NC Department of Health and Human Services Inventory of Programs and Plan for Benefit-Cost Analysis

January 15, 2021

NC Office of State Budget & Managment
www.osbm.nc.gov
984-236-0600

Contents

Report Background

S.L. 2020-78, Section 14.1 directed the Office of State Budget and Management (OSBM) to submit a plan to conduct a benefit-cost analysis of all the Department of Health and Human Services' (DHHS) programs funded by state appropriations.

As part of the plan, OSBM has included an inventory of all DHHS' programs and an estimate of the cost to conduct the Results First benefit-cost analysis for each program.

Key Points

▷ The Results First process involves two components: program inventory and the benefit-cost analysis.

▷ Not every service or program provided by DHHS can be evaluated using the Results First framework. The program can evaluate programs or interventions that target specific outcomes in the Results First inventory and the benefit-cost analysis can be performed only where matching rigorous program evaluations are available in the Results First benefit-cost model. Please see the Results First description and methodology for more on the model and Clearinghouse.

▷ For each individual policy area, it takes 4-6 months to complete a program inventory and 6-9 months for a benefit-cost analysis. A timeline for conducting the Results First initiative for DHHS programs is outlined in this report. A recommendation for accelerating this timeline is also provided.

▷ Long-term sustainability for maintaining assessments of North Carolina's programs, and expanding to evaluating programs that fall outside of Results First model, will require an investment to create state-specific evaluations and ongoing monitoring of program effectiveness.

The North Carolina Results First Initiative is a framework that relies on rigorous program evaluations and benefit-cost analysis. It is based on a model developed by The Pew Charitable Trusts and the Washington State Institute of Public Policy (WSIPP). The initiative helps North Carolina identify programs that generate positive outcomes and maximize the value of taxpayer dollars for North Carolina.

Results First Process

Match Programs to Available Evidence

Partners use the Results First Clearinghouse Database to understand how effective their programs are based on national research.

Analyze Results

Partners analyze the program inventory and benefit-cost analysis to develop findings and recommendations.

Create an Inventory of Current Programs

Partners develop a program inventory that includes information on design, budget, capacity, and populations served.

Conduct Benefit-Cost Analysis

Partners collect cost information on their programs and services. They also customize a benefit-cost model to calculate long-term costs and benefits for programs.

Inform Stakeholders

Partners develop reports and briefs that explain findings to policymakers and other stakeholders to enable them to make more informed program, policy and budget decisions.

The Office of State Budget and Management (OSBM) works with state agencies to collect data to complete the inventory of currently funded programs, review the evidence base behind each, and conduct benefit-cost analysis on programs that match evidence in the Results First model. Once the benefit-cost analysis has been completed, OSBM and partner agencies review results and use them to inform how programs are designed and implemented, and how resources are allocated across programs.

FOR MORE NC RESULTS FIRST REPORTS

OSBM publishes program inventories and reports on its website for each policy area inventoried and analyzed. Current reports include:

- Juvenile Justice Program Inventory
- Children & Family Health Program Inventories for Birth Outcomes & Chronic Disease Outcomes
- Children & Family Health Final Report
- All NC Results First Annual Reports

Program Inventory & Benefit-Cost Analysis

The Results First process produces two main products: a **program inventory** and a **benefit-cost analysis.**

PROGRAM INVENTORY

The program inventory is a comprehensive list of programs in a particular policy area, along with basic information on the programs' duration, frequency, oversight agency, delivery setting, and target population. After creating an inventory, OSBM and partner agencies match these programs to those in the Results First Clearinghouse Database. *[1]*

The Clearinghouse Database is an online resource that provides information on the effectiveness of various interventions drawn from the existing body of program evaluation research. Included programs have different levels of evidence based on the quality, quantity, and/or scientific rigor of the research.

The Clearinghouse Database helps states determine which programs are evidence-based and how potentially effective those programs are according to available research. *[2]* Not all programs match the Clearinghouse Database; however, this does not necessarily mean they are not effective. Rigorous evaluations may not have been conducted for some programs or programs may be too small to warrant rigorous evaluation.

Together, the list of programs and their associated level of evidence make up the program inventory.

BENEFIT-COST ANALYSIS

After the program inventory is complete, OSBM, in consultation with the partner agency, identifies which programs qualify for the benefit-cost analysis. If quality evaluations are not available to validate the outcomes and effect sizes of the program, it is not possible to monetize the benefits of the program without further research.

In its simplest form, the *Results First Benefit-Cost Model* calculates the monetary values of benefits and costs of a program over time. For example, if the state funds a program that improves birth outcomes for participants, the model will calculate the potential monetized benefits (e.g., reduced health care costs) and the costs of implementing the program.

Benefit-cost analyses conducted with the model do not directly evaluate outcomes or effectiveness for programs delivered in North Carolina. Rather, the Results First model helps us estimate the benefits North Carolina can expect if its programs have the same impact found in previous evaluations for similar or equivalent programs. The model assumes programs in North Carolina are implemented with the same level of effectiveness as those in the research.

OSBM works with partner agencies to collect cost information and customize the benefit-cost model. This information helps OSBM understand the cost-effectiveness of programs and to compare similar programs.

---

[1] Results First defines programs as systematic activities that engage participants in order to achieve desired outcomes.
[2] An evidence-based program is one that has been rigorously evaluated to demonstrate an actual cause and effect relationship between a program and its outcome.

Roles

As the lead agency in North Carolina's Results First Initiative, OSBM facilitates and coordinates the process while providing technical expertise in the areas of benefit-cost analysis and evidence-based decision-making. OSBM works with agency staff to collect information required to build the program inventory. OSBM staff also collects data required for the benefit-cost model.
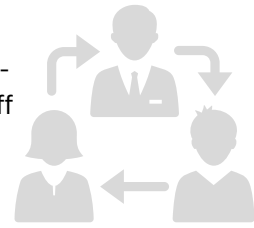
Partner agencies provide the programmatic expertise and have primary responsibility for the program inventory. Additionally, partner agencies assist with the data collection and analysis required to customize the benefit-cost analysis. Depending on the policy area, data collection can be substantial. Partner agencies then work with OSBM to estimate costs for the benefit-cost analysis and to provide other necessary data. Lastly, OSBM and partner agencies review results and use them to inform how programs are designed and how resources are allocated across programs.

Transition to State-Maintained Model

The Results First Initiative, created by the Pew Charitable Trusts in partnership with Washington State's Institute for Public Policy, was designed as a capacity building project – to provide state partners with the training, resources, and tools necessary to do this work on their own. Results First staff offered significant training and technical assistance in analysis methods and application of the tools. In 2017 North Carolina became the 27th state to join the initiative and since then has earned recognition as a "leading state."

On January 1, 2021, the Results First team started winding down their direct technical assistance, preparing leading states like North Carolina to continue using the program inventory and benefit-cost modeling tools independently. OSBM was provided with an Excel-based version of the model to maintain. Pew Charitable Trusts will continue to support states in this and related evidence-based policymaking efforts through sharing of best practices and resources within the peer learning community.

OSBM has a strong foundation in the benefit-cost modeling methods and tools. Combined with our agency partners' experience and expertise and the support of our state leaders, we are confident in North Carolina's ability to continue using the Results First tools and approach to promote evidence-informed policymaking and ensuring value for our taxpayer dollars.

OSBM will continue to customize our own model to assess programs in the remaining policy areas: mental health and substance abuse, adult criminal justice, child welfare, education, and general prevention.

Inventory of NC DHHS Programs

Methodology

The mission of DHHS is to provide essential services to improve the health, safety, and well-being of all North Carolinians in collaboration with its partners. OSBM worked with DHHS' Budget and Analysis section to develop an inventory of DHHS programs, which contains programs categorized into one of the following divisions: Aging and Adult Services, Child Development and Early Education, Health Benefits, Health Service Regulation, Mental Health, Developmental Disabilities and Substance Abuse Services, Office of Rural Health, Public Heath, Services for the Blind, Services for the Deaf and the Hard of Hearing, Social Services, State Operated Healthcare Facilities, and Vocational Rehabilitation Services.

The program inventory contains basic information on each of the identified programs, along with the state fiscal year 2019-20 expenditure data. All programs in DHHS are included in the inventory regardless of funding source. DHHS worked with its programmers to do a data pull from Open Window, which captures important information on all DHHS services, programs, and the contracts that support those services. Open Window also contains key planning and performance information for DHHS.

While this is a great first step in the inventory process, OSBM would need to use the information in the program inventory to identify similar or equivalent programs that have been rigorously evaluated and match to the available research in the Results First Clearinghouse Database and the Results First benefit-cost model. This would help OSBM determine which programs have sufficient evidence to confidently quantify expected program outcomes and conduct a benefit-cost analysis.

The following are key points to note about the Results First process.

NC DHHS Open Window
Openness, Transparency and Performance Management

Open Window allows DHHS to capture important information on all DHHS services, programs, and the contracts supporting those services. Open Window also contains key planning and performance information for DHHS.
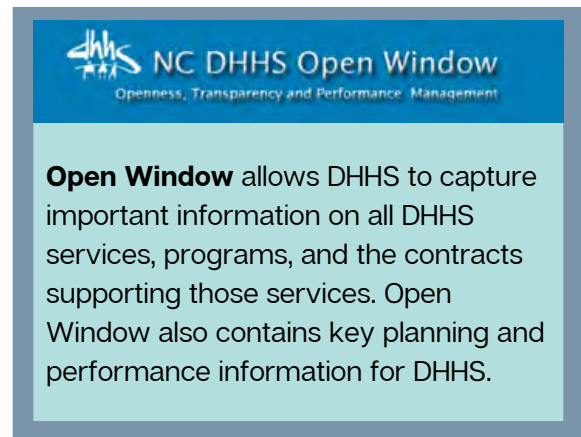
Focus on Outcomes with Strong Research Base

Results First work spans over several policy areas, many of which are social or human service policy areas that fall under DHHS.

Those include:
- Adult Criminal Justice
- Adult Mental Health
- Child Mental Health
- Child Welfare
- Health Care
- Higher Education
- Juvenile Justice
- Pre-K through 12 Education
- Public Health & Prevention
- Substance Use Disorder
- Workforce Development

While DHHS provides many valuable services, not all would be included in a final Results First program inventory. Results First defines programs as "systematic activities that engage participants in order to achieve desired outcomes." For example, in child and family health, OSBM looked at programs impacting chronic disease outcomes, such as obesity and type 2 diabetes, and birth outcomes, such as infant mortality and low birth weight.

Because of this, OSBM would only look at programs or interventions that target specific outcomes in the Results First inventory. Other programs could be cataloged using a modified version of the program inventory, but OSBM would not be able to apply the evidence matching and benefit-cost analysis components of the Results First framework.

Determining the Level of Analysis

Frequently, program managers group multiple programs together under a broad service array or wraparound service for budget and planning purposes. For the Results First inventory process and subsequent benefit-cost analysis, OSBM would break these programs out into the individual components offered to align with the level of detail in the evaluation research. Services such as intake evaluations and regulations/policies would typically be excluded.

For example, with the Child and Family Health inventory, OSBM included specific programs, such as Baby Love Plus and Healthy Beginnings, which fall under the umbrella of Community Focus Infant Mortality.

At this time, OSBM has not broken out the DHHS' programs in the inventory provided with this report to this level of detail. This would need to be done as OSBM works through each policy area to complete the full Results First program inventory and evidence matching process.

Monetizing Outcomes

Monetization of program benefits is only possible when rigorous program evaluations are available to measure the outcomes attributable to program participation. Only programs that have been evaluated with the highest level of rigor will match to the model.

For example, of the 31 programs in the Child and Family Health inventory, it was possible to monetize the costs and benefits for six programs with birth outcomes and two programs with chronic disease outcomes. The inability to monetize outcomes at this time does not indicate the programs are not cost-effective; more research is needed to determine the extent to which these programs produce positive outcomes.

In addition, some programs can have monetized outcomes in multiple policy areas. This means realizing the full benefits for programs requires completion of all affected policy areas and customizing the model to reflect the cross-policy area benefits. For example, two programs in the Child and Family Health area also have outcomes in the child welfare policy area. Until we complete the child welfare policy area, we cannot run the full benefit-cost analysis on those programs. Therefore, some program outcomes may take longer to monetize where they have outcomes in multiple policy areas.

Timeframe

It's important to note that for one policy area, it typically takes around **4-6 months to complete a program inventory** through the full Results First inventory and matching process. It is an in-depth and iterative process.

The benefit-cost analysis phase typically takes about 6-9 months to complete, but this can be shorter or longer depending on the specific policy area. Some policy areas require more time and resources to collect and analyze the necessary data to customize the model.

Cost to Conduct Programs

To estimate the cost and develop a plan to conduct the Results First benefit-cost analysis for each qualifying DHHS program we created two scenarios:

1) OSBM current resources & timeline
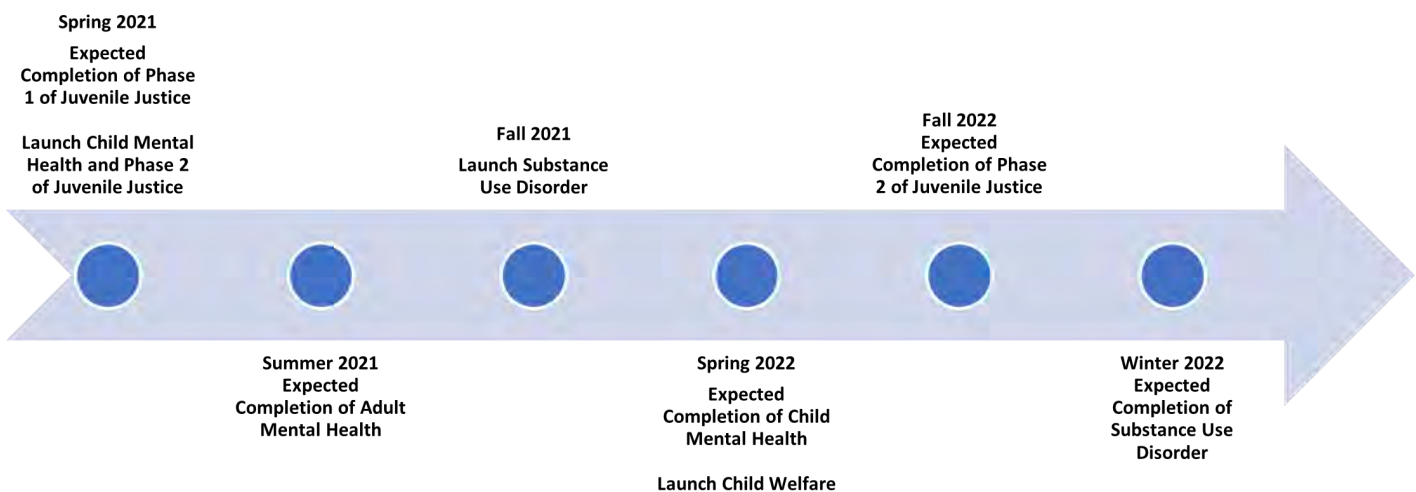**2) Additional resources needed for accelerated timeline**

OSBM Current Resources & Timeline

Currently, OSBM has six employees that dedicate a portion of their time to the NC Results First initiative. Together the amount of time dedicated to the project adds up to approximately two FTE. With the current staff at OSBM, we have created a timeline of the expected launch and completion dates of policy areas within Results First through CY 2022 – see below. We plan to launch and complete Adult Mental Health, Child Mental Health, and Substance Use Disorder during that time. We also expect to launch Child Welfare during that time, but do not expect it to be completed until 2023. We will periodically review and update our timeline as necessary.

There are a few additional policy areas within DHHS we expect to launch and complete after 2022. These policy areas include PreK-12, Workforce Development, and General Prevention. While most of the policy areas fall under DHHS, there are a few additional areas outside of DHHS our team will be working on, including Juvenile Justice and Adult Criminal Justice. PreK-12 and Workforce Development would also include programs from other agencies in addition to DHHS.

In addition to our staff, it is important to note that the NC Results First initiative relies heavily on program and data experts from partner agencies to complete the work developing the program inventory and customizing the model. Depending on the policy area, this can be substantial, and our timelines must take into consideration availability of agency staff.

Timeline of Expected Completion of Policy Areas through 2022

Spring 2021
Expected Completion of Phase 1 of Juvenile Justice

Launch Child Mental Health and Phase 2 of Juvenile Justice

Fall 2021
Launch Substance Use Disorder

Fall 2022
Expected Completion of Phase 2 of Juvenile Justice

Summer 2021
Expected Completion of Adult Mental Health

Spring 2022
Expected Completion of Child Mental Health

Launch Child Welfare

Winter 2022
Expected Completion of Substance Use Disorder

Resources to Accelerate Timeline

The best way to complete a policy area is to have two core staff on each policy area and one flex person from OSBM. Given that, we believe we would be able to accelerate the timeline if we added additional staff to the Results First team at OSBM. We estimate that in order to add one additional policy area to what we are currently able to complete, we need the equivalent of one additional FTE at OSBM.

We also recommend adding one time-limited FTE at DHHS. Since most of the remaining policy areas are in DHHS that person would act as the point-person at DHHS for Results First. Throughout the process, we rely on the agency to complete the program inventory and benefit-cost analysis. Adding one additional person at DHHS to assist with project management and data needs for the duration of the Results First project would accelerate the process.

Position	Salary and Benefits	FTE
Budget Analyst at OSBM	$ 99,927	1
Data Analyst at DHHS	$ 99,927	1
Total	$ 199,854	2

Sustainability & Recommendations

Research & Evaluation

Model outputs are only as good as the underlying inputs. To maintain and expand our assessment capabilities over the long term, investments will be needed to produce rigorous, state-specific evaluations of our programs' effectiveness as well as *continually monitor and conduct meta-analytic evaluations* of external research on similar or brand-new program outcomes to determine the most effective interventions. Benefit-cost analysis can only be completed on programs that have rigorous evaluations done on them.

If there is interest in conducting benefit-cost analysis on additional programs that fall outside of the Results First model, we recommend providing funds for Research and Evaluation Grants.

Research and Evaluation Grants would support agencies interested in funding rigorous, well-designed evaluations to build the evidence-base needed to determine whether a program is working and achieving intended outcomes. Assessing outcomes is critical for determining the return on investment for a program.

Data & Analytics

Further, when customizing the benefit-cost model, OSBM and partner agencies work together to identify and analyze NC-specific data. Oftentimes this requires staff with experience to work with the data, staff time to pull/analyze the data, and adequate existing data infrastructure. These resources are critical for producing rigorous evaluations.

To enable the state to build capacity to apply analysis and evaluation to a broader set of policy areas and programs, we recommend establishing dedicated, advanced analytic positions at agencies to support the work of the Results First Initiative.

The state has made significant investments to improve the quality and accessibility of data and information but has not made commensurate investments in agency staff with the advanced analytic skills needed to effectively derive and communicate actionable insights from that data. Ready access to individuals with the ability to quickly analyze and interpret data is critical for responding to challenges and questions state agencies are faced with on a regular basis when determining how to best invest the state's resources.

Challenges States Face

In the drive to use data and evidence in effective public policy, Pew Charitable Trusts has identified four top challenges faced by state governments.

Staffing - staff members are needed with public policy experience and technical skills for managing and analyzing data.

Data Accessibility - Current technology and computer systems are required to extract data in a usable format.

Data Quality - Reliable, accurate data points must be identified and tracked consistently.

Data Sharing - Technology must support systems which coalesce data across data sets, programs, and agencies.

Source: Pew Charitable Trusts, "Using Data to Improve Policy Decisions"
https://www.pewtrusts.org/en/about/news-room/opinion/2018/08/13/using-data-to-improve-policy-decisions

Inventory of Department of Health and Human Services' Programs

The Office of State Budget and Management (OSBM) worked with the Department of Health and Human Services (DHHS)' Budget and Analysis section to develop an inventory of DHHS programs. The program inventory contains basic information on each of the identified programs, along with the State fiscal year 2019-20 expenditure data. All programs in DHHS are included in the inventory regardless of funding source.

DHHS pulled the data from DHHS Open Window. Open Window is a performance management system that captures important information on all DHHS services, programs and the contracts that support those services. Please note that due to how programs are cross walked into DHHS Open Window, some of the program and expenditure data reported here may not completely align one-to-one with the way programs are accounted for in the state's budgeting and accounting systems. Certain expenditures, such as DHHS central administrative, were also excluded.

Below is a guide to the Inventory, including definitions of the key information provided. The Inventory begins on the following page.

Program	A program is one or more services that are related with a goal to achieve a positive outcome for specific groups or individuals intended to benefit from the program.	Pages 11-87
Program Description	This describes what need the program addresses; how it is being done; who or what population is being served; and who is eligible.	
Primary Population & Secondary Population	Target populations the program is intended to serve.	Pages 88-97
Federal	Funds received from federal government to support activities.	Pages 98-105
Receipts Other	Funds received from local entities or from other activities, such as fees and fines, to support activities.	
State	Funds received at the state level to provide services.	
Total Requirement	The total of federal, receipts other, and state funding.	

Program Name	Program Description
Adult Protective Services	Adults who are elderly or have a disability and who are abused, neglected or exploited or suspected of being abused, neglected or exploited, can get help from Adult Protective Services (APS) from the local county department of social services (DSS). There is no income requirement. County departments of social services receive reports of possible abuse, neglect or exploitation. When a report is received, an evaluation begins. The APS worker looks for signs of mistreatment and identifies problems that might result in abuse, neglect or exploitation. At the end of the evaluation, a case decision is made. If the APS worker finds a need for protective services, the local DSS must get authorization. If the adult has capacity to consent and agrees to protective services, services are provided. If the adult does not have the capacity to consent, a court order for APS is obtained. Services include working with the individual and the family or caregiver to identify, remedy and prevent problems that may result in abuse, neglect or exploitation. APS also sees that the elderly or disabled person gets needed services. APS reports evidence of mistreatment to the District Attorney and regulatory agencies, and court action is initiated if necessary to protect the adult.
Alzheimer's and Dementia Support Services	The Alzheimers and Dementia Support Services provides outreach, information and referral, training and supportive services to individuals and families living with Alzheimer's disease and related disorders. The Duke Aging Center Family Support Program provide a variety of services to family and professional caregivers The services aim to help families provide quality long-term care in the home. This is done through community support services and by education about dementia. The services also provide consultation, technical assistance and research support to Aging and Adult Services staff to help them develop and manage programs and services that support dementia families and professionals throughout the state. The Project C.A.R.E. (Caregiver Alternatives to Running on Empty) component employs family consultants with expertise in dementia. The consultants visit the homes of referred dementia caregivers in crisis and offer assessment, guidance, counseling, support, advocacy, coaching and education. Their aim is to match families with the most appropriate and preferred local respite and community services tailored to their unique situation and needs. Through Project C.A.R.E., dementia caregivers may spend up to $1,800 a year toward respite services. Families are able to choose among a range of options, including adult day services, group respite, private or agency in-home care, and overnight residential respite. These services benefit adults with Alzheimers disease and other types of dementia as well as their families and professional caregivers.

Program Name	Program Description
At Risk Case Management/Out of Home Placement	At Risk Case Management is a service that can improve or manage harmful situations and prevent further harm from occurring. Services are provided to disabled adults and families with children who have been abused, neglected or exploited and are in need of protection and include Adult Placement Services to find substitute homes or residential care facilities when they are unable to remain in their current home. Professional case managers, working through each North Carolina county department of social service,provide this service. Their role is to: -Assess individual needs and then plan for, arrange, coordinate and monitor services for the person and family -Promote improved family functioning -Make use of home- and community-based services in an effort to prevent the need for an acute care or long term care setting At Risk Case Management also serves adults who are at risk of further mistreatment because the conditions leading to a prior episode continue to exist. When requested, social workers also can help individuals return to more independent settings in the community or relocate in more appropriate settings when new levels of care are needed. These services benefit aging or disabled adults, and their families, who need help with placement and is provided without regard to income. The Adult Home Specialist Fund also a part of this service, assists county social services departments with financial support for monitoring adult care homes. The funding supports the salaries of adult care homes specialists, who ensure that licensed adult care and family care facilities meet state licensing standards and provide care that meets the needs of the resident.

