergency cash assistance and services, employment and training services, and allocated county administrative cost. Balance of county block grant funding to come from state and county funds.	\$ 19,281,882
3.	Transfer to the Child Care Development Fund for day care subsidies previously funded with state appropriations. State appropriations previously used for subsidy to be used for Smart Start and other expansion priorities.	\$ 27,958,825
4.	Transfer to the Child Care Development Fund for day care subsidy assistance for Work First participants.	\$ 3,758,011
5.	Allocation to the state Division of Social Services for funds to purchase substance abuse treatment services for Work First participants who require such treatment in order to achieve and maintain employment.	\$ 1,000,000
6.	Allocation to the State Division of Social Services to provide funds to contract for a short-term and long-range evaluation of North Carolina's implementation of federal welfare reform requirements and the Work First program.	\$ 700,000
7.	Allocation to the State Division of Social Services to provide funds to foster collaborative efforts with the Community College System to secure effective, time-limited training programs for Work First participants.	\$ 500,000
8.	Allocation to the State Division of Social Services to provide funds to train state and county staff on operational changes as a result of Work First and federal welfare reform.	\$ 500,000

9.	Transfer to the Social Services Block Grant partial funding for an expansion of the Mate Worker program in the Department of Envir and Natural Resources - Division of Materna	\$	400,000	
10.	Carry-forward federal fund availability to F' by federal legislation.	\$	565,203	
	Total Expend	itures:	<u>\$31</u>	7.411.115
	Base TANF B Federal Suppl Carry-Forward	emental Funds	6	,240,000 ,520,000 ,651,115

Total Funds Available:

\$317,411,115

DIVISION OF SOCIAL SERVICES Analysis of Temporary Assistance for Needy Families (TANF) Block Grant

13 Lanc	יטו	HEEUY	ı	aiiiiies	1
SFY	199	7-1998	3		

Item Number	Title	Actual SFY 95-96	Appropriated SFY 96-97 (HB 53)	SFY 96-97 Additional Grant Award	SFY 96-97 Total Funds	Recommended Amount SFY 97-98	SFY 96/ Recommended Difference	Explanation of Difference
	Cash Assistance Benefit payments to Work First families based upon state-established eligibility criteria			177,441,242	177,441,242	262,747,194	262,747,194	Cash benefits to be paid entirely from federal funds in SFY 97-98 and subsequent years.
•	Partial funding for Block Grants to County DSS for program eligibility determination and case management, emergency cash and services assistance, Work First diversion efforts, employment and training services, and administration.			0	0	19,281,882	19,281,882	
3	Provide funding for Smart Start and other Expansion Priorities by transfer to DCD.	-		,	0	27,958,825	27,958,825	
-	Transfer to the Division of Child Development for additional day care subsidy purchase for Work First participants.			0	0	3,758,011	3,758,011	
5	Funds to purchase substance abuse treatment services for Work First participants	0	0	0	O	1,000,000	1,000,000	
6	Funds to purchase an evaluation of North Carolina's implementation of federal welfare reform requirements.	0	0	0 .	0	700,000	700,000	
7	Funds to foster collaborative efforts with the Community College System to secure effective, time-limited training programs for Work First participants.	0	0	o	0	500,000	500,000	
8	Funds to train state and county staff on operational changes as a result of Work First and federal welfare reform.	0	0	О	O	500,000	500,000	,



ltem Number	Title	Actual SFY 95-96	Appropriated SFY 96-97 (HB 53)	SFY 96-97 Additional Grant Award	SFY 96-97 Total Funds	Recommended Amount SFY 97-98	SFY 96/ Recommended Difference	Explanation of Difference
9	Transfer to Social Services Block Grant to provide partial funding for an expansion of the Maternal Outreach Worker program in DEHNR.	0	0	0	0	400,000	400,000	
10	Carry-forward to subsequent fiscal year as permitted by federal legislation	0	0	8,651,115	8,651,115	565,203	565,203	
11	Work First employment program (old JOBS)			23,100,000	23,100,000	,		To be included in County Block Grant in FY 97-98 and subsequent years.
12	Emergency Assistance Cash and Services			52,291,265	52,291,265			To be included in County Block Grant in FY 97-98 and subsequent years.
	County Eligibility Determination/Case Management and Administration	·		29,052,489	29,052,489			To be included in County Block Grant in FY 97-98 and subsequent years.
14	State Administration			5,203,889	5,203,889			To be funded with state funds in FY 97- 98 and subsequent years.
	Total Planned Expenditures			295,740,000	295,740,000	317,411,115	317,411,115	
	Available Funds: Base TANF Block Grant TANF Supplemental Funds Carry-Forward from FY 96-97 Total TANF Block Grant	0	0	295,740,000 295,740,000	295,740,000 295,740,000	302,240,000 6,520,000 8,651,115 317,411,115	302,240,000 6,520,000 8,651,115 317,411,115	
	Carry-Forward from FY 96-97	0	0	295,740,000	295,740,000	8,651,115	8,651,115	

Strengthening Work First

In North Carolina, three guiding documents contain the state's direction for Work First, Governor Jim Hunt's welfare reform initiative that's putting people to work, cutting the welfare rolls and saving tax dollars.

Proposed Welfare Reform Legislation

The legislation sets the state's broad direction in strengthening Work First. It gives counties greater control and greater flexibility in deciding how to spend welfare funds. It also demands more accountability for how that money is spent.

The legislation calls for counties to submit annual plans telling the state how they will run their program and meet the state and federal performance goals. Counties receive their funds in a block grant. The state will have the option to take over ineffective county programs.

1997-99 State Plan for Work First

The state plan is required by the federal government to describe how North Carolina is carrying out welfare reform. It contains the details of the Work First program. Since January 1, 1997, North Carolina has operated under an interim state plan, based on Work First, that fills the federal requirements for the welfare block grant.

In April, Gov. Jim Hunt will submit to the legislature a comprehensive, two-year state plan taking advantage of increased federal flexibility. It incorporates recommendations of the Human Services Task Force--a group of legislators, county commissioners, county managers, social services directors, welfare parents, and religious, nonprofit and business leaders--who offered their advice on the best ways to use the increased flexibility in the federal welfare law.

The state plan specifies cash benefit levels, eligibility standards, and how county performance will be judged.

Work First Business Plan

The Business Plan is a five-year blueprint that shows how the state will use available funds to make Work First efficient and effective. It emphasizes the need to run Work First like a business, investing in child care and other support services necessary to help families be successful in the workplace. Investing savings from Work First into Smart Start will help make quality child care more affordable and more available for working families. The business plan calls for modernizing the computer system so county staff can better help families, cut red tape, and meet federal reporting requirements.

#

Welfare Reform Legislation Summary

e state's proposed welfare reform legislation will make Work First the foundation for implementing the new federal welfare reform law. The legislation recognizes and implements the federal shift to a block grant with a cap on federal spending.

The legislation replaces an entitlement program that provided benefits for an indefinite time with a temporary assistance program that focuses on moving families to self-sufficiency within a five-year lifetime limit on cash assistance.

Program provisions aim to help children, support families, and promote personal responsibility and self-sufficiency.

Following are key features of the legislation:

- Most able-bodied adult recipients are required to be working or in work-related activities within two
 years. There is a 60-month lifetime limit on cash benefits. (Work First continues to require work within
 12 weeks for families in the employment program and ends benefits after two years. Families can then
 reapply for benefits after being off welfare for three years.)
- Welfare recipients must sign a personal responsibility contract that includes promises to care properly for their children, find a job, and comply with all Work First requirements.
 - Work First continues to be state-supervised and county-administered, but with changes, such as increased county flexibility and accountability in spending welfare dollars.
- Each year, counties will be required to submit local block grant plans to the Department of Human Resources, detailing how they intend to use welfare dollars to meet Work First goals. Plans will be enforced through memorandums of agreement between DHR and the counties. DHR can take over county programs which are not effective.
- Welfare checks to families and diversion grants will be paid from federal funds, but support services such
 as transportation, counseling, etc., will be paid by counties from the block grants primarily funded by
 state and county appropriations.
- Counties will be required to maintain spending at 100 percent of 1996-97 levels, with no subsequent adjustments for inflation.
- The Department of Human Resources will annually submit for the General Assembly's approval a state plan which includes the bulk of program details (e.g., benefit levels, eligibility standards, and block grant allocations).
- The bill also amends state law to conform to new federal food stamp requirements. Child support enforcement changes to conform to new federal law will be offered in a separate bill.

North Carolina Work First Business Plan

Investing in North Carolina Families

As North Carolina works to help welfare families move to self-sufficiency with Work First, the N.C. Department of Human Resources has created a five-year blueprint for reaching Gov. Jim Hunt's goal of every able-bodied welfare recipient in a job or in job training by 2000.

This business plan recognizes that the state's welfare system must be run like a business—with clearly defined goals and strategies to meet those goals. It highlights the investments in families that will be needed to reach the Governor's goal and to ensure that families remain independent, closing the revolving door to welfare.

It highlights the upfront investment in child care necessary to help parents go to work. Transferring dollars from the federal welfare block grant, as Gov. Hunt has proposed, will free up state dollars to expand Smart Start. This allows those parts of the state not now participating in Smart Start time to plan improvements in child care quality and availability to meet the needs of working families.

Modernizing the state's public assistance computer systems at both the county and state level is critical so county staff can work more closely with families. Now, 4,000 county workers are almost exclusively devoted to manually determining families' eligibility for public assistance. Automating that job throughout the state will cut the red tape and give staff more time to help families move to self-sufficiency. An aggressive fraud prevention and recovery effort supports efforts to direct services to children and families.

Following are key highlights of the five-year business plan:

mart Start: In 1997-98, \$22.9 million of federal welfare block grant dollars is invested in child care subsidies. is frees up state money to expand Smart Start statewide. Through Smart Start, families will have better access to higher quality child care, improved preventive health care for their children, and other support services. By state law, communities must spend at least 30 percent of Smart Start dollars for financial help with child care expenses. The annual investment in Smart Start increases to \$31.5 million in 1998-99 and remains at that level through 2001-02.

<u>Child care</u>: In 1997-98, an additional \$3.8 million is provided to help pay for child care for families leaving welfare. That investment rises to \$104.5 million by 2001-02.

<u>Support services</u>: Transportation, job training and other support services are built into the business plan at a rate of \$1,500 per participant. An additional \$500,000 a year is provided for joint community college/Work First training initiatives.

<u>Substance abuse</u>: The plan includes a new investment in substance abuse services of \$1 million a year for five years so Work First participants with substance abuse problems can get the help they need and get back on their feet.

Child welfare/mental health: The plan maintains the state's investment in child welfare and mental health services at \$104.6 million a year for five years. About 60 percent of those dollars support the protection of children at the county level, with the remainder going for mental health treatment and emergency grants for families.

Evaluation: The plan invests \$700,000 a year for five years to evaluate the impact of Work First on families and children. It will look at issues such as how long welfare parents stay in jobs, how much they're paid, and the impact of welfare reform on child abuse and neglect.

<u>County administration</u>: The plan projects that county administrative costs will decline by 3 percent a year and state costs by 2 percent a year.

<u>Automation</u>: The plan invests \$16.9 million in automation for 1997-98 and \$62.8 million over the five-year period to improve efficiency and meet federal reporting requirements.

Work First State Plan Summary

Work First, Gov. Jim Hunt's welfare reform initiative, changed the face of welfare in North Carolina with tough work requirements, personal responsibility contracts, and incentives to help welfare families move into the work force. Now, with the new flexibility provided by federal welfare reform, the state is moving to strengthen and build on Work First's progress.

In October 1996, the state convened an 80-member Human Services Task Force—a group of legislators, county commissioners, county managers, social services directors, welfare parents, and religious, nonprofit and business leaders—to work on a far-reaching state plan for Work First. The task force and its 14 work groups began intensive meetings, looking at issues ranging from child care to child support, accountability for helping families find work to creating job bonuses for families that go to work. Their goal was to strengthen personal responsibility and self-sufficiency.

The new proposed state plan, being presented in April to the General Assembly:

- Builds on the success and groundwork of Work First, Governor Jim Hunt's welfare-to-work initiative, which has helped reduce welfare rolls by almost 20 percent since it began. It continues all provisions of Work First, such as requiring work and personal responsibility.
- Describes a new county block grant system that increases local control over how welfare money is spent.
 After offering a core group of services, counties can determine the needs of their welfare families and spend funds accordingly. They must maintain their 1996-97 level of spending.
 - Reinvests savings from Work First into child care, Smart Start, transportation services, substance abuse counseling, an employee assistance program, employer incentives such as wage subsidies, and other services to help families be self sufficient.
- Calls for broad community participation in the local planning process and encourages counties to consider contracting with nonprofits, including religious groups, to help families move to self-sufficiency.
- Rewards families moving from welfare to work with a three-month "job bonus" and simplifies eligibility and benefits for families."
- Spells out goals that counties must address in their block grant plans, including decreasing their welfare
 populations, diverting more families from going on welfare in the first place, and working to keep families
 self-sufficient after they leave welfare.
- Specifies how funds may be spent, and limits spending on administration to 15 percent of the total.
- Describes how Work First will be evaluated by an outside group, including the impact of welfare reform on children.
- Sets a statewide goal of a 4 percent reduction in out-of-wedlock births in two years.

