

**OFFICE OF THE COUNTY ADMINISTRATOR**

600 West Fourth Street  
Davenport, Iowa 52801-1003

Office: (563) 326-8702  
Fax: (563) 328-3285  
[www.scottcountyiowa.com](http://www.scottcountyiowa.com)



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November 27<sup>th</sup>, 2023

TO: Mahesh Sharma, County Administrator  
FROM: Amanda Orr, ERP and Budget Analyst  
SUBJECT: FY24 Budgeting for Outcomes Quarterly Report

Attached for the Board's review is a summary of the highlighted items from the 1<sup>st</sup> Quarter FY24 Budgeting for Outcomes report for all County departments and authorized agencies.

cc: David Farmer

2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

FY24 Budgeting for Outcomes Report for the quarter ending on September 30th, 2023.

In addition to the attached report submitted for the Board's review the following additional comments about specific outcomes from various programs are highlighted.

|    |   |  |   |
|----|---|--|---|
| 1. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> |  | Administration - Policy Facilitation  |
|    | <b>PROGRAM DESCRIPTION:</b>               | Organize and coordinate the legislative and policy functions of the Board of Supervisors. Recommend ordinances, resolutions, motions and provide administrative guidance.  |   |
|    | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | Board members are informed and prepared to take action on all items on the agenda.  |
|    | 0% / 0%                                   |  |   |
|    | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | The second reading of amended portions of Chapter 6 of the Scott County Code of Ordinances was the one agenda item that was postponed. This was due in part to a staffing change in the Planning and Development department. More information was required and the item was "tabled" to allow time for the Director position to be filled and the data to be collected. |
|    | 1.30%                                     |  |   |
| 2. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> |  | Administration - Strategic Plan   |
|    | <b>PROGRAM DESCRIPTION:</b>               | Facilitate through collaboration the achievement of the Board of Supervisors goals and report the outcomes quarterly. Supervise appointed Department Heads.  |   |
|    | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | 2024 - 2027 Strategic Plan Development.   |
|    | N/A / N/A                                 |  |   |
|    | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | Scott County completed the strategic planning process this summer. The first draft of the plan was completed on 09/30/2023 and the new plan was adopted on 10/12/2023. The top three priorities are Employees, Facilities, and Organization Efficiency.   |
|    | N/A                                       |  |   |
| 3. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> |  | Attorney - Driver License - Fine Collection   |
|    | <b>PROGRAM DESCRIPTION:</b>               | The Driver License Reinstatement Program gives drivers the opportunity to get their driver's licenses back after suspension for non-payment of fines. The Delinquent Fine Collection program's purpose is to assist in collecting delinquent amounts due and to facilitate the DL program. The County Attorney's Office is proactive in seeking out candidates, which is a new revenue source for both the County and the State. |   |
|    | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | Attorney's Office will work to assist Scott County residents in paying delinquent fines.  |
|    | 10% / 10%                                 |  |   |
|    | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | The 28.36% (\$120,805) that was collected for the County, is the quarterly growth over the previous fiscal year total. Each quarter is calculated based on the previous year's total. It is not a cumulative increase measured quarter upon quarter.  |
|    | 28.36%                                    |  |   |
| 4. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> |  | Attorney - Juvenile   |
|    | <b>PROGRAM DESCRIPTION:</b>               | The Juvenile Division of the County Attorney's Office represents the State in all Juvenile Court proceedings, works with police departments and Juvenile Court Services in resolving juvenile delinquency cases, and works with the Department of Human Services and other agencies in Children in Need of Assistance actions.   |   |
|    | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | Attorney's Office represents the State in juvenile delinquency proceedings.   |
|    | 98% / 98%                                 |  |   |
|    | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | Last fiscal year Juvenile evidentiary hearings were much higher than projected, and with 218 hearings in the first quarter, that trend continues. The Attorney's Office is seeing more complex cases with multiple charges. The needs of families in the community have increased and the Attorney's office is working to meet those needs.                             |
|    | 98%                                       |  |   |

2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

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| 5. <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> |  | Attorney - Advisory Services   |
| <b>PROGRAM DESCRIPTION:</b>                  | The County Attorney's Office is available daily from 8:30 am to 11:30 am to assist citizens who wish to consult an assistant county attorney to determine whether criminal charges or other action is appropriate in a given situation. In addition, an attorney is available 24/7 to assist law enforcement officers. |  |
| <b>BUDGETED/ PROJECTED</b><br>100% / 100%    | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | Attorney's Office will respond to citizen's requests for information during complaint desk hours.  |
| <b>DEPARTMENT QUARTERLY</b><br>100%          | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | The number of complaints received in the first quarter was 243. The Attorney's Office is now including phone calls and walk-in complains, which is why this number is higher than in years past. |

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| 6. <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b>    |  | Community Services - MH/DD  |
| <b>PROGRAM DESCRIPTION:</b>                     | To provide services as identified in the Eastern Iowa MH/DS Regional Management Plan to persons, with residency in the Eastern Iowa Region, and a diagnosis of mental illness, intellectual disability, brain injury, and other developmental disabilities. The County/Region is mandated to pay for certain services, such as mental health commitments, evaluations, medications, and treatment. The Region is also responsible for providing access to core services for treatment, crisis situations, and support for community living and employment. The County/Region has a Mental Health Advocate as well as Coordinators of Disability Services who help individuals and families gain access to services needed so they can gain stability and independence. |   |
| <b>BUDGETED/ PROJECTED</b><br>\$1,600 / \$1,400 | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | To provide mandated court ordered MH evaluations in most cost effective manner possible. The cost per evaluation will be no greater than \$1,600.                               |
| <b>DEPARTMENT QUARTERLY</b><br>\$1,070.83       | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | The Community Services department has kept the price per MH evaluation well below the FY24 projections, with a cost of \$1,070.83 per evaluation at the end of the 1st quarter. |

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| 7. <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b>         |   | Community Services - Veteran Services  |
| <b>PROGRAM DESCRIPTION:</b>                          | To provide outreach and financial assistance to Scott County veterans and their families, in addition to providing technical assistance in applying for federal veteran benefits. |  |
| <b>BUDGETED/ PROJECTED</b><br>80 Claims / 200 Claims | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | To provide technical assistance to veterans/families when applying for federal benefits.   |
| <b>DEPARTMENT QUARTERLY</b><br>50 Claims             | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | At the end of the 1st quarter, the Community Services department has already provided assistance to 50 veterans/families, bringing in \$63,131 of federal money into the County. They are on target to hit their projected budget of 200 claims. |

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| 8. <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> |  | Conservation - Recreational Services   |
| <b>PROGRAM DESCRIPTION:</b>                  | This program is responsible for providing facilities and services to the public for a wide variety of recreational opportunities and to generate revenue for the dept. |  |
| <b>BUDGETED/ PROJECTED</b><br>36% / 36%      | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  | To provide a high quality rental facilities (i.e. shelters, cabins, etc.) for public use.  |
| <b>DEPARTMENT QUARTERLY</b><br>40%           | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   | Recreation activities were very popular this Summer. Campsite occupancy was slightly up and this increase can be attributed to all of the Scott County facilities being open and available. In the past some areas had lengthy closures due to flooding. |

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| 9.  | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Conservation - Recreational Services  |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | This program is responsible for providing facilities and services to the public for a wide variety of recreational opportunities and to generate revenue for the dept.  |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | To provide high quality regional attractions that promote tourism and economic development.  |
|     | TBD                                       |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | The non-resident sales measurement is a new one for Conservation. This first quarter showed that almost half of the rentals and facility usage are from non-residents. The most popular rentals for this group were for campsites and cabins. Helping to prove that reservable campsites are a welcomed addition to the services Conservation provides.  |
|     | 49.50%                                    |   |  |
| 10. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Conservation - Golf Operations  |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | This program includes both maintenance and clubhouse operations for Glynn's Creek Golf Course.  |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | To provide an efficient and cost effective maintenance program for the course ensuring financial responsibility.   |
|     | \$22.70 / \$22.70                         |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | The Golf Superintendent has done a great job strategizing ways to cut back on spending at the golf course. Everything from chemicals used, to frequency of mowing/where they are mowing. This has all been done with the support of the Golf Pro Manager. The two work very well together and are determined to keep the course profitable so that they can plan for necessary improvements and additions to the existing buildings and equipment. |
|     | \$18.58                                   |   |  |
| 11. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | FSS - Support Services  |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | To provide support services to all customer departments/offices including: County reception, imaging, print shop, mail, FSS Fleet scheduling, conference scheduling and office clerical support. To provide support to FSS administration by processing AP/PC/PAYROLL and other requested administrative tasks.             |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | FSS Support Services staff will participate in safety training classes (offered in house) on an annual basis.  |
|     | 40 Hours / 40 Hours                       |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | Through the first quarter of FY24, FSS staff participated in 7 hours of in-house safety training. That is 18% of their budgeted and projected goals. This outcome is lower than anticipated due to being short-staffed and not having training hours for vacant positions.   |
|     | 7 Hours                                   |   |  |
| 12. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | FSS - Custodial Services  |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | To provide a clean and sanitary building environment for our customer departments/offices and the public. This program has a large role in supporting the organization-wide green initiative by administering recycling and green cleaning efforts. This program administers physical building security and access control. |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | Divert 85,000 pounds of waste from the landfill by shredding confidential information, recycling cardboard, plastic, metals and kitchen grease.  |
|     | 100,000 lbs / 100,000 lbs                 |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | Through the first quarter of FY24, FSS has recycled 24,515 pounds of waste. That is 24.5% of the budgeted and projected goals.   |
|     | 24,515 lbs                                |   |  |

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| 13. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | FSS - Maintenance of Buildings  |
|     | <b>PROGRAM DESCRIPTION:</b>               | To maintain the organizations real property and assets in a proactive manner. This program supports the organizations green initiatives by effectively maintaining equipment to ensure efficiency and effective use of energy resources. This program provides prompt service to meet a myriad of needs for our customer departments/offices and visitors to our facilities.  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   |
|     | 30% / 30%                                 | Maintenance staff will strive to do 30% of their work on a preventive basis.  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  |
|     | 29%                                       | Through the first quarter of FY24, maintenance staff completed 29% of their work in a preventive/scheduled/proactive manner rather than being reactive.   |
| 14. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Health - Childhood Lead Poisoning Prevention  |
|     | <b>PROGRAM DESCRIPTION:</b>               | The department provides childhood blood lead testing and case management of all lead poisoned children in Scott County. It also works with community partners to conduct screening to identify children with elevated levels not previously identified by physicians. Staff conducts environmental health inspections and reinspection of properties where children with elevated blood lead levels live and links property owners to community resources to support lead remediation. Staff participates in community-wide coalition efforts to decrease lead poisoning in Scott County through education and remediation of properties at risk SCC CH27, IAC 641, Chapter 67,69,70. |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   |
|     | 100% / 100%                               | Children identified with blood lead levels greater than or equal to 10 micrograms per deciliter receive services as appropriate for the blood lead level.   |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  |
|     | No children tested at this level this Qtr | Despite a 17% increase in lead testing in Scott County for Q1, no children tested were confirmed with blood levels greater than or equal to 15 ug/dl, so therefore no home nursing or outreach visits were needed.  |
| 15. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Health - Communicable Disease   |
|     | <b>PROGRAM DESCRIPTION:</b>               | Program to investigate and prevent the spread of communicable diseases and ensure proper treatment of disease. There are approximately 50 communicable diseases or disease types that are required to be reported to public health. When notified, the department completes appropriate case interviews and investigations in order to gather information and issues recommendations to help stop the spread of the disease. Also includes the investigation of food borne outbreaks. Ch 139 IAC  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   |
|     | 100% / 100%                               | Stop or limit the spread of communicable diseases.  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  |
|     | 100%                                      | Of the 208 communicable diseases reported through surveillance, 50 required investigation. 100% of those requiring the investigation were reported according to IDPH guidelines. Additionally, the 208 diseases reported this year is much lower than the 3,596 reported in Q1 last year and the Dept plans to adjust this projected number as Covid-19 is no longer a reportable illness.  |
| 16. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Health - Swimming Pool/Spa  |
|     | <b>PROGRAM DESCRIPTION:</b>               | Memorandum of Understanding with the Iowa Department of Public Health for Annual Comprehensive Pool/Spa Inspections to assure compliance with Iowa Code. Iowa Department of Public Health IAC 641, Chapter 15 entitled Swimming Pools and Spas.   |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   |
|     | 100% / 100%                               | Swimming pool/spa facilities are in compliance with Iowa Code.  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  |
|     | 59%                                       | As of 1st Quarter, the Health Department had completed 10 of 17 (59%) of follow-up inspections of compliance plans within 30 days. This goal isn't necessarily "short", but more of a timing issue. The HD s working with staff on how to accurately document this as the inspections and work on compliance doesn't often take place in the same month or quarter.   |

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| 17. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | HR - Compensation/Performance Appraisal   |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | Monitors County compensation program, conducts organizational studies to ensure ability to remain competitive in the labor market. Work with consultant to review job descriptions and classifications. Responsible for wage and salary administration for employee wage steps. Coordinate and monitor the Employee Performance Appraisal system, assuring compliance with County policy. Work to digitize employee personnel files to permit future desktop access to employees. |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | Measures timely submission of evaluations by supervisors.  |
|     | 45% / 45%                                 |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | The percent of employee evaluations not completed within 30 days is above the budgeted/projected amounts as well as FY23 actual percentage.  |
|     | 52%                                       |   |  |
| 18. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | HR - Benefit Administration   |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | Administers employee benefit programs (group health insurance, group life, LTD, deferred compensation and tuition reimbursement program) including enrollment, day to day administration, as well as cost analysis and recommendation for benefit changes.  |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | Percentage of eligible employees participating in Y@work program.  |
|     | 20% / 20%                                 |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | The percentage of eligible employees participating in the Y@work program is above the projected and budgeted amounts for FY24 and is ahead of the actual FY23 amount showing that wellness marketing is making a difference. |
|     | 25%                                       |   |  |
| 19. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Department of Health and Human Services (HHS) - Assistance Programs   |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | The Department of Health and Human Services provides a comprehensive social services to some of the most vulnerable citizens in Iowa. They offer economic support, supportive services, health care, child and adult protection services and resource management.   |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | Scott County provides \$84,452 to help with budget expenses.   |
|     | 100% / 100%                               |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | HHS reported spending \$23,284 during the first quarter or 27.57%.   |
|     | 25.57%                                    |   |  |
| 20. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | IT - Web Services   |  |
|     | <b>PROGRAM DESCRIPTION:</b>               | Web Management: Provide web hosting and development to facilitate access to public record data and county services.   |  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>   | GovDelivey - Unique Email Opens.   |
|     | 25% / 25%                                 |   |  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>  | The department has improved outreach to constituents with the percent of unique email opens exceeding the budgeted and projected amounts.  |
|     | 31%                                       |   |  |

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| 21. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> IT - Infrastructure - Network Services                           |  |
|     | <b>PROGRAM DESCRIPTION:</b>  | Data Network: Provide LAN/WAN data network to include access to the leased-line and fiber networks that provide connectivity to remote facilities.<br>Internet Connectivity: Provide Internet access.  |
|     | <b>BUDGETED/ PROJECTED</b><br>99% / 99%  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Percentage of network up-time  |
|     | <b>DEPARTMENT QUARTERLY</b><br>99%   | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> The department is doing its part in keeping the County running smoothly with keeping the County network up 99% of the time.   |
| 22. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Non-Departmental - Fleet Services                                |  |
|     | <b>PROGRAM DESCRIPTION:</b>  | To provide modern, functional and dependable vehicles in a ready state so that Scott County citizens needs are met with the least cost and without interruption.   |
|     | <b>BUDGETED/ PROJECTED</b><br>95% / 95%  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> To provide communications to customers that servicing or repairs are complete.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>100%  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> Fleet Services is reducing the amount of downtime by providing communication of completed service on vehicles within 10 minutes of completion 100% of the time.   |
| 23. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Planning and Development - Building Inspections/Code Enforcement |  |
|     | <b>PROGRAM DESCRIPTION:</b>  | Review building permit applications, issue building permits, enforce building codes, and complete building inspections. Review building code edition updates.  |
|     | <b>BUDGETED/ PROJECTED</b><br>75 / 70  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Review and issue building permit applications for new houses within five working days of application.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>13  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> The number of new housing permits are lower than at this same time last fiscal year (21). This downward trend seems to correlate with the rising cost of construction as well as the rising cost of interest rates.   |
| 24. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Planning & Development - E-911 Addressing Administration         |  |
|     | <b>PROGRAM DESCRIPTION:</b>  | Review and assign addresses to rural properties, notify Sheriff's Dispatch office and utilities. Enforce provisions of County E-911 addressing code.   |
|     | <b>BUDGETED/ PROJECTED</b><br>40 / 40  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Correct assignment of addresses for property in unincorporated Scott County.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>14  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> E-911 addresses are designed to improve public safety, and the Planning and Development office has seen an uptick in requests for these addresses in the first quarter. There doesn't seem to be a specific cause for this uptrend, however, these requests dropped significantly during the pandemic and maybe rebounding now. |

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| 25. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Recorder - Passports                  |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | Execute passport applications and ensure they are in compliance with the guidelines provided by the U.S. Department of State. Provide passport photo services to new and renewing passport customers.  |
|     | <b>BUDGETED/ PROJECTED</b><br>100% / 100%                                       | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Ensure all customers passport applications are properly executed the same day the customers submits the paperwork.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>100%   | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> When received prior to 2pm, 100% of completed applications and transmittal sheets were mailed to the U.S. Department of State the same day. Additionally, the Recorder's Office is projecting 1,000 passports to be processed this year in comparison to 715 in FY23. This increase is largely in part to passports now being offered 5 days a week by three passport agents. The Recorder's Office is the only passport acceptance agency in Scott County that is walk-in only, with no appointment necessary. |
| 26. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Recorder - Real Estate & DNR          |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | Maintain official records of documents effecting title to real estate and other important documents. Issue conservation license's titles, liens and permits.   |
|     | <b>BUDGETED/ PROJECTED</b><br>75% / 100%  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Digitize real estate documents recorded between 1971-1988.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>75%  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> As of 1st Qtr, the Recorder's Office is reporting that 75% of these documents can be accessed electronically from their website anytime. They are projected that 100% will be accessible by the end of FY24 as they are in the process of switching software providers. Once this happens, the project will finally be complete as all of these records will be imported into the new system and all real estate records 1971-present will be available to the public online.                                   |
| 27. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Secondary Roads - Rock Resurfacing    |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | To provide a safe, well-maintained road system by utilizing the latest in maintenance techniques and practices at a reasonable cost while providing the least possible inconvenience to the traveling public.  |
|     | <b>BUDGETED/ PROJECTED</b><br>100% / 100%                                       | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> To insure adequate maintenance blading of gravel roads.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>100%   | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> The maintenance blading positions are fully staffed and they are able to dedicate personnel and equipment to perform this important work full-time. Their operators are assigned to a territory and therefore are able to learn their roads and dedicate the proper attention to the roads based on usage.  |
| 28. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Secondary Roads - Roadway Maintenance |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | To provide proper drainage for the roadway and eliminate hazards to the public on the shoulders.   |
|     | <b>BUDGETED/ PROJECTED</b><br>100% / 100%                                       | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Blade shoulders to remove edge rut.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>100%   | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> Over time the gravel shoulder can work away from the edge of pavement and create an inch or two drop-off at the edge of pavement. If a car's tire drops off the edge of the pavement into the drop-off area, often drivers oversteer to get back onto the roadway and can cross the centerline causing a crash. The Department dedicates staff time to performing this work. Their goal is to pull the gravel up to the edge of the pavement, at least twice a year, to help prevent these types of accidents.  |



2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

|     |   |  |
|-----|---|--|
| 29. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Sheriff - Traffic Enforcement  |
|     | <b>PROGRAM DESCRIPTION:</b>               | Uniformed law enforcement patrolling Scott County to ensure compliance of traffic laws and safety of citizens and visitors to Scott County.  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  |
|     | 660 Hours / 650 Hours                     | To increase the number of hours of traffic safety enforcement/seat belt enforcement.   |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   |
|     | 79 Hours                                  | There are 4 deputies in the field training officer (FTO) program, and currently 4 senior deputies are the FTO instructors. GTSB is not the only overtime available for deputies to work as they have overtime with the City of Dixon, the City of Long Grove, and the City of McCausland, and in September, Scott Community College was offering overtime hours for Patrol as well. They also have 3 deputies that started in October. They are hopeful in the months to come, more GTSB hours will be worked as they will have more deputies available to work the hours. |
| 30. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Sheriff - Investigations   |
|     | <b>PROGRAM DESCRIPTION:</b>               | Investigates crime for prosecution.  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  |
|     | 250 Hours / 280 Hours                     | To increase drug investigations by the Special Operations Unit.  |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   |
|     | 85 Hours                                  | Scott County Special Operations Unit is made up of deputies from the Scott County Sheriff's Office and the Bettendorf Police Department. They are working with the Davenport Police Department and MEG, as well as surrounding law enforcement agencies, and the DEA. Working together and building relationships with federal and local agencies, has increased the number of investigations as well as the number of individuals prosecuted.   |
| 31. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | Sheriff - Investigations   |
|     | <b>PROGRAM DESCRIPTION:</b>               | Investigates crime for prosecution.  |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  |
|     | 550 Cases / 1,280 Cases                   | To ensure sex offenders in Scott County are complying with their tiered verifications.   |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   |
|     | 550 Cases                                 | The Sex Offender Registry Program has grown over the past several years with roughly 550 sex offenders needing to register in Scott County. Their SOR Program completes compliance checks regularly and arrests those sex offenders out of compliance.   |
| 32. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> | BOS - Intergovernmental Relations  |
|     | <b>PROGRAM DESCRIPTION:</b>               | Provide leadership in the Quad Cities and especially in Scott County to create partnerships that enhance the quality of life to the residents. Collaborate with other organizations seen as vital to Scott County's success. Be a model for other jurisdictions.   |
|     | <b>BUDGETED/ PROJECTED</b>                | <b>PERFORMANCE MEASUREMENT OUTCOME:</b>  |
|     | 95% / 95%                                 | Board members serve as ambassadors for the County and strengthen intergovernmental relations. Attendance of board members at intergovernmental meetings.   |
|     | <b>DEPARTMENT QUARTERLY</b>               | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b>   |
|     | 100%                                      | The Board of Supervisors has achieved 100% attendance for intergovernmental meetings in the 1st quarter.   |

2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

|     |   |  |
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| 33. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Treasurer - County Store                        |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | Professionally provide any motor vehicle and property tax services as well as other County services to all citizens at a convenient location through versatile, courteous and efficient customer service skills.   |
|     | <b>BUDGETED/ PROJECTED</b><br>12% / 12%   | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Process at least 12% of motor vehicle plate fees collected. Provide an alternative site for citizens to pay MV registrations.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>31.72%   | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> The Treasurer's office is well over budget on the volume of people registering their motor vehicles at the county store. At the end of the 1st quarter, 31.72% of the motor vehicle registrations occurred at the county store. This would indicate that the citizens of Scott County find this alternative location convenient.                                      |
| 34. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Treasurer - Tax Collections                     |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | Collect all property taxes and special assessments due within Scott County. Report to each taxing authority the amount collected for each fund. Send, before the 15th of each month, the amount of tax revenue, special assessments, and other moneys collected for each taxing authority in the County for direct deposit into the depository of their choice.  |
|     | <b>BUDGETED/ PROJECTED</b><br>90% / 90%   | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> 90% of results from surveys completed by customers in regard to the service they received are positive. Provide satisfactory customer service.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>83%  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> In the 1st quarter, 83% of the customer satisfaction surveys received have been positive. Over the last couple of months, the Treasurer's office has seen a decrease in the number of people who are completing the surveys, which has attributed to the lower satisfaction percentage.   |
| 35. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> YJRC - In Home Detention Program                |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | Certain Juveniles are eligible to be supervised in the community through an "In Home Detention" program as an alternative to secure detention.   |
|     | <b>BUDGETED/ PROJECTED</b><br>88% / 80%   | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> To ensure that all juvenile who are referred for IHD supervision are given every opportunity to successfully complete the program.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>94%  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> The program historically has had a rate of around 80% successful completion. However, this quarter has shown a marked improvement in the successful completion rate. This is due to staff members continually developing strong relationships and engaging family and youth.  |
| 36. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> YJRC - School Based Restorative Justice Program |  |
|     | <b>PROGRAM DESCRIPTION:</b>   | School Based Restorative Mediation program is a suspension diversion program provided in Scott County secondary schools. YJRC staff are dispatched to schools to provide restorative mediation to teach youth to resolve conflict without the use of violence.   |
|     | <b>BUDGETED/ PROJECTED</b><br>90% / 90%   | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> To ensure that all juveniles who are referred for school based restorative mediation are given every opportunity to successfully complete the program.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>93%  | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> This quarter there were 206 youths referred for restorative mediation. Of the 206, 192 completed mediation successfully. Typically the program has a 90-92% success rate. This quarter is the highest it has ever been at 93%. This is due to staff members continually working to engage youth in the process and teaching skills to resolve conflict appropriately. |

2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

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| 37. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> YJRC - Youth Centered Meetings |   |
|     | <b>PROGRAM DESCRIPTION:</b>  | Certain juveniles are ordered to long term placement after detainment. The Youth Centered Meetings Program is designed to help the juvenile have a smooth transition back to the home environment after long term care. The program is strength-based and helps create a plan to connect juveniles with services in their home area.  |
|     | <b>BUDGETED/ PROJECTED</b><br>80% / 80%                                  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> To ensure that all juveniles who are referred for Youth Centered Meetings are given every opportunity to successfully complete the program.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>100%                                      | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> YJRC has a target of 80% or more juveniles who are referred for Youth Centered Meetings to complete all meetings successfully. Through the 1st quarter, 100% (14 out of 14) of the youths are on track to complete this program.   |
| 38. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Community Health Care (CHC)    |   |
|     | <b>PROGRAM DESCRIPTION:</b>  | Community Health Care (CHC) provides comprehensive health care for the Quad City population in need on a sliding fee scale basis.   |
|     | <b>BUDGETED/ PROJECTED</b><br>\$891,929 / \$1,009,424                    | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Scott County citizens will benefit from the sliding fee scale to make health care more affordable.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>\$252,356                                 | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> There were 3,734 people seen at CHC during the first quarter who reported being below the Federal Poverty level. There are more people being seen at CHC who qualify for Federal health insurance. The number of overall Scott County citizens being seen at CHC is dramatically increasing as well. It is projected to exceed the FY23 actual by 2,000. More individuals are using the sliding fee scale in order to get health care at an affordable rate, the discount being \$252,356 during the first quarter. At this rate, the total discount amount for the year is projected to exceed \$1 million. Scott County provides \$302,067 to CHC for funding the sliding fee scale. |
| 39. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Community Health Care (CHC)    |   |
|     | <b>PROGRAM DESCRIPTION:</b>  | Community Health Care (CHC) provides comprehensive health care for the Quad City population in need on a sliding fee scale basis.   |
|     | <b>BUDGETED/ PROJECTED</b><br>92% / 92%                                  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Scott County citizens will have insurance coverage: private, Medicaid or Medicare.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>88%                                       | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> CHC is reporting fewer people having insurance. Individuals report losing their jobs, not completing yearly paperwork, not wanting to pay monthly premiums, or not wanting to pay the discount rates at CHC. Overall this puts a demand on the sliding fee discount amounts. CHC projects the number of people utilizing either the medical or the pharmacy sliding fee program to increase from the previous year.  |
| 40. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> Durant Ambulance               |   |
|     | <b>PROGRAM DESCRIPTION:</b>  | Emergency medical treatment and transport.  |
|     | <b>BUDGETED/ PROJECTED</b><br>90% / 95%                                  | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Respond within 20 minutes to 90% of 911 requests in Scott County.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>97%                                       | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> During the first quarter of FY24, Durant Ambulance reported responding to 97% of the 60 Scott County calls within 20 minutes. This exceeded their projected outcome of 90% and exceeded the actual for FY23. The average response time reported by Durant increased slightly to 13:28. Durant continues to rely on volunteers with back-up assistance provided by MEDIC EMS.   |

2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

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| 41. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b>     | EMA - Training  |
|     | <b>PROGRAM DESCRIPTION:</b>                   | Maintenance of dissemination of training and exercise opportunities for Scott County responders.  |
|     | <b>BUDGETED/ PROJECTED</b><br>100% / 100%     | <b>PERFORMANCE MEASUREMENT OUTCOME:</b><br>Meet State required 24 hours of professional development training annually.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>50%            | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b><br>Through the first quarter of FY24, EMA has completed 12 of the 24 hours of professional development training required to maintain federal funding for the agency.   |
| 42. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b>     | SECC - Management and Planning  |
|     | <b>PROGRAM DESCRIPTION:</b>                   | Improve interagency coordination to positively impact all levels of the organization. We continue to aggressively work with our partners to move to the middle to help facilitate our consolidation effort.   |
|     | <b>BUDGETED/ PROJECTED</b><br>50% / 75%       | <b>PERFORMANCE MEASUREMENT OUTCOME:</b><br>Improve interagency coordination to positively impact all levels of the organization. We continue to aggressively work with our partners to move to the middle to help facilitate our consolidation effort.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>75%            | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b><br>Through the first quarter of FY24, SECC has completed the 75% projected goal or 100% of the projected goal and has exceeded the budgeted goal of 50% at 150%.   |
| 43. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b>     | Library - Public Service - Communications   |
|     | <b>PROGRAM DESCRIPTION:</b>                   | Tell the library story in a variety of formats and using numerous platforms.  |
|     | <b>BUDGETED/ PROJECTED</b><br>5,000 / 4,500   | <b>PERFORMANCE MEASUREMENT OUTCOME:</b><br>Communicate with the public via social media.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>4,142          | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b><br>The increase in communication via social media can be attributed to the Eldridge location lease agreement. Public awareness was raised and that was the direct cause of the swell of new followers.   |
| 44. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b>     | Library - Public Service - Digital  |
|     | <b>PROGRAM DESCRIPTION:</b>                   | Go Digital Initiative-Digital interaction.  |
|     | <b>BUDGETED/ PROJECTED</b><br>90,000 / 81,500 | <b>PERFORMANCE MEASUREMENT OUTCOME:</b><br>Provide access to digital materials to library cardholders.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>21,057         | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b><br>The Library utilizes Google Analytics to track its digital usage, unfortunately, Google changed how its algorithm works. They used to track page engagements and now they track "sessions". This change in measurement has skewed the total count negatively. |

2024 BUDGETING FOR OUTCOMES HIGHLIGHTS QUARTERLY REPORT

|     |   |  |
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| 45. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> MEDIC EMS             |  |
|     | <b>PROGRAM DESCRIPTION:</b>                                     | Community CPR classes provided.  |
|     | <b>BUDGETED/</b><br>600 / 1,200                                 | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Percent of cardiac arrest patients discharged alive.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>857                              | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> MEDIC EMS doubled its projected number of community CPR classes compared to budgeted because the budgeted number was exceeded during the first quarter. Community interest in CPR was high during FY23 and continues to remain so through the first quarter of FY24. By-stander CPR is a critical component of the EMS system and contributes to cardiac survival rates.  |
| 46. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> MEDIC EMS             |  |
|     | <b>PROGRAM DESCRIPTION:</b>                                     | Provide advanced level pre hospital emergency medical care and transport.  |
|     | <b>BUDGETED/ PROJECTED</b><br>All arrests-22/25%/VF/VT-35/40%   | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Percent of cardiac arrest patients discharged alive.   |
|     | <b>DEPARTMENT QUARTERLY</b><br>All arrests-55%/VF/VT-66.7%      | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> The percent of cardiac arrest patients discharged alive far exceeded what was budgeted/projected in FY24 as well as the high levels that occurred in FY23. MEDIC's dispatch instructions, timely on-scene rate, highly trained staff, and new equipment to support care all contribute to these high rates, which far exceed national standards. MEDIC continues to refine its processes and train staff on best practices, ultimately improving outcomes; by-stander CPR is crucial to this outcome as well. |
| 47. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> MEDIC EMS             |  |
|     | <b>PROGRAM DESCRIPTION:</b>                                     | Provide advanced level pre hospital emergency medical care and transport.  |
|     | <b>BUDGETED/ PROJECTED</b><br>98% / 90%                         | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> Urban Code 3 Response times will be < 14 minutes 59 seconds with greater than 90% compliance.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>89.53%                           | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> For first quarter of FY24, MEDIC was very close to achieving its adjusted, projected goal of 90% response time for urban code 3. While still critically important, these calls are classified as non-emergent and would be impacted by more emergent calls for service. Overall, the average urban response time was 7 minutes and 58 seconds; eight seconds slower than FY23. Volume continues to be high.   |
| 48. | <b>DEPARTMENT NAME/ ACTIVITY SERVICE:</b> MEDIC EMS             |  |
|     | <b>PROGRAM DESCRIPTION:</b>                                     | Provide advance level pre hospital emergency medical care and transport.   |
|     | <b>BUDGETED/ PROJECTED</b><br>11minutes / 10 minutes 45 seconds | <b>PERFORMANCE MEASUREMENT OUTCOME:</b> All Rural Average Response times.  |
|     | <b>DEPARTMENT QUARTERLY</b><br>11 minutes 2 seconds             | <b>PERFORMANCE MEASUREMENT ANALYSIS:</b> During the first quarter in FY24, MEDIC's average rural response time remained similar to that of FY23. MEDIC continues to provide back up support to rural volunteer ambulance services. The physical location of the responding ambulance at the time of the call may impact response times for the occasional rural call if location adjustments have been made due to other needs.  |

# Administration

Mahesh Sharma, County Administrator



**MISSION STATEMENT: The County Administrator will work to create a sustainable, enjoyable and prosperous community for all Scott County residents**

|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                   | Policy and Facilitation | <b>DEPT/PROG:</b>        |                 | Administration   |                |
| <b>BUSINESS TYPE:</b>                                      | Foundation              | <b>RESIDENTS SERVED:</b> |                 | All Residents    |                |
| <b>BOARD GOAL:</b>   | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$362,359      |
| <b>OUTPUTS</b>   |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of agenda items                                     |                         | 362                      | 300             | 300              | 74             |
| Number of agenda items postponed                           |                         | 4                        | 0               | 0                | 1              |
| Number of agenda items placed on agenda after distribution |                         | 0                        | 0               | 0                | 0              |

**PROGRAM DESCRIPTION:**

Organize and coordinate the legislative and policy functions of the Board of Supervisors. Recommend ordinances, resolutions, motions and provide administrative guidance.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Prepare reports, studies, legislative actions for Board consideration in a prompt, efficient manner. | Percentage number of agenda items placed on the agenda 5 days in advance of the meeting. | 100%           | 100%            | 98%              | 100%           |
| Board members are informed and prepared to take action on all items on the agenda.                   | Percentage number of agenda items that are postponed at Board meeting.                   | 1.00%          | 0.00%           | 0.00%            | 1.30%          |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |

|                                  |                         |                          |                 |                  |                |
|----------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>         | Financial Management    | <b>DEPT/PROG:</b>        | Administration  |                  |                |
| <b>BUSINESS TYPE:</b>            | Foundation              | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>               | Financially Responsible | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$253,000      |
| <b>OUTPUTS</b>                   |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of Grants Managed         |                         | 57                       | 50              | 55               | 31             |
| Number of Budget Amendments      |                         | 2                        | 2               | 2                | 0              |
| Number of Purchase Orders Issued |                         | 612                      | 560             | 580              | 220            |
|                                  |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Recommend balanced budget and capital plan annually. Forecast revenues and expenditures and analyze trends. Prepare reports and monitor and recommend changes to budget plan. Monitor and audit purchasing card program. Administer grants and prepare reports. Coordinate the annual audit and institute recommendations. Prepare special reports.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b>  | <b>2023-24</b>  | <b>2023-24</b>  | <b>3 MONTH</b>  |
|--|---|---|---|---|---|
|  |   | <b>ACTUAL</b>   | <b>BUDGETED</b>   | <b>PROJECTED</b>  | <b>ACTUAL</b>   |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |   |   |   |   |
| Maintain minimum fund balance requirements for the County's general fund - according to the Financial Management Policy, and within legal budget | Maintain a 15% general fund balance, and each state service area to be 100% expended or below | 23% / 100%  | 20.0% / 100%  | 20.0% / 100%  | 19.9% / 100%  |
| Ensure that all Federal Grants receive a perfect score with no audit findings for County's annual Single Audit                                   | Zero audit findings for federal grants related to the Single Audit                            | 0   | 0   | 0   | 0   |
| Submit Budget / CAFR / PAFR to GFOA obtains Award Certificate  | Recognition of Achievements in Reporting  | 3   | 3   | 3   | 3   |
| Develop Training program for ERP / Financial users to increase comfort and report utilization / accounting                                       | Training events outside of annual budget training   | 2   | 1   | 1   | 5   |
| Develop ARPA spending plan; that adheres to Board of Supervisors Objectives, grant compliance and spending deadlines.                            | Expend grant dollars that meets federal guidelines for American Rescue Plan.                  | Develop high priority spending projects, Report to Board on quarterly basis | Develop high priority spending projects, Report to Board on quarterly basis | Develop high priority spending projects, Report to Board on quarterly basis | Develop high priority spending projects, Report to Board on quarterly basis |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                    | Legislative Coordinator | <b>DEPT/PROG:</b>        | Administration  |                  |                |
| <b>BUSINESS TYPE:</b>                                       | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$43,000       |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of committee of the whole meetings                   |                         | 44                       | 44              | 34               | 7              |
| Number of meetings posted to web 5 days in advance          |                         | 100%                     | 98%             | 98%              | 100%           |
| Percent of Board Mtg handouts posted to web within 24 hours |                         | 100%                     | 100%            | 100%             | 100%           |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Coordination of intergovernmental relations: scheduling meetings with city councils, authorized agencies and boards and commissions; appointments to boards and commissions, 28E Agreements, etc. Coordination of agenda preparation and meeting notices and custodian of official files for Board of Supervisors and Public Safety Authority.

| <b>PERFORMANCE MEASUREMENT</b>                |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                               | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Agenda materials are available to the public. | Agenda posted to the website 5 days in advance of the meeting.        | 100%           | 98%             | 100%             | 100%           |
| Handouts are available to the public timely.  | Handouts are posted to the website within 24 hours after the meeting. | 100%           | 100%            | 100%             | 100%           |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |



|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                   | Strategic Plan          | <b>DEPT/PROG:</b>        | Administration  |                  |                |
| <b>BUSINESS TYPE:</b>                      | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                         | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$86,000       |
| <b>OUTPUTS</b>                             |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of Strategic Plan goals             |                         | 52                       | 52              | 30               | N/A            |
| Number of Strategic Plan goals on-schedule |                         | 29                       | 52              | 30               | N/A            |
| Number of Strategic Plan goals completed   |                         | 22/52                    | 15/52           | 0                | N/A            |

**PROGRAM DESCRIPTION:**

Facilitate through collaboration the achievement of the Board of Supervisors goals and report the outcomes quarterly. Supervise appointed Department Heads. A new plan will be developed in 2023 for the upcoming year.

| <b>PERFORMANCE MEASUREMENT</b>                              |  | <b>2022-23</b>   | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>              |
|---|--|--|-----------------|------------------|-----------------------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>               |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                          |  |                 |                  |                             |
| Strategic Plan goals are on-schedule and reported quarterly | Percentage of Strategic Plan goals on-schedule | 29 of 32 open strategic plan goals are on schedule 91% | 100%            | 100%             | N/A                         |
| Strategic Plan goals are completed*                         | Percentage of Strategic Plan goals completed   | 22 of 52 goals are completed 42%                       | 29%             | 0%               | N/A                         |
| 2024-2027 Strategic Plan Development                        | Completion of Plan Development.                | N/A  | N/A             | N/A              | Draft adopted on 10/12/2023 |
|   |  |  |                 |                  |                             |

# Attorney's Office

Kelly Cunningham, County Attorney



**MISSION STATEMENT:** The County Attorney's Office is dedicated to providing the citizens of Scott County with a safe community by providing well-trained, career prosecutors and support staff to pursue justice through the resolution of legal issues, prosecute criminal offenses occurring within Scott County, cooperate with law enforcement agencies for the protection of citizens, and provide legal representation for the County, its elected officials and departments.

