

# BUDGET GUIDE FY 2016 BUNCOMBE COUNTY HEALTH & HUMAN SERVICES

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# INTRODUCTION Health & Human Services

Buncombe County Health & Human Services (HHS) strives to deliver accountable government that is positioned for success and focused on results. We work in partnership with the community to:

- ensure safety and stability
- promote and support health and well-being
- strengthen independence

This FY 2016 Budget Guide presents the HHS divisional budgets we've developed to achieve these results.

HHS is an integrated department providing Economic Services, Public Health, and Social Work services. Coming from a legacy of prior organization structure, HHS financial accounting is structured under two budgets:

- **Department of Social Services (DSS) Budget**, comprised of Economic Services and Social Work Services
- Public Health Budget

County budget dollars supporting Behavioral Health services, Veterans Services, and grantfunded initiatives are also included in this guide.

In FY 2016, HHS will manage the expenditure of close to \$451 million (including public assistance dollars) invested in core essential services for our residents. With revenues coming from multiple funding streams, County dollars cover approximately 9% of these costs. HHS works continuously to maximize this investment by lowering expenses and saving taxpayer dollars, while still meeting core community needs.

Both as taxpayers and consumers, all residents of Buncombe County have a stake in operations at HHS. Whether or not you walk through our doors, **HHS is providing services important to all of us**, such as:

- providing protection for neglected or abused children and adults
- inspecting restaurants to ensure food safety and sanitation protocols
- ensuring a sanitary water supply in approving well and septic system permits
- addressing citizens' food security needs through Food Assistance and WIC, which leverages federal benefit dollars in to our local economy
- ensuring access to healthcare and medication
- immunizing children and adults against communicable diseases
- paying rental assistance to a landlord that keeps a fragile family intact
- assisting with work support strategies to foster self-sufficiency

The way our County allocates resources through HHS has a real impact on **you**.

We hope this Guide will provide a clear picture of what your taxes help fund, and give you a sense of the value these services add to our community.

# HHS Expenditures Budgeting

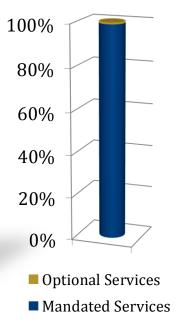
When reviewing the HHS budget, the majority of services and programs are required by federal and state law. In many cases, however, the County is required either to provide matching County dollars or to fund the service with 100% County resources. Services and programs that are not mandated, such as Adult Day Care services, provide vital support to the community and reduce the need for much more expensive, mandated services such as Long Term Care Medicaid coverage.

During budget development, we carefully review expected funding levels for HHS services to assure our resources will meet programmatic requirements and forecasted demand. HHS actively partners with other providers to build community capacity and assure that services are simultaneously effective and cost-efficient.

Mandated spending has its strongest impact in Economic Services and Social Work Services, accounting for **99.5%** of the FY 2016 DSS expenditure budget. HHS also budgets for certain optional services, including those which help enhance or are essential to the federally and state mandated programs.

Mand	ate Levels for DSS Budgeted Services
Mand	ated Services
•	Public Assistance programs
•	Child Protective Services
•	Adult Protective Services
Optio	nal Services essential to Mandated:
•	Some Foster Care support services
•	In-Home Aid services for elderly and
	disabled adults
Optio	nal Services:
•	Adult Day Care
•	Family preservation services
•	Emergency Assistance services
•	At-Risk services for children and adults
•	Grant projects
•	General Assistance (mainly for
	prescription services for the uninsured)
•	Community contracts

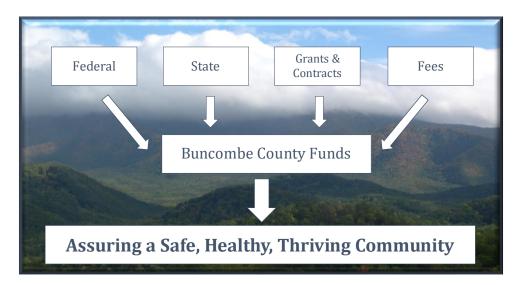
#### **DSS Budget Spending**



For a list of those partnerships accounted as Community Contracts expenditures in the FY 2016 HHS Budget, please see page 57. Understand, also, that there are additional partnerships incorporated within the DSS and Public Health divisional budgets, in the line item for contracted services.

# **HHS Revenues Budgeting**

Revenue streams for Economic Services, Public Health services, and Social Services include: (1) federal funds; (2) state funds; (3) funding from grants and partnership revenue contracts; and (4) client and insurance payments for fee-based services (primarily in Clinical and Environmental Health services). Our Buncombe County government then appropriates funds to finance the remaining need for effective implementation of mandated and core programs. HHS budget development focuses heavy attention on the County's financial contribution.



#### **Federal and State Funding**

With Public Assistance comprising 86% of total DSS expenditures for FY 2016, federal and state allocations fund the majority of the complete DSS budget:

- Federal funding makes up about 67% of the DSS revenue budget.
- The State, operating within federal guidelines, covers an additional 26% of the total cost of DSS program services.
- Setting aside Public Assistance dollars, federal funds cover 52% and state dollars 5% of remaining DSS expenditures.

Federal and state revenue streams fund a smaller proportion of the Public Health budget versus the Economic and Social Work Services (DSS) budget.

- Federal funding is expected to provide 18% of the revenue needed to support public health services for Buncombe County residents.
- State funding is budgeted at 5% of total revenues for Public Health.

# **HHS Budget Adoption Process**

#### Budget Preparation

# 1

August – Participatory strategic planning begins October – Capital Request submitted to County; teams determine funding priorities and develop budgets December/January – HSST consolidates budget requests, resolves any questions

#### Budget Recommendation



April – County Finance submits its finalized General Fund Budget recommendation to County Manager.

#### Budget Estimates



January – State issues budget estimates to counties for their use in budgeting. HHS Senior Leadership Team reviews and approves consolidated division budgets.

#### Budget Message



May – County Manager delivers budget message to the Board of County Commissioners.

#### Budget Adoption



June – Budget adopted b County Board of Commissioners.

#### Budget Submission



Late January– Preliminary budget submitted to County Finance Department. March – HHS Board approves HHS budget request

#### Budget Hearing



June – Buncombe County Board of Commissioners holds Public Hearing on budget.

# **Contracts and Grants**

Grants and revenue-generating contracts are budgeted to provide \$529,624 in revenue to Public Health in FY 2016 and \$98,423 to DSS. Partnerships with local governments and other community organizations help provide or enhance services, generate revenue to offset expenses, and assist partners in achieving their own organizational objectives where they align with County goals.

As part of a continuing effort to bolster efficiency, HHS pursues grants and other endeavors with local private sector and non-profit organizations. While not a direct source of funding, these collaborations help a) reduce the county's share of service delivery expenditures; b) generate revenue to offset expenses; and c) provide or enhance mandated services.

#### **Service Fees**

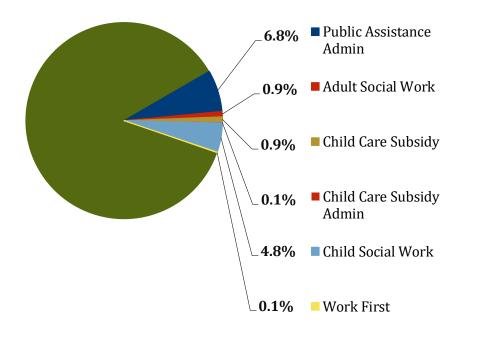
As outlined in the <u>Department of Public Health Billing Guide for FY 2016</u>, we charge fees for a number of the Public Health services offered to the public. Service fee revenues are budgeted to cover 5% of Public Health expenditures in FY 2016. The Health revenue budget includes \$287,438 in expected Medicaid revenue, plus \$374,748 from third-party insurance including Medicare, Health Choice, and private insurance companies. Residents of Buncombe County are anticipated to pay \$658,594 for services provided by the Public Health division, ranging from personal medical care services such as immunizations to the inspection of septic tank and well installations.

The DSS budget includes a small amount of fee revenue, but this make up less than 1% of the expenditures budget even after excluding Public Assistance dollars.

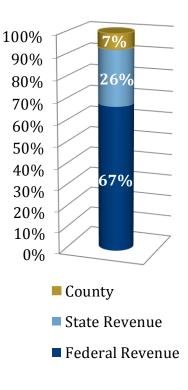
# **Department of Social Services Budget**

	Total Expenditure	Federal Revenue	State Revenue	County Contribution
Public Assistance	369,434,986	258,575,115	106,248,865	4,611,006
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PA Administration	29,224,196	16,849,922	0	12,374,274
Adult Social Work	3,787,587	895,281	199,964	2,692,342
Services				
Child Care Subsidy	8,414,983	6,085,041	2,329,942	0
Child Care Subsidy	395,778	303,188	0	92,590
Admin				
Child Social Work	20,562,950	6,003,901	527,302	14,031,747
Services				
Work First	486,155	0	0	486,155
Other Revenue	-4,671,353	0	0	-4,671,353
Grand Total	427,635,282	288,712,448	109,306,073	29,616,761

86.4% Public Assistance



#### **DSS Revenue Sources**



# **Services Budgeted Under DSS**

The DSS budget covers two of the three HHS divisions: Economic Services and Social Work Services. Functioning under these divisions are a number of programs designed to effectively address the community's various needs and challenges.

