

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **1. CALL TO ORDER - CHAIRMAN**

### **2. APPROVAL OF WORK SESSION AGENDA - CHAIRMAN**

2.1. BOC - Changes to the Agenda Pg. 3

### **3. DISCUSSION ITEMS FOR ACTION**

3.1. Active Living and Parks - FY22 Matching Incentive Grants Pg. 5

3.2. BOC - Appointments to Boards and Committees Pg. 9

3.3. BOC - Designation of Voting Delegate for NCACC 114th Annual Conference Pg. 11

3.4. County Manager - Ad Hoc Modification to the Central Area Plan Interlocal Agreement Pg. 14

3.5. County Manager - Update on Activities Related to the Stonewall Jackson Training School Property Pg. 19

3.6. DHS - Energy Programs Outreach Plan Pg. 25

3.7. DHS - Supplemental Nutrition Funding Pg. 30

3.8. DHS - Transportation FTA Section 5310 Grant Pg. 33

3.9. Finance - Approval of Project Ordinances and Budget Amendment Related to CIP Funded Projects in the FY22 General Fund Budget Pg. 42

3.10. Human Resources - Retiree Health Insurance Pg. 56

3.11. Infrastructure and Asset Management - Cabarrus County Emergency Medical Services Headquarters GMP-1 Pg. 61

3.12. Infrastructure and Asset Management - Courthouse Project Budget Amendment Pg. 75

3.13. Planning and Development Department - TEXT2021-00002, Proposed Amendments to Chapter 4 Overlay Districts, Chapter 7 Performance Based Standards and Chapter 16 Flood Damage Prevention - Public Hearing 6:30 p.m. Pg. 78

3.14. Solid Waste / Landfill - Bid Award for Landfill Phase 4 Expansion Pg. 86

3.15. Tax Administration - Tax Collector's Annual Settlement and Order Authorizing Collection of FY 2021-2022 Taxes Pg. 92

### **4. DISCUSSION ITEMS - NO ACTION**

4.1. Cabarrus Health Alliance - 2020 Community Health Needs Assessment Pg. 97

- 4.2. County Manager - Cabarrus Recovery Grants Announcement Pg. 200
- 4.3. Infrastructure and Asset Management - Frank Liske Park Barn Rebuild Project Update Pg. 209
- 4.4. Innovation and Technology - Innovation Report Pg. 215

**5. APPROVAL OF REGULAR MEETING AGENDA**

- 5.1. BOC - Approval of Regular Meeting Agenda Pg. 217

**6. CLOSED SESSION**

- 6.1. Closed Session - Pending Litigation and Personnel Matters Pg. 221

**7. ADJOURN**

*In accordance with ADA regulations, anyone in need of an accommodation to participate in the meeting should notify the ADA coordinator at 704-920-2100 at least 48 hours prior to the meeting.*



## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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**AGENDA CATEGORY:**

Approval of Work Session Agenda - Chairman

**SUBJECT:**

BOC - Changes to the Agenda

**BRIEF SUMMARY:**

A list of changes to the agenda is attached.

**REQUESTED ACTION:**

Motion to approve the agenda as amended.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▢ Changes to the Agenda



**CABARRUS COUNTY BOARD OF COMMISSIONERS  
CHANGES TO THE AGENDA  
JULY 6, 2021**

**ADDITIONS:**

**Discussion Items for Action**

- 3.4 County Manager – Ad Hock Modification to the Central Area Plan Interlocal Agreement**
- 3.5 County Manager – Update on Activities Related to the Stonewall Jackson Training School Property**

**SUPPLEMENTAL INFORMATION:**

- 3.1 Active Living and Parks – FY22 Matching Incentive Grants**
  - **Budget Amendment**
- 4.2 County Manager – Cabarrus Recovery Grants Announcement**
  - **RFP Added**
- 4.3 Infrastructure and Asset Management – Frank Liske Park Barn Rebuild Project Update**
  - **Photos Added**
- 4.15 Tax Administration – Tax Collector's Annual Settlement and Order Authorizing Collection of FY 2021-2022 Taxes**
  - **Tax 2020 AR Real Personal and DMV**
  - **2021-2022 Tax Levy**

**UPDATED:**

- 3.2 BOC – Appointments to Boards and Committees**
- 3.13 Planning and Development Department – TEXT2021-00002, Proposed Amendments to Chapter 4 Overlay Districts, Chapter 7 Performance Based Standards and Chapter 16 Flood Damage Prevention – Public Hearing 6:30 p.m.**

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Active Living and Parks - FY22 Matching Incentive Grants

### **BRIEF SUMMARY:**

On June 17, 2021, the Active Living and Parks Commission reviewed 4 matching incentive grant requests totaling \$95,035.00 of the \$50,000.00 available for distribution.

The Active Living and Parks Commission voted unanimously to recommend the full funding of Weddington Hills PTO's "Wildcats at Play" playground project and Hartsell Athletic Association's "Ballfield Maintenance Equipment" request.

This unanimous vote included the recommendation to not fund the Carolina Thread Trail's "Buffalo Creek Preserve Trailhead Improvements" project due to the land not being leased to a municipality at the time of the application (requirement). They were encouraged to reapply to the second round of grants (pending available funding) with the lease agreement in place.

Lastly, this unanimous vote included the recommendation to not fund the Harrisburg Community and Youth Association's "Demolition of the Pharr Mill" project due to not meeting the grant's criteria of one of the following tiers:

Level 1 - Highest - New or Renovation of existing recreation opportunities

Level 2 - Moderate - New or Renovation of existing support facilities (restrooms, concessions, maintenance equipment, outdoor lighting, etc.)

Level 3 - Lowest - Acquiring property for recreation facilities/opportunities

They were encouraged to submit applications for projects that include

creating/renovating/supporting/acquiring land for future recreation opportunities.

The Active Living and Parks Commission recommendation to the Board of Commissioners would provide an opportunity for a second grant cycle that would be reviewed in October with a balance of \$16,182.00.

**REQUESTED ACTION:**

Motion to approve the budget amendment and approve the FY22 Matching Incentive Grant requests as recommended by the Active Living and Parks Commission.

**EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

**SUBMITTED BY:**

Londa Strong, ALP Director

Megan Baumgardner, ALP Commission Chair

**BUDGET AMENDMENT REQUIRED:**

Yes

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▣ MIG ALP Com. Rec.
- ▣ Budget Amendment

**FY22 Cabarrus County ALP MIG Summary**

Organization		Project Title	Request	Complete	Priority Level	Recommended
Weddington Hills PTO		Playground	\$17,000.00	Yes	Highest	\$17,000.00
Carolina Thread Trail		Buffalo Creek Preserve Trailhead Improvements	\$40,217.00	No	Moderate	\$0.00
Hartsell Athletic Association		Rocky River Elementary School Ballfield Maintenance Equipment	\$16,818.00	Yes	Moderate	\$16,818.00
Harrisburg Community and Youth Association		Pharr Mill	\$21,000.00	Yes	N/A	\$0.00
FY22 MIG Available Funds		\$50,000.00				
Applicant Request Total		\$33,818.00				
Remaining FY22 Funds		\$16,182.00				

## Budget Revision/Amendment Request

Date: **7/19/2021**

Amount: **6,477.00**

Dept. Head: **Londa Strong**

Department: **ALPS**

☒ Internal Transfer Within Department

☐ Transfer Between Departments/Funds

☐ Supplemental Request

Distribution of 4 Mathching incentive grants

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
001	9	8140-9831-0154	Matching Grants- Unassigned Funds	100,000.00		67,636.00	32,364.00
001	9	8140-9831-0217	Matching Grants- Weddington Hills	-	33,637.00		33,637.00
001	9	8140-9831-0080	Matching Grants- Hartsell Rocky River	-	34,000.00		34,000.00
001	6	8140-6813-0154	Matching Grants- Unassigned Funds	50,000.00		33,819.00	16,181.00
001	6	8140-6813-0080	Matching Grants- Hartsell Rocky River	-	16,819.00		16,819.00
001	6	8140-6813-0217	Matching Grants- Weddington Hills	-	17,000.00		17,000.00
							0.00
							0.00

**Total** 50,001.00

### Budget Officer

☐ Approved

☐ Denied

### County Manager

☐ Approved

☐ Denied

### Board of Commissioners

☐ Approved

☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

BOC - Appointments to Boards and Committees

### **BRIEF SUMMARY:**

The following appointment to Boards and Committees are recommended for July:

#### Appointments - Adult Care Home Community Advisory Committee

The terms of service for Adult Care Home Community Advisory Committee members Sandra Miller and Diamond Staton-Williams end July 31, 2021. Both would like to serve another term and are recommended for reappointment by the Regional Ombudsman. Ms. Miller has served on this committee since 2011 and Ms. Staton-Williams has served on this committee since 2014. An exception to the length of service provision of the Appointment Policy will be needed for them.

Representative recommendations are Sandra Miller and Diamond Staton-Williams.

#### Appointments - Cabarrus County Planning and Zoning Commission

There are three Planning and Zoning Commission members that have terms ending on August 31, 2021. Each of the members is eligible for reappointment. Staff respectfully requests that the following appointments be considered by the Board of Commissioners: Reappoint Holly Grimsley as the regular member for the Concord Area. Reappoint Steve Wise (Concord Area) and David Hudspeth (Harrisburg Area) as alternate members.

Additionally, due to a change in his schedule, James Litaker has resigned from his position on the Commission. It is requested to remove his name from the roster.

Representative recommendations are Holly Grimsley, Steve Wise and David Hudspeth.

**REQUESTED ACTION:**

Provide information.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

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4:00 PM**

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#### **AGENDA CATEGORY:**

Discussion Items for Action

#### **SUBJECT:**

BOC - Designation of Voting Delegate for NCACC 114th Annual Conference

#### **BRIEF SUMMARY:**

The North Carolina Association of County Commissioners (NCACC) 114th Annual Conference Business Session will be held in New Hanover County on Saturday, August 14, at 12:45 p.m. Each county will be entitled to one vote on items that come before the membership, including the election of the NCACC Second Vice President.

In order to facilitate the voting process, the NCACC asks that each county designate one voting delegate (and also may assign one alternate voting delegate) prior to the Annual Conference using the attached Designation of Voting Delegate form. The deadline to return the completed form is Monday, August 9, 2021.

#### **REQUESTED ACTION:**

Motion to designate a voting delegate and alternate delegate to represent Cabarrus County at the NCACC 114th Annual Business Session in New Hanover County on Saturday, August 14, 2021.

#### **EXPECTED LENGTH OF PRESENTATION:**

3 Minutes

#### **SUBMITTED BY:**

Lauren Linker, Clerk to the Board

#### **BUDGET AMENDMENT REQUIRED:**

No

## COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

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### ATTACHMENTS:

- ▣ Voting Delegate Form



## Designation of Voting Delegate to NCACC Annual Conference

I, \_\_\_\_\_, hereby certify that I am the duly designated voting delegate for \_\_\_\_\_ County at the 114<sup>th</sup> Annual Conference of the North Carolina Association of County Commissioners to be held during the Annual Business Session on August 14, 2021, at 12:45 p.m. in New Hanover County.

Voting Delegate Name: \_\_\_\_\_

Title: \_\_\_\_\_

In the event the designated voting delegate is unable to attend, \_\_\_\_\_ has been selected as \_\_\_\_\_ County's alternate voting delegate.

Alternate Voting Delegate Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Article VI, Section 2 of our Constitution provides:

“On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its county commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who holds elective office or an appointed position in the county whose vote is being cast and who is formally designated by the board of county commissioners. These provisions shall likewise govern district meetings of the Association. A county in good standing is defined as one which has paid the current year's dues.”

Please return this form to Alisa Cobb via email by **Monday, August 9, 2021** close of business:

Email: [alisa.cobb@ncacc.org](mailto:alisa.cobb@ncacc.org)

## CABARRUS COUNTY



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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

County Manager - Ad Hoc Modification to the Central Area Plan Interlocal Agreement

**BRIEF SUMMARY:**

The City of Concord received a request for connection to their public water system in an area governed by the Interlocal Agreement for the Central Area Plan. These requests must go before the governing boards of Concord and Cabarrus County for approval.

**REQUESTED ACTION:**

Motion to approve the Ad Hoc Amendment to the Central Area Plan Interlocal Agreement.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Jonathan B. Marshall, Deputy County Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▢ Ad Hoc Agreement

▣ Map of property

STATE OF NORTH CAROLINA

COUNTY OF CABARRUS

AD HOC MODIFICATION OF CITY  
OF THE CONCORD-CABARRUS COUNTY  
INTERLOCAL AGREEMENT REGARDING  
THE CENTRAL AREA PLAN  
(DAYTON, PIN 5547-77-9595)

This AD HOC MODIFICATION OF THE CONCORD-CABARRUS COUNTY INTERLOCAL AGREEMENT REGARDING THE CENTRAL AREA PLAN (“the “Modification”) is entered into effective as of the last date of execution by the parties as shown below, by, between and among the CITY OF CONCORD (“Concord”), a North Carolina municipal corporation, and CABARRUS COUNTY (“County”).

**RECITALS**

1. On June 28, 2008, these same parties entered into an “Interlocal Agreement” regarding the implementation of the Central Area Plan (“CAP”).
2. This Interlocal Agreement was to continue in effect for a period of 15 years and contemplated a review of the efficacy of the Interlocal Agreement every 5 years.
3. The parties have had discussions about specific issues and parcels affected by the CAP since the execution of the Interlocal Agreement.
4. The parties have also had specific discussions about a parcel owned by Micheal Dayton, who wishes to construct a new single family home on the parcel, which is located in Area A of the Interlocal Agreement. Pursuant to the terms of the Interlocal Agreement, the CAP prohibits Concord from extending utilities to real property parcels in Area A.
5. The CAP and the Interlocal Agreement have been successful in redirecting residential development into other areas of Cabarrus County, but there are instances in the Central Area in which it makes sense to modify the Interlocal Agreement to allow a limited amount of development in areas where utilities already exist or are reasonably available.
6. The purpose of this Amendment is to modify the Interlocal Agreement to the limited extent of addressing the above-described circumstance involving the below identified parcel(s).

In consideration of the above Recitals and the Terms below, which the parties specifically acknowledge and agree make this Modification legally binding and enforceable, the parties agree as provided below.

**TERMS**

1. Concord agrees to provide electric and water utility services under its normal and customary terms and conditions to the property located at 6550 Highway 601 South, Concord NC 28025 (PIN 5547-77-9595).
2. Except as specifically changed by this Modification, the provisions of the Interlocal Agreement shall remain in full force and effect.

IN WITNESS, the parties have executed this Modification as indicated below, all pursuant to legal authority duly given.

CITY OF CONCORD

By: \_\_\_\_\_  
Lloyd Payne, City Manager

Date: \_\_\_\_\_

CABARRUS COUNTY

By: \_\_\_\_\_  
Mike Downs, County Manager

Date: \_\_\_\_\_

DRAFT





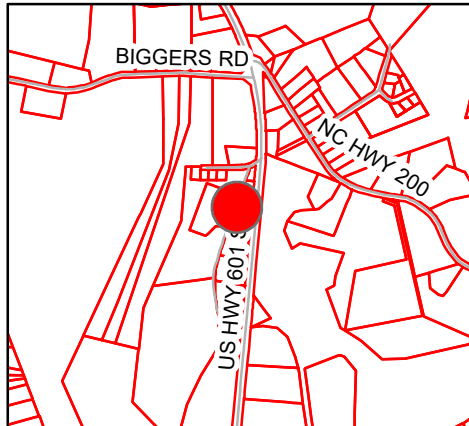
# Proposed Amendment to CALUP ILA

## 6550 Hwy 601 South

### PIN 5547-77-9595

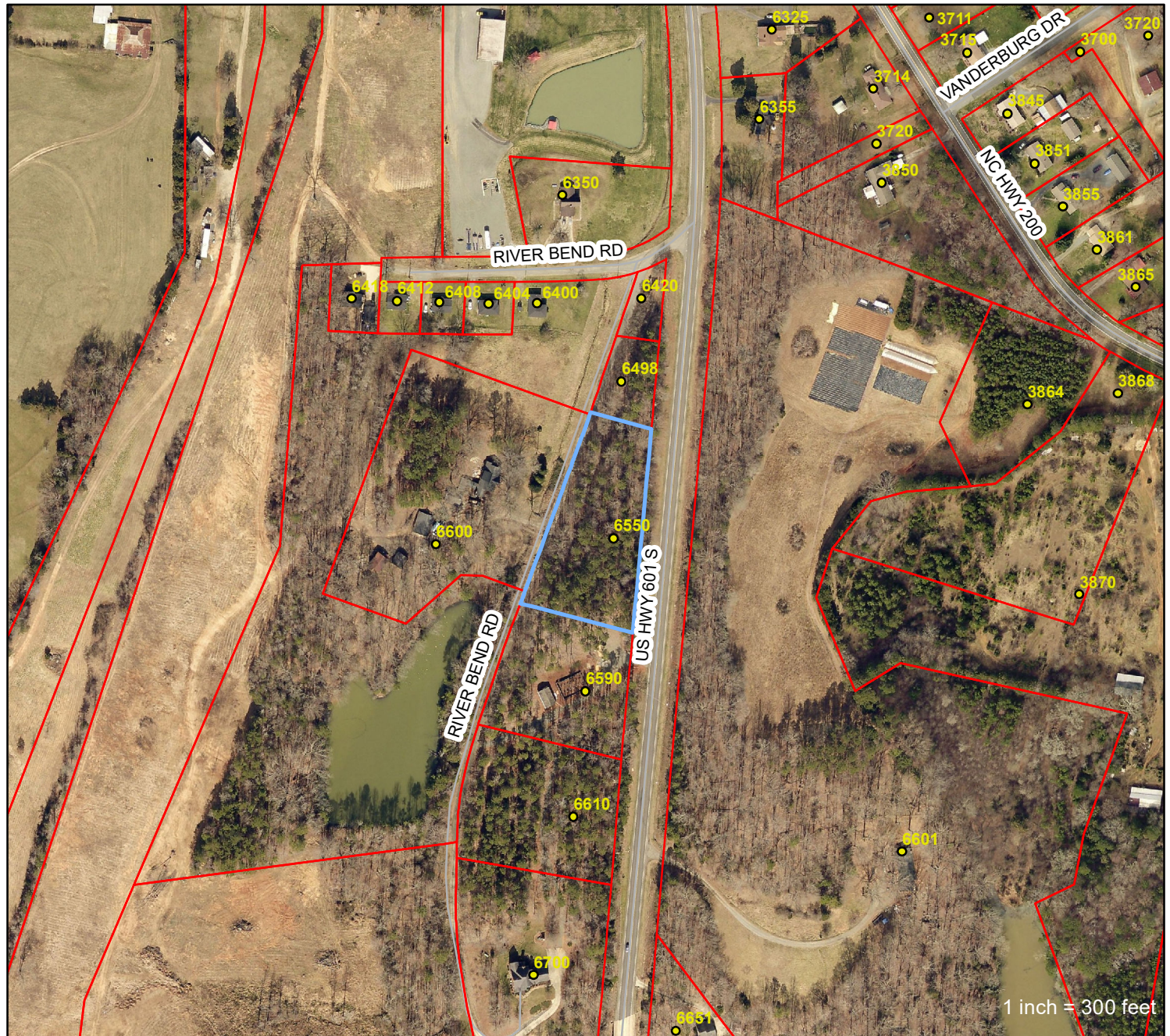
#### Legend

- Address
- Subject Parcel
- Streets



Cabarrus County shall not be held liable for any errors in this data. This includes errors of omission, commission, errors concerning the content of the data, and relative and positional accuracy of the data. These data cannot be construed to be a legal document. Primary sources from which these data were compiled must be consulted for verification of information contained within the data.

Map Prepared by Cabarrus County Planning & Development - June 2021





# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

County Manager - Update on Activities Related to the Stonewall Jackson Training School Property

### **BRIEF SUMMARY:**

There has been a great deal of activity related to the larger State properties associated with the Stonewall Jackson Training School Facility. Staff will provide an update on those activities, preview a web application to assist in solicitation of proposals for redevelopment and presentation of a proposal for additional survey work necessary for the division of the property.

### **REQUESTED ACTION:**

Motion to accept the surveying proposal from CESI including authorization for all necessary budget and project ordinance amendments.

### **EXPECTED LENGTH OF PRESENTATION:**

10 Minutes

### **SUBMITTED BY:**

Jonathan Marshall, Deputy County Manager

### **BUDGET AMENDMENT REQUIRED:**

No

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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## **ATTACHMENTS:**

- ▢ Proposal for additional surveying



Corporate License # C-0263

## PROPOSAL FOR PROFESSIONAL SERVICES

June 21, 2021

DATE

JONATHAN MARSHALL

CABARRUS COUNTY

PROPOSAL SUBMITTED TO

704-904-8795

TELEPHONE

JACKSON TRAINING SCHOOL

BOUNDARY SURVEY

PROJECT NAME

CONCORD, NC

PROJECT LOCATION

CESI hereby submits a proposal for professional surveying services for

JACKSON TRAINING SCHOOL

BOUNDARY SURVEY

located at

CONCORD, NC

CESI will perform a division survey of PIN: 5529-11-3504 and 5528-07-8300 as shown on the attachment. A preliminary rough draft will be provided for before any field work begins.

(Any changes to quantities shown caused by revisions may cause a revision in the quantities and fees quoted in this proposal to reflect the new quantity. Only the items and quantities specified below are included in this proposal).

Division Survey	\$7,440.00
Rough Division Draft (no field work)	\$1,270.00
<b>TOTAL FEE</b>	<b>\$8,710.00</b>

**CESI**, shall submit monthly invoices for Basic Services rendered, net payable within 30 days. Invoices due after 30 days will increase at the rate of 1½% per month. Past due invoices will result in additional court cost, and attorney's fees in the amount of 15% of the amount owed.

**WE PROPOSE** hereby to provide professional services - complete in accordance with above specifications, for the fee of:

**EIGHT THOUSAND SEVEN HUNDRED TEN DOLLARS**

**\$8,710.00**

**PLUS REIMBURSABLE COSTS**

Reimbursable costs are defined as actual costs or incidental expenses related to the completion of the above described services (i.e. blueprint prints, Xeroxed copies, postage, express mail, tax and/or orthophoto maps, long distance phone calls, etc.) Our basic services include all sets of plans necessary to gain approval and 3 sets of approved plans and specifications for owner.

All services will be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge.

Unit Prices for Additional Services will be charged at the following Hourly Rates:

1-Man Survey Crew	\$125/hr	Survey Technician	\$85/hr
2-Man Survey Crew	\$150/hr	Professional Land Surveyor	\$150/hr



**V. Lynn Lippard**  
Cost Estimator



**David L. Haywood, Jr., PLS**  
Vice President - Surveying

**Note:** This proposal may be withdrawn if not accepted within 30 days. Please sign and return original to CESI. **By signing this proposal I acknowledge that I have read and agree to the attached Professional Services Agreement -Terms and Conditions, and I also acknowledge that CESI has requested that I provide the name of the lien agent for this project.**

**ACCEPTANCE OF PROPOSAL** -- The above fees, specifications and conditions are satisfactory and are hereby accepted. You are authorized to perform the services as specified. Payment will be made as outlined above.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE OF ACCEPTANCE: \_\_\_\_\_

NAME & TITLE: (PLEASE PRINT) \_\_\_\_\_

**PROFESSIONAL SERVICES AGREEMENT - TERMS  
AND CONDITIONS**

9. PROJECT AND PERSONNEL SCHEDULING  
The final project schedule will be determined at the time we receive the original, executed proposal form in our offices. Within one week of the receipt of the original, executed proposal form we will contact the Client with final project schedule information. CESI

**1. STANDARD OF CARE:**

Data, Interpretations, and recommendations by Concord Engineering & Surveying, Inc. (CESI) will be based solely on information available to CESI. CESI is responsible for those data interpretations, and recommendations, but will not be responsible for other parties' interpretations or use of the data. Services performed by CESI under this Agreement will be conducted in a manner consistent with the level of care and skill ordinarily exercised by members providing similar professional services currently practicing in the same area under similar conditions. Nor other warranty or representation, expressed or implied, is included in this Agreement.

**2. RISK ALLOCATIONS**

Many risks potentially affect CESI by virtue of entering into this Agreement to perform professional services on behalf of the Client. The principal risk is the potential for human error by CESI. For Client to obtain the benefit of a fee, which includes a nominal allowance for dealing with CESI's liability, Client agrees to limit CESI's liability to Client for claims arising out of CESI's performance of the services described in this Agreement. The aggregate liability of CESI will not exceed \$50,000.00 or the amount of our fee, whichever is greater, for negligent professional acts, errors, or omissions. Client agrees to indemnify and hold harmless CESI from and against all liabilities in excess of the monetary limit established above.

Limitations on liability and indemnities in this Agreement are business understandings between the parties voluntarily and knowingly entered into, and shall apply to all theories of recovery including, but not limited to, breach of contract, warranty, tort (including negligence), strict or statutory liability, or any other cause of action, except for willful misconduct or gross negligence. The parties also agree that Client will not seek damages in excess of the limitations indirectly through suits with other parties who may join CESI as a third-party defendant. Parties mean Client and CESI and their officers, employees, agents, affiliates, and subcontractors.

**3. DISPUTE RESOLUTION AND COSTS**

The validity, interpretation, and performance of this Agreement shall be governed by the laws of the State North Carolina. In addition, CESI and Client agree to submit to the personal and exclusive jurisdiction and venue of the State of North Carolina with respect to any claims, which may arise under this Agreement. Should third-party dispute resolution be required through litigation, arbitration, or an alternative dispute resolution method, the non-prevailing party shall reimburse the prevailing party for the prevailing party's documented legal costs in addition to whatever judgment or settlement sums may be due. Such costs shall include reasonable attorney's fees, court costs, consultant and expert witness fees, and other documented expenses as well as the value of time spent by the prevailing party and its employees to research the issues, discuss the matter with attorneys, etc. Insofar as CESI is concerned, the value of time spent shall be based on CESI's prevailing fee schedule.

**4. SITE ACCESS AND SITE CONDITIONS**

Client will grant or obtain free access to the site for all equipment and personnel necessary for CESI to perform the services set forth in this Agreement. Client will notify any and all owners and/or occupiers of the project site that Client has granted CESI free access to the site. CESI will take reasonable precautions to minimize damage to the site, but it is understood by Client that, in the normal course of services, some damage may occur and the correction of such damage is not part of this Agreement unless so specified in the Proposal.

Client is responsible for accurately providing locations of all subterranean structures and utilities and wetland sensitive areas. CESI will take reasonable precautions to avoid known subterranean structures and wetland sensitive areas. Client waives any claim against CESI, and agrees to defend, indemnify, and hold CESI harmless from any claim or liability for injury or loss, including costs of defense arising from damage done to subterranean structures and utilities and, unless CESI has been contracted to delineate wetland areas on the site, to wetland sensitive areas not identified or accurately located. In addition, defense of any such claim, with compensation are to be based upon CESI's prevailing fee schedule and expense reimbursement policy.

**5. SAFETY**

Should CESI provide observations, evaluation, construction layout, or other services at the job site during construction, Client agrees that, in accordance with the generally accepted construction practice, the contractor will be solely and completely responsible for safety conditions on the job site, including safety of all persons and property during the performance of the services and compliance with OSHA regulations. These requirements will apply continuously and will not be limited to normal service hours. Any monitoring of the contractor's procedures conducted by our company does not include review of the adequacy of the contractor's safety measures in, on, adjacent to, or near the construction site.

**6. EVALUATION**

For the specified assignment, CESI will provide maps, or write reports, or report observations, or otherwise provide professional opinions to Client. No action of CESI or CESI's site representative can be construed as altering any Agreement between Client and others. CESI will report to Client any observed geotechnical engineering issues, surveying issues, or civil engineering issues (whichever may apply) which in CESI's professional opinion do not conform to plans and specifications. The CESI representative has no right to reject or stop services of any agent of the Client. Such rights are reserved solely for Client. Furthermore, CESI's presence on site does not in any way guarantee the completion or quality of the performance of the services of any party retained by Client to provide field or construction related services. CESI will not be responsible for and will not have control or change of specific means, methods, techniques, sequences, or procedures of construction or other field activities selected by any agent of the Client.

**7. GEOTECHNICAL SAMPLING OR TEST LOCATION**

Unless otherwise stated, the geotechnical fees in this proposal do not include costs associated with surveying of the site for the accurate horizontal and vertical locations of tests. Field tests or boring locations described in a report or shown on sketches are based upon information furnished by others or estimates made in the field by our representatives. Such dimensions, depths, or elevations should be considered as approximations unless otherwise stated. If the client specifies the test or boring location, we reserve the right to deviate a reasonable distance from the location specified. After borings are made CESI may leave the boring holes open 24 hours in order to measure delayed groundwater. After that CESI will fill boring holes with augur cuttings. Client should be aware that settlement may occur in boring holes over time and alert CESI if settlement will present a hazard that should be monitored.

**8. GEOTECHNICAL SAMPLE DISPOSAL**

Unless otherwise requested, test specimens or samples will be disposed of immediately upon completion of tests, and other drilling samples or specimens will be disposed of 60 days after submission of our report. Upon written request, we will retain test specimens for drilling samples for a mutually acceptable storage charge and period of time.

PROPOSAL WITH NO RETAINER: THE CLIENT WITH THIS PROPOSAL SCHEDULE INFORMATION. CESI reserves the right to require a 50% retainer prior to beginning services and to require the balance of our fee prior to delivery of the products of our services. Failure to make prompt payment of any retainer or fee balance may require CESI to make a revision to previously established project schedules.

In order to meet schedules for the project contemplated in this proposal, as well as other projects that our office may be doing concurrently, CESI may find it necessary to pay staff to put in overtime hours. CESI will use staff overtime as it deems appropriate for production of the project load at any given time. Due to the nature of our services, which require interaction and input with outside agencies and sub-consultants, it is impossible to determine in advance the absolute timing during the schedule period, or on individual days, of a particular project, and thus it is impossible to predict if the project will require overtime hours, or not. All fees in this proposal are presented with no overtime hours included. Any overtime actually used producing the project contemplated by this proposal will have that overtime included on the invoicing as an additional item over and above the agreed-to fee. By signing this proposal client agrees to pay any additional fees associated with overtime hours worked on this project.

**10. CHANGED SUBSURFACE CONDITIONS**

Client recognizes that subsurface conditions may vary from those observed at locations where borings or other field tests are performed, and that site conditions may change with time. The Client shall rely on CESI's judgment as to the continued adequacy of this Agreement in light of discoveries that were not originally contemplated by or known to CESI. Should CESI call for contract negotiations, CESI shall identify the changed conditions and the Client and CESI shall promptly and in good faith enter into renegotiation of this Agreement. If terms cannot be agreed to, the parties agree that either party has the absolute right to terminate this Agreement.

**11. DISCOVERY OF UNANTICIPATED HAZARDOUS MATERIALS**

Client represents that Client has made a reasonable effort to evaluate if hazardous materials are on or near the project site, and that Client has informed CESI of Client's findings relative to the possible presence of such materials.

Hazardous materials may exist at a site where there is no reason to believe they could or should be present. CESI and Client agree that the discovery of unanticipated hazardous materials constitutes a changed condition mandating a renegotiation of the scope of services or termination of services. CESI and Client also agree that the discovery of unanticipated hazardous materials may make it necessary for CESI to take immediate measures to protect health and safety. Client agrees to compensate CESI for any equipment decontamination or other cost incident to the discovery of unanticipated hazardous materials.

CESI agrees to notify Client when unanticipated hazardous materials or suspected hazardous materials are encountered. Client agrees to make any disclosures required by law to the appropriate governing agencies. Client also agrees to hold CESI harmless for any and all consequences of disclosures made by CESI, which are required by governing law. In the event the project site is not owned by Client, Client recognizes that it is Client's responsibility to inform the property owner or the discovery of unanticipated hazardous materials or suspected hazardous materials.

Notwithstanding any other provision of the Agreement, client waives any claim against CESI and, to the maximum extent permitted by law, agrees to defend, indemnify, and save CESI harmless from any claim, liability, and/or defense costs for injury or loss arising from CESI's discovery of unanticipated hazardous materials or suspected hazardous materials, including, but not limited to, any costs created by delay of the project and any costs associated with possible reduction of the property's value.

**12. TERMINATION**

This Agreement may be terminated by either party seven (7) days after written notice in the event of any breach of any provision of the Agreement or in the event of substantial failure of performance by the other party, or if Client suspends the services for more than three (3) months. In the event of termination, CESI will be paid for services performed prior to the date of termination plus reasonable termination expenses, including, but not limited to, the cost of completing analysis, records, and reports necessary to document job status at the time of termination.

Should CESI encounter unforeseen conditions (changed or hidden field conditions, unusual regulatory requirements, disputed property ownership, etc.) that materially affect the ability (within the established budget, schedule, and other parameters) to accomplish Client's goals, CESI will inform client of the expected impact of the unforeseen conditions and provide in written form a recommended course of action. CESI will include in the recommendation any adjustments to schedule and/or adjustments to CESI's fees required to pursue the recommended course. Client shall have seven (7) days to accept or reject CESI's recommended course of action (inclusive of adjustments to schedule and fees). In the event Client rejects CESI's recommended course of action, CESI shall have the right to terminate this Agreement, and upon CESI's termination of this Agreement pursuant to this clause, Client shall pay CESI for all services provided under this Agreement up until the date of termination.

CESI agrees that Client may terminate this agreement for convenience at anytime upon seven (7) days written notice. Upon termination for convenience Client agrees to pay CESI for all services provided under this Agreement up until the date of termination, plus reasonable termination expenses.

**13. OWNERSHIP OF DOCUMENTS**

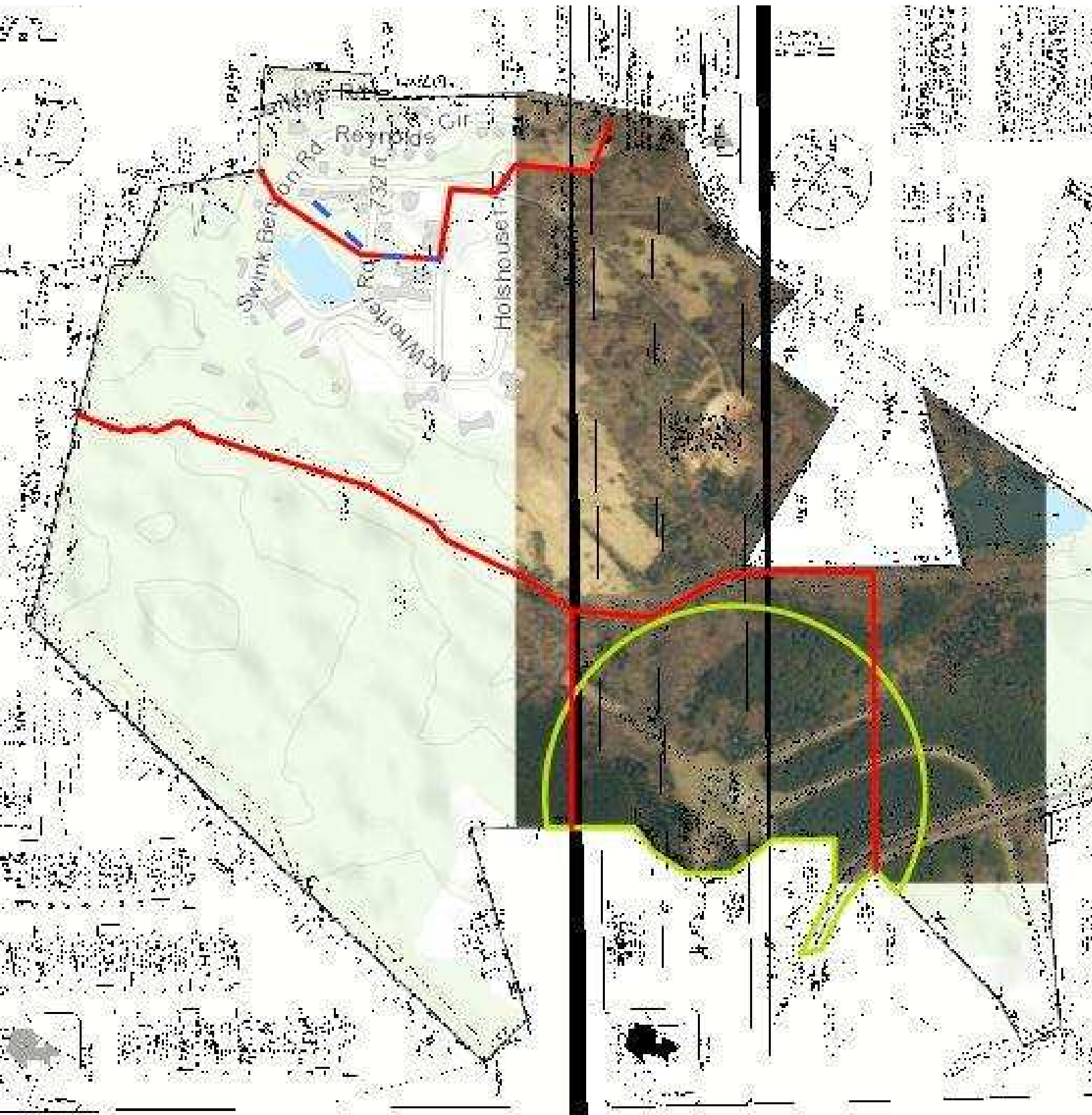
All documents including, but not limited to, drawings, specifications, reports, boring logs, field notes, laboratory test data, calculations, and estimates prepared by our firm as instruments of service pursuant to this Agreement shall be the sole property of CESI. Client agrees that all documents of any nature furnished to Client or Client's agents or designees, if not paid for, will be returned upon demand and will not be used by Client for any purpose whatsoever. Client further agrees that under no circumstances shall any document produced by our firm, pursuant to this Agreement, be used at any location or for any project not expressly provided for in this Agreement without written permission. At the request and expense of Client, we will provide Client with copies of documents created in the performance of these services for a period not exceeding five years following submission of the report or reports contemplated by this Agreement.

**14. SEVERABILITY**

Any provision of this Agreement later held to violate a law or regulation shall be deemed void, and all remaining provisions shall continue in force. However, Client and CESI will in good faith attempt to replace an invalid or unenforceable provision with one that is valid and enforceable, and which comes as close as possible to expressing the intent of the original provision.

**15. SURVIVAL**

All obligations arising prior to the termination of this Agreement and all provisions of this Agreement allocating responsibility or liability between the Client and CESI shall survive the completion of the services and the termination of this Agreement.



## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

DHS - Energy Programs Outreach Plan

**BRIEF SUMMARY:**

The plan is designed to assure that eligible households are made aware of the assistance available through the Energy Programs.

**REQUESTED ACTION:**

Motion to approve the FY 22 Energy Programs Outreach Plan.

**EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

**SUBMITTED BY:**

Lora Lipe, Program Administrator, Economic Family Support Services

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

▯ Outreach Plan

## ENERGY PROGRAMS OUTREACH PLAN

The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded block grant program that is comprised of three different programs - Crisis Intervention Program (CIP), Low Income Energy Assistance Program (LIEAP) and Weatherization. There are also non-Federal Crisis Intervention Programs - Energy Neighbor, Share the Warmth, Wake Electric Round Up, and Helping Each Member Cope.

To maximize the success of this program, outreach to county residents through key community partner stakeholders, each county department of social services is required to develop and implement an Energy Program Outreach Plan (EPOP). This plan is a framework to assure that eligible households are made aware of the assistance available through these programs.

The county director and/or his/her designee is required to develop the EPOP, which addresses outreach and application activities related to the Energy Programs. The Outreach Plan is due to the North Carolina Department of Health and Human Services (NCDHHS) annually.

Each county must form an outreach planning committee that creates the opportunity for county-level collaboration to discuss and plan how to effectively reach county residents to inform them of the services provided by the energy programs. The committee should meet at least twice yearly; September for outreach planning related to LIEAP and April to review the outcomes related to LIEAP and to plan for outreach activities for summer weather.

### Energy Assistance Outreach Plan

*Answer all questions below. Address CIP, non-Federal CIP, and LIEAP where appropriate:*

### **COMMITTEE MEMBERSHIP**

The Director of Social Services should engage a number of various community partners such as Vendors, Housing Authority, Public Libraries, Public School System/Local Colleges/Head Start, Legal Services, Meals on Wheels, Media, Public Health/Health Centers, Churches, Food Banks, Councils on Aging/Senior Centers, Community based Indian organizations, Volunteer Programs, Vocational Rehabilitation Offices, and Transportation, services, etc.

1. Provide a list of committee members and their agencies.

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2. Provide potential meeting dates, times, locations, as well as agenda topics.

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Define how DSS/DHS will work with the committee as well as any other agencies to collaborate regarding the Energy Program and how outreach will be provided to the citizens in your area.

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1. What is the process for referring customers? What marketing tools or items will be used (please provide a copy of your previous marketing materials & how you plan to enhance those in the future)?

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2. What strategy does the county have, to continue collaborative efforts with community partners to complete outreach activities to target potential eligible households including individuals and families?

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3. What additional activities will be conducted to target households with members with children under 5, age 60 and over and disabled?

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Media involvement is vital to the success of outreach activities. How will your county utilize media such as newspapers, social media, radio and television stations to publicize the Energy Programs?

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1. Provide a list of media outlets that will be used as well as timeframes in which they will be contacted (provide examples of how the county can enhance these efforts):

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**ORGANIZATIONAL STRUCTURE:**

Counties are required to provide application processes for CIP, non-Federal CIP programs, and/or LIEAP. This information must be reported to the NCDHHS annually.

1. Provide hours of operation, location and whether the programs are in house or contracted out. If your agency contracts out to other agencies attach the contract(s).

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**BEST PRACTICES:**

Best practices are a method or technique that has been generally accepted as superior to any alternatives because it produces results. Best practices are essential to the program.

1. If your county has gone above and beyond what is listed on this form please provide this information below:

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2. Any additional comments or activities for CIP, non-Federal CIP, and/or LIEAP:

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**CONTACT INFORMATION:**

Your contact information is essential to the success of the Energy Programs. Please complete the following information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate which program:

☐ LIEAP

☐ CIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate which program:

☐ LIEAP

☐ CIP

**This plan must be approved by the local Board of Social Services/Human Services Board or local agency governing body prior to submission. Refer to the latest Dear County Director Letter for instructions on how to submit this document to the North Carolina State office.**

\_\_\_\_\_  
Board of Social Services/Human Services or governing body Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

July 6, 2021  
4:00 PM

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

DHS - Supplemental Nutrition Funding

**BRIEF SUMMARY:**

The Consolidated Appropriations Act, 2021 provides supplemental funding for Senior Nutrition Programs to assist in responding to the COVID pandemic (Supplemental 5-HDC5). The DHS Congregate Nutrition Program has been awarded \$33,975.00. There is no match requirement. The deadline for the use of these funds is September 30, 2022.

Cabarrus County also received an additional \$2,500.00 in CARES funding from the Area Agency on Aging for congregate nutrition. There is not a match requirement. The deadline for the use of these funds is September 30, 2021.

**REQUESTED ACTION:**

Motion to accept Supplemental 5 and CARES funding and adopt the associated budget amendment.

**EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

**SUBMITTED BY:**

Anthony Hodges, Program Administrator, Adult and Aging Services

**BUDGET AMENDMENT REQUIRED:**

Yes

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▣ Congregate Nutrition (5750) Budget Amendment

## Budget Revision/Amendment Request

Date: 6/16/2021

Amount: 36,475.00

Dept. Head: Karen Calhoun

Department: DHS

☐ Internal Transfer Within Department

☐ Transfer Between Departments/Funds

☒ Supplemental Request

Awarded 33,975 in supplemental 5 HDC5 allocation and 2,500 in Cares funding. Requesting to add funds in FY22 budget.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
001	6	5750-6224	Congregate Nutrition Grant	117,874.00	33,975.00		151,849.00
001	6	5750-6224-CARES	Congregate Nutrition Grant	-	2,500.00		2,500.00
001	9	5750-9335	Food	242,011.00	36,475.00		278,486.00
							0.00
							0.00
							0.00
							0.00
							0.00

**Total** 0.00

### Budget Officer

- ☐ Approved  
☐ Denied

### County Manager

- ☐ Approved  
☐ Denied

### Board of Commissioners

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

July 6, 2021  
4:00 PM

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

DHS - Transportation FTA Section 5310 Grant

**BRIEF SUMMARY:**

The goal of the FTA Section 5310 program is to improve mobility for older adults and people with disabilities throughout the Concord Urbanized Area and to enhance coordination of federally assisted programs and services in order to encourage the most efficient use of federal resources and achieve the national goal of improved mobility of elderly persons and persons with disabilities. Under the 5310 program, the area transit is encouraged to coordinate transportation services with agencies that provide transportation services to the general public within the service area/network.

**REQUESTED ACTION:**

Motion to approve the 5310 application to the City of Concord, accept the grant, and approve the necessary budget amendment.

**EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

**SUBMITTED BY:**

Bob Bushey, Transportation Manager

**BUDGET AMENDMENT REQUIRED:**

Yes

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▣ Application
- ▣ Project Narrative
- ▣ Budget Amendment



# Section 5310 Funding Program Application

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Please complete Parts I – III of the 5310 Funding Program Application. Return the completed application to City of Concord as noted in the Application Process Section.

## Part I – Funding Request

### Applicant Information

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Project Information

Title: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Type: Traditional \_\_\_\_\_ Other \_\_\_\_\_

Service days/hours (if applicable): \_\_\_\_\_

Estimated Cost per One-Way Trip (if applicable): \_\_\_\_\_

Estimated Daily Riders per Weekday/Weekend (if applicable): \_\_\_\_\_

## **Part II – Project Narrative**

Please complete the Project Narrative questions below for your application. These questions closely align with the Project Selection Criteria included in the 5310 Program Management Plan and 5310 Application Package.

