



**Department
of Social
Services**



**Parks,
Greenways,
& Recreation
Services**



**Department
of Health**



**Workforce
Development**



**Child Care
Services**



Buncombe County Human Services

Fiscal Year 2010 Annual Report



Fiscal Year 2010 Annual Report

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Human Services Annual Report Fiscal Year 2010

Dear Stakeholders,

The public looks to local government to lead responsibly. To manage our resources in a way that supports a safe and healthy community. Given this current economic crisis, now more than ever, government officials need to lead with a strategy for how to hold individuals and families whole and to continue building on a foundational structure of service delivery that is strong and supportive.

Key decisions and investments made over the last year allowed us to lead from a position of strength. Our decision to focus on our core services and to push noncore services out to community partners strengthened us in several ways.

First, it allowed us to focus on our business process and invest resources, particularly IT, to support efficiencies. In addition, we were able to shift staff as service demands changed thus allowing us to absorb a 27% increase in food assistance cases, while continuing to deliver EBT cards into the hands of applicants in less than two weeks and with a zero percent error rate.

Second, moving services to community partners enables us to capitalize on non-county funding. We gained this advantage when we transitioned Primary Care to our county's federally qualified health center (FQHC), Western North Carolina Community Health Services (WNCCHS). Federal health care programs like Medicare and Medicaid reimburse FQHCs at a higher rate, bringing in additional federal dollars that support care for the uninsured, without added cost to local taxpayers.

Finally, by creating smart partnerships we have also pushed needed resources out to community partners allowing for a more sustainable safety net in our community. This also promotes a shared community ownership for our success.

As we move forward in this challenging budget environment, we must avoid the tendency to lead defensively. Our commitment to our community is to lead with the future in mind and do our level best to continue to transform our business process in ways that mirror our changing world and the changing lifestyles of the people we serve.

Sincerely,

Mandy Stone

Amanda Stone, MSW
Assistant County Manager
or Human Services



2010 Achievements

- Maximizing Resources
- Developing Smart Partnerships
- Providing Seamless, Effective, & Aligned Services
- Expanding Access to Quality Services

As a means for addressing historic growth in Food Assistance and Medicaid, the Economic Services Division utilizes a three pronged approach:

- ◆ Advancements in automation that support more rapid screening and approval of applications
- ◆ Shifts in staff resources from noncore to core services
- ◆ Staff guided efficiencies to streamline work processes.

In addition, the Division implemented a pilot process to redesign how we take applications and screen citizens for benefits. The pilot involves our use of the Medicaider automated system and a new classification of a staff position called a Public Information Assistant (PIA). For example, two PIA employees have taken over 800 applications over the phone in only 6 months. This new model is resulting in a friendlier and faster process for our customers. It's also resulting in a more flexible staffing model that allows for a more rapid support for increasing caseloads and at a lower cost.

We continue to utilize options of contracting and outsourcing to streamline our services and expand capacity for services. In many cases, through outsourcing we are then able to identify staff positions that we can transfer to our growing areas of need.

We accomplished a smooth transition of Primary Care services in 2010, maximizing resources through a partnership with our county's federally qualified health center (FQHC). Beginning January 2010, Buncombe County contracted with Western North Carolina Community Health Services (WNCCHS) for the provision of Adult and Child primary care services.



Pandemic Flu (H1N1) Response – This year saw a significant response from public health as a result of the emergence of the new H1N1 influenza virus. There were numerous cases and 3 deaths in Buncombe County. Key activities by the Department of Health included:

- ◆ Daily monitoring of school absences and working with school and business officials to assure prevention measures were being used;
- ◆ Keeping the community informed with timely, accurate information;
- ◆ Receipt of the Strategic National Stockpile (SNS), antibiotics, antivirals, vaccines, medical equipment and medical supplies deployed in the event of a national emergency;
- ◆ H1N1 vaccination clinics throughout the county for those at risk. Vaccination clinics were held providing 7,693 doses of H1N1 vaccine for community residents; and
- ◆ Partnered with 117 community providers for whom we received and redistributed smaller orders of H1N1 vaccine totaling 10,393 doses.

