“Using a holistic approach to assure safety, promote self-sufficiency and permanency in the lives of adults, children, and families through collaboration and partnership within the community.”

2009 Annual Report
Dear Fellow Citizens:

As our economy continues to struggle and unemployment rates remain in the double-digits, the Department of Social Services is committed to our vision of “using a holistic approach to assure safety, promote self-sufficiency and permanency in the lives of adults, children, and families through collaboration and partnership within the community.” During 2009, the department received over 85,000 applications for assistance from Guilford County residents.

With a growing demand for the services we provide and limited resources, our challenge has been to find efficiencies in our operations to meet the growing demand. I challenged the program areas to identify Wildly Important Goals (WIGs). WIGs are the most critical issues facing the program at the moment to ensure the success of our operation. By focusing on our WIGs, we have been able to improve the outcomes of the citizens we serve.

As a result of our WIGs, staff made customer service a focal point. In Family & Children’s Medicaid, staff set a goal to return phone calls within 24 hours; the average time to return phone calls is now less than 8 hours. In our continued effort to reduce the client’s wait time, we have reorganized our reception area and staffed the windows with program specific workers that are able to meet many of the needs of our clients. We have also implemented an appointment system that allows clients to make the decision to wait to be seen by a worker or to schedule an appointment. The Aging and Adult Services Division volunteered at partner agencies to increase collaborative services for our adult clients; and child welfare continually seeks innovative practices to reduce the number of children in custody. These are just a few strategies we have implemented to meet our growing demand.

We are committed to providing efficient and effective service to the citizens of Guilford County.

Sincerely,

Robert Williams, Director
Aging and Adult Services Division

Addressing the needs of the most vulnerable adults in Guilford County

Elderly and disabled citizens need access to an integrated health and social services system that encompasses the entire continuum of care from home and community based services to residential care. Aging and Adult Services helps meet this need through programs designed to promote independence, choice and self-sufficiency. Aging and Adult Services includes Adult Protective Services, Adult Foster Care, In Home Aide and Adult Medicaid.

**Protective Services**

The Adult Protective Services (APS) Unit is comprised of two segments of social workers—Adult Protective Social Workers and Adult General Social Workers. Protective Social Workers evaluate reports of abuse, neglect, and/or exploitation for disabled adults and provide assistance if protection is needed. General Social Workers provide case management for disabled adults who are in need of assistance in identifying needs and locating and coordinating services to meet those needs.

Services offered include intake, adult protective services evaluation, adult protective services mobilization and planning, individual and family adjustment (counseling and general case management), representative payee services (budgeting for those who are incapable of managing their social security benefits), at-risk case management (case management for those at-risk of abuse, neglect, and/or exploitation), information and referral services, and community outreach.

Traditionally, the average APS client has been elderly with the accompanying age related challenges. Over the past 2-3 years, there has been a shift in the client base in both APS and General Cases. More clients are below the age of 60 with severe, persistent mental illness as their primary disability. Many of these clients are not physically frail and, as such, are more capable of producing a detrimental effect in their own lives, placing themselves and providers at higher levels of risk and professionals at higher levels of liability.

Community Support Services were discontinued statewide (no referrals after 10/09) to reduce mental health costs. Unfortunately, there are no viable alternatives for clients who received these valuable services leaving a gap in service provisions. In turn, this has placed a greater strain on the APS unit workers who are serving these clients as they lack the support they need to meet the mental health needs of these clients.
Adult Foster Care

The Adult Foster Care Unit provides assistance to aging and disabled adults and their families in locating substitute homes or residential health care facilities suitable to their needs when they are unable to remain in their own home; provides consultation; technical assistance and monitoring of licensed adult care homes or assisted living facilities; provides guardianship services to those individuals who have been declared incompetent by the courts; provides reimbursement through adult care home case management to licensed adult care homes for the provision of heavy (enhanced) personal care assistance to special assistance Medicaid eligible residents; and provides case management services to authorized residents, their families and facilities.