### **Expanded Project Description**

*Please use this space to expand on your project description beyond the brief description provided in Part I of the application.*

### **Project Needs**

*How is the proposed project consistent with eligible 5310 program activities and objectives of the 5310 funding program?*

*Describe how the project will increase or enhance the availability of transportation for the elderly and disabled populations in the Cabarrus-Rowan Urbanized Area?*

*What need(s) does the project address in the Local Coordinated Plan? Please provide the page number(s) in the Local Coordinated Plan your project corresponds with.*

*Does the project provide a service or investment that otherwise would not be available? If so, please explain.*

### **Project Planning and Implementation**

*Describe how the proposed project might coordinate or link with other transportation providers or transportation stakeholders?*

*Describe the project timeline and project lifespan?*

*Please note how you plan to market your proposed project? If an existing service, note how your service is currently marketed?*

*When could your project begin upon receiving funding? Describe the process your organization would take to implement the project.*

### **Project Budget**

Draft Program Management Plan

*In addition to filling out the Proposed Project Budget, note any plans for continued investment and/or maintenance for the proposed project after the 5310 funds are spent.*

### **Program Effectiveness and Evaluation**

*How does your organization plan to collect information to monitor quality control and customer satisfaction related to implementing the proposed project? Include in your description any measurable indicators you propose to use.*

### **Organizational Preparedness**

*Describe the staffing plan for this project. Who would be the primary staff person responsible for managing the grant? What other staff would be involved? Describe any relevant past experience these staff have in working on the type of project proposed.*

*Please note any experience your organization has with financial reporting such as quarterly reports, annual audits and/or other forms of financial reporting.*

*Describe any training, maintenance, inspections and/or service monitoring you plan to do focused on managing risk and providing safe services?*

## Part III – Proposed Project Budget

### Project Funding

Local matching funds are required for all application submittals. For projects requiring operating funds the required match is 50% from non-federal transportation funds. For capital projects the required match is 20% + from non-federal transportation funds. Some potential capital match exceptions are noted in the FTA guidance and the CK Rider Area Transit 5310 Program Management Plan.

Total Project Budget	\$ _____	
Capital Federal Share	\$ _____	_____ %
Capital Local Match	\$ _____	_____ %
Operating Federal Share	\$ _____	_____ %
Operating Local Match	\$ _____	_____ %

Local Match Fund Source: \_\_\_\_\_

Note: The applicant must demonstrate a commitment to provide local funds and provide appropriate documentation. Documentation may be in the form of a letter or other supporting documentation noting where funds will be drawn from.

## **Part II – Project Narrative**

Please complete the Project Narrative questions below for your application. These questions closely align with the Project Selection Criteria included in the 5310 Program Management Plan and 5310 Application Package.

### **Expanded Project Description**

*Please use this space to expand on your project description beyond the brief description provided in Part I of the application.*

#### **Project Needs**

*How is the proposed project consistent with eligible 5310 program activities and objectives of the 5310 funding program?*

*Describe how the project will increase or enhance the availability of transportation for the elderly and disabled populations in the Cabarrus-Rowan Urbanized Area?*

*What need(s) does the project address in the Local Coordinated Plan? Please provide the page number(s) in the Local Coordinated Plan your project corresponds with.*

*Does the project provide a service or investment that otherwise would not be available? If so, please explain.*

Currently Cabarrus County Transportation utilizes the Home and Community Care Block Grant (HCCBG) to fund senior trips and the Elderly & Handicapped portion of the State ROAP Grant to fund senior and handicapped trips. The total funding received for these two grants falls short of the demand currently provided by Cabarrus County Transportation. Cabarrus County will use the 5310 funding to help fill the gap in service demand as well as purchase two vehicles to provide these trips.

#### **Project Planning and Implementation**

*Describe how the proposed project might coordinate or link with other transportation providers or transportation stakeholders?*

*Describe the project timeline and project lifespan?*

*Please note how you plan to market your proposed project? If an existing service, note how your service is currently marketed?*

*When could your project begin upon receiving funding? Describe the process your organization would take to implement the project.*

*Cabarrus County currently provides transportation for The Elderly and Handicapped citizens utilizing the 5310 Grant. This project will continue with these funds and the new vehicles will increase our ability to provide these trips more efficiently.*

#### **Project Budget**

Draft Program Management Plan

*In addition to filling out the Proposed Project Budget, note any plans for continued investment and/or maintenance for the proposed project after the 5310 funds are spent.*

*Cabarrus County will continue to apply for the 5310 Grant each year through the City of Concord. Cabarrus County will continue to invest in needed capital to enhance the 5310 program including vehicles and vehicle maintenance.*

### **Program Effectiveness and Evaluation**

*How does your organization plan to collect information to monitor quality control and customer satisfaction related to implementing the proposed project? Include in your description any measurable indicators you propose to use.*

Cabarrus County Transportation will monitor program effectiveness utilizing our RouteMatch software. With this software we can track and report on the number of trips provided, purpose of the trips, and on time percentage. Cabarrus County Transportation will also conduct monthly client surveys to monitor customer satisfaction.

### **Organizational Preparedness**

*Describe the staffing plan for this project. Who would be the primary staff person responsible for managing the grant? What other staff would be involved? Describe any relevant past experience these staff have in working on the type of project proposed.*

*Please note any experience your organization has with financial reporting such as quarterly reports, annual audits and/or other forms of financial reporting.*

*Describe any training, maintenance, inspections and/or service monitoring you plan to do focused on managing risk and providing safe services?*

The Cabarrus County Transportation Manager will be the primary staff person responsible for oversight of the 5310 program. The Transportation Manager has 35 years of transportation experience including 17 years of public transportation experience. In addition, the Transportation Manager has primary oversight for the departments 5311 grant, and the Home and Community Care Block Grant (HCCBG) on an annual basis. Under North Carolina DOT guidelines, Cabarrus County Transportation provides training for all drivers in first aid, CPR, Bloodborne Pathogens, wheelchair securement, Pass training and defensive driving. Cabarrus County Transportation also has a fleet management plan as required by the NCDOT system safety plan. All maintenance work is logged into the NCDOT asset works database as well as our fleet books.

## **Part III – Proposed Project Budget**

### **Project Funding**

Local matching funds are required for all application submittals. For projects requiring operating funds the required match is 50% from non-federal transportation funds. For capital projects the required match is 20% + from non-federal transportation funds. Some potential capital match exceptions are noted in the FTA guidance and the CK Rider Area Transit 5310 Program Management Plan.

## Budget Revision/Amendment Request

Date: 7/19/2021

Amount: 389,323.00

Dept. Head: Karen Calhoun

Department: DHS

☐ Internal Transfer Within Department

☐ Transfer Between Departments/Funds

☒ Supplemental Request

Requesting BA for 5310 Grant through the City of Concord. This grant will be used to purchase replacement vehicles and/or radios.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
001	6	5240-6342-5310	NC Dept of Transportation	-	389,323.00		389,323.00
001	9	5240-9472-5310	Transportation Services	-	389,323.00		389,323.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00

**Total** 0.00

### Budget Officer

- ☐ Approved
- ☐ Denied

### County Manager

- ☐ Approved
- ☐ Denied

### Board of Commissioners

- ☐ Approved
- ☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Finance - Approval of Project Ordinances and Budget Amendment Related to CIP Funded Projects in the FY22 General Fund Budget

### **BRIEF SUMMARY:**

Included is a list of county CIP (Capital Improvement Plan) projects that were approved as part of the FY22 General Fund Budget process. The projects will be recorded and tracked in the County Capital Project Fund, General Fund, Cabarrus Arena and Events Fund and the School Construction Fund. The projects are being funded by a contribution from the General Fund and Community Investment Fund. Updates to the County Capital Project Fund and the School Construction Fund project ordinances and the related budget amendment are presented for approval.

### **REQUESTED ACTION:**

Motion to adopt the project ordinances for the County Capital Project Fund and School Construction Fund and the related budget amendment.

### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

### **SUBMITTED BY:**

Wendi Heglar, Finance Director

### **BUDGET AMENDMENT REQUIRED:**

Yes

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**



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**ATTACHMENTS:**

- ▣ List of Projects
- ▣ FY22 Capital Project Budget Amendment
- ▣ Fund 380 County Capital Project Ordinance
- ▣ Fund 390 School Construction Project Ordinance

**Cabarrus County**  
**FY22 Capital Projects**

**Project Name**

**PLANNED PAY AS YOU GO (PAYGO)\*\***

Tennis Court Renovations at A.L. Brown High School	500,000
Track Renovations at A.L. Brown High School	266,000
Flooring Replacement at Fred L. Wilson Elementary School	187,597
Camera Replacements at Multiple Schools	171,000
Carpet/Gutters/Playground Replacement at Forest Park Elementary School	146,000
Flooring Replacement at Shady Brook Elementary School	145,449
Flooring Replacement at North Kannapolis Elementary School	127,016
Asbestos Abatement at Fred L. Wilson Elementary School	126,800
Playground Replacement at Jackson Park Elementary School	100,000
Playground Replacement at North Kannapolis Elementary School	100,000
Playground Replacement at Shady Brook Elementary School	100,000
Intercom System Replacement at A.L. Brown High School	75,000
Flooring Replacement at Jackson Park Elementary School	49,143
Asbestos Abatement at Jackson Park Elementary School	44,600
Flooring Replacement at G.W. Carver Elementary School	34,204
Roof Recoat at the Cabarrus Business & Technology Center (CBTC)	200,000
Fire Alarm Replacement at Cabarrus Business & Technology Center (CBTC)	125,000
Master Plan for South Campus	120,000
Camera Replacement at South Campus	108,000
Security Cameras at Multiple Schools	525,000
Repave Parking Lots/Roadways at Concord Middle School	425,450
Paint Interior/Exterior at Central Cabarrus High School	245,317
Enclose Area for Dining at Harris Road Middle School	245,317
Retaining Wall at WR Odell Primary Elementary School	245,317
Enclose Area for Dining at CC Griffin Middle School	238,172

**Cabarrus County**  
**FY22 Capital Projects**

<b>Project Name</b>	
Backup Generator at Northwest Cabarrus Middle School	234,073
Boiler Conversion at Mt. Pleasant Elementary School	228,260
Door Assembly Replacement at Mt. Pleasant Elementary School	196,253
Gym Floor Replacement at Central Cabarrus High School	195,138
Window Replacement at Concord High School	183,988
Storm Water Pond Repair at Jay M Robinson High School	183,988
Playground Replacement at Bethel Elementary School	153,323
Security Vestibule at Jay M Robinson High School	153,323
Mobile Renovations at Mt. Pleasant Elementary School	150,535
Bathroom Partition Replacement at Central Cabarrus High School	134,924
Kalwall Skylight Replacement at JN Fries Middle School	123,226
6th Grade Wing Roof Repair at Northwest Cabarrus Middle School	122,658
Electrical System Replacement at Beverly Hills Elementary School	122,122
Playground Replacement at Harrisburg Elementary School	110,393
Access Control at WM Irvin Elementary School	108,150
Access Control at Concord Middle School	108,150
Access Control at Harold E Winkler Middle School	108,150
HVAC Kitchen Upgrade at Wolf Meadow Elementary School	104,260
Security Vestibule at Hickory Ridge High School	91,994
Bathroom Partition Replacement at Concord High School	91,993
Bathroom Partition Replacement at Northwest Cabarrus Middle School	85,861
Whiteboard Replacement at JN Fries Middle School	85,861
Accessible Interior Door Hardware at Concord High School	78,055
Tennis Court Repairs at Mt. Pleasant High School	73,595
Parking Lot Light Replacement at JN Fries Middle School	69,543
Mobile Renovations at Mt Pleasant High School	66,905

**Cabarrus County**  
**FY22 Capital Projects**

**Project Name**

Gutter/Drainage System Replacement at Northwest Cabarrus Middle School	55,754
Security Vestibule at Northwest Cabarrus Middle School	51,500
Cafeteria Flooring Replacement at Mt. Pleasant Elementary School	41,279
Fieldhouse HVAC Replacement at Central Cabarrus High School	36,798
Roberta Road Middle School Startup Costs	3,836,000
Midway Repairs at Arena	300,000
ADA/Wellness Renovations at Governmental Center	854,050
Roof Replacement at Kannapolis Library	250,000
Boiler Replacement at Jail	250,000
Dam Repairs at Rob Wallace Park	140,000
Playground Replacements/Renovations at Multiple Parks	110,000
Overflow Parking Lot at Concord Senior Center	100,000
Softball Complex Utilities at Frank Liske Park	60,000
Emergency Equipment Warehouse/ITS Relocation	3,000,000
Phase IIB at Rob Wallace Park	1,000,000
Enterprise Physical Security	700,000
Expansion at Animal Shelter	190,000
Express Accessible Voting Machines	211,000
Grounds Maintenance Front End Loader	150,000
<b>TOTAL PROJECTS</b>	<b>19,351,484</b>
<b>PLANNED DEBT PROJECTS</b>	
Headquarters for Emergency Medical Services (EMS)	16,000,000

### Budget Revision/Amendment Request

Date: 7/19/2021

Amount: 27,693,453

Dept. Head: Wendi Heglar

Department: Finance

☐ Internal Transfer Within Department

☐ Transfer Between Departments/Funds

☒ Supplemental Request

**To Budget Debt Proceeds for the EMS Headquarters and also budget General Fund, Cabarrus Arena and School Capital Projects and Maintenance Projects with available cash (Paygo Projects)**

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
380	9	2730 9820 EMSHQ	Construction	6,170,000	12,500,000		18,670,000
380	6	2730 6902 EMSHQ	Contribution from General Fund	6,000,000		3,500,000	2,500,000
380	6	2730 6918 2022A	Proceeds from Debt Financing	-	16,000,000		16,000,000
			<b>Budget Construction of EMS Headquarters</b>				
380	9	1950 9820 BUILD	Construction	-	3,000,000		3,000,000
380	6	1950 6932 BUILD	Contribution from Community Investment Fund	450,000	3,000,000		3,450,000
			<b>Budget Additional Funds for the Emergency Equipment Warehouse/ITS Relocation</b>				
380	9	1810 9830 SECUR	Other Improvements	420,000	700,000		1,120,000
380	6	1810 6932 SECUR	Contribution from General Fund	-	700,000		700,000
			<b>Budget Enterprise Physical Security Project (ITS)</b>				-
							-
380	9	1940-9501-DM	Building & Grounds Maintenance - DM	1,875,000	250,000		2,125,000
380	9	1952-9501-DM	Building & Grounds Maintenance - DM	1,875,000	1,104,050		2,979,050
380	9	2110-9501-DM	Building & Grounds Maintenance - DM	895,000	250,000		1,145,000
380	6	2110-6902-DM	Cont. From General Fund	895,000	250,000		1,145,000
380	6	1952-6902-DM	Cont. From General Fund	1,875,000	1,104,050		2,979,050
380	6	1940-6902-DM	Cont. From General Fund	1,875,000	250,000		2,125,000
			<b>Budget ADA/Wellness Renovation, Library Roof Replacement, Boiler Replacement, Park Playground Replacements and Repairs and Dam Repairs at Rob Wallace Park</b>				
420	9	8310 9820	Building Improvements	-	300,000		300,000

420	6	8310 6902	Contribution from General Fund	1,020,584	300,000		1,320,584
			<b>Budget Midway Repairs at Arena</b>				
380	9	8140 9830 SRCEN	Other Improvements	-	100,000		100,000
380	6	8140 6902 SRCEN	Contribution from General Fund	-	100,000		100,000
			<b>Budget Overflow Parking Lot at Concord Senior Center</b>				
380	9	8140 9830 FLPSB	Other Improvements	-	60,000		60,000
380	6	8140 6902 FLPSB	Contribution from General Fund	-	60,000		60,000
			<b>Budget Softball Complex Utilities at Frank Liske Park</b>				
380	9	8140 9830 RWP	Other Improvements	-	1,000,000		1,000,000
380	6	8140 6932 RWP	Contribution from Community Investment Fund	-	1,000,000		1,000,000
			<b>Budget Phase IIB at Rob Wallace Park</b>				
380	9	2145 9830 SHELT	Other Improvements	-	190,000		190,000
380	6	2145 6902 SHELT	Contribution from General Fund		190,000		190,000
			<b>Budget Expansion at Animal Shelter</b>				
001	9	1510 9860	Equipment & Furniture	-	211,000		211,000
001	9	1940 9860	Equipment & Furniture		150,000		150,000
001	9	1960 9708	Contribution to Capital Project Funds	9,977,340		361,000	9,616,340
			<b>Budget Express Accessible Voting Machines and Grounds Maintenance Front End Loader</b>				
390	9	7347 9801	Land Acquisition	5,219,790	34,000		5,253,790
390	9	7346 9820 0599	Construction	85,031	4,969		90,000
390	6	7347 6918 2020A	Proceeds from COPS/LOBS	3,019,790		4,969	3,014,821
390	6	7346 6918 2020A	Proceeds from COPS/LOBS	46,615,253	4,969		46,620,222
390	6	7347 6932	Contribution from Community Investment Fund	-	38,969		38,969
			<b>Budget for payment to schools for New High School Land Cost and Property Taxes due on land</b>				

390	9	7210 9501 DM22	Building and Grounds Maintenance	-	5,474,625		5,474,625
390	9	7230 9501 DM22	Building and Grounds Maintenance	-	2,172,809		2,172,809
390	9	7240 9501 DM22	Building and Grounds Maintenance	-	553,000		553,000
390	6	7210 6902 DM22	Contribution from General Fund	-	5,474,625		5,474,625
390	6	7230 6902 DM22	Contribution from General Fund	-	2,172,809		2,172,809
390	6	7240 6902 DM22	Contribution from General Fund	-	553,000		553,000
			<b>Budget Paygo Maintenance Project for the Schools</b>				
390	6	7346 6918 2022A	Proceeds from COPS/LOBS	6,496,609		3,836,000	2,660,609
390	6	7346 6932	Contribution from Community Investment Fund	-	3,836,000		3,836,000
			<b>To pay for Roberta Road Middle School Start up Cost with Cash instead of debt proceeds</b>				
100	9	0000 9708	Cont to Capital Project Fund	1,500,000	6,801,375		8,301,375
100	6	0000 6901	Fund Balance Appropriated	-	6,801,375		6,801,375
			<b>To reappropriate available funds for capital projects from FY21</b>				

**Budget Officer**

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**County Manager**

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Board of Commissioners**

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# CABARRUS COUNTY COUNTY CAPITAL PROJECTS BUDGET ORDINANCE

**BE IT ORDAINED** by the Board of Commissioners of Cabarrus County, North Carolina that, Pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

## Section I.

- A. The project authorized is for the construction and renovations of County Facilities. Details of the project are listed in section C. of this Project Ordinance.
- B. The officers of this unit are hereby directed to proceed with this capital project within the terms of the Generally Accepted Accounting Principles (GAAP) and the budget contained herein.

It is estimated that the following revenues will be available to complete capital projects as listed.

Debt Proceeds 2020 Draw Note	\$ 77,592,977
Debt Proceeds 2022 Draw Note	68,351,452
Contributions from Capital Projects Fund	25,017,039
Contribution from General Fund	35,569,568
Contribution from Capital Reserve Fund	6,246,688
Contribution from Internal Service Fund	1,065,425
<b>TOTAL REVENUES</b>	<b>\$213,843,149</b>

- C. The following appropriations are made as listed.

Courthouse Site Enabling Construction & Renovation	\$ 134,859,518
Governmental Center Skylight & Roof Replacement	2,183,853
Contribution to Capital Reserve (Reimb for Skylight Project)	2,085,000
Artificial Turf Fields	4,401,748
Frank Liske Barn Replacement	4,765,425
Legal / Closing Expenses	952,508
Governmental Center Parking Deck Sealing	350,000
Emergency Equipment Warehouse/ ITS Location	8,562,656
Fiber Infrastructure Improvement	720,000
Jail Annex HVAC Replacement	193,000
Sheriff Training & Firing Range Renovations	2,450,000
Human Services HVAC	180,000
Facility/Field Expansion	14,327
Frank Liske Park ADA Renovations	1,100,000
Frank Liske Park Water Line	780,000
Frank Liske Park Playground Replacement	120,000
Camp Spencer Vending & Archery Building	525,000
West Cabarrus Library & Senior Center	2,400,000
Deferred Maintenance Projects	6,261,450
EMS Headquarters	18,670,000
Northeast Area Park	2,164,024
Northeast Area Land	3,650,150
Mental Health Facility	3,097,554
Other Improvements Unallocated	11,259,436
Enterprise Physical Security Project (ITS)	700,000
Concord Senior Center Overflow Parking Lot	100,000



Contribution to the General Fund	47,500
Frank Liske Park Softball Complex Utilities	60,000
Rob Wallace Park	1,000,000
Animal Shelter Expansion	190,000

**TOTAL EXPENDITURES** **\$213,843,149**

**GRAND TOTAL – REVENUES** **\$213,843,149**

**GRAND TOTAL – EXPENDITURES** **\$213,843,149**

Section II.

- A. Special appropriations to non-profit organizations shall be distributed after the execution of an agreement which ensures that all County funds are used for statutorily permissible public purposes.
- B. The County Manager or designee is hereby authorized to transfer appropriations within or between funds, or modify revenue and expenditure projections as contained herein under the following conditions:
  1. The Manager may transfer amounts between objects of expenditure and revenues within a function without limitation.
  2. The County Manager may transfer amounts up to \$500,000 between functions of the same fund.
  3. The County Manager may transfer amounts between contingency funds which are set aside for a specific project for budgetary shortfalls or upon the appropriate approval of a change order.
  4. The County Manager is authorized to transfer funds from the General Fund or Capital Reserve Fund to the appropriate fund for projects approved within the Capital Improvement Plan for the current fiscal year.
  5. Upon notification of funding increases or decreases to existing grants or revenues, or the award of grants or revenues, the Manager or designee may adjust budgets to match, including grants that require a County match for which funds are available.
  6. The Manager or designee may adjust debt financing from estimated projections to actual funds received.
  7. The County Manager may enter into and execute change orders or amendments to construction contracts in amounts less than \$90,000 when the appropriate annual budget or capital project ordinance contains sufficient appropriated but unencumbered funds.
  8. The County Manager may award and execute contracts which are not required to be bid or which G.S. 143-131 allows to be let on informal bids so long as the annual budget or appropriate capital project ordinance contains sufficient appropriated but unencumbered funds for such purposes.
  9. The County Manager may execute contracts with outside agencies to properly document budgeted appropriations to such agencies where G.S. 153 A-248(b), 259, 449 and any similar statutes require such contracts.
  10. The County Manager may reject formal bids when deemed appropriate and in the best interest of Cabarrus County pursuant to G.S. 143-129(a).

11. The County Manager may reduce revenue projections consistent with prevailing economic conditions, and also reduce expenditures correspondingly.

Section III.

This ordinance and the budget documents shall be the basis of the financial plan for the County of Cabarrus.

- a. The Finance Director is hereby directed to maintain within the Capital Project Fund sufficient detailed accounting records to satisfy the requirements of the law.
- b. The Finance Director is directed to report, at the request of the Board, on the financial status of each project element in Section I and on the total revenues received or claimed.
- c. Copies of this capital project ordinance shall be furnished to the Clerk to the governing Board, and to the Finance Director for direction in carrying out this project.
- d. At the completion of a construction project, all unrestricted excess funds are transferred to the General Fund and the portion of the Capital Project associated with the project is closed.

Adopted this 19<sup>st</sup> day of July, 2021.

CABARRUS COUNTY BOARD OF COMMISSIONERS

BY: \_\_\_\_\_  
Stephen M. Morris, Chairman

ATTEST:

\_\_\_\_\_  
Clerk to the Board

# CABARRUS COUNTY SCHOOL CAPITAL PROJECTS BUDGET ORDINANCE

**BE IT ORDAINED** by the Board of Commissioners of Cabarrus County, North Carolina that, Pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

## Section I.

- A. The project authorized is for the construction and renovations of School Facilities. Details of the project are listed in section C. of this Project Ordinance.
- B. The officers of this unit are hereby directed to proceed with this capital project within the terms of the Generally Accepted Accounting Principles (GAAP) and the budget contained herein.

It is estimated that the following revenues will be available to complete capital projects as listed.

Contribution from General Fund	\$ 4,424,345
Contribution from Capital Projects Fund	9,522,511
Debt Proceeds 2020 Draw Note	49,635,043
Debt Proceeds 2022 Draw Note	6,492,773
Contribution from Capital Reserve Fund	1,662,314
Contribution from Community Investment	8,200,434

<b>TOTAL REVENUES</b>	<b>\$79,976,389</b>
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- C. The following appropriations are made as listed.

CCS Mobile Unit Renovation	\$ 900,000
Concord High Fire Alarm Replacement	89,314
Northwest High Fire Alarm Replacement	89,314
JM Robinson Renovation	81,195
R. Brown McAllister Replacement	1,950,000
CCS New Middle School	55,304,300
CCS New High School Land	5,248,821
Kannapolis Middle School	138,897
AL Brown Football Stadium ADA/Drainage	228,000
AL Brown Roof Replacement	190,000
RCCC Building 1000 Boiler	105,000
RCCC Building 2000 Roof Replacement	335,000
RCCC CBTC HVAC	265,000
Contribution to Capital Reserve	5,001,114
Early College Mobile Units	1,850,000
Deferred Maintenance Cabarrus County Schools	5,474,625
Deferred Maintenance Kannapolis City School	2,172,809
Deferred Maintenance Rowan Cabarrus Community College	553,000

<b>TOTAL EXPENDITURES</b>	<b>\$79,976,389</b>
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**GRAND TOTAL – REVENUES**  
**GRAND TOTAL – EXPENDITURES**

**\$79,976,389**  
**\$79,976,389**

Section II.

- A. Special appropriations to non-profit organizations shall be distributed after the execution of an agreement which ensures that all County funds are used for statutorily permissible public purposes.
- B. The County Manager or designee is hereby authorized to transfer appropriations within or between funds, or modify revenue and expenditure projections as contained herein under the following conditions:
  - 1. The Manager may transfer amounts between objects of expenditure and revenues within a function without limitation.
  - 2. The County Manager may transfer amounts up to \$500,000 between functions of the same fund.
  - 3. The County Manager may transfer amounts between contingency funds which are set aside for a specific project for budgetary shortfalls or upon the appropriate approval of a change order.
  - 4. The County Manager is authorized to transfer funds from the General Fund or Capital Reserve Fund to the appropriate fund for projects approved within the Capital Improvement Plan for the current fiscal year.
  - 5. Upon notification of funding increases or decreases to existing grants or revenues, or the award of grants or revenues, the Manager or designee may adjust budgets to match, including grants that require a County match for which funds are available.
  - 6. The Manager or designee may adjust debt financing from estimated projections to actual funds received.
  - 7. The County Manager may enter into and execute change orders or amendments to construction contracts in amounts less than \$90,000 when the appropriate annual budget or capital project ordinance contains sufficient appropriated but unencumbered funds.
  - 8. The County Manager may award and execute contracts which are not required to be bid or which G.S. 143-131 allows to be let on informal bids so long as the annual budget or appropriate capital project ordinance contains sufficient appropriated but unencumbered funds for such purposes.
  - 9. The County Manager may execute contracts with outside agencies to properly document budgeted appropriations to such agencies where G.S. 153 A-248(b), 259, 449 and any similar statutes require such contracts.
  - 10. The County Manager may reject formal bids when deemed appropriate and in the best interest of Cabarrus County pursuant to G.S. 143-129(a).
  - 11. The County Manager may reduce revenue projections consistent with prevailing economic conditions, and also reduce expenditures correspondingly.

Section III.

This ordinance and the budget documents shall be the basis of the financial plan for the

County of Cabarrus.

- a. The Finance Director is hereby directed to maintain within the Capital Project Fund sufficient detailed accounting records to satisfy the requirements of the law.
- b. The Finance Director is directed to report, at the request of the Board, on the financial status of each project element in Section I and on the total revenues received or claimed.
- c. Copies of this capital project ordinance shall be furnished to the Clerk to the governing Board, and to the Finance Director for direction in carrying out this project.
- d. At the completion of a construction project, all unrestricted excess funds are transferred to the General Fund, Community Investment Fund or other Capital Project Fund and the portion of the Capital Project associated with the project is closed.

Adopted this 19<sup>st</sup> Day of July, 2021.

CABARRUS COUNTY BOARD OF COMMISSIONERS

BY: \_\_\_\_\_  
Stephen M. Morris, Chairman

ATTEST:

\_\_\_\_\_  
Clerk to the Board

## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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**AGENDA CATEGORY:**

Discussion Items for Action

**SUBJECT:**

Human Resources - Retiree Health Insurance

**BRIEF SUMMARY:**

Upon extended review and consideration, Human Resources is considering an adjustment to provisions of our retiree health insurance section of the Personnel Ordinance. This impacts only those employees who declined the offer of retiree health insurance in exchange for a modified vacation schedule in 1997.

**REQUESTED ACTION:**

Request motion to approve the new Personnel Ordinance language regarding retiree health insurance.

**EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

**SUBMITTED BY:**

Lundee Covington, Human Resources Director

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

## ▢ Changes

## **Current Language**

### **Section 3. Retiree Health Benefits**

County health and life insurance coverage (\$20,000) will be provided to employees retiring from Cabarrus County, qualifying for retirement as a member of the North Carolina Local Government Employees' Retirement System (NCLGERS) AND who have retained the option to receive retiree health and life insurance benefits through Cabarrus County.

**Employee eligibility is excluded by any of the following:** 1) Declining one-time offer of coverage at the time of retirement, 2) conviction of or entering into a plea of no contest to a criminal act causing financial injury to Cabarrus County, 3) not serving the last five years prior to retirement with Cabarrus County or 4) becoming eligible for Medicare.

#### **Other conditions:**

- Retiree premiums will be paid at the current actuarial premium rate and will be provided to the retired employee until they become eligible for Medicare (or reach the age where such benefits are available based on Social Security qualifications). The retiree is required to notify the County when they become Medicare eligible.
- Employee must be actively enrolled in the Cabarrus County health insurance plan at the time of retirement from NCLGERS.
- If an employee retires with this benefit and is later rehired or employed with another jurisdiction that participates in NCLGERS and offers health insurance (and the employee is eligible for retirement benefits), then the retiree health insurance benefits provided by Cabarrus County will be terminated.
- Retirees will be subject to any cost sharing required of current employees.
- 100% premium group are eligible for 100% of discounts offered to employees.
- 50% premium equals the current actuarial premium rate for the retiree health insurance plan and this group will be limited to 50% of any discounts offered employees.
- Premiums amounts are subject to change.
- Premium payments required for retiree and/or dependent health plan benefit coverage must be made to the County by the 25th day of the month prior to the month for which coverage is needed. If the required premium payment is more than 30 days late, the health plan benefit coverage will terminate retroactively to the first day of the month for which the premium payment was due. Termination of coverage may occur without notice and results in ineligibility for reinstatement of coverage, except as may be required by law.

The following information and table indicates the required years of service to receive County paid health insurance premiums based on employee's most recent hire/rehire date:

New Hires/Rehires effective November 1, 2016 and thereafter:

- Qualify for 100% premium coverage with 25 or more years of creditable service to Cabarrus County.
- Qualify for 50% premium (calculated at the current actuarial premium rate) with more than 15 years of creditable service to Cabarrus County.

Hires/Rehires between November 1, 2003 and October 31, 2016:



- Qualify for 100% premium coverage with 25 or more years of creditable service to Cabarrus County.
- Qualify for 50% premium (calculated at the current actuarial premium rate) with more than 10 years of creditable service to Cabarrus County.

Hires/Rehires between July 1, 1997 and October 31, 2003:

- Qualify for 100% premium coverage with 10 or more years of creditable service to Cabarrus County.
- Employees hired between these dates and whom have continuous employment with the County until the date of their retirement from Cabarrus County will be vested to receive “County paid health plan and life insurance coverage”.

Hired Prior to July 1, 1997:

- If conditions above are all met to retain eligibility, employees agreeing to move to Vacation Schedule A (signed the acceptance agreement), will qualify for 100% premium coverage.
- Employees declining vacation modification (signed the declination agreement) remained on Vacation Schedule B and are not eligible for retiree health insurance.

**Retirees must meet all eligibility requirements including last 5 years as County employee.**

Hire/Rehire Date	Eligible for 100%	Eligible for 50%	Not eligible
Prior to 7/1/97	If signed acceptance agreement for reduced vacation		If signed declination agreement for reduced vacation
7/1/97-10/31/03*	10 years	N/A	
11/1/03 – 10/31/16	25 years	10 years	
11/1/16 or after	25 years	15 years	

\*If employees leave and return, they will restart under the current guidelines; this option above will end.

## Proposed Change

**Retirees must meet all eligibility requirements including last 5 years as County employee.**

Hire/Rehire Date	Eligible for 100%	Eligible for 50%
Prior to 7/1/97	Signed acceptance agreement for reduced vacation	
Prior to 7/1/97 – “second chance agreement”	<b>Not eligible</b> – signed original declination agreement for reduced vacation	If still employed as of 7/1/21 AND sign new vacation reduction agreement effective 9/1/21 or prior and follow all other terms as outlined in agreement.
7/1/97-10/31/03*	10 years	N/A
11/1/03 – 10/31/16	25 years	10 years
11/1/16 or after	25 years	15 years

**Terms of Agreement to include:**

Must be a “retiree” and meet all eligibility requirements including last 5 years as Cabarrus County employee.

Move to Vacation Schedule A (reduced schedule) on or before pay period beginning August 27, 2021 with pay date of September 17, 2021.

Would be eligible for the 50% pay category whereby they would pay 50% of the current employee premium and eligible for 50% of any discount offered to employees.

## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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#### **AGENDA CATEGORY:**

Discussion Items for Action

#### **SUBJECT:**

Infrastructure and Asset Management - Cabarrus County Emergency Medical Services Headquarters GMP-1

#### **BRIEF SUMMARY:**

Staff will present the GMP -1 (early site package) bid that was received on June 10th, 2021 at 3:00 PM. This GMP will be added to the current contract the County has with the Construction Manager at Risk, Vannoy - McFarland Joint Venture as a contract extension to the existing contract which until this point has only provided preconstruction services. The GMP-1 bid included the entire early site package and the concrete package. The GMP-1 total is \$3,883,717 and includes Alternate #1 which is unclassified site excavation.

#### **REQUESTED ACTION:**

Motion to approve the contract extension between Cabarrus County and Vannoy - McFarland Joint Venture; and authorize the County Manager to execute the contract extension on behalf of Cabarrus County, subject to review or revisions by the County Attorney.

#### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

#### **SUBMITTED BY:**

Kyle Bilafer, Area Manager of Operations

#### **BUDGET AMENDMENT REQUIRED:**

No

#### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▯ GMP-1 PResentation



June 17, 2021

Mr. Kyle Bilafer  
Cabarrus County  
Area Manager of Operations  
65 Church Street South  
Concord, North Carolina 28025

Re: Cabarrus County  
Emergency Medical Services Headquarters  
GMP #1 Presentation

Mr. Bilafer;  
Please find the Guaranteed Maximum Price (GMP) #1 for the Cabarrus County Emergency Medical Services Headquarters attached to this letter for your review and approval; a summary is below.

Construction Cost	\$ 3,654,265.00
*Escalation Allowance	\$ 15,000.00
<b>Guaranteed Maximum Price Total</b>	<b>\$ 3,669,265.00</b>

*\*Remaining funds to be returned to Cabarrus County upon approval of GMP #1 allowing Vannoy - McFarland – Joint Venture to issue letters of intent/ subcontracts.*

Alternates:

Alternate #1 – Unclassified Site Excavation (ADD)      \$ 214,452.00

Two bid packages were opened on June 10, 2021 and following the bid opening, subcontractor scope review meetings were held to ensure the complete scope of work was included and accounted for within the received proposal(s). Upon completion of these meetings, we are proud to report 87% local participation (within a 30 mile radius of the project site), 68% minority participation, and 100% of the direct trade cost to be completed by North Carolina subcontractors!

Enclosed in this package is the following information:

- GMP #1 Summary
- Comparison GMP #1 vs Design Development Estimate
- MWSBE/ Local Participation Log
- GMP #1 Clarifications

Enclosed in the below Box file is the following information:

- Certified Bid Tabulations
- Addendum #1 dated May 27, 2021
- Addendum #2 dated June 3, 2021
- GMP #1 Procurement RFI Log

<https://jrvannoy.box.com/s/k7nq404voh77dykik9ysow3cqmkvc4t8>

Escalation Allowance

Within the presented Guaranteed Maximum Price (GMP) we have included a contingency "Escalation Allowance" in the amount of \$15,000. The escalation allowance is included within the GMP based upon discussions with the subcontractors during our scope review meetings to protect the project against additional price escalation until a subcontract or letters of intent can be issued from Vannoy – McFarland Joint Venture. Prior to use or billing towards this allowance, Cabarrus County approval will be required; as well as all unspent monies will be returned back to Cabarrus County.

On behalf of Vannoy – McFarland Joint Venture we would like to express our appreciation for this opportunity as well as the enjoyment we have had working with Cabarrus County, Cabarrus County EMS and ADW Architecture throughout the preconstruction phase. We look forward to the construction process, continued working relationships and ultimately the project's successful completion! If you should have any questions or comments please direct to my attention.

Sincerely;



Mike Kesterson  
Director of Preconstruction Services  
Vannoy Construction Co., Inc.  
Enc.

Attch: Cabarrus County EMS Headquarters – GMP #1

CC: Rob Cook – Vannoy Construction  
Andy Rathke – McFarland Construction  
File



**Cabarrus County**  
**EMS Operations Center**  
**GMP #1 Site Development & Concrete**  
**Concord, North Carolina**

**Contact: Mike Kesterson**  
**Date: 6/17/2021**  
**Total SF: 29,962**

WORK TRADE SCOPE DESCRIPTION:	TOTAL:	COST/ SF:	%:
1 SITE DEVELOPMENT	\$ 2,498,439	\$ 83.39	68%
2 SITE ALLOWANCES	\$ -	\$ -	0%
3 SITE ACCESSORIES	\$ -	\$ -	0%
4 LANDSCAPING	\$ -	\$ -	0%
5 FENCING & SECURITY	\$ -	\$ -	0%
6 CONCRETE	\$ 707,465	\$ 23.61	19%
7 MASONRY	\$ -	\$ -	0%
8 STRUCTURAL STEEL	\$ -	\$ -	0%
9 ROUGH CARPENTRY	\$ -	\$ -	0%
10 GENERAL TRADES	\$ -	\$ -	0%
11 FINISH CARPENTRY, MILLWORK, & CASEWORK	\$ -	\$ -	0%
12 ROOFING	\$ -	\$ -	0%
13 METAL PANELS	\$ -	\$ -	0%
14 CAULKING, WATERPROOFING, FIRESTOPPING	\$ -	\$ -	0%
15 DOORS, FRAMES, & HARDWARE	\$ -	\$ -	0%
16 SPECIALTY DOORS & DOCK EQUIPMENT	\$ -	\$ -	0%
17 GLASS & GLAZING SYSTEMS	\$ -	\$ -	0%
18 DRYWALL ASSEMBLIES	\$ -	\$ -	0%
19 CEILING TREATMENTS	\$ -	\$ -	0%
20 FLOORING & ACCESSORIES	\$ -	\$ -	0%
21 PAINTING	\$ -	\$ -	0%
22 SPECIALTIES	\$ -	\$ -	0%
23 EQUIPMENT	\$ -	\$ -	0%
24 FIRE SPRINKLERS	\$ -	\$ -	0%
25 PLUMBING SYSTEMS	\$ -	\$ -	0%
26 HVAC & MECHANICAL SYSTEMS	\$ -	\$ -	0%
27 ELECTRICAL SYSTEMS	\$ -	\$ -	0%
28 BUILDING PERMIT FEES	\$ 13,421	\$ 0.45	0%
<b>COST OF WORK</b>	<b>\$ 3,219,324</b>	<b>\$ 107.45</b>	<b>88%</b>
29 GENERAL CONDITIONS	\$ 149,256	\$ 4.98	4%
30 PROJECT INSURANCES	\$ 38,584	\$ 1.29	1%
31 SUBCONTRACTOR DEFAULT BONDS	\$ -	\$ -	0%
32 PERFORMANCE & PAYMENT BOND	\$ 26,841	\$ 0.90	1%
33 FEE	\$ 124,081	\$ 4.14	3%
34 CONSTRUCTION CONTINGENCY	\$ 96,177	\$ 3.21	3%
35 ESCALATION ALLOWANCE	\$ 15,000	\$ 0.50	0%

**GMP #1 - TOTAL**      **\$ 3,669,265**      **\$ 122.46**      **100%**

**Alternate #1 - Unclassified Site Excavation (ADD)**      **\$ 214,452**



**Cabarrus County**  
**EMS Operations Center**  
**GMP #1 Site Development & Concrete**

**Contact:** Mike Kesterson  
**Date:** 6/17/2021  
**Total SF:** 29,962

**GMP vs Estimate Comparison (Vannoy-McFarland JV)**

WORK TRADE DESCRIPTION:	GMP #1	Design Development	DELTA
1 SITE DEVELOPMENT	\$ 2,498,439	\$ 2,510,661	\$ (12,222)
2 SITE ALLOWANCES	\$ -	\$ 439,875	\$ (439,875)
3 SITE ACCESSORIES	\$ -	\$ -	\$ -
4 LANDSCAPING	\$ -	\$ -	\$ -
5 FENCING & SECURITY	\$ -	\$ -	\$ -
6 CONCRETE	\$ 707,465	\$ 523,327	\$ 184,138
7 MASONRY	\$ -	\$ -	\$ -
8 STRUCTURAL STEEL	\$ -	\$ -	\$ -
9 ROUGH CARPENTRY	\$ -	\$ -	\$ -
10 GENERAL TRADES	\$ -	\$ -	\$ -
11 FINISH CARPENTRY, MILLWORK, & CASEWORK	\$ -	\$ -	\$ -
12 ROOFING	\$ -	\$ -	\$ -
13 METAL PANELS	\$ -	\$ -	\$ -
14 CAULKING, WATERPROOFING, FIRESTOPPING	\$ -	\$ -	\$ -
15 DOORS, FRAMES, & HARDWARE	\$ -	\$ -	\$ -
16 SPECIALTY DOORS & DOCK EQUIPMENT	\$ -	\$ -	\$ -
17 GLASS & GLAZING SYSTEMS	\$ -	\$ -	\$ -
18 DRYWALL ASSEMBLIES	\$ -	\$ -	\$ -
19 CEILING TREATMENTS	\$ -	\$ -	\$ -
20 FLOORING & ACCESSORIES	\$ -	\$ -	\$ -
21 PAINTING	\$ -	\$ -	\$ -
22 SPECIALTIES	\$ -	\$ -	\$ -
23 EQUIPMENT	\$ -	\$ -	\$ -
24 FIRE SPRINKLERS	\$ -	\$ -	\$ -
25 PLUMBING SYSTEMS	\$ -	\$ -	\$ -
26 HVAC & MECHANICAL SYSTEMS	\$ -	\$ -	\$ -
27 ELECTRICAL SYSTEMS	\$ -	\$ -	\$ -
28 BUILDING PERMIT FEES	\$ 13,421	\$ 14,492	\$ (1,071)
<b>COST OF WORK</b>	<b>\$ 3,219,324</b>	<b>\$ 3,488,355</b>	
29 GENERAL CONDITIONS	\$ 149,256	\$ 149,256	\$ -
30 PROJECT INSURANCES	\$ 38,584	\$ 41,666	\$ (3,082)
31 SUBCONTRACTOR DEFAULT BONDS	\$ -	\$ 43,423	\$ (43,423)
32 PERFORMANCE & PAYMENT BOND	\$ 26,841	\$ 28,985	\$ (2,144)
33 FEE	\$ 124,081	\$ 134,957	\$ (10,876)
34 CONSTRUCTION CONTINGENCY	\$ 96,177	\$ 104,216	\$ (8,039)
35 ESCALATION ALLOWANCE	\$ 15,000	\$ -	\$ 15,000