2010 Achievements

- Maximizing Resources
- Developing Smart Partnerships
- Providing Seamless, Effective, & Aligned Services
- Expanding Access to Quality Services

The *Signs of Safety* approach to Child Protection Services was implemented to improve safety outcomes for children through enhanced social work with families. This model focuses on the question, “How can the social worker build strong partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?” The model uses family’s formal and informal supports to build safety around the child in the home, and calls on the parents and their identified support networks to take responsibility for the safety of the children. It does this by identifying safety and risk concerns in the family’s own language, and allows all family members to be a driving force in coming up with solutions and owning their success. It eliminates any use of “one-size fits all” plans with families. The result is that families are more likely to follow plans they had an integral part in creating, and children are kept safe in the process. Program benchmarks are being tracked and results will follow in the next fiscal year.

The Public Safety Performance Project is based on a partnership with law enforcement aimed at appropriately diverting non-violent persons from the criminal justice system—saving County dollars and reducing recidivism. Case management services at the Detention Facility provided treatment linkage and release planning for 768 detainees with behavioral health problems. Psycho-educational groups were attended by 2,520 detainees. In addition, the JUST Program - Justice United in Support of Treatment Program emphasizes immediate identification of persons with serious mental illness for timely release. Participants are followed by a fulltime case manager and receive contracted mental health and substance abuse treatment.

Based on the recidivism reduction of both the case management and JUST program, jail diversion savings were as follows:

	Substance Abuse <u>Case Management</u>	Mental Health <u>Case Management</u>	JUST Program
Jail days saved	19,926	6,696	2,295
Jail beds saved	55	18	6

The average cost of an arrest (based on national data) is \$2,159. The programs prevented 1,071 arrests. A “jail bed saved” is 365 jail days saved this translates into the need for fewer jail beds. The approximate cost of an additional jail bed is \$200,000.

Further success with an expanded Proactive Enhanced Response for Crisis Services (Expanded-PERCS) - Built on the original PERCS model with the goal of reducing the number of children placed in group care, this expansion adds the additional goal of reducing the number of children entering the care of DSS. Children who are involved with DSS may be at-risk of inappropriate out-of-home placement in the absence of a proactive crisis plan and ongoing service planning and delivery. This revolutionary model offers families a safe licensed foster home to place their child while services can be mobilized for their family. This window of respite allows for both the de-escalation of a crisis that can otherwise lead to unnecessary foster care placement and also allows for a safe place for the child so the Social Worker to work with the family to address immediate safety concerns.



How Do We Support A *Safe* Community?

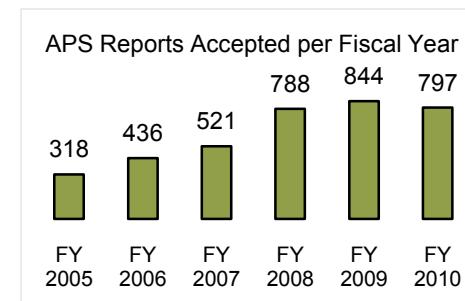
- Assuring the Safety, Independence, and Well-being of Disabled and Elderly Adults
- Assuring the Safety, Permanence, and Well-being of all Children
- Assuring a Healthy Environment and Preventing the Spread of Diseases
- Strengthening Behavioral Health Services

We Support a Safe Community by Assuring the Safety, Independence, and Well-being of Disabled and Elderly Adults

Adult Protective Services provides a timely, comprehensive and respectful approach to the evaluation of reports of abuse, neglect and exploitation.

- ♦ Responses to reports of abuse, neglect, or exploitation of elderly & disabled: 848
- ♦ Average time to respond to reports 1 day
- ♦ Buncombe County has seen a 151% increase in the number of Adult Protective Services reports accepted per year since FY 2005 (see graph)
- ♦ Timely completion of evaluations:

Type:	Maximum days to complete:	Buncombe days to complete:
-Abuse	30	17.5
-Neglect	30	22.8
-Exploitation	45	28.7



Guardianship and Payee Services:

- ♦ A total of 62 disabled or elderly adults received protection through court-ordered guardianship services to assure health, safety, and wellbeing
- ♦ An average of 59 individuals per month were served through payee services to assist with making good budgeting decisions with their money; accomplished through our partnership with Financial Solutions Inc.

