



# The Triangle Speaks

Improving Health  
& Human Services  
in Our Region





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A LETTER FROM  
THE PRESIDENT  
AND CEO

Friends:

Last April, Triangle United Way released “Counting on the Triangle: A Snapshot of the State of Health and Human Services in Our Region,” highlighting eleven key issues impacting our community. It framed those issues as opportunities and called us to take collective action in addressing them.

Triangle United Way is pleased to release a follow-up piece to that report. “The Triangle Speaks: Improving Health and Human Services in Our Region ” is our new report that features analysis from our community’s regional health and human services experts and also evaluates how we are investing in programs that work. The report provides recommendations for us to move forward. In it we asked our region’s key experts to discuss two main questions: 1) What are ways philanthropy and public policy can serve as catalysts for generating solutions? and, 2) How can Triangle United Way further strengthen our own results moving forward? We sincerely appreciate the 13 contributing authors who helped bring this report to life.

This report also highlights results of our health and human services-funded programs. These results demonstrate a diverse group of programs that work to meet the challenges of our community.

“The Triangle Speaks” is intended as a stimulus for change. Not only does it inform the public about opportunities that exist, but it can serve as a guide for anyone who desires to join with others to improve our health and human services for all who need them.

Please share what you learn in this report with your colleagues, neighbors, and friends. It is through action and collaboration that we can make a meaningful change in the Triangle.

Together, we do what matters.

Sincerely,

CRAIG CHANCELLOR  
PRESIDENT AND CEO



## FOREWORD

“SOCIAL PROGRESS REQUIRES LEADERSHIP”

**Todd Cohen, Editor and Publisher**  
Philanthropy Journal

Todd Cohen is a veteran news reporter and editor who created Philanthropy Journal in 2000 for the A.J. Fletcher Foundation in Raleigh, NC. Cohen is a graduate of the University of North Carolina at Chapel Hill and the New England School of Law in Boston.

### In the shadow of plenty, the Triangle is hurting.

Our community has failed to harness its vast financial, political and human capital to effectively address the symptoms and causes of social problems that, for our most vulnerable residents, dim the promise of the American dream most of us take for granted.

Operating below the radar of government, business, academia, the media and the public, nonprofits struggle to meet rising demand for basic health and human services, and to fix the flawed public policies that compound that demand.

The failure to repair those problems and policies is inexcusable in a region blessed with affluence, intellectual know-how, and political and economic clout.

The data are grim: Among the more than 1.1 million people living in the Triangle, for example, one in eight lives in poverty, one in eight spends too much of his or her income on needed housing, and one in three age 18 and older has a mental illness.

Those are just three trends reported in “Counting on the Triangle,” a community snapshot Triangle United Way published in April 2007.

Now, to stimulate awareness, debate and action on the social crises our region’s affluence typically masks, Triangle United Way has asked a group of experts to analyze the problems and suggest steps for solving them.

As these experts make clear in the following report, the job of healing and repairing our community requires leaders with the vision, courage and communication skills to build the teamwork, social investment and sense of urgency the region sorely lacks.

“The Triangle’s economic growth has created the financial resources needed to







solve problems and support the organizations providing valuable social services and championing more inclusive public policies,” writes John Quinterno of the North Carolina Justice Center. But even among organizations with a stake in fixing public policies that affect working families and those with limited resources, relatively few raise their voices, he says.

“Without more voices calling for smart public investments that link economic prosperity to opportunity, the status quo will hold,” he says. “This means that the demand for services likely will increase while the financial resources needed to pay for those will decrease. Going forward, the essential challenge is to create the support, especially on the state level, for the policies that cure rather than simply treat social problems.”

What we need, in short, is the will to think big, act boldly and work together, marshaling the region’s remarkable resources and know-how to create smart solutions for the underlying causes of problems that can seem beyond solving.

Consider the economic boom, affluence and quality of life that have catapulted the Triangle to the top of a growing number of lists ranking regions that are the best in the U.S. for living and working.

As Chris Estes of the North Carolina Housing Coalition writes, growth in the region’s upper-income households has driven up land costs, skewed the housing market towards high-end homes, and fed the construction and service sectors.

While the region’s rising Latino population is filling many of the jobs in those two growing sectors, the growing need for housing among Latinos, a vulnerable group, gives owners of substandard housing an excuse not to improve it, a trend that could affect older neighborhoods and historically African-American neighborhoods, Estes says.

Taken together, those trends have “created significant hardships for those earning below median wages, as well as those on fixed incomes from retirement or disability,” Estes says. “These populations are effectively trapped in poverty, facing increased transportation and utility costs, while having to pay more than they can afford for their housing.”

And while his analysis focuses on affordable housing, the trends he identifies also have significant implications for public schools, health care and other social services.

For another example of the cascading impact of social problems, consider escalating health care costs.

Those costs, often posting double-digit annual growth, can trigger higher health-insurance premiums that some people simply cannot afford, writes Mark Holmes of the North Carolina Institute of Medicine.

With more people uninsured, he says, pressure grows on the “safety net and our health-care system as some of the cost gets passed on to the insured.”

The uninsured, in turn, see physicians less often, he says, and “conditions that might have been managed in an office progress into a serious complication that requires more expensive hospitalization.”

Or consider the effects of so-called mental-health “reform” that was designed to reduce costs and improve services by shifting them to the private sector.

In North Carolina, those policy changes have shredded the “public safety net” for people with mental illness, people who now often end up in local emergency rooms or even the corrections system, writes Debra Dihoff of the National Alliance on Mental Illness North Carolina (NAMI).

The broad consensus among contributors to this report is that social progress in our community requires a radical break with business as usual.

To fix the Triangle’s health and human services crisis, politicians, business executives, civic leaders and academic thinkers must actually practice the collaboration, innovation and strategic investment they are so quick to preach.

Effective leadership has been missing in our community, and the legacy of that failure of vision and will is an escalating crisis of social problems that only will deepen and put the region’s future at risk if we continue to ignore them.

In outlining those problems, tracing their roots and suggesting actions to fix them, the experts writing in this report underscore the important role philanthropy and policy work can play.

Philanthropy can provide critical funding for services and operations, as well as venture capital for innovative program and policy initiatives.

In the area of mental health, for example, philanthropy can provide one-time incentives to local nonprofits to cover start-up costs, train staff and secure accreditation, writes John Tote of the Mental Health Association in North Carolina.

Philanthropy also can help kick-start big new initiatives.

Dennis Cotten of the state Department of Juvenile Justice and Delinquency Prevention cites support from five local corporations for the High Five Regional Partnership for High School Excellence, a program developed in partnership with five area public-school systems to boost the number of graduates, reduce the dropout rate and better prepare students for life.

Philanthropy, writes Greg Olley of the Clinical Center for the Study of Development and Learning at the University of North Carolina at Chapel Hill, “can be creative and flexible in ways that public funding often cannot.”

Echoing that idea is John Quintero of the Justice Center, who says philanthropy can act as a “venture fund” that “incubates new ideas and backs risks in a way that the public sector cannot.”

But he also emphasizes that philanthropy “cannot be seen as a replacement for the public sector; rather, it is a complement to government.

“While philanthropy has the ability to ask impertinent questions and pioneer innovative approaches,” he says, “it lacks the ability to take successful ideas to scale.”



Equally critical to social progress are the tough jobs of changing failed public policies at the root of our health and human service crisis, collecting data that detail the problems and track progress, and clearly and forcefully communicating the nature, depth, breadth and impact of the problems.

It is difficult not to be at least vaguely aware, for example, that our population is getting older: The number of Triangle residents age 60 and older, in fact, is growing far faster than the region’s population overall.

But as Joan Pellettier of the Triangle J Council of Governments writes, we are not aware of the true needs of our surging seniors’ population for affordable housing, safe neighborhoods, adequate food and access to basic services, and the implications for the entire region.



**So what must the Triangle do to overcome the social problems that put our future at risk?**

Aiming to play a more catalytic, problem-solving role, Triangle United Way is reengineering itself to help forge the strategies and collaboration essential to tackling deep-seated problems that often overlap and have interconnected causes.

Triangle United Way, for example, is revamping the way its volunteer committees set priorities among urgent community needs and decide how to invest contributors’ dollars to have the greatest impact.

Social progress ultimately depends on leadership, which requires individuals who are willing to step up and say and do what needs to be said and done.

We need, in short, to be brutally honest about what works and does not work, including the continual clawing for turf that blocks any hope of change, and to take the risks and form partnerships – not simply on paper, but in practice – essential for making change happen.

No organization or sector by itself can fix what is wrong. Finding solutions that work will require the willingness of a lot of individuals and organizations to find common ground and truly work together.

The Triangle is our common ground. What we need are leaders who can help business, government, academia, nonprofits, philanthropy and the public see the need for change and the value of taking risks, and who can spur our collective commitment to strategic investment of the resources needed to heal and repair the community we call home.





# Poverty

COMMUNITY CHALLENGES & OPPORTUNITIES





# Poverty

**John Quintero, Research Associate**  
North Carolina Budget and Tax Center

John Quintero is a research associate at the North Carolina Budget & Tax Center, a state-level public policy research and advocacy organization in Raleigh. Quintero holds degrees from the University of North Carolina at Chapel Hill and the University of Notre Dame.

## What are some of the most pressing issues affecting poverty in the Triangle?

After 25 years of rapid economic expansion, the Triangle has become one of America’s richest metropolitan areas. Paradoxically, the rise in the region’s fortunes has occurred alongside an increase in the share of families earning incomes too low to meet basic needs. Why has prosperity bypassed some 20 percent of the Triangle’s families? What can be done to include more people in the region’s success?

Answering these questions is crucial to the Triangle’s long-term economic growth. Unfortunately, a variety of outdated preconceptions about low-income families often stymie progress. Three misconceptions are particularly detrimental.

First is the view that economic hardships are confined to the nine percent of Triangle families with incomes that fall

below the outmoded federal poverty level. Yet problems once confined to the “poor” – such as difficulties in finding affordable housing – now affect a much broader segment of society, especially families that earn too much to be officially poor but too little to be truly self-sufficient.

A second mistaken idea is that economic hardships result from a lack of work. In reality, most low-income families work. The problem is not so much a lack of jobs, but the quality of existing jobs. Just consider: 28 percent of all jobs in North Carolina pay less than \$9.60 per hour, which is the amount needed to lift a family of four above the federal poverty level. Besides paying low wages, a growing number of jobs provide few benefits and offer little upward mobility.

Five Fastest Growing Occupations in North Carolina, 2000–2010					
OCCUPATION	TOTAL GROWTH IN OPENINGS 2000–2010	% CHANGE 2000–2010	AVERAGE HOURLY WAGE (2004)	JOB PAYS HOURLY LIVING WAGE?	REQUIRED EDUCATION
RETAIL SALESPERSON	26,770	24%	\$6.49	No	SHORT-TERM ON-THE-JOB TRAINING
CASHIERS	22,850	21%	\$7.50	No	SHORT-TERM ON-THE-JOB TRAINING
FOOD PREPARATION & SERVICE WORKERS	22,930	42%	\$6.98	No	SHORT-TERM ON-THE-JOB TRAINING
REGISTERED NURSES	21,840	34%	\$22.29	Yes	ASSOCIATE DEGREE
WAITERS & WAITRESSES	20,430	34%	\$7.07	No	SHORT-TERM ON-THE-JOB TRAINING

Source: Elizabeth Jordan, *The State of Working North Carolina 2004*, Raleigh, NC: North Carolina Budget and Tax Center, p.16

A final flawed assumption is that there exists a safety net to catch struggling families. Popular perception aside, cash assistance essentially is extinct in North Carolina. Any available aid typically takes the form of subsidized child care and children’s health insurance – aid that helps parents work. Yet even the existing supports pale in relation to the demand.

Discarding stale stereotypes regarding the nature of family economic hardships is essential to any effort to spread the benefits of the Triangle’s newfound prosperity and enable every family to help propel the region to new levels of success.

# How did these issues evolve, why are they important, and what impact are they having on the Triangle?

The shift of North Carolina’s economy from one centered around manufacturing and agriculture to one centered around the provision of services and, specifically in the Triangle, technological and creative work has eliminated many good jobs previously open to people with modest levels of educational attainment. Without such “middle” jobs, the labor market has become one with two poles: one pole comprised of jobs that pay well but require relatively high levels of education, and another pole comprised of jobs that pay poorly and require relatively little education. Moreover, people holding jobs in the second category – a category that includes such positions as retail salespersons and food preparers – have experienced little to no wage growth. Between 1979 and 2003, for instance, the state’s lowest-paid workers posted a wage gain of just \$0.88 per hour, after adjusting for inflation.

Stagnating wages, in turn, prevent low-income working families from keeping pace with the rising cost of basic goods, especially housing, child care, medical and, more recently, energy costs. Take housing. After adjusting for

inflation, the fair market rent for a two-bedroom apartment in Raleigh-Durham increased by 50 percent between 1994 and 2004. Statewide, nearly half of all low-income working families spend more than a third of their annual incomes on housing.

Public policies only have exacerbated the problems facing low-income working families. Not only have various levels of government reduced investments in vital public services, but many also have shifted the responsibility of financing public investments to those least able to pay. In North Carolina, for instance, the lowest-income families now devote a considerably greater share of their incomes to paying state and local taxes than do the most affluent families.

Taken together, economic changes, wage stagnation, rising basic costs and harmful public policies prevent low-income working families from getting ahead, no matter how many hours they work, and create the economic hardships facing a sizable share of Triangle.

# What are some strategies that we, as a community, could collectively take to address these issues?

Tapping the talents of the Triangle’s low-income working families and connecting them to the region’s prosperity requires a mix of direct service activities and policy advocacy. The Triangle possesses a rich array of religious and nonprofit organizations working to meet the immediate needs of families in crisis. Charitable enterprises like homeless missions, food pantries, drug treatment and mental health clinics and domestic violence shelters play a vital role in helping people meet basic needs and confront the personal barriers that may hinder them from becoming self-sufficient. Other organizations, meanwhile, successfully help people upgrade their skills and position themselves for opportunities within the labor market.

While necessary, such direct service work is insufficient to affect long-term changes. Because many of the obstacles facing low-income working families are inherent

to the modern labor market and are compounded by unwise public policies, policy advocacy also is needed. Public policy, particularly on the state level, can play a powerful role in eliminating or reducing the barriers facing low-income families. Adequate funding for child care subsidies, investments in affordable housing and the adoption of policies that increase access to health insurance and expand the state’s earned income tax credit, for instance, would help ensure that all working families, even those earning low-wages, become truly self sufficient. Similarly, smarter investments in the workforce development system, especially North Carolina’s model community colleges, would allow families to develop the skills needed to thrive in the modern labor market. Yet relatively few organizations with a stake in such policies raise their voices, and as a result, such policies seldom are adopted.

# What do you believe some of our region’s community strengths are, and where can they be best applied in helping solve these issues?

Though the hardships confronting working families may seem daunting, the Triangle is well positioned to meet the challenges. One of the region’s major assets is its newfound wealth and dynamic economy. The Triangle’s

economic growth has created the financial resources needed to solve problems and support the organizations providing valuable social services and championing more inclusive public policies.

A second asset is the Triangle’s deep stores of intellectual and human capital. Raleigh-Durham contains one of the country’s greatest concentrations of well-educated creative individuals, many of whom are accustomed to working in fields that barely existed a few years ago and crafting solutions to supposedly insolvable problems. When applied to social problems, that ingenuity could

result in new answers to old problems. This human capital further is augmented by the region’s relative youth. Not only is the Triangle less hidebound than older metropolitan areas, but its relatively young population, by virtue of being young and not knowing any better, is willing to take risks regarding new ideas or social ventures.

**Do you believe that philanthropy can play a problem-solving role? If so, what is the role?**

**Compared to other** southern states, North Carolina possesses significant philanthropic resources. Many of the state’s established philanthropies, as well as many new philanthropists in places like the Triangle, harbor a deep interest in questions of economic opportunity. At its best, philanthropy has the ability to serve as a kind of social “venture fund” that incubates new ideas and backs risks in a way that the public sector can not.

That said, philanthropy must not be seen as a replacement for the public sector; rather, it is a complement to government. While philanthropy has the ability to ask impertinent questions and pioneer innovative approaches, it lacks the ability to take successful ideas to scale. Without public investment, good philanthropic projects too often fall into a kind of public policy cul-de-sac in which promising pilot projects sustain themselves but fail to grow.

**Do you believe that public policy can play a problem-solving role? If so, what is the role?**

**Advocating for smart** public policies on the state level is essential to efforts to connect low-income working families to economic opportunities. Public policy is the single best tool for ensuring that the benefits of prosperity are shared broadly and that hard-working families have real opportunities to better themselves. Achieving this requires three kinds of policy changes.

investments – investments like child care subsidies and affordable housing – that help working families become self sufficient. Finally, because so many of the hardships facing working families are linked to the labor market, policies should encourage a more holistic view of workforce development – a view grounded in a belief in upward mobility for all working families. To this end, state policies need to better blend postsecondary education and training, economic development activities and work supports that aid transitioning and low-wage workers.

First, policies – particularly tax policies – that unfairly shift responsibilities onto working families must be avoided or ended. While working families should be expected to climb a ladder of opportunity, those families should not be expected to climb a ladder that has had its rungs cut away. Second, public policies should support the kinds of

**In considering the work of the Triangle United Way and its member agencies that focus upon alleviating poverty, do you have any suggestions for ways we could strengthen our results? If so, please explain.**