Average Adult Guardianship Cases by Fiscal Year

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Over the last four years, the Adult Foster Care Unit has seen an increase in the number of families/individuals requesting services. A significant component of this increase can be attributed to Guardianship appointments of adults with a primary diagnosis of mental illness. As of FY2010, the guardianship program caseload size is 183 compared to 167 in FY 2009. The average caseload size per social worker is 47+, which exceeds the state recommended caseload size of 25-30 cases per worker.

The economic crisis is having a significant impact on Adult Foster Care programs. There has been an increase in the number of requests for placement assistance from elderly and disabled adults and/or caregivers without income or a payer source. Our elderly and disabled adults are unable to maintain their current living situations at Adult Care Homes due to exhaustion of private pay funds and ineligibility for social security disability and/or special assistance benefits. This exhaustion of private pay funds also impacts their ability to pay for medications needed to maintain their current health status; making Adult Care Home monitoring challenging for facilities that can not afford to cover the cost of care and medications for their residents.

Effective October 1, 2009, the Special Assistance/Adult Care Home (SA/ACH) basic rate decreased from $1207 to $1182. This policy change presents a crisis for most Medicaid funded Adult Care Homes. The Adult Care Homes provide 24/7 personal care services and supervision of residents for approximately $57.60 per day; which compromises the quality of care that residents receive at Adult Care Homes. This compromise increases allegations of neglect; causes a lack of appropriate staffing; and unsafe physical environments which impacts the number of Adult Care Home complaints.
The In Home Aide Unit (IHA) provides services to aging and disabled adults living privately in our community. The services are designed to help prevent the deterioration of an individual’s functional capacity and assist adults to remain safely in their homes rather than experience premature placement into a long term care facility. IHA provides home care services such as light housekeeping, laundry, meal preparation and personal care for customers through contracts with local home care agencies.

The Special Assistance In-Home (SA-IH) program presents an alternative choice to those clients who are in need of assisted living level of care by providing a money payment that will help meet their needs and maintain their safety at home.

Adult Day services are provided to support adults in the community who might otherwise require long term care by providing access to certified day programs that prevent social isolation; provides the opportunity for care providers to work or have respite time; and for individuals to enhance their quality of life.

The Guilford County Department of Social Services has the responsibility of providing technical support to and monitoring of the Adult Day Care and Day Health (ADC) centers for compliance with state certification standards to ensure the safety and wellbeing of participants. Staff also investigate allegations of participant rights violations and report allegations of abuse and neglect. Adult Day Services Coordinators also provide training opportunities 1-2 times per year for Guilford County daycare providers.

Services provided by the In Home Aide unit offer an opportunity for adults to remain independent in the least restrictive environment, their home. Staff works closely with other community partners and are part of the Piedmont Triad Community Resource Connection (launched November 16, 2009) offering a “no wrong door” approach to service access in our community.

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**Statistical Data**

- In Home Aide is serving 116 adults.
- Special Assistance In Home is serving 85 adults.
- Adult Day Care is currently assisting 53 adults with financial access to services and monitoring 8 Adult Day Care/Health centers in Guilford County.
- The IHA unit has 181 persons waiting for services across 3 programs. Additional funding/staffing to support our community is needed. Home Management services are limited to 4 hours per week, Personal Care services are limited to 8 hours per week in order to stretch funding and provide services to as many people as possible.

The IHA unit also has staff from the NC Division of Services for the Blind. Their purpose is to enable individuals, who meet program eligibility guidelines and who are blind or visually impaired to reach their goals of independence and employment. Division of Services for the Blind staff currently serve 113 citizens in Guilford County. Some of their services include:

- Assessment of independent living and employment needs.
- Individual and group instruction in daily living skills, technology, travel and other adaptive skills.
- Post-secondary, vocational and other job-related training.
- Job counseling, placement and follow-up.
- Eye care and related medical services.
Adult Medicaid

Adult Medicaid is comprehensive health insurance for persons meeting specific eligibility criteria. Benefits include outpatient and inpatient care, dental services, personal care services, as well as prescription drug coverage. Each coverage group has its own unique set of income and asset limits to qualify. Individuals under age 65 must be determined to be disabled by the Social Security Administration. For more detailed information on North Carolina Medicaid, visit the NC Division of Medical Assistance website at www.dhhs.state.nc.us/dma.