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                  | Criminal Prosecution    | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>                     | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                        | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$3,347,420    |
| <b>OUTPUTS</b>                            |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| New Indictable Misdemeanor Cases          |                         | 3,053                    | 2,600           | 2,600            | 795            |
| New Felony Cases                          |                         | 1,280                    | 1,000           | 1,000            | 363            |
| New Non-Indictable Cases                  |                         | 1,478                    | 1,000           | 2,000            | 428            |
| Conducting Law Enforcement Training (hrs) |                         | 0                        | 10              | 5                | 0              |

**PROGRAM DESCRIPTION:**

The County Attorney Office is responsible for the enforcement of all state laws and county ordinances charged in Scott County. The duties of a prosecutor include advising law enforcement in the investigation of crimes, evaluating evidence, preparing all legal documents filed with the court, and participating in all court proceedings including jury and non-jury trials.

| PERFORMANCE MEASUREMENT  |  | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|--|--|---------|----------|-----------|---------|
|  |  | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |         |          |           |         |
| Attorney's Office will represent the State in all criminal proceedings.                | 98% of all criminal cases will be prosecuted by the SCAO.                                  | 98%     | 98%      | 98%       | 98%     |
| Attorney's Office will have qualified, well-trained attorneys to represent County.     | 100% of Attorneys will receive a minimum of 15 hrs of CLE (continuing education) annually. | 100%    | 100%     | 100%      | 100%    |
| Attorney's Office will diligently work toward achieving justice in all criminal cases. | Justice is accomplished in 100% of criminal cases.   | 100%    | 100%     | 100%      | 100%    |
|  |  |         |          |           |         |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                  | Juvenile                | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>                                     | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$620,442      |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| New Juvenile Cases - Delinquencies, CINA, Terms, Rejected |                         | 461                      | 500             | 500              | 117            |
| Uncontested Juvenile Hearings                             |                         | 1,607                    | 1,300           | 1,500            | 388            |
| Evidentiary Juvenile Hearings                             |                         | 929                      | 300             | 500              | 218            |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

The Juvenile Division of the County Attorney's Office represents the State in all Juvenile Court proceedings, works with police departments and Juvenile Court Services in resolving juvenile delinquency cases, and works with the Department of Human Services and other agencies in Children in Need of Assistance actions.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Attorney's Office represents the State in juvenile delinquency proceedings.  | 98% of all juvenile delinquency cases will be prosecuted by the SCAO. | 98%            | 98%             | 98%              | 98%            |
| Attorney's Office represents the Department of Human Services in CINA cases. | 98% of all juvenile CINA cases will be pursued by the SCAO.           | 98%            | 98%             | 98%              | 98%            |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

|                                      |                         |                          |                 |                  |                |
|--------------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>             | Civil / Mental Health   | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>                | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                   | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$270,754      |
| <b>OUTPUTS</b>                       |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                      |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Non Litigation Services Intake       |                         | 373                      | 200             | 250              | 58             |
| Litigation Services Intake           |                         | 812                      | 600             | 700              | 73             |
| Non Litigation Services Cases Closed |                         | 256                      | 100             | 150              | 11             |
| Litigation Services Cases Closed     |                         | 586                      | 500             | 600              | 117            |
| # of Mental Health Hearings          |                         | 405                      | 400             | 500              | 105            |

**PROGRAM DESCRIPTION:**

Provide legal advice and representation to Scott County Board of Supervisors, elected officials, departments, agencies, school and township officers. Represent the State in Mental Health Commitments.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Attorney's Office will provide representation and service as required.              | Attorney's Office will defend 90% of County cases in-house. (rather than contracting other attorneys) | 90%            | 90%             | 90%              | 90%            |
| Attorney's Office will provide representation at Mental Health Commitment Hearings. | 100% representation   | 100%           | 100%            | 100%             | 100%           |
| Attorney's Office will have qualified, well-trained attorneys to represent County.  | 100% of Attorneys will receive a minimum of 15 hrs of CLE (continuing education) annually.            | 100%           | 100%            | 100%             | 100%           |
|   |   |                |                 |                  |                |

|  |                                  |                          |                 |                  |                |
|--|----------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>               | Driver License / Fine Collection | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>                  | Community Add On                 | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                     | Economic Growth                  | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$184,275      |
| <b>OUTPUTS</b>                         |                                  | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                                  | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| total cases entered to be collected on |                                  | 5,593                    | 2,700           | 3,500            | 1,172          |
| total cases flagged as default         |                                  | 198                      | 150             | 200              | 34             |
| \$ amount collected for county         |                                  | \$478,871                | \$420,000       | \$420,000        | \$120,805      |
| \$ amount collected for state          |                                  | \$1,124,000              | \$800,000       | \$800,000        | \$310,858      |
| \$ amount collected for DOT            |                                  | \$0                      | \$2,000         | \$1,000          | \$0            |

**PROGRAM DESCRIPTION:**

The Driver License Reinstatement Program gives drivers the opportunity to get their driver's licenses back after suspension for non-payment of fines. The Delinquent Fine Collection program's purpose is to assist in collecting delinquent amounts due and to facilitate the DL program. The County Attorney's Office is proactive in seeking out candidates, which is a new revenue source for both the County and the State.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Attorney's Office will work to assist Scott County residents in obtaining driver licenses after suspension. | Attorney's Office will assist applicants with suspensions 100% of the time.  | 100%           | 100%            | 100%             | 100%           |
| Attorney's Office will work to assist Scott County residents in paying delinquent fines.                    | Attorney's Office will grow the program approximately 10% each quarter as compared to the previous fiscal years grand total. | 28.8%          | 10.00%          | 10%              | 28.36%         |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|                           |                                |                          |                 |                  |                |
|---------------------------|--------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | Victim/Witness Support Service | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>     | Core                           | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>        | Performing Organization        | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$90,251       |
| <b>OUTPUTS</b>            |                                | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                           |                                | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # victim packets sent     |                                | 1,935                    | 1,600           | 1,600            | 519            |
| # victim packets returned |                                | 518                      | 500             | 500              | 153            |
|                           |                                |                          |                 |                  |                |
|                           |                                |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

The Victim/Witness Program of Scott County provides services to victims of crime and focuses attention on the rights of crime victims. The Victim/Witness Coordinator notifies victims of all proceedings, and provides service referrals and information to victims and witnesses.

| <b>PERFORMANCE MEASUREMENT</b>                                  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Attorney's Office will actively communicate with crime victims. | 100% of registered crime victims will be sent victim registration information. | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|                                  |                         |                          |                 |                  |                |
|----------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>         | Advisory Services       | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>            | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>               | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$141,036      |
| <b>OUTPUTS</b>                   |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of walk-in complaints received |                         | 587                      | 250             | 400              | 243            |
|                                  |                         |                          |                 |                  |                |
|                                  |                         |                          |                 |                  |                |
|                                  |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

The County Attorney's Office is available daily from 8:30 am to 11:30 am to assist citizens who wish to consult an assistant county attorney to determine whether criminal charges or other action is appropriate in a given situation. In addition, an attorney is available 24/7 to assist law enforcement officers.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                         |                |                 |                  |                |
| Attorney's Office will respond to citizen's requests for information during complaint desk hours. | 100% of requests will be addressed.           | 100%           | 100%            | 100%             | 100%           |
| Attorney's Office will assist law enforcement officers in answering legal questions.              | An attorney is on call 24/7, 365 days a year. | 100%           | 100%            | 100%             | 100%           |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|                          |                         |                          |                 |                  |                |
|--------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Case Expedition         | <b>DEPARTMENT:</b>       | Attorney        |                  |                |
| <b>BUSINESS TYPE:</b>    | Community Add On        | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$47,012       |
| <b>OUTPUTS</b>           |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of entries into jail   |                         | 7,980                    | 3,800           | 5,000            | 2,142          |
|                          |                         |                          |                 |                  |                |
|                          |                         |                          |                 |                  |                |
|                          |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

The purpose of Case Expeditor is to facilitate inmates' progress through the judicial system.

| <b>PERFORMANCE MEASUREMENT</b>   |                                    | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|------------------------------------|----------------|-----------------|------------------|----------------|
|  |                                    | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>              |                |                 |                  |                |
| The Case Expeditor will review the cases of all inmates in the Scott County Jail to reduce the number of days spent in the jail before movement. | 100% of inmate cases are reviewed. | 100%           | 100%            | 100%             | 100%           |
|  |                                    |                |                 |                  |                |
|  |                                    |                |                 |                  |                |
|  |                                    |                |                 |                  |                |



# Attorney - Risk Management



Rhonda Oostenryk, Risk Manager

**MISSION STATEMENT:** Investigation and review of all claims and losses, implementing policies or procedures to adjust, settle, resist or avoid future losses; relating liability and worker's compensation issues.

|  |  |                              |                 |                  |
|--|--|------------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b> Liability         |  | <b>DEPARTMENT:</b> Risk Mgmt |                 |                  |
| <b>BUSINESS TYPE:</b> Core                 |  | <b>RESIDENTS SERVED:</b>     |                 | All Residents    |
| <b>BOARD GOAL:</b> Performing Organization |  | <b>FUND:</b> 02 Supplemental | <b>BUDGET:</b>  | \$667,820        |
| <b>OUTPUTS</b>                             |  | <b>2022-23</b>               | <b>2023-24</b>  | <b>2023-24</b>   |
|  |  | <b>ACTUAL</b>                | <b>BUDGETED</b> | <b>PROJECTED</b> |
|  |  |                              |                 | <b>3 MONTH</b>   |
|  |  |                              |                 | <b>ACTUAL</b>    |
| \$40,000 of Claims GL                      |  | \$2,054                      | \$40,000        | \$40,000         |
| \$50,000 of Claims PL                      |  | \$2,000                      | \$30,000        | \$30,000         |
| \$85,000 of Claims AL                      |  | \$77,943                     | \$100,000       | \$100,000        |
| \$20,000 of Claims PR                      |  | \$15,438                     | \$50,000        | \$50,000         |

**PROGRAM DESCRIPTION:**

Tort Liability: A "tort" is an injury to another person or to property, which is compensable under the law. Categories of torts include negligence, gross negligence, and intentional wrongdoing.

| <b>PERFORMANCE MEASUREMENT</b>                        |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                       | <b>EFFECTIVENESS:</b>                            |                |                 |                  |                |
| Prompt investigation of liability accidents/incidents | To investigate incidents/accidents within 5 days | 90%            | 90%             | 90%              | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|                                      |                         |                          |                 |                          |
|--------------------------------------|-------------------------|--------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>             | Schedule of Insurance   | <b>DEPARTMENT:</b>       | Risk Mgmt       | 12.1202                  |
| <b>BUSINESS TYPE:</b>                | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                          |
| <b>BOARD GOAL:</b>                   | Performing Organization | <b>FUND:</b>             | 02 Supplemental | <b>BUDGET:</b> \$490,643 |
| <b>OUTPUTS</b>                       |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>           |
|                                      |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>         |
| # of County maintained policies - 15 |                         | 15                       | 15              | 16                       |
|                                      |                         |                          |                 |                          |
|                                      |                         |                          |                 |                          |
|                                      |                         |                          |                 |                          |

**PROGRAM DESCRIPTION:**

Schedule of Insurance

Maintaining a list of items individually covered by a policy, e.g., a list of workers compensation, general liability, auto liability, professional liability, property and excess umbrella liability.

| <b>PERFORMANCE MEASUREMENT</b>                              |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                    |                |                 |                  |                |
| Market and Educate underwriters to ensure accurate premiums | Audit Insurance Job Classification codes | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                 | Workers Compensation    | <b>DEPARTMENT:</b>       | Risk Mgmt       |                  |                |
| <b>BUSINESS TYPE:</b>                    | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                       | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$204,435      |
| <b>OUTPUTS</b>                           |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Claims Opened (new)                      |                         | 56                       | 100             | 110              | 7              |
| Claims Reported                          |                         | 42                       | 125             | 135              | 11             |
| \$250,000 of Workers Compensation Claims |                         | \$129,782                | \$100,000       | \$125,000        | \$3,815        |
|  |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To ensure that employees who are injured on the job are provided proper medical attention for work related injuries and to determine preventive practices for injuries.

| <b>PERFORMANCE MEASUREMENT</b>                   |  | <b>2019-20</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                  | <b>EFFECTIVENESS:</b>                          |                |                 |                  |                |
| To investigate workers comp claims within 5 days | To investigate 100% of accidents within 5 days | 100%           | 100%            | 100%             | 100%           |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |

# Auditor's Office

Kerri Tompkins, County Auditor



**MISSION STATEMENT: To provide timely, accurate, efficient and cost effective services to the taxpayers, voters and real estate customers of Scott County, and to all County Departments, County Agencies and County Employees.**

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                | Administration          | <b>DEPARTMENT:</b>       | Auditor         |                  |                |
| <b>BUSINESS TYPE:</b>                                   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                                      | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$234,332      |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Maintain administration costs at or below 15% of budget |                         | 13.0%                    | 15.0%           | 15.0%            | 11.0%          |
|   |                         |                          |                 |                  |                |
|   |                         |                          |                 |                  |                |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

This program provides overall management of the statutory responsibilities of the Auditor's Office, including prior listed programs and not listed duties, such as clerk to the Board of Supervisors, etc. These responsibilities include establishing policy and setting goals for each individual program. Ensure new voters have an opportunity to vote.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Ensure all statutory and other responsibilities are met.                      | Conduct at least 12 meetings with managers to review progress and assess need for new internal policies or procedures.        | 12             | 12              | 12               | 3              |
| Assign staff to effectively and efficiently deliver services to Scott County. | Conduct at least 4 meetings with staff to review progress on goals and assess staff needs to meet our legal responsibilities. | 4              | 4               | 4                | 1              |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|                                    |                         |                          |                 |                  |                |
|------------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>           | Taxation                | <b>DEPARTMENT:</b>       | Auditor         |                  |                |
| <b>BUSINESS TYPE:</b>              | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                 | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$308,067      |
| <b>OUTPUTS</b>                     |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                    |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Property Transfers Processed       |                         | 6,409                    | 7,905           | 7,500            | 1,572          |
| Local Government Budgets Certified |                         | 49                       | 49              | 49               | 0              |
|                                    |                         |                          |                 |                  |                |
|                                    |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

This program provides: certifies taxes and budgets for all Scott County taxing districts; maintains property tax system regarding transfers, credits, splits, property history, and assists public with property tax changes; maintains correct property valuations for all taxing districts including rollbacks, valuation credits, and TIF district valuation and reconciliation; maintains property plat books and county GIS system.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2019-20</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---------------------------------|---|----------------|-----------------|------------------|----------------|
|                                 |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                 | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Certify taxes and budgets.      | Meet statutory & regulatory deadlines for certification with 100% accuracy                                | 100%           | 100%            | 100%             | 100%           |
| Process all property transfers. | Process all real estate transfers without errors within 48 hours of receipt of correct transfer documents | 100%           | 100%            | 100%             | 100%           |
|                                 |   |                |                 |                  |                |
|                                 |   |                |                 |                  |                |

|                          |                         |  |                 |                          |
|--------------------------|-------------------------|--|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b> | Payroll                 | <b>DEPARTMENT:</b> Auditor- Business & Finance |                 |                          |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b>                       |                 | All Employees            |
| <b>BOARD GOAL:</b>       | Financially Responsible | <b>FUND:</b>                                   | 01 General      | <b>BUDGET:</b> \$298,433 |
| <b>OUTPUTS</b>           |                         | <b>2022-23</b>                                 | <b>2023-24</b>  | <b>2023-24</b>           |
|                          |                         | <b>ACTUAL</b>                                  | <b>BUDGETED</b> | <b>PROJECTED</b>         |
| Number of Employees      |                         | 848  | 700             | 700                      |
| Time Cards Processed     |                         | 19,259   | 22,000          | 22,000                   |
|                          |                         |  |                 |                          |
|                          |                         |  |                 |                          |

**PROGRAM DESCRIPTION:**

This program provides payroll services for all County Departments, County Assessor, County Library and SECC. Services include processing payroll; calculation and payment of payroll liabilities including payroll taxes, retirement funds, and other withholdings; ensure all Federal and State payroll laws are followed; present payroll to the Board for approval pursuant to the Code of Iowa.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2019-20</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                         |                |                 |                  |                |
| Pay all employees correctly and timely.   | All employees are paid correctly and on time. | 100%           | 100%            | 100%             | 100%           |
| Pay all payroll liabilities on time and correctly. This includes taxes, and other withholdings. | Occur no penalties for late payments.         | 100%           | 100%            | 100%             | 100%           |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|                          |                         |  |                 |                  |
|--------------------------|-------------------------|--|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b> | Accounts Payable        | <b>DEPARTMENT:</b> Auditor- Business & Finance |                 |                  |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b> All Departments       |                 |                  |
| <b>BOARD GOAL:</b>       | Financially Responsible | <b>FUND:</b> 01 General                        | <b>BUDGET:</b>  | \$160,695        |
| <b>OUTPUTS</b>           |                         | <b>2022-23</b>                                 | <b>2023-24</b>  | <b>2023-24</b>   |
|                          |                         | <b>ACTUAL</b>                                  | <b>BUDGETED</b> | <b>PROJECTED</b> |
| Invoices Processed       |                         | 29,562   | 22,500          | 20,000           |
|                          |                         |  |                 |                  |
|                          |                         |  |                 |                  |
|                          |                         |  |                 |                  |

**PROGRAM DESCRIPTION:**

This program provides accounts payable services for all County Departments, County Assessor, County Library and SECC; audits all claims submitted for payment; verifies claims for conformance to County policy and applicable laws; processes warrants and accounts for all expenditures in the general ledger; claims are presented for Board approval according to the Code of Iowa.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2019-20</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                         |                |                 |                  |                |
| To process all claims correctly and according to policies and procedures. | Have all claims correctly processed and paid. | 100%           | 100%            | 100%             | 100%           |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|                                 |                           |                                      |                 |                          |
|---------------------------------|---------------------------|--------------------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>        | Commissioner of Elections | <b>DEPARTMENT:</b> Auditor-Elections |                 |                          |
| <b>BUSINESS TYPE:</b>           | Core                      | <b>RESIDENTS SERVED:</b>             |                 | 130,000                  |
| <b>BOARD GOAL:</b>              | Performing Organization   | <b>FUND:</b>                         | 01 General      | <b>BUDGET:</b> \$614,001 |
| <b>OUTPUTS</b>                  |                           | <b>2022-23</b>                       | <b>2023-24</b>  | <b>2023-24</b>           |
|                                 |                           | <b>ACTUAL</b>                        | <b>BUDGETED</b> | <b>PROJECTED</b>         |
| Conduct 2 county-wide elections |                           | 1                                    | 1               | 2                        |
|                                 |                           |                                      |                 |                          |
|                                 |                           |                                      |                 |                          |
|                                 |                           |                                      |                 |                          |

**PROGRAM DESCRIPTION:**

This program prepares and supervises ballot printing and voting machine programming; orders all election supplies; employs and conducts schools of instructions for precinct election officials; prepares and monitors the processing of absentee ballots; receives nomination papers and public measure petitions to be placed on the ballot; acts as Clerk to Board of Election Canvassers and Special Voter Precinct Board.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Contract for and arrange facilities for election day and early voting polling places.               | Ensure 100% of polling places meet legal accessibility requirements or receive waivers from the Secretary of State.  | 100%           | 100%            | 100%             | 100%           |
| Receive and process all absentee ballot requests for all elections.                                 | Process and mail ballots to 100% of voters who submit correct absentee ballot requests in accordance with State law. | 100%           | 100%            | 100%             | N/A            |
| Ensure precinct election officials are prepared to administer election laws for any given election. | Conduct election official training before major elections.   | 2              | 1               | 2                | 1              |
|   |  |                |                 |                  |                |



|   |                         |                                       |                 |                          |
|---|-------------------------|---------------------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>                                | Registrar of Voters     | <b>DEPARTMENT:</b> Auditor -Elections |                 |                          |
| <b>BUSINESS TYPE:</b>                                   | Core                    | <b>RESIDENTS SERVED:</b>              |                 | All Residents            |
| <b>BOARD GOAL:</b>                                      | Performing Organization | <b>FUND:</b>                          | 01 General      | <b>BUDGET:</b> \$614,001 |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>                        | <b>2023-24</b>  | <b>2023-24</b>           |
|   |                         | <b>ACTUAL</b>                         | <b>BUDGETED</b> | <b>PROJECTED</b>         |
| Maintain approximately 133,000 voter registration files |                         | 126,920                               | 130,000         | 133,000                  |
|   |                         |                                       |                 |                          |
|   |                         |                                       |                 |                          |
|   |                         |                                       |                 |                          |

**PROGRAM DESCRIPTION:**

This program works with the statewide I-VOTERS system; maintains current records of residents desiring to vote; verifies new applicants are legally eligible to vote; purges records of residents no longer legally eligible to vote; prepares lists of qualified voters for each election to insure only those qualified to vote actually do vote; reviews election day registrants to insure their qualifications to vote.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Ensure new voters have opportunity to vote.  | All new registrations are verified, processed and voters sent confirmation by legal deadlines.             | 100%           | 100%            | 100%             | 100%           |
| Update voter registration file to ensure accurate and up-to-date information regarding voters. | Process all information on voter status received from all agencies to maintain current registration file.  | 100%           | 100%            | 100%             | 100%           |
| Ensure all statutory responsibilities are met.   | Conduct quarterly review of state and federal voter registration laws and procedures to ensure compliance. | 100%           | 100%            | 100%             | 100%           |
|  |  |                |                 |                  |                |

# Community Services



Lori Elam, Community Services Director

**MISSION STATEMENT: The Community Services Department provides funding for a variety of social services, including MH/DS services, Benefits (Protective Payee) services, Veteran services, General Assistance and Substance Related services, for individuals and their families.**

| <b>ACTIVITY/SERVICE:</b>   | Community Services Administration | <b>DEPARTMENT:</b>              | CSD 17.1000                     |                                 |                               |
|--|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| <b>BUSINESS TYPE:</b>  | Foundation                        | <b>RESIDENTS SERVE</b>          | 172,126                         |                                 |                               |
| <b>BOARD GOAL:</b>   | Performing Organization           | <b>FUND:</b>                    | 01 General                      | <b>BUDGET:</b>                  | \$23,383                      |
| OUTPUTS  |                                   | 2022-23                         | 2023-24                         | 2023-24                         | 3 MONTH                       |
|  |                                   | ACTUAL                          | BUDGETED                        | PROJECTED                       | ACTUAL                        |
| Number of staff in the department/ total number of applications for assistance/funding |                                   | 11 Staff and 2,789 Applications | 11 Staff and 2,800 Applications | 11 Staff and 2,800 Applications | 11 Staff and 689 Applications |
| Provide access to all core services (Iowa Code 331.397)                                |                                   | 100%                            | 100%                            | 100%                            | 100%                          |
| Number of services met access standards for children                                   |                                   | 11/11                           | 11/11                           | 11/11                           | 11/11                         |
| Number of services met access standards for adults                                     |                                   | 16/17                           | 17/17                           | 17/17                           | 16/17                         |

**PROGRAM DESCRIPTION:**

To provide administration of the Community Services Department as well as the Eastern Iowa MH/DS region. The Community Services Director/Regional CEO provides oversight of several programs within the Department such as the Benefits program, the Veteran Services, General Assistance, Substance Related Disorders, Mental Health and Disability Services and other social services and institutions. The Region is responsible for ensuring service access standards are met for both children and adults.

| PERFORMANCE MEASUREMENT   |  | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|---|--|---------|----------|-----------|---------|
|   |  | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |         |          |           |         |
| The Community Services Department will be adequately staffed in order to address community needs.               | The Director will monitor staffing needs and the various program budgets (GA, VA, SA and MH) to ensure they stay within 100% of the budgeted amounts.  | 100%    | 100%     | 100%      | 100%    |
| The MHDS region is responsible for submitting the Health and Human Services (HHS) Quarterly reports accurately. | The Regional CEO will submit the HHS quarterly reports with at least 85% accuracy each quarter.  | 100%    | 85%      | 85%       | 100%    |
| The MHDS region is responsible for maintaining compliance with the terms of the HHS Performance Based contract. | The Regional CEO will attend at least 85% of the Data Analytics meetings, EBP meetings and CEO meetings for discussions/trainings regarding standardized definitions, data elements and processes for data collection. | 100%    | 85%      | 85%       | 100%    |

|  |                            |                        |                 |                  |                |
|--|----------------------------|------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                       | General Assistance Program | <b>DEPARTMENT:</b>     | CSD 17.1701     |                  |                |
| <b>BUSINESS TYPE:</b>  | Quality of Life            | <b>RESIDENTS SERVE</b> | 172,126         |                  |                |
| <b>BOARD GOAL:</b>   | Financially Responsible    | <b>FUND:</b>           | 01 General      | <b>BUDGET:</b>   | \$437,982      |
| <b>OUTPUTS</b>   |                            | <b>2022-23</b>         | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                            | <b>ACTUAL</b>          | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of applications requesting financial assistance              |                            | 1248                   | 800             | 1,100            | 282            |
| # of applications approved                                     |                            | 285                    | 300             | 300              | 67             |
| # of approved clients pending Social Security approval         |                            | 3                      | 5               | 5                | 0              |
| # of individuals approved for rental assistance (unduplicated) |                            | 93                     | 120             | 100              | 27             |
| # of burials/cremations approved                               |                            | 103                    | 105             | 108              | 16             |
| # of guardianship claims paid for minors                       |                            | 83                     | 45              | 50               | 23             |
| # of cases denied to being over income guidelines              |                            | 31                     | 70              | 50               | 9              |
| # of cases denied/incomplete app and/or process                |                            | 627                    | 325             | 430              | 245            |

**PROGRAM DESCRIPTION:**

To provide financial assistance to meet the needs of persons who are poor as defined in Iowa Code Chapter 252.1 and 252.25 (have no property, unable to earn a living due to a physical or mental disability) and who are not currently eligible for federal or state public assistance.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b>                 | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>             |
|---|---|--------------------------------|-----------------|------------------|----------------------------|
|   |   | <b>ACTUAL</b>                  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>              |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                                |                 |                  |                            |
| To provide financial assistance (rent, utilities, cremation, direct assist) to 400 individuals (applicants) as defined by Iowa Code Chapter 252.25 during the year. | To grant assistance averaging no more than \$1,000.00 per applicant approved.                               | \$1,050.07                     | \$1,000.00      | \$1,000.00       | \$1,628.44                 |
| To provide financial assistance to individuals as defined by Iowa Code Chapter 252.25.  | To provide at least 850 referrals on a yearly basis to individuals who don't qualify for county assistance. | 1941                           | 850             | 850              | 358                        |
| To maintain the Community Services budget/General Assistance budget in order to serve as many Scott County citizens as possible.                                    | Review quarterly General Assistance expenditures verses budgeted amounts (1701).                            | \$407,322 or 88% of the budget | \$437,982       | \$437,982        | \$109,106 or 25% of budget |

| <b>ACTIVITY/SERVICE:</b>                           | Veteran Services    |         | <b>DEPARTMENT:</b>     | CSD 17.1702 |                          |
|--|---------------------|---------|------------------------|-------------|--------------------------|
| <b>BUSINESS TYPE:</b>                              | Quality of Life     |         | <b>RESIDENTS SERVE</b> | 172,126     |                          |
| <b>BOARD GOAL:</b>                                 | Great Place to Live |         | <b>FUND:</b>           | 01 General  | <b>BUDGET:</b> \$167,953 |
| OUTPUTS  |                     | 2022-23 | 2023-24                | 2023-24     | 3 MONTH                  |
|  |                     | ACTUAL  | BUDGETED               | PROJECTED   | ACTUAL                   |
| # of requests for veteran services (federal/state) |                     | 1133    | 780                    | 810         | 291                      |
| # of applications for county assistance            |                     | 22      | 35                     | 34          | 10                       |
| # of applications for county assistance approved   |                     | 15      | 20                     | 20          | 9                        |
| # of burials/cremations approved                   |                     | 7       | 10                     | 8           | 7                        |
| Age 18-25  |                     | 24      | 20                     | 22          | 3                        |
| Age 26-35  |                     | 70      | 50                     | 54          | 22                       |
| Age 36-45  |                     | 128     | 70                     | 90          | 30                       |
| Age 46-55  |                     | 139     | 120                    | 115         | 30                       |
| Age 56-65  |                     | 160     | 100                    | 120         | 25                       |
| Age 66 +   |                     | 612     | 420                    | 440         | 181                      |
| Gender of Veterans: Male : Female                  |                     | 871:262 | 580:200                | 641:200     | 233:58                   |

**PROGRAM DESCRIPTION:**

To provide outreach and financial assistance to Scott County veterans and their families, in addition to providing technical assistance in applying for federal veteran benefits.

| PERFORMANCE MEASUREMENT   |   | 2022-23   | 2023-24   | 2023-24  | 3 MONTH  |
|---|---|---|---|--|--|
|   |   | ACTUAL  | BUDGETED  | PROJECTED  | ACTUAL   |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |   |   |  |  |
| To provide technical assistance to veterans/families when applying for federal benefits.                                  | Will have at least 90 claims approved bringing in a total of \$90,000 of new federal tax free money into the county on an annual basis. | 224 claims approved in the fiscal year and \$224,003 of federal money brought into the county | 80 claims approved in the fiscal year and \$85,000 of federal money brought into the county | 200 claims approved in the fiscal year and \$90,000 of federal money brought into the county | 50 claims and \$63,131 of federal money was brought into the county during the first quarter |
| To provide financial assistance (rent, burial, utilities, direct assist) to veterans as defined in Iowa Code Chapter 35B. | To grant assistance averaging no more than \$1,100 per applicant, while remaining within 100% of the budget.                            | \$1,102.77  | \$1,100.00  | \$1,100.00   | \$1,257.00   |

| <b>ACTIVITY/SERVICE:</b>                           | Substance Related Disorder Services | <b>DEPARTMENT:</b>     | CSD 17.1703     |                  |                |
|--|-------------------------------------|------------------------|-----------------|------------------|----------------|
| <b>BUSINESS TYPE:</b>                              | Core                                | <b>RESIDENTS SERVE</b> | 172,126         |                  |                |
| <b>BOARD GOAL:</b>                                 | Great Place to Live                 | <b>FUND:</b>           | 02 Supplemental | <b>BUDGET:</b>   | \$143,750      |
| <b>OUTPUTS</b>                                     |                                     | <b>2022-23</b>         | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                                     | <b>ACTUAL</b>          | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of involuntary substance abuse commitments filed |                                     | 143                    | 145             | 160              | 38             |
| # of SA adult commitments                          |                                     | 113                    | 120             | 130              | 34             |
| # of SA children commitments                       |                                     | 14                     | 30              | 25               | 4              |
| # of substance abuse commitment filings denied     |                                     | 17                     | 20              | 21               | 0              |
| # of dual filings                                  |                                     | N/A                    | 150             | 150              | 33             |
| # of hearings on people with no insurance          |                                     | 22                     | 30              | 20               | 0              |

**PROGRAM DESCRIPTION:**

To provide funding for emergency hospitalizations, commitment evaluations for substance related disorders according to Iowa Code Chapter 125 for Scott County residents.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b>            | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>          |
|---|---|---------------------------|-----------------|------------------|-------------------------|
|   |   | <b>ACTUAL</b>             | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>           |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                           |                 |                  |                         |
| To provide mandated court ordered SA evaluations in the most cost effective manner possible.  | The cost per evaluation will be no greater than \$350.00                            | \$218.17                  | \$350.00        | \$350.00         | \$97.08                 |
| To maintain the Community Services budget in order to serve as many Scott County citizens with substance related disorders as possible. | Review quarterly substance related commitment expenditures verses budgeted amounts. | \$27,708 or 65% of budget | \$143,750       | \$143,750        | \$3,689 or 3% of budget |

| <b>ACTIVITY/SERVICE:</b>                                       | MH/DD Services      | <b>DEPARTMENT:</b> CSD 17.1704, 1710, 1711 & 1712 |                 |                  |                |
|--|---------------------|---|-----------------|------------------|----------------|
| <b>BUSINESS TYPE:</b>  | Core                | <b>RESIDENTS SERVE</b> 172,126                    |                 |                  |                |
| <b>BOARD GOAL:</b>   | Great Place to Live | <b>FUND:</b>                                      | 10 MHDD         | <b>BUDGET:</b>   | \$581,885      |
| <b>OUTPUTS</b>   |                     | <b>2022-23</b>                                    | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                     | <b>ACTUAL</b>                                     | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of involuntary mental health commitments filed in the Region |                     | 606   | 400             | 420              | 118            |
| # of adult MH commitments                                      |                     | 506   | 325             | 350              | 100            |
| # of juvenile MH commitments                                   |                     | 70  | 55              | 60               | 12             |
| # of mental health commitment filings denied                   |                     | 30  | 20              | 22               | 6              |
| # of dual filings  |                     | N/A   | 150             | 150              | 33             |
| # of hearings on people with no insurance                      |                     | 100   | 35              | 30               | 8              |
| # of Crisis situations requiring funding/care coordination     |                     | 138   | 100             | 100              | 15             |
| # of funding requests/apps processed- ID/DD and MI             |                     | 1,527   | 1,250           | 1,250            | 312            |

**PROGRAM DESCRIPTION:**

To provide services as identified in the Eastern Iowa MH/DS Regional Management Plan to persons, with residency in the Eastern Iowa Region, and a diagnosis of mental illness, intellectual disability, brain injury and other developmental disabilities. The County/Region is mandated to pay for certain services, such as mental health commitments, evaluations, medications and treatment. The Region is also responsible for providing access to core services for treatment, crisis situations, and support for community living and employment. The County/Region has a Mental Health Advocate as well as Coordinators of Disability Services who help individuals and families gain access to services needed so they can gain stability and independence.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To provide mandated court ordered MH evaluations in most cost effective manner possible.  | The cost per evaluation will be no greater than \$1,600.00.                     | \$2,227.67     | \$1,600.00      | \$1,400.00       | \$1,070.83     |
| To keep the costs of mental health commitment orders at a minimum level to ensure other services such as residential, vocational and community supports are fully funded. | Review quarterly mental health commitment expenditures verses budgeted amounts. | \$703,679      | \$450,000       | \$465,000        | \$119,934      |

| <b>ACTIVITY/SERVICE:</b>                                      | Benefit Program     | <b>DEPARTMENT:</b>     | CSD 17.1705 |                          |
|---|---------------------|------------------------|-------------|--------------------------|
| <b>BUSINESS TYPE:</b>   | Quality of Life     | <b>RESIDENTS SERVE</b> | 172,126     |                          |
| <b>BOARD GOAL:</b>  | Great Place to Live | <b>FUND:</b>           | 01 General  | <b>BUDGET:</b> \$244,990 |
| OUTPUTS   | 2022-23             | 2023-24                | 2023-24     | 3 MONTH                  |
|   | ACTUAL              | BUDGETED               | PROJECTED   | ACTUAL                   |
| # of Benefit Program Cases                                    | 401                 | 465                    | 430         | 400                      |
| # of New Benefit Cases  | 27                  | 20                     | 20          | 9                        |
| # of Benefit Program Cases Closed                             | 40                  | 30                     | 20          | 1                        |
| # of Benefit Program Clients Seen in Offices/Phone (Contacts) | 8,097               | 7,500                  | 8,000       | 2,053                    |
| # of Social Security Applications Completed                   | 30                  | 55                     | 25          | 3                        |
| # of SSI Disability Reviews Completed                         | 69                  | 100                    | 75          | 16                       |
| # of Rent Rebate Applications Completed                       | 100                 | 75                     | 50          | 2                        |
| # of Medicaid Applications (including reviews) Completed      | 31                  | 40                     | 40          | 21                       |
| # of Energy Assistance Applications Completed                 | 17                  | 20                     | 25          | 3                        |
| # of Food Assistance Applications Completed                   | 95                  | 100                    | 82          | 20                       |

**PROGRAM DESCRIPTION:**

To provide technical assistance to individuals when they are applying for a variety of federal and state benefits. The benefits include health insurance renewals, FIP renewals, Medicaid recertifications, Disability Reviews, and Energy assistance and Food assistance.

| PERFORMANCE MEASUREMENT  |  | 2022-23   | 2023-24   | 2023-24   | 3 MONTH   |
|--|--|---|---|---|---|
|  |  | ACTUAL  | BUDGETED  | PROJECTED   | ACTUAL  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |   |   |   |   |
| To expand the Benefits Program, ensuring individuals have access to all qualified programs, federally and state, which leads to stability in housing and health. | There will be at least 435 Benefit cases each quarter that will generate estimated fee amounts of \$60,210.                                  | 401 cases/\$167,549 in total fees for the year (\$41,887 per quarter)   | 465 cases/\$60,210 in fees per quarter                | 435 cases/\$60,210 in fees per quarter                | 400 cases/\$50,818 in fees during the first quarter |
| To ensure the Benefits program is following all policies and procedures, an in-house audit will be done on a regular basis.                                      | The in-house audit will be done on 25 benefit cases each month with 100% accuracy, ensuring all paperwork is present and accurate.           | 25 cases each month/98% accuracy each month   | 25 cases each month/100% accuracy each month          | 25 cases each month/100% accuracy each month          | 25 cases each month/100% accuracy each month        |
| To provide intensive coordination services to ensure individuals remain stable in housing, have health insurance, and have adequate food throughout the month.   | There will be at least 1500 contacts made with Benefit program individuals each quarter to ensure housing is appropriate and bills are paid. | 2006 contacts made with clients during the 4th quarter/a total of 8097 client contacts for the year, exceeding the budgeted and projected numbers | 1,650 contacts will be made with clients each quarter | 1,650 contacts will be made with clients each quarter | 2,053 contacts were made with clients this quarter  |

# Conservation Department

Roger Kean, Conservation Director



**MISSION STATEMENT:** To improve the quality of life and promote and preserve the health, welfare and enjoyment for the citizens of Scott County and the general public by acquiring, developing, operating, and preserving the historical, educational, environmental, recreational and natural resources of the County.

| <b>ACTIVITY/SERVICE:</b>   | Administration/Policy Development | <b>DEPT/PROG:</b>        | Conservation 1000 |                          |
|--|-----------------------------------|--------------------------|-------------------|--------------------------|
| <b>BUSINESS TYPE:</b>  | Foundation                        | <b>RESIDENTS SERVED:</b> | 166,650           |                          |
| <b>BOARD GOAL:</b>   | Performing Organization           | <b>FUND:</b>             | 01 General        | <b>BUDGET:</b> \$586,013 |
| OUTPUTS  | 2022-23                           | 2023-24                  | 2023-24           | 3 MONTH                  |
|  | ACTUAL                            | BUDGETED                 | PROJECTED         | ACTUAL                   |
| Total appropriations managed -Fund 101, 102 (net of golf course) | \$4,139,725                       | \$4,405,262              | \$4,405,262       | \$1,407,848              |
| Total FTEs managed   | 27.25                             | 29.25                    | 29.25             | 28.25                    |
| Administration costs as percent of department total.             | 12%                               | 12%                      | 12%               | 7%                       |
| REAP Funds Received  | \$46,033                          | \$46,502                 | \$46,502          | Rcvd 2nd Qtr             |
| Total Acres Managed  | 2,509                             | 2,509                    | 2,509             | 2,509                    |

**PROGRAM DESCRIPTION:**

In 1956 the citizens of Scott County authorized the creation of the Conservation Board, which was charged with the responsibility of administering and developing a park system that meets the recreational, environmental, historical, and educational needs of the County.

| PERFORMANCE MEASUREMENT  |   | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|--|---|---------|----------|-----------|---------|
|  |   | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |         |          |           |         |
| Increase the number of people reached through social media, email newsletters, and press releases. Reminding residents that Scott County is a great place to live. | Increase number of customers receiving electronic notifications to for events, specials, and Conservation information | 13,934  | 15,000   | 15,000    | 14,175  |
| Increase the number of people served through online reservations and activity registrations  | Increase the number of online transactions for Activities, Passes, Rentals, and Tee Times                             | 15,060  | 15,000   | 15,000    | 5,800   |
| Financially responsible budget preparation and oversight of the park and golf services   | To maintain a balanced budget for all depts by ensuring that we do not exceed 100% of appropriations                  | 88%     | 100%     | 100%      | 32%     |



|   |                              |                          |                   |                            |
|---|------------------------------|--------------------------|-------------------|----------------------------|
| <b>ACTIVITY/SERVICE:</b>                        | Capital Improvement Projects | <b>DEPT/PROG:</b>        | Conservation 1800 |                            |
| <b>BUSINESS TYPE:</b>                           | Quality of Life              | <b>RESIDENTS SERVED:</b> | 166,650           |                            |
| <b>BOARD GOAL:</b>                              | Great Place to Live          | <b>FUND:</b>             | 25 Capital Improv | <b>BUDGET:</b> \$3,621,000 |
| <b>OUTPUTS</b>                                  | <b>2022-23</b>               | <b>2023-24</b>           | <b>2023-24</b>    | <b>3 MONTH</b>             |
|   | <b>ACTUAL</b>                | <b>BUDGETED</b>          | <b>PROJECTED</b>  | <b>ACTUAL</b>              |
| Total project appropriations managed - Fund 125 | \$1,414,523                  | \$3,315,000              | \$3,315,000       | \$3,040,000                |
| Total Current FY Capital Projects               | 11                           | 8                        | 8                 | 9                          |
| Total Projects Completed in Current FY          | 5                            | 5                        | 5                 | 0                          |
| Total vehicle & other equipment costs           | \$573,421                    | \$581,000                | \$326,000         | \$309,242                  |