Adult Care Home Licensure and Monitoring:

- ♦ The department has monitored an average of 89 Adult Care Homes, with 1439 beds, during the fiscal year to ensure they are following state standards
- ♦ Of the 269 facility complaint investigations 11% were confirmed or substantiated
- ♦ An average of 26 adults per month utilized Adult Day Care Services, allowing them to remain living at home

SUCCESS STORY

DSS Adult Home Specialists have spent the past year in a pilot project for person-centered practice. During that time, Linda, one of the residents at a participating adult care facility complained frequently about the food choices and poor quality of food provided by the facility. After exploring Linda's background, the adult home specialist learned that Linda had worked as a chef prior to her becoming disabled. Initially the options to help her seemed limited due restrictions preventing residents from being in the facility's kitchen, however using this solution-focused model, the activity director arranged for Linda to be able to cook in the dining room with other residents, under her supervision, by using an electric frying pan. Linda was satisfied and she still gets to practice her craft. Other residents look forward to the experience as well and last summer a group of them decided to grow a small vegetables garden for Linda to cook.



We Support a Safe Community by Assuring the Safety, Permanence, and Well-being of all Children

Child Protection requires DSS to investigate and assess all allegations of child abuse, neglect or dependency.

- ◆ Responses to reports of abuse, neglect, or dependency of children: 2063
- ◆ Children involved 4165

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

- ◆ Children entering custody 352
- ◆ Average number of children in custody per month 248
- ◆ Of the children that exited foster care, 9% re-entered foster care (national average is 15%)

Prevention Services provides primary prevention service to decrease the likelihood of child welfare involvement with the family.

- ◆ Total number of families served 109
- ◆ Total number of referrals received 161

SUCCESS STORY

A young mother with 3 small children was reported to DSS for leaving her youngest child, 3 months old, alone in the apartment. The mother had serious untreated mental health problems and did not participate in services to eliminate safety and risk concerns. The family has history with the Department, even though the children are of a young age. The father of the children took in all three children: ages 3, 2, & 1. The Social Worker helped the father obtain housing and furniture for his apartment. The Social Worker was able to help the father obtain daycare vouchers and Developmental Services for the children. The Social Worker linked the father to Medicaid, Child Support, and medical appointments. The risk was lowered and the case was able to be closed with the children remaining in their father's care.



Family In-Home Services allows DSS to partner with families to strengthen their ability to safely parent their child in their own home.

- ◆ Average number of families served per month 254
- ◆ Average number of children served per month 540
- ◆ Children who remain at home or with kin while receiving In-home services (thus avoiding foster care) 99%

Foster Parent Training and Licensing: DSS trains, licenses, and supports families who open their home to children

- ◆ Average number of licensed foster homes 98
- ◆ New foster families 16
- ◆ Families approved for adoptive placement 40

Adoption Assistance helps children achieve permanency and may provide families who adopt a child from foster care with assistance.

- ◆ Total number of families and children receiving Adoption Assistance 573
- ◆ Number of adoptions finalized 37

We Support a Safe Community by Assuring a Healthy Environment and Preventing the Spread of Diseases



SUCCESS STORY - In 2009, the Buncombe County Department of Health received funding to provide seasonal flu vaccines to children in our community. Seasonal flu clinics were planned and conducted during the month of October in 52 schools and afterschool sites targeting elementary age students. This collaborative effort involved school nurses, Disease Control staff, temporary nursing staff and school staff who collected consents and coordinated students getting to the site and back to class with minimal disruption to school. Almost 50% (7,299) of students in targeted grades received seasonal vaccine, far exceeding typical vaccination rates in this high risk age group and reducing transmission to other members of community.