Guilford County DSS served 64,000 Medicaid customers (including Family & Children’s Medicaid) in 2009 comprising some 14% of the total county population (based on the 2008 population estimate). Total benefit expenditures for these customers came to nearly $300 million that flowed back into the local economy. The Adult Medicaid program served some 15,000 Guilford County residents in 2009. The consistent growth is due mostly to the aging of the “Baby Boomer” population with attendant medical issues. One of the programs primary focal points is to find a permanent medical home for the aging and disabled customers through linkage with medical providers in Guilford and surrounding counties. The state of the national and local economies has also contributed to the growth however the aging of the population is the primary driving force.

The Low Income Subsidy (LIS) program was introduced in 2009. LIS is for Medicare Part D customers with incomes up to 135% of the federal poverty level. County’s are now receiving new Medicaid applications generated by Social Security when the LIS customer indicates they would like to be evaluated for Medicaid eligibility. The potential impact of this change is sobering. State projections indicate Guilford County Adult Medicaid will receive 1,800 additional applications over the next 12 months. Staff is operating at the margins. This additional workload will necessitate the need for additional staff.

The slight decrease in the number of adults receiving Medicaid in the 4th Qtr of 2009 was due to delays in the processing of disability applications by the Disability Determination Section (DDS) of the NC DSS in Raleigh which was beyond the control of the local DSS.
Economic Services

Helping families and individuals attain and maintain self-sufficiency

The Economic Services Division includes Reception/Intake, Emergency Assistance, Food and Nutrition Services (Food Stamps), Family & Children’s Medicaid, Child Day Care, Work First Employment Services and Work First Cash (TANF).

Food & Nutrition Services

Food & Nutrition Services (FNS) provides emergency and ongoing assistance with food to individuals and families in Guilford County based on specific eligibility criteria. In FY2009, Guilford County DSS took 32,644 applications for Food & Nutrition Services, an increase of 13% from FY 2008. Guilford County ranked #2 in the state for the number of applications taken.

With the increase in the number of applications and households being recertified for benefits, worker caseloads have also increased by 27.5% comparing December 2009 to December 2008. To assist the workers in meeting the growing demands, the FNS Reception Change Window was implemented in 2009. Customers have benefitted from the Change Window in the following ways:

- Quicker access to forms, notices and food referrals without having to wait for a worker to bring the forms to them.
- Quicker turnaround time for address changes; most can be completed at the window.
- Access to information and answers to general questions without having to wait for a worker.
- Quicker receipt of EBT cards without having to wait for a worker to bring it downstairs.

In December 2009, 32,584 households received food and nutrition services benefits compared to 25,550 in December 2008, an increase of 27.5%. Also in December 2009, $9,419,926 was disbursed in food and nutrition services benefits that flowed back into the local economy, a 42.6% increase compared to December 2008.
Family & Children’s Medicaid

The Family & Children’s Medicaid program assists families whose income is below 200% of the federal poverty level; families with dependent children with eligible medical expenses related to doctor or hospital bills; prescription drug medication for families with children under age 20 and individuals through age 20; and pregnant women with or without children. The program assists with health care services such as hospital care, doctor/dental visits, vision care, group home placement, mental health care, prescription drug co-pays and transportation to health care if necessary.

During 2009, an average of 47,386 Guilford County parents and children received Medicaid monthly (10% of the population based on the 2008 population estimate); a 5.3% increase from the 45,001 who received Medicaid in 2008.

North Carolina Health Choice is a health insurance program that serves children from working families. These families exceed the income limit to qualify for Medicaid, but cannot afford private health insurance. The families must meet specific guidelines and the children must be under age 19. The program is free to most families. Some families, with higher incomes, must pay an annual premium, which can never exceed $100 (regardless of the number of children enrolled from the family). 16,485 Guilford County children (about 13% of the children under age 19) were assisted by NC Health Choice during 2009, a 9% increase from 2008.
Child Day Care

The Child Day Care program works with parents or guardians to maintain employment, participate in a job educational program that will lead to employment, or provide care to children that require protective services by providing financial assistance for day care expenses.

