



County Manager

Davie County Government

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DavieCountyNC.gov



County of Davie FY 2022-2023 Budget Outcomes Safe & Healthy Community

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Department: **COMMUNICATIONS / 911**
 Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
Budgeted Revenue	\$13,496	\$13,496
Budgeted Expenditures	\$1,169,370	\$1,292,744
Budgeted County Contribution	\$1,155,874	\$1,279,248

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve community relations with 911- Communications					
Metric: Number of information and awareness activities (Goal: 9 or more activities by June 30, 2023)	15	11	10	9	9

GOAL: Increase professional development training opportunities for staff					
Metric: Percent of (Full Time) staff trained in Emergency Tele-communicator standards (ETC) (Goal: 95% trained)	94.33%	100.00%	99.3%	100%	95%
Metric: Percent of staff who complete 30 hours of training over a twelve month period (Goal: 95% or greater)	100%	95%	100%	95%	95%

GOAL: Ensure optimal response times					
Metric: Average time for call received to dispatch (Goal: 3 minutes or less)	2:25	2:59	2:06	2:27	2:27
Metric: Percent of emergency calls answered within 10 seconds or less (Goal: 97% or greater)	98%	95%	96.4%	97%	97%
Metric: Percent of emergency medical dispatch calls that are dispatched under 90 seconds (Goal: 98% greater)	98.67%	95%	96.4%	97%	98%
Metric: State tracked annual phone call volume per Emergency Call Tracking System (ECATS)	59,868	70,000	54,564	66,716	68,000

GOAL: Enhance Employee Wellness					
Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% or greater)	-	-	85%		85%

Department: **DAVIE CENTER FOR VIOLENCE PREVENTION**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
<i>Budgeted Revenue</i>	\$247,015	\$244,861
<i>Budgeted Expenditures</i>	\$286,369	\$300,762
<i>Budgeted County Contribution</i>	\$39,354	\$55,901

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve abuse/neglect prevention efforts					
Metric: Percentage of clients reporting that they feel safer after receiving services from Davie County Violence Prevention (Goal: 85% or greater)	99%	95%	85%	93%	85%
Metric: Percent of students who attend training/curriculum who report they have an increased knowledge of domestic violence / sexual assault /abuse /neglect (Goal: 75 % or greater)	89%	88.60%	75%	0%	75%
Metric: Percentage of clients who needed emergency shelter and were connected to emergency shelter options either in or out of the county (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of clients filing an Ex-Parte/50B that received a referral to Legal Aid NC for court date (Goal: 90% or greater)	92%	100%	90%	100%	90%
Metric: Number of trainings conducted for law enforcement, Department of Social Services, and other county staff (Goal: maintain 7 or more trainings)	17	12	7	5	7
Metric: Percentage of professional training participants who report increased knowledge in the areas of domestic violence and sexual assault (Goal: 75%)	100%	75%	75%	83.33%	75%

GOAL: Promote Citizenship					
Metric: Number of hours that volunteers provide on the crisis line (Goal: 1,800 or greater)	1548	2094	1800	1571.75	1800
Metric: Number of hours that volunteers provide in Davie County Violence Prevention office assistance (Goal: 50 or greater)	90	92.5	50	49.25	50

Department: **DAVIE CENTER FOR VIOLENCE PREVENTION**

Focus Area: **SAFE & HEALTHY COMMUNITY**

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	FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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Metric: Number of hours that volunteers provide in community outreach settings (Goal: 10 or greater)	28	31	10	3	10
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GOAL: Improve Community Relations and Outreach

Metric: Conduct at least three outreach events to promote domestic violence / sexual assault awareness (Goal: Conduct 3 events by 6/30/2023)	-	-	3	4	3
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GOAL: Enhance Employee Wellness

Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% or greater)	-	-	85%	50%	85%
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Department: **SOCIAL SERVICES**
 Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
Budgeted Revenue	\$3,557,261	\$3,545,279
Budgeted Expenditures	\$6,359,777	\$7,163,820
Budgeted County Contribution	\$2,802,516	\$3,618,541