**The direct service** organizations supported by the Triangle United Way provide vital assistance to families struggling with economic hardships. To better address the structural factors causing many of the problems that lead families to seek help, organizations must become more involved in public policy advocacy. Without more voices calling for smart public investments that link economic prosperity to

opportunity, the status quo will hold. This means that the demand for services likely will increase while the financial resources needed to pay for those will decrease. Going forward, the essential challenge is to create the support, especially on the state level, for the policies that cure rather than simply treat social problems.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Poverty+	# OF PEOPLE SERVED		
	2004	2005	2006
<b>Families in crises improved their family situation through family and financial counseling, mediation, parenting education and training, respite care and legal services.</b>			
American Red Cross, Triangle Area Chapter: Armed Forces Emergency Services	944	1,336	963
Catholic Charities of the Diocese of Raleigh, Inc.: Hispanic/Latino Counseling Program	35	29	69
Catholic Charities of the Diocese of Raleigh, Inc.: Crianza Con Carino	54	30	15
Catholic Charities of the Diocese of Raleigh, Inc.: Bilingual Therapist	71		124
Child and Parent Support Services, Inc.: Family Support Services	225	152	104
Child Advocacy Commission of Durham, Inc.: Advocacy	190	656	518
Dispute Settlement Center, Inc.: Mediation/Family RESOLVE	734	631	730
Family & Children’s Services: Clinical Program	419	325	262
Haven House, Inc.: Homesteaders	65	67	56
Legal Aid of North Carolina, Inc.: Legal Services	590	694	225
SouthLight Inc: Housing and Substance Abuse Treatment for Mothers and their Children		3	6
Summit House, Inc.: Residential Treatment Program	8	8	8
The Arc of Durham County, Inc.: Family Support Services	383	137	263
The Arc of Orange County, Inc.: Families Accessing Solutions Together (FAST)	169	112	31
The Arc of Orange County, Inc.: Respite Care Program	121	50	144
The Arc of Wake County Inc.: Advocacy and Community Education	20		74
Tammy Lynn Center for Developmental Disabilities: Respite Care	157	146	145
Triangle Family Services, Inc.: Individual and Family Counseling	795	483	902
Triangle Family Services, Inc.: Consumer Counseling Family Services		759	1,894
<b>Triangle Total:</b>	<b>4,980</b>	<b>5,618</b>	<b>6,533</b>
<b>Food insecurity drops as more food is distributed (by pounds of food distributed)*</b>			
<b>Durham County:</b>			
Alliance of AIDS Services - Carolina			21,727
Inter-Faith Food Shuttle: Food Distribution			3,749,500
<b>Orange County:</b>			
Food Bank of Central & Eastern North Carolina, Inc: Food Distribution / Community Education (serves both Wake and Orange Counties)			4,547,160
Inter-Faith Council for Social Service, Inc.: Food Distribution (serves both Durham and Wake Counties)			
Orange Congregations In Mission, Inc.: Samaritan Relief Ministry			54,363
<b>Wake County:</b>			
American Red Cross, Triangle Area Chapter			6,978
Haven House, Inc.			6,913
Inter-Faith Food Shuttle: Food Distribution			3,749,500
Food Bank of Central & Eastern North Carolina, Inc.: Food Distribution / Community Education (serves both Wake and Orange Counties)			4,547,160
Urban Ministries of Wake County Inc.: Crisis Intervention Program			420,000
<b>Triangle Total: (pounds of food)</b>			<b>17,103,301</b>
<b>Homelessness is prevented when people are able to stay in their home (by shelter nights preserved)*</b>			
<b>Durham County:</b>			
Alliance of AIDS Services - Carolina: Client Services			6,360
Salvation Army, Durham: Emergency Services			80,95
Women in Action for the Prevention of Violence and Its Causes, Inc.: Clearing House Program			8,670
<b>Orange County:</b>			
Orange Congregations in Mission, Inc.: Samaritan Relief Ministry			4,890
<b>Wake County:</b>			
Triangle Family Services, Inc.: Emergency Housing Assistance			12,180
Urban Ministries of Wake County, Inc.: Crisis Intervention Program			33,810
Women's Center of Wake County, Inc.: Basic Needs			3,240
<b>Triangle Total: (shelter nights preserved)</b>			<b>150,108</b>

continues on next page



Triangle United Way Funded Programs: Poverty+	# OF PEOPLE SERVED		
	2004	2005	2006
Homeless people receive safe shelter (by shelter nights provided)*			
Durham County:			
American Red Cross, Central North Carolina Chapter			3,098
Genesis Home, Inc.: Family Matters			8,801
Orange County:			
Alliance of AIDS Services - Carolina: Hustead and Orange House (serves both Wake and Orange Counties, respectively)			4,015
American Red Cross, Orange County Chapter			282
Freedom House Recovery Center, Inc.: LifeSkills Education Program			21,623
Inter-Faith Council for Social Service, Inc.: Home Start and Community House			29,579
Wake County:			
Alliance of AIDS Services - Carolina: Hustead and Orange House (serves both Wake and Orange Counties, respectively)			
American Red Cross, Triangle Area Chapter (assumes three nights)			1,533
Haven House, Inc.: Wrenn House			1,013
Interact: Shelter Program			6,173
PLM Families Together, Inc.			38,873
Triangle Family Services, Inc.			14,565
Urban Ministries of Wake County, Inc.: Helen Wright Center			13,140
YWCA of the Greater Triangle, Inc.: Women in Transition Program			5,133
Women's Center of Wake County, Inc.: Housing Services			660
Triangle Total: (shelter nights provided)			148,488
Homeless people move into permanent housing			
Durham County:			
Genesis Home, Inc.: Family Matters	87	16	61
Orange County:			
Freedom House Recovery Center, Inc.: LifeSkills Education Program	95	98	82
Inter-Faith Council for Social Service, Inc.: Home Start and Community House		16	31
Wake County:			
Haven House, Inc.: Preparation for Independent Living	123	27	18
Haven House, Inc.: Wrenn House			201
PLM Families Together, Inc.	315		396
Triangle Family Services, Inc.		28	57
Urban Ministries of Wake County, Inc.: Helen Wright Center	588	545	372
YWCA of the Greater Triangle, Inc.: Women in Transition Program	19	15	32
Women's Center of Wake County, Inc.: Housing Services	75	21	82
Triangle Total:	1,302	766	1,332
Formerly homeless people are sustaining their permanent housing*			
Durham County:			
Genesis Home, Inc.			22
Wake County:			
PLM Families Together, Inc.			209
Triangle Family Services, Inc.			57
YWCA of the Greater Triangle, Inc.: Women in Transition Program			32
Women's Center of Wake County, Inc.: Housing Services			82
Triangle Total:			402
Homeless people are improving their income*			
Durham County:			
Genesis Home, Inc.			15
Wake County:			
Haven House, Inc.: Preparation for Independent Living			82
Inter-Faith Food Shuttle: Culinary Job Training Program			39
Urban Ministries of Wake County, Inc.: Helen Wright Center			372
Triangle Total:			508

\*Added as a program result in 2006 +Please refer to "A Note About the Data" for additional explanation

# COMMUNITY SUCCESS STORY

## Triangle United Way Member Agency: Inter-Faith Food Shuttle

Funded Program: Food Distribution

“The Summer Food Service Program (SFSP) and the Back Pack Buddies Program have been designed to function as best practice models for distribution of nutritious food to children from low-income, food insecure homes. These programs have had tremendous success and the Wake County community has welcomed the influx of much needed food to these school age children. Recently, a volunteer from The Oaks, a Raleigh Housing Authority site and recipient agency of the SFSP and Back Pack Buddies programs, contacted us to let us know how much the children appreciated the backpacks we have been providing. Upon receiving the backpacks on Friday afternoons, the children (all from low-income households) routinely congregated at their community playground and helped themselves to a healthy snack out of their backpack prior to taking it home. This evidence of the important impact the Backpacks have on individual families reinvigorates our commitment to growing this project. The Food Shuttle will continue to seek additional funding to expand and enhance its children’s nutrition programs and with the help of Triangle United Way and the community we will further increase the impact we have on food insecure families throughout Wake County.”

-Inter-Faith Food Shuttle  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

“Making Work Pay for North Carolina’s Low- and Moderate-Income Working Families,” North Carolina Justice Center  
[http://www.ncjustice.org/media/library/873\\_makingworkpay.pdf](http://www.ncjustice.org/media/library/873_makingworkpay.pdf)

“Buddy, Can you Spare a Dime? Putting North Carolina’s Unemployment Insurance System Back to Work” (Spring 2007), North Carolina Justice Center  
[http://www.ncjustice.org/media/library/902\\_ncbudgetandtaxcenterunemploymentinsurance.pdf](http://www.ncjustice.org/media/library/902_ncbudgetandtaxcenterunemploymentinsurance.pdf)

“Fast Facts About Human Needs and Inequality in North Carolina” (Fall 2006), North Carolina Justice Center  
<http://ncpolicywatch.com/docs/pdfs/ncfacts.pdf>

“North Carolina’s Unfinished Transformation: Connecting Working Families to the State’s Newfound Prosperity” (Winter 2006), North Carolina Justice Center  
[http://www.ncjustice.org/media/library/656\\_wpfp2006.pdf](http://www.ncjustice.org/media/library/656_wpfp2006.pdf)

“Failing Jobs, Falling Wages: The 2005 North Carolina Living Income Standard” (Winter 2005), North Carolina Justice Center  
[http://www.ncjustice.org/media/library/551\\_livingincome2005.pdf](http://www.ncjustice.org/media/library/551_livingincome2005.pdf)



# Affordable Housing

COMMUNITY CHALLENGES & OPPORTUNITIES





# Affordable Housing

**Chris Estes, Executive Director**  
North Carolina Housing Coalition

Chris Estes is the Executive Director of the North Carolina Housing Coalition, a statewide nonprofit membership organization that provides advocacy and resource information on affordable housing for low to moderate income North Carolinians. Estes holds two master’s degrees from the University of North Carolina at Chapel Hill in Social Work and City and Regional Planning.

## What are some of the most pressing issues affecting affordable housing in the Triangle?

The rapid growth and subsequent sprawling development have created significant housing challenges for those below median income and especially for our most vulnerable populations.

The “center city” of Raleigh, Durham and Chapel Hill have all become prohibitively expensive for the workforce that is needed for the businesses that are developing in these locations. This has forced low and moderate income households in more substandard housing or into housing options that are much further away from employment centers creating significant traffic and air quality problems. Of the region, Orange County faces the greatest challenge in essential worker housing as it has the most expensive land and most limited development opportunities.

More importantly, the growth of the Triangle will impact the region very differently. Wake County is projected to continue significant growth over the next five years while Durham and Orange counties will experience growth that is much more modest. Durham County will continue to face a much higher percentage of its population in poverty than the other two counties and Wake County will face an increasing growth in its disability and homeless population. Both will need to invest significantly (relative) in permanent supportive housing if they are to reduce its expenditures on homeless and services for persons with disabilities and people in crisis.

### The most pressing challenges fall into three broad categories:

1. Affordable quality rental housing and homeownership opportunities for those at 60 percent and below of median income – with challenges centered around local opposition, land cost and location in growing areas. Solutions will center around growth management with inclusionary zoning policies and land trust development in high land cost areas.
2. Affordable rental housing for those at 30 percent and below Area Median Income (AMI) with a special focus on persons with disabilities and those exiting incarceration or homeless shelters – with the challenges centered around, operations and development subsidy, local opposition, and services. Solutions will center around those noted above with additional subsidy needed by local governments for permanent supportive housing developments.
3. Rising foreclosures among low to moderate income homeowners with a limited housing counseling and legal assistance network. Solutions will center on adequate housing counseling and financial literacy support in schools and targeted communities.

Triangle Affordable Housing Gap	
DURHAM COUNTY:	
NUMBER OF AFFORDABLE RENTAL UNITS AVAILABLE	4,280
NUMBER OF AFFORDABLE UNITS NEEDED	11,265
GAP IN AFFORDABLE HOUSING	-6,985
ORANGE COUNTY:	
NUMBER OF AFFORDABLE RENTAL UNITS AVAILABLE	2,049
NUMBER OF AFFORDABLE UNITS NEEDED	3,893
GAP IN AFFORDABLE HOUSING	-1,844
WAKE COUNTY:	
NUMBER OF AFFORDABLE RENTAL UNITS AVAILABLE	5,067
NUMBER OF AFFORDABLE UNITS NEEDED	43,888
GAP IN AFFORDABLE HOUSING	-38,821

Source: Triangle United Way

## How did these issues evolve, why are they important, and what impact are they having on the Triangle?

These issues evolved from a high growth of upper income households to the region which drove up land costs and most importantly drove the housing market towards very high-end housing. A failure by the local governments in Wake County and surrounding counties in the region to regulate growth or adopting inclusionary zoning requirements ensured that housing and commercial development sprawled out into neighboring counties and that very little housing that was affordable to those below median incomes was produced. Orange County has attempted growth management and inclusionary zoning but has limited density so housing supply has not caught up to work-force demand. Durham County faces significant poverty and urban redevelopment challenges that have roots in historic discrimination, loss of manufacturing jobs and economic isolation of African-American neighborhoods. Wake County is facing significant cost increases in hous-

ing for persons with disabilities and homeless populations that will require much more investment in permanent supportive housing. A rising Latino population is filling much of the construction and service sector growth driven by the increase in high income households to the county. These populations will drive up the supply of substandard housing to meet their demand. This could have significant impact on older neighborhoods and historically African-American neighborhoods.

As noted above this has created significant hardships for those earning below median wages as well as those on fixed incomes from retirement or disability. These populations are effectively trapped in poverty facing increased transportation and utility costs while having to pay more than they can afford for their housing.

## What are some strategies that we, as a community, could collectively take to address these issues?

Some strategies have been noted above. The efforts of local 10 Year Plans to End Homelessness are important starts because they will lead communities to what housing investments need to be made in their communities. Wake County and surrounding counties that are experiencing the sprawl from Wake are having discussions about the pressures growth is placing on schools, roads and water/sewer infrastructure. The focus remains on how to pay for growth rather than how to grow more compactly

while ensuring that affordable housing options near centers of employment and services are provided. Supporting a growth management discussion centered around what constitutes “sustainable” development is needed. Another important strategy is to have each community in high growth areas adopt inclusionary zoning policies to ensure that new development included housing options affordable to a wider range of household incomes.



**What do you believe some of our region’s community strengths are and where can they best be applied in helping solve these issues?**

Current quality of life, low unemployment, local school systems and large number of colleges and universities are all significant community strengths. The proximity of the Triangle cities to one another with Research Triangle Park in the center is also a significant strength. Recognition that our strengths will remain only as long as we can maintain a sustainable growth pattern will be critical for our long-term health. When schools become too large and

overcrowded, traffic congestion too clogged with corresponding air quality problems, the economic draw of this area will significantly lessen. Ensuring that households can successfully travel across the region and that local governments can meet the infrastructure needs of their communities will be central to maintaining our economic strength as a region.

**Do you believe that philanthropy can play a problem-solving role? If so, what is that role?**

Philanthropy has an important role to play as both a convener of important community discussions about these issues and as a funder of local advocacy groups who can mobilize and push these issues forward. Right now, only Durham County has a strong local housing advocacy organization and Orange County has a strong local Land Trust organization. The county driving the growth of the region (Wake County) does not currently have a strong local organization with staff that can provide leadership on housing and growth issues.

Some discussions have been happening led by local governments but these traditionally are limited in their ability to push for real change because of political pressures. Philanthropy can be an important “independent” voice to bring folks together to better understand the data and research about what is happening and what best practices can we model before it is too late.

**Do you believe that public policy can play a problem-solving role? If so, what is that role?**

Public policy is critical to solving this issue. Public policy controls how much subsidy is available for housing production at lower incomes as well as controls how growth and development is managed for each community and the region as a whole. Essentially, local governments

control what gets built and where it happens. Every level of government has impact on subsidy and program funding for housing and services needed by populations not well served by the housing market naturally.

**In considering the work of Triangle United Way and its member agencies that focus upon affordable housing, do you have any suggestions for ways we could strengthen our results? If so, please explain.**

Results can clearly be derived from investments in innovative housing models, zoning and growth

management policies adopted and housing funding increases by local governments.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Affordable Housing+	# of People Served		
	2004	2005	2006
Homelessness is prevented when people are able to stay in their home (by shelter nights preserved)*			
Durham County:			
Alliance of AIDS Services - Carolina: Client Services			6,360
Salvation Army, Durham: Emergency Services			80,958
Women in Action for the Prevention of Violence and Its Causes, Inc.: Clearing House Program			8,670
Orange County:			
Orange Congregations in Mission, Inc.: Samaritan Relief Ministry			4,890
Wake County:			
Triangle Family Services, Inc.: Emergency Housing Assistance			12,180
Urban Ministries of Wake County, Inc.: Crisis Intervention Program			33,810
Women's Center of Wake County, Inc.: Basic Needs			3,240
Triangle Total: (shelter nights preserved)			150,108
Homeless people move into permanent housing			
Durham County:			
Genesis Home, Inc.: Family Matters	87	16	61
Orange County:			
Freedom House Recovery Center, Inc.: LifeSkills Education Program	95	98	82
Inter-Faith Council for Social Service, Inc.: Home Start and Community House		16	31
Wake County:			
Haven House, Inc.: Preparation for Independent Living	123	27	18
Haven House, Inc.: Wrenn House			201
PLM Families Together, Inc.	315		396
Triangle Family Services, Inc.		28	57
Urban Ministries of Wake County, Inc.: Helen Wright Center	588	545	372
YWCA of the Greater Triangle, Inc.: Women in Transition Program	19	15	32
Women's Center of Wake County, Inc.: Housing Services	75	21	82
Triangle Total:	1,302	766	1,332
Formerly homeless people are sustaining their permanent housing*			
Durham County:			
Genesis Home, Inc.			22
Wake County:			
PLM Families Together, Inc.			209
Triangle Family Services, Inc.			57
YWCA of the Greater Triangle, Inc.: Women in Transition Program			32
Women's Center of Wake County, Inc.: Housing Services			82
Triangle Total:			402
Homeless people are improving their income*			
Durham County:			
Genesis Home, Inc.			15
Wake County:			
Haven House, Inc.: Preparation for Independent Living			82
Inter-Faith Food Shuttle: Culinary Job Training Program			39
Urban Ministries of Wake County, Inc.: Helen Wright Center			372
Triangle Total:			508

\*Added as a program result in 2006 +Please refer to "A Note About the Data" for additional explanation

# SUCCESS STORY

## Triangle United Way Member Agency: Genesis Home, Inc.

### Funded Program: Family Matters

“In 2006, Genesis Home officially launched a partnership with the Calvert Place permanent housing project that is part of Durham’s Hope VI redevelopment project. Genesis Home staff worked with Calvert housing managers to refer eight families into the project’s units reserved specifically for Section 8 and public housing clients. Genesis Home case managers continue to provide supportive services to these clients to help them maintain their housing, and the agency has provided furniture and other necessities to help these families get situated in the community. With a shortage of safe, clean, and affordable permanent housing in Durham and throughout the Triangle, this arrangement has been a “win-win” for the agency, the housing project, and for our clients. Several of our Calvert referrals would be appropriate for a more extensive piece that covers their unique circumstances, their experience of the agency, and their current success in the community.”

-Genesis Home, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

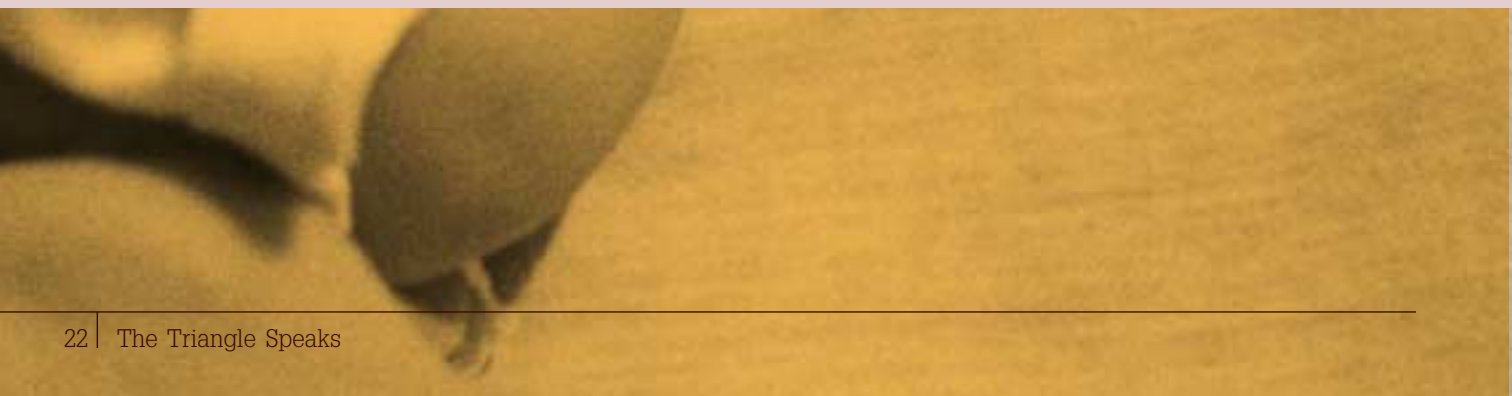
National Low Income Housing Coalition: <http://www.nlihc.org/template/index.cfm>

North Carolina Housing Coalition: <http://www.nchousing.org/>



# HOMELESSNESS

COMMUNITY CHALLENGES & OPPORTUNITIES



# HOMELESSNESS

“Real Change, Not Spare Change”

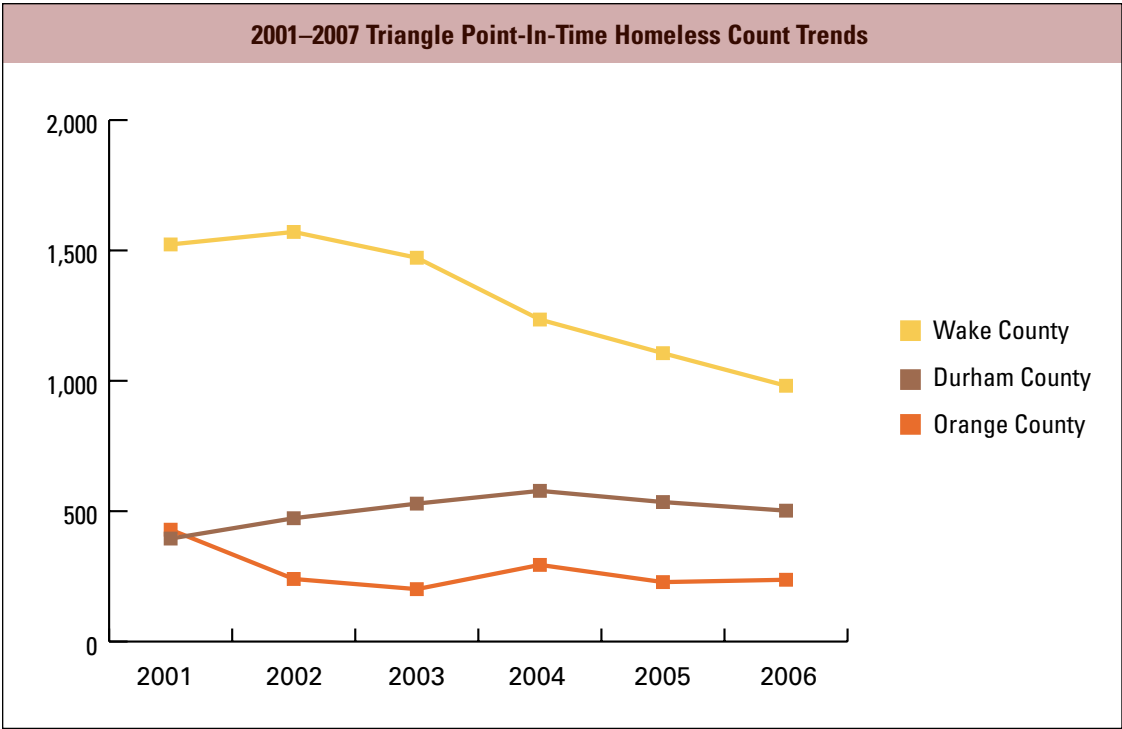
**Terry Allebaugh, Executive Director**  
Housing for New Hope

Terry Allebaugh is the founder/director of Housing for New Hope, a nonprofit organization in Durham, North Carolina working to end and prevent homelessness one valuable person at a time. Allebaugh is a graduate of Berea College in Kentucky and attended Duke Divinity School in Durham.