The following section will review the programs listed below, which are under these two divisions.



<b>Economic Services</b>		
Child Care Subsidy	Food Assistance	
Child Support Enforcement	Medicaid	
<b>Emergency Assistance</b>	Special Assistance	
Energy Assistance	Work First	

# **Social Work Services**

**Adult Services** 

**Aging Services** 

**Child & Family Services** 



# **Services Budgeted Under DSS**

# **Public Assistance**

Public Assistance (PA) accounts for a significant portion of the services and programs that DSS offers. Medicaid and Food and Nutrition Services are by far the most prominent components of PA, but within its scope, which spans Economic Services and Social Work Services, there are other programs involving adoption and foster care, temporary assistance, aid to the blind, Medicaid transportation, and child care subsidy.

What is particularly notable is that administrative costs for PA remain below 7% of the total budgetary expenditures.



# **Economic Services**

Economic Services comprises a number of programs to help low-income families attain sustainable employment, quality healthcare coverage, food and energy assistance, and other means of financial support in order to become self-sufficient.

#### NC FAST & ePASS

At the beginning of FY 2013, Buncombe County became the first county in North Carolina to go fully live with the State's new automated eligibility system called NC FAST (North Carolina Families Accessing Services through Technology).

For the first year, Food and Nutrition Services was the only program using the web-based system, but FY 2014 saw the addition of the Medicaid and Work First programs. Medicaid and Work First cases were completely converted into NC FAST during the first half of FY 2015. Eventually, all Economic Services and Social Work Services programs may be managed through NC FAST.

While the State fully funds the new system, the transition to NC FAST has created the need for additional regular and temporary staff, funded entirely by federal and county dollars. As of the end of FY 2015, NC FAST functionality has resulted in a doubling of the amount of time needed to perform eligibility determinations. Additional DSS funds have been budgeted for other training and transitional needs associated with the ongoing changes in FY 2016. Services that will begin to be incorporated into NC FAST during FY 2016 include Child Care Subsidy, Energy Assistance, and Emergency Assistance. The eventual benefits of using a web-based system to manage multiple programs should include efficiency for both the client and the worker.

Connected to the NC FAST system is a client portal called ePASS (epass.nc.gov). Currently, Food and Nutrition Services and Medicaid applications can be filled out and submitted electronically using this website. The development of a streamlined application allows clients to fill out one application and have their eligibility determined for multiple services. Enhancements and expansions of this portal will continue during FY 2016.

# **Child Care Subsidy**

Child care subsidies help eligible low-income families pay for child care, allowing parents or caretakers to work or attend school.

Both the Federal and State Government fund the program. Federal funds come from the Child Care Development Block Grant, Temporary Assistance for Needy Families, and the Social Services Block Grant. State funds come from an annual appropriation and an additional Smart Start allocation.

Buncombe County HHS partners and contracts with Southwestern Child Development to administer the Child Care Subsidy program.

- Buncombe County was able to serve approximately 1,885 children a month in FY 2015.
- The average monthly payment to a child care center per child in FY 2015 was \$405.

FY 2015	Service Dollars Expended
Federal/State Block Grants	\$8,000,377
Smart Start Funds	\$1,129,951
All Funding Sources	\$9,130,328

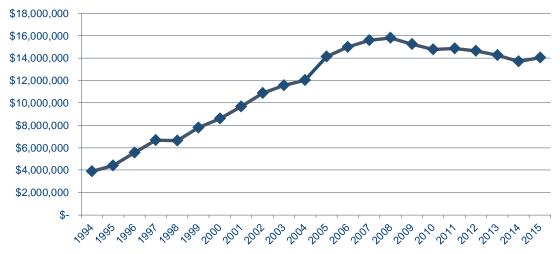


## **Child Support Enforcement**

Child support enforcement involves locating absent parents, assisting in the establishment of paternity, and obtaining court-ordered child support payments.

Beginning in FY 2016, Veritas HHS will be providing child support enforcement services through a contract with Buncombe County.

- Achieved a paternity establishment rate of over 105% in FY 2015 (the state average was 99%) the paternity establishment rate is based on how many children were tested in the reporting period, and how many paternities were established in that same reporting period.
- Collected 72% of support owed on past due accounts in FY 2015.
- 91% of cases were under court order for payment of support in FY 2015, compared to 57% in FY 1998 (the year Buncombe County privatized Child Support Enforcement). The state average for FY 2015 was 86%.



#### **Child Support Collections 1994-2015**

#### **Emergency Assistance**

Emergency Assistance is designed to assist a family or individual through a crisis in order to prevent a potentially larger and more costly crisis from occurring. HHS partners and contracts with several community organizations to administer these programs.

In addition to the \$400,500 in shelter & utility assistance for families, the following programs provide assistance for emergency needs (FY 2016 budget):

- Crisis Intervention Program (Heating and Cooling crisis funding): \$1,000,000
- LIHEAP (Low Income Home Energy Assistance Program) : \$1,306,738
- Energy Neighbor (from Duke-Progress Energy customers): \$125,000
- General Assistance: \$23,500
- Family Preservation: \$52,750
- Unclaimed Bodies: \$10,000

#### **Food Assistance**

Food and Nutrition Services (FNS), or more recently referred to as Supplemental Nutrition Assistance Program (SNAP), is perhaps the largest program in Economic Services that is directly affected by changes in the economy, such as plant closings or increases in food and fuel prices.

The number of FNS households increased by 115% from FY 2008 to FY 2014 as a result of the 2008 recession. This trend showed signs of plateauing in FY 2015. As of the end of FY 2015, Buncombe had 19,906 families receiving an average of \$225 in monthly benefits. With about 1.9 recipients per family, the average daily benefit per recipient was \$3.82 during FY 2015.

Federal funding covers 100% of SNAP benefits, while the federal and county governments equally share administrative costs.

In FY 2015, over \$54 million was funneled into our local economy through benefits.



#### **Buncombe County FNS Households 2000-2015**

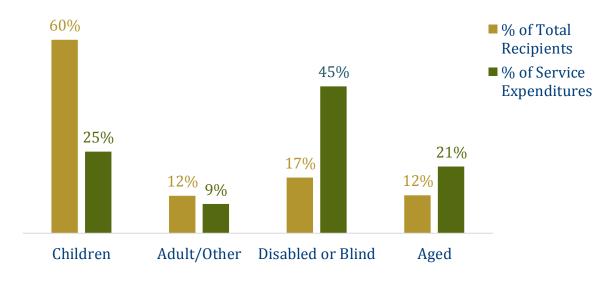
## Medicaid

Medicaid is a federal and state funded program designed to secure health insurance coverage for individuals and families. Affordable healthcare remains a principal issue for many of Buncombe County's 251,271 residents, and Medicaid provides a health safety net for those who are eligible.

Good health is not merely a personal matter, but one that affects the broader community. Uninsured adults and children are less likely to receive needed treatment in a timely manner. Adults who are ill or caring for sick children face extended work loss, while uninsured children are more prone to absenteeism at school.

In FY 2015, as a regional medical center, Buncombe County medical providers received more than **\$291 million** in Medicaid funding and more than **\$5 million** in Health Choice funding. These dollars helped to support medical care, jobs, and development that strengthened our local and state economy.

Together, medical services for children, elderly adults, disabled individuals, and blind individuals account for more than 91% of Medicaid and Health Choice service expenditure dollars.



#### Medicaid/Health Choice FY 2015





In FY 2015, Buncombe County HHS established a partnership with Land of Sky Regional Council to operate the Non-Emergency Medicaid Transportation Program (NEMT), a decision that resulted in benefits to both the County and to those being served by the program.

NEMT ensures that Medicaid eligible individuals with transportation needs are able to make it to medical appointments and the pharmacy. Land of Sky's work administering the Mountain Mobility program made them an obvious partner as Mountain Mobility was already serving many of the NEMT recipients for other transportation needs.

Rather than relying on eligibility specialists to coordinate trips, the partnership enabled the Economic Services Division to focus more resources on its core mission, which is to deliver quality and timely eligibility determinations.

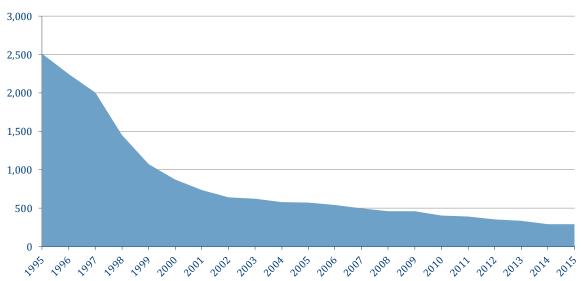
For FY 2016, the partnership can be credited with producing an estimated **\$70,000** of savings to the local taxpayer, and an additional **\$180,000** in cost avoidance for this federally mandated service.

