County Manager
Davie County Government
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DavieCountyNC.gov

County of Davie FY 2020-2021 Budget Outcomes
Safe & Health Community

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

	FY19-20	FY20-21
Budgeted Revenue	$13,496	$13,496
Budgeted Expenditures	$1,031,406	$1,123,751
Budgeted County Contribution	$1,017,910	$1,110,255

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Improve community relations with 911- Communications					
Metric: Number of information and awareness activities (Goal: 11 or more activities by June 30, 2021)	5 25%	9 80%	11 22%	3 Impacted by Covid-19	11
GOAL: Increase professional development training opportunities for staff					
Metric: Percent of (Full Time) staff trained in Emergency Tele-communicator standards (ETC) (Goal: 100% trained)	62.5% 7	100% 12	100% 12	99% 12	100% 12
Metric: Percent of staff who complete 30 hours of training over a twelve month period (Goal: 90% or greater)	-	.	95%	100%	95%
GOAL: Ensure optimal response times					
Metric: Average time for call received to dispatch (Goal: 3 minutes or less)	1:58	2:19	2:59	2:27	2:59
Metric: Percent of emergency calls answered within 10 seconds or less (Goal: 90% or greater)	98.8% 9,499	98.9% 9,218	95% 9,000	99% #	95% 9,000
Metric: Percent of emergency medical dispatch calls that are dispatched under 90 seconds (Goal: 95% greater)	-	-	95% 2,500	98.8% #	95% 2,500
Metric: State tracked annual phone call volume per Emergency Call Tracking System (ECATS)	68,351	61,909	70,000	44,476	70,000
Metric: Implement updated Computer Aided Dispatch (CAD) system by December 31, 2020 (Goal: 100%)	-	-	50%	75%	100%
Metric: Complete timeline for implementation of protocol for Emergency Police Dispatch by June 30, 2021 (Goal: 100%)	-	-	100%	50%	100%

Department: **DAVIE CENTER FOR VIOLENCE PREVENTION**
Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY19-20	FY20-21
Budgeted Revenue	$285,348	$252,130
Budgeted Expenditures	$335,630	$293,410
Budgeted County Contribution	$50,282	$41,280

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
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)	-	90%	90%	98.61%	90%
Metric: Percent of students who attend training, complete post-test, and who report they have an increased knowledge of abuse/neglect (Goal: 75 % or greater)	-	94%	94%	88.83%	75%
Metric: Percentage of support group attendees who report an improvement in self-esteem (Goal: 75% or greater)	-	50%	60%	100%	80%
Metric: Percentage of support group attendees who report an improvement in stress level (Goal: 75% or greater)	-	50%	60%	100%	80%
Metric: Percentage of support group attendees who report a reduced feeling of isolation (Goal: 75% or greater)	-	50%	60%	100%	80%
Metric: Percentage of clients who are referred to individual counseling services that attend sessions (Goal: 25% or greater)	-	10%	10%	48.7%	25%
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%
Metric: Percentage of clients filing an Ex-Parte/50B that received a referral to Legal Aid NC for court date (Goal: 90% or greater)	-	84%	90%	100%	90%
Metric: Number of trainings conducted for law enforcement, Department of Social Services, and	3	3	4	17	7

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other county staff (Goal: maintain 7 or more trainings)					
Metric: Percentage of educational event participants who report increased knowledge in the areas of domestic violence and sexual assault (Goal: 75%)	-	75%	75%	100%	75%
GOAL: Promote Citizenship					
Metric: Number of hours that volunteers provide on the crisis line (Goal: 1,800 or greater)	-	2,100	2,100	1,269	1,800
Metric: Number of hours that volunteers provide in Davie County Violence Prevention office assistance (Goal: 80 or greater)	-	100	100	89.75	80
Metric: Number of hours that volunteers provide in community outreach settings (Goal: 10 or greater)	-	20	20	28	15