Homelessness elicits in us a wide range of negative emotions: anger, guilt, fear, shame, to name a few. These emotions can elicit questions and thoughts like, “why doesn’t that homeless guy get a job instead of standing out there with a sign”; “I feel so bad when I see a child without home, and my own family has so much”; “If I don’t give this guy some money, he might hurt me”; or “why isn’t our government doing more about this problem.”

Our emotional responses to homeless people can lead us to distance ourselves: roll up the window to the car, blame the homeless for their situation, pass laws and ordinances

that punish the homeless. Our feelings can also lead us into effective responses, and clearly there has been plenty of good-hearted people and organizations doing good things for the homeless in the Triangle. Governments and nonprofits have worked together to lessen the severity of homelessness resulting in a 23 percent decrease from 2000 to 2007 in the numbers of homeless identified during the annual Point-In-Time count. The many success stories engendered by the collective work of the partners have elicited positive emotional responses: joy, pride, amazement, elation.



Source: Triangle United Way, Durham, Orange, and Wake Counties



**The challenge before** the Triangle community is to move quickly and effectively into strategic, targeted responses expressed in the 10 Year Plans to End Homelessness adopted in each of the three counties. For the first time, each county has the benefit of a community-wide process that utilized data and analysis, as well as the “hearts of the people” to construct specific tasks to end homelessness. Processes are in place to conduct cost analysis to compare the old and new ways, and this will be another tool to continue refining strategies.

As the Triangle continues to experience urban growth, especially in its downtown centers, we can expect a concurrent growth in the numbers of homeless people unless the 10 Year Plan strategies are implemented. The increase reflected in 2007 Point-In-Time numbers could become a pattern rather than a one year spike. Reducing the numbers, and thus, the economic and social burden of homelessness, will take the engagement of all sectors: government, business, faith, service, education. Critical thinking and decisive action are needed in four areas, common to each plan: housing, income, services, and prevention.

**Housing:** People who are homeless need housing, a permanent home, and not surprisingly, there is an alarming shortage of available affordable housing. According to the 2007 Point In Time Survey distributed by Triangle United Way, there are 11,396 rental units available to those who are living at or below 30 percent of the Area Median Income. There are 59,056 households at or below the same income level, indicating a gap of 47,650 affordable units needed. 100 percent of the Triangle homeless are living at or below 30 percent of the area median income.

To fill this gap, public and private sectors must work together to create affordable housing. There are some good signs from the public sector: Wake County recently passed a bond issue and Durham City utilized a portion of a property tax increase to create capital funding for permanent housing for the homeless. Other actions that can help fill the housing gap include making surplus property owned by government and/or land owned by congregations available at little or no cost. Also, inclusionary zoning programs could provide a density bonus to developers in exchange for a percentage of affordable units.

**Income:** As we work hard to bring the cost of housing down, we need to work with equal fervor to bring the level of income up. People who are homeless need income through employment or disability supports. A person working full-time at the federal minimum wage of \$5.85 would have to work in excess of a 100 hours a week to afford market-rate housing. Another barrier impacting many homeless people is the reluctance of area employers to hire people with any criminal background,

even when the potential employee can demonstrate a new lifestyle and job readiness. Employers are needed to participate in re-entry and/or credentialing programs sponsored by the Chambers of Commerce.

Many of the chronically homeless have disabling conditions including mental illness, physical impairment, developmental disability, and often co-occurring substance abuse and addiction. They need help to obtain approval for disability, income that is critical to ending their homelessness.

**Services:** Many of the programs in the Triangle that serve the homeless receive funding from U.S. Department of Housing and Urban Development (HUD). Over the last few years, HUD has been moving away from funding services to focusing on housing only. This is creating a gap in current funding for services. In addition, mental health transformation in North Carolina has led inadvertently to lapses in service provision especially for the chronically homeless. The North Carolina Department of Health and Human Services recently initiated a housing support demonstration project in three counties, including Durham, to provide needed assistance. Hopefully this will prove to be a successful project and be expanded in the years to come. Some of the local mental health centers (now called Local Management Entities) are beginning to identify specialized providers with experience working with the homeless.

**Prevention:** No matter how good a job we do moving people out of homelessness, we will still have the same level of challenges unless we also implement strategies that keep people from becoming homeless in the first place. Coordinated discharge planning that includes the state and local hospitals, as well as jails and prisons, paired with organized communities that help people avert homelessness. In Durham County, 31 percent of the homeless enumerated during January 2007 Point-in-Time Count were in publicly funded institutions just prior to them being homeless.

If the Triangle counties can gain the support of all sectors of the community to elicit their participation in the many good strategies expressed in the 10 Year Plans, then we can expect to see a continuing downward spiral in the numbers of homeless. Without a deeper level of commitment, we can expect to see increasing numbers visible on the streets and being high-end users of public-funded systems.

We have before us now the opportunity to use our hearts and our heads and the Triangle’s abundant resources of economic, social, and spiritual strength to change reality for the homeless and the community.

**That would make us all feel mighty good.**

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Homelessness+	# of People Served		
	2004	2005	2006
Homelessness is prevented when people are able to stay in their home (by shelter nights preserved)*			
Durham County:			
Alliance of AIDS Services - Carolina: Client Services			6,360
Salvation Army, Durham: Emergency Services			80,958
Women in Action for the Prevention of Violence and Its Causes, Inc.: Clearing House Program			8,670
Orange County:			
Orange Congregations in Mission, Inc.: Samaritan Relief Ministry			4,890
Wake County:			
Triangle Family Services, Inc.: Emergency Housing Assistance			12,180
Urban Ministries of Wake County, Inc.: Crisis Intervention Program			33,810
Women's Center of Wake County, Inc.: Basic Needs			3,240
Triangle Total: (shelter nights preserved)			150,108
Homeless people receive safe shelter (by shelter nights provided)*			
Durham County:			
American Red Cross, Central North Carolina Chapter			3,098
Genesis Home, Inc.: Family Matters			8,801
Orange County:			
Alliance of AIDS Services - Carolina: Hustead and Orange House (serves both Wake and Orange Counties, respectively)			4,015
American Red Cross, Orange County Chapter			282
Freedom House Recovery Center, Inc.: LifeSkills Education Program			21,623
Inter-Faith Council for Social Services, Inc.: Home Start and Community House			29,579
Wake County:			
Alliance of AIDS Services - Carolina: Hustead and Orange House (serves both Wake and Orange Counties, respectively)			
American Red Cross, Triangle Area Chapter (assumes three nights)			1,533
Haven House, Inc.: Wrenn House			1,013
Interact: Shelter Program			6,173
PLM Families Together, Inc.			38,873
Triangle Family Services, Inc.			14,565
Urban Ministries of Wake County, Inc.: Helen Wright Center			13,140
YWCA of the Greater Triangle, Inc.: Women in Transition Program			5,133
Women's Center of Wake County, Inc.: Housing Services			660
Triangle Total: (shelter nights provided)			148,488
Homeless people move into permanent housing			
Durham County:			
Genesis Home, Inc.: Family Matters	87	16	61
Orange County:			
Freedom House Recovery Center, Inc.: LifeSkills Education Program	95	98	82
Inter-Faith Council for Social Service, Inc.: Home Start and Community House		16	31
Wake County:			
Haven House, Inc.: Preparation for Independent Living	123	27	18
Haven House, Inc.: Wrenn House			201
PLM Families Together, Inc.	315		396
Triangle Family Services, Inc.		28	57
Urban Ministries of Wake County, Inc.: Helen Wright Center	588	545	372
YWCA of the Greater Triangle, Inc.: Women in Transition Program	19	15	32
Women's Center of Wake County, Inc.: Housing Services	75	21	82
Triangle Total:	1,302	766	1,332

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Triangle United Way Funded Programs: Homelessness+	# of People Served		
	2004	2005	2006
Formerly homeless people are sustaining their permanent housing*			
Durham County:			
Genesis Home, Inc.			22
Wake County:			
PLM Families Together, Inc.			209
Triangle Family Services, Inc.			57
YWCA of the Greater Triangle, Inc.: Women in Transition Program			32
Women's Center of Wake County, Inc.: Housing Services			82
Triangle Total:			402
Homeless people are improving their income*			
Durham County:			
Genesis Home, Inc.			15
Wake County:			
Haven House, Inc.: Preparation for Independent Living			82
Inter-Faith Food Shuttle: Culinary Job Training Program			39
Urban Ministries of Wake County, Inc.: Helen Wright Center			372
Triangle Total:			508

\*Added as a program result in 2006  
 +Please refer to "A Note About the Data" for additional explanation

# SUCCESS STORY

Triangle United Way Member Agency:  
 Orange Congregations in Mission, Inc.

Funded Program: Samaritan Relief Ministry

“For many years, “James” lived with his mother as her caregiver. He is legal guardian for a nephew with special needs. Occasionally, “James” would need help from the Samaritan Relief Ministry, but in general was able to keep his small family fed, clothed and sheltered. Two years ago, “James’s” mother passed away. They no longer had her social security available to help with the household bills. “James” found himself saddled with all of the bills as well as some outstanding debt. “James” and his nephew ended up losing their home and living with friends for awhile. His mental health was declining. During this time, the Samaritan Relief Ministry provided groceries numerous times as well as help with clothing and medication. Recently, “James” was providing transportation for a neighbor needing groceries from the Samaritan Relief Ministry. He popped his head in the office to say hello. He finally got all of their past debt paid off and he and his nephew were in their own place. He is even able to have a part-time job while his nephew is in school. He stated that he was so grateful that Orange Congregations in Mission was there to help when he was going through the worse time in his life. Without the help we were able to provide, he is not sure how they would have made it.”

-Orange Congregations in Mission, Inc.  
 Triangle United Way Community Care Annual Performance Report, 2006.

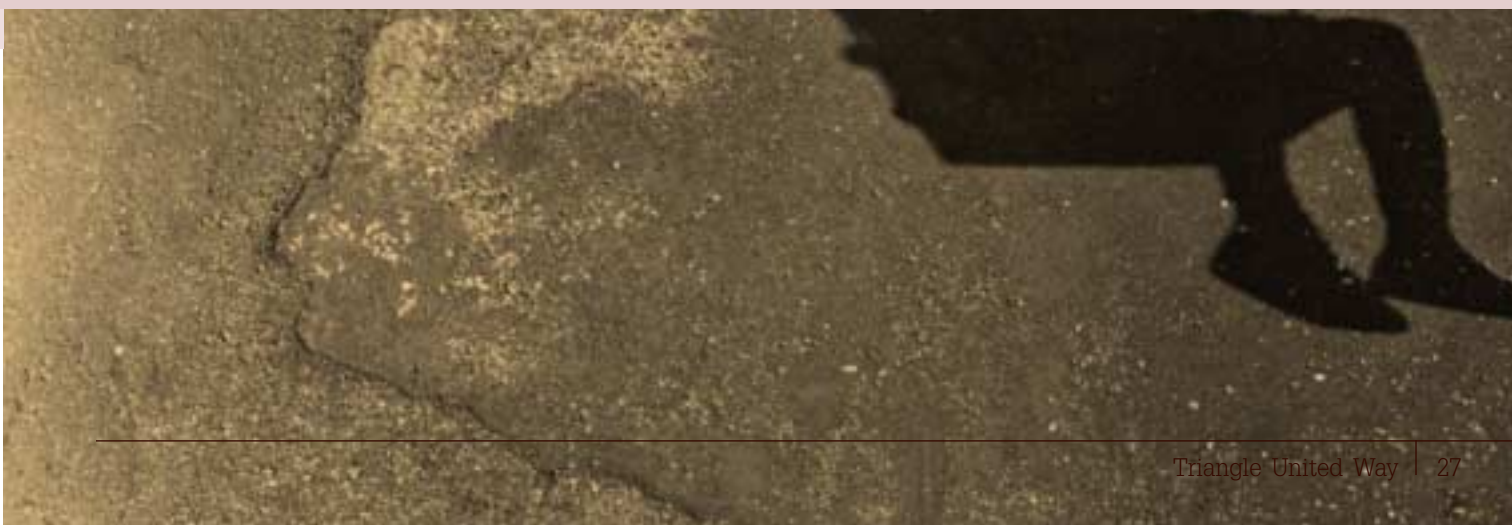
## SUGGESTED RESOURCES

- “Ending Homelessness in the Triangle,” a blog by Stan Holt, Community Impact Specialist for Homelessness, Triangle United Way: <http://endhomelessnessuw.blogspot.com/>
- The North Carolina Coalition to End Homelessness: <http://www.ncceh.org/>
- Housing for New Hope: <http://www.housingfornewhope.org/>



# DEVELOPMENTAL DISABILITIES

COMMUNITY CHALLENGES & OPPORTUNITIES







# Developmental Disabilities

**Dr. Gregory Olley, Interim Director**

The Clinical Center for the Study of Development and Learning  
University of North Carolina, Chapel Hill

Greg Olley is a psychologist and Interim Director of the Center for Development and Learning. His academic appointment is Clinical Professor in the University of North Carolina at Chapel Hill Division of Rehabilitation Psychology and Counseling in the Department of Allied Health Science.

## What are some of the most pressing issues affecting people with developmental disabilities in the Triangle?

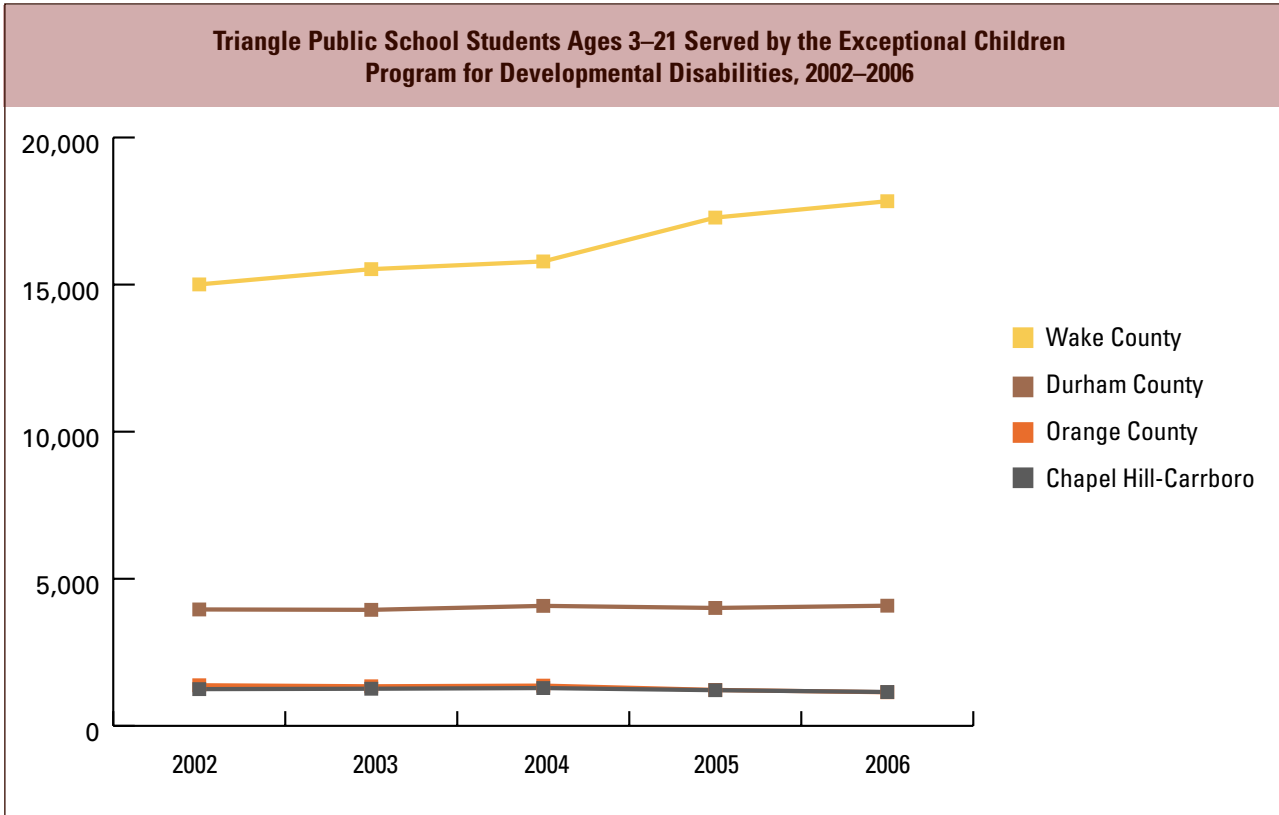
**Surveys and interviews** consistently identify several important concerns, although it is difficult to put them in priority order. In general, greater access and ready availability to individualized supports and services are high priorities. With the privatization of mental health and developmental disability services, there is great concern about having stable services with well-trained staff members. The crisis in training and retention for direct support staff members is a close corollary of this point.

**Housing:** Most adults with developmental disabilities continue to live with their families throughout their lives, and the available options for housing are too expensive or too restrictive in living opportunities.

**Jobs and Money:** Most people with developmental disabilities are employable but are not working to their potential and are limited in their independence by money.

**Health and Wellness:** Access to trained health personnel who know the needs of people with disabilities. Adequate funding for health services (especially dentistry) through Medicaid.

**Transportation:** People live very limited lives and are often unable to work due to lack of transportation.



Source: North Carolina Department of Public Instruction



**How did these issues evolve, why are they important, and what impact are they having on the Triangle?**

**These issues are** nearly universal and related to the disability condition. They are constant challenges to services. In our region, they limit opportunities for people

with developmental disabilities to participate in their communities as fully as they should.

**In considering the impact/implication of these issues upon the Triangle, what are some strategies that we, as a community, could collectively take to address them?**

**The Triangle region** is very fortunate in having many resources to address these and other problems. These matters can best be addressed by collaborative efforts of

government, private, and advocacy organizations. With the state capital in our region, we have the opportunity to link with state leaders in these areas.

**What do you believe some of our region’s community strengths are and where can they best be applied in helping solve these issues?**

The state capital is the hub of most activity and expertise. The university community also can contribute. Again, collaboration is the key.

**Do you believe that philanthropy can play a problem-solving role? If so, what is that role?**

**Funds are always** limited in developmental disabilities services. However, philanthropy can be most helpful in addressing those areas that public funds do not address.

Philanthropy can be creative and flexible in ways that public funding often cannot.