#### Work First

Work First aims to encourage eligible parents to achieve and sustain financial independence and selfsufficiency. Through Work First, parents can receive cash assistance, job training, transitional Medicaid coverage, child care subsidy, and food assistance. Recipients without stable employment must participate in the Work Fist Employment Services Program.

The county is required by the federal government to maintain the same level of financial support for Work First programs as it did prior to federal welfare reform in 1996. Called "Maintenance of Effort", this county is funding supports efforts toward achieving self-sufficiency.

- HHS partners with AB Tech and Goodwill Industries to provide job coaching, training, retention, development, and readiness for Work First eligible recipients.
- 85 Work First participants found employment in FY 2015.
- The average wage of those finding employment through the Work First program was \$8.89 in FY 2015.



#### Work First Cash Cases 1995-2015

# Social Work Services

#### **Child and Family Services**

The goal for Child and Family Social Work Services is to ensure safe, permanent, and nurturing families to all children in Buncombe County. We work in partnership with families to accomplish this goal.

Every person in North Carolina is mandated to report suspected child abuse or neglect. When a report is received that meets the statutory definition of abuse or neglect, it is assigned by a Child Protective Services Social Worker, per NCGS 7B-302.

An assessment is generally completed within 45 days, and HHS provides In-Home Services to keep the family unit intact by working with the family to



eliminate any identified safety concerns. Buncombe County aims to meet the needs of children at risk of abuse or neglect by investing in social work staff and programs for families and children.

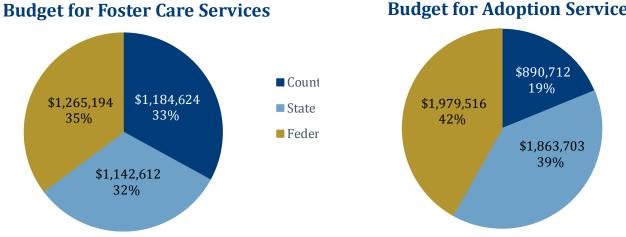
#### **Foster Care and Adoption Services**

Buncombe County Health and Human Services is responsible for the safety, permanence, and wellbeing of children and families and recognizes that there is a broad range of parenting styles that can keep children safe. When a child cannot be safely maintained in their home due to abuse, neglect, or dependency, the child may enter foster care when a petition and order for non-secure custody are signed by a judge. The child is temporarily placed in foster care while HHS collaborates with the family to resolve the safety issues that necessitated removal. Efforts are made to place children with relatives or other supports who are familiar to them and to keep children in their daycare, school, or community whenever possible. There are no fees, but parents typically pay child support to help with the cost of care.

For the child who does enter Foster Care, HHS provides payments to licensed foster families or group homes. The rates paid for care are set by the state with the costs of these placements shared by the federal, state, and county government. The agency's number one priority is to reunify the child with their family. If this is not possible, the agency will move toward another permanent plan, such as adoption.

Due to changes in state policy around the eligibility of families for in-home services beginning in 2012, the number of children in care rose dramatically, while the cost of care per child has increased as well. Contributing to this are the complex behaviors and needs of children in care, as well as an increase in state approved foster home stipends and state established facility rates.

- The average placement cost per child in Foster Care is \$998.19 per month.
- The number of children in care rose to 301 at the end of FY 2014 and sat at 281 at • the end of FY 2015, up from 222 at the end of FY 2012, an increase of almost 27% over three years.



#### **Budget for Adoption Services**

#### **Adult Services**

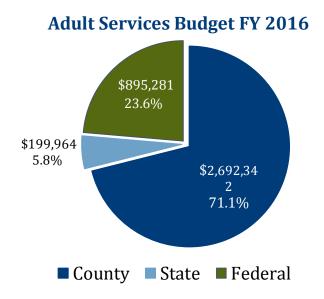
Adult Protective Services ensure the safety and well-being of our community's elderly, disabled, and vulnerable adults. Article 6, Chapter 108A of the North Carolina General Statutes requires that county departments of social services perform certain activities for disabled adults who are alleged to be abused, neglected, or exploited and in need of protective services.

In FY 2016, we have budgeted for nine Adult Protective Services Evaluation Social Workers and three Planning and Mobilization Social Workers.

If adults lack capacity, then the agency must work to identify whether or not the adult has an appointed representative to make choices for them. If this does not exist, then the agency must file a petition and request that the court determine who should make legal decisions to ensure the adult's personal safety, as well as protect any assets they may possess. The agency contracts with Hope for the Future for the provision of guardianship services for our adult population who lack family or an appropriate person to act in their best interest.

The goal of the Buncombe County aging plan is to allow adults to age safely while remaining in their own home. To that end, many adults receive Adult Day Care services or Special Assistance In-Home (SAIH) services. These programs allow adults to remain in their homes longer and safer and provide support to their caretakers.

Adult Day Care Services are provided to eligible elderly disabled adults to allow their caregivers to work. In FY 2016, \$120,511 is budgeted to make this service available, which is 87.5% federal and state investment and 12.5% county investment. SAIH is a cash benefit program that provides a cash



supplement to adults who qualify for Medicaid to receive monies that allow them to remain in their home. In Buncombe County, there is one budgeted SAIH social worker for FY 2016 managing an average caseload of 36 adults.

For adults that cannot be safely maintained at home, placement services are provided at the request of an adult or an adult's decision maker. Placement services are primarily provided by Adult Home Specialists, but can also be provided by Planning and Mobilization social workers, as well as the SAIH social worker.

Adult Care Home Services is responsible for

monitoring rules, safety compliance, and residents' rights for Adult Care Homes in Buncombe County. In FY 2016, we have budgeted for five Adult Home Specialists to monitor 90 facilities. Medicaid and the state Adult Home Specialist funds provide funding for this program.

An average of 145 reports per month are made concerning the abuse or neglect of an elderly or disabled adult. 95 of these are screened in and evaluated to determine if adults have been abused, neglected by themselves or a caretaker, or exploited.

## **Aging Services**

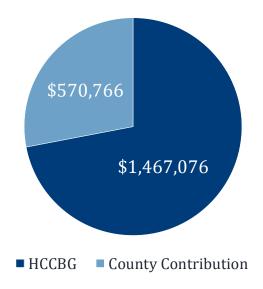
The Buncombe County Aging Coordinating Consortium (ACC) provides a forum for agencies, organizations, and individuals to work together towards the following goals:

- 1) Plan for coordinated aging services that meet the needs of older adults.
- 2) Advocate for support in meeting these needs through both the public and private sectors.
- 3) Network, exchange information, and assure communication and cooperation among organizations whose services affect older adults.
- 4) Promote community awareness regarding the needs of, and the services available to, older adults.
- 5) Stimulate the participation of older adults and others in planning for aging services and programs.
- 6) Submit funding recommendations to the Lead Agency and County Commissioners as to the appropriate allocation of Home and Community Care Block Grant (HCCBG) funds and other funding available for aging services and programs.

The Land-of-Sky Regional Council serves as the lead agency to administer funds to providers for services eligible for HCCBG and/or county funding include, but are not limited to:

- Adult Day Programs
- Care Management
- Congregate Nutrition
- Group Respite
- Health Promotion
- Disease Prevention
- Health Screening
- Home-Delivered Meals
- Skilled Home Care
- Housing and Home Improvement
- Information and Case Assistance
- In-Home Aide Levels I and II
- Mental Health Counseling
- Respite Care
- Senior Companions
- Senior Center Operations
- Transportation
- Volunteer Program Development

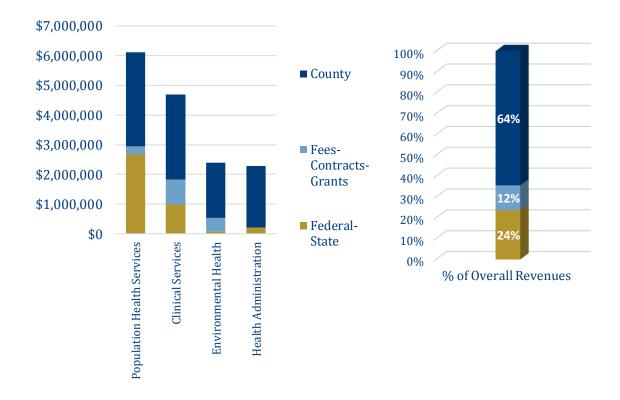
#### Aging Services Budget FY 2016



# Public Health Budget

Program	Total Expenditure	Fed-State Revenues	Fees-Contracts- Grants	County Revenue
Health Administration	2,284,238	213,346		2,070,892
<b>Clinical Services</b>	4,678,559	973,883	843,058	2,861,618
Environmental Health	2,399,881	64,865	469,257	1,865,759
<b>Population Health</b>	6,104,234	2,403,886	538,090	3,162,258
<b>Public Health Total</b>	15,466,912	3,655,980	1,850,405	9,960,527

#### Public Health FY 2016 Budget by Program Area and Revenue Source



# **Public Health Priorities and Responsibilities**

Both as taxpayers and consumers, all residents of Buncombe County have a stake in the work of the Buncombe County HHS Division of Public Health. In response to concerns that today's children are growing up less healthy than their parents, Public Health departments and community partners across the nation are on a mission to collectively impact the health of their communities.