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve abuse/neglect prevention efforts for vulnerable children and adults					
Metric: Percentage of Special Assistance for the Aged (SAA) application that were processed within 45 days of the application date (State Standard 85%)	84.4	100%	85%	100%	90%
Metric: Percentage of Special Assistance for the Disabled (SAD) applications that were processed within 60 calendar days of the application date (State standard 85%) (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of screened-in reports initiated within required time frames with child(ren) Abandonment – immediate Abuse – within 24 hours Neglect / Dependency – within 72 hours (State Standard 95%)	93%	97.75%	95%		95%
Metric: Percentage of Adult Protective Services evaluations involving abuse/neglect that are completed within 30 days of report (State Standard 95%)	92%	100%	95%	100%	95%
Metric: Percentage of Adult Protective Service evaluation involving exploitation that are completed within 45 days of the report (State Standard 85%)	100%	100%	95%	100%	95%
Metric: Percentage of adults who experience abuse, neglect, or exploitation who do not experience a repeat incident within 12 months of case closure (State Standard 89%)	90%	100%	89%	90%	89%
Metric: Fiscal year percentage of Adult Care Homes monitored and complaint investigation completed within policy and best practice standards (State standard 89%) (Goal: 95% or greater)	66.7%	100%	95%	100%	95%

Department: **SOCIAL SERVICES**
 Focus Area: **SAFE & HEALTHY COMMUNITY**

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Metric: Percentage of cases in which victim children do not have another substantiated report within twelve months of the first report (State Standard 91%) (Goal: 91% or greater)	86.2%	92.2%	91% or greater	99.4%	91% or greater
Metric: Percentage of children who received in-home services within twelve months who were not victims of repeat maltreatment within six months of case closure (Goal: 95% or greater)	99.9%	99.4%	95% or greater	99.6%	95% or greater
Metric: Percentage of foster care children (ages 5 and above) that meet the requirements for CCA who are referred to Comprehensive Clinical Assessment (CCA) within 7 days of coming into care (Goal: 25% or greater)	23.9%	100%	25% or greater	100%	25% or greater
Metric: Percentage of out of home family service agreements that were completed with caregivers/ family within 30 days of the child's removal from the home to achieve permanency goals (State Policy: Within 30 days of the child's removal from the home (Goal: 85%))	100%	100%	85% or greater	90%	85% or greater
Metric: Percentage of families who receive in-home services who are referred to and successfully complete Intensive Family Preservation Services. (Goal: 95%)	-	100%	95% or greater	75%	95% or greater

GOAL: Improved permanency and health outcomes for vulnerable children					
Metric: Percentage of all foster youth who have face-to-face visits by their Social Worker each month (State Standard: 95%)	99.5%	99.9%	95% or greater	100%	95% or greater

Department: **SOcial SERVICES**
 Focus Area: **SAFE & HEALTHY COMMUNITY**

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Metric: Percentage of children who achieve permanency within 12 months of entering custody per the federal CFSR state data profile for the period of January 2022 to December 2022 (State Standard: 40.5%) (Goal: 40.5% or greater)	-	-	40.5% or greater		40.5% or greater
Metric: Percentage of children who were in foster care for less than 12 months and who reenter foster care within 12 months of discharge (State Standard: 8.3%) (Goal: 5% or lower)	1.17%	0%	5% or lower	0%	5% or lower
Metric: Of all children who entered foster care in a 12 month period, the average placement moves per 1,000 days of care (State Standard: 4.1) (Goal: 5.5 or less)	5.5	4.51	5.5 or less	3.35	5.5 or less
Metric: Number of children in foster care per 1,000 (State Average: 6.7) (Goal: 10 or less)	7.63	5.85	10 or less	5.24	10 or less
Metric: Average number of foster care homes per fiscal year (Goal: 20 homes to accommodate Davie County children)	23	24	20 homes	23	20 homes
Metric: Percentage of children in foster care who are current on dental and medical screenings (State Standard: 84.6%) (Goal: 84.6% or greater)	75.9%	99.8%	84.6% or greater	99.6%	84.6% or greater
Metric: Percentage of adoptions finalized within 6 months of legal clearance (Goal: 50% or greater)	41.5%	79.3%	50% or greater	75%	50% or greater