**PROGRAM DESCRIPTION:**

Provide the most efficient planning, analysis, and construction coordination for all Conservation CIP projects. Ensure that a minimum of 90% of all capital projects are completed within budgeted amount and the scheduled time frame.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b>   | <b>2023-24</b>                           | <b>2023-24</b>                           | <b>3 MONTH</b>   |
|--|---|--|--|--|--|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b>                          | <b>PROJECTED</b>                         | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |  |  |  |  |
| To improve accessibility for visitors of all abilities within the parks.   | Utilize ARPA funds to design and construct hard surfaced trails within the parks.             | The bidding process is complete, and the contract was awarded to Brus Construction   | Begin construction of Phase 1 plans.     | Begin construction of Phase 1 plans.     | Construction began at Scott County Park  |
| Make necessary investments to improve access to clean drinking water, and invest in wastewater and storm water infrastructure. | Utilize ARPA funds to renovate and expand the existing water and sewer system infrastructure. | After two unsuccessful bids, it was decided to camera the lines in Park Terrace campground to determine scope of work. The results were inconclusive, so we are exploring options with the engineer to West Lake. Scott County Park's project is still in the engineering phase. | Begin construction of priority projects. | Begin construction of priority projects. | The bid for the first phase of the West Lake Improvement projects was finalized and advertised |
| Financially responsible Equipment Replacement  | To replace equipment according to department equipment schedule and within budget             | 101%   | 100%                                     | 100%                                     | 53%  |

|   |                         |   |                          |                  |           |
|---|-------------------------|---|--------------------------|------------------|-----------|
| <b>ACTIVITY/SERVICE:</b>                                | Recreational Services   | <b>DEPT/PROG:</b> 1801,1805,1806,1807,1808,1809 |                          |                  |           |
| <b>BUSINESS TYPE:</b>                                   | Core                    | <b>RESIDENTS SERVED:</b> All Residents          |                          |                  |           |
| <b>BOARD GOAL:</b>                                      | Performing Organization | <b>FUND:</b> 01 General                         | <b>BUDGET:</b> \$936,622 |                  |           |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>                                  | <b>2023-24</b>           | <b>2023-24</b>   |           |
|   |                         | <b>ACTUAL</b>                                   | <b>BUDGETED</b>          | <b>PROJECTED</b> |           |
|   |                         |   |                          | <b>3 MONTH</b>   |           |
|   |                         |   |                          | <b>ACTUAL</b>    |           |
| Total Camping Revenue                                   |                         | \$1,122,300                                     | \$1,140,000              | \$1,140,000      | \$439,244 |
| Total Facility Rental Revenue                           |                         | \$127,809                                       | \$123,000                | \$123,000        | \$42,855  |
| Total Concession Revenue                                |                         | \$154,495                                       | \$175,300                | \$175,300        | \$89,517  |
| Total Entrance Fees (beach/pool, Cody, Pioneer Village) |                         | \$235,633                                       | \$216,600                | \$216,600        | \$148,248 |

**PROGRAM DESCRIPTION:**

This program is responsible for providing facilities and services to the public for a wide variety of recreational opportunities and to generate revenue for the dept.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>   | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|--|--|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b>  | <b>PROJECTED</b>                                       | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |  |  |                |
| To provide a high quality camping experience throughout the recreational season at SCP, WLP & BSP | To meet or exceed a 45% occupancy per year for all campsites   | 41%            | 45%  | 45%  | 44%            |
| To provide a high quality rental facilities (i.e. shelters, cabins, etc) for public use.          | To meet or exceed a 36% occupancy per year for all rental facilities   | 33%            | 36%  | 36%  | 40%            |
| To provide high quality regional attractions that promote tourism and economic development        | Percentage of sales processed to Non-Residents for park facility or rental usage   | N/A            | TBD - New feature within software. No initial baseline | TBD - New feature within software. No initial baseline | 49.50%         |
| To provide unique outdoor aquatic recreational opportunities that contribute to economic growth   | To increase attendance at the Scott County Park Pool and West Lake Park Beach and Boat Rental  | 39,070         | 50,000   | 50,000   | 29,601         |
| To continue to provide and evaluate high quality programs   | Achieve a minimum of a 95% satisfaction rating on evaluations from participants attending various department programs and services (ie. Education programs, swim lessons, day camps) | 99.0%          | 99.0%  | 99.0%  | 99.0%          |

|   |                               |   |                 |                  |
|---|-------------------------------|---|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>  | Maintenance of Assets - Parks | <b>DEPT/PROG:</b> 1801,1805,1806,1807,1808,1809 |                 |                  |
| <b>BUSINESS TYPE:</b>   | Foundation                    | <b>RESIDENTS SERVED:</b> All Residents          |                 |                  |
| <b>BOARD GOAL:</b>  | Financially Responsible       | <b>FUND:</b> 01 General                         | <b>BUDGET:</b>  | \$1,795,105      |
| <b>OUTPUTS</b>  |                               | <b>2022-23</b>                                  | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                               | <b>ACTUAL</b>                                   | <b>BUDGETED</b> | <b>PROJECTED</b> |
| Total vehicle and equipment repair costs (not including salaries) |                               | \$68,681  | \$78,700        | \$78,700         |
| Total building repair costs (not including salaries)              |                               | \$32,561  | \$31,450        | \$31,450         |
| Total maintenance FTEs  |                               | 7.25  | 8.25            | 8.25             |
|   |                               |   |                 | <b>3 MONTH</b>   |
|   |                               |   |                 | <b>ACTUAL</b>    |

**PROGRAM DESCRIPTION:**

This program involves the daily maintenance of all equipment, facilities, and grounds owned and operated by the Conservation Board.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b>  | <b>2023-24</b>                        | <b>2023-24</b>                        | <b>3 MONTH</b>  |
|---|---|---|---------------------------------------|---------------------------------------|---|
|   |   | <b>ACTUAL</b>   | <b>BUDGETED</b>                       | <b>PROJECTED</b>                      | <b>ACTUAL</b>   |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |   |                                       |                                       |   |
| To encourage the use of environmentally safe (green) maintenance products utilized throughout the dept. | To increase the utilization of green products to represent a minimum 80% of all maintenance products.   | 88%   | 88%                                   | 88%                                   | 88%   |
| Streamline Maintenance Management for department operations   | Enhance our recreation software to include MainTrac, allowing for more accountability of work that needs completed and the resources required to do it. | Cont'd to track maintenance to assets. Work order launch is next. | Implement Phase 2 - Work Order System | Implement Phase 2 - Work Order System | Staff continue to utilize the program for tracking maintenance to assets. |

|   |                                |  |                          |                  |                |
|---|--------------------------------|--|--------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | Public Safety-Customer Service | <b>DEPT/PROG:</b> Conservation 1801,1809 |                          |                  |                |
| <b>BUSINESS TYPE:</b>   | Core                           | <b>RESIDENTS SERVED:</b> All Residents   |                          |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization        | <b>FUND:</b> 01 General                  | <b>BUDGET:</b> \$337,629 |                  |                |
| <b>OUTPUTS</b>  |                                | <b>2022-23</b>                           | <b>2023-24</b>           | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                                | <b>ACTUAL</b>                            | <b>BUDGETED</b>          | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of special events or festivals requiring ranger assistance               |                                | 2  | 30                       | 30               | 1              |
| Number of reports written   |                                | 119                                      | 50                       | 50               | 31             |
| Number of law enforcement and customer service personnel (seasonal & full-time) |                                | 102                                      | 103                      | 103              | 102            |
|   |                                |  |                          |                  |                |

**PROGRAM DESCRIPTION:**

This program involves the law enforcement responsibilities and public relations activities of the department's park ranger staff.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Increase the number of natural resource oriented public programs facilitated, attended, or conducted by ranger staff. | Involvement in public programs per year (for example: hunter & boater safety programs, fishing clinics, etc.)                 | 16             | 16              | 16               | 4              |
| Total Calls for service for all rangers   | To monitor total calls for enforcement, assistance, or public service as tracked through the County's public safety software. | 1,914          | 3,000           | 3,000            | 781            |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|  |                                       |                                     |                  |                |
|--|---------------------------------------|-------------------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                   | Environment Education/Public Programs | <b>DEPT/PROG:</b> Conservation 1805 |                  |                |
| <b>BUSINESS TYPE:</b>                                      | Core                                  | <b>RESIDENTS SERVED:</b>            |                  | All Residents  |
| <b>BOARD GOAL:</b>   | Performing Organization               | <b>FUND:</b> 01 General             | <b>BUDGET:</b>   | \$424,169      |
| <b>OUTPUTS</b>   | <b>2022-23</b>                        | <b>2023-24</b>                      | <b>2023-24</b>   | <b>3 MONTH</b> |
|  | <b>ACTUAL</b>                         | <b>BUDGETED</b>                     | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of programs offered                                 | 313                                   | 256                                 | 256              | 137            |
| Number of school contact hours                             | 10,025                                | 4,188                               | 4,188            | 2,021          |
| Hours served at the Wapsi Center by volunteers             | N/A                                   | 1,000                               | 1,000            | 92             |
| Number of people served                                    | 20,688                                | 11,000                              | 11,000           | 5,876          |
| Operating revenues generated (net total intergovt revenue) | \$10,463                              | \$9,500                             | \$9,500          | \$2,916        |
| Classes/Programs/Trips Cancelled due to weather            | 7                                     | 10                                  | 10               | 5              |

**PROGRAM DESCRIPTION:**

This program involves the educational programming and facilities of the Wapsi River Environmental Education Center.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b>                              | <b>BUDGETED</b>  | <b>2023-24</b>   | <b>3 MONTH</b>   |
|---|---|---|--|--|--|
|   |   | <b>ACTUAL</b>                               | <b>BUDGETED</b>  | <b>PROJECTED</b>   | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |   |  |  |  |
| To educate the general public about the environment, the need to preserve our natural resources, and the value of outdoor recreation. | To maintain 100% satisfaction through comment cards and evaluations received from all public programs.                | 100%  | 100%   | 100%   | 100%   |
| To provide schools with environmental education and outdoor recreation programs that meet their Iowa Core needs.                      | 100% of all Iowa school programs will meet at least 1 Iowa Core requirement.  | 100%  | 100%   | 100%   | 100%   |
| To provide the necessary programs to advance and support environmental and education professionals in their career development.       | To provide at least two career opportunities that qualify for their professional certification and development needs. | 5   | 4  | 4  | 1  |
| Program additions and enhancements through the use of Americorps Grant  | Number of programs completed with Americorps staff  | 146   | 150  | 150  | 95   |
| Implementation of recommendations of Wapsi Center Assessment Study  | Recommendations completed to enhancement both on-site and off-site programming.                                       | Flooring in educational area was completed. | Phase 3 - Develop plans for displays and building usage. | Phase 3 - Develop plans for displays and building usage. | Animal enclosures and displays are under construction. |

|   |  |                          |                        |                  |                |
|---|--|--------------------------|------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                  | Historic Preservation & Interpretation | <b>DEPT/PROG:</b>        | Conservation 1806,1808 |                  |                |
| <b>BUSINESS TYPE:</b>                                     | Core                                   | <b>RESIDENTS SERVED:</b> | All Residents          |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization                | <b>FUND:</b>             | 01 General             | <b>BUDGET:</b>   | \$325,723      |
| <b>OUTPUTS</b>  |  | <b>2022-23</b>           | <b>2023-24</b>         | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |  | <b>ACTUAL</b>            | <b>BUDGETED</b>        | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total revenue generated                                   |  | \$94,094                 | \$94,322               | \$94,322         | \$19,315       |
| Total number of weddings per year at Olde St Ann's Church |  | 34                       | 32                     | 32               | 13             |
| Pioneer Village Day Camp Participants                     |  | 363                      | 360                    | 360              | 183            |
|   |  |                          |                        |                  |                |

**PROGRAM DESCRIPTION:**

This program involves the programming and facilities of the Walnut Grove Pioneer Village and the Buffalo Bill Cody Homestead that are dedicated to the historical preservation and education of pioneer life in Scott County.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>                                    | <b>2023-24</b>                                    | <b>3 MONTH</b> |
|---|--|----------------|---|---|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b>                                   | <b>PROJECTED</b>                                  | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |   |   |                |
| To have as many people as possible enjoy the displays and historical educational festivals provided at each site                                    | To increase annual attendance                                  | 13,984         | 17,000  | 17,000  | 6,695          |
| To increase presentations to outside groups and local festivals to acquaint the public about Pioneer Village and Cody Homestead's purpose and goals | To maintain or increase the number of tours/presentations      | 23             | 20  | 20  | 9              |
| To engage the public by providing volunteer opportunities in support of historic preservation   | Number of volunteer hours for programs, events and maintenance | N/A            | TBD - New measurement. Unsure of what to project. | TBD - New measurement. Unsure of what to project. | N/A            |

|   |                         |                          |                        |                  |                |
|---|-------------------------|--------------------------|------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                      | Golf Operations         | <b>DEPT/PROG:</b>        | Conservation 1803,1804 |                  |                |
| <b>BUSINESS TYPE:</b>                         | Quality of Life         | <b>RESIDENTS SERVED:</b> | All Residents          |                  |                |
| <b>BOARD GOAL:</b>                            | Performing Organization | <b>FUND:</b>             | 71 Golf                | <b>BUDGET:</b>   | \$1,332,782    |
| <b>OUTPUTS</b>                                |                         | <b>2022-23</b>           | <b>2023-24</b>         | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>        | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total number of golfers/rounds of play        |                         | 27,477                   | 28,000                 | 28,000           | 13,517         |
| Total appropriations administered             |                         | \$1,017,998              | \$1,332,782            | \$1,332,782      | \$1,332,782    |
| Number of Outings/Participants                |                         | 27/2612                  | 30/2500                | 30/2500          | 30/2500        |
| Number of days negatively impacted by weather |                         | 43                       | 40                     | 40               | 40             |

**PROGRAM DESCRIPTION:**

This program includes both maintenance and clubhouse operations for Glynn's Creek Golf Course.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To increase revenues to support program costs to ensure financial responsibility                                | Golf course revenues to support 100% of the yearly operation costs . | \$265,378      | \$0             | \$0              | \$115,513      |
| To provide an efficient and cost effective maintenance program for the course ensuring financial responsibility | To maintain course maintenance costs at \$22.70 or less per round    | \$21.62        | \$22.70         | \$22.70          | \$18.58        |
| Maintain industry standard profit margins on concessions  | Maintain profit levels on concessions at or above 63%                | 78%            | 65%             | 65%              | 78%            |

# Facility and Support Services

Tammy Speidel, Director



**MISSION STATEMENT:** It is the mission of the Facility and Support Services Department to provide high quality, cost effective services in support of the core services and mission of Scott County Government. Our services include capital asset management (capital planning, purchasing and life-cycle services), facility operations services (maintenance and custodial) and office operations support (mail, document imaging and printing).

|  |                         |  |                 |                  |                |
|--|-------------------------|--|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Administration          | <b>DEPARTMENT:</b>                                 |                 | FSS              |                |
| <b>BUSINESS TYPE:</b>  | Core                    | <b>RESIDENTS SERVED:</b> All County Bldg Occupants |                 |                  |                |
| <b>BOARD GOAL:</b>   | Performing Organization | <b>FUND:</b>                                       | 01 General      | <b>BUDGET:</b>   | \$ 184,334     |
| <b>OUTPUTS</b>   |                         | <b>2022-23</b>                                     | <b>2023-24</b>  | <b>2022-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>                                      | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total percentage of CIP projects on time and within budget.  |                         | 92%  | 85%             | 85%              | 100%           |
| Maintain total departmental cost per square foot at or below \$6.50 (maintenance and custodial combined) |                         | \$6.23   | \$7.00          | \$6.85           | \$2.01         |

**PROGRAM DESCRIPTION:**

Responsible for the development and coordination of a comprehensive program for maintenance of all county facilities, including maintenance and custodial services as well as support services (mail/print shop/document imaging, conference room maintenance and scheduling and pool car scheduling) in support of all other County Departments. Develop, prepare and manage departmental as well as Capital Improvement budget and manage projects associated with all facilities and grounds. Handle all aspects of cardholder training, card issuance and cardholder compliance for the County Purchasing Card Program.

| PERFORMANCE MEASUREMENT                                    |  | 2022-23 | 2023-24  | 2022-24   | 3 MONTH |
|--|--|---------|----------|-----------|---------|
|  |  | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |         |          |           |         |
| Number of cautionary letters issued to Credit Card holders | Limited number of cautionary letters demonstrates adherence to the County's Purchasing Card Policy | 6       | 3        | 5         | 3       |



|   |                          |  |                 |                  |                |
|---|--------------------------|--|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                      | Maintenance of Buildings | <b>DEPARTMENT:</b>                                   |                 | FSS              |                |
| <b>BUSINESS TYPE:</b>                         | Core                     | <b>RESIDENTS SERVED:</b> Occup. Co. bldgs & agencies |                 |                  |                |
| <b>BOARD GOAL:</b>                            | Performing Organization  | <b>FUND:</b>   | 01 General      | <b>BUDGET:</b>   | \$ 3,095,741   |
| <b>OUTPUTS</b>                                |                          | <b>2022-23</b>                                       | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                          | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of total man hours spent in safety training |                          | 59   | 84              | 85               | 35             |
| # of PM inspections performed quarterly       |                          | 147  | 175             | 175              | 31             |
| Total maintenance cost per square foot        |                          | \$3.61   | \$3.50          | \$3.50           | \$1.22         |

**PROGRAM DESCRIPTION:**

To maintain the organizations real property and assets in a proactive manner. This program supports the organizations green initiatives by effectively maintaining equipment to ensure efficiency and effective use of energy resources. This program provides prompt service to meet a myriad of needs for our customer departments/offices and visitors to our facilities.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Maintenance Staff will make first contact on 90% of routine work orders within 5 working days of staff assignment. | To be responsive to the workload from our non-jail customers.                  | 96%            | 90%             | 92%              | 95%            |
| Maintenance Staff will strive to do 30% of work on a preventive basis.   | To do an increasing amount of work in a scheduled manner rather than reactive. | 34%            | 30%             | 30%              | 29%            |
|  |  |                |                 |                  |                |

|   |                         |                          |                            |                  |                |
|---|-------------------------|--------------------------|----------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                | Custodial Services      | <b>DEPARTMENT:</b>       | FSS                        |                  |                |
| <b>BUSINESS TYPE:</b>                                   | Core                    | <b>RESIDENTS SERVED:</b> | Occupants all county bldgs |                  |                |
| <b>BOARD GOAL:</b>                                      | Performing Organization | <b>FUND:</b>             | 01 General                 | <b>BUDGET:</b>   | \$ 915,123     |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>             | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>            | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of square feet of hard surface floors maintained |                         | 348,398                  | 525,500                    | 525,625          | 20,912         |
| Number of square feet of soft surface floors maintained |                         | 112,643                  | 233,500                    | 233,500          | 28,942         |
| Total Custodial Cost per Square Foot                    |                         | \$2.62                   | \$3.50                     | \$3.50           | \$0.79         |

**PROGRAM DESCRIPTION:**

To provide a clean and sanitary building environment for our customer departments/offices and the public. This program has a large role in supporting the organization-wide green initiative by administering recycling and green cleaning efforts. This program administers physical building security and access control.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Divert 85,000 pounds of waste from the landfill by: shredding confidential info, recycling cardboard, plastic & metals, kitchen grease | To continually reduce our output of material that goes to the landfill.         | 87,969         | 100,000         | 100,000          | 24,515         |
| Perform annual green audit on 40% of FSS cleaning products.  | To ensure that our cleaning products are "green" by current industry standards. | 35%            | 40%             | 40%              | 35%            |
|  |   |                |                 |                  |                |

|  |                         |                          |                                 |                  |                  |
|--|-------------------------|--------------------------|---------------------------------|------------------|------------------|
| <b>ACTIVITY/SERVICE:</b>   | Support Services        | <b>DEPARTMENT:</b>       | FSS                             |                  |                  |
| <b>BUSINESS TYPE:</b>  | Core                    | <b>RESIDENTS SERVED:</b> | Dept/offices/external customers |                  |                  |
| <b>BOARD GOAL:</b>   | Financially Responsible | <b>FUND:</b>             | 01 General                      | <b>BUDGET:</b>   | 741,009          |
| <b>OUTPUTS</b>   |                         | <b>2022-23</b>           | <b>2023-24</b>                  | <b>2023-24</b>   | <b>3 MONTH</b>   |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>                 | <b>PROJECTED</b> | <b>PROJECTED</b> |
| Actual number of hours spent on imaging including quality control and doc prep |                         | 2,290                    | 2,000                           | 2,000            | 464              |
| Total number of pieces of mail processed through the mail room                 |                         | 413,389                  | 300,000                         | 300,000          | 86,695           |
| Total number of copies produced in the Print Shop                              |                         | 328,561                  | 500,000                         | 450,000          | 61,573           |

**PROGRAM DESCRIPTION:**

To provide support services to all customer departments/offices including: county reception, imaging, print shop, mail, reception, FSS Fleet scheduling, conference scheduling and office clerical support. To provide support to FSS admin by processing AP/PC/PAYROLL and other requested administrative tasks.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>   |
|---|---|----------------|-----------------|------------------|------------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>PROJECTED</b> |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                  |
| Support Services staff will participate in safety training classes (offered in house) on an annual basis. | Participation will result in a work force that is better trained and a safer work environment.  | 22 HOURS       | 40 hours        | 40 Hours         | 7 Hours          |
| Mail room will send out information regarding mail preparation of outgoing mail.                          | Four times per year the Print Shop will prepare and send out information which will educate customers to try and reduce the amount of mail pieces damaged and/or returned to the outgoing department. | 2              | 4               | 4                | 1                |
|   |   |                |                 |                  |                  |

# Health Department

Amy Thoreson, Director



**MISSION STATEMENT:** The Scott County Health Department is committed to promoting, protecting and preserving the health of the community by providing leadership and direction as advocates for the individual, the family, the community and the environment we serve.

| <b>ACTIVITY/SERVICE:</b>   | Administration          | <b>DEPARTMENT:</b>       |                     |                      | Health/Admin/1000 |
|--|-------------------------|--------------------------|---------------------|----------------------|-------------------|
| <b>BUSINESS TYPE:</b>  | Foundation              | <b>RESIDENTS SERVED:</b> |                     |                      | All Residents     |
| <b>BOARD GOAL:</b>   | Financially Responsible | <b>FUND:</b>             | 01 General          | <b>BUDGET:</b>       | \$1,400,392       |
| OUTPUTS  |                         | 2022-23<br>ACTUAL        | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
| Annual Report  |                         | 1                        | 1                   | 1                    | 1                 |
| Minutes of the BOH Meeting   |                         | 11                       | 10                  | 10                   | 2                 |
| Number of grant contracts awarded.   |                         | 17                       | 14                  | 14                   | 11                |
| Number of subcontracts issued.   |                         | 5                        | 8                   | 4                    | 3                 |
| Number of subcontracts issued by funder guidelines.  |                         | 5                        | 8                   | 4                    | 3                 |
| Number of subcontractors.  |                         | 3                        | 6                   | 3                    | 3                 |
| Number of subcontractors due for an annual review.   |                         | 3                        | 6                   | 3                    | 3                 |
| Number of subcontractors that received an annual review.   |                         | 3                        | 6                   | 3                    | 4th Qtr           |
| Number of benefit eligible staff (.45 FTE or greater)  |                         | 46                       | 49                  | 51                   | 48                |
| Number of benefit eligible staff participating in QI activities (unduplicated)   |                         | 39                       | 17                  | 20                   | 0                 |
| Number of staff  |                         | 58                       | 58                  | 59                   | 59                |
| Number of staff that complete department required 12 hours of continuing education.  |                         | 36                       | 58                  | 59                   | 11                |
| Total number of consumers reached with education.  |                         | 5,563                    | 7,500               | 5,000                | 1,444             |
| Number of consumers receiving face-to-face educational information about physical, behavioral, environmental, social, economic or other issues affecting health. |                         | 3,232                    | 2,700               | 3,200                | 750               |
| Number of consumers receiving face-to-face education reporting the information they received will help them or someone else to make healthy choices.             |                         | 3,034                    | 2,565               | 3,040                | 698               |

**PROGRAM DESCRIPTION:**

Iowa Code Ch. 137 requires each county maintain a Local Board of Health. One responsibility of the Board of Health is to assure compliance with grant requirements-programmatically and financially. Another is educate the community through a variety of methods including media, marketing venues, formal educational presentations, health fairs, training, etc. As the department pursued PHAB accreditation, quality improvement and workforce development efforts took a more prominent role throughout the department. The department is working to achieve a culture of quality.

| PERFORMANCE MEASUREMENT  |  | 2022-23<br>ACTUAL | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
|--|--|-------------------|---------------------|----------------------|-------------------|
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                   |                     |                      |                   |
| Provide guidance, information and updates to Board of Health as required by Iowa Code Chapter 137. | Board of Health will meet at least six times per year as required by law.  | 11                | 10                  | 10                   | 2                 |
| Delivery of public health services through subcontract relationships with community partners.      | Subcontracts will be issued according to funder guidelines.  | 100%              | 100%                | 100%                 | 100%              |
| Subcontractors will be educated and informed about the expectations of their subcontract.          | Subcontractors will receive an annual programmatic review.   | 100%              | 100%                | 100%                 | 4th Qtr           |
| Establish a culture of quality within the Scott County Health Department.                          | Percent of benefit eligible staff participating in QI Activities (unduplicated).   | 83%               | 35%                 | 40%                  | 0%                |
| SCHD will support and retain a capable and qualified workforce.                                    | Percent of staff that complete the department's expectation of 12 hours of continuing education.   | 62%               | 100%                | 100%                 | 19%               |
| Scott County residents will be educated on issues affecting health.                                | Consumers receiving face-to-face education report that the information they received will help them or someone else to make healthy choices. | 94%               | 95%                 | 95%                  | 75%               |

|  |  |                          |                      |                  |                |
|--|--|--------------------------|----------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Animal Bite Rabies Risk Assessment and Recommendations for Post Exposure Prophylaxis | <b>DEPARTMENT:</b>       | Health/Clinical/2015 |                  |                |
| <b>BUSINESS TYPE:</b>  | Core   | <b>RESIDENTS SERVED:</b> | All Residents        |                  |                |
| <b>BOARD GOAL:</b>   | Great Place to Live  | <b>FUND:</b>             | 01 General           | <b>BUDGET:</b>   | \$162,753      |
| <b>OUTPUTS</b>   |  | <b>2022-23</b>           | <b>2023-24</b>       | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |  | <b>ACTUAL</b>            | <b>BUDGETED</b>      | <b>PROJECTED</b> | <b>ACUTAL</b>  |
| Number of exposures that required a rabies risk assessment.  |  | 433                      | 280                  | 307              | 115            |
| Number of exposures that received a rabies risk assessment.  |  | 424                      | 280                  | 307              | 112            |
| Number of exposures determined to be at risk for rabies that received a recommendation for rabies post-exposure prophylaxis. |  | 427                      | 280                  | 307              | 112            |

**PROGRAM DESCRIPTION:**

Animal bites are required by law to be reported. The department works with Scott County Animal Control to follow-up on bites to determine whether the individual(s) is at risk for contract rabies. Once the risk has been determined, a medical recommendation for post-exposure prophylaxis treatment for individuals involved in animal bites or exposures can be made in consultation with the department's medical director.

| <b>PERFORMANCE MEASUREMENT</b>                                       |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACUTAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Provide a determination of rabies risk exposure and recommendations. | Reported exposures will receive a rabies risk assessment.  | 98%            | 100%            | 100%             | 97%            |
| Provide a determination of rabies risk exposure and recommendations. | Exposures determined to be at risk for rabies will have a recommendation for rabies post-exposure prophylaxis. | 100%           | 99%             | 100%             | 100%           |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |

|   |                                     |                          |                      |                         |
|---|-------------------------------------|--------------------------|----------------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Childhood Lead Poisoning Prevention | <b>DEPARTMENT:</b>       | Health/Clinical/2016 |                         |
| <b>BUSINESS TYPE:</b>   | Core                                | <b>RESIDENTS SERVED:</b> | All Residents        |                         |
| <b>BOARD GOAL:</b>  | Great Place to Live                 | <b>FUND:</b>             | 01 General           | <b>BUDGET:</b> \$87,190 |
| <b>OUTPUTS</b>  | <b>2022-23</b>                      | <b>2023-24</b>           | <b>2023-24</b>       | <b>3 MONTH</b>          |
|   | <b>ACTUAL</b>                       | <b>BUDGETED</b>          | <b>PROJECTED</b>     | <b>ACUTAL</b>           |
| Number of children with a capillary blood lead level of greater than or equal to 10 ug/dl.  | 9                                   | 8                        | 8                    | 2                       |
| Number of children with a capillary blood lead level of greater than or equal to 10 ug/dl who receive a venous confirmatory test.                                 | 9                                   | 8                        | 8                    | 0                       |
| Number of children who have a confirmed blood lead level of greater than or equal to 15 ug/dl.  | 7                                   | 6                        | 5                    | 0                       |
| Number of children who have a confirmed blood lead level of greater than or equal to 15 ug/dl who have a home nursing or outreach visit.                          | 7                                   | 6                        | 5                    | 0                       |
| Number of children who have a confirmed blood lead level of greater than or equal to 20 ug/dl.  | 7                                   | 3                        | 1                    | 0                       |
| Number of children who have a confirmed blood lead level of greater than or equal to 20 ug/dl who have a complete initial medical evaluation from a physician.    | 7                                   | 3                        | 1                    | 0                       |
| Number of environmental investigations completed for children who have a confirmed blood lead level of greater than or equal to 20 ug/dl.                         | 6                                   | 3                        | 1                    | 1                       |
| Number of environmental investigations completed, within IDPH timelines, for children who have a confirmed blood lead level of greater than or equal to 20 ug/dl. | 6                                   | 3                        | 1                    | 1                       |
| Number of environmental investigations completed for children who have two confirmed blood lead levels of 15-19 ug/dl.  | 2                                   | 4                        | 5                    | 0                       |
| Number of environmental investigations completed, within IDPH timelines, for children who have two confirmed blood lead levels of 15-19 ug/dl.                    | 0                                   | 4                        | 5                    | 0                       |
| Number of open lead properties.   | 15                                  | 25                       | 25                   | 16                      |
| Number of open lead properties that receive a reinspection.   | 21                                  | 50                       | 50                   | 4                       |
| Number of open lead properties that receive a reinspection every six months.  | 19                                  | 50                       | 50                   | 4                       |
| Number of lead presentations given.   | 27                                  | 12                       | 20                   | 13                      |

**PROGRAM DESCRIPTION:**

The department provides childhood blood lead testing and case management of all lead poisoned children in Scott County. It also works with community partners to conduct screening to identify children with elevated levels not previously identified by physicians. Staff conducts environmental health inspections and reinspection of properties where children with elevated blood lead levels live and links property owners to community resources to support lead remediation. Staff participates in community-wide coalition efforts to decrease lead poisoning in Scott County through education and remediation of properties at risk SCC CH27, IAC 641, Chapter 67,69,70.

| PERFORMANCE MEASUREMENT  |   | 2022-23 | 2023-24  | 2023-24   | 3 MONTH                                       |
|--|---|---------|----------|-----------|---|
|  |   | ACTUAL  | BUDGETED | PROJECTED | ACUTAL  |
| OUTCOME:   | EFFECTIVENESS:  |         |          |           |   |
| Children identified with blood lead levels greater than or equal to 10 micrograms per deciliter receive services as appropriate for the blood lead level.  | Children with capillary blood lead levels greater than or equal to 10 ug/dl receive confirmatory venous blood lead measurements.                              | 100%    | 100%     | 100%      | 0%  |
| Children identified with blood lead levels greater than or equal to 10 micrograms per deciliter receive services as appropriate for the blood lead level.  | Ensure children with confirmed blood lead levels greater than or equal to 15 ug/dl receive a home nursing or outreach visit.                                  | 100%    | 100%     | 100%      | No children tested at this level this quarter |
| Children identified with blood lead levels greater than or equal to 10 micrograms per deciliter receive services as appropriate for the blood lead level.  | Ensure children with venous blood lead levels greater than or equal to 20 ug/dl receive a complete medical evaluation from a physician.                       | 100%    | 100%     | 100%      | No children tested at this level this quarter |
| Assure that elevated blood lead inspections are conducted by certified elevated blood lead inspectors/risk assessors employed by or under contract with a certified elevated blood lead inspection agency. | Complete environmental investigations for children having a single venous blood lead level greater than or equal to 20 ug/dl according to required timelines. | 100%    | 100%     | 100%      | 100%  |
| Assure that elevated blood lead inspections are conducted by certified elevated blood lead inspectors/risk assessors employed by or under contract with a certified elevated blood lead inspection agency. | Complete environmental investigations of homes associated with children who have two venous blood lead levels of 15-19 ug/dl according to required timelines. | 0%      | 100%     | 100%      | 100%  |
| Ensure that lead-based paint hazards identified in dwelling units associated with an elevated blood lead child are corrected.  | Ensure open lead inspections are re-inspected every six months.   | 90%     | 100%     | 100%      | 100%  |
| Assure the provision of a public health education program about lead poisoning and the dangers of lead poisoning to children.  | By June 30, twelve presentations on lead poisoning will be given to target audiences.   | 225%    | 100%     | 100%      | 100%*   |

|   |                         |                          |                      |                  |                |
|---|-------------------------|--------------------------|----------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | Communicable Disease    | <b>DEPARTMENT:</b>       | Health/Clinical/2017 |                  |                |
| <b>BUSINESS TYPE:</b>   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents        |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General           | <b>BUDGET:</b>   | \$82,674       |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>       | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>      | <b>PROJECTED</b> | <b>ACUTAL</b>  |
| Number of communicable diseases reported through surveillance.  |                         | 6479                     | 4000                 | 3500             | 208            |
| Number of reportable communicable diseases requiring investigation.   |                         | 111                      | 165                  | 120              | 50             |
| Number of reportable communicable diseases investigated according to IDPH timelines.                                  |                         | 111                      | 165                  | 120              | 50             |
| Number of reportable communicable diseases required to be entered into IDSS.  |                         | 111                      | 165                  | 120              | 50             |
| Number of reportable communicable diseases required to be entered into IDSS that were entered within 3 business days. |                         | 111                      | 165                  | 120              | 50             |

**PROGRAM DESCRIPTION:**

Program to investigate and prevent the spread of communicable diseases and ensure proper treatment of disease. There are approximately 50 communicable diseases or disease types that are required to be reported to public health. When notified, the department completes appropriate case interviews and investigations in order to gather information and issues recommendations to help stop the spread of the disease. Also includes the investigation of food borne outbreaks. Ch 139 IAC

| <b>PERFORMANCE MEASUREMENT</b>                                     |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACUTAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Stop or limit the spread of communicable diseases.                 | Initiate communicable disease investigations of reported diseases according to Iowa Department of Public Health guidelines. | 100%           | 100%            | 100%             | 100%           |
| Assure accurate and timely documentation of communicable diseases. | Cases requiring follow-up will be entered into IDSS (Iowa Disease Surveillance System) within 3 business days.              | 100%           | 100%            | 100%             | 100%           |



|   |                          |   |                 |                  |
|---|--------------------------|---|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>  | Community Transformation | <b>DEPARTMENT:</b> Health/Community Health/2038 |                 |                  |
| <b>BUSINESS TYPE:</b>   | Quality of Life          | <b>RESIDENTS SERVED:</b> All Residents          |                 |                  |
| <b>BOARD GOAL:</b>  | Great Place to Live      | <b>FUND:</b> 01 General                         | <b>BUDGET:</b>  | \$111,325        |
| <b>OUTPUTS</b>  |                          | <b>2022-23</b>                                  | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                          | <b>ACTUAL</b>                                   | <b>BUDGETED</b> | <b>PROJECTED</b> |
|   |                          |   |                 | <b>3 MONTH</b>   |
|   |                          |   |                 | <b>ACTUAL</b>    |
| Number of worksites where a wellness assessment is completed.   | 6                        | 5   | 5               | 4                |
| Number of worksites that made a policy or environmental improvement identified in a workplace wellness assessment.              | 6                        | 5   | 5               | 2                |
| Number of communities where a community wellness assessment is completed.   | 1                        | 5   | 5               | 1                |
| Number of communities where a policy or environmental improvement identified in a community wellness assessment is implemented. | 1                        | 5   | 5               | 1                |

**PROGRAM DESCRIPTION:**

Create environmental and systems changes at the community level that integrate public health, worksite and community initiatives to help prevent chronic disease through good nutrition and physical activity. Evidence based assessment tools are utilized to assess workplaces and/or communities in order to develop recommendations for change.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Workplaces will implement policy or environmental changes to support employee health and wellness.   | Workplaces will implement policy or environmental changes to support employee health and wellness.   | 100%           | 100%            | 100%             | 50%            |
| Communities will implement policy or environmental changes to support community health and wellness. | CTP targeted communities will implement evidence based recommendations for policy or environmental change based upon assessment recommendations. | 100%           | 100%            | 100%             | 100%           |

|   |                         |                          |                           |                            |
|---|-------------------------|--------------------------|---------------------------|----------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Correctional Health     | <b>DEPARTMENT:</b>       | Health/Public Safety/2006 |                            |
| <b>BUSINESS TYPE:</b>   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents             |                            |
| <b>BOARD GOAL:</b>  | Financially Responsible | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> \$1,508,979 |
| <b>OUTPUTS</b>  | <b>2022-23</b>          | <b>2023-24</b>           | <b>2023-24</b>            | <b>3 MONTH</b>             |
|   | <b>ACTUAL</b>           | <b>BUDGETED</b>          | <b>PROJECTED</b>          | <b>ACTUAL</b>              |
| Number of inmates in the jail greater than 14 days.                                 | 1,126                   | 1,320                    | 1,300                     | 284                        |
| Number of inmates in the jail greater than 14 days with a current health appraisal. | 459                     | 1,307                    | 1,287                     | 117                        |
| Number of inmate health contacts.   | 39,880                  | 35,000                   | 39,000                    | 16,470                     |
| Number of inmate health contacts provided in the jail.                              | 39,559                  | 34,650                   | 38,610                    | 16,394                     |
| Number of medical requests received.  | 5,765                   | 8,500                    | 5,200                     | 1,459                      |
| Number of medical requests responded to within 48 hours.                            | 5,759                   | 8,500                    | 5,200                     | 1,457                      |

**PROGRAM DESCRIPTION:**

Provide needed medical care for all Scott County inmates 24 hours a day. Includes passing of medication, sick call, nursing assessments, health screenings and limited emergency care.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Inmates are screened for medical conditions that could impact jail operations. | Inmates who stay in the facility greater than 14 days will have a current health appraisal (within 1st 14 days or within 90 days of current incarceration date). | 41%            | 99%             | 99%              | 41%            |
| Medical care is provided in a cost-effective, secure environment.              | Maintain inmate health contacts within the jail facility.  | 99%            | 99%             | 99%              | 99.5%          |
| Assure timely response to inmate medical requests.                             | Medical requests are reviewed and responded to within 48 hours.  | 100%           | 100%            | 100%             | 99.9%          |

|  |                      |                          |                 |                           |                |
|--|----------------------|--------------------------|-----------------|---------------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Child Health Program | <b>DEPARTMENT:</b>       |                 | Health/Family Health/2032 |                |
| <b>BUSINESS TYPE:</b>  | Core                 | <b>RESIDENTS SERVED:</b> |                 | All Residents             |                |
| <b>BOARD GOAL:</b>   | Great Place to Live  | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>            | \$267,918      |
| <b>OUTPUTS</b>   |                      | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>            | <b>3 MONTH</b> |
|  |                      | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>          | <b>ACTUAL</b>  |
| Number of families who were informed.  |                      | 3,228                    | 6,000           | 4,200                     | 638            |
| Number of families who received an inform completion.                                      |                      | 1,519                    | 3,000           | 3,150                     | 405            |
| Number of children in agency home.   |                      | Unavailable              | 750             | 800                       | 1,493          |
| Number of children with a medical home as defined by the Iowa Department of Public Health. |                      | Unavailable              | 600             | 640                       | Unavailable    |