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

	FY19-20	FY20-21
Budgeted Revenue	$3,710,788	$3,718,132
Budgeted Expenditures	$5,942,344	$6,080,425
Budgeted County Contribution	$2,231,556	$2,362,293

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
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%	85%	100%	85% 45 days
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% 60 days
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%)	96%	91.7%	95%	93.25%	95%
Metric: Percentage of Adult Protective Services evaluations involving abuse/neglect that are completed within 30 days of report (State Standard 95%)	-	100%	95%	100%	95% 30 days
Metric: Percentage of Adult Protective Service evaluation involving exploitation that are completed within 45 days of the report (State Standard 85%)	-	100%	95%	100%	95% 45 days
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%)	-	94%	94%-	86.25%	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)	-	100%	95%	100%	95%

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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: 93% or greater)	87.5%	100%	95%	93%	93%
Metric: Percentage of children ages 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)	88.3%	99.7%	95%	100%	95%
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)	10%	5%	25%	13%	25% 7 days
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%	100%	85%
Metric: Percentage of families who receive in-home services who are referred to and successfully complete Intensive Family Preservation Services. (Goal: 95%)					95%

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%)	-	99.3%	95%	99.33%	95%
Metric: Percentage of children who achieve permanency within 12	-	5.3%	50%	38%	50%

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months of entering custody (State Standard: 41%) (Goal: 50% 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)	0%	0%	5%	11.11%	5%
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)	6	5.82	5.5	0	5.5
Metric: Number of children in foster care per 1,000 (State Average: 6.7) (Goal: 10 or less)	8.8	7.75	6.7	7.92	10
Metric: Average number of foster care homes per fiscal year (Goal: 24 homes to accommodate Davie County children)	25	24	24	22.67	24
Metric: Percentage of children in foster care who are current on dental and medical screenings (State Standard: 84.6%) (Goal: 84.6% or greater)	95%	69.9%	85%	68%	84.6%
Metric: Percentage of adoptions finalized within 6 months of legal clearance (Goal: 50% or greater)	-	100%	100%	0%	50%

GOAL: Improve employee satisfaction and retention					
Metric: Average social worker voluntary turnover rate (State Standard: 15%) (U.S. Standard: 30%) (Goal: under 25%)	25%	29.4%	25%	5%	25%
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)	90%	47%	80%	42.56%	80%

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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)	90%	75%	80%	56.67%	80%
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)	20%	97.7%	95%	100%	95%
Metric: Percentage of Child Care Subsidy applications processed within 30 calendar days of the application date (State Standard: 95%)	-	100%	95%	100%	95% 30 days
Metric: Percentage of Medicaid applications processed within required time frame (State Standard: 45 days) (Goal: 95% or greater)	92%	90.3%	95%	94.78%	95% 45 days
Metric: Percentage of modified adjusted gross income (MAGI) Medicaid recertifications processed on time, each month (Goal: 85% or greater)	-	88.4%	88.4%	90.21%	85%
Metric: Average number of days for processing Child & Family Medicaid applications (Goal: 40 days or less)	40	33.3	40	29.56	40
Metric: Percentage of regular Food & Nutrition Services applications processed within 25 days of application (Goal: 95% or greater)	91%	97.5%	95%	97.33%	95% 25 days
Metric: Percentage of expedited Food & Nutrition Services applications processed within 4 calendar days from the date of application (State Standard: 95%)	-	97.8%	97.8%	95.64%	95% 4 days

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Metric: Percentage of Food & Nutrition Services recertifications which are processed on time, each month (Goal: 95% or greater)	-	98.8%	98.8%	98.11%	95%
Metric: Percentage of Disability Adult Medicaid applications processed within state standard of 90 days (Goal: 94% or greater)	93%	93.2%	94%	93.22%	94% 90 days
Metric: Average number of days for processing Disability Adult Medicaid applications (Goal: 52 days or less)	70	49.4	52	48.22	52
Metric: Percentage of Disability Adult Medicaid recertifications processed on time, each month (Goal: 93% or greater)	-	94.7%	93%	100%	93%
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)	90%	90%	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)	-	32.2%	50%	25.22%	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 activities that provide documentation to support the work activities (State Standard: 90% or greater)	-	50%	90%	-	90%