GOAL: Improve employee satisfaction and retention					
Metric: Average social worker voluntary turnover rate (State Standard: 15%) (U.S. Standard: 30%) (Goal: under 25%)	3.75%	1.9%	Under 25%	3.9%	Under 25%

Department: **SOCIAL SERVICES**
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Metric: Percentage of Child Protective Services social work caseloads which are compliant with the state recommended caseload number (State Recommended Caseload Number is 10 CPS) (Goal: 80% or greater)	56.9%	94.75%	80% or greater	95.2%	80% or greater
Metric: Percentage of Foster Care social work caseloads which are compliant with the state recommended caseload number (State Recommended Caseload Number is, 15 FC) (Goal: 80% or greater)	59.6%	88.67%	80% or greater	100%	80% or greater

GOAL: Improve healthy lifestyles and nutrition access and programming					
Metric: Percentage of families who have applied for child care subsidy who are eligible and receive services each fiscal year (Goal: 95% or greater)	100%	100%	95%	100%	95%
Metric: Percentage of Child Care Subsidy applications processed within 30 calendar days of the application date (State Standard: 95%)	100%	100%	95%	100%	95%
Metric: Percentage of Medicaid applications processed within required time frame (State Standard: 45 days) (Goal: 95% or greater)	95%	96%	95%	97.22%	95%
Metric: Percentage of Family and Children's Medicaid recertifications processed on time, each month (Goal: 85% or greater)	92%	96.43%	85%	100%	85%
Metric: Average number of days for processing Child & Family Medicaid applications (Goal: 40 days or less)	28	17	40	14.11	40

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 Focus Area: **SAFE & HEALTHY COMMUNITY**

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Metric: Percentage of regular Food & Nutrition Services applications processed within 25 days of application (Goal: 95% or greater)	97.4%	99.35%	95%	98.67%	95%
Metric: Percentage of expedited Food & Nutrition Services applications processed within 4 calendar days from the date of application (State Standard: 95%)	97%	99.23%	95%	99.38	95%
Metric: Percentage of Food & Nutrition Services recertifications which are processed on time, each month (Goal: 95% or greater)	98.6%	99.39%	95%	99.5%	95%
Metric: Percentage of Disability Adult Medicaid applications processed within state standard of 90 days (Goal: 94% or greater)	94.4%	94.66%	94%	91.33%	94%
Metric: Average number of days for processing Disability Adult Medicaid applications (Goal: 52 days or less)	49.3	60.58%	52	58.44	52
Metric: Percentage of caretakers receiving Work First who participate in ensuring all educational and health needs of children are being met in care plan (State Standard: 84.3%) (Goal: 90% or greater)	100%	100%	90%	100%	90%
Metric: Percentage of work-eligible individuals that demonstrates completion of the required number of hours of federally countable work activities that provides documentation to support the work hours completed (State Standard: 50% or greater)	20%	6.67%	50%	0	50%
Metric: Percentage of two-parent families with work-eligible individuals that verify that they have completed the required number of hours of federally countable work	0	0	90%	0	90%

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 Focus Area: **SAFE & HEALTHY COMMUNITY**

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activities that provide documentation to support the work activities (State Standard: 90% or greater)					
Metric: Percentage of Work First applications processed within 45 days of receipt (State Standard: 95%) (Goal: 95% or greater)	100%	100%	95%	100%	95%
Metric: Percentage of Work First recertifications processed no later than the last day of the current recertification period (State Standard: 95%) (Goal: 95% or greater)	100%	100%	95%	97.22%	95%
Metric: Percentage of Adult Protective Service (APS) clients referred to appropriate local community resources to remain safely in the community (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of traditional Medicaid recertifications processed on time, each month (Goal: 93% or greater)	98.9%	98.86%	93%	99.24%	93%
Metric: Number of clients served by Special Assistance In-Home Program (Goal: 10 or greater)	-	-	-	11	10
Metric: Number of clients served by Social Services Block Grant In-Home Aide Program (Goal: 4 or greater)	-	-	-	4	4