**GMP #1 - TOTAL**      \$ **3,669,265**    \$ **3,990,858**    \$ **(321,593)**

**GMP #1 w/ Alternate #1**      \$ **3,883,717**    \$ **-**    \$ **(107,141)**





**Cabarrus County**  
**EMS Operations Center**  
**GMP #1 Site Development & Concrete**

GMP Presentation - Local and MWSBE Participation				
WORK TRADE DESCRIPTION:	GMP	SUBCONTRACTOR	LOCAL PARTICIPATION	MWSBE PARTICIPATION
1 SITE DEVELOPMENT	\$ 2,498,439	Pedulla Excavating	\$ 2,498,439	\$ 2,498,439
2 SITE ALLOWANCES	\$ -	*	\$ -	\$ -
3 SITE ACCESSORIES	\$ -	*	\$ -	\$ -
4 LANDSCAPING	\$ -	*	\$ -	\$ -
5 FENCING & SECURITY	\$ -	*	\$ -	\$ -
6 CONCRETE	\$ 707,465	Camps Construction	\$ 707,465	\$ -
7 MASONRY	\$ -	*	\$ -	\$ -
8 STRUCTURAL STEEL	\$ -	*	\$ -	\$ -
9 ROUGH CARPENTRY	\$ -	*	\$ -	\$ -
10 GENERAL TRADES	\$ -	*	\$ -	\$ -
11 FINISH CARPENTRY, MILLWORK, & CASEWORK	\$ -	*	\$ -	\$ -
12 ROOFING	\$ -	*	\$ -	\$ -
13 METAL PANELS	\$ -	*	\$ -	\$ -
14 CAULKING, WATERPROOFING, FIRESTOPPING	\$ -	*	\$ -	\$ -
15 DOORS, FRAMES, & HARDWARE	\$ -	*	\$ -	\$ -
16 SPECIALTY DOORS & DOCK EQUIPMENT	\$ -	*	\$ -	\$ -
17 GLASS & GLAZING SYSTEMS	\$ -	*	\$ -	\$ -
18 DRYWALL ASSEMBLIES	\$ -	*	\$ -	\$ -
19 CEILING TREATMENTS	\$ -	*	\$ -	\$ -
20 FLOORING & ACCESSORIES	\$ -	*	\$ -	\$ -
21 PAINTING	\$ -	*	\$ -	\$ -
22 SPECIALTIES	\$ -	*	\$ -	\$ -
23 EQUIPMENT	\$ -	*	\$ -	\$ -
24 FIRE SPRINKLERS	\$ -	*	\$ -	\$ -
25 PLUMBING SYSTEMS	\$ -	*	\$ -	\$ -
26 HVAC & MECHANICAL SYSTEMS	\$ -	*	\$ -	\$ -
27 ELECTRICAL SYSTEMS	\$ -	*	\$ -	\$ -
28 BUILDING PERMIT FEES	\$ 13,421	*	\$ -	\$ -
<b>COST OF WORK</b>	<b>\$ 3,219,324</b>		<b>\$ 3,205,904</b>	<b>\$ 2,498,439</b>
29 GENERAL CONDITIONS	\$ 149,256		\$ -	\$ -
30 PROJECT INSURANCES	\$ 38,584		\$ -	\$ -
31 SUBCONTRACTOR DEFAULT BONDS	\$ -		\$ -	\$ -
32 PERFORMANCE & PAYMENT BOND	\$ 26,841		\$ -	\$ -
33 FEE	\$ 124,081		\$ -	\$ -
34 CONSTRUCTION CONTINGENCY	\$ 96,177		\$ -	\$ -
35 ESCALATION ALLOWANCE	\$ 15,000		\$ -	\$ -
<b>TOTAL</b>	<b>\$ 3,669,265</b>		<b>\$ 3,205,904</b>	<b>\$ 2,498,439</b>
<b>TOTAL - %</b>			<b>87%</b>	<b>68%</b>

**Cabarrus County  
EMS Operations Center  
Estimate Clarifications**

Item	Description
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**Division 1 - General**

- 1.1 GMP based upon Construction Documents package dated 5/10/21 prepared by ADW Architects
- 1.2 Construction, materials and special inspection testing to be by Owner
- 1.3 Excess material created during earthwork operations to be wasted onsite in lieu of hauling off property
- 1.4 GMP excludes unknown utility conflicts not indicated within the construction documents
- 1.5 GMP based upon questions and responses included within GMP RFI Log (#1 - #37)
- 1.6 GMP based upon questions, responses and information included within Addendum #1 dated 5/27/21
- 1.7 GMP based upon questions, responses and information included within Addendum #2 dated 5/20/21
- 1.8 GMP Unit Prices:
  - Unit Price #1 - Undercut, haul offsite, and replace with import material - \$60.00/ CY
  - Unit Price #2 - Undercut, haul offsite, and replace with onsite material - \$30.00/ CY
  - Unit Price #3 - Undercut, haul offsite, and replace with ABC stone - \$100.00/ CY
  - Unit Price #4 - Undercut, haul offsite, and replace with #57 stone - \$100.00/ CY
  - Unit Price #5 - Undercut, haul offsite, and replace with surge stone - \$100.00/ CY
  - Unit Price #6 - ABC stone - \$40.00/ TN
  - Unit Price #7 - #57 stone - \$45.00/ TN
  - Unit Price #8 - Surge stone - \$45.00/ TN
  - Unit Price #9 - Class B rip rap - \$45.00/ TN
  - Unit Price #10 - Trench rock - \$55.00/ CY
  - Unit Price #11 - Mass rock - \$30.00/ CY
  - Unit Price #12 - Asphalt Index Escalation @ \$484.09/ TN - current index
  - Unit prices provided by subcontractors without overhead & profit per CMAR instructions, 15% overhead and profit to be added to the above rates for change orders and/ or contingency usage.
- 1.9 GMP Allowances:
  - Tap/ impact fee - \$50,000.00
  - Asphalt escalation - \$18,395.00
  - MEP Interior Concrete Equipment Pads - \$12,675.00
  - Escalation Allowance - \$15,000.00

Project:	Cabarrus County	Cabarrus County		Estimate Date:	9/18/2020
	EMS Operations Center	GMP #1 Site Development & Concrete		Revision:	6/17/2021
	GMP #1 Site Development & Concrete	GMP #1 - Early Procurement Package		Addenda:	*
Location:	Concord, North Carolina	TOTAL SF:	31,266.00	Prepared By:	MPK
Architect:	ADW Architects	Cost/ SF:	\$ 117.36	Reviewed By:	*



Site Development	-	AC	Building Elevations - Veneer Breakdown %				Verification
Building Square Footage	-	SF	Brick Veneer	0%		SF	FALSE
Building Perimeter - A	-	LF	Stone Veneer	0%		SF	FALSE
Building Height (TOW)	-	LF	Precast Veneer	0%	-	SF	FALSE
Building Perimeter - B	-	LF	Metal Panels	0%		SF	FALSE
Building Height (TOW)	-	LF	Curtainwall	0%	-	SF	FALSE
Building Elevations - A	-	SF	Storefront	0%		SF	FALSE
Building Elevations - B	-	SF	Wood Siding	0%	-	SF	FALSE
Building Elevations Square Footage	-	SF	TOTAL	0%	-	SF	TRUE

First floor (TOW)	-	LF	Building Square Footage - Total Breakdown				Verification
Second floor (TOW)	-	LF	First floor	29,867.00		SF	TRUE
Third floor (TOW)	-	LF	Second floor	1,399.00		SF	TRUE
Fourth floor (TOW)	-	LF	Third floor	-		SF	FALSE
Roof (TOW)	-	LF	Fourth floor	-		SF	FALSE
TOTAL	-	LF	TOTAL	31,266.00		SF	TRUE

CSI	Description	Quantity	Unit	Unit Price	Unit Cost	TOTALS	\$/ SF
BP220	Turnkey Sitework	31,266.00	sf	\$ -	\$ -	\$ 2,498,438.85	\$ 79.91
	Turnkey Sitework	1.00	ls	\$ 2,286,030.00	\$ 2,286,030.00		
	ALT #1 - Unclassified Site Excavation	1.00	ls	w/ Alternate #1	\$ -		
	Water/ sewer office trailer connections	1.00	ls	\$ 2,500.00	\$ 2,500.00		
	Mobilization & general conditions	1.00	ls	\$ -	\$ -		
	Survey, layout and modeling	1.00	ls	\$ -	\$ -		
	Traffic control	1.00	ls	\$ -	\$ -		
	Clearing						
	Miscellaneous site clearing	1.00	ls	\$ -	\$ -		
	Demolition						
	Demo f/ roadway connections & site demolition	1.00	ls	\$ -	\$ -		
	Erosion Control						
	Erosion control	1.00	ls	\$ -	\$ -		
	Construction entrance	600.00	tn	\$ -	\$ -		
	Inlet protection	22.00	ea	\$ -	\$ -		
	Rip rap aprons	2.00	ea	\$ -	\$ -		
	Silt fence	3,700.00	lf	\$ -	\$ -		
	Check dams	12.00	ea	\$ -	\$ -		
	Temporary sediment basin w/ skimmer	2.00	ea	\$ -	\$ -		
	Temporary diversion ditch	1,520.00	lf	\$ -	\$ -		
	Temporary seeding	5.00	ac	\$ -	\$ -		
	Permanent seeding	4.00	ac	\$ -	\$ -		
	Mass Grading						
	Mass grading	1.00	ls	\$ -	\$ -		
	Strippings @ 6" (includes re-spread)	6,204.00	cy	\$ -	\$ -		
	Cut to fill excavation	13,469.00	cy	\$ -	\$ -		
	Import excavation	13,476.00	cy	\$ -	\$ -		
	Disturbed area	49,458.00	sy	\$ -	\$ -		
	Temporary road access - stone base	2,117.00	tn	\$ 38.00	\$ 80,446.00		
	Laydown/ staging - stone base	686.00	tn	\$ 38.00	\$ 26,068.00		
	Building pad - stone base	1,659.28	tn	\$ -	\$ -		
	Mass rock	1,000.00	cy	\$ -	\$ -		
	Trench rock	1,000.00	cy	\$ -	\$ -		
	Storm Drainage Systems						
	Storm drainage systems	1.00	ls	\$ -	\$ -		
	Curb inlet	16.00	ea	\$ -	\$ -		
	Drop inlet	4.00	ea	\$ -	\$ -		
	Yard inlet	6.00	ea	\$ -	\$ -		
	Junction MH-XL	3.00	ea	\$ -	\$ -		
	15" RCP	1,019.00	lf	\$ -	\$ -		
	18" RCP	640.00	lf	\$ -	\$ -		
	24" RCP	463.00	lf	\$ -	\$ -		
	Stormwater pond - dry w/ outlet control structure	1.00	ls	\$ -	\$ -		
	8" PVC roof drain piping	350.00	lf	\$ -	\$ -		
	Roof drain final connection	1.00	ls	\$ 20,000.00	\$ 20,000.00		
	Site Utilities						
	Site utilities	1.00	ls	\$ -	\$ -		
	Tap/ impact fees - Allowance	1.00	ls	\$ 50,000.00	\$ 50,000.00		
	Gas piping	324.00	lf	By Other	\$ -		
	Water						
	6" wet tap on main (w/ valve & sleeve)	1.00	ea	\$ -	\$ -		

	6" C-900 DR-14	315.00	lf	\$	-	\$	-	
	4" fire line	206.00	lf	\$	-	\$	-	
	3" PVC f/ domestic	299.00	lf	\$	-	\$	-	
	6" backflow & vault master meter assembly	1.00	ls	\$	-	\$	-	
	3" domestic metal vault & BFP	1.00	ls	\$	-	\$	-	
	6" riser	1.00	ea	\$	-	\$	-	
	FHA	1.00	ea	\$	-	\$	-	
	6" MJ fittings restrained	6.00	ea	\$	-	\$	-	
	6" valve restrained	1.00	ea	\$	-	\$	-	
	External sia. Connection	1.00	ea	\$	-	\$	-	
	Surface repairs	1.00	ls	\$	-	\$	-	
	Testing & chlorination	1.00	ls	\$	-	\$	-	
	Sewer							
	Connect to existing MH w/ core	1.00	ea	\$	-	\$	-	
	Connect to existing line w/ wye	1.00	ea	\$	-	\$	-	
	4" PVC service lateral	209.00	lf	\$	-	\$	-	
	Clean-out assembly w/ CI cover	5.00	ea	\$	-	\$	-	
	Surface repairs	1.00	ls	\$	-	\$	-	
	Temporary bypass pumping - Allowance	1.00	ls	\$	-	\$	-	
	LP air test	1.00	ls	\$	-	\$	-	
	Asphalt and Concrete Paving							
	4" ABC f/ sidewalks	331.43	tn	\$	-	\$	-	
	9" ABC f/ HD asphalt	3,279.81	tn	\$	-	\$	-	
	8" ABC f/ LD asphalt	2,344.50	tn	\$	-	\$	-	
	6" ABC f/ HD concrete	53.96	tn	\$	-	\$	-	
	Concrete median/ island	32.00	sy	\$	-	\$	-	
	HD concrete paving	142.00	sy	\$	-	\$	-	
	2'-6" Concrete curb and gutter	1,243.00	lf	\$	-	\$	-	
	1'-6" Concrete curb and gutter	3,321.00	lf	\$	-	\$	-	
	Concrete sidewalk	1,441.00	sy	\$	-	\$	-	
	HD asphalt paving 2'/ 3"	6,431.00	sy	\$	-	\$	-	
	LD asphalt paving 2"	5,210.00	sy	\$	-	\$	-	
	1" asphalt paving overlay	4,266.00	sy	\$	-	\$	-	
	Asphalt escalation - Allowance	193.63	tn	\$	95.00	\$	18,394.85	
	Gravel pavement	226.56	sy	\$	-	\$	-	
	Pavement markings & signage	1.00	ls	\$	-	\$	-	
	Sleeve/ conduit	1.00	ls	\$	15,000.00	\$	15,000.00	
	NCDOT roadway work	1.00	ls	\$	-	\$	-	
BP221	Site Allowances	31,266.00	sf	\$	-	\$	-	\$ -
	Site Allowances	1.00	ls	\$	-	\$	-	
	Mass rock	2,622.00	cy	\$	-	\$	-	
	Trench rock	2,274.00	cy	\$	-	\$	-	
BP390	Turnkey Concrete	31,266.00	sf	\$	-	\$	707,465.00	\$ 22.63
	Turnkey Concrete	1.00	ls	\$	651,420.00	\$	651,420.00	
	Survey and benchmark	1.00	ls	\$	5,000.00	\$	5,000.00	
	Concrete wash out	1.00	ls	\$	15,000.00	\$	15,000.00	
	Column foundations							
	F3	7.00	ea	\$	-	\$	-	
	F4	40.00	ea	\$	-	\$	-	
	F6B	24.00	ea	\$	-	\$	-	
	F7B	4.00	ea	\$	-	\$	-	
	Column foundations	121.20	cy	\$	-	\$	-	
	Anchor bolts	300.00	ea	\$	-	\$	-	
	Continuous foundations							
	Continuous foundations - total	228.44	cy	\$	-	\$	-	
	Concrete reinforcing							
	Concrete foundations	17.48	tn	\$	-	\$	-	
	Slab on grade	28,770.00	sf	\$	-	\$	-	
	Slab on suspended decking (WWM)	1,511.00	sf	\$	-	\$	-	
	Concrete slabs							
	Slab on grade - 4"	23,776.00	sf	\$	-	\$	-	
	Slab on grade - 6"	1,048.00	sf	\$	-	\$	-	
	Slab on grade - 8"	3,946.00	sf	\$	-	\$	-	
	Ready mix concrete	410.00	cy	\$	-	\$	-	
	Place and finish	28,770.00	sf	\$	-	\$	-	
	4" crushed stone underlayment	615.00	tn	\$	38.00	\$	23,370.00	
	Rigid insulation underlayment	-	sf	\$	-	\$	-	
	Pumping and hoisting	410.00	cy	\$	-	\$	-	
	Ready mix concrete - turndown	41.00	cy	\$	-	\$	-	
	Slab on suspended decking	1,511.00	sf	\$	-	\$	-	
	Pan fill metal stairs	-	sf	\$	-	\$	-	
	Pumping and hoisting	27.98	cy	\$	-	\$	-	
	Concrete admixture	437.98	cy	\$	-	\$	-	
	Sawed construction joints	2,702.00	lf	\$	-	\$	-	
	Slab depression	118.00	lf	\$	-	\$	-	
	Concrete accessories					\$	-	

	Soil treatment	28,770.00	sf	\$ -	\$ -		
	Pipe bollard concrete fill/ installation	19.00	ea	\$ -	\$ -		
	Perimeter foundation drain	1,091.00	lf	\$ -	\$ -		
	Crushed stone - foundation drain	242.44	tn	\$ -	\$ -		
	MEP housekeeping pads - Allowance	65.00	sy	\$ 195.00	\$ 12,675.00		
Cost of Work - Subtotal						\$ 3,205,903.85	\$ 102.54
*	General Conditions					\$ 149,256.00	\$ 4.77
Subtotal - Cost of Work/ CMAR GC's						\$ 3,355,159.85	\$ 107.31
Estimate Contingency	0.0%					\$ -	\$ -
Market Escalation Contingency	0.5%					\$ 15,000.00	\$ 0.48
Construction Contingency	3.0%					\$ 96,177.12	\$ 3.08
Project Insurances	1.2%					\$ 38,584.34	\$ 1.23
Performance and Payment Bond	0.8%					\$ 26,841.28	\$ 0.86
Subcontractor Default Insurance	0.0%					\$ -	\$ -
Building Permit/ Inspections	0.4%					\$ 13,420.64	\$ 0.43
Testing Agency	0.0%					\$ -	\$ -
Construction Manager - Fees	3.5%					\$ 124,081.41	\$ 3.97
Total						\$ 3,669,264.63	\$ 117.36

Project:	Cabarrus County	Cabarrus County		Estimate Date:	9/18/2020
	EMS Operations Center	GMP #1 Site Development & Concrete		Revision:	6/17/2021
	GMP #1 Site Development & Concrete	Alternate #1 - Unclassified Site		Addenda:	*
Location:	Concord, North Carolina	TOTAL SF:	31,266.00	Prepared By:	MPK
Architect:	ADW Architects	Cost/ SF:	\$ 6.86	Reviewed By:	*



Site Development	-	AC	Building Elevations - Veneer Breakdown %				Verification
Building Square Footage	-	SF	Brick Veneer	0%		SF	FALSE
Building Perimeter - A	-	LF	Stone Veneer	0%		SF	FALSE
Building Height (TOW)	-	LF	Precast Veneer	0%	-	SF	FALSE
Building Perimeter - B	-	LF	Metal Panels	0%		SF	FALSE
Building Height (TOW)	-	LF	Curtainwall	0%	-	SF	FALSE
Building Elevations - A	-	SF	Storefront	0%		SF	FALSE
Building Elevations - B	-	SF	Wood Siding	0%	-	SF	FALSE
Building Elevations Square Footage	-	SF	TOTAL	0%	-	SF	TRUE

First floor (TOW)	-	LF	Building Square Footage - Total Breakdown				Verification
Second floor (TOW)	-	LF	First floor	29,867.00		SF	TRUE
Third floor (TOW)	-	LF	Second floor	1,399.00		SF	TRUE
Fourth floor (TOW)	-	LF	Third floor	-		SF	FALSE
Roof (TOW)	-	LF	Fourth floor	-		SF	FALSE
TOTAL	-	LF	TOTAL	31,266.00		SF	TRUE

CSI	Description	Quantity	Unit	Unit Price	Unit Cost	TOTALS	\$/ SF
BP220	Turnkey Sitework	31,266.00	sf	\$ -		\$ 200,000.00	6.40
	Turnkey Sitework	1.00	ls	\$ -	\$ -		
	ALT #1 - Unclassified Site Excavation	1.00	ls	\$ 200,000.00	\$ 200,000.00		
BP221	Site Allowances	-	sf	\$ -		\$ -	-
BP390	Turnkey Concrete	-	sf	\$ -		\$ -	-
Cost of Work - Subtotal						\$ 200,000.00	6.40
*	General Conditions					\$ -	-
Subtotal - Cost of Work/ CMAR GC's						\$ 200,000.00	6.40
Estimate Contingency	0.0%					\$ -	-
Market Escalation Contingency	0.0%					\$ -	-
Construction Contingency	0.0%					\$ -	-
Project Insurances	1.2%					\$ 2,300.00	0.07
Performance and Payment Bond	0.8%					\$ 1,600.00	0.05
Subcontractor Default Insurance	1.25%					\$ 2,500.00	0.08
Building Permit/ Inspections	0.4%					\$ 800.00	0.03
Testing Agency	0.0%					\$ -	-
Construction Manager - Fees	3.5%					\$ 7,252.00	0.23
Total						\$ 214,452.00	6.86

Bids Received:	Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5
Bidder Name:	Pedulla Excavating	Ike's Construction	Showalter Construction	Siteworks	
Bidder Location:	Mooreville, NC	Concord, NC	Charlotte, NC	Charlotte, NC	
Amount:	\$ 2,260,030.00	\$ 2,700,000.00	\$ 3,569,135.00	\$ 4,250,000.00	
Bid to Apparent Low Variance \$	\$ -	\$ 439,970.00	\$ 1,309,105.00	\$ 1,989,970.00	
Bid to Apparent Low Variance %	0%	19%	58%	88%	

Bid Date: June 10, 2020  
Bid Time: 3:00 PM

Bid Phase:	GMP #1
Bid Package No:	300
Bid Package Description:	Concrete

Certification By:

Bids Received:		Bidder #1	Bidder #2	Bidder #3	Bidder #4	Bidder #5
Incomplete Bid						
Bidder Name:	Camps Construction	PCM Construction	Cardinal Concrete	The Raider Company		
Bidder Location:	Charlotte, NC	Jonesville, NC	Matthews, NC	Davidson, NC		
Amount:	\$ 644,000.00	\$ 689,400.00	\$ 830,200.00	\$ -		
Bid to Apparent Low Variance \$	\$ -	\$ 45,400.00	\$ 186,200.00	\$ -		
Bid to Apparent Low Variance %	0%	7%	29%	0%		

[illegible]

Bid Proposal (Subtotal)	\$ 644,000.00	\$ 689,400.00	\$ 830,200.00	\$ -	\$ -
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Clarifications					
Addendum (Received/ Reviewed)	Yes	Yes	Yes		
State Sales Tax (Materials)	\$ -	\$ -	\$ -		
Subcontractor P&P Bond	\$ 7,420.00	\$ 20,682.00	\$ 16,600.00		
Trade Permits	N/A	N/A	N/A		
MWSBE Participation	No	Yes	No		
MWSBE 1st tier	\$ -	\$ 689,400.00	\$ -		
MWSBE Other	\$ -	\$ -	\$ -		

TOTAL BID	\$	651,420.00	\$	710,082.00	\$	846,800.00	\$	-	\$	-
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Alternates					
ALT #1 - Unclassified Site Excavation	\$ -	\$ -	\$ -	\$ -	
ALT #2 - Performance & Payment Bond	\$ 7,420.00	\$ 20,682.00	\$ 16,600.00	\$ -	



# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

July 6, 2021  
4:00 PM

---

### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Infrastructure and Asset Management - Courthouse Project Budget Amendment

### **BRIEF SUMMARY:**

Staff has prepared a budget amendment to transfer \$1,700,000 from the 38092210-9830-COURT (Other Improvements) account to the 38092210-9660-COURT (Contingency) account. The 38092210-9830-COURT account was utilized for legal matters and misc. associated fees and at this point in the project this account does not need to be so robust.

### **REQUESTED ACTION:**

Motion to approve the necessary budget amendment.

### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

### **SUBMITTED BY:**

Kyle Bilafer, Area Manager Of Operations

### **BUDGET AMENDMENT REQUIRED:**

Yes

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

---

### **ATTACHMENTS:**

▢ Budget Amendment

### Budget Revision/Amendment Request

Date: 7/19/2021

Amount: 1,700,000.00

Dept. Head: Wendi Heglar (Prepared by Max Thorne)

Department: Finance - County Capital Projects

☒ Internal Transfer Within Department

☐ Transfer Between Departments/Funds

☐ Supplemental Request

This budget amendment transfers \$1,700,000 from Courthouse other improvement funds to court contingency funds.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
380	9	2210-9660-COURT	Contingency	3,606,945.84	1,700,000.00	-	5,306,945.84
380	9	2210-9830-COURT	Other Improvements	1,962,328.00	-	1,700,000.00	262,328.00

#### Budget Officer

- ☐ Approved  
☐ Denied

Signature

Date

#### County Manager

- ☐ Approved  
☐ Denied

Signature

Date

#### Board of Commissioners

- ☐ Approved  
☐ Denied

Signature

Date

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Planning and Development Department - TEXT2021-00002, Proposed Amendments to Chapter 4 Overlay Districts, Chapter 7 Performance Based Standards and Chapter 16 Flood Damage Prevention - Public Hearing 6:30 p.m.

### **BRIEF SUMMARY:**

Attached you will find information outlining proposed changes to Chapter 4 Overlay Districts, Chapter 7 Performance Based Standards, and Chapter 16 Flood Damage Prevention.

The Planning and Zoning Commission considered the proposed changes on June 15 and voted unanimously to forward the amendments to the Board of Commissioners for final consideration.

The Board of Commissioners will need to hold a public hearing to receive comments on the proposed changes.

### **REQUESTED ACTION:**

Receive staff report.

Hold public hearing.

Motion to consider adoption of TEXT2021-0002, Proposed Amendments to Chapter 4 Overlay Districts, Chapter 7 Performance Based Standards and Chapter 16 Flood Damage Prevention.

### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

**SUBMITTED BY:**

Susie Morris, AICP, CFM, CZO  
Planning and Zoning Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

---

**ATTACHMENTS:**

- ▣ Proposed Amendment TEXT2021-00002

# Memo

**To:** Cabarrus County Board of Commissioners

**From:** Susie Morris, Planning and Zoning Manager

**cc:** File

**Date:** 6/17/2021

**Re:** Proposed Amendment TEXT2021-00002 (Chapter 4, Chapter 7 and Chapter 16)

---

Attached you will find proposed text changes. The changes address the following:

## Chapter 4 Overlay Districts

The proposed amendment to Chapter 4 is to remove duplicate language from a past amendment that may cause confusion about how the development standard is applied. The duplicate language needs to be deleted for consistency with the language in Chapter 5.

## Chapter 7 Performance Based Standards

The proposed amendment to Chapter 7 is related to the development standards for Accessory Dwelling Units (ADUs). The proposed amendment allows additional flexibility with placement of the ADU. It also adds language to clarify how the allowable square footage is determined for non-residential structures.

## Chapter 16 Flood Damage Prevention

The language for this amendment was provided by the North Carolina Department of Emergency Management as an update to the Model Ordinance for Flood Damage Protection. The proposed amendment incorporates current enabling statutes, adds language to address auto-adoption of new maps so the ordinance does not have to be amended each time a mapping change is approved by FEMA and includes a required update for Community Rating System (CRS) Program participants in North Carolina.

Proposed changes are in red. Language to be deleted is in strikethrough text.

The proposed amendments have been reviewed by Legal.

The Planning and Zoning Commission voted unanimously (9-0) at the June 15, 2021 meeting to forward the proposed amendments to the Board of Commissioners for final consideration.

The Board of Commissioners will need to hold a public hearing to receive comments on the proposed amendments.

## **Proposed Amendment of the Cabarrus County Development Ordinance**

### **TEXT2021-00002**

**BE IT ORDAINED** by the Board of County Commissioners of Cabarrus County, North Carolina the following ordinance is hereby is adopted:

**AMEND** Section 7-3 Uses Permitted Based on Standards (PBS) as follows:

#### **#1 Accessory Building, Accessory Dwelling Unit and Swimming Pools Accessory to Single Family Residential**

- a. Residential accessory dwelling units in the AO, CR, LDR, MDR and HDR districts shall not exceed fifty (50) percent of the square footage of the base floor area **of the primary structure (BAS)** as listed on the Cabarrus County Tax Card. ~~In residential districts, the accessory dwelling unit shall be sited to the rear of the primary structure or to the side as a secondary option.~~ If sited as part of a commercial or industrial building, the accessory dwelling unit shall be incorporated into the overall building design and shall not exceed twenty five (25) percent of the **base area of the structure (BAS) as listed on the Cabarrus County Tax Card.** ~~structure in which it is located.~~

**AMEND** Chapter 4, Section 4-10, 15 as follows:

15. Where the Waterbody Buffer Zone or no build buffer impacts or is part of a lot, a note shall be placed on the plat or site plan and a restriction shall become part of the deed for the property stating that said property is subject to the Waterbody Buffer Zone.

- a. Land within a stream buffer shall not be used to meet the minimum area requirements for lots that are one acre or less.
- b. If a lot is greater than one acre in area, ~~except where lots are greater than one acre in area,~~ the buffer area may be used to meet the minimum lot size requirements, however, at least 50 percent of the lot shall remain outside the stream buffer area.

**AMEND** Chapter 16 as follows:

**DELETE** current Section A. Statutory Authorization and **REPLACE** with new Section A.



~~The Legislature of the State of North Carolina has in Part 6, Article 21 of Chapter 143; Parts 3 and 4 of Article 18 of Chapter 153A; and Part 121, Article 6 of Chapter 153A of the North Carolina General Statutes, delegated to local governmental units the responsibility to adopt regulations designed to promote the public health, safety, and general welfare.~~

The Legislature of the State of North Carolina has in Part 6, Article 21 of Chapter 143; Article 6 of Chapter 153A; Article 8 of Chapter 160A; and Article 7, 9, and 11 of Chapter 160D of the North Carolina General Statutes, delegated to local governmental units the Authority to adopt regulations designed to promote the public health, safety, and general welfare.

**REVISE** Part 3, General Provisions, Section B

The Special Flood Hazard Areas are those identified under the Cooperating Technical State (CTS) agreement between the State of North Carolina and FEMA in its FIS dated November 5, 2008 for Cabarrus County and associated DFIRM panels dated November 5, 2008, March 2, 2009, June 16, 2009, February 19, 2014 and November 16, 2018, including any digital data developed as part of the FIS, which are adopted by reference and declared a part of this ordinance **and all revisions thereto.** ~~Future revisions to the FIS and DFIRM panels that do not change flood hazard data within the jurisdictional authority of Cabarrus County are also adopted by reference and declared a part of this ordinance.~~

REVISE Part 5, Provisions for Flood Hazard Reduction, Section A, General Standard, #4 to read as follows:

All new electrical, heating, ventilation, plumbing, air conditioning equipment, and other service equipment shall be located at or above the Regulatory Flood Protection Elevation (RFPE) ~~or designed and installed to prevent water from entering or accumulating within the components during the occurrence of the base flood.~~ These include, but are not limited to, HVAC equipment, water softener units, bath/kitchen fixtures, ductwork, electric/gas meter panels/boxes, utility/cable boxes, hot water heaters, and electric outlets/switches.

Adopted this 19th day of July, 2021, by the Cabarrus County Board of Commissioners.

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Stephen M. Morris, Chairman  
Cabarrus County Board of Commissioners

ATTEST:

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Clerk to the Board

Consistency Statement for Proposed Amendment to the Cabarrus County  
Development Ordinance

TEXT2021-00002

Having reviewed and considered proposed amendment TEXT2021-00002, the accompanying documents, the staff analysis, comments from the general public, and the recommendation from the Cabarrus County Planning and Zoning Commission, the Cabarrus County Board of Commissioners adopts this statement of consistency.

The proposed amendments are consistent with the Small Area Land Use Plans (Plans) because the Plans seek to create a safe and healthy community, to preserve open space, to create expanded housing options, and to encourage economic development.

The proposed amendments are reasonable and in the public interest because:

The proposed amendment to Chapter 7 will generate additional opportunities for aging in place by providing secondary housing options in keeping with the size and scale of the existing structure. This approach allows for gentle density increases without negatively impacting overall neighborhoods. The proposed amendment also allows additional use of individual lots that may have otherwise been restricted due to building placement.

The proposed amendment to Chapter 4 is to remove a typo (duplicate language) that may cause confusion about how the development standard is applied.

The proposed amendments to Chapter 16 are provided by the North Carolina Department of Emergency Management as an update to the Model Flood Damage Prevention Ordinance. The language includes updates for 160D compliance, updates for applicable sections of the North Carolina General Statutes and updates for compliance with Community Rating System (CRS) Program requirements.

For the reasons set forth above, the Planning and Zoning Commission recommends that the Cabarrus County Board of Commissioners consider adopting proposed amendment TEXT2021-00002.

For the reasons set forth above, the Cabarrus County Board of Commissioners hereby adopt this Statement of Consistency and approve TEXT2021-00002.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2021

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Stephen M. Morris, Chairman  
Cabarrus County Board of Commissioners

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Clerk to the Board of Commissioners

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Solid Waste / Landfill - Bid Award for Landfill Phase 4 Expansion

### **BRIEF SUMMARY:**

An informal bid process was initiated on May 19, 2021. A total of 3 contractors submitted bids to construct the Landfill Phase 4 Expansion. All 3 bids exceeded the amount in the FY22 Landfill budget but there are adequate funds in the Landfill Capital Reserve.

Due to rapidly decreasing amount of existing landfill airspace, staff requests award approval at the work session in order to begin construction immediately

### **REQUESTED ACTION:**

Motion to suspend the Rules of Procedure due to time constraints.

Motion to approve the contract between Cabarrus County and Darrell Cody & Sons Grading, LLC and authorize the County Manager to execute the contract on behalf of Cabarrus County, subject to review by the County Attorney.

### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

### **SUBMITTED BY:**

Kevin Grant, Environmental Management Director

### **BUDGET AMENDMENT REQUIRED:**

No

## COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:

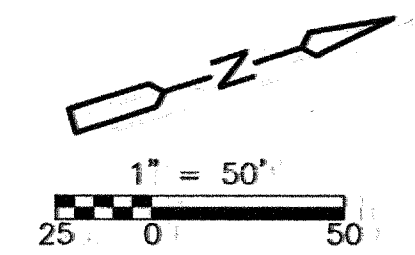
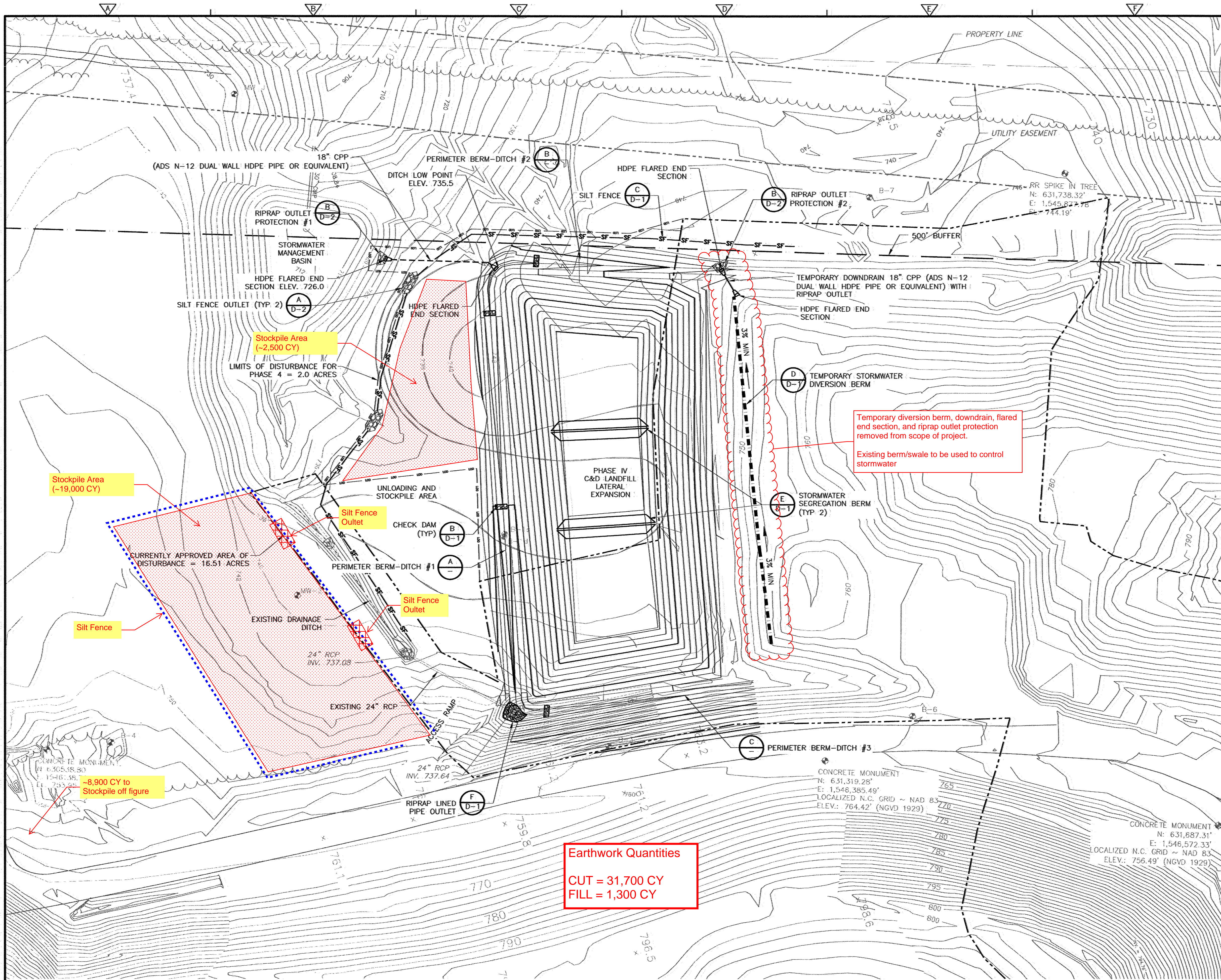
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### ATTACHMENTS:

- ▣ Landfill Phase 4 Drawing
- ▣ Landfill Phase 4 Bid Tabulation
- ▣ Landfill Balance Sheet
- ▣ Budget Amendment

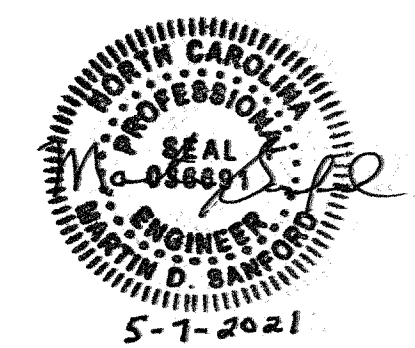
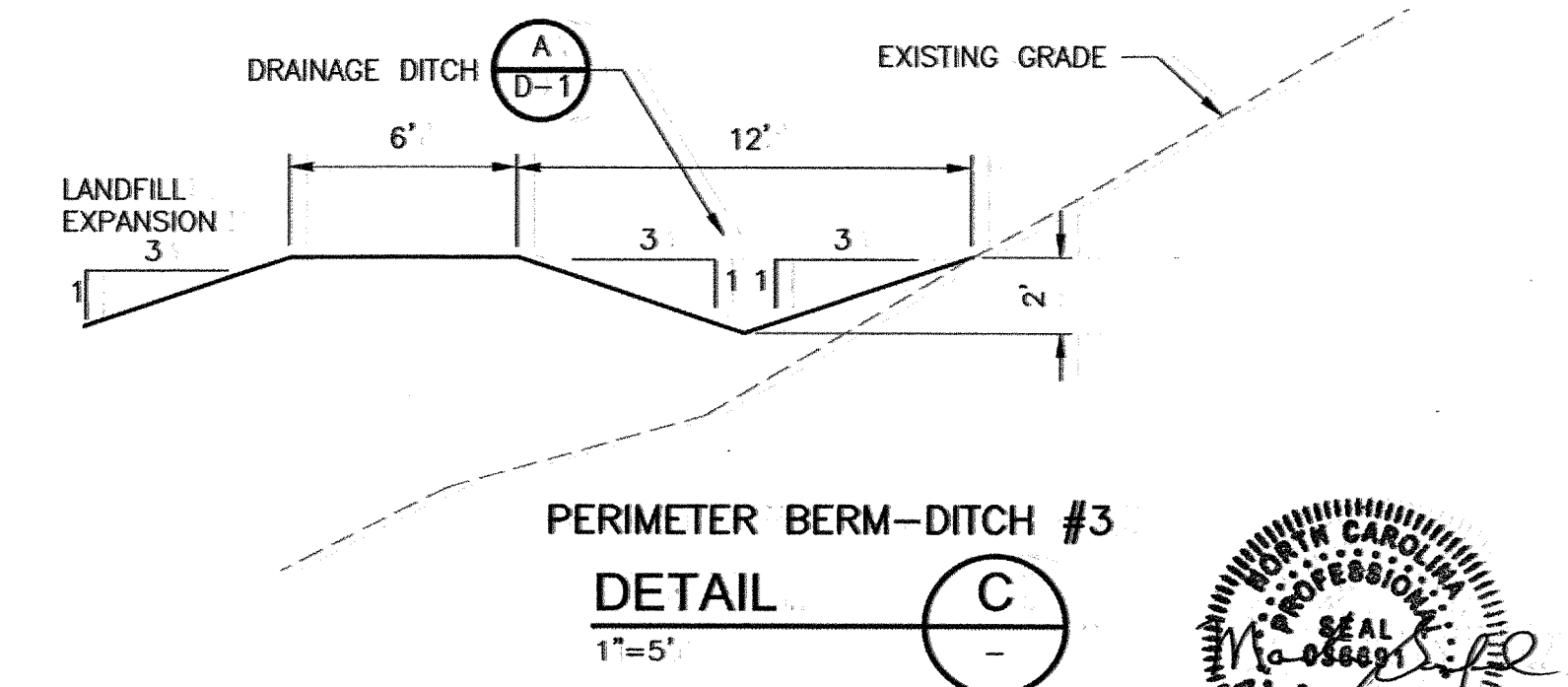
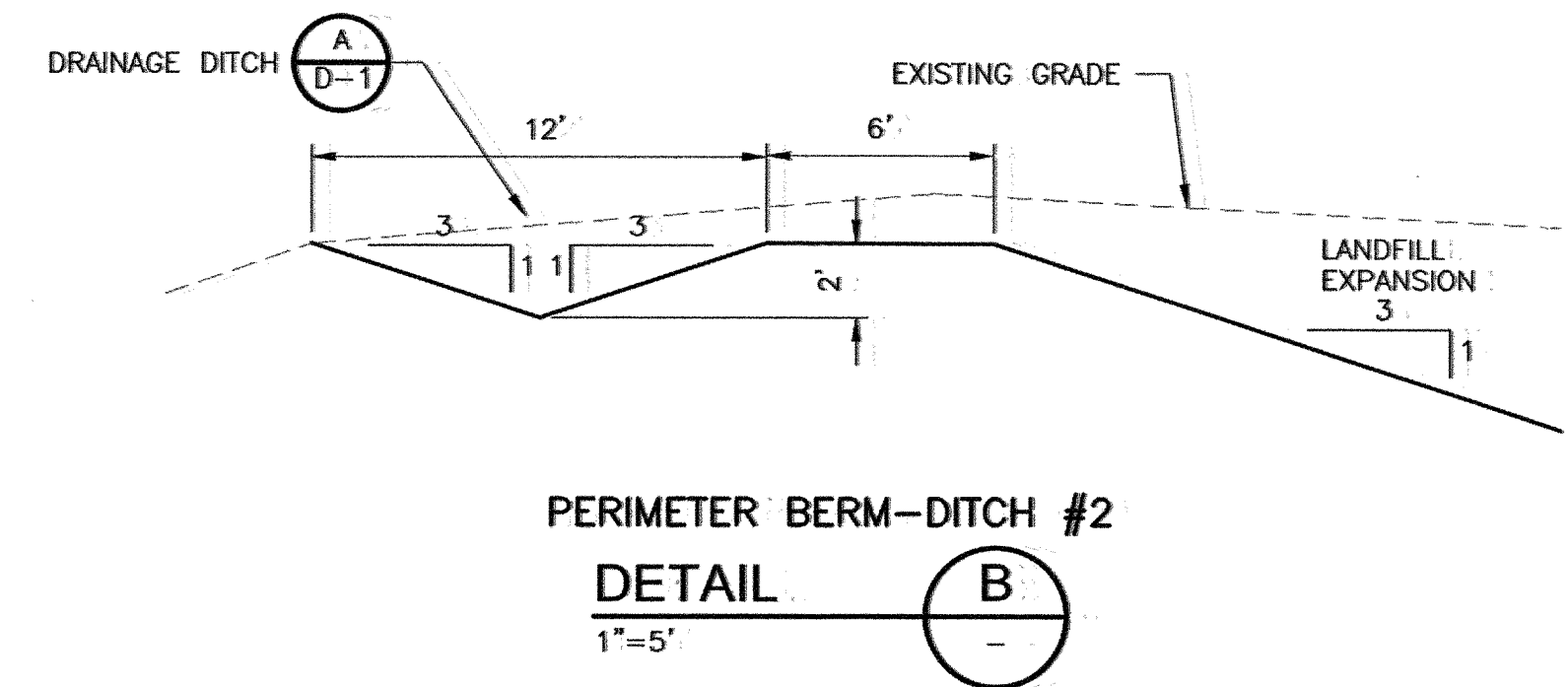
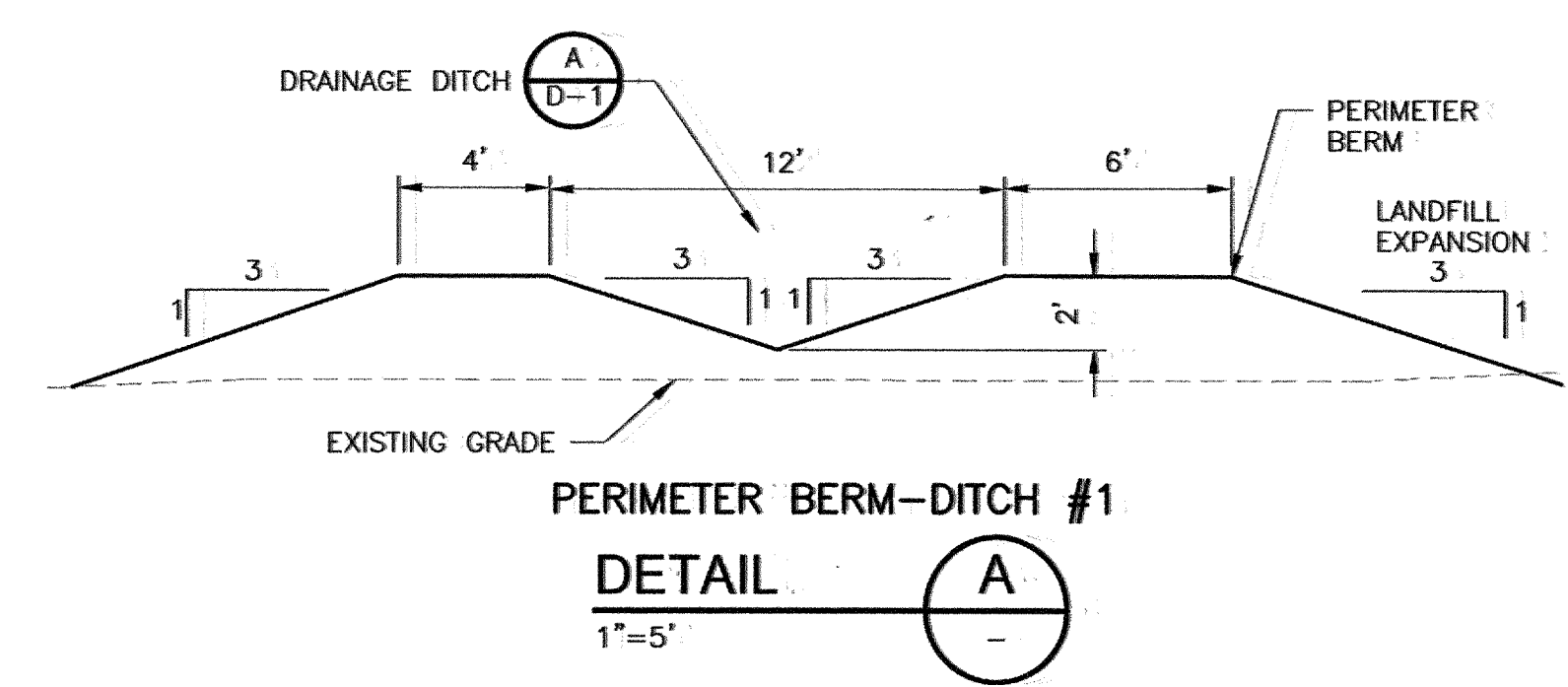


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- LEGEND**
- CURRENTLY APPROVED LIMITS OF DISTURBANCE (PHASE 1-3)
  - PHASE 4 LIMITS OF DISTURBANCE
  - 760 --- PROPOSED INDEX CONTOUR
  - PROPOSED INTERMEDIATE CONTOUR
  - PROPERTY LINE
  - 760 --- EXISTING INDEX CONTOUR
  - EXISTING INTERMEDIATE CONTOUR
  - B-6 BORING
  - MW-2 MONITORING WELL
  - ▲ SW-1 SURFACE WATER SAMPLING LOCATION
  - CONCRETE MONUMENT/BENCHMARK

- NOTES:**
1. PHASE IV C&D LANDFILL LATERAL EXPANSION AREA IS APPROXIMATELY 2.2 ACRES.
  2. EXISTING C&D LANDFILL SURVEY PROVIDED BY CESI, CONCORD, NC, DATED MAY 12, 2020.