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Metric: Percentage of Work First applications processed within 45 days of receipt (State Standard: 95%) (Goal: 95% or greater)	-	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)	-	96.7%	95%	100%	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)	-	-	93%	99.89%	93%

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)	-	100%	100%	95.88%	90% 180 days
Metric: Annual dollars saved and recovered through program integrity / fraud efforts (Goal: $50,000 or greater)	$20,000	$153,176	$50,000	$56,370	$50,000
Metric: Percentage of paternities established or acknowledged (for child support) for children born out of wedlock (State Standard: 80%) (National Standard: 90%) (Goal: 90% or greater)	-	99.4%	99.4%	95.33%	90%
Metric: Percentage of Child Support cases that have a court order establishing support obligations (Goal: 80% or greater)	-	86.1%	86.1%	85.33%	80%

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Metric: Percentage of current Child Support paid (State Standard: 68%) (Goal: 68% or greater)	-	69.5%	69.5%	67.44%	68%
Metric: Percentage of Child Support cases receiving payment towards arrears (State Standard: 67.79%) (Goal: 67.79% or greater)	-	69.1%	69.1%	51.78%	67.79%
Metric: Amount of child support collected per fiscal year (Goal: to be determined by state)	$2,302,586	$2,359,881	$2,359,881	$1,754,440	TBD
Metric: Percentage of Crisis Intervention Program (CIP) applications which are processed within state mandated timeline (State Standard: 95%)	98%	100%	100%	100%	95%
Metric: Percentage of state and federal dollars maximized to achieve results while minimizing county dollars (Goal: 95% or greater)	98%	90.2%	92%	100%	95%
Metric: Percentage of DSS expenditures that are reimbursed by state and federal dollars (State Average: 43%) (Goal: 50% or better)	-	-	-	55%	55%

GOAL: Strengthen disaster preparedness efforts					
Metric: Revise and complete the disaster/emergency shelter plan in accordance with the Memorandum of Agreement between the American Red Cross and the State of North Carolina Department of Health and Human Services (Goal: 100% Complete by 6/30/2021)					100%

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

	FY19-20	FY20-21
Budgeted Revenue	$2,236,209	$2,644,609
Budgeted Expenditures	$4,568,046	$5,610,121
Budgeted County Contribution	$2,331,837	$2,965,512

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Assess and develop strategies to implement new community programs					
Metric: Conduct a cost / benefit analysis to study a Community Paramedic program to increase prevention and patient follow up appointments by June 30, 2020 (Goal: 100% complete)	-	-	100%	75%, **Disruption due to State of Emergency Restrictions**	Move to new goal FY2021
Metric: Conduct a cost/benefit analysis and business plan to study a Convalescent Care program by June 30, 2020 (Goal: 100% complete)	-	50%	100%	100% **SSD in operation**	Completed FY 2020

GOAL: Ensure optimal response times					
Metric: Percent of emergency calls responded to (from dispatch to en route) within 1:30 minutes or less (Goal: 90% or greater)	-	76.2%	90%	90.6%	90% # minutes
Metric: Average response time from dispatch to en route for emergency calls (Goal: 1:30 minutes or less)	1:47	1:21	1:15	1:02	1:15
Metric: Percent of patients presenting with chest pain that receive and have an electrocardiogram (EKG) transmitted to the hospital within 10 minutes or less (Goal: 90% or higher)	85% #	90% #	96% #	90.7%	90%
Metric: Percent of patients having a heart attack that are treated and transported to a receiving hospital for medical intervention (door to balloon time) within 120 minutes of initial dispatch (Goal: 100%) Hospital practice is out of County's control	93% #	100% #	100% #	97.67%	Completed FY 2020
Metric: Monitor fatigue levels in Unit Hour Utilization (UHU) to ensure safety of staff and citizens (Goal: .35 UHU or less)	.17	.16	.16	.15	.16
Metric: Annual EMS call volume per fiscal year	7,245	7,030	7,300	5,048	7,300