Together with proposed changes in state law and with the Department of Human Resources' five-year "business plan," which highlights investments in child care and other family services from welfare savings, the state plan charts a new course for Work First. These changes require no new funding and will help lead stronger families and a stronger North Carolina.

In Oct. 1996, North Carolina submitted an interim state plan based on Work First to U.S. Health and Human Services. The interim plan, which went into effect Jan. 1, allowed North Carolina to receive more funds than the state would have gotten under the old welfare rules.

Work First State Plan: 1997-99

Temporary Assistance for Needy Families P.L. 104-193

N.C. Department of Human Resources Raleigh, North Carolina April 8, 1997

WORK FIRST STATE PLAN Temporary Assistance for Needy Families P.L. 104-193

INTRODUCTION

North Carolina launched its comprehensive, statewide approach to moving families from welfare to work in July, 1995, through Work First, Governor Jim Hunt's welfare reform initiative. From the beginning, Work First represented a fundamental shift in the state's welfare policies and program and is breaking the cycle of welfare dependency in North Carolina.

Work First means what it says. Work is required for families on welfare. Work First is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and families can get child care and other services to help them become self-sufficient, but ultimately the responsibility is theirs, and they have two years to move off welfare.

In any given month, depending on how many families come into the system, how long they stay, and how many leave, the number of families on welfare rises or falls. Recognizing this, Work First emphasizes three strategies:

- 1. Keeping families out of the welfare system by helping them cope with unexpected emergencies or set-backs.
 - Under Work First, qualifying families can get up to three months worth of cash assistance, child care, food stamps, and Medicaid, if they stay off of welfare. If they wind up on the Work First welfare rolls, they must repay the grant.
- 2. Shortening the length of time that families are in the welfare system by making work mandatory and by limiting how long a family can receive cash assistance.
 - To receive benefits under Work First, parents must sign a personal responsibility contract and, once they move into the phased-in work requirement, they can continue to receive benefits only for 24 months. Families reaching that limit cannot reapply for welfare for three years.
- 3. Helping families that leave welfare to stay off by encouraging them to save and by helping to make sure they really are better off working than on welfare.
 - Work First waivers increased limits on savings and cars, and the state legislature raised income eligibility limits for subsidized child care to ease the burden on low-income, working families.

Under the new federal welfare block grant (also known as Temporary Assistance for Needy Families), the dynamics of welfare rolls have not changed, but the consequences of rising caseloads during an economic downturn have changed greatly. The ceiling on federal funding and the five-year lifetime limit on benefits mean that states not only must



help families move toward self-sufficiency, they must help make sure that former welfare families (and low-income working families, in general) have the support they need to remain self-sufficient.

Through Work First, the number of families on welfare in North Carolina has dropped nearly 20 percent, from 113,485 in June 1995, to 91,538 at the beginning of March, 1997. Ultimately, North Carolina's goal is to help all families move to self-sufficiency. Most will make it all the way; some, because of hardship or disability, may only make it part of the way. All families can and should help to support themselves.

PUBLIC INVOLVEMENT

In August 1995, when it appeared that a federal welfare block grant would soon become reality, the North Carolina Local Government Partnership Council, created by executive order and chaired by the state's Lieutenant Governor, appointed a Human Services Task Force in an effort to reach consensus on a state plan. This effort, involving more than 80 people representing a wide range of advocates, public and nonprofit agencies, religious groups, and individuals (including legislators, county officials, low-income families, and former welfare recipients), met a number of times over the next five months and began crafting a response broadly based on increased flexibility in exchange for accountability for moving families to self-sufficiency.

On September 18, 1996 the Task Force again convened after enactment of the federal welfare reform bill. The Task Force agreed that the state should pursue both short-term and long-term plans of action. In the short-term, North Carolina submitted a state plan based largely on North Carolina's existing Work First program, including federal waivers approved by the US Department of Health and Human Services in February 1996, which took effect on July 1, 1996. This initial plan allowed the state to continue its present course with as few disruptions as possible to Work First and to obtain federal funds at the higher "capped" level established in the new law. The Task Force then began the longer-term strategy to develop a new, comprehensive state plan.

The 80-plus members of the Human Services Task Force were joined by county commissioners and managers, directors of county departments of social services, and others, including Department of Human Resources staff. This diverse group of nearly 200 people were assembled in 14 work groups to develop a long-term plan for Work First in North Carolina. The work groups, which are listed below, developed recommendations which have been incorporated into this state plan.

Welfare Reform Work Groups

State/County Polations	Dudget
State/County Relations	Budget
Work & Benefits	Child Care
Health Care	Legal Issues
Transportation	Housing
Fraud & Abuse	Child Support

Automation
Community Involvement
Organizational Development

Mental Health & Substance Abuse

PROGRAM ADMINISTRATION

North Carolina will continue to operate Work First through a partnership between the State and counties that is state-supervised and county-administered and is supported through both State and county financial contributions. (The N.C. Department of Human Resources will operate as the lead state agency responsible for administering Work First.) Work First will provide recipients with job preparation and employment and support services. A cooperative initiative with the community college system will help provide training and basic skills instruction.

Building partnerships and alliances with public agencies and community groups is critical to nurture, protect and support families and children. Thus, this state plan has been developed to:

- Enable families to become and remain self-sufficient through unsubsidized employment.
- Help families overcome barriers such as lack of transportation, child care, health care, adequate housing, and employment skills.
- Give counties flexibility in developing local Work First programs which are tailored to their demographic and employment needs.
- Provide services in a manner that is efficient, accountable, and fair.

Statewide standards define eligible families and benefits for families. A set of core services will be available throughout the state that:

- Assure that children and adults are protected from abuse, neglect and exploitation.
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment and short-term training.
- Strengthen family life that nurtures and protects children so they can become healthy, productive, and responsible adults.
- Help families and individuals obtain the basic necessities of life.
- Require non-custodial parents to support their children.
- Assist disabled and dependent adults, and caretakers of disabled children, while ensuring that they live as independently as possible.

Each county will develop a local block grant plan, including descriptions of strategies to achieve the measurable outcome goals described in this plan. In developing their plans, counties must involve a broad range of public, private, and nonprofit groups. Counties may include in their plans demonstration projects which are intended to improve their ability to meet local goals. The Department will approve local plans through a memorandum of agreement. (See Appendix A for specific requirements of local block grant plans.)



As lead agencies, county departments of social services will coordinate community resources to help meet their plan goals, including resources to meet the child care and transportation needs of families. Because broad-based community involvement is essential to help families become self-sufficient, the local block grant plan should describe how businesses, community groups, nonprofits, and religious groups will be involved in their Work First program.

Eligibility standards that were in place as of January 1997 will remain in effect until 180 days after approval by the General Assembly of the Block Grant plan or January 1, 1998, whichever is later.

North Carolina, in accordance with G.S. 108A-80 and applicable federal law, will restrict the use and disclosure of information about people receiving assistance under Work First to safeguard the confidentiality of all applicants and recipients.

NEEDY FAMILIES

Welfare is provided primarily to children. Biological or adoptive parents and step-parents may apply for assistance for a child and must be included in the payment for the family, unless they are disqualified from the program. Other relatives and individuals with legal custody or guardianship of children may apply for assistance on their behalf, but will not be included in the payment to the family.

County staff will assess the living arrangements of children who do not live with a parent and may discontinue assistance if a suitable living arrangement with a parent is established.

Children are eligible for benefits through age 17. Parents under age 18 must live at home or in an approved adult-supervised arrangement (subject to certain exceptions) and remain in school. Legal immigrants who were living in the United States on August 22, 1996 and who otherwise are eligible for benefits shall continue to be eligible for Temporary Assistance for Needy Families and for Medicaid.

TEMPORARY ASSISTANCE

Work, child support, and, when necessary, federal disability – not welfare – should be the primary sources of family income. Within 12 weeks of being found eligible for temporary assistance, adults in the Work First employment program must be working or engaged in work activities, or both for at least 30 hours per week.

Within 24 months of receiving assistance, all adults should be participating in a work activity. A single parent of a child less than one year old shall not be required to comply with work requirements for 12 months, or until the child turns one (this exemption cannot exceed 12 months per lifetime for each single adult). The responsibilities of the recipient and the county are spelled out in a Personal Responsibility Contract which describes steps the family will take to become self-sufficient and support services the county will provide. (See Appendix B.)



Denial of assistance and benefits for certain drug-related convictions identified in federal law shall be as enacted by State law. North Carolina does not require community service employment within two months of receiving assistance. Families must legally reside in the state to receive assistance, and families that have moved to North Carolina after receiving welfare in another state will not be treated differently from current residents.

Work First Diversion Assistance (emergency grants) is available to families in lieu of cash assistance when they simply need short-term help to remain self-sufficient. While families must meet the same income and asset limits as families that qualify for family assistance, the payment is not based on the family's income, but rather on the family's need. Benefits may include a cash payment of up to three months of cash assistance, employment services, Medicaid, child care, and food stamps. If a family later receives assistance within 36 months, the family must repay the cash assistance it received.

Since diversion assistance is a one time payment, it does not trigger the two-year Work First time limit or the five-year federal lifetime limit on benefits. Nor are recipients of diversion assistance required to participate in the Work First employment program. These families are not considered in calculating the state's participation rate.

Families are limited to a cumulative total of 24 months of assistance once they enter the Work First employment program. Families must wait 36 months before they may reapply for assistance.

At the end of 24 months in the Work First employment program, families who have complied with the terms of their Personal Responsibility Contract and, through no fault of their own, are unable to find a job may request an extension. County boards of social services shall review each request to determine whether an extension should be granted on a month-to-month basis. Families must comply with their Personal Responsibility Contract during any extension.

Non-custodial parents who are delinquent in child support payments may also be required to participate in work activities.

The Department is developing an information package for businesses that will include information about the federal Work Opportunity Tax Credit, wage subsidies, the earned income tax credit, and other incentives to help business that hire Work First participants. The Department is also expanding the employee assistance program to help businesses assist new employees as they move from welfare to work.

Any overpayment of cash assistance will be recovered from the family, as allowed under state or federal law. This includes fraud, inadvertent errors by the family, and administrative errors by the local agency or state.

ELIGIBILITY AND BENEFITS

Only cash and assets that can be readily converted to cash will be counted toward a \$3,000 asset limit. All types of income will be counted in determining eligibility and

computing benefits, except earnings of children, earned income tax credit, and income excluded by other law. Benefits for families with income shall be calculated as follows:

- For the first three months a families has earned income, the family will receive a job bonus by having 100% of their earnings excluded from the payment calculation.
- After the first three months of employment, 55% of earned income will not be counted toward total income.
- The 45% balance of earned income is added to any unearned income,
- The total of earned and unearned income is then subtracted from the payment standard which is based on the family size.

If total income exceeds the payment standard for the number of individuals in the family, the family is not eligible for assistance. If family income is less than the payment standard, the cash benefit is the difference between the payment standard and the family's income. In child-only cases, only the unearned income of the child or children is counted.

Families, except for child-only cases, are certified as eligible for three months. Benefit levels and eligibility are not affected by changes in income or assets during the three month certification period. At the end of each certification period, the caseworker and adult recipient review eligibility, recalculate benefits, and review the personal responsibility contract.

A child, except for child-only cases, who is expected to be away from home for 90 consecutive days or more is not eligible for assistance. An adult caretaker who does not report the child's absence is ineligible for cash assistance for three months.

As under previous federal law, counties may use Work First block grant funds to offer emergency assistance to families in accordance with their approved local plan.

As required under federal law, child support must be assigned to the state while the family remains on Work First Family Assistance. The distribution of child support payments will be made in accordance with federal regulations.

A "representative payee" will be appointed to manage benefits for family when a parent is sanctioned for failing to participate in substance abuse treatment as stipulated in their personal responsibility contract.

The changes to Title IV-A financial eligibility made by this plan are not more restrictive than those in effect in July, 1996, and thus may be extended to Medicaid. A single application may be used to determine eligible for Work First, Medicaid and food stamps. Medicaid income and resource standards may be adjusted annually by the Consumer Price Index.

SANCTIONS

The families of parents who refuse to sign the Part I of the Personal Responsibility Contract are ineligible to receive cash benefits until the contract is signed. If a parent refuses to sign Part II of the Personal Responsibility Contract, the family is ineligible for cash assistance for at least one month. Eligibility shall not be re-established until Part II is signed. For failing to comply with a signed contract, existing monetary sanctions shall be enforced.

APPLICATION PROCESS

County departments of social services are responsible for developing a benefit package as quickly as possible to help the family move toward self-sufficiency. Applications must be completed by the 45th calendar day following the date of application. Counties should offer families other services to enable them to remain off cash assistance. Such services may include diversion assistance, child support services, child care, and job placement services offered by the local employment security office.