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Bid Tabulation

Cabarrus County C&D Landfill - Phase 4 Expansion

Vendor/Contractor	Bid Received Date	Cost
Ike's Construction, Inc	6/18/2021	\$270,000.00
Carolina SiteWorks, Inc	6/18/2021	\$271,783.00
Darrell Cody & Sons Grading, LLC	6/18/2021	\$176,745.00

# CABARRUS COUNTY - PROD

## BALANCE SHEET FOR 2021 12

FUND: 270 Landfill Fund				NET CHANGE FOR PERIOD	ACCOUNT BALANCE
<b>ASSETS</b>					
270	1105		Cash in Bank	-36,446.47	7,099,659.99
270	1111	05	Change Fund - Landfill	.00	700.00
270	1503		Landfill Accounts Receivable	2,304.39	12,160.98
270	2201		Land	.00	490,446.96
270	2202		Land Improvements	.00	2,199,395.94
270	2221		Vehicles	.00	1,922,277.74
270	2222		Equipment	.00	262,358.80
270	2230		Buildings	.00	1,256,544.10
270	2290		Accumulated Depreciation	.00	-3,866,657.48
270	2501		LGRS Net Pension Asset	.00	-82,499.00
270	2502		LGRS Deferred Outflow	.00	57,634.00
<b>TOTAL ASSETS</b>				<b>-34,142.08</b>	<b>9,352,022.03</b>
<b>LIABILITIES</b>					
270	3101		Accounts Payable	19,810.27	.00
270	3130		OPEB Liability Payable	.00	-131,097.00
270	3401		Compensated Absences Pay	.00	-21,403.06
270	3503	55	Closure/Postclos-MSW-Post Clos	4,999.98	-757,172.74
270	3503	56	Closure/Postclos-C&D-Closure	.00	-1,467,050.00
270	3503	561	Closure/Postclosure	.00	-1,228,200.00
270	3503	57	Closure/Postclos-C&D-Post Clos	.00	-193,800.00
270	3701		LGRS Deferred Inflow	.00	-49,367.00
<b>TOTAL LIABILITIES</b>				<b>24,810.25</b>	<b>-3,848,089.80</b>
<b>FUND BALANCE</b>					
270	5102		Contributed Capital - Govt	.00	-393,403.76
270	5401		Unreserved Retained Earnings	.00	-4,696,240.49
270	5701		Revenue Control	-25,361.78	-1,208,959.25
270	5702		Expenditure Control	34,693.61	794,671.27
270	5703		Estimated Revenues	.00	1,473,862.98
270	5704		Appropriations	.00	-1,473,862.98
270	5705		Encumbrances	-23,900.02	85,994.61
270	5706		Bud FB - Res for Encumbrances	23,900.02	-85,994.61
<b>TOTAL FUND BALANCE</b>				<b>9,331.83</b>	<b>-5,503,932.23</b>
<b>TOTAL LIABILITIES + FUND BALANCE</b>				<b>34,142.08</b>	<b>-9,352,022.03</b>

\*\* END OF REPORT - Generated by Theresa Clair \*\*



### Budget Revision/Amendment Request

Date: July 19, 2021

Amount: 70,000.00

Dept. Head: Suzanne Burgess for Kevin Grant

Department: Landfill

☒ Internal Transfer Within Department

☐ Transfer Between Departments/Funds

☐ Supplemental Request

This budget amendment is to appropriate funds to the Landfill Expansion account from the Capital Reserve account. After receiving bids for the Landfill Expansion #4, additional funds are needed.

Fund	Indicator	Department/ Object/ Project	Account Name	Approved Budget	Increase Amount	Decrease Amount	Revised Budget
270	9	4610-9830-2203	Landfill Expansion	80,000.00	70,000.00	-	150,000.00
270	9	4610-9661	Capital Reserve	231,420.00	-	70,000.00	161,420.00

#### Budget Officer

☐ Approved

☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### County Manager

☐ Approved

☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Board of Commissioners

☐ Approved

☐ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

---

### **AGENDA CATEGORY:**

Discussion Items for Action

### **SUBJECT:**

Tax Administration - Tax Collector's Annual Settlement and Order Authorizing Collection of FY 2021-2022 Taxes

### **BRIEF SUMMARY:**

The Tax Collector is required by NCGS 105-373 to give an annual settlement on current and delinquent taxes to the governing body for review and approval. The settlement report for fiscal year 2020-2021 is attached. This report contains real and personal taxes that remain unpaid for the fiscal year. These lists are recharged to the Tax Collector for collection. Also attached is the Order to Collect, to be executed by the Chairman of the Board of County Commissioners, authorizing the Tax Collector to collect all FY 2021-2022 property taxes.

### **REQUESTED ACTION:**

Motion to accept the Tax Collector's annual settlement and approve the Order to Collect in accordance with NCGS 105-321.

### **EXPECTED LENGTH OF PRESENTATION:**

5 Minutes

### **SUBMITTED BY:**

David Thrift, Tax Administrator

### **BUDGET AMENDMENT REQUIRED:**

No

### **COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

---

**ATTACHMENTS:**

- ▢ Order to Collect 2021 Taxes
- ▢ Tax 2020 AR Real Personal and DMV
- ▢ 2021-2022 Tax Levy



ORDER OF THE BOARD OF COUNTY COMMISSIONERS  
IN ACCORDANCE WITH N.C.G.S. 105-321

---

To: M. David Thrift  
Tax Administrator, Cabarrus County

You are hereby authorized, empowered, and commanded to collect the 2021 property taxes filed in the office of the Cabarrus County Tax Assessor, and in the receipts herewith delivered to you, in the amounts and from the taxpayers likewise set forth. Such taxes are hereby declared to be a first lien upon all real property of the respective taxpayers in the County of Cabarrus, and this order shall be a full and sufficient authority to direct, require and enable you to levy on and sell any real or personal property of such taxpayer, for and on account thereof, in accordance with the law.

Witness my hand and official seal, this 19th day of July 2021.

---

Stephen M. Morris, Chairman  
Cabarrus County Board of Commissioners

Attest:

---

Lauren Linker, Clerk to the Board

**CABARRUS COUNTY**  
**OUTSTANDING REAL, PERSONAL AND DMV BILLS**  
**TAX YEAR 2020**  
**At June 30, 2021**

Name	REAL & PERSONAL		DMV		Total Outstanding 2020 Tax Bills			
	Ad Valorem	Penalties	Ad Valorem					
County & Municipalities:								
Cabarrus County	\$	1,836,513	\$	46,723	\$	-	\$	1,883,236
City of Kannapolis	\$	400,876	\$	2,691	\$	-	\$	403,567
Town of Mt Pleasant	\$	15,939	\$	35	\$	-	\$	15,974
Town of Midland	\$	21,409	\$	823	\$	-	\$	22,232
City of Locust	\$	113	\$	-	\$	-	\$	113
City of Concord	\$	544,773	\$	51,997	\$	-	\$	596,770
Town of Harrisburg	\$	36,009	\$	1,989	\$	-	\$	37,998
Fire Districts:								
Kannapolis Rural	\$	5,368	\$	9	\$	-		5,377
Jackson Park	\$	1,494	\$	5	\$	-	\$	1,499
Cold Water	\$	3,007	\$	6	\$	-		3,013
Allen	\$	7,086	\$	91	\$	-	\$	7,177
Midland	\$	4,197	\$	21	\$	-		4,218
Harrisburg (Outside)	\$	7,292	\$	31	\$	-	\$	7,323
Rimer	\$	3,961	\$	10	\$	-		3,971
Mt Mitchell	\$	3,461	\$	21	\$	-	\$	3,482
Odell	\$	7,361	\$	273	\$	-		7,634
Georgeville	\$	4,092	\$	10	\$	-	\$	4,102
Flowes Store	\$	4,779	\$	30	\$	-		4,809
Northeast	\$	2,792	\$	11	\$	-	\$	2,803
Mt Pleasant	\$	6,821	\$	92	\$	-		6,913
Gold Hill	\$	435	\$	1	\$	-	\$	436
Richfield	\$	98	\$	0	\$	-		98
Harrisburg (Inside)	\$	7	\$	1,146	\$	-	\$	1,153
Concord Rural	\$	160	\$	9	\$	-		169
Totals	\$	2,918,043	\$	106,024	\$	-	\$	3,024,067

**2021-2022**

AMOUNT CHARGED TO  
COLLECT FOR FISCAL YEAR  
2021-2022 REAL AND PERSONAL PROPERTY  
AS OF JULY 19, 2021

<b>Jurisdiction</b>	<b>Principal</b>	<b>Penalty</b>	<b>Total</b>
COUNTY	\$197,872,654.41	\$132,902.12	\$198,005,556.53
HARRISBURG CITY TAX	\$9,291,949.07	\$7,265.95	\$9,299,215.02
CONCORD CITY TAX	\$64,498,478.85	\$45,988.30	\$64,544,467.15
MT PLEASANT CITY TAX	\$834,085.52	\$602.04	\$834,687.56
KANNAPOLIS CITY TAX	\$27,434,312.67	\$12,227.12	\$27,446,539.79
LOCUST CITY TAX	\$284,750.66	\$41.69	\$284,792.35
MIDLAND CITY TAX	\$1,165,113.98	\$807.33	\$1,165,921.31
<b>Fire Districts</b>			
KANNAPOLIS FIRE - RURAL	\$195,283.81	\$41.64	\$195,325.45
JACKSON PARK FIRE TAX	\$210,200.09	\$260.12	\$210,460.21
COLD WATER FIRE TAX	\$288,064.59	\$159.01	\$288,223.60
ALLEN FIRE TAX	\$410,407.72	\$831.24	\$411,238.96
MIDLAND FIRE TAX	\$815,561.52	\$498.92	\$816,060.44
HARRISBURG FIRE RURAL	\$1,021,846.95	\$228.96	\$1,022,075.91
RIMER FIRE TAX	\$186,518.85	\$243.55	\$186,762.40
MT MITCHELL FIRE TAX	\$90,438.15	\$61.87	\$90,500.02
ODELL FIRE TAX	\$733,523.93	\$230.36	\$733,754.29
GEORGEVILLE FIRE TAX	\$248,884.13	\$122.14	\$249,006.27
FLOWES STORE FIRE TAX	\$394,570.96	\$282.15	\$394,853.11
NORTHEAST FIRE TAX	\$167,010.35	\$71.64	\$167,081.99
MT PLEASANT FIRE TAX	\$505,453.29	\$377.43	\$505,830.72
GOLD HILL FIRE TAX	\$38,200.73	\$23.66	\$38,224.39
RICHFIELD FIRE TAX	\$9,871.97	\$6.00	\$9,877.97
CONCORD RURAL FIRE TAX	\$43,153.85	\$106.46	\$43,260.31
<b>Special</b>			
CONCORD DOWNTOWN TAX	\$125,877.53	\$115.95	\$125,993.48
LOCUST SOLID WASTE	\$21,840.00		\$21,840.00
<b>Total</b>	<b>\$306,888,053.58</b>	<b>\$203,495.65</b>	<b>\$307,091,549.23</b>

This levy may be adjusted through discoveries and releases throughout the tax year.

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

---

**AGENDA CATEGORY:**

Discussion Items - No Action

**SUBJECT:**

Cabarrus Health Alliance - 2020 Community Health Needs Assessment

**BRIEF SUMMARY:**

Every four years, Cabarrus Health Alliance and Healthy Cabarrus conduct a Community Health Needs Assessment (CHNA). The process includes review of secondary data on a variety of factors/topics (economic, education, housing, mental health, substance use, transportation, etc.), as well as primary data collected through community and key informant surveys, in addition to focus group feedback. The CHNA process requires the participation of representatives from across the community and concludes with the identified of the county's top three priority needs. As of 2020, the top identified needs are housing, mental health and early childhood education and development.

**REQUESTED ACTION:**

Receive report and input.

**EXPECTED LENGTH OF PRESENTATION:**

15 Minutes

**SUBMITTED BY:**

Marcella Beam, Executive Director, Healthy Cabarrus  
Cabarrus Health Alliance

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

---

**ATTACHMENTS:**

- ▣ Community Health Needs Assessment
- ▣ PowerPoint Presentation



2020

# Cabarrus County Community Needs Assessment

Developed by the

Cabarrus Community Planning Council



Healthy Cabarrus  
*Partnerships for Life*



Co-authors: Marcella Beam, Sandra Torres

***On-line and paper copies of this document may be obtained at:***

[www.healthycabarrus.org](http://www.healthycabarrus.org) and [www.cabarrushealth.org](http://www.cabarrushealth.org)

Cabarrus Health Alliance - 300 Mooresville Road, Kannapolis, NC 28081, 704-920-1282

## ACKNOWLEDGEMENTS

### Healthy Cabarrus Executive Committee

Tri Tang, Chair	Atrium Health Cabarrus
Merl Hamilton, Vice-Chair	BCI Investigations and Consulting
Angela Graham	City of Concord
Brent Rockett	Rowan-Cabarrus YMCA
Mike Downs	Cabarrus County Government

### Healthy Cabarrus Staff

Marcella Beam	Executive Director
Sandra Torres	Latino Engagement and Relations Coordinator

### Cabarrus Community Planning Council

#### Cabarrus Health Alliance

Rolanda Patrick	Cabarrus Health Alliance
Suzanne Knight	Cabarrus Health Alliance

#### Atrium Health

Jessica Castrodale	Atrium Health Cabarrus
Dr. Andrew Nance	Cabarrus Family Medicine

#### Cabarrus County Government

Steve Morris	Cabarrus County Commissioner
Karen Calhoun	Department of Human Services
Londa Strong	Active Living and Parks
Kara Clarke	Emergency Medical Services
Ashlie Shanley	District Attorney's Office
Van Shaw	Cabarrus County Sheriff's Office
Jodi Ramirez	Project Safe Cabarrus

#### Education

Wendy Barnhardt	Rowan Cabarrus Community College
Jessica Grant	Kannapolis City Schools
Amy Jewell	Cabarrus County Schools
Ann Benfield	Cabarrus Partnership for Children

#### Municipalities

Cherie Jzar	City of Concord
LJ Weslowski	CK Rider Transit
Jaime Tippet Poe	CK Rider Transit
Sherry Gordon	City of Kannapolis
Daniel Stines	Town of Harrisburg
Doug Paris	Town of Midland
Crystal Smith	Town of Mount Pleasant

### Other Health

Melissa Bunker  
Nancy Litton  
Danita Washington  
Dr. Fred Pfeiffer

Cardinal Innovations  
Community Free Clinic  
Cabarrus Rowan Community Health Centers  
Forest Hills Latino Clinic

### Non Profits

Mark Sturgis  
Ed Hosack  
Rebecca Moffett  
Kimberly Jones  
Cecilla Plez  
Brian Floyd  
Shaena Rouse

Hope Haven - Serenity House  
Cooperative Christian Ministry  
CVAN  
Habitat for Humanity  
El Puente Hispano  
United Way  
United Way

### Business

Barbi Jones  
William Niblock  
Laura Bagnasco  
Lora Riddle

Cabarrus County Chamber  
Niblock Homes  
S&D Coffee  
Allen Tate Realty

### Community/Faith

Jim Monroe  
Donald Anthony  
Gwen Stowers

Community Member  
Grace Lutheran Church  
Concord First Assembly

### Media

Mark Plemmons

Independent Tribune

## ADDITIONAL ACKNOWLEDGEMENTS

We would like to give special acknowledgment and thanks to numerous community partners for their assistance with collecting local secondary data and assisting with the Community Planning Council presentation development and delivery. Below are the topics covered during the Community Health Needs Assessment process and the community partners that contributed to the content.

### Social, Demographic and Economic Factors

Marcella Beam – Executive Director, Healthy Cabarrus

Karen Calhoun – Director, Cabarrus County Department of Human Services

### Crime and Safety

Jodi Ramirez – Project Safe Cabarrus Administrator, Law Enforcement Liaison

Sheriff Van Shaw – Cabarrus County Sheriff's Office

### Early Childhood and K-12 Education

Ann Benfield – Executive Director, Cabarrus Partnership for Children

Amy Jewell – School Social Work and Mental Health Services Coordinator, Cabarrus County Schools

Jessica Grant – Student Services Director, Kannapolis City Schools

### Employment and Economic Development

Barbi Jones – Executive Director, Cabarrus County Chamber of Commerce (The Chamber)

David Hollars – Executive Director, Centralina Workforce Development Board

Page Castrodale – Executive Director, Cabarrus Economic Development

### Maternal, Infant and Sexual Health

Dr. Russell Suda – Medical Director, Cabarrus Health Alliance

Suzanne Knight – Clinical Director, Cabarrus Health Alliance

Tamara Staehler – Communicable Disease Nurse Supervisor (former), Cabarrus Health Alliance

### Clinical Care and Wellness

Jessica Castrodale – Community Outreach Coordinator, Atrium Health Cabarrus

Janie Woodie – Dental Director, Cabarrus Health Alliance

Rolanda Patrick – Program Manager, Cabarrus Health Alliance

Nancy Litton – Executive Director, Community Free Clinic

### Substance Use, Mental Health and Intellectual and Developmental Disabilities

Kristin Klinglesmith – Substance Use Program Manager, Cabarrus Health Alliance

Sonja Bohannon-Thacker – Licensed Clinical Social Worker, Cabarrus Health Alliance

Gwen Bartley – Executive Director, Amazing Grace Advocacy

Debbie Biggerstaff – Innovative Approaches Coordinator, Cabarrus Health Alliance

### Built Environment: Housing, Transportation and Physical Environment

Ed Hosack – Executive Director, Cooperative Christian Ministry

Amy Freeze – Executive Director (former), Habitat for Humanity

LJ Weslowski – Transit Director, Concord Kannapolis Area Transit (Rider Transit)

Jaime Tippet Poe – ADA Coordinator, Concord Kannapolis Area Transit (Rider Transit)

Jessica Hillie – Operations and Training Supervisor, Cabarrus County Transportation



Chrystal Swinger – Environmental Health Director, Cabarrus Health Alliance  
Mandy Smith-Thompson – Environmental Educator, City of Concord

### ***Focus Group Facilitators***

Thank you to Sandra Torres, Kelsey Heller, and Melanie Grafals for conducting focus groups and transcribing community feedback that was used to inform the identification of Cabarrus County’s priority needs.

### ***Survey Subcommittee***

Thank you to Gwen Stowers, Dr. Fred Pfeiffer, Londa Strong, Dr. Andrew Nance, Rolanda Patrick, Lora Riddle, Ann Benefield, Karen Calhoun, Shaena Rouse, Suzanne Knight and Kimberly Jones for participating in the Survey Subcommittee and actively working to ensure that all voices were heard throughout the Health Needs Assessment process.

### ***Data and Evaluation***

Thank you to Laurin Brown and Kim Ragan for their role in accessing secondary data and conducting a full analysis of the Community Health Needs Assessment Community Survey.

### ***Translation of Materials***

Thank you to Sandra Torres for providing translation services for the community survey and Community Health Needs Assessment Executive Summary.

### **THANK YOU TO THE GREATER CABARRUS COMMUNITY**

We wish to express our gratitude to the 2,711 community members who responded to our Community Health Needs Survey between December 2019 and March 2020. The information that was provided to us through these surveys was of critical importance for guiding strategic decisions concerning community health. Thank you!

In addition, we want to thank the 157 community members who engaged in one of our 13 community priority focus groups and to those who will help us as we work collaboratively to take action to address these important community issues.

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## HEALTH DISPARITIES

According to HealthyPeople.gov, and defined within the Glossary portion of this report, a health disparity is defined as a particular type of health different that is closely linked with social, economic, and/or environmental disadvantage. Healthy disparities adversely affect groups of people who have systemically experienced greater obstacles to health based on their:

- Racial or ethnic group
- Religion
- Socioeconomic status
- Gender
- Age
- Mental Health
- Cognitive
- Sensory or physical disability
- Sexual orientation or gender identity
- Geographic location
- Other characteristics historically linked to discrimination or exclusion



Key informants were asked to rate the level of significance related to specific social disparities in Cabarrus County. Using the scale of **not at all significant**, **somewhat significant**, **very significant**, and unsure, 43% rated racism a **very significant** issue.

Throughout this report the  represents data that signifies a health disparity or inequity among Cabarrus County residents.

Examples of some disparities identified and included in this report:

- Income
- Infant Mortality
- Education Attainment
- Health Insurance



“I’ve been living in Cabarrus County now for about three years. Currently what I’m very proud of with the county is the swell of interest with regard to facing the realities of inequity in our different systems. I’m proud that there is a major interest in wanting to face it, awake to it, and address it. There’s been various different racial equity trainings that have been catching on and participation is growing.”

– Faith Leader Focus Group Member

# EXECUTIVE SUMMARY

## Introduction and Vision

Healthy Cabarrus, housed within the Cabarrus Health Alliance, the public health authority of Cabarrus County, was created in 1997 as a multi-sector initiative designed to work collaboratively with community partners to improve the health of those who live, work, learn, play, pray and utilize services in Cabarrus County. Part of the collaborative responsibilities includes overseeing the Community Health Needs Assessment (CHNA) process every four years. While its mission includes the mobilization of community partners, its vision for conducting the county’s Community Health Needs Assessment (CHNA) is to not only identify the top needs, and develop community health improvement plans with strategies that can effectively address those issues faced by residents.

***Healthy Cabarrus Mission: United through partnerships, we commit our time, talents, and financial resources to create a healthy community and hopeful future for all.***

With an understanding of social determinants of health, Healthy Cabarrus recognizes that an individual’s health is determined by more than just their physical well-being. According to the Centers for Disease Control and Prevention (CDC), a person’s health is impacted by access to social and economic opportunities; the resources and supports available within their homes, neighborhoods, and communities; the quality of schools; the safety of their workplaces; the cleanliness of their water, food, and air; and the nature of their social interactions and relationships.

Social determinants of health are issues far too complex for one group or agency to solve alone. While Healthy Cabarrus does not provide direct services to the community, they provide ongoing support to community partners by guiding community strategy development, identifying resources, and helping to create evaluation measures.

## Leadership, Partnerships and Collaborative Process

Cabarrus Health Alliance, along with Healthy Cabarrus’ five-member Executive Committee, made up of external community stakeholders, oversees the CHNA process and ongoing community collaborative efforts. The 2020 CHNA launched with the development of the Community Planning Council (CPC) on September 19, 2019. The Cabarrus County Community Planning Council is made up of a diverse, multi-sectoral group of representatives including more than 40 individuals. The primary role of CPC members is to support primary and secondary data collection; assist with analyzing data and information collected; and interpret county data and community feedback to identify the top priority issues facing residents of Cabarrus County.

### Healthy Cabarrus Executive Committee

Atrium Health Cabarrus  
BCI Investigations and Consulting  
Cabarrus County Government  
City of Concord – Housing  
Rowan Cabarrus YMCA

### Member

Tri Tang, Chair  
Merl Hamilton, Vice Chair  
Mike Downs  
Angela Graham  
Brent Rockett

Community Planning Council	Number of Partners
Public Health Agency	2
Hospital/Health Care System	2
Healthcare Provider – other than behavioral health	4
Behavioral Healthcare Provider	1
EMS, Law Enforcement, Court System	4
Local Government	7
Non-profit Organizations	6
Business – employers, not organizations	4
Education – early childhood, K-12 and higher education	4
Media/Communication Outlets	1
Public Community Member	3
City and County Services Systems	4

## Contracted Services

Cabarrus Health Alliance established a Memorandum of Understanding (MOU) with North Carolina Central University to receive epidemiological support throughout the CHNA process. This support included review of survey tools, focus group discussion questions, and the collection and analysis of data.

The Healthy Cabarrus Executive Director supervised a University of North Carolina – Gilling’s School of Public Health master’s practicum student who contributed to the CHNA process by analyzing the community member survey responses by race/ethnicity, income and zip code. The practicum student also reviewed data for correlating factors and trends in subpopulation responses.

## Theoretical Framework and Model

Healthy Cabarrus uses the North Carolina Division of Public Health’s eight-phase community health assessment process.

- 1. Establish CHNA Leadership Team:** The Healthy Cabarrus Community Planning Council represents a diverse group of community sectors, such as the business sector, social services, community members, faith leaders or representatives, as well as transportation and housing experts.
- 2. Collect primary data:** Community Member Survey, Key Informant Survey, and Focus Groups
- 3. Collect secondary data:** Gather data from local, state and national-level sources, along with data surrounding social determinants of health. CPC members are also responsible for compiling and sharing data that their organizations capture.
- 4. Analyze and interpret county-level data:** Host monthly data review sessions with Community Planning Council and other subject-matter experts.
- 5. Determine health priorities:** Review data and conduct priority ranking with Community Planning Council members and stakeholders from key groups. Include priority ranking questions within Focus Group sessions and Community Member Survey.
- 6. Create CHNA document.**
- 7. Disseminate CHNA document:** Distribute throughout the community by reaching out to media outlets, conduct and participate in community meetings, and share findings with key stakeholders.
- 8. Develop Community Health Improvement Plans:** Plan to address health priorities identified in the CHNA and how progress will be measured in the short- and long-term.

## 2020 Identified Priority Needs

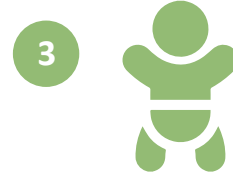
The **top three priorities** and **one foundational issue** identified through this Community Health Needs Assessment process and outlined in this report are:



Housing



Mental and  
behavioral health

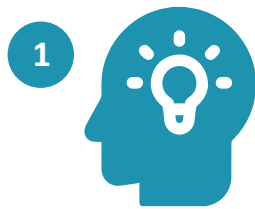


Early childhood  
education and  
development

Foundational Issue: Equity

## 2016 Identified Priority Needs

The last CHNA process identified the following **top three needs**:



Mental and  
behavioral health



Substance use



Childhood obesity

Foundational Issue: Housing

To find previously submitted action plans and progress to date on the 2016 priority needs, please visit [www.healthycabarrus.org](http://www.healthycabarrus.org) and review Cabarrus' annual State of the County Health Report (SOTCH).

## Next Steps

The Healthy Cabarrus Community Planning Council presents this report as a call to action. The CHNA process is intended to inform community stakeholders, as well as community members on how collectively and individually they all play a role in creating a healthier community for the residents of Cabarrus County. The results of this report will be distributed in the community through multiple communication platforms and channels.




By September 2021, key stakeholders and community members will be identified and convened to assist with the development of community health improvement plans for each identified priority need. As instructed by the CPC and Healthy Cabarrus Executive Committee, Healthy Cabarrus staff will urge partners and community members to apply an equity lens to all proposed and recommended strategies, ensuring a positive impact among marginalized populations. When necessary, community coalitions/taskforces will be established to carry out action plans.

## GLOSSARY

<b>ACEs</b>	Adverse Childhood Experiences
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CHA</b>	Cabarrus Health Alliance
<b>CHNA</b>	community health needs assessment
<b>CPC</b>	community planning council
<b>HCNC 2030</b>	Healthy North Carolina 2030
<b>NC DHHS</b>	North Carolina Department of Health and Human Services
<b>RWJF</b>	Robert Wood Johnson Foundation
<b>SDOH</b>	social determinants of health
<b>STD</b>	sexually transmitted disease
<b>STI</b>	sexually transmitted infection

## Primary Data Sources

The icons below represent different forms of primary data captured and utilized during the Cabarrus County Community Health Needs Assessment process. Throughout the report these images represent Focus Group feedback, Key Informant survey results, and Community Needs Survey responses.

	<i>Focus Group</i>
	<i>Key Informant</i>
	<i>Community Needs Survey Respondent</i>



## DEFINITIONS

The definitions are intended to assist the reader with having a common understanding of terms used throughout this report.

- **Achievement gaps:** Achievement gaps occur when one group of students (e.g., students grouped by race/ethnicity, gender, socioeconomic backgrounds) outperforms another group and the difference in average scores for the two groups is statistically significant (i.e., larger than the margin of error).<sup>1</sup>
- **Built environment:** The human-made or modified structures that provide people with living, working, and recreational spaces. Creating all these spaces and systems requires enormous quantities of materials.<sup>2</sup> Built environment can include access to healthy foods, community gardens, mental and physical health services, walkability, and bike-ability (such as bike paths or bike lanes.)
- **Community:** A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.<sup>3</sup> Community can be defined differently based on the individuals asked.
- **Discrimination:** A socially structured action that is unfair or unjustified and harms individuals and groups. Discrimination can be attributed to social interactions that occur to protect more powerful and privileged groups at the detriment of other groups.<sup>4</sup> Discrimination can include everyday experiences or discriminatory events.
- **Food insecurity:** The disruption of an individual's food intake or eating patterns because of lack of money and other resources to access food. Food insecurity may be long term or temporary. Food insecurity may be influenced by a number of factors including income, employment, race/ethnicity, and disability.<sup>5</sup>
- **Health disparities:** A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>6</sup>
- **Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.<sup>7</sup>
- **Housing instability:** The lack of security in an individual shelter that is the result of high housing costs relative to income, poor housing quality, unstable neighborhoods, overcrowding, and, but may not include, homelessness.<sup>8</sup>
- **Morbidity:** rate of disease or diseases
- **Mortality:** rate of death
- **Qualitative data:** Non-numerical data that can be observed and recorded. Within this report it refers to focus group and key informant feedback.
- **Quantitative data:** Numerical data calculated and collected through established methods. This report includes Community Member Survey data, as well as local, state and national data from agencies and institutions.
- **Rate:** A basic measure of disease frequency is a rate, which takes into account the number of cases or deaths and the population size. For example, if a cancer incidence rate is 500 per 100,000, it means that 500 new cases of cancer were diagnosed for every 100,000 people.
- **Trauma:** An emotional response to a deeply distressing or disturbing experience.



## COMMUNITY NEEDS ASSESSMENT PROCESS

Every four years, local health departments in North Carolina are responsible for conducting a Community Health Needs Assessment (CHNA) for their county or service area. Preparing a CHNA includes: convening community partners; assembling data on health outcomes, resources, and needs; and seeking community member and key informant input and experiences. The purpose of the CHNA is to assist in the identification of factors that affect the health of the community or a sub-population. In Cabarrus County, this process involves the assembling of a Community Planning Council, made of key community stakeholders, who are responsible for collecting and analyzing data, and using that information to select the county's top three priority needs.

The Cabarrus Community Planning Council was convened monthly, beginning in September 2019 and concluding June 2020, to review primary and secondary data on a variety of topics that influence or impact and individuals health. Typically, the CHNA need identification process concludes with a day-long planning retreat in which Community Planning Council members identify priorities for community action for the next four years. Due to the SARS-CoV-2 COVID-19 pandemic, organizers made modifications for the final two data presentations to be conducted virtually. The day-long planning retreat was restructured into seven, less than ten people, in-person meetings and one virtual session.

**Figure 1: Community Needs Assessment Timeline**



Traditionally, the North Carolina Department of Health and Human Services (NC DHHS) requires health departments to place a primary focus of the CHNA on traditional health outcomes. As more is learned about the contributing factors that impact an individual's health, communities and counties, like Cabarrus, are incorporating a broader focus on social determinants of health. Social determinants of health include economic opportunity, early childhood development, schools, housing, worksites, community design, nutrition, and many more.

## Community Planning Council

Healthy Cabarrus launched the 2020 CHNA with the formation of the Community Planning Council (CPC), a multi-sectoral group of community members and stakeholders who is responsible for reviewing the data findings, community member and key informant feedback and perspectives, and ultimately identifying the top three priority needs. Members include diverse representatives from health and human services, faith community, education, city and county government, foundations, businesses, and community members. CPC members support the primary and secondary data collection, assist with analyzing data and information collected, and interpreting county data along with community.

Healthy Cabarrus along with its committed community partners have effectively responded to community health needs for 20 years as a result of a cyclical collaborative process that keeps partners engaged throughout all stages of need identification, program planning, implementation and evaluation. The Community Planning Council provides a forum for community stakeholders to convene on a regular basis and participate in meaningful action.

Through the efforts of Healthy Cabarrus, a community-wide cultural norm of collaboration has been established.

Engaging partners throughout the process fosters a strong group dynamic of trust and accountability and stakeholders are able to see how collaboration helps the community achieve its common goals.

The cyclical assessment, action planning, and implementation process has an additional benefit in that it facilitates flexibility that has allowed Healthy Cabarrus long-term sustainability. Every four years, Healthy Cabarrus and the identified Community Planning Council members assess progress, realign activities to meet the community's current needs, and bring in new partners. Therefore, the structure of this collaboration is able to continuously foster partnership and forward momentum.

**Figure 2: Community Planning Council Partners**



## Data Collection

Healthy Cabarrus used a mix of methods and approaches to develop and conduct and facilitate the 2020 Community Health Needs Assessment. The community voice is prioritized and captured through the use of a community member survey and focus groups, with key informant surveys as a way to capture views and perspectives from local stakeholders. Local subject matter experts assisted with secondary data collection and analysis to ensure that relevant, timely and accurate data was presented to the Community Planning Council.

The CHNA process requires collecting reliable public health data or metrics to measure against peer counties or state benchmarks. Gathering and understanding community perspective on the most pressing issues faced

by themselves and their neighbors is an extremely important component to the identification of priority needs. The collective process requires key informants, community partners and community members to participate in prioritizing health issues, with the health department, hospital system, human services, and community organizations identifying potential resources available to address those needs.

Data within this report was collected from local, state and national sources on health status indicators and other community issues. Community partners and local subject matter experts were vital in collecting local data through agency reporting systems and databases. State and national sources included the Robert Wood Johnson Foundation’s County Health Rankings, the Census Bureau’s American Community Survey, the Centers for Disease Control and Prevention’s - Behavioral Risk Factors Surveillance System (BRFSS), the North Carolina State Center for Health Statistics, and many other state and national sources.

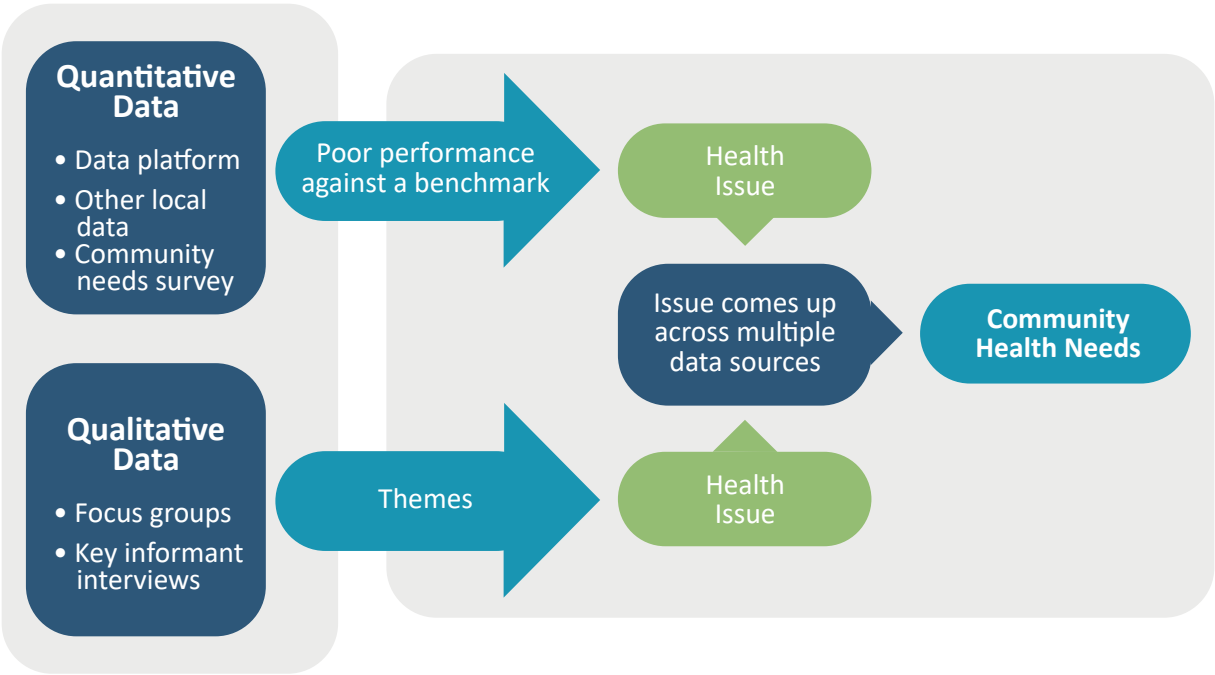
In this report, Healthy Cabarrus and the Community Planning Council examine conditions of well-being by race and ethnicity, zip codes and income levels whenever possible.

By taking a deeper look at subpopulations, it creates a focus on how health differences and health disparities exist within communities of colors, or based on an individual’s home address. It’s important to recognize that when we fail to analyze county-wide data to the subpopulation level, we unintentionally contribute to health disparities.

**Figure 3: Cyclical Collaborative Process for Collecting Data**



**Figure 4: Quantitative and Qualitative Data**



## Health Priorities Selection

The top three priorities identified through the 2020 Community Health Needs Assessment process and outlined in this report are housing, mental and behavioral health, and early childhood education and development. Similar to the 2016 health priorities, CPC members felt strongly that an underlying, foundational issue was relevant in addressing the needs of residents in Cabarrus County. Prior to the first CPC voting session, a participant engaged the group in a reflective discussion around the true reality and all impacting category of Minority Stressors and Discrimination. Members acknowledged and concluded that to truly improve all Cabarrus residents' health status, addressing the underlying societal inequities that fundamentally lead to poor health, such as neighborhood poverty, racism, discrimination, and social and political isolation was vital. The Planning Council decided that it was necessary to again identify a Foundational Issue – Equity – which must be assessed, addressed, and incorporated into all Community Health Improvement Plans (CHIP).

During the seven priority voting sessions, CPC members reviewed the top priority areas identified by community members through the needs assessment survey and focus group sessions. CPC members were asked to use their understanding of both the community's perspective needs, as well as their knowledge of local data, to vote on the 2020 priority needs.

### Priority Needs Voting Categories

- Access to health care
- Access to dental care
- Aging population
- Chronic disease
- Economic Factors
- Education
- Environmental factors
- Healthy lifestyles (health food, healthy weight, physical activity)
- Housing
- Injuries and violence
- Mental and behavioral health
- Minority stressors/discrimination (includes health disparities)
- Sexual and reproductive health, communicable disease
- Substance Use
- Transportation

CPC members received three 'dot' stickers and were instructed that they could only vote for a priority issue, one time. There were 15 issue categories of which participants could place their votes. Prior to voting each was provided a 2020 Health Priorities document to assist with further defining each category as some topics of community concern may fall within several priority needs. (See Appendix - 2020 Health Priorities).

**Table 1: Cabarrus County Community Planning Council – Top Community Priorities (Voting Results)**

Priority Area	# of Votes	% of Votes
<b>1. Housing</b>	<b>27</b>	<b>25%</b>
<b>2. Mental and Behavioral Health</b>	<b>26</b>	<b>25%</b>
<b>3. Education</b>	<b>15</b>	<b>14%</b>
Economic factors	10	9%
Healthy Lifestyles	7	7%
Injuries, crime and violence	5	5%
Aging Population	4	4%
Chronic Disease	4	4%
Substance use	4	4%
Access to Healthcare	1	1%
Access to Dental Care	1	1%
Minority stressors, discrimination	1	1%
Transportation	1	1%
Environmental factors	0	0%
Sexual and reproductive health	0	0%

## 2020 Cabarrus County Priority Needs

### *Housing*

The relationship between poor housing and health is a complicated one which involves many different factors. Individuals who have poor housing conditions are at increased risk of negative health consequences, including cardiovascular and respiratory disease. Evidence also shows that the stressors associated with unstable housing situations experience increased anxiety and depression. Problems such as damp, mold, excess cold and structural defects which increase the risk of an accident also present hazards to health. With an average of three evictions per day (100 per month) and more than 500 students identified as homeless, through Cabarrus County and Kannapolis City Schools each year, there is an undeniable lack of safe, stable, transitional, and affordable housing in the county.

### *Mental and Behavioral Health*

Mental health heavily influences an individual's quality of life. Access to mental and behavioral healthcare has been identified as a priority need in Cabarrus County since 2012. Just like physical health, mental health needs to be taken care of and maintained, with available, affordable, and timely access to care.



Data shows that from 2018 to 2019, there was a 20% increase in the number of psychiatric patients admitted to Atrium Health Cabarrus' Emergency Department (ED). Between 2016 and 2019, admissions for anxiety, mood, and psychotic disorders rose 32%, while admissions for suicidal ideation rose 36%. In 2017, Cabarrus County EMS responded to 160 calls for self-harm; and by 2020, that number rose to 225 calls.

## Education – Early Childhood

Evidence indicates that children learn more during their first six years of life than they do at any other point in their lives. Addressing the disparities in access to early childhood development and educational opportunities can significantly boost and have long lasting impacts on a child's future health outcomes. Seventy-one-percent of children, 6 years old and younger, live in a household where their parents or single parent reports to work. Although there has not be a dramatic increase in the five and younger population, resources for early childhood education and care are becoming increasingly more challenging to access, as staffing shortages and cost limit availability. The early years are extremely critical and many studies have shown that early childhood interventions can produce long lasting impacts on a child's cognitive, physical, social, emotional and behavioral development.

## Foundational Issue – Equity

Based on the results of primary and secondary data analysis, the Community Planning Council decided that Minority Stressors and Discrimination, later classified as Equity, should not be included as one of the voting categories, but that it needed to be included in all the identified priorities and considered in each action plan. The community needs assessment process worked to examine health indicators by zip code, race/ethnicity, age, gender, or income whenever possible, shedding light on crucial disparities in health.

The burden of poor health, lack of access to community resources, and disability in our country is experienced most acutely by racial and ethnic minorities and those with lower socioeconomic status. Also, these groups have been historically marginalized, discriminated against, or disempowered - putting them at higher risk of disease and mental distress.

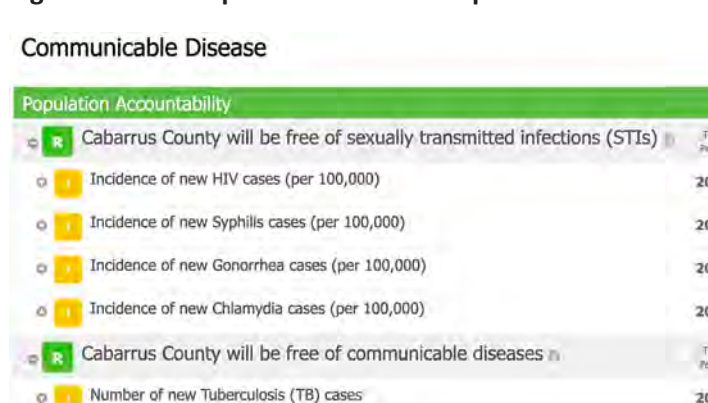
## Next Steps

Cabarrus County has numerous resources and community assets to address the identified 2020 priorities, including the willingness and ability to successfully collaborate across sectors to improve the quality of life for those in the community. Cabarrus Health Alliance and Healthy Cabarrus have nurtured formal and informal networks of non-profit agencies, faith-based organizations, businesses, government entities, community volunteers, and foundations to work together address previously identified community needs.

Since the first community needs assessment in 1998, there have been multiple key community issues identified, and collaboratively we, as a community, have worked to move the needle and improve the lives of those impacted. The impact documented year after year, cannot be attributed to one organization, but rather the unified effort of those organizations associated with Healthy Cabarrus.