Onsite Groundwater program assures protection of groundwater through properly installed septic systems and permitting of new wells

◆ Number of septic permits issued (\uparrow 17% from FY09)	1,631
◆ Average days from client ready to first visit by onsite staff	2.8
◆ Number of well permits issued (\downarrow 20% from FY09)	338

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

◆ Vaccines given to protect against communicable diseases (includes 21,507 seasonal and H1N1 flu shots)	36,866
◆ Buncombe children receiving immunizations at the local health department who were fully immunized at age 2	99%
◆ Communicable disease investigations	1,479
◆ Communicable disease clinic visits monthly average (HIV, STD, TB)	801
◆ HIV/STD services offered within timeframe	100%
◆ Home visits to supervise treatment of individuals with tuberculosis or TB exposure	2,226

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

◆ Facility inspections	4,146
◆ Restaurants in compliance with inspection standards	100%
◆ Restaurants receiving Grade "A"	99.8%

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

◆ Number of required plans detailing our community's response in times of crisis	6
◆ Percentage of required plans with local practice exercise	100%

We Support a Safe and Healthy Community by Strengthening Behavioral Health Services

Behavioral health services include mental health and substance abuse services, and are primarily funded by Western Highlands Network; however, the County funds a number of initiatives that address services gaps and areas of liability.

The budget in FY10 was \$1.3 million for behavioral health services, including \$600,000 of maintenance of effort funds (statutorily obligated) through Western Highlands Network.



Prevention—While there remains a tremendous amount of unmet treatment need, the County believes that prevention must be part of its priorities. Approximately 12% of the budget was allocated last year to prevention programs, including the Career Academy dropout prevention program in the Buncombe County Schools (serving 51 students with 98% retention), dropout prevention program for at-risk youth by One Youth At A Time (serving 49 students with 98% retention), as well as gang prevention mentoring program by the Buncombe County Sheriff's Office.

Crisis Services were provided at Neil Dobbins Crisis Stabilization Unit, a local 16-bed detoxification and psychiatric crisis unit. The goal is to stabilize persons in their community and avoid hospitalizations. In FY10, the unit served 396 individuals for detoxification and 252 for crisis stabilization.

Public Safety Performance Project is based a partnership with law enforcement aimed at diverting persons from the criminal justice system—saving County dollars and reducing recidivism, which means fewer crime victims and a safer community. This year, 10 deputies and 24 telecommunicators were trained in the Crisis Intervention Team (CIT) program. Over 100 law enforcement officers have been trained since the program began in 2007. The CIT model provides training to patrol officers on how to intervene with persons with mental illness who are in a crisis.

Homeless – The County provided emergency funding to 12 clients participating in the Homeward Bound project with severe mental illness who were in danger of losing their housing due to terminated grant funds. This project done in partnership with the City of Asheville is part of a 10 year plan to end homelessness.

The SSI/SSDI Outreach, Access and Recovery (SOAR) Program by Pisgah Legal Services identifies persons who are homeless and may be eligible for disability, and works to fast-track the application process. In FY10, Buncombe County had the highest number of successful SOAR applications in the State—27. The average amount of time from application to approval was 6 months, compared to 2-3 years for most. The project leveraged \$3,027,252 in value of benefits.



How Do We Support A *Healthy* Community?

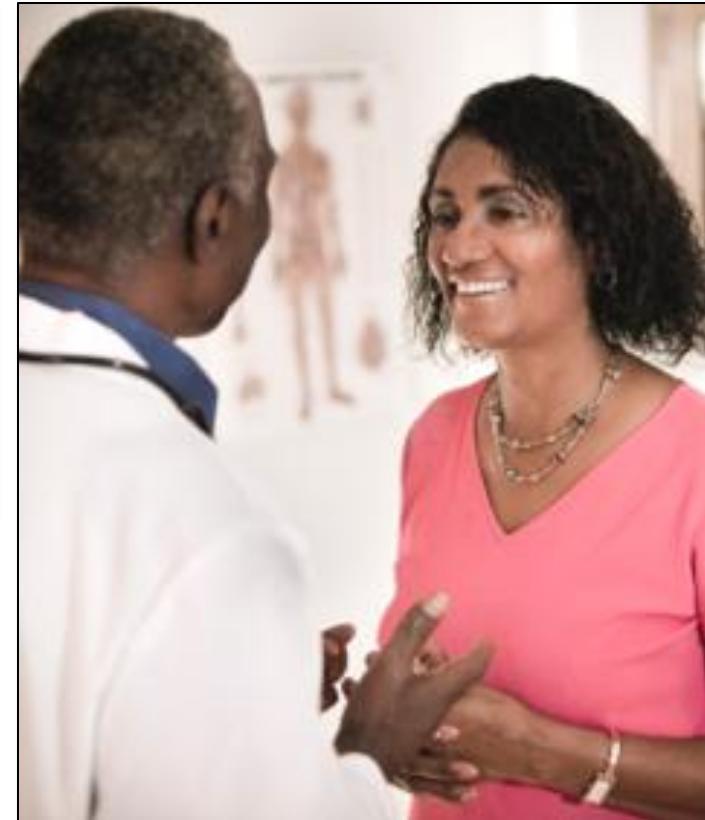
- Expanding Access to Health Care Coverage
- Providing and Assuring Medical Services
- Providing Community-Based Health Services