In 2009, an average of 5028 Guilford County children were served monthly through the Child Day Care program. An average of 1288 children remained on the waiting list. The average monthly cost of care per child was $358. An average of $1,798,921 per month was paid to child care centers in Guilford County which flowed into the local economy.

![Chart showing clients served vs waiting list (Monthly) 2009]

The fluctuation in the number of clients served and the number of clients on the waiting list is attributable to clients losing eligibility due to loss of employment in the current economic downturn, allowing clients on the waiting list to be served.

In August 2009, the Day Care program received over $2.5 million in stimulus money through the American Recovery and Reinvestment Act (ARRA). As of December 2009, 755 vouchers were issued through ARRA. Because the stimulus money requires short term vouchers, the children must remain on the waiting list. The short term vouchers will end May 31, 2010.
The Temporary Assistance for Needy Families (TANF) program in North Carolina is Work First Family Assistance and is based on the premise that parents have a responsibility to support themselves and their children. In Guilford County, the program is a joint effort between Work First Employment Services (WFES) and Work First Family Assistance (WFFA).

WFES is designed to put people to work; reduce welfare dependency; and increase personal responsibility. All families seeking financial assistance through TANF are referred to a WFES social worker for an Upfront Assessment (UFA). During the assessment, service plans and service referrals are provided to every customer based on the current needs of the family. WFES social workers assess the family’s needs to identify crisis, barriers and family supports to determine which services best fit the family situation. Social workers assess over 400 families per month.

Depending on the needs of the family, some customers will be referred to apply for the traditional Work First check (WFFA). In July 2008, Guilford County became a pilot county for the pay-for-performance program. Work First benefits or Pay for Performance requires the client to participate in 35 hours per week in work related activities for a check to be released for the month. The social worker performs bi-weekly verification of activity participation. Supportive services are provided including daycare, transportation, clothing, referrals, counseling, etc.

As a result of the Upfront Assessment and Pay-for-Performance, the number of WFFA applications for Benefit Diversion and Regular Work First has declined while the number of Child Only Cases have remained flat.
Quality Assurance/Performance Management

Making small improvements step-by-step with an eye on the long term goals

Quality Assurance/Performance Management (QAPM) is comprised of three units: Program Integrity, Quality Assurance and Data Analysis. The QAPM mission is to assist every operational unit become self-sufficient at the following: verifying their practices, processes and services to meet or exceed policies, guidelines and expectations; and to seek out and implement process improvements for optimal efficiency and maximizing the goal of safe and self-sufficient county citizens.

QAPM impacts the agency by providing an unbiased analysis of its efficiency and effectiveness at meeting the needs of our clients. Examples of improvements include improved monitoring of customer wait time, improving the quality of initial screening to reduce client wait times, internal/external fraud detection to recoup benefits for use by eligible clients, monitoring of agency performance trends for management response, and improving case management practices for children at risk of neglect or abuse.

Program Integrity is often called the “fraud unit”, however this understates its function. Program Integrity is responsible for investigating eligibility errors, recouping overpayments and notifying the eligibility programs of the source of errors made from client error, employee error, client fraud, and/or employee fraud. Most of the recouped money is returned to the appropriate State/Federal program for redistribution to eligible clients. A small percentage is kept by the county to cover Program Integrity administration.

The increase in collections between FY2008 and FY2009 is attributed to increased collections efforts and federal stimulus refund checks that were intercepted.

The data shows that the majority of referrals come from the Food Stamp program. The increase in referrals in FY2008 were generated from an ESC report that is no longer available.
Family and Children Services

Providing families with the resources they need to raise healthy, happy children

Being a parent is a tough job in the best of times. Providing children with a safe home, a solid education, emotional support and a bright future can tax the resources of the best parents. When families face stress due to economic hardship, substance abuse, lack of parenting experience or other problems, the children often pay a price. In Family and Children’s Services, social workers investigate child abuse and neglect, help support and preserve families, keep at-risk children in foster homes and find homes for foster children who need to be adopted.