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

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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Improve community relations with EMS					
Metric: Number of car seat inspections / instructions provided to families (Goal: 80 or more)	80	74	80	52	80
Metric: Number of car seats provided to families – contingent upon grants received (Goal: 55 or more)	58	89	55	50	55
Metric: Number of laypersons trained in Cardiopulmonary resuscitation (CPR) (Goal: 350 or more)	417	436	350	268	350
Metric: Number of Public Service Announcements placed on social media (Goal: 10 or more)	-	-	10	17	10
Metric: EMS program in schools (Goal: have an approved program in place during 'FY 20)	-	-	100%	100%	Completed FY 2020

GOAL: Improve community relations with the Fire Marshal's Office					
Metric: Number of commercial fire inspections completed (Goal: 50 or more) Inspections are the responsibility of development services	75	428	50	61	Completed FY 2020
Metric: Number of community fire prevention trainings held (Goal: 12 or more)	11	15	12	10	12
Metric: Number of people trained at community fire prevention trainings (Goal: 400 or more)	1,100	1,500	1,200	401 **Public training meetings are suspended**	400
Metric: Number of fire departments participating in Youth Fire Fighter programs (Goal: 5 or more) Fire Departments have control over this	9	9	5	12	Completed FY 2020
Metric: Research school based Youth Fire Fighter programs (Goal: Present completed study by June 30, 2020)	-	-	100%	100% **Classes begin 2021**	Completed FY 2020

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

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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: 90% or greater)	60% #	90% #	90% #	90%	90%
Metric: Percent of staff who have completed 36 hours or more of EMS continuing education within 12 months (Goal: 90% or greater)	-	-	90% #	94%	90%
GOAL: Increase professional development opportunities for Fire Marshal's Office staff					
Metric: Deliver comprehensive safety services and inspections. Percentage of staff who are credentialed Fire Inspectors and / or Fire Investigators (Goal: 65% or greater)	66% #	66% #	66% #	70%	66%
Metric: Provide a workforce that is trained to supplement fire departments at Hazardous Materials (HazMat) incidents. Percentage of hazmat technicians (Goal: 70% or greater)	70% #	75% #	70% #	70%	70%
Metric: Maintain a safe, healthy and well trained workforce. Percentage of credentialed fire fighters (Goal: 90% or greater)	90% #	90% #	100% #	90%	90%
Metric: Number of Squad 81 firefighters who have completed NFPA 1403 class for Live Fire training (Goal: 90% or greater)	-	-	100% #	100%	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 (Goal: 5 or more)	5	5	5	10	5

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Metric: Number of people trained in emergency preparedness (Goal: 500 or more)	-	545	500	531	500
Metric: Number of county fire departments applying for grants to assist with firefighting capacity (Goal: 13 / 100%) Fire Departments have control over this metric	-	-	13 100%	13	Completed FY 2020
Metric: Complete Emergency Operations Plan by June 30, 2020 (Goal: 100% complete)	-	-	100%	80%	Completed FY 2020
Metric: Complete Fire and Rescue Contracts and Ordinance updates by June 30, 2020 (Goal: 100% complete)	-	-	100%	Contracts complete. **Ordinance meetings on hold during covid.**	Completed FY 2020
Metric: Response rate for Squad 81 (Goal: 98% or greater)	100%	100%	100%	100%	100%

GOAL: Completion of Fire / Rescue Services Report					
Metric: Complete Fire & Rescue Ordinance update by June 30, 2021					100%
Metric: Collaborate with County Administration to complete Fire/ Rescue Services report by June 30, 2021					100%

GOAL: Explore social determinants of health initiatives that increase access to healthcare, preventative care and disease management					
Metric: Conduct a cost / benefit analysis to study a Community Paramedic program to increase prevention and patient follow up appointments by June 30, 2021 (Goal: 100% complete)					100%
Metric: Build Convalescent Care (specialty services) unit to be fiscally sustainable by June 30, 2021 (Goal: Revenues will be greater than Expenditures)					100%