We Support a Healthy Community by Expanding Access to Health Care Coverage

Medicaid is a health insurance program for certain low-income and needy people paid with federal, state, and county dollars. It covers more than 1 million people in our state, including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

◆ Buncombe County population enrolled in Medicaid	18%
◆ Dollar benefit to the local economy from Medicaid clients	\$ 453M
◆ Families and children covered through Medicaid programs	27,413
◆ Elderly/blind/disabled adults Receiving Medicaid	11,456
◆ Error rate for application processing	0%
◆ Percentage of recipients who receive their benefits timely	97%

Program	Benefits received by individuals & families in FY10	Economic activity generated per \$1 in benefits	Economic activity generated by benefits in FY10
Medicaid	\$261,958,658	\$1.73	\$453,235,188
Day Care	\$11,291,914.67	\$1.89	\$21,341,719
Food Assistance	\$48,048,675	\$1.73	\$83,124,208



Community Outreach improves access to Medicaid and other DSS services by making the services available at community agencies. New to FY10, staff are using an integrated enrollment and eligibility determination system to quickly screen and take applications.

◆ Clients who received services through out-posted workers	1,236
◆ Outreach Locations: AHOPE, Mission Hospital, CarePartners, Health Department, Emma Family Clinic, St. Joseph's, RHA/Families Together, HS West	

Health Choice provides health coverage for uninsured children of working families who are not Medicaid eligible, if the family income meets eligibility guidelines.

◆ Children with medical coverage through the Health Choice program	3,644
◆ Yearly fees to cover child/children (based on family income)	\$0, \$50 or \$100

We Support a Healthy Community by Providing and Assuring Medical Services



Prenatal Care continued throughout FY10, providing comprehensive prenatal care to expectant parents that promotes the best possible birth outcomes—healthy mothers and babies.

- ◆ Pregnant women served 751
- ◆ Prenatal Care visits 5,025

Family Planning Clinic offers confidential counseling, education, physical exam and on-going care on a sliding-fee scale.

- ◆ Clients served 3,619
- ◆ Family Planning visits 6,958

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

- ◆ Women screened for heart disease risk 1,194
- ◆ Screened for breast and cervical cancer 1,570
- ◆ Uninsured low-income women diagnosed with cancer and treated under BCCCP Medicaid 51

SUCCESS STORY

Working with our MAHEC partners, we piloted a prenatal care model, ***Centering***, that reduces preterm and low birth weight babies. At age 16, Martina was pretty sure she could not give birth to her baby. Martina was enrolled in our first Centering group. With games that encouraged discussion, Martina heard other mothers talk about the same problems she had and learned how they handled these normal discomforts. She enjoyed healthy snacks while the nutritionist talked about healthy eating, and she joined in group discussion about parenting, birth and family planning. Each *Centering* visit ended with an affirmation like: “*My body knows exactly what to do for my baby.*” Martina’s group met again after their babies were born. She proudly showed off her baby girl, born full-term via an uncomplicated delivery. And Martina was now giving her daughter the best by breastfeeding exclusively. Return clients, who had a baby with us before, are very enthusiastic about *Centering* – “There is no comparison!” they say.

We Support a Healthy Community by Providing Nutrition and Community-Based Health Services

Public Health Case Management provides parenting education for pregnant women and parents with children age 0-5.