Program Name	Program Description
Capacity Building and Professional Development for Aging and Adult Services	The Division of Aging and Adult Services, Adult Services Section, provides training throughout the state to each of the county DSS. The training is intended to help adult services social workers and supervisors understand and address the needs of older adults, adults with disabilities and their families. Training topics include: -Adult Protective Services: Basic Skills - Adult Protective Services: Assessing an Adult's Capacity to Consent - Adult Protective Services: Financial Exploitation - Guardianship: Basic Skills, A Systematic Approach - Guardianship: Decision Making, An Ethical Perspective - Medicaid Administrative Claiming for Adults (Classroom and Webinar formats) - Service Planning (Webinar format) - Effective Social Work Practice in Adult Services: A Core Curriculum - Severe and Persistent Mental Illness - State-County Special Assistance In-Home Case Management
Case Management and Counseling	Case Management and Counseling, provided by local county departments of social services, uses an array of services to help individuals and families live independently. They include: -Health Support Services to help recognize and understand health problems and locate appropriate treatment -Personal and Family Counseling to help resolve problems and conflicts -Individual and Family Adjustment Services to help cope with problems such as homelessness, school difficulties, drug addiction and alcoholism, and neglectful or abusive family members -Representative Payee Services to manage money for people who are impaired -Employment and Training Services to help people find and prepare for work -Case Management Services to coordinate all of the above Case managers determine which services are best suited to meet the needs of the individuals or families. They assess all areas of functioning (such as mental and emotional health, the environment and social support systems of the person) and then develop a plan for services. They conduct quarterly reviews and annual reassessments and update service plans as needed.The service benefits adults, families and children who need services to live independently and is provided without regard to income.

Program Name	Program Description
Community Based Legal Services	Individuals sometimes need legal help with civil (non-criminal) matters. For those age 60 or older who cannot afford to pay privately, legal assistance is available through the Older Americans Act Legal Services Program. Funding goes to the Area Agencies on Aging (AAA) in North Carolina, which contract for legal services with Legal Aid of North Carolina (Legal Aid NC) and a few private attorneys. Services generally include simple wills, powers of attorney and advance medical directives such as health care powers of attorney and living wills. Legal Aid NC offices also offer help with housing, foreclosure, consumer debt, utilities and benefits cases. The federal Older Americans Act funds this service and specifies that it target seniors in the greatest need without using economic means testing. The services benefit adults age 60 and older, with emphasis on those who are in the greatest economic or social need (that is, isolation or limitation due to some physical or mental disability). It provides assistance to the homebound, residents in long-term care settings and congregate (group) meal sites.
Congregate Nutrition	Congregate Nutrition, that is, meals served in a group setting, such as a senior center or church, is funded under the Home and Community Care Block Grant (HCCBG) to help older adults stay in their homes. The meal (typically lunch) must meet 1/3 of the Recommended Daily Allowance (RDA) for nutrition. Services are available through HCCBG providers in counties, such as county departments of aging and social services and private nonprofit councils on aging. The service benefits adults age 60 and over, with an emphasis on minorities and socially and economically needy seniors.
Emergency Shelter Grants Operations Support	The purpose of the Emergency Shelter Grants services is to help improve the quality of emergency shelters and transitional housing for the homeless; to make available additional shelters; to provide essential social services to homeless individuals, and to provide homelessness prevention activities. Local community homeless shelters apply for the federal assistance to support costs such as rents and utilities The shelters receiving grants must make monthly, midyear and annual reports on their services. The services benefit homeless individuals and families.

Program Name	Program Description
Family Caregiver Support Services	Family Caregiver Support Services are administered by providers which include: county departments of social services, county departments on aging, home-delivered meals providers, transportation providers, and local aging agencies; and nonprofit and for-profit home health agencies. -Providing information to family caregivers, area agencies on aging, county departments of social services, cooperative extension and other local nonprofit agencies that provide outreach and public information through the media, health fairs and other activities -Respite care which is brief period of relief or rest from caregiving responsibilities. It may be provided in a variety of ways, including in-home aides, adult day care services and group respite, depending on the needs and preferences of the caregivers and their care receivers -Assistance with Access provides one-on-one contact with caregivers who are seeking information about caregiver resources. Contact can be in person or by phone and usually involves follow-up contacts -Supplemental Services for family caregivers that help provide for a short-term or one-time need, such as financial assistance for a specific need, providing accessibility equipment or dealing with an emergency. -Support and Counseling which helps caregivers understand disease processes and helps caregivers to take care of themselves as well as their loved one. It may include individual counseling, support groups and caregiver training.

Guardianship	Guardianship is a legal relationship in which someone (the guardian) has legal authority to be the substitute decision maker for an adult who cannot manage his or her own affairs or cannot make important legal and medical decisions
	
	Guardians are often family members, but directors or assistant directors of local human services agencies may serve as guardians when no one else is available or willing. They provide services including:
	    -Assessing the needs of an individual for a guardian
	    -Trying to find an appropriate person to serve as guardian
	    - Petitioning the court or helping the family petition the court to appoint a guardian
	    -Serving as guardian of last resort; ongoing casework for the individual
	    -Making required reports to the court
	 Guardianship benefits adults with disabilities and disabled and impairments.

Program Name	Program Description
Home and Community Based Services	Home and Community Care Block Grant (HCCBG) services are provided through funding allocated to counties through Area Agencies on Aging to provide a variety of services to older adults and their caregivers. These services may include: -Access services, that is, information, assistance in getting services, and transportation to doctor appointments. -In-home services such as in-home aid, adult day services, home repair and home health care. -Home-delivered meals for those unable to leave their homes. Through the HCCBG, counties set their own priorities and determine which services will be provided. The services are provided to adults age 60 and over, with an emphasis on serving minorities and socially and economically needy seniors.
Key Program Assistance	Key Program services operate in partnership with the NC Housing Finance Agency with the purpose of making available affordable rental units set aside for extremely low income households headed by adults with disabilities. Key Program services provide operating assistance to properties that do not have another form of rental assistance to assure the units are affordable to persons with incomes as low as Supplemental Security Income(SSI); and pays the difference between what a person on SSI income can afford to pay as rent and a state wide operating standard.

Program Name	Program Description
Long Term Care Ombudsman Service	The Long Term Care Ombudsman Service advocates for residents of long-term care facilities (nursing homes, adult care homes, rest homes, assisted living) throughout North Carolina. Ombudsmen (advocates) respond to, investigate and try to resolve complaints from or on behalf of residents. They also: -Train and provide technical help to more than 1,000 county-appointed volunteers -Train long-term care staff about the rights of residents -Provide elder abuse prevention education for facilities and the public -Provide information about long-term care to the general public -Collect and report complaint data to the Administration on Aging -Promote community involvement with long-term care providers -Inform public agencies, legislators and others on problems affecting the rights of residents and make recommendations for resolving problems The service benefits adults age 60 and over who live in long-term care facilities and their families.
North Carolina Senior Games, Inc.	North Carolina Senior Games provides locally organized Senior Games as well as cultural and health education activities designed to provide exercise and promote healthy lifestyles for those 55 and older. This is accomplished through: -A network of local Senior Games in all 100 counties. -Annual State Finals for top performers in local Senior Games. -Silver Arts, which provides an opportunity to use visual arts, dance and literary talents. -Silver Striders, which encourages seniors in walking regularly. Local participation is through area agencies on aging, councils on aging and county health departments.
Operation Fan-Heat Relief - OFHR	Operation Fan Heat Relief (OFHR) has provided free fans during the summer for those 60 and older whose health, safety and comfort is at risk from extended heat in their home. Recently, contributors have allowed fans to be given to adults with disabilities under the age of 60 as well as air conditioners to adults with more severe health issues, as noted by their doctor. OFHR has no federal, state or local funding. The private contributors (Dominion NC Power, Duke Energy, Progress Energy and Valassis Corp.) provide policies and designate eligibility criteria for adults living in their service area. Money is not used for direct cash assistance, payment of utility bills or administrative costs. Adults living in the service area of one of the private contributors may apply for this assistance through local aging offices.
Senior Center General Purpose Funds	To provide funding to senior centers to develop programming and services, to support general operations or to construct, renovate or maintain senior center facilities.

Program Name	Program Description
Senior Community Service Employment Program	This service is provided through the Senior Community Service Employment Program (SCSEP), funded through the Older Americans Act and administered by the U.S. Department of Labor. The state service administered by the Division of Aging and Adult Services serves low-income adults, age 55 years and older at or below 125% of the federal poverty level who have poor employment prospects because of multiple factors such as lack of skills or transportation, low literacy or disabilities. The state program oversees six (6) sub-grantees who provide services in 24 counties. National programs also provide services in 98 counties throughout the state. Participants are placed in part-time assignments at locations such as social services agencies, health departments, councils on aging, nutrition sites and senior centers. Once they acquire new skills, they receive support transitioning into the regular work force.
Senior Farmers' Market Nutrition Program Participant Vouchers	Senior Farmers' Market Nutrition Program Participant Vouchers provide low income seniors access to fresh locally grown produce. This services lessens the risk of malnutrition and enhances seniors' independence. Seniors who attend congregate (group) meal sites may receive vouchers through the US Department of Agriculture for the purchase of locally grown produce at state-certified farmers markets. Market vendors deposit the vouchers through their bank, and the program is paid through the State Treasurer's Office.

Program Name	Program Description
State-County Special Assistance Adult Care Home/State-County Special Assistance In-Home	State-County Special Assistance (SA) helps pay the cost of room and board in certain licensed residential care facilities. To be eligible, the applicant must need the type of care provided in the residential facility, must either be age 65 and older, disabled according to Social Security standards, or any age and legally blind. The applicant must be unable to afford the cost of the facility and must meet financial guidelines. SA checks are sent monthly to eligible individuals living in licensed residential care facilities. Payments to eligible people in facilities are available in all 100 counties. If eligible for SA, the applicant would also receive Medicaid to help cover medical costs. Some adults may be able to receive SA and remain at home. What is Special Assistance? SA is a state supplement to the federal Supplemental Security Income program (SSI). It provides direct cash payment to help with the cost of care in licensed SA eligible residential care facilities. Limited assistance is available for adults who remain at home. The cash payments are 50% state and 50% county dollars. What are residential care facilities? Residential care facilities eligible to receive payments from SA recipients include licensed adult care homes/assisted living facilities, family care homes, mental health supervised living facilities, specialized community residential facilities for children & adolescents, and residential hospice facilities. Facilities must abide by the Civil Rights Act of 1964. The service pays a higher rate to residents of licensed special care units for persons with dementia. SA recipients in residential care facilities are entitled to Medicaid to help cover medical costs. Who qualifies? Eligible recipients are low-income adults (65 and older), disabled adults (18 to 65), legally blind persons of any age who qualify for federal SSI payments or who would qualify for SSI but have income higher than SSI limits. SA recipients also must need assistance with their daily living activities in a residential setting, as certified by a licensed physician, physician assistant, or nurse practitioner. Can a person receive SA and remain at home? State-County Special Assistance In-Home (SA/IH) provides direct cash payment to enable Medicaid eligible low-income older or disabled adults to remain at home and receive care. Payments are no more than what the payment would be if the person lived in a licensed facility. SA/IH recipients must qualify for Medicaid separately. SA/IH is an alternative to residential care. The number of SA/IH slots statewide may equal 15% of the total number of all SA cases statewide. To receive SA/IH, adults must need the level of care provided in an SA eligible facility and able to remain safely at home with appropriate services. How do people get access to Special Assistance? People may apply through their county department of social services. Someone else may apply on behalf of the recipient.

Program Name	Program Description
Wellness and Health Promotion	Health Promotion and Disease Prevention encompasses a variety of activities that maintain and improve the health of older adults. These activities include: -Exercise and physical fitness training. i.e. NC Senior Games -Nutrition education. -Guidance on managing medications. -Evidence-based health promotion programs; that is, activities such as Living Healthy, -Living Healthy with Diabetes, Arthritis Foundation Exercise, Matter of Balance and Walk with Ease that have been shown to have a positive effect on health. -Accident prevention. -Smoking cessation. -Immunizations. -Screening for dental health, vision care, foot care and environmental health issues. Area Agencies on Aging and county aging agencies, contract with local groups to provide services to older adults.
Child Care Resource and Referral (CCCR&R) Core Services	Child Care Resource and Referral (CCR and R) Core Services provide a link between child care providers, families who need care and employers and community planners who address child care needs. Basic (core) services provided by CCR and Rs statewide include: -Helping parents make informed choices about child care. -Providing professional development for child care workers. -Supporting child care providers through technical assistance and training. -Collecting and analyzing information about child care needs and supply. -Educating and encouraging communities to address child care needs and issues. Activities are contracted to a three-agency council that works with 18 regional lead agencies. CCR and R services are part of the Child Care Quality and Availability Program, which serves infants and child in child care. In addition, the network of CCR and R agencies address concerns about challenging behaviors of children in care.

Program Name	Program Description
Child Care WAGE$ Project	The Child Care WAGE$ Project provides annual salary supplements to child care workers who obtain college-level education related to child development and remain in their jobs for a specific length of time. The project is designed to provide preschool children (birth to age 5) more stable relationships and better-educated teachers by rewarding teacher education and continuity of care. The project is offered statewide as a funding collaboration between local Smart Start partnerships and the Division of Child Development's Child Care Quality and Availability Program.
Child Care Workforce	North Carolina's child care licensing system sets education standards for the child care workforce. All child care workers are required to obtain approved in-service training hours annually. Staff members of the Child Care Workforce Standards section of the Division of Child Development make sure these standards are met.

The service benefits infants and children in child care. |
DHHS Criminal Records Checks	North Carolina's Division of Child Development and Early Education (DCDEE) provides criminal record checks for everyone employed in regulated child care programs. In addition, required Department of Health and Human Services (DHHS) criminal records checks are centralized in DCDEE. Background checks are performed for adoptive and foster parents and employees of nursing homes, family and adult care homes, mental health facilities and DHHS agencies.
NC Pre-K	NC Pre-K (formerly More at Four) funds high quality pre-kindergarten services in approved sites statewide for at-risk four year olds and supports the requirement that NC Pre-K classroom teachers attain a NC Birth-Kindergarten or Preschool Add-on Continuing License.
NC Rated License Assessment Project	The NC Rated License Assessment Project helps to define the quality of child care in the state and helps parents recognize and choose child care. The Division of Child Development awards the NC Star Rated License to child care centers, family child care homes and school-age programs based upon total points earned in two areas: program standards and staff education levels. The University of North Carolina at Greensboro contracts with the Division to retain well-trained and qualified staff to assess programs statewide. This assessment is the foundation for the NC Rated License and is required to earn a license of four or five stars.
Regulation of Child Care	The NC Division of Child Development licenses child care centers and family child care homes statewide. Licensing consultants make unannounced visits to child care facilities to make sure they are complying with requirements for their star rating (level of licensure). Field staff members also make visits for technical assistance at the request of the providers. This service benefits infants and children in child care.

Program Name	Program Description
Smart Start Child Care Related Activities	Child Care Related Activities are a service provided under the Smart Start program, which serves children from birth to age 5. Local communities carry out activities designed to maintain or improve the quality of child care homes and centers. These may include: - Activities to maintain or increase a facility's star rating (level of licensure) - Teacher training - Supplemental teacher pay for professional development, such as enrollment in for-credit courses related to early childhood development Services are provided statewide through 75 local Smart Start partnership organizations.
Smart Start Family Support Activities	Smart Start offers family-focused services that improve parenting, promote parent involvement and impact the environment in which parenting takes place and serves children 0-5 years of age. Smart Start supports: - Home visiting services to help new parents and parents-to-be by providing education, information and resources - Parent education programs that empower parents by increasing their knowledge of early childhood development and positive parenting practices - Early literacy services Smart Start services are provided statewide through 75 local partnership organizations.
Smart Start Health Related Activities	Health-related activities are one of the services provided under the Smart Start program, which serves children from birth to age 5. This service is for children with special needs or at risk of developmental delay. It is provided in addition to services supported by mental health or early intervention or special education funds. It includes: - Neonatal intensive care unit support - Speech, physical or other therapists - Behavior intervention specialists - Parent-to-parent activities - Coordination of services Services are provided statewide through 75 local Smart Start partnership organizations.
Smart Start-Subsidized Child Care Services	Smart Start Subsidized Child Care Services help eligible families in need pay for child care. The assistance is provided under the Smart Start program, which serves children from birth to age 5. Smart Start services are provided statewide through 75 local partnership organizations.

Program Name	Program Description
Subsidized Child Care Services	Subsidized Child Care provides financial assistance to eligible families through county departments of social services to help pay for child care. Families may apply through their county social services department (DSS). The DSS may contract with a local agency to provide vouchers and issue payments for child care. The service benefits children from low-income families. Assistance is available to support parents' employment or education, child developmental needs, child protective services and child welfare services.
Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Project	The T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood Project aims to increase child care workers' education and wages while reducing child care staff turnover. The service provides scholarships to child care workers to complete coursework in early childhood education. Scholarships help pay the cost of tuition and books. Child care givers apply for scholarships through a contractor. The service is part of the Child Care Quality and Availability Program, which serves infants and children in child care.
Medicaid	Medicaid serves low-income parents, children, seniors, and people with disabilities providing access to physical and behavioral health care and services
Health Choice Program	North Carolina Health Choice (NCHC) for Children is a free or reduced price comprehensive health care program for children. The goal of the NCHC Program is to reduce the number of uninsured children in the State to ensure that the population served will be healthy and ready to learn and work.NCHC covers hospitalization and outpatient care including the following:- Physician and clinic services-Laboratory and radiology services -Surgical services -Prescription drugs -Dental services
Adult Care Homes	Licensing adult and family care homes providers is one of the services provided as part of the regulatory process for Health Service Regulation. Staff activities include:Issuing and renewing licenses and star rating certificates.Inspecting facilities annually and investigating complaints.Providing technical assistance with regulations.Issuing penalties or suspending or revoking licenses in cases of serious noncompliance.This service maintains the health and safety of residents in adult and family care homes
Ambulatory Surgery Centers	Overseeing ambulatory (outpatient) surgery centers is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting initial, follow-up and recertification surveys and investigating complaints to monitor providers' compliance with state and federal regulations.Conducting on-site Medicare certification surveys to qualify providers to participate in federal Medicare program.This service protects the health and safety of people using ambulatory surgery centers.

Program Name	Program Description
Certificate of Need	The Certificate of Need (CON) section reviews applications for new medical buildings and services. The purpose of the CON is to control health costs by restricting unnecessary duplication. Staff activities include:Evaluating applications for compliance with policies and need determinations in the SMFP and other criteria, and approving or denying the proposal within 150 days.In competitive reviews, comparing proposals to each other to determine which is the most effective alternative.Defending decisions if they are appealed.Monitoring projects for compliance.This service benefits the qualifying medical projects and the general population of North Carolina.
Clinical Laboratories	Overseeing clinical laboratories is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting initial, follow-up and recertification surveys and investigating complaints.Monitoring testing facilities' compliance with federal regulations.Conducting on-site Medicare certification surveys to qualify providers to participate in the federal Medicare program.This service protects the health and safety of the general population.
Complaint Intake	Complaint Intake is one of the services provided as part of the regulatory process of Health Service Regulation. Activities include:Receiving oral and written complaints about health care facilities and agencies.Receiving written incident reports from mental health facilities and adult care homes about deaths resulting from homicide, suicide or accident or with the use of restraints or seclusion.Receiving reports of allegations of abuse, neglect, misappropriation of property and fraud from various agencies.Staff members review all reports, set priorities and enter complaints into a computer database for investigation. They provide information to callers when the matter does not fall under the Division of Health Service Regulation.The Complaint Intake Unit collaborates with other agencies and may refer some complaints to other agencies for investigation. These include accrediting agencies such as The Joint Commission; advocacy groups such as ombudsmen with the Division of Aging and Adult Services (DAAS); advocates with the Division of Mental Health, Developmental Disability and Substance Abuse Services; and protective services with the Division of Social Services, DAAS and county departments of social services.
Construction	Overseeing construction of health care facilities and jails is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Reviewing and inspecting construction projects for compliance with state and federal regulations.Conducting biennial inspections of existing adult care homes and 24-hour mental health facilities, as mandated by the state.Certifying that health care facilities receiving Medicare or Medicaid funds comply with building safety codes and federal regulations.Investigating complaints and fires related to building construction or operation.Providing technical support to the N.C. Medical Care Commission, which issues tax-exempt revenue bonds for capital improvements to not-for-profit health care facilities.This service protects the health and safety of the general population.

Program Name	Program Description
End Stage Renal Disease Facilities	Overseeing end-stage renal disease (kidney dialysis) facilities is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting initial, follow-up and recertification surveys and investigating complaints to monitor providers' compliance with state and federal regulations. Federal law requires a survey every three years.Conducting on-site Medicare certification surveys to qualify providers to participate in the federal Medicare program.This service protects the health and safety of people using end-stage renal disease facilities.
Health Care Personnel Allegations & Investigations	Investigating allegations of wrongdoing against health care workers is one of the services of the Unlicensed Health Care Personnel Oversight program.Staff members receive and review reports from health care facilities concerning abuse and neglect of residents, misappropriation of property, fraud and diversion of drugs. They list pending investigations and substantiated findings on North Carolina's Health Care Personnel Registry and Nurse Aide I Registry.Health care employers use the registry (available on the Web or by telephone) in the hiring process of unlicensed health care workers.This service protects North Carolina's general population.
Home Health & Home Care Agencies	Overseeing home health and home care agencies is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting initial, follow-up and recertification surveys and investigating complaints to monitor providers' compliance with state and federal regulations.Issuing required licenses to provide health care services.Conducting on-site Medicare certification surveys to qualify providers to participate in the federal Medicare program.This service protects the health and safety of people using home health and home care agencies.
Hospice	Overseeing hospice (facilities that care for people near the end of life) is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting initial, follow-up and recertification surveys and investigating complaints to monitor providers' compliance with state and federal regulations.Conducting on-site Medicare certification surveys to qualify providers to participate in the federal Medicare program.This service protects the safety of people using hospice facilities.
Hospital Preparedness	Hospital Preparedness is one of the services provided under North Carolina's Emergency Medical and Disaster Preparedness Program.This service focuses on helping the State Medical Response System prepare for disasters or other events requiring extraordinary efforts. Efforts include:Conducting disaster-related training through conferences and contracts with hospitals.Creating an online registry, SERVNC, for volunteers willing to respond in a disaster or emergency.Tracking available resources and personnel with the State Medical Asset and Resource Tracking Tool (SMARTT).Setting up medical communications systems and training people to use them.Federal grant funding supports these efforts.

Program Name	Program Description
Hospitals	Overseeing hospitals is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting initial, follow-up and recertification surveys and investigating complaints to monitor providers' compliance with state and federal regulations.Issuing required licenses to provide health care services.Conducting on-site Medicare certification surveys to qualify hospitals to participate in the federal Medicare program.This service protects the safety of people using hospitals.
Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID)	Overseeing intermediate care facilities for Individuals with intellectual disabilities (ICF-IID) is one of the services provided as part of the regulatory process of Health Service Regulation. (An intermediate care facility provides medically related services to people who do not need the degree of care provided by a hospital or skilled nursing facility.) Staff activities include:Processing federal documentation when there is a change of ownership, service location or capacity.Investigating complaints to see that the facility complies with federal rules; following up to be sure problems are corrected.Conducting certification and annual recertification inspections.This service protects the safety of people using intermediate care facilities.
Jails & Detention	Overseeing jails is one of the services provided as part of the regulatory process of Health Service Regulation. This includes all county, municipal and regional jails and detention centers. Staff activities include:Conducting twice-yearly inspections to make sure jails comply with statutes and rules.Reviewing plans for new jail construction and renovation.Meeting and consulting with local government officials concerning matters such as exceeding jail capacity. Staff members may attend county commissioner meetings and meet with the sheriff as needed to discuss ways of correcting compliance issues.Responding to grievances against jails.Collecting data on jail population statistics and inmate deaths.This service protects jail inmates and the general population.
Local Emergency Medical Services	Assistance to local Emergency Medical Services (EMS) is provided under North Carolina's Emergency Medical and Disaster Preparedness Program to ensure that all North Carolina residents have access to quality emergency medical care.Staff activities under this service include:Technical assistance and oversight to all EMS systems in North Carolina.Credentialing of EMS workers, licensing of EMS providers and issuing permits for ambulances.Assistance to local officials and EMS decision-makers to enhance the quality of emergency medical care.Auditing EMS systems, specialty care transport programs and EMS educational institutions to see if they are in compliance with plans.Credentials for EMS workers are good for four years and require completion of an approved educational program and written exam. To renew, the worker must complete continuing education. Licenses for providers of EMS services are good for six years; they are issued after evaluation of an application. EMS ambulance permits are good for two years; program staff inspect ambulances to ensure they meet safety standards and also conduct unannounced inspections throughout the licensing period.