In an effort to ensure continuous community improvement, the Cabarrus Health Alliance is supporting Healthy Cabarrus in the adoption of Results Based Accountability (RBA). RBA is a disciplined, common-sense way of thinking and taking action that organizes the work of programs, agencies, communities, cities, and counties around the end conditions or positive outcomes

**Figure 5: Clear Impact Scorecard Example**





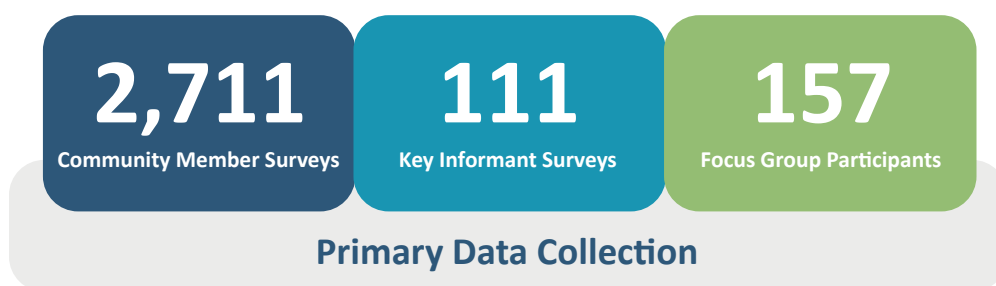
being sought for those who live in our community and are receiving services. Once priorities have been determined, Healthy Cabarrus recruits stakeholders who have expertise in the prioritized issues, access to target populations, and those affected by the issues. These individuals serve on topic-specific task forces or provide guidance and direction to the development and implementation of the Community Health Improvement Plans (CHIPs). CHIPs, or action plans, and public displayed scorecards will be developed for each of the identified needs.

Healthy Cabarrus, with the assistance of community partners, will disseminate the findings associated with the CHNA process, as well as communicate the top identified needs (housing, mental health and education – early childhood) to community partners, organizations, government bodies and the public.

## PRIMARY DATA COLLECTION

Primary data is an important part of the community health needs assessment process. Data collected from community members or key informants can fill knowledge gaps within traditional data sources.

**Figure 6: Primary Data Collection**



First hand experiences and perspectives from community members can highlight serious issues or concerns, and create a pathway for them to plan an active role in the CHNA process.

There are a number of different ways to collect primary data; community member surveys, key informant interviews, and focus groups, among others. Primary data is incorporated within the health data portions of this report, but can also be found in Appendix B: Primary Data Findings.

### Community Member Survey

2,711 Cabarrus County residents completed the Cabarrus Community Needs Survey. One adult is asked to complete the survey and respond on behalf of the entire household, with the goal of surveying at least 1% of the county's adult population. The survey was broadly advertised and distributed to the general population of Cabarrus County via digital platforms (website, social media, email), as well as administered as a paper and pen survey. Several members of the Community Planning Council served on the Survey Planning Subcommittee to assist with establishing sub-population goals with an emphasis on assuring geographic, racial/ethnicity, educational, and economic diversity in the respondents.

**SAMPLING FRAME:** Respondents were eligible to participate in the survey if they were over 18 years of age and residents of Cabarrus County. It is estimated that 25.7% (n= 54,217) of the County's population is under 18 years of age, making them ineligible to participate. In 2018, the estimated adult population was 157,125. This number is more accurate to describe the sampling frame for the Community Health Needs Assessment.

**SAMPLING METHODS:** The Community Planning Council decided to collect a stratified convenience sample, to best reduce the potential for bias that is associated with convenience sampling, a goal to survey 1.18% of the population was made. A list of stratified target populations including age, gender, race, zip code, income level and education level was created. There was a focus on locations where target populations could be assessed, examples included Meals on Wheels, various clinics, and community health education events. The Community Planning Council was able to survey 1.7% of Cabarrus County's adult population.

**SURVEY MODE:** The survey was available to the public for three months, December 4, 2019 – March 4, 2020. Cabarrus Health Alliance staff along with community partners distributed surveys through email listservs, social

media, organizations, events, and at different physical community locations. Surveys were available in both English and Spanish and were available online and by paper. Surveys were self-administered and anonymous.

**SAMPLE SIZE:** The Community Planning Council successfully sampled 1.7% (n=2,711) of the adult population (n=157,125). There was a total of 2,944 surveys collected; however, 233 respondents did not fit the eligibility criteria of being a resident of Cabarrus County, and so their responses were not included.

**MARGIN OF ERROR & CONFIDENCE LEVEL:** Because the sample size was 2,711 respondents, there is a 2% margin of error that the probability of the sample accurately reflects the adult population of Cabarrus County. This means that there is a 95% likelihood (give or take 2%) that the entire adult population of Cabarrus County would respond similarly to these survey questions.<sup>9</sup>

To review the Community Needs Survey in its entirety please check Appendix A: Community Needs Assessment Tools.

Key Informant Data

Key informants place great value on the outcomes of the Cabarrus Community Health Needs Assessment, indicating that the most common way the findings are used is in program planning, followed by advocacy initiatives. The use of the CHNA in program planning and advocacy by local leaders and community stakeholders, creates a collective impact on the identified needs ensuring community level change.

One hundred eleven key informants completed an online survey, providing an expert view and perspective on various community needs. Key informants are business professionals, traditional and non-traditional community leaders, as well as elected officials who are engaged in meeting the needs of the community and who are in a position to do so. The survey asks Key Informants how they rate quality of life, health, physical environment, social and economic issues faced by residents using the following scale: not at all significant, somewhat significant, very significant or unsure.

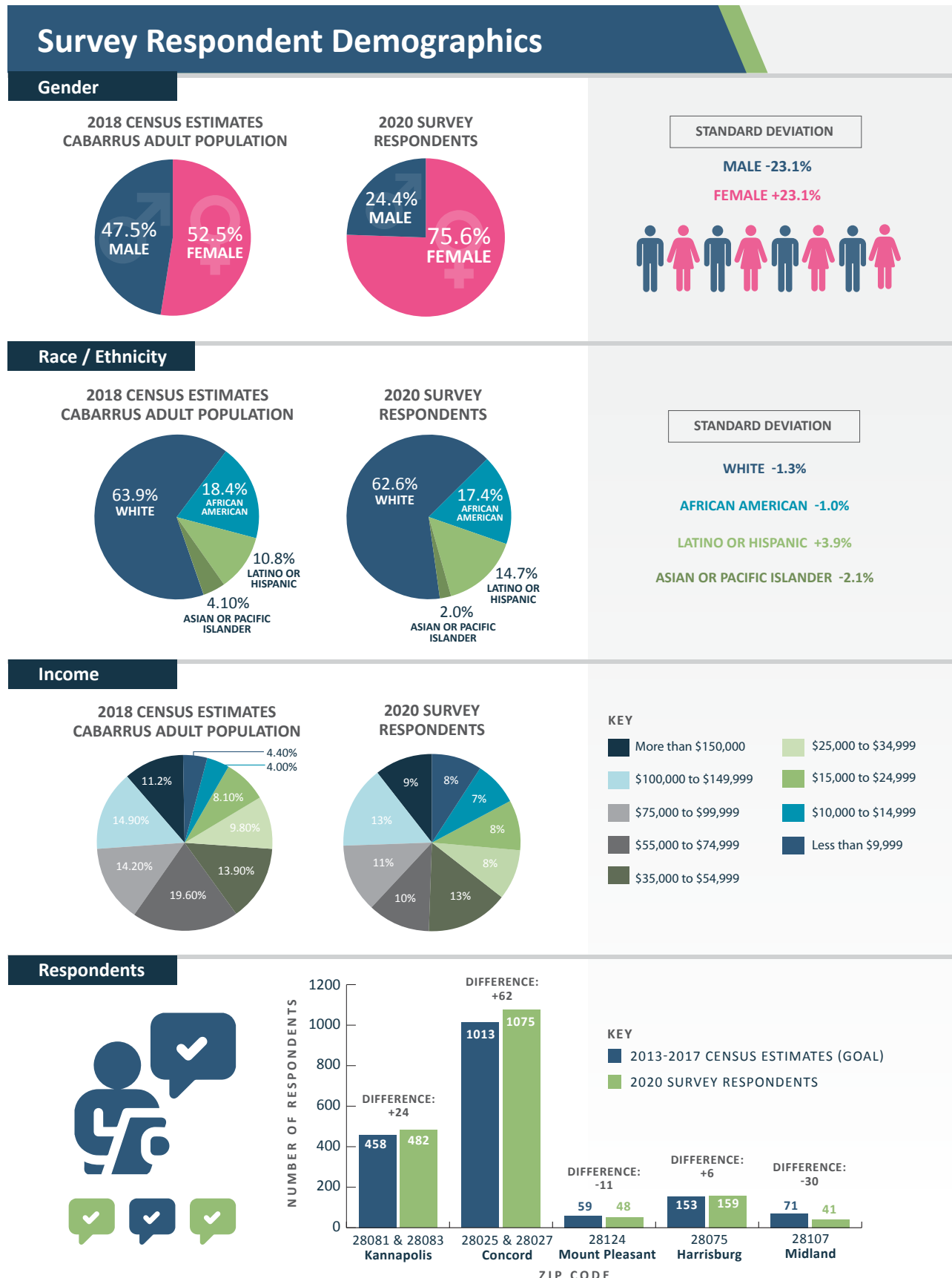
Table 2: Key Informant Survey Respondent Sector Representation

Business	16%
Local government or elected official	20%
Employment and economic development	1%
Education	8%
Faith Community	19%
Healthcare	12%
Housing	2%
Human services	11%
Law enforcement or court system	3%
Other	7%

Focus Groups

A total of 13 focus groups were hosted, ranging in size from five to 44 participants. In total, 157 individuals engaged in focus group discussions around what is working to ensure a good quality of life for those who live in Cabarrus County. Participants were also asked to share challenges they see or experience surrounding healthcare, housing, transportation, mental health and substance use, food access, physical activity access, as well as raising a family in the community. The focus groups were conducted primarily in English, but two sessions were hosted in Spanish to ensure equitable participation by the Latino community. All focus groups followed the format and questions outlined in Appendix A: Community Needs Assessment Tools.

Figure 7: Community Needs Survey Respondent Demographics



## CABARRUS COUNTY COMMUNITY PROFILE

Cabarrus County, incorporated in 1792, is in the Piedmont section of North Carolina. Bordered on the north by Rowan and Iredell counties, on the east by Stanly County, on the south by Union County, and on the west by Mecklenburg County; it comprises approximately 365 square miles. There are six municipalities in the County, two cities and four towns, the largest of which is the City of Concord, also the county seat, followed by the City of Kannapolis. The towns of Mount Pleasant, Harrisburg, Midland and Locust make up the smaller municipalities. While Cabarrus County is largely urban, and home to the Charlotte Motor Speedway, Concord Mills Mall, Atrium Health Cabarrus, Concord Regional Airport, and the North Carolina Research Campus, it also comprises a number of rural areas. Interstate 85 runs through the northwest portion of the County, easily connecting residents to Charlotte and Greensboro. Highway 29/Concord Parkway connects residents to nearby University of North Carolina – Charlotte, and Highway 49 runs through the central portion of the County.



All key informants felt that Cabarrus County is a good place to raise children and a good place to age.

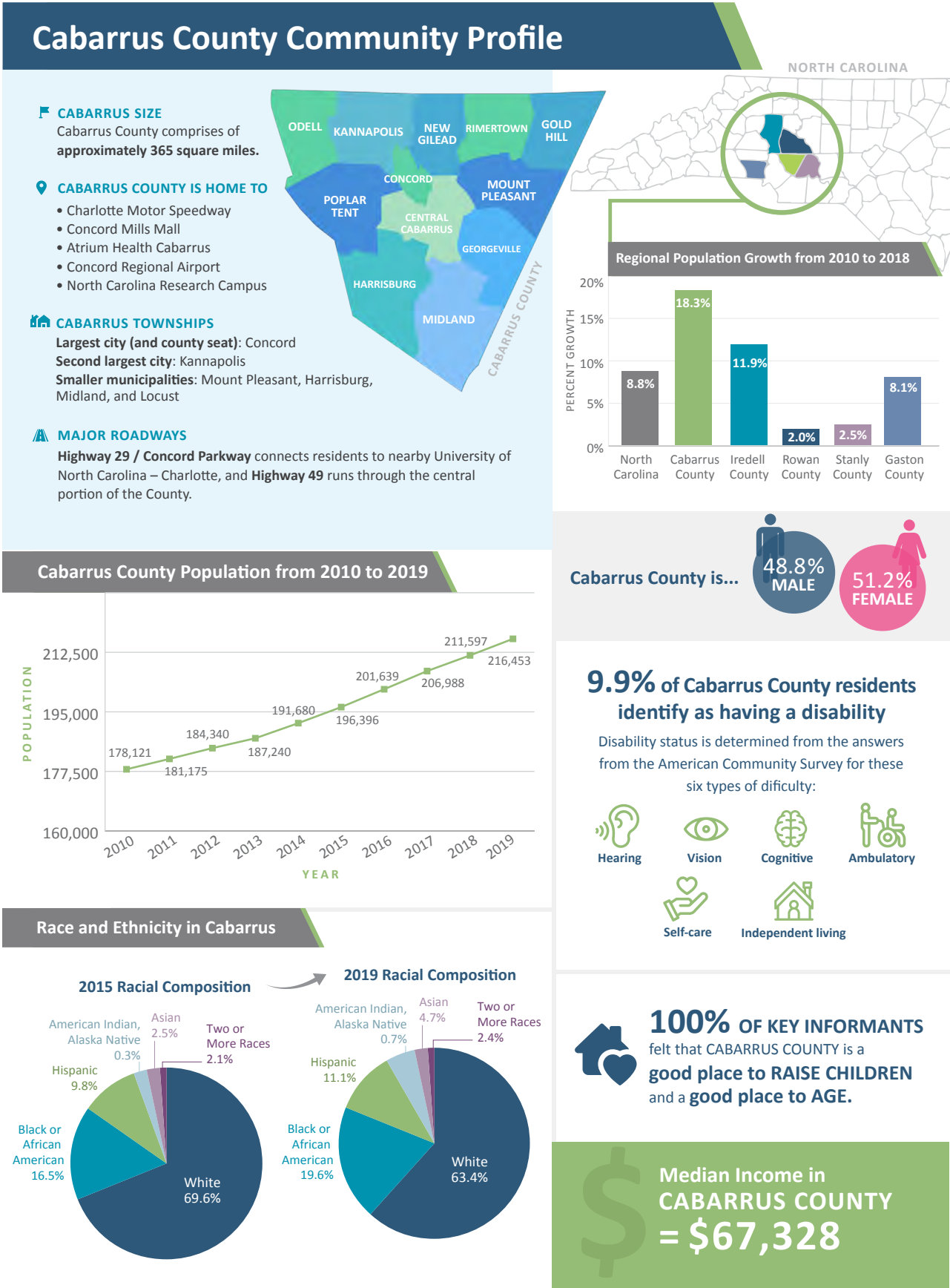
**Age<sup>10</sup>** - According to a joint report from the National Institutes on Aging, National Institutes of Health and the US Department of Health and Human Services, people are living longer and healthier lives, requiring communities to plan for an increasing older adult population. Population aging affects economic growth, trade, migration, disease patterns and prevalence, and fundamental assumptions about growing older. Cabarrus County has seen a steady increase in residents over age 55, while the percent of children age nine or younger has declined.

When asked about services or issues facing the rapidly growing aging population, 66% of Key Informants reported that financial services, specifically affordability of health insurance as very significant issue.

**Table 3: Cabarrus County Population<sup>11</sup>**

Age Range	2010	2015	2019
Median Age	36.3	37.4	37.9
Under 5	7.5%	6.5%	6.4%
5 to 9	7.7%	7.6%	6.5%
10 to 14	7.6%	7.9%	8.3%
15 to 19	6.7%	6.9%	7.0%
20 to 24	5.3%	5.8%	5.6%
25 to 34	13.2%	12.1%	12.4%
35 to 44	16.2%	15.2%	14.5%
45 to 54	14.4%	14.7%	14.7%
55 to 59	5.4%	6.0%	6.4%
60 to 64	4.9%	5.2%	5.3%
65 to 74	6.0%	7.3%	7.9%
75 to 84	3.6%	3.5%	3.7%
85 years and over	1.3%	1.4%	1.4%

Figure 8: Cabarrus County Community Profile<sup>12</sup>



## CRIME AND SAFETY

Crime and violence experienced by individuals living in a community is an important public health issue. According to HealthPeople.gov, repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Individuals can be exposed to violence in many different ways, directly, as a witness, or by hearing of crime and violence from others in their community.<sup>13</sup>

Cabarrus County consists of three law enforcement agencies: Cabarrus County Sheriff's Office, Concord Police Department and Kannapolis Police Department.

### Crime

The index crime rate is the total of all violent and property crimes. The index crime rate in Cabarrus County is significantly lower than other counties within the region, and nearly half of the statewide rate. The most frequently-committed offenses included burglary and larceny.

Violent Crime includes the offenses of murder, rape, robbery, and aggravated assault.<sup>14</sup>

**Table 4: Violent Crime Rate per 100,000 Population**


Year	North Carolina	Cabarrus	Rowan	Stanly	Iredell
2014	330	110	385	263	254
2015	356	131	332	211	251
2016	375	137	418	273	312
2017*	384	111	295	265	333
2018	357	127	308	296	275

*\*Data available at time of Community Planning Council Presentation*

### Top 5 Arrest Offense Categories in Cabarrus County<sup>15</sup>

1. All Other Offenses (3,360)
2. Larceny – Theft (916)
3. Other Assaults – Not Aggravated (852)
4. Driving Under the Influence (731)
5. Possession – Marijuana (604)

*\*For the definition of All Other Offenses please visit NC State Bureau of Investigation – Uniform Crime Reporting Program report.*

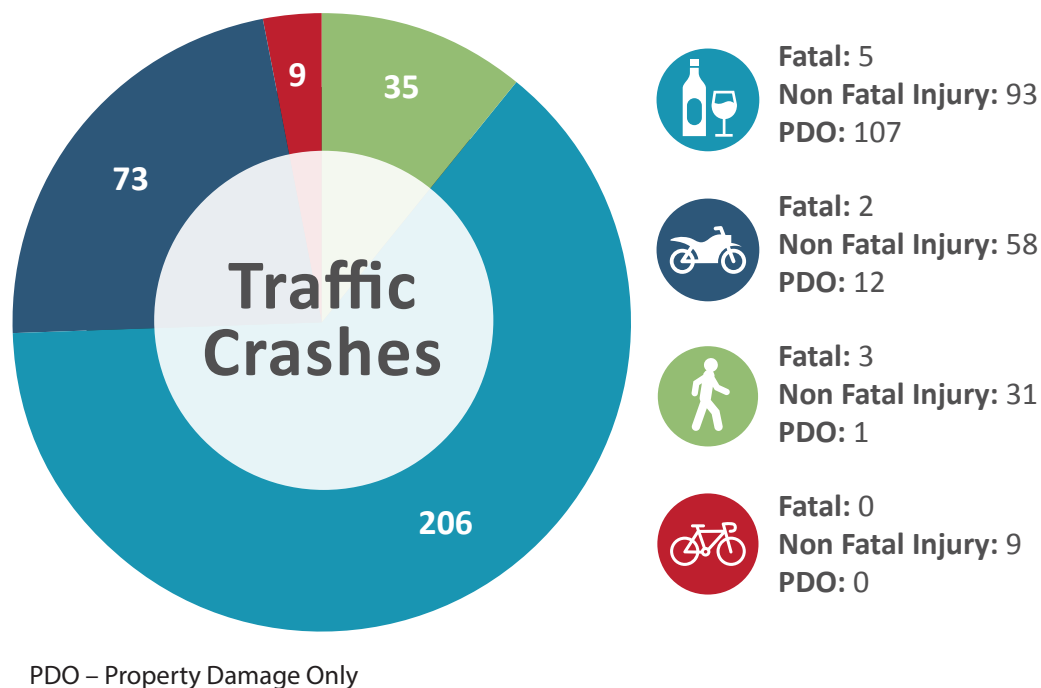
	<p>Community Needs Survey respondents reported ranked the top three biggest crime and safety issues they saw in Cabarrus County:</p> <ol style="list-style-type: none"><li>1. Selling or using drugs</li><li>2. Theft</li><li>3. Child neglect and abuse</li></ol> <p>It should be noted that while 48% of responses related to community connectedness indicated feeling safe in Cabarrus County, several community focus groups also identified 'Crime and Violence Prevention' as a top priority issue.</p>
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## Raise the Age

Effective Dec. 1, 2019, 16- and 17-year-old individuals who commit crimes in North Carolina are no longer automatically charged in the adult criminal justice system. Prior to the Raise the Age average 20, 16- and 17-year-olds annually were detained in the Cabarrus County Detention Center. In 2017, following years of research, study and education on this topic, lawmakers raised the age of juvenile jurisdiction for nonviolent crimes to age 18.<sup>76</sup>

	<p>Key informants were asked to rate level of significance for issues of abuse, neglect, domestic and sexual violence. (Note: 20% of key informants were unsure on how to rate these issues)</p> <ul style="list-style-type: none"> <li>40% rated child neglect or abuse as a <b>very significant</b> issue</li> <li>35% rated elder neglect or abuse a <b>very significant</b> issue</li> <li>46% rated domestic violence as a <b>very significant</b> issue</li> <li>41% rated sexual violence (rape, sexual abuse) as a <b>very significant</b> issue</li> </ul> <p>The majority of key informants rated violent crime (rape, murder, assault) and neighborhood safety <b>somewhat significant</b> issues – 32% and 43% respectively.</p>
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Figure 9: NC Division of Motor Vehicles – Cabarrus County Traffic Crash Facts 5-Year Average



**“Who’s going to hire an ex-offender? What can I do to survive? Which increases crime. Quality of life is being able to take care of our basic necessities of life. Food, shelter, employment. For those who are ex-offenders and have that mark against them, they don’t have the resources, the connections.”**

– Faith Leaders Focus Group

## Violence

**Table 5: Domestic Violence Clients Served in Cabarrus County**

Year	Number of Clients Served
2015-2016	651
2016-2017	480
2017-2018	641

*\*Data is reported semi-annually and includes only clients served through state-funded domestic violence programs.*

Domestic and family violence tears lives apart, it has major personal, social and economic effects. The table below is reported by the NC Council for Women and Youth Involvement and shows the number of domestic violence victims served over a three-year period in Cabarrus County. It is evident that a significant disparity exists among victims based on their race. African Americans make up 16- to 18-percent of the population depending on the year, but consistently make up of 45- to 50-percent of domestic violence clients served in the county. Another alarming piece to this data, is the fact that undocumented individuals are less likely to seek help as they are concerned about immigration concerns.

**Table 6: Domestic Violence Clients Served in Cabarrus County by Race/Ethnicity**



Year	White	Black	Hispanic	American Indian	Asian	Unknown	Other	Total
2015-2016	298	293	45	4	6	4	1	651
2016-2017	220	228	23	1	4	4	0	480
2017-2018	284	323	22	1	5	6	0	641

The majority of domestic violence clients are between the ages of 18 to 41, but sadly between 2014 and 2018, an average of 57 clients a year were between the ages of zero to 12.

	<p>Community Needs Survey respondents were asked to report whether they had been physically, verbally abused or mistreated by their spouse, intimate partner, or another person.</p> <p>8% (n=154) reported Yes</p> <p>92% (n=1,834) reported No</p> <p>Of those who reported experiencing abuse or mistreatment (physically, verbally) by their spouse, intimate partner, or another person, 14% (60) confirmed that a child was present during the times of abuse.</p>
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**Table 7: Cabarrus County Department of Human Services – Substantiated Child Maltreatment**

Type Reported	FY 2019
Abuse	198
Neglect	2,277
Abuse and Neglect	624
Dependency	20



# CLINICAL CARE AND WELLNESS

## Access to Medical Care

Access to health care impacts a person’s overall physical, social and mental well-being as well as quality of life. Without adequate access to health care services, individuals can face major barriers to improving or maintaining good health, preventing and managing disease, reducing unnecessary disability and premature death. When considering the barriers and challenges to accessing care, it is also important to also consider oral health care and prescription medication access.

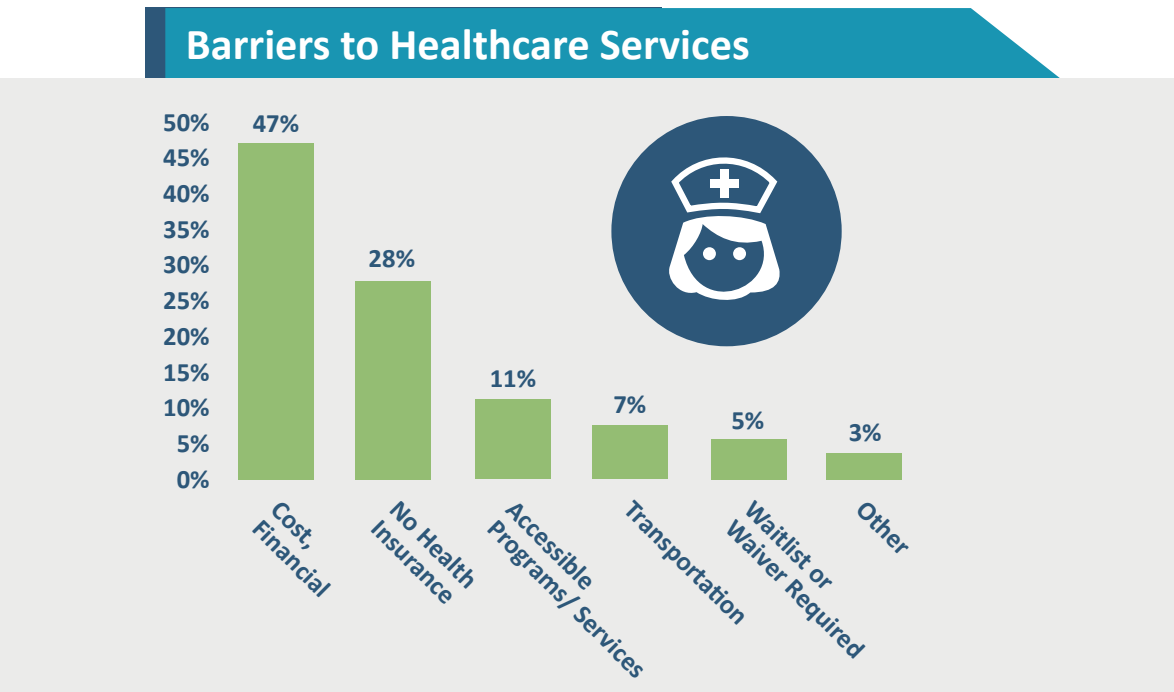


“Quality of life means having good dental, mental, and healthcare.”

– Housing Insecure Focus Group Member

	91.74% of key informants reported that there is a good healthcare system in Cabarrus County (57.80% agree + 33.94% strongly agree)
	Similar to the 2016 Community Needs Survey, 2020 Community Survey Respondents reported Dental Services, Primary Care and Vision Services as the most challenging types of care to access. It comes as no surprise that when this question was analyzed by income, the lower the income the higher the difficulty in accessing care, the higher the income the lower the reported difficulty.

Figure 10: Barriers to Healthcare Services - Community Survey Respondents





53% of key informants felt that disparities with accessing health care is a **very significant** issue.



While 56% of respondents indicated 'No Barriers', those who did report barriers 'Cost or Financial' was the top response (47% n=919), followed by 'No Health Insurance' among those who reported barriers.

**Patient to Primary Care Physician Ratio:** 1,099 to 1



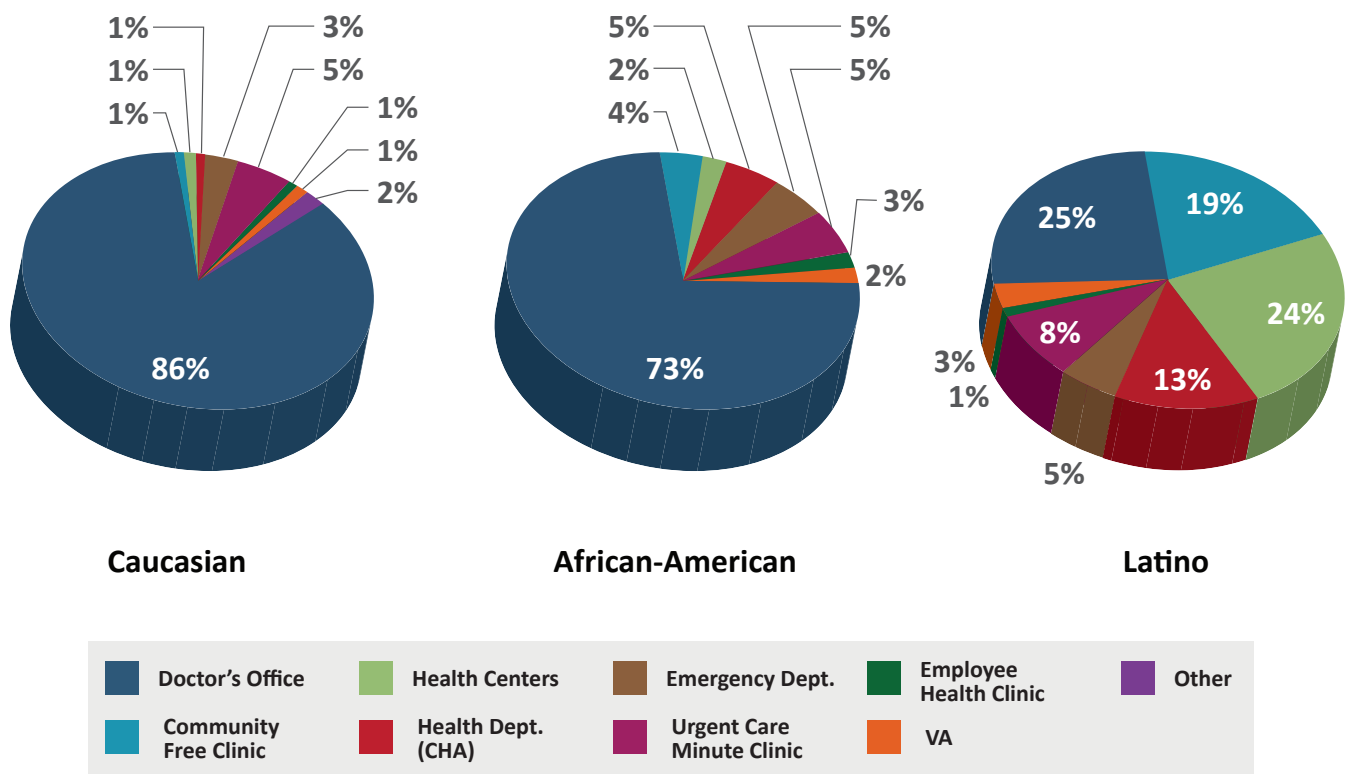
When assessing clinical health services, key informants rated:

- Affordability to clinical health services a **very significant** issue (62%)
- Access to clinical health services a **very significant** issue (46%)
- Quality to clinical health services is rated a **very significant** issue (39%)



A majority of White (86%) and African American (73%) Cabarrus County residents seek medical care through a traditional doctor's office. The Latino population reported the most diversity in their access points for medical care, with only 25% reporting seeking medical care through a doctor's office.

**Figure 11: Medical Care Locations Used by Race**



## Uninsured

Lack of insurance coverage makes it difficult for community members to access the health care they need. When they face barriers to accessing appropriate care, it can create burdens for both them, with large medical bills, and the healthcare system. When analyzing the Community Needs Survey data by barriers to accessing healthcare services, the Latino population was three times as likely to report no health insurance as the greatest barrier when compared to their white, black and Asian counterparts.



Figure 12: Percent of Uninsured Cabarrus County Residents<sup>16</sup>

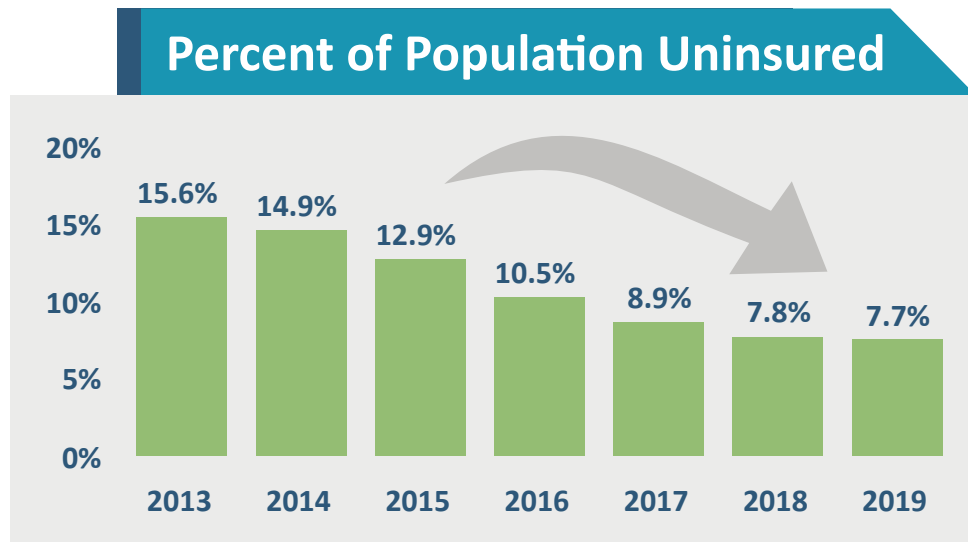


Table 8: Number of Uninsured Cabarrus County Residents by Race/Ethnicity

Race	Number of Uninsured Population
Total	15,747
White	9,057
Black or African American	3,271
Asian	430
American Indian, Alaska Native	17
Native Hawaiian and Other Pacific Islander	10
Some other race	2,689
Two or more races	273
Ethnicity	Number of Uninsured Population
Hispanic or Latino	4,480



“It’s harder for [lower-income] people who need medication. You’re already struggling and if you get a toothache then you have to pay \$50 for medicine, like ‘man I have to take out some of my rent money for this medication.’”

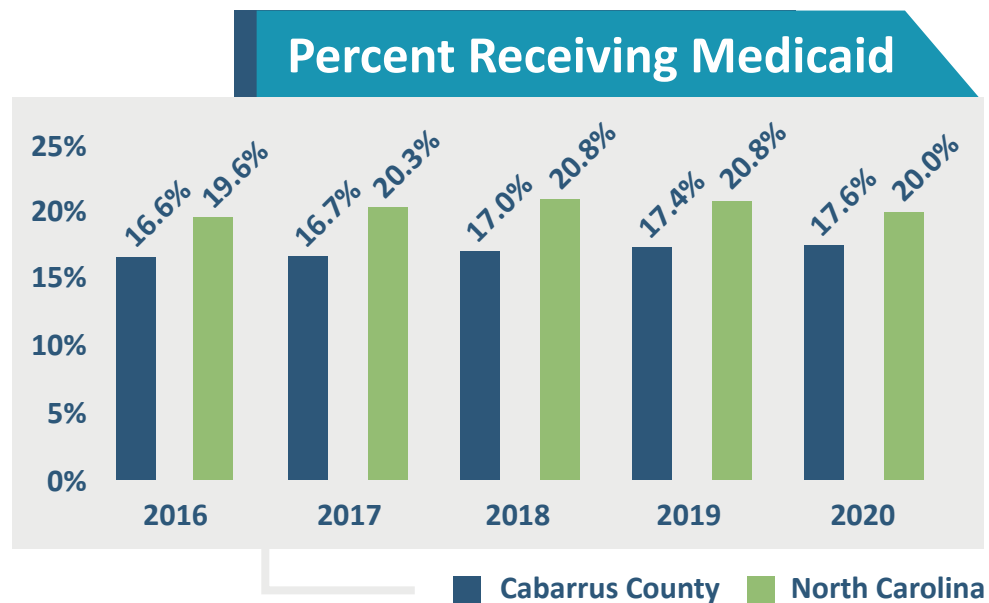
– Teen Parent Focus Group Member

**Table 9: Number of Uninsured Children in Cabarrus County 2014-2019**

Year	Uninsured Children – 18 and Younger
2014	2,918
2015	2,645
2016	2,424
2017	2,108
2018	1,771
2019	1,945

## Medicaid

**Figure 13: Percentage of population receiving Medicaid – Cabarrus County and North Carolina**



“The group that is in between makes too much income for Medicaid but don’t have enough income to go to the doctor. So they just kind of suffer.”

– Housing Insecure Focus Group Member

## Medicare

In 2019, the U.S. Census Bureau – American Community Survey reported that more than 11,200 (5.2%) Cabarrus County residents were receiving Medicare benefits. In 2018, 9,100 (4.4%) residents who were enrolled in Medicare.



“I’m having to seek out services for medications, exams, and I’m having a real struggle finding all of the information and unemployment will say ‘keep searching.’ We’re going to need to be prepared for more people coming through the system that need Medicare.”

– Older Adult Focus Group Member

## Hospital Utilization

### Inappropriate Use of Atrium Health Cabarrus - Emergency Department – Percent of Patients

Inappropriate use of the Emergency Department happens when a patient utilizes the ED for a condition that could have been treated elsewhere, such as a primary care provider. Inappropriate use of the Emergency Department can result in raised costs and lowered efficiency.

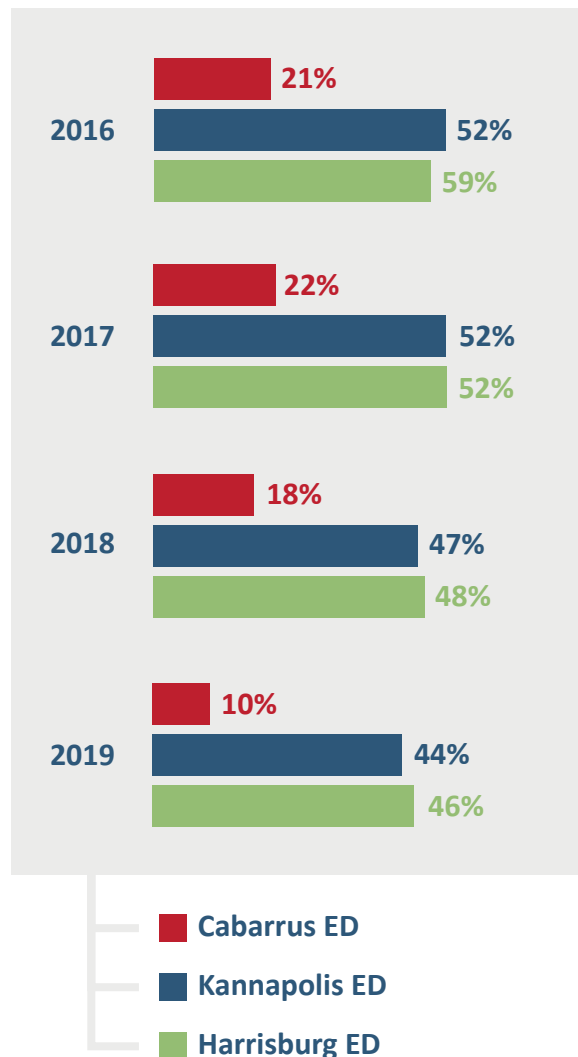
## Hospital Readmissions

The Centers for Medicare and Medicaid Services (CMS), have made it a priority to decreasing hospital readmissions. Hospital readmissions are defined as inpatient stays that occur within 30 days of discharge from an initial inpatient hospitalization. Those that are most vulnerable because of public policies, social inequity, and social bias are at higher risk for hospital readmissions.<sup>17</sup>

Qualitative feedback from Atrium Health Cabarrus staff indicates that the top reasons for hospital readmissions are:

1. Transportation barriers to follow-up care
2. Lack of access to medications
3. Caregiver assistance
4. Access to nutritious, healthy meals

Figure 14: Percent of Patient Readmissions



## Communicable Disease and Sexual Health

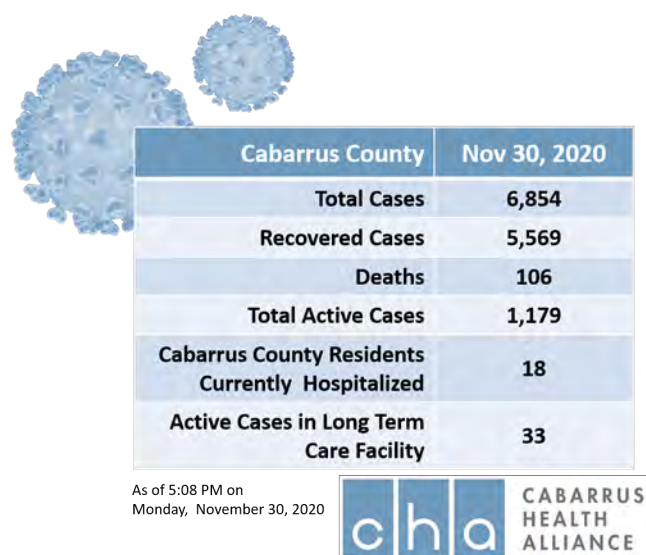
### Coronavirus Disease (COVID-19)

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people who test positive for COVID-19 virus experience mild to moderate symptoms with no need for special medical treatment. Older adults, and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

In March of the 2020 Community Health Needs Assessment process, Cabarrus County experienced its first case of COVID-19. By November 2020, nearly 7,000 residents had tested positive and more than 100 people had lost their lives due to the disease. The impact and anticipated ripple effect of COVID-19 on our community was discussed during priority voting.

Figure 15: COVID-19 Data from Nov. 30, 2020



### Pneumonia and Influenza (Flu)

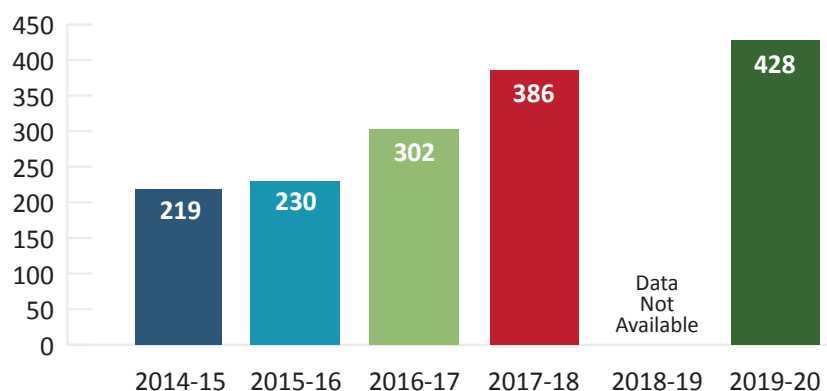
Pneumonia and Influenza are the seventh leading cause of death in Cabarrus County. According to the NC State Center for Health Statistics, 2020 County Health Data Book, the Cabarrus County rate of pneumonia and influenza is 20.4 per 100,000 population, compared to the state at 19.7 per 100,000 population.

National statistics indicate that racial disparities in deaths from influenza like illness (ILI) do exist and are caused by a variety of reasons, such as lack of access to appropriate medical care and flu shots. Flu death data by race is not available at a county level.

### Immunizations

In North Carolina, vaccination records are checked when a child is enrolled in a child care facility or school. Children are not allowed to attend school (whether public, private or religious) or a child care facility unless they have received all immunizations appropriate for their age.<sup>68</sup> School Nurses review all records for compliance and provide resources to parents whose children are in need of vaccines. Parents have 30 days from the day of enrollment to provide an up-to-date record to avoid exclusion from school.