While the number of children in foster care fluctuates throughout the year, Family and Children’s Services has experienced success in improving outcomes for families by reducing the number of children in foster care from 413 to 380. On December 31, 2009, there were 383 children in foster care. Of that number, 198 (51.7%) were male and 168 (43.9%) were between the ages 0-5.

Family and Children’s services has reduced the number of children in care and kept them safe by giving families the tools to keep their children safe, with people they know. In 2009, 98.9% of children in Guilford County did not experience repeat maltreatment compared to a federal standard of 94.6%. The rate for other large counties in North Carolina was 94.7%.

It is traumatic for children to move around without stable homes. 94.0% of children in foster care in Guilford County had only 1 or 2 placements compared to the national median of 88.3%. Guilford County’s rate is also better than the state average by 6%.

In an effort to more effectively manage the mental health needs of children in custody, the clinical unit made some significant changes to its operations in 2009. In April 2009, the Turning Points Program, which provides therapeutic foster care services to children in the custody of DSS, was started. Turning Points has licensed therapeutic foster homes with current placements. This allows more oversight and involvement with children and the decision making regarding therapeutic placements and the overall care of children.
In May 2009, two (2) additional Licensed Clinicians were hired. The three (3) Licensed Clinicians provide intervention and therapy to children in foster care and others involved in case management/case planning. All children entering custody are now screened/assessed to determine if any distressing issues are present as a result of abuse and/or neglect.

Also, the clinical team applied for and was awarded a grant sponsored through UNC-Greensboro’s Center for Youth, Family and Community Partnership that allows the clinicians to participate in year long training on the Evidenced Based Practice, Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

In an effort to work more collaboratively with other providers in the community, the clinical unit has established provider networks by entering into Memoranda of Agreements with therapeutic foster care providers, group home providers and outpatient therapists. The agreement outlines expectations of the department and what is expected from the providers as it relates to the mental health care of children in our custody. The Clinical Team also offered training to providers on topics relevant to the population served as well as opportunities to have clinical reviews of difficult cases. Quarterly meetings are held with each provider group to collaborate and coordinate services.

Across the nation, minority children enter foster care at alarming rates. Guilford County is a national leader in addressing this problem. Protocols were developed and implemented for engaging fathers and family meetings have been conducted in the community.

Family and Children Services has also been aggressive in pursuing relative placements and have trained staff and community partners in the Undoing Racism curriculum to help them identify ways that systems are biased against minority children.

As an Annie E. Casey anchor site, Guilford County DSS has implemented the values and four (4) core strategies of Family to Family. The four core strategies include Recruitment, Training and Support of Resource Families (Foster and Relative); Building Community Partnerships; Team Decision Making; and Self-Evaluation.
Through their work with the Annie E. Casey Foundation, Family and Children Services has focused on improving the outcomes for the children and families with whom they work. As a result, facilitated Permanency Planning Action Team (PPATs) meetings have been implemented in Guilford County.

A facilitated PPAT is a consensual resolution process in which a neutral third party helps to identify issues, clarify perceptions and explore options for a mutually acceptable outcome for all participants. During the meetings, well-being domains; self-sufficiency; supportive relationships; and safety and permanence are thoroughly addressed. Concerns raised by the Child Family Service Review (CFSR) are also addressed.

In 2009, 905 Permanency meetings were facilitated compared to 379 in 2008. Since implementation of facilitated PPAT’s, youth attendance has increased 28%; staff participation has increased by 100%; mothers’ attendance has increased by 50%; and family members’ attendance has increased by 34%.

The Youth Development Unit (YDU) was formed in May 2008 to ensure that teens leaving the custody of DSS would be equipped to successfully manage life as adults. From May 1, 2008 through April 30, 2009, 48 youths in the YDU achieved Permanence: 30 were reunified with the removal parent; 10 adoptions were finalized; 5 were reunified with the non-removal parent; and 3 with guardianship/custody.

Currently, the YDU consists of teens in foster care, ages 13 to 17 and teens ages 18 to 21 that remain on a Contractual Agreement for Continuing Residential Support (CARS). There are some children under the age of 13 who are carried in the YDU who are the siblings of the teenagers.