Program Name	Program Description
Medication Aide	Overseeing the qualifications of medication aides is one of the services of the Unlicensed Health Care Personnel Oversight program. Staff activites include:Administering tests throughout the state to people applying for adult care medication aide positions (at no charge to the applicant).Updating the Health Care Personnel Registry with the names of those who qualifyand those who meet renewal criteria. Health care employers use the registry during the hiring process.This service protects North Carolina residents using health care services.
Mental Health/Developmental Disability/Substance Abuse	Overseeing mental health/developmental disability/substance abuse (MH/DD/SA) facilities is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Processing initial applications and issuing licenses.Processing applications for change of ownership, location or capacity.Conducting initial, annual, change and follow-up investigations to check compliance with state rules.Investigating complaints and identifying deficiencies.This service protects the safety of people using MH/DD/SA facilities.
Nurse Aide	Overseeing the qualifications of nurse aides is one of the services of the Unlicensed Health Care Personnel Oversight program. Staff activities include:Administering a standardized statewide Nurse Aide I competency evaluation.Overseeing the Nurse Aide I training programs.Maintaining the Nurse Aide I Registry of competency and training information as well as any allegations or findings of wrongdoing. Health care employers use the registry before hiring nurse aides.This service protects North Carolina residents using health care services.
Nursing Homes	Licensing nursing homes is one of the services provided as part of the regulatory process of Health Service Regulation. Staff activities include:Conducting routine and complaint investigations to ensure compliance with state and federal regulations.Educating providers about new requirements.Offering nursing homes an informal opportunity to dispute cited deficiencies.Administering grants and contracts.Processing changes of ownership and license renewals.This service protects the safety of nursing home residents.
Radiation Protection	Radiation Protection is one of the services provided as part of the regulatory process for Health Service Regulation. Activities performed include: -Issuing licenses and registrations to facilities containing radioactive materials, x-ray machines and tanning beds-Issuing penalties for non-compliance with NC health and safety regulations-Perfom routine inspections to determine compliance with health and safety regulations-Revocation of licenses issued to tanning beds when found to be in non-complaince with health and safety regulations This service maintains the health and safety of facilities containing radioactive materials, x-ray machines and tanning beds.

Program Name	Program Description
State Medical Facilities Plan	The annual State Medical Facilities Plan (SMFP) makes projections of the health care facilities and services the state will need. The SMFP determines for which services Certificate of Need (CON) applications may be made.The agency collects data from various sources to make its projections. Some of the sources are license renewal applications; registration and inventory of medical equipment forms; regional kidney organizations; the CON Section; substance abuse data forms; data from Thomson Reuters; and population data from the Office of State Budget and Management.The process of creating the SMFP includes these steps:Holding public hearings to receive comments on the methodologies and policies in the proposed SMFP.Receiving and analyzing petitions and comments.The State Health Coordinating Council (SHCC) makes recommendations to the governor on a final SMFP. Agency staff planners are part of SHCC's standing committees and special work groups.The service benefits the qualifying medical projects and the general population of North Carolina.
Crisis Services	Crisis intervention services and supports promote a quick return to recovery and wellness management for individuals experiencing behavioral health crisis. The crisis services continuum is an array of crisis prevention, early intervention, response, and stabilization strategies with an emphasis on avoiding unnecessary visits to hospital emergency departments and involvement with the criminal justice system and are accessible and provided in a timely fashion in each community.

Local Management Entities/Managed Care Organizations (LME/MCOs) are responsible to assure an array of crisis services within available funding and under the requirements of the DMA and DMHDDSAS contracts. Expected services include, but are not limited to: Mobile Crisis Management, NC START and respite, behavioral health urgent care centers and community hospital psychiatric inpatient. When available the NC DMHDDSAS will direct funds for other specialty crisis services and community supports via statewide contracts or via competitive invitations to apply for funding processes resulting in designated allocations to the LME/MCOs. |

Program Name	Program Description
Enforcing Underage Drinking Laws	The Enforcing Underage Drinking Laws (EUDL) Program/Preventing Underage Drinking Initiative service supports efforts by communities to prevent the sale of alcohol to minors (under age 21) and to prevent minors from buying or consuming alcoholic beverages. This is accomplished by providing grants, education and technical assistance to Community Collaboratives. A Collaborative (or coalition) is an organized alliance among individuals or groups within a community joining together for a common cause. The Collaboratives support enforcement of underage drinking laws by monitoring retailers and through statewide efforts to raise awareness of the potential harm associated with underage drinking. The Enforcing Underage Drinking Laws (EUDL) Program/Preventing Underage Drinking Initiative is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA) Substance Abuse Block Grant and implements various strategies to prevent underage drinking. Primary strategies focus on: -Decreasing underage access to alcohol; -Changing community norms that promote underage and high risk alcohol use; and, -Addressing policies pertaining to underage drinking.
General Substance Abuse Prevention	General Substance Abuse Prevention services are aimed to inform the general public about risk factors for substance use or abuse. Services are focused to prevent the use of alcohol, tobacco, and other drugs among youth families and communities statewide. Services are delivered through the Substance Abuse and Mental Health Services Administration/ Center for Substance Abuse Prevention. (SAMHSA/ CSAP Substance Abuse Prevention and Treatment Block Grant required six prevention strategies that include: -Information dissemination -Education -Alternatives -Problem identification and referral - Community based (that is, through policy, media, education and advocacy) and - Environmental Strategies The majority of prevention services are Information distribution and education to the public. Providers of these prevention services use several set approaches that have been found to be effective based on evidence. These evidence based programs, policies and practices are deemed as effective and listed on the National Registry of Evidence based Programs and Practices. Substance abuse prevention messages that were designed to be appropriate for diverse groups within our culture are delivered by providers via media and include radio, television, and print. Substance abuse prevention activities include the implementation of evidence based curricula for universal, selective, and indicated populations. Tobacco use prevention initiatives attempt to reduce youth access to tobacco products as required by the federal Synar Amendment. Areas of focus include community collaboration, merchant education, and law enforcement related activities.

Program Name	Program Description
Intellectual and Developmental Disability Services Children/Adolescents	Community Based Intellectual and Developmental Disabilities services support North Carolina children and adolescents ages 3-17 with intellectual and/or developmental disabilities in order to remain in the communities of their choice. Services provided include: -Personal care: assistance with activity of daily living skills; -Habilitation: services to assist the individual in retaining, acquiring, and improving the self-help, socialization, and adaptive skills necessary to reside and participate successfully in the community; -Supported employment: supporting people to seek and gain work and providing the support they need maintain employment in a competitive and integrated setting,; -Residential services: supporting individuals living in licensed homes and supported living settings; -Respite services: a short-term/periodic relief or break for caregivers; and -Education and supportive services for families. The services are accessed through Local Management Entities -Managed Care Organizations (LME-MCOs), which are local agencies responsible for overseeing and managing publicly funded mental health, developmental disability and substance abuse services; and through providers that contract with LME-MCOs throughout the state.
Intellectual and Developmental Disability Services for Adults	Community Based Intellectual and Developmental Disability services are provided to adults aged 18 and older with intellectual and/or developmental disabilities so they can remain in the communities of their choice. Services include: -Personal care: assistance with activity of daily living skills; -Habilitation: services to assist the individual in retaining, acquiring, and improving the self-help, socialization, and adaptive skills necessary to reside and participate successfully in the community; -Supported employment: supporting people to seek and gain work and providing the support they need maintain employment in a competitive and integrated setting; -Residential services: supporting individuals living in licensed homes and supported living settings; -Respite services: a short-term/periodic relief or break for caregivers; and -Education and supportive services for families. The services are accessed through Local Management Entities -Managed Care Organizations (LME-MCOs), which are local agencies responsible for overseeing and managing publicly funded mental health, developmental disability and substance abuse services; and through providers that contract with LME-MCOs throughout the state.

Program Name	Program Description
Mental Health Services for Adults	Community Based Mental Health Services for adults age 18 and up includes an array of evidence based practices and services that treat, empower and support North Carolina residents with mental illness and their families. These include: Assertive Community Treatment, Community Support Team , Individual Placement Support-Supported Employment, Psychosocial Rehabilitation programs, Mobile Crisis Management, Peer Support Services, Outpatient Therapy, and Medication Management The services are provided through local management entities-managed care organizations (LME-MCOs), which are local agencies responsible for overseeing and managing publicly funded mental health, developmental disability, and substance abuse services; and through providers that contract with LME-MCOs throughout the state. The services benefit North Carolina residents with a diagnosis of mental illness and their families.
Mental Health Services for Children/Adolescents	Community Based Mental Health Services for children and adolescents aged 3-18 includes an array of evidence based practices and services that treat, empower and support North Carolina children and adolescents with mental illness and their families. These services include: Individual, family, and group counseling Medication Management Day treatment services Intensive treatment services provided at home and across community settings Mobile Crisis Management Multisystemic Therapy Residential services when in-home treatment services have not been able to reduce symptoms and help functioning. The services are provided through local management entities-managed care organizations (LME-MCOs), which are local agencies responsible for overseeing and managing publicly funded mental health, developmental disability, and substance use services; and through providers that contract with LME-MCOs throughout the state.

Program Name	Program Description
Mental Health, Developmental Disabilites and Substance Abuse Workforce Development	Workforce Development within the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) is intended to enhance the education, training and professional development of staff members who work with consumers across disability groups and in policy management. Services include: -Training professionals, paraprofessionals and other direct service providers on evidence-based practices (that is, using scientific studies and research to determine the best interventions and treatments). -Enhancing staff members' professional knowledge in mental health, developmental disabilities and substance abuse. This service is carried out through various contracts.
NC Problem Gambling Services	The North Carolina Problem Gambling services provide prevention, education, outreach and treatment services statewide to anyone who is concerned about their own gambling or a family member's gambling problem. North Carolina Problem Gambling services support a toll-free helpline that is answered by trained professionals capable of providing information about problem gambling programs, a brief needs analysis, crisis intervention and referral, treatment, clinical phone counseling, and follow-up. Services also include dedicated statewide text and chat features, training for counselors in gambling addiction, therapeutic interventions, and increased awareness to the needs of individuals with a gambling addiction.

Program Name	Program Description
Projects for Assistance in Transition from Homelessness (PATH)	Projects for Assistance in Transition from Homelessness (PATH) is a Federal Grant that provides outreach, engagement and services to adults who are living outside and have a serious mental illness or a co-occurring serious mental illness and substance use disorder. PATH targets those individuals who are most in need and are not connected to or provided any services from homeless and mental health provider agencies. There is a program in 4 locations and DHHS contracts directly with a provider agency in these communities to manage and implement the PATH Programs. The agencies/locations are: WakeMed Health and Hospitals– Raleigh Supportive Housing Communities – Charlotte Interactive Resource Center – Greensboro Homeward Bound of WNC – Asheville PATH services include activities such as providing survival needs (blankets, tents, sleeping bags), assist with obtaining benefits and housing, referrals to community mental health and substance use treatment, primary health/dental care, income assistance and medical insurance. The goal of PATH is the individuals enrolled to become permanently housed and receiving community mental health services.
Single Stream Funded Services	Single stream funding is a way of paying for services for individuals who have a diagnosis of mental illness, a developmental disability or a substance abuse issue, or a combination of these. Services are delivered by providers contracted with local management entities (LMEs) that are paid via a non-Unit Cost Reimbursement(non-UCR) fee structure. State service funds are allocated to the LMEs once state General Assembly approves an annual budget, and these allocation are communicated to the LMEs via the continuation allocation letter and subsequent allocation letters. The majority of these state funds are allocated into the single stream funds account. Single stream funds are allocated as non-UCR funds, but LMEs are required to submit claims for services rendered and the value of these claims will be considered in settlement of the single stream funding account. Since the single stream funds are flexible in nature, LMEs do not have to request a realignment of these funds.

Program Name	Program Description
Substance Abuse Services for Adolescents	Adolescent treatment is comprehensive and may involve multiagency collaboration, wrap around services and System of Care Principles. Substance abuse Services for Adolescent are age and gender appropriate evidence based treatment modalities designed for individuals age 18 and under identified with a substance use disorder. Services include: screening/referral; assessment; engagement; evidence based treatment; beyond treatment/Recovery Oriented Systems of Care. These services involve a joint planning effort of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Department of Public Safety, Division of Adult Corrections and Juvenile Justice. The Juvenile Justice Behavioral Health Partnership (JJBH) serves youth with co-occurring diagnoses who are involved in the juvenile justice system.

Program Name	Program Description

Substance Abuse Services for Adults	Substance Use Disorder services for adults are designed for individuals age 18 and older with identified substance use related disorders. Services and Supports include:
	
	-Recovery Supports such Recovery Centers and Support Services, Screening Brief Intervention and Referral to Treatment (SBIRT)
	-Outpatient treatment such as individual therapy, group therapy, family therapy, community support team
	-Other Enhanced Services (outpatient):
	     -Substance Abuse Intensive Outpatient Program (SAIOP)
	     -Substance Abuse Comprehensive Outpatient Treatment (SACOT)
	     -Community Support Team (CST)
	     -Opioid Treatment Program (OTP)
	-Residential Services such as halfway house, residential treatment, and other group living services
	-Detoxification Services
	-Inpatient Hospital
	-Substance abuse services for pregnant women and women with children.These services provide comprehensive gender-specific substance abuse services that may include, but are not limited to the following: assessment, case management, individual, group and family therapy, substance abuse intensive and/or comprehensive out-patient services, parenting training, residential services, coordination with primary and preventative health care, ancillary services and referrals for appropriate interventions for the children.
	-Work First is a statewide initiative to provide early identification of Work First applicants and recipients that have substance use problems that impact their ability to become self-sufficient, Class H or I controlled substance felons that have substance use problems who are applying for Work First and/or Food and Nutrition Services to access substance use services, and to assist parents who are involved with Child Protective Services, who have substance use problems, to engage in appropriate treatment.
	-Treatment Accountability for Safer Communities (TASC) services are designed to address addiction, mental illness and criminal behavior among the criminal offender population with the aim of reducing criminal activity and drug use among this population.
	
	Services are delivered by contracted providers of Local Management Entities. Local Management Entities manage and oversee publicly funded mental health, substance abuse, and intellectual and developmental disability services to North Carolinians.

Program Name	Program Description
Targeted Substance Abuse Prevention	Substance Abuse Prevention services are provided to targeted individuals at risk of using and abusing alcohol, tobacco and other drugs. Services focus on prevention, intervention, and support for individuals, families and communities at risk for substance use and abuse. Services are delivered through the six prevention strategies that include: Information dissemination -Education -Alternatives -Problem identification and referral -Community based (that is, addressing access and social norms through policy, media, education and advocacy) and Environmental Strategies Targeted groups may include but not limited to LGBTQ youth, Children of substance abusers, youth affected by trauma, African American youth and parents. Strategies for these populations tend to be more selective and indicated according to the Institute of Medicine (IOM) model.
Traumatic Brain Injury Services (TBI)	Statewide traumatic brain injury (TBI) state funded services assist individuals with a diagnosed traumatic brain injury and their families to receive the necessary supports and specialized services to live in the communities of their choice. Because each brain injury is unique, services for each individual will be different based on their particular needs. Intellectual and developmental disability services and supports may also be available to individuals with a TBI. Some examples of what TBI state funds are used for include: -Residential support -Day Activity -Therapies -Personal Assistance -Respite -Assistance in Activities of Daily Living (ADLs) -Equipment to regain skills and independence -Transportation -Home modification

Program Name	Program Description
340B Drug Pricing Program	The 340B drug pricing program provides low-cost medications and assistance with prescription co-payments. Eligible patients are served by the North Carolina Farmworker Health Program and do not participate in other prescription assistance programs.
Community Health Grants	Community Health Grant funds by statute, support safety-net organizations such as federally qualified health centers, health centers that meet the criteria for federally qualified health centers, state-designated rural health centers, free clinics, public health departments, and school-based health centers that provide care to underserved populations throughout the state. The purpose of the funds is fourfold: -To increase access to preventive and primary care services for medically vulnerable patients in existing or new health center locations; -To establish primary care safety net services in counties where no such services exist; -To create new services or augment existing primary care and preventive medical services provided; -To increase capacity necessary to serve low income patients by enhancing or replacing facilities, equipment, or technologies. Continued support and recurring funding for the Community Health Grant program has strengthened North Carolina's health care safety net infrastructure to ensure that all of the state's low income and vulnerable residents (Uninsured, Underinsured, Medicare and Medicaid) have access to affordable and appropriate quality medical care.
Critical Access Hospital Network Development	Critical Access Hospital (CAH) network development provides federal funding to small rural hospitals and requires hospitals to collaborate to make the best use of limited health care dollars. Hospitals in the network agree to reduce the number of acute beds (for patients who need a high level of care) to 25 or fewer while ensuring emergency services are available. The Rural Hospital Flexibility Grant Program (Flex Grant Program) focuses on small and rural hospitals, including CAHs, to improve their viability, quality, and integration with the rest of the health care system. Specifically, the Flex Grant Program is focused on: (1) improving quality of care in CAHs and other rural care providers, (2) improving the financial and operational performance of CAHs, and (3) encouraging health system development through the engagement of the rural community with CAHs and other care providers, and (4) integrating rural Emergency Medical Services (EMS) into the health care system while ensuring the quality of services provided.

Program Name	Program Description
Farmworker Health Medical and Outreach Services	Farmworker medical and outreach services support agencies across the state that provide and link migrant and seasonal farmworkers with primary and preventive health services. Rural health centers, public health departments, community health centers, and local nonprofits provide a range of medical, nursing, case management, and education services at clinics, farmworker camps, and farmworker residences. This service benefits migrant and seasonal farmworkers and their families in North Carolina.
Medical, Psychiatric, and Dental Provider Recruitment	The Office of Rural Health serves as the lead agency for recruiting primary medical, psychiatric, and dental care providers to North Carolina's rural and underserved communities by using a matching service database to link potential candidates with communities. Recruiters attend state and national conferences, as well as career fairs, and visit residents to promote opportunities to practice in North Carolina. Rural residents benefit from the placement of medical care providers in their communities. The medical professionals may also receive incentives in the form of loan repayment or high needs service bonuses.
Medication Assistance	The Medication Assistance Program (MAP) provides access to free prescription drugs available through pharmaceutical manufacturers to patients who cannot afford them as a safety net for uninsured, low-income individuals in the state. This service, currently offered through 122 sites in rural health centers, federally qualified health centers and community and faith based organizations, uses special software called Medication Access and Review Program (MARP). MARP was created in partnership through private foundations and supported by ORHCC. This software matches patients' eligibility with available free medications. ORHCC provides training and technical support to users of this software, as well as assisting prescription assistance coordinators in each site to develop best practices in their medication assistance programs.

Program Name	Program Description
Rural Health Centers Support	Support is provided to state-designated, 501(c)(3) rural health centers for primary care services, technical assistance, capital projects, and practice transformation. Funding is provided for access to primary care services for underserved and uninsured rural residents. This population is afforded access through the Medical Access Plan (MAP). MAP services are available for patients with incomes up to 200% of Federal Poverty Guidelines. ORH currently reimburses rural health centers $100 for each MAP patient visit. The patient is required to pay a copayment that is determined by each rural health center's Board of Directors. Currently, twelve rural health centers are supported across the state through MAP grants. Grant funding is also available for practice transformation to patient centered medical home (PCMH) certification or development and maintenance of technological infrastructure/Meaningful Use (MU). All funding initiatives must demonstrate the ability to create systems and processes that promote sustainability of the organization being funded.
Small Rural Hospital Improvement Program	These Federal funds are intended to address four (4) key areas of hospital operations as identified by the Health Resources and Services Administration (HRSA): 1) Prospective Payment Systems, 2) Accountable Care Organizations, 3) Value Based Purchasing, and 4) Bundled Payments. Qualified hospitals must propose specific initiatives to address one or more of the four key areas. This service supports the goal of improving financial operations, quality of care provided, and viability of rural hospitals, thus enhancing health care in rural areas.
Telemedicine	Through the use of special equipment that connects patients in rural and underserved areas with health care providers in other locations, telemedicine increases access to primary and behavioral health in areas where such services are unavailable. Currently, the Division oversees the establishment and administration of a statewide telepsychiatry program that allows referring sites to use consulting providers at a remote site to provide timely psychiatric assessment and rapid treatment for patients who are experiencing an acute mental health or substance abuse crisis. A long-term objective of this effort is to create a sustainable telepsychiatry program throughout the state.

Program Name	Program Description
Asbestos and Lead Based Paint Hazard Management	This service ensures that materials containing asbestos or lead-based paint are handled properly during construction activities. This is done through: - Certifying and accrediting firms and individuals performing abatement (removal) of asbestos or lead paint - Certifying firms and individuals who perform renovation activities that disturb lead paint in homes and child occupied facilities - Inspecting abatement and renovation projects - Issuing permits for abatement projects - Ensuring that training courses meet proper standards - Informing the public of the hazards of lead paint and asbestos The service benefits the general population by protecting the public from environmental contaminants.
Best Practices in Children's Health	Services are provided to help assure quality and efficiency in health services for children by providing child health data, consumer survey data, and research for all child health programs. This service: -Identifies the most effective ways of addressing health issues of children and spreads the word through local health departments, local review teams, offices, and commissions -Promotes the health of adults and children with disabilities by spreading the word to community health and disability organizations about the most effective ways of staying healthy based on research findings -Collects and reports child health data to help programs design and implement interventions and measure accomplishments This service benefits children, families, and people with disabilities.

Program Name	Program Description
Breast and Cervical Cancer Control	Breast and Cervical Cancer Control (BCCCP) pays for screening to detect breast and cervical cancer in North Carolina women who are: -Low -income (250 percent of the federal poverty level or below). -Uninsured or underinsured. -Between the ages of 40 and 64. The service pays for clinical breast examinations, mammograms and pap tests as well as diagnostic services and medical referral and follow-up as appropriate. There is an increased emphasis on reaching African American, American Indian and Latina women because of increased rates of breast and cervical cancer in these minority groups. Services are provided by local health departments, community health centers and hospitals in 82 sites across the state.
Building Capacity for Service Delivery	This service provides funding and technical assistance which enables local health departments to carry out their essential functions that meet community needs. This includes: - Accrediting and maintaining accreditation on a four-year cycle. In 2006 the General Assembly passed legislation making accreditation for local health departments mandatory and specifying that the Accreditation Board be established within the Institute. They also support to the site visit process. For FY11 there will be 10 local health departments seeking initial accreditation and 12 seeking re-accreditation. - Non-categorical funding for the local health departments. The beneficiaries are 85 NC local health departments and the clients they serve.

Program Name	Program Description

Child and Adult Care Food (CACFP)	Through the reimbursement of nutritious meals and snacks, the Child and Adult Care Food Program (CACFP) provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons.
	
	CACFP staff members:
	  -Manage and evaluate program policies including eligibility rules.
	  -Work to expand the services and reach more eligible participants.
	  -Ensure compliance with state and federal requirements.
	  -Provide technical assistance and administer agreements with participating institutions.
	  -Conduct reviews of participating institutions.
	The CACFP promotes good nutritional health to children and adults who attend eligible programs.