GOAL: Improve accountability and fiscal outcomes					
Metric: Percentage of program integrity claims that are established within 180 days of the date of discovery (State Standard: 90%) (Goal: 90% or greater)	92.5%	62.33%	90%	54.13%	90%

Department: **SOCIAL SERVICES**
 Focus Area: **SAFE & HEALTHY COMMUNITY**

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Budgeted County Contribution	\$2,802,516	\$3,618,541

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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Metric: Annual dollars saved and recovered through program integrity / fraud efforts (Goal: \$50,000 or greater)	\$66,851	72,330	\$50,000	\$82,934	\$65,000
Metric: Percentage of paternities established or acknowledged (for child support) for children born out of wedlock (State Standard: 50% COVID) (Goal: 50% or greater)	96.3%	98.1%	50%	95.85%	50%
Metric: Percentage of Child Support cases that have a court order establishing support obligations (State Standard: 50% COVID) (Goal: 50% or greater)	84.6%	79.87%	50%	95.85%	50%
Metric: Percentage of current Child Support paid (State Standard: 40% COVID) (Goal: 40% or greater)	67%	68.5%	40%	69.71%	40%
Metric: Percentage of Child Support cases receiving payment towards arrears (State Standard: 40% COVID) (Goal: 40% or greater)	55%	60.45%	40%	56.93%	40%
Metric: Amount of child support collected per fiscal year (Goal: to be determined by state)	\$2,196,050	\$2,089,917	\$1,500,000	\$1,800,563	\$1,500,000
Metric: Percentage of Crisis Intervention Program (CIP) applications which are processed within state mandated timeline (State Standard: 95%)	100%	97.49%	95%	98.42%	95%
Metric: Percentage of state and federal dollars maximized to achieve results while minimizing county dollars (Goal: 95% or greater)	100%	100%	95%		95%
Metric: Percentage of DSS expenditures that are reimbursed by state and federal dollars (State Average: 43%) (Goal: 50% or better)	56%	49.84%	43%		43%

Department: **SOcial SERVICES**
 Focus Area: **SAFE & HEALTHY COMMUNITY**

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<i>Budgeted Revenue</i>	\$3,557,261	\$3,545,279
<i>Budgeted Expenditures</i>	\$6,359,777	\$7,163,820
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FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Enhance Employee Wellness					
Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% or greater)	-	-	85%		85%

Department: **EMERGENCY MEDICAL SERVICES**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
Budgeted Revenue	2,439,092	\$2,733,442
Budgeted Expenditures	5,248,162	\$6,074,465
Budgeted County Contribution	2,809,070	\$3,341,023

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Ensure optimal response times					
Metric: Percent of emergency calls responded to (from dispatch to en route) within 1:30 minutes or less (Goal: 95% or greater)	91.45%	90%	100%	100%	95%
Metric: Average response time from dispatch to en route for emergency calls (Goal: 1:30 minutes or less)	0:56	1:15	1:00	0:44	1:30
Metric: Percent of patients presenting with chest pain that receive an electrocardiogram (EKG) within 10 minutes or less (Goal: 96% or higher)	99.53%	96%	96%	97%	96%
Metric: Monitor fatigue levels in Unit Hour Utilization (UHU) to ensure safety of staff and citizens (Goal: .35 UHU or less)	.15	.16	.16	.16	.35
Metric: SSD call volume. (Goal: 1500 or more responses by 6/30/2023, - Dependent on Franchise Enforcement)	7,030	6,554	7,300	1,525	1,500

GOAL: Improve community relations with EMS					
Metric: Number of car seat inspections / instructions provided to families (Goal: 60 or more)	63	80	55	60	60
Metric: Number of car seats provided to families each fiscal year– contingent upon grants received (Goal: 55 or more)	63	55	33	34	55
Metric: Number of laypersons trained in Cardiopulmonary resuscitation (CPR) each fiscal year (Goal: 200 or more)	268	350	190	240	200
Metric: Number of Public Service Announcements placed on social media each fiscal year (Goal: 10 or more)	29	10	24	20	10