EMERGENCY ASSISTANCE

Counties may continue to offer services formerly provided under the Emergency Assistance Program as specified in their block grant plans. Services, cash assistance, or both may be provided on behalf of children under age 21 or to the adult caretaker with whom the child lives or has lived during the previous six months. To be eligible for services, the family must be unable to pay for services needed to alleviate the emergency.

These services may include in-home services such as case management and service planning and coordination, counseling and treatment services, and family support and family preservation services. Out-of-home services may include residential placement, care and treatment in a group setting, and other services such as child welfare services and transportation.

Counties may also provide cash assistance as specified in their block grant plans. To be eligible for emergency cash assistance, the family's net income must not exceed 110% of the current poverty level and its total countable liquid assets must not exceed \$2,200. Families may receive emergency cash assistance only during one 30 day period in any 12 month period.

Emergency assistance does not trigger the 24- or 60-month time limit. Nor will families receiving emergency assistance be required to participate in the work program. These families are not included in calculating the state's participation rates. (See Appendix C for full eligibility criteria.)

APPEALS PROCESS

The Department of Human Resources has set uniform standards for determining eligibility, providing benefits, and ensuring fair and equitable treatment. Applicants or recipients who wish to contest a decision adversely affecting their receipt of public



assistance, or workers contending a breach of the non-displacement in work activity provision of federal law, may appeal in accordance with G.S. 108A-79. Families must be informed of their right to appeal and provided with copies of Work First policy upon request.

SUPPORT SERVICES

Counties must provide support services to enable families to become and remain self-sufficient. To the extent resources are available, they may be provided at any time to support all of the activities in the Personal Responsibility Contract, including before and after a family receives cash assistance.

Child Care

All parents receiving child care subsidies should have a choice of legally operating providers and information to help them evaluate their child care arrangement. To receive public funding, child care providers must abide by public health and safety standards.

Payment rates should support the development and maintenance of effective child care options for children and families and help parents move toward full financial responsibility as their resources permit. All parents who have income are required to help pay for the cost of child care in accordance with the fee schedules administered by the N.C. Division of Child Development.

The state will collect data profiling the children and families receiving services, cost patterns, and trends affecting the availability of and need for child care.

Child Support

Child support is an important source of income for many families, but less than 18 percent of children on welfare get support from their absent parent. In an effort to increase the rate and amount of child support collections and to bring the State into compliance with new federal requirements, the Department will:

- Propose increasing application fees from \$10 to \$25, pending legislation, for non-public assistance cases receiving services.
- Establish a central collection unit no later than October 1999, which may be operated by an outside contractor if it is more cost-effective.
- Establish and publicize a New Hire Directory by October 1997 which would use W-4 forms to report new hires within 20 days.
- Develop a group health plan coverage option for non-custodial parents of children that do not affordable health coverage.

Courts are authorized to hold parents of custodial and non-custodial minor parents liable for support provided to their grandchildren. Pending legislative approval, procedures will be established by October 1997, for access to data from financial institutions on delinquent parents.

Housing

Counties may establish a "shelter assistance fund" to provide short term rental or utility assistance to help families get or keep affordable housing. Housing needs will also be part of the assessment to develop the Personal Responsibility Contract. Individual development accounts, as defined in Sec. 404 (h)(2)(B) of the federal block grant, may be used to promote home ownership.

The Department will promote an information exchange and referral network collaboration between county DSS offices and housing providers such as public housing authorities, the N.C. Housing Trust Fund, and others.

Health Care & Substance Abuse

Early childhood services are provided when substance abuse is identified to ensure the healthy development of children in these families. The Department will begin outstationing trained substance abuse counselors in county offices to do screening, assessment, employment readiness counseling, and referrals for treatment.

Treatment programs will provide self-sufficiency skills and vocational support for individuals with substance abuse related impairments. The Department will finish developing an enhanced Employee Assistance Program (EAP) program for employers. The EAP is will help employers work with participants in the workplace and encourage greater employer support.

Transportation

Counties may provide transportation services, including child care services, to Work First participants for whom transportation is not otherwise available to enable them to participate in Work First activities and to work. Transportation expenditures may not exceed \$3,000 per participant or family member in any 12 month period.

One-time transportation assistance may be provided for up to six months after a Work First participant becomes ineligible for cash assistance.

Counties are encouraged to promote car ownership for Work First families by working with community groups, community colleges, and businesses. In addition, counties should encourage employers to help meet the transportation needs of Work First participants by purchasing company vans or monthly bus passes and providing transit commuter benefits.

Counties are also encouraged to use geographic information systems technology to identify major employers, training centers, child care facilities, and family residences in planning to meet the needs of Work First families. County staff and transportation coordinators should participate in developing local Transportation Development Plans and making employers aware of transportation services in their community.

FRAUD AND ABUSE

The Department of Human Resources, through regulations, is strengthening and enforcing standards and procedures to detect and prevent fraud and abuse by recipients and employees of the program. In addition, the Department is pursuing legislative action to provide additional statutory tools in this area.

AUTOMATION

Effective automation tools and access to useful information are essential to achieve the goals of Work First. Five of the six major systems supporting welfare-related programs were built in the 1980's to meet business needs of the time. These systems, which primarily focus on paying benefits, have been heavily modified throughout the years to keep abreast of regulatory and program rules.

Work First has dramatically changed the business operation and the type of services that are to be delivered. Caseworkers now must deliver services that promote family self-sufficiency. To do their job, they must act as counselors, community liaisons, and negotiators of the Personal Responsibility Contract. These new responsibilities are not supported by the existing systems.

The Department has developed a plan that will integrate the traditional eligibility determination and benefit delivery components with case management tools required in today's environment. The approach, which is driven by the business need, centers on the phased-in delivery of critical components.

This approach will improve the use of public resources, ensure comparable access to services throughout the state, and allow county staff to focus on helping Work First families become self-sufficient. Investments in automation will improve child support collections, fraud detection and recovery, and performance assessment at the individual, county and state level. Specific components of the plan include:

- Roll-out of a statewide network to support e-mail and exchange of information among agencies
- Interfaces between systems
- Compliance with federal requirements
- A registry of new hires for child support
- Management Information and Tracking
- A data warehouse for statistical analysis, outcome measures and local, state, and federal reporting
- · Enhanced fraud and abuse tracking
- Development of new service delivery tools
- · User training, office readiness
- · Skilled project management

PROGRAM EVALUATION

The state will monitor the outcome and performance goals described in Appendix A. County plans will include specific goals. Beyond this, the Department will assess such indicators as:

Percentage change in the overall caseload size

Employment status of Work First participants

Change in family income

Percentage of families involved in work or training activities

Percentage of families diverted from assistance

Number of reapplications (recidivism rate)

School performance and attendance of Work First children

Percentage of Work First children who are appropriately immunized

Number and percentage of out of wedlock births

Amount and percentage of collections on overpayments

Percentage of child support cases with paternity established

Percentage change in child support collections

The Department is working with the Jordan Institute for Families at the University of North Carolina at Chapel Hill to develop state- and county-level forecasting models for welfare rolls and management information software. The Department is also working with Maximus, Inc., a national consulting firm, to assess the impact of Work First on the well-being of children and families.

County plans must target performance measures required by the State and any other performance measures as stipulated by the local planning effort and incorporated into the Memorandum of Agreement.

WAIVERS

The U.S. Department of Health and Human Services approved North Carolina's welfare waiver package in February, 1996. These waivers took effect statewide on July 1, 1996. Inconsistencies between this state plan and the requirements of P.L. 104-193, not expressly prohibited by federal law, are supported by approved waivers, as interpreted with reference to the laws in effect at that time.

The waiver for Cabarrus County, North Carolina, will continue to operate as described in the terms and conditions for that waiver.

ORGANIZATIONAL DEVELOPMENT

As Work First helps families move from dependency to self-sufficiency and from a welfare check to a paycheck, public agencies that administer Work First must also change. Helping counties make that transition will be a major focus of the Department's technical assistance and training efforts. These efforts may include but are not limited to:

- Training staff and redesigning welfare offices to help Work First families become self-sufficient;
- Reviewing and rewriting job classifications of staff who work with families;
- Developing measures of job performance that target outcome measures for families; and
- Assisting county efforts to try new approaches, work regionally, train staff in integrated case management, develop teams, and conduct demonstration projects.

The Department will encourage counties to move to performance contracts to provide services to families and to contract with private providers as specified in their county plan.

One of the first goals of the automation initiative (described on a preceding page) is to streamline and simplify processes such as eligibility determination and case management, which will make it easier to contract those services to outside organizations. Non-profits, including religious organizations, will be given the opportunity to compete for contracts to provide services to Work First families.

Finally, the Department will expand the accreditation program with county departments of social services to promote customer service, community involvement, and management.

COMMUNITY PARTNERSHIPS

Government alone cannot help families become self-sufficient. Real welfare reform must be a community-wide effort that involves a broad range of community resources, including non-profits, religious organizations, and the business sector. Ultimately, work and community support – not government programs – constitute a genuine "safety net" for needy families.

In the past, private and nonprofit groups and organizations have not been given a leading role in helping families leave welfare. Now, to make welfare reform a reality, they must become partners in supporting change. This can be accomplished by involving the entire community in planning, implementing, and evaluating welfare reform. Employers, in particular, can play a critical role in hiring, training, supporting, and retaining Work First participants.

Grassroots efforts to educate the public about Work First and to involve them in helping families are essential to its success. Effective community partnerships between public and private agencies and organizations are key, and a description of them must be included in county block grant plans.

In addition, the Department is developing a planning guide for local Work First "forums" to highlight job openings, business incentives for hiring participants, transportation barriers, and other issues.

OUT-OF-WEDLOCK BIRTHS

Children born out of wedlock are three times more likely to be on welfare than children of married parents. Because out-of-wedlock births are so closely linked to poverty, reducing them will improve the health of women and children and help reduce welfare dependency.

While the number of out-of-wedlock births has been slowly declining, aggressive action could help reduce them even faster. The state's goal is to reduce the incidence of out-of-wedlock births by 4.0 percent for calendar years 1997 and 1998, as anticipated in federal law.

Because the circumstances contributing to out-of-wedlock births are complex, strategies to reduce them must address a wide range of issues – from access to family planning services to promoting abstinence and responsible behavior. Some of these strategies include:

- Supporting community efforts to promote family values and responsible reproductive health behavior and practices.
- Strictly enforcing laws against statutory rape.
- Cooperative efforts to provide training for State and local law enforcement officials, the education system and relevant counseling services about the problems of statutory rape that include men will continue.

Counties must address the problem of out-of-wedlock births in the local plans and describe strategies to reduce them. In addition, the Department is giving high priority to its Adolescent Parenting Program and to the Adolescent Pregnancy Prevention Program. The Department will continue to monitor prevention efforts, particularly those aimed at reducing teen pregnancy.

INDIAN TRIBES

The Eastern Band of Cherokee Indians, the only Indian tribe in North Carolina recognized by the U.S. Bureau of Indian Affairs, has elected to remain under the state Work First Family Assistance Program. The Eastern Band of Cherokee Indians will continue to operate a separate employment and training program.

CONFIDENTIALITY

North Carolina, in accordance with state and federal law, will restrict the use and disclosure of information about families and individuals receiving assistance under the Work First program to the extent needed to protect their confidentiality.

DOMESTIC VIOLENCE

The state is developing standards and procedures to screen and identify individuals with a history of domestic violence who receive assistance and to refer them to counseling and supportive services (while maintaining their confidentiality).

Once standards and procedures are in place, the Department may waive, with good cause, Work First requirements such as time limits (for as long as necessary), child support cooperation, and family cap provisions, in cases where compliance would make it more difficult for the recipient to escape domestic violence, or would unfairly penalize someone who is, or has been, a victim of domestic violence.

USE OF FUNDS

- 1. Federal TANF funds will be used for cash assistance payments to needy families.
- 2. Maintenance of effort will be 100%. State and county appropriations for the Work First program shall equal State and county appropriations for the fiscal year ending June 30, 1997.
- 3. Non cash assistance TANF costs will be funded out of block grants provided to counties. Employment services, administrative costs, Emergency Assistance, eligibility determination, case management functions, welfare diversion measures, and other non cash assistance costs will be paid from block grants to the counties.
- 4. Federal, State, and county TANF funds will be invested in activities to support achievement of specified outcome measures. These activities include, but are not limited to, enhanced training to facilitate re-engineering of state and local staff, automation, employer incentives, family planning services, substance abuse treatment, child care, and other activities enabling self-sufficiency for families.
- 5. Administration costs will not exceed 15 percent of total expenditures. Administration is defined as costs associated with office directors, policy, fiscal, budget, personnel, purchasing, legal, clerical support, and direct, indirect, and allocated costs in support of these positions. The costs of eligibility workers, case managers, program supervisors, program clerical staff, and support costs of program staff are considered services costs.
- 6. If federal TANF funds are insufficient to cover cash assistance costs in the event of economic downturns, other federal, state, and county funds will be used to meet the costs of assisting needy families.
- 7. Counties will be able to partially retain collections made on overpayments not due to agency error, including child care overpayments.