Child Maltreatment Prevention	The purpose of this service is to lead the implementation of the comprehensive statewide child maltreatment prevention plan developed by a NC Institute of Medicine Task Force. There are evidence-based initiatives that support families to achieve a range of positive child outcomes, ranging improved school readiness to reduced child maltreatment. This service has played a central role in supporting the implementation of several evidenced-base services, including the Nurse Family Partnership, Incredible Years and Strengthening Families. The service works closely with public and private stakeholders (including DPH, Prevent Child Abuse North Carolina, DSS, DMH/DD/SAS, DPI, the Duke Endowment and the Kate B. Reynolds Foundation) to ensure a coordinated approach to family support and child maltreatment prevention.
Children's Preventative Health Services	Children's Preventive Health Services supports initiatives addressing availability, accessibility and utilization of health services for children from birth to 21 years of age. Working with agencies, organizations, and families statewide, this service is designed to affect policy, environment and practice changes to: -improve nutrition and physical activity patterns -enhance parenting skills -decrease risk factors for child abuse and neglect -provide specialized outreach to hard-to-reach populations -increase health promotion and injury prevention in child care settings Children's Preventive Health Services works closely with community child serving organizations such as local health departments, child care centers, local social service and mental health agencies, and local child health care providers.

Program Name	Program Description
Communicable Disease Surveillance and Control	Through this service Communicable Disease staff members detect and track the spread of diseases. This includes: Overseeing identification and enrollment of data sources such as hospital emergency rooms for disease tracking (via the NC Disease Event Tracking Epidemiologic Collection Tool, or NC DETECT) Training new system users Monitoring data daily for potential public health threats Investigating potential threats in collaboration with local and state public health partners Monitoring, analyzing and responding to communicable disease reports submitted through the North Carolina Electronic Disease Surveillance System (NCEDSS) Communicable Disease staff members also help control diseases that are spread by animals (vectorborne diseases) and by spoiled or contaminated foods (foodborne diseases). They do this by: Responding to and investigating foodborne and vectorborne disease outbreaks Informing health care providers and the public of the results of such outbreak analyses Educating health care providers and the general public on topics related to foodborne and vectorborne diseases Major activities of this service include: Provision of communicable disease surveillance to evaluate the impact of communicable diseases. Provision of consultation and education to local health department staff, healthcare providers and consumers regarding disease investigation and control strategies. Utilization of data from the Syndromic Surveillance system to monitor and respond to instances of widespread disease or injuries such as those resulting from hurricane or other weather-related risks or injuries. The general public benefits from the monitoring and response to public health threats.

Program Name	Program Description
Community Capacity Building to Eliminate Health Disparities	Minority Health and Health Disparities works with faith-based organizations, local nonprofits, tribes, health departments and other organizations to reduce barriers to health care and other health gaps in their communities. To equip these organizations, staff members provide a range of services including training, leadership and skills development, financial assistance, consultation and technical assistance. This approach has helped community-based organizations use sound business practices, ensure fiscal accountability, write successful grants, influence local and state policies and legislation, and build coalitions to address health disparities. The broad scope of this service encompasses: - Partnership and staff development - Information and referrals - Preventive care and intervention - Operational functions of a non-profit organization By assisting organizations and agencies that serve African-Americans, Hispanics/Latinos, American Indians and other minority populations in North Carolina, this service indirectly benefits individual members of those minority groups.
Community Focus Infant Mortality	Community Focus Infant Mortality provides services for women and their infants with a specific focus on African-American and Native American families in certain North Carolina counties and communities. Services include: Outreach, case management and health education before, during and after pregnancy to improve health outcomes. Supportive services for women and their children for two years after delivery. Depression screening/referral Interconceptional care coordination Reproductive life planning Infant safe sleep practices Tobacco cessation and prevention These programs include Baby Love Plus, Infant Mortality Reduction and Healthy Beginnings and are in local health departments and community based organizations across the state.

Program Name	Program Description
Comprehensive Cancer	North Carolina Comprehensive Cancer works to reduce the incidence and mortality of cancers by the development and implementation of effective strategies to prevent, detect, and promote activities that enhance comprehensive initiatives. Comprehensive cancer initiatives are a process by which resources are pooled via partnerships, collaboratives, and individual groups and institutions to reduce the burden of cancer. Comprehensive Cancer does not provide direct patient services. Through the comprehensive cancer initiatives process work is done to: - Reduce cancer risk - Detect cancer earlier - Improve cancer treatment - Enhance quality of life for cancer survivors beginning at time of diagnosis Primary activities include: - Provide support and guidance to the North Carolina Advisory Committee on Cancer Coordination and Control (Advisory Committee). The Advisory Committee is legislatively mandated to prepare and oversee the implementation of the North Carolina Cancer Plan. - Promote partnerships and collaboration with agencies, health facilities, and educational institutions to actively work toward the goals and objectives of the North Carolina Cancer Plan. - Collaborate with communities to foster cancer control awareness through regional groups, coalitions, and partnerships. - Provide public and professional education opportunities for prevention and early detection.
Diabetes Awareness, Education & Health Care Delivery	The Diabetes Prevention and Management service assists communities, worksites, pharmacies, health systems and individuals in North Carolina to prevent and manage diabetes. Activities include: Increasing access to and availability of quality diabetes self-management education and support Increasing access to and the use of diabetes prevention programs Promoting adoption of clinical guidelines for diabetes screening, prevention and management Promoting diabetes prevention and management in places where people work, live, and receive medical services Providing training and technical assistance to promote diabetes prevention and management activities in health care practices and pharmacies Supporting a statewide coalition of stakeholders who are leaders in diabetes prevention and management

Program Name	Program Description
Early Intervention	Early Intervention serves children birth to age 3 who have diagnosed conditions or developmental delays and their families. - Determines whether children are eligible for the program; - Ensures the development of an Individualized Family Service Plan for eligible children; - Provides Service Coordination through the 12 state-operated and four contractor-operated Children's Developmental Services Agencies (CDSAs); - Ensures the provision of services through a network of Community Providers and the CDSAs Monitoring of the service system is provided through the Division of Public Health. The desired result is that children receiving the service reach their highest developmental potential.
Environmental Health Regulation	Environmental Health protects the public health through prevention, protection and enforcement activities in food service and lodging, child care centers and institutions, tattooing, and public swimming pools. Additionally, Environmental Health includes on-site water protection, (septic and well permitting and inspection) asbestos and lead-based paint hazard management, childhood lead poisoning prevention (including home investigations and coordinating case management) and preventing acts of agro-terrorism through food defense initiatives. The primary Environmental Health functions performed are: - Provide training to environmental health staff in local health departments - Issue authorizations to local health department staff to perform environmental health programs - Conduct inspections in state facilities - Evaluate and monitor local environmental health programs - Provide training, monitor contractors and inspect projects related to lead and asbestos activities - Collect and distribute restaurant permit fees - Collect and maintain data on environmental health operations and childhood blood lead testing - Provide consultation for local health department staff and general public - Coordinate environmental and clinical follow-up of children with elevated blood lead levels Environmental Health Specialists (Local Health Department Employees) act as agents of the state in administering Environmental Health functions.

Program Name	Program Description
Family Planning	Provides family planning services and other preventive care to low-income women and men by funding clinics in local health departments and other community-based providers. The aim is to: - Decrease the number of unplanned pregnancies - Decrease the health problems associated with unplanned pregnancies The service benefits the general population with an emphasis on low-income North Carolinians. Services are provided through local health departments and some community-based organizations.
Farmer's Market Nutrition	Through the issuance of food benefits, the WIC Farmers' Market Nutrition Program (FMNP) provides access to fresh, unprepared, locally grown fruits and vegetables to women and children over age 2 who have been certified to receive WIC program benefits. The FMNP expands the awareness, use of, and sales at participating farmers' markets statewide. The FMNP increases participants' access to healthy local produce, encourages consumption of locally grown fruits and vegetables, and expands awareness of and sales at participating farmers' markets.
Forensic Tests for Alcohol	Forensic Tests for Alcohol works to reduce deaths, injuries and public health care costs related to impaired driving on North Carolina roads. Staff members carry out these activities: - Conduct alcohol and drug training for law enforcement officers to improve their ability to catch DWI drivers - Provide expert testimony on the effects of alcohol and drugs on humans - Conduct DWI checkpoints to deter impaired driving - Work with high schools, colleges, universities and public health communities to educate young drivers about the dangers of drinking and driving - Buy and maintain the more than 400 breath alcohol test instruments for testing impaired drivers - Service and repair the 5,000 portable alcohol screening devices used by law enforcement - Operate six Breath Alcohol Testing Mobile Units used at DWI checkpoints - Provide administrative support to the Division of Motor Vehicles Driver's License Section, and Driver's Medical Review Board Physicians This service benefits everyone traveling on North Carolina roads.

Program Name	Program Description
Genetics and Newborn Screening	Genetics and Newborn Screening provides follow-up for newborns screened for problems that are not apparent at birth so that they can receive early diagnosis, treatment and follow-up. This includes inherited diseases, metabolic disorders (caused by the accumulation of chemicals produced naturally in the body) and hearing loss. Services are also available to children whose hearing loss is detected later in life. Speech and hearing staffs provide training to health departments, Head Starts and other agencies so they can identify more children with hearing problems. A statewide Web-based data system, WCSWeb, ensures that children with hearing loss are referred to medical specialists and appropriate care. Staff also manage contracts supporting cochlear implants and teleaudiolgy evaluations for children. State genetic counselors work in partnership with medical centers with a focus on genetic screening, diagnosis and counseling through contracts and direct services. The counselors also provide training and consultation to health departments, private health care providers, educators, care coordinators, families and public agencies across the state. A partnership with the N.C. State Center for Health Statistics Birth Defects Registry enables staff to counsel and educate parents of affected children on the risk of their later children inheriting the same disorder. Staff also manage a contract to provide maternal serum alpha feta protein testing (a blood test) for pregnant women who do not have another source of payment for this testing.
Heart Disease and Stroke Prevention	The Heart Disease and Stroke Prevention service works with health systems to prevent and manage heart disease and stroke among North Carolinians. Activities include: Promoting the adoption and use of electronic health records within health care systems Promoting clinical guidelines for blood pressure control and cholesterol management Implementing team-based care for patients with high blood pressure and high blood cholesterol Linking community resources and clinical services that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol Collaborating with the Stroke Advisory Committee and the Justus-Warren Heart Disease and Stroke Prevention Task Force

Program Name	Program Description
HIV/STD Care Services	HIV Care Services fall into three categories: AIDS Drug Assistance Program (ADAP), Medical/Supportive and Housing. 1. ADAP provides pharmaceuticals for treatment of HIV/AIDS to eligible, low-income clients who have no other resources, through a combination of state and federal funds. To be eligible for enrollment in ADAP, the person must be at or below 300% of the federal poverty level (fpl). ADAP is supported by state and federal funds. 2. Ryan White federal funds provide primary medical and supportive services to eligible clients including medical and dental care, transportation, case management (coordination of health care and other services for the client), mental health care and other services authorized by Part B of the federal Ryan White Care Act in support of Persons Living with HIV/AIDS (PLWHA). 3. Housing Opportunities for People with AIDS (HOPWA) federal funds provide housing-related assistance to eligible, low-income clients in both one-time emergency situations and on-going but time-limited supported housing. HOPWA is sponsored by the Department of Housing and Urban Development (HUD). Service is provided through ten regionally-based networks whose funding is allocated through the use of contracts or, in the case of local health departments, through Agreement Addenda. Major activities for this service include the allocation of federal funds to provide medical and supportive services to 10 regional networks for HIV care; monitoring, site visits, and technical assistance provided by staff, provision of HIV medication to eligible clients, and the use of surveillance data to track cases into care.

Program Name	Program Description
HIV/STD Prevention Activities	This service conducts activities to prevent the spread of HIV and STDs. Major activities include: Conduct HIV/STD surveillance for collection of data for program planning and targeted intervention. Refer clients to medical care and initial appointment. In partnership with community partners, provide HIV and STD testing in both local health departments and non-traditional settings. This service benefits both clients and the general public. Increased HIV testing allows HIV-positive individuals to be identified and cared for; this results in improved health for them as well as significantly less risk of transmission to others. By altering and reducing risky behaviors and assuring that individuals are in care, the transmission of HIV and other STDs is reduced. Services are provided by Disease Intervention Specialists (DIS) and by local health departments, colleges and universities and community-based organizations.
Industrial Hygiene Consultation	This service evaluates biological, chemical and physical hazards, primarily in the workplace, and recommends ways to control them. This is accomplished through: - Consulting - Training - Providing educational materials The service provides expertise to other state agencies, industry, local health departments and the general public of North Carolina.

Program Name	Program Description
Injury and Violence Prevention	Injury and Violence Prevention gathers information and addresses the major statewide issues of injury and violence by working to implement the statewide strategic plan for injury and violence prevention. The components of the plan are: Data and Surveillance: Increase the use of injury and violence prevention data through a comprehensive, coordinated injury surveillance system that is accurate, readily available and sustainable and that is utilized to guide injury and violence prevention programs and policies at the local, regional and state level. Messaging, Policy and Environmental Change: Develop strong, vocal community support for injury and violence prevention and the creation of safe environments by reframing unintentional injuries and violence as unacceptable and promoting policies that support injury and violence prevention. Saving Lives: Reduce the rate of morbidity and mortality caused by injury and violence by implementing prioritized, data-driven strategies and programs, policies, and innovative and tested practices. Specific areas of prevention work include: Preventing unintentional poisonings, also known as drug overdoses from prescription medications. Population focus: ages 25-54; Preventing falls. Population focus: ages 65 and older; Primary prevention of sexual violence. Population focus: adolescent males ages 10-14; Preventing youth suicide. Population focus: ages 10-24; Preventing motor vehicle crashes. Population focus: ages 15-25 and ages 70 and older; Preventing residential fires. Population focus: low income groups, homes with children under age 10, and adults over age 65. Building the Injury Prevention Community: Increase coordination among Injury and Violence Prevention partners at the local, regional and state level to create a more efficient system and a broader, stronger constituency. Examples of partners include researchers, aging specialists, mental health experts, sexual and domestic violence prevention organizations, direct medical service providers, law enforcement agencies, and fire officials. Workforce Development: Develop a statewide injury and violence prevention workforce that meets core injury and violence prevention competencies as outlined by the National Training Initiative for Injury and Violence Prevention (NTI) and the Safe States Alliance.

Program Name	Program Description
Maternal Health	This service provides a wide range of maternal health services to ensure that lowincome pregnant women have access to early and continuous prenatal and interconception care and follow recommended perinatal care guidelines before, during and after pregnancy. Services include: - Prenatal care - Pregnancy care management - Childbirth education - Skilled nurse home visits - Behavioral Health Screening - Tobacco Cessation Counseling - Reproductive Life Planning - Risk appropriate levels of care - Care Management Services - Maternal Mental and Behavioral Health This is accomplished by funding local health departments, community based organizations, health care facilities and universities to improve the health of expectant mothers and increase healthy births.
Medical Evaluation and Risk Assessment	This service assesses the risks of exposure to air, water and soil contaminants in the workplace and in the environment. - It evaluates exposures to hazardous substances. - It designs, conducts and reviews studies of diseases and their causes. - It medically evaluates health effects of environmental contamination. - It informs local health departments, health care providers, other state agencies and the general public about these hazards. The service benefits industry, employees and the general public.
Medical Examiner System	The Medical Examiner System serves North Carolinians by investigating deaths that are the result of injury or accident; that are sudden, unexpected or suspicious; that occur in jail, prison, correctional institution, police custody or state-operated facility; or that are not attended by a doctor. The system ensures that the cause and manner of death is properly certified. Local Medical Examiners (MEs) and pathologists or Office of Chief Medical Examiner (OCME) staff order an autopsy if necessary to document the extent of injury or disease, and to complete death certificates. Blood or tissue specimens are sent to the OCME Toxicology Laboratory for forensic analysis (using science and technology to investigate the facts).

Program Name	Program Description
Occupational Surveillance	This service monitors work-related illnesses and injuries in North Carolina. - It describes occupational risks to health using occupational health indicators. - It investigates occupational risks of concern through targeted surveillance programs. - It promotes safer workplaces through consultation and prevention activities. The service benefits workers, employers, health and safety professionals, and the general public.
Oral Health Preventive Services	Oral Health service efforts focus on reducing tooth decay by providing: preventive services to at-risk groups; dental screening, referral and follow-up of children needing care; and dental health education. Specific activities provided by Oral Health staff include: -Providing dental screenings for school children, referring children for dental care, and working with families to help them obtain care -Encouraging and helping communities seeking to install or upgrade fluoridation systems -Providing dental sealants for elementary schoolchildren at high risk for developing tooth decay -Offering a weekly fluoride mouthrinse to children in targeted high risk elementary schools -Preventing tooth decay in very young children by training and supporting physicians and local health department to provide dental preventive care -Providing education about tooth decay and oral health in elementary schools and community settings -Providing consultation and technical assistance to local public and private health care providers -Providing American Dental Association-accredited specialty training to masters level dentists seeking experience or certification in dental public health -Tracking changes in child oral health status over time, compiling annual screening findings into a database, which is made available to the public each year Services are provided directly in the communities. The general population of North Carolina benefits from this service. The emphasis is on children at high risk of tooth decay. No other public or private group provides these services across the state.

Program Name	Program Description
Performance Improvement and Accountability	This service monitors the quality of the North Carolina Public Health system at the state and local levels. This includes Public Health Incubator Collaborative, Local Boards of Health training and Nurse and Administrative Consultation.

It provides technical assistance and training to state and local health departments on improving their performance in clinical and administrative areas.

This includes consultation, technical assistance and professional development activities to local health departments in the areas of: policies, procedures and protocols; quality and performance improvement; grant writing; and nursing practice related to all services provided, compliance of records, documentation, state and federal reporting requirements, budgets and contracts; consultation on program eligibility, fee establishment and accounts receivable; aid-to-county funding; compliance monitoring of each local agency; training of administrative support staff in procedures and processes related to contracts and administrative/medical records management; assisting in local staff development and organization and training on the Health Information System (HIS).

Incubators - There are a total of six (6) incubator collaboratives working currently, consisting of up to 18 local health departments each. These collaboratives are teams of local health departments working together, voluntarily, to address pressing public health issues. They enable the sharing of resources and ideas such that autonomous local health departments can focus on their community health needs while benefiting from regional public health initiatives.

Local Boards of Health training provides quality training as required in both the Consolidated Agreement between the Division of Public Health and local health departments and the new mandatory Local Health Department Accreditation Program.   As a result of the training, Board members will have a better understanding of their role and responsibilities as well as legal authority, and will be better advocates for the health of the public within their communities.

The beneficiaries are North Carolina state and local health departments, their employees and the clients they serve. |

Program Name	Program Description
Physical Activity and Nutrition	The Physical Activity and Nutrition service helps to make communities, worksites and early care and education centers healthier places to live, earn and learn. It encourages change to policies and environments to help community members eat smart, move more and achieve a healthy weight. Activities include: · Integrating nutrition and physical activity standards into statewide early care and education systems · Providing system level supports to early care and education systems that help providers, technical assistants, and facilities meet established nutrition or physical activity standards. · Enhancing physical activity through activity-friendly transportation plans and policies · Encouraging employers to support healthy eating as well as places and time for breastfeeding in the workplace · Promoting continuity of care/community support for breastfeeding · Supporting the implementation of food service guidelines in community and worksite venues
Public Health Preparedness and Response	This service is designed to protect everyone in North Carolina by increasing the ability of the public health system to prepare for, detect, respond to and recover from public health emergencies. These emergencies might include acts of terrorism, disease outbreaks and natural disasters. This service provides training, planning and technical consultation to all local health departments (LHDs); seven Public Health Regional Surveillance Teams (PHRSTs); other state agencies; hospitals; health care providers; and law enforcement, emergency management and other response partners. It works to ensure a coordinated federal, tribal, state, regional and local response to public health emergencies. Activities include: -Training, planning and technical consultation. -Exercises to evaluate response plans. -Laboratory services. -Information technology services. -Supporting other state agencies, including the Office of the Chief Medical Examiner, General Communicable Disease Control, Occupational and Environmental Epidemiology, and Health Promotion.

Program Name	Program Description
Public Health Workforce Development	This service helps local health departments recruit and train skilled public health workers. The courses provided through this contract target public health nurses and new managers in all programs and have been in place for many years; they support the goal of having available quality educational programming to support local health departments having staff that can perform their roles more efficiently and effectively. Also for FY13 we will be adding webinar capacity to provide trainings to a variety of local health department staff to enhance their ability to perform their public health roles. The beneficiaries are 85 North Carolina local health departments, their employees and the clients they serve.
Refugee Health Assessments	The purpose of the Refugee Health Assessment is to quickly detect and treat any communicable diseases in newly arriving refugees. The health assessment also identifies and treats health problems that could keep the refugee from finding a job and independence. Newly arrived refugees are screened primarily in local health departments, where they also receive follow-up treatment or referrals for identified health conditions. Service offerings in local health departments vary slightly from county to county. Refugees may come to live in any county in North Carolina although there are several counties that receive the majority of new arrivals. Parts of the refugee health assessment should be available to any refugee living in any county. Key service activities include: - Provide funding to affected local health departments for implementation of appropriate refugee health screenings to newly arrived refugees - Consultation and technical assistance, monitoring, data collection, and training provided by the state Refugee Health Coordinator to affected local health departments Persons eligible for this service are refugees and some other immigration statuses (certain Cuban and Haitian entrants, certain Amerasians, asylees, adult victims of severe forms of trafficking, Iraqi/Afghan Special Immigrants and Lawful Permanent Residents who held one of the previously listed statuses prior to adjusting to Lawful Permanent Resident) that are eligible for refugee benefits and services. The Refugee Health office contracts with the top seven local health departments each year (funding is based on previous year arrival numbers, numbers of refugees reported to be screened, and projected future year arrivals). Local health departments may be able to bill Medicaid or Refugee Medical Assistance for the cost of the health assessment. The funding for this service is 100% federal from the Office of Refugee Resettlement. The service benefits newly arrived refugees and the general population of North Carolina.

Program Name	Program Description
School Health Services	School Health works to promote good health and school success of children and adolescents.The service offers schools expertise in: -Nutrition, -Behavioral health, -School nursing and clinical coordination and -Assistance for school health centers School Health staff members manage and monitor approximately 130 contracts for school nurses (School Nurse Funding Initiative) and school health centers who receive state appropriated funds. The staff also provide: -Direct services -Program development -Health education -Consultation and technical assistance to strengthen and support community school nurses and school health centers The service benefits students and their families as well as educational staff who require support of health personnel with students who have health care needs.

Program Name	Program Description
Sickle Cell Syndrome - Services for Adults	The North Carolina Sickle Cell Syndrome Program provides clinical treatment, care coordination and educational services to the adult sickle cell population in our state. The DPH-Sickle Cell Benefit Plan (DPH-SC; formerly known as Purchase of Medical Care Services or POMC) is available to eligible adult sickle cell clients with low or no income and/or health insurance coverage and are in need of coverage for clinical care. Adult services include: Education to sickle cell clients about the disease and how to reduce death and illness Care coordination, counseling and support is available from regional sickle cell educator counselors and contracted community based sickle cell staff Clinical care is provided by hematologists and other clinical staff at six contracted medical centers This service contracts with one community based organization and six medical centers throughout the state.
Sickle Cell Syndrome - Services for Children	The NC Sickle Cell Syndrome Program provides clinical care, care coordination and educational services to the pediatric population across the state who are living with sickle cell disease and other related blood disorders. Services included are: - Education about sickle cell disease and sickle cell trait is provided to individuals and families affected by sickle cell trait and to the general population. - Ongoing care coordination and counseling services in addition to medical services are provided to patients Pediatric services to sickle cell clients are offered to reduce death and illness from sickle cell disease by supporting one community-based organization, medical centers and regional sickle cell educator counselors. This service contracts with one community based organization and six medical centers throughout the state.