♦ Families receiving case management for a child with or at-risk of developmental delay	744
♦ Percent of these children up to date at 27 months with:	
-Well-child care	94%
-Immunizations	94%
♦ Low-income pregnant women receiving Maternal Care Coordination Services. 91% had at least monthly contact	1,162

Community Health Nursing provides home visits to improve pregnancy, infant and early childhood outcomes. In October 2009, 5 of the 7 nurses were reallocated to the Nurse Family Partnership, an evidence-based home visiting program implemented this year. Services reported reflect a 71% reduction in staff for this program.

♦ Home visits to high-risk pregnant women and Medicaid newborns	1,390
♦ Medicaid births with after-delivery home assessment of newborn	34%

School Health programs reduce health barriers that impact educational achievement. 21 School Nurses work in our County and City schools.

♦ School staff trained to provide health procedure	2,173
♦ Student contacts	10,684
♦ Students per school nurse (reduced from 2,407 in FY07)	1,444
♦ Average monthly visits provided at 3 School-based Health	
-Medical/Preventive health care visits	332
-Nutrition counseling visits	34
♦ Dental screenings for preschool and elementary children	5,246
♦ Kindergartners with untreated dental decay (08-09 School Year)	12%

SUCCESS STORY – Nurse Family Partnership

As the nurse home visitor, Holly, scans the file of her newest client. She looks carefully for any red flags: Drug use? Drinking? The report says no. Then Holly sees red flag number one: newly pregnant “Nely” is just 14 years old. Holly knows that guiding Nely through her pregnancy and the first two years of motherhood will be only part of her assignment. She will also help Nely deal with pressures about continuing her education, relationships with boys, her self-image, and a host of other issues relevant to young teens while also facing the stresses of pregnancy and motherhood. Armed with practice and skills of the Nurse Family partnership, Holly will pull best practice from a multitude of fields and ensure that the economic, psychosocial and biological needs of the mother and baby are addressed.

Initially Nely was shy around Holly, but she thought Holly was easy to talk to so she agreed to meet with Holly every other week. Almost a year later, Holly and Nely are still meeting regularly at Nely's mother's house. Now, when Nely greets Holly at the door, she is carrying Bryanna, her six-month-old daughter. Bryanna is a healthy, happy baby. Holly is pleased with Bryanna's development and growth, but even more so with Nely's. She is now in the tenth grade at a vocational technical program in early childhood development. She's even stepped out of her shell to have some fun, attending a recent school dance with friends. Holly's work is not done—the two will continue meeting until Bryanna is two years old. There are no guarantees that Nely will stay in school and maintain her growing self-esteem. But for now, it's clear that the red flags in Nely's life have transformed into green lights.





How Do We Support A *Thriving* Community?

- Providing Economic Support
- Providing Workforce Development Services
- Supporting Child Development
- Providing Opportunities for Healthy Lifestyles

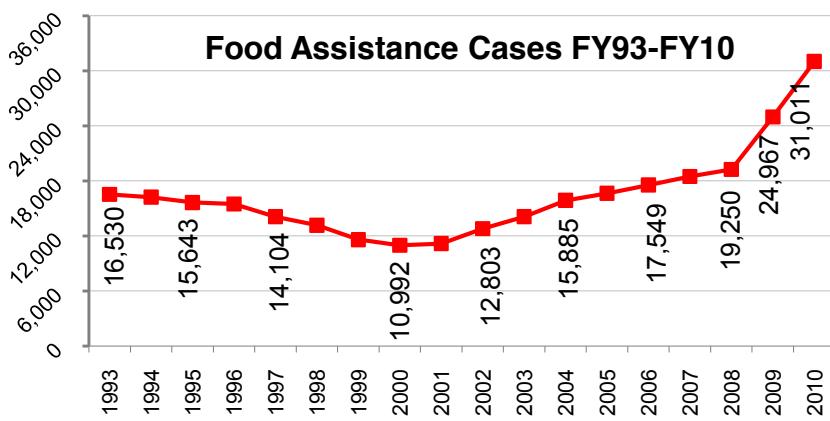
We Support a Thriving Community by Providing Economic Supports

Emergency Assistance provides one-time assistance to support families and people experiencing a temporary crisis. In FY08 we began a partnership with Eblen Charities to provide this program.