**Do you believe that public policy can play a problem-solving role? If so, what is that role?**

**Yes, definitely.** Our policies are moving toward supporting only evidence-based practices and toward accountability

and performance measurement. These trends should lead to better and more efficient services.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Developmental Disabilities+	# of People Served		
	2004	2005	2006
Children with or at risk for developmental disabilities and mental health needs improved their social, emotional, cognitive and motor skills			
Wake County:			
Learning Together, Inc.: Developmental Day Program	84	38	67
Learning Together, Inc.: Child Mental Health Initiative	62	63	128
Tammy Lynn Center for Developmental Disabilities: Developmental Day Program	32	72	9
Tammy Lynn Center for Developmental Disabilities: Early Childhood Intervention Services	192	122	93
White Plains Children's Center, Inc.: Developmental Day Services	84	44	31
Triangle Total:	454	339	328
At-risk children from low-income families received health (hearing, vision, dental and speech) and developmental screenings			
Durham County:			
Operation Breakthrough, Inc.: Positive Action to Higher Literacy		497	428
Wake County:			
Learning Together, Inc.: Developmental Day Program		98	53
Raleigh Nursery School, Inc.	149	151	183
Triangle Total:	149	746	664
Children with severe developmental disabilities or mental health issues maintained or improved their status as a result of participating in community programs*			
Wake County:			
Hilltop Home: Residential Program		25	24
Learning Together, Inc.: Child Mental Health Initiative		118	42
Triangle Total:		143	66
Families with a loved one with a developmental disability improved their family situation through family counseling, parenting education and training, and respite care**			
The Arc of Durham County, Inc.: Family Support Services	383	137	263
The Arc of Orange County, Inc.: Families Accessing Solutions Together (FAST)	169	112	31
The Arc of Orange County, Inc.: Respite Care Program	121	50	144
The Arc of Wake County, Inc.: Advocacy and Community Education	20		74
Tammy Lynn Center for Developmental Disabilities: Respite Care	157	146	145
Triangle Total:	850	445	657
People with disabilities secure gainful employment***			
Orange County:			
Orange Enterprises, Inc.: Job Placement			16
Wake County:			
Community Partnerships, Inc.: Supported Employment			68
Wake Enterprises, Inc.: ENABLE			14
Life Experiences, Inc.: Vocational Services			41
Women's Center of Wake County, Inc.: Supportive Services			8
Triangle Total:			147
People with disabilities increase their annual income***			
Wake County:			
Community Partnerships, Inc.: Supported Employment			42
Life Experiences, Inc.: Vocational Services			41
Women's Center of Wake County, Inc.: Supportive Services			4
Triangle Total:			87

\*Added as a program result in 2005  
\*\*Complied for this report from other program results to show developmental disability-specific outcomes  
\*\*\*Added as a program result in 2006  
+Please refer to "A Note About the Data" for additional explanation

# SUCCESS STORY

## Triangle United Way Member Agency: Wake Enterprises, Inc.

Funded Program: Enable

“Inez is the receptionist at our Fuquay-Varina facility. She is also a consumer of Wake Enterprises. She enjoys answering the phones, ensuring everyone receives appropriate and timely messages, and keeping track of who is in and out of the building. Inez has been our acting receptionist for over one year and would like to continue doing this because she likes “helping out everybody and making money.” She also says, “I like coming to Wake E to work. The staff is very kind and does good work here.” Inez has grown in her position and has become very independent and self-confidant. Her favorite part of the job is when she is praised for her good work.”

-Wake Enterprises, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

Center for Psychology and Evaluation, Policy Issues in North Carolina Regarding Mental Health and Developmental Disabilities Issues for Children, Dr. Donald Stedman: <http://www.cpsyched.com/present.htm>

North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Service Statistics and Publications: <http://www.dhhs.state.nc.us/mhddsas/statspublications/index.htm>



# MENTAL ILLNESS

COMMUNITY CHALLENGES & OPPORTUNITIES





# Mental Illness

**Debra Dihoff, Executive Director**  
National Alliance on Mental Illness (NAMI) North Carolina

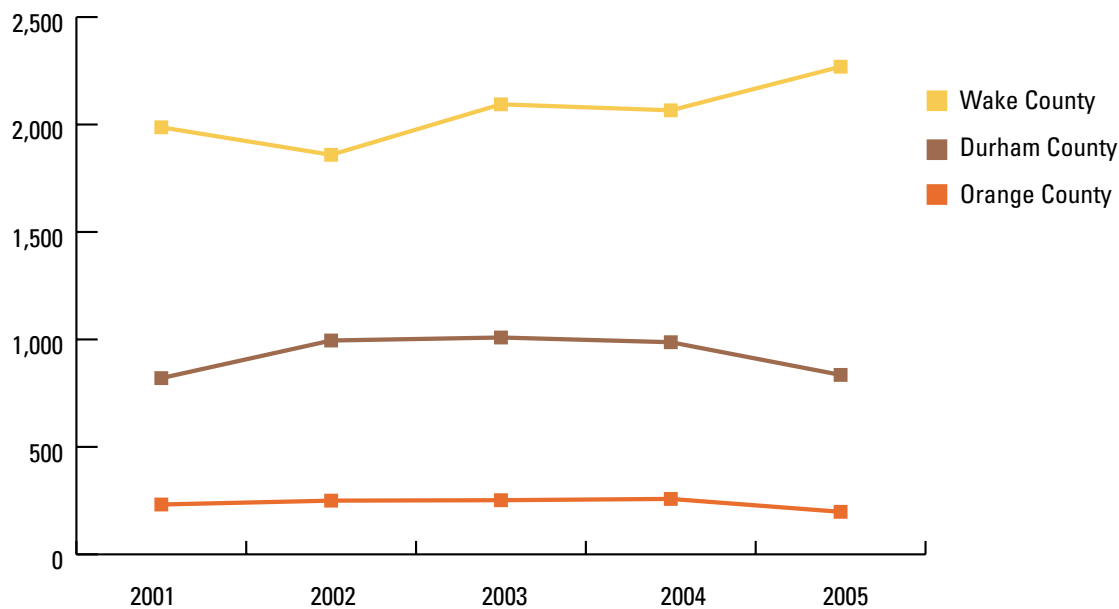
Debra Dihoff is the Executive Director of the National Alliance on Mental Illness North Carolina and has over 32 years experience. She received her BA in Psychology and Theology and her MA in Special Education from George Peabody College, part of Vanderbilt University.

## What are some of the most pressing issues affecting mental illness in the Triangle?

**Mental health reform** has resulted in a crisis atmosphere in North Carolina, with consumers whose provider networks have been disrupted by constant change unable to easily access the services they need. When care is interrupted, people experience crises and due to the disruption of the service array, they end up in the local emergency rooms or, worse yet, in the corrections system. Think about how it would impact you if you lost your long term doctor, and were not clear on who was to take her place. Clearly, the most pressing issue is to stabilize our

system so that we quit having services occurring in the jails and hospitals, and instead, have a stable and effective network of community services that result in good outcomes- people who can function in society, hold jobs, good relationships, control symptoms, and have reasonable housing, etc. Further, we must rebuild the public safety net that was lost in the plan to privatize our entire system. We have found that this simply is not working, and we must begin to rebuild that safety net.

Triangle Persons Served in State Funded Psychiatric Hospitals, 2001–2005



Source: Log Into North Carolina



# How do these issues evolve, why are they important, and what impact are they having upon the Triangle?

Problems with the public mental health system in North Carolina have been documented for many years by a variety of consultants to the Division of Mental Health and to the General Assembly. A common theme is that we are not spending enough on building up community services. Due to the lack of those services, our institutions are far over utilized for a state of our population. North Carolina currently ranks 43rd per capita in spending on people with mental illness; this is an embarrassment to our state. To add to that, we recently received a D plus in the National Alliance on Mental Illness's Grading the States Report. This is important because we have repeatedly been told what we need to do, and it is time to act upon that advice. The General Assembly did allocate a substantial increase in 2006 (\$90 million) but that one allocation will not make up for years of neglect of the public community system. Providers need more money invested in the right services – housing, community support services that are proven to be effective (the right services for the right condition), and

we also need to simplify how money is earned. In 2007, our system, which is badly under-funded, cannot earn \$18 million in state dollars due to the fact that we have made it too complicated to earn those dollars. Providers need those dollars and just can't simplify reporting to a point that is reasonable. Moving our system to one which is completely a fee for service model has not worked; there is a place for that system, but it does not fit all sizes and all problems. Coupled with the destruction of the public safety net, there is no one there, at times, for the most disabled of our citizens.

All of these issues impact the Triangle area for both present and future citizens in that they expect to have the highest quality of life in this region- therefore, they expect their public services to be amongst the best in the country. Potentially this could affect people's decisions to retire in this area, for example.

## In considering the impact/implication of these issues upon the Triangle, what are some strategies that we, as a community, could collectively take to address them?

When they join together and unite their voices, communities can have a tremendous impact on the quality of life for their citizens. Regarding the pressing problem of criminalization of people with mental illness, some communities are forming change committees that focus on the various points where people with mental illness intercept with the criminal justice system. The change committees then create public policy change to interrupt those dysfunctional cycles. For example, communities around the state are recognizing that people with mental illness are arrested far too often, and to no good end; after all, they are ill, they are not criminals. By combining forces with law enforcement, providers, family and consumer advocates, many communities are launching Crisis Intervention Teams – a national model of training the real

first responders, law enforcement, to reduce inappropriate arrests of people with mental illness. Durham County has utilized this. Another area that we can challenge communities to address is people with mental illness who have been arrested. Why not create a mental health court? Yet another point of interception is while people are in jail; what can the community do to increase their prompt access to medication, treatment, communication with providers and local management entities, and, finally, a transition plan back to the community post incarceration. The same community change strategy could apply to emergency room overcrowding by bringing together the talent needed to find local solutions.

## What do you believe some of our region's community strengths are and where can they be best applied in helping solve these issues?

The Triangle has some of the very best hospitals and universities anywhere. We are truly blessed to have such expertise right here amongst us. Yet, often it is difficult to connect the dots quickly between research and practice, so certainly if we could achieve a faster use of best practices that would really help solve some of the issues

facing us with reform. We have some excellent providers and Local Management Entities (LMEs) who have done an incredible job of turning around services. Durham County is a case in point- having moved in three to four short years from a program with serious issues to one that is a

top performer in North Carolina. Given the problems in implementing reform, and with the funding of the system, I wonder if we might partner with local university experts in the field of finance to help with the implementation issues of being unable to draw in the badly needed state dollars.

The Triangle has such best practices to showcase — Chapel Hill has long had a human services component to its town police department, Wake County is a leader in Crisis Intervention Team (CIT) and other criminal justice initiatives. Perhaps a start would simply be to replicate these best practices in each of the areas of the Triangle.

**Do you believe that philanthropy can play a problem-solving role? If so, what is the role?**

**Yes, absolutely.** That role is what Triangle United Way is engaged in right now which is the sharing of information and promoting improvement through that activity. Funding endeavors such as this one are inspirational to communi-

ties who want to do the right thing; they just need to have a model to follow. We don't need to re-invent, we need to more efficiently replicate.

**Do you believe that public policy can play a problem-solving role? If so, what is that role?**

**Yes. On Friday,** July 27, 2007, Governor Mike Easley signed into law the mental health parity bill, creating public policy in North Carolina to eliminate discrimination in health care for those who have a mental illness. The problem solved by this policy was access to care. When people had higher deductibles, co-pays, lifetime limits, or in fact if their insurance did not even cover mental illnesses, those were all barriers to receiving treatment. We know that mental health treatment works, if generally both medications and supportive services are part of the package. However, people have to have access to them. Eliminating that barrier of no equitable coverage will help thousands of North Carolinians receive the treatment they need to stay healthy. The cost to do so is minimal-probably less than \$0.19 per member per month. The savings in

doing this is huge- it reduces absenteeism, turnover, job loss, and hospitalizations. If public policy were to allow people with mental illness who have been incarcerated to get their benefits back at the time of discharge, then our recidivism would be far less in North Carolina. Inappropriate incarceration is a cost to all taxpayers, and no good outcomes are achieved in that people are not necessarily receiving the treatment they need for their illness. Much can be done in the arena of public policy. Chapel Hill has a mental health court- a rarity in our state- which yields excellent outcomes for keeping people out of jail and motivating them to get the treatment they need.



# Mental Illness continued

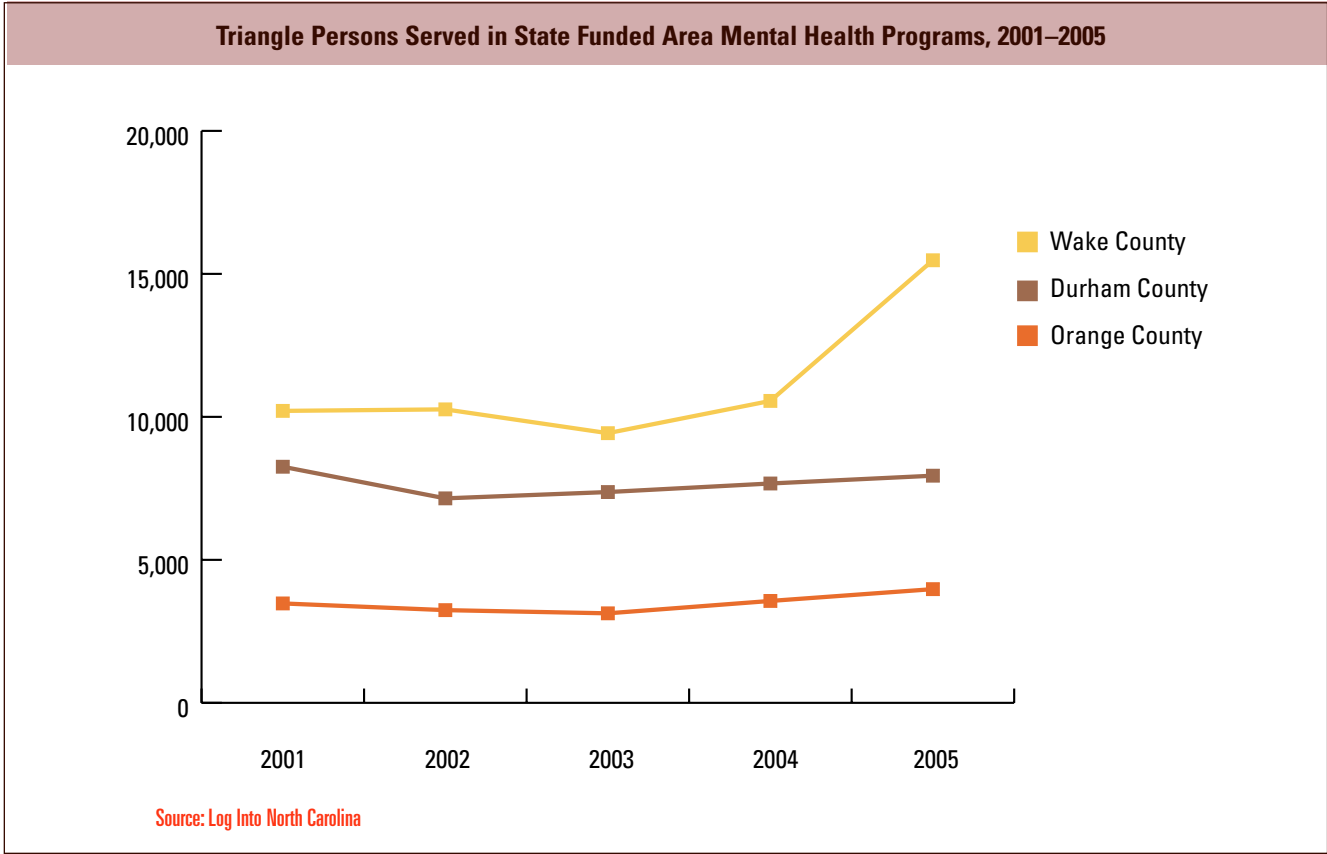
**John Tote, Executive Director**  
Mental Health Association in North Carolina

John Tote is the Executive Director of the Mental Health Association in North Carolina. He previously served with the Johnston and Guilford County Area Mental Health Programs where he received his Qualified Mental Health Professional Certification.

## What are some of the most pressing issues affecting mental illness in the Triangle?

I believe the most pressing issue in the Triangle regarding mental health is the unavailability, or lack of reliable services for adults and children with mental illness. Unfortunately, mental health reform has not paid the dividends promised seven years ago. I believe everything else within the mental health arena stems from this one key area.

This clearly evolved because of a haphazard reform process that was instituted state-wide without full realization of the local impact. Also, there is little to no new local money. We have seen local money decreased in many areas for our state system. Thus, the results for the Triangle area have mired much of the state.



## How do these issues evolve, why are they important, and what impact are they having upon the Triangle?

Unfortunately, we have three different area programs/local management entities involved within the Triangle area. One serves the Orange, Person and Chatham Counties, another serves Durham County, and another serves Wake County. Each is structured very differently from the other; therefore, I do not see a Triangle-wide solution. I believe

that we can collectively strategize by looking at best case scenarios from the region and across the state for how different communities, based on their individual needs, address these issue by working with consumers and their families, and also giving incentives to private providers in the non-profit arena.

**What do you believe some of our region’s community strengths are and where can they be best applied in helping solve these issues?**

I believe that the greatest strengths that we have as a region are our combined forward thinking philosophy as well as the local resources that we do have through places such as Duke and UNC Hospitals.

**Do you believe that philanthropy can play a problem-solving role? If so, what is the role?**

I believe philanthropy can assist in overcoming some of the issues I have raised. Specifically, philanthropy can help to provide incentives to local nonprofit organizations to provide the kinds of services needed. I see this possibility in one-time funding. There are three areas that one-time funding from philanthropy can assist with non-profits. First, with some of the start-up costs that often can be very excessive, especially for smaller organizations. Second, to assist in training of staff, and third, assist organizations to become accredited/endorsed, both statewide and nationally. These are areas that the state has been awful in assisting organizations in their efforts to move forward.

**Do you believe that public policy can play a problem-solving role? If so, what is that role?**

Public policy can play a vital role in this. However, our policy makers, both local and statewide, have chosen an unfortunate path of piece-meal changes, and too many changes too rapidly within the system. Granted, if something is horribly wrong a change is necessary. However, from a public policy standpoint, very little time is given for change to be implemented effectively before additional changes are made. I believe that the best thing public policy makers can do is set a course and allow providers to adjust to that course, and allow time before things are changed once again.

**Are there additional data or information that you feel should be made available in this report to increase public understanding of these issues? If so, what are they and where can the public access them?**

I believe that individuals in this area must have greater access and knowledge about the advances in research and treatment in the area of mental illness. There must be a major emphasis on the “recovery” model and how individual’s lives have been improved. Through organizations such as the Triangle United Way, the Mental Health Association in North Carolina and others, there are ways that we can better inform the public about the “recovery” model.

**In considering the work of the United Way and its member agencies that focus upon mental illness, do you have any suggestions for ways we could strengthen our results? If so, please explain.**

I think that the Triangle United Way can assist its member agencies that work in the area of mental health by helping them access the one-time funds I described earlier. Also, the Triangle United Way can help them identify a strong cadre of trainers and experts in the field that can help to maneuver through some of the minutia that we see in North Carolina and in this region during this age of reform.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Mental Illness+	# of People Served		
	2004	2005	2006
Individuals with mental health needs, showed improvement and/or avoided hospitalization			
Durham County:			
Threshold	181	127	162
Orange County:			
Mental Health Association in Orange County: Compeer Program	14	14	32
Wake County:			
Wake Teen Medical Services, Inc.: Adolescent Mental Health Services	132	58	95
Triangle Total:	327	199	289
Children with or at risk for developmental disabilities and mental health needs improved their social, emotional, cognitive and motor skills			
Wake County:			
Learning Together, Inc.: Developmental Day Program	84	38	67
Learning Together, Inc.: Child Mental Health Initiative	62	63	128
Tammy Lynn Center for Developmental Disabilities: Developmental Day Program	32	72	9
Tammy Lynn Center for Developmental Disabilities: Early Childhood Intervention Services	192	122	93
White Plains Children's Center, Inc.: Developmental Day Services	84	44	31
Triangle Total:	454	339	328
Children with severe developmental disabilities or mental health issues maintained or improved their status as a result of participating in community programs*			
Wake County:			
Hilltop Home: Residential Program		25	24
Learning Together, Inc.: Child Mental Health Initiative		118	42
Triangle Total:		143	66

\*Added as a program result in 2005  
+Please refer to "A Note About the Data" for additional explanation





# SUCCESS STORY

## Triangle United Way Member Agency: Family and Children’s Services, Inc.

Funded Program: Clinical Program

“A client who has a chronic mental illness and a history of hospitalizations related to her illness was able to use skills that she learned in a DBT skills group in a significant way. The client was able to advocate for herself with Durham Housing Authority and by doing so was able to be put on the voucher program. After receiving her voucher, she shared her experience of successfully advocating for herself with the other DBT skills group members. In addition, the client’s therapist took the extra effort to assist client with advocacy with a landlord to help convince him to enter into a rental agreement with her client despite the client’s inability to make a rental deposit. By working together the therapist and the client were able to prevent the possibility of homelessness or a hospitalization.”