Program Name	Program Description
State Center for Health Statistics	The State Center for Health Statistics (SCHS) documents the occurrence of disease and disability in North Carolina and their effect on the population. SCHS also provides expert research and analyses to help address health policy issues affecting the state. SCHS serves a variety of customers, including federal, state, and local agencies; researchers; and the general public. Services offered by SCHS include: Providing analyses about the health of North Carolinians. Ensuring that timely, accurate and high-quality health-related data are available. Collaborating with other public and private agencies to improve the availability of health databases and their analyses. Supporting the Division of Public Health (DPH) and the Department of Health and Human Services (DHHS) in data processing, survey operations and statistical analyses. Health data collection, coordination, analysis and dissemination activities are carried out by data analysts, data managers and quality and field services staff. These staff ensure data and analyses meet timeliness and quality needs of public health programs, researchers and the public to reduce the burden of disease in North Carolina. The service benefits the general population of North Carolina.
State Laboratory Services - Testing, Training & Consultation	This service provides more than 125 clinical tests and more than 65 environmental tests, as well as training and consultation, for the following groups: -Local health departments. -Hospitals. -Commercial laboratories -Privte health care professionals -Community-based organizations -State and regional staff from the Division of Public Health and certain other state and regional agencies The aim is to enhance both patient health and effective disease control through this direct laboratory service. This benefits the general population of North Carolina.

Program Name	Program Description
TB Elimination	This service provides financial assistance to local health departments to test for and treat tuberculosis (TB). This includes: - TB testing of people suspected of being infected - Finding and testing the close contacts (household, work associates, etc.) of people recently diagnosed with TB - Watching the TB patient take medication to ensure that medications are taken in the right combination and at the correct times TB patients and their close contacts benefit from this service through detection and treatment of the disease. The general public benefits through limiting the spread of the disease. Physicians, local health departments and other health providers can receive consultation regarding TB treatment from the NC Division of Public Health Communicable Disease Branch, a contract physician at Duke University and four regional public health nurse consultants.

Teen Pregnancy Prevention Initiatives (TPPI)	The Teen Pregnancy Prevention Initiatives (TPPI) works to prevent teen pregnancies by funding projects in local health departments and community-based organizations. It supports educational and health care services to:
	
	   -Reduce pregnancies among teenage girls
	
	   -Help teenage parents prevent another unintended pregnancy
	
	Services are in a limited number of communities and serve male and female teens, regardless of income, who are considered to be at risk of being or causing a pregnancy. Services are provided through contracts with local health departments and community-based organizations, schools; and local departments of social services.

Program Name	Program Description
Tobacco Prevention and Control	Tobacco Prevention and Control works to improve the health of the people of North Carolina by reducing tobacco use and exposure to seconhand smoke. This is done by building support for evidence based policies and programs, and by working with organizations and communities achieve these four goals: Prevent young people from starting to smoke/use tobacco. Eliminate exposure to secondhand smoke. Promote quitting among all smokers and tobacco users. Eliminate tobacco-attributable health disparities. Tobacco Control and Prevention builds support for and provides evidence based tobacco control services with all local health departments (LHDs) (and specifically with funding for 8 LHDs serving 23 counties), Chronic Disease Programs, Oral Health, Maternal and Child Health Programs, Health and Wellness Trust for Teen Tobacco Prevention, Healthy Carolinians, Community Health Centers, and Medicaid providers. The Tobacco Prevention and Control Branch works with Local Health Departments on the implementation of the smokefree restaurant and bars law in NC that went into effect in January, 2010. Tobacco use is the leading preventable cause of death in North Carolina and the nation. It is responsible for one in five deaths in North Carolina. It is a risk factor for heart disease, many cancers and asthma. For each death, there are 20 more people who are sick or disabled because of tobacco use. Direct medical costs from smoking are estimated at $2.4 billion each year.

Program Name	Program Description
Vaccine Distribution and Administration	Vaccine Distribution and Administration promotes a core public health function in North Carolina through partnership and collaboration with local partners, and strives to eliminate the transmission of vaccine preventable disease through effective immunization programs and outbreak control measures. Utilizing best practice strategies and evidence-based programming activities achieves this mission. Basic statewide core activities include: - Vaccine Delivery -- Ordering federal vaccines and distributing them to Vaccines for Children (VFC) enrolled providers. - Accountability and Management -- Monitoring proper vaccine storage, handling, safety and usage. Assuring compliance with federal requirements of the Vaccines for Children (VFC) and Section 317 programs. Visiting providers to conduct VFC Site Visits and IQIP (Immunization Quality Improvement for Providers) visits. Ensuring federal requirements are met and enforcing state immunization laws and compliance requirements. - Program Support -- Providing training and education to health professionals. Informing providers and the public about vaccination schedules and CDC's Standards for Pediatric Immunization Practices. Ensuring that children, birth through age 18, are appropriately immunized. Providers must administer vaccines according to the schedule recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, unless in the provider's medical judgment (subject to accepted medical practice) such compliance is medically inappropriate. - Outbreak Control -- Monitoring and protecting the public from the occurrence of vaccine-preventable diseases. Preparing for and responding to public health emergencies. - Monitoring Effectiveness -- Monitoring vaccine coverage and compliance with state requirements. Collecting and analyzing immunization data to ensure the service is effective and in compliance with state and federal requirements. - Immunization Information Systems -- Maintaining the North Carolina Immunization Registry (NCIR), delivering a secure, confidential web based statewide computerized immunization information system. Activities related to Vaccine Distribution and Administration provides a link between the federal Vaccines for Children (VFC) and Section 317 Programs, which helps families by providing vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees — i.e., state health departments and certain local public health agencies — which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. The VFC program is administered at the national level by the U.S. Centers for Disease Control and Prevention (CDC) and at the local level by the North Carolina Immunization Program (NCIP). Enrolled VFC providers are able to order VFC vaccine through the NCIP and receive ACIP routinely recommended vaccines at no cost. This allows them to provide routine immunizations to eligible children without high out-of-pocket costs.

Program Name	Program Description
Vital Records	Vital Records service collects the records of important human events, including births, deaths, marriages, divorces and fetal deaths, and archives them in a systematic manner so the records can be retrieved as needed. - Where the records come from: Local partners (such as county Register of Deeds, health departments, hospitals and funeral homes) gather and process information on occurrences of vital events. Vital Records staff members review electronic and paper records for completeness and accuracy. Vital Records provides training and technical assistance for local partners. - How certificates are issued: Vital record certificates are issued in person and by mail; the program collects fees for those records. - Where reports are sent: Vital Records reports data to federal programs such as the Center for Disease Control and Prevention National Center for Health Statistics and the Social Security Administration. The State Center for Health Statistics receives data extracts. Death reports are sent to Clerks of Court and N.C. Division of Motor Vehicles. - Other services: Vital Records provides consultation to the public and to partner agencies for changes to certificates, helping to ensure legal compliance. Vital Records processes Special Registrations (adoptions, paternities, name changes, amendments). The service benefits the general population of North Carolina.
WIC	The Special Supplemental Nutrition Program for the Women, Infants and Children Program (WIC) provides benefits of nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care to low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. To carry out these services, WIC staff members: Keep the Program running effectively and efficiently by implementing and developing policies, evaluating requirements, managing contracts, maintaining good relations with providers, and monitoring local agency programs. Help train a workforce to carry out WIC services at the state and local level. This includes developing nutrition education tools. At the local level, management of activities that provide WIC participants with nutrition benefits. This includes assessing overall health, promoting breastfeeding and providing information about eligible supplemental foods.

Program Name	Program Description
WISEWOMAN	WISEWOMAN provides medical screenings, referrals, and health education to North Carolina women who are: -Low-income (250 percent of the federal poverty level or below) -Uninsured or underinsured -Between the ages of 40 and 64 The focus is on reducing the risk of cardiovascular disease and improving their overall health. The service pays for blood pressure, cholesterol, and diabetes screening/testing, dietary, physical activity, and smoking cessation interventions/classes as well as medical referral and follow-up as appropriate. Services are provided by local health departments and community health centers in 41 sites across the state.
Women's Health Public Education	This service educates North Carolina residents on maternal and child information. It does so through public education/information campaigns. It provides information about: -Preventing birth defects by encouraging women to consume folic acid before pregnancy -Preventing teen pregnancy -Family planning -Preparing for a healthy pregnancy; prenatal care -Infant care and appropriate parenting skills Contracts currently with NC Healthy Start Foundation, SHIFT NC and the March of Dimes provide the service.
Adjustment Services	This service provides counseling and training in independent living skills to blind, deaf/blind and visually impaired North Carolina residents. Counseling related to blindness, deaf/blindness, loss of vision and coordinating services with other providers are vital components. This service also focuses on developing skills in: -Alternate communication methods -Orientation and mobility-Safe travel, such as using a sighted guide, using a white cane, taking public transportation and using environmental cues and directions-Personal care skills-Home management, such as learning to mark or label and organize items-Leisure and recreation activities-Use of technology, purchase of small adaptive devices (such as talking clocks or adapted cooking utensils) and instruction in how to use them Social workers for the blind, located in all 100 North Carolina counties, provide these services.

Program Name	Program Description
Chore Services for the Blind	Chore Services for the Blind provides paraprofessionals (qualified aides) to help blind, deaf/blind and visually impaired North Carolina residents with basic home management tasks such as housekeeping, cooking, and laundry which assists consumers with basic home management task. This service enables North Carolina residents or consumers who are blind, deaf/blind and visually impaired to remain independent and continue living in their own homes and communities. Consumers must be medically stable and have at least one impediment to managing their activities of daily living.People may apply by contacting the social worker for the blind in their county. The social worker authorizes services to qualified applicants if funds are available.
Employment Opportunities in Food Services and Vending	This service provides training to legally blind North Carolinians who are interested in working in food service or vending. To qualify, operators must be legally blind and meet other eligibility requirements. Then they must complete a six-week training course and do on-the-job training with an established operator in a Business Enterprise facility. The operator receives a license and may apply for any vacant Business Enterprise facility.Operators continue to receive assistance and business counseling from their Business Enterprise counselor. There are six counselors located in five district offices. Facilities are located across the state on federal, state, county and private property. They range in scope from the vending machines at interstate rest areas to the full-service restaurant at Mount Mitchell State Park. People may apply by contacting a vocational rehabilitation counselor in the nearest Division of Services for the Blind office.
Independent Living Rehabilitation Assessment	This service, which benefits blind, deaf/blind and visually impaired North Carolina residents, assesses functional abilities and limitations, interests and service needs of the individual seeking services. This includes evaluating the support system of the person, access to other services and resources in the community, and reviewing medical reports and other factors that may affect independent living rehabilitation needs. Basic information requested to complete an assessment includes: -A copy of a recent eye exam report-Medical reports may also be requested if the individual has functional limitations and restrictions due to medical conditions and/or secondary disabilities-Background information from individuals, family members, care providers and other service providersThis information is used to conduct a comprehensive assessment of individuals' functional abilities, limitations, service needs, support systems, interests, access to other services and resources in the community and factors that may affect their ability to live and function independently in their home, community and employment. Services are delivered by independent living rehabilitation counselors.Independent living rehabilitation counselors meet with individuals referred for independent living rehabilitation services to share information about services and to gather information to help determine individuals' eligibility for services and independent living needs. Individuals who live inNorth Carolinaand have significant vision loss can access services by contacting one of the seven district offices of the Division of Services for the Blind.This service is available statewide.

Program Name	Program Description
Independent Living Rehabilitation Guidance & Counseling	Eligible individuals receive counseling and guidance services related to blindness, deaf/blindness, or vision loss and adjustment in addition to assistance in identifying the goals, services, resources and supports needed to help them independently manage activities of daily living in their homes, communities and employment.North Carolina residents who are blind, deaf/blind, or have vision loss can access this service by contacting one of the seven district offices of the Division of Services for the Blind. The service is available statewide and is provided by independent living rehabilitation counselors who are staff members.
Independent Living Rehabilitation Teaching	Residents of North Carolina who have blindness, deaf/blindness or vision loss may receive extensive, specialized and individualized instruction the use of adaptive techniques and equipment for performing daily living tasks after on set of these disabilities.Instruction is provided in the homes of eligible individuals and in community-based classes called Mini Centers. Basic skills taught include:-Use of adaptive devices and technology-Safe travel techniques and use of mobility aids-Communications and handwriting-Kitchen safety, cooking and nutrition-Housekeeping and laundry-Mending and sewing-Labeling and identification techniques-Management of secondary disabilities-Leisure and recreational activities-Accessing resources, services and supports in the community Rehabilitation teaching services are provided by independent living rehabilitation counselors who are staff members.Individuals interested in this service should contact the nearest office of the Division of Services for the Blind.This service is available statewide.
Medical Eye Care Program	Medical Eye Care provides one-on-one care which may include eye exams, surgery, purchase of eyeglasses, low-vision evaluations and eye care education to prevent blindness and restore vision. Services are provided by eye care professionals. Services are available to low-income North Carolina residents who do not qualify for Medicare. The social worker for the blind in each county determines eligibility.
Vocational Rehabilitation Assistive Technology Services	Services in assistive technology are provided for assessment of technology skills and needs, the design of an assistive technology program that will meet the requirements of eligible blind, deaf/blind and visually impaired individuals to access a training program and/or a job, job site assessment and modification, the assembly of the system, the initial maintenance of the system, and the instruction in its use. These services are planned and coordinate through the rehabilitation counselor, and they are provided by the Division's Rehabilitation Engineer, Assistive Technology Consultants, and assistive technology teachers and other professional staff as needed.
Vocational Rehabilitation Diagnostic and Assessment Services	Diagnostic and assessment services are provided to determine the ability to obtain, maintain, or regain employment of a blind, deaf/blind or visually impaired person. A plan of assessment methods is developed and implemented by trained vocational evaluation staff in coordination with the vocational rehabilitation counselor working with the individual.

Program Name	Program Description
Vocational Rehabilitation Guidance and Counseling	This service provides vocational counseling to eligible North Carolina residents with blindness, deaf/blindness or vision loss.It helps individuals set job goals that best suit their abilities, skills, interests and resources. Services are provided by trained vocational rehabilitation counselors, staff of the Rehabilitation Center for the Blind in Raleigh, and Evaluation Unit staff. Key areas for counseling include: -Making an informed choice about a vocational goal-Understanding the individual eye conditions and adjusting to blindness or low vision-Developing the skills needed to get, keep or regain a job-Understanding the training program and job duties-Managing stress during training and the job search Vocational counseling is provided to eligible individuals by trained vocational rehabilitation counselors, Rehabilitation Center for the Blind staff, and Evaluation Unit staff, so individuals can select a vocational goal that best suits their abilities, skills, interests, capabilities, resources, and informed choice. Counseling is provided by Rehabilitation Counselors and Rehabilitation Center for the Blind staff about their eye conditions and adjustment to blindness, deaf/blindness or low vision. Counseling and guidance is provided to individuals about compliance with training services and job duties.
Vocational Rehabilitation Job Development and Job Placement	Job Development and Job Placement services help blind, deaf/blind or visually impaired eligible North Carolina residents, find employment in the field of their choice. A rehabilitation counselor and support staff may provide: -Job readiness training-Help in matching the skills and interests of the individual with jobs located in companies in their area-Follow-up with the individual and the employer to ensure success on the jobSpecialized job development, job placement and follow-up services are provided by the rehabilitation counselor and support staff. These services will assist the blind, deaf/blind and visually impaired eligible individuals to locate employment in the field of their vocational choice. Skills and interests of individuals are used to match them with jobs located in companies in their area. Job readiness training is provided by the rehabilitation counselor, who stays in touch with the individual and with the employer to ensure success on the job.
Vocational Rehabilitation Restoration Services	Restoration Services are direct medical services provided to reduce or alleviate barriers to employment. These include medical assessment, treatment, glasses, prostheses (such as an artificial eye) and other medical services as needed. Rehabilitation counselors and related staff in the seven district offices across the State plan and assess for these services with the blind, deaf/blind and visually impaired individuals.Services are available to North Carolina residents with significant vision loss.
Vocational Rehabilitation Training Services	Training services are provided when required, to eligible blind, deaf/blind and visually impaired individuals to obtain the knowledge and the skills required for the achievement of employment, in their choice of a vocational goal. Services include direct training services through the Division's Rehabilitation Center for the Blind. Training for required vocational and academic skills are provided through vocational facilities, trade schools, colleges and universities. Summer school training is offered through the Rehabilitation Center for high school students to acquire the necessary skills to move from high school into the world of work. On-the-job training is provided as necessary. The required training services are planned, provided and coordianted by the rehabilitation counselor.

Program Name	Program Description
Client Services	The following support activities are provided to all deaf, hard of hearing, deaf-blind North Carolinians and their families, in all 100 counties, through the Regional Centers: - Advocacy - Counseling - Consultation - Technology training - Information and referral - Consumer skills development - Telecommunications and emergency alerting equipment distribution Eligible North Carolinians who are Deaf, Hard of Hearing or Deaf-Blind may apply to receive telecommunications and emergency alerting equipment. To ensure effective communications, regional centers help clients with the following: - Selection of telecommunications and emergency alerting equipment - Installations of telecommunications and emergency alerting equipment - Appropriate use of adaptive equipment - Knowledge and awareness of other types of equipment The deaf, hard of hearing and deaf-blind have different needs and regional centers assist with: - Self-advocacy skills development - Understanding individual rights under the Americans with Disabilities Act of 1990, Section 504 of Rehabilitation Act of 1973 and other related statutes - Effective use of sign language interpreters - Selecting and using effectively appropriate assistive technology - Dealing with grief over losing hearing - Training family members how to effectively communicate with an older adult with hearing loss - Advocacy in accessing housing, transportation, healthcare services, emergency alert and response services, law enforcement, judicial system and so forth

Program Name	Program Description
Relay NC	Relay NC is a dual-party telephone relay service available by dialing 711. Deaf, Hard of Hearing, Deaf-Blind and speech-impaired individuals are ensured functional equivalency in accessing community resources via the telecommunications system.

A contracted vendor provides dual-party telecommunications service. The level of demand is measured by the number of outbound calls made via the 711 Relay NC number.   Demand for tradional relay service is expected to maintain a downward trend. At the same time, demand for internet-based relay services will continue to increase sharply. |
| Services to Agencies and Organizations – Local/Regional Level / Outreach and Education | Services to Agencies and Organizations –Local/Regional Level To break down barriers to communication with the deaf, hard of hearing and deaf/blind individuals, the division works with various agencies and organizations including: · Public · Private · Non-Profit · For-Profit
Core activities provided by seven regional centers in all 100 counties include: · Consultation · Training and workshops · Information and referral · Dissemination of educational and resource materials · Collaboration on joint initiatives
Information and services are provided to numerous entities to help ensure compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973 and other related statutes.
Agencies and organizations include, but are not limited to: · Health care providers. · Emergency management entities · Law enforcement agencies · Correctional facilities · Hospitals · County social service agencies · Local governmental entities |
| Adoption Services | Adoption Services help children whose birth parents cannot care for them to become part of a new family. County departments of social services and private child-placing agencies provide these services, including:

  - Recruiting, assessing and selecting adoptive homes.
   - Casework services for adoptive families to help sustain the placement.
   - Help finalizing the legal adoption.
   - Post-adoption services.

These services benefit children in the foster care system and the families who adopt them.
Services are provided by departments of social services and through partnership between public and private agencies that include recruitment, assessment and selection of adoptive homes; casework services to adoptive families to support and sustain the placement and facilitate the finalization of the adoption. After the adoption has been completed, agencies receive payments for placements exceeding an established baseline. |

Program Name	Program Description
Child Protective Services-CPS	Child Protective Services (CPS) helps prevent further harm to children from abuse, exploitation or neglect by a parent or caretaker. CPS workers in county departments of social services (DSS) accomplish this through: Assessing suspected cases of abuse and neglect. Assisting the family in diagnosing the problem. Providing in-home counseling and supportive services to help children stay at home with their families. Coordinating community and agency services for the family. Petitioning the court for removal of the child, if necessary. Providing public information about child abuse and neglect. There are three phases to CPS: Intake, CPS Assessments and CPS In-Home Services. Social workers at the county DSS receive reports of alleged abuse or neglect, determine whether the allegations meet the legal definitions (CPS Intake), and if so, initiate a CPS Assessment. If the family needs services, CPS provides them (CPS In-Home Services) until the conditions that led to the maltreatment are resolved. When the safety of the child cannot be assured, DSS takes the child into legal custody. Child Protective Services are available 24 hours a day, seven days a week, through all 100 county departments of social services in North Carolina. The program serves all infants, children and adolescents in North Carolina who need protection. When a CPS report is accepted for assessment, one of two approaches is used. For abuse and severe neglect cases, the Investigative Assessment approach is used. For cases involving neglect or dependency, a more family-centered approach (the Family Assessment) may be used. There are specified steps that must be taken by the CPS social worker in order to determine whether or not involuntary CPS services are needed by the family. If services are needed, these are provided during the CPS In-Home Services (formerly known as Case Planning and Case Management) phase. At the conclusion of a CPS Assessment (Investigative Assessment or Family Assessment), a case decision must be made whether there are safety issues for children in the home that require involuntary CPS services, the CPS social worker arranges or provides services to alleviate the conditions that led to the maltreatment of the child and to resolve the safety issues.

Program Name	Program Description
Child Support Enforcement	Child Support Enforcement (CSE) services help families collect child support payments to ensure that both parents financially support their children. Services are provided through county departments of social services or other agencies in conjunction with others such as clerks of court, the judiciary, sheriff departments, municipal law enforcement and employers. CSE offers the following services: - Locating non custodial parents. CSE searches to find where the non custodial parent lives and or works and the location of assets the parents may use to provide support. - Establishing paternity for children born outside of marriage. CSE establishes the legal father of the child to define a legal responsibility necessary to pursue a support obligation. - Establishing support obligations Support obligations are entered as legally binding court orders. - Collecting and distributing support. CSE collects support and distributes payments to the family. Records are kept of all court-ordered child support payments that are paid and that are past due. - Enforcement. CSE works to ensure the non custodial parent's compliance with the court-ordered support. Access and Visitation activities funded through a federal grant provides fatherhood initiatives to improve relationships between non custodial parents and their children. The goal is to increase collections for children and families and to help develop access and visitation by non custodial parents with their children. The services available through this include: - Mediation and counseling - Education - Development of parenting plans - Supervised visitation and development of guidelines for visitation, and neutral pick up and drop off. The services provided may vary. Services are based on an assessment of need. NC has awarded these funds to five (5) Family Court Districts who have hired Access and Visitation Coordinators to oversee and/or provide services; a smaller portion of the funds is also allocated to the Wake Co. Human Ser vice's Working for Kids program for utilization towards program services.

Program Name	Program Description
Child Welfare Collaborative	The Collaborative strengthens public child welfare services by increasing the number of well trained and highly committed BSW and MSW social workers employed in local departments of social services. The Collaborative provides financial, educational, and employment support for selected social work students who will commit to work in a North Carolina county department of social services. This is provided through cooperation between the Division of Social Services, the North Carolina Association of County Directors of Social Services, and the North Carolina University System.
Child Welfare Training	North Carolina's child welfare training system is delivered to county child welfare staff that addresses the knowledge and skills needed to complete their daily tasks in the areas of child protective services, foster care, on-going child welfare services, and adoption. Training is delivered both in-person in classroom settings and on-line at varying levels of depth in a tiered system which appeals to the needs of both inexperienced and experienced child welfare staff. Each level of training serves as a foundation for the next series of trainings. The Division of Social Services contracts to provide four regional training centers throughout the state through which some of the classroom trainings are delivered. Other classroom trainings take place throughout the state at various community-based locations enabling county child welfare staff to access learning close to the community in which they serve. Training is delivered by dedicated staff with the Division of Social Services and by contracts with both individual and university based trainers.
Community Services Block Grant Case Management	The purpose of the Community Services Block Grant is to reduce poverty, revitalize low-income communities and empower low-income families and individuals to become self-sufficient/economically independent by (1) providing services in communities where poverty is an acute problem; (2) providing activities such as education, employment, income management, basic life skills, family supports, housing, child care, transportation, etc. designed to assist low-income participants, including the elderly poor, (3) providing emergency assistance inclusive of but not limited to rent/mortgage, utilities, medical/healthcare supports, etc. such as supplies and services, nutrition supports and related services to counteract conditions of starvation and malnutrition among the poor; and (4) coordinating and establishing linkages between governmental and other human services programs to assure the effective delivery of such services to low-income individuals.