Figure 16: Number of Cabarrus County Schools and Kannapolis City School with Vaccine Religious Exemptions



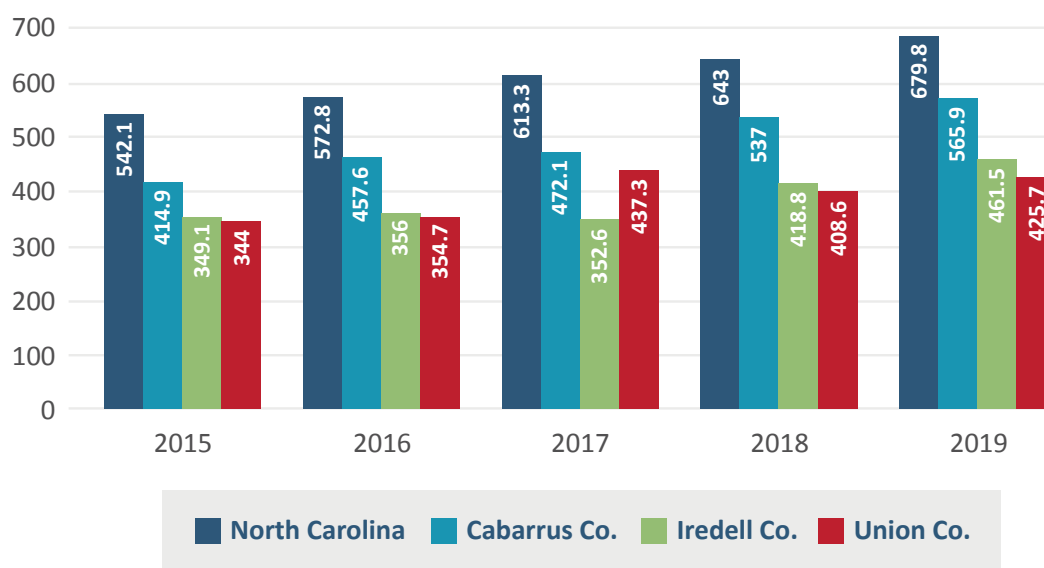
### Cases of Vaccine Preventable Disease - 2018<sup>18</sup>

- Measles - 0 cases
- Mumps - 0 cases
- Rubella - 0 cases
- Pertussis (whooping cough) - 2 cases

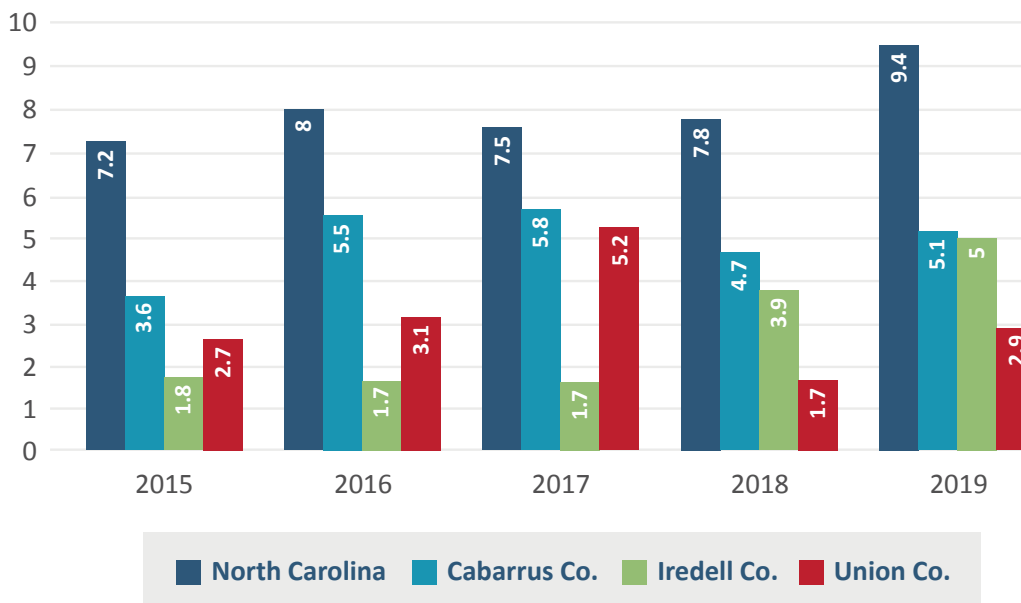
### Sexually Transmitted Infections

While sexually transmitted diseases (STDs) affect individuals of all ages, STDs take a particularly heavy toll on young people. CDC estimates that teens and young adults 15 to 24 make up about a quarter of the sexually active population, but total half of the 20 million new sexually transmitted infections that occur each year in the United States.<sup>69</sup>

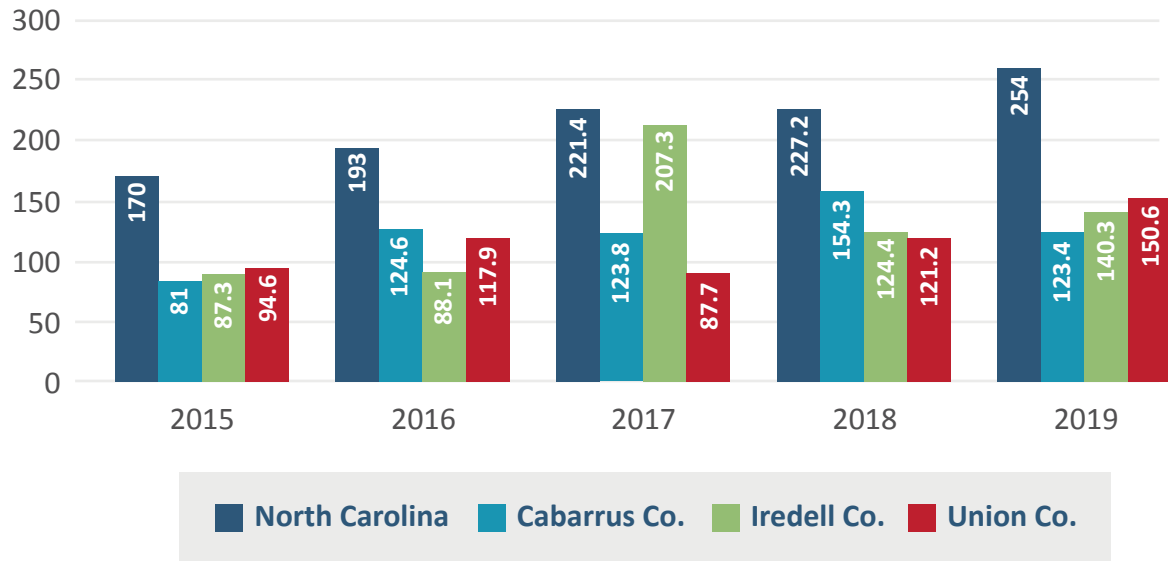
**Figure 17: Chlamydia Rate – Newly Diagnosed Chlamydia Infections per 100,000 Population<sup>19</sup>**



**Figure 18: Early Syphilis Rate – Newly Diagnosed Syphilis Infections per 100,000 Population<sup>19</sup>**

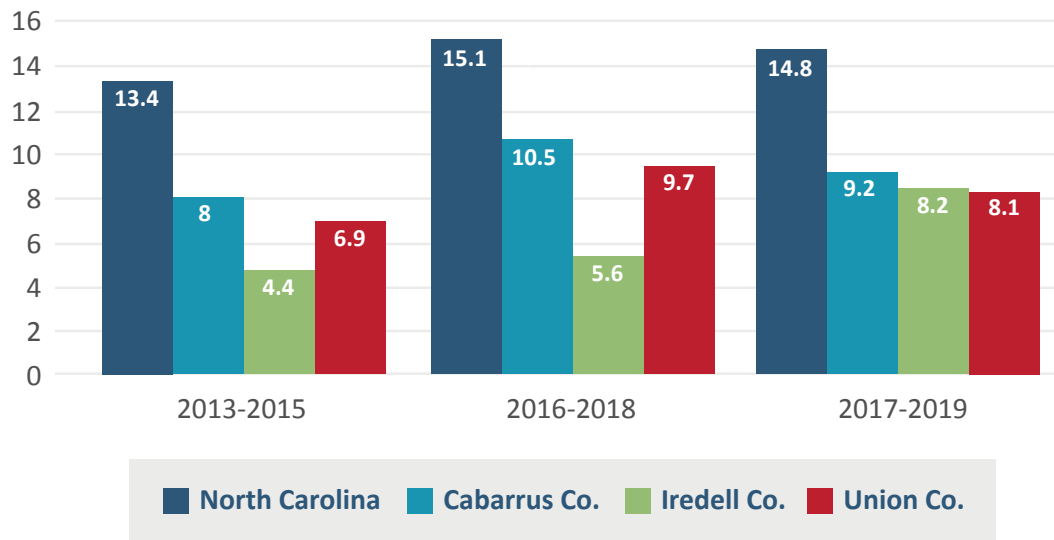


**Figure 19: Gonorrhea Rate – Newly Diagnosed Gonorrhea Infections per 100,000 Population<sup>19</sup>**



HIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

**Figure 20: HIV Rate – Average 3-Year Rate of Newly Diagnosed Infections per 100,000 Population<sup>19</sup>**

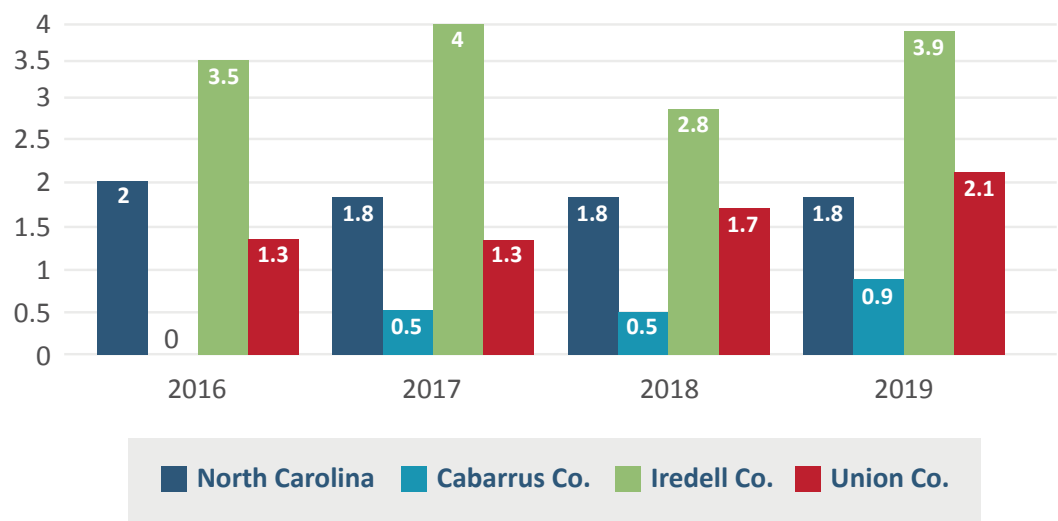




# Hepatitis C

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. According to the CDC, today most people become infected with the hepatitis C virus by sharing needles or other equipment used to prepare and inject drugs. For some people, hepatitis C can be acute - mild illness lasting a few weeks and up to 6 months, but for around 75%-85% of people who become infected they develop a chronic HCV infection.<sup>20</sup>

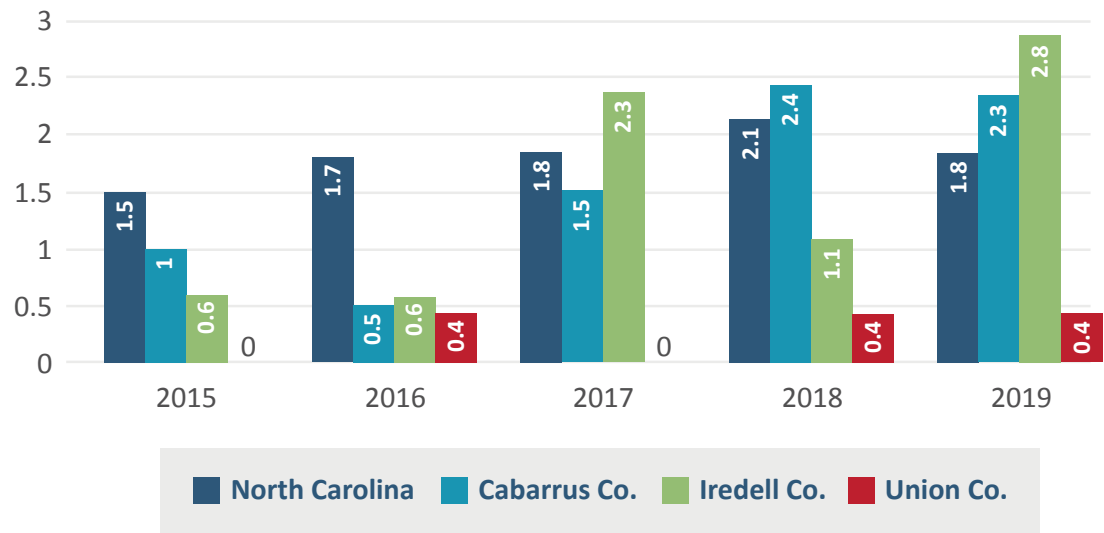
Figure 21: Acute Hepatitis C Annual Rates per 100,000 Population



# Hepatitis B

Acute infection ranges from asymptomatic or mild disease to — rarely — fulminant hepatitis. Some acute HBV infections will resolve on their own, but some will develop into chronic infection. Most people with chronic HBV infection are asymptomatic and have no evidence of liver disease. There is a vaccine to prevent hepatitis B infection, however there is currently no cure.

Figure 22: Acute Hepatitis B Annual Rates per 100,000 Population<sup>21</sup>



## Chronic Disease

### Alzheimer's Disease

The increased death rate of increase of death associated with Alzheimer's disease was noted in the 2017 and 2018 State of the County Health Reports, that trend continues. The rate of death per 100,000 population increased from 36.2 in 2016, to 45.6 in 2017 and 49.8 in 2018. According to the 2020 County Health Data Book, Alzheimer's disease ranks as the third leading cause of death and more recent data puts the age-adjusted mortality rate per 100,000 population at 55.9. At this time, more exploration and research into potential links of increased Alzheimer's disease deaths needs to be conducted.

### Cancer - All Locations

**Table 10: Cancer Incidence Rates – Age-Adjusted<sup>22</sup>**

	Breast (Female)		Prostate		Lung		Colon		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2015-2019	1,022	169.7	719	131.6	695	63.2	438	40.4	5,482	493.9
2014-2018	1,048	178.8	681	128.4	706	67.3	403	38.3	5,359	498.7
2013-2017	1,008	177.6	631	123.9	701	69.4	367	35.7	5,168	496.7
2012-2016	940	171.6	570	116.8	675	69.4	341	34.2	4,905	488.6

**Table 11: Cancer Mortality Rates – Age-Adjusted<sup>22</sup>**

	Breast (Female)		Prostate		Lung		Colon		All Cancers	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
2015-2019	143	24.2	68	18.1	402	37.3	127	11.8	1,594	150.6
2014-2018	143	25.1	76	20.6	419	40.4	132	12.6	1,605	157.4
2013-2017	131	23.6	82	22.8	429	42.8	122	12.1	1,595	161.7
2012-2016	113	21.2	67	19.4	440	45.5	123	12.7	1,560	162.7

### Diabetes

Diabetes is the 8th leading cause of death in Cabarrus County. People with diabetes have very high blood sugar, which causes damage to nerves and blood vessels, and overtime can lead to complications such as heart disease, stroke, kidney disease, and even blindness. People with diabetes are more likely to develop and die from heart disease or stroke.

The most recent data (2017) from the CDC indicates that Cabarrus County has the highest diabetes prevalence rate compared to several neighboring counties.

Figure 23: Diabetes Prevalence<sup>70</sup>

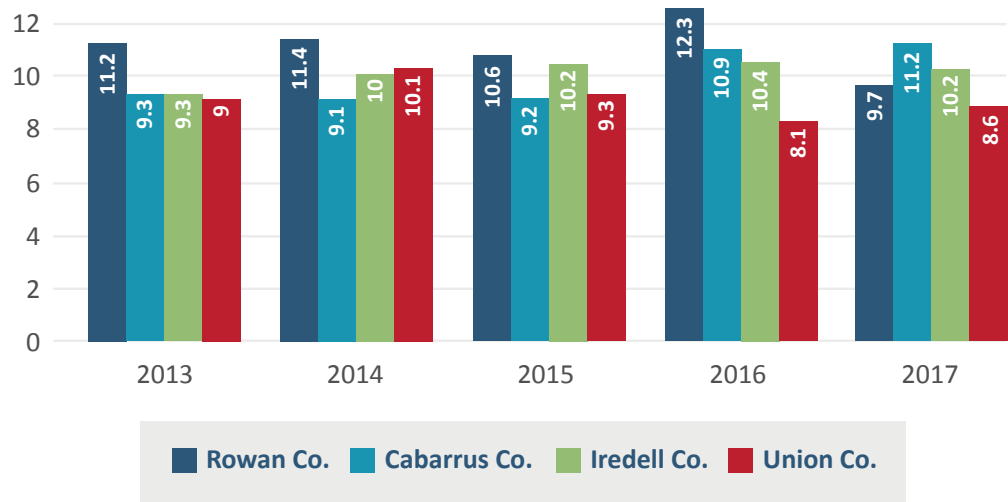
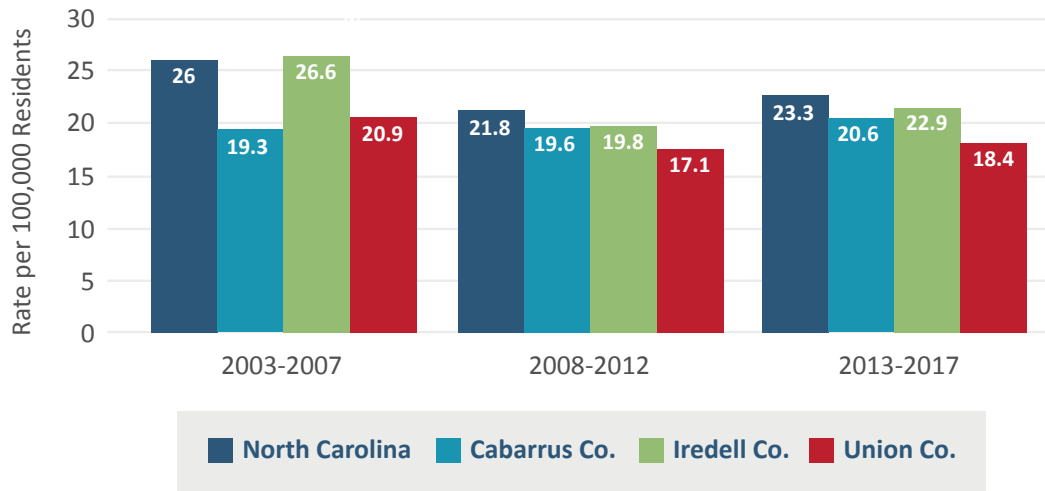
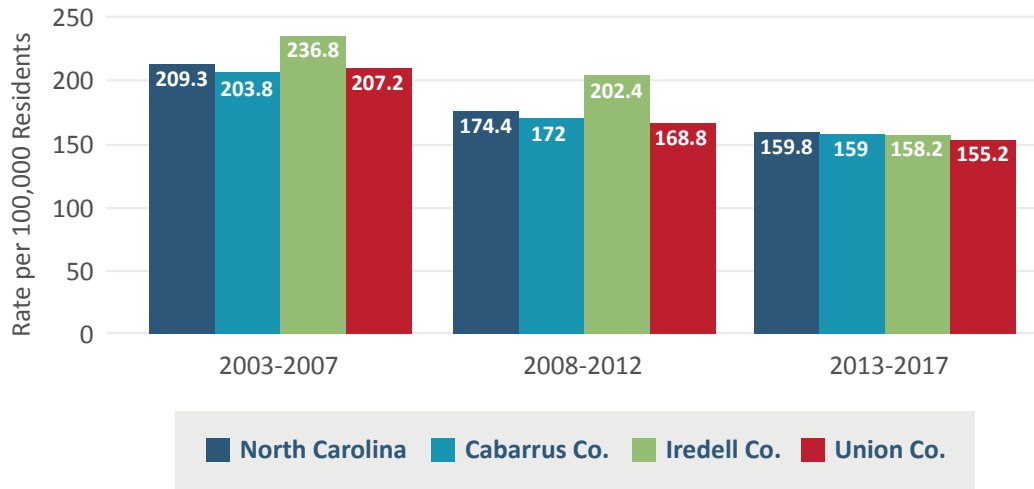


Figure 24: Diabetes Death Rate per 100,000 population<sup>71</sup>



*Heart Disease*

Figure 25: Heart Disease Death Rate per 100,000 population<sup>71</sup>



## *Lung Disease or Illness*

Chronic respiratory diseases (CRDs), like chronic obstructive pulmonary disease (COPD), pulmonary hypertension and asthma, are diseases of the lungs and airways. CRDs are not curable, and many risk factors like tobacco smoke, air pollution, chemicals, and dust can cause frequent respiratory infections in childhood. Asthma and COPD are sadly very common and potentially costly chronic medical conditions, that have been associated with decreased health-related quality of life.

- Pediatric Asthma: 6,319
- Adult Asthma: 13,526
- Chronic obstructive pulmonary disease (COPD): 12,153<sup>23</sup>

# Dental Care Access

Much of the oral health data is only available on a regional level. Cabarrus is included in Region 4, which also includes Alexander, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union. According to the NC Oral Health Regional Snapshot, 51% of North Carolina children aged one to two years receive preventive oral health services through Medicaid. Within Region 4, that data is significantly lower at just 28%.<sup>24</sup>

Having missing teeth or wearing dentures can affect a person's nutrition. People without teeth or with dentures often prefer soft, easily chewed foods instead of foods such as fresh fruits and vegetables.

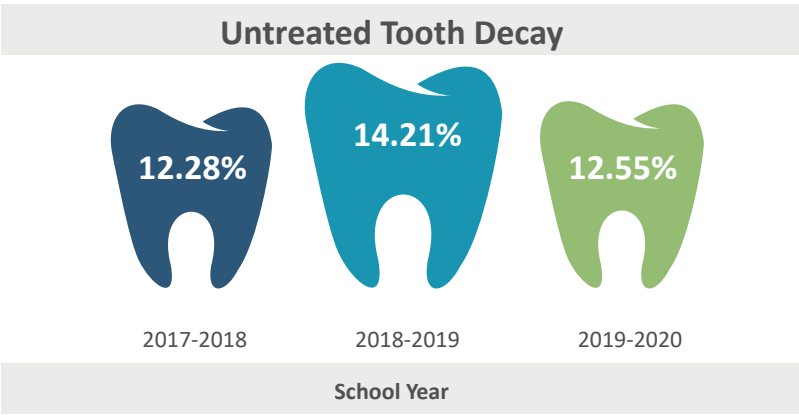
- 46.1% of adults aged 18+ years have had permanent teeth extracted
- 16.6% of adults aged 65+ years had all of their permanent teeth extracted

**Patient to Dentist Ratio:** 2,344 to 1

	<p>The 2020 Community Needs Survey indicated a significant uptick in the number of respondents who reported seeking dental care from a dental office when compared to the 2016 survey. The data also showed a small decrease in the percent of individuals reporting to the Emergency Department for dental care, but the top three answers remained the same: Emergency Department, Cabarrus Health Alliance or private Dental Office.</p>						
	<table> <tr> <td><b>ED (%) 2016: 1.9</b></td><td><b>2020: 1.35</b></td></tr> <tr> <td><b>CHA (%) 2016: 8.7</b></td><td><b>2020: 9.29</b></td></tr> <tr> <td><b>Dental office (%) 2016: 66.1</b></td><td><b>2020: 81.13</b></td></tr> </table>	<b>ED (%) 2016: 1.9</b>	<b>2020: 1.35</b>	<b>CHA (%) 2016: 8.7</b>	<b>2020: 9.29</b>	<b>Dental office (%) 2016: 66.1</b>	<b>2020: 81.13</b>
<b>ED (%) 2016: 1.9</b>	<b>2020: 1.35</b>						
<b>CHA (%) 2016: 8.7</b>	<b>2020: 9.29</b>						
<b>Dental office (%) 2016: 66.1</b>	<b>2020: 81.13</b>						

	<p>Most key informants felt that availability and affordability of dental services are <b>very significant</b> issues in Cabarrus County, although a majority of key informants (36%) believed quality of dental care services to only be a <b>somewhat significant</b> issue.</p> <ul style="list-style-type: none"> <li>■ Availability is rated a <b>very significant</b> issue by 41% of respondents.</li> <li>■ Affordability is rated a <b>very significant</b> issue by 57% of respondents.</li> </ul>
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**Figure 26: Percent of Children in Kindergarten with Untreated Tooth Decay – CHA Dental Data**



## Infant and Maternal Health

### Infant Mortality Rate

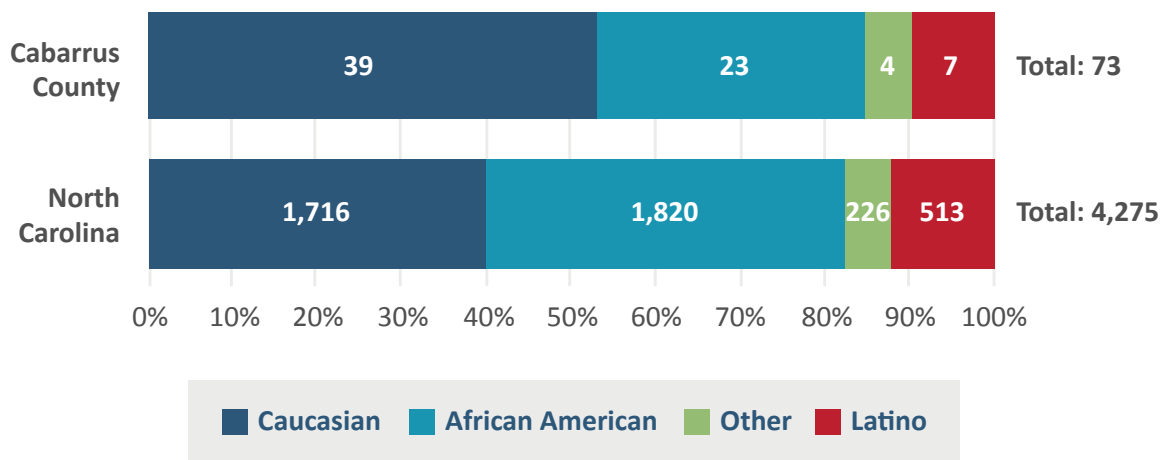
Infant mortality rate is not only seen as a measure associated with risk of infant death but is also a potential indicator of the overall health of the community, poverty and socioeconomic status of the community, and available and quality of health services. The health and well-being of children and families across the globe is measured by infant mortality rates.

**Table 12: Infant Death Rates per 1,000 Live Births<sup>25</sup>**

	North Carolina	Cabarrus	Iredell	Union
2015	7.3	6.5	9.3	5.1
2016	7.2	5.7	8.3	5.0
2017	7.1	3.9	9.7	4.6
2018	6.8	7.6	8.5	4.9
2019	6.8	5.9	6.4	2.2

It is important to recognize the evident disparities in the infant mortality rate for both Cabarrus County and North Carolina births. Minority community members make up roughly 37% of Cabarrus' population, but nearly 47% of infants deaths. White residents make up just over 63% of the population, but only 50% of infant deaths.

**Figure 27: Racial Disparities in Infant Mortality or Death**



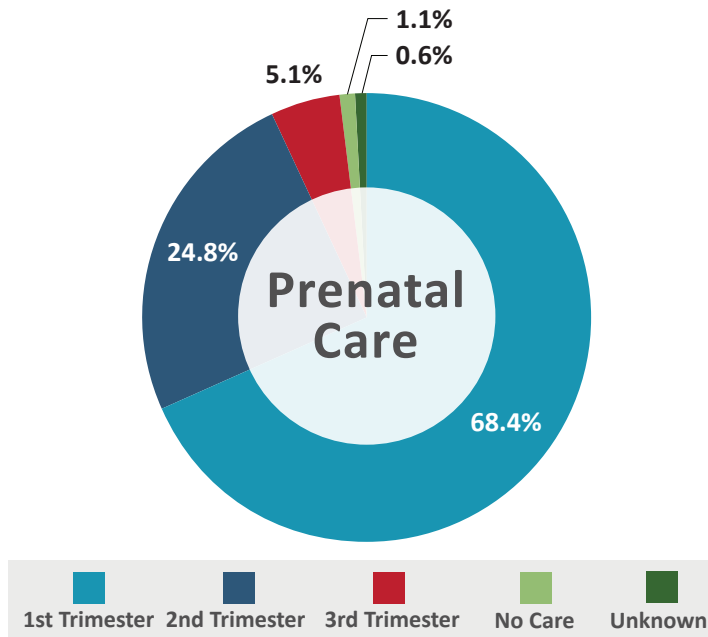
### Births

**Table 13: Live Births by County and Race**

	Report Period	Cabarrus	Union	Iredell	North Carolina
Live Births (rate per 1,000 population)	2014-2018	12.3	10.6	12.0	11.8
White Rate	2014-2018	10.4	9.3	10.8	10.1
African American Rate	2014-2018	12.9	11.7	12.2	12.8
Hispanic Rate	2014-2018	20.5	17.3	17.9	19.4

## Prenatal Care

Figure 28: Cabarrus County – Trimester that Prenatal Care Began (2018)



“In the beginning of the pregnancy, they’re [healthcare] so keen on, ‘oh you know you can’t have an abortion right? You can’t do this, you can’t do that, you can’t get rid of the baby....,’ and I choose not to. And I think I’m doing something good in general, and I want to be respected for the choices that I make. It just feels like it would be easier for them if I would have [had an abortion], because I’ve been given so much disrespect.”

– Teen Parent Focus Group Member

## Teen Pregnancy - 2019<sup>26</sup>

Table 14: Teen Pregnancies in 2019

Number of pregnancies among 15-19-year-old girls	152
Teen pregnancy rate per 1,000 15-19-year-old girls	20.9
Teen pregnancy rates by race/ethnicity	
African American	22.2
Hispanic	38.2
White	15.1
Teen pregnancy rates by age	
15-17-year-olds	9.5
18-19-year-olds	42.4
Number of pregnancies among 15-17-year-old girls	27
Number of pregnancies among 18-19-year-old girls	107
Percent of repeat pregnancies	15.1% (23 repeat pregnancies)



Key informants were split on rating unintended pregnancy as a **very significant** (37%) and **somewhat significant** (37%) issue. 8% stated that was **not at all significant**.

## Health and Wellness

Improving an individual's overall health and well-being, should include consideration of three major factors: good nutrition, physical activity and healthy body weight. The Office of Disease Prevention and Health Promotion reports that together, these factors can help decrease a person's risk for developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer.<sup>27</sup>

### Percent of Adults Reporting Fair or Poor Health

According to the Behavior Risk Factor Surveillance System (BRFSS), year-over-year Cabarrus County residents have self-reported poorer health. Self-reported health status is a widely used measure of people's health-related quality of life. In 2016, 14-percent of Cabarrus respondents reported poor or fair health. Two years later, in 2018, 17-percent reported their health to be poor or fair.<sup>60</sup>

## Obesity

According to the CDC, obesity is a complex health issue that is the result from a combination of causes both individual and genetic. Obesity increases the risk for other health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, and many other including general poor health status.

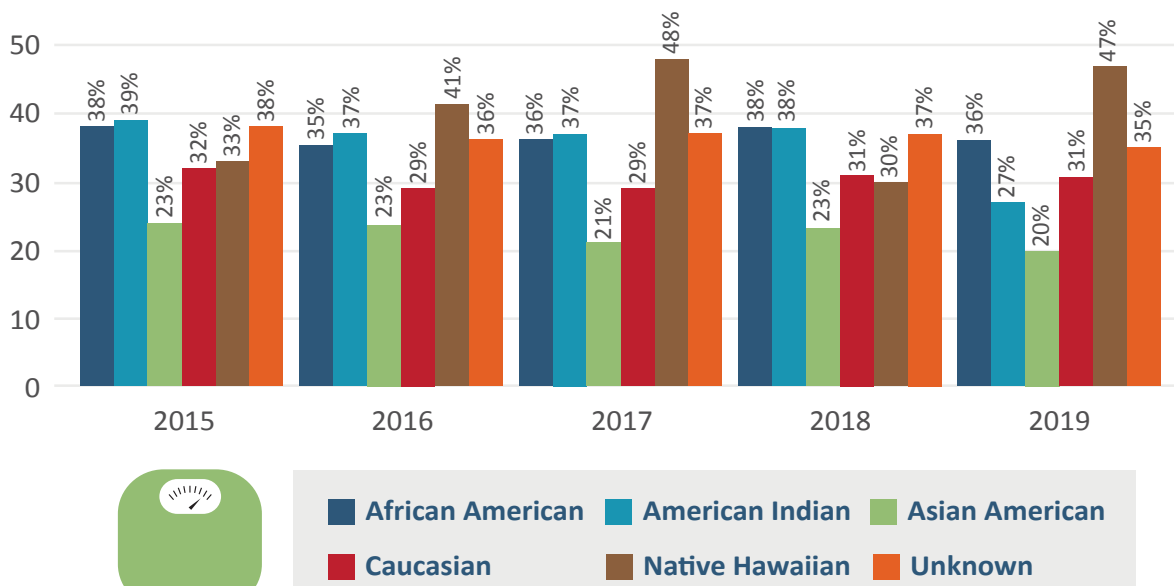
**Table 15: Cabarrus County – Adult Obesity**

Year	Cabarrus	Rowan	Union	Iredell
2014	31%	34%	28%	31%
2015	32%	33%	30%	29%
2016	36%	38%	32%	31%
2017	34%	38%	32%	32%



64% of key informants believe obesity in Cabarrus County is a **very significant** issue.

**Figure 29: Atrium Health Cabarrus - Patients Overweight and Obese Age 2-18 by Race/Ethnicity**



Percent represents percent of patient population served that had a > 85% Body Mass Index.

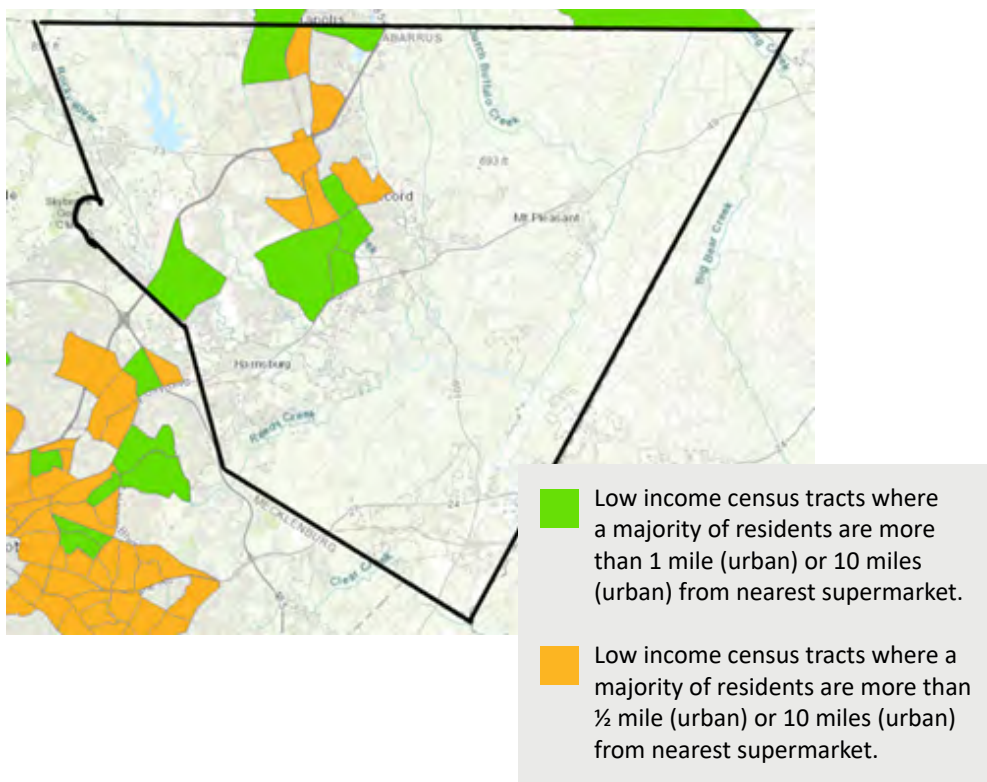


## Food Access

Limited access to sources of healthy and affordable food through supermarkets, supercenters, and grocery stores may make it harder for some Americans to eat a healthy diet. According to the Robert Wood Johnson Foundation – 2020 County Health Rankings, Cabarrus County had a Food Environment Index of 7.8, while North Carolina’s index was 6.7. The Food Environment Index ranges from 0 (worst) to 10 (best) and looks at two indicators of the food environment - limited access to healthy foods and food insecurity.

Cabarrus County is one of 18 counties in North Carolina that have six or more census tracts classified as food deserts. The Food Desert Locator developed by USDA’s Economic Research Service, defines a food desert census tract as a low-income tract where a substantial number of residents does not have easy access to a supermarket or large grocery stores.

**Figure 30: US Department of Agriculture – Food Access Research Atlas**



The USDA ERS Food Atlas has not been updated since 2015.



Key informants identified availability (52%), affordability (61%) and quality (46%) of healthy food as **very significant** issues.



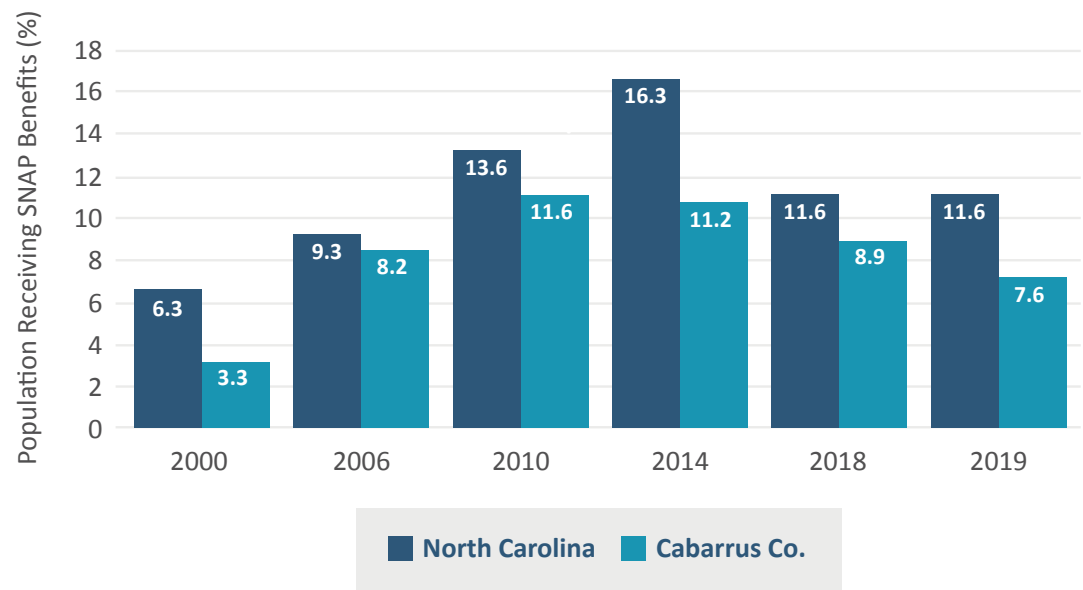
“It gets to the point where, since I’m under 22, I can’t do separate food stamps since I’m living with her (my mom) and we’re getting \$90 in food stamps for 4 people. What’s that going to do, like honestly? I have pay bills, get books, and get stuff for the house, gas. At the end of the month we have \$100 left to our name. There’s no profit to our name.”

– Single Parent Focus Group Member

Supplemental Nutritional Assistance Program (SNAP)

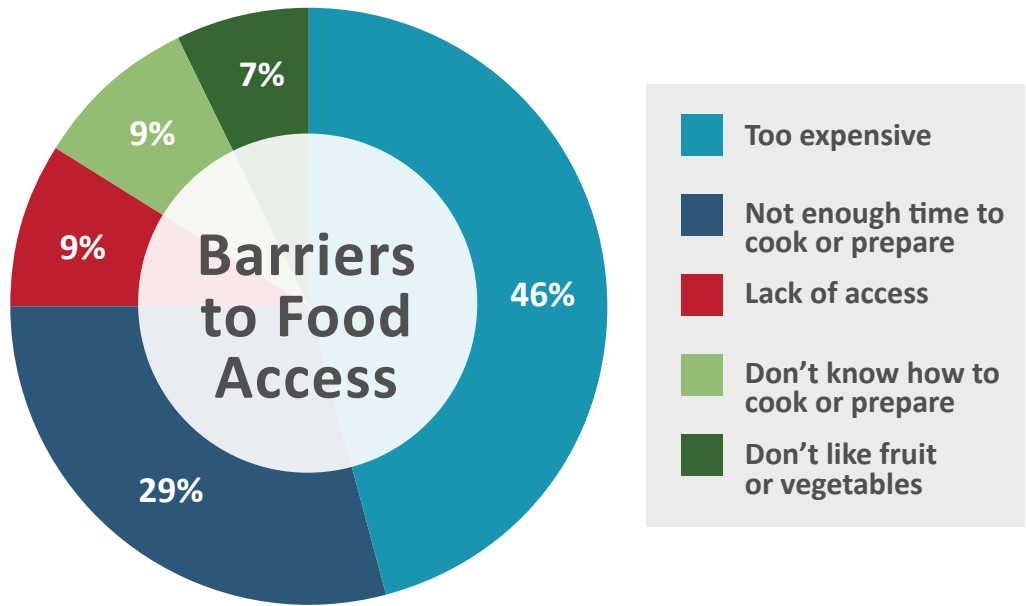
The primary focus of SNAP is to provide low-income families and children with comprehensive nutrition education, a healthy diet, obesity prevention, physical activity and better access to food through Food and Nutrition Services (FNS). Individuals may be eligible for FNS if their total income falls below the appropriate gross income limits for their household size.


Figure 31: Population Receiving SNAP Benefits<sup>28</sup>



When asked about barriers to healthy food access, 71% of Community Needs Survey respondents reported ‘No Barriers’, of the 29% of respondents who did report barriers the top two most commonly selected barriers was ‘Too Expensive’ and ‘Not enough time to cook or prepare.’

Figure 32: Barriers to Food Access




	<p>36% of Community Needs Survey respondents reported experiencing some type of food insecurity issue over the past year. Respondents could select one or multiple of the following situations:</p> <ul style="list-style-type: none"> <li>■ Cut the size of our meal</li> <li>■ Left a meal hungry</li> <li>■ Had to skip a meal</li> <li>■ Worried about having enough food</li> <li>■ We didn't have money to purchase enough food</li> <li>■ Didn't eat for a whole day</li> </ul>
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When evaluating responses by race and ethnicity it became even more clear that food access is a disparity linked to race. The Hispanic (33%) and black (31%) community reported food security issue nearly double that of their white (15%) and Asian (8%) counterparts.



### Park Access

The national recommendation for physical activity is at least 150 minutes of moderate aerobic activity a week.

	<p>Community Needs Survey respondents were asked about their physical activity levels in a typical week, only 17% reported meeting or exceeding the national recommendation, this is a decrease from 2016, where 24.6% of community members reported at least 150 minutes a week. Responses were disaggregated by race and ethnicity, and there was little difference between races with almost 11% of African Americans and Latinos reporting meeting physical activity guidelines and 15% of Whites.</p>
	<p>The top 3 locations where individuals reported exercising were:</p> <ol style="list-style-type: none"> <li>1. Home</li> <li>2. Neighborhood</li> <li>3. Parks and Trails</li> </ol>
	<p>The top 3 reasons people reported that they didn't exercise were:</p> <ol style="list-style-type: none"> <li>1. Lack of time</li> <li>2. Lack of motivation</li> <li>3. Family obligations</li> </ol>


	<p>Access and quality of recreational opportunities in Cabarrus County were seen as <b><u>somewhat significant</u></b> issues – 34% and 42% respectively.</p>
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# EDUCATION

Education is a crucial social determinant of health (SDOH), which impacts a person’s ability to access and understand health information. The quality and amount of education an individual receives can predict their future employment opportunities and income level, which is then linked to where they afford to live and access healthcare. Communities need to recognize that education is not just about the amount of knowledge gained, it is tied to an individual’s opportunities for a positive future well-being.<sup>72</sup>

## Early Childhood Education 0 to 5

The zero to five population in Cabarrus County makes up between 6.4% and 6.5% of the population, keeping on pace with other demographic age groups. According to the American Community Survey, in 2019, Cabarrus County had 13,589 children under five years old. Although there has not been an extreme spike in the five and under population, resources for early childhood education and care have become more challenging to access due to cost and availability.



Most key informants felt that availability, affordability, and quality of child care services are **very significant** issues in Cabarrus County.

- Availability is rated a **very significant** issue by 44% of respondents.
- Affordability is rated a **very significant** issue by 61% of respondents.
- Quality is rated a **very significant** issue by 54% of respondents.

According to the American Community Survey, 71% of the children in Cabarrus, younger than age six, live in households where their parents or single parent reports to work.

Table 16: Cabarrus County Parental Work Status

Parental Work Status	Children Under Six <sup>29</sup>
Not in labor force	8%
Lives with two parents (one working)	21.2%
Lives with mother only (working)	15.8%
Lives with father only (working)	1.8%
Lives with two parents (both working)	53.3%

Working parents have three main sources for childcare; including Family In-Home Child Care, Center-Based Child Care and Church-Based Daycare or GS-110 programs.

Cabarrus County’s licensed child care facilities’ capacity is 8,726, but the centers are serving only 4,049 children due to lack of qualified teachers. This shortage of childcare teachers & teacher assistants is mainly due to child staff wages being very low. This shortage translates to long waiting list and child care stress for working parents.

**Family In-Home Childcare** is more flexible with after-hours care and provides services during closures, but the majority of these places are unregulated.

**Church-Based Daycare** (GS110) are child care facilities or summer day camps operated by a church, synagogue, or religious charter school and are required to meet or follow different facility requirements.

**Center-Based Child Care** are usually located in commercial buildings and care for more children than family child care providers. The children are usually divided into groups or classrooms of similarly aged children.

The average annual fees for childcare ranges between \$7,374 for a Family In-Home Child Care to \$9,412 for a Licensed Child Care Center. According to Child Care Resources, Inc., in 2019 there were 47 licensed early child centers in Cabarrus County.<sup>30</sup> Currently Only 31-percent of children zero to age five are enrolled in a licensed childcare center.

#### Subsidized Child Care Cabarrus County Facts 2017-2018:

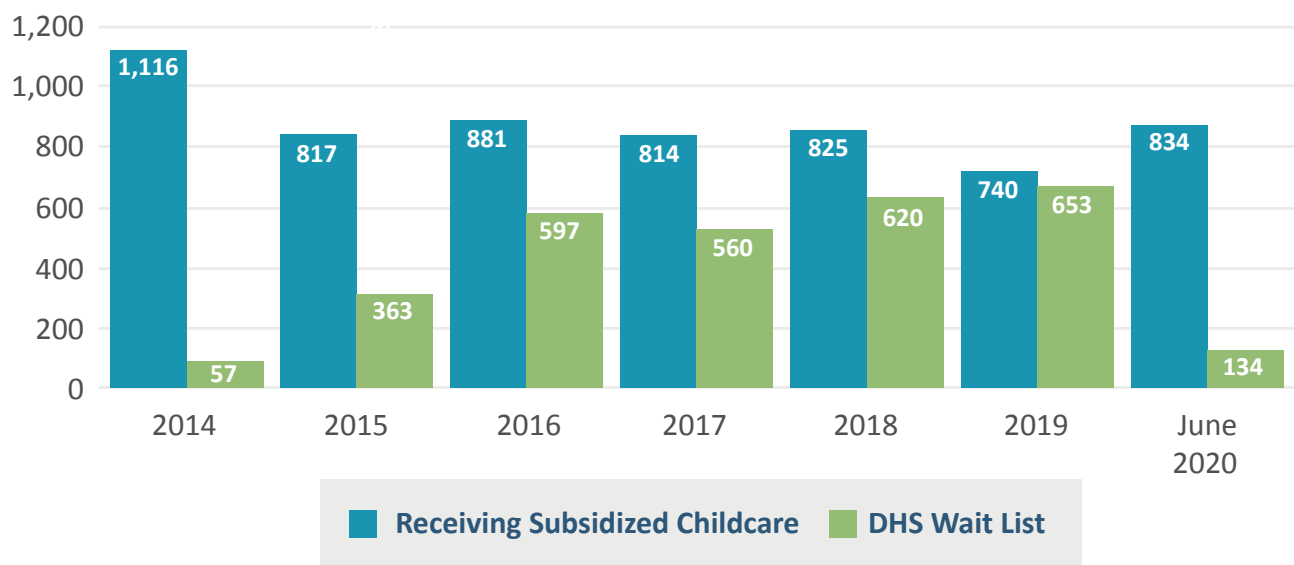
- 7,066 children are potentially eligible for subsidized child care assistance.
- Children under age 0 to 5 whose parent(s) are working and whose family income is at or below the 200% federal poverty level or children 6-11 whose family income is at or below 133% FPL.
- \$4,415,957 is currently available to serve eligible children.
- Currently 825 children are receiving subsidized child care assistance. This represents 11.68% of all potentially eligible children.