-Family and Children’s Services, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

“Grading the States,” National Alliance on Mental Illness (NAMI): [www.nami.org](http://www.nami.org)

“North Carolina Jails and Inmates with Mental Illnesses and Developmental Disabilities,” The North Carolina Governor’s Advocacy Council for Persons with Disabilities (GACPD): <http://www.gacpd.com>.

Mental Health Association in North Carolina: <http://www.mha-nc.org/>

National Alliance on Mental Illness North Carolina: <http://www.naminc.org/>



# DOMESTIC VIOLENCE

## COMMUNITY CHALLENGES & OPPORTUNITIES





# Domestic Violence

**Dr. Kathryn E. (Beth) Moracco**  
Research Scientist, Pacific Institute for Research and Evaluation

Kathryn E. (Beth) Moracco, PhD, MPH is a Research Scientist at the Chapel Hill Center of the Pacific Institute for Research and Evaluation and an Adjunct Associate Professor at the University of North Carolina at Chapel Hill School of Public Health.

## What are some of the most pressing issues affecting domestic violence in the Triangle?

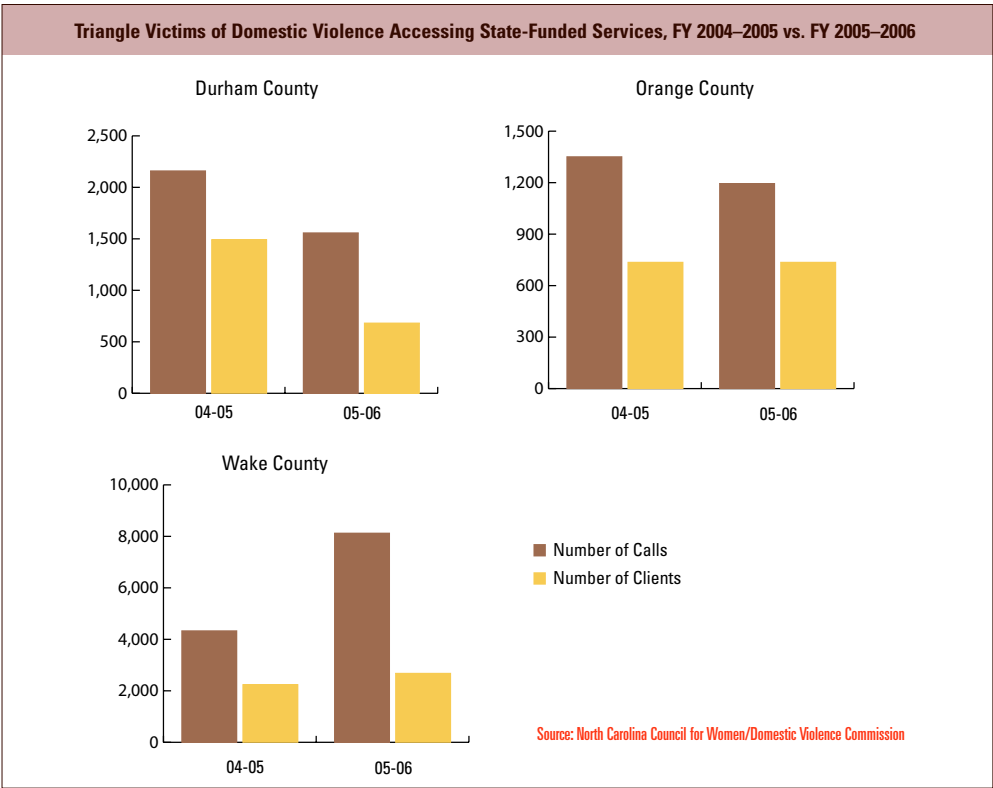
The Triangle valiantly struggles to meet the immediate and long-term needs of domestic violence victims, their families, and communities; the demand simply exceeds the financial and programmatic resources currently available. Consequently, our response to domestic violence tends to be reactive, focused on immediate crisis intervention, and

not strategic primary prevention strategies. A related concern is that there are no integrated data collection systems for domestic violence, which limits our ability to gauge the extent, natures and potential intervention points.

## How did these issues evolve, why are they important, and what impact are they having upon the Triangle?

Community-based responses to domestic violence evolved from the grassroots, and have always focused on victim safety and offender accountability. Over the past 25 years, a coordinated community response to domestic violence in the Triangle has generally entailed increasing collaboration among service providers in the community who come into contact with victims and perpetrators of domestic violence and their families. This approach focuses on secondary and tertiary prevention of domestic violence. Secondary prevention entails early detection and interven-

tion in domestic violence, while tertiary prevention includes longer-term services for domestic violence victims and perpetrators. As a result, there has been improvement in coordination and collaboration of services among providers, however primary prevention of domestic violence, that is preventing domestic violence before it occurs, has been neglected. Unfortunately, until we devise effective primary prevention strategies for domestic violence, there will be an ever-renewing need for services.



**In considering the impact/implication of these issues upon the Triangle, what are some strategies that we, as a community, could collectively take to address them?**

**As a community, the Triangle would do well to focus on two interrelated strategies:**

- Developing, funding, and testing primary prevention strategies for domestic violence; and
- Creating and maintaining data collection and monitoring systems to measure the incidence and prevalence of domestic violence and the effectiveness of programs and policies designed to prevent and reduce domestic violence.



**What do you believe some of our region’s community strengths are and where can they best be applied in helping solve these issues?**

**The Triangle has a number of strengths that have been and will continue to be assets in our work to prevent and reduce domestic violence, including:**

- An effective state-wide domestic violence coalition located in Durham;
- The Domestic Violence Commission, which has had remarkable success during its tenure;

- Strong, collaborative working relationship with researchers at local universities and other institutions; and
- A high level of collaboration among agencies at the state and local levels.

These strengths can be applied most efficiently and effectively if the agencies and individuals above continue to work to foster open communication and collaboration around shared priority issues.

**Do you believe that philanthropy can play a problem-solving role? If so, what is that role?**

**Philanthropy can play several problem-solving roles:**

- Providing adequate funding to develop, implement and evaluate potential primary prevention strategies for domestic violence victimization and perpetration;
- Providing funding for the development and implementation of a statewide survey to assess women and men’s

experiences with domestic violence victimization and perpetration. This survey would provide baseline incidence and prevalence data, as well as information that would guide domestic violence policy and program development; and

- Periodically convening regional stakeholders to assess progress toward preventing and reducing domestic violence and to come to consensus regarding priorities.

**Do you believe that public policy can play a problem-solving role? If so, what is that role?**

North Carolina is fortunate in that we have some of the most progressive domestic violence legislation in the United States. It is not always clear, however, that our

laws and policies are implemented consistently and/or correctly. Policy evaluation, both in terms of fidelity (e.g. correct implementation) and effectiveness is sorely needed.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Domestic Violence+	# of People Served		
	2004	2005	2006
Victims of domestic violence and sexual assault accessed crisis intervention services.			
Durham County:			
Durham Crisis and Response Center, Inc.: Shelter and Support Services	2,746	1,982	3,602
Orange County:			
Orange County Rape Crisis Center: Client Support	409	250	344
Wake County:			
HopeLine, Inc.: Crises Line	3,477	8,452	Not Reported
Interact: Shelter Program	145	164	74
Interact: Direct Services	3,549	5,138	3,690
Interact: Families Impacted by Violence	110	312	66
Triangle Total:	10,436	16,298	7,776
Perpetrators of domestic violence had no additional police contact, re-arrests or convictions one year after completing an intensive program for batterers			
Durham County:			
Family and Children's Services, Inc.: CHANGE Program	114	159	133
Wake County:			
Triangle Family Services, Inc.: DOSE	318	245	114
Triangle Total:	432	404	247

+Please refer to "A Note About the Data" for additional explanation

## SUCCESS STORY

### Triangle United Way Member Agency: Durham Crisis Response Center, Inc. (DCRC)

Funded Program:  
Healthcare Response to Sexual and Domestic Assault Violence Survivors

“Jennifer” walked in and found her husband having sexual intercourse with her teen daughter, “Sandra.” “Sandra” later said that the abuse had been going on since she was 10 years old. “Jennifer” came to DCRC to find out what she could do. She now found herself a single-mother with a mortgage and two car payments in her name that she could not afford. When “Jennifer” took “Sandra” to the hospital for a rape kit, she was asked for her insurance co-pay, and subsequently billed \$212 in addition for lab work. “Jennifer” could not find a lawyer to take the civil portion of her legal issues, and she was dealing with aggressive media who camped out on her lawn trying to get a photo of her daughter. “Jennifer” began case management services with DCRC. The case was brought to SART (Sexual Assault Response Team) for review. “Sandra” was referred to a counselor specializing in child sexual trauma. Her hospital bill was reviewed and Victims’ Compensation was filed to pay the bill and refund “Jennifer’s” out of pocket expenses. Due to the severity of the crime, a local attorney, professional ally of DCRC, agreed to take the civil case pro bono and also communicated with local medical providers to keep the family safe. Legal cases are still pending but “Jennifer” and “Sandra” are moving on with their lives. They are a wonderful example of how DCRC works with the community to meet the needs of victims.”

-Durham Crisis Response Center, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

North Carolina Coalition Against Domestic Violence: <http://www.nccadv.org>  
U.S. Center for Disease Control’s National Center of Injury Prevention and Control, Intimate Partner Violence Overview: <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>





# CHILD CARE

COMMUNITY CHALLENGES & OPPORTUNITIES





# Child Care

**Stephanie Fanjul, President**  
The North Carolina Partnership for Children

Stephanie Fanjul is the President of the North Carolina Partnership for Children (NCPC), the organization that leads Smart Start and is the home of the National Technical Assistance Center. Fanjul is responsible for operations of the NCPC and for providing oversight and technical assistance for 79 local Smart Start partnerships statewide.

## What are some of the most pressing issues affecting child care in the Triangle?

**Access to affordable,** high quality child care, especially for infants and toddlers, is a pressing issue for many working families. We have made great progress in increasing the number of high quality child care spaces for four year

olds, but we need to ensure that low and middle income families have access to high quality care for very young children without putting a dangerously high percentage of their income into child care.

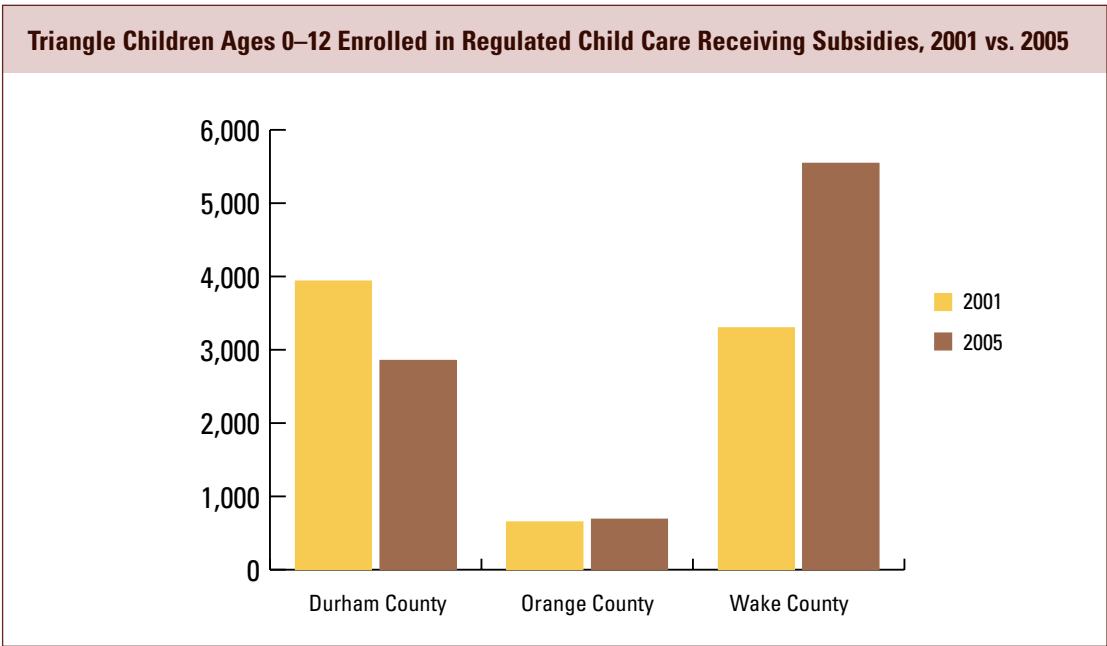
## How did these issues evolve, why are they important, and what impact are they having upon the Triangle?

**Prior to the founding** of Smart Start fourteen years ago, North Carolina had some of the lowest child care standards in the country. The only requirement for child care teachers was that they be at least 18 years old and not convicted of “moral turpitude.”

Today, North Carolina has a rigorous five star ranking for child care facilities and stricter requirements for teacher education and program quality. We have been able to increase the number of 4 and 5 star child care facilities across the state. This means that more North Carolina parents can go to work knowing that their children are being cared for in positive environments by caring, well

educated teachers. And more children are entering school prepared to succeed.

But we need to make sure that all families in the Triangle region have access to high quality care. Low and middle income families can pay a much higher percentage of their family incomes for child care, placing additional financial burdens on families with limited resources. Ideally, parents should choose a child care center or home because it best suits the needs of the child, however, economics impacts choices, pushing some families to opt for lower quality or unlicensed care to save money.



Source: North Carolina Division of Child Development

**In considering the impact/implication of these issues upon the Triangle, what are some strategies that we, as a community, could collectively take to address them?**

While North Carolina has seen an increase in support for child care subsidies to working families, it has not been enough to address the level of need in the Triangle area. In addition to increases in child care subsidies, Triangle families need additional resources for services to help	connect them to quality child care and help them identify what to look for when choosing quality care. Together, we can help Triangle families be confident advocates for their children in child care.
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**What do you believe some of our region's community strengths are and where can they best be applied in helping solve these issues?**

The Triangle area has been fortunate to maintain a relatively vibrant economy and a well educated workforce. Additionally, community agencies working with young	children are well connected and work together with great success. So, the infrastructure is there, but what we lack are the resources to expand our reach to all Triangle families.
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**Do you believe that philanthropy can play a problem-solving role? If so, what is that role?**

Yes, philanthropy can play a role in increasing funds for child care start-up costs, expanding scholarships, and	providing seed money to increase the number of quality spaces for infants and toddlers.
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**Do you believe that public policy can play a problem-solving role? If so, what is that role?**

Yes, public policy discussions need to happen within the child care system, but also on the economic development level. We should be seeing early childhood leaders at the	table with leaders in planning and zoning, children's health, and business to identify creative solutions to addressing the lack of child care for very young children.
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**In considering the work of Triangle United Way and its member agencies that focus upon child care, do you have any suggestions for ways we could strengthen our results? If so, please explain.**

Increase discussions with business leaders about the economic benefits of the child care infrastructure.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Child Care+	# of People Served		
	2004	2005	2006
Children were enrolled in quality child care (3 to 5 star)			
Durham County:			
Child Care Services Association: Quality Improvement Project	1,906	885	4,028
Child Care Services Association: Child Care Scholarship Program*			439
Durham Nursery and Preschool, Inc.	75	51	57
Scarborough Nursery School, Inc.	144	126	39
Wake County:			
Learning Together, Inc.: Developmental Day Program			194
Raleigh Nursery School, Inc.	149	151	196
White Plains Children's Center, Inc.: Developmental Day Program	84	187	86
Triangle Total:	2,358	1,400	5,039
Low-income families received scholarships to enroll their children in quality child care**			
Durham County:			
Child Care Services Association: Child Care Scholarships Program*			79
Durham Nursery and Preschool, Inc.			57
Wake County:			
White Plains Children's Center, Inc.: Developmental Day Services			10
Triangle Total:			146
Child serving agency staff that received training to improve their star ratings or service delivery**			
Durham County:			
Operation Breakthrough, Inc.: Positive Action to Higher Literacy			9
Wake County:			
Learning Together, Inc.: Child Mental Health Initiative			6
Child Care Services Association: Quality Improvement Project			660
Wake County Young Child Mental Health Initiative			169
Triangle Total:			844

\*Serves Durham and Orange County  
\*\*Added as a program result in 2006  
+Please refer to "A Note About the Data" for additional explanation

# SUCCESS STORY

## Triangle United Way Member Agency: Raleigh Nursery School, Inc.

Funded Program: Child Care

“Raleigh Nursery School partnered with a local church that was aiding a Katrina family that was relocating to Raleigh. The mom worked full time as a paraprofessional at the Triangle Area Chapter of the American Red Cross on Pear Tree Lane but still could not afford high quality child care for her two preschool children. This single mom also had the challenge of working a split shift work schedule. Our child care center was able to accommodate her work schedule and the time she needed to attend school in the evenings. The local church provided financial assistance for over six months while the family waited through many bureaucratic challenges. During all of this, our flexible 18 hour operational day allowed her to work with the piece of mind that her children were not cared for by multiple day care arrangements. Raleigh Nursery School and the local church became her new family while in Raleigh.”

-Raleigh Nursery School, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

“The State of Child Care in the Triangle,” Child Care Services Association: <http://www.childcareservices.org>

Action for Children North Carolina: <http://www.ncchild.org>

North Carolina Smart Start: <http://www.ncsmartstart.org/>





# EDUCATION

COMMUNITY CHALLENGES & OPPORTUNITIES





# Education

## “Challenges for Students, Schools, and the Community”

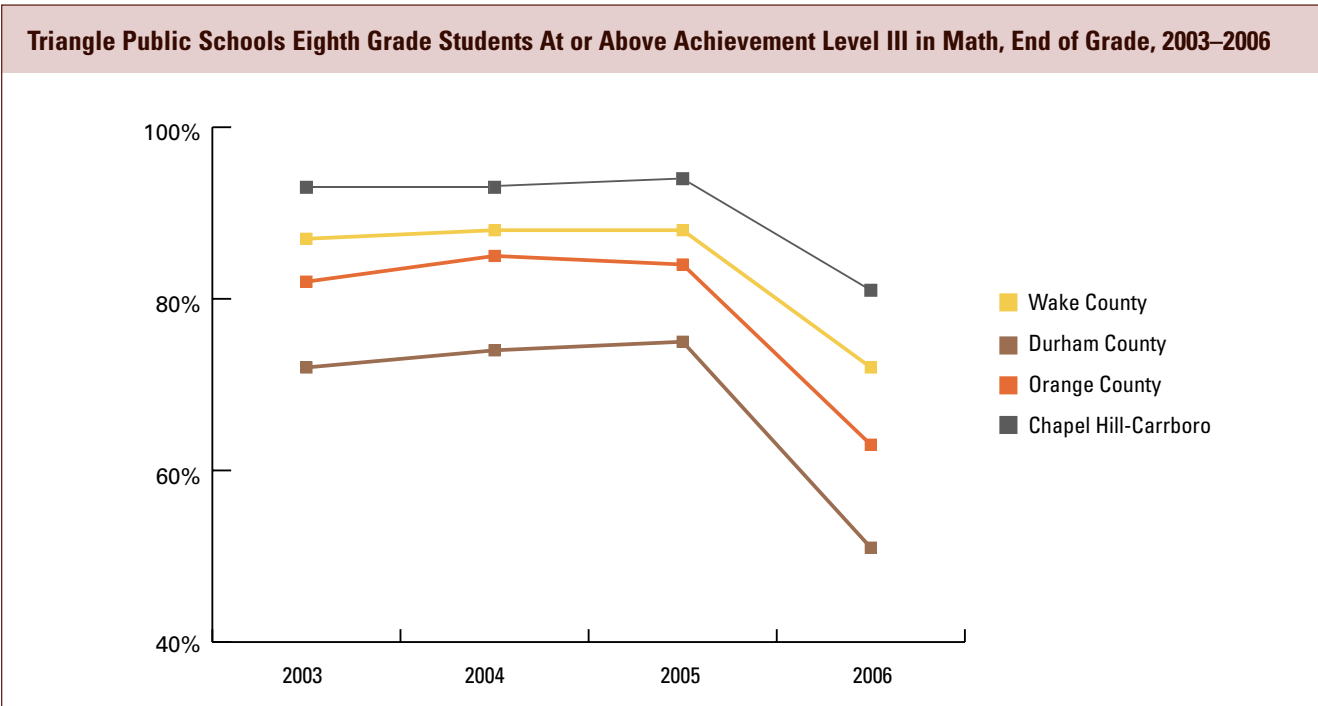
**Dr. David Holdzkom,**  
Assistant Superintendent  
Evaluation and Research Department, Wake County Public Schools

David Holdzkom has served as the Assistant Superintendent for Evaluation and Research in the Wake County Public School System since June 2005. He is the author of numerous reports, articles, and book chapters and is a frequent presenter at state and national meetings of educators.