◆ Families served	1,936
◆ Average benefit per family	\$ 230.13
◆ Total Emergency Assistance dollars	\$ 442,317
◆ Additional funding sources and programs available through Crisis Intervention Program, Energy Neighbor Family Preservation, and General Assistance	\$ 1,312,475

Food Assistance supports low-income families with resources to meet food needs. The economy has had a huge effect on food stamp recipients—we have seen a 27% increase over last year

◆ County residents receiving Food Stamps	31,011
◆ Total value of Food Assistance benefits provided	\$ 48,048,675
◆ Average Food Assistance benefit per household	\$ 273.98



Work First provides temporary assistance to children deprived of parental support.

◆ Work First cash recipients	813
◆ Children living with non-parental relatives receiving cash assistance	313
◆ Potential Work First clients receiving other services instead	740
◆ Adults entering employment	138

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

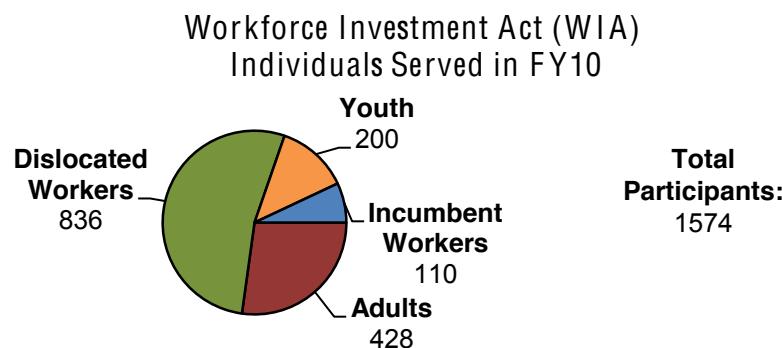
◆ Number of women, infants and children enrolled in WIC program in an average month	5,116
◆ Value of the 112,220 WIC vouchers issued for use at local businesses for the purchase of healthy foods	\$ 3.2 million
◆ Individual nutrition counseling contacts monthly average	1,768
◆ Recipients receiving breastfeeding support monthly average	592



We Support a Thriving Community by Providing Workforce Development Services

The Mountain Area Workforce Development Board and the JobLink Career Centers are designed to provide employment and training activities and resources for residents of the four county area of Buncombe, Henderson, Madison and Transylvania Counties. The Board received funding allocations in the amount of \$2,826,796.00 for the operation of programs during FY10 under the ARRA/WIA program. With the high unemployment rate we have continued to provide valuable services for employers, employees and students. It is not unusual during periods of high unemployment for more individuals to seek enrollment in training programs as they need to be more competitive as they seek new employment.

- ◆ Total individuals served 1,574
- ◆ Cost per individual, in all programs \$1,796
- ◆ Participants in the ARRA/WIA program who entered employment 88.5%
- ◆ During the fiscal year, the Board has received funding for six Incumbent Workforce Development Program grants totaling \$90,772 to train 110 incumbent workers.



SUCCESS STORY

Jim came to the Mountain Area JobLink Career Center in March of 2009 after the recession hit the construction industry leaving him unemployed. As part of his job search strategy, he attended all available workshops, including special presentations and was clearly going above and beyond in his search for employment. Jim requested assistance in attaining the LEED Certification, the recognized standard for measuring building sustainability. Jim had years of experience in construction project management and the LEED Certification could make him much more marketable as he searched for work in that employment sector. After successfully completing the training and achieving his certification he continued with his job search fully energized by this significant accomplishment. In August of 2009, Mountain Area JobLink referred Jim to Community Action Opportunities for the Weatherization Program Manager position. After excelling in the interview process, he was offered the position. Jim began work in late August. He loves the challenge of his new position and plans to complete his Bachelor's Degree with assistance from his new employer.



We Support a Thriving Community by Supporting Child Development



Child Care Subsidy provides assistance to increase access to high-quality child care for low-income families. Assisting low-income families with the cost of child care means that more parents are able to maintain employment.

- ◆ Total child care subsidy dollars \$ 11,095,866
- ◆ Average number of children served each month in our community 2,159
- ◆ Children on waiting list for Child Care Subsidy services 204
- ◆ Average length of time on the child care waiting list in months 5.5
- ◆ Percentage of need met 85%
- ◆ Percentage of total child care subsidy dollars expended 100%

Child Support enforcement services are provided through the County's contract with Policy Studies, Inc. (PSI). All monies collected go directly to Buncombe County children.