“Childcare is harder to get now. When you make a certain amount of money you don’t qualify and you really need someone to watch your child, you can’t pay back that amount. You’ve got to work three jobs just to survive. I just think it’s getting worse.”

– Single Parent Focus Group Member

**Figure 33: Cabarrus County Subsidized Child Care**

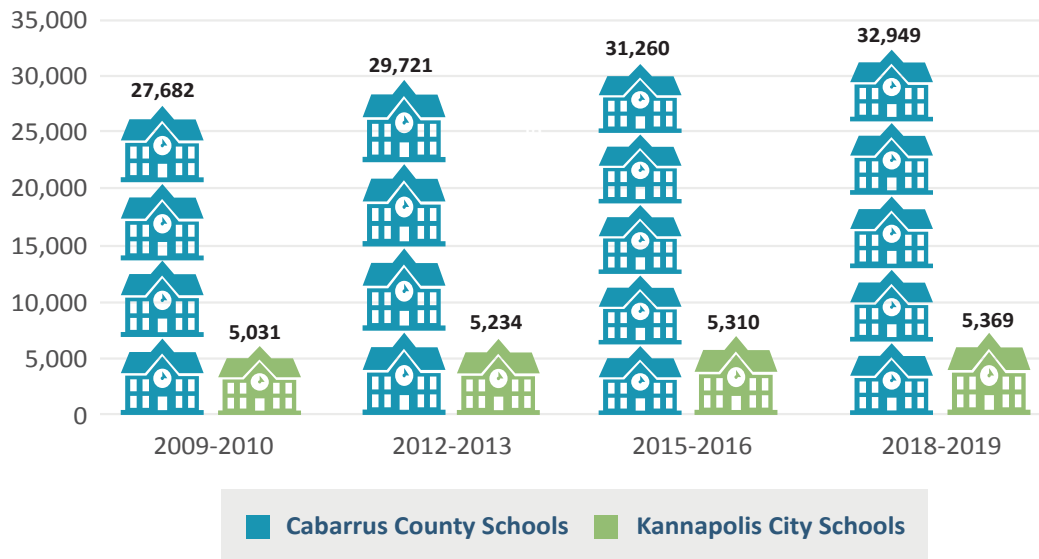


## Kindergarten through Grade 12 Education



Less than 50% of key informants felt that **graduation rates, literacy levels and quality of K-12 education** were **very significant** issues.

**Figure 34: Public School Enrollment**



According to school records, the number of white students has decreased in both Cabarrus County and Kannapolis City Schools, even as the total number of students has increased. With a growing minority population in the County (Black, Hispanic, and Asian) the student population within both school systems has become more diverse. As of the 2018 – 2019 School Year, Kannapolis City Schools had an extremely diverse student body with nearly a 30/30/30 split between White, Black and Hispanic students. Hispanic students were the largest majority.

**Figure 35: Percentage of Children on Free and Reduced Lunch**

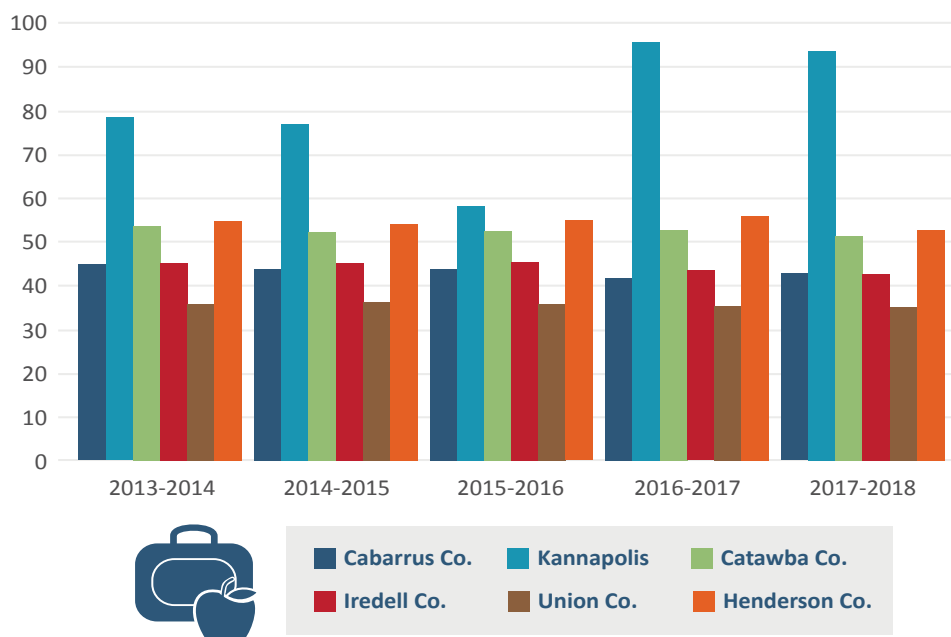
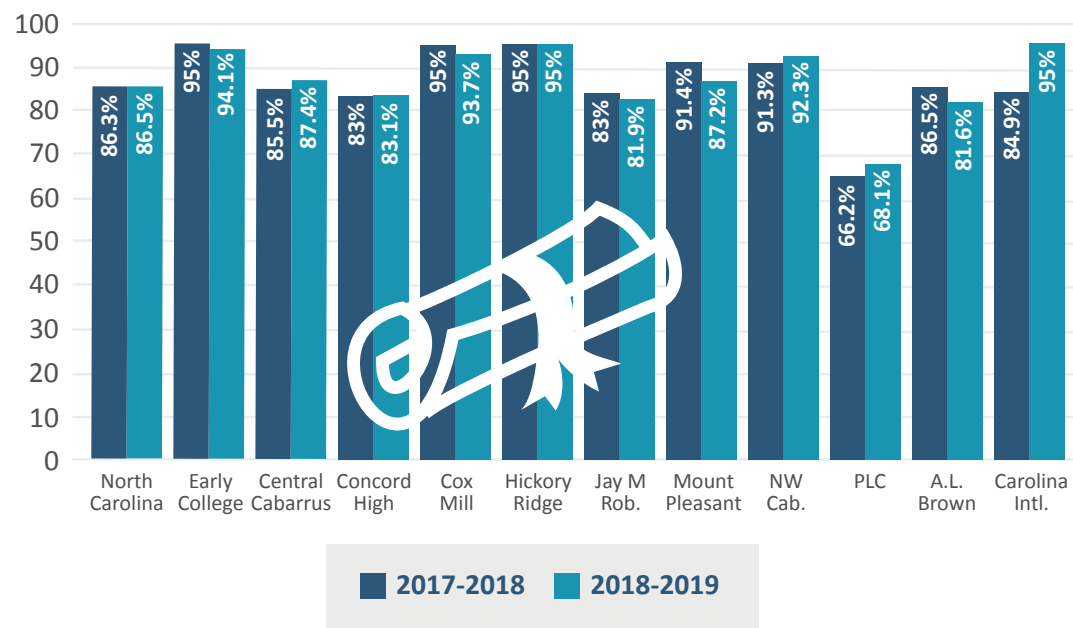


Figure 36: Graduation Rates by School - Percent of 9th Grade Cohort that Graduates in 4 Years



Across the nation, racial disparities in education follow a consistent pattern in which the academic outcomes of African-American and Latino students are poorer compared to Whites. The same pattern is reflected in Cabarrus County. When examining student performance in Math and English-Language Arts, African American and Hispanic students were far more likely to perform below grade level than their white classmates in both, Cabarrus County and Kannapolis City Schools.

Table 17: Cabarrus County Schools - Percent of Students Performing Below Gradel Level 2018-2019

Subject	White	African Ameriacn	Hlspanic
Math	24%	49%	48%
English Language Arts	27%	50%	56%



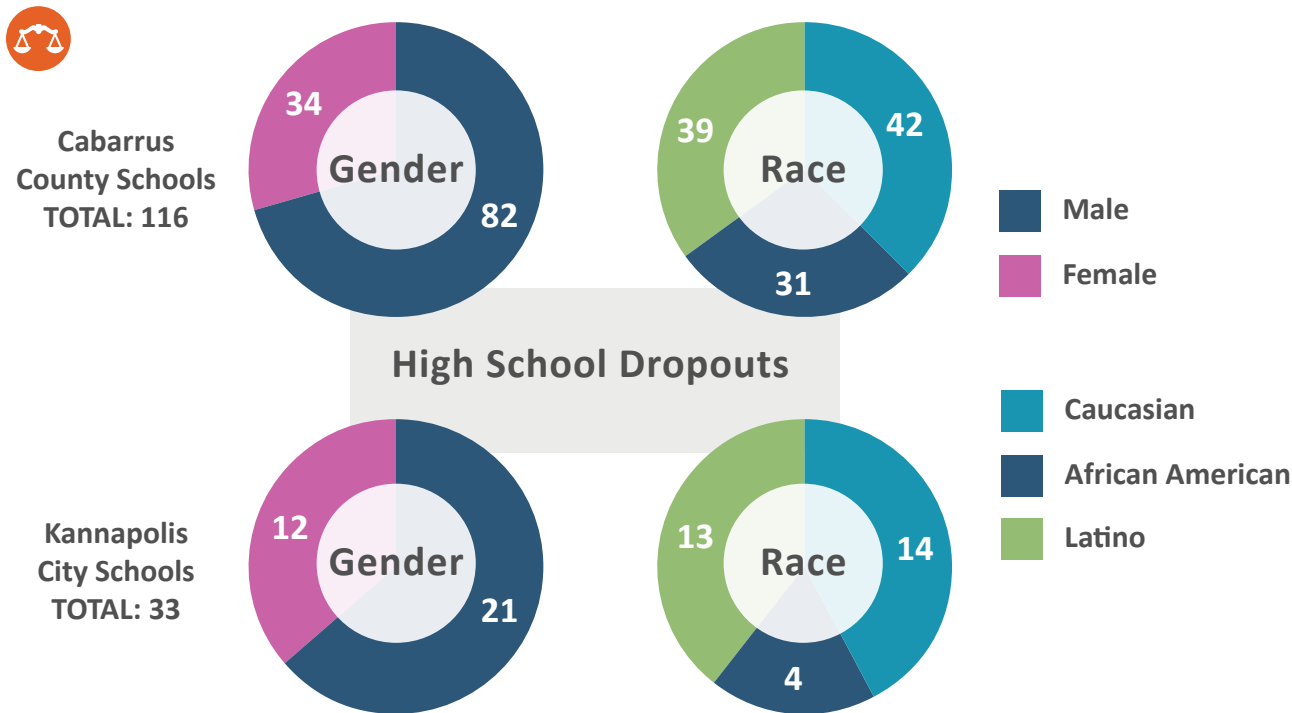
Table 18: Kannapolis Clty Schools - Percent of Students Performing Below Gradel Level 2018-2019

Subject	White	African Ameriacn	Hlspanic
Math	46%	71%	60%
English Language Arts	36%	60%	59%



If disparities were evident among students prior to COVID-19, we can predict that the achievement gap has been widened. Many students struggled academically, socially, and emotionally during the virtual learning period. Lack of support at home when parents juggled multiple roles, connectivity issues, lack of motivation, and limited English skills contributed to making school even more challenging, especially for underserved populations.

Figure 37: Dropouts by Race SY19-20 - Grades 7-13



“Our elementary schools are starting to get more diverse in the magnet programs that they offer. We have dual-language programs starting in Kindergarten, we have global studies, arts magnets...and I think our high school is really striving to be both college and career trade focused. They’re trying to start those kids earlier to give them some of those opportunities for jobs that don’t need much more education past high school to do.”

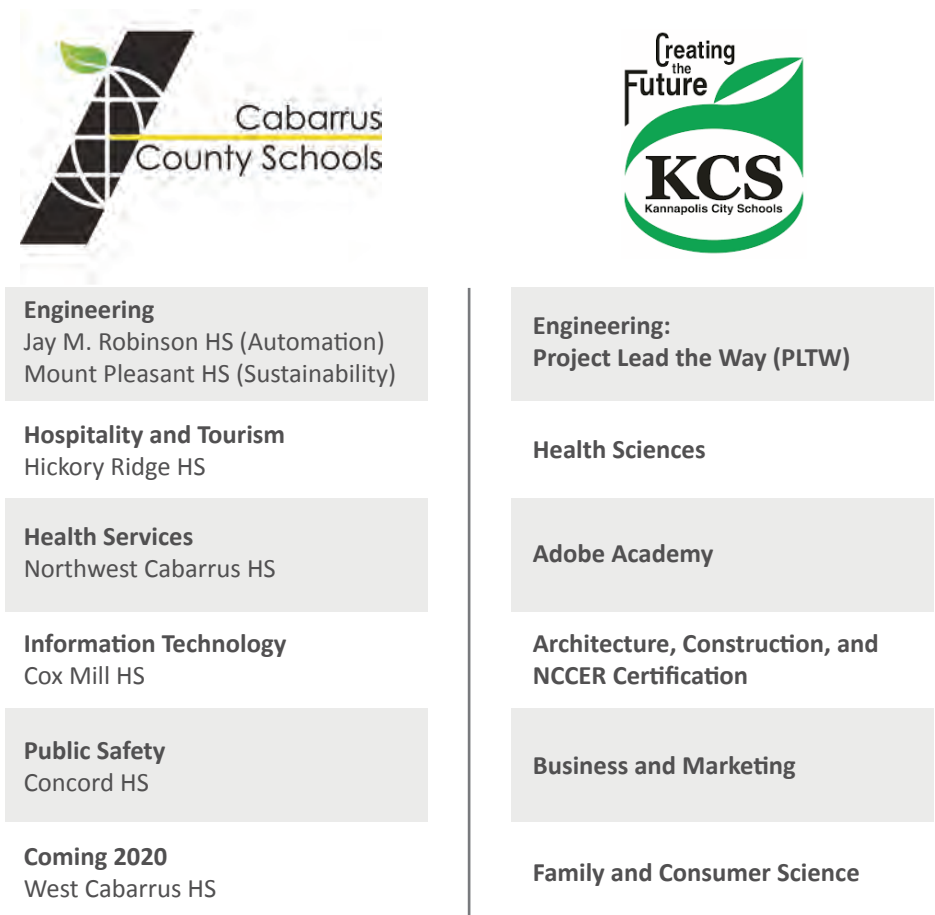
– Housing Insecure Focus Group




# Career and Technical Education, Post-Secondary

Cabarrus County and Kannapolis City School Districts have listened and responded to the needs of the business community by creating career academies at area high schools. Career academies are for students who may not want to attend post-secondary school or begin a career right after high school. By fulfilling the needs of area industries through education, we are able to have a skilled workforce and ready talent pipeline in place for any employer who chooses to locate and grow their business in Cabarrus County. Enrollment within both CCS and KCS’s Career and Technical Education continues to present rapid growth. During the 2013-2014 school year only 3,400 students participated in CTE programs. By the 2017-2018 school year that number had grown to almost 5,100 students.

Figure 38: Career and Technical Education (CTE) Programs



	<p>Community Survey respondents were asked to report unmet educational needs for themselves or others in their household. Eight-two percent of individuals reported no unmet educational needs. Of those who reported having unmet needs specific to education, the top three types of education were:</p> <ol style="list-style-type: none"> <li>1. 23% college course (community college or 4-year college)</li> <li>2. 17% vocational technical or job skill training</li> <li>3. 14% education on accessing community program/services</li> <li>4. 14% computer or internet training</li> </ol>
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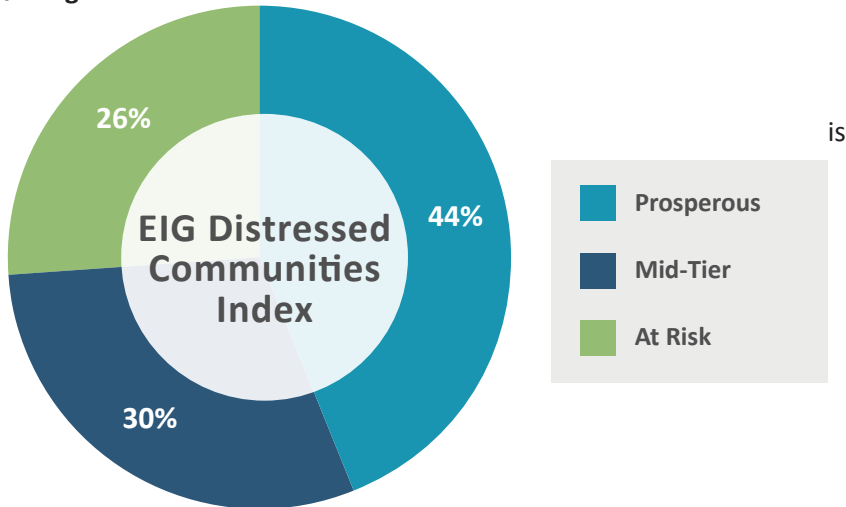
# ECONOMIC FACTORS

Throughout this report we acknowledge and point out the array of factors that influence an individual’s health, and economic factors are no different. Social and economic factors – education, employment, income, family and social support and community safety account for 40% of an individual’s overall health.

Every year, the North Carolina Department of Commerce ranks the state’s 100 counties based on economic well-being and assigns a Tier designation to each county. The Tier system is used by various state programs to encourage economic activity in the less prosperous areas of the state.<sup>31</sup> Cabarrus County is ranked a Tier 3 county (least distressed), when considering factors like: average unemployment rate, median household income, percentage growth in population, adjusted property tax base per capita.

The Economic Innovation Group (EIG) produces the Distressed Communities Index which evaluates the economic and social state of a community and identifies each zip code as prosperous, comfortable, mid-tier, at-risk or distressed.

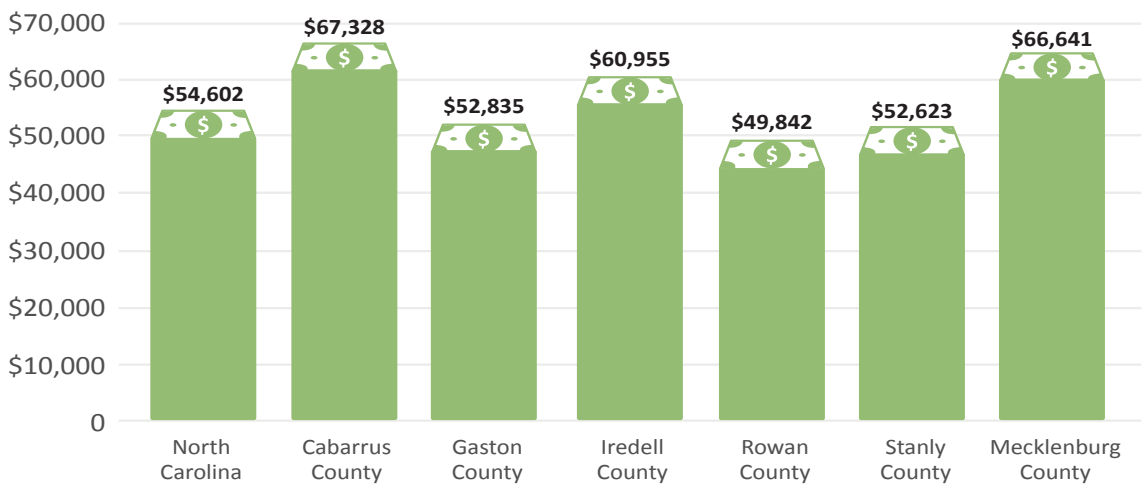
Figure 39: EIG Distressed Communities Index



## Income

Cabarrus County has the highest median income compared to other counties within the region, as well as compared to the state median.

Figure 40: Median Income - 2019



*The Robert Wood Johnson Foundation reports that Income inequality within communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents.<sup>32</sup>*

**Table 19: Median Income by Race – 2019**

Race	Median Income
White	\$71,620
Black or African American	\$49,750
Hispanic	\$51,261
Asian	\$132,703
Some Other Race	\$47,074
Two or More Races	\$51,472



## Poverty

The U.S. federal poverty level (FPL) is used by the government to assist with determining who is eligible for subsidies, programs, and benefits for benefits and programs. The FPL or poverty guidelines are updated each January to account for inflation by the U.S. Department of Health and Human Services (DHHS).<sup>77</sup>

**Table 20: 2019 Federal Poverty Guidelines**

Number of People in Household	48 States & DC
One	\$12,490
Two	\$16,910
Three	\$21,330
Four	\$25,750
Five	\$30,170
Six	\$34,590
Seven	\$39,010
Eight	\$43,430

### Federal Poverty Level<sup>33</sup>

The Community Planning Council reviewed Economic data in November 2019, at which point the report included data from 2017 that indicated that 11.53% or 22,481 individuals in Cabarrus County were living in households where the income below the Federal Poverty Level (FPL) for the last 12-months. Updated data from 2019 shows a

continued decrease to 10.2% or 20,920 community residents who are classified as living in poverty. According to the US Census, in 2019, the poverty rate for the United States was 10.5%, the lowest since estimates were first released for 1959. The Federal Poverty Level is an extremely important and relevant measure related to poverty. Individuals who live below the FPL have limited access to health services, healthy food, and other necessities contributing to a poorer health status.



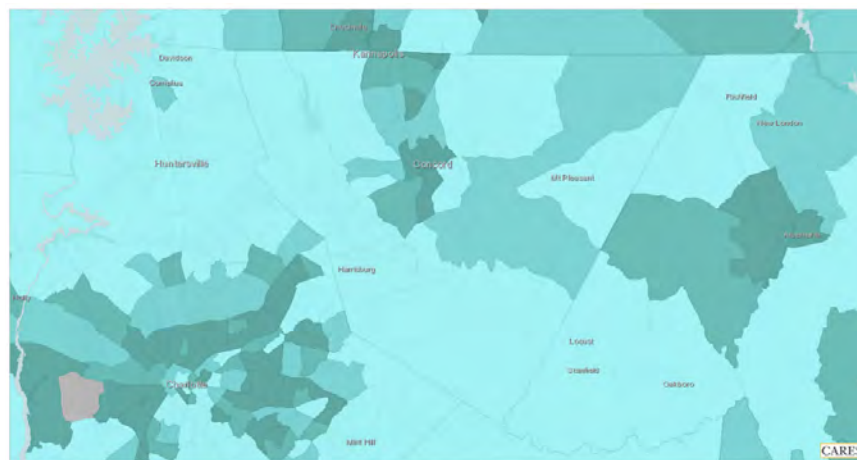
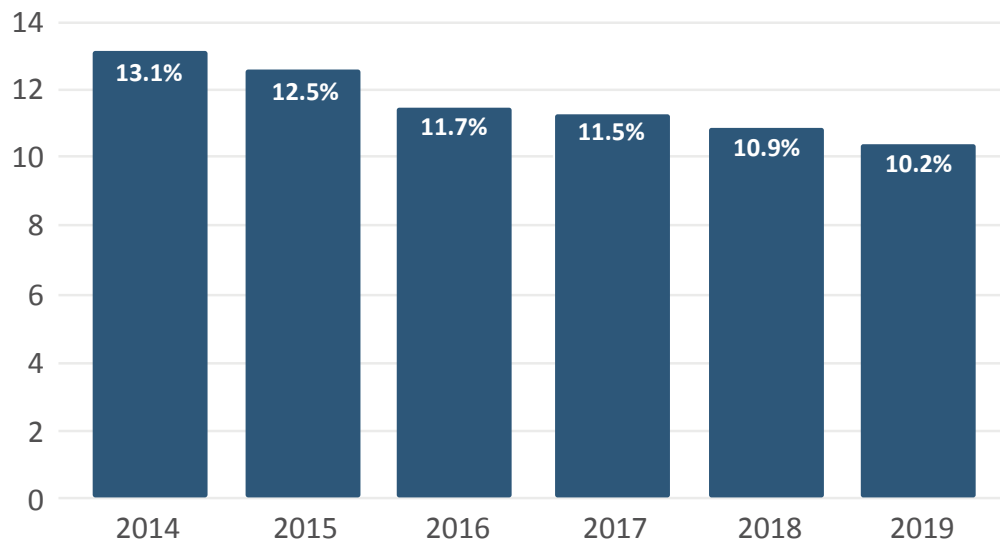
“There is a lot of work out there but they want to pay you \$10 an hour and people can’t live off that.”

– *Housing Insecure Focus Group*



47.4% of Key informants felt that there is **not enough** support and help for individuals and families experiencing crisis (43.24% **disagree** + 4.50% **strongly disagree**)

**Figure 41: Percent of Cabarrus County Residents Living in Poverty 2014-2019**



Since 2017, poverty rates have continued to decline for all major race and Hispanic origin groups. Two of these groups, Blacks and Hispanics, reached historic lows in their poverty rates in 2019. The poverty rate for Blacks was 13.9% in Cabarrus County compared to 22.5% in North Carolina and 18.8% at a federal level; for Hispanics, percent below poverty in Cabarrus County was 23.9, which was lower than the state at 26.4% but almost 8% higher than the U.S. (15.7%).



“The lack of resources for all types of services prevents us from focusing on this one household for a long enough period of time to ensure they emerge from crisis and don’t just end up right back in it, because we have to cut them loose and work with someone else. Being able to stay with them long enough and see them through is part of the challenge.”

– Service Provider Focus Group

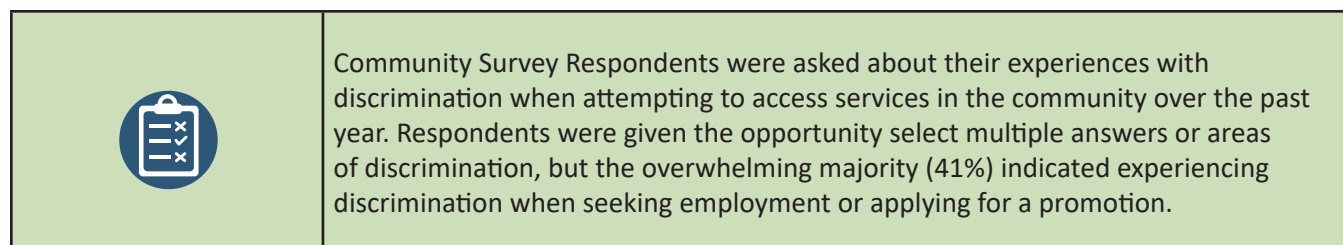
**Table 21: Cabarrus County Federal Poverty Level by Race**

	White	Black, African American	Hispanic	American Indian, Alaska Native	Asian
2014	11.4%	19.9%	29.7%	18.9%	7.0%
2015	10.5%	19.1%	28.3%	26.3%	4.9%
2016	9.5%	18.0%	30.5%	16.8%	5.4%
2017	9.6%	16.6%	25.8%	11.9%	4.0%
2018	8.8%	15.3%	26%	5.1%	3.2%
2019	8.1%	13.9%	23.9%	6.3%	2.9%

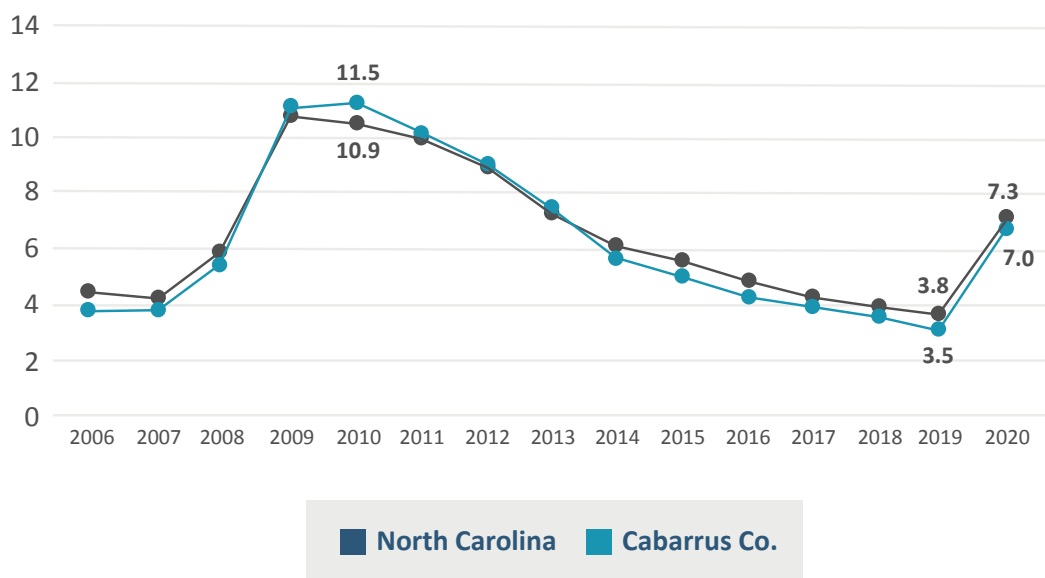
**Figure 42: Children in Poverty**



## Workforce



**Figure 43: Unemployment Rate**



The health care and social assistance industry remain the most common employment sectors in Cabarrus County, and this is due in large part to Atrium Health Cabarrus being the county’s largest employer. According to Cabarrus Economic Development, Atrium Health Cabarrus employees more than 4,200 people, followed by Cabarrus County Schools with just over 3,750. Other large employment sectors include retail trade, manufacturing and educational services.

Figure 44: Employment by Industries – Cabarrus County 2018 <sup>78</sup>



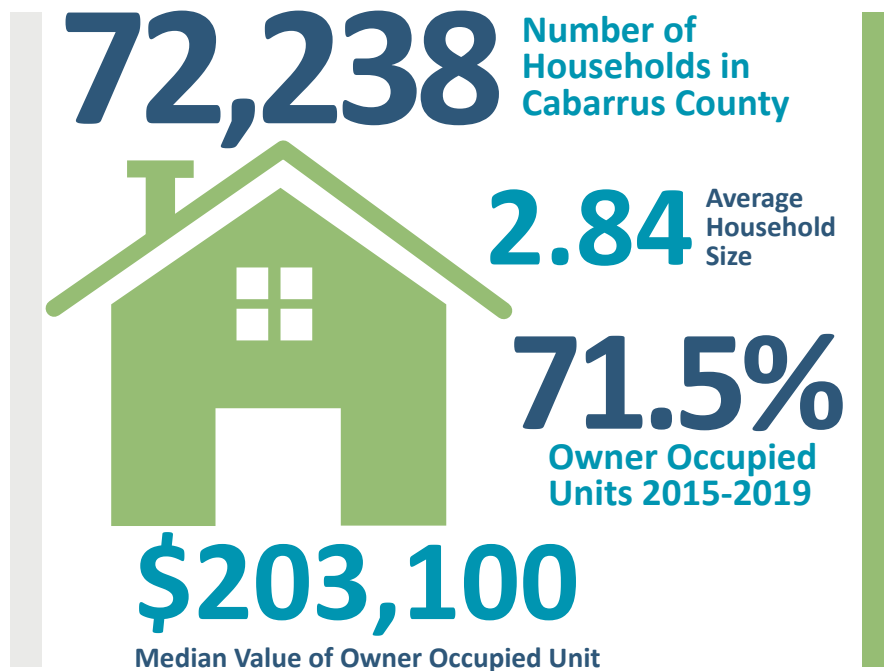
50% of key informants felt that disparities in employment is a **very significant** issue.

## PHYSICAL AND BUILT ENVIRONMENT

### Housing

Having a safe home, free from physical hazards can promote or impact an individual's good physical and mental health, the opposite can be attributed to poor quality and inadequate housing. Individuals who live in substandard housing are more likely to experience health problems such as chronic diseases and injuries, and can have harmful effects on childhood development. As reported within the Environmental Factors section below, things like poor indoor air quality, lead paint and other hazards commonly coexist in homes, placing children and families at great risk for multiple health problems.<sup>73</sup>

Figure 45: Cabarrus County Household Characteristics



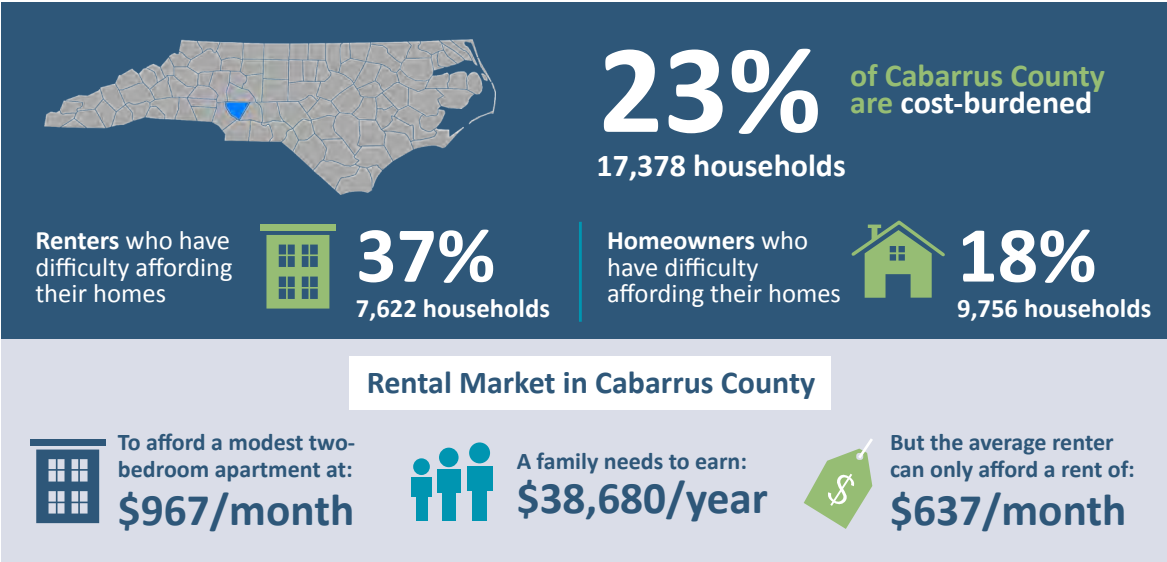
For the last two cycles (2016, 2020) of the Community Needs Assessment, housing has fallen within the top 4 or 6 identified priorities. Key informants rated multiple aspects of housing with significant concern.

- 62% of key informants rated affordability of housing in Cabarrus County a **very significant** issue
- 60% of key informants rated homelessness a **very significant** issue
- 53% of key informants rated substandard housing a **very significant** issue

According to the US Department of Health and Human Services – Office of the Assistant Secretary for Planning and Evaluation, there are five different housing conditions which contribute to housing instability: (1) high housing costs, (2) poor housing quality, (3) unstable neighborhoods, (4) overcrowding, and (5) homelessness.<sup>35</sup>

***High housing costs** refers to housing costs, including energy and utilities that takes up more than 30% of a household's gross monthly income. Since low-income families must pay higher proportions of their income on rent, high housing costs disproportionately affect this population.*<sup>35</sup>

Figure 46: NC Housing Coalition - Cabarrus County Housing Need<sup>36</sup>



***Poor housing quality** refers to housing that is lacking complete plumbing or a kitchen, has inadequate heating, has inadequate electricity, or has “upkeep problems” (such as leaks, holes, or peeling paint).<sup>35</sup>*

	<p>To assess for substandard housing issues within Cabarrus County, the Community Needs Survey included questions around physical housing issues.</p> <ul style="list-style-type: none"><li>323 individuals reported some type of housing issue</li><li>555 total types of housing issues were reported (individuals could select more than one answer option)</li><li>Top 3 Housing Issues Identified:<ul style="list-style-type: none"><li>233: Leaking Roof</li><li>125: Peeling Paint</li><li>112: Heating Issues</li></ul></li></ul>
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***Unstable neighborhoods** are those characterized by conditions such as poverty, crime, and lack of job opportunities. Most subsidized housing is located in neighborhoods with these characteristics. Other problems that characterize unstable neighborhoods include noise, traffic, litter, poor or very limited city services, and undesirable neighbors.<sup>35</sup>*

***Overcrowding** refers to more than one person living in a room. Overcrowding is often the result of high housing costs or the lack of housing assistance.<sup>35</sup>*

	<p>Community Needs Survey respondents were asked if there were any additional adults or children, that they are not the primary caregiver for, currently living with them because they cannot afford to live on their own. Fifteen-percent (N=370) of respondents reported ‘yes’, that they had additional individuals living with them, one (N=165) or two (N=101) persons was the most common answer.</p>
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***Homelessness** refers to the lack of a fixed, regular, and adequate nighttime residence.<sup>35</sup>*

Salvation Army Night Shelter served 310 unique individuals in 2019. The Salvation Army operates the only emergency shelter in Cabarrus County.





93% of Community Needs Survey respondents reported having stable housing over the last year. Of those who reported homelessness (7%), this could mean – lived in a place not meant for habitation; lived in an emergency shelter, or temporary arrangement with friends or family – 12% were Latino, 11% black, and 4% white.

**Table 22: Cabarrus County Alternative Housing Options**

Alternative Housing Solutions	Units
Public Housing	174 units
Section 8	541 vouchers
Apartments	1,957 units
Other Subsidized	893 units
Other Affordable	1,064 units
Total Housing Support	4,629

**Figure 47: Evictions<sup>36</sup>**

### When Housing Costs Too Much

When housing costs become too much, a family can lose their home. This takes an incredible toll not only on a family, but also on the entire community.



**3,116** families in Cabarrus County faced an **eviction filing** this year.  
**40.9%** of all **cost-burdened** renters.



**89** families in Cabarrus County faced a **foreclosure** this year.  
**0.9%** of all **cost-burdened** renters.

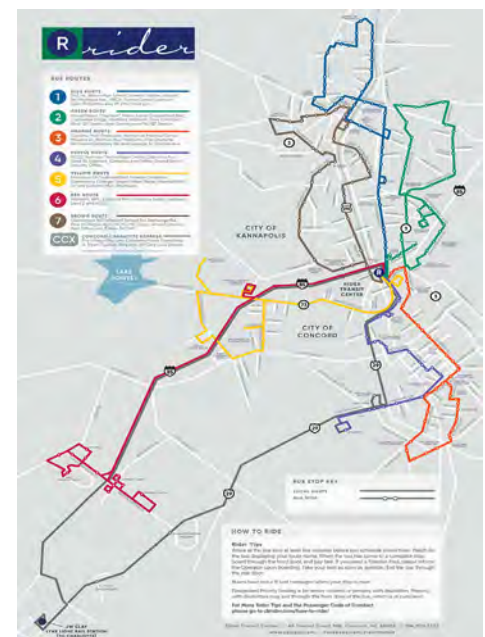
### Transportation

Transportation policy and planning are economic and social factors that influence an individual's health and the health of the community. Not only does transportation, if accessible, contribute to an individual's inactivity, but it can also dictate access to health care facilities, food and social services if the person does not have accessible, reliable transportation.



Public transportation options continue to be rated a **significant** issue (53% **very significant**) + 34% **somewhat significant**) by key informants. This is a 12% increase in the rated level of significance according to key informants when compared to their 2016 perspective.

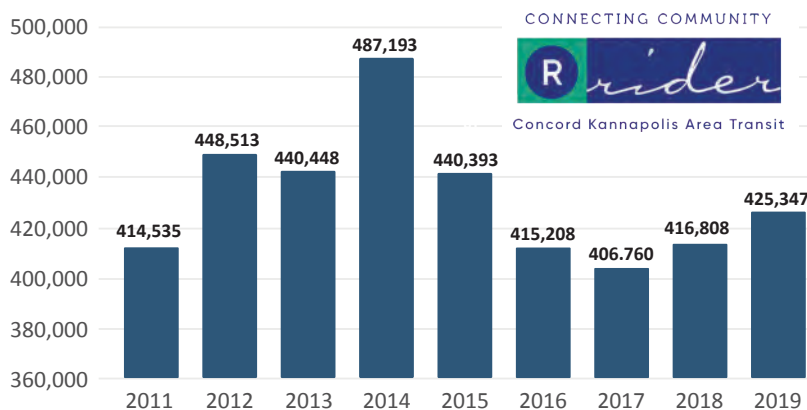
**Figure 48: Rider Transit Map**



## Rider Transit

Rider Transit provides fixed route bus services on seven local routes in Concord and Kannapolis, including the Concord Charlotte Express. Under the Americans with Disabilities Act (ADA), Rider also offers Complementary Paratransit service within  $\frac{3}{4}$  of a mile of the seven local fixed routes.

**Figure 49: Rider Transit - Fixed Route Ridership Data**



In 2018, Rider Transit developed a Long Range Transportation Plan. A part of that process included extensive community member and rider input. Information collected indicated that 25% of Rider Transit patrons would like to see later service times and additional benches/shelters at stops.

## Cabarrus County Transportation Services (CCTS)

CCTS provides door-to-door paratransit serve to all passengers who qualify under the following programs:

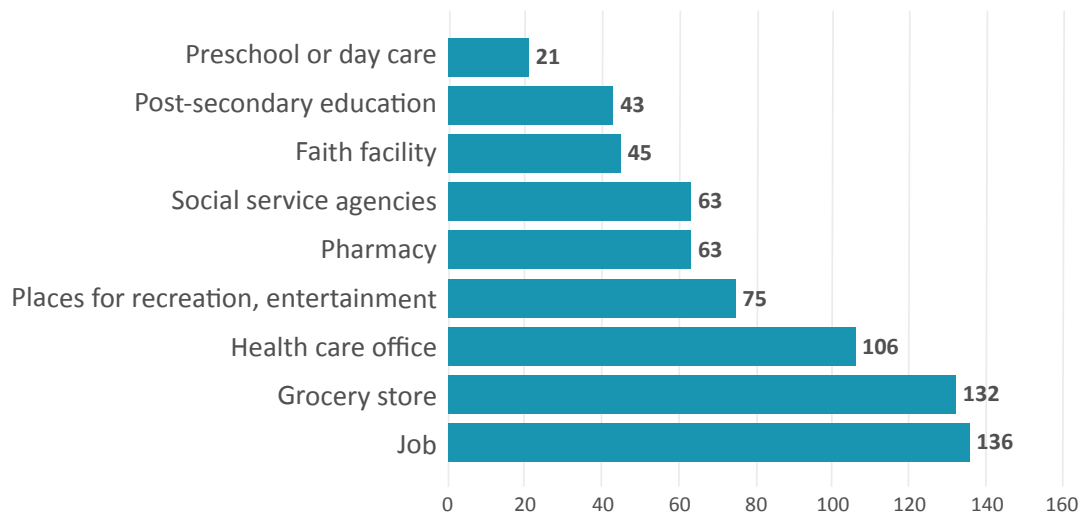
- MEDICAID
- AGING: medical and lunch plus program
- EH: elderly handicap
- RGP: Rural General Public
- CVO: Cabarrus Vocational Opportunities
- WFFA: Work First

Between July 2018 and July 2019, CCTS completed 75,554 trips, serving 1,646 customers.



Community Needs Survey respondents were asked, “Which of the following places have you or someone in your household had a difficult time getting to because transportation was not available? Check all that apply.” Fifteen-percent of respondents reported transportation difficulty to one or more of the following locations.

**Figure 50: Community Needs Survey – Difficulty Accessing Services due to Transportation Issues**



- Average commute time for commuters in Cabarrus County was 27.5 minutes
- 21.2% of commuters had a travel time to work less than 15 minutes

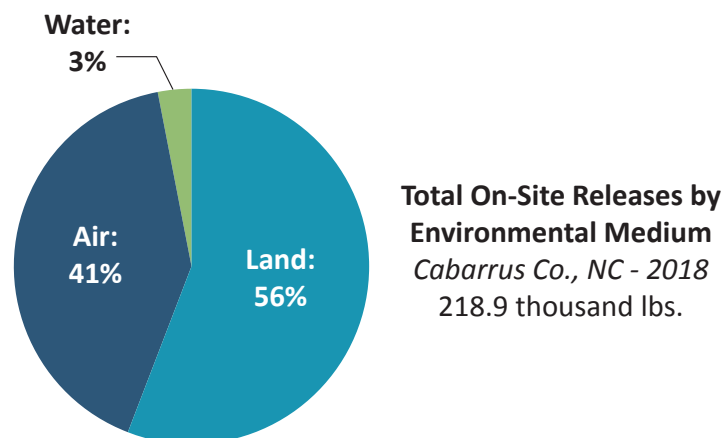
**Table 23: Cabarrus Commuting Statistics, 2017**


Commute Statistic	Kannapolis	Concord	Cabarrus County	North Carolina
Mean commute time	26.1	26.9	27.5	24.1
Commute alone by auto	85.3%	86.9%	87.1%	85.3%
Commute by carpool	11.9%	11.2%	10.9%	10.3%
Commute by public transportation	0.2%	0.8%	0.5%	1.1%
Commute by bike/ped	1.0%	0.5%	0.7%	2.2%
Commute by other mode	1.5%	0.5%	0.8%	1.1%
Travel time to work less than 15 minutes	25.8%	23.7%	21.2%	27.8% <sup>37</sup>

## Environmental Factors

The Toxic Release Inventory (TRI) tracks the management of certain toxic chemical that may pose a threat to human health and the environment. A “release” of a chemical means that it is emitted to the air or water, placed in some type of land disposal, or transferred off-site for disposal or release.

**Figure 51: Cabarrus Toxic Release Inventory**



	Key informants rated the following environmental factors as <b>somewhat significant</b> issues: <ul style="list-style-type: none"> <li>■ Pollution (air, water, land): 47%</li> <li>■ Natural disaster preparedness: 38%</li> <li>■ Road maintenance: 51%</li> </ul>
	One contributing factor to poor air quality/pollution is long commute times. Cabarrus County consists of many work force commuters who travel to Charlotte/Mecklenburg County for work. Key informants (51%) rated long commutes of over 30 minutes a <b>somewhat significant</b> issue.