CERTIFICATIONS REQUIRED OF THE GOVERNOR

As Governor of the State of North Carolina, I hereby certify that during each fiscal year to which this state plan is applicable:

This program will be known as the Work First Program;

The provisions described in this state plan will be carried out in accordance with federal and state law;

The state will operate a Child Support Program in accordance with the state plan approved under Title IV-D of the Social Security Act;

The state will operate a foster care and adoption assistance program in accordance with the state plan approved under Title IV-E of the Social Security Act;

The state will take any actions that are necessary to ensure that children receiving assistance under Title IV-E of the Social Security Act are eligible for medical assistance under Title XIX of the Social Security Act.

I also certify that:

Local governments and private organizations have been consulted regarding the plan and design of welfare services in the state, and they have been given 45 days to submit comments on the plan and design of those services.

The North Carolina Department of Human Resources is the agency responsible for supervising the program and administering program funds.

James B. Hunt Jr., Governor State of North Carolina

APPENDIX A

Local Block Grant Plans

Each county must submit annually to the Department of Human Resources for approval a local block grant plan which describes its proposed Work First Employment Services, Emergency Assistance, and Diversion Assistance Programs. The public must have an opportunity to review and comment upon the local block grant plan before it is submitted to the Department, and counties are strongly encouraged to involve the business community, religious organizations, local non-profits, and others in the development of their plan.

The local block grant plan should include public and private resources that will help families move to self-sufficiency and should describe how services such as child care, transportation, housing, and skills training will be used. The plan must include the county's priorities for serving families who need child care, based on the needs of the community and the availability of services and funding. The county's Emergency Assistance program – cash and services – must also be described.

Following review by the local social services board and other parties, the local block grant plan shall be approved by the county commissioners before it is submitted to the Department. The Department and the county shall confirm agreement on the plan through a Memorandum of Agreement (referred to in this plan as the "county agreement").

The Department may specify details in the county agreement that are necessary to ensure proper operation of the Work First Program. The county agreement may include the amount of and any limitations or conditions on the use of funds under the block grant, including the disposition of remaining funds at the completion of the fiscal year.

The county agreement must describe outcome and performance goals for determining the success of Work First at the county level. The county agreement may also provide for accreditation of county programs by the Department, for technical assistance to counties, and for other monitoring activities.

County outcome and performance goals will take into account economic factors and conditions and will include the following:

- I. <u>Caseload Reduction</u>. The North Carolina business plan reflects a steady decline in the overall Work First caseload. This critical indicator of success is the primary objective for the local administration of the program. The agreement for each county will specify the county's proportionate share of the reduction required to achieve the statewide goals.
- II. <u>Employment</u>. Self-sufficiency and caseload reductions will be realized primarily through the employment of Work First clients. The county agreement will establish the number of Work First recipients who should be employed. The hours of

- employment must meet or exceed the minimum needed to qualify under the applicable federal work participation rate.
- III. Active Participation. The active participation in employment services and activities will lead to full time employment. The county agreement will establish the percentage of a county's caseload that should be in active status. The participation must average 30 hours per week or more. Two parent families must participate 35 hours per week.
- IV. <u>Diversion Assistance</u>. The most successful outcome possible for an applicant for public assistance is to avoid the need to become a recipient. This is also recognized in the federal law, which specifies diversion from public assistance as a desired outcome. Use of the Work First diversion assistance for a specified percentage or number of Work First applications (for families who have not received assistance for 12 months) will be included in each county's county agreement.
- V. <u>Staying Off Welfare</u>. Efforts to reduce welfare rolls, help families find jobs, and increase self-sufficiency are undermined when families return to welfare. Families leaving Work First will be tracked to determine if they return to cash assistance. The county agreement will specify the percentage of all closed cases that should remain off of assistance.
- VI. Child Support. An effective child support effort will help prevent families from returning to welfare. New federal changes enhance the ability to pursue support. The key components of this measure are (1) the number of child support orders established, and (2) the dollar amount of each child support order among Work First families.

The agreement will specify numerical goals for each county for each factor.

MAINTENANCE OF EFFORT

County block grant funds may be used as necessary to meet the goals in the county plan and memorandum of agreement, consistent with the federal definition of a qualified state expenditure. Qualified expenditures may only be made on behalf of families with children that meet income eligibility standards. Funds may be spent for:

- Cash assistance.
- Child care.
- Educational activities intended to increase self-sufficiency, job training, and work, excluding any expenditure for public education in the State except expenditures which involve the provision of services or assistance to a member of an eligible family which is not generally available to other people.
- Administrative costs (which may not exceed 15% of the total funds spent for purposes under Title I of the federal block grant).
 - [Administration is defined as costs associated with office directors, policy, fiscal, budget, personnel, purchasing, legal, clerical support, and direct,

indirect, and allocated costs in support of these positions. The costs of eligibility workers, case managers, program supervisors, program clerical staff, and support costs of program staff are considered services costs.]

- Eligibility determination and case management services.
- Other uses that reasonably can be expected to enable families to care for children in their homes; that promote job preparation, work, and marriage; that prevent or reduce the incidence of out of wedlock pregnancies; and that encourage parents to marry and remain married.
- Any purpose for which the State was authorized to use funds received under Parts A and F (i.e., cash assistance, emergency assistance, and employment services) as they were in effect on September 30, 1995.

The Department will provide a template that counties must follow in developing their block grant plans and complying with their Memorandum of Agreement.

APPENDIX B

Personal Responsibilities and Work Requirements

Work First is based on the premise that all parents have a responsibility to support themselves and their children. Under Work First, the Personal Responsibility Contract spells out in detail the obligations of parents or legal guardians in return for family assistance.

Personal Responsibility Contracts

Part I of the Personal Responsibility Contract applies to all families and describes the parent's or caretaker's responsibilities. All contracts must include the first three items and other items, as appropriate:

- make sure that their children attend school
- · get their children immunized appropriately and regular check-ups
- · cooperate with child support enforcement
- · participate in financial management and life skills classes
- · participate in substance abuse treatment
- · participate in mental health treatment
- · attend family planning counseling
- · attend domestic violence counseling
- · participate in work activities
- participate in rehabilitation services
- live with a parent or other approved adult (parents under age 18).

A family is not eligible for Family Assistance unless the parent or caretaker signs Part I.

Part II of the Personal Responsibility Contract is the parent's or caretaker's plan to meet the work requirements. Part II:

- 1. Establishes an employment goal for the parent;
- 2. Describes a plan for participating an average of at least 30 hours per week for single parents, or 35 hours per week for two parent families; and
- 3. Describes the case management and support services that will be provided to help the family become self-sufficient within two years.

Part II may also include requirements shown under Part I. A family whose parent refuses to sign Part II loses their benefits for at least one month. Benefits may not be restored until the parent signs Part II.

SANCTIONS

For parents who fail, without good cause, to participate in work activities or to comply with the terms and conditions of their personal responsibility contracts, sanctions will result which reduce a family's monthly Work First Family Assistance payment as follows:

WORK FIRST STATE PLAN

First Sanction \$50 reduction for three months
Second Sanction \$75 reduction for three months
Third Sanction \$75 reduction for six months
Fourth & Subsequent Sanctions \$75 reduction for 12 months

These sanctions were included in the waivers approved by the U.S. Department of Health and Human Services in February 1996 and will continue unchanged. Good cause is defined as:

- A family crisis or change;
- Illness of the caretaker or child, including participation in substance abuse treatment or medical appointment;
- Civil leave, including jury duty, or a required court appearance; and
- Any other reason deemed sufficient by the county director or designee.

Work Requirements

Within three months of receiving assistance, a family will be assessed for employability. A single parent with a child under 12 months of age is exempt from active participation in Work First employment services (limited to 12 months exemption for each single parent); also, individuals with children under six who demonstrate that adequate child care is not available are exempt from participation.

Lack of adequate child care is defined as the unavailability of appropriate child care within a reasonable distance from the parent's home or work; the unavailability or unsuitability of informal child care by a relative or other arrangements; and the unavailability of appropriate and affordable formal child care arrangements. When a child care subsidy is available to the family, the child care is deemed affordable.

Single parents must participate an average of 30 hours per week in an approved activity. At least 20 hours per week must be in an activity allowed in the Personal Responsibility and Work Opportunity Act of 1996: Work activities can include:

- Unsubsidized employment an unlimited, paid work activity. Employment may occur in any profit, non-profit, public, or private setting. Wages earned in this activity are not subsidized.
- Work experience an unlimited, unpaid work activity. Work Experience may
 occur at any non-profit, public, or for profit organization. Participation in this
 activity must enhance a participant's employability, offer exploration in a new
 career, or strengthen their existing work history.
- On-the-job training a subsidized work activity limited to a maximum of 12 months. The amount of subsidy is limited to no more than 50% of the wages paid to the employee. On-the-job training may occur in any non-profit, for profit, public or private setting. Participation in this activity offers the

opportunity to learn a new trade, in a supportive environment, while transitioning into a regular, unsubsidized employee status.

- Job search and job readiness provides skills to enhance overall employability. Participation in this activity includes exposure to job-seeking skills, improved job retention; conflict management; goal-setting, and household budgeting.
- Community service an unlimited, unpaid work activity. Community service is a court-ordered activity that is generally performed in a government or nonprofit agency. The length and type of community service is outlined in the court order.
- Vocational educational training a short-term educational activity that leads to the preparation for a specific vocation. Likely providers of Vocational Educational Training include, but are not limited to: community colleges, post secondary institutions, and non-profit organizations. Participation and support in graduate and post-graduate programs is prohibited.
- Providing child care for someone in community service an unlimited, unpaid
 work activity. Providing child care to individuals in Community Service must
 adhere to established rules and statutes. Participation in this activity provides
 an excellent venue for individuals desiring to open their own, for-profit, child
 care operation.
- Completing high school or a GED a traditional educational activity that leads to a high school diploma or its equivalent.
- Subsidized employment an employment opportunity in public, private, forprofit, or not-for-profit situations. Counties may include in their plan wage supplementation as described below.
- Job skills training directly related to employment.
- · Education directly related to employment.

North Carolina counties may include wage supplementation as a work component in their local plan. This may include cashing-out food stamp benefits, as well as the amount of the Work First Family Assistance payment, and should be used primarily for families in which the adult may be less job ready and difficult to place without the subsidy. The amount of the wage supplement equals the amount of the cash or food stamp benefit received the month prior to the individual becoming employed.

For new applicants, the wage supplement equals the amount of cash or food stamps the family would have been eligible to receive without consideration of the income to be received through the supplemented job. The amount of subsidy will be frozen for the length of the subsidy. Employers will enter into a contract with the local department of social services specifying the conditions of the wage supplementation. Contracts may not exceed 12 months.

Additional work activities that do not meet the federal definition may also be allowed. A worker and a client will use the results of the employability assessment to create the most likely and timely path to self-sufficiency.

ALLOWABLE FEDERAL WORK ACTIVITIES

Parents are required to work. Federal law is very specific about what qualifies as a work activity and what does not. The definition of work activities under Work First is broader than the federal definition. That does not mean that those activities are no longer permitted, but that parents must be engaged in allowable *federal* work activities to count towards the state's participation rate. The state will monitor and direct activities to ensure that required federal participate rates are met.

Federally qualifying activities include: unsubsidized employment; subsidized private or public sector employment; work experience (including refurbishing public housing) if private sector jobs are not available; vocational educational training for a maximum of 12 months (with no more than 20% of all families); onthe-job training; job search and job readiness assistance for no longer than (1) six weeks, or 12 weeks if North Carolina's unemployment rate is greater than 150% of the national unemployment rate, or (2) one week for someone who has been employed for the preceding four weeks; community service work; and child care for someone participating in a community service program.

Other acceptable work activities that do not count toward meeting federal participation rates include: job skills training directly related to employment; education directly related to employment for parents who haven't graduated from high school or earned their general equivalency diploma (GED); and satisfactory attendance at a secondary school or in a course of study leading to a GED for parents who haven't graduated from high school or earned their GED.

Single parents are required to engage in allowable work activities for a minimum average number of hours for at least four weeks of each month. Federal requirements are as follows:

Oct. 1, 1996 to Sept. 30, 1997	20 hours per week
Oct. 1, 1997 to Sept. 30, 1998	20 hours per week
Oct. 1, 1998 to Sept. 30, 1999	25 hours per week
Oct. 1, 1999 and thereafter	30 hours per week

Work First requires parents to work at least 30 hours per week, or work and participate in work activities for 30 hours per week. Parents must spend the minimum required hours shown above in allowable *federal* work activities. For the first three years of the state

plan, hours that parents are required to work above federal requirements may be spent in work activities allowed under Work First but not allowed under the new federal block grant.

Single parents under age 20 are considered to be engaged in work if they maintain satisfactory attendance at secondary school or participate in education related to employment.

Funds may be used to contract with (or provide job placement vouchers to) stateapproved public and private employment agencies. Funds may not be used to subsidize a job when a person has been laid off from the same (or substantially equivalent) job, or if an employer fired or laid off a regular employee to fill the job with a subsidized Work First participant.