**PROGRAM DESCRIPTION:**

Promote health care for children from birth through age 21 through services that are family-centered, community based, collaborative, comprehensive, coordinated, culturally competent and developmentally appropriate.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b>                     | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>                     |
|--|--|------------------------------------|-----------------|------------------|------------------------------------|
|  |  | <b>ACTUAL</b>                      | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>                      |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                                    |                 |                  |                                    |
| Ensure Scott County families (children) are informed of the services available through the Early Periodic Screening Diagnosis and Treatment (EPSDT) Program. | Families will be contacted to ensure they are aware of the benefits available to them through the EPSDT program through the inform completion process. | 47%                                | 50%             | 75%              | 63%                                |
| Ensure EPSDT Program participants have a routine source of medical care.   | Children in the EPSDT Program will have a medical home.  | Unavailable due to new data system | 80%             | 80%              | Unavailable due to new data system |
|  |  |                                    |                 |                  |                                    |

|  |                            |                          |                   |                  |                      |
|--|----------------------------|--------------------------|-------------------|------------------|----------------------|
| <b>ACTIVITY/SERVICE:</b>   | Emergency Medical Services | <b>DEPARTMENT:</b>       | Health/Admin/2007 |                  |                      |
| <b>BUSINESS TYPE:</b>  | Core                       | <b>RESIDENTS SERVED:</b> | All Residents     |                  |                      |
| <b>BOARD GOAL:</b>   | Financially Responsible    | <b>FUND:</b>             | 01 General        | <b>BUDGET:</b>   | \$24,915             |
| <b>OUTPUTS</b>   |                            | <b>2022-23</b>           | <b>2023-24</b>    | <b>2023-24</b>   | <b>3 MONTH</b>       |
|  |                            | <b>ACTUAL</b>            | <b>BUDGETED</b>   | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| Number of ambulance services required to be licensed in Scott County.                            |                            | 9                        | 9                 | 9                | 9                    |
| Number of ambulance service applications delivered according to timelines.                       |                            | 9                        | 9                 | 9                | 3rd Quarter Activity |
| Number of ambulance service applications submitted according to timelines.                       |                            | 9                        | 9                 | 9                | 3rd Quarter Activity |
| Number of ambulance service licenses issued prior to the expiration date of the current license. |                            | 9                        | 9                 | 9                | 3rd Quarter Activity |

**PROGRAM DESCRIPTION:**

The department issues ambulance licenses to operate in Scott County and defines boundaries for providing service according to County Code of Ordinances Chapter 28. Department participates in the quality assurance of ambulance efforts across Scott County.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>       |
|---|--|----------------|-----------------|------------------|----------------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                      |
| Provide licensure assistance to all ambulance services required to be licensed in Scott County. | Applications will be delivered to the services at least 90 days prior to the requested effective date of the license.                      | 100%           | 100%            | 100%             | 3rd Quarter Activity |
| Ensure prompt submission of applications.   | Completed applications will be received at least 60 days prior to the requested effective date of the license.                             | 100%           | 100%            | 100%             | 3rd Quarter Activity |
| Ambulance licenses will be issued according to Scott County Code.                               | Licenses are issued to all ambulance services required to be licensed in Scott County prior to the expiration date of the current license. | 100%           | 100%            | 100%             | 3rd Quarter Activity |

| <b>ACTIVITY/SERVICE:</b>  | Employee Health         | <b>DEPARTMENT:</b>       |                 |                  | Health/Clinical/2019 |
|---|-------------------------|--------------------------|-----------------|------------------|----------------------|
| <b>BUSINESS TYPE:</b>   | Foundation              | <b>RESIDENTS SERVED:</b> |                 |                  | All Residents        |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$26,292             |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>       |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| Number of employees eligible to receive annual hearing tests.   |                         | 347                      | 190             | 165              | 33                   |
| Number of employees who receive their annual hearing test or sign a waiver.   |                         | 325                      | 190             | 165              | 33                   |
| Number of employees eligible for Hepatitis B vaccine.   |                         | 50                       | 50              | 50               | 17                   |
| Number of employees eligible for Hepatitis B vaccine who received the vaccination, had a titer drawn, produced record of a titer or signed a waiver within 3 weeks of their start date. |                         | 50                       | 50              | 50               | 17                   |
| Number of eligible new employees who received blood borne pathogen training.  |                         | 53                       | 50              | 50               | 17                   |
| Number of eligible new employees who received blood borne pathogen training within 3 weeks of their start date.   |                         | 53                       | 50              | 50               | 16                   |
| Number of employees eligible to receive annual blood borne pathogen training.   |                         | 286                      | 270             | 260              | 2nd Quarter Activity |
| Number of eligible employees who receive annual blood borne pathogen training.  |                         | 274                      | 270             | 260              | 2nd Quarter Activity |
| Number of employees eligible to receive annual tuberculosis training.   |                         | 240                      | 270             | 260              | 2nd Quarter Activity |
| Number of eligible employees who receive annual tuberculosis training.  |                         | 265                      | 270             | 260              | 2nd Quarter Activity |

**PROGRAM DESCRIPTION:**

Tuberculosis testing , Hepatitis B vaccinations, Hearing and Blood borne Pathogen education, CPR trainings, Hearing screenings, etc. for all Scott County employees that meet risk criteria as outlined by OSHA. Assistance for jail medical staff is used to complete services provided to Correctional staff. (OSHA 1910.1020)

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>       |
|--|---|----------------|-----------------|------------------|----------------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                      |
| Minimize employee risk for work related hearing loss.                    | Eligible employees will receive their hearing test or sign a waiver annually.   | 94%            | 100%            | 100%             | 100%                 |
| Minimize the risk of workplace exposure to blood borne pathogens.        | Eligible employees will receive Hepatitis B vaccination, have titer drawn, produce record of a titer or sign a waiver of vaccination or titer within 3 weeks of their start date. | 100%           | 100%            | 100%             | 100%                 |
| Minimize the risk of workplace exposure to blood borne pathogens.        | Eligible new employees will receive blood borne pathogen education within 3 weeks of their start date.  | 100%           | 100%            | 100%             | 94%                  |
| Minimize the risk of workplace exposure to blood borne pathogens.        | Eligible employees will receive blood borne pathogen education annually.  | 96%            | 100%            | 100%             | 2nd Quarter Activity |
| Early identification of employees for possible exposure to tuberculosis. | Eligible employees will receive tuberculosis education annually.  | 92%            | 100%            | 100%             | 2nd Quarter Activity |

|  |   |                          |                           |                |           |
|--|---|--------------------------|---------------------------|----------------|-----------|
| <b>ACTIVITY/SERVICE:</b>   | Food Establishment Licensing and Inspection | <b>DEPARTMENT:</b>       | Health/Environmental/2040 |                |           |
| <b>BUSINESS TYPE:</b>  | Core  | <b>RESIDENTS SERVED:</b> | All Residents             |                |           |
| <b>BOARD GOAL:</b>   | Performing Organization                     | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> | \$478,546 |
| <b>OUTPUTS</b>   | <b>2022-23</b>                              | <b>2023-24</b>           | <b>2023-24</b>            | <b>3 MONTH</b> |           |
|  | <b>ACTUAL</b>                               | <b>BUDGETED</b>          | <b>PROJECTED</b>          | <b>ACTUAL</b>  |           |
| Number of inspections required.  | 1480  | 1476                     | 719                       | 719            |           |
| Number of inspections completed.   | 835   | 1476                     | 719                       | 145            |           |
| Number of inspections with critical violations noted.  | 441   | 886                      | 575                       | 107            |           |
| Number of critical violation reinspections completed.  | 402   | 886                      | 575                       | 97             |           |
| Number of critical violation reinspections completed within 10 days of the initial inspection.     | 402   | 797                      | 564                       | 97             |           |
| Number of inspections with non-critical violations noted.  | 374   | 738                      | 360                       | 107            |           |
| Number of non-critical violation reinspections completed.  | 349   | 738                      | 360                       | 92             |           |
| Number of non-critical violation reinspections completed within 90 days of the initial inspection. | 348   | 701                      | 353                       | 92             |           |
| Number of complaints received.   | 88  | 120                      | 120                       | 52             |           |
| Number of complaints investigated according to Nuisance Procedure timelines.                       | 88  | 120                      | 120                       | 52             |           |
| Number of complaints investigated that are justified.  | 44  | 40                       | 40                        | 18             |           |
| Number of temporary vendors who submit an application to operate.                                  | 250   | 300                      | 220                       | 79             |           |
| Number of temporary vendors licensed to operate prior to the event.                                | 250   | 300                      | 220                       | 79             |           |

The Board of Health has a 28E Agreement with the Iowa Department of Inspections and Appeals to regulate establishments that prepare and sell food for human consumption on or off their premise according to Iowa and FDA food code. SCHD licenses and inspects food service establishments, retail food establishments, home food establishments, warehouses, mobile food carts, farmers' markets, temporary events. Department of Inspection and Appeals, IAC 481 Chapter 30 Food and Consumer Safety.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Meet SCHD's contract obligations with the Iowa Department of Inspections and Appeals.     | Food Establishment inspections will be completed annually.   | 62%            | 100%            | 100%             | 21%            |
| Ensure compliance with the food code.   | Critical violation reinspections will be completed within 10 days of the date of inspection.                           | 91%            | 90%             | 98%              | 91%            |
| Ensure compliance with the food code.   | Non-critical violation reinspections will be completed within 90 days of the date of inspection.                       | 93%            | 95%             | 98%              | 86%            |
| Ensure compliance with the food code.   | Complaints will be investigated to determine whether justified within timelines established in the Nuisance Procedure. | 100%           | 100%            | 100%             | 100%           |
| Temporary vendors will be conditionally approved and licensed based on their application. | Temporary vendors will have their license to operate in place prior to the event.                                      | 100%           | 100%            | 100%             | 100%           |

|  |                     |                          |                 |                           |                |
|--|---------------------|--------------------------|-----------------|---------------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Hawki               | <b>DEPARTMENT:</b>       |                 | Health/Family Health/2035 |                |
| <b>BUSINESS TYPE:</b>  | Quality of Life     | <b>RESIDENTS SERVED:</b> |                 | All Residents             |                |
| <b>BOARD GOAL:</b>   | Great Place to Live | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>            | \$13,647       |
| <b>OUTPUTS</b>   |                     | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>            | <b>3 MONTH</b> |
|  |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>          | <b>ACTUAL</b>  |
| Number of schools targeted to provide outreach regarding how to access and refer to the Hawki Program.                   | 63                  | 80                       | 48              | 15                        |                |
| Number of schools where outreach regarding how to access and refer to the Hawki Program is provided.                     | 63                  | 80                       | 48              | 15                        |                |
| Number of medical provider offices targeted to provide outreach regarding how to access and refer to the Hawki Program.  | 63                  | 120                      | 120             | N/A*                      |                |
| Number of medical providers offices where outreach regarding how to access and refer to the Hawki Program is provided.   | 63                  | 120                      | 120             | N/A*                      |                |
| Number of dental providers targeted to provide outreach regarding how to access and refer to the Hawki Program.          | 63                  | 75                       | 115             | N/A*                      |                |
| Number of dental providers where outreach regarding how to access and refer to the Hawki Program is provided.            | 63                  | 75                       | 115             | N/A*                      |                |
| Number of faith-based organizations targeted to provide outreach regarding how to access and refer to the Hawki Program. | 60                  | 35                       | 48              | 18                        |                |
| Number of faith-based organizations where outreach regarding how to access and refer to the Hawki Program is provided.   | 60                  | 35                       | 48              | 18                        |                |

**PROGRAM DESCRIPTION:**

Hawki Outreach is a program for enrolling uninsured children in health care coverage. The Department of Human Services contracts with the Iowa Department of Public Health and its Child Health agencies to provide this statewide community-based grassroots outreach program.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| School personnel will understand the Hawki Program and how to link families to enrollment assistance.                   | Schools will be contacted according to grant action plans.                   | 100%           | 100%            | 100%             | 31%            |
| Medical provider office personnel will understand the Hawki Program and how to link families to enrollment assistance.  | Medical provider offices will be contacted according to grant action plans.  | 100%           | 100%            | 100%             | N/A*           |
| Dental provider office personnel will understand the Hawki Program and how to link families to enrollment assistance.   | Dental provider offices will be contacted according to grant action plans.   | 100%           | 100%            | 100%             | N/A*           |
| Faith-based organization personnel will understand the Hawki Program and how to link families to enrollment assistance. | Faith-based organizations will be contacted according to grant action plans. | 100%           | 100%            | 100%             | 37%            |

\*N/A: The Child Health Program grant changed requirements and is asking staff to focus outreach efforts on schools and faith-based organizations, not medical and dental providers.

|   |                         |                          |                           |                |           |
|---|-------------------------|--------------------------|---------------------------|----------------|-----------|
| <b>ACTIVITY/SERVICE:</b>  | Healthy Child Care Iowa | <b>DEPARTMENT:</b>       | Health/Family Health/2022 |                |           |
| <b>BUSINESS TYPE:</b>   | Quality of Life         | <b>RESIDENTS SERVED:</b> | All Residents             |                |           |
| <b>BOARD GOAL:</b>  | Great Place to Live     | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> | \$139,959 |
| <b>OUTPUTS</b>  | <b>2022-23</b>          | <b>2023-24</b>           | <b>2023-24</b>            | <b>3 MONTH</b> |           |
|   | <b>ACTUAL</b>           | <b>BUDGETED</b>          | <b>PROJECTED</b>          | <b>ACTUAL</b>  |           |
| Number of technical assistance requests received from centers.  | 280                     | 300                      | 360                       | 85             |           |
| Number of technical assistance requests received from child care homes.   | 73                      | 75                       | 110                       | 11             |           |
| Number of technical assistance requests from centers responded to.  | 280                     | 300                      | 360                       | 85             |           |
| Number of technical assistance requests from child care homes responded to.   | 73                      | 75                       | 11                        | 11             |           |
| Number of technical assistance requests from centers that are resolved.   | 280                     | 300                      | 360                       | 85             |           |
| Number of technical assistance requests from child care homes that are resolved.  | 279                     | 75                       | 110                       | 11             |           |
| Number of child care providers who attend training.   | 118                     | 180                      | 80                        | 20             |           |
| Number of child care providers who attend training and report that they have gained valuable information that will help them to make their home/center safer and healthier. | 111                     | 171                      | 79                        | 20             |           |

**PROGRAM DESCRIPTION:**

Provide education to child care providers regarding health and safety issues to ensure safe and healthy issues

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Safe, healthy child care environments for all children, including those with special health needs. | Technical assistance requests from centers are responded to.   | 100%           | 100%            | 100%             | 100%           |
| Safe, healthy child care environments for all children, including those with special health needs. | Technical assistance requests from day care homes are responded to.  | 100%           | 100%            | 100%             | 100%           |
| Safe, healthy child care environments for all children, including those with special health needs. | Technical assistance requests from centers are resolved.   | 100%           | 100%            | 100%             | 100%           |
| Safe, healthy child care environments for all children, including those with special health needs. | Technical assistance requests from day care homes are resolved.  | 100%           | 100%            | 100%             | 100%           |
| Safe, healthy child care environments for all children, including those with special health needs. | Child care providers attending trainings report that the training will enable them to make their home/center/ preschool safer and healthier. | 94%            | 100%            | 99%              | 100%           |



|   |                         |                          |                           |                         |
|---|-------------------------|--------------------------|---------------------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Hotel/Motel Program     | <b>DEPARTMENT:</b>       | Health/Environmental/2042 |                         |
| <b>BUSINESS TYPE:</b>   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents             |                         |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> \$10,372 |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>          |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b>        |
| Number of licensed hotels/motels.   |                         | 49                       | 46                        | 49                      |
| Number of licensed hotels/motels requiring inspection.  |                         | 25                       | 24                        | 27                      |
| Number of licensed hotels/motels inspected by June 30.  |                         | 28                       | 24                        | 27                      |
| Number of inspected hotels/motels with violations.  |                         | 24                       | 8                         | 5                       |
| Number of inspected hotels/motels with violations reinspected.                                  |                         | 21                       | 8                         | 5                       |
| Number of inspected hotels/motels with violations reinspected within 30 days of the inspection. |                         | 21                       | 8                         | 5                       |
| Number of complaints received.  |                         | 19                       | 10                        | 25                      |
| Number of complaints investigated according to Nuisance Procedure timelines.                    |                         | 19                       | 10                        | 25                      |
| Number of complaints investigated that are justified.   |                         | 11                       | 3                         | 8                       |

**PROGRAM DESCRIPTION:**

Board of Health has a 28E Agreement with the Iowa Department of Inspections and Appeals regarding licensing and inspecting hotels/motels to assure state code compliance. Department of Inspections and Appeals, IAC 481, Chapter 37 Hotel and Motel Inspections.

| <b>PERFORMANCE MEASUREMENT</b>                   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Assure compliance with Iowa Administrative Code. | Licensed hotels/motels will have an inspection completed by June 30 according to the bi-yearly schedule.               | 112%           | 100%            | 100%             | 4%             |
| Assure compliance with Iowa Administrative Code. | Licensed hotels/motels with identified violations will be reinspected within 30 days.                                  | 88%            | 100%            | 100%             | 0%             |
| Assure compliance with Iowa Administrative Code. | Complaints will be investigated to determine whether justified within timelines established in the Nuisance Procedure. | 100%           | 100%            | 100%             | 100%           |

|   |                     |                          |                      |                          |
|---|---------------------|--------------------------|----------------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Immunization        | <b>DEPARTMENT:</b>       | Health/Clinical/2024 |                          |
| <b>BUSINESS TYPE:</b>   | Core                | <b>RESIDENTS SERVED:</b> | All Residents        |                          |
| <b>BOARD GOAL:</b>  | Great Place to Live | <b>FUND:</b>             | 01 General           | <b>BUDGET:</b> \$282,539 |
| <b>OUTPUTS</b>  |                     | <b>2022-23</b>           | <b>2023-24</b>       | <b>2023-24</b>           |
|   |                     | <b>ACTUAL</b>            | <b>BUDGETED</b>      | <b>PROJECTED</b>         |
| Number of two year old's seen at the SCHED clinic.  |                     | 15                       | 75                   | 25                       |
| Number of two year old's seen at the SCHED clinic who are up-to-date with their vaccinations. |                     | 9                        | 60                   | 20                       |
| Number of doses of vaccine shipped to SCHED.  |                     | 3,945                    | 3,500                | 2,400                    |
| Number of doses of vaccine wasted.  |                     | 14                       | 5                    | 6                        |
| Number of school immunization records audited.  |                     | 29,026                   | 29,765               | 28,995                   |
| Number of school immunization records up-to-date.   |                     | 28,872                   | 29,616               | 28,850                   |
| Number of preschool and child care center immunization records audited.                       |                     | 5,467                    | 6,160                | 5,500                    |
| Number of preschool and child care center immunization records up-to-date.                    |                     | 5,433                    | 6,092                | 5,440                    |
|   |                     |                          |                      | 2nd Quarter Activity     |
|   |                     |                          |                      | 2nd Quarter Activity     |
|   |                     |                          |                      | 2nd Quarter Activity     |
|   |                     |                          |                      | 2nd Quarter Activity     |

**PROGRAM DESCRIPTION:**

Immunizations are provided to children birth through 18 years of age, in Scott County, who qualify for the federal Vaccine for Children (VFC) program as provider of last resort. IAC 641 Chapter 7. Program also includes an immunization record audit of all children enrolled in an elementary, intermediate, or secondary school in Scott County. An immunization record audit of all licensed preschool/child care facilities in Scott County is also completed. IAC 641 Chapter 7

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>       |
|--|--|----------------|-----------------|------------------|----------------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                      |
| Assure that clients seen at the Scott County Health Department receive the appropriate vaccinations. | Two year old's seen at the Scott County Health Department are up-to-date with their vaccinations.              | 60%            | 80%             | 80%              | 13%                  |
| Assure that vaccine is used efficiently.   | Vaccine wastage as reported by the Iowa Department of Public Health will not exceed contract guidelines of 5%. | 0.35%          | 0.14%           | 0.25%            | 0.21%                |
| Assure that all schools, preschools and child care centers have up-to-date immunization records.     | School records will show up-to-date immunizations.   | 99.5%          | 99.5%           | 99.5%            | 2nd Quarter Activity |
| Assure that all schools, preschools and child care centers have up-to-date immunization records.     | Preschool and child care center records will show up-to-date immunizations.                                    | 99.4%          | 98.9%           | 98.9%            | 2nd Quarter Activity |

|  |                     |                          |                              |                  |                |
|--|---------------------|--------------------------|------------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Injury Prevention   | <b>DEPARTMENT:</b>       | Health/Community Health/2008 |                  |                |
| <b>BUSINESS TYPE:</b>  | Quality of Life     | <b>RESIDENTS SERVED:</b> | All Residents                |                  |                |
| <b>BOARD GOAL:</b>   | Great Place to Live | <b>FUND:</b>             | 01 General                   | <b>BUDGET:</b>   | \$23,043       |
| <b>OUTPUTS</b>   |                     | <b>2022-23</b>           | <b>2023-24</b>               | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                     | <b>ACTUAL</b>            | <b>BUDGETED</b>              | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of community-based injury prevention meetings and events.   |                     | 0                        | 18                           | 12               | 0              |
| Number of community-based injury prevention meetings and events with a SCHED staff member in attendance. |                     | 0                        | 18                           | 12               | 0              |

**PROGRAM DESCRIPTION:**

Partner with community agencies to identify, assess, and reduce the leading causes of unintentional injuries in Scott County. Share educational messaging on injury prevention in the community.

| <b>PERFORMANCE MEASUREMENT</b>                           |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Engage in community-based injury prevention initiatives. | A SCHED staff member will be present at community-based injury prevention meetings and events. | 0%             | 100%            | 100%             | 0%             |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |

| <b>ACTIVITY/SERVICE:</b>  | I-Smile Dental Home Project | <b>DEPARTMENT:</b>       |                 | Health/Family Health/2036 |                      |
|---|-----------------------------|--------------------------|-----------------|---------------------------|----------------------|
| <b>BUSINESS TYPE:</b>   | Core                        | <b>RESIDENTS SERVED:</b> |                 | All Residents             |                      |
| <b>BOARD GOAL:</b>  | Great Place to Live         | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>            | \$387,473            |
| <b>OUTPUTS</b>  |                             | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>            | <b>3 MONTH</b>       |
|   |                             | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>          | <b>ACTUAL</b>        |
| Number of practicing dentists in Collaborative Service Area 14.   |                             | 102                      | 87              | 133*                      | 133                  |
| Number of practicing dentists in Collaborative Service Area 14 accepting Medicaid enrolled children as clients.                               |                             | 8                        | 11              | 26*                       | 19                   |
| Number of practicing dentists in Collaborative Service Area 14 accepting Medicaid enrolled children as clients only with an I-Smile referral. |                             | 15                       | 10              | 15*                       | 2                    |
| Number of kindergarten students (Scott County).   |                             | 2,167                    | 2,234           | 2,200                     | 3rd Quarter Activity |
| Number of kindergarten students with a completed Certificate of Dental Screening (Scott County).  |                             | 2,137                    | 2,212           | 2,090                     | 3rd Quarter Activity |
| Number of ninth grade students (Scott County).  |                             | 2,305                    | 2,232           | 2,300                     | 3rd Quarter Activity |
| Number of ninth grade students with a completed Certificate of Dental Screening (Scott County).   |                             | 912                      | 1,796           | 1,725                     | 3rd Quarter Activity |

**PROGRAM DESCRIPTION:**

Assure dental services are made available to uninsured/underinsured children in Scott County.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>       |
|---|---|----------------|-----------------|------------------|----------------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                      |
| Assure a routine source of dental care for Medicaid enrolled children in Scott County.            | Scott County practicing dentists who are accepting Medicaid enrolled children into their practice.                          | 8%             | 13%             | 20%              | 14%                  |
| Assure access to dental care for Medicaid enrolled children in Scott County.                      | Scott County practicing dentists who are accepting Medicaid enrolled children into their practice by I-Smile referral only. | 15%            | 11%             | 12%              | 1%                   |
| Assure compliance with Iowa's Dental Screening Mandate.   | Students entering kindergarten will have a valid Certificate of Dental Screening.   | 99%            | 99%             | 95%              | 3rd Quarter Activity |
| Assure compliance with Iowa's Dental Screening Mandate.   | Students entering ninth grade will have a valid Certificate of Dental Screening.  | 40%            | 77%             | 75%              | 3rd Quarter Activity |
| *FY24 changed from Scott County to Collaborative Service Area 14 (Cedar, Clinton, Jackson, Scott) |   |                |                 |                  |                      |

|   |                     |                          |                           |                  |                |
|---|---------------------|--------------------------|---------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | Maternal Health     | <b>DEPARTMENT:</b>       | Health/Family Health/2033 |                  |                |
| <b>BUSINESS TYPE:</b>   | Core                | <b>RESIDENTS SERVED:</b> | All Residents             |                  |                |
| <b>BOARD GOAL:</b>  | Great Place to Live | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b>   | \$280,310      |
| <b>OUTPUTS</b>  |                     | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                     | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total Number of Maternal Health Direct Care Services Provided                               |                     | 648                      | 900                       | 700              | 118            |
| Number of Health Education Services   |                     | 139                      | 425                       | 330              | 47             |
| Number of Psychosocial Services Provided  |                     | 170                      | 425                       | 330              | 54             |
| Number of Lactation Services Provided   |                     | 42                       | 50                        | 40               | 17             |
| Number of Maternal Health clients discharged from Maternal Health                           |                     | 30                       | 325                       | 100              | 8              |
| Number of Maternal Health clients with a medical home when discharged from Maternal Health. |                     | 30                       | 325                       | 100              | 8              |

**PROGRAM DESCRIPTION:**

The Maternal Health (MH) Program is part of the federal Title V Program. It is delivered through a contract with the Iowa Department of Public Health. The MH Program promotes the health of pregnant women and infants by providing or assuring access to prenatal and postpartum health care for low-income women. Services include: linking to health insurance, completing risk assessments, providing medical and dental care coordination, providing education, linking to transportation, offering breastfeeding classes, addressing health disparities, providing post-partum follow-up, etc. Dental care is particularly important for pregnant women because hormone levels during pregnancy can increase the risk of oral health problems.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Maternal Health clients will have positive health outcomes for mother and baby. | Women in the Maternal Program will have a medical home to receive early and regular prenatal care. | 95%            | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|   |                         |                          |                            |                  |                |
|---|-------------------------|--------------------------|----------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | Medical Examiner        | <b>DEPARTMENT:</b>       | Health/Administration/2001 |                  |                |
| <b>BUSINESS TYPE:</b>   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents              |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General                 | <b>BUDGET:</b>   | \$476,836      |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>             | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>            | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of deaths in Scott County.   |                         | 1950                     | 1913                       | 1800             | 455            |
| Number of deaths in Scott County deemed a Medical Examiner case.              |                         | 452                      | 362                        | 429              | 119            |
| Number of Medical Examiner cases with a cause and manner of death determined. |                         | 449                      | 362                        | 425              | 118            |
|   |                         |                          |                            |                  |                |

**PROGRAM DESCRIPTION:**

Activities associated with monitoring the medical examiner and the required autopsy-associated expenses and activities relevant to the determination of causes and manners of death. Iowa Code 331.801-805 as well as the Iowa Administrative Rules 641-126 and 127 govern county medical examiner activities.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Deaths which are deemed to potentially affect the public interest will be investigated according to Iowa Code. | Cause and manner of death for medical examiner cases will be determined by the medical examiner. | 99%            | 100%            | 99%              | 99%            |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |

|   |                           |                          |                      |                  |                          |
|---|---------------------------|--------------------------|----------------------|------------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Non-Public Health Nursing | <b>DEPARTMENT:</b>       | Health/Clinical/2026 |                  |                          |
| <b>BUSINESS TYPE:</b>   | Quality of Life           | <b>RESIDENTS SERVED:</b> | All Residents        |                  |                          |
| <b>BOARD GOAL:</b>  | Great Place to Live       | <b>FUND:</b>             | 01 General           | <b>BUDGET:</b>   | \$170,480                |
| <b>OUTPUTS</b>  |                           | <b>2022-23</b>           | <b>2023-24</b>       | <b>2023-24</b>   | <b>3 MONTH</b>           |
|   |                           | <b>ACTUAL</b>            | <b>BUDGETED</b>      | <b>PROJECTED</b> | <b>ACTUAL</b>            |
| Number of students identified with a deficit through a school-based screening.                        |                           | 66                       | 75                   | 75               | 2nd/3rd Quarter Activity |
| Number of students identified with a deficit through a school-based screening who receive a referral. |                           | 66                       | 75                   | 75               | 2nd/3rd Quarter Activity |
| Number of requests for direct services received.  |                           | 598                      | 250                  | 375              | 103                      |
| Number of direct services provided based upon request.  |                           | 598                      | 250                  | 375              | 103                      |

**PROGRAM DESCRIPTION:**

Primary responsibility for school health services provided within the non-public schools in Scott County. There are currently 9 non-public schools in Scott County with approximately 2,600 students. Time is spent assisting the schools with activities such as performing vision and hearing screenings; coordinating school health records; preparing for State of Iowa required immunization and dental audits; assisting with the development of individualized education plans (IEPs) for children with special health needs; as well as meeting the education and training needs of staff through medication administration training.

| <b>PERFORMANCE MEASUREMENT</b>                           |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>           |
|--|--|----------------|-----------------|------------------|--------------------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>            |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                          |
| Deficits that affect school learning will be identified. | Students identified with a deficit through a school-based screening will receive a referral. | 100%           | 100%            | 100%             | 2nd/3rd Quarter Activity |
| Provide direct services for each school as requested.    | Requests for direct services will be provided.   | 100%           | 100%            | 100%             | 100%                     |
|  |  |                |                 |                  |                          |
|  |  |                |                 |                  |                          |

|   |                           |                          |                           |                          |
|---|---------------------------|--------------------------|---------------------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Onsite Wastewater Program | <b>DEPARTMENT:</b>       | Health/Environmental/2044 |                          |
| <b>BUSINESS TYPE:</b>   | Core                      | <b>RESIDENTS SERVED:</b> | All Residents             |                          |
| <b>BOARD GOAL:</b>  | Performing Organization   | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> \$139,775 |
| <b>OUTPUTS</b>  |                           | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>           |
|   |                           | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b>         |
| Number of septic systems installed.   |                           | 103                      | 120                       | 130                      |
| Number of septic systems installed which meet initial system recommendations. |                           | 102                      | 120                       | 130                      |
| Number of sand filter septic system requiring inspection.                     |                           | 1,555                    | 1,510                     | 1,600                    |
| Number of sand filter septic system inspected annually.                       |                           | 1,229                    | 1,510                     | 1,600                    |
| Number of septic samples collected from sand filter septic systems.           |                           | 27                       | 151                       | 160                      |
| Number of complaints received.  |                           | 2                        | 6                         | 5                        |
| Number of complaints investigated.  |                           | 2                        | 6                         | 5                        |
| Number of complaints investigated within working 5 days.                      |                           | 2                        | 6                         | 5                        |
| Number of complaints investigated that are justified.                         |                           | 2                        | 3                         | 3                        |

**PROGRAM DESCRIPTION:**

Providing code enforcement and consultation services for the design, construction, and maintenance of septic systems for private residences and commercial operations. Collect effluent samples from sewage systems which are designed to discharge effluent onto the surface of the ground or into a waterway. Scott County Code, Chapter 23 entitled Private Sewage Disposal System.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Assure the proper installation of septic systems to prevent groundwater contamination. | Approved installations will meet initial system recommendations.        | 99%            | 100%            | 100%             | 100%           |
| Assure the safe functioning of septic systems to prevent groundwater contamination.    | Sand filter septic systems will be inspected annually by June 30.       | 79%            | 100%            | 100%             | 7%             |
| Assure the safe functioning of septic systems to prevent groundwater contamination.    | Complaints will be investigated within 5 working days of the complaint. | 100%           | 100%            | 100%             | 100%           |



|  |                        |                          |                           |                  |                |
|--|------------------------|--------------------------|---------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                 | Public Health Nuisance | <b>DEPARTMENT:</b>       | Health/Environmental/2047 |                  |                |
| <b>BUSINESS TYPE:</b>                    | Core                   | <b>RESIDENTS SERVED:</b> | All Residents             |                  |                |
| <b>BOARD GOAL:</b>                       | Great Place to Live    | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b>   | \$29,605       |
| <b>OUTPUTS</b>                           |                        | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                        | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of complaints received.           |                        | 15                       | 15                        | 30               | 18             |
| Number of complaints justified.          |                        | 10                       | 10                        | 20               | 10             |
| Number of justified complaints resolved. |                        | 7                        | 10                        | 20               | 5              |

**PROGRAM DESCRIPTION:**

Investigate public health nuisance complaints from the general public and resolve them to code compliance. Scott County Code, Chapter 25 entitled Public Health Nuisance.

| <b>PERFORMANCE MEASUREMENT</b>                                      |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                  |                |                 |                  |                |
| Ensure compliance with state, county and city codes and ordinances. | Justified complaints will be resolved. | 70%            | 100%            | 100%             | 50%            |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|  |                            |                          |                              |                  |                |
|--|----------------------------|--------------------------|------------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Public Health Preparedness | <b>DEPARTMENT:</b>       | Health/Community Health/2009 |                  |                |
| <b>BUSINESS TYPE:</b>  | Quality of Life            | <b>RESIDENTS SERVED:</b> | All Residents                |                  |                |
| <b>BOARD GOAL:</b>   | Performing Organization    | <b>FUND:</b>             | 01 General                   | <b>BUDGET:</b>   | \$62,256       |
| <b>OUTPUTS</b>   |                            | <b>2022-23</b>           | <b>2023-24</b>               | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                            | <b>ACTUAL</b>            | <b>BUDGETED</b>              | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of drills/exercises held.   |                            | 4                        | 3                            | 3                | 2              |
| Number of after action reports completed.  |                            | 3                        | 3                            | 3                | 0              |
| Number of newly hired employees.   |                            | 14                       | 4                            | 4                | 3              |
| Number of newly hired employees who provide documentation of completion of position appropriate NIMS training. |                            | 14                       | 4                            | 4                | 3              |

**PROGRAM DESCRIPTION:**

Keep up to date information in case of response to a public health emergency. Develop plans, policies and procedures to handle public health emergencies. Train staff to function in roles within the National Incident Management System.

| <b>PERFORMANCE MEASUREMENT</b>                          |  | <b>2022-23</b> | <b>2023-24</b> | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>ACTUAL</b>  | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                |                  |                |
| Assure efficient response to public health emergencies. | Department will participate in three emergency response drills or exercises annually.  | 75%            | 100%           | 100%             | 0%             |
| Assure efficient response to public health emergencies. | Newly hired employees will provide documentation of completion of position appropriate NIMS training by the end of their 6 MONTH probation period. | 100%           | 100%           | 100%             | 100%           |
|   |  |                |                |                  |                |

|  |                     |                          |                           |                         |                |
|--|---------------------|--------------------------|---------------------------|-------------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Recycling           | <b>DEPARTMENT:</b>       | Health/Environmental/2048 |                         |                |
| <b>BUSINESS TYPE:</b>  | Quality of Life     | <b>RESIDENTS SERVED:</b> | All Residents             |                         |                |
| <b>BOARD GOAL:</b>   | Great Place to Live | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> \$71,049 |                |
| <b>OUTPUTS</b>   |                     | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>          | <b>3 MONTH</b> |
|  |                     | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b>        | <b>ACTUAL</b>  |
| Number of tons of recyclable material collected.   |                     | 559.36                   | 855.81                    | 860                     | 160.09         |
| Number of tons of recyclable material collected during the same time period in previous fiscal year. |                     | 608.38                   | 855.81                    | 860                     | 131.62         |

**PROGRAM DESCRIPTION:**

Provide recycling services at three drop off locations (Scott County Park, West Lake Park, and Republic Waste) for individuals living unincorporated Scott County. The goal is to divert recyclable material from the Scott County landfill.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2019-20</b>  | <b>2022-23</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Assure the use and efficiency of recycling sites to divert recyclable material from the landfill. | Volume of recyclable material collected, as measured in tons, will meet or exceed amount of material collected during previous fiscal year. | -9%            | 100%            | 0%               | 18%            |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|  |                         |                          |                           |                  |                      |
|--|-------------------------|--------------------------|---------------------------|------------------|----------------------|
| <b>ACTIVITY/SERVICE:</b>   | Septic Tank Pumper      | <b>DEPARTMENT:</b>       | Health/Environmental/2059 |                  |                      |
| <b>BUSINESS TYPE:</b>  | Core                    | <b>RESIDENTS SERVED:</b> | All Residents             |                  |                      |
| <b>BOARD GOAL:</b>   | Performing Organization | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b>   | \$2,259              |
| <b>OUTPUTS</b>   |                         | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>   | <b>3 MONTH</b>       |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| Number of septic tank cleaners servicing Scott County.   |                         | 9                        | 8                         | 10               | 9                    |
| Number of annual septic tank cleaner inspections of equipment, records and land application sites (if applicable) completed. |                         | 9                        | 8                         | 10               | 3rd Quarter Activity |

**PROGRAM DESCRIPTION:**

Contract with the Iowa Department of Natural Resources for inspection of commercial septic tank cleaners' equipment and land disposal sites according to Iowa Code 455B.172 and under Iowa Administrative Code 567 - Chapter 68.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b> | <b>2023-24</b>   | <b>3 MONTH</b>       |
|--|---|----------------|----------------|------------------|----------------------|
|  |   | <b>ACTUAL</b>  | <b>ACTUAL</b>  | <b>PROJECTED</b> | <b>ACTUAL</b>        |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                |                  |                      |
| Control the danger to public health, safety and welfare from the unauthorized pumping, transport, and application of septic waste. | Individuals that clean septic tanks, transport any septic waste, and land apply septic waste will operate according to Iowa Code. | 100%           | 100%           | 100%             | 3rd Quarter Activity |
|  |   |                |                |                  |                      |

|  |                       |                          |                 |                      |                |
|--|-----------------------|--------------------------|-----------------|----------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Sexual Health Program | <b>DEPARTMENT:</b>       |                 | Health/Clinical/2028 |                |
| <b>BUSINESS TYPE:</b>  | Quality of Life       | <b>RESIDENTS SERVED:</b> |                 | All Residents        |                |
| <b>BOARD GOAL:</b>   | Great Place to Live   | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>       | \$604,355      |
| <b>OUTPUTS</b>   |                       | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>       | <b>3 MONTH</b> |
|  |                       | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>     | <b>ACTUAL</b>  |
| Number of people who present to the Health Department for any STI/HIV service (general information, risk reduction, results, referrals, etc.). | 984                   | 1,500                    | 900             | 232                  |                |
| Number of people who present for STI/HIV services.   | 800                   | 1,200                    | 750             | 222                  |                |
| Number of people who receive STI/HIV services.   | 782                   | 1,140                    | 735             | 214                  |                |
| Number of clients positive for STI/HIV.  | 1,401                 | 1,539                    | 1,700           | 385                  |                |
| Number of clients positive for STI/HIV requiring an interview.   | 473                   | 513                      | 675             | 124                  |                |
| Number of clients positive for STI/HIV who are interviewed.  | 199                   | 487                      | 506             | 54                   |                |
| Number of partners (contacts) identified.  | 361                   | 325                      | 200             | 67                   |                |
| Number of gonorrhea tests completed at SCHED.  | 414                   | 600                      | 400             | 118                  |                |
| Number of results of gonorrhea tests from SHL that match SCHED results.  | 414                   | 594                      | 396             | 118                  |                |
| Number lab proficiency tests interpreted.  | 10                    | 12                       | 10              | N/A                  |                |
| Number of lab proficiency tests interpreted correctly.   | 10                    | 12                       | 10              | N/A                  |                |

**PROGRAM DESCRIPTION:**

Provide counseling, testing, diagnosis, treatment, referral and partner notification for STIs. Provide Hepatitis A and/or B and the HPV vaccine to clients. Provide HIV counseling, testing, and referral. Provide HIV partner counseling, testing and referral services. Provide Hepatitis C testing and referral. Requested HIV/STI screening is provided to Scott County jail inmates by the correctional health staff and at the juvenile detention center by the clinical services staff following the IDPH screening guidelines. Conduct education and testing in outreach settings to limit spread of disease. IAC 641 Chapters 139A and 141A