The State Board of Education has set a number of ambitious goals that schools and school districts across the state will strive to reach over the next several years. With an over-all goal of ensuring that ALL students graduate on time (meaning four years after entering high school) prepared to meet the work and further educational challenges of the future, the Board is simultaneously working to install increasingly rigorous curricula for all grades. In 2006, the Board adopted higher standards for grade level performance in mathematics in Grades 3-8. These higher standards reflected the changes in the curriculum that included expecting more intellectual rigor in math courses offered in these grades. Similarly, students who entered high school in 2006-2007 will now be required to pass End of Course tests in five subjects

(algebra 1, English 1, biology, civics and economics, and U.S. history) in addition to earning a sufficient number of credits across all branches of learning.

While these higher standards will, in the long run, result in youth who are better prepared for the opportunities and challenges they will face as adults in the 21st century, however, in the short run, it is not unreasonable to expect an up-tick in the drop-out rate if youth feel that they are (or will be) unable to meet these more rigorous standards. While schools will work hard to identify these students at risk of dropping out, and to offer appropriate support for them to stay on-track academically, it may well be that the challenge cannot be resolved only by schools.



Source: North Carolina Department of Public Instruction

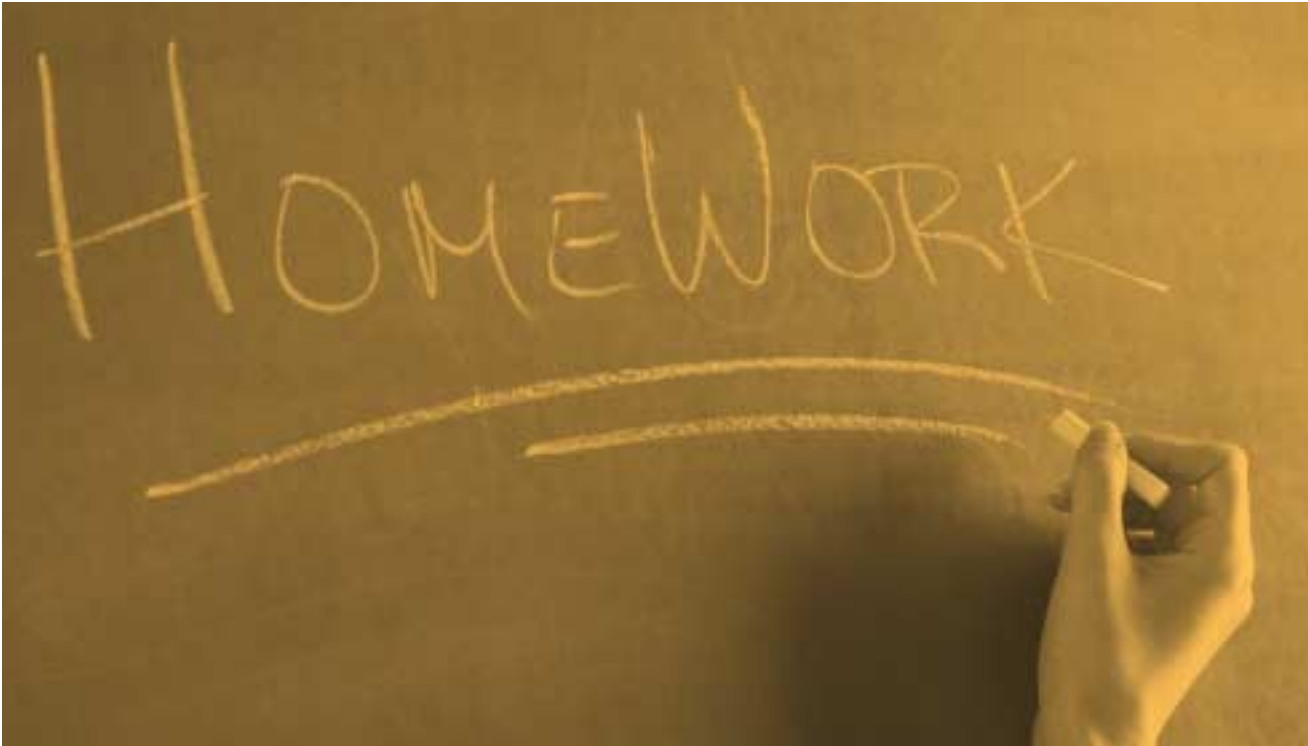
Imagine for a moment, that you are 16 years old. Because you have already flunked one or two grades, you are older than your classmates and you probably are beginning to think that school is not for you. It is quite likely that you've also begun to exhibit behavior problems in school, perhaps resulting in suspension. Now, you face a new set of challenges in high school. You must take more difficult classes and you must pass your English 1 course and the state test, and you are probably enrolled in an algebra I class (with the same requirement to pass the course and the test). This is a pretty difficult assignment. Especially if you are also a student whose family cannot financially provide additional support for you, or if you are a student for whom English is not your native language, or if you are a student with a learning disability, the challenge may be more than you can face, let alone master. It seems easier to just leave school. In North Carolina, a student can legally leave school at age 16. Moreover, with lots of businesses willing to employ young people without a high school diploma, the temptation to leave school is great.

Citizens of the Triangle are among the best educated in the nation. Almost half of the adults over 25 years of age have a bachelor's degree or graduate degree. Much of our economy is based on industries and businesses that require high levels of education. The youth who drop out of high school, then, are likely to face limited economic opportunity and increasing alienation from the society that they live in.

It is a fact that the number of students dropping out of schools in the Triangle region of North Carolina (as well as throughout the state) has been increasing for the past several years. The pressure on some students in the fore-

seeable future to drop out is increasing. Schools devoting more resources to working with under-prepared students, are developing new strategies to work with students who fit the profile of the dropout and are developing alternative programs to help at-risk students find academic success. Much more needs to be done. It is important to recognize that, while a student may legally drop out of school at age 16, the process of becoming a dropout begins much earlier. Students in the early grades who experience academic failure may very well turn into high school dropouts.

While schools can do much to work on the problem of dropping out, there are things that the larger community can do as well. Volunteering to serve as a tutor or youth mentor can result in relationships between a successful adult and a child who needs to know that someone believes in him. The tutor/mentor cannot only provide academic help, but he or she can demonstrate confidence that the child can be a successful student. Community organizations can offer programs especially during periods of school vacation that students find engaging and that can keep students engaged in learning. Each of us can remind the students we know that we believe in them, that they are worthy of our interest and that making good choices about their future is important to us and to them. A number of youth organizations are committed, in partnership with faith-based organizations, the schools, and other community agencies to just such relationships. Dropping out of school is a choice. Often times, it seems—to a student—that he or she has no choice, except to drop out. How we as a community respond to the challenge presented by students who lack the support they need to stay in school will say as much about us as it does about the community that we aspire to live in.



# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Education+	# of People Served		
	2004	2005	2006
Youth involved in academic support programs improved their school performance			
Durham County:			
Big Brothers Big Sisters of the Triangle, Inc.: Youth Mentoring	485	68	1,100
Durham Literacy Center: Teen Career Academy (GED)	49	47	90
John Avery Boys & Girls Club, Inc: LEARN	400	1,073	300
Salvation Army Boys and Girls Club	488	126	131
Wake County:			
Boys & Girls Club of Wake County: Education Opportunities for Disadvantaged Youth	3,583	3,890	3,938
Boys & Girls Club of Wake County: East Wake Youth Initiative	487	649	563
Garner Road YMCA, Inc: YWISE	22	47	53
Garner Road YMCA, Inc: Back A Child		326	327
Garner Road YMCA, Inc.: Before and After School Care		25	497
Haven House, Inc.: Youth Enrichment Services	28	28	21
YMCA of the Triangle Area, Inc.:Youth in Achievement	68	324	378
YMCA of the Triangle Area, Inc.: Urban Services	363	407	370
Triangle Total:	5,973	6,963	7,768
Youth participated in out of school programs that teach life skills, character development and leadership			
Durham County:			
Durham Companions, Inc.: Mentoring Program	55	52	62
Salvation Army Boys and Girls Club	812	176	189
Volunteer Center of Durham: Young Volunteers in Action	2,650	411	826
Orange County:			
Orange County 4-H: 4-H for Youth	12,511	9,661	12,000
Orange County 4-H: Youth Voices	15	16	14
The Arc of Orange County, Inc.: Summer Internship Program		15	15
Volunteers for Youth, Inc.: One on One Volunteer Program	65	52	44
Wake County:			
Boys & Girls Clubs of Wake County : East Wake Youth Initiative	487	25	563
Fuquay-Varina Youth Initiative, Inc.	149	144	199
Garner Road YMCA, Inc.: Before and After School Care	302	530	246
Garner Road YMCA, Inc.: Youth Sports	490	621	429
Garner Road YMCA, Inc.: Back A Child	350	195	195
Garner Road YMCA, Inc.: Black Achievers	90	125	75
Pines of Carolina Girl Scout Council, Inc	9,350	14,341	10,256
YMCA of the Triangle Area, Inc.:Youth in Achievement	350	324	51
YWCA of the Greater Triangle, Inc.: New Horizons	185	250	260
YWCA of the Greater Triangle, Inc.: After School Summer Camp		398	335
Triangle Total:	27,861	27,336	25,759
Youth and families in need received scholarships to attend summer and after-school programs*			
Orange County:			
Chapel Hill-Carrboro YMCA: After School/Summer Camp Program		193	219
Wake County:			
YMCA of the Triangle Area, Inc.: Combs-Youth in Achievement		2,096	51
YWCA of the Greater Triangle, Inc.: After School Summer Camp		20	353
Triangle Total:		2,309	623

\*Added as a program result in 2005  
+Please refer to "A Note About the Data" for additional explanation

# SUCCESS STORY

## Triangle United Way Member Agency: Boys & Girls Club of Wake County

Funded Program: Educational Opportunities for Disadvantaged Youth

“John” is a club member who came to the Club with a learning disability. He needed special attention in reading and writing. He was always last in completing his homework and always a target of being ridiculed by the other kids. “John” was placed in our Power Hour program where he was provided special attention and guidance. Through our mentoring and leadership, “John” has improved his reading and writing and even his typing skills. He now has more confidence in his abilities and his skills. “John” now finishes his homework in the hour provided and offers to assist other members. “John” is a living testament that young people, when they have adult encouragement to work hard and to persevere, can be successful. A child with a learning disability was placed in the “Power Hour” program and has shown significant increase in social skills and academics.”

-Boys & Girls Club of Wake County  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

North Carolina Department of Public Instructions Reports and Statistics: <http://www.ncpublicschools.org/data/reports/>





# JUVENILE JUSTICE

COMMUNITY CHALLENGES & OPPORTUNITIES



# Juvenile Justice

**Dennis Cotten, Central Area Administrator**  
*North Carolina Department of Juvenile Justice  
and Delinquency Prevention*

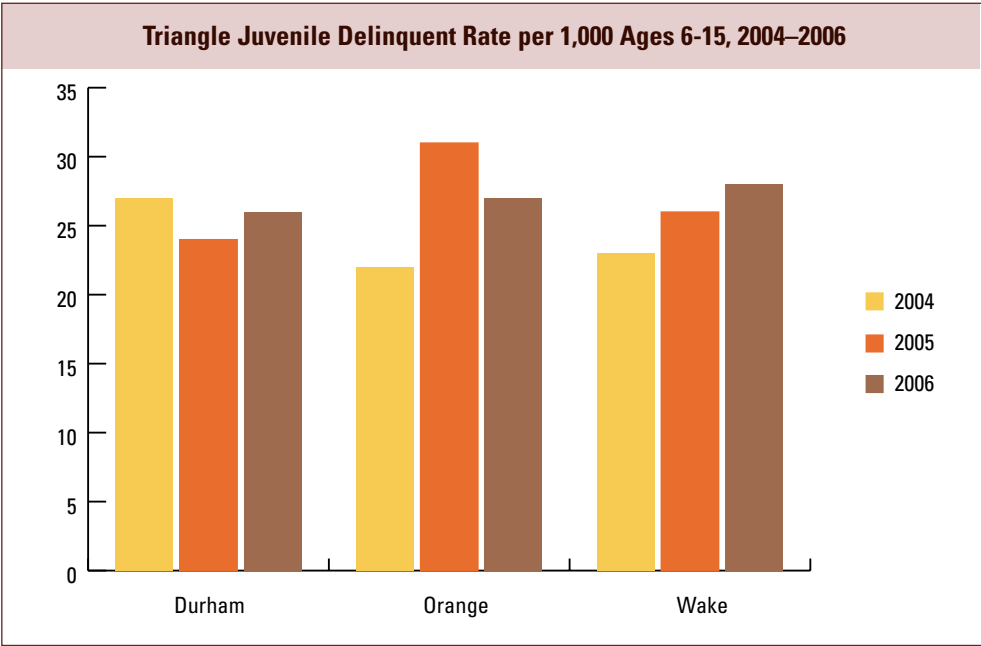
Dennis Cotten is the Central Area Administrator with the North Carolina Department of Juvenile Justice and Delinquency Prevention. He holds a BA in Psychology from Appalachian State University.

## What are some of the most pressing issues affecting juvenile justice in the Triangle?

As the juvenile population in the Triangle increases, the North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) continues to see an increase in juvenile complaints and increased commitments to its youth development centers. In addition, the capacity of our community resources to provide prevention and intervention services in collaboration with the local Juvenile Crime Prevention Councils (JCPCs) is limited in terms of funding. The JCPCs partner with the state and counties to develop community-based services in the following categories: guided growth, counseling, home-based family interventions, psychological assessments, local treatment centers, restitution and restorative justice. The community resources are in large part provided by

non profit organizations that partner with the DJJDP and their local county government to provide funding and oversight of these services.

Another concern for the juvenile justice system stems from a recent comprehensive study which evaluated the amount and type of work carried out by the Department's court counselors. The study showed that many court services districts are experiencing increased workloads, and due to the expansion of local initiatives, community involvement has also increased. Therefore, more court counselors are needed to balance workloads, increase training, provide consistent supervision, and improve relationships in the community.



Source: North Carolina Department of Juvenile Justice and Delinquency Prevention

Furthermore, the increase in the number of juveniles being identified as gang-involved and the increase in the number of high school dropouts is having a significant impact on the juvenile justice system. Partnerships with local

resources serving at-risk youth, local school systems, and local law enforcement agencies need enhancements in order to intervene more effectively in these areas.

## How did these issues evolve, why are they important, what impact are they having upon the Triangle?

The increase in the growth of the Triangle population is unprecedented. Meanwhile, there have been insufficient increases in resources in order to provide effective services to this population.

## In considering the impact/implication of these issues upon the Triangle, what are some strategies that we, as a community, could collectively take to address them?

Improved communication and collaboration among local resources that serve the Triangle’s at-risk juvenile population is a key component in addressing these issues. Additionally, collaboration with the local JCPCs could more effectively identify areas of need. Finally, the coordination of local resources for more efficient service delivery could address these issues.

## What do you believe some of our region’s community strengths are and where can they best be applied in helping solve these issues?

One of the region’s greatest strengths involves the JCPCs. The JCPCs in each county work to galvanize community leaders locally and statewide to reduce juvenile crime by focusing on prevention and intervention programming. The Triangle has a substantial number of corporate and local community organizations, including faith-based groups, which could become more involved in providing after school programming, mentoring for youth and parents, vocation training and incentives, employment opportunities, and educational opportunities.

## Do you believe that philanthropy can play a problem-solving role? If so, what is that role?

Yes. A local example of the corporate community becoming involved with the increasing high school dropout rate is the High Five Regional Partnership for High School Excellence. The partners include Blue Cross and Blue Shield of North Carolina Foundation, Capitol Broadcasting Company, The News & Observer, Progress Energy, and SAS Institute. These corporate partners are coordinating with Triangle Public School Systems to foster high achievement for all students.

## Do you believe that public policy can play a problem-solving role? If so, what is that role?

Yes. The population of youth committed to the DJJDP’s youth development centers has been reduced in half from 925 in 1998 to 466 in 2006. However, there needs to be a corresponding increase in funding for JCPCs in order to effectively appropriate resources for serving youth in the community that would have otherwise been committed to youth development centers. In addition, the public support of JCPC programs through increased funding would make a clear policy statement as to the importance of prevention and intervention programs in the Triangle area.

## In considering the work of Triangle United Way and its member agencies that focus upon juvenile justice, do you have any suggestions for ways we could strengthen our results? If so, please explain.

Additional collaboration and communication with local agencies that serve the Triangle’s at-risk juvenile population would strengthen results. Furthermore, coordinated efforts with the JCPCs that focus on the need for prevention and intervention programs would be an invaluable resource for the juvenile justice system.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Juvenile Justice+	# of People Served		
	2004	2005	2006
Youth involved in academic support programs improved their school performance.			
Durham County:			
Big Brothers Big Sisters of the Triangle, Inc.: Youth Mentoring	485	68	1,100
Durham Literacy Center: Teen Career Academy (GED)	49	47	90
John Avery Boys & Girls Club Inc: LEARN	400	1,073	300
Salvation Army Boys and Girls Club	488	126	131
Wake County:			
Boys & Girls Club of Wake County: Education Opportunities for Disadvantaged Youth	3,583	3,890	3,938
Boys & Girls Club of Wake County: East Wake Youth Initiative	487	649	563
Garner Road YMCA, Inc: YWISE	22	47	53
Garner Road YMCA, Inc: Back A Child		326	327
Garner Road YMCA, Inc.: Before and After School Care		25	497
Haven House, Inc.: Youth Enrichment Services	28	28	21
YMCA of the Triangle Area, Inc.: Youth in Achievement	68	324	378
YMCA of the Triangle Area, Inc.: Urban Services	363	407	370
Triangle Total:	5,973	6,963	7,768
At risk youth avoided substance abuse, gangs, delinquency and teen pregnancy.			
Durham County:			
Durham Companions, Inc.: Mentoring Program	55	52	62
John Avery Boys & Girls Club, Inc.: Health & Safety: Developmental Programs		400	300
Orange County:			
Volunteers for Youth, Inc.: Juvenile Community Services and Restitution	148	180	203
Wake County:			
Boys & Girls Club of Wake County: East Wake Youth Initiative	487	649	829
Haven House, Inc.: Youth Enrichment Services	28	28	21
SouthLight, Inc: Youth Prevention Services	1,012	455	347
YMCA of the Triangle Area, Inc.: Urban Services	363	407	120
Triangle Total:	2,093	2,171	1,882
Youth participated in out of school programs that teach life skills, character development and leadership.			
Durham County:			
Durham Companions, Inc.: Mentoring Program	55	52	62
Salvation Army Boys and Girls Club	812	176	189
Volunteer Center of Durham: Young Volunteers in Action		411	826
Orange County:			
Orange County 4-H: 4-H for Youth	12,511	9,661	12,000
Orange County 4-H: Youth Voices	15	16	14
The Arc of Orange County, Inc.: Summer Internship Program		15	15
Volunteers for Youth, Inc.: One on One Volunteer Program	65	52	44
Wake County:			
Boys & Girls Clubs of Wake County : East Wake Youth Initiative	487	25	563
Fuquay-Varina Youth Initiative, Inc.	149	144	199
Garner Road YMCA, Inc.: Before and After School Care	302	530	246
Garner Road YMCA, Inc.: Youth Sports	490	621	429
Garner Road YMCA, Inc.: Back A Child	350	195	195
Garner Road YMCA, Inc.: Black Achievers	90	125	75
Pines of Carolina Girl Scout Council, Inc	9,350	14,341	10,256
YMCA of the Triangle Area, Inc.: Youth in Achievement		324	51
YWCA of the Greater Triangle, Inc.: New Horizons	185	250	260
YWCA of the Greater Triangle, Inc.: After School Summer Camp		398	335
Triangle Total:	24,861	27,336	25,759

+Please refer to "A Note About the Data" for additional explanation

# SUCCESS STORY

## Triangle United Way Member Agency: Volunteers for Youth, Inc.

Funded Program: Juvenile Community Services

“A young woman who was charged with assault was assigned community service hours as a part of her probation. She struggled with issues of self-esteem and had difficulty getting along with others. For her community service, she assisted with and participated in Volunteers for Youth’s cheer/dance team, Flava. Her attitude and behavior markedly improved over the months that she regularly attended and helped with practice and rehearsals – ultimately, Flava entered and won first place in a large talent show competition! Through being part of a team and by being given a chance to work with others effectively, she became noticeably more confident in herself and able to handle conflicts in healthy, non-violent ways. She completed her probation six months ago, continues to work with the dance team, and has had no more brushes with the law.”