SPECIAL ELIGIBILITY CONDITION FOR TWO-PARENT FAMILIES

An adult in a two parent family must participate in a work activity for at least an average of 35 hours per week. A two parent family is not eligible for Work First Family Assistance during any month in which an adult does not participate at least an average of 35 hours per week in an approved activity. At least 30 of the 35 hours must be in allowable federal work activities. Two parent families will receive cash assistance after meeting their work requirement.

APPENDIX C

Eligibility Rules

Families must meet certain eligibility rules in order to receive Work First Family Assistance. The basic eligibility rules are described below.

- 1. Children must be age 17 or younger.
- 2. When parents, including biological, adoptive, or step parents, apply for a child or children, they must be included with the child in the Work First Family Assistance case.
- 3. Certain relatives, or a person with legal custody or guardianship, may apply for assistance for a child but may not be included in the payment. These cases will be considered child-only cases.
 - The following relatives qualify to apply for a child: a blood or half blood relative or adoptive relative limited to: brother, sister, grandparent, great-grandparent, great-grandparent, uncle or aunt, great-uncle or aunt, great-great-uncle or aunt, nephew, niece, first cousin, stepbrother, stepsister; and spouses of anyone listed above even after the marriage has been terminated by death or divorce.
- 4. Illegal immigrants are not eligible to receive Work First. However, Work First may be provided to citizens and qualified legal immigrants as defined by P.L. 104-193. Also, North Carolina elects to provide assistance to cover optional immigrant populations as defined in P.L. 104-193.
- 5. A family cap on assistance is in place. This means that a family's Work First Family Assistance check will not increase when a child is born 10 or more months after the family begins receiving assistance. There are some exceptions to the family cap rule: the first born child of a minor who is a dependent child; a child conceived as a result of verifiable rape, sexual assault, or incest; a child when parental custody has been legally transferred; a child no longer able to live with his parent due to the parents' death, incapacity or disability, and the incarceration or institutionalization of a parent for at least three months.
- 6. Teen parents under age 18, unless emancipated, must meet special requirements.
 - They must stay in school to complete their high school education, or its equivalent. In instances when a teen parent has completed high school or received a GED, or is suspended or expelled from school, the teen parent must participate in an appropriate educational, training, or work activity.
 - They must live with a parent, or in another adult supervised setting approved by the case manager. Family Assistance payments will be made to an adult as a substitute payee, and not to the minor parent.

- 7. There is a five year lifetime limit on receipt of any federal TANF funds. This means that a family is not eligible for Work First Family Assistance if it contains an adult who has received Work First Family Assistance for 60 cumulative months. The count for the five year lifetime time limit began January 1, 1997. The Department will establish guidelines to ensure the hardship exemptions to this time limit may not be granted for more than 20% of the caseload.
- 8. In addition to the five year lifetime limit, families who are active in Work First Employment Services are limited to 24 cumulative months of cash assistance. Families may apply for Work First cash assistance after being off assistance for three years. For families who through no fault of their own are unable to support themselves at the end of the 24 month period, month-to-month extensions may be granted. In order to receive an extension, families must have been in full compliance with their Personal Responsibility Contract. Local Boards of Social Services make the determination of whether an extension is granted. The process for families to request an extension is defined in the Work First Manual.
- 9. Each individual must provide a social security number, or apply for a social security number if he does not have one. Individuals who do not have a social security number and who do not apply for one are not eligible for Work First.
- 10. Individuals who are temporarily absent from the home may continue to be eligible for Work First as described here. An adult must report to the case manager when a child is absent from the home for 90 consecutive days or longer. A child who is expected to be absent from the home for longer than 90 days is not eligible for Work First Family Assistance unless the child is absent with good cause. Good cause includes absences for medical treatment, substance abuse treatment, health care, and educational requirements.
- 11. The adult must report the child's absence within five days of the date he knew the absence would exceed 90 consecutive days. Failure to report the absence within five days makes the adult ineligible for three months beginning the month after the individual fails to make the report.
- 12. An adult who is temporarily absent from the home for longer than 90 consecutive days is not eligible for Work First Family Assistance without good cause. Good cause includes absences fro medical treatment, substance abuse treatment and health care.
- 13. An individual who is convicted of misrepresenting his residence in order to receive Work First (TANF in other states), Medicaid, SSI, or Food Stamps in more than one state or more than one location in North Carolina is ineligible for Work First Family Assistance for ten years beginning the date of conviction.
- 14. An individual who is incarcerated is not eligible for Work First Family Assistance.
- 15. A family must apply for Work First Family Assistance in the county of their residence.

16. The family resource/assets that can be readily converted to cash will be counted toward a \$3,000 asset limit.

Work First Family Assistance Payment Calculation

The amount of the Work First Family Assistance payment is calculated based on the other income received by the family.

- 1. To calculate the payment, all income of Work First recipients is counted, except the earnings of children and the Earned Income Tax Credit, unless the income is excluded by other law;
- 2. For unearned income, the actual amount received is the amount counted in calculation of the payment;
- 3. For earned income, percentages are subtracted from the total monthly gross income as follows:
 - For the first three months each individual has earnings (as described in the Work First Policy Manual), the income is disregarded in full as a job bonus. The 100% job bonus applies when a Work First recipient becomes employed. If an applicant has earnings at the time he applies, he does not receive the 100% job bonus, rather 55% of his gross monthly earnings is excluded. Also, the 100% job bonus is applied the first time a Work First recipient becomes employed, subsequent employment's receive the 55% job bonus;
 - After the three months (as described in the Work First Policy Manual), as a job bonus, 55% of gross monthly earnings is excluded from consideration.
- 4. Earnings that remain after applying the job bonus are added to any unearned income for the family.
- 5. The Family Assistance payment is the difference between the total countable income and the payment standard;
- 6. The payment standard is based on the number of eligible family members:

Number on Work First	1	2	3	4	5	6	7	8
Payment standard	\$181	\$236	\$272	\$297	\$324	\$349	\$373	\$386
Number on Work First	9	10	11	12	13	14	1	ich ional
Payment standard	\$406	\$430	\$448	\$473	\$496	\$521	Add	\$25

1. A family remains eligible as long as the result of the payment calculation is ten dollars or more (payments will not be made for less than ten dollars). Sanctions may result in

active cases with no payment if the amount of the sanction would result in a payment of less than \$10.

2. For adults who would otherwise be required to be included in the payment but who are ineligible, income is counted as if they were included in the payment.

For the month of application, Work First Family Assistance payments are prorated from the date of application with the date of application being day one. Otherwise, payments are made for the full month.

Eligibility Reviews

Except for child-only cases, every three months the case manager will review of progress being made on the terms of the Personal Responsibility Contract. Families that do not participate in the three month review will have their Work First assistance stopped. During this review, income will be assessed and projected for the next three month eligibility period, and the new payment amount will be incorporated into the update to the contract. This payment amount will be received until the next three month review is completed. Income and asset changes will not be reacted to during the three month certification period.

Child-only cases will be reviewed initially within six months of the date of application. This review will be done to evaluate the child's living arrangement to ensure that a more permanent placement is not available or suitable, that placement with the child's parent is not possible or appropriate, and to gather detailed information about the child's parents to facilitate location. If it is determined by the local DSS that a more suitable living arrangement is needed the family will not receive Work First Family Assistance. After this initial six month review, eligibility for child-only cases will be reviewed at a minimum every 12 months. Cases with unearned income will be subject to reporting requirements as described in the Work First Manual.

Diversion Assistance

Under certain circumstances, a one-time short term benefit package is more appropriate in meeting the needs of Work First applicants. Diversion Assistance may be provided when families are in need of short term assistance to enable them to get or keep a job or to enable families to access or begin receiving other financial assistance that will help meet their needs. In these circumstances, Work First Diversion may provide:

- A one-time lump sum payment not to exceed three months of Family Assistance benefits (the payment is not income-based, but rather is need-based up to the maximum of three months of Family Assistance);
- 2. Medicaid and food stamps for the months in the Diversion period;
- 3. Employment services;
- 4. Eligibility for child care; and
- 5. Referrals to child support and other agency resources.

WORK FIRST STATE PLAN

In order to be eligible for Diversion Assistance, families must meet the same eligibility requirements as for Family Assistance, including the income and asset limits. Families that receive Benefit Diversion and subsequently apply for Work First within 36 months are required to repay the cash portion of their package.

Work First Program

Proposed Business Plan and Reinvestment Strategy

Temporary Assistance for Needy Families

State Fiscal Years 1997 - 2002



Summary of Projected Work First Funding and Expenditures SFY 96-97 through 2001-2002

Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000 Dollars in Millions

			STATE FISC	CAL YEAR			TOTAL
PROGRAM AREA	1996-97	1997- 9 8	1998-99	1999-200	2000-01	2001-02	SFY 1996-2002
Estimated Expenditures:		·					
Work First Families Subject to Work Requirements	\$212.2	\$190.0	\$166.4	\$143.3	\$120.9	\$118.7	\$951. (
Child Only Families & Families with Child Under Age 1	114.2	117.9	108.9	108.5	104.0	99.8	653.
Work First Diversion	0.2	1.5	2.0	2.5	3.0	3.5	12.
Child Protective Services, MH/SA Services - Emergency Grants	104.6	104.6	104.6	104.6	104.6	104.6	627.
County Eligibility Determination/Case Workers	43.0	39.6	36.9	35.8	34.7	33.7	223.
County Administration	15.1	13.9	12.9	12.5	12.2	11.8	78.
State Management	10.4	10.2	10.0	9.8	9.6	9.4	59.
Child Support Enforcement Operations	0.0	0.4	0.4	2.1	2.1	2.1	7.
Automation	0.0	16.9	11.7	14.3	11.8	8.1	62.
TOTAL Estimated Expenditures:	\$499.7	\$494.9	\$454.0	\$433.4	\$402.9	\$391.5	\$2,676.
Available Funds:							
Federal Block Grant	\$295.7	\$302.2	\$302.2	\$302.2	\$302.2	\$302.2	\$1,806
Federal Supplemental Funds	0.0	6.5	15.4	24.5	26.9	6.7	79
State	109.0	109.0	109.0	109.0	109.0	109.0	1
Local	103.9	103.9	103.9	103.9	103.9	103.9	623
Carry Forward from Prior Year	0.0	8.7	0.6	1.0	1.9	10.5	22.
TOTAL Available Funds:	\$508.6	\$530.3	\$531.1	\$540.6	\$543.9	\$532.3	\$3,186
DIFFERENCE:	\$8.9	\$35.4	\$77.1	\$107.1	\$141.0	\$140.8	\$510
teinvestment Needs					-	·	·
Transfer to Division of Child Development:		•					
Increased Subsidy to Accomodate Work First Participants	\$0.0	\$3.8	\$41.8	\$71.2	\$96.5	\$104.5	\$317
Provide funds for Smart Start Expansion	0.0	22.9	31.5		31.5	31.5	
Provide funds for other Expansion Priorities	0.0	5.0	0.0		0.0	0.0	
Maternal Outreach Program	0.0	0.4	0.4	0.4	0.4	0.4	2
Substance Abuse Treatment Funds	0.0	1.0	1.0	1.0	1.0	1.0	5
Community College Collaboration	0.0	0.5	0.5		0.5	0.5	
Evaluation	0.0	0.7	0.7	0.7	0.7	0.7	· 3
Staff Development	0.3	0.5	0.3	0.0	0.0	0.0	1
Carry-Forward to Subsequent Year	8.7	0.6	1.0	1.9	10.5	0.0	22
TOTAL Reinvestment Needs	\$8.9	\$35.4	\$77.1	\$107.1	\$141.0	\$138.6	\$508
Difference	(\$0.0)	\$0.0	(\$0.0)	(\$0.0)	\$0.0	\$2.2	\$2



Summary of Projected Work First Participants
and Cost Per Participant
SFY 96-97 through 2001-2002
Based on Estimates of Welfare Reform Impacts and Governor's 100% Work Participation Goal

I. Estimated Participants:

			STATE FIS	CAL YEAR		
PROGRAM AREA	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02
Total Work First Participants	104,800	100,192	92,417	89,096	85,572	83,361
Less: Child Only Families & Families with Child Under Age 1	41,200	<u>-42,820</u>	<u>-39.594</u>	<u>-39,465</u>	-37.866	<u>-36,319</u>
Work First Participants Subject to Work Requirements	63,600	57,372	52,822	49,631	47,706	47,042
Unsubdized Employment	8,000	11,000	17,000	20,000	26,706	26,542
Subsidized Employment	0	500	1,500	2,500	4,000	4,000
Training and Support Services	31,000	31,000	28,500	22,500	17,000	16,500
Not Participating in work or training	24,600	14,872	5,822	4,631	0	C
Work First Diversion	200	1,500	2,000	2,500	3,000	3,500
Child Protective Services, MH/SA Services - Emergency Grants	41,786	41,786	41,786	41,786	41,786	41,786

II. Estimated Annual Cost Per Participant:

	STATE FISCAL YEAR						
PROGRAM AREA	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02	
Total Work First Participants	\$3,115	\$3,074	\$2,980	\$2,826	\$2,628	\$2,620	
Less:Child Only Families & Families with Child Under Age 1	2,772	2,772	2,772	2,772	2,772	2,777	
Work First Participants Subject to Work Requirements	3,337	3,329	3,169	2,905	2,551	2,54	
Unsubdized Employment	1,488	1,488	- 1,488	1,488	. 1,488	1,48	
Subsidized Employment	.0	2,488	2,488	2,488	2,488	2,48	
Training and Support Services	4,262	4,262	4,288	4,239	4,237	4,24	
Not Participating in work or training	2,772	2,772	2,772	2,772	. 0	•	
Work First Diversion	1,000	1,000	1,000	1,000	1,000	1,00	
Child Protective Services, MH/SA Services - Emergency Grants	2,503	2,503	2,503	2,503	2,503	2,50	

Work First Business Plan Assumptions:



Overall:

- Changes in how counties charge the cost of taking applications, making re-determinations and changes to cases effective July 1, 1997 which causes additional cost to be allocated to Medicaid in FY 98 and to Medicaid and Food Stamps in FY 99 and beyond. This change results in \$23,254,768 in savings over 5 years.
- An additional 3% decrease per year in County eligibility determination/case management and overhead expense, resulting in a savings of \$23,226,587 over 5 years.
- A decrease of 2% per year in State administration expense, a cost reduction of \$3,040,011.
- A decrease in cash assistance cost of .65% in FY 98, escalating to .90% in FY 2002 as a result of decreased fraud accruing from the automation improvements. This is a cost reduction of \$8,766,987 over 5 years.