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Contacts (partners) to persons positive will be identified, tested and treated for an STD in order to stop the spread of STIs. | Positive clients will be interviewed.  | 18%            | 95%             | 75%              | 44%            |
| Ensure accurate lab testing and analysis.  | Onsite gonorrhea results will match the State Hygienic Laboratory (SHL) results. | 98%            | 99%             | 99%              | 100%           |
| Ensure accurate lab testing and analysis.  | Proficiency tests will be interpreted correctly.                                 | 100%           | 100%            | 100%             | N/A            |

|   |                                      |                          |                           |                         |
|---|--------------------------------------|--------------------------|---------------------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Swimming Pool/Spa Inspection Program | <b>DEPARTMENT:</b>       | Health/Environmental/2050 |                         |
| <b>BUSINESS TYPE:</b>   | Core                                 | <b>RESIDENTS SERVED:</b> | All Residents             |                         |
| <b>BOARD GOAL:</b>  | Performing Organization              | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> \$69,154 |
| <b>OUTPUTS</b>  | <b>2022-23</b>                       | <b>2023-24</b>           | <b>2023-24</b>            | <b>3 MONTH</b>          |
|   | <b>ACTUAL</b>                        | <b>BUDGETED</b>          | <b>PROJECTED</b>          | <b>ACTUAL</b>           |
| Number of seasonal pools and spas requiring inspection.   | 61                                   | 50                       | 64*                       | 64                      |
| Number of seasonal pools and spas inspected by June 15.   | 61                                   | 50                       | 64                        | 1                       |
| Number of year-round pools and spas requiring inspection.   | 86                                   | 76                       | 99*                       | 99                      |
| Number of year-round pools and spas inspected by June 30.   | 83                                   | 76                       | 99                        | 17                      |
| Number of swimming pools/spas with violations.  | 126                                  | 90                       | 134                       | 17                      |
| Number of inspected swimming pools/spas with violations reinspected.                                  | 89                                   | 90                       | 134                       | 10                      |
| Number of inspected swimming pools/spas with violations reinspected within 30 days of the inspection. | 88                                   | 90                       | 134                       | 10                      |
| Number of complaints received.  | 4                                    | 4                        | 4                         | 1                       |
| Number of complaints investigated according to Nuisance Procedure timelines.                          | 4                                    | 4                        | 4                         | 1                       |
| Number of complaints investigated that are justified.   | 3                                    | 4                        | 4                         | 1                       |

**PROGRAM DESCRIPTION:**

Memorandum of Understanding with the Iowa Department of Public Health for Annual Comprehensive Pool/Spa Inspections to assure compliance with Iowa Code. Iowa Department of Public Health IAC 641, Chapter 15 entitled Swimming Pools and Spas.

| <b>PERFORMANCE MEASUREMENT</b>                                 |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Annual comprehensive inspections will be completed.            | Inspections of seasonal pools and spas will be completed by June 15 of each year.                                     | 100%           | 100%            | 100%             | 2%             |
| Annual comprehensive inspections will be completed.            | Inspections of year-round pools and spas will be completed by June 30 of each year.                                   | 97%            | 100%            | 100%             | 17%            |
| Swimming pool/spa facilities are in compliance with Iowa Code. | Follow-up inspections of compliance plans will be completed by or at the end of 30 days.                              | 70%            | 100%            | 100%             | 59%            |
| Swimming pool/spa facilities are in compliance with Iowa Code. | Complaints will be investigated to determine whether justified within timeline established in the Nuisance Procedure. | 100%           | 100%            | 100%             | 100%           |

\*Addition of Muscatine County pools/spas

|  |                         |                          |                           |                |          |
|--|-------------------------|--------------------------|---------------------------|----------------|----------|
| <b>ACTIVITY/SERVICE:</b>   | Tanning Program         | <b>DEPARTMENT:</b>       | Health/Environmental/2052 |                |          |
| <b>BUSINESS TYPE:</b>  | Core                    | <b>RESIDENTS SERVED:</b> | All Residents             |                |          |
| <b>BOARD GOAL:</b>   | Performing Organization | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> | \$11,724 |
| <b>OUTPUTS</b>   | <b>2022-23</b>          | <b>2023-24</b>           | <b>2023-24</b>            | <b>3 MONTH</b> |          |
|  | <b>ACTUAL</b>           | <b>BUDGETED</b>          | <b>PROJECTED</b>          | <b>ACTUAL</b>  |          |
| Number of tanning facilities requiring inspection.   | 14                      | 22                       | 22                        | 12             |          |
| Number of tanning facilities inspected by April 15.  | 8                       | 22                       | 22                        | 1              |          |
| Number of tanning facilities with violations.  | 5                       | 11                       | 10                        | 1              |          |
| Number of inspected tanning facilities with violations reinspected.                                  | 1                       | 11                       | 10                        | 1              |          |
| Number of inspected tanning facilities with violations reinspected within 30 days of the inspection. | 1                       | 11                       | 10                        | 1              |          |
| Number of complaints received.   | 0                       | 1                        | 1                         | 0              |          |
| Number of complaints investigated according to Nuisance Procedure timelines.                         | 0                       | 1                        | 1                         | 0              |          |
| Number of complaints investigated that are justified.  | 0                       | 1                        | 1                         | 0              |          |

**PROGRAM DESCRIPTION:**

Memorandum of Understanding with the Iowa Department of Public Health for the regulation of public and private establishments who operate devices used for the purpose of tanning human skin through the application of ultraviolet radiation. Conduct annual and complaint inspections. IDPH, IAC 641, Chapter 46 entitled Minimum Requirements for Tanning Facilities.

| <b>PERFORMANCE MEASUREMENT</b>                       |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                      | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Complete annual inspection.                          | Yearly tanning inspections will be completed by April 15 of each year.   | 57%            | 100%            | 100%             | 8%             |
| Tanning facilities are in compliance with Iowa Code. | Follow-up inspections will be completed within 30 days of the submission of a corrective action plan.                  | 20%            | 100%            | 100%             | 100%           |
| Tanning facilities are in compliance with Iowa Code. | Complaints will be investigated to determine whether justified within timelines established in the Nuisance Procedure. | N/A            | 100%            | 100%             | N/A            |
|  |  |                |                 |                  |                |

|   |                              |                           |                             |                              |
|---|------------------------------|---------------------------|-----------------------------|------------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Tattoo Establishment Program | <b>DEPARTMENT:</b>        | Health/Environmental/2054   |                              |
| <b>BUSINESS TYPE:</b>   | Core                         | <b>RESIDENTS SERVED:</b>  | All Residents               |                              |
| <b>BOARD GOAL:</b>  | Performing Organization      | <b>FUND:</b>              | 01 General                  | <b>BUDGET:</b> \$15,362      |
| <b>OUTPUTS</b>  |                              | <b>2022-23<br/>ACTUAL</b> | <b>2023-24<br/>BUDGETED</b> | <b>2023-24<br/>PROJECTED</b> |
|   |                              |                           |                             | <b>3 MONTH<br/>ACTUAL</b>    |
| Number of tattoo facilities requiring inspection.   |                              | 49                        | 36                          | 54*                          |
| Number of tattoo facilities inspected by April 15.  |                              | 23                        | 36                          | 54                           |
| Number of tattoo facilities with violations.  |                              | 13                        | 6                           | 10                           |
| Number of inspected tattoo facilities with violations reinspected.                                  |                              | 4                         | 6                           | 10                           |
| Number of inspected tattoo facilities with violations reinspected within 30 days of the inspection. |                              | 4                         | 6                           | 10                           |
| Number of complaints received.  |                              | 1                         | 1                           | 1                            |
| Number of complaints investigated according to Nuisance Procedure timelines.                        |                              | 1                         | 1                           | 1                            |
| Number of complaints investigated that are justified.   |                              | 0                         | 1                           | 1                            |

**PROGRAM DESCRIPTION:**

Memorandum of Understanding with the Iowa Department of Public Health for Annual Inspection and complaint investigation in order to assure that tattoo establishments and tattoo artists meet IDPH, IAC 641, Chapter 22 entitled Practice of Tattooing.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23<br/>ACTUAL</b> | <b>2023-24<br/>BUDGETED</b> | <b>2023-24<br/>PROJECTED</b> | <b>3 MONTH<br/>ACTUAL</b> |
|---|--|---------------------------|-----------------------------|------------------------------|---------------------------|
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                           |                             |                              |                           |
| Complete annual inspection.   | Yearly tattoo inspections will be completed by April 15 of each year.  | 47%                       | 100%                        | 100%                         | 13%                       |
| Tattoo facilities are in compliance with Iowa Code.   | Follow-up inspections will be completed within 30 days of the submission of a corrective action plan.                  | 31%                       | 100%                        | 100%                         | N/A                       |
| Tattoo facilities are in compliance with Iowa Code.   | Complaints will be investigated to determine whether justified within timelines established in the Nuisance Procedure. | 100%                      | 100%                        | 100%                         | 100%                      |
| *Addition of Muscatine County and increase in Scott County due to microblading and permanent make-up. |  |                           |                             |                              |                           |



| <b>ACTIVITY/SERVICE:</b>  | Tobacco Program     | <b>DEPARTMENT:</b> Health/Community Health/2037 |                             |                              |                           |
|---|---------------------|---|-----------------------------|------------------------------|---------------------------|
| <b>BUSINESS TYPE:</b>   | Quality of Life     | <b>RESIDENTS SERVED:</b> All Residents          |                             |                              |                           |
| <b>BOARD GOAL:</b>  | Great Place to Live | <b>FUND:</b> 01 General                         | <b>BUDGET:</b> \$106,493    |                              |                           |
| <b>OUTPUTS</b>  |                     | <b>2022-23<br/>ACTUAL</b>                       | <b>2023-24<br/>BUDGETED</b> | <b>2023-24<br/>PROJECTED</b> | <b>3 MONTH<br/>ACTUAL</b> |
| Number of cities in Scott County.   |                     | 16  | 16                          | 16                           | 16                        |
| Number of cities that have implemented a tobacco-free parks policy.   |                     | 8   | 8                           | 9                            | 8                         |
| Number of school districts in Scott County (Bettendorf, Davenport, Non-Public, North Scott, Pleasant Valley). |                     | 5   | 5                           | 5                            | 5                         |
| Number of school districts in Scott County with an ISTEP Chapter.   |                     | 2   | 3                           | 3                            | 2                         |

**PROGRAM DESCRIPTION:**

Coordinate programming in the community to reduce the impact of tobacco through education, cessation, legislation and reducing exposure to secondhand smoke. Efforts to change policies to support tobacco-free living is a focus. Staff facilitates ISTEP Chapters (Iowa Students for Tobacco Education and Prevention) targeted to middle and high school age students.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23<br/>ACTUAL</b> | <b>2023-24<br/>BUDGETED</b> | <b>2023-24<br/>PROJECTED</b> | <b>3 MONTH<br/>ACTUAL</b> |
|---|---|---------------------------|-----------------------------|------------------------------|---------------------------|
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                           |                             |                              |                           |
| People visiting Scott County parks will no longer be exposed to secondhand smoke and other tobacco products.  | Cities will implement park policy changes to support community health and wellness. | 50%                       | 50%                         | 56%                          | 50%                       |
| Youth will be exposed to tobacco-related education and prevention messages and will not become tobacco users. | All Scott County school districts will have an ISTEP Chapter.                       | 40%                       | 60%                         | 60%                          | 40%                       |

| <b>ACTIVITY/SERVICE:</b>   | Transient Non-Community Public Water Supply | <b>DEPARTMENT:</b>       | Health/Environmental/2056 |                  |                          |
|--|---|--------------------------|---------------------------|------------------|--------------------------|
| <b>BUSINESS TYPE:</b>  | Core  | <b>RESIDENTS SERVED:</b> | All Residents             |                  |                          |
| <b>BOARD GOAL:</b>   | Performing Organization                     | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b>   | \$11,693                 |
| <b>OUTPUTS</b>   |   | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>   | <b>3 MONTH</b>           |
|  |   | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b> | <b>ACTUAL</b>            |
| Number of TNC water supplies.  |   | 28                       | 26                        | 26               | 28                       |
| Number of TNC water supplies that receive an annual sanitary survey or site visit. |   | 28                       | 26                        | 26               | 3rd/4th Quarter Activity |
|  |   |                          |                           |                  |                          |
|  |   |                          |                           |                  |                          |

**PROGRAM DESCRIPTION:**

28E Agreement with the Iowa Department of Natural Resources to provide sanitary surveys and consultation services for the maintenance of transient non-community public water supplies. A transient non-community public water supply serves at least 25 individuals at least 60 days of the year or has 15 service connections. Water is provided by means of serving food, water, drink or ice, restrooms, water faucets, or lodging. The individuals being served by this public water well change or do not remain at the facility for a long period of time.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b>           |
|---|---|----------------|-----------------|------------------|--------------------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>            |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                                       |                |                 |                  |                          |
| Assure the safe functioning of transient non-community public water supplies. | TNCs will receive a sanitary survey or site visit annually. | 100%           | 100%            | 100%             | 3rd/4th Quarter Activity |
|   |   |                |                 |                  |                          |

|   |                         |                          |                           |                  |                |
|---|-------------------------|--------------------------|---------------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                          | Vending Machine Program | <b>DEPARTMENT:</b>       | Health/Environmental/2057 |                  |                |
| <b>BUSINESS TYPE:</b>                             | Core                    | <b>RESIDENTS SERVED:</b> | All Residents             |                  |                |
| <b>BOARD GOAL:</b>                                | Performing Organization | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b>   | \$1,086        |
| <b>OUTPUTS</b>                                    |                         | <b>2022-23</b>           | <b>2023-24</b>            | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b>           | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of vending companies requiring inspection. |                         | 6                        | 6                         | 4                | 4              |
| Number of vending companies inspected by June 30. |                         | 5                        | 6                         | 4                | 1              |
|   |                         |                          |                           |                  |                |
|   |                         |                          |                           |                  |                |

**PROGRAM DESCRIPTION:**

Issue licenses, inspect and assure compliance of vending machines that contain non-prepackaged food or potentially hazardous food according to a 28E Agreement between the Iowa Department of Inspections and Appeals and the Board of Health. Department of Inspection and Appeals, IAC 481 Chapter 30 Food and Consumer Safety.

| <b>PERFORMANCE MEASUREMENT</b> |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--------------------------------|--|----------------|-----------------|------------------|----------------|
|                                |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Complete annual inspections    | Licensed vending companies will be inspected according to established percentage by June 30. | 43%            | 100%            | 100%             | 25%            |
|                                |  |                |                 |                  |                |
|                                |  |                |                 |                  |                |
|                                |  |                |                 |                  |                |

|   |                         |                          |                           |                         |
|---|-------------------------|--------------------------|---------------------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>  | Water Well Program      | <b>DEPARTMENT:</b>       | Health/Environmental/2058 |                         |
| <b>BUSINESS TYPE:</b>   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents             |                         |
| <b>BOARD GOAL:</b>  | Performing Organization | <b>FUND:</b>             | 01 General                | <b>BUDGET:</b> \$74,709 |
| <b>OUTPUTS</b>  | <b>2022-23</b>          | <b>2023-24</b>           | <b>2023-24</b>            | <b>3 MONTH</b>          |
|   | <b>ACTUAL</b>           | <b>BUDGETED</b>          | <b>PROJECTED</b>          | <b>ACTUAL</b>           |
| Number of wells permitted.  | 17                      | 19                       | 18                        | 6                       |
| Number of wells permitted that meet SCC Chapter 24.   | 16                      | 19                       | 18                        | 6                       |
| Number of wells plugged.  | 18                      | 15                       | 16                        | 6                       |
| Number of wells plugged that meet SCC Chapter 24.   | 17                      | 15                       | 16                        | 6                       |
| Number of wells rehabilitated.  | 1                       | 6                        | 5                         | 2                       |
| Number of wells rehabilitated that meet SCC Chapter 24.   | 1                       | 6                        | 5                         | 2                       |
| Number of wells tested.   | 97                      | 80                       | 80                        | 21                      |
| Number of wells test unsafe for bacteria or nitrate.  | 24                      | 30                       | 18                        | 4                       |
| Number of wells test unsafe for bacteria or nitrate that are educated by staff regarding how to correct the well. | 24                      | 30                       | 18                        | 4                       |

**PROGRAM DESCRIPTION:**

License and assure proper water well construction, closure, and rehabilitation. Monitor well water safety through water sampling. The goal is prevent ground water contamination and illness. Scott County Code, Chapter 24 entitled Private Water wells.

| <b>PERFORMANCE MEASUREMENT</b>         |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                        | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Assure proper water well installation. | Wells permitted will meet Scott County Code: Chapter 24, Non-Public Water Supply Wells.                               | 100%           | 100%            | 100%             | 100%           |
| Assure proper water well closure.      | Plugged wells will meet Scott County Code: Chapter 24, Non-Public Water Supply Wells.                                 | 94%            | 100%            | 100%             | 100%           |
| Assure proper well rehabilitation.     | Permitted rehabilitated wells will meet Scott County Code: Chapter 24, Non-Public Water Supply Wells.                 | 100%           | 100%            | 100%             | 100%           |
| Promote safe drinking water.           | Property owners with wells testing unsafe for bacteria or nitrates will be educated on how to correct the water well. | 100%           | 100%            | 100%             | 100%           |

# HUMAN RESOURCES



Vanessa Wierman, HR Director

**MISSION STATEMENT:** To foster positive employee relations and progressive organizational improvement for employees, applicants and departments by: ensuring fair and equal treatment; providing opportunity for employee development and professional growth; assisting in identifying and retaining qualified employees; utilizing effective, innovative recruitment and benefit strategies; encouraging and facilitating open communication; providing advice on employment issues and being committed to establishing strategic business partnerships with departments to improve organizational design.

|                                       |                         |                          |                 |                  |                |
|---------------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>              | Labor Management        | <b>DEPT/PROG:</b>        |                 | HR 24.1000       |                |
| <b>BUSINESS TYPE:</b>                 | Core                    | <b>RESIDENTS SERVED:</b> |                 | All Employees    |                |
| <b>BOARD GOAL:</b>                    | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$148,322      |
| <b>OUTPUTS</b>                        |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                       |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of bargaining units                 |                         | 5                        | 5               | 5                | 5              |
| % of workforce unionized              |                         | 56%                      | 56%             | 56%              | 56%            |
| # meeting related to Labor/Management |                         | 20                       | 15              | 20               | 2              |
|                                       |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Negotiates five union contracts, acts as the County's representative at impasse proceedings. Compliance with Iowa Code Chapter 20.

| PERFORMANCE MEASUREMENT                 |   | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|---|---|---------|----------|-----------|---------|
|   |   | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>                         | <b>EFFECTIVENESS:</b>                     |         |          |           |         |
| Improve relations with bargaining units | Conduct regular labor management meetings | 16      | 10       | 10        | 2       |
|   |   |         |          |           |         |
|   |   |         |          |           |         |
|   |   |         |          |           |         |

|   |                            |                          |                 |                  |                |
|---|----------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                    | Recruitment/EEO Compliance | <b>DEPT/PROG:</b>        | HR 24.1000      |                  |                |
| <b>BUSINESS TYPE:</b>                       | Core Service               | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                          | Performing Organization    | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$135,556      |
| <b>OUTPUTS</b>                              |                            | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                            | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| % of employees over 55 (nearing retirement) |                            | 17%                      | 25%             | 25%              | 18%            |
| # of jobs posted                            |                            | 102                      | 85              | 85               | 22             |
| # of applications received                  |                            | 3,368                    | 3,500           | 3,500            | 626            |
|   |                            |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Directs the recruitment and selection of qualified applicants for all County positions and implements valid and effective selection criteria. Serve as EEO and Affirmative Action Officer and administers programs in compliance with federal and state laws and guidelines. Serves as County coordinator to assure compliance with ADA, FMLA, FLSA and other civil rights laws.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Measure the rate of countywide employee separations not related to retirements. | Decrease countywide turnover rate not related to retirements.  | 11%            | 5%              | 5%               | 3%             |
| Measure the number of employees hired in underutilized areas.                   | Increase the number of employees hired in underutilized areas. | 16             | 3               | 5                | 3              |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|  |                                    |                          |                 |                  |                |
|--|------------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                     | Compensation/Performance Appraisal | <b>DEPT/PROG:</b>        | HR 24.1000      |                  |                |
| <b>BUSINESS TYPE:</b>  | Semi-Core Service                  | <b>RESIDENTS SERVED:</b> | All Employees   |                  |                |
| <b>BOARD GOAL:</b>   | Financially Responsible            | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$51,061       |
| <b>OUTPUTS</b>   |                                    | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                                    | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # rate changes processed                                     |                                    | 327                      | 400             | 350              | 94             |
| # of organizational change studies exclusive of salary study |                                    |                          | 10              | 20               | 0              |
| # new hires  |                                    | 117                      | 65              | 90               | 21             |
|  |                                    |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Monitors County compensation program, conducts organizational studies to ensure ability to remain competitive in the labor market. Work with consultant to review job descriptions and classifications. Responsible for wage and salary administration for employee wage steps. Coordinate and monitor the Employee Performance Appraisal system, assuring compliance with County policy. Work to digitize employee personnel files to permit future desktop access to employees.

| <b>PERFORMANCE MEASUREMENT</b>                            |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Measures timely submission of evaluations by supervisors. | % of reviews not completed within 30 days of effective date. | 44%            | 45%             | 45%              | 52%            |
| % of personnel files scanned as part of project           | Review progress and impact of project                        | 100%           | n/a             | n/a              | n/a            |
| % of progress on retention and access of ECM phase 3      | Review progress and impact of ECM project                    | 100%           | 100%            | n/a              | n/a            |

|   |                         |                          |                 |                         |
|---|-------------------------|--------------------------|-----------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>                          | Benefit Administration  | <b>DEPT/PROG:</b>        | HR 24.1000      |                         |
| <b>BUSINESS TYPE:</b>                             | Semi-Core Service       | <b>RESIDENTS SERVED:</b> | All Employees   |                         |
| <b>BOARD GOAL:</b>                                | Financially Responsible | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$97,260 |
| <b>OUTPUTS</b>                                    |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>          |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>        |
| Cost of health benefit PEPM                       |                         | \$1,480                  | \$1,300         | \$1,300                 |
| % of eligible employees enrolled in deferred comp |                         | 62%                      | 63%             | 60%                     |
| % of family health insurance to total             |                         | 65%                      | 65%             | 65%                     |
|   |                         |                          |                 |                         |

**PROGRAM DESCRIPTION:**

Administers employee benefit programs (group health insurance, group life, LTD, deferred compensation and tuition reimbursement program) including enrollment, day to day administration, as well as cost analysis and recommendation for benefit changes.

| <b>PERFORMANCE MEASUREMENT</b>                            |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| # new or increased contributions to deferred compensation | Impact of deferred compensation marketing and design changes | 77             | 30              | 30               | 18             |
| % of eligible employees participating in Y@work program   | Impact of wellness marketing and labor changes               | 24%            | 20%             | 20%              | 25%            |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |



|                              |                         |                          |                 |                         |
|------------------------------|-------------------------|--------------------------|-----------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>     | Policy Administration   | <b>DEPT/PROG:</b>        | HR 24.1000      |                         |
| <b>BUSINESS TYPE:</b>        | Semi-Core Service       | <b>RESIDENTS SERVED:</b> | All Employees   |                         |
| <b>BOARD GOAL:</b>           | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$25,530 |
| <b>OUTPUTS</b>               |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>          |
|                              |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>        |
| # of Administrative Policies |                         | 77                       | 77              | 76                      |
| # policies reviewed          |                         | 8                        | 5               | 5                       |
|                              |                         |                          |                 |                         |
|                              |                         |                          |                 |                         |

**PROGRAM DESCRIPTION:**

Develops County-wide human resources and related policies to ensure best practices, compliance with state and federal law and their consistent application County wide.

| <b>PERFORMANCE MEASUREMENT</b>  |                            | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|----------------------------|----------------|-----------------|------------------|----------------|
|   |                            | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>      |                |                 |                  |                |
| Review policies at minimum every 5 years to ensure compliance with laws and best practices. | Review 5 policies annually | 8              | 5               | 5                | 2              |
|   |                            |                |                 |                  |                |
|   |                            |                |                 |                  |                |

|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                   | Employee Development    | <b>DEPT/PROG:</b>        | HR 24.1000      |                  |                |
| <b>BUSINESS TYPE:</b>                                      | Semi-Core Service       | <b>RESIDENTS SERVED:</b> | All Employees   |                  |                |
| <b>BOARD GOAL:</b>   | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$150,145      |
| <b>OUTPUTS</b>   |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of employees in Leadership program                       |                         | 119                      | 120             | 100              | 119            |
| # of training opportunities provided by HR                 |                         | 15                       | 10              | 10               | 1              |
| # of all employee training opportunities provided          |                         | 5                        | 5               | 5                | 0              |
| # of hours of Leadership Recertification Training provided |                         | 20                       | 5               | 10               | 1              |
|  |                         |                          |                 |                  |                |
|  |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Evaluate needs, plans and directs employee development programs such as in-house training programs for supervisory and non-supervisory staff to promote employee motivation and development. Coordinates all Employee Recognition and the new Employee Orientation Program.

| <b>PERFORMANCE MEASUREMENT</b>                                     |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Effectiveness/utilization of County sponsored supervisory training | % of Leadership employees attending County sponsored supervisory training | 21%            | 20%             | 20%              | 15%            |
| Effectiveness/utilization of County sponsored training             | % of employees attending county offered training                          | 20%            | 20%             | 20%              | 15%            |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

# Department of Health and Human Services (HHS)

Director: Kelly Kennedy Garcia

Phone: 515-281-5454

Website: [www.dhs.state.ia.us](http://www.dhs.state.ia.us)



**MISSION STATEMENT:** The Iowa Department of Public Health and Department of Human Services merged on July 1, 2022, to form one agency, the Iowa Department of Health and Human Services (IHHS). The Mission of the Iowa Department of Health and Human Services is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state. We do this by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and leveraging opportunities, and by working with our public and private partners to achieve results.

Scott County HHS will ensure fiscal responsibility by way of internal checks and balances, accuracy provided through internal accounting methods and oversight, and transparency. Scott County HHS will continuously evaluate the previous Scott County budget submissions to compare and predicted budget to actual monthly expenditures to ensure cost saving opportunities are evaluated on a continuous basis.

|   |                     |                          |                 |                  |                |
|---|---------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                            | Assistance Programs | <b>DEPARTMENT:</b>       |                 |                  | <b>21.1000</b> |
| <b>BUSINESS TYPE:</b>                               | Core                | <b>RESIDENTS SERVED:</b> |                 |                  | 1,800          |
| <b>BOARD GOAL:</b>                                  | Great Place to Live | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$84,452       |
| <b>OUTPUTS</b>                                      |                     | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| The number of cost saving measures implemented      |                     | 2                        | 2               | 2                | 2              |
| Departmental Budget dollars expended (direct costs) |                     | \$63,884                 | \$86,452        | \$84,452         | \$23,284       |
| LAE dollars reimbursement (indirect cost)           |                     | \$201,525                | \$250,000       | \$250,000        | \$0            |

**PROGRAM DESCRIPTION:**

The Department of Health and Human Services (HHS) is a comprehensive human service agency providing a broad range of services to some of Iowa’s most vulnerable citizens. Services and programs are grouped into four core functions: Economic Support, Supportive Services, Health Care, Child and Adult Protection and Resource Management. The focus of these services is to assist this population with achieving health, safety and self-sufficiency. The programs HHS provides are federally mandated and are supported by federal, state and county funding. A percentage of the county funding is reimbursed quarterly through the Local Administrative Expense (LAE) reporting (federal).

| <b>PERFORMANCE MEASUREMENT</b>                               |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Provide services to citizens in the most cost effective way. | Quarterly expenses will be monitored and stay within 100% of the budgeted amounts | 73.90%         | 100%            | 100%             | 27.57%         |

# Information Technology

Matt Hirst, IT Director



**MISSION STATEMENT:** IT's mission is to provide dependable and efficient technology services to County employees by: empowering employees with technical knowledge; researching, installing, and maintaining innovative computer and telephone systems; and implementing and supporting user friendly business applications.

| <b>ACTIVITY/SERVICE:</b>            | Administration            | <b>DEPT/PROG:</b>        | I.T.                |                      |                   |
|-------------------------------------|---------------------------|--------------------------|---------------------|----------------------|-------------------|
| <b>BUSINESS TYPE:</b>               | Foundation                | <b>RESIDENTS SERVED:</b> | All Dept/Agency     |                      |                   |
| <b>BOARD GOAL:</b>                  | Financially Responsible   | <b>FUND:</b>             | 01 General          | <b>BUDGET:</b>       | \$191,017         |
| OUTPUTS                             |                           | 2022-23<br>ACTUAL        | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
| Authorized personnel (FTE's)        |                           | 13                       | 17                  | 17                   | 16                |
| Departmental budget                 |                           | \$3,628,836              | \$3,604,092         | \$3,604,092          | \$1,143,936       |
| Electronic equipment capital budget |                           | \$1,079,315              | \$2,969,000         | \$2,969,000          | \$628,611         |
| Reports with training goals         | (Admin / DEV / GIS / INF) | 4 / 3 / 2 / 3            | 6 / 3 / 2 / 5       | 6 / 3 / 2 / 5        | 4 / 2 / 2 / 5     |
| Users supported                     | (County / Other)          | 624 / 480                | 590/490             | 590/490              | 772 / 486         |

**PROGRAM DESCRIPTION:**

To provide responsible administrative leadership and coordination for the Information Technology Department and to assure stability of County technology infrastructure for Scott County Departments by providing dependable and timely network administration as well as application, GIS, and Web development resources.

| PERFORMANCE MEASUREMENT                    |   | 2022-23<br>ACTUAL | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
|--|---|-------------------|---------------------|----------------------|-------------------|
| <b>OUTCOME:</b>                            | <b>EFFECTIVENESS:</b>                                 |                   |                     |                      |                   |
| Keep department technology skills current. | Keep individuals with training goals at or above 95%. | 100%              | 100%                | 100%                 | 88%               |
|  |   |                   |                     |                      |                   |
|  |   |                   |                     |                      |                   |
|  |   |                   |                     |                      |                   |

| <b>ACTIVITY/SERVICE:</b>                   | Application/Data Delivery | <b>DEPT/PROG:</b>         | I.T.                        |                              |                           |
|--|---------------------------|---------------------------|-----------------------------|------------------------------|---------------------------|
| <b>BUSINESS TYPE:</b>                      | Foundation                | <b>RESIDENTS SERVED:</b>  | All Dept/Agency             |                              |                           |
| <b>BOARD GOAL:</b>                         | Performing Organization   | <b>FUND:</b>              | 01 General                  | <b>BUDGET:</b>               | \$828,940                 |
| <b>OUTPUTS</b>                             |                           | <b>2022-23<br/>ACTUAL</b> | <b>2023-24<br/>BUDGETED</b> | <b>2023-24<br/>PROJECTED</b> | <b>3 MONTH<br/>ACTUAL</b> |
| # of Custom Applications supported         | (DEV / GIS)               | 22 / 79                   | 31 / 100                    | 31 / 100                     | 22/79                     |
| # of COTS supported                        | (DEV / GIS / INF)         | 14 / 26 / 65              | 14 / 20 / 65                | 14 / 20 / 65                 | ? / 26 / 65               |
| # of document type groups supported in ECM | (DEV)                     | 38                        | 40                          | 40                           | 38                        |
| # of document types supported in ECM       | (DEV)                     | 260                       | 275                         | 275                          | 260                       |
| # of documents supported in ECM            | (DEV)                     | 3.3 M                     | 3.5 M                       | 3.5 M                        | 3.3 M                     |
| # of pages supported in ECM                | (DEV)                     | 9.6 M                     | 8 M                         | 8 M                          | 9.7 M                     |

**PROGRAM DESCRIPTION:**

**Custom Applications Development and Support:** Provide applications through the design, development, implementation, and on-going maintenance for custom developed applications to meet defined business requirements of County Offices and Departments.

**COTS Application Management:** Manage and provide COTS (Commercial Off-The Shelf) applications to meet defined business requirements of County Offices and Departments.

**Data Management:** Manage and provide access to and from County DB's (Databases) for internal or external consumption.

**System Integration:** Provide and maintain integrations/interfaces between hardware and/or software systems.

| <b>PERFORMANCE MEASUREMENT</b>                    |  | <b>2022-23<br/>ACTUAL</b> | <b>2023-24<br/>BUDGETED</b> | <b>2023-24<br/>PROJECTED</b> | <b>3 MONTH<br/>ACTUAL</b> |
|---|--|---------------------------|-----------------------------|------------------------------|---------------------------|
| <b>OUTCOME:</b>                                   | <b>EFFECTIVENESS:</b>                            |                           |                             |                              |                           |
| Complete Apps/Data work orders per SLA guidelines | % of work orders completed within SLA guidelines | 90%                       | 90%                         | 90%                          | 90%                       |

| <b>ACTIVITY/SERVICE:</b>                        | Communication Services  | <b>DEPT/PROG:</b>        | I.T.            |                |           |
|---|-------------------------|--------------------------|-----------------|----------------|-----------|
| <b>BUSINESS TYPE:</b>                           | Foundation              | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                |           |
| <b>BOARD GOAL:</b>                              | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> | \$317,160 |
| OUTPUTS   | 2022-23                 | 2023-24                  | 2023-24         | 3 MONTH        |           |
|   | ACTUAL                  | BUDGETED                 | PROJECTED       | ACTUAL         |           |
| # of annual phone bills                         | 10                      | 11                       | 11              | July           |           |
| \$ of annual phone bills                        | 25,553                  | 23,000                   | 23,000          | July           |           |
| # of cellular phone and data lines supported    | 350                     | 350                      | 350             | 350            |           |
| # of annual cell phone bills                    | n/a                     | 10                       | 10              | July           |           |
| \$ of annual cell phone bills                   | n/a                     | 20,000                   | 20,000          | July           |           |
| # of VoIP phones supported                      | 1,338                   | 1,150                    | 1,150           | 1,338          |           |
| % of VoIP system uptime                         | 99                      | 100                      | 100             | 99             |           |
| # of e-mail accounts supported (County / Other) | 753                     | 750 / 0                  | 751 / 0         | 750            |           |
| GB's of e-mail data stored                      | 3.6 TB                  | 3.5 TB                   | 3.5 TB          | 3.7 TB         |           |

**PROGRAM DESCRIPTION:**

**Telephone Service:** Provide telephone service to County Offices and Departments to facilitate the performance of business functions.

**E-mail:** Maintain, secure, and operate the County's email system which allows the staff to communicate with the citizens, developers, businesses, other agencies and etc.

| PERFORMANCE MEASUREMENT                               |  | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|---|--|---------|----------|-----------|---------|
|   |  | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>                                       | <b>EFFECTIVENESS:</b>                            |         |          |           |         |
| Complete Communication work orders per SLA guidelines | % of work orders completed within SLA guidelines | 90%     | 90%      | 90%       | 90%     |

| <b>ACTIVITY/SERVICE:</b>                       | GIS Services            | <b>DEPT/PROG:</b>        | I.T.            |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>BUSINESS TYPE:</b>                          | Foundation              | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                  |                |
| <b>BOARD GOAL:</b>                             | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$317,160      |
| <b>OUTPUTS</b>                                 |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # ArcGIS desktop users.                        |                         | 46                       | 70              | 70               | 46             |
| # Feature classes managed                      |                         | 2241                     | 2000            | 2000             | 2335           |
| # ArcServer and ArcReader applications managed |                         | 70                       | 115             | 115              | 82             |

**PROGRAM DESCRIPTION:**

**Geographic Information Systems:** Develop, maintain, and provide GIS data services to County Offices and Departments. Support county business processes with application of GIS technology.

| <b>PERFORMANCE MEASUREMENT</b>        |                       | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---------------------------------------|-----------------------|----------------|-----------------|------------------|----------------|
|                                       |                       | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                       | <b>EFFECTIVENESS:</b> |                |                 |                  |                |
| # GIS applications publicly available |                       | 29             | 30              | 30               | 29             |

\*TBD as outcomes are being developed for future reporting

| <b>ACTIVITY/SERVICE:</b>              | Infrastructure - Network Services | <b>DEPT/PROG:</b>        | I.T. 14B        |                  |                |
|---------------------------------------|-----------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>BUSINESS TYPE:</b>                 | Foundation                        | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                  |                |
| <b>BOARD GOAL:</b>                    | Performing Organization           | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$396,450      |
| <b>OUTPUTS</b>                        |                                   | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                       |                                   | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of network access devices supported |                                   | 242                      | 245             | 245              | 242            |
| # of network ports supported          |                                   | 4,703                    | 4,750           | 4,750            | 4,703          |
| % of overall network up-time          |                                   | 99%                      | 99%             | 99%              | 99%            |
| % of Internet up-time                 |                                   | 99%                      | 99%             | 99%              | 99%            |
| GB's of Internet traffic              |                                   | 625,000                  | 300,000         | 300,001          | 210,000        |

**PROGRAM DESCRIPTION:**

**Data Network:** Provide LAN/WAN data network to include access to the leased-line and fiber networks that provide connectivity to remote facilities.