Public Health addresses community priorities through the essential roles and responsibilities of public health, established two decades ago by the Centers for Disease Control and Prevention (CDC):

#### Assessment

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

#### **Policy Development**

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety

#### Assurance

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems

The Community Health Improvement Plan (CHIP) outlines priority health issues for our community and how these issues will be addressed. This plan was created through a community-wide, collaborative process that engages partners and organizations to develop, support, and implement the plan. Priority Area Workgroups are formed around each of the priorities identified as a result of the Community Health Assessment (CHA) process. CHIP priorities for 2012 – 2016 are:

- Healthy Living Physical Activity, Nutrition and Healthy Weight
- Tobacco Prevention and Cessation
- Preconception Health
- Early Childhood Development
- Access to Care

Representatives from each workgroup report regularly to the Public Health Advisory Council to share actions, emerging issues, and policy recommendations.

# **Public Health Program Accounting Areas**

Public Health responsibilities are budgeted under three primary programmatic areas – Clinical Services, Environmental Health Services, and Population Health Services – plus an administrative accounting unit.

#### Administration: \$2,284,238 (15%)

- Health Director
- Advisory Council Expenses
- Language Access Services
- Public Health Operating Expenditures
- Accreditation
- Vital Records
- Community Contracts including:
  - Safety-Net Dental Care (WNCCHS)
  - Safety-Net Prenatal Care (WNCCHS) and
  - Community Dental Sealant Program (Eblen Charities)

#### Clinical Services: \$4,678,559 (30%)

- Breast and Cervical Cancer Control (BCCCP) and WISEWOMAN programs
- Communicable Disease Control (disease investigation and outreach, tuberculosis clinic)
- Family Planning
- Immunizations and Foreign Travel
- STD/HIV
- Support Services Medical Lab, Pharmacy, Patient Processing

#### Environmental Health Services: \$2,399,881 (16%)

- Food and Lodging Inspections
- On-Site Wastewater Inspections

#### Population Health Services: \$6,104,234 (39%)

- Community Health Assessment & Community Health Improvement Plan (CHIP)
- Nurse Family Partnership
- Nutrition/WIC Services
- School Nurses (budget detailed separately, but included in division total, above)

# **Administration Supervised Services**

#### Language Access Services

- Agencies who receive federal funding are required under Title VI to meet the language access needs of their clients to assure meaningful care.
- 1 in 10 clients receiving our Public Health services uses a language other than English. Many need language assistance to communicate accurately about matters important to their health.
- Health and Human Services has staff interpreters for Spanish and Russian and meets other language needs through local and national contracts.



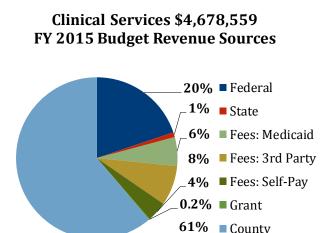
### **Vital Records**

Vital Records processes certificates for all births and deaths occurring in Buncombe County.

# **Clinical Services**

The Clinical Services division provides an array of health care services to individuals, including the Breast and Cervical Cancer Control Program (BCCCP)/WISEWOMAN health screening programs, Communicable Disease Control, Family Planning, Sexually Transmitted Disease (STD)/HIV services, Immunization services (including child and adult vaccines and travel vaccine), and clinical service supports (Laboratory, Pharmacy, and the Patient Processing Unit).

# Source of Funding



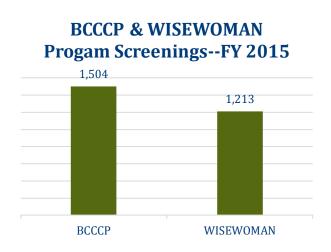
Immunizations and Communicable Disease control are mandated to protect the health of the entire community. These are funded through a combination of county, state, and federal dollars. Fees are charged as allowed by law for some direct customer services in Disease Control. Other Clinical Services provide fee-based direct services to individual clients. Insurance payments for services to clients with Medicaid, Medicare, and/or private insurance fund 14% of Clinical Services' FY 2016 budget. Many clients have low income and no insurance. HHS Public Health offers clients a sliding scale based on federal poverty guidelines for several of its fees.

#### Notifications

- While Public Health is no longer a direct provider of prenatal care, we continue to focus on assuring access to care through a memorandum of understanding with community partners around the provision of prenatal services.
- Public Health has contracts with the Minnie Jones Health Center, a Federally Qualified Health Center, to assure access to prenatal care and dental care.

## **BCCCP/WISEWOMAN**

The Breast and Cervical Cancer Control Program (BCCCP) and WISEWOMAN programs provide free health screening, education, and referrals to low-income, uninsured women. In collaboration with numerous community partners – Asheville Breast Center, Western Carolina Medical Society's Project Access, and Mission Health – BCCCP provided health education and screening (clinical breast exams, mammograms, and/or Pap smears) to 1,504 program participants in FY 2015.





WISEWOMAN screened 1,214 women for heart disease and diabetes in FY 2015 and educated them on good nutrition and other steps to prevent cardiovascular problems. These programs are supported by federal and state funds.



## **Communicable Disease Control**

Provides investigation, surveillance, and prevention activities needed to control communicable disease and protect the health of the public. Communicable Disease Control services are funded in part by federal and state dollars with County dollars providing the bulk of funding for this mandated service.

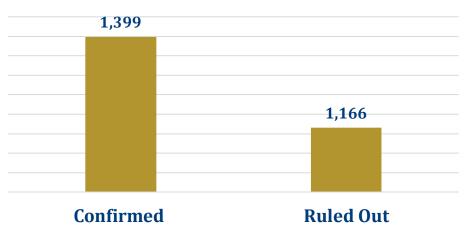
- There were **2,565** communicable disease investigations in FY 2015. Investigations result in either a reportable communicable disease or a rule-out (when the investigation determines it does not meet reportable disease criteria.)
- The TB (Tuberculosis) Clinic had **906** visits.

The HHS Division of Public Health is the lead agency for investigation and documentation of communicable disease cases that providers are required to report, including:

- Flu Deaths
- Hepatitis
- HIV
- Lyme Disease
- Meningitis
- Salmonella
- Tuberculosis
- Whooping Cough



#### Communicable Disease Investigations by Outcome - FY 2015



# **Family Planning**

Our Family Planning services include: yearly physical exams; pap smear and lab tests; pregnancy testing; preventive health education; and methods of birth control.

Cost for family planning services is based on income for uninsured recipients. Based on the sliding scale, services may be at low cost or no cost for the client. In FY 2015, **2,318** clients came for **4,416** Family Planning visits. We also bill Medicaid and private insurance for these services.

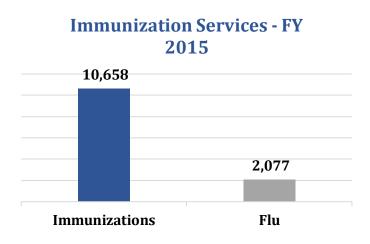


#### Family Planning - FY 2015

#### Immunizations

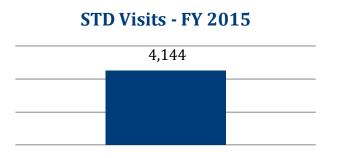
The Immunization clinic provides child and adult vaccine, and travel vaccine. Service fees are charged for immunizations and for foreign travel shots. Immunizations may be reimbursed through Medicaid, Medicare and/or private insurance, or may be subsidized for clients based on state and federal guidelines through the use of state-supplied vaccine.

• Immunization clinic provided 12,735 immunizations in FY 2015, including 2,077 seasonal flu shots.



## STD/HIV

Clinical Services for the detection and treatment of Sexually Transmitted Disease (STD) and HIV\* limit the spread of disease to other residents.



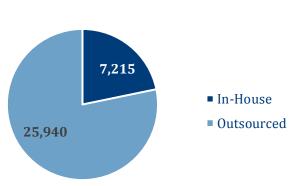
\* Beginning FY 2012, HIV testing offered as part of a STD visit is not counted in both programs.

# **Support Services** Laboratory

An on-site medical laboratory serves our Women's Health and Disease Control clinics and the Environmental Health services. In FY 2015, the Medical Lab performed 7,215 tests directly in-house, and collected and sent out 25,940 tests for processing at other labs, a total of 33,155 tests.

Client self-pay and third party reimbursement contributes revenue for lab services.





#### Lab Tests - FY 2015

#### **Pharmacy**

On-site pharmacy services give access to affordable medications in a one-stop setting. Using a clinic-



based dispensing model, a pharmacist oversees the nurses and clinicians in delivering medications directly to clients during their clinic visit. In FY 2015, our clinic Pharmacy dispensed 9,505 prescriptions.