These additional savings assumptions provide the funding necessary for the automation plan and allow funds to be included in the plan for Community College Collaboration, Substance Abuse Treatment, DSS staff development expenses related to changing county business practices, and evaluation -- while keeping the transfer to DCD for purchase of day care subsidy for Work First participants at the level anticipated by DHR & OSBM when the decision was made to transfer TANF funds to DCD to provide for Smart Start expansion.

Automation:

DIRM's revised automation plan now totals \$148,789,001, including Child Support Enforcement's welfare reform automation projects. This costs out to \$62,811,181 which must be covered by the Work First plan.

This amount assumes the following:

- \$9,745,110 will be available to NC in enhanced 75% FFP for Medicaid projects related to "de-linking" AFDC and Medicaid eligibility. This amount is computed from the Medicaid share of the "Service Delivery Functionality" piece of the DIRM plan.
- Counties will cover 50% of the non-federal share of the cost of hardware and software purchased for them as part of the automation plan. This amount, \$4,670,975, is over and above the county funds included in the Business Plan. It has been computed based upon an assumption that 2/3 of the cost of the LAN/WAN item in the DIRM plan relates to equipment purchased for counties.
- Child Support funds are not included in the allocation of the LAN/WAN cost, since IVD is currently paying for equipment related to ACTS and that funding source cannot also participate in this purchase.



Work First Program

Proposed Business Plan and Reinvestment Strategy

Child Care

State Fiscal Years 1997 - 2002

Summary of Projected Child Care Funding and Example SFY 96-97 through 2001-2002



Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000

Dollars in Millions

			STA	TE FISCA	LYEAR		
PROGRAM AREA	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	SFY 1997-00
Estimated Expenditures							
Work First Related (Incl. Child Only)	\$71.1	\$83.7	\$116.3	\$156.0	\$189.5	\$200.2	\$816.8
Welfare Diversion	95.6	110.6	131.6	154.0	177.7	202.9	872.6
Child Protective and Welfare Services	13.6	13.3	13.8	14.3	14.8	- 15.3	85.2
Quality, Availability, Services Support	13.3	13.3	13.3	13.3	13.3	13.3	79.8
Administration	<u>5.8</u>	<u>5.8</u>	<u>5.9</u>	<u>6.2</u>	6.4	<u>6.6</u>	<u>36.7</u>
TOTAL Estimated Expenditures:	\$199.5	\$226.8	\$281.0	\$343.7	\$401.8	\$438.3	\$1,891.1
Available Funds:							
	****	0424.0		#400 O	*4444	#440 A	
Federal	\$124.0	\$131.9	\$134.4	\$138.9	\$144.1	\$148.2	\$821.6
Federal State (Non-Smart Start)	\$124.0 61.7	\$131.9 65.4	\$134.4 65.4	\$138.9 65.4	\$144.1 65.4	\$148.2 65.4	
				-	-		389.0
State (Non-Smart Start)	61.7	65.4	65.4	65.4	65.4	65.4	389.0 126.3
State (Non-Smart Start) Smart Start	61.7 18.8	65.4 21.5	65.4 21.5	65.4 21.5	65.4 21.5	65.4 21.5	389.0 126.3 196.7
State (Non-Smart Start) Smart Start Smart Start Expansion	61.7 18.8 0.0	65.4 21.5 4.2	65.4 21.5 17.8	65.4 21.5 36.1	65.4 21.5 63.5	65.4 21.5 75.1	389.0 126.3 196.7 <u>317.7</u>

Notes: 1) Estimated Expenditures include costs to subsidize children currently being served under federal CCDBG, federal Child Care Development Fund and SSBG, as well as children served under state subsidy funds and Smart Start. Anticipated additional demand for care in SFY 1996-97 through SFY 01-02 includes children expected to demand care due to Work First requirements, children eligible for care that are waiting to be served and children anticipated to demand care under new income eligibility limits.

²⁾ Available Federal Funds assume North Carolina receives all mandatory (formerly FSA), matching (new), and discretionary (formerly CCDBG) funds authorized by the welfare reform bill. Additional funds may be reallocated to North Carolina if other states do not fully utilize their matching funds allocations. Also assumes continuation of current SSBG.

³⁾ Available State Funds include \$45.0 million in FSA match, \$20.4 million in Non-FSA/Non-Welfare Reform and 30% of available Smart Start direct services funds (assumes expansion of Smart Start).



Summary of Projected Child Care Recipients Serve and Cost Per Recipient SFY 96-97 through 2001-2002



Based on Estimates of Welfare Reform Impacts and Governor's Goal 2000

I. Estimated Recipients

			STATE FISC	CAL YEAR		
Program Area	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
Work First Related (Incl. Child Only Cases)	50,453	60,054	80,589	104,472	122,625	125,131
Welfare Diversion	78,692	94,107	109,523	115,071	130,687	135,292
Child Protective and Welfare Services	10,888	10,888	10,888	10,888	10,888	10,888
Total Children Served	140,033	165,049	201,000	230,431	264,199	271,312

NOTES: 1) Projected number of Work First child care recipients are based upon meeting the Work First Goal 2000 requirements.

- 2) The Welfare diversion population includes children currently served and projected to be served who are at risk for welfare dependency. This population includes; children previously served with Non-FSA funds, children served with Smart Start funds; children who are waiting for child care; and children who are newly income eligible for subsidized child care.
- 3) Child Protective and Welfare Services include children receiving subsidized child care for a reason specific to the child. This group includes children in foster care, child protective services, child welfare services and children in developmental care. Children in this category are not eligible for federal TANF funds.

II. Estimated Annual Cost Per Recipient

-			STATE FIS	CAL YEAR		
Program Area	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
Work First Related (Incl. Child Only Cases)	\$1,410	\$1,394	\$1,443	\$1,493	\$1,546	\$1,600
Welfare Diversion	\$1,215	\$1,176	\$1,202	\$1,338	\$1,360	\$1,500
Child Protective and Welfare Services	\$1,253	\$1,225	\$1,268	\$1,313	\$1,359	\$1,406

NOTES: Average costs have been adjusted to reflect expected changes in payment rates due legislation passed in the 1996 short session. Changes made to the subsidized child care program include; revising the parent fee schedule; making differential payments to providers; and increasing the county market rate for small counties to the statewide rate.

North Carolina Child Care Program

Breakdown of Child Expected to Demand Care

Total Engine Children Not Currently Served	205,100
Number of Children Under 47% State Median Income	124,169
Number of Children Between 47% - 75% State Median Income	84,931
Total Of Eligible Unserved Population Expected to Demand Care	155,738
Number of Children Under 47% State Median Income	92,481
Number of Children Between 47% - 75% State Median Income	63,257
Total Current Number of Children Served	165,000
Total Children Expected to Demand Care	320,738
Less Children Served through Head Start/Chapter I	28,947
Net Children Expected to Demand Care	291,791



2) For purposes of estimating costs to serve children through DCD, children served with Head Start and Chapter I funding are removed from totals.

				SFY			
Total Expected Demand for Child Care (Assuming Phase-In)	95-96	96-97	97-98	98-99	99-00	00-01	01-02
Work First Related (Including Child Only Cases)	61,889	50,453	60,054	80,589	104,472	122,625	125,131
Welfare Diversion (Under 47% of State Median Income)	63,276	68,149	73,022	77,895	82,768	87,641	92,515
Child Protective and Welfare Services	10,888	10,888	10,888	10,888	10,888	10,888	10,888
Welfare Diversion (47% - 75% of State Median Income)	0	10,543	21,086	31,628	42,171	52,714	63,257
Total Demand for Care	136,053	140,033	165,049	201,000	240,300	273,868	291,791

NOTES: 1) Assumes a constant annual increase in the number of children served from current levels of service to reach full demand in SFY 2001-02. This phase in is included to estimate the effects of a gradual influx of new populations into care. Additionally it will take time for child care capacities to grow to accommodate these new levels of demand.

Children Served with Available Funds	96-97	97-98	98-99	99-00	00-01	01-02
Work First Related (Including Child Only Cases)	50,453	60,054	80,589	104,472	122,625	125,131
- Percentage of Work First Demand Served	100%	100%	100%	100%	100%	100%
Welfare Diversion (Under 47% of State Median Inc.)	68,149	73,022	77,895	82,768	87,641	92,515
- Percentage of Welfare Diversion Demand Served	100%	100%	100%	100%	100%	100%
Child Protective and Welfare Services	10,888	10,888	10,888	10,888	10,888	10,888
- Percentage of Child Protective and Welfare Services Served	100%	100%	100%	100%	100%	100%
Welfare Diversion (47% - 75% of State Median Inc.)	10,543	21,086	31,628	32,302	43,045	42,778
- Percentage of Newly Eligible Demand Served	100%	100%	100%	77%	82%	68%
Total Costs	140,033	165,049	201,000	230,431	264,199	271,312
- Percentage of Total Demand Served	100%	100%	100%	96%	96%	93%

NOTES. Assumes children are served in the following priority: 1) Work First Related 2) Welfare Diversion - Under 47% State Median Income 3) Child Protective and Welfare Services 4) Welfare Diversion - 47%-75%State Median Income.





Work First Program

Proposed Business Plan and Reinvestment Strategy

Automation

State Fiscal Years 1997-2002

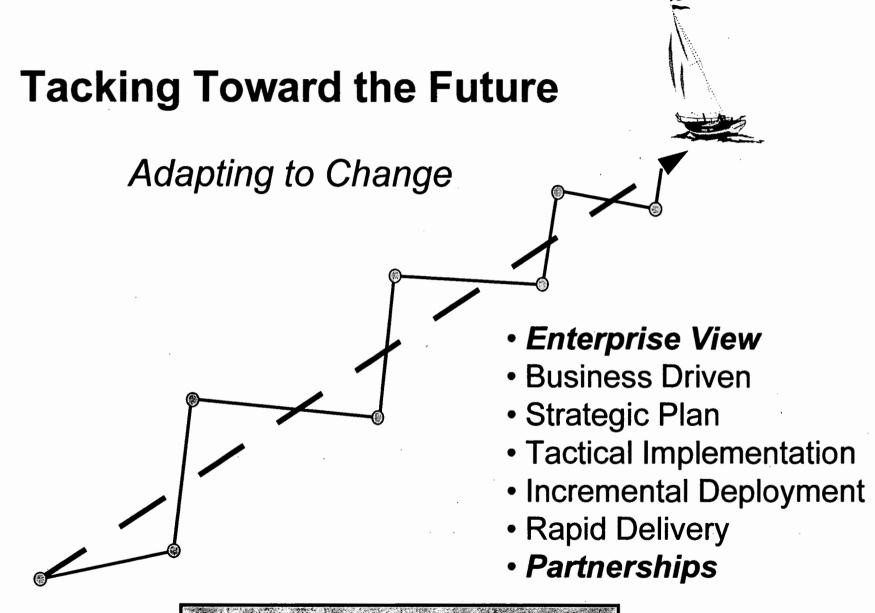


Pressures Driving Change

- Welfare Reform
- Block Grants
- PPB
- Outcome Measures
- Program Accountability

- Managed Care
- Citizen Demands
- Client / Family Focus
- Declining Revenues
- Possible External Reorg

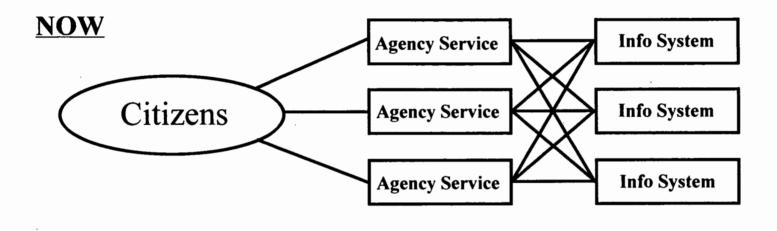
Requiring DHR To Take An Enterprise View