**Internet Connectivity:** Provide Internet access.

| <b>PERFORMANCE MEASUREMENT</b> |                                | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--------------------------------|--------------------------------|----------------|-----------------|------------------|----------------|
|                                |                                | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                | <b>EFFECTIVENESS:</b>          |                |                 |                  |                |
| % of network up-time           | Keep % of network up-time > x% | 99.0%          | 99.0%           | 99.0%            | 99.0%          |
|                                |                                |                |                 |                  |                |



|                             |                                |                          |                 |                          |
|-----------------------------|--------------------------------|--------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>    | Infrastructure - User Services | <b>DEPT/PROG:</b>        | I.T. 14B        |                          |
| <b>BUSINESS TYPE:</b>       | Foundation                     | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                          |
| <b>BOARD GOAL:</b>          | Performing Organization        | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$396,450 |
| <b>OUTPUTS</b>              |                                | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>           |
|                             |                                | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>         |
|                             |                                |                          |                 | <b>3 MONTH</b>           |
|                             |                                |                          |                 | <b>ACTUAL</b>            |
| # of PC's                   |                                | 571                      | 575             | 575                      |
| # of Laptops / Tablets      |                                | 199                      | 180             | 180                      |
| # of Printers/MFP's         |                                | 154                      | 160             | 160                      |
| # of Cameras                |                                | 581                      | 475             | 475                      |
| # of Remote Connected Users |                                | 400                      | 300             | 300                      |

**PROGRAM DESCRIPTION:**

**User Infrastructure:** Acquire, maintain, and support PC's, laptops, printers, displays, and assorted miscellaneous electronics.

| <b>PERFORMANCE MEASUREMENT</b> |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--------------------------------|--|----------------|-----------------|------------------|----------------|
|                                |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                | <b>EFFECTIVENESS:</b>                  |                |                 |                  |                |
| Efficient use of technology.   | Keep # of devices per employee <= 1.75 | 1.23           | 1.50            | 1.50             | 1.60           |
|                                |  |                |                 |                  |                |

| <b>ACTIVITY/SERVICE:</b>    | Infrastructure - Server Services | <b>DEPT/PROG:</b>        | I.T. 14B        |                  |                |
|-----------------------------|----------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>BUSINESS TYPE:</b>       | Foundation                       | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                  |                |
| <b>BOARD GOAL:</b>          | Performing Organization          | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$396,450      |
| <b>OUTPUTS</b>              |                                  | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                             |                                  | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| % of storage consumed       |                                  | 70%                      | 80%             | 80%              | 84%            |
| TB's of data stored         |                                  | 77TB                     | 70TB            | 70TB             | 65TB           |
| % of video storage consumed |                                  | 40%                      | 70%             | 70%              | 38%            |
| TB's of video data stored   |                                  | 152TB                    | 250TB           | 250TB            | 158TB          |
| % of server uptime          |                                  | 100%                     | 99%             | 99%              | 100%           |
| # of physical servers       |                                  | 22                       | 22              | 22               | 22             |
| # of virtual servers        |                                  | 190                      | 180             | 180              | 173            |

**PROGRAM DESCRIPTION:**

**Servers:** Maintain servers including Windows servers, file and print services, and application servers.

| <b>PERFORMANCE MEASUREMENT</b> |                          | <b>2018-19</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--------------------------------|--------------------------|----------------|-----------------|------------------|----------------|
|                                |                          | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                | <b>EFFECTIVENESS:</b>    |                |                 |                  |                |
| % server uptime                | Keep server uptime >=95% | 99%            | 99%             | 99%              | 99%            |
|                                |                          |                |                 |                  |                |
|                                |                          |                |                 |                  |                |
|                                |                          |                |                 |                  |                |

| <b>ACTIVITY/SERVICE:</b>                           | Open Records            | <b>DEPT/PROG:</b>        | I.T. 14A, 14B  |                |           |
|--|-------------------------|--------------------------|----------------|----------------|-----------|
| <b>BUSINESS TYPE:</b>                              | Foundation              | <b>RESIDENTS SERVED:</b> | All Requestors |                |           |
| <b>BOARD GOAL:</b>                                 | Performing Organization | <b>FUND:</b>             | 01 General     | <b>BUDGET:</b> | \$28,833  |
| OUTPUTS  |                         | 2022-23                  | 2023-24        | 2023-24        | 3 MONTH   |
|  |                         | ACTUAL                   | BUDGETED       | PROJECTED      | ACTUAL    |
| # Open Records requests                            | (DEV / GIS / INF)       | 3 / 8 / 7                | 3 / 18 / 7     | 3 / 18 / 7     | 3 / 1 / 7 |
| # of Open Records requests fulfilled within SLA    | (DEV / GIS / INF)       | 3 / 8 / 7                | 3 / 18 / 7     | 3 / 18 / 7     | 3 / 1 / 7 |
| avg. time to complete Open Records requests (Days) | (DEV / GIS / INF)       | 2 / 0.5 / 2              | 2 / 2 / 2      | 3 / 2 / 2      | 3 / 1 / 2 |
|  |                         |                          |                |                |           |
|  |                         |                          |                |                |           |

**PROGRAM DESCRIPTION:**

**Open Records Request Fulfillment:** Provide open records data to Offices and Departments to fulfill citizen requests.

| PERFORMANCE MEASUREMENT                           |  | 2022-23    | 2023-24    | 2023-24    | 3 MONTH    |
|---|--|------------|------------|------------|------------|
|   |  | ACTUAL     | BUDGETED   | PROJECTED  | ACTUAL     |
| <b>OUTCOME:</b>                                   | <b>EFFECTIVENESS:</b>                                  |            |            |            |            |
| # Open Records requests completed within 10 days. | % of Open Records requests closed within 10 days.      | 100%       | 100%       | 100%       | 100%       |
| Avg. time to complete Open Records requests.      | Average time to close Open Records requests <= x days. | < = 2 Days | < = 5 Days | < = 5 Days | < = 3 Days |
|   |  |            |            |            |            |
|   |  |            |            |            |            |

| <b>ACTIVITY/SERVICE:</b>       | Data Backup             | <b>DEPT/PROG:</b>        | I.T.            |                |           |
|--------------------------------|-------------------------|--------------------------|-----------------|----------------|-----------|
| <b>BUSINESS TYPE:</b>          | Foundation              | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                |           |
| <b>BOARD GOAL:</b>             | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> | \$252,286 |
| OUTPUTS                        |                         | 2022-23                  | 2023-24         | 2023-24        | 3 MONTH   |
|                                |                         | ACTUAL                   | BUDGETED        | PROJECTED      | ACTUAL    |
| # of DB with maintenance plans | (DEV)                   | 45                       | 46              | 46             | 45        |
| # data layers archived         | (GIS)                   | 2241                     | 2,000           | 2,000          | 2,335     |
| # of backup jobs               | (INF)                   | 850                      | 450             | 450            | 546       |
| TB's of data backed up         | (INF)                   | 350TB                    | 325TB           | 325TB          | 350TB     |
| # of restore jobs              | (INF)                   | 33                       | 20              | 21             | 2         |

**PROGRAM DESCRIPTION:**

**Network Security:** Maintain reliable technology service to County Offices and Departments.

**Backup Data:** Maintain backups of network stored data and restore data from these backups as required.

| PERFORMANCE MEASUREMENT                            |   | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|--|---|---------|----------|-----------|---------|
|  |   | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>                                    | <b>EFFECTIVENESS:</b>   |         |          |           |         |
| Complete Restore work order within SLA.            | % of Restore requests completed within SLA.                       | 100%    | 100%     | 100%      | 100%    |
| Backup Databases to provide for Disaster Recovery. | % of databases on a backup schedule to provide for data recovery. | 100%    | 100%     | 100%      | 100%    |
|  |   |         |          |           |         |
|  |   |         |          |           |         |

|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                     | Technology Support      | <b>DEPT/PROG:</b>        | I.T. 14B        |                  |                |
| <b>BUSINESS TYPE:</b>                        | Foundation              | <b>RESIDENTS SERVED:</b> | All Dept/Agency |                  |                |
| <b>BOARD GOAL:</b>                           | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$288,326      |
| <b>OUTPUTS</b>                               |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of after hours calls                       |                         | 55                       | 50              | 51               | 29             |
| avg. after hours response time (in minutes)  |                         | 30 min                   | 30 min          | 31 min           | 30 min         |
| # of work orders                             |                         | 1,898                    | 425             | 426              | 567            |
| avg. time to complete Trouble ticket request |                         | 1 hr                     | 1 hr            | 1 hr             | 1 hr           |

**PROGRAM DESCRIPTION:**

**Emergency Support:** Provide support for after hours, weekend, and holiday for technology related issues.

**Help Desk and Tier Two Support:** Provide end user Help Desk and Tier Two support during business hours for technology related issues.

| <b>PERFORMANCE MEASUREMENT</b>                        |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                       | <b>EFFECTIVENESS:</b>                                    |                |                 |                  |                |
| Complete work orders per SLA guidelines               | % of work orders completed within SLA.                   | UNKN           | 90%             | 90%              | TBD            |
| Respond to after hours/emergency requests within SLA. | % of after-hour support requests responded to within SLA | 100%           | 100%            | 100%             | 100%           |

\*TBD as outcomes are being developed for future reporting

|                                 |                         |                            |                 |                          |         |
|---------------------------------|-------------------------|----------------------------|-----------------|--------------------------|---------|
| <b>ACTIVITY/SERVICE:</b>        | Web Services            | <b>DEPT/PROG:</b> I.T. 14B |                 |                          |         |
| <b>BUSINESS TYPE:</b>           | Foundation              | <b>RESIDENTS SERVED:</b>   |                 | All Users                |         |
| <b>BOARD GOAL:</b>              | Performing Organization | <b>FUND:</b>               | 01 General      | <b>BUDGET:</b> \$191,017 |         |
| <b>OUTPUTS</b>                  |                         | <b>2022-23</b>             | <b>2023-24</b>  | <b>2023-24</b>           |         |
|                                 |                         | <b>ACTUAL</b>              | <b>BUDGETED</b> | <b>PROJECTED</b>         |         |
|                                 |                         |                            |                 | <b>3 MONTH</b>           |         |
|                                 |                         |                            |                 | <b>ACTUAL</b>            |         |
| Average # daily visits          |                         | 49,142                     | 45,000          | 45,000                   | 48,799  |
| Average # daily unique visitors |                         | 29,104                     | 26,500          | 26,500                   | 9,411   |
| Average # daily page views      |                         | 126,450                    | 125,000         | 125,000                  | 123,067 |
| eGov # citizen request items    |                         | 47                         | 25              | 25                       | 9       |
| GovDelivery Subscribers         |                         | 38,713                     | 37,500          | 37,500                   | 38,908  |
| GovDelivery Subscriptions       |                         | 79,862                     | 70,000          | 70,000                   | 80,829  |

**PROGRAM DESCRIPTION:**

**Web Management:** Provide web hosting and development to facilitate access to public record data and county services.

| <b>PERFORMANCE MEASUREMENT</b>                 |  | <b>2022-23</b>  | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|-----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>   | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                | <b>EFFECTIVENESS:</b>  |                 |                 |                  |                |
| Respond to Citizen requests in a timely manner | Average time to respond to Citizen request from <a href="http://www.ScottCountyIowa.com">www.ScottCountyIowa.com</a> . | 1.41            | < = 1 Days      | < = 1 Days       | 1.44           |
| GovDelivery - Bulletins Sent                   | To Improve outreach to constituents and gets more value out of the GovDelivery Service                                 | 1404            | 200             | 200              | 526            |
| GovDelivery - Total Delivered                  | To Improve outreach to constituents and gets more value out of the GovDelivery Service                                 | 367,048         | 100,000         | 100,000          | 76,491         |
| GovDelivery - Unique Email Opens               | To Improve outreach to constituents and gets more value out of the GovDelivery Service                                 | 109,413 (30.0%) | 25%             | 25%              | 23642 (31.1%)  |

## Non-Departmental Fleet



Angela K. Kersten, County Engineer

**MISSION STATEMENT: To provide safe and serviceable vehicles at the most economical way to internal county customers**

|   |                         |   |                   |                  |             |
|---|-------------------------|---|-------------------|------------------|-------------|
| <b>ACTIVITY/SERVICE:</b>                              | Fleet Services          | <b>DEPT/PROG:</b> NonDept/Fleet 2304                  |                   |                  |             |
| <b>BUSINESS TYPE:</b>                                 | Foundation              | <b>RESIDENTS SERVED:</b> Internal Vehicle Maintenance |                   |                  |             |
| <b>BOARD GOAL:</b>                                    | Financially Responsible | <b>FUND:</b> 01 General                               | <b>BUDGET:</b> \$ | 121,400          |             |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>  | <b>2023-24</b>    | <b>2023-24</b>   |             |
|   |                         | <b>ACTUAL</b>   | <b>BUDGETED</b>   | <b>PROJECTED</b> |             |
|   |                         |   |                   | <b>3 MONTH</b>   |             |
|   |                         |   |                   | <b>ACTUAL</b>    |             |
| Vehicle Replacement-Excluding Conservation            | \$                      | 1,028,965   | \$1,800,000       | \$ 2,394,790     | \$ 39,500   |
| Vehicle downtime less than 24 hours                   |                         | 91%   | 95%               | 95%              | 98%         |
| Average time for service Non-secondary Roads Vehicles |                         | 27 Minutes  | 45 Minutes        | 45 Minutes       | 25 Minutes  |
| Average time for Service Secondary Roads Equipment    |                         | 98 Minutes  | 240 Minutes       | 240 Minutes      | 104 Minutes |

**PROGRAM DESCRIPTION:**

To provide modern, functional and dependable vehicles in a ready state so that Scott County citizens needs are met with the least cost and without interruption.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To maintain high levels of service to Scott County vehicles                   | Service within 10% of manufacture's recommended hours or miles | 97%            | 95%             | 95%              | 97%            |
| To provide time sensitive mobile repairs                                      | Respond to all mobile calls within 1 hr.                       | 97%            | 95%             | 95%              | 98%            |
| To provide customers timely servicing or repairs                              | Begin repairs within 10 minutes of show time                   | 100%           | 95%             | 95%              | 100%           |
| To provide communications to customers that servicing or repairs are complete | Contact customer within 10 minutes of completion.              | 99%            | 95%             | 95%              | 100%           |

|                          |                         |                          |                  |                |             |
|--------------------------|-------------------------|--------------------------|------------------|----------------|-------------|
| <b>ACTIVITY/SERVICE:</b> | ARPA                    | <b>DEPT/PROG:</b>        | Non-Dept         |                |             |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b> | All Residents    |                |             |
| <b>BOARD GOAL:</b>       | Performing Organization | <b>FUND:</b>             | 114 ARPA         | <b>BUDGET:</b> | \$1,086,510 |
| <b>OUTPUTS</b>           | <b>2022-23</b>          | <b>2023-24</b>           | <b>2023-24</b>   | <b>3 MONTH</b> |             |
|                          | <b>ACTUAL</b>           | <b>BUDGETED</b>          | <b>PROJECTED</b> | <b>ACTUAL</b>  |             |
| ARPA Dollars Expended    | \$ 8,669,124            | \$ 15,203,328            | \$ 14,811,510    | \$ 2,195,073   |             |

**PROGRAM DESCRIPTION:**

The American Rescue Plan Act (ARPA) provides immediate funding for Scott County projects that meet federal guidelines addressing the broad range of public health and negative economic challenges caused or exacerbated by the COVID-19 emergency. There are four major categories of eligible uses. 1.) Public sector revenue. 2.) Public health and economic response. 3.) Premium pay for essential workers. 4.) Water, sewer and broadband infrastructure.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Administration Center Air Supply Project  | To upgrade air supply unity within the six-story building which servers 200+ people on a daily basis.        | \$2,807,400    | \$2,850,000     | \$150,000        | \$0            |
| Mt Joy Sewer Project  | This project addresses storm water collection and transfer within unincorporated Scott County.               | \$0            | \$0             | \$5,000,000      | \$0            |
| Park View Storm Sewer Project   | This project addresses storm water collection and distribution within unincorporated Scott County            | \$0            | \$0             | \$5,000,000      | \$0            |
| West Locust Sewer Project   | Project is to subgrant amount to the City of Davenport for centralized wastewater collection and conveyance. | \$0            | \$0             | \$1,600,000      | \$0            |
| Scott County Parks Wastewater Collection Project                                | Address wastewater collection and distribution within Scott County Parks.                                    | \$0            | \$400,000       | \$800,000        | \$6,272        |
| Conservation Trail System Project   | Strong healthy communities, neighborhood features that promote health and safety                             | \$0            | \$400,000       | \$800,000        | \$355,539      |
| Salvation Army-Shelter to Stability Project and HHSI-Supportive Housing Project | Rapid Re-housing approach for shelter, housing, support service and administrative services.                 | \$1,868,241    | \$1,928,328     | \$1,086,510      | \$374,972      |
| Capital Investment in Jail Modification COVID needs Project                     | For modifications in congregate facility at the Scott County Jail.   | \$0            | \$0             | \$0              | \$0            |
| Coop COG Project  | Continuity of general government operations and continuity of government dedicated space.                    | \$1,295,556    | \$3,750,000     | \$0              | \$762,095      |
| Scott County Tourism Project  | Aid to the Tourism industry within Scott County  | \$0            | \$0             | \$0              | \$0            |
| General Capital Projects  | Utilize the lost revenue provision to contribute to capital projects of general government services.         | \$2,697,927    | \$5,875,000     | \$375,000        | \$696,195      |



|                          |                     |                          |                 |                  |                |
|--------------------------|---------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Opioid              | <b>DEPT/PROG:</b>        | Non-Dept        |                  |                |
| <b>BUSINESS TYPE:</b>    | Quality of Life     | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Great Place to Live | <b>FUND:</b>             | 116 Opioid      | <b>BUDGET:</b>   | \$300,000      |
| <b>OUTPUTS</b>           |                     | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Program Development      |                     | 0                        | 1               | 1                | 0              |
|                          |                     |                          |                 |                  |                |
|                          |                     |                          |                 |                  |                |
|                          |                     |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To support activities to remediate the opioid crisis and treat or mitigate opioid use disorder and related disorders through prevention, harm reduction, treatment and recovery services.

| <b>PERFORMANCE MEASUREMENT</b>                           |   | <b>2022-23</b> | <b>2023-24</b>                   | <b>2023-24</b>                   | <b>3 MONTH</b>                 |
|--|---|----------------|----------------------------------|----------------------------------|--------------------------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b>                  | <b>PROJECTED</b>                 | <b>ACTUAL</b>                  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                                  |                                  |                                |
| To develop Opioid eligible programming by June 30, 2023. | Resources received will be applied to programming guided by the national settlement standards | N/A            | 1 Program Developed<br>\$100,000 | 1 Program Developed<br>\$300,000 | Community Research In Progress |
|  |   |                |                                  |                                  |                                |
|  |   |                |                                  |                                  |                                |
|  |   |                |                                  |                                  |                                |
|  |   |                |                                  |                                  |                                |

# Planning and Development

Chris Mathias, Director



**MISSION STATEMENT:** To provide professional planning, development and technical assistance to the Board of Supervisors, the Planning and Zoning Commission and the Zoning Board of Adjustment in order to draft, review and adopt land use policies and regulations that guide and control the growth of Scott County by balancing the need to identify areas appropriate for development with the need to preserve productive farm land and protect farming operations and also to fairly enforce County building, subdivision and zoning codes for the protection of the public health, safety and welfare of Scott County citizens by efficiently and effectively interpreting and implementing the regulations.

|                          |                                       |                          |                 |                  |                |
|--------------------------|---------------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Planning & Development Administration | <b>DEPARTMENT:</b>       | P & D 25A       |                  |                |
| <b>BUSINESS TYPE:</b>    | Quality of Life                       | <b>RESIDENTS SERVED:</b> | Entire County   |                  |                |
| <b>BOARD GOAL:</b>       | Economic Growth                       | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$58,106.90    |
| <b>OUTPUTS</b>           |                                       | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                                       | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Appropriations expended  |                                       | \$ 512,836               | \$535,108       | \$ 581,069       | \$122,083.40   |
| Revenues received        |                                       | \$ 333,837               | \$292,720       | \$ 294,720       | \$86,075.00    |
|                          |                                       |                          |                 |                  |                |
|                          |                                       |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Administration of the Planning and Development Departments duties and budget. Prepare, review and update the Scott County Comprehensive Plan as recommended by the Planning and Zoning Commission.

| <b>PERFORMANCE MEASUREMENT</b>                      |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                     | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Maintain expenditures within approved budget        | To expend less than 100% of approved budget expenditures  | 91%            | 95%             | 95%              | 21%            |
| Implementation of adopted County Comprehensive Plan | Land use regulations adopted and determinations made in compliance with County Comprehensive Plan | 100%           | 100%            | 100%             | 100%           |
| Maximize budgeted revenue                           | To retain 100% of the projected revenue   | 96%            | 100%            | 100%             | 29%            |
|   |   |                |                 |                  |                |

|  |                                      |                          |                   |                  |                |
|--|--------------------------------------|--------------------------|-------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                 | Building Inspection/code enforcement | <b>DEPARTMENT:</b>       | P & D 25B         |                  |                |
| <b>BUSINESS TYPE:</b>                    | Quality of Life                      | <b>RESIDENTS SERVED:</b> | Unincor/28ECities |                  |                |
| <b>BOARD GOAL:</b>                       | Performing Organization              | <b>FUND:</b>             | 01 General        | <b>BUDGET:</b>   | \$425,693      |
| <b>OUTPUTS</b>                           |                                      | <b>2022-23</b>           | <b>2023-24</b>    | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                                      | <b>ACTUAL</b>            | <b>BUDGETED</b>   | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total number of building permits issued  |                                      | 1,221                    | 1,000             | 1,300            | 349            |
| Total number of new house permits issued |                                      | 63                       | 70                | 70               | 13             |
| Total number of inspections completed    |                                      | 3,051                    | 2,500             | 3,200            | 732            |
|  |                                      |                          |                   |                  |                |

**PROGRAM DESCRIPTION:**

Review building permit applications, issue building permits, enforce building codes, and complete building inspections. Review building code edition updates.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Review and issue building permit applications within five working days of application                | All permits are issued within five working days of application           | 1221           | 1000            | 1300             | 349            |
| Review and issue building permit applications for new houses within five working days of application | All new house permits are issued within five working days of application | 63             | 75              | 70               | 13             |
| Complete inspection requests within two days of request  | All inspections are completed within two days of request                 | 3,051          | 2,500           | 3,200            | 732            |
|  |  |                |                 |                  |                |

|   |   |                          |                 |                  |                |
|---|---|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                | Zoning and Subdivision Code Enforcement | <b>DEPARTMENT:</b>       | P & D 25B       |                  |                |
| <b>BUSINESS TYPE:</b>                   | Quality of Life                         | <b>RESIDENTS SERVED:</b> | Unincorp Areas  |                  |                |
| <b>BOARD GOAL:</b>                      | Performing Organization                 | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$69,728       |
| <b>OUTPUTS</b>                          |   | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |   | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Review of Zoning applications           |   | 9                        | 10              | 10               | 1              |
| Review of Subdivision applications      |   | 4                        | 10              | 10               | 0              |
| Review Plats of Survey                  |   | 20                       | 50              | 50               | 5              |
| Review Board of Adjustment applications |   | 3                        | 10              | 10               | 1              |

**PROGRAM DESCRIPTION:**

Review zoning and subdivision applications, interpret and enforce zoning and subdivision codes.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Review and present Planning and Zoning Commission applications  | All applications are reviewed in compliance with Scott County Zoning & Subdivision Ordinances | 13             | 20              | 20               | 1              |
| Review and present Zoning Board of Adjustment applications  | All applications are reviewed in compliance with Scott County Zoning Ordinance                | 3              | 10              | 10               | 1              |
| Investigate zoning violation complaints and determine appropriate enforcement action in timely manner | % of complaints investigated within three days of receipt                                     | 95%            | 90%             | 95%              | 95%            |
|   |   |                |                 |                  |                |

|                                     |                           |                          |                  |                  |                |
|-------------------------------------|---------------------------|--------------------------|------------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>            | Floodplain Administration | <b>DEPARTMENT:</b>       | P & D 25B        |                  |                |
| <b>BUSINESS TYPE:</b>               | Core                      | <b>RESIDENTS SERVED:</b> | Uninco/28ECities |                  |                |
| <b>BOARD GOAL:</b>                  | Performing Organization   | <b>FUND:</b>             | 01 General       | <b>BUDGET:</b>   | \$5,810        |
| <b>OUTPUTS</b>                      |                           | <b>2022-23</b>           | <b>2023-24</b>   | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                     |                           | <b>ACTUAL</b>            | <b>BUDGETED</b>  | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of Floodplain permits issued |                           | 8                        | 10               | 10               | 3              |
|                                     |                           |                          |                  |                  |                |
|                                     |                           |                          |                  |                  |                |
|                                     |                           |                          |                  |                  |                |

**PROGRAM DESCRIPTION:**

Review and issue floodplain development permit applications and enforce floodplain regulations. Review floodplain map updates.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Review and issue floodplain development permit applications for unincorporated areas of the County | Permits are issued in compliance with floodplain development regulations | 8              | 10              | 10               | 3              |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |
|  |  |                |                 |                  |                |

|                                |                                 |                          |                 |                  |                |
|--------------------------------|---------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>       | E-911 Addressing Administration | <b>DEPARTMENT:</b>       | P & D 25B       |                  |                |
| <b>BUSINESS TYPE:</b>          | Core                            | <b>RESIDENTS SERVED:</b> | Unincorp Areas  |                  |                |
| <b>BOARD GOAL:</b>             | Performing Organization         | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$5,810        |
| <b>OUTPUTS</b>                 |                                 | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                |                                 | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of new addresses issued |                                 | 14                       | 40              | 40               | 14             |
|                                |                                 |                          |                 |                  |                |
|                                |                                 |                          |                 |                  |                |
|                                |                                 |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Review and assign addresses to rural properties, notify Sheriff's Dispatch office and utilities. Enforce provisions of County E-911 addressing code

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Correct assignment of addresses for property in unincorporated Scott County | Addresses issued are in compliance with E-911 Addressing Ordinance | 14             | 40              | 40               | 14             |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|                                 |                         |                          |                 |                  |                |
|---------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>        | Tax Deed Administration | <b>DEPARTMENT:</b>       | P & D 25A       |                  |                |
| <b>BUSINESS TYPE:</b>           | Core                    | <b>RESIDENTS SERVED:</b> | Entire County   |                  |                |
| <b>BOARD GOAL:</b>              | Financially Responsible | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$12,026       |
| <b>OUTPUTS</b>                  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                 |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of Tax Deed taken        |                         | 0                        | 25              | 80               | 0              |
| Number of Tax Deeds disposed of |                         | 28                       | 0               | 80               | 0              |
|                                 |                         |                          |                 |                  |                |
|                                 |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Research titles of County Tax Deed properties. Dispose of County Tax Deed properties in accordance with adopted County policy.

| <b>PERFORMANCE MEASUREMENT</b>                  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                 | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Tax Certificate delivered from County Treasurer | Review of title of tax certificate properties held by Scott County | 0              | 25              | 80               | 0              |
| Hold Tax Deed Auction                           | Number of County tax deed properties disposed of                   | 28             | 5               | 80               | 0              |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|   |                 |  |                 |                  |
|---|-----------------|--|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>                              | Housing         | <b>DEPARTMENT:</b> P & D 25A           |                 |                  |
| <b>BUSINESS TYPE:</b>                                 | Quality of Life | <b>RESIDENTS SERVED:</b> Entire County |                 |                  |
| <b>BOARD GOAL:</b>                                    | Economic Growth | <b>FUND:</b> 01 General                | <b>BUDGET:</b>  | \$1,917          |
| <b>OUTPUTS</b>  |                 | <b>2022-23</b>                         | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                 | <b>ACTUAL</b>                          | <b>BUDGETED</b> | <b>PROJECTED</b> |
|   |                 | <b>3 MONTH</b>                         |                 |                  |
|   |                 | <b>ACTUAL</b>                          |                 |                  |
| Amount of funding for housing in Scott County         | \$              | 877,755                                | \$              | 1,100,000        |
| Number of units assisted with Housing Council funding |                 | 344                                    |                 | 350              |
|   |                 |  |                 | 458              |
|   |                 |  |                 | 52               |
|   |                 |  |                 |                  |
|   |                 |  |                 |                  |

**PROGRAM DESCRIPTION:**

Participation and staff support with Quad Cities Housing Cluster and Scott County Housing Council

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Scott County Housing Council funds granted for housing related projects                               | Amount of funds granted for housing development projects in Scott County | \$ 877,755     | \$ 1,100,000    | \$ 792,226       | \$ 186,048     |
| Housing units developed or inhabited with Housing Council assistance                                  | Number of housing units  | 344            | 350             | 458              | 52             |
| Housing units constructed or rehabilitated and leveraged by funding from Scott County Housing Council | Amount of funds leveraged by Scott County Housing Council                | \$ 941,768     | \$ 2,825,000    | \$ 1,584,452     | \$ 372,098     |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |



|   |                     |                          |                 |                  |                |
|---|---------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                          | Riverfront Council  | <b>DEPARTMENT:</b>       | P & D 25A       |                  |                |
| <b>BUSINESS TYPE:</b>                             | Quality of Life     | <b>RESIDENTS SERVED:</b> | Entire County   |                  |                |
| <b>BOARD GOAL:</b>                                | Great Place to Live | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$1,917        |
| <b>OUTPUTS</b>                                    |                     | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Quad Citywide coordination of riverfront projects |                     | 4                        | 4               | 4                | 0              |
|   |                     |                          |                 |                  |                |
|   |                     |                          |                 |                  |                |
|   |                     |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Participation and staff support with Quad Cities Riverfront Council

| <b>PERFORMANCE MEASUREMENT</b>            |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                           | <b>EFFECTIVENESS:</b>                             |                |                 |                  |                |
| Attend meetings of the Riverfront Council | Quad Citywide coordination of riverfront projects | 4              | 4               | 4                | 0              |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

# Recorder's Office

Rita Vargas, Recorder



**MISSION STATEMENT:** To serve the citizens of Scott County by working with the state and federal agencies to establish policies and procedures that assure reliable information, encourage good public relations, commitment to quality, open mindedness, recognition of achievement, a diligent environment, equality of service and responsible record retention. -RECORDER-

|                                 |                         |                          |                 |                  |                |
|---------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>        | Administration          | <b>DEPARTMENT:</b>       | Recorder 26     | <b>ADMIN</b>     |                |
| <b>BUSINESS TYPE:</b>           | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>              | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$206,474      |
| <b>OUTPUTS</b>                  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                 |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total Department Appropriations |                         | \$850,299                | \$939,619       | \$923,727        | \$214,988      |
|                                 |                         |                          |                 |                  |                |
|                                 |                         |                          |                 |                  |                |
|                                 |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Record official records of documents effecting title to real estate, maintain a military and tax lien index. Issue recreational vehicle license, titles and liens. Issue hunting and fishing license. Issue certified copies of birth, death and marriage. Report and submit correct fees collected to the appropriate state agencies by the 10th of the month.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Ensure the staff is updated on changes and procedures set by Iowa Code or Administrative Rules from state and federal agencies. | Meet with staff quarterly or as needed to openly discuss changes and recommended solutions.                      | 8              | 4               | 4                | 2              |
| Cross train staff in all core services  | Allow adequate staffing in all core service department to ensure timely processing and improved customer service | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|  |                           |                                 |                 |                          |
|--|---------------------------|---------------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>                       | Real Estate & DNR Records | <b>DEPARTMENT:</b> Recorder 26B |                 |                          |
| <b>BUSINESS TYPE:</b>                          | Core                      | <b>RESIDENTS SERVED:</b>        |                 | All Residents            |
| <b>BOARD GOAL:</b>                             | Performing Organization   | <b>FUND:</b>                    | 01 General      | <b>BUDGET:</b> \$502,598 |
| <b>OUTPUTS</b>                                 |                           | <b>2022-23</b>                  | <b>2023-24</b>  | <b>2023-24</b>           |
|  |                           | <b>ACTUAL</b>                   | <b>BUDGETED</b> | <b>PROJECTED</b>         |
| Number of real estate documents recorded       |                           | 25,217                          | 35,000          | 35,000                   |
| Number of electronic recordings submitted      |                           | 13,796                          | 17,000          | 19,250                   |
| Number of transfer tax transactions processed  |                           | 3,799                           | 3,500           | 3,000                    |
| % of real estate docs electronically submitted |                           | 55%                             | 49%             | 55%                      |
| Conservation license & recreation registration |                           | 4,975                           | 5,000           | 5,000                    |
|  |                           |                                 |                 | <b>3 MONTH ACTUAL</b>    |
|  |                           |                                 |                 | 6,065                    |
|  |                           |                                 |                 | 3,408                    |
|  |                           |                                 |                 | 995                      |
|  |                           |                                 |                 | 56%                      |
|  |                           |                                 |                 | 1,760                    |

NOTE: Boat registration renewal occur every three years.

**PROGRAM DESCRIPTION:**

Maintain official records of documents effecting title to real estate and other important documents. Issue conservation license's titles, liens and permits.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Ensure all real estate documents presented for recording are placed on record the same day and correct fee is collected.   | Information is available for public viewing within 24 hrs of indexing and scanning and the fees are deposited with Treasurer. | 100%           | 100%            | 100%             | 100%           |
| Ensure all real estate documents electronically submitted for recording are placed on record with in 48 hrs and the correct fee is collected.                    | Information is available for public viewing within 24 hrs of indexing   | 100%           | 100%            | 100%             | 100%           |
| Digitize real estate documents recorded between 1971-1988  | Allow the public to access documents electronically from our website anytime.   | 75%            | 75%             | 100%             | 75%            |
| Ensure timely processing of all requests for ATV, ORV, Snowmobile, and boat registrations and titles. Execute hunting/fishing licenses received via mail/counter | If received before 4pm, process all DNR requests the same day   | 100%           | 100%            | 100%             | 100%           |
| Ensure accuracy in all DNR licensing and reporting.  | Collect correct fees from customers. Provide accurate monthly fees and reports to Iowa Department of Revenue                  | 100%           | 100%            | 100%             | 100%           |
| Ensure all renewals submitted electronically are processed timely  | If received before 4pm, process all DNR requests the same day   | N/A            | 100%            | 100%             | 100%           |

|   |                         |                                 |                 |                  |
|---|-------------------------|---------------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>                  | Vital Records           | <b>DEPARTMENT:</b> Recorder 26D |                 |                  |
| <b>BUSINESS TYPE:</b>                     | Core                    | <b>RESIDENTS SERVED:</b>        |                 | All Residents    |
| <b>BOARD GOAL:</b>                        | Performing Organization | <b>FUND:</b> 01 General         | <b>BUDGET:</b>  | \$200,165        |
| <b>OUTPUTS</b>                            |                         | <b>2022-23</b>                  | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                         | <b>ACTUAL</b>                   | <b>BUDGETED</b> | <b>PROJECTED</b> |
| Number of certified copies requested      |                         | 17,503                          | 13,000          | 15,000           |
| Number of Marriage applications processed |                         | 876                             | 1,000           | 1,000            |
|   |                         |                                 |                 |                  |
|   |                         |                                 |                 |                  |

**PROGRAM DESCRIPTION:**

Maintain official records of birth, death and marriage certificates. Issue marriage licenses.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Accept Marriage Applications in person or via mail. These are entered into the database the same day as received . | Immediately process and issue the Marriage Certificate. This eliminates the customer having to return in 3 days to pick up certificate. | 100%           | 100%            | 100%             | 100%           |
| Ensure timely processing of funeral home certified copy requests   | If received prior to 4pm, process funeral home requests same day they are received.   | 100%           | 100%            | 100%             | 100%           |
| Ensure timely processing of certified copy requests for the public   | If received prior to 4pm, process vital record requests same day they are received.   | 100%           | 100%            | 100%             | 100%           |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

|                                     |                         |                          |                 |                         |
|-------------------------------------|-------------------------|--------------------------|-----------------|-------------------------|
| <b>ACTIVITY/SERVICE:</b>            | Passports               | <b>DEPARTMENT:</b>       |                 |                         |
| <b>BUSINESS TYPE:</b>               | Community Add On        | <b>RESIDENTS SERVED:</b> |                 | All Residents           |
| <b>BOARD GOAL:</b>                  | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$10,535 |
| <b>OUTPUTS</b>                      |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>          |
|                                     |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>        |
| Number of Passports Processed       |                         | 715                      | 400             | 1,000                   |
| Number of passport photos processed |                         | 582                      | 150             | 500                     |
|                                     |                         |                          |                 |                         |
|                                     |                         |                          |                 |                         |

**PROGRAM DESCRIPTION:**

Execute passport applications and ensure they are in compliance with the guidelines provided by the U.S. Department of State. Provide passport photo services to new and renewing passport customers.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Ensure all customers passport applications are properly executed the same day the customers submits the paperwork | If received before 2:00pm, the completed applications and transmittal sheet are mailed to the U.S. Department of State the same day                                | 100%           | 100%            | 100%             | 100%           |
| Ensure all passport applications are received at the passport processing facility                                 | Track each passport transmittal daily to ensure it was received by the appropriate facility. Troubleshoot any errors with local post office and passport facility. | 100%           | 100%            | 100%             | 100%           |
| Offer passport photo services   | Allow passport customers one stop by executing passports and providing passport photo services to new and renewing passport customers.                             | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |

# Secondary Roads

Angie Kersten, County Engineer



**MISSION STATEMENT: To maintain Scott County Roads and Bridges in a safe, efficient, and economical manner and to construct new roads and bridges in the same safe, efficient and economical manner.**

|                          |                         |                          |                 |                  |                |
|--------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Administration          | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Performing Organization | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$381,000      |
| <b>OUTPUTS</b>           |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Resident Contacts        |                         | 1092                     | 1000            | 1000             | 245            |
| Permits                  |                         | 406                      | 500             | 500              | 87             |
|                          |                         |                          |                 |                  |                |
|                          |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To provide equal, fair and courteous service for all citizens of Scott County by being accessible, accommodating and responding to the needs of the public by following established policies and procedures.

| <b>PERFORMANCE MEASUREMENT</b>                                    |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To be responsive to residents inquiries, complaints, or comments. | Contact resident or have attempted to make contact within 48 hours  | 98%            | 100%            | 100%             | 98%            |
| To be responsive to requests for Moving permits                   | Permit requests approved within 24 Hours  | 100%           | 100%            | 100%             | 100%           |
| To provide training for employee development                      | Conduct seasonal safety meetings and send employees to classes for leadership development and certifications as they become available | 100%           | 100%            | 100%             | 100%           |
| Timely review of claims   | To review claims and make payments within thirty days of invoice.   | 100%           | 100%            | 100%             | 100%           |
| Evaluations   | Timely completion of employee evaluations   | 90%            | 98%             | 98%              | 95%            |

|                          |                         |                          |                 |                  |                |
|--------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Engineering             | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Financially Responsible | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$927,500      |
| <b>OUTPUTS</b>           |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Project Preparation      |                         | 11                       | 9               | 6                | 1              |
| Project Inspection       |                         | 8                        | 11              | 6                | 2              |
| Projects Let             |                         | 5                        | 6               | 6                | 1              |
|                          |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To provide professional engineering services for county projects and to make the most effective use of available funding.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To complete project plans accurately to prevent extra work orders.  | Extra work order items limited to less than 10% of contract orders. | 100%           | 98%             | 98%              | 100%           |
| Give staff the required training to allow them to accurately inspect and test materials during construction | Certification are 100% maintained                                   | 100%           | 100%            | 100%             | 100%           |
| Prepare project plans to be let on schedule   | 100% of projects are let on schedule                                | 100%           | 98%             | 98%              | 100%           |
| Engineer's Estimates  | Estimates for projects are within 10% of Contract                   | 85%            | 95%             | 95%              | 83%            |

|                           |                         |                          |                 |                  |                |
|---------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | Construction            | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
| <b>BUSINESS TYPE:</b>     | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>        | Financially Responsible | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$10,760,000   |
| <b>OUTPUTS</b>            |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                           |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Bridge Replacement        |                         | 0                        | 1               | 3                | 0              |
| Federal and State Dollars |                         | \$3,237,277              | \$6,750,000     | \$3,490,000      | \$4,160,816    |
| Pavement Resurfacing      |                         | 5                        | 7               | 1                | 1              |
| Culvert Replacement       |                         | 1                        | 0               | 0                | 0              |

**PROGRAM DESCRIPTION:**

To provide for the best possible use of tax dollars for road and bridge construction by (A) using the most up to date construction techniques and practices therefore extending life and causing less repairs, (B) analyzing the existing system to determine best possible benefit to cost ratio and (C) by providing timely repairs to prolong life of system.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To make use of Federal and State funds for Bridge replacements within Federal and State Constraints | To not allow our bridge fund to exceed a 6 year borrow ahead limit  | 100%           | 100%            | 100%             | 100%           |
| To fully utilize Federal and State FM dollars for road construction                                 | Keep our State FM balance not more than two years borrowed ahead and to use all Federal funds as they become available. | 100%           | 100%            | 100%             | 100%           |
| Replace culverts as scheduled in five year plan   | All culverts will be replaced as scheduled  | 100%           | 100%            | 100%             | 100%           |
| Complete construction of projects   | Complete construction of projects within 110% of contract costs   | 100%           | 100%            | 100%             | 100%           |



|                          |                     |                          |                 |                  |                |
|--------------------------|---------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Rock Resurfacing    | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
| <b>BUSINESS TYPE:</b>    | Core                | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Great Place to Live | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$1,000,000    |
| <b>OUTPUTS</b>           |                     | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Blading - Miles          |                     | 332                      | 337             | 337              | 329            |
| Rock Program - Miles     |                     | 172                      | 120             | 120              | 51.5           |
|                          |                     |                          |                 |                  |                |
|                          |                     |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To provide a safe, well-maintained road system by utilizing the latest in maintenance techniques and practices at a reasonable cost while providing the least possible inconvenience to the traveling public.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To insure adequate maintenance blading of gravel roads                        | Every mile of gravel road is bladed in accordance with established best practices when weather conditions permit.                | 100%           | 100%            | 100%             | 100%           |
| Maintain a yearly rock resurfacing program to insure enough thickness of rock | Insure enough thickness of rock to avoid mud from breaking through the surface on 80% of all Gravel Roads (frost Boils excepted) | 100%           | 90%             | 90%              | 90%            |
| Provide instruction to Blade operators on proper techniques                   | Maintain proper crown and eliminate secondary ditches on 95% of gravel roads   | 95%            | 95%             | 95%              | 95%            |
|   |  |                |                 |                  |                |

|                                       |                      |                          |                 |                          |
|---------------------------------------|----------------------|--------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>              | Snow and Ice Control | <b>DEPT/PROG:</b>        | Secondary Roads |                          |
| <b>BUSINESS TYPE:</b>                 | Core                 | <b>RESIDENTS SERVED:</b> | All Residents   |                          |
| <b>BOARD GOAL:</b>                    | Great Place to Live  | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b> \$625,000 |
| <b>OUTPUTS</b>                        |                      | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>           |
|                                       |                      | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>         |
|                                       |                      |                          |                 | <b>3 MONTH</b>           |
|                                       |                      |                          |                 | <b>ACTUAL</b>            |
| Tons of salt used                     |                      | 1,000                    | 1700            | 1,700                    |
| Number of snowfalls less than 2"      |                      | 22                       | 15              | 15                       |
| Number of snowfalls between 2" and 6" |                      | 4                        | 6               | 6                        |
| Number of snowfalls over 6"           |                      | 1                        | 3               | 3                        |

**PROGRAM DESCRIPTION:**

To provide modern, functional and dependable methods of snow removal to maintain a safe road system in the winter months.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| In accordance with our snow policy, call in staff early after an overnight snow event | All snow routes will have one round complete within 2 hours of start time when event is 4 inches or less, within 3 hours when between 4 and 6 inches | 100%           | 100%            | 100%             | 100%           |
| Keep adequate stores of deicing materials and abrasives                               | Storage facilities not to be less than 20% of capacity   | 100%           | 100%            | 100%             | 100%           |
| To make efficient use of deicing and abrasive materials.                              | Place deicing and abrasive materials on snow pack and ice within 2 hours of snow clearing.   | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |

|                          |                         |                          |                 |                  |                |
|--------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Traffic Control         | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Financially Responsible | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$471,000      |
| <b>OUTPUTS</b>           |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of Signs          |                         | 7,101                    | 7,101           | 7,101            | 7,101          |
| Miles of markings        |                         | 199                      | 200             | 200              | 0              |
|                          |                         |                          |                 |                  |                |
|                          |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To provide and maintain all traffic signs and pavement markings in compliance with Federal Standards.