The YDU also consists of the Guilford Adolescent Prevention Services (GAPS) program and LINKS. Prior to 1997, a large number of teens were being ordered into DSS custody from Juvenile Delinquency Court due to their delinquent behaviors. The teens that were being ordered into DSS custody from the Department of Juvenile Justice were difficult to place because of their behaviors and the lack of therapeutic foster parents.

The GAPS Program, was designed to meet this need and continues to work closely with the Department of Juvenile Justice to make sure that the needs of the juvenile delinquents and the community are met. DSS believed that these teens would be better served in the community if they were linked with the adequate resources and treatment that was targeted at their behaviors.
GAPS social workers serve as a liaison between DSS, the Department of Juvenile Justice and Delinquency Court to reduce the number of juveniles with undisciplined or delinquent behaviors from being placed in DSS custody. The workers work on interdisciplinary teams to meet the needs of the youth and families in the community to ensure that the juveniles are provided with equal access to community resources without having to be placed in DSS custody.

Resolution of GAPS Cases FY 2008-09

- # of Children that went into out of home placement, 12, 11%
- # of Children that went to Foster Care, 2, 2%
- # of Children remaining in the care of their parents, 95, 87%

LINKS is a federally funded program intended to assist youth who are currently in or have been in foster care between the ages of 13 to 20 become interdependent. Services end on their 21st birthday. Each county in North Carolina has the responsibility of organizing their own LINKS program. Money is distributed based on the number of teens in care for each county.

In Guilford County, the LINKS Coordinator works hand in hand with and assists caregivers, social workers and other caring adults who are involved with the teens/young adults as they transition into the world of interdependence. Interdependence is used because it is hoped that they would become active participants in the community. Budgeting, education, employment, a support network, life skills and housing have been identified as the important components needed by the teens/young adults to achieve interdependence.

An average of 35 teens/young adults attend the monthly LINKS meetings where trainings are held. Three Technical Assistants (TAs) from the Casey Alliance also meet with the teen units monthly to work on ways to address meeting the needs of our hard to place youth; youth who are not actively engaged in the independent living process; and work with the youth to become advocates for themselves.

In addition to monthly meetings, LINKS participants also go on summer trips, college tours and participate in focus groups.

In mid March 2009, a new adoption unit was formed and the adoption social workers were transferred from the YDU along with 32 legally free for adoption youths. From March 15 - December 31, 2009, 42 Decrees of Adoption were issued.
**Community Partnerships**

**Children’s Mental Health Collaborative.** Provides a forum for the discussion of issues regarding how agencies and families can work together to produce better outcomes for children and families. A “place” where decision makers from agencies can work collaboratively to better meet the needs of children and families. DSS staff chair the collaborative.

**Child Fatality Prevention Team.** The Guilford County Child Fatality Prevention Team (CFPT) and Community Child Protection Team (CCPT) are combined as one entity. The local CFPT is required to review the medical examiner reports, death transcripts, police reports and other records of deceased county residents under the age of 18 in order to identify deficiencies in the delivery of services to children and families by public agencies, make and carry out recommendations for changes that will prevent future deaths and promote understanding of the causes of child deaths. The intent of CCPT is to enhance child protection in the community through collaboration and advocacy. DSS and the Health Department co-chair the CFPT.

**Foster Friends.** A non-profit charitable organization that provides a brighter future to children experiencing foster care in Guilford County. Through their General Awards and Journeys Mentoring programs, foster children are provided with access to activities and opportunities that enrich their childhood experience.

**The High Point Children’s Cabinet.** Formed in April 2003, the High Point Children’s Cabinet addresses four problem indicators related specifically to the wellness of children in High Point, NC. Cabinet members include elected officials, DSS, governmental and nonprofit agency representatives as well as community leaders. The indicators relate to the high rate of children placed away from their birth parents; the high number of placement moves for children in Child Protective Services’ Care; the low proportion of children placed in their own neighborhoods; and the disparities associated with race and ethnicity in each of these indicators.

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