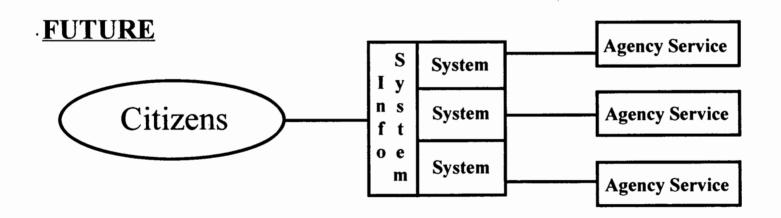


"Think Global, Act Local"

Reinventing How Government Serves the Citizens

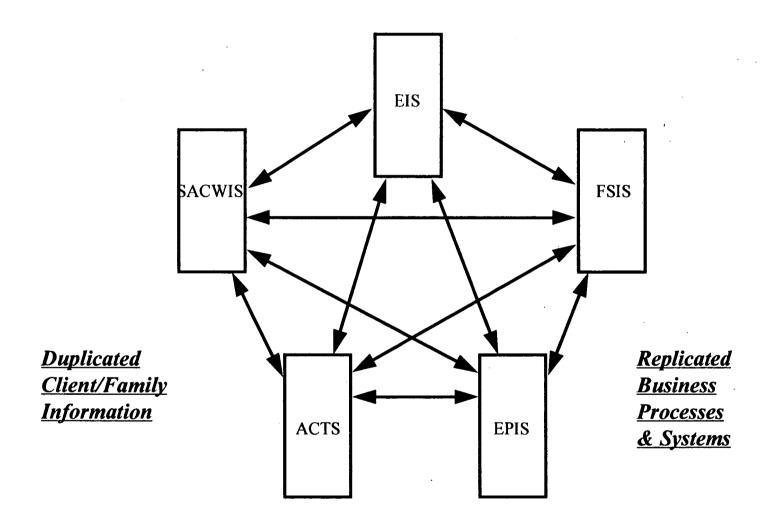






Technology Integrated Service Delivery

Today's Non-Adaptive Systems

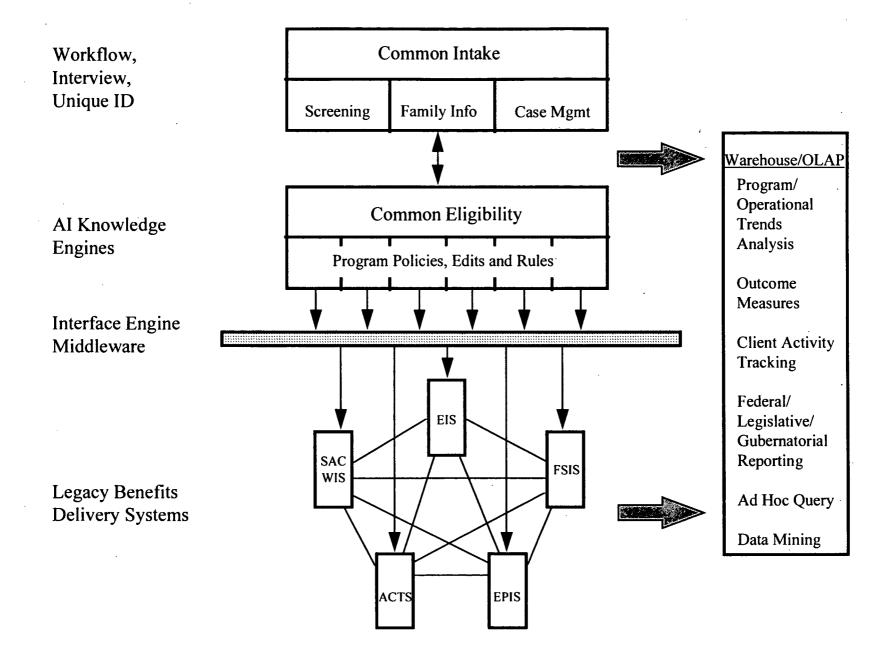


Poor Return on IT Investment

Silo Systems Supporting Independent Programs

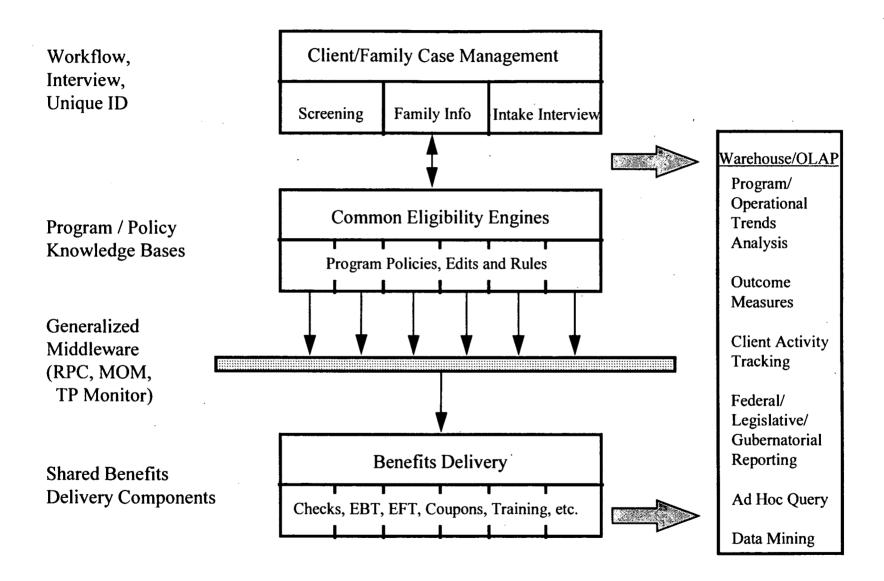
Transition Plan







Enterprise Adaptive Systems



Shared Components Supporting Integrated, Client Focused Service Delivery



Adaptive Systems

Implementations of enterprise-wide architecture which facilitates rapid change in the business and administrative processes of the organization.

Enterprise Architecture

Provides a cross-functional framework that defines the business processes, information, and technical infrastructure of DHR across divisions and programs.

Data Warehouse

A repository of information that crosses program and agency boundaries which enables program analysis, outcome measurement, client activity tracking, fraud audit, trends analysis, federal and other management reporting.

APMS

Application Portfolio Management System treats business systems and information as valuable enterprise assets and, as such, provides a structured method for managing the creation, deployment, use, and eventual replacement or retirement of them.

5

DHR AUTOMATION REINVESTMENT COSTS FOR WELFARE REFORM

Infrastructure and Interfaces	\$36,000,000
 ✓ Deploy statewide LAN/WAN environment ✓ Develop interfaces to external partners 	
Federal Requirements Affecting Current Systems	\$31,839,001
 ✓ Implement minimal modifications to current systems ✓ Implement Child Support modifications and new functions 	
Management Information and Tracking	\$14,500,000
 ✓ Provide Data Warehouse for statistical analysis, outcome measures and local/state/federal reporting ✓ Provide fraud and abuse tracking 	
Systems Development	\$52,750,000
 ✓ Develop and deploy new Service Delivery Model ✓ Provide for office readiness 	
Administration and Development Environment	\$13,700,000
 ✓ Acquire development tools and associated training ✓ Provide facilities for development staff ✓ Provide administration of the Reinvestment Plan 	
TOTAL	\$148,789,001

Welfare Reform Reinvestment Plan Timeline



SFY 96-97 SFY 97-98 SFY 98-99 SFY 99-00 SFY 00-01 SFY 01-02 **Projects** 1Q 2Q 3Q 4Q 1Q 2Q 3Q 4Q 1Q 2Q 3Q 4Q 1Q 2Q 3Q 4Q 1Q 2Q 3Q 4Q 1Q 2Q 3Q 4Q 1Q 2Q 3Q 4Q Infrastructure and Interfaces Develop Statewide LAN/WAN **Develop Interfaces Federal Req's Affecting Current Systems** Continuation of Interim Modifications **Child Support Modifications Management Information and Tracking** Management Information and Analysis Fraud and Abuse Tracking **Systems Development** Service Delivery Functionality **Transition from Legacy Systems** Training/Implementation Support **Administration and Development Environment**

Facilities

Management/Administration

Transition to Adaptable Systems Env.

Planning for Long Range



-
M

Projects	SFY	96-97	SFY 9		SFY 9	8-99	SFY	99-00	SFY	00-01	-	01-02	Five Yea	
	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring	One Time	Recurring
nfrastructure and Interfaces														
B			\$13,500,000		\$5,500,000		\$11,000,000						\$30,000,000	
Develop Statewida LAN/WAN			\$1,000,000		\$1,000,000		\$3,000,000		\$1,000,000				\$6,000,000	
Develop Interfaces			\$1,000,000		\$1,000,000		\$3,000,000		\$1,000,000				\$6,000,000	
Federal Req's Affecting Current Systems														
Continuation of Interim Modifications	\$1,900,000		\$2,965,006										\$2,965,006	
Child Support Modifications	\$886,050		\$8,130,950		\$9,003,045		\$4,114,000		\$3,753,600		\$3,872,400		\$28,873,995	
Management Information and Tracking														
Management Information and Analysis					-									
Warehouse Functionality			\$1,000,000		\$1,000,000		\$2,000,000		\$2,000,000				\$6,000,000	
UNIX Platform			\$500,000		\$500,000		\$500,000		\$500,000		\$500,000		\$2,500,000	
Analysis Tools			\$1,000,000			\$150,000		\$150,000		\$150,000		\$150,000	\$1,000,000	\$600,000
Training			\$500,000		\$500,000		\$500,000			\$100,000		\$100,000	\$1,500,000	\$200,000
Fraud and Abuse Tracking	\$250,000		\$1,700,000		\$1,000,000								\$2,700,000	
Systems Development														
Service Delivery Functionality			\$5,000,000		\$4,000,000		\$5,000,000		\$3,300,000	\$6,000,000		\$11,000,000	\$17,300,000	\$17,000,000
Transition from Legacy Systems					\$450,000		\$2,000,000		\$6,000,000				\$8,450,000	
Training/Implementation Support			\$1,000,000		\$2,000,000		\$3,000,000		\$2,000,000		\$2,000,000		\$10,000,000	
Administration & Development Environment														
Transition to Adaptable System Environment														
Development & Deployment Environment			\$1,300,000		\$1,300,000								\$2,600,000	
Software License Renewal			\$1,300,000		\$1,300,000	\$200,000		\$400,000		\$400,000		\$400,000	02,000,000	\$1,400,000
New Staff				\$250,000		\$450,000		\$650,000		\$650,000		\$650,000		\$2,650,000
Training			\$500,000	\$250,500	\$500,000	V 100,000	\$500,000	4000,000	\$200,000			\$100,000	\$1,700,000	\$100,000
· ·														
Facilities			\$500,000	\$200,000	-	\$200,000		\$200,000		\$200,000		\$200,000	\$500,000	\$1,000,000
Management/Administration		\$200,000		\$750,000		\$750,000		\$750,000		\$750,000		\$750,000		\$3,750,000
Planning for Long Range	\$250,000													
	5255,500													
												-		
One Time Totals	\$3,286,050		\$38,595,956		\$26,753,045		\$31,614,000		\$18,753,600		\$6,372,400		\$122,089,001	
Recurring Totals		\$200,000		\$1,200,000		\$1,750,000		\$2,150,000		\$8,250,000		\$13,350,000		\$26,700,00
Yearly Totals (One time + Recurring)		\$3,486,050		\$39,795,956		\$28,503,045		\$33,764,000		\$27,003,600	 	\$19,722,400		\$148,789,00

GRAND TOTAL SUMMARY \$148,789,001

Grant	Allocated Dollars	FFP	Federal Share	State Share
TANF	\$5,612,202	100.00%	\$5,612,202	\$0
SA	\$1,189,730	0.00%	\$0,512,252	\$1,189,730
FC	\$479,121	50.00%	\$239,562	\$239,559
Adoption	\$285,244	50.00%	\$142,622	\$142,622
Medicaid @ 75%	\$12,993,480	75.00%	\$9,745,110	\$3,248,370
Medicaid @ 50%	\$34,656,925	50.00%	\$17,328,463	\$17,328,462
Smartstart	\$700,230	0.00%	\$0	\$700,230
Sub. Child Care	\$4,964,092	60.49%	\$3,002,779	\$1,961,313
Energy	\$1,970,734	100.00%	\$1,970,734	\$0
Food Stamps	\$36,065,377	50.00%	\$18,032,690	\$18,032,687
Refugee	\$110,347	100.00%	\$110,347	(\$1)
State	\$35,141	0.00%	\$0	\$35,141
Title XX	\$998	90.00%	\$898	\$100
JOBS	\$250,000	90.00%	\$225,000	\$25,000
SSBG	\$13,369	75.00%	\$10,027	\$3,342
Child Welfare	\$87,583	75.00%	\$65,687	\$21,896
Independent Living	\$341	100.00%	\$341	\$0
Job Corps	\$158	100.00%	\$158	\$0
CWS - Fam. Pres.	\$49	100.00%	\$49	\$0
Child Support @ 80%	\$295,350	80.00%	\$236,280	\$59,070
Child Support @ 66%	\$49,078,532	66.00%	\$32,391,832	\$16,686,700
Total	\$148,789,001	=	\$89,114,781	\$59,674,220
County Equipment = 2/3 o				
Non-Federal Share of LA			14,012,925	
2/3 of Non-Federal Shar			9,341,950	
County 1/2 of Non-Fede	ral Share on County Equ	uipment	4,670,975	
TANF PLAN Amounts:			,	
Non-Federal Share from S	<u> </u>		59,674,220	
TANF Share from Summa	•		5,612,202	
Energy Share from Summ	•	•	1,970,734	
JOBS Share from Summa	•		225,000	
Less: County share of equ	iipment		(4,670,975)	•
Total for TANF Plan		•	62,811,181	