# **Patient Processing**

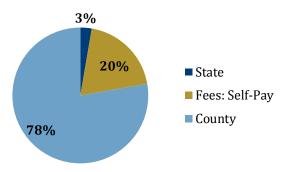
Patient processing checks clients in and out of clinical service areas, makes follow-up appointments and manages confidential records for all active clinic clients as well as inactive client medical records.

# **Environmental Health Services**

The mission of Environmental Health Services is to safeguard health and protect the environment through the practice of modern environmental health sciences, technology, rules, and public education. Environmental Health enforces North Carolina laws and rules under the authority and technical guidance of the state's Department of Environment and Natural Resources.

# **Source of Funding**





Environmental Health services are mandated to protect the health of the entire community. These are funded through a combination of county, state, and federal dollars.

Fees are charged as allowed by law for some direct customer services in Environmental Health.

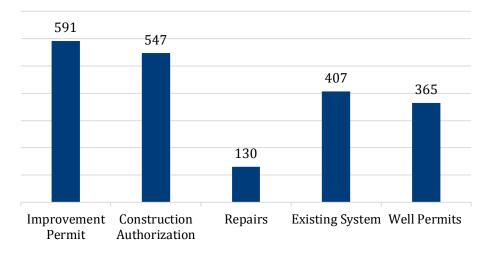
# Food and Lodging Inspections

Restaurants comprise over 70% of the inspections completed by Environmental Health. Other Food & Lodging inspections include festivals, schools, child care, public swimming pools, nursing homes, tattoo parlors, and other facilities that serve both our residents and visitors.



#### **On-site Wastewater**

The On-site Wastewater program protects our communities' groundwater. Environmental Health is responsible for conducting inspections and approving permits for septic systems. The unit also conducts water sampling and performs inspection and permitting for well systems.



#### **Onsite Wastewater Services--FY2015**

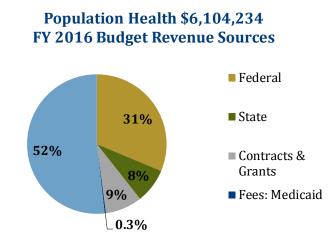
Environmental Health Services include not only Food & Lodging and well and septic system inspections, but also such services as:

- Childhood lead poisoning investigation
- Radon awareness
- Vector control (e.g. mosquito habitat)
- Rabies investigation
- Methamphetamine lab clean up
- "Serving Safe Food" classes

# **Population Health Services**

Outreach is a key aspect of Population Health Services. Essential public health services are provided in locations appropriate to our clients' needs – in the home, school, medical offices, and other community settings, in addition to services at our Public Health locations. This division includes Community Health Improvement, Nurse Family Partnership, and School Health and Women, Infant, and Children (WIC) Nutrition.

## **Source of Funding**



Population Health Services address the specific health needs of targeted client-populations, with major support from federal and state dollars.

Nurse home visiting receives state funding, grants from outside funders, county funding, and limited Medicaid reimbursement.

The WIC nutrition program is funded with federal dollars, paid through the state, in addition to county dollars to support the program. Other programs are funded in combination, by the state, county, and local partners for specific initiatives.

## **Community Health Improvement**

In FY 2015, HHS entered a new partnership with MAHEC to improve Buncombe County's community health outcomes. This model builds a bridge between clinical behavior change efforts and community-wide efforts at improving population health.

We realize that if we are to make improvements in the health outcomes of our community we must do a better job of connecting clinical efforts with the community work. This partnership integrates the Community Health Improvement Process Team within MAHEC to better align our community's prevention efforts with their efforts to improve healthcare. Staff are integrated into the MAHEC team while continuing to provide support for the community health improvement process on our prioritized community-wide health strategies.

This new model will capitalize on MAHEC's expertise in preventive medicine, healthy lifestyles, and health management of diseases and the Division of Public Health's expertise in larger population health that impacts the entire community. Buncombe County Health and Human Services' division of Public Health will continue to oversee the successful implementation of the Community Health Improvement Process (CHIP) that began last year, engaging over 60 partner agencies around the four community health priorities:

- Healthy Living physical activity, nutrition, and tobacco-free living
- Preconception Health
- Early Childhood Development
- Access to Care Clinical Community Connections

Community Health Improvement Specialists will create individual and community-wide consumer education messaging emphasizing evidence-based and best practice guidelines. They will also work to integrate these messages with the broader community strategies that impact the health priorities.

Buncombe County HHS will continue to collaborate with Mission Health to provide the community health assessment. This new partnership with MAHEC will bring all three organizations together to enhance the culture of health in our community.

### **Nurse Family Partnership**

Nurse Family Partnership (NFP) is an evidence-based nurse home visiting program that targets lowincome, first-time parents and their children to improve pregnancy outcomes; improve child health and development; and increase economic self-sufficiency.

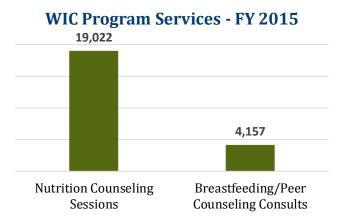
NFP by the Numbers – FY 201	.5
Number of Babies Born	73
Number of Mother/Families Served	218
Number of NFP Home Visits	2,840
Number of NFP Nurses	8

#### Nutrition

The Women, Infants, & Children (WIC) Special Supplemental Nutrition Program improves the health of low income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are at nutritional risk.

WIC provides nutrition education, vouchers for specific foods, and referrals for health care. A board-certified Lactation Consultant provides breastfeeding support.

In FY 2015, the State of North Carolina WIC Program transitioned to a new electronic



data system called Crossroads. The North Carolina Crossroads WIC System is a model information system that replaced the 30-year old NCWIC Automated Data Processing (ADP) System. The new and robust system will help better serve clients, as it will manage all facets of WIC operations, including client services and vendor management. Crossroads uses modern web (HTML/HTTP) technology, standard WIC data elements, and complies with Federal policy and regulations. Due to the large nature of a whole-state system conversion, counties across NC were phased through the transition. Buncombe County HHS went live in October 2014.

# **School Health**

The School Health Program helps schools reduce health barriers that can impact educational achievement. Services range from supporting children with complex health issues to encouraging healthy lifestyle choices among all students. School nurses deliver direct services to our public school students and train school staff to provide health care procedures and administer medications. In FY 2015, there were 1,377 Buncombe students on medications and 9,744 special health care needs identified. Additionally, there were 1,301 staff trained to provide health care procedures. In FY 2016, Buncombe County began a partnership with MAHEC for the delivery of school health services.



## **Veterans Services**

The primary purpose of this program is to assist veterans in obtaining the benefits they earned through their service to this country. Working in conjunction with federal and state veterans services offices, our local county office assists Buncombe County Veterans obtain new and adjusted benefits for which they are entitled.

Buncombe County government funds this program. The total FY 2016 budget for the program amounts to \$422,467.

The dollar value of newly awarded Veterans Benefits where staff assisted in the application process was almost \$4 million in FY 2015.

Our Veterans Services office is located at 199 College Street, Asheville, NC.



# Behavioral Health Budget

Behavioral health services include mental health and substance abuse services, and are primarily funded by Smoky Mountain Center; however, the County funds a number of initiatives, which address service gaps and areas of liability.

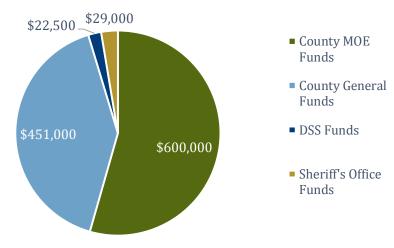
The Behavioral Health budget in FY 2016 is \$1,102,500, including \$600,000 in Maintenance of Effort (MOE) funds for which the County designates use; these are statutorily obligated funds dispersed through Smoky Mountain Center. Funding for behavioral health services focuses on programs that seek to reduce the impact on more expensive county services, while working to assure the health and safety of the community and the individuals served.

Behavioral Health funds have been allocated in four areas:

- Jail Diversion \$604,200
  - The County contracts with RHA Health Services and Mission Health for jail diversion services: hospital ER evaluation drop-off service, reentry services, alternative court programs, and a fulltime forensic coordinator.
- Homeless Initiative \$287,000
  - The County contracts with the City of Asheville, Homeward Bound, and Pisgah Legal Services to place chronically homeless individuals in permanent housing and provide ongoing support services, including assistance with disability applications and access to medical care.
- Prevention \$79,823
  - The County contracts with ARP-RHA Health Services to support coalition efforts to prevent youth from engaging in substance abuse behaviors.
- Buncombe County Behavioral Health \$131,477
  - These funds support strategic initiatives by community coalitions.

Behavioral health also leases a County facility for \$1/yr. to providers, with a total value of \$82,665.

# **Source of Funding**



The Behavioral Health FY 2016 Budget is detailed on page 55.

# Grant-Funded Initiatives Budget

Buncombe County Health & Human Services engages in numerous grant-funded initiatives in partnership with key non-profit organizations in our community that directly impact and reduce the need for more expensive, mandated services. Regarding the initiatives described below, please note that funding is carried outside the HHS budget in the County grants fund for: Children's Trust Fund and Triple P. The remaining initiatives are reflected in the FY 2016 Health budget: Community Health Improvement Process; Innovative Approaches; Office of Minority Health.