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GOAL: Strengthen disaster preparedness efforts					
Metric: Use Emergency Operations Plan to develop a continuity of operations plan for Davie County government (Goal: Complete by 6/30/2021)					100%
Metric: Purchase and maintain 3 month's normal supply of gloves, masks, and PPE to strengthen disaster preparedness efforts (Goal: 3 month's supply)					3 month's supply

Department: **HEALTH**
Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY19-20	FY20-21
Budgeted Revenue	$1,830,437	$1,884,748
Budgeted Expenditures	$2,999,594	$3,047,618
Budgeted County Contribution	$1,169,157	$1,162,870

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Improve access to physical and behavioral health care for indigent population					
1. Metric: Percentage of Breast and Cervical Cancer Control Program (BCCCP) participants who are screened for breast and cervical cancer (Goal: 90% or more)	-	100%	90%	100%	90%
2. 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%	95.6%	100%	100%	100%
3. Metric: Number of unduplicated non-Medicaid patients receiving family planning services from Women's Reproductive Health Services (Goal: 356 or greater)	356	425	356	318	356
4. Metric: Number of non-Medicaid patients served through Maternal Health Services (Goal: 65 or more)	48	48	40	65	65
5. Metric: Percentage of women receiving early and adequate prenatal care at Davie County Health Department, beginning before 3rd trimester (Goal: 100%)	85%	100%	100%	100%	100%
6. Metric: Percentage of women who access Family Planning services after pregnancy (Goal: 90% or greater)	75%	90%	75%	100%	90%
7. Metric: Percentage of pregnant women in managed or monitored episode status that are receiving Obstetric Care Management (OBCM) services that have Presumptive Medicaid or Medicaid. (Goal: 95% or greater)	-	95%	95%	100%	Revised
Revised Metric 7: Percentage of pregnant women in managed or monitored episode status that are receiving Care Management for	-	-	-	-	95%

Department: **HEALTH**
Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY19-20	FY20-21
Budgeted Revenue	$1,830,437	$1,884,748
Budgeted Expenditures	$2,999,594	$3,047,618
Budgeted County Contribution	$1,169,157	$1,162,870

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
High Risk Pregnancy (CMHRP) services that have Presumptive Medicaid or Medicaid, or have initiated the process to enroll in Medicaid. (Goal: 95% or greater)					
8. Metric: Percentage of patients receiving OBCM services through DCHD who receive prenatal care and have successful outcomes (Goal: 80% or greater)	75%	78%	80%	98%	Completed FY 2020
9. Metric: Percentage of births of women in an Obstetric Care Management (OBCM) managed or monitored episode status that delivered at >37 weeks gestation. (Goal: 85% or greater)	-	85%	85%	84.44%	Completed FY 2020
10. 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%
11. Metric: Percentage of pregnant women receiving CMHRP services who are contacted within 30 days or 3 documented attempts (Goal: 100%)					100%
12. 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%)					100%
13. Metric: Percentage of pregnant women receiving CMHRP services who have an updated care plan every 30 days or 3 documented attempts (Goal: 100%)					100%

Department: **HEALTH**
Focus Area: **SAFE & HEALTHY COMMUNITY**

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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Improve health outcomes for vulnerable children					
1. Metric: Percentage of Care Coordination for Children (CC4C) children who have Medicaid (Goal: 90% or greater)	-	85%	90%	100%	Completed FY 2020
2. Metric: Percentage of Care Coordination for Children (CC4C) children in managed or monitored episode status who have a Personal Care Provider (PCP) (Goal: 90% or greater)	-	90%	90%	100%	Revised
Revised Metric 2: 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)					90%
3. Metric: Percentage of Care Coordination for Children (CC4C) children in managed or monitored episode status who have a Dental Home (Goal: 90% or greater)	-	70%	90%	100%	Revised
Revised Metric 3: 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)					90%
4. Metric: Percentage of referred Care Coordination for Children (CC4C) children, less than a year old, who exhibit signs of developmental delay who are seen by CC4C case management (Goal: 95% or greater)	-	100%	100%	100%	Completed FY 2020
5. Metric: Percentage of Care Coordination for Children (CC4C) children who are contacted within	75%	97.8%	75%	100%	Revised