Program Name	Program Description
Emergency Energy Assistance	Crisis Intervention Program is part of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant and is an important service for all, but especially for families with elderly, disabled or a young children under 6 years old who are especially at risk for life threatening or health related emergency if their home is too cold in the winter or too hot in the summer. Applicants apply for CIP funds to alleviate a heating or cooling related crisis. Benefits may vary based upon the amount needed to alleviate the crisis; however, benefits cannot exceed $600 per State fiscal year. The maximum allowed benefit amount can be up to $600 per application, per crisis situation. Below are Private Community Funded Energy Assistance Programs that are operated through local departments of social services with funds provided by the customers and employees of Progress Energy, Piedmont Natural Gas Company, Wake Electric Membership Corporation and Haywood Electric Membership Corporation to provide low income energy assistance to their customers. Funding amounts are defined by the energy provider and eligibility guidelines generally follow the Crisis Intervention Program. Help can be for heating or cooling expenses with the exception of Piedmont's program which is just for heating assistance. These programs are administered through the NC FAST: -The Energy Neighbor Program is 100% funded by Progress Energy customers and employees to provide energy assistance to low income customers in the service area. Applications are taken by the local department of social services. Counties spend the funds until exhausted; any remaining funds are reallocated to the same county for the new SFY. -Helping Each Member Cope is 100% funded by rounding up the bill to the nearest dollar for participating customers of Haywood Electric Membership Corporation to assist low income customers with energy bills. Counties spend until funds are exhausted; any remaining funds at the end of the SFY are reallocated to the same county. -Share the Warmth is 100% funded by Piedmont Natural Gas Company employees and customers. Allocations are made to counties with gas company customers to assist with heating bills. Counties spend the funds until exhausted; any funds remaining at the end of the SFY are reallocated to the same county the following year. -Wake Electric Roundup is 100% funded by Wake Electric Membership Corporation participating customers by rounding up their bills to the next dollar to provide energy assistance to low income customers. Allocations are made to counties based on the number of residential customers in the area. Counties spend until the funds are exhausted; any remaining funds at the end of the SFY are reallocated to the same county in the following SFY.

Program Name	Program Description
Family Support Program Services	Family Support services are designed and developed locally to provide family-focused and community- based interventions targeting families with children at risk of neglect, abuse, or dysfunction in the home or community, and to enhance families' and children's ability to attain, increase, or improve educational achievement leading to greater self-sufficiency.
Food and Nutrition Services	Food and Nutrition Services provides cash-like benefits for eligible low- income individuals and families to buy nutritious food for good health. Benefits are based on family size and income. Food and Nutrition Services is North Carolina's name for the federal Supplemental Nutrition Assistance Program or SNAP. In North Carolina, monthly benefits are issued via Electronic Benefit Transfer (EBT) cards. Benefits may be used to purchase food at participating stores. Workers at each local county department of social services/human services agencies determine who is eligible.
Food and Nutrition Services Employment and Training	Assist Food and Nutrition Services (FNS) recipients ages 18 through 59 years old, who are physically and mentally fit to obtain education, and/or short-term training to help participants acquire and/or maintain employment. Personal Responsibility and Work Opportunity Reconciliation Act of 1996 added separate work rules and restrictions for Able-Bodied Adults Without Dependents (ABAWDs) to the Food and Nutrition Services Program (US Department of Agriculture). Each component of a State agency's Employment and Training (E and T) Program must be delivered through its workforce development system. If the component is not available locally, the State agency may use another source. An E and T Program may consist of many different types of components, including but not limited to: independent job search; job search training and support; workfare; educational programs to improve employability; work experience or training to improve employability; other employment-oriented activities (e.g., job placement, supported work experience, Workforce Innovation and Opportunity Act services); and self–employment training. Initially, FNS E and T participation was mandatory for all non-exempt recipients in E and T counties. Effective July 1, 2009, FNS E and T is a voluntary program for recipients and as of July 1, 2011, counties are given the option whether to participate in the program. Currently, County Department of Social Services (DSS) offices are participating in the FNS E and T Program through a partnership with their local DWS office, N.C. Community College System and Community Organizations.
Food and Nutrition Services Nutrition Education	Food and Nutrition Education is an optional component of Food and Nutrition Services to provide nutrition and physical activity education services that increase the likelihood that those recipients of Food and Nutrition Services make healthy food choices consistent with the most recent dietary advice as reflected in the Dietary Guidelines for Americans and the Food Guide Pyramid. The Nutrition Education component is an optional component of the Food and Nutrition Services that provides various nutrition education activities throughout the state.

Program Name	Program Description
Foster Care Services	Foster Care services provide temporary care for infants, children and adolescents who have been removed from their own homes because their families cannot or will not provide protection or care for them adequately. Foster Care Services are designed to strengthen, preserve, and/or reunite families after children have come into agency legal custody or placement responsibility. Foster Care Services: -Help families strengthen their parenting abilities -Help children with health, educational, mental health and developmental needs -Help young adults who are aging out or have already aged out of the foster care system Services and resources (NC LINKS) for teens and young adults 13 to 21 who have lived or are now living in foster care system; intended to facilitate successful transition to self-sufficiency. A variety of support services are also available to eligible student recipients of the Postsecondary Education Support Scholarships (NC Reach), based on eligibility. All services are intended to assist the student's successful completion of their academic program. Grants, Educational Training Vouchers (ETV), provided to students who were in foster care on or after the age of 17, or who were adopted on or after age 16, or were placed in a relative guardianship on or after their 16th birthday to attend postsecondary educational or vocational training programs. For more information on NC LINKS, NC Reach and ETV go tohttp://www.ncdhhs.gov/dss/links/index.html
Low Income Energy Assistance Program (LIEAP)	LIEAP is a one-time vendor payment to help eligible households pay heating bills. The amount of the benefit is dependent on household size and income. Applications are taken December 1st through March 31st of every year through county departments of social services; however, priority in eligibility is given to households containing an elderly person age 60 and above or a disabled person receiving services through the Division of Aging and Adult Services (DAAS) from December 1st through January 1st or until funds are exhausted. Disabled persons are defined as receiving SSI, SSA, or VA disability. Net income must be at or below 130% of the Federal Poverty Level.

Program Name	Program Description
Refugee Cash Assistance (RCA)	The North Carolina Refugee Cash Assistance Program (RCA) was established to provide income to needy refuges who do not meet qualifications for WFFA or SSI. RCA is a short-term transitional program available for the first eight months a refugee resides in the USA and has eligibility status, such as: Refugees Asylees Central American Minors (CAM) and other Family Members granted Refugee Status Certain Cuban and Haitian Entrants Certain Amerasians (from Vietnam) Victims of Human Trafficking Certain Special Immigrant Visa (SIV) Holders from Iraq and Afghanistan Lawful Permanent Residents (LPR) who hold one of the above statuses prior to adjusting to LPR status An eligible refugee household may cause consist of a single adult, age 18 or older, or a married couple with no minor children.
Refugee Medical Assistance (RMA)	The North Carolina Refugee Cash Assistance Program (RCA) was established to provide income to needy refuges who do not meet qualifications for WFFA or SSI. RCA is a short-term transitional program available for the first eight months a refugee resides in the USA and has eligibility status, such as: Refugees Asylees Central American Minors (CAM) and other Family Members granted Refugee Status Certain Cuban and Haitian Entrants Certain Amerasians (from Vietnam) Victims of Human Trafficking Certain Special Immigrant Visa (SIV) Holders from Iraq and Afghanistan Lawful Permanent Residents (LPR) who hold one of the above statuses prior to adjusting to LPR status

Program Name	Program Description
Refugee Social Services	The North Carolina Refugee social services program provides intensive, refugee-specific services to eligible "refugees" in such areas as employment, English language training, case management, social adjustment, Interpretation, and immigration assistance (among others). All services are provided in conjunction with a family self sufficiency, employability, and services plan. The goal of the program is to provide the necessary support services to enable the client to become an integrated, participating member of the community where they live.The program stresses employment for adults as early as possible. Refugees may receive services up to 5 years or until they become US citizens. Clients access the program by enrolling with a local refugee service provider in their area. If a refugee service provider is not available within 50 miles or less AND they have applied for Refugee Cash Assistance, then employment services are provided by the local Department of Social Services. Additionally, the Refugee Social Services program provides School Impact and Older Refugee programs. The School Impact Project provides assistance that will lead to effective integration and education of refugee children and to successfully engage parents in the American educational process. Services to Older Refugees Program provides assistance to older refugees to remove barriers allowing them to achieve citizenship.
Work First Employment Services	Work First Employment Services is provided to work eligible participants receiving Work First Cash Assistance. Countable income is the same as for Work First Family Assistance (WFFA). WFFA methodology is based on the maximum countable income set by the North Carolina General Assembly. Income is based on Family Size 1 - $312; 2 - $422; 3 - $494; 4 - $544; 5 - $598. Short Term Benefits are provided to any family (that currently does not receive a Work First cash assistance payment) with income at or below 200% of the federal poverty level, provided there is a child in the household who meets the age, kinship, resource limits, citizenship and immigrant rules. The caseworker may accept the family's statement of the family's income unless it is questionable. All income available to the family is counted in determining their eligibility for Work First Family Assistance, unless otherwise noted in Work First Policy.
Work First Family Assistance	Work First Family Assistance provides monthly financial assistance to meet the basic needs of families with children, such as food and shelter. The local department of social services/human services agencies processes applications for cash assistance within 45 days. Cash assistance is limited to 24 months for cases including adults. Families also receive intensive employment services to help them become self-supporting. The service benefits low-income families with children.

Program Name	Program Description
Black Mountain Neuro-Medical Treatment Center	Black Mountain Center, located in Black Mountain, North Carolina, provides specialized Skilled Nursing Services to adults in the western region of the state with chronic, complex medical conditions that co-exist with neurological conditions often related to a diagnosis of intellectual and/or developmental disability. Black Mountain Center also provides services to adults with Alzheimers disease or other related dementias in the western and central regions of the state. Black Mountain provides specialized medical, mental health, and intellectual and/or developmental disability services to these adults that cannot be served in the community. Services include: -Services to adults with developmental disabilities and medical conditions of a serious, chronic nature, requiring 24/7 medical and nursing care-Services to adults with Alzheimers or related dementia whose assaultive and combative behaviors have resulted in a denial of care in traditional nursing home settings-Respite services provided to families and other caregivers in the community who need temporary relief from the pressures of caring for a person with Alzheimers disease or other types of dementia.
Broughton Hospital	Broughton Hospital, located in Morganton, provides inpatient psychiatric services to North Carolinians who cannot be served in the community because of the severity of their symptoms. Inpatient services include: -Crisis stabilization (immediate help for a mental health emergency)-Assessment-Medical care-Psychiatric treatment-Patient advocacy and social work services including counseling, discharge planning and links to the community Broughton Hospital also operates a Deaf Unit for adults who need inpatient psychiatric or substance abuse services and are deaf/hard of hearing. The hospital also provides inpatient psychiatric services to adolescents who cannot be served in the community because of the severity of their symptoms.Inpatient services include: -Crisis stabilization (immediate help for a mental health emergency)-Assessment-Medical care-Psychiatric treatment-Patient advocacy-Social work services including counseling, discharge planning and links to the community-Education
Caswell Center	Caswell Developmental Center, located in Kinston, is the state-operated developmental center for North Carolina's eastern region. The center provides services and supports to individuals with intellectual and developmental disabilities (IDD), complex behavioral challenges and/or medical conditions whose clinical treatment needs exceed the level of care available in the community. Services and supports include: Residential, medical, habilitation (help in developing functional living skills) and training to promote independence and self-determination. Facility-based therapeutic respite services to provide evaluations and assessments to individuals experiencing specific medical and/or behavioral challenges.Facility-based respite services to provide caregivers temporary relief. A 10-bed program for males with a dual diagnosis of IDD and mental illness. The length of stay is up to 18 months.

Program Name	Program Description
Central Regional Hospital / Butner Campus	Central Regional Hospital (CRH), located in Butner, provides inpatient psychiatric services to adult North Carolinians who cannot be served in the community because of the severity of their symptoms.Inpatient services include:-Crisis stabilization (immediate help for a mental health emergency)-Assessment-Medical care-Psychiatric treatment-Patient advocacy-Social work services including counseling, discharge planning and links to the community Central Regional Hospital also operates the statewide Maximum and Medium Security Forensic Units (services for individuals who are involved in both the mental health and criminal justice systems) and the Pre-Trial Evaluation Unit that conducts forensic evaluations to determine if individuals are capable to proceed to trial on the Dorothea Dix campus in Raleigh, NC. The hospital also provides inpatient psychiatric services to children and adolescents who cannot be served in the community because of the severity of their symptoms.Inpatient services include: -Crisis stabilization (immediate help for a mental health emergency)-Assessment-Medical care-Psychiatric treatment-Patient advocacy-Social work services including counseling, discharge planning and links to the community-EducationCRH operates a child inpatient unit that services children ages 5-12 statewide.
Cherry Hospital	Cherry Hospital, located in Goldsboro, provides inpatient psychiatric services to North Carolinians who cannot be served in the community because of the severity of their symptoms.Inpatient services include:Crisis stabilization (immediate help for a mental health emergency)AssessmentMedical carePsychiatric treatmentPatient advocacy Social work services including counseling, discharge planning, and links to the community. The hospital provides inpatient psychiatric services to adolescents who cannot be served in the community because of the severity of their symptoms. Inpatient services include:Crisis stabilization (immediate help for a mental health emergency)AssessmentMedical carePsychiatric treatmentPatient advocacy Social work services including counseling, discharge planning, and links to the communityEducation

Program Name	Program Description
J. Iverson Riddle - Child (Family, Infant, and Preschool Program / FIPP)	The Family Infant Preschool Program (FIPP) of the J. Iverson Riddle Developmental Centerprovides supports and resources towomen who are pregnant, children from birth through five years of age with identified intellectual and developmental disabilities and their families in western North Carolina.Resources and services include: -Child developmental evaluation and assessment-Child psychological services-Early childhood health and development screening-Early childhood education or special education-Family support-Medical supports including nursing services; therapies such as physical, occupational, and speech; Infant and child mental health services-Assistive technology supports and services-Neonatal follow-up care-Parenting Education FIPP provides early intervention services in Alexander, Burke,Caldwell, Catawba, and McDowell Counties through a contract with the Morganton/Hickory Children's Developmental Service Agency. FIPP also operates an Early Head Start program in Alexander, Burke, andCaldwellCountieswith 6 infant-toddler classrooms, 3 Family Resource Centers, and home visiting supports for 200 children and families. FIPP works in partnership with families using family-centered practices, based on respect for families' beliefs and values, as well as their cultural and ethnic backgrounds. FIPP research is conducted as part of the Center for the Advanced Study of Excellence in Early Childhood and Family Support Practices. FIPP is recognized as one of ten National Centers of Excellence in Early Childhood by the Office of Head Start.
J. Iverson Riddle Center	J. Iverson Riddle Developmental Center (JIRDC), located in Morganton, is the state-operated developmental center for North Carolinas western region. The center provides services and supports to individuals with intellectual and developmental disabilities (IDD), complex behavioral challenges and/or medical conditions whose clinical treatment needs exceed the level of care available in the community. Services and supports include:-Residential, medical, habilitation (help in developing functional living skills) and training to promote independence and self-determination-Facility-based therapeutic respite services to provide evaluations and assessments to individuals experiencing specific medical and/or behavioral challenges-Facility-based respite services to provide caregivers temporary relief-A behavior medicine clinic for community members with a diagnosis of Autism

Program Name	Program Description
Murdoch Center	Murdoch Developmental Center, located in Butner, is the state operated developmental center for North Carolina's central region. The center provides services and supports to individuals with intellectual and developmental disabilities (IDD), complex behavioral challenges and/or medical conditions whose clinical treatment needs exceed the level of care available in the community. Services and supports include: Residential, medical, habilitation (help in developing functional living skills), and training to promote independence and self-determination.Facility-based therapeutic respite services to provide evaluations and assessments to individuals experiencing specific medical and/or behavioral challenges.Facility-based respite services to provide caregivers temporary relief. BART (Behaviorally Advanced Residential Treatment), a statewide program that serves young adult males with an IDD diagnosis and extreme behavioral challenges. The Murdoch Center is also the state-operated developmental center for North Carolina's central region. The three statewide services geared specifically to children and adolescents through Murdoch Developmental Center are: STARS (Specialized Treatment for Adolescents in a Residential setting) which serves adolescents, ages 13 through 17, who have a dual diagnosis (developmental disability and mental illness).The length of stay is up to 1 year.PATH (Partners in Autism Treatment and Habilitation) serves children, ages 6 to 16, with autism spectrum disorder and serious behavioral challenges.The length of stay is up to 2 years.TRACK (Therapeutic Respite Addressing Crisis for Kids) serves children ages 5 through 17 who have moderate to profound intellectual disabilities and/or autism spectrum disorders and are in an emergency crisis situation.The length of stay is between 3-45 days.
O'Berry Neuro-Medical Treatment Center	O'Berr y Neuro-Medical Center, located in Goldsboro, North Carolina provides specialized Skilled Nursing services to aging adults in the eastern and central regions of the state with chronic, complex medical conditions that co-exist with neurological conditions often related to a diagnosis of intellectual and/or developmental disability. O'Berry provides specialized medical and intellectual and/or developmental disability services to these adults that cannot be served in the community. Services include:Services to adults with developmental disabilities and medical conditions of a serious, chronic nature, requiring 24/7 medical and nursing care; and Services to adults with intellectual and/or developmental disabilities whose level of need exceeds services available in the community.
Longleaf Neuro-Medical Treatment Center	Longleaf, located in Wilson, North Carolina, provides specialized Skilled Nursing services to adults in the western and central regions of the state with chronic, complex medical conditions that co-exist with neurological conditions often related to a diagnosis of severe and persistent mental illness (including but not limited to gero- disorders or dementia, such as Alzheimer's). Services include: -Services to adults with severe and persistent mental illness that also have long-term medical conditions requiring residential, medical and nursing care.These residents are referred solely from the State psychiatric hospitals; and-Services to adults with a diagnosis of Alzheimer's or related dementia whose assaultive and combative behavior has resulted in a denial of care in traditional nursing home settings.

Program Name	Program Description
Julian F. Keith Alcohol and Drug Abuse Treatment Center	Julian F. Keith is one of three state-operated North Carolina Alcohol and Drug Abuse Treatment Centers (ADATCs) that provide the following services: Medically monitored detoxification; Psychiatric services; Nursing services; Substance abuse treatment and education; Mental health treatment and education; Recreational therapy; Family services; Discharge planning Julian F. Keith ADATC is located in Black Mountain, NC and serves primarily the western region of the state. Julian F. Keith has 68 inpatient beds.
Walter B. Jones Alcohol and Drug Abuse Treatment Center	Walter B. Jones is one of three state-operated North Carolina Alcohol and Drug Abuse Treatment Centers (ADATCs) that provide the following services: Medically monitored detoxification; Psychiatric services; Nursing services; Substance abuse treatment and education; Mental health treatment and education; Recreational therapy; Family services; Discharge planning Walter B. Jones ADATC is located in Greenville, NC and serves primarily the eastern region of the state. They offer two statewide programs that serve all 100 NC counties, a hospital inpatient Opioid Treatment Program (OTP) and a perinatal program for pregnant women and their babies. Walter B. Jones has 44 inpatient beds (for SFY 16 due to renovations that reduce capacity by 22 beds).
R.J. Blackley Alcohol and Drug Abuse Treatment Center	R.J. Blackley is one of three state-operated North Carolina Alcohol and Drug Abuse Treatment Centers (ADATCs) that provide the following services:Medically monitored detoxification, Psychiatric services, Nursing services, Substance abuse treatment and education, Mental health treatment and education, Recreational therapy, Family services, Discharge planning R. J. Blackley ADATC is located in Butner, NC and serves primarily the central region of the state. R.J. Blackley has 62 inpatient beds.
Whitaker School	Whitaker School offers inpatient psychiatric services to children and adolescents aged 13 to 18 whose mental health needs cannot be met in the community.Whitaker School provides integrated, person-centered treatment to children and adolescents with psychiatric disorders with a focus on safety while promoting wellness and offering support to patients and their families consistent with the principles of recovery and trauma informed care.
Wright School	The Wright School, located in Durham, North Carolina, serves children with emotional, behavioral, educational, intellectual, social, or neurological needs ages 6 -12 in a non-medical, alternative program which emphasizes the re-educational model of services. Through Wright School, staff members mobilize the home community's resources to build a network of services to meet the student's individual needs and the needs / expectations of their family, school and community. Children receive individual treatment to increase academic, social, and behavioral skills.
Assistive Technology Technical Assistance, Training, Demonstration, Equipment Loan, and Information & Referral	The direct services of the N.C. Assistive Technology Program (which include Technical Assistance, Training, Demonstration, Equipment Loan, and Information and Referral) provide access to and information about technology that can help people become more independent in home, school, work and community life.Services are available statewide through 11 full-service centers and 13 satellite centers; in the home, school or work setting; or by phone or e-mail. This service is state and federally funded. It benefits individuals with disabilities of all ages, as well as the professionals who work with them and employers.

Program Name	Program Description
Client Assistance Program (CAP) Consumer Advocacy	The Client Assistance Program acts as a consumer advocate for people with disabilities who are having problems applying for or receiving rehabilitation services. Staff members are knowledgeable about laws, regulations and policies and can help clients understand their rights and work with the system. They can give advice, negotiate on the client's behalf and help with appeals. Consumer Advocacy staff ensures that North Carolinians can exercise their rights under the federal Rehabilitation Act and gain access to services available through the Division of Services for the Blind (DSB) or the Division of Vocational Rehabilitation Services (DVRS). Individuals can find out more about these services through human services and disabilities support group offices and newsletters as well as by standard mail, e-mail, toll-free telephone or TTY. This service benefits applicants for and individuals determined eligible for DVRS or DSB services. CAP provides information and referral services to let people with disabilities know about rehabilitation services available in North Carolina and how to qualify for them. Staff members provide information and referrals to anyone who contacts CAP (by mail, e-mail, toll-free phone or TTY). CAP also publicizes its services through human services and disabilities support group offices and newsletters. Individuals also may be referred to CAP through Carolina Legal Assistance, North Carolina's Disability Law Center (NC Protection and Advocacy) and the Department of Health and Human Services (DHHS) Customer Services Center. This service benefits applicants for and those determined eligible for services through the Division of Services for the Blind (DSB) or the Division of Vocational Rehabilitation Services (DVRS).
Independent Living Consumer-Managed Personal Care Services	Consumer-Managed Personal Care Services are an option under the Independent Living (IL) Rehabilitation Program. Consumers, in partnership with their independent living counselors, plan for part-time personal assistance to facilitate activities of daily living, including access to the community. The consumer hires, fires, pays and performs all duties of the employer, including paying required state and federal taxes. The consumer is reimbursed for the service provided by the personal assistant worker. Before this service is provided, a qualified professional (such as a registered nurse, occupational therapist or physical therapist) evaluates the independent living skills and needs of the consumer. The counselor and consumer discuss the recommendations and agree upon a total number of personal assistance hours to be provided. This service benefits individuals with significant disabilities who are working toward independent living goals.
Independent Living Diagnostic and Assessment Services	Diagnostic and Assessment Services are provided to people applying for the Independent Living (IL) Rehabilitation Program. Applicants receive an evaluation, counseling, guidance on eligibility requirements and referral to community agencies. This includes: · Medical, physical and psychological exams and evaluations.· Interpreter services.· Driver evaluation.· Visual and hearing exams.This service benefits individuals with significant disabilities who are working toward independent living goals.