| <b>PERFORMANCE MEASUREMENT</b>                      |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                                     | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Maintain all signs and pavement markings            | Hold cost per mile for signs, paint, and traffic signals to under \$325/mile | 100%           | 100%            | 100%             | 100%           |
| Maintain pavement markings to Federal standards     | Paint all centerline each year and half of all edge line per year            | 100%           | 100%            | 100%             | 100%           |
| Maintain all sign reflectivity to Federal Standards | Replace 95% of all signs at end of reflective coating warranty               | 95%            | 95%             | 95%              | 95%            |
|   |  |                |                 |                  |                |

|  |                            |                          |                  |                          |
|--|----------------------------|--------------------------|------------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>                 | Road Clearing / Weed Spray | <b>DEPT/PROG:</b>        | Secondary Roads  |                          |
| <b>BUSINESS TYPE:</b>                    | Core                       | <b>RESIDENTS SERVED:</b> | All Residents    |                          |
| <b>BOARD GOAL:</b>                       | Financially Responsible    | <b>FUND:</b>             | 13 Sec Rds       | <b>BUDGET:</b> \$396,000 |
| <b>OUTPUTS</b>                           | <b>2022-23</b>             | <b>2023-24</b>           | <b>2023-24</b>   | <b>3 MONTH</b>           |
|  | <b>ACTUAL</b>              | <b>BUDGETED</b>          | <b>PROJECTED</b> | <b>ACTUAL</b>            |
| Roadside Miles                           | 1,148                      | 1,148                    | 1,148            | 1,148                    |
| Percent of Road Clearing Budget Expended | 82.60%                     | 85.00%                   | 85.00%           | 10.00%                   |
| Cost of HydroSeeder mix (bale)           | \$19.00                    | \$19.00                  | \$30.00          | \$40.00                  |
| Amount of mix used                       | 120                        | 200                      | 200              | 0                        |

**PROGRAM DESCRIPTION:**

To maintain the roadsides to allow proper sight distance and eliminate snow traps and possible hazards to the roadway and comply with State noxious weed standards.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Remove brush from County Right of way at intersections                                       | Keep brush clear for sight distance at all intersections per AASHTO Standards                | 95%            | 95%             | 95%              | 95%            |
| Plant Native Iowa Grasses and Flowers in the Right of way                                    | Native Plants help to control weeds with less chemicals and create a more aesthetic roadway. | 80%            | 80%             | 80%              | 80%            |
| Remove brush from County Right of way on All Roads to remove snow traps and improve drainage | Keep brush from causing snow traps on roads  | 95%            | 95%             | 95%              | 95%            |
| To maintain vegetation free shoulders on paved roads   | Maintain a program that eliminates vegetation on all paved road shoulders                    | 90%            | 90%             | 90%              | 90%            |
| To stay within State requirements on Noxious weeds   | Keep all noxious weeds out of all county right of way  | 90%            | 90%             | 90%              | 90%            |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                | Roadway Maintenance     | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
| <b>BUSINESS TYPE:</b>                   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                      | Financially Responsible | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$3,243,000    |
| <b>OUTPUTS</b>                          |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Miles of Roadside                       |                         | 1,148                    | 1,148           | 1,148            | 1,148          |
| Number of Bridges and Culverts over 48" |                         | 650                      | 650             | 650              | 650            |
|   |                         |                          |                 |                  |                |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To provide proper drainage for the roadway and eliminate hazards to the public on the shoulders.

| <b>PERFORMANCE MEASUREMENT</b>            |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                           | <b>EFFECTIVENESS:</b>                                       |                |                 |                  |                |
| Maintain an active ditch cleaning program | Clean a minimum of 5500 lineal feet of ditch per year       | 95%            | 95%             | 95%              | 95%            |
| Blade shoulders to remove edge rut        | Bring up shoulders on all paved roads at least twice a year | 100%           | 100%            | 100%             | 100%           |
|   |   |                |                 |                  |                |
|   |   |                |                 |                  |                |

|  |                         |                                   |                 |                  |
|--|-------------------------|-----------------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>                     | Macadam                 | <b>DEPT/PROG:</b> Secondary Roads |                 |                  |
| <b>BUSINESS TYPE:</b>                        | Core                    | <b>RESIDENTS SERVED:</b>          |                 | All Residents    |
| <b>BOARD GOAL:</b>                           | Financially Responsible | <b>FUND:</b> 13 Sec Rds           | <b>BUDGET:</b>  | \$85,000         |
| <b>OUTPUTS</b>                               |                         | <b>2022-23</b>                    | <b>2023-24</b>  | <b>2023-24</b>   |
|  |                         | <b>ACTUAL</b>                     | <b>BUDGETED</b> | <b>PROJECTED</b> |
| Number of potential Macadam projects         |                         | 30                                | 30              | 30               |
| Cost of Macadam stone per ton                |                         | \$10.92                           | \$10.20         | \$10.92          |
| Number of potential Stabilized Base projects |                         | 21                                | 21              | 21               |
| Cost per mile of Stabilized Projects         |                         | \$90,000                          | \$90,000        | \$90,000         |

**PROGRAM DESCRIPTION:**

To provide an inexpensive and effective method of upgrading gravel roads to paved roads and stabilizing existing gravel roads.

| <b>PERFORMANCE MEASUREMENT</b>                         |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Maintain an active Macadam and Stabilized Base program | Annually monitor potential projects for eligibility and complete one project per year if eligible | 100%           | 100%            | 100%             | 100%           |
| Review culverts on macadam project for adequate length | Extend short culverts as per hydraulic review   | 100%           | 100%            | 100%             | 100%           |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

| <b>ACTIVITY/SERVICE:</b> | General Roadway Expenditures | <b>DEPT/PROG:</b>        | Secondary Roads |                  |                |
|--------------------------|------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>BUSINESS TYPE:</b>    | Core                         | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Financially Responsible      | <b>FUND:</b>             | 13 Sec Rds      | <b>BUDGET:</b>   | \$3,016,500    |
| <b>OUTPUTS</b>           |                              | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                              | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of Facilities     |                              | 7                        | 7               | 7                | 7              |
|                          |                              |                          |                 |                  |                |
|                          |                              |                          |                 |                  |                |
|                          |                              |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

To perform proper care and maintenance of equipment and facilities to provide road maintenance services.

| <b>PERFORMANCE MEASUREMENT</b>                                  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                                  |                |                 |                  |                |
| Maintain buildings and grounds to extend lifetime               | Inspect facilities annually for scheduling maintenance | 100%           | 100%            | 100%             | 100%           |
| Complete inventory checks to effectively manage stock materials | Count each part in stock twice per year                | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

# Sheriff's Office

Tim Lane, Sheriff's Office



**MISSION STATEMENT: To provide progressive public safety to fulfill the diverse needs of citizens through the expertise of our professional staff and utilization of all available resources.**

|   |                          |                          |                 |                  |                |
|---|--------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                  | Sheriff's Administration | <b>DEPARTMENT:</b>       | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>                                     | Core                     | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>  | Performing Organization  | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$696,564      |
| <b>OUTPUTS</b>  |                          | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                          | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Ratio of administrative staff to personnel of < or = 4.5% |                          | 3.29%                    | 2.50%           | 2.75%            | 3.29%          |
|   |                          |                          |                 |                  |                |
|   |                          |                          |                 |                  |                |
|   |                          |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Oversee the operations of the Scott County Sheriff's Office.

| <b>PERFORMANCE MEASUREMENT</b>                                      |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Increase cost savings on supply orders                              | All supply orders >\$50 will be cross-referenced against 3 suppliers to ensure lowest price and greatest value.      | 3              | 3               | 3                | 3              |
| Decrease the number of exceptions on purchase card exception report | 2% of PC purchases will be included on the exception report, with all exceptions being cleared by the next PC cycle. | <2%            | <2%             | <2%              | <2%            |
| All payroll will be completed and submitted by deadline.            | 100% of Sheriff's Office payroll will be completed by 4:30 on payroll Monday.  | 100%           | 100%            | 100%             | 100%           |
|   |  |                |                 |                  |                |



|                            |                         |                        |                 |                  |                |
|----------------------------|-------------------------|------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>   | Traffic Enforcement     | <b>DEPARTMENT:</b>     | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>      | Core                    | <b>RESIDENTS SERVE</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>         | Performing Organization | <b>FUND:</b>           | 01 General      | <b>BUDGET:</b>   | \$5,379,017    |
| <b>OUTPUTS</b>             |                         | <b>2023-23</b>         | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                            |                         | <b>ACTUAL</b>          | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of traffic contacts |                         | 4,652                  | 5,000           | 5,000            | 1,370          |
|                            |                         |                        |                 |                  |                |
|                            |                         |                        |                 |                  |                |
|                            |                         |                        |                 |                  |                |

**PROGRAM DESCRIPTION:**

Uniformed law enforcement patrolling Scott County to ensure compliance of traffic laws and safety of citizens and visitors to Scott County.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2023-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To increase the number of hours of traffic safety enforcement/seat belt enforcement. | Complete 600 hours of traffic safety enforcement and education. | 496            | 660             | 650              | 79             |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

\*\*Began GTSB traffic enforcement the end of February, 2021, ending COVID restrictions.

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                      | Jail                    | <b>DEPARTMENT:</b>       | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>                         | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                            | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$11,982,238   |
| <b>OUTPUTS</b>                                |                         | <b>2023-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Inmate instances of programming attendance    |                         | 9,539                    | 15,000          | 5,500            | 4,349          |
| The number of inmate and staff meals prepared |                         | 308,782                  | 300,000         | 295,000          | 74,328         |
| Jail occupancy                                |                         | 283                      | 280             | 260              | 266            |
| Number of inmate/prisoner transports          |                         | 3,104                    | 2,000           | 2,400            | 797            |

**PROGRAM DESCRIPTION:**

Provide safe and secure housing and care for all inmates in the custody of the Sheriff.

| <b>PERFORMANCE MEASUREMENT</b> |  | <b>2023-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--------------------------------|--|----------------|-----------------|------------------|----------------|
|                                |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Operate a secure jail facility | Maintain zero escapes from the Jail facility   | 0              | 0               | 0                | 0              |
| Operate a safe jail facility   | Maintain zero deaths within the jail facility  | 0              | 0               | 0                | 0              |
| Classification of prisoners    | 100 % of all prisoners booked into the Jail will be classified per direct supervision standards. | 100            | 100             | 100              | 100            |
|                                |  |                |                 |                  |                |

|                                     |                         |                          |                 |                  |                |
|-------------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>            | Civil                   | <b>DEPARTMENT:</b>       | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>               | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                  | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$392,100      |
| <b>OUTPUTS</b>                      |                         | <b>2023-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                     |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of attempts of service made. |                         | 15,552                   | 15,000          | 15,000           | 4,199          |
| Number of papers received.          |                         | 10,239                   | 10,000          | 10,000           | 2,518          |
| Cost per civil paper received.      |                         | \$40.37                  | \$35.00         | \$45.00          | \$36.12        |
|                                     |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Serve civil paperwork in a timely manner.

| <b>PERFORMANCE MEASUREMENT</b>                              |  | <b>2023-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Timely service for mental injunctions and protective orders | All mental injunctions and protective orders will be attempted the same day of receipt.  | 1              | 1               | 1                | 1              |
| No escapes during transportation of mental committals       | Zero escapes of mental committals during transportation to hospital facilities   | 0              | 0               | 0                | 0              |
| Timely service of civil papers                              | Number of days civil papers are served. All civil papers will be attempted at least one time within the first 7 days of receipt. | 5.67           | 5.5             | 4.75             | 15.61          |
| Increase percentage of papers serviced                      | Successfully serve at least 93% of all civil papers received   | 81.0%          | 90.0%           | 85.0%            | 83.0%          |

|                          |                         |                          |                 |                  |                |
|--------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Investigations          | <b>DEPARTMENT:</b>       | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>    | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>       | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$1,490,956    |
| <b>OUTPUTS</b>           |                         | <b>2023-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Crime Clearance Rate     |                         | 89%                      | 80%             | 85%              | 90%            |
|                          |                         |                          |                 |                  |                |
|                          |                         |                          |                 |                  |                |
|                          |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Investigates crime for prosecution.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2023-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Complete home compliance checks on sex offenders in Scott County.   | Complete 500 home compliance checks annually on sex offenders   | 792            | 800             | 725              | 93             |
| To increase drug investigations by the Special Operations Unit  | Investigate 70 new drug related investigations per quarter  | 327            | 250             | 280              | 85             |
| To increase the number of follow up calls with victims of cases of sexual assault, child abuse and domestic violence. | Increase the number of follow up calls with reviewed sexual assault, child abuse and domestic violence cases by 80 per year | 11             | 80              | 90               | 19             |
| To ensure sex offenders in Scott County are complying with their tiered verifications                                 | Complete 480 sex offender registrations annually  | 1298           | 550             | 1280             | 804            |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                | Bailiff's               | <b>DEPARTMENT:</b>       | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>                   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                      | Performing Organization | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$1,127,505    |
| <b>OUTPUTS</b>                          |                         | <b>2023-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of prisoners handled by bailiffs |                         | 11,300                   | 11,000          | 11,000           | 2,738          |
| Number of warrants served by bailiffs   |                         | 1,678                    | 1,400           | 1,600            | 449            |
|   |                         |                          |                 |                  |                |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Ensures a safe environment for the Scott County Courthouse, courtrooms and Scott County campus.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2023-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| No escapes during transporting inmates to and from court                             | Allow zero escapes when transporting inmates to and from court in the Scott County Complex               | 0              | 0               | 0                | 0              |
| No escapes when transporting inmates from one facility to another                    | Allow zero escapes when transporting inmates from one facility to another                                | 0              | 0               | 0                | 0              |
| No weapons will be allowed in the Scott County Courthouse or Administration Building | Allow zero weapons into the Scott County Courthouse or Administration Building beginning January 1, 2011 | 0              | 0               | 0                | 0              |
| No injuries to courthouse staff or spectators during trial proceedings               | Ensure zero injuries to courthouse staff or spectators during trial proceedings                          | 0              | 0               | 0                | 0              |

|  |                     |                          |                 |                  |                |
|--|---------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                               | Civil Support       | <b>DEPARTMENT:</b>       | Sheriff         |                  |                |
| <b>BUSINESS TYPE:</b>                                  | Core                | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                                     | Great Place to Live | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$463,804      |
| <b>OUTPUTS</b>   |                     | <b>2023-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Maintain administrative costs to serve paper of < \$30 |                     | \$45.35                  | \$45.00         | \$45.00          | \$43.82        |
| Number of civil papers received for service            |                     | 10,239                   | 10,000          | 10,000           | 2,518          |
|  |                     |                          |                 |                  |                |
|  |                     |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Ensures timely customer response to inquiries for weapons permits, civil paper service and record requests.

| <b>PERFORMANCE MEASUREMENT</b>                              |  | <b>2023-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Timely process of civil papers.                             | Civil papers, excluding garnishments, levies and sheriff sales, will be entered and given to a civil deputy within 3 business days.    | <3             | <3              | <3               | <3             |
| Respond to weapons permit requests in a timely fashion.     | All weapons permit requests will be completed within 30 days of application.   | <30            | <30             | <30              | <30            |
| Timely process of protective orders and mental injunctions. | All protective orders and mental injunctions will be entered and given to a civil deputy for service the same business day of receipt. | 1              | 1               | 1                | 1              |
| Timely response to requests for reports/records             | All report and record requests will be completed within 72 hours of receipt  | <72            | <72             | <72              | <72            |

# Board of Supervisors



**MISSION STATEMENT:** To enhance county services for citizens and county departments by providing effective management and coordination of services.

|  |                                   |                          |                 |                        |
|--|-----------------------------------|--------------------------|-----------------|------------------------|
| <b>ACTIVITY/SERVICE:</b>                               | Legislative Policy and Policy Dev | <b>DEPT/PROG:</b> BOS    |                 |                        |
| <b>BUSINESS TYPE:</b>                                  | Core                              | <b>RESIDENTS SERVED:</b> |                 | All Residents          |
| <b>BOARD GOAL:</b>                                     | Performing Organization           | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> 202,216 |
| <b>OUTPUTS</b>   |                                   | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>         |
|  |                                   | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>       |
| Number of special meetings with brds/comm and agencies |                                   | 32                       | 5               | 5                      |
| Number of agenda discussion items                      |                                   | 79                       | 70              | 60                     |
| Number of special non-biweekly meetings                |                                   | 29                       | 30              | 30                     |
|  |                                   |                          |                 | <b>3 MONTH</b>         |
|  |                                   |                          |                 | <b>ACTUAL</b>          |

**PROGRAM DESCRIPTION:**

Formulate clear vision, goals and priorities for County Departments. Legislate effective policies and practices that benefit and protect County residents. Plan for and adopt policies and budgets that provide for long term financial stability.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Participate in special meetings and discussions to prepare for future action items. | 95% attendance at the committee of the whole discussion sessions for Board action. | 100%           | 98%             | 99%              | 100%           |

|   |                             |                          |                 |                  |                |
|---|-----------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                              | Intergovernmental Relations | <b>DEPT/PROG:</b>        | BOS 29A         |                  |                |
| <b>BUSINESS TYPE:</b>                                 | Core                        | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                                    | Performing Organization     | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | 202,216        |
| <b>OUTPUTS</b>  |                             | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                             | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Attendance of members at Bi-State Regional Commission |                             | 32/36                    | 32/36           | 34/26            | 6/6            |
| Attendance of members at State meetings               |                             | 100%                     | 100%            | 100%             | 100%           |
| Attendance of members at boards and commissions mtgs  |                             | 100%                     | 95%             | 95%              | 100%           |
|   |                             |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Provide leadership in the Quad Cities and especially in Scott County to create partnerships that enhance the quality of life of the residents. Collaborate with other organizations seen as vital to Scott County's success. Be a model for other jurisdictions.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                                      |                |                 |                  |                |
| Board members serve as ambassadors for the County and strengthen intergovernmental relations. | Attendance of board members at intergovernmental meetings. | 99%            | 95%             | 95%              | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |



# Treasurer

Tony Knobbe, County Treasurer



**MISSION STATEMENT: To provide consistent policies and procedures for all citizens by offering skillful, efficient, responsive, versatile, involved, courteous and excellent customer service (SERVICE).**

|  |                         |                          |                 |                          |
|--|-------------------------|--------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>                     | Tax Collections         | <b>DEPARTMENT:</b>       |                 | Treasurer                |
| <b>BUSINESS TYPE:</b>                        | Core                    | <b>RESIDENTS SERVED:</b> |                 | All Residents            |
| <b>BOARD GOAL:</b>                           | Financially Responsible | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$668,010 |
| <b>OUTPUTS</b>                               |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>           |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>         |
|  |                         |                          |                 | <b>3 MONTH</b>           |
|  |                         |                          |                 | <b>ACTUAL</b>            |
| Issue tax/SA statements and process payments |                         | 114,433                  | 190,000         | 190,000                  |
| Issue tax sale certificates                  |                         | 1,062                    | 1,000           | 1,000                    |
| Process elderly tax credit applications      |                         | 669                      | 700             | 700                      |
|  |                         |                          |                 |                          |

**PROGRAM DESCRIPTION:**

Collect all property taxes and special assessments due within Scott County. Report to each taxing authority the amount collected for each fund. Send, before the 15th of each month, the amount of tax revenue, special assessments, and other moneys collected for each taxing authority in the County for direct deposit into the depository of their choice.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Mail all collection reports to taxing authorities prior to the 10th of each month.                     | Start apportioning process immediately after the close of the month to ensure completion in a timely manner. | 100%           | 100%            | 100%             | 100%           |
| 90% of results from surveys completed by customers in regards to the service they received is positive | Provide satisfactory customer service  | 89%            | 90%             | 90%              | 83%            |
|  |  |                |                 |                  |                |

|  |                                |                          |                 |                  |                |
|--|--------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                               | Motor Vehicle Reg - Courthouse | <b>DEPARTMENT:</b>       | Treasurer       |                  |                |
| <b>BUSINESS TYPE:</b>                                  | Core                           | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>                                     | Financially Responsible        | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$707,344      |
| <b>OUTPUTS</b>   |                                | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                                | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Number of vehicle renewals processed                   |                                | 114,692                  | 120,000         | 120,000          | 29,966         |
| Number of title and security interest trans. processed |                                | 74,044                   | 83,000          | 83,000           | 17,409         |
| Number of junking & misc. transactions processed       |                                | 14,900                   | 19,000          | 19,000           | 4,987          |
|  |                                |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Provide professional motor vehicle service for all citizens. The Treasurer shall issue, renew, and replace lost or damaged vehicle registration cards or plates and issue and transfer certificates of title for vehicles.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>                    |                |                 |                  |                |
| Retain \$1.5 million in Motor Vehicle revenues.  | Maximize revenue retained by the County. | \$1,905,052    | \$1,785,000     | \$1,860,000      | \$471,565      |
| 90% of results from surveys completed by customers in regards to the service they received is positive | Provide satisfactory customer service    | 89%            | 90%             | 90%              | 83%            |
|  |  |                |                 |                  |                |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>  | County General Store    | <b>DEPARTMENT:</b>       | Treasurer       |                  |                |
| <b>BUSINESS TYPE:</b>   | Core                    | <b>RESIDENTS SERVED:</b> | All Residents   |                  |                |
| <b>BOARD GOAL:</b>  | Financially Responsible | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$697,101      |
| <b>OUTPUTS</b>  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Total dollar amount of property taxes collected                 |                         | 7,762,367                | \$10,000,000    | \$10,000,000     | \$11,602,527   |
| Total dollar amount of motor vehicle plate fees collected       |                         | 12,203,078               | \$7,000,000     | \$4,000,000      | \$1,542,728    |
| Total dollar amt of MV title & security interest fees collected |                         | 8,019,094                | \$4,200,000     | \$4,200,000      | \$3,732,229    |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Professionally provide any motor vehicle and property tax services as well as other County services to all citizens at a convenient location through versatile, courteous and efficient customer service skills.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Process at least 4.5% of property taxes collected.   | Provide an alternative site for citizens to pay property taxes.   | 2.30%          | 4.50%           | 4.50%            | 6.82%          |
| Process at least 12% of motor vehicle plate fees collected.  | Provide an alternative site for citizens to pay MV registrations. | 27.96%         | 12.00%          | 12.00%           | 31.72%         |
| 90% of results from surveys completed by customers in regards to the service they received is positive | Provide satisfactory customer service                             | 89%            | 90%             | 90%              | 83%            |

|   |                         |                          |                 |                          |
|---|-------------------------|--------------------------|-----------------|--------------------------|
| <b>ACTIVITY/SERVICE:</b>                        | Accounting/Finance      | <b>DEPARTMENT:</b>       |                 | Treasurer                |
| <b>BUSINESS TYPE:</b>                           | Core                    | <b>RESIDENTS SERVED:</b> |                 | All Residents            |
| <b>BOARD GOAL:</b>                              | Financially Responsible | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$883,605 |
| <b>OUTPUTS</b>                                  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>           |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>         |
| Number of receipts issued                       |                         | 8,455                    | 9,500           | 9,500                    |
| Number of warrants/checks paid                  |                         | 9,713                    | 9,000           | 9,000                    |
| Dollar amount available for investment annually |                         | 587,698,664              | 450,000,000     | 450,000,000              |
|   |                         |                          |                 |                          |
|   |                         |                          |                 | <b>3 MONTH ACTUAL</b>    |
|   |                         |                          |                 | 1,942                    |
|   |                         |                          |                 | 2,281                    |
|   |                         |                          |                 | 298,622,481              |
|   |                         |                          |                 |                          |

**PROGRAM DESCRIPTION:**

Provide professional accounting, cash handling, and investment services to Scott County following generally accepted accounting principles.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Investment earnings at least 10 basis points above Federal Funds rate. | Invest all idle funds safely, with proper liquidity, and at a competitive rate. | 95%            | 90%             | 90%              | 99%            |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

# Youth Justice Rehabilitation Center



Jeremy Kaiser, Director

**MISSION STATEMENT:** To ensure the health, education, and well-being of youth through the development of a well-trained, professional staff.

|   |                         |                                 |                 |                  |
|---|-------------------------|---------------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>                    | Detainment of Youth     | <b>DEPARTMENT:</b> YJRC 22.2201 |                 |                  |
| <b>BUSINESS TYPE:</b>                       | Core                    | <b>RESIDENTS SERVED:</b>        |                 | All Residents    |
| <b>BOARD GOAL:</b>                          | Financially Responsible | <b>FUND:</b> 01 General         | <b>BUDGET:</b>  | <b>\$924,006</b> |
| <b>OUTPUTS</b>                              |                         | <b>2022-23</b>                  | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                         | <b>ACTUAL</b>                   | <b>BUDGETED</b> | <b>PROJECTED</b> |
| # of persons admitted                       |                         | 364                             | 400             | 300              |
| Average daily detention population          |                         | 16                              | 25              | 24               |
| # of days of juveniles placed out of county |                         | 1,172                           | 3,650           | 2,000            |
| # of total days client care                 |                         | 5,641                           | 9,125           | 8,760            |
|   |                         |                                 |                 | <b>3 MONTH</b>   |
|   |                         |                                 |                 | <b>ACTUAL</b>    |
|   |                         |                                 |                 | 65               |
|   |                         |                                 |                 | 19               |
|   |                         |                                 |                 | 453              |
|   |                         |                                 |                 | 1,786            |

**PROGRAM DESCRIPTION:**

Detainment of youthful offenders who reside in Scott County. Provide children with necessary health care, clothing, and medication needs in compliance with state regulations, in a fiscally responsible manner. Facilitate and assist agencies with providing educational, recreational, spiritual, and social-skill programming to the residents in our care.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To safely detain youthful offenders according to state licensing regulations/best practices, and in a fiscally responsible manner. | To serve all clients for less than \$375 per day after revenues are collected. | \$304          | \$350           | \$375            | \$255          |
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|---|---------------------|---------------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>                                      | Safety and Security | <b>DEPARTMENT:</b> YJRC 22.2201 |                 |                  |
| <b>BUSINESS TYPE:</b>   | Core                | <b>RESIDENTS SERVED:</b>        |                 | All Residents    |
| <b>BOARD GOAL:</b>  | Great Place to Live | <b>FUND:</b> 01 General         | <b>BUDGET:</b>  | <b>\$924,006</b> |
| <b>OUTPUTS</b>  |                     | <b>2022-23</b>                  | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                     | <b>ACTUAL</b>                   | <b>BUDGETED</b> | <b>PROJECTED</b> |
| # of escape attempts  |                     | 1                               | 1               | 0                |
| # of successful escapes                                       |                     | 0                               | 0               | 0                |
| # of critical incidents                                       |                     | 117                             | 100             | 75               |
| # of critical incidents requiring staff physical intervention |                     | 28                              | 40              | 24               |
|   |                     |                                 |                 | <b>3 MONTH</b>   |
|   |                     |                                 |                 | <b>ACTUAL</b>    |

**PROGRAM DESCRIPTION:**

Preventing escapes of youthful offenders by maintaining supervision and security protocol.

| <b>PERFORMANCE MEASUREMENT</b>                               |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To de-escalate children in crisis through verbal techniques. | To diffuse crisis situations without the use of physical force 60% of the time. | 76%            | 60%             | 68%              | 65%            |
|  |   |                |                 |                  |                |
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|--|-------------------------|---------------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE:</b>                 | Dietary Program         | <b>DEPARTMENT:</b> YJRC 22.2201 |                 |                  |
| <b>BUSINESS TYPE:</b>                    | Core                    | <b>RESIDENTS SERVED:</b>        |                 | All Residents    |
| <b>BOARD GOAL:</b>                       | Financially Responsible | <b>FUND:</b> 01 General         | <b>BUDGET:</b>  | <b>\$64,887</b>  |
| <b>OUTPUTS</b>                           |                         | <b>2022-23</b>                  | <b>2023-24</b>  | <b>2023-24</b>   |
|  |                         | <b>ACTUAL</b>                   | <b>BUDGETED</b> | <b>PROJECTED</b> |
| Revenue generated from CNP reimbursement |                         | 48,990                          | 25,000          | 30,000           |
| Grocery cost                             |                         | 80,521                          | 60,000          | 60,000           |
|  |                         |                                 |                 |                  |
|  |                         |                                 |                 |                  |
|  |                         |                                 |                 |                  |

**PROGRAM DESCRIPTION:**

Serve residents nutritious food three meals a day, plus one snack in a fiscally-responsible manner. Claim child nutrition program reimbursement through the state of Iowa to generate revenue.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To serve kids food in accordance with State regulations at a sustainable cost. | To have an average grocery cost per child per day of less than \$7.50 after CNP revenue. | \$5.59         | \$7.00          | \$7.50           | \$7.30         |
|  |  |                |                 |                  |                |
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|--|---------------------|-----------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE: In home Detention Program</b>   |                     | <b>DEPARTMENT:</b> YJRC 22B |                 |                  |
| <b>Semi-core service</b>                             | Community Add On    | <b>RESIDENTS SERVED:</b>    |                 | All Residents    |
| <b>BOARD GOAL:</b>                                   | Great Place to Live | <b>FUND:</b>                | <b>BUDGET:</b>  | <b>\$93,502</b>  |
| <b>OUTPUTS</b>                                       |                     | <b>2022-23</b>              | <b>2023-24</b>  | <b>2023-24</b>   |
|  |                     | <b>ACTUAL</b>               | <b>BUDGETED</b> | <b>PROJECTED</b> |
| # residents referred for IHD program                 |                     | 97                          | 75              | 70               |
| # of residents who complete IHD program successfully |                     | 79                          | 66              | 56               |
|  |                     |                             |                 |                  |
|  |                     |                             |                 |                  |

**PROGRAM DESCRIPTION:**

Certain juveniles are eligible to be supervised in the community through an "In-Home detention" program as an alternative to secure detention. JDC staff can supervise these juveniles in the community through random phone calls and home visits. Studies show that juveniles are less likely to commit crimes if diverted into a community-based, detention alternative program.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To ensure that all juveniles who are referred for In Home Detention supervision are given every opportunity to successfully complete the program. | 80% or more of juveniles who are referred for In Home Detention complete the program successfully. | 81%            | 88%             | 80%              | 94%            |
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|   |  |                |                 |                  |                |



|  |                     |                             |                 |                  |
|--|---------------------|-----------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE: Auto Theft Accountability Program</b> |                     | <b>DEPARTMENT:</b> YJRC 22B |                 |                  |
| <b>Semi-core service</b>                                   | Community Add On    | <b>RESIDENTS SERVED:</b>    |                 | All Residents    |
| <b>BOARD GOAL:</b>   | Great Place to Live | <b>FUND:</b>                | <b>BUDGET:</b>  | <b>\$39,262</b>  |
| <b>OUTPUTS</b>   |                     | <b>2022-23</b>              | <b>2023-24</b>  | <b>2023-24</b>   |
|  |                     | <b>ACTUAL</b>               | <b>BUDGETED</b> | <b>PROJECTED</b> |
| # of juveniles referred for ATA Program                    |                     | 36                          | 25              | 50               |
| # of juveniles who complete ATA program successfully       |                     | 23- Completed               | 20              | 40               |
|  |                     | 4- On track                 |                 |                  |
|  |                     | 9 reverted                  |                 |                  |
|  |                     |                             |                 | <b>3 MONTH</b>   |
|  |                     |                             |                 | <b>ACTUAL</b>    |

**PROGRAM DESCRIPTION:**

First time juvenile offenders of property crime in Scott County have the option of completing the Auto Theft Accountability Program, which attempts to divert them from the court system and secure detainment. The Program utilizes restorative practices to teach accountability and repair harms.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To ensure that all juveniles who are referred for the Auto Theft Accountability program are given every opportunity to successfully complete the program. | 80% or more of juveniles who are referred for ATA complete the program successfully. | 75%            | 80%             | 80%              | 66%            |
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|--|---------------------|-----------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE: Youth Centered Meetings</b>     |                     | <b>DEPARTMENT: YJRC 22B</b> |                 |                  |
| <b>Semi-core service</b>                             | Community Add On    | <b>RESIDENTS SERVED:</b>    |                 | All Residents    |
| <b>BOARD GOAL:</b>                                   | Great Place to Live | <b>FUND:</b>                | <b>BUDGET:</b>  | <b>\$19,361</b>  |
| <b>OUTPUTS</b>                                       |                     | <b>2022-23</b>              | <b>2023-24</b>  | <b>2023-24</b>   |
|  |                     | <b>ACTUAL</b>               | <b>BUDGETED</b> | <b>PROJECTED</b> |
| # of juveniles referred for YCM Program              |                     | 27                          | 10              | 40               |
| # of juveniles who complete YCM program successfully |                     | 14- Completed               | 8               | 32               |
|  |                     | 8- on track                 |                 |                  |
|  |                     | 5 - unsuccess               |                 |                  |

**PROGRAM DESCRIPTION:**

Certain juveniles are ordered to long term placement after detainment. The Youth Centered Meetings Program is designed to help the juvenile have a smooth transition back to the home environment after long term care. The program is strength-based and helps create a plan to connect juveniles with services in their home area.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| To ensure that all juveniles who are referred for Youth Centered Meetings are given every opportunity to successfully complete the program. | 80% or more of juveniles who are referred for youth Centered Meetings will complete all meetings successfully. | 81%            | 80%             | 80%              | 100%           |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |
|   |  |                |                 |                  |                |

|   |                     |                             |                 |                  |
|---|---------------------|-----------------------------|-----------------|------------------|
| <b>ACTIVITY/SERVICE: School Based Restorative Justice Program</b> |                     | <b>DEPARTMENT: YJRC 22B</b> |                 |                  |
| <b>Semi-core service</b>  | Community Add On    | <b>RESIDENTS SERVED:</b>    |                 | All Residents    |
| <b>BOARD GOAL:</b>  | Great Place to Live | <b>FUND:</b>                | <b>BUDGET:</b>  | <b>\$137,418</b> |
| <b>OUTPUTS</b>  |                     | <b>2022-23</b>              | <b>2023-24</b>  | <b>2023-24</b>   |
|   |                     | <b>ACTUAL</b>               | <b>BUDGETED</b> | <b>PROJECTED</b> |
| # of juveniles referred for SBRJ Program                          |                     | 746                         | 500             | 800              |
| # of juveniles who complete mediation successfully                |                     | 686                         | 450             | 720              |
|   |                     |                             |                 |                  |
|   |                     |                             |                 |                  |

**PROGRAM DESCRIPTION:**

The School-based restorative mediation program is a suspension diversion program provided in Scott County secondary schools: Davenport, Bettendorf, and North Scott. YJRC counselors are dispatched to schools to provide restorative mediation and to teach youth to resolve conflict without the use of violence.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To ensure that all juveniles who are referred for School Based Restorative Mediation are given every opportunity to successfully complete the program. | 90% or more of juveniles who are referred for school based restorative mediation will complete mediation successfully | 92%            | 90%             | 90%              | 93%            |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

| <b>ACTIVITY/SERVICE: Pre-Charge Diversion Program</b> |                     | <b>DEPARTMENT: YJRC 22B</b> |                 |                  |                |
|---|---------------------|-----------------------------|-----------------|------------------|----------------|
| <b>Semi-core service</b>                              | Community Add On    | <b>RESIDENTS SERVED:</b>    |                 | All Residents    |                |
| <b>BOARD GOAL:</b>                                    | Great Place to Live | <b>FUND:</b>                | <b>BUDGET:</b>  | <b>\$29,534</b>  |                |
| <b>OUTPUTS</b>  |                     | <b>2022-23</b>              | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                     | <b>ACTUAL</b>               | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of juveniles referred for PCD Program               |                     | NA                          | 500             | 80               | 6              |
| # of juveniles who complete program successfully      |                     | NA                          | 450             | 64               | 3              |
|   |                     |                             |                 |                  | 5/6 on track   |
|   |                     |                             |                 |                  |                |

**PROGRAM DESCRIPTION:**

Youth who are charged with Simple Misdemeanors for the first time are diverted to this program. YJRC counselors provide advocacy and case coordination to youth and families. The program can help locate and refer to services to help youth improve in several areas: school engagement, parent relationships, positive leisure activities, social skills, social competencies, mental health, and/or substance misuse.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| To ensure that all juveniles who are referred for Pre Charge Diversion Programming are given every opportunity to successfully complete the program. | 80% or more of juveniles who are referred for PCD programming complete the program successfully | NA             | 80%             | 80%              | 83%            |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |
|  |   |                |                 |                  |                |

## BI-STATE REGIONAL COMMISSION

Director: Denise Bulat, Phone: 309-793-6300, Website: [bistateonline.org](http://bistateonline.org)

**MISSION STATEMENT: To serve as a forum for intergovernmental cooperation and delivery of regional programs and to assist member local governments in planning and project development.**

|  |  |                          |                 |                  |                |
|--|--|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                   | Metropolitan Planning Organization (MPO) | <b>DEPARTMENT:</b>       | Bi-State        |                  |                |
| <b>BUSINESS TYPE:</b>                                      | Core                                     | <b>RESIDENTS SERVED:</b> | All Urban       |                  |                |
| <b>BOARD GOAL:</b>   | Economic Growth                          | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$0            |
| <b>OUTPUTS</b>   |  | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |  | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Urban Transportation Policy & Technical Committee meetings |  | 19                       | 20              | 20               | 4              |
| Urban Transportation Improvement Program document          |  | 1                        | 1               | 1                | 0              |
| Mississippi River Crossing meetings                        |  | 2                        | 4               | 2                | 0              |
| Bi-State Trail Committee & Air Quality Task Force meetings |  | 6                        | 8               | 8                | 2              |

**PROGRAM DESCRIPTION:**

Regional Urban Transportation Planning

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b>  | <b>2023-24</b>  | <b>2023-24</b>  | <b>3 MONTH</b> |
|---|---|---|---|---|----------------|
|   |   | <b>ACTUAL</b>   | <b>BUDGETED</b>                                       | <b>PROJECTED</b>                                      | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |   |   |   |                |
| Road & trail construction; bridge coordination, air quality, transit, GIS, grant applications | Maintain the region's eligibility for federal /state highway funds. | \$7.97 Million of transportation improvement programmed | 9.58 Million of transportation improvement programmed | \$10 Million of transportation improvement programmed | 0              |

|   |                                |                          |                 |                    |                |
|---|--------------------------------|--------------------------|-----------------|--------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                      | Regional Planning Agency (RPA) | <b>DEPARTMENT:</b>       | Bi-State        |                    |                |
| <b>BUSINESS TYPE:</b>   | Core                           | <b>RESIDENTS SERVED:</b> | All Urban       |                    |                |
| <b>BOARD GOAL:</b>  | Economic Growth                | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$0 |                |
| <b>OUTPUTS</b>  |                                | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>     | <b>3 MONTH</b> |
|   |                                | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>   | <b>ACTUAL</b>  |
| Region 9 Transportation Policy & Technical Committee meetings |                                | 6                        | 8               | 8                  | 2              |
| Region 9 Transportation Improvement Program document          |                                | 1                        | 1               | 1                  | 0              |
| Transit Development Plan                                      |                                | 1                        | 1               | 0                  | 0              |
|   |                                |                          |                 |                    |                |

**PROGRAM DESCRIPTION:**

Regional Rural Transportation Planning

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b>  | <b>2023-24</b>   | <b>2023-24</b>  | <b>3 MONTH</b> |
|--|---|---|--|---|----------------|
|  |   | <b>ACTUAL</b>   | <b>BUDGETED</b>  | <b>PROJECTED</b>  | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |   |  |   |                |
| Road & trail construction; air quality, transit, GIS, grant applications | Maintain the region's eligibility for federal /state highway funds. | \$5.08 Million of transportation improvement programmed | \$1.6 Million of transportation improvement programmed | \$1.83 Million of transportation improvement programmed | 0              |

|  |  |                          |                 |                  |                |
|--|--|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                                 | Regional Economic Development Planning | <b>DEPARTMENT:</b>       | Bi-State        |                  |                |
| <b>BUSINESS TYPE:</b>                                    | Core                                   | <b>RESIDENTS SERVED:</b> | All Urban       |                  |                |
| <b>BOARD GOAL:</b>                                       | Economic Growth                        | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$0            |
| <b>OUTPUTS</b>   |  | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |  | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Comprehensive Economic Development Strategy document     |  | 1                        | 1               | 1                | 0              |
| Maintain Bi-State Regional data portal & website         |  | 1                        | 1               | 1                | 1              |
| Economic Development Related grant applications assisted |  | 1                        | 1               | 6                | 2              |
| Small Business Loans in region                           |  | 1                        | 4               | 4                | 0              |

**PROGRAM DESCRIPTION:**  
Regional Economic Development Planning

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Census Data Repository, region data portal, EDA funded projects in the region | Maintain the region's eligibility for federal economic development funds. | 100%           | 100%            | 100%             | 25%            |
|   |   |                |                 |                  |                |

|  |                   |                          |                 |                  |                |
|--|-------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                       | Regional Services | <b>DEPARTMENT:</b>       | Bi-State        |                  |                |
| <b>BUSINESS TYPE:</b>                          | Core              | <b>RESIDENTS SERVED:</b> | All Urban       |                  |                |
| <b>BOARD GOAL:</b>                             | Economic Growth   | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$0            |
| <b>OUTPUTS</b>                                 |                   | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                   | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Joint purchasing bids and purchases            |                   | 12                       | 14              | 14               | 4              |
| Administrator/Elected/Department Head meetings |                   | 27                       | 30              | 30               | 8              |
|  |                   |                          |                 |                  |                |
|  |                   |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Coordination of Intergovernmental Committees & Regional Programs