#### Children's Trust Fund

- **Goal:** To prevent child abuse and neglect and improve well-being among children and families at risk, through the provision of voluntary supportive family services
- **Description:** This "Under Six Initiative " and Community Response Program includes range of services (assessments, referrals, case management, parenting skills, financial support, support groups, etc.) for families of children under 6 years old who are subject of a screened-out Child Protective Services report and are at or below 100% poverty level
- **Funding:** Total FY 2016 funding is \$131,232 (\$98,423 NC Department of Health and Human Services grant + \$32,809 county match); 3-year award, July 2012 through June 2016
- Key Partners: Community Action Opportunities & FIRST (Subcontractors)

#### **Innovative Approaches**

- **Goal:** Improve community-wide systems of care that will increase family satisfaction with services received and improve outcomes for children and youth with special health care needs (CYSHCN)
- **Description:** Community-based and family-focused initiative; steering committee of over 30 members/organizations works to improve systems of care for CYSHCN.
- **Funding:** NC Children and Youth Branch. Total FY 2016 funding is \$135,000.
- **Key Partners:** CCWNC, MAHEC, Buncombe County Schools, Asheville City Schools, FIRST, Family Support Network, Smart Start, Head Start, DSS, Family Preservation Services, Mission Hospital, Care Partners, Mission Fullerton Genetics, Early Intervention, Children's Developmental Services Agency, NCIMHA, MAHEC Family Medicine, 7 Buncombe County primary care practices, and 8+ parent representatives.

#### **Office of Minority Health and Health Disparities**

- **Goal:** Close the gap in health disparities between minority populations and the white population
- **Description:** BCHHS subcontracts with 5 local agencies to implement and evaluate an evidence-based medical home model to increase access to a medical home, prevention education, testing/screening, and referral services related to 7 health focus areas (heart disease, stroke, diabetes, obesity, asthma, HIV/AIDS/STD's and cancer).
- **Funding:** Office of Minority Health and Health Disparities, 3 year funding through FY 2016. Total FY 2016 funding is \$207,600
- **Key Partners:** ABIPA, Land-of-Sky Regional Council, Mount Zion Community Development, NC Center for Health and Wellness, and YWCA



North Carolina

**Public Health** 





#### **Triple P - Positive Parenting Program**

- **Goal:** Reduce substantiated child abuse, maltreatment-related hospitalizations, and out-of-home placements
- **Description:** One of the most widely recognized evidence-based parenting support programs; Triple P is a system of education and support for parents and caregivers of children and adolescents.



Increases parenting skills and parenting confidence by engaging, encouraging and empowering families to address common child and adolescent social, emotional, and behavioral problems. Focused on the 0-6 population; consistent with the Community Health Improvement Plan (CHIP) early childhood development priority and the Under Six Initiative

- **Funding:** 3 year award from North Carolina Division of Public Health-Children and Youth Branch, April 2013 May 2016; Total FY 2015 funding is \$191,629.
- **Key Partners:** ABCCM; ARP; Asheville City Schools-Preschool; Buncombe County HHS Foster, Navigators and Prevention; Buncombe County Schools; Care Partners; Children First/CIS; Community Action Opportunities; Eliada Home; Family Support Network; Mountain Area Child and Family Center; Women's Wellbeing and Development Foundation; and YWCA

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#### **DSS ADMINISTRATION**

SALARY-REGULAR	2,591,175
SALARY-TEMP/PT	40,385
SALARY-LONGEVITY	111,822
SUPPLEMENTAL LAW ENF RETIREMENT	12,979
401 K	194,315
FICA	209,869
RETIREMENT	185,612
HEALTH INSURANCE	584,163
LIFE INSURANCE	3,502
UNEMPLOYMENT INSURANCE	245,502
WORKERS COMPENSATION INSURANCE	248,063
TOTAL SALARY & FRINGE	4,427,387
DSS BOARD PER DIEM	5,472
PROFESSIONAL SERVICES	177,000
MOTOR FUELS	8,500
SUPPLIES	265,000
TRAVEL-MILEAGE	53,210
TELEPHONE	261,772
POSTAGE	140,000
PRINTING	40,670
MAINTENANCE & REPAIR BUILDING	78,171
MAINTENANCE & REPAIR-EQUIPMENT	7,000
LEGAL ADVERTISING	3,000
EMPLOYEE TRAINING	27,268
CONTRACT SERVICE	159,273
CONTRACT - DSS FILE ROOM	808,693
RENTAL-LAND	342,750
RENTAL-COPIERS	130,000
INSURANCE & BONDS	90,245
DUES AND SUBSCRIPTIONS	13,000
BANK SERVICE CHARGES	1,000
CLAIMS	657,541
TOTAL OPERATING	3,269,565
TOTAL SALARY & FRINGE	4,427,387
TOTAL OPERATING	3,269,565
TOTAL ADMINISTRATION DIVISION	7,696,952

#### ADULT SOCIAL WORK SERVICES

SALARY-REGULAR	1,354,531
SALARY-LONGEVITY	60,944
401 K	108,361
FICA	108,282
RETIREMENT	95,401
HEALTH INSURANCE	314,868
LIFE INSURANCE	1,888
TOTAL SALARY & FRINGE	2,044,274
PROFESSIONAL SERVICES	585,362
MOTOR FUELS	2,200
TRAVEL-MILEAGE	57,500
EMPLOYEE TRAINING	7,070
CONTRACT SERVICE	26,000
CLAIMS	66,906
TOTAL OPERATING	745,038
IN-HOME AIDE CONTRACTS	173,015
ADULT DAY CARE CONTRACTS	120,511
TOTAL PROGRAM	293,526
TOTAL SALARY & FRINGE	2,044,274
TOTAL OPERATING	745,038
TOTAL PROGRAM	293,526
TOTAL ADULT SERVICES	3,082,838

#### **CHILD CARE SUBSIDY**

CONTRACTS	395,778
TOTAL OPERATING	395,778
TOTAL CHILD CARE SUBSIDY	395,778

#### **CHILD SUPPORT ENFORCEMENT**

SALARY-REGULAR	125,190
SALARY-LONGEVITY	7,511
SUPPLEMENTAL LAW ENF RETIREMENT	10,015
FICA	10,152
RETIREMENT	9,488
HEALTH INSURANCE	28,192
LIFE INSURANCE	205
TOTAL SALARY & FRINGE	190,754
PROFESSIONAL SERVICES	1,788,000
TELEPHONE	2,000
COURT FEES	173,880
CHILD SUPPORT INCENTIVE	142,976
RENT OF VEHICLES	45,000
TOTAL OPERATING	2,151,856
TOTAL SALARY & FRINGE	190,754
TOTAL OPERATING	2,151,856
TOTAL CHILD SUPPORT DIVISION	2,342,610

#### **EMERGENCY ASSISTANCE**

TANF-EMERGENCY ASSISTANCE	400,500
ENERGY NEIGHBORS/SHARE THE WARMTH	125,000
LIHEAP ASSISTANCE	1,306,738
CRISIS INTERVENTION PROGRAM	1,000,000
COUNTY GENERAL ASSISTANCE	23,500
FAMILY PRESERVATION EMERGENCY ASSISTANCE	52,750
UNCLAIMED BODIES	10,000
TOTAL EMERGENCY ASSISTANCE	2,918,488

#### SALARY-REGULAR 8,624,291 SALARY-TEMP/PT 28,719 SALARY-LONGEVITY 303,726 401 K 689,932 FICA 685,179 RETIREMENT 601,739 HEALTH INSURANCE 2,001,069 LIFE INSURANCE 11,998 **TOTAL SALARY & FRINGE** 12,946,652 **PROFESSIONAL SERVICES** 1,306,583 MOTOR FUELS 15,000 **TRAVEL-MILEAGE** 330,000 **EMPLOYEE TRAINING** 90,620 CHILDREN'S LAW PROJ 72,250 LEGAL (OTT, CONE, REDPATH) 45,563 FAMILY TREATMENT COURT 22.500 **TOTAL OPERATING** 2,210,240 LINKS TRUST SERVICES 86,000 DV LETHALITY PREVENTION 130,000 FOSTER CARE SUPPLEMENTAL 638,856 **RECRUITMENT & RETENTION** 30,000 FOSTER CARE - CLOTHING 25,000 FOSTER CARE - MISCELLANEOUS 23,000 **FSC-PARENT TRAINING** 40,000 INDEPENDENT LIVING 51,242 PSYCHOLOGICALS 135,000 FOSTER CARE - SSI TRUST PAYMENTS 150,000 CHILD FATALITY TASK FORCE 2,000 POST ADOPTION SERVICES 50,000 **TOTAL PROGRAM** 1,361,098 **TOTAL SALARY & FRINGE** 12,946,652 **TOTAL OPERATING** 2,210,240 **TOTAL PROGRAM** 1,361,098 **TOTAL CHILDREN AND FAMILY SERVICES DIVISION** 16,517,990