Benefits of Reinvestment in Automation for Welfare Reform

Automation	Benefits
Infrastructure and Interfaces	Provide communications, enhanced productivity, and data
Develop Statewide LAN/WAN	sharing capability for state, local and community agencies
Develop Interfaces to external partners	
Federal Requirements Affecting Current Systems Continue interim modifications to support Welfare Reform plan and to meet federal reporting requirements. Child Support Modifications	Meet Work First Family Assistance objectives, Maintain TANF allocation, Meet new federal reporting requirements for Child Support, avoid penalties. Enable faster parent locate service nationally
Management Information and Tracking Management Information and Analysis Fraud and Abuse Tracking National Tracking of TANF Time Limits	Capability to access information on program utilization, client outcomes, trends. Improved management decision making. Enable fraud detection for multiple programs, and increased recoupments.
Systems Development Service Delivery Functionality Transition from Legacy Systems Training/Implementation Support	Enhance productivity, streamline processes, eliminate redundancies, improve data integrity across systems, coordinate services among agencies. Reduce risks in modifying legacy systems, and reduce operational costs.
Administration and Development Environment Transition to Adaptable Systems Environment Management/Administration, Planning for Long Range	Enable model-based component development Ensure adequate resources to achieve results



I. Background

A. Current Situation

Six major systems support welfare-related programs. All are mainframe based systems. Several were built in the early 1980s and modified throughout the past two decades. Total number of system users is approximately 6,000 with many others accessing data in one or more system. The cost of maintaining and operating the Welfare systems presently costs the state \$9.3 million annually.

Each system supports one or more programs, and has policy, user support, system support mechanisms in place.

A family may currently apply for assistance or services from multiple program areas, such as day care, cash assistance, job training and placement, food stamps, and child support. To access services from multiple programs requires separate interviews, which may take several hours. Families must provide largely the same personal information repeatedly. Agency information sharing or coordination of services is minimal.

B. Deficiencies

- 1. Some of the current systems are 15 years old, and have exceeded their useful life expectancy(7-8 years).
- 2. Missing Functionality
 - a. Limited coordination of cases between programs, does not support the family focus
 - b. Lacks data to evaluate program effectiveness/outcome measures
 - c. Lacks demographic and case data (1/3 electronic; 1/3 paper; 1/3 uncollected) to comply with federal requirements
 - d. Limited hours of systems availability (7:30 am- 5:30 pm) do not facilitate access for employed citizens)
 - e. Lacks caseworker productivity tools necessitating separate investments (e.g. word processing)
 - f. Lacks automation to support complex policies (e.g. eligibility rules are understood by caseworkers, when they leave knowledge goes with them)
- 3. System Integrity Age of system coupled with years of modification has weakened the integrity of documentation and the structure of the system making future modifications difficult and increasingly risky.
- 4. Data Integrity Redundant data collection; limited verification of accuracy; diluted ownership and inconsistent collection techniques
- 5. Outdated System Architecture mainframe vs. client-server
- 6. Increasingly less fit with the organizational structure and business requirements resulting in manual work outside the system.

C. Changing Business Environment

Work First substantially revised the role that the county caseworker plays in supporting families. In addition to the administrative functions presently handled, caseworkers are also expected to serve as:

- 1. Family sase managers
- 2. Resource referral agents
- 3. Assessment counselors (needs, job readiness, etc.)
- 4. Community liaisons (e.g. employers)
- 5. Negotiators of the Personal Responsibility Contract

II. Proposed Environment

To effectively support Welfare Reform and the developing role of the family case worker current systems must be replaced with an adaptive model which supports client -focused service delivery.

A. Benefits

Streamlined and simplified intake, screening,	Eliminates redundancies in data and	Time savings through an estimated
eligibility, update and redetermination processing.	processes; enables service integration; shifts focus from production of work products to the accomplishment of goals.	reduction in the intake process by 25%, processing by 25% and redetermination by 33%.
Case management tools	Capability to track case activity, manage workflow and monitor a family's progress.	Time savings enable a 25% increase in caseload management capability.
	· :	Enforcement of Personal Responsibility Contract with the application of monetary sanctions when not honored.
Electronic data sharing to assist with resource referral and verification processes.		24 min. per day per case manager and 2 hrs. per day per clerk.
Use of rule-based decision logic to determine eligibility and calculate benefits increases the accuracy of program administration.	Reduced need for case managers to know detail of program policy reduces learning curve and promotes consistent interpretation and application of program policy.	Improved staff retention rate and increased accuracy in benefits. An estimated 45% of present day recoupments are attributable to agency errors. Automation is expected to reduce the error rate by at least 60%.
Networked PCs To Increase Office Productivity:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Case managers and support staff will have access to word processing, e-mail, calendars/schedulers, spreadsheets and electronic forms libraries	Improved agency communications result in more efficient use of resources, improved quality of work products, less paper and reduced filing.	84.5 min. per worker per day TBD-Savings in the form of reduced printing, supply, storage and obsolescence of paper forms.

IMPACT	QUALITATIVE BENEFITS	TANGIBLE BENEFITS
Program Effectiveness:		
Improved collection and management of data.	Flexible reporting and query capability. Capacity to access data for individual, case, aggregate, geographic or time perspective.	Allows on-going assessment of program effectiveness, enabling NC to qualify for federal incentives and bonuses.
	Reduces duplicate data collection by	
	integrating program administration.	Meets extensive federal reporting requirements and avoids sanctions in excess of \$12 million annually.
National new hire directory will promptly identify employment changes of absentee parents.		Boosts overall collection of child support and minimizes amount of time spent on income assistance programs.
Increased fraud detection and prevention capability.		Reduces cost of overpayment collection efforts and decreases cash assistance outlays by \$8.7 million over 5 years.
System Efficiencies:		
Systems will be component-based, enabling code reuse and shorter modification cycles.	Mitigates the risk of legacy system modification and potential system failure. More efficient use of technical staff and ability to implement change rapidly.	TBD - Reduced modification and development costs.
System will integrate user support functions (on-line help screens, training, help desk, etc.)	Reduces impact of turnover and re-training efforts.	Cost effective means of supporting a large and changing user base.
Integrated system with expanded access and hours of systems availability.	Supports the concept of employed, self- sufficient families/citizens by providing access beyond the 8-5 workday.	Saves families time in application, and in providing update information to the agency.
Migration from independent mainframe systems to Local Area Network (LAN).	Enables local flexibility in program administration and operations.	Increased diagnostic capability minimizes down time. Reduction in staffing requirements, travel time and

cost.

B. Risk ractors

1. Risks associated with implementation of this plan

Risk Factor	Risk Mitigation		
Management:			
Business approach is undergoing revision concurrently with	Meaningful participation by all stakeholders throughout the change		
changes to supporting systems.	process.		
Highly complex project, with a broad scope and dynamic	Consistent application of Risk, Project, Change and Contract		
business environment.	management methodologies to reduce risk.		
Time:			
Insufficient time for the most cost effective implementations	Phased development and deployment schedules.		
(mandated dates of legislative initiatives, executive orders,	Adaptive systems will accommodate change more readily.		
other competing priorities)			
Resources:			
Requires development of staff skills	Plan includes technical training and anticipates contract resources.		
Requires adequate level of funding	Reinvestment plan maximizes federal participation.		
Function:			
Incomplete requirements	Development phases begin with process modeling. Users will define		
	requirements and frequent acceptance points will be utilized to ensure		
	understanding.		
Inadequate training for users on new business processes	Transition plan includes extensive user training, office readiness and		
and system functions	change management support.		

2. Risks associated with <u>not</u> implementing this plan

Risk Factor	Impact
Failure to meet federal and state program requirements.	Fiscal sanctions of at least \$12 million per year.
Increasing inability of systems to keep pace with changing business requirements.	Continued redundancies and increasing workload on case managers which will result in higher administrative costs.
Modifying vulnerable, outdated systems.	Increasing modification costs, longer modification cycles and increased risk of system failure.
Individuals responsible for delivering services won't have the tools and information to adequately perform their job.	Inability of communities, local and state agencies to meet performance and family outcome measures.

DHR

Work First Business Plan

County Block Grant Allocations

1. Funds Included in County Block Grant Allocations

Funds identified in the DHR Work First Business Plan for the following areas will be block granted to counties:

- Work First Employment Program
- Emergency Assistance Cash
- Emergency Assistance County Funds
- County Eligibility Workers
- County Administration

In state <u>fiscal year 1997-98</u>, the allocation among counties of the funds in the block grant pool shall be based on the percentage of each county's expenditures to the total statewide expenditures in these areas in SFY 95-96.

During SFY 97-98, the Division of Social Services, with collaboration and consultation from the County Director's Association and the County Commissioners Association, shall develop a methodology for allocating block grant funds in future years which takes into consideration caseload size, performance expectations and historical factors.

2. Maintenance of Effort

State and County monies which provide for the non-federal share of expenditures in the Work First Business Plan shall remain budgeted at the FY 96-97 level, except as noted below under Settlement.

3. County/State Participation Rates

The state will cover the full non-federal cost, as outlined in the Work First Business Plan, for all emergency assistance services provided by agencies other than county DSS. In addition, state funds will be used to fund all state administration, child support enforcement increases, and welfare reform automation projects.

State funds will be put into county block grants in an amount sufficient to fully fund those grants, after first deducting county and federal dollars, at the level

outlined in the Work First Business Plan. In recognition that county's individual participation in the areas covered by the Work First Business Plan has been variable depending upon the array and volume of the services offered, the proportion of federal, state, and county dollars in each individual county's block grant will be variable. With cash assistance benefits funded with 100% federal funds, county funds which previously were required to match federal funds in that area will be available to support county block grants. In addition, every county will receive federal and state funding to augment county funds in the block grant. During FY 97-98, the total funding available to a county will be the same as it would have been under the old federal matching requirements; the only difference will be that the same amount of funding will be used differently.

4. Settlement

After year end, if a county has met all of the goals and requirements of its Memorandum of Agreement with the Division of Social Services, and it has unexpended block grant funds, the county will retain the county percentage of those unexpended funds. These dollars will then be available for one-time county expenditure priorities. In the following fiscal year, however, the county will continue to budget an amount equal to the FY 96-97 budgeted level. State and federal funds which are not expended from a county's block grant, will revert to the State.

It is the intent of the Department of Human Resources to re-examine each year, beginning in SFY 1999-2000, on an individual county basis, the 100% county MOE requirement. If a county has consistently met all program requirements, and not fully expended its block grant each year, the Department would consider allowing the county to reduce its budgeted committment in subsequent years, contingent upon the county's continued high performance. If a county that was allowed to reduce its budgeted committment failed to meet its program requirements, it could be required to increase its budget back to the SFY 97 level.

At year end, if a county has not met all of the goals and requirements of its Memorandum of Agreement, penalties shall be assessed in accordance with the terms of the MOA.

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Name of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME

FIRM OR STATE AGENCY AND ADDRESS

MAILE	FIRM OR STATE AGENCY AND ADDRESS
Trichar KiDEOUT	DIR/DY5
Ken Foster	DHR / DXS
Les Kittreen	DHR
Jim Elant	Other
Dan Bruton	OHR
Stur Davi	OHR
Jack Smargar	Nester
Myn Miller	NASW-K
Juse Clauser	D45-DAR
Ao Derkias	DVR3-DHR
Garhi Stalnahu	DHR-VR
Carl Privitte	DHR - Server for Her Blind
Subhie Jackson	DHR - Server for the Blind
Janice Fain	DHR- Child Development
Craig Gueene	17 HR - 050/HH
Entre Sanda	05 101
Philip Hoffman	DHR-DON HODSAS
Robert Mison	DHR DUHODSOS
Terry Stella	DHHOUSAS
Elizabeth Odlan	PCANC
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VISITOR REGISTRATION SHEET

Name of Committee VISITORS: Please sign below and return to Committee Clerk. NAME FIRM OR STATE AGENCY AND ADDRESS NELS ROSELAND STATE BUDGET