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Regional coordination, cooperation and communication for implementation of joint efforts | Maintain the region's cooperation and cost savings in joint efforts | 100%           | 100%            | 100%             | 25%            |



# Community Health Care

CEO: Tom Bowman 563-336-3000 website chcqca.org

**MISSION STATEMENT:** Community Health Care serves the Quad Cities with quality health care for all people in need.

|  |                              |                          |                 |                          |       |
|--|------------------------------|--------------------------|-----------------|--------------------------|-------|
| <b>ACTIVITY/SERVICE:</b>   | Scott County Population Data | <b>DEPARTMENT:</b>       |                 | 40.4001                  |       |
| <b>BUSINESS TYPE:</b>  | Quality of Life              | <b>RESIDENTS SERVED:</b> |                 | 6,808                    |       |
| <b>BOARD GOAL:</b>   | Great Place to Live          | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$302,067 |       |
| <b>OUTPUTS</b>   |                              | <b>2022-2023</b>         | <b>2023-24</b>  | <b>2023-24</b>           |       |
|  |                              | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>         |       |
|  |                              |                          |                 | <b>3 MONTH</b>           |       |
|  |                              |                          |                 | <b>ACTUAL</b>            |       |
| Visits of clients below 100% Federal Poverty Level   |                              | 14,317                   | 15,500          | 14,936                   | 3,734 |
| Visits of clients below 101 - 138% Federal Poverty Level                                   |                              | 3,257                    | 3,800           | 3,572                    | 893   |
| Visits of clients above 138% Federal Poverty Level   |                              | 6,404                    | 4,900           | 7,420                    | 1,855 |
| # of prescriptions filled for those living in Scott County and using the sliding fee scale |                              | 5,819                    | 5,600           | 7,092                    | 1,773 |
| # of Scott County Residents served   |                              | 25,613                   | 14,350          | 27,232                   | 6,808 |
| # of Scott Co Residents utilizing Medical Sliding Fee Program                              |                              | 23,978                   | 6,200           | 25,928                   | 6,482 |
| # of Scott Co Residents utilizing Pharmacy Sliding Fee Program                             |                              | 1,335                    | 2,125           | 1,304                    | 326   |
| # of Scott Co Residents seen by the Community Health Team                                  |                              | N/A                      | 75              | 1,632                    | 408   |

**PROGRAM DESCRIPTION:**

CHC provides comprehensive primary health care for the Quad City Population in need on a sliding fee scale basis.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-2023</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|------------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>    | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                  |                 |                  |                |
| Scott County citizens will benefit from the sliding fee scale to make health care more affordable. | CHC will offer the sliding fee discount to all Scott County residents to ensure they have health care services. | \$804,405        | \$891,929       | \$1,009,424      | \$252,356      |
| Scott County citizens will have insurance coverage: private, Medicaid or Medicare                  | At least 92% of the citizens seen at CHC will have some form of insurance coverage                              | 92%              | 92%             | 92%              | 88%            |

# DURANT AMBULANCE

Lori Gruman 563-785-4540 durantamb@gmail.com

|                                   |                           |                                |                              |                           |
|-----------------------------------|---------------------------|--------------------------------|------------------------------|---------------------------|
| <b>ACTIVITY/SERVICE:</b>          | Durant Ambulance          | <b>DEPARTMENT:</b>             |                              |                           |
| <b>BUSINESS TYPE:</b>             | Quality of Life           | <b>RESIDENTS SERVED:</b> 7,500 |                              |                           |
| <b>BOARD GOAL:</b>                | Performing Organization   | <b>FUND:</b> 01 General        | <b>BUDGET:</b> \$0           |                           |
| <b>OUTPUTS</b>                    | <b>2022-23<br/>ACTUAL</b> | <b>2023-24<br/>BUDGETED</b>    | <b>2023-24<br/>PROJECTED</b> | <b>3 MONTH<br/>ACTUAL</b> |
| Number of 911 calls responded to. | 562                       | 700                            | 650                          | 145                       |
| Number of 911 calls answered.     | 577                       | 720                            | 700                          | 150                       |
| Average response time.            | 13:05                     | 13                             | 14                           | 13:28                     |
|                                   |                           |                                |                              |                           |

**PROGRAM DESCRIPTION:**

Emergency medical treatment and transport.

| PERFORMANCE MEASUREMENT   |   | 2022-23<br>ACTUAL | 2023-24<br>BUDGETED                                       | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
|---|---|-------------------|---|----------------------|-------------------|
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                   |   |                      |                   |
| Respond to all 911 requests in our area   | Responded to 99% of all 911 requests in our area                    | 97%               | Will respond to 98% of calls for service                  | 97%                  | 97%               |
| Calls for service will be responded to according to Iowa EMS best practice standards. | Responded within 20 minutes to 90% of the 911 requests in our area. | 95%               | Respond within 20 minutes to 90% of calls in Scott County | 95%                  | 97%               |

60 calls in Scott County; 58 calls responded to in 20 min or less =97%

# EMA

Dave Donovan, 563-505-6992, www.iascema.com



**MISSION STATEMENT: The Scott County Emergency Management Agency exists under Iowa Code 29C for the purposes of county-wide preparedness, mitigation, response, recovery, detection, protection and prevention of natural or man-made disasters.**

|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                         | Emergency Planning      | <b>DEPARTMENT:</b>       | 68A             |                  |                |
| <b>BUSINESS TYPE:</b>                            | Foundation              | <b>RESIDENTS SERVED:</b> | 80 EMA          |                  |                |
| <b>BOARD GOAL:</b>                               | Performing Organization | <b>FUND:</b>             | <b>BUDGET:</b>  | \$108,425        |                |
|  |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
| <b>OUTPUTS</b>                                   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Revise and update multihazard plan in ESF format |                         | 100%                     | 100%            | 100%             | 35%            |
| Update Radiological Emergency Response Plans     |                         | 50%                      | 50%             | 100%             | 75%            |
| Update Ancillary Plans and Annexes               |                         | 75%                      | 75%             | 100%             | 25%            |
| Maintain approved county-wide mitigation plan    |                         | 100%                     | 100%            | 100%             | 100%           |

**PROGRAM DESCRIPTION:**

IAW Iowa Code 29C.9(6) Emergency planning means the annual maintenance of: the Scott County Multi-Hazard Emergency Operations Plan; Scott County Radiological Emergency Response Plans, and ancillary support plans (evacuation, debris management, volunteer management, etc.)

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Continuous 5 year project cycle. Update emergency plan to incorporate best practices and reflect new FEMA recovery emergency support functions | Achieving the desired outcome ensures coordinated response and recovery operations for any hazard event in Scott County        | 100%           | 100%            | 100%             | 35%            |
| Annual update of Scott County Off-Site Radiological Emergency Response Plan (risk county Exelon)   | Achieving the desired outcome ensures coordinated response operations and safety for Scott County citizens                     | 50%            | 50%             | 100%             | 75%            |
| Annual update of Scott County Off-Site Radiological Emergency Response Plan (host county DAEC)   | Achieving the desired outcome ensures coordinated response operations to support evacuees from Linn County                     | N/A            | 75%             | NA               | N/A            |
| Mitigation Planning  | Assist County in producing a mitigation plan that is accepted by FEMA Plan completed pending local, state and federal approval | 100%           | 100%            | 100%             | 100%           |

|   |                         |                          |                         |                          |                       |
|---|-------------------------|--------------------------|-------------------------|--------------------------|-----------------------|
| <b>ACTIVITY/SERVICE:</b>                          | Training                | <b>DEPARTMENT:</b>       | EMA 68A                 |                          |                       |
| <b>BUSINESS TYPE:</b>                             | Core                    | <b>RESIDENTS SERVED:</b> | Responders              |                          |                       |
| <b>BOARD GOAL:</b>                                | Performing Organization | <b>FUND:</b>             | 80 EMA                  | <b>BUDGET:</b>           | \$68,651              |
| <b>OUTPUTS</b>                                    |                         | <b>2022-23 ACTUAL</b>    | <b>2023-24 BUDGETED</b> | <b>2023-24 PROJECTED</b> | <b>3 MONTH ACTUAL</b> |
| EMA Staff EMPG Required Training                  |                         | 100%                     | 100%                    | 100%                     | 50%                   |
| Coordinate annual RERP training                   |                         | 100%                     | 100%                    | 100%                     | 25%                   |
| Coordinate or provide other training as requested |                         | 100%                     | 100%                    | 100%                     | 25%                   |

**PROGRAM DESCRIPTION:**

Maintenance of dissemination of training and exercise opportunities for Scott County responders

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23 ACTUAL</b> | <b>2023-24 BUDGETED</b> | <b>2023-24 PROJECTED</b> | <b>3 MONTH ACTUAL</b> |
|---|--|-----------------------|-------------------------|--------------------------|-----------------------|
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                       |                         |                          |                       |
| Meet State required 24 hours of professional development training annually                                | Meeting the requirement results in maintaining federal funding for this Agency   | 100%                  | 100%                    | 100%                     | 50%                   |
| Coordinate / provide training for EOC staff and other agencies to support radiological emergency response | Annual documentation of coordination for or providing training required to maintain federal support of this agency.            | 100%                  | 100%                    | 100%                     | 25%                   |
| Fulfill requests for training from responders, jurisdictions or private partners.                         | Meeting the needs of local agency / office training is a fundamental service of this agency and supports County wide readiness | 100%                  | 100%                    | 100%                     | 25%                   |

|  |                         |                          |                         |                          |                       |
|--|-------------------------|--------------------------|-------------------------|--------------------------|-----------------------|
| <b>ACTIVITY/SERVICE:</b>                     | Organizational          | <b>DEPARTMENT:</b>       | EMA 68A                 |                          |                       |
| <b>BUSINESS TYPE:</b>                        | Foundation              | <b>RESIDENTS SERVED:</b> | 80 EMA                  | County-wide              |                       |
| <b>BOARD GOAL:</b>                           | Performing Organization | <b>FUND:</b>             | 80 EMA                  | <b>BUDGET:</b>           | \$342,164             |
| <b>OUTPUTS</b>                               |                         | <b>2022-23 ACTUAL</b>    | <b>2023-24 BUDGETED</b> | <b>2023-24 PROJECTED</b> | <b>3 MONTH ACTUAL</b> |
| Grant coordination activities                |                         | 100%                     | 100%                    | 100%                     | 25%                   |
| Information dissemination                    |                         | 100%                     | 100%                    | 100%                     | 25%                   |
| Support to responders                        |                         | 100%                     | 80%                     | 100%                     | 25%                   |
| Required quarterly reports. State and county |                         | 100%                     | 100%                    | 100%                     | 25%                   |

**PROGRAM DESCRIPTION:**

This program is what keeps this office functioning in order to provide a base to support training, exercise, planning, and, mitigation requirements for Scott County.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23 ACTUAL</b> | <b>2023-24 BUDGETED</b> | <b>2023-24 PROJECTED</b> | <b>3 MONTH ACTUAL</b> |
|--|--|-----------------------|-------------------------|--------------------------|-----------------------|
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                       |                         |                          |                       |
| This program includes information dissemination made through this agency to public and private partners meetings.                    | 100% Dissemination using multiple channels ensures info and opportunities reach all local partners | 100%                  | 100%                    | 100%                     | 25%                   |
| This agency has also provided support to fire and law enforcement personnel via EMA volunteer's use of our mobile response vehicles. | 95%+ response to requests ensures effective use of these assets.                                   | 100%                  | 100%                    | 35%                      | 25%                   |

|  |                         |                    |                 |                          |                |
|--|-------------------------|--------------------|-----------------|--------------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                 | Exercises               | <b>DEPARTMENT:</b> | EMA 68A         | <b>RESIDENTS SERVED:</b> | County-wide    |
| <b>BUSINESS TYPE:</b>                    | Foundation              | <b>FUND:</b>       | 80 EMA          | <b>BUDGET:</b>           | \$65,608       |
| <b>BOARD GOAL:</b>                       | Performing Organization |                    |                 |                          |                |
| <b>OUTPUTS</b>                           |                         | <b>2022-23</b>     | <b>2023-24</b>  | <b>2023-24</b>           | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>      | <b>BUDGETED</b> | <b>PROJECTED</b>         | <b>ACTUAL</b>  |
| RERP                                     |                         | 100%               | 100%            | 100%                     | 25%            |
| 5 year HSEMD exercise program completion |                         | 100%               | 100%            | 100%                     | 25%            |
|  |                         |                    |                 |                          |                |
|  |                         |                    |                 |                          |                |

**PROGRAM DESCRIPTION:**

This program includes exercise participation undertaken by the Scott County Emergency Management Agency and/or public/private response partners to meet the State 5 year plan, as well as active participation in the FEMA radiological exercise program

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| RERP evaluated or training exercises results completed without a deficiency noted | Trains all EOC and off-site agencies in the correct response to a radiological incident.                                       | 100%           | 100%            | 100%             | 25%            |
| 5 year exercise program requires a minimum of three exercises per year.           | Requirement helps drive multi-agency planning for exercise goals, resulting in realistic outcomes for each agency / department | 100%           | 100%            | 100%             | 25%            |

# SECC

Dave Donovan, 563-484-3050, dave.donovan@scottcountyiowa.com



**MISSION STATEMENT:** With integrity and respect we provide superior Public Safety Dispatch services in an efficient and accurate manner. We are committed to serve the citizens and responders of Scott County with the highest standards to protect life, property, and the environment.

|  |                         |                          |                 |                  |                |
|--|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                   | Training                | <b>DEPARTMENT:</b>       |                 | SECC             |                |
| <b>BUSINESS TYPE:</b>                      | Core                    | <b>RESIDENTS SERVED:</b> |                 | county-wide      |                |
| <b>BOARD GOAL:</b>                         | Performing Organization | <b>FUND:</b>             | 89 SECC         | <b>BUDGET:</b>   | \$160,420      |
| <b>OUTPUTS</b>                             |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Increase number of cross-trained personnel |                         | 14%                      | 14%             | 18%              | 13%            |
| Achieve Professional Accreditation         |                         | 40%                      | 40%             | 75%              | 40%            |
|  |                         |                          |                 |                  |                |
|  |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Maintenance of all training programs within the organization including: training of all new employees, maintenance training of all Certified Training Officers (CTOs), ongoing professional development training, continuing education training, cross training of all personnel as needed, and obtaining and maintenance of any professional accreditation training.

| <b>PERFORMANCE MEASUREMENT</b>   |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Achieve three-discipline certification for all Dispatchers.  | This will provide flexibility for staff movement and decrease the amount of overtime necessary. Will also assist in making the center more consolidated.  | 14%            | 14%             | 18%              | 13%            |
| Identify and complete/meet the necessary requirements for attainment of National Center Accreditation. | Meeting the requirements for National Accreditation is the first step in becoming an Accredited Center which provides third party validation we are moving SECC forward in a manner consistent with industry standards. | 40%            | 50%             | 75%              | 40%            |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                              | Communication           | <b>DEPARTMENT:</b>       | SECC            |                  |                |
| <b>BUSINESS TYPE:</b>                                 | Core                    | <b>RESIDENTS SERVED:</b> | 89 SECC         |                  |                |
| <b>BOARD GOAL:</b>                                    | Performing Organization | <b>FUND:</b>             | <b>BUDGET:</b>  | \$5,945,185      |                |
|   |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
| <b>OUTPUTS</b>  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Re-evaluation to Improve internal communications      |                         | 35%                      | 35%             | 50%              | 35%            |
| Improve external communications with partner agencies |                         | 75%                      | 75%             | 75%              | 75%            |
| Improve customer service                              |                         | 35%                      | 25%             | 50%              | 35%            |
| Reinvent SECC's website                               |                         | 100%                     | 20%             | 35%              | 50%            |

**PROGRAM DESCRIPTION:**

Providing efficient, timely, and accurate communication is the foundation of our organization. We strive to comply with all communication benchmarks outlined in the national standard set by NFPA 1221 which includes standards for all Public Safety Answering Points (PSAPs).

| PERFORMANCE MEASUREMENT   |   | 2022-23<br>ACTUAL | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
|---|---|-------------------|---------------------|----------------------|-------------------|
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                   |                     |                      |                   |
| This as an area of opportunity - we have implemented a number of initiatives to improve communications with our staff but we need to evaluate those initiatives and tweak them to be more effective.                      | Improving communications improves overall organizational effectiveness and strengthens the bond between the center and the community.   | 35%               | 35%                 | 50%                  | 35%               |
| With all of the recent changes in management staff, the need to acquaint outside agency staff with new management is vital. The goal is to continue to work to maintain the good relationships with outside agency staff. | Improving communications improves overall organizational effectiveness and strengthens the relationships between the center and our partner agencies.   | 75%               | 75%                 | 75%                  | 75%               |
| Enhance our customer service efforts through more concentrated focus in this area and by infusing our Values in all our public contacts.  | Improving customer service helps the organization provide a better quality service to all of the citizens of Scott County.  | 35%               | 25%                 | 35%                  | 35%               |
| By reinventing SECC's website we can enhance our public outreach programing.  | This will help SECC establish a better rapport with the community and the agencies we serve by providing real-time public safety information as well as providing news stories too help the general public better understand our mission and role in the community. | 100%              | 20%                 | 35%                  | 50%               |



|                                  |                         |                          |                 |                  |                |
|----------------------------------|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>         | Management and Planning | <b>DEPARTMENT:</b>       | SECC            |                  |                |
| <b>BUSINESS TYPE:</b>            | Core                    | <b>RESIDENTS SERVED:</b> | County-wide     |                  |                |
| <b>BOARD GOAL:</b>               | Performing Organization | <b>FUND:</b>             | 89 SECC         | <b>BUDGET:</b>   | \$1,133,000    |
| <b>OUTPUTS</b>                   |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                  |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Revise hiring process            |                         | 100%                     | 100%            | 100%             | 100%           |
| Develop a succession plan        |                         | 50%                      | 50%             | 100%             | 100%           |
| Improve interagency coordination |                         | 50%                      | 50%             | 75%              | 75%            |

**PROGRAM DESCRIPTION:**

Management and Planning are vital to any organization to help keep the organization moving forward into the future. This allows SECC to keep up to date with the ever changing society and the expectations that go along with the ever changing needs of society.

| <b>PERFORMANCE MEASUREMENT</b>  |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|---|----------------|-----------------|------------------|----------------|
|   |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                |                 |                  |                |
| Revise hiring process to help identify those candidates most likely to succeed as a Dispatcher.   | This will help provide a better employee selection process which ultimately will help choose a candidate who has the best chance for success thereby reducing the failure rate of prospective dispatchers and increase chances for employee retention.  | 100%           | 100%            | 100%             | 100%           |
| Develop a succession plan so we are prepared to professionally respond to the loss of key members of the supervisory and management team.   | To be successful we need to place the right people in the right positions and then assure they get the appropriate formal training and mentoring from more tenured members of the team. If we are successful we will be positioned to have employees ready for advancement when openings occur. It also provides a clear roadmap for employees aspiring to advance within SECC. | 100%           | 50%             | 100%             | 100%           |
| Improve interagency coordination to positively impact all levels of the organization. We continue to aggressively work with our partners to move to the middle to help facilitate our consolidation effort. | This will help SECC establish a better rapport with the agencies and increase confidence thereby breaking down barriers to allow for a paradigm shift needed to become more efficient and effective in our service delivery efforts (consolidation).  | 50%            | 50%             | 75%              | 75%            |

|                                 |                     |                          |                 |                  |                |
|---------------------------------|---------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>        | Public Awareness    | <b>DEPARTMENT:</b>       | SECC            |                  |                |
| <b>BUSINESS TYPE:</b>           | Core                | <b>RESIDENTS SERVED:</b> | County-wide     |                  |                |
| <b>BOARD GOAL:</b>              | Great Place to Live | <b>FUND:</b>             | 89 SECC         | <b>BUDGET:</b>   | \$6,695        |
| <b>OUTPUTS</b>                  |                     | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                 |                     | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Re-energize the Education Team  |                     | 50%                      | 40%             | 50%              | 50%            |
| Develop Public Outreach Program |                     | 25%                      | 25%             | 35%              | 25%            |
|                                 |                     |                          |                 |                  |                |
|                                 |                     |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Public awareness is an area that needs to be strengthened within SECC. The Public Education Team will help the citizens and stakeholders recognize SECC and an organization but also assist in showing others what SECC does and how SECC is a benefit to the community.

| PERFORMANCE MEASUREMENT  |   | 2022-23 | 2023-24  | 2023-24   | 3 MONTH |
|--|---|---------|----------|-----------|---------|
|  |   | ACTUAL  | BUDGETED | PROJECTED | ACTUAL  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>   |         |          |           |         |
| Re-energize and recruit additional staff for the Education Team and deliver public outreach programming to residents of Scott County.  | This will allow members of SECC to help our public safety responders and citizen better identify with SECC personnel and SECC as an organization.   | 50%     | 40%      | 50%       | 50%     |
| An area identified in the Strategic Planning process was a fundamental absence of a coordinated approach for public outreach programming. We are committed to develop and implement public outreach programming designed to enhance the safety of all residents and special populations (schools and seniors) of the County. | The goal of the Public Outreach Program is to engage all areas of the public we serve and to help them learn more about and understand what SECC does for the community. and how important our mission is to the quality of life within the county. | 25%     | 25%      | 35%       | 25%     |
|  |   |         |          |           |         |

|  |                                   |                          |                 |                  |                |
|--|-----------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>               | Infrastructure/Physical Resources | <b>DEPARTMENT:</b>       | SECC            |                  |                |
| <b>BUSINESS TYPE:</b>                  | Core                              | <b>RESIDENTS SERVED:</b> | 89 SECC         | BUDGET:          | \$1,638,500    |
| <b>BOARD GOAL:</b>                     | Financially Responsible           | <b>FUND:</b>             | 89 SECC         | <b>BUDGET:</b>   | \$1,638,500    |
|  |                                   | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
| <b>OUTPUTS</b>                         |                                   | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Evaluate Interior/Exterior of Building |                                   | On-going                 | On-going        | On-going         | On-going       |
| Evaluate Building Access and Security  |                                   | 100%                     | 100%            | 100%             | 100%           |
| Update CAD System                      |                                   | 50%                      | 50%             | 100%             | 10%            |
| Update Radio System                    |                                   | 100%                     | 100%            | 100%             | 100%           |

**PROGRAM DESCRIPTION:**

Maintaining and continually updating the infrastructure and physical resources is vital to help keep the organization as current and in the best physical condition possible.

| PERFORMANCE MEASUREMENT   |   | 2022-23<br>ACTUAL | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
|---|---|-------------------|---------------------|----------------------|-------------------|
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>   |                   |                     |                      |                   |
| Evaluate the exterior of the Building   | This audit of our building and related systems helps place SECC in the best position to provide fail-safe operations for our critical mission.  | Ongoing           | On-going            | On-going             | On-going          |
| Evaluate Building Access and Security and make specific security recommendations to protect the staff from those who may want to interrupt our ability to complete our mission. | This will allow us to help keep all of the personnel secure while working inside the building but also maintain the integrity of all data. It also affords us the ability to focus on our mission objectives while providing a feeling of general safety among all staff. | 100%              | 100%                | 100%                 | 100%              |
| Update CAD System to provide more functionality for the dispatchers and users of the system which will increase effectiveness.  | This will allow for future growth of the organization, better functionality for all personnel, and ultimately better service for our agencies and citizens.   | 100%              | 50%                 | 100%                 | 10%               |
|   |   |                   |                     |                      |                   |

# County Library

Director: Tricia Kane, Phone: 563-285-4794, Website: scottcountylibrary.org

**MISSION STATEMENT: It is the mission of the Scott County Library System to make available library materials and information in a variety of formats to people of all ages.**

|                                    |                                  |                          |                 |                  |                |
|------------------------------------|----------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>           | Public service - Community reach | <b>DEPARTMENT:</b>       |                 | Library          |                |
| <b>BUSINESS TYPE:</b>              | Quality of Life                  | <b>RESIDENTS SERVED:</b> |                 | 28,995           |                |
| <b>BOARD GOAL:</b>                 | Performing Organization          | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$382,500      |
| <b>OUTPUTS</b>                     |                                  | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                                    |                                  | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Physical items checked out         |                                  | 161,287                  | 160,000         | 165,000          | 42,546         |
| People visiting physical locations |                                  | 87,269                   | 82,500          | 85,500           | 22,737         |
| Program attendance                 |                                  | 32,601                   | 22,500          | 26,500           | 9,604          |
| Meeting room use                   |                                  | 889                      | 855             | 790              | 193            |
| New services added                 |                                  | 5                        | 5               | 6                | 2              |
| Notary/Proctoring                  |                                  | 117                      | 115             | 150              | 39             |
| Library cardholders                |                                  | 15,112                   | 15,000          | 15,000           | 15,452         |

**PROGRAM DESCRIPTION:**

Provide a variety of library materials, information and programming for people of all ages.

| <b>PERFORMANCE MEASUREMENT</b>           |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>                          | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Provide a variety of library materials   | Maintain a physical circulating collection                         | 161,287        | 160,000         | 160,500          | 42,546         |
| Serve a variety of age groups            | Provide access to physical locations throughout the county         | 87,269         | 82,500          | 85,500           | 22,737         |
| Provide a variety of programming options | Increase program attendance  | 32,601         | 22,500          | 26,500           | 9,604          |
| Provide free community gathering space   | Provide free meeting room use at 4 branches for non-profits        | 889            | 855             | 790              | 193            |
| Vary services based on changing demands  | Try new programs, services, and materials                          | 5              | 5               | 6                | 2              |
| Meet community needs for extra services  | Provide notary and proctoring services within established policies | 117            | 115             | 150              | 39             |
| Library cardholders                      | Maintain a current database of library users                       | 15,112         | 15,000          | 15,000           | 15,452         |

|   |                         |                          |                 |                  |                |
|---|-------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>                | Public Service-Digital  | <b>DEPARTMENT:</b>       | Library         |                  |                |
| <b>BUSINESS TYPE:</b>                   | Quality of Life         | <b>RESIDENTS SERVED:</b> |                 | 28,995           |                |
| <b>BOARD GOAL:</b>                      | Performing Organization | <b>FUND:</b>             | Choose One      | <b>BUDGET:</b>   | \$84,050       |
| <b>OUTPUTS</b>                          |                         | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|   |                         | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| # of downloads - digital materials      |                         | 43,520                   | 31,500          | 46,500           | 12,715         |
| # of streamed items - digital materials |                         | 1,589                    | 3,000           | 1,500            | 135            |
| # of hits on local databases            |                         | 161,931                  | 85,000          | 42,500           | 8,207          |
|   |                         |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

Go Digital Initiative-Digital interaction

| <b>PERFORMANCE MEASUREMENT</b>                             |   | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|---|----------------|-----------------|------------------|----------------|
|  |   | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>                   |                |                 |                  |                |
| Provide access to digital materials to library cardholders | Maintain digital databases and services | 207,040        | 90,000          | 81,500           | 21,057         |

|                          |                               |                          |                 |                  |                |
|--------------------------|-------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | Public Service-Communications | <b>DEPARTMENT:</b>       | Library         |                  |                |
| <b>BUSINESS TYPE:</b>    | Quality of Life               | <b>RESIDENTS SERVED:</b> | 28,995          |                  |                |
| <b>BOARD GOAL:</b>       | Performing Organization       | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b>   | \$107,254      |
| <b>OUTPUTS</b>           |                               | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                               | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| Staff interaction        |                               | 21,528                   | 21,500          | 17,000           | 4,064          |
| Newsletter reach         |                               | 2,342                    | 2,200           | 2,425            | 2,443          |
| Annual report produced   |                               | 1                        | 1               | 1                | 1              |
| Website hits             |                               | 170,301                  | 215,000         | 125,000          | 32,257         |
| Social media followers   |                               | 4,022                    | 5,000           | 4,500            | 4,142          |

**PROGRAM DESCRIPTION:**

Tell the library story in a variety of formats and using numerous platforms.

| <b>PERFORMANCE MEASUREMENT</b>  |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|---|--|----------------|-----------------|------------------|----------------|
|   |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>   | <b>EFFECTIVENESS:</b>                                |                |                 |                  |                |
| Staff physical locations and provide online and phone support for the community | Number of customer service contacts                  | 21,528         | 21,500          | 17,000           | 4,064          |
| Publish monthly newsletters for various age groups                              | Send at least 12 newsletters per year                | 100%           | 100%            | 100%             | 100%           |
| Provide stakeholders with an annual report                                      | Publish the report annually                          | 1              | 1               | 1                | 1              |
| Provide relevant and current web presence                                       | Maintain accessible and secure website               | 170,301        | 215,000         | 125,000          | 32,257         |
| Communicate with the public via social media                                    | Maintain social media presence on relevant platforms | 4,022          | 5,000           | 4,500            | 4,142          |

|                                  |                      |                          |                 |                         |                |
|----------------------------------|----------------------|--------------------------|-----------------|-------------------------|----------------|
| <b>ACTIVITY/SERVICE:</b>         | Administration       | <b>DEPARTMENT:</b>       | Library         |                         |                |
| <b>BUSINESS TYPE:</b>            | Core Service         | <b>RESIDENTS SERVED:</b> | 28,995          |                         |                |
| <b>BOARD GOAL:</b>               | Extend our Resources | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$16,842 |                |
| <b>OUTPUTS</b>                   |                      | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>          | <b>3 MONTH</b> |
|                                  |                      | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>        | <b>ACTUAL</b>  |
| Appropriations from Scott County |                      | 573,241                  | 590,646         | 590,646                 | 147,662        |
| Average Service Hours Per Week   |                      | 179                      | 179             | 179                     | 179            |
| Total Employees                  |                      | 28                       | 26              | 26                      | 26             |

**PROGRAM DESCRIPTION:**

To provide administration of the library budget while providing superior library service to the residents of Scott County.

| <b>PERFORMANCE MEASUREMENT</b>   |  | <b>2022-23</b> | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|--|--|----------------|-----------------|------------------|----------------|
|  |  | <b>ACTUAL</b>  | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>  |                |                 |                  |                |
| Prepare reports and provide data to shape the direction of library services.     | Library Board will meet at least 10 times per year.                | 11             | 10              | 10               | 4              |
| Collections of library materials are current, relevant and satisfy patron needs. | Collection maintenance and selection performed on all collections. | 100%           | 100%            | 100%             | 100%           |
| Provide superior library service in the most cost effective way.                 | Monitor expenses and stay within budgeted amounts.                 | 100%           | 100%            | 100%             | 100%           |

# Medic Ambulance



Director: Linda Frederiksen, Phone: 563-323-1000, Website: www.medicems.com

**MISSION STATEMENT: The mission of MEDIC EMS is to improve the health of our community by providing professional emergency medical services and compassionate care.**

|   |                        |                          |                 |                    |
|---|------------------------|--------------------------|-----------------|--------------------|
| <b>ACTIVITY/SERVICE:</b>                          | 911 Ambulance Response | <b>DEPARTMENT:</b>       | Medic           |                    |
| <b>BUSINESS TYPE:</b>                             | Core                   | <b>RESIDENTS SERVED:</b> | county-wide     |                    |
| <b>BOARD GOAL:</b>                                | Great Place to Live    | <b>FUND:</b>             | 01 General      | <b>BUDGET:</b> \$0 |
| <b>OUTPUTS</b>                                    |                        | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>     |
|   |                        | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b>   |
| Requests for ambulance service                    |                        | 35,370                   | 37,000          | 36,304             |
| Total number of transports                        |                        | 25,686                   | 25,500          | 25,940             |
| Community CPR classes provided                    |                        | 2530                     | 600             | 1200               |
| Child passenger safety seat inspections performed |                        | 14                       | 20              | 16                 |
|   |                        |                          |                 | <b>3 MONTH</b>     |
|   |                        |                          |                 | <b>ACTUAL</b>      |

**PROGRAM DESCRIPTION:**

Provide advanced level pre hospital emergency medical care and transport.

| <b>PERFORMANCE MEASUREMENT</b>                                   |  | <b>2022-23</b>               | <b>2023-24</b>             | <b>2023-24</b>                   | <b>3 MONTH</b>                 |
|--|--|------------------------------|----------------------------|----------------------------------|--------------------------------|
|  |  | <b>ACTUAL</b>                | <b>ACTUAL</b>              | <b>PROJECTED</b>                 | <b>PROJECTED</b>               |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>                                      |                              |                            |                                  |                                |
| Urban Code 1 Response times will be < 7 minutes 59 seconds       | Response time targets will be achieved at > 90% compliance | 77.23%                       | 82.50%                     | 78.00%                           | 75.43%                         |
| Urban Code 2 Response times will be < 09 minutes 59 seconds      | Response time targets will be achieved at > 90% compliance | 87.97%                       | 90.00%                     | 89.00%                           | 86.37%                         |
| Urban Code 3 Response times will be < 14 minutes 59 seconds      | Response time targets will be achieved at > 90% compliance | 91.95%                       | 93.00%                     | 90.00%                           | 89.53%                         |
| All Urban Average Response times                                 |  | 7 minutes 50 seconds         | 7 minutes 45 seconds       | 7 minutes 30 seconds             | 7 minutes 58 seconds           |
| Rural Code 1 Response times will be <14 minutes 59 seconds       | Response time targets will be achieved at > 90% compliance | 87.65%                       | 89.00%                     | 90.000%                          | 86.370%                        |
| Rural Code 2 Response times will be <17 minutes 59 seconds       | Response time targets will be achieved at > 90% compliance | 95.06%                       | 92.00%                     | 94.000%                          | 95.270%                        |
| Rural Code 2 Response times will be <19 minutes 59 seconds       | Response time targets will be achieved at > 90% compliance | 93.23%                       | 94.00%                     | 95.000%                          | 95.030%                        |
| All Rural Average Response times                                 |  | 10 minutes 57 seconds        | 11 minutes 0 seconds       | 10 minutes 45 seconds            | 11 minutes 2 seconds           |
| Increased cardiac survivability from pre-hospital cardiac arrest | % of cardiac arrest patients discharged alive              | all arrests-35.9%, VF/FT-55% | all arrests-22%, VF/VT-25% | all arrests - 35%, VF/VT - 40.0% | all arrests 55.0%; VF/VT 66.7% |



# Quad Cities Chamber



Director: LaDrina Wilson, Phone: 563-322-1706, Website: [quadcitieschamber.com](http://quadcitieschamber.com)

**Mission Statement: The Quad Cities Chamber creates a prosperous regional economy where all can thrive through business & economic growth, placemaking and talent attraction/development.**

| <b>ACTIVITY/SERVICE:</b>                    | Business Attraction/Retention & Expansion | <b>DEPARTMENT:</b> Quad Cities Chamber |                     |                      |                   |
|---|---|--|---------------------|----------------------|-------------------|
| <b>BUSINESS TYPE:</b>                       | Quality of Life                           | <b>RESIDENTS SERVED:</b>               |                     | All Residents        |                   |
| <b>BOARD GOAL:</b>                          | Economic Growth                           | <b>FUND:</b> 01 General                | <b>BUDGET:</b>      | \$0                  |                   |
| OUTPUTS                                     |   | 2022-23<br>ACTUAL                      | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
| New Business Visits Conversations/inquiries |   | 16                                     | 2                   | 2                    | 2                 |
| Total Active Projects                       |   | 185                                    | reported as actual  | reported as actual   | 43                |
| Businesses locating in the Region           |   | 1                                      | 1                   | 2                    | 0                 |
| Businesses Retained and/or Expanded         |   | 3                                      | 4                   | 6                    | 0                 |
| Capital Investment Announced                |   | \$ 214,176,600                         | \$ 50,000,000       | \$ 100,000,000       | \$0               |
| Direct Jobs Announced (new and retained)    |   | 179                                    | 250                 | 500                  | 0                 |
| New Direct Payroll                          |   | \$ 9,809,359                           | \$ 10,000,000       | reported as actual   | 0                 |
| Average Salary                              |   | \$ 54,802                              | \$ 40,000           | reported as actual   | 0                 |
| Economic Impact Calculated                  |   | \$ 75,596,712                          | \$ 120,000,000      | \$ 175,000,000       | \$0               |

**PROGRAM DESCRIPTION: Business Attraction & Business Retention & Expansion**

Marketing the Quad Cities region for the purpose of attracting new investment and generating high quality jobs and serving as an expert resource for companies making location and expansion decisions and acting as a business advocate to align the region's public and private sector resources for the benefit of residents in the six-county region.

| PERFORMANCE MEASUREMENT  |                       | 2022-23<br>ACTUAL | 2023-24<br>BUDGETED | 2023-24<br>PROJECTED | 3 MONTH<br>ACTUAL |
|--|-----------------------|-------------------|---------------------|----------------------|-------------------|
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b> |                   |                     |                      |                   |
| Pipeline   |                       |                   |                     |                      |                   |
| Total New Projects identified (Includes BA, BRE and BC)  | Target 50/year        | 79                | 50                  | 50                   | 19                |
| Total Resource Assists (Includes technical assistance by Chamber, referrals to resources service partners, business development and financial assistance opportunities shared) | Target >500 per year  | 1,891             | >500 per year       | >500 per year        | 118               |
| Business Attraction  |                       |                   |                     |                      |                   |
| Leads generated via marketing/business intelligence  | Reported as actual #  | 1,437             |                     |                      | 128               |
| Out of market outreach (Includes site selectors, company site location decision makers and company headquarter visits)   | Target 100/year       | 168               | 100                 | 100                  | 41                |
| Business Retention   |                       |                   |                     |                      |                   |
| Existing Company Conversations   | Target 500/year       | 525               | 500                 | 500                  | 141               |

# Visit Quad Cities

Director: Dave Herrell, Phone: 309-736-6820 Website: www.visitquadcities.com



**MISSION STATEMENT: To enhance the quality of life and economic development for residents and visitors by marketing the Quad Cities region as an outstanding Midwest convention and tourism destination.**

|                          |                                |                          |                 |                  |                |
|--------------------------|--------------------------------|--------------------------|-----------------|------------------|----------------|
| <b>ACTIVITY/SERVICE:</b> | External Marketing to Visitors | <b>DEPARTMENT:</b>       | QCCVB           |                  |                |
| <b>BUSINESS TYPE:</b>    | Community Add On               | <b>RESIDENTS SERVED:</b> | All residents   |                  |                |
| <b>BOARD GOAL:</b>       | Great Place to Live            | <b>FUND:</b>             | Choose One      | <b>BUDGET:</b>   | \$0            |
| <b>OUTPUTS</b>           |                                | <b>2022-23</b>           | <b>2023-24</b>  | <b>2023-24</b>   | <b>3 MONTH</b> |
|                          |                                | <b>ACTUAL</b>            | <b>BUDGETED</b> | <b>PROJECTED</b> | <b>ACTUAL</b>  |
|                          |                                |                          |                 |                  |                |
|                          |                                |                          |                 |                  |                |
|                          |                                |                          |                 |                  |                |

**PROGRAM DESCRIPTION:**

The VQC increases visitor expenditures and overnight stays through strategic sales, marketing, and services. We promote and package the Quad Cities to attract and meet the needs of meetings, conventions, group tours, sporting events and competitions, special interest groups, and the leisure traveler. We are also community liaison for enhancing the quality of life for current and potential new residents, by supporting the development of new attractions, events, and special interests. Scott County residents benefit from increased hotel/motel tax revenues, sales tax revenues, food & beverage taxes, and gaming revenues and taxes. The increased expenditures received from visitors, keeps property taxes low. State tourism reports the benefit to each resident to be on average \$1200 less in property taxes every year.

| PERFORMANCE MEASUREMENT  |  | 2022-23      | 2023-24      | 2023-24      | 3 MONTH      |
|--|--|--------------|--------------|--------------|--------------|
|  |  | ACTUAL       | BUDGETED     | PROJECTED    | ACTUAL       |
| <b>OUTCOME:</b>  | <b>EFFECTIVENESS:</b>                    |              |              |              |              |
| Increase Hotel/Motel taxes and Retail Sales Taxes to the County            | Increase of 5% over previous Fiscal Year | \$ 5,922,732 | \$ 3,500,000 | \$ 4,000,000 | \$ 2,012,082 |
| Increase visitor inquiries processed, documented and qualified             | Increase of 2% over previous Fiscal Year | 238,043      | 225,000      | 230,000      | 87,102       |
| Increase group tour operator inquiries processed, documented and qualified | Increase of 2% over previous Fiscal Year | 610          | 750          | 264          | 99           |
| Increase convention/meeting planner and trade show leads                   | Increase of 2% over previous Fiscal Year | 1,005        | 1,000        | 1,100        | 189          |