Program Name	Program Description
Independent Living Guidance and Counseling	These services cover an array of counseling and guidance issues for eligible individuals with disabilitiesthat could be general or specific and substantive in scope.Guidance, counseling and associated coordination of services, as provided by trained independent living counselors and support staff, are an integral component of the independent living rehabilitation process that enables individuals to live and interact within their community of choice. The following are examples of guidance and counseling interventions: -Helping the individual understand their diagnosis, impairment and functional limitations-Assisting the individual in dealing with and adjusting to the emotional issues surrounding their disability-Liaison or interventions with medical providers to facilitate the treatment and meet the medical needs of the individual-Discussion and exploration of the strengths, interests and abilities of the individual in relation to the recommendations from assessment data and other case information.
Independent Living Housing and Community Integration	Housing and Community Integration services help a person with disabilities make a transition back into the home and community. Consumers use these services after completing an individualized plan for independent living and as the final phase in returning to the community. These services include: · Payment for rent and utilities. · Rent and utility deposits. · Basic furniture and small appliances. · Recreational therapy. · Moving expenses. · Transportation and vehicle expenses. These services benefit individuals with significant disabilities who are working toward independent living goals.
Independent Living Rehabilitation Technology and Assistive Devices	Rehabilitation Technology and Assistive Devices are provided under the Independent Living (IL) Rehabilitation Program to help individuals with disabilities live in their homes and get access to services in the community. They include: · Home modifications (ramps, accessible bathrooms, widening of doors and entrances).· Wheelchairs.· Communication devices.· Vehicle modifications. The consumer and a counselor plan for these services as part of the individualized plan for independent living. These services are coordinated with other providers and comparable benefits, such as Medicaid, Medicare and private insurance. These services benefit individuals with significant disabilities who are working toward independent living goals.
Independent Living Restoration Services	Restoration Services are provided under the Independent Living (IL) Rehabilitation Program to help individuals address the limitations and impairments caused by their disability. Medical restoration services include: · Durable medical equipment, such as canes, crutches, walkers, wheelchairs, hospital beds and special toilet seats.· Hospital services.· Orthoses (braces), glasses and hearing aids.These services prepare the client to complete an individualized plan for independent living and transition back into the community. Clients plan for these services in partnership with an independent living counselor. Services are coordinated with other providers and comparable benefits, such as Medicaid, Medicare and private insurance. These services benefit individuals with significant disabilities who are working toward independent living goals.

Program Name	Program Description
Pre-Employment Transition Services	The Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act of 2014 (WIOA) created pre-employment transition services as a new category of vocational rehabilitation services specifically for students with disabilities. The activities charged to this service include "Required Activities" (34 CFR 361.48(a)(2)), "Authorized Activities" (34 CFR 361.48(a)(3)), and "Coordination Activities" (34 CFR 361.48(a)(4)). Required activities include five categories of direct services provided to students with disabilities: 1. Work-based Learning Experiences; 2. Job Exploration; 3. Workplace Readiness Training; 4. Instruction in Self-Advocacy; and 5. Counseling on Opportunities for Enrollment in Comprehensive Transition or Postsecondary Education Programs. Expenditures for authorized activities include costs associated with: Implementing effective strategies to increase the likelihood of independent living and inclusion in communities and competitive integrated workplaces; Developing and improving strategies for individuals with intellectual disabilities and individuals with significant disabilities to live independently, participate in postsecondary education experiences, and obtain and retain competitive integrated employment; Providing instruction to vocational rehabilitation counselors, school transition personnel, and other persons supporting students with disabilities; Disseminating information about innovative, effective, and efficient approaches to achieve the goals of this section; Coordinating activities with transition services provided by local education agencies under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.);Applying evidence-based findings to improve policy, procedure, practice, and the preparation of personnel, in order to better achieve the goals of pre-employment transition services; Developing model transition demonstration projects; Establishing or supporting multistate or regional partnerships involving States, local education agencies, designated State units, developmental disability agencies, private businesses, or other participants to achieve the goals of pre-employment transition services; and Disseminating information and strategies to improve the transition to postsecondary activities of individuals who are members of traditionally unserved populations. Expenditures for coordination activities include agency costs for: Attending individualized education program meetings for students with disabilities, when invited; Working with the local workforce development boards, one-stop centers, and employers to develop work opportunities for students with disabilities; Working with schools, including those carrying out activities under section 614(d) of the IDEA, to coordinate and ensure the provision of pre-employment transition services; and When invited, attending person-center planning meetings for individuals receiving services under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)

Program Name	Program Description
Vocational Rehabilitation Auxiliary Services	Interpreter Services are provided under the Vocational Rehabilitation (VR) Services program to help individuals overcome barriers to employment. These services include: · Sign language and oral interpreter services for eligible individuals who are deaf or hard of hearing, deaf-blind or late-deafened.· Foreign language interpreting.· Reader services. Personal assistance services are also included in this category. Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state. Services are planned, provided and coordinated by vocational rehabilitation counselors, related professionals and support staff. Individuals have access to other government entities, private and public organizations for services.
Vocational Rehabilitation Diagnostic and Assessment Services	Diagnostic and Assessment Services are used to determine whether an individual is eligible for the Vocational Rehabilitation (VR) Services program and to identify the specific set of services the person requires to return to or maintain employment. Diagnostic and assessment services include medical, psychiatric, psychological, vocational and educational evaluations conducted by qualified personnel. These services are not subject to a financial needs test. Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state. Services are planned, provided, purchased and coordinated by vocational rehabilitation counselors, related professionals and support staff. Individuals have access to other government entities, private and public organizations for services.
Vocational Rehabilitation Guidance and Counseling	Vocational counseling, guidance and service coordination are provided to eligible individuals with physical and mental disabilities by trained vocational rehabilitation counselors, vocational evaluators and other supporting staff with roles specializing in areas ranging from job development/business relations to rehabilitation technology consultants.These services help individuals with disabilities to select and pursue a vocational goal that best suits their abilities, skills, interests, capabilities, resources, and informed choice.
Vocational Rehabilitation Job Placement and Job Related Supports	Job Placement and Job Related Supports are services provided under the Vocational Rehabilitation (VR) Services program to help an individual find appropriate employment after other rehabilitation issues are resolved. Services include: -Job search assistance-Job placement-On-the-job support services (to help an eligible person keep a job)-Supported employment for eligible individuals with the most significant disabilities. - Vocational evaluation. These services are not subject to a financial needs test.The rehabilitation counselor, business relations representatives and other staff members use employer contacts and other methods to carry out these services. Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state. Eligible individuals have access to placement through the Division of Employment Security and other public and private organizations.

Program Name	Program Description
Vocational Rehabilitation Modifications and Assistive Technology	Modifications and Assistive Technology services are provided under the Vocational Rehabilitation (VR) Services program to help individuals overcome barriers to employment. This area includes: -Vehicle and home modifications-Telecommunications, sensory and other technological aids Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state.Services are planned, provided and coordinated by vocational rehabilitation counselors, related professionals and support staff. Individuals have access to other government entities, private and public organizations for services.
Vocational Rehabilitation Restoration Services	Restoration Services may be provided under the Vocational Rehabilitation (VR) Services program to remove or ease barriers to employment. Physical or mental restoration services include medical treatment, therapy, prostheses (artificial limbs) and other medical equipment. VR provides restoration services when financial support is not readily available from another source, such as private insurance, Medicare or Medicaid. Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state. Services are planned, provided, purchased and coordinated by vocational rehabilitation counselors, related professionals and support staff. Individuals have access to other government entities, private and public organizations for services.
Vocational Rehabilitation Support Services	Support Services are provided under the Vocational Rehabilitation (VR) Services program only in direct connection with a required primary service (such as job placement, restoration, training, guidance and counseling, or required diagnostic and assessment services). Support services may include: · Assistance with transportation, including training in the use of public transportation.· Travel and related expenses needed to participate in a vocational rehabilitation service leading toward an employment goal. · Payment for expenses such as food, shelter and clothing (above an individual's normal expenses) required to participate in an assessment or while receiving planned services. Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state.
Vocational Rehabilitation Training Services	Training Services are provided under the Vocational Rehabilitation (VR) Services program to help eligible individuals develop the knowledge and skills needed to achieve their chosen vocational goal. Training services include: · Job skill training through a community college, business, vocational, trade or technical school. · College or university training. · On-the-job training in a specific job skill by a prospective employer. · Job readiness training. · Disability-related training to augment skills. Community Rehabilitation Program Work Adjustment Training and In-High School Work Adjustment Training services are also included. Training services may be available to individuals who have no transferable work skills and require training to reach a vocational goal. Services are available through 32 unit offices and two Vocational Rehabilitation facilities throughout the state. Services are planned, provided and coordinated by vocational rehabilitation counselors, related professionals and support staff. Individuals have access to other government entities, private and public organizations for services.

Program Name	Division	Primary PopulationServed	Secondary Population Served
Adult Protective Services	Aging and Adult Services	Adults	At Risk
Alzheimer's and Dementia Support Services	Aging and Adult Services	Families	At Risk
At Risk Case Management/Out of Home Placement	Aging and Adult Services	Individuals w/a Disability	Non-Disability Specific
Capacity Building and Professional Development for Aging and Adult Services	Aging and Adult Services	Individuals in Select Professions/Fields	Aging and Adult Services
Case Management and Counseling	Aging and Adult Services	Individuals w/a Disability	Non-Disability Specific
Community Based Legal Services	Aging and Adult Services	Older Adults/Seniors	At Risk
Congregate Nutrition	Aging and Adult Services	Older Adults/Seniors	At Risk
Emergency Shelter Grants Operations Support	Aging and Adult Services	Homeless	(blank)
Family Caregiver Support Services	Aging and Adult Services	Adults	At Risk
Guardianship	Aging and Adult Services	At Risk	Adults
Home and Community Based Services	Aging and Adult Services	Older Adults/Seniors	At Risk
Key Program Assistance	Aging and Adult Services	Individuals w/a Disability	(blank)
Long Term Care Ombudsman Service	Aging and Adult Services	Adults	Individuals w/a Disability
North Carolina Senior Games, Inc.	Aging and Adult Services	Older Adults/Seniors	(blank)
Operation Fan-Heat Relief - OFHR	Aging and Adult Services	Older Adults/Seniors	At Risk
Senior Center General Purpose Funds	Aging and Adult Services	Older Adults/Seniors	(blank)
Senior Community Service Employment Program	Aging and Adult Services	Older Adults/Seniors	At Risk
Senior Farmers' Market Nutrition Program Participant Vouchers	Aging and Adult Services	Older Adults/Seniors	Low Income
State-County Special Assistance Adult Care Home/State-County Special Assistance In-Home	Aging and Adult Services	Individuals w/a Disability	Non-Disability Specific
Wellness and Health Promotion	Aging and Adult Services	Older Adults/Seniors	Individuals with a chronic disease
Child Care Resource and Referral (CCCR&R) Core Services	Child Development and Early Education	Families, Contractor Non-Governmental	Child Care
Child Care WAGE$ Project	Child Development and Early Education	Contractor Non-Governmental	Child Care

Program Name	Division	Primary PopulationServed	Secondary Population Served
Child Care Workforce	Child Development and Early Education	Individuals in Select Professions/Fields, Contractor Non-Governmental	Child Care
DHHS Criminal Records Checks	Child Development and Early Education	Adults, Contractor Non-Governmental, Families	At Risk, Child Care, Social Services
NC Pre-K	Child Development and Early Education	Families	At Risk
NC Rated License Assessment Project	Child Development and Early Education	Contractor Non-Governmental	Child Care
Regulation of Child Care	Child Development and Early Education	Contractor Non-Governmental	Child Care
Smart Start Child Care Related Activities	Child Development and Early Education	Contractor Non-Governmental	Child Care
Smart Start Family Support Activities	Child Development and Early Education	Families	Low Income
Smart Start Health Related Activities	Child Development and Early Education	Children	At Risk
Smart Start-Subsidized Child Care Services	Child Development and Early Education	Children	Low Income
Subsidized Child Care Services	Child Development and Early Education	Children	Low Income
Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Project	Child Development and Early Education	Children, Contractor Non-Governmental	Child Care
Medicaid	Health Benefits	Low Income	Families
Health Choice Program	Health Benefits	Children	Low Income
Adult Care Homes	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Ambulatory Surgery Centers	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Certificate of Need	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Clinical Laboratories	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Complaint Intake	Health Service Regulation	General Population	(blank)
Construction	Health Service Regulation	Contractor Non-Governmental	Health/Medical
End Stage Renal Disease Facilities	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Health Care Personnel Allegations & Investigations	Health Service Regulation	Individuals in Select Professions/Fields	Health/Medical

Program Name	Division	Primary Population Served	Secondary Population Served
Home Health & Home Care Agencies	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Hospice	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Hospital Preparedness	Health Service Regulation	Contractor Non-Governmental, Individuals in Select Professions/Fields	Health/Medical
Hospitals	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID)	Health Service Regulation	Contractor Non-Governmental	Mental Health
Jails & Detention	Health Service Regulation	Contractors Governmental	Jails/Detention Centers
Local Emergency Medical Services	Health Service Regulation	Contractor Non-Governmental, Individuals in Select Professions/Fields	Fire/Emergency
Medication Aide	Health Service Regulation	Individuals in Select Professions/Fields	Health/Medical
Mental Health/Developmental Disability/Substance Abuse	Health Service Regulation	Contractor Non-Governmental	Mental Health
Nurse Aide	Health Service Regulation	Individuals in Select Professions/Fields	Health/Medical
Nursing Homes	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Radiation Protection	Health Service Regulation	Adults, Individuals in Select Professions/Fields	Health/Medical
State Medical Facilities Plan	Health Service Regulation	Contractor Non-Governmental	Health/Medical
Crisis Services	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Non-Disability Specific
Enforcing Underage Drinking Laws	Mental Health, Developmental Disabilities and Substance Abuse Services	Contractor Non-Governmental	Substance Abuse/Addiction
General Substance Abuse Prevention	Mental Health, Developmental Disabilities and Substance Abuse Services	General Population	(blank)
Intellectual and Developmental Disability Services Children/Adolescents	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Cognitive/Intellectual

Program Name	Division	Primary Population Served	Secondary Population Served
Intellectual and Developmental Disability Services for Adults	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Cognitive/Intellectual
Mental Health Services for Adults	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Mental
Mental Health Services for Children/Adolescents	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Mental
Mental Health, Developmental Disabilites and Substance Abuse Workforce Development	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals in Select Professions/Fields, Contractor Governmental	MH/DD/SAS, Developmental Disabilities, Substance Abuse/Addiction, Mental Health
NC Problem Gambling Services	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Substance/Addiction
Projects for Assistance in Transition from Homelessness (PATH)	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Multiple Disabilities
Single Stream Funded Services	Mental Health, Developmental Disabilities and Substance Abuse Services	Contractors Governmental	Mental Health/Dev.Dis./Substance Abuse
Substance Abuse Services for Adolescents	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Substance/Addiction
Substance Abuse Services for Adults	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Substance/Addiction
Targeted Substance Abuse Prevention	Mental Health, Developmental Disabilities and Substance Abuse Services	Adolescents/Teens	At Risk
Traumatic Brain Injury Services (TBI)	Mental Health, Developmental Disabilities and Substance Abuse Services	Individuals w/a Disability	Cognitive/Intellectual
340B Drug Pricing Program	Office of Rural Health	Families	(blank)
Community Health Grants	Office of Rural Health	General Population	(blank)

Program Name	Division	Primary Population Served	Secondary Population Served
Critical Access Hospital Network Development	Office of Rural Health	Families	(blank)
Farmworker Health Medical and Outreach Services	Office of Rural Health	Families	(blank)
Medical, Psychiatric, and Dental Provider Recruitment	Office of Rural Health	General Population	(blank)
Medication Assistance	Office of Rural Health	Adults	Low Income
Rural Health Centers Support	Office of Rural Health	Adults, General Population	(blank)
Small Rural Hospital Improvement Program	Office of Rural Health	General Population	(blank)
Telemedicine	Office of Rural Health	At Risk	Adults
Asbestos and Lead Based Paint Hazard Management	Public Health	Contractor Non-Governmental, Contractors Governmental, General Population	Employers/Employment
Best Practices in Children's Health	Public Health	Contractors Governmental	Health/Medical
Breast and Cervical Cancer Control	Public Health	Adult Women	Individuals with a chronic disease, Low Income
Building Capacity for Service Delivery	Public Health	Contractors Governmental	Health/Medical
Child and Adult Care Food (CACFP)	Public Health	Children, Older Adults/Seniors	Low Income
Child Maltreatment Prevention	Public Health	Children, Families, Individuals in Select Professions/Fields	At Risk, Health/Medical
Children's Preventative Health Services	Public Health	Contractors Governmental	Health/Medical
Communicable Disease Surveillance and Control	Public Health	General Population	(blank)
Community Capacity Building to Eliminate Health Disparities	Public Health	Contractor Non-Governmental, Racial/Ethnic Minorities	Health/Medical
Community Focus Infant Mortality	Public Health	Pregnant or Perinatal Women	(blank)
Comprehensive Cancer	Public Health	Individuals w/Chronic Disease	(blank)
Diabetes Awareness, Education & Health Care Delivery	Public Health	Adults	Individuals with a chronic disease
Early Intervention	Public Health	Families	(blank)
Environmental Health Regulation	Public Health	Children, Contractors Governmental, At Risk	At Risk, Health/Medical
Family Planning	Public Health	At Risk	Families

Program Name	Division	Primary PopulationServed	Secondary Population Served
Farmer's Market Nutrition	Public Health	Low Income	Families
Forensic Tests for Alcohol	Public Health	Adults, General Population	(blank)
Genetics and Newborn Screening	Public Health	Children	At Risk
Heart Disease and Stroke Prevention	Public Health	Adults	Individuals with a chronic disease
HIV/STD Care Services	Public Health	Adults	Individuals with a chronic disease
HIV/STD Prevention Activities	Public Health	Adults	At Risk
Industrial Hygiene Consultation	Public Health	General Population	(blank)
Injury and Violence Prevention	Public Health	Adolescents/Teens, General Population	(blank)
Maternal Health	Public Health	Pregnant or Perinatal Women	(blank)
Medical Evaluation and Risk Assessment	Public Health	General Population	(blank)
Medical Examiner System	Public Health	General Population	(blank)
Occupational Surveillance	Public Health	Adults, At Risk, General Population	(blank)
Oral Health Preventive Services	Public Health	Adults, Children, Individuals in Select Professions/Fields, Older Adults/Seniors, Pregnant or Perinatal Women	Health/Medical
Performance Improvement and Accountability	Public Health	General Population	(blank)
Physical Activity and Nutrition	Public Health	General Population	(blank)
Public Health Preparedness and Response	Public Health	Contractor Non-Governmental, Contractors Governmental, General Population	Health/Medical
Public Health Workforce Development	Public Health	General Population, Individuals in Select Professions/Fields	
Refugee Health Assessments	Public Health	Refugee	At Risk
School Health Services	Public Health	Children	At Risk
Sickle Cell Syndrome - Services for Adults	Public Health	Adults	Individuals with a chronic disease
Sickle Cell Syndrome - Services for Children	Public Health	Children	Individuals with a chronic disease
State Center for Health Statistics	Public Health	General Population	(blank)
State Laboratory Services - Testing, Training & Consultation	Public Health	General Population	(blank)

Program Name	Division	Primary Population Served	Secondary Population Served
TB Elimination	Public Health	Individuals w/Chronic Disease	(blank)
Teen Pregnancy Prevention Initiatives (TPPI)	Public Health	Adolescents/Teens	At Risk
Tobacco Prevention and Control	Public Health	General Population	(blank)
Vaccine Distribution and Administration	Public Health	Adults, Children, General Population, Infants/Toddlers	(blank)
Vital Records	Public Health	General Population	(blank)
WIC	Public Health	Children, Infants/Toddlers, Pregnant or Perinatal Women	Low Income
WISEWOMAN	Public Health	Individuals w/ Chronic Disease	(blank)
Women's Health Public Education	Public Health	General Population	(blank)
Adjustment Services	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Chore Services for the Blind	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Employment Opportunities in Food Services and Vending	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Independent Living Rehabilitation Assessment	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Independent Living Rehabilitation Guidance & Counseling	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Independent Living Rehabilitation Teaching	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Medical Eye Care Program	Services for the Blind	Low Income	(blank)
Vocational Rehabilitation Assistive Technology Services	Services for the Blind	Visual Impairment	(blank)
Vocational Rehabilitation Diagnostic and Assessment Services	Services for the Blind	Visual Impairment	(blank)
Vocational Rehabilitation Guidance and Counseling	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Vocational Rehabilitation Job Development and Job Placement	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Vocational Rehabilitation Restoration Services	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Vocational Rehabilitation Training Services	Services for the Blind	Individuals w/a Disability	Blindness/Visual Impairment
Client Services	Services for the Deaf and Hard of Hearing	Individuals w/a Disability	Deafness/Hard of Hearing

Program Name	Division	Primary Population Served	Secondary Population Served
Relay NC	Services for the Deaf and Hard of Hearing	Individuals w/a Disability	Deafness/Hard of Hearing
Services to Agencies and Organizations – Local/Regional Level / Outreach and Education	Services for the Deaf and Hard of Hearing	Contractor Non-Governmental, Contractors Governmental	Academic/Education, Health/Medical, Judicial/Courts, Law Enforcement/Public Safety, Other, Social Services
Adoption Services	Social Services	Children	Child Welfare Custody
Child Protective Services-CPS	Social Services	Children	At Risk
Child Support Enforcement	Social Services	Adults	(blank)
Child Welfare Collaborative	Social Services	Adults	Post-Secondary Students
Child Welfare Training	Social Services	Individuals in Select Professions/Fields	Social Services
Community Services Block Grant Case Management	Social Services	Low Income	Families
Emergency Energy Assistance	Social Services	Families	Low Income
Family Support Program Services	Social Services	Families	At Risk
Food and Nutrition Services	Social Services	Families	At Risk
Food and Nutrition Services Employment and Training	Social Services	Adults	Low Income
Food and Nutrition Services Nutrition Education	Social Services	Low Income	Families
Foster Care Services	Social Services	Adolescents/Teens, Adults, Children	Child Welfare Custody, Post-Secondary Students, Transitional Youth
Low Income Energy Assistance Program (LIEAP)	Social Services	Families	Low Income
Refugee Cash Assistance (RCA)	Social Services	Refugee	At Risk
Refugee Medical Assistance (RMA)	Social Services	Refugee	(blank)
Refugee Social Services	Social Services	Refugee	(blank)
Work First Employment Services	Social Services	Families	Low Income
Work First Family Assistance	Social Services	Children, Families	Low Income
Black Mountain Neuro-Medical Treatment Center	State Operated Healthcare Facilities	Individuals w/a Disability	Multiple Disabilities
Broughton Hospital	State Operated Healthcare Facilities	Individuals w/a Disability	Mental

Program Name	Division	Primary PopulationServed	Secondary Population Served
Caswell Center	State Operated Healthcare Facilities	Individuals w/a Disability	Developmental
Central Regional Hospital / Butner Campus	State Operated Healthcare Facilities	Individuals w/a Disability	Mental
Cherry Hospital	State Operated Healthcare Facilities	Individuals w/a Disability	Mental
J. Iverson Riddle - Child (Family, Infant, and Preschool Program / FIPP)	State Operated Healthcare Facilities	Individuals w/a Disability	Developmental
J. Iverson Riddle Center	State Operated Healthcare Facilities	Individuals w/a Disability	Developmental
Murdoch Center	State Operated Healthcare Facilities	Individuals w/a Disability	Developmental
O'Berry Neuro-Medical Treatment Center	State Operated Healthcare Facilities	Individuals w/a Disability	Multiple Disabilities
Longleaf Neuro-Medical Treatment Center	State Operated Healthcare Facilities	Individuals w/a Disability	Multiple Disabilities
Julian F. Keith Alcohol and Drug Abuse Treatment Center	State Operated Healthcare Facilities	Individuals w/a Disability	Substance/Addiction
Walter B. Jones Alcohol and Drug Abuse Treatment Center	State Operated Healthcare Facilities	Individuals w/a Disability	Substance/Addiction
R.J. Blackley Alcohol and Drug Abuse Treatment Center	State Operated Healthcare Facilities	Individuals w/a Disability	Substance/Addiction
Whitaker School	State Operated Healthcare Facilities	Individuals w/a Disability	Mental
Wright School	State Operated Healthcare Facilities	Individuals w/a Disability	Mental
Assistive Technology Technical Assistance, Training, Demonstration, Equipment Loan, and Information & Referral	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Client Assistance Program (CAP) Consumer Advocacy	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Independent Living Consumer-Managed Personal Care Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Independent Living Diagnostic and Assessment Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities

Program Name	Division	Primary Population Served	Secondary Population Served
Independent Living Guidance and Counseling	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Independent Living Housing and Community Integration	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Independent Living Rehabilitation Technology and Assistive Devices	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Independent Living Restoration Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Pre-Employment Transition Services	Vocational Rehabilitation Services	Individuals w/a Disability	Non-Disability Specific
Vocational Rehabilitation Auxiliary Services	Vocational Rehabilitation Services	Individuals w/a Disability	Deafness/Hard of Hearing
Vocational Rehabilitation Diagnostic and Assessment Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Vocational Rehabilitation Guidance and Counseling	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Vocational Rehabilitation Job Placement and Job Related Supports	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Vocational Rehabilitation Modifications and Assistive Technology	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Vocational Rehabilitation Restoration Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Vocational Rehabilitation Support Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities
Vocational Rehabilitation Training Services	Vocational Rehabilitation Services	Individuals w/a Disability	Multiple Disabilities

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Adult Protective Services	$ 6,626,691.79	$ 415,119.55	$ 487,166.41	$ 7,528,977.75
Alzheimer's and Dementia Support Services	$ 62,870.40	$ 594,341.00	$ 1,770,722.43	$ 2,427,933.83
At Risk Case Management/Out of Home Placement	$ 4,578,066.55	$ 5,986,935.77	$ 909,195.22	$ 11,474,197.54
Capacity Building and Professional Development for Aging and Adult Services	$ 148,923.30	$ 49,641.07	$ -	$ 198,564.37
Case Management and Counseling	$ 5,370,122.80	$ 18,247,733.27	$ 19,506.87	$ 23,637,362.94
Community Based Legal Services	$ 637,477.37	$ 74,524.00	$ 43,847.84	$ 755,849.21
Congregate Nutrition	$ 8,587,759.25	$ 1,375,814.00	$ 446,940.75	$ 10,410,514.00
Emergency Shelter Grants Operations Support	$ 5,088,916.68		$ -	$ 5,088,916.68
Family Caregiver Support Services	$ 4,392,795.79	$ 2,391.00	$ 307,318.11	$ 4,702,504.90
Guardianship	$ 3,889,809.15		$ 48,274.97	$ 3,938,084.12
Home and Community Based Services	$ 34,108,266.32	$ 8,124,538.62	$ 29,808,780.38	$ 72,041,585.32
Key Program Assistance	$ 76,112.23	$ 20,848.00	$ 6,501,263.57	$ 6,598,223.80
Long Term Care Ombudsman Service	$ 10,935,582.58	$ 43,617,419.29	$ 1,072,281.58	$ 55,625,283.45
North Carolina Senior Games, Inc.		$ 123,921.00	$ -	$ 123,921.00
Operation Fan-Heat Relief - OFHR		$ 85,000.00	$ -	$ 85,000.00
Senior Center General Purpose Funds	$ 95,719.67	$ 429,537.00	$ 1,293,785.89	$ 1,819,042.56
Senior Community Service Employment Program	$ 1,846,563.09	$ 199,451.47	$ 5,722.14	$ 2,051,736.70
Senior Farmers' Market Nutrition Program Participant Vouchers	$ 71,161.18		$ -	$ 71,161.18
State-County Special Assistance Adult Care Home/State-County Special Assistance In-Home	$ 6,145,171.26	$ 70,855,631.99	$ 49,236,464.71	$ 126,237,267.96
Wellness and Health Promotion	$ 1,037,959.33	$ 96,777.00	$ 61,266.94	$ 1,196,003.27
Child Care Resource and Referral (CCCR&R) Core Services	$ 11,002,317.35		$ -	$ 11,002,317.35
Child Care WAGE$ Project	$ 1,201,995.11		$ -	$ 1,201,995.11
Child Care Workforce	$ 43,699,461.48		$ 49,129.45	$ 43,748,590.93
DHHS Criminal Records Checks	$ 941,245.82	$ 1,132,180.09	$ 594,886.58	$ 2,668,312.49
NC Pre-K	$ 72,645,189.63	$ 81,619,105.00	$ 21,774,525.07	$ 176,038,819.70

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
NC Rated License Assessment Project	$ 2,699,832.22		$ -	$ 2,699,832.22
Regulation of Child Care	$ 13,987,549.80	$ 1,668,808.41	$ (93,217.88)	$ 15,563,140.33
Smart Start Child Care Related Activities			$ 50,397,784.00	$ 50,397,784.00
Smart Start Family Support Activities			$ 30,288,334.00	$ 30,288,334.00
Smart Start Health Related Activities			$ 3,734,684.00	$ 3,734,684.00
Smart Start-Subsidized Child Care Services	$ 7,392,654.00		$ 63,779,417.60	$ 71,172,071.60
Subsidized Child Care Services	$ 431,870,260.24		$ 49,899,855.66	$ 481,770,115.90
Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Project	$ 6,111,806.76		$ -	$ 6,111,806.76
Medicaid	$ 11,044,310,652	$ 1,746,557,457	$ 3,788,219,796	$ 16,579,087,904
Health Choice Program	$ 231,868,065	$ 81,615	$ 16,624,340	$ 248,574,020
Adult Care Homes	$ 2,973,235.24	$ 2,011,586.01	$ 3,596,968.15	$ 8,581,789.40
Ambulatory Surgery Centers	$ 292,601.66	$ 25,650.00	$ 29,368.58	$ 347,620.24
Certificate of Need	$ -	$ 7,527.00	$ 1,855,625.08	$ 1,863,152.08
Clinical Laboratories	$ 580,135.53	$ 18,885.00	$ 64,365.82	$ 663,386.35
Complaint Intake	$ 370,463.81	$ 1,259.00	$ 312,944.47	$ 684,667.28
Construction	$ 1,011,116.24	$ 3,731,789.79	$ 1,376,297.80	$ 6,119,203.83
End Stage Renal Disease Facilities	$ 151,916.32	$ -	$ 124,002.60	$ 275,918.92
Health Care Personnel Allegations & Investigations	$ 2,424,797.74	$ 15,087.00	$ 741,080.36	$ 3,180,965.10
Home Health & Home Care Agencies	$ 485,190.87	$ -	$ 1,092,308.76	$ 1,577,499.63
Hospice	$ 61,784.63	$ 74,910.00	$ (63,177.62)	$ 73,517.01
Hospital Preparedness	$ 7,984,599.14	$ 2,259,510.71	$ (0.75)	$ 10,244,109.10
Hospitals	$ 1,616,367.02	$ 817,619.50	$ (747,106.53)	$ 1,686,879.99
Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID)	$ 1,161,228.51	$ 1,259.00	$ 385,816.43	$ 1,548,303.94
Jails & Detention			$ 149,151.66	$ 149,151.66
Local Emergency Medical Services	$ 323,605.91	$ 286,430.05	$ 3,224,273.49	$ 3,834,309.45
Medication Aide	$ -	$ 72,125.00	$ (26,572.06)	$ 45,552.94
Mental Health/Developmental Disability/Substance Abuse	$ 2,213,460.56	$ 1,203,454.41	$ 1,850,614.85	$ 5,267,529.82
Nurse Aide	$ 971,589.88	$ 26,855.00	$ 362,312.19	$ 1,360,757.07

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Nursing Homes	$ 7,507,318.68	$ 935,715.00	$ 1,708,324.57	$ 10,151,358.25
Radiation Protection	$ 214,835.22	$ 4,624,839.57	$ (1,238.65)	$ 4,838,436.14
State Medical Facilities Plan		$ 5,482.38	$ 464,860.95	$ 470,343.33
Crisis Services	$ 4,730,377	$ 3,470,310	$ 44,070,201	$ 52,270,889
Enforcing Underage Drinking Laws	$ 317,965		$ -	$ 317,965
General Substance Abuse Prevention	$ 8,324,013	$ 684,244	$ 465,808	$ 9,474,065
Intellectual and Developmental Disability Services Children/Adolescents	$ 3,782,405	$ 1,976,498	$ 991,812	$ 6,750,715
Intellectual and Developmental Disability Services for Adults	$ 3,478,783	$ 194,286	$ 1,064,192	$ 4,737,261
Mental Health Services for Adults	$ 15,989,026	$ 2,272,670	$ 20,066,700	$ 38,328,396
Mental Health Services for Children/Adolescents	$ 7,174,577	$ 3,058,240	$ 1,742,451	$ 11,975,269
Mental Health, Developmental Disabilites and Substance Abuse Workforce Development	$ 2,588,719	$ 256,096	$ 605,715	$ 3,450,530
NC Problem Gambling Services		$ -	$ 806,173	$ 806,173
Projects for Assistance in Transition from Homelessness (PATH)	$ 1,248,473	$ -	$ -	$ 1,248,473
Single Stream Funded Services		$ 33,392,785	$ 278,209,858	$ 311,602,643
Substance Abuse Services for Adolescents	$ 2,003,296	$ -	$ -	$ 2,003,296
Substance Abuse Services for Adults	$ 58,892,706	$ 8,738,988	$ 45,059,264	$ 112,690,958
Targeted Substance Abuse Prevention	$ 1,033,024	$ 318,015	$ (7,925)	$ 1,343,114
Traumatic Brain Injury Services (TBI)	$ 108,939	$ 370,922	$ 2,058,687	$ 2,538,548
340B Drug Pricing Program		$ 10,876.00	$ (0.18)	$ 10,875.82
Community Health Grants	$ 222,250.35	$ 472,350.00	$ 13,995,089.94	$ 14,689,690.29
Critical Access Hospital Network Development	$ 577,034.18		$ -	$ 577,034.18
Farmworker Health Medical and Outreach Services	$ 3,543,017.78	$ 325.00	$ (325.00)	$ 3,543,017.78
Medical, Psychiatric, and Dental Provider Recruitment	$ 193,409.53	$ 10,000.00	$ 251,326.30	$ 454,735.83
Medication Assistance	$ 37.36		$ 85.09	$ 122.45
Rural Health Centers Support	$ 897,901.37	$ 1,000,000.00	$ 3,066,442.79	$ 4,964,344.16

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Small Rural Hospital Improvement Program	$ 898,530.62		$ -	$ 898,530.62
Telemedicine		$ 26,994.55	$ 1,824,436.29	$ 1,851,430.84
Asbestos and Lead Based Paint Hazard Management	$ 175,969.83	$ 1,308,216.78	$ 264,300.06	$ 1,748,486.67
Best Practices in Children's Health	$ 1,808,207.97	$ 30,640.30	$ 678,449.06	$ 2,517,297.33
Breast and Cervical Cancer Control	$ 3,029,097.73	$ 468,554.93	$ 1,564,697.25	$ 5,062,349.91
Building Capacity for Service Delivery	$ -		$ 11,804,855.37	$ 11,804,855.37
Child and Adult Care Food (CACFP)	$ 95,844,940.22	$ 391.64	$ 373.72	$ 95,845,705.58
Child Maltreatment Prevention	$ 323,495.45		$ 103,438.05	$ 426,933.50
Children's Preventative Health Services	$ 11,955,652.07	$ 1,526,667.50	$ 5,626,381.21	$ 19,108,700.78
Communicable Disease Surveillance and Control	$ 4,365,365.33	$ 1,038,311.11	$ 2,155,459.73	$ 7,559,136.17
Community Capacity Building to Eliminate Health Disparities	$ -	$ 18,300.50	$ 2,754,606.66	$ 2,772,907.16
Community Focus Infant Mortality	$ 933,565.80		$ 786,885.44	$ 1,720,451.24
Comprehensive Cancer	$ 344,695.57		$ 54,845.17	$ 399,540.74
Diabetes Awareness, Education & Health Care Delivery	$ 1,119,162.87		$ 5,496.00	$ 1,124,658.87
Early Intervention	$ 12,426,583.28	$ 33,626,387.67	$ 23,696,720.54	$ 69,749,691.49
Environmental Health Regulation	$ 459,958.70	$ 4,960,323.89	$ 3,396,932.12	$ 8,817,214.71
Family Planning	$ 11,344,921.17	$ 19,441,455.58	$ 3,621,419.19	$ 34,407,795.94
Farmer's Market Nutrition	$ 124,014.12		$ 13,946.71	$ 137,960.83
Forensic Tests for Alcohol		$ 2,984,190.78	$ (119.33)	$ 2,984,071.45
Genetics and Newborn Screening	$ 1,891,149.40	$ 304,858.43	$ 3,223,975.28	$ 5,419,983.11
Heart Disease and Stroke Prevention	$ 565,672.66		$ 476,599.98	$ 1,042,272.64
HIV/STD Care Services	$ 42,417,495.30	$ 14,975,732.56	$ 15,607,386.42	$ 73,000,614.28
HIV/STD Prevention Activities	$ 24,177,653.85	$ 2,010,776.72	$ (5,950,454.93)	$ 20,237,975.64
Industrial Hygiene Consultation	$ 171,996.43	$ 1,064.27	$ 210,414.76	$ 383,475.46
Injury and Violence Prevention	$ 7,551,802.06		$ 49,890.73	$ 7,601,692.79
Maternal Health	$ 4,483,894.82	$ 400,000.00	$ 10,465,110.24	$ 15,349,005.06
Medical Evaluation and Risk Assessment	$ 540,947.11	$ 640.75	$ 684,336.90	$ 1,225,924.76
Medical Examiner System	$ 451,271.47	$ 2,811,295.76	$ 11,014,060.81	$ 14,276,628.04

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Occupational Surveillance	$ 129,802.82		$ 45,702.23	$ 175,505.05
Oral Health Preventive Services	$ 1,675,065.57	$ 475.00	$ 2,902,670.69	$ 4,578,211.26
Performance Improvement and Accountability	$ 680,957.65	$ 8,557.89	$ 1,026,953.53	$ 1,716,469.07
Physical Activity and Nutrition	$ 3,890,629.90	$ 254,878.45	$ 564,353.32	$ 4,709,861.67
Public Health Preparedness and Response	$ 12,552,947.93	$ 663,435.82	$ 1,839,410.26	$ 15,055,794.01
Public Health Workforce Development	$ 15,884.34		$ 52,767.71	$ 68,652.05
Refugee Health Assessments	$ 156,598.49		$ -	$ 156,598.49
School Health Services	$ 618,936.53	$ 113,959.04	$ 13,504,484.26	$ 14,237,379.83
Sickle Cell Syndrome - Services for Adults	$ 318,977.09		$ 984,943.02	$ 1,303,920.11
Sickle Cell Syndrome - Services for Children	$ 281,709.55		$ 2,625,632.31	$ 2,907,341.86
State Center for Health Statistics	$ 1,482,574.90	$ 258,749.50	$ 3,081,461.68	$ 4,822,786.08
State Laboratory Services - Testing, Training & Consultation	$ 5,913,616.56	$ 15,940,986.19	$ 6,117,387.87	$ 27,971,990.62
TB Elimination	$ 1,421,173.99	$ 356.91	$ 2,376,228.05	$ 3,797,758.95
Teen Pregnancy Prevention Initiatives (TPPI)	$ 3,709,500.60	$ 767,478.00	$ 1,399,408.32	$ 5,876,386.92
Tobacco Prevention and Control	$ 2,109,408.85	$ -	$ 2,023,787.29	$ 4,133,196.14
Vaccine Distribution and Administration	$ 5,890,597.41	$ -	$ 992,637.64	$ 6,883,235.05
Vital Records	$ 65,981.93	$ 3,216,878.89	$ 1,052,475.85	$ 4,335,336.67
WIC	$ 157,030,231.73	$ 53,344,520.71	$ 377,910.69	$ 210,752,663.13
WISEWOMAN	$ 801,520.10		$ -	$ 801,520.10
Women's Health Public Education	$ 969,712.68		$ -	$ 969,712.68
Adjustment Services	$ 467,348.75		$ 263,925.81	$ 731,274.56
Chore Services for the Blind	$ 3,513,053.78	$ 511,857.47	$ 666,595.25	$ 4,691,506.50
Employment Opportunities in Food Services and Vending	$ 701,259.25	$ 175,646.45	$ -	$ 876,905.70
Independent Living Rehabilitation Assessment	$ 81,890.85		$ 12,575.48	$ 94,466.33
Independent Living Rehabilitation Guidance & Counseling	$ 582,352.35	$ 126,675.76	$ 255,293.53	$ 964,321.64
Independent Living Rehabilitation Teaching	$ 112,640.93		$ 83,251.55	$ 195,892.48

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Medical Eye Care Program		$ 445,602.76	$ 2,520,109.56	$ 2,965,712.32
Vocational Rehabilitation Assistive Technology Services	$ 52,398.09		$ 31,287.77	$ 83,685.86
Vocational Rehabilitation Diagnostic and Assessment Services	$ 87,209.78		$ 22,943.04	$ 110,152.82
Vocational Rehabilitation Guidance and Counseling	$ 5,984,199.34	$ 138,208.98	$ 2,207,902.84	$ 8,330,311.16
Vocational Rehabilitation Job Development and Job Placement	$ 1,009,527.21	$ -	$ 250,597.62	$ 1,260,124.83
Vocational Rehabilitation Restoration Services	$ 651,712.97		$ 135,741.72	$ 787,454.69
Vocational Rehabilitation Training Services	$ 2,034,854.26	$ 52,825.08	$ 473,893.14	$ 2,561,572.48
Client Services	$ -	$ 8,066,229.22	$ -	$ 8,066,229.22
Relay NC	$ -	$ 12,097,918.54	$ 3,454,770.35	$ 15,552,688.89
Services to Agencies and Organizations – Local/Regional Level / Outreach and Education		$ 3,101,212	$ 1	$ 3,101,213
Adoption Services	$ 73,243,374.01	$ 29,741,508.71	$ 40,031,202.27	$ 143,016,084.99
Child Protective Services-CPS	$ 87,128,891.61	$ 128,696,037.05	$ 20,271,387.36	$ 236,096,316.02
Child Support Enforcement	$ 104,531,373.31	$ 52,307,021.71	$ (397,696.25)	$ 156,440,698.77
Child Welfare Collaborative	$ 1,005,565.45	$ -	$ 41,891.50	$ 1,047,456.95
Child Welfare Training	$ 2,760,997.60	$ -	$ 1,990,988.64	$ 4,751,986.24
Community Services Block Grant Case Management	$ 24,399,902.75		$ -	$ 24,399,902.75
Emergency Energy Assistance	$ 32,303,306.26	$ 721,132.52	$ -	$ 33,024,438.78
Family Support Program Services	$ 17,567,292.31	$ 15,572,019.63	$ 6,905,991.50	$ 40,045,303.44
Food and Nutrition Services	$ 104,388,354.32	$ 105,219,964.65	$ 1,917,846.28	$ 211,526,165.25
Food and Nutrition Services Employment and Training	$ 3,621,243.65	$ 1,741,586.66	$ (52,240.71)	$ 5,310,589.60
Food and Nutrition Services Nutrition Education	$ 7,507,192.19		$ -	$ 7,507,192.19
Foster Care Services	$ 120,989,128.68	$ 123,200,769.90	$ 44,143,017.76	$ 288,332,916.34
Low Income Energy Assistance Program (LIEAP)	$ 61,846,249.79	$ 12,013,539.70	$ -	$ 73,859,789.49
Refugee Cash Assistance (RCA)	$ 516,981.14		$ -	$ 516,981.14

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Refugee Medical Assistance (RMA)	$ 33,152.20		$ -	$ 33,152.20
Refugee Social Services	$ 3,448,468.76		$ (0.01)	$ 3,448,468.75
Work First Employment Services	$ 3,712,013.40	$ 16,394,732.41	$ 410,580.37	$ 20,517,326.18
Work First Family Assistance	$ 36,638,240.57	$ 24,333,152.22	$ 90,834.82	$ 61,062,227.61
Black Mountain Neuro-Medical Treatment Center	$ 462,500	$ 35,829,653	$ 1,583,959	$ 37,876,112
Broughton Hospital	$ 1,290,802	$ 88,776,624	$ 94,388,811	$ 184,456,237
Caswell Center	$ 26,443	$ 91,654,865	$ 158,975	$ 91,840,283
Central Regional Hospital / Butner Campus	$ 1,659,662	$ 113,069,322	$ 123,276,969	$ 238,005,952
Cherry Hospital	$ 230,271	$ 86,150,890	$ 92,382,356	$ 178,763,517
J. Iverson Riddle - Child (Family, Infant, and Preschool Program / FIPP)	$ 161,057	$ 1,871,486	$ (1)	$ 2,032,542
J. Iverson Riddle Center	$ 29,140	$ 67,423,271	$ 1,388,168	$ 68,840,579
Murdoch Center	$ -	$ 116,143,598	$ 505,982	$ 116,649,580
O'Berry Neuro-Medical Treatment Center	$ -	$ 53,652,327	$ (3,769,474)	$ 49,882,853
Longleaf Neuro-Medical Treatment Center	$ -	$ 44,304,119	$ 4,164,220	$ 48,468,339
Julian F. Keith Alcohol and Drug Abuse Treatment Center	$ -	$ 14,624,670	$ 5,372,969	$ 19,997,639
Walter B. Jones Alcohol and Drug Abuse Treatment Center	$ -	$ 11,469,004	$ 6,915,968	$ 18,384,972
R.J. Blackley Alcohol and Drug Abuse Treatment Center	$ -	$ 11,943,147	$ 5,601,919	$ 17,545,066
Whitaker School	$ -	$ 5,627,408	$ -	$ 5,627,408
Wright School	$ -	$ 3,010	$ 3,150,727	$ 3,153,737
Assistive Technology Technical Assistance, Training, Demonstration, Equipment Loan, and Information & Referral	$ 578,569.06	$ 181,229.88	$ 989,588.79	$ 1,749,387.73
Client Assistance Program (CAP) Consumer Advocacy	$ 335,806.42		$ -	$ 335,806.42
Independent Living Consumer-Managed Personal Care Services	$ 44,609.81	$ 42,971.32	$ 5,167,114.48	$ 5,254,695.61
Independent Living Diagnostic and Assessment Services		$ -	$ 33,915.05	$ 33,915.05

Program Name	Budget: SFY 19-20 Expenditures			
	Federal	**Receipts Other**	**State**	**Total Requirement**
Independent Living Guidance and Counseling	$ 499,502.30	$ 5,453,900.54	$ 2,283,071.40	$ 8,236,474.24
Independent Living Housing and Community Integration	$ 198,837.53	$ 1,961,210.20	$ (195,501.04)	$ 1,964,546.69
Independent Living Rehabilitation Technology and Assistive Devices		$ -	$ 3,197,856.44	$ 3,197,856.44
Independent Living Restoration Services		$ -	$ 803,292.54	$ 803,292.54
Pre-Employment Transition Services	$ 7,753,521.87		$ 80.68	$ 7,753,602.55
Vocational Rehabilitation Auxiliary Services	$ 769,874.76		$ 94,549.26	$ 864,424.02
Vocational Rehabilitation Diagnostic and Assessment Services	$ 2,418,071.24		$ 664,710.09	$ 3,082,781.33
Vocational Rehabilitation Guidance and Counseling	$ 35,692,425.15	$ 2,241,491.76	$ 15,550,058.81	$ 53,483,975.72
Vocational Rehabilitation Job Placement and Job Related Supports	$ 9,903,943.95		$ 2,238,545.79	$ 12,142,489.74
Vocational Rehabilitation Modifications and Assistive Technology	$ 1,008,822.40		$ 194,929.06	$ 1,203,751.46
Vocational Rehabilitation Restoration Services	$ 2,806,774.59		$ 550,154.65	$ 3,356,929.24
Vocational Rehabilitation Support Services	$ 5,941,072.83		$ 956,276.28	$ 6,897,349.11
Vocational Rehabilitation Training Services	$ 12,692,588.48	$ 345,723.25	$ 2,628,864.93	$ 15,667,176.66