Department: **EMERGENCY MEDICAL SERVICES**

Focus Area: **SAFE & HEALTHY COMMUNITY**

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Budgeted Revenue	2,439,092	\$2,733,442
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FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Increase professional development opportunities for EMS staff					
Metric: Percent of supervisory staff who have completed the EMS Leadership Academy (Goal: 75% or greater by 6/30/2023)	90%	90%	90%	90%	75%
Metric: Percent of staff who have completed 36 hours or more of EMS continuing education within 12 months (Goal: 90% or greater)	95%	90%	100%	100%	90%

GOAL: Explore social determinants of health initiatives that increase access to healthcare, preventative care and disease management					
Metric: Expand the Community Paramedic program. (Goal: Conduct 275 client interactions or home visits by 6/30/2023) contingent upon being able to make contact with overdose patients	-	-	-	443	275
Metric: Expand the Community Paramedic program. Add a second full time Paramedic position by using the opioid settlement funds. (Goal 100% complete by Sept 30 2023)	-	-	-	-	100%

GOAL: Enhance Employee Wellness					
Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% or greater)	-	-	85%		85%

Department: **FIRE & EMERGENCY MANAGEMENT SERVICES**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
Budgeted Revenue	\$38,000	\$38,000
Budgeted Expenditures	\$485,311	\$577,980
Budgeted County Contribution	\$447,311	\$539,980

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve community relations with the Fire Marshal's Office					
Metric: Number of community fire prevention trainings held each fiscal year (Goal: 12 or more)	10	9	12	14	12
Metric: Number of people trained at community fire prevention trainings each fiscal year (Goal: 400 or more)	401	363	400	1315	400

GOAL: Increase professional development opportunities for Fire Marshal's Office staff					
Metric: Certify 2 FMO employees as Fire and Life Safety Educators (Goal: 2 certified by 6/30/2023)	2	2	2	2	2
Metric: Participate in mutual aid training with county fire departments. (Goal: Complete 100 hours of training by 6/30/2023)	-	-	100	250	100

GOAL: Improve emergency response to citizens through Emergency Preparedness					
Metric: Be a community resource for life safety knowledge. Number of community trainings in emergency preparedness each fiscal year (Goal: 5 or more)	10	9	5	11	5
Metric: Number of people trained in emergency preparedness each fiscal year (Goal: 300 or more)	401	333	500	1315	300
Metric: Number of calls for service answered by Squad 81 (Goal: 350 or more calls by 6/30/2023)	390	511	490	446	350

GOAL: Enhance Employee Wellness					
Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% or greater)	-	-	85%		85%

Department: **HEALTH**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
<i>Budgeted Revenue</i>	\$1,829,173	\$1,953,470
<i>Budgeted Expenditures</i>	\$3,238,203	\$3,532,685
<i>Budgeted County Contribution</i>	\$1,409,030	\$1,579,215

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve access to physical and behavioral health care for indigent population					
Metric: Percentage of Breast and Cervical Cancer Control Program (BCCCP) participants who are screened for breast and cervical cancer (Goal: 90% or more)	100%	100%	90%	100%	90%
Metric: Percentage of Breast and Cervical Cancer Control Program (BCCCP) participants screened for breast cancer who are referred and followed by Davie County Health Department (DCHD) for additional testing (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Number of unduplicated non-Medicaid patients receiving family planning services from Women's Reproductive Health Services (Goal: 356 or greater)	427	349	356	245	356
Metric: Number of non-Medicaid patients served through Maternal Health Services (Goal: 65 or more)	90	77	65	57	65
Metric: Percentage of women receiving early and adequate prenatal care at Davie County Health Department, beginning before 3 rd trimester (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of women who access Family Planning services after pregnancy (Goal: 90% or greater)	100%	100%	90%	100%	90%
Metric: Percentage of pregnant women in managed or monitored episode status that are receiving Care Management for High Risk Pregnancy (CMHRP) services that have Presumptive Medicaid or Medicaid, or have initiated the process to enroll in Medicaid. (Goal: 95% or greater)	100%	100%	95%	100%	95%