- ◆ Average number of children served per month 3,274
- ◆ Collection rate on past due support 70%
- ◆ Total FY2009 collections for Buncombe \$ 14,784,153

We Support a Thriving Community by Providing Opportunities for Healthy Lifestyles

Health Promotion strives to increase positive individual and community health behaviors.

- ◆ Local elementary children completing obesity (BMI) assessment, an indicator of risk for overweight 14,274
- ◆ Student and community educational contacts monthly average 3,097
- ◆ Community partner agencies involved in Healthy Living Summit and 5 Action Teams (focusing on obesity prevention) >100
- ◆ Promotion of NC QuitLine (smoking cessation assistance) reached:
 - Blue collar workers in 7 worksites >4,000
 - Employees in 6 health care facilities >4,500
- ◆ Major health information campaigns targeting the general public and selected at-risk populations included:
 - H1N1 flu -School immunizations -Strive Not To Drive
 - Tuberculosis -Secondhand smoke -Eat Smart Move More

Parks, Greenways & Recreation Services seeks to improve the quality of life by promoting health and wellness in our community and providing an abundance of recreational, cultural, and educational opportunities.

- ◆ 4th County in the state to receive Fit Community status from the NC Health and Wellness Trust Fund.
- ◆ 2 greenway feasibility studies were completed
- ◆ 24 community grants were awarded to enhance facilities at Buncombe County community clubs and at recreation and cultural arts non-profit organizations
- ◆ Visitors to Lake Julian and Buncombe County Sports Park 580,000 for outdoor activities and events
- ◆ Participants in Special Olympics and Senior Games 665
- ◆ Visitors to County swimming pools 66,000



Buncombe County Human Services Agencies

Buncombe County Department of Health

828-250-5000



Gibbie Harris, FNP, MSPH
Health Director

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

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

Child Care Services

828-250-6700

Parks, Greenways & Recreation

828-250-4260

Fran Thigpen

Director



Child Care Services:
Our mission is to improve the quality of life for children and families by providing:

- Funding for child care
- Referrals to child care programs
- High quality child care programs
- Training and consultation for child care providers
- A resource library for child care programs and parents

Parks & Recreation:
Our mission is to maintain and improve the quality of life for residents and visitors through recreational, cultural, and educational opportunities.

Department of Social Services

828-250-5500



Amanda Stone, MSW
Director &
Assistant County Manager

Our mission is to partner with individuals, families, and communities to strengthen their efforts toward independence, permanence, and safety. We aim to:

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

Our staff is committed to providing Buncombe's diverse population with effective services in a timely and respectful manner.

Mountain Area Workforce Development

828-250-4760



Helen Beck
Director

Our mission is to provide employers and job seekers with a fully integrated system of services in order to develop our region's economic strength and global competitiveness through:

- Managing all workforce development and job training programs
- Overseeing and funding the JobLink Career Centers
- Providing career counseling and community college tuition assistance to dislocated workers, unemployed and underemployed adults, and low income youth
- Providing numerous workforce related services to businesses

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

County Commissioners: David Gantt, Chair; Bill Stanley, Vice Chair; K. Ray Bailey, Holly Jones, Carol Peterson.

County Manager: Wanda Greene

Board of Health: Richard Oliver, Chair; Mike Goodson; *David McClain; *Bill McElrath; Linda Morgan; Carol Peterson; Winnie Ziegler; *LC Ray; *Susanne Swanger; John Whitener; Bart Martin

Board of Social Services: *Bill McElrath, Chair; *David McClain, Vice Chair; Travis Durham; *Susanne Swanger; *LC Ray.

Mountain Area Workforce Development Board: (*Buncombe County Board Members*) David Bailey, John Beatty, Linda Biggers, Laura Copeland, Bryan Dover, Rick Elingburg, Danny Hardin, Robert Kendrick, Kathryn McIntyre, William Maloney, William Mance, Lorraine Poe, Dusty Rhodes, Tim Rhodes, Betty Young.

We are very grateful to Ben Watts for his service on the DSS Board.

*cross-appointed members