-Volunteers for Youth, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

“2006 North Carolina Department of Juvenile Justice and Delinquency Prevention Annual Report”: <http://www.ncdjdp.org>.





# HEALTHCARE

COMMUNITY CHALLENGES & OPPORTUNITIES







# Healthcare

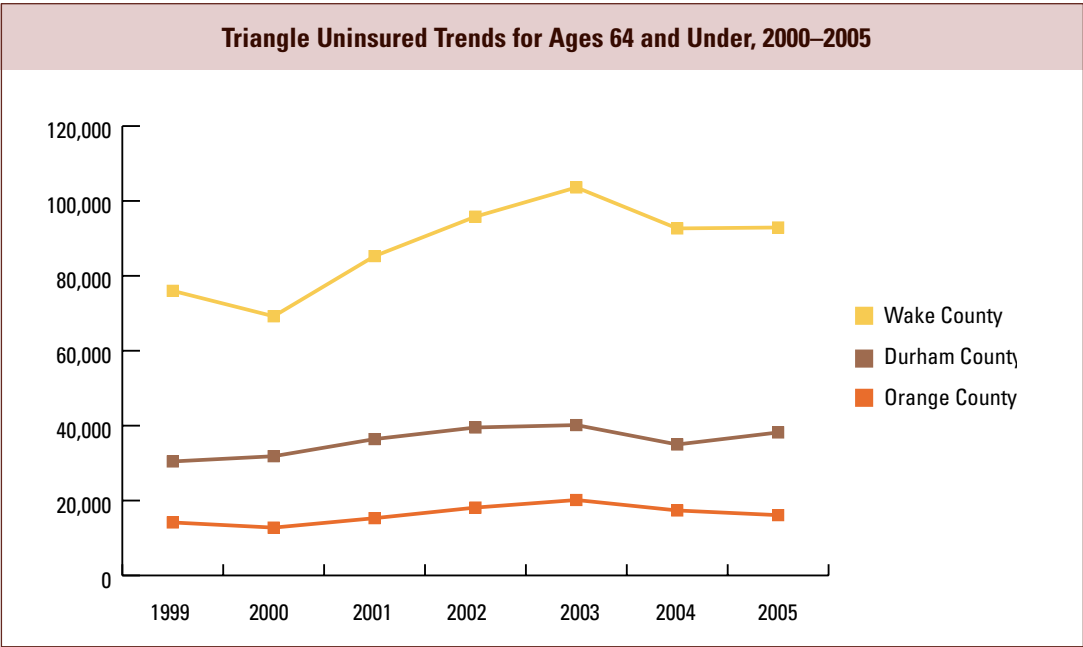
**Dr. Mark Holmes, Vice President**  
The North Carolina Institute of Medicine, Senior Fellow

Mark Holmes, PhD is Vice President of the North Carolina Institute of Medicine and a Senior Fellow in health economics and finance at the Cecil G. Sheps Center for Health Services Research. He is recognized as an expert on characteristics of uninsured North Carolinians.

## What are some of the most pressing issues impacting health care and the uninsured in the Triangle?

It has been well established that the uninsured among us face challenges in accessing necessary healthcare in a timely manner. Safety net organizations such as free clinics, health centers, health departments, hospitals, and medical offices fill a critical role in providing free and low cost healthcare for some uninsured. However, the existing demand outstrips available resources. In 2005, the North

Carolina Institute of Medicine completed a study of the state safety net and estimated that only about 25 percent of the uninsured access safety net services. Investment in these services can strengthen the health of all community members by increasing the ability of everyone to obtain necessary healthcare.



Source: The Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

A second challenge is ensuring that our healthcare system consistently delivers high quality care. Nationally, studies have found that patients typically receive about one half of recommended care. Physicians and other providers are committed to providing high quality care to their patients but face many challenges in delivering the best care possible. A systematic, coordinated approach to

ensuring that everyone gets the care that is recommended will lead to better health and ultimately lower healthcare costs. Given strong leadership, the major actors in the healthcare system — insurers, government, physicians, hospitals, and other organizations – can work together to increase the quality of care delivered to all North Carolinians.

# How do these issues evolve, why are they important, and what impact are they having upon the Triangle?

Healthcare costs are increasing every year, often by close to double digits. This increase leads to higher health insurance premiums, which mean some people cannot afford coverage. This negative trend has generally persisted in recent years in the Triangle region as well as North Carolina and the nation. As the number of uninsured increases, this puts greater pressure on the safety net and

our healthcare system as some of this cost gets passed on to the insured. Meanwhile, the uninsured see their doctor less often which means that conditions that might have been managed in an office progress into a serious complication that requires more expensive hospitalization.

## In considering the impact/implication of these issues upon the Triangle, what are some strategies that we, as a community, could collectively take to address them?

The safety net can be strengthened by enhancing our community collaboration. Triangle residents are lucky that they live near world-class hospitals and top doctors and other providers. Our safety net system is one of the strongest in the state. However, we can always do more by working together to leverage each organization's expertise. We are seeing some great examples of this type of collaboration in our region, but we need to ensure that this collaboration extends beyond the core Triangle counties and includes outlying communities as well.

Furthermore, the existing safety net is much stronger for primary care than for other healthcare needs. Dental services, mental health and substance abuse services, specialty care, and other services such as prescription drugs are less available for the uninsured. Interpretive services for non-English speakers and outreach to the immigrant population are also in higher demand than current capacity.

In terms of increasing quality, this will take a commitment by all the participating organizations to focus increasing the quality of care delivered to our residents. Like all investments, this may increase healthcare costs in the immediate period, but the payoff in future years will make it worth it. Years ago, North Carolina prioritized increasing the quality of our K-12 education system. All the stakeholders – teachers, school administrators, state government, county leaders, and the community, among others — agreed to work together and focus on how to ensure our children received the best education possible. Years later, this investment has paid off. By approaching healthcare quality with a similar perspective, we can ensure that our residents receive recommended care.

## What do you believe some of our region's community strengths are and where can they be best applied in helping solve these issues?

Unlike many parts of the state, the Triangle region currently appears to have enough doctors and other healthcare providers, and many of these providers provide free or reduced healthcare to our residents. Furthermore, we have some international expertise on how to ensure we

deliver quality healthcare to everyone. Many Triangle organizations have a demonstrated commitment to caring for the entire community. By continuing to increase collaboration among organizations, the Triangle can also serve as a model for the less fortunate parts of our state.

**Do you believe that philanthropy can play a problem-solving role?  
If so, what is the role?**

Philanthropy is key to ensuring a strong safety net system. Major state philanthropies have decades of history investing in communities by providing funds to free clinics, community health centers, hospitals, and other delivery settings. Of course, physicians and other providers who

donate their time are providing their own philanthropy. Philanthropies often provide the startup funding to a new or fledgling clinic, or to a new innovative model that can demonstrate a new approach.

**Do you believe that public policy can play a problem-solving role?  
If so, what is that role?**

Public policy can help encourage community collaboration in multiple manners. For example, providing resources such as information systems would allow safety net organizations to coordinate care. Since we know that poor coordination decreases the quality of delivered care, better coordination would increase the benefit to patients. Furthermore, this can allow community contributions to be

leveraged – for example, a patient who had a test performed at one site can have that test read by other organizations, and thus decrease the rate of repeated tests. Public policy can encourage collaboration by offering leadership, convening services, and technical assistance to communities seeking to enhance the safety net network.



# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Healthcare+	# of People Served		
	2004	2005	2006
Substance abusers overcame addictions, acquired life and employment skills, remained alcohol and drug-free and successfully transitioned back into the community			
Durham County:			
Durham Child Development & Behavioral Clinic Inc.: Child Mental Health and Substance Abuse Program		27	96
Wake County:			
Freedom House Recover Center, Inc.: Maggie Alvis Women's Halfway House	48	37	35
Freedom House Recovery Center, Inc.: Men's Transitional House	35	35	34
SouthLight, Inc: LifePlus Program	362	337	145
Triangle Total:	686	436	310
Community residents reported increased knowledge of health and safety issues including, HIV/AIDS, domestic/sexual violence, substance abuse, personal health and fitness and emergency response skills			
Durham County:			
American Red Cross, Central North Carolina Chapter: Health, Safety and Community Services (HIV/AIDS)	144	330	6,696
Wake County:			
American Red Cross, Triangle Area Chapter: Health Safety (CPR, First Aid)	21,251	36,394	37,955
YWCA of the Greater Triangle, Inc.: Wellness	5,270	4,594	1,800
YWCA of the Greater Triangle, Inc.: Encore Plus	1,325	650	638
Alliance of AIDS Services - Carolina: HIV & AIDS Prevention and Education	10,030	602	1,375
Alliance of AIDS Services - Carolina: Volunteer Program	81	183	169
Triangle Total:	40,802	42,837	48,633
Individuals with mental health needs, showed improvement and/or avoided hospitalization			
Durham County:			
Threshold	181	127	162
Orange County:			
Mental Health Association in Orange County: Compeer Program	14	14	32
Wake County:			
Wake Teen Medical Services, Inc.: Adolescent Mental Health Services	132	58	95
Triangle Total:	327	199	289
Individuals in crisis were able to access direct medical care (emergency services, comprehensive medical treatment, medication and supplies)			
Durham County:			
Durham Community Guidance Clinic, Inc.: Child Mental Health and Substance Abuse Program	1,325	89	803
Durham Crisis Response Center, Inc.: Health Care Response to Sexual and Domestic Violence Survivors	127	137	116
Orange County:			
Freedom House Recovery Center: Non Medical Detox	498	506	712
Alliance of AIDS Services - Carolina: Orange House	9	10	12
Wake County:			
Urban Ministries of Wake County, Inc.: Open Door Clinic	1,261	1,192	1,262
YWCA of the Greater Triangle Inc.: Encore Plus	546	563	1,170
Alliance of AIDS Services - Carolina: Hustead House	6	8	8
Hospice of Wake County, Inc.: Hospice and Palliative Care Program	1,077	1,222	210
Wake Teen Medical Services, Inc.: Adolescent Health Services	1,312	1,325	1,082
Triangle Total:	6,164	4,310	5,375
The American Red Cross collected and distributed enough blood products (units) to benefit # individuals			
Orange County:			
American Red Cross, Orange County Chapter	22,000	6,285	Not Reported
Wake County:			
American Red Cross, Triangle Area Chapter	100,269	31,128	37,434
Triangle Total:	122,269	37,413	37,434

continues on next page

Triangle United Way Funded Programs: Healthcare+	# of People Served		
	2004	2005	2006
Community residents received training or information about health & safety issues, disease prevention and or substance abuse*			
Durham County:			
American Red Cross, Central North Carolina Chapter: Health, Safety and Community Services (HIV/AIDS)			6,696
Orange County:			
Alcohol Drug Council of NC: Advocacy & Planning Education & Communication		8,786	11,399
American Red Cross, Orange County Chapter: Health & Safety (CPR, FirstAid)		68	4,081
Mental Health Association in Orange County: Compeer Program		14	31
Wake County:			
Wake Teen Medical Services, Inc.: Adolescent Health Services		2,662	1,528
Alliance of AIDS Services - Carolina: HIV & AIDS Prevention and Education			2,167
Alliance of AIDS Services - Carolina: Volunteer Program			169
American Red Cross, Triangle Area Chapter: Health Safety (CPR, First Aid)			37,955
YWCA of the Greater Triangle, Inc.: Wellness			3,147
YWCA of the Greater Triangle, Inc.: Encore Plus			5,035
Triangle Total:		11,530	72,208
Seniors report an improvement in physical health or reduced health risks as a result of participating in community health programs*			
Orange County:			
Friends of Chapel Hill Senior Center, Inc.: The Wellness Program		907	1,337
Wake County:			
Resources for Seniors, Inc.: In Home Aide Service		151	153
Resources for Seniors, Inc: Senior Activity Centers			3,287
YWCA of the Greater Triangle, Inc.: Golden Oaks Adult Day Care			52
Resources for Seniors, Inc.: Housing and Home Improvement			270
Triangle Total:		1,058	5,099

\*Added as a program result in 2005

+Please refer to “A Note About the Data” for additional explanation

# SUCCESS STORY

## Triangle United Way Member Agency: Wake Teen Medical Services, Inc.

Funded Program: Adolescent Health Services

“A 10th grader at a local high school, came to Wake Teen because his mother had heard that we offered a reduced fee scale. She had lost her job a couple of years ago and her new job does not offer any type of health insurance. He has high cholesterol, uncontrolled asthma, and is extremely overweight. He had two hospitalizations during the past year for his asthma, but had been without asthma medication for the past four months because his mother could not afford the price of the prescriptions. We were able to provide him with free asthma medication immediately from our on-site pharmacy. We also determined that he qualifies for a patient assistance program at one of the pharmaceutical companies that will provide him his monthly medication for a copay of only \$10 in the future. We also arranged for free lab testing in relation to his cholesterol as well as diabetes screening. We also scheduled him an appointment with our nutritionist to begin work on healthier eating habits. The cost of the doctor visit was reduced to the minimum payment. The remaining services were provided at no charge to his mother.”

-Wake Teen Medical Services, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## SUGGESTED RESOURCES

The Cecil G. Sheps Center for Health Services Research, University of North Carolina, Chapel Hill:  
<http://www.shepscenter.unc.edu/>

The North Carolina State Center for Health Statistics: <http://www.schs.state.nc.us/SCHS/>





# SENIORS

COMMUNITY CHALLENGES & OPPORTUNITIES





# Seniors

## “Aging Matters!”

**Joan Pellettier, Area Agency on Aging Director**  
*Triangle J Council of Governments*

Joan Pellettier is the Director of the Area Agency on Aging for the Triangle J Council of Governments. She holds a BA in Sociology and Religion from Duke University and a MA in Career Counseling from North Carolina Central University.

“The country is facing the aging of the largest demographic cohort in its history. The aging of the baby boomers over the course of the next three decades will have a direct and dramatic impact on every community in the nation. The rise in the number of aging citizens will impact the social, physical and fiscal fabric of our nation’s cities and counties, directly and dramatically affecting local aging,

health, human services, land use, housing transportation, public safety, workforce development, economic development, recreation, education/life long learning and volunteerism/civic engagement policies and programs.”

-National Association of Area Agencies on Aging, 2005

The Triangle's Forecasted Population Growth, 2000-2030 Population Under Age 60 vs. Population Ages 60 and Older						
	POPULATION UNDER AGE 60			POPULATION AGES 60 AND OLDER		
	2000	2030	% CHANGE	2000	2030	% CHANGE
DURHAM COUNTY	223,314	331,275	48%	28,299	64,726	129%
ORANGE COUNTY	115,537	161,118	39%	13,321	35,592	167%
WAKE COUNTY	627,866	1,404,751	124%	64,171	257,413	301%

Source: North Carolina Division of Aging and Adult Services

Of Durham residents ages 65 and older, 47 percent have at least one disability that the US Census Bureau defines as “a long-lasting physical, mental or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering.” In Orange County the percentage is 42 percent and Wake County 39.7 percent.

While the growth of the Triangle’s population of older adults has many positive implications (i.e. seniors are contributing members of our society through their knowledge, experience, civic mindedness and their financial base) it offers challenges as well. It is imperative that we begin to look toward the creation of Livable and Senior Friendly Communities (LSFC) that support the well being of all residents.

### A Livable and Senior Friendly Community\*

- Addresses basic needs and economic security
  - Provides appropriate and affordable housing
  - Promotes safety at home and in the neighborhood
  - Assures no one goes hungry
  - Provides useful information about available services

- Maximizes independence for frail and disabled persons
  - Mobilizes cost effective resources to facilitate “living at home”
  - Provides accessible communities and responsive transportation
  - Supports family and other caregivers
- Optimizes physical and mental health and well-being
  - Promotes healthy behaviors
  - Supports community activities that enhance well-being
  - Provides ready access to preventive health services
  - Provides access to medical, social, and palliative services
- Promotes social and civic engagement
  - Fosters meaningful connections with family, neighbors, and friends
  - Promotes active engagement in community life
  - Provides opportunities for meaningful paid and voluntary work
  - Makes aging issues a community-wide priority

The Triangle is fortunate to have strong, dedicated agencies that offer supports and services to older adults, such as the Council for Senior Citizens, Orange County Department on Aging, and Resources for Seniors, Inc. Their strength is magnified by collaborative initiatives in each county, including Keeping In Step/Seniors Team in Durham County, Master Aging Plan Task Force in Orange County and Growing Old Living with Dignity Coalition in Wake County.

Each community has assessed issues related to its aging population and has developed priority initiatives targeting elements of the LSFC framework, including improving the information and referral system, expanding mobility options and increasing participation in senior center programs and activities. However, the effort to create a community truly responsive to aging issues is replete with challenges, including:

- Lack of awareness of aging issues (both from the public and individual perspective)
- Complicated service delivery system
- Funding silos and institutional bias
- Waiting lists for services
- Lack of self-responsibility
- Lack of trained personnel (with skill and desire to work with older adults)
- Lack of entrepreneurship among service providers
- Underestimation of impact of aging and care-giving on businesses

Given the ambitious goals and daunting challenges, those who believe in the cause must draw broad community support for the effort. Strategic social marketing and vocal advocacy will draw the public/private “buy-in” necessary to accomplish system change that will improve the infrastructure and services to meet the needs of older adults. All must acknowledge the heavy toll, both in terms of quality of life and financial cost (e.g. community based services vs. more costly institutional care, overtaxed health care system, etc.), of not becoming a truly Livable and Senior Friendly Community.

Triangle United Way’s focus on senior issues is an example of how philanthropy can be a strong player in the drive to perfect the Triangle’s approach to aging issues. That focus has brought with it funding, but also an orientation to issues and outcomes. It has generated public policy debate and advocacy initiatives; an example of which is the Durham County’s Elected Official Breakfast. Philanthropy can help facilitate necessary public/private partnerships and creative thinking.

The public policy implications of our rapidly growing older population are staggering. For example, historically funding has been weighted toward supporting frail individuals in long term care, as opposed to fostering community-based initiatives, or improving preventive health care and wellness programming. Also, direct care workers have been inadequately compensated for the invaluable work they do.