Department: **HEALTH**
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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
72 hours following hospital (re)admission or Emergency Room visit (Goal: 75% or greater)					
Revised Metric 5: Metric: Percentage of CMARC Children who are contacted within 72 hours following hospital (re)admission or Emergency Room visit (Goal: 75% or greater)					75%
6. Metric: Percentage of children (ages 0-5) placed in County's custody whom Care Coordination for Children (CC4C) case managers ensure – within our control - are seen by pediatrician within recommended timeframe (Goal: 90% or greater)	90%	88.9%	90%	83.33%	Completed FY 2020
7. Metric: Percentage of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clients who are participating in WIC benefits (Goal: 90% or greater)	-	87%	90%	91.48%	90%
8. Metric: Percentage of postpartum Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) mothers initiating breastfeeding (Goal: 60% or greater)	-	60%	60%	46.12%	Completed FY 2020
9. Metric: Percentage of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) infants who are breastfed at least 6 months (Goal: 40% or greater)	-	33%	40%	96.56%	Completed FY 2020
10. Metric: Number of Davie County children (ages 0-5) receiving WIC benefits per 1,000 (Goal: increase from previous year)	-	49.2	49.4	65.44	65.5
11. 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)	-	-	-	-	85%

Department: **HEALTH**
Focus Area: **SAFE & HEALTHY COMMUNITY**

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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
12. 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)	-	-	-	-	85%
13. Metric: Percentage of CMARC children who exhibit signs of developmental delay and have referral for developmental services (Goal: 90% or greater)	-	-	-	-	90%
14. Metric: Percentage of postpartum women in WIC fully or partially breastfeeding (Goal: 40% or greater)	-	-	-	-	40%
15. Metric: Number of participants in WIC enrolled in Breast Feeding Peer Counselor Program (Goal: an increase from last year)	-	-	-	-	TBD
16. 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%

GOAL: Improve healthy lifestyles and nutrition access and programming					
1. Metric: DCHD immunization rate for children less than 24 months old (Goal: 80% or greater)	75%	84%	80%	76.22%	80%
2. Metric: Percentage of patients diagnosed with a sexually transmitted disease who are treated within two weeks (Goal: 99% or greater within our control)	100%	97.3%	99%	100%	99% 14 days
3. Metric: Percentage of patients diagnosed with active Tuberculosis who comply with treatment plan (Goal: 100%)	100%	100%	100%	100%	100%

Department: **HEALTH**
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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
4. Metric: Community Health Assessment complete with action items (Goal: complete on a 3 year basis according to state requirement – March of 2021)	Complete	Complete	Complete	Ongoing	Moved to new Goal
5. Metric: Complete written readiness plan for public health emergencies and update annually (Goal: complete by June 30, 2020)	Complete	Complete	Complete	Ongoing	Moved to new Goal
6. Metric: Percentage of public health employees who could respond to an emergency call down drill within 4 hours (Goal: 80% or greater)	92%	69.4%	80%	84%	Moved to new Goal

GOAL: Improve accountability and fiscal outcomes					
1. Metric: Percent participation in programmatic monitoring and audits (Goal: 100%)	100%	100%	100%	100%	100% 15 programs
2. 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)		59% $ saved	45% $ saved	TBD at YE	TBD
3. Metric: Percentage of death certificates processed within 5 days of receipt (Goal: 100%)	95%	100%	100%	100%	100% 5 days

GOAL: Support employee wellness					
1. Metric: Percent of employees and spouses covered by county insurance who are compliant with Health Risk Assessment requirements for Employee Wellness Clinic (Goal: 5% increase or greater from previous calendar year)	100%	74% # employees complying	80% # employees complying		85% # employees complying