#### **CHILDREN AND FAMILY SOCIAL WORK SERVICES**

#### **INCOME MAINTENANCE**

SALARY-REGULAR	11,769,735
SALARY-TEMP/PT	64,307
SALARY-LONGEVITY	364,451
SUPPLEMENTAL LAW ENF RETIREMENT	3,447
401k	938,132
FICA	933,185
RETIREMENT	817,844
HEALTH INSURANCE	3,542,265
LIFE INSURANCE	21,238
TOTAL SALARY & FRINGE	18,454,603
PROFESSIONAL SERVICES	14,000
MOTOR FUELS	400
TRAVEL-MILEAGE	22,290
EMPLOYEE TRAINING	30,861
CONTRACTS	471,817
CLAIMS	659,704
TOTAL OPERATING	1,199,072
FOOD ASSIST. EMP & TRAINING PAYMENTS	14,513
TOTAL PROGRAM	14,513
	1,010
TOTAL SALARY & FRINGE	18,454,603
TOTAL OPERATING	1,199,072
TOTAL PROGRAM	14,513
TOTAL INCOME MAINTENANCE DIVISION	19,668,188

#### **PUBLIC ASSISTANCE PAYMENTS**

ADOPTION ASSISTANCE	895,718
ADOPTION VENDOR	85,829
AID TO THE BLIND	43,967
MEDICAID TRANSPORTATION	2,634,920
FOSTER CARE ASSISTANCE – IVE FUNDED	2,055,545
FOSTER CARE ASSISTANCE – STATE FOSTER HOME FUNDED	1,536,886
CHILD CARE SUBSIDY	7,405,823
SMART START CHILD CARE	1,008,160
SPECIAL ASSISTANCE (REST/FAMILY CARE HOMES)	2,100,000
TOTAL PUBLIC ASSISTANCE PAYMENTS	17,766,848

#### **WORK FIRST**

SALARY-REGULAR	85,477
SALARY-LONGEVITY	4,627
401 K	6,838
FICA	6,893
RETIREMENT	6,073
HEALTH INSURANCE	27,620
LIFE INSURANCE	166
TOTAL SALARY & FRINGE	137,694
PROFESSIONAL SERVICES	5,000
MOTOR FUELS	100
TRAVEL-MILEAGE	1,500
EMPLOYEE TRAINING	700
AB TECH CONTRACT	25,946
CASE MANAGEMENT CONTRACT	165,000
EA ISSUANCE	31,000
TOTAL OPERATING	229,246
WORK FIRST INCIDENTAL	15,000
WORK FIRST CLIENT TRANSPORTATION	75,000
WORK FIRST TRAINING	1,500
ON-TRACK CONSUMER/CREDIT COUNSELING	3,800
TOTAL PROGRAM	95,300
TOTAL SALARY & FRINGE	137,694
TOTAL OPERATING	229,246
TOTAL PROGRAM	95,300
TOTAL WORK FIRST DIVISION	462,240

#### NON-COUNTY BUDGET REVENUES

MISCELLANEOUS 2,000 ADULT SOCIAL WORK SERVICES INTERGOVERNMENTAL - FEDERAL 848,230 INTERGOVERNMENTAL - STATE 177,247 CHILD CARE SUBSIDY INTERGOVERNMENTAL - FEDERAL 303,188 CHILD SUPPORT ENFORCEMENT INTERGOVERNMENTAL - FEDERAL 1,794,356 SERVICE REVENUES 62,357 CHILDREN & FAMILY SOCIAL WORK SERVICES INTERGOVERNMENTAL - STATE 525,302 SERVICE REVENUES 151,200 EMERGENCY ASSISTANCE INTERGOVERNMENTAL - STATE 3,500 THIRD PARTY REVENUES 125,000 FUELIC ASSISTANCE INTERGOVERNMENTAL - FEDERAL 15,247,718 THIRD PARTY C74,890 CONTRIBUTIONS 60,000 FUELIC ASSISTANCE INTERGOVERNMENTAL - FEDERAL 15,247,718 THIRD PARTY 74,890 CONTRIBUTIONS 60,000 FUELIC ASSISTANCE INTERGOVERNMENTAL - FEDERAL 15,247,718 THIRD PARTY 74,890 CONTRIBUTIONS 60,000 FUELIC ASSISTANCE	DSS ADMINISTRATION	
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CHILDREN & FAMILY SOCIAL WORK SERVICESINTERGOVERNMENTAL - FEDERAL6,005,901INTERGOVERNMENTAL - STATE525,302SERVICE REVENUES151,200EMERGENCY ASSISTANCE2,306,738INTERGOVERNMENTAL - FEDERAL2,306,738INTERGOVERNMENTAL - STATE3,500THIRD PARTY REVENUES125,000INTERGOVERNMENTAL - FEDERAL15,247,718THIRD PARTY74,890CONTRIBUTIONS60,000PUBLIC ASSISTANCE1100000INTERGOVERNMENTAL - FEDERAL9,043,932	INTERGOVERNMENTAL – FEDERAL	1,794,356
CHILDREN & FAMILY SOCIAL WORK SERVICESINTERGOVERNMENTAL - FEDERAL6,005,901INTERGOVERNMENTAL - STATE525,302SERVICE REVENUES151,200EMERGENCY ASSISTANCE2,306,738INTERGOVERNMENTAL - FEDERAL2,306,738INTERGOVERNMENTAL - STATE3,500THIRD PARTY REVENUES125,000INTERGOVERNMENTAL - FEDERAL15,247,718THIRD PARTY74,890CONTRIBUTIONS60,000PUBLIC ASSISTANCE1100000INTERGOVERNMENTAL - FEDERAL9,043,932	SERVICE REVENUES	62,357
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INTERGOVERNMENTAL - STATE3,500THIRD PARTY REVENUES125,000INCOME MAINTENANCE	EMERGENCY ASSISTANCE	
THIRD PARTY REVENUES125,000INCOME MAINTENANCEIntergovernmental - FederalINTERGOVERNMENTAL - FEDERAL15,247,718THIRD PARTY74,890CONTRIBUTIONS60,000PUBLIC ASSISTANCE9,043,932	INTERGOVERNMENTAL – FEDERAL	2,306,738
INCOME MAINTENANCEINTERGOVERNMENTAL - FEDERAL15,247,718THIRD PARTY74,890CONTRIBUTIONS60,000PUBLIC ASSISTANCE1000000000000000000000000000000000000	INTERGOVERNMENTAL – STATE	3,500
INTERGOVERNMENTAL - FEDERAL15,247,718THIRD PARTY74,890CONTRIBUTIONS60,000PUBLIC ASSISTANCEINTERGOVERNMENTAL - FEDERAL9,043,932	THIRD PARTY REVENUES	125,000
INTERGOVERNMENTAL - FEDERAL15,247,718THIRD PARTY74,890CONTRIBUTIONS60,000PUBLIC ASSISTANCEINTERGOVERNMENTAL - FEDERAL9,043,932		
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PUBLIC ASSISTANCEINTERGOVERNMENTAL - FEDERAL9,043,932		
INTERGOVERNMENTAL – FEDERAL 9,043,932	CONTRIBUTIONS	60,000
	PUBLIC ASSISTANCE	
INTERGOVERNMENTAL – STATE 4,503,612	INTERGOVERNMENTAL – FEDERAL	9,043,932
	INTERGOVERNMENTAL – STATE	4,503,612

#### **DSS BUDGET SUMMARY**

TOTAL SALARY	24,683,810
TOTAL SALARY-LONGEVITY	853,081
TOTAL 401 K	1,964,018
TOTAL FICA	1,953,559
TOTAL RETIREMENT	1,716,157
TOTAL HEALTH INSURANCE	6,498,177
TOTAL LIFE INSURANCE	38,997
TOTAL UNEMP INSURANCE	245,502
TOTAL WORKERS COMP INSURANCE	248,063
TOTAL SALARY & FRINGE	38,201,364
TOTAL OPERATING	10,200,795
TOTAL PROGRAM	22,449,773
TOTAL EXPENDITURES	70,851,932
TOTAL REVENUES	41,235,171
GRAND TOTAL	29,616,761

#### PUBLIC HEALTH ADMINISTRATION

SALARIES & WAGES REGULAR	397,100
LONGEVITY	9,481
401K	24,089
FICA	31,103
RETIREMENT	20,934
GROUP INSURANCE	112,768
LIFE INSURANCE	331
UNEMPLOYMENT COMPENSATION	74,332
WORKERS COMPENSATION	68,775
TOTAL SALARY & FRINGE	738,913
MEDICAL SUPPLIES	129,682
SUPPLIES	153,835
TRAVEL	27,502
TELEPHONE	119,019
POSTAGE	36,893
PRINTING	35,591
MAINT & REPAIR EQUIPMENT	5,100
EMPLOYEE TRAINING	12,903
CONTRACTED SERVICES	239,177
DENTAL	121,000
RENTAL-LAND	279,063
RENTAL-COPIERS	60,020
INSURANCE & BONDS	45,478
DUES & SUBSCRIPTIONS	4,062
BANK SERVICE CHARGES	9,000
CLAIMS/BENEFIT PAYMENTS	131,000
TOTAL OPERATING	1,409,325
CONTRACTS, GRANTS, & SUBS	136,000
TOTAL PROGRAM SUPPORT	136,000
TOTAL SALARY & FRINGE	738,913
TOTAL OPERATING	1,409,325
TOTAL PROGRAM SUPPORT	136,000
TOTAL ADMINISTRATION DIVISION	2,284,238