The work necessary to make our communities as livable and senior-friendly as we would like must be done collaboratively and across disciplines and organizations. Only with the enlightenment, expectation and support of various stakeholders can we hope to be successful. Policy makers, public, private, faith and business entities, consumers, and other interested stakeholders must do their part to support the effort. By doing so we will help meet the “collective goals of drawing upon the talents and resources of seniors, while enhancing services for those who are most vulnerable; valuing diversity, while addressing disparity; being responsible stewards of resources, including support of family care-giving; and helping boomers prepare for their future.”\*\* Aging matters!

\*Portions from the AdvantAge Initiative, Center for Home Care Policy Research, Visiting Nurse Service of New York.

\*\* Excerpts from North Carolina Aging Services Plan 2007-2011: Putting the Pieces Together.

# TRIANGLE UNITED WAY FUNDED PROGRAM RESULTS

Triangle United Way Funded Programs: Seniors+	# of People Served		
	2004	2005	2006
Seniors’ overall sense of well being was improved through active engagement in social, health, and community activities			
Orange County:			
Friends of Chapel Hill Senior Center, Inc.: The Wellness Program	969	1,022	1,337
Wake County:			
YWCA of the Greater Triangle, Inc.: Golden Oaks Adult Day Care	126	144	162
Resources for Seniors, Inc.: Senior Activity Centers	3,329	3,359	3,287
Triangle Total:	4,424	4,525	4,786
Seniors were able to maintain their independent living status as a result of home delivered or congregate meals, home repairs, and in-home medical care			
Orange County:			
Orange Congregations in Mission, Inc.: Meals on Wheels	81	86	75
Joint Orange-Chatham Community Action, Inc.: Congregate Nutrition Program	432	409	397
Wake County:			
Meals on Wheels of Wake County, Inc.: Elderly Nutrition	3,040	3,006	2,697
Resources for Seniors, Inc.: Housing and Home Improvement	280	1,819	1,902
Resources for Seniors, Inc.: In Home Aide Service	189	151	50
Triangle Total:	4,022	5,471	5,121
Caregiver families were assisted in caring for their loved ones through respite care and adults daycare services			
Durham County:			
Coordinating Council for Senior Citizens: Social and Senior Center	36	24	11,067
Coordinating Council for Senior Citizens: Adult Day Services	48	43	49
Wake County:			
Resources for Seniors, Inc.: Total Life Centers	331	75	267
Resources for Seniors, Inc.: In Home Aide Service	38	30	153
Triangle Total:	369	105	11,536
Caregiver families reported that community services such as respite and in-home care enabled their family member to avoid being placed in a long-term care facility*			
Wake County:			
Resources for Seniors, Inc.: Total Life Centers		270	267
Resources for Seniors, Inc.: In Home Aide Service		151	153
Resources for Seniors, Inc.: Housing and Home Improvement			1,902
Triangle Total:		421	2,322
Seniors report an improvement in physical health or reduced health risks as a result of participating in community health programs*			
Orange County:			
Friends of Chapel Hill Senior Center, Inc.: The Wellness Program		907	1,337
Wake County:			
Resources for Seniors, Inc.: In Home Aide Service		151	153
Resources for Seniors, Inc.: Senior Activity Centers			3,287
YWCA of the Greater Triangle, Inc.: Golden Oaks Adult Day Care			52
Resources for Seniors, Inc.: Housing and Home Improvement			270
Triangle Total:		1,058	5,099

\*Added as a program result in 2005  
+Please refer to “A Note About the Data” for additional explanation

# SUCCESS STORY

**Triangle United Way Member Agency:  
Friends of the Chapel Hill Senior Center, Inc.**

**Funded Program: The Wellness Program**

“In an executive summary of a 2003 survey completed by Ronald H. Aday, PhD, Director of Aging Studies at Middle Tennessee State University with 734 useable surveys representing seven states (North Carolina was not one of them), not only do the vast majority of senior center users report that senior center programming has improved their mental and physical health, over 75 percent indicate that the center has helped them to remain independent. According to the report, it appears that senior centers are also doing a good job in helping older adults maintain their overall physical health. Over 90 percent of the respondents reported their health to be better or about the same when compared to a year earlier. In addition, over 90 percent indicate they have developed close friendships since coming to the senior center. A high degree of social support is further evident by the degree of personal assistance provided. Over 50 percent rely on friends at the senior center for assistance and over 80 percent indicate they provide such assistance to their friends at the center. In addition, 86.9 percent of the respondents indicated that senior center friends provide them with emotional security. Some 75 percent indicate that they engage in a variety of friendship activities outside of the center. Comprehensive programming at the senior centers in the above sample (much like that of the Wellness Program in the Orange County Senior Centers) reinforced major components of successful aging. In the sample most of the respondents live alone, and reported the Center provides the opportunity to make friends, learn new skills and knowledge and improve participants’ overall quality of life. Programming was highly successful in improving the overall health functioning of elderly participants. Specific positive behavioral changes were recorded which, in turn, enhances elderly independence. The Wellness Program supports many of these same ideals noted in this study and believes many of the same successes are achieved at the Senior Centers in Orange County.”

-Friends of the Chapel Hill Senior Center, Inc.  
Triangle United Way Community Care Annual Performance Report, 2006.

## COMMUNITY RESOURCES

Triangle J Council of Governments Area Agency on Aging: <http://www.tjcog.dst.nc.us/aging.shtml#>

Council for Senior Citizens: <http://www.councilseniorcitizens.org/>

Orange County Department on Aging: <http://www.co.orange.nc.us/aging/>

Resources for Seniors, Inc.: <http://www.resourcesforseniors.com/>





# About the Contributors & Editors





# About the Contributors & Editors

## **Terry Allebaugh (Homelessness)**

Terry Allebaugh is the founder and director of Housing for New Hope, a nonprofit organization in Durham, North Carolina working to end and prevent homelessness one valuable person at time. Housing for New Hope, in its fifteenth year of operation, manages programs and builds housing targeting the homeless including: emergency assistance and homeless prevention; P.A.T.H outreach; transitional housing; and permanent supportive housing. Allebaugh serves as an advisor to the Alumni of Housing for New Hope, a group of formerly homeless people who conduct service projects and provide advocacy for local, state and national issues. He is a board member of the North Carolina Coalition to End Homelessness and served on the Management Team for the development of Durham's 10-Year Plan to End and Prevent Homelessness. He recently provided testimony to the U.S. Senate Committee on Health, Education, Labor, and Welfare, encouraging the provision of funding for services for the chronically homeless. Allebaugh is a graduate of Berea College in Kentucky and attended Duke Divinity School in Durham.

## **Todd Cohen (Foreword)**

Todd Cohen is a veteran news reporter and editor who created the Philanthropy Journal in 2000 for the A.J. Fletcher Foundation in Raleigh, N.C. A graduate of the University of North Carolina at Chapel Hill and the New England School of Law in Boston, Cohen worked for weekly and daily newspapers in Massachusetts and North Carolina before joining The News & Observer in Raleigh, N.C. in 1981. At The News & Observer, he reported on government, politics, education and regulated industries, and served as business editor. In 1991, as business editor, he started writing a weekly philanthropy column, and two years later created the Philanthropy Journal of North Carolina, a publication of The News and Observer Foundation that was the first statewide newspaper in the U.S. to report on the charitable world. In 1999, he joined the A.J. Fletcher Foundation to develop the online Philanthropy Journal. Cohen, who was editor of The Daily Tar Heel, the student newspaper at the University of Carolina at Chapel Hill, has taught nonprofit reporting and media relations there and at Duke University in Durham, N.C., and regularly speaks at workshops, seminars, meetings and conferences on the topics of nonprofit media relations and trends in the charitable world.

## **Dennis Cotten (Juvenile Justice)**

Dennis Cotten is the Central Area Administrator with the Department of Juvenile Justice and Delinquency Prevention. Cotten is a native of Holly Springs, North Carolina. After his graduation from Appalachian State University with a B.A. in Psychology in 1975, Cotten began his career as a Cottage Parent at C. A. Dillon Training School. Positions with Wake County Social Services as an Eligibility Specialist and with the City of Raleigh as a School Drop-Out Prevention Counselor followed. In May 1978, Cotten became a Court Counselor with the Tenth District Court District in Wake County. Serving the youth

development center/post release commitment population was his specialization until being appointed Court Counselor Supervisor in 1987. In June 2003, Cotten became Chief Court Counselor in the Tenth District Court District (Wake County). On November 1, 2006, Cotten was named Central Area Administrator for the Department of Juvenile Justice and Delinquency Prevention. Cotten has served as a trainer for the Juvenile Judge Certification Program at the Institute of Government at the University of North Carolina at Chapel Hill. He has presented information to a Legislative Study Committee of the North Carolina General Assembly and has been involved in the training of court counselors in the utilization of the risk and needs assessment tools and the court services policies and procedures.

## **Kerrenda T. Crandol (Co-Editor)**

Kerrenda T. Crandol is the Communications and Public Relations Manager of Triangle United Way. Before joining United Way in 2005, she worked at the Northwest North Carolina Chapter of the American Red Cross in Winston-Salem, N.C. There she worked as the Director of Media and Community Relations for nearly five years. In that position, she served on the American Red Cross State Public Relations Disaster Response Team and the Carolina Blood Services Diversity Committee. Crandol also received numerous communication awards from the North Carolina Communications Public Relations Committee. Since moving back to the Triangle, she participated in Leadership Triangle and became a Goodman Fellow while continuing her membership with the Public Relations Society of America. Crandol is a graduate of the University of North Carolina at Chapel Hill where she received her BA and double majored in African-American Studies and Journalism and Mass Communication with a focus in Public Relations.

## **Debra G. Dihoff (Mental Illness)**

Deby Dihoff, Executive Director of the National Alliance on Mental Illness North Carolina, has over 32 years of experience in the field of serving children and adults with mental illnesses, behavioral disorders, and developmental disabilities. She received her BA in Psychology and Theology (magna cum laude) and her MA in Special Education (summa cum laude) from George Peabody College, part of Vanderbilt University in Nashville, Tennessee. Dihoff has consistently served in leadership roles in various statewide and national organizations. She served as a board member and a committee chair for the NC Council of Community Programs. She served on the local Smart Start Board in Pitt County, and the Pitt Partners for Health. Dihoff was President and Legislative Chair of the Community Living Association for a number of years. In civic areas, she has served as a PTA President, is a Stephen Minister, and a member of NAMI, Arc, Greenville Rotary Club, and served on committees in the Chamber of Commerce.

**Chris Estes (Affordable Housing)**

Chris Estes is the Executive Director of the North Carolina Housing Coalition, a statewide nonprofit membership organization that provides advocacy and resource information on affordable housing for low to moderate income North Carolinians. Its mission is to lead a campaign for housing to ensure that low to moderate income North Carolinians can live with dignity and opportunity. The Housing Coalition works on a broad range of issues from housing and services needed to end homelessness, workforce housing, manufactured housing, foreclosure prevention and entry-level homeownership. The Housing Coalition serves as a clearinghouse for research, best practices, news and statistics related to affordable housing issues. It also seeks to educate, engage and mobilize advocates from across the state to improve housing resources and policy-making for low to moderate income North Carolinians. Prior to the Housing Coalition, Estes worked for a regional tax-credit equity syndicator and a nonprofit affordable housing developer in Raleigh. He holds two master's degrees from the University of North Carolina at Chapel Hill in Social Work and City & Regional Planning and was selected this year as a Fannie Mae Fellow.

**Stephanie Fanjul (Child Care)**

Stephanie Fanjul is the President of the North Carolina Partnership for Children, the organization that leads Smart Start and is the home of the National Technical Assistance Center. In this role, Fanjul is responsible for operations of NCPC and for providing oversight and technical assistance for 79 local Smart Start partnerships statewide. Smart Start is North Carolina's nationally recognized and award-winning early childhood initiative designed to ensure that every child in NC will arrive at school healthy and ready to succeed. Smart Start's National Technical Assistance Center, funded by national foundations, provides leadership on early childhood issues and provides technical assistance and support to other states in sharing Smart Start's lessons learned. Among the other leadership positions she has held, Fanjul served as Director of the North Carolina Division of Child Development in the state's Department of Health and Human Services from 1994 to 2000. During those seven years Fanjul worked with advocacy groups, community organizations and multiple partners to improve the quality and availability of child care in NC. Her strong leadership and creative approach resulted in several initiatives that distinguish N.C. from other states. Fanjul was instrumental in the creation of Smart Start, the design and implementation of the rated license for child care, the expansion of the child care subsidy system, and major efforts to improve and support the child care workforce. Fanjul also served as Deputy Commissioner in the Child Care Bureau of the U.S. Department of Health and Human Services in Washington, DC. Most recently she served as the Director of Student Achievement for the National Education Association from 2001 to 2006. In that role, she led the NEA's efforts to close the achievement gaps that exist between different groups of children. Fanjul utilized her knowledge of early childhood and her commitment to equity for all children to help teachers across the country identify strategies that would work to close the achievement gaps.

**Nathaniel H. Goetz (Co-Editor)**

Nathaniel H. Goetz joined Triangle United Way as Research Manager in 2006. Before moving to North Carolina, Goetz was director of the University of California, San Diego's Forced Migration Laboratory, a nonprofit he founded to analyze and promote best practices of health and human service agencies assisting resettled refugees. During that time, Goetz also served as an instructor in the University of California, San Diego Departments of International Studies, and Family and Preventive Medicine, and was a contract researcher to the United Nations High Commissioner for Refugees (UNHCR) in Geneva, Switzerland. Goetz is the co-editor and contributing author of *Forced Migration and Global Processes* (Lexington Books). Prior to his work in San Diego, Goetz was a research analyst with the Milken Institute Regional and Demographic Studies Unit in Santa Monica, California where he co-authored the report, "The Impact of September 11 on U.S. Metropolitan Economies." Goetz received his Master of Public Policy from Pepperdine University and was a visiting research fellow at the University of Oxford Queen Elizabeth House for International Development.

**Dr. David Holdzkom (Education)**

David Holdzkom has served as the assistant superintendent for Evaluation and Research in the Wake County Public Schools System since June 2005. He served in a similar role in the Durham Public Schools from 1993 to 2000 and prior to that worked in the State Department of Public Instruction from 1985 to 1993. Holdzkom's particular research interests include effective teaching practice and the application of data to instructional decision-making. He is the author of numerous reports, articles, and book chapters and is a frequent presenter at state and national meetings of educators.

**Dr. Mark Holmes (Healthcare)**

Mark Holmes, PhD is Vice President of the North Carolina Institute of Medicine (NC IOM) and a senior research fellow in health economics and finance at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. His current research is primarily in issues of health economics and finance, such as examining Medicare reimbursement policy, exploring determinants of health insurance coverage, developing measures of the financial health of small rural hospitals, and estimating the effect of hospital closures on the local economy. Holmes is recognized as an expert on characteristics of the North Carolina uninsured and is part of a team that releases North Carolina county-level estimates of the uninsured rate annually.

**Dr. Kathryn E. (Beth) Moracco (Domestic Violence)**

Dr. Moracco is a Research Scientist at the Chapel Hill Center of the Pacific Institute for Research and Evaluation (PIRE), and an Adjunct Associate Professor at the University of North Carolina at Chapel Hill School of Public Health. Her interests and expertise center on the effects of violence on women's physical and mental health, and devising innovative ways to evaluate the impact and effectiveness of interventions designed to prevent or respond to violence against women. Dr. Moracco has conducted research evaluating legislation designed to restrict access to firearms by individuals subject to domestic violence

protective orders (DVPOs), and the impact of a hospital-based intimate partner violence (IPV) screening and referral intervention, as well as studies examining the predictors of obtaining DVPOs, and the effectiveness of protective orders in protecting women from further intimate partner violence. She has worked closely with local and statewide agencies that are working to prevent and reduce domestic violence, and is an appointed member for the North Carolina Domestic Violence Commission.

**Dr. J. Gregory Olley (Developmental Disabilities)**

Greg Olley is a psychologist and Interim Director of the Center for Development and Learning. His academic appointment is Clinical Professor in the Division of Rehabilitation Psychology and Counseling in the Department of Allied Health Sciences. Olley has been at the CDL since 1988. Prior to that he held positions as the Director of Training for Division TEACCH at UNC and as a faculty member in the Department of Psychology at the University of Massachusetts at Amherst. Greg’s clinical and research interests are in mental retardation, autism, and other developmental disabilities. Recently his clinical activities have been focused on consultation and staff training for community programs serving children and adults with developmental disabilities and severe behavior problems and evaluation of adults with disabilities who have been accused or convicted of crimes. Olley has collaborated with colleagues in the CDL on several projects. STIR (Steps Toward Independence and Responsibility) is a project to support the development of self-advocacy for adults with developmental disabilities in North Carolina. Deborah Zuver is the project coordinator. The activities of Project STIR include extending self-advocacy to youths with disabilities through “Next Generation: Acting for Advocacy,” A Project of National Significance funded by the U.S. Administration on Developmental Disabilities. Olley is a member of the North Carolina Council on Developmental Disabilities. He recently contributed to the third edition of, *Handbook of Autism and Pervasive Developmental Disorders* and has published other book chapters and journal articles related to autism and mental retardation.

**Joan Pellettier (Seniors)**

Joan Pellettier, Director of the Area Agency on Aging, returned to the Triangle J Council of Governments (TJCOG) staff in October 2003, after a hiatus of thirteen years while serving as Executive Director of the Council for Senior Citizens in Durham. Her previous experience at TJCOG includes 10 years as aging program administrator. Pellettier holds a BA in Sociology and Religion from Duke University and a M.A. in Career Counseling from North Carolina Central University.

**John Quintero (Poverty)**

John Quintero is a research associate at the North Carolina Budget & Tax Center, a state-level public policy research and advocacy organization in Raleigh. Quintero oversees the center’s applied research and policy advocacy in the areas of labor market policy and workforce development. He regularly serves as an expert commentator for elected officials and journalists and sits on a variety of public task forces and committees focused on workforce development and economic opportunity. Quintero’s writings on public policy have appeared in a variety of publications, including The Charlotte Observer, The News & Observer, The Greensboro News & Record, Southern Cultures, Philanthropy Journal and North Carolina Insight. He also has consulted with policy organizations across the Southeast. Quintero holds degrees from the University of North Carolina at Chapel Hill and the University of Notre Dame.

**John Tote (Mental Illness)**

John is currently the Executive Director of the Mental Health Association in North Carolina. He previously served with the Johnston and Guilford County Area Mental Health Programs where he received his Qualified Mental Health Professional Certification. John graduated from the University of North Carolina at Chapel Hill. Tote has also been involved as a board member and volunteer of many State and community organizations. John served as Board President for several organizations, including Harbor in Johnston County, which is their domestic violence and rape crisis program, Life Experiences of Wake County, which is a developmental disabilities vocational program, and the North Carolina Psycho-Social Association. As part of his roles as the Executive Director of the MHA/NC, Tote works closely with the North Carolina General Assembly. He has served as chairperson for Coalition 2001 and serves as an adjunct faculty member at the University of North Carolina at Chapel Hill in the Psychology and Rehabilitation Counseling Masters Degree Program.

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**Design:**

Archetype  
[www.archetype-usa.com](http://www.archetype-usa.com)

**Special Thanks to:**

Our Contributing Authors  
Nancy Buyting

**Printer**

Joseph C. Woodard Company

**A Note About The Data:**

The data contained in this report represent the actual number of program beneficiaries served by the Triangle United Way funded agency for the particular year listed. Where there is no number listed, it means that the program outcome was not in use for that particular year. In some cases, a program may not have been funded for a particular year and thus there are no beneficiaries listed. The program outcomes in this report do, in some categories, overlap one another. This was intentionally done to demonstrate how a program outcome can impact several categories. For additional information about the agencies and programs contained in this report, please visit [www.unitedwaytriangle.org](http://www.unitedwaytriangle.org).

**“The Triangle Speaks:  
Improving Health and Human Services in Our Region”**  
is a publication of the Triangle United Way.

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**Our Vision:**  
All Who Need Help Find It

**Our Mission:**  
To improve lives by mobilizing the caring power of communities.

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