Department: **HEALTH**
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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
2. 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)	-	20% # of participants	50% # of participants		50% # of participants

GOAL: Maintain optimal environmental health services					
1. Metric: Percentage of food/lodging inspections completed by fiscal year end (Goal: 100%)	100%	100%	100%	50%	100%
2. Metric: Percentage of septic repair applications responded to within 4 business days (Goal: 75% or greater)	-	55%	75%	98.11%	75% 4 business days
3. Metric: Percentage of completed site/soil evaluation applications responded to within 5 business days (Goal: 75% or greater)	-	77%	75%	100%	75% 5 business days
4. Metric: Percentage of completed well permit applications responded to within 10 days (Goal 95% or greater)	-	100%	95%	90%	95% 10 business days
5. 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)	-	89%	95%	100%	95% 10 days
6. Metric: Average number of days to collect well samples (State Standard: 10 days / County Goal: 7 days)	-	-	7 days	6.29 days	7 days

Department: **HEALTH**
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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Strengthen disaster preparedness					
1. Metric: Complete written readiness plan for public health emergencies and update annually (Goal: complete by June 30)	Complete	Complete	Complete	Ongoing	Complete
2. Metric: Percentage of public health employees who could respond to an emergency call down drill within 4 hours (Goal: 80% or greater)	92%	69.4%	80%	84%	80% 4 hours
3. Metric: Conduct one preparedness training for staff, as defined by the Public Health Preparedness Agreement Addenda (Goal: 100% Completed by June 30, 2021)					100%

Department: **SHERIFF**
Focus Area: **SAFE & HEALTHY COMMUNITY**

	FY19-20	FY20-21
Budgeted Revenue	$403,100	$542,759
Budgeted Expenditures	$8,854,428	$9,242,601
Budgeted County Contribution	$8,451,328	$8,699,842

	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Improve community relations with the Sheriff's Office					
Metric: Number of Town Hall type meetings (Goal: 15 or more)	3	15	15	13	Completed FY 2020
Metric: Man hours spent on participating in community events (Goal: 500 hours or more)	287	449	525	433	500
Metric: Number of educational programs delivered to citizens (Goal: 7 or more)	3	1	7	5	7
Metric: Number of officers delivering Meals on Wheels (Goal: 25 or more)	6	21 22%	25 26%	28 33%	25
Metric: Implement body worn camera solution by June 30, 2020 (Goal: 100% complete)	-	-	100%	100%	Completed FY 2020
Metric: Implement new in-car camera system by June 30, 2021 (Goal: 100% complete)	-	-	100%	75%	100%
GOAL: Promote jail diversion efforts					
Metric: Percent of offenders offered substance abuse information packets (Goal: 100%)	100%	50% 783	100% 1,000	100%	100%
Metric: Complete implementation of the substance abuse position and expand its services by June 30, 2020 (Goal: 100% complete)	-	-	100%	100%	Completed FY 2020
Metric: Percentage of 'at risk' detainees who are assisted by the substance abuse counselor (Goal: 100%)		50% # offenders assigned	100% # offenders assigned	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: 18 or more)	3	9 15.8%	18 100%	19 111%	19 5%

Department: **SHERIFF**
Focus Area: **SAFE & HEALTHY COMMUNITY**

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	FY17-18 Actual	FY18-19 Actual	FY 19-20 Budget	FY 19-20 3rd Qtr	FY 20-21 Budget
GOAL: Ensure optimal response times					
Metric: Implement updated Computer Aided Dispatch (CAD) system by December 31, 2020 (Goal: 100%)	-	-	50%	75%	100%
Metric: Implement End-User technology update (hardware/ software) by June 30, 2021 (Goal: 100% complete)	-	-	100%	75%	100%

GOAL: Improve efficiencies through governmental departmental collaborations					
Metric: Complete move to new facility (Goal: move complete be 6/30/2021)					100%