#### **ENVIRONMENTAL HEALTH**

TOTAL EXPENDITURES	2,399,881
TOTAL OPERATING	95,584
TOTAL SALARY & BENEFITS	2,304,297
TOTAL OPERATING	95,584
DUES & SUBSCRIPTIONS	1,375
EMPLOYEE TRAINING	3,910
MAINTENANCE & REPAIR EQUIPMENT	360
TRAVEL	51,373
MOTOR FUELS	30,553
EDUCATION/PROGRAM MATERIALS	8,013
TOTAL SALARY & BENEFITS	2,304,297
LIFE INSURANCE	2,236
GROUP INSURANCE	394,688
RETIREMENT	103,941
FICA	119,719
401K	118,755
LONGEVITY	57,715
SALARIES & WAGES REGULAR	1,507,243

### **CLINICAL SERVICES**

SALARIES & WAGES REGULAR	2,465,955
LONGEVITY	100,976
401K	192,536
FICA	196,370
RETIREMENT	169,370
GROUP INSURANCE	606,128
LIFE INSURANCE	3,395
TOTAL SALARY & BENEFITS	3,734,378
UNIFORMS	1,120
EDUCATION/PROGRAM MATERIALS	3,700
PHARMACEUTICALS	186,747
PHARMACEUTICALS—FLU VACCINE	38,000
PHARMACEUTICALS—VACCINES	473,650
TRAVEL	26,656
MAINTENANCE & REPAIR EQUIPMENT	2,805
LAUNDRY AND DRY CLEANING	1,296
EMPLOYEE TRAINING	15,052
CONTRACTED SERVICES	190,139
DUES AND SUBSCRIPTIONS	5,016
TOTAL OPERATING	944,181
TOTAL SALARY & BENEFITS	3,734,378
TOTAL OPERATING	944,181
TOTAL EXPENDITURES	4,678,559

#### **POPULATION HEALTH**

SALARIES & WAGES REGULAR	1,508,685
SALARIES & WAGES TEMP	51,390
LONGEVITY	53,213
401K	119,703
FICA	123,417
RETIREMENT	107,900
GROUP INSURANCE	436,976
LIFE INSURANCE	2,567
TOTAL SALARY & BENEFITS	2,403,851
	10.250
EDUCATION/PROGRAM MATERIALS	19,350
TRAVEL	73,643
EMPLOYEE TRAINING	17,399
CONTRACTED SERVICES	219,575
ELIMINATING HEALTH DISPARITIES GRANT	207,600
INNOVATIVE APPROACHES GRANT	135,000
CONTR SVCS - HP-MAHEC	291,815
BREASTFEEDING PEER COUNSELOR REGIONAL	9,129
DUES & SUBSCRIPTIONS	565
TOTAL OPERATING	974,076
TOTAL SALARY & BENEFITS	2,403,851
TOTAL OPERATING	974,076
TOTAL EXPENDITURES	3,377,927

### **SCHOOL NURSES**

SALARIES & WAGES REGULAR	1,783,723
LONGEVITY	75,729
401K	138,798
FICA	
	142,248
RETIREMENT	122,041
GROUP INSURANCE	408,784
LIFE INSURANCE	2,318
TOTAL SALARY & BENEFITS	2,673,641
EDUCATION/PROGRAM MATERIALS	2,500
MEDICAL SUPPLIES	1,700
OFFICE SUPPLIES	3,000
TRAVEL	14,998
TELEPHONE	17,820
POSTAGE	186
PRINTING	1,000
EMPLOYEE TRAINING	11,162
DUES & SUBSCRIPTIONS	300
TOTAL OPERATING	52,666
TOTAL SALARY & BENEFITS	2,673,641
TOTAL OPERATING	52,666
TOTAL EXPENDITURES	2,726,307

#### **PUBLIC HEALTH BUDGET SUMMARY**

TOTAL SALARY - REGULAR	7,662,706
TOTAL SALARY - TEMPORARY	51,390
TOTAL SALARY - LONGEVITY	297,114.00
TOTAL 401K	593,881
TOTAL FICA	612,857
TOTAL RETIREMENT	523,834
TOTAL GROUP INSURANCE	1,959,344
TOTAL LIFE INSURANCE	10,847
TOTAL UNEMPLOYMENT COMPENSATION	74,332
TOTAL WORKERS COMPENSATION	68,775
GRAND TOTAL SALARY & BENEFITS	11,855,080
GRAND TOTAL OPERATING	3,475,832.00
GRAND TOTAL COMMUNITY PROGRAM SUPPORT	136,000
GRAND TOTAL EXPENDITURES	15,466,912
TOTAL FEDERAL REVENUE	2,839,193
TOTAL STATE REVENUE	816,787
	010,707
TOTAL CEDVICE EEEC DEVENILE	702.070
TOTAL SERVICE FEES REVENUE	793,079
TOTAL CONTRACTS & GRANTS REVENUE	1,057,326

### HHS BEHAVIORAL HEALTH BUDGET

JAIL DIVERSION	
JAIL RE-ENTRY SERVICES	142,137
DRUG COURT SUPPORT SERVICES	51,500
FORENSIC COORDINATOR	85,197
DRUG COURT	72,833
FAMILY TREATMENT COURT	72,833
LAW ENFORCEMENT EMERGENCY DEPT. DROP-OFF	164,700
PRISON RE-ENTRY SERVICES	15,000
HOMELESS INITIATIVE	
HOMELESS COORDINATOR	32,000
SUPPORTED HOUSING CASE MANAGEMENT	90,000
COORDINATED ASSESSMENT PROGRAM	75,000
SOAR DISABILITY PROGRAM	90,000
PREVENTION SERVICES	
PARTNERSHIP FOR SUBSTANCE FREE YOUTH IN BC	79,823
BUNCOMBE COUNTY BEHAVIORAL HEALTH	131,477
TOTAL BEHAVIORAL HEALTH EXPENDITURES	1,102,500
COUNTY MAINTENANCE OF EFFORT FUNDS	600,000
SHERIFF'S OFFICE FUNDS	29,000
HHS SOCIAL WORK FUNDS	22,500
COUNTY GENERAL FUNDS	451,000
TOTAL BEHAVIORAL HEALTH REVENUES	1,102,500

#### **VETERANS SERVICES**

SALARY AND WAGES—REGULAR	275,470
SALARY AND WAGES—LONGEVITY	11,466
SUPPLEMENTAL RETIREMENT—401(K)	22,038
FICA EXPENSE	21,951
RETIREMENT EXPENSE	19,339
GROUP INSURANCE	42,288
LIFE INSURANCE	414
UNEMPLOYMENT COMPENSATION	2,755
WORKERS COMPENSATION	2,625
TOTAL SALARY AND BENEFITS	398,346
MOTOR FUELS	1,500
TRAVEL	15,206
EMPLOYEE TRAINING	2,415
CLAIMS/BENEFITS PROCESSING	5,000
TOTAL OPERATING EXPENSE	24,121
TOTAL SALARY AND BENEFITS	398,346
TOTAL OPERATING EXPENSE	24,121
TOTAL VETERANS SERVICES EXPENDITURES	422,467
INTERGOVERNMENTAL—STATE	1,497
TOTAL VETERANS SERVICES REVENUES	1,497

#### **HHS COMMUNITY CONTRACTS**

WNC COMMUNITY HEALTH SVCS	2,405,000
YOUTH LEADERSHIP ACADEMY	23,750
BUNCOMBE COUNTY SCHOOLS	223,810
AB COMM RELATIONS CO	47,500
TITLE VI/VII COMPLIANCE	15,000
WCMS – PROJECT ACCESS	350,000
UNITED WAY 211	105,000
MISSION – HIGH SCHOOL NURSE INCENTIVE	28,500
BUNC CTY PARTNERSHIP FOR CHILDREN	153,000
MAHEC RURAL HEALTH	300,000
DOMESTIC VIOLENCE FOCUSED DETERRENCE	91,700
TOTAL COMMUNITY CONTRACTS	3,743,260

#### **HEALTH & HUMAN SERVICES NET COUNTY COST**

NET HHS COUNTY COST WITH COMMUNITY CONTRACTS INCLUDED	44,393,018
VETERAN'S SERVICES BUDGET	420,970
PUBLIC HEALTH BUDGET	9,960,527
DSS BUDGET	29,616,761
COMMUNITY CONTRACTS BUDGET	3,743,260
BEHAVIORAL HEALTH BUDGET	451,000

- **Fiscal Year 2016 spans from July 1, 2015 through June 30, 2016.**
- > This booklet was produced for Buncombe County Health & Human Services in October 2015.
- > If you need more information, please call us at 828-250-5500