Department: **HEALTH**

Focus Area: **SAFE & HEALTHY COMMUNITY**

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Metric: Percentage of pregnant women receiving CMHRP services with a care plan within 30 days of referral receipt by care manager or 3 documented attempts (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of pregnant women receiving CMHRP services who are contacted within 30 days or 3 documented attempts (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of pregnant women receiving CMHRP services who have received a face-to-face interaction within 30 days, or 3 documented attempts (Goal: 100%)	-	23.4%	100%	25.1%	100%
Metric: Percentage of pregnant women receiving CMHRP services who have an updated care plan every 30 days or 3 documented attempts (Goal: 100%)	100%	100%	100%	100%	100%

GOAL: Improve health outcomes for vulnerable children					
Metric: Percentage of Care Management for At Risk Children (CMARC) Children in managed or monitored episode status who have a Personal Care Provider (PCP) or who have been referred to a PCP (Goal: 90% or greater)	100%	100%	90%	100%	90%
Metric: Percentage of CMARC) children in managed or monitored episode status who have access to a Dental Home, or who have been referred to a Dental Home (Goal: 90% or greater)	100%	100%	90%	100%	90%

Department: **HEALTH**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
Budgeted Revenue	\$1,829,173	\$1,953,470
Budgeted Expenditures	\$3,238,203	\$3,532,685
Budgeted County Contribution	\$1,409,030	\$1,579,215

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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Metric: Percentage of CMARC Children who are contacted within 72 hours following hospital (re)admission or Emergency Room visit (Goal: 75% or greater)	100%	100%	75%	100%	75%
Metric: Percentage of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clients who are participating in WIC benefits (Goal: 90% or greater)	95.2%		90%	112.5%	90%
Metric: Number of Davie County children (ages 0-5) receiving WIC benefits per 1,000 (Goal: 600 or greater by 6/30/2023)	287		600	415	600
Metric: Percentage of children in foster care receiving CMARC services who have a primary care provider or have been referred to a PCP (Goal: 85% or greater)	100%	100%	85%	100%	85%
Metric: Percentage of children in foster care receiving CMARC services who have special healthcare needs who are referred for healthcare services (Goal: 85% or greater)	-	100%	85%	100%	85%
Metric: Percentage of CMARC children who exhibit signs of developmental delay and have referral for developmental services (Goal: 90% or greater)	100%	100%	90%	100%	90%
Metric: Percentage of postpartum women in WIC fully or partially breastfeeding (Goal: 40% or greater)	49%		40%	57.1%	40%
Metric: Number of participants in WIC enrolled in Breast Feeding Peer Counselor Program (Goal: 80 or more by 6/30/2023)			80	289	80

Department: **HEALTH**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
<i>Budgeted Revenue</i>	\$1,829,173	\$1,953,470
<i>Budgeted Expenditures</i>	\$3,238,203	\$3,532,685
<i>Budgeted County Contribution</i>	\$1,409,030	\$1,579,215

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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Metric: Percentage participants contacted in compliance, with the requirements of WIC, after monitoring 10 random participant files in the WIC Breast Feeding Peer Counselor Program (Goal: 80% or greater)	-	-	80%	100%	80%
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GOAL: Improve healthy lifestyles and nutrition access and programming					
Metric: DCHD immunization rate for children less than 24 months old (Goal: 80% or greater)	76.9%		80%	70.88	80%
Metric: Percentage of patients diagnosed with a sexually transmitted disease who are treated within two weeks (Goal: 99% or greater within our control)	100%	100%	99%	100%	99%
Metric: Percentage of patients diagnosed with active Tuberculosis who comply with treatment plan (Goal: 100%)	100%	100%	100%	100%	100%

GOAL: Improve accountability and fiscal outcomes					
Metric: Percent participation in programmatic monitoring and audits (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percent savings between Employee Wellness Clinic and outsourced costs for health services and pharmaceuticals (Goal: maintain or increase over previous year – factoring in additional service costs)	65%	-	65%		TBD
Metric: Percentage of death certificates processed within 5 days of receipt (Goal: 100%)	100%	100%	100%	100%	100%

Department: **HEALTH**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
Budgeted Revenue	\$1,829,173	\$1,953,470
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Budgeted County Contribution	\$1,409,030	\$1,579,215

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Support employee wellness					
Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% of Health Department staff or greater)			85%		85%
Metric: Percentage of Employee Wellness Clinic participants identified as high risk who are monitored and directed to appropriate care or programing in a calendar year (Goal: 50% or greater)	100%		50%		50%

GOAL: Maintain optimal environmental health services					
Metric: Percentage of food/lodging inspections completed by fiscal year end (Goal: 100%)	100%	94%	100%	51.4%	100%
Metric: Percentage of septic repair applications responded to within 4 business days (Goal: 75% or greater)	91.2%		75%	97.2%	75%
Metric: Percentage of completed site/soil evaluation applications responded to within 5 business days (Goal: 75% or greater)	100%	100%	75%	97%	75%
Metric: Percentage of completed well permit applications responded to within 10 days (Goal 95% or greater)	92.7%	100%	95%	100%	95%
Metric: Percentage of well water samples collected in less than 10 days of the request (excluding new wells that are not ready to be sampled) (State Standard: 10 days or less) (Goal: 10 days or less at 95% or greater- internal goal of 7 days)	95%		95%	100%	95%

Department: **HEALTH**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
<i>Budgeted Revenue</i>	\$1,829,173	\$1,953,470
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FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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Metric: Average number of days to collect well samples (State Standard: 10 days / County Goal: 7 days)	6 days		7 days	6.25 days	7 days
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GOAL: Strengthen disaster preparedness					
Metric: Percentage of public health employees who could respond to an emergency call down drill within 4 hours (Goal: 80% or greater)	84%	89%	80%	91%	80%
Metric: Conduct one preparedness training for staff according to NCDHHS requirements, as defined by the Public Health Preparedness Agreement Addenda (Goal: 100% Completed by June 30)	-	100%	100%	100%	100%

Department: **SHERIFF**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
<i>Budgeted Revenue</i>	\$542,759	\$1,912,759
<i>Budgeted Expenditures</i>	\$9,628,080	\$11,841,937
<i>Budgeted County Contribution</i>	\$9,085,321	\$9,929,178

FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve community relations with the Sheriff's Office					
Metric: Man hours spent on participating in community events (Goal: 500 hours or more)	553	518	500	371	500
Metric: Number of educational programs delivered to citizens (Goal: 7 or more)	5	7	7	8	7
Metric: Number of officers delivering Meals on Wheels (Goal: 25 or more)	28	25	25	32	25
Metric: Number of detainees offered the GED program through the detention center. (Goal: 100%)	-	-	-	-	100%

GOAL: Promote jail diversion efforts					
Metric: Percent of offenders offered substance abuse information packets (Goal: 100%)	100%	100%	100%	100%	100%
Metric: Percentage of 'at risk' detainees who are assisted by the substance abuse counselor (Goal: 100%)	100%	100%	100%	100%	100%

GOAL: Increase professional development training opportunities for Sheriff's staff					
Metric: Number of officers who are participating in specialized training certificate programs (Goal: 10 or more)	19	19	18	15	10

GOAL: Ensure optimal response times					
Metric: Conduct call volume and response time study. Develop plan to improve response time. (Goal: 100% complete by 6/30/2023)	-	-	-	-	100%

Department: **SHERIFF**

Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY21-22	FY22-23
<i>Budgeted Revenue</i>	\$542,759	\$1,912,759
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FY 19-20 Actual	FY 20-21 Actual	FY 21-22 Budget	FY 21-22 MarchYTD	FY 22-23 Budget
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GOAL: Improve efficiencies through governmental departmental collaborations					
Metric: Develop the use of the Omega response code in CAD Work in conjunction with 911-Communications. (Goal: 100% complete by 6/30/2023)	-	-	-	-	100%

GOAL: Enhance Employee Wellness					
Metric: Percent of employees, and spouses, covered by County insurance who are compliant with completing a Health Risk Assessment (on file in the Employee Wellness Clinic) by June 30, 2023. (Goal: 85% or greater)	-	-	85%		85%