## Air Quality

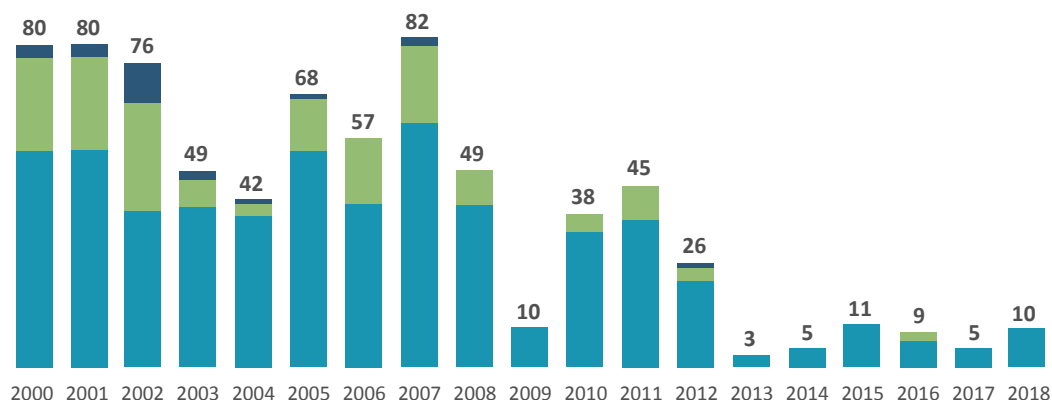
### Outdoor

Between 2015 and 2017, the average annual concentration of particulate matter was 8.7 micrograms per cubic meter. Charlotte-Concord-Gastonia, NC-SC Metropolitan Area tied for 1st place for cleanest metropolitan area nationally for 24-hour particle pollution.

Each category for the Air Quality Index (AQI) corresponds to a different level of health concern. The six levels of health concern and what they mean are:

- Good – AQI is 0 to 50
- Moderate – AQI is 51 to 100
- Unhealthy for Sensitive Groups – AQI 101 to 150
- Unhealthy – AQI is 151 to 200
- Very Unhealthy – AQI 201 to 300
- Hazardous – AQI greater than 300

**Figure 52: Number of Days Reaching Unhealthy for Sensitive Groups or Above (Charlotte – Concord – Gastonia)**



#### Air Quality Category

- Very Unhealthy
- Unhealthy
- Unhealthy for Sensitive Groups

# Indoor

According to the Environmental Protection Agency (EPA), Americans, on average, spend approximately 90% of their time indoors, where the concentrations of some pollutants are often two to five times higher than typical outdoor concentrations.<sup>79</sup>

## Factors that affect indoor air quality:

- Heating, ventilation, air-conditioning
- Water damage
- Exposure to chemicals
- Occupants and their activities

## Examples of indoor pollutants:

- Radon
- Mold
- Carbon monoxide
- Pesticides
- Asbestos

## Health conditions associated with poor indoor air quality:

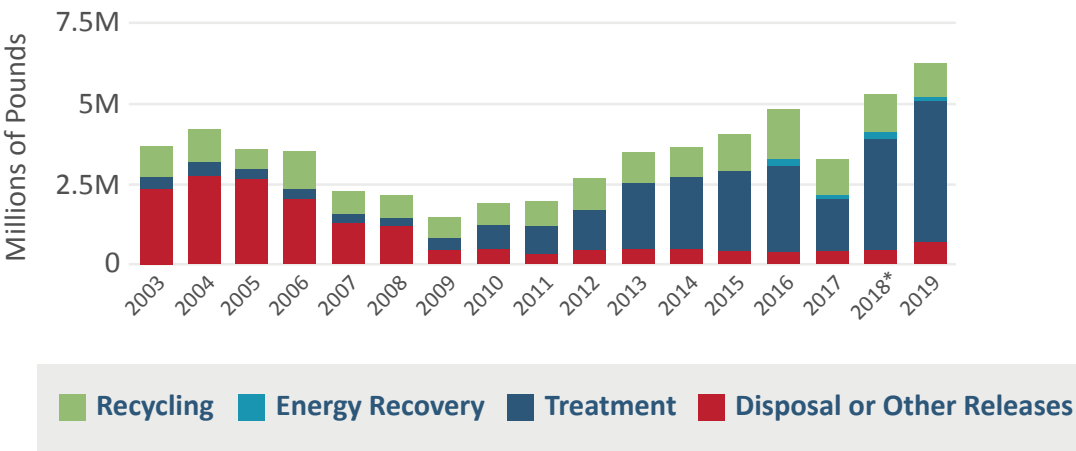
- Asthma
- Respiratory tract infections
- Dizziness
- Headaches
- Allergic reactions

# Waste Management

Certain industrial facilities are required to annually report the amount of each chemical that is recycled, combusted for energy recovery, treated for destruction, and disposed of or otherwise released on- and off-site. This information is referred to as production-related waste.

The table below documents production-related waste in Cabarrus County over almost two-decades.<sup>38</sup> **Recycling** is the most preferred, while **disposal** is the least preferred.

Figure 53: Cabarrus Production-Related Waste Management



## SUBSTANCE USE, MENTAL HEALTH AND INTELLECUTAL AND DEVELOPMENTAL DISABILITIES

### Substance Use

Substance use can have a wide range of short- and long-term, as well as direct and indirect effects. According to the National Institute on Drug Abuse, these effects often depend on the type of drug used, but some of the short-term health effects include changes in appetite, heart rate, psychosis, and overdose, can occur after just one use. While the data in this section highlights substance use rates among adults and youth in the county, their use has indirect effects on those around them.



68% of key informants rated tobacco, alcohol and drug use as a **very significant** issue

### Alcohol

- 13.5% of adults in Region 4 (Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union counties) reported binge drinking and 4.9% reported heavy drinking. – 2019 Behavior Risk Factor Surveillance System
  - Binge Drinking - five or more drinks for males or four or more drinks for females on one or more occasions in the past month
  - Heavy Drinking - having more than two drinks per day for males and more than one drink per day for females
- 13.7% high school students in Cabarrus County reported drinking one or more drinks of an alcoholic beverage in the last 30 days – 2019 Cabarrus Youth Substance Use Survey
  - According to the Cabarrus Youth Substance Use Survey, half of students report taking alcohol from family members.



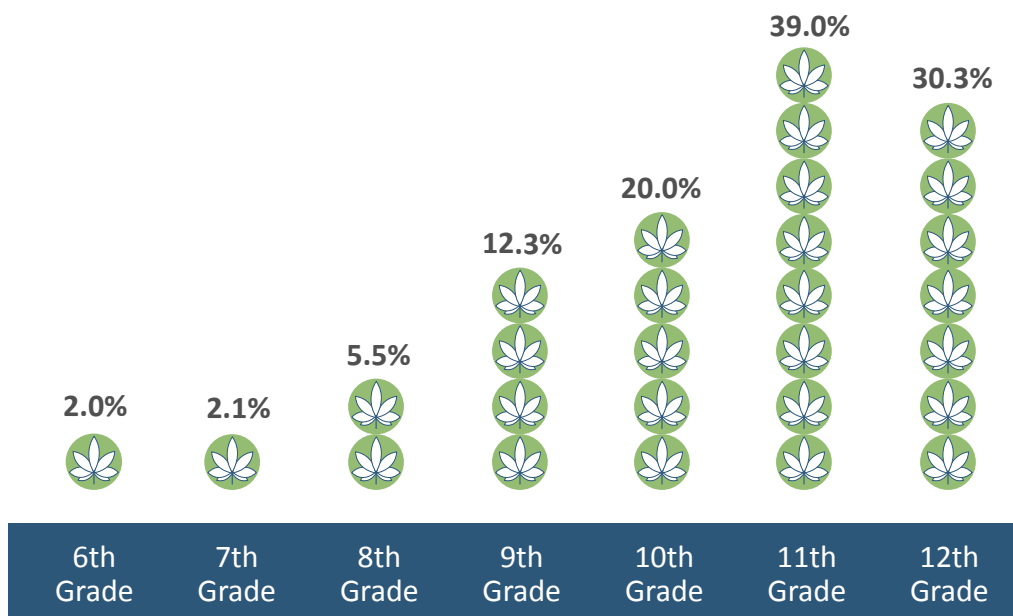
### Tobacco - Smoking

- 16% of Cabarrus County adults reported that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime – 2017 Behavior Risk Factor Surveillance System
- 1.6% of high school students in Cabarrus County reported smoking all or part of a cigarette in the last 30 days – 2019 Cabarrus Youth Substance Use Survey
  - More students report current vapes use (19.2%) than cigarette use (1.6%)
  - One in five youth who reported smoking cigarettes also reported trying to quit.

## Marijuana

- As grade level increases, 6th through 12th, students are more likely to report lifetime marijuana use. – 2019 Cabarrus Youth Substance Use Survey

Figure 54: 6th - 12th Grade Self-Reported Student Marijuana Use

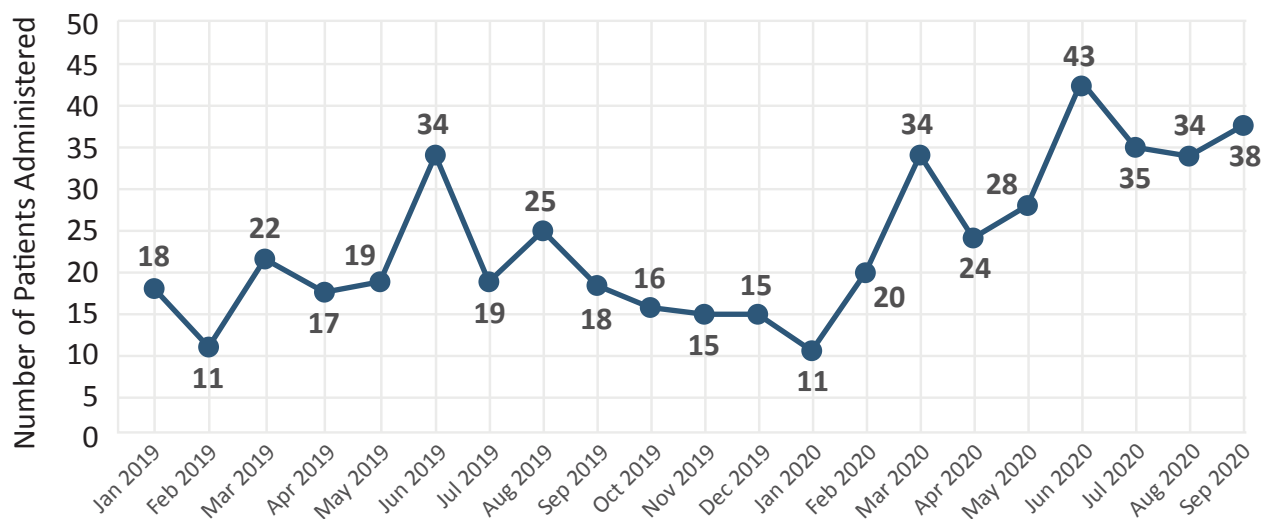


As grade level increases, 6th through 12th, students are more likely to report lifetime marijuana use.

## Prescription Medication

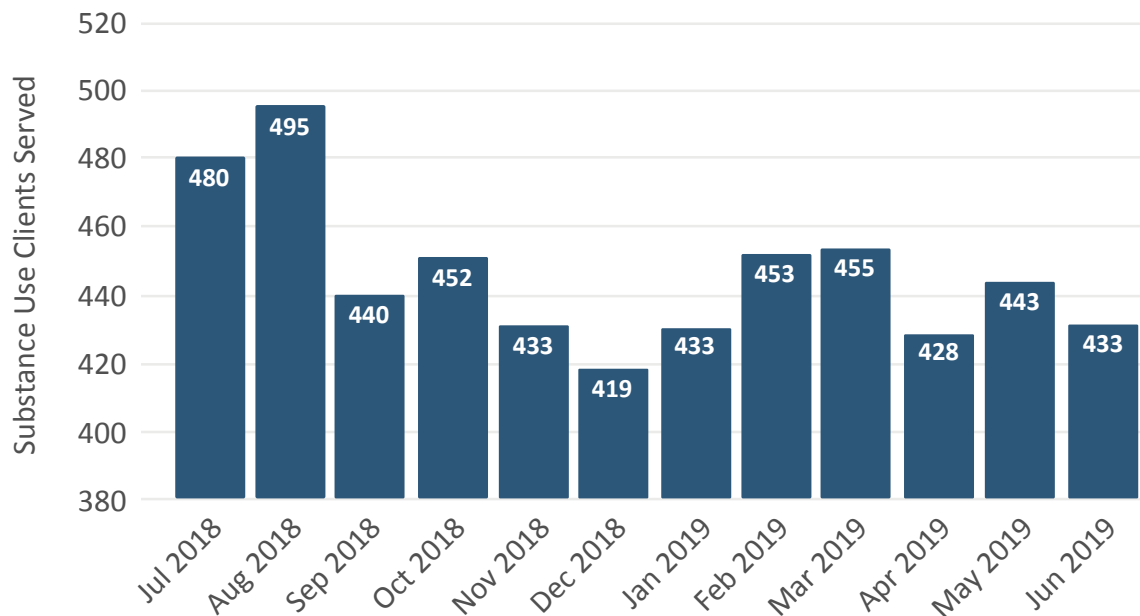
**Unintentional overdose deaths:** 35 (2019) or 16.2 per 100,000 population, compared to North Carolina 17.2 per 100,000 population.

Figure 55: Cabarrus County Opioid Overdoses - Including Deaths (Cabarrus County EMS Data)



- 4% of students report lifetime prescription medication abuse – 2019 Cabarrus Youth Substance Use Survey
  - Of those high school students who report prescription medication abuse
    - 32% report Stimulant misuse
    - 39% report opioid misuse
    - 55% report benzodiazepines

**Figure 56: Cardinal Innovations - Substance Use Members Served**



The Recovery Research Institute reports that illicit drug use disorder is the most stigmatized health condition in the world, with alcohol use disorder not far behind at fourth. The research further indicates that the degree of stigma is related to the perceived cause of the condition (if perceived not to be someone's fault, stigma is lower) and perceived control over the condition (if perceived not to be under someone's control, stigma is lower).<sup>39</sup>

In an attempt to assess community stigma around substance use, a question was added to the Community Needs Survey.

**Question 30 - I believe that a person addicted to any drug or substance:**

- Should be treated like any other member of our community
- Is too weak to stop on their own
- Cannot be trusted
- Deserves access to treatment and recovery support
- Made poor choices and has to deal with the consequences
- Has a disease like diabetes, arthritis, and heart disease
- Should not have access to medical care after repeat overdoses
- Other: \_\_\_\_\_

Response options were either stigmatizing towards individuals who use substances or in support of seeing them as a human beings. Survey respondents were able to select more than one option, which led to 4,200 total selected responses, with the majority (71%) being positive (answer options in green).



## Mental Health

Mental and behavioral health continues to be a top identified need among Cabarrus County residents and community stakeholders. Mental health includes our emotional, psychological, and social well-being. Good mental wellness is important at every stage of life, but limited access to services and providers, as well as the stigma associated with mental illness have left many individuals feel isolated and alone.



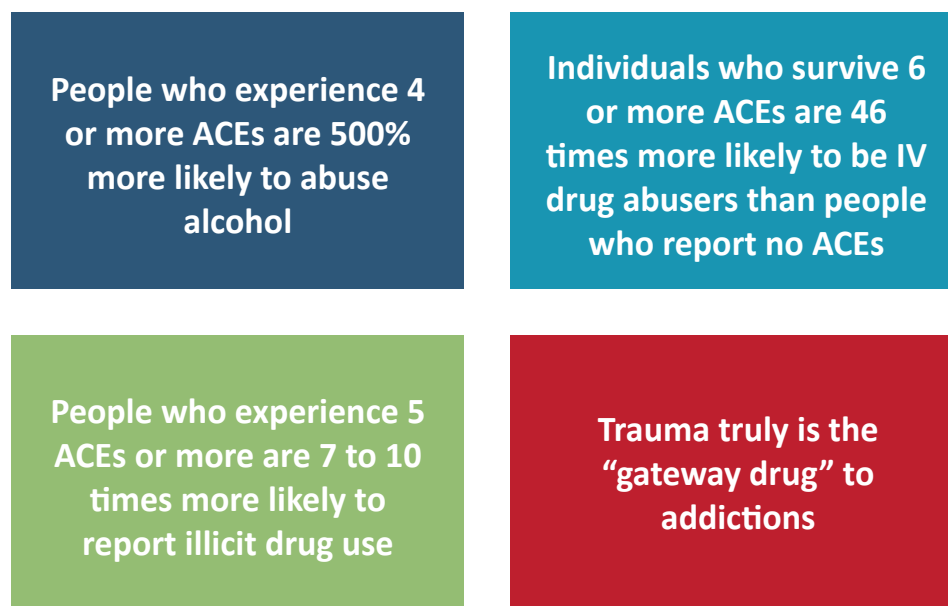
All categories of mental health services (access – 76%, affordability – 72% and quality – 56%) in Cabarrus County were rated a **very significant** issue by key informants.

## Adverse Childhood Experiences (ACEs) and Trauma

Adverse Childhood Experiences (ACEs) can have tremendous impact on an individual's current and future health status. An ACE score is a tally of different types of abuse, neglect, and other factors that occur in childhood (0-17 years). These experiences can have a variety of negative consequences including increased risk related due to injury, sexually transmitted infections, maternal and child health problems, a wide range of chronic disease along with a list of other negative health consequences.<sup>74</sup>

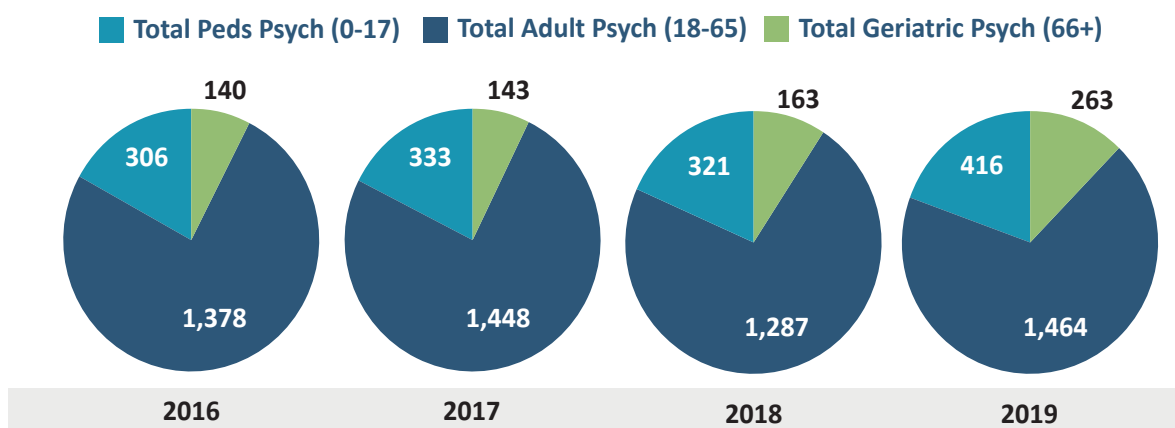
**Figure 57: Origins of Addictioin - Trauma and Addiction**

Origins of Addiction, Felitti, 2003



Currently, there is no standardized ACE data collection process in Cabarrus County, making the ACE scores among residents are unknown. In North Carolina, 53% of children have no ACEs, 23% of children have at least one ACE, and 24% have two or more ACEs.<sup>59</sup>

**Figure 58: Atrium Health Cabarrus Emergency Department – Behavioral Health Patients**



**Patient to Mental Health Provider Ratio: 410 to 1**

Within the Community Needs Survey, respondents were asked “Where do you or members of your household go for mental health care? Select one answer.” While the location for seeking care is important, there was an overwhelming shift in the percent of respondents who reported having no need for mental health services. In 2016, one-third of respondents reported not needing mental health services. In 2020, that number has jumped to two-thirds. While there is no clear reason for the significant jump, subject matter experts believe that stigma plays a part. According to the American Psychiatric Association, stigma often times comes from a lack of understanding or fear.

Of those who did report needing to seek mental health services, 42% reported that they sought care through a mental health provider, and the second most common point of care was a doctor’s office (27%). This data continues to highlight the importance of doctors and primary care physicians maintaining a level of knowledge and training around patient conversations specific to mental health, as well as resources and referrals for patients. On the same topic, respondents were also asked, “If you were to talk with someone besides a family member or friend, about your feelings and problems, who would you go to first?” Respondents were most likely to speak with a priest, pastor, or faith leader, this was also the top response among all race and ethnic groups except Asian community members.

**Question 27 of the Community Needs Survey asked respondents:**

In the past year, have you or someone in your household wished to talk to someone about: Check all that apply.

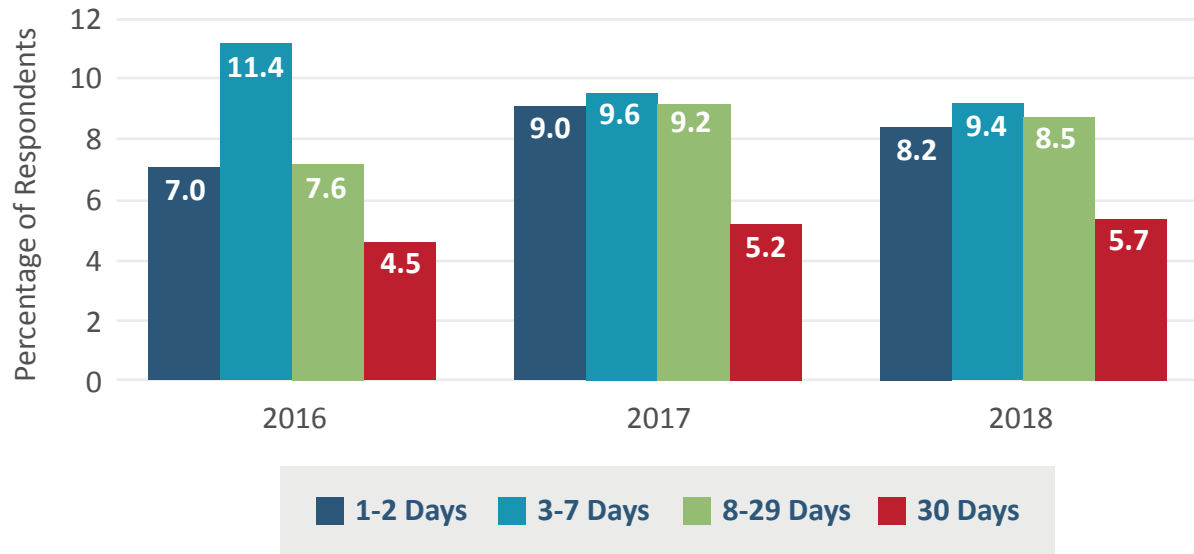
- Did not have a need to talk to someone
- Negative past experiences
- Household finances
- A serious illness or death of a loved one
- Anxiety or depression
- Stresses of raising a family
- Stresses of caring for an older person
- Alcohol or drug dependence
- Marital or relationship problems
- Other: \_\_\_\_\_

**Anxiety or depression** was the number one response among all race and ethnicities, except Asian community members.

The BRFSS asks individuals (AHEC Region: Cabarrus, Mecklenburg, Stanly, Union, Anson, Lincoln, Gaston, Cleveland) to report on their mental health over the last 30 days.<sup>75</sup>

- Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

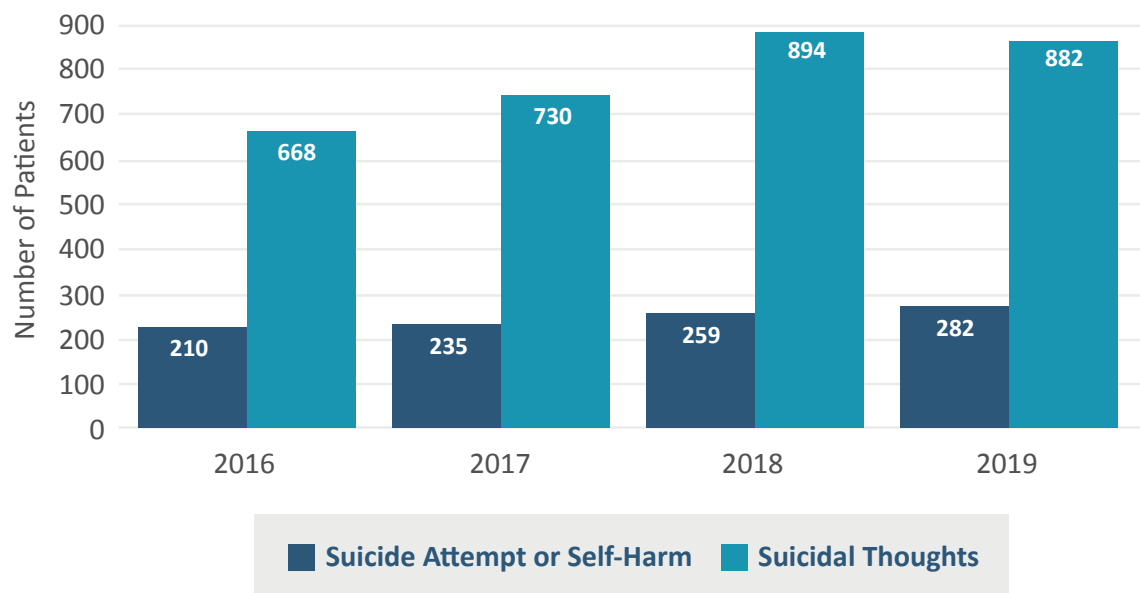
**Figure 59: BRFSS - Mentally Health Days (Region 4)**



## Suicide

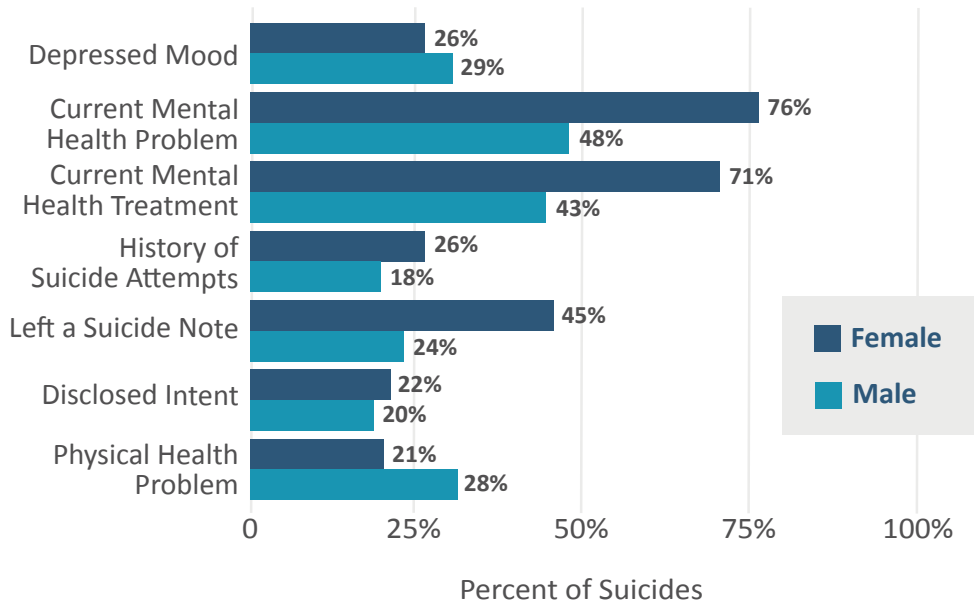
**Cabarrus County Suicide Death Rate (2014-2018) 12.4 deaths per 100,000 population.**

**Figure 60: Atrium Health Cabarrus – Emergency Department Suicide Data**



## North Carolina Violent Death Reporting System 2009-2018

Figure 61: Circumstances of Suicides – Cabarrus County<sup>40</sup>



B\*ased on the county of injury occurrence, 94.4% of cases had circumstance information. Zero females and 14 males were missing circumstance information.s

- Twenty-nine percent (29.0%) of male and 25.5% of female Cabarrus County suicide victims with circumstance information were characterized as being currently depressed when they completed suicide.
- Seventy-six percent (76.4%) of female and 48.1% of male suicide victims were characterized as having a current mental health problem.
- Females (25.5%) were more likely to have attempted suicide in the past as compared to males (18.0%).

## Intellectual and Developmental Disabilities

The American Association on Intellectual and Developmental Disabilities defines IDD as a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. The disability originates before the age of 18.

Individuals with IDD can experience differences in physical abilities compared to those without IDD.

There are multiple conditions that commonly co-exist with individuals with IDD, such as attention-deficit/hyperactivity disorder (ADHD) and cerebral palsy. Individuals with developmental disabilities have a complex set of needs. Often times their families struggle to access appropriate and necessary care.



“It’s difficult to get- especially in pediatrics- specialized doctors in the area or you know if you’re having some sort of mental health crisis, it feels like there’s no help for you here or you have to wait so long.”

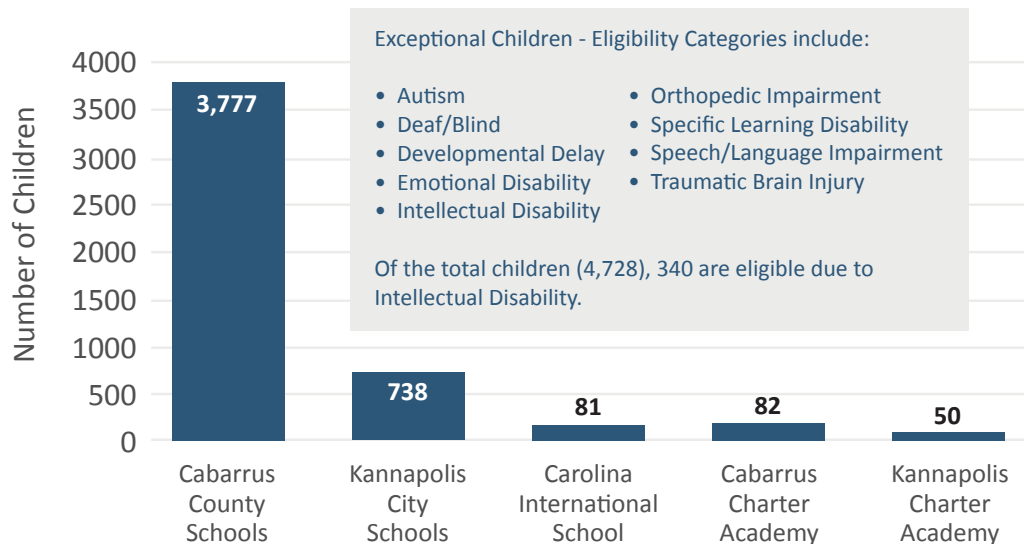
– Individuals with Disabilities (Caregivers) Focus Group



Key informants rated access (49%), affordability (52%) and quality (44%) of special needs and development disability services as **very significant** issues.

Children with disabilities who receive special education and related services according to an Individualized Education Plan (IEP) or Services Plan.

**Figure 62: Exceptional Children (EC) Head Count – April 2019**



### Complex Needs for Individuals with Disabilities

#### People with disability have different types of needs

- Therapy, 101 caregiving, specialized education, modified transportation etc.

#### Affordability

- In 2015, 27.9% of adults with disabilities that lived in North Carolina reported that within the past 12 months, they could not see a doctor because of the cost, compared to 15.4% of adults without disabilities

#### Registry of unmet needs for the innovations waiver

- NC Innovation Waiver- Medicaid Waiver designed to meet the needs of individuals or developmental disabilities to get long-term care services and supports

#### Private Insurance vs. Medicaid

- While 89.0% of people with disabilities (ages 18-64) in the United States have health insurance coverage, only 44.4% have private health insurance (2017).

## SECONDARY DATA - Health Indicators

Cabarrus County 2020 Summary Report					
	Health Indicator	Report Period	Cabarrus County	Cabarrus Previous Report Period Trend	North Carolina
Maternal, Child & Infant Health <sup>41,42</sup>	Infant Mortality (<1yr)(rate per 1,000 live births)	2019	5.9	▼	6.8
	Fetal Deaths (per 1,000 deliveries)	2014-18	7.5	▼	6.9
	Neonatal Deaths (<28 days) (per 1,000 live births)	2014-18	3.7	▼	4.8
	Post Neo-Natal Deaths (28 days-1 year)(per 1,000 live births)	2014-18	2.2	▲	2.4
	Live Births (rate per 1,000 population)	2014-18	12.3	▼	11.8
	Low Birth Weight (<=2500 g) (% of all live births)	2014-18	8.8	▲	9.2
	Teen Pregnancy Rate (15-17 years) (per 1,000 females) <sup>43</sup>	2018	8.4	▲	10.6
	Pregnancy Rate (15-19 years) (per 1,000 females)	2018	18.2	▼	24.6
	% Interval of <6 Months (between delivery & conception)	2014-18	13.8	▲	12.5
	Unmarried Mothers (% of all live births)	2018	34.3%	▼	40.9
Chronic Conditions (Mortality) (age-adjusted rate per 100,000 population) <sup>44</sup>	Heart Disease	2014-18	157.5	▼	158.0
	Cancers – All Sites	2014-18	156.8	▼	161.3
	Trachea, Bronchus & Lung	2014-18	40.2	▼	44.1
	Breast	2014-18	25.1	▲	20.9
	Colon, Rectum & Anus	2014-18	12.7	▲	13.6
	Prostate	2014-18	20.4	▼	19.7
	Cerebrovascular Disease (Stroke)	2014-18	42.1	▼	43.0
	Chronic Lower Respiratory Disease	2014-18	48.5	▼	44.7
	Alzheimer's Disease	2014-18	55.9	▲	35.7
	Pneumonia & Influenza	2014-18	20.8	▼	17.4
	Diabetes Mellitus	2014-18	18.9	▼	23.7
	Septicemia	2014-18	10.6	▼	12.8
	Nephritis, Nephrotic Syndrome & Nephrosis	2014-18	18.6	▲	16.4
	Chronic Liver Disease & Cirrhosis	2014-18	9.2	▼	10.4
Injury (Mortality) (Rate per 100,000)	Unintentional Motor Vehicle Injuries	2014-18	10.4	▲	14.5
	All Other Unintentional Injuries	2014-18	47	▲	37.0
	Suicide	2014-18	12.4	▼	13.5
	Homicide	2014-18	3.3	▼	6.5
Communicable Diseases <sup>45</sup> (Rate per 100,000 population)	Chlamydia	2019	565.9	▲	679.8
	Gonorrhea	2019	150.6	▼	254
	AIDS (Newly Diagnosed Average Rates)	2019	1.7	▲	5.9
	HIV (Newly Diagnosed Average Rates)	2019	11.8	▲	15.6
	Newly Diagnosed Early Syphilis Average Rate	2019	12.5	▲	20.2
	Pertussis (incidence per 100,000) <sup>46</sup>	2018	1	STABLE	3.71
	Tuberculosis <sup>47</sup>	2019	1.4	▲	1.8
Health <sup>48</sup> Care Provider	Persons per Primary Care Physicians	2018	1,170:1	▲	1,400:1
	Persons per Mental Health Providers	2018	350:1	▼	390:1
	Persons per Dentists	2018	2,160:1	▼	1,720:1

Health Indicator	Report Period	Cabarrus	Union	Iredell	North Carolina
Life Expectancy at Birth	2017-2019	78.5	80.0	77.9	78.1
White - Life Expectancy at Birth	2017-2019	78.9	80.6	78.5	78.9
African American - Life Expectancy at Birth	2017-2019	76.9	77.8	74.5	75.8
Male - Life Expectancy at Birth	2017-2019	76.3	77.6	75.8	75.5
Female - Life Expectance at Birth	2017-2019	80.5	82.4	79.8	80.7
Infant Mortality	2019	5.9	2.2	6.4	6.8
White Rate	2019	5.8	1.4	5.4	4.7
African American Rate	2019	9.9	3.3	10.8	12.5
Live Births (rate per 1,000 population)	2014-2018	12.3	10.6	12.0	11.8
White Rate	2014-2018	10.4	9.3	10.8	10.1
African American Rate	2014-2018	12.9	11.7	12.2	12.8
Hispanic Rate	2014-2018	20.5	17.3	17.9	19.4
Teen Pregnancy Rate (15-19 yrs. rate per 1,000) <sup>49</sup>	2019	20.9	11.5	19.5	24.0
White Teen Pregnancy Rate	2019	15.1	6.5	14.8	15.0
African-American Teen Pregnancy Rate	2019	22.2	22.4	41.9	34.4
Hispanic Teen Pregnancy Rate	2019	38.2	26.4	*	40.9
% of Children on Free or Reduced Lunch <sup>50</sup>	2017-2018	CCS 41.75	33.37	42.32	59.37
		KCS 94.32			
% High School Degree or Higher, 25 years and older <sup>51</sup>	2019	89.9	89.6	89.3	87.8
% Bachelor's Degree or Higher, 25 years and older	2019	32.3	35.4	28.4	31.3
% of Persons without health insurance, under age 65	2019	10.6%	12.1%	12.3%	13.4%
Unemployment Rate <sup>52</sup>	Dec 2020	5.6	5.0	5.7	6.0
Median Household Income	2019	\$67,328	\$80,033	\$60,955	\$54,602
% Persons below poverty level	2019	7.3	7.0	7.4	13.6
% Language other Than English	2019	13.0	14.9	9.4	11.8
<b>Age-Adjusted Death Rates per 100,000 Population<sup>53</sup></b>					
Heart Disease	2014-18	157.5	143.9	178.5	158.0
Cancers – All Sites	2014-18	156.8	147.0	169.2	161.3
Cerebrovascular Disease	2014-18	42.1	37.9	40.2	43.0
Chronic Lower Respiratory Disease	2014-18	48.5	40.3	51.0	44.7
Alzheimer's Disease	2014-18	55.9	48.8	32.7	35.7
Suicide	2014-18	12.4	10.0	12.6	13.5
All Other Unintentional Injury	2014-18	47.0	25.8	33.0	37.0
Diabetes Mellitus	2014-18	18.9	19.2	21.9	23.7
<b>HIV/STD Surveillance Reports – Age-Adjusted Death Rates per 100,000 Population<sup>54</sup></b>					
Newly Diagnosed HIV Average Rates	2019	11.8	8.1	8.2	15.6
Newly Diagnosed AIDS Average Rates	2019	1.7	2.0	8.5	6.1
Newly Diagnosed Early Syphilis Average Rates	2019	11.8	9.2	9.1	19.1
Newly Diagnosed Chlamydia Rates	2019	565.9	461.5	425.7	679.8
Newly Diagnosed Gonorrhea Rates	2019	150.6	123.4	140.3	254
<b>Access to Care<sup>55</sup></b>					
Number of Primary Care Physicians	2017	7.7	4.3	3.4	7.0
Number of Registered Nurses	2017	98.4	49.8	48.4	100.7
Number of Dentists	2017	4.5	3.2	2.1	5.0
Number of Physician Assistants	2017	4.0	2.6	3.8	5.9

\*Rates based on small numbers (fewer than 20 cases) are unstable and not reported

## Leading Cause of Death

Leading Causes of Death 2014-2018	Cabarrus		Previous Report 2010-2014	North Carolina	
Total Deaths – All Causes	772.1		765.3	890.2	
	Rank	Rate	Status	Rank	Rate
Cancer—All Sites	1	159.3	▼	1	191.6
Diseases of the heart	2	153.1	▼	2	181.9
Alzheimer's disease	3	49.8	▲	5	39.4
Chronic lower respiratory diseases	4	47.0	▼	3	52.1
Other Unintentional Injuries	5	45.0	▲	6	38.6
Cerebrovascular Disease (Stroke)	6	40.3	▼	4	48.9
Pneumonia & Influenza	7	20.4	▼	8	19.7
Diabetes mellitus	8	19.7	▼	7	27.9
Nephritis, nephrotic syndrome & nephrosis (kidney disorder)	9	17.8	▲	9	18.9
Suicide	10	12.3	▼	-	-

\*Unadjusted Death Rates per 100,000 Population

Leading Causes of Death by Age	
<b>Ages 0—19</b>	<b>Ages 65—84</b>
1 Conditions Originating in Prenatal Period	1 Cancer—All Forms
2 Birth Defects	2 Disease of the heart
3 Motor Vehicle injuries	3 Chronic lower respiratory disease
<b>Ages 20—39</b>	<b>Ages 85+</b>
1 Other Unintentional Injuries	1 Disease of the heart
2 Motor Vehicle Injuries	2 Alzheimer's disease
Suicide	3 Cancer—All Forms
<b>Ages 40—64</b>	
1 Cancer—All Forms	
2 Diseases of the heart	
3 Other Unintentional Injuries	



## Healthy NC 2030 Report Card

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Individuals below 200% of federal poverty level	Decrease the number of people living in poverty	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	25.5 (2015-2019)	32.6 (2015-2019)	27%
Unemployment	Increase economic security	Percent of population aged 16 and older who are unemployed but seeking work	5.0 (2015-2019)	5.6 (2015-2019)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term suspensions (per 10 students) <sup>56</sup>	Dismantle structural racism	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	0.765 (2019-2020) Cabarrus County Schools	0.98 (2019-2020)	0.8 per 10 students
			1.67 (2019-2020) Kannapolis City Schools		
Incarceration rate (per 100,000)		Incarceration in North Carolina prisons per 100,000 population	230 <sup>57</sup> (2019)	313 <sup>58</sup> (2019)	150 per 100,000 people
Adverse childhood experiences <sup>59</sup>	Improve child well-being	Percent of children who have experience two or more Adverse Childhood Experiences	Not Available	15.3% (2018-2019)	18%
Third grade reading proficiency	Improve third grade reading proficiency	Percent of children reading at a proficient level or above based on third grade End of Grade exams; Proficiency defined as Level 3 or higher	64 (2019-2020) Cabarrus County Schools	58 (2019-2020)	80%
			50% (2019-2020) Kannapolis City Schools		

Physical Environment					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Access to exercise opportunities <sup>60</sup>	Increase physical activity	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	80%	74%	92%

Limited access to healthy food <sup>61</sup>	Improve access to healthy food	Percent of people who are low-income that are not in close proximity to a grocery store	7.23% (2015, most recent)	7%	5%
Severe housing problems <sup>62</sup>	Improve housing quality	Percent of households with at least 1 of 4 severe housing problems	13%	15%	14%

Health Behaviors					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Drug Overdose Deaths (per 100,000 population)	Decreased drug overdose deaths	Number of persons who die as a result of drug poisoning per 100,000 population (unintentional poisoning deaths/ overdose deaths)	16.2 (2019)	17.2 (2019)	18
Tobacco Use	Decrease tobacco use - Youth	Percentage of high school students reporting current use of any tobacco product	Not Available	18.8%	9%
	Decrease tobacco use - Adult <sup>63</sup>	Percentage of adults reporting current use of any tobacco product	22.8%	22.9%	15%
Excessive Drinking	Decrease excessive drinking <sup>64</sup>	Percent of adults reporting binge or heavy drinking	13.5%	13.5%	12%
Sugar-sweetened beverage consumption	Reduce overweight and obesity - Youth	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	Not Available	19.7% (2019)	17%
	Reduce overweight and obesity -Adult <sup>65</sup>	Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	36.0%	35.4% (Region Data – 2019)	20%
HIV Diagnosis (per 100,000 population)	Improve sexual health	Number of new HIV diagnoses per 100,000 population	11.8 (2019)	15.6 (2019)	6
Teen Birth Rate		Number of births to girls aged 15-19 per 1,000 population	18.2 (2019)	24.6 (2019)	10

Clinical Care					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Uninsured	Decrease the uninsured population	Population under age 65 without insurance	10.6%	13.4%	8.0%
Primary care clinicians (counties at or below 1:1,500 providers to population) <sup>66</sup>	Increase the primary care workforce	Primary care workforce as a ration of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	1:1,170	1:1,400	25% decrease for counties above 1:1,500 to population
Early prenatal care	Improve birth outcomes	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	69.9%	67.4%	80%
Suicide rate (per 100,000 population)	Improve access and treatment for mental health needs	Age-adjusted number of deaths attributable to self-harm per 100,000 population (suicide rate)	12.3 (2018)	14.4 (2018)	11.1

Health Outcomes					
Health Indicator	Desired Result	Definition	Cabarrus County	North Carolina	Health NC 2030 Target
Infant mortality (per 1,000 births)	Decrease infant mortality <sup>67</sup>	Rate of infant deaths per 1,000 live births	5.9	6.8	6
	Decrease infant mortality black/white disparity ratio	Disparity ratio between white non-Hispanic and African-American, non-Hispanic infant deaths	2.1	2.47	1.5
Life expectancy (years)	Increase life expectancy	Average number of years of life remaining for persons who have attained a given age	78.5	78.1	82



## APPENDICES

Appendices can be found online at [www.healthycabarrus.org/data/community-needs-assessment](http://www.healthycabarrus.org/data/community-needs-assessment) or by contacting Marcella Beam, Healthy Cabarrus Executive Director at [marcella.beam@cabarrushealth.org](mailto:marcella.beam@cabarrushealth.org) or 704-920-1282.

### Appendix A: Community Needs Assessment Tools

- Community Needs Survey
- Key Information Survey
- Focus Group Guide

### Appendix B: Primary Data Findings

- Community Needs Survey Results
- Key Information Survey Results
- Focus Group Results

### Appendix C: Community Planning Council Welcome Packet

- Community Planning Council Member List
- Community Planning Council Job Description
- History of Impact of Healthy Cabarrus

### Appendix D: Health Resources Inventory

- Services and Online Resource INventory: NC Care360 and Atrium Health - Community Resource Hub
- Health Facilities Inventory
- Support Services

Copies of the Community Planning Council's monthly data presentations can be found online at [www.healthycabarrus.org/data/community-needs-assessment](http://www.healthycabarrus.org/data/community-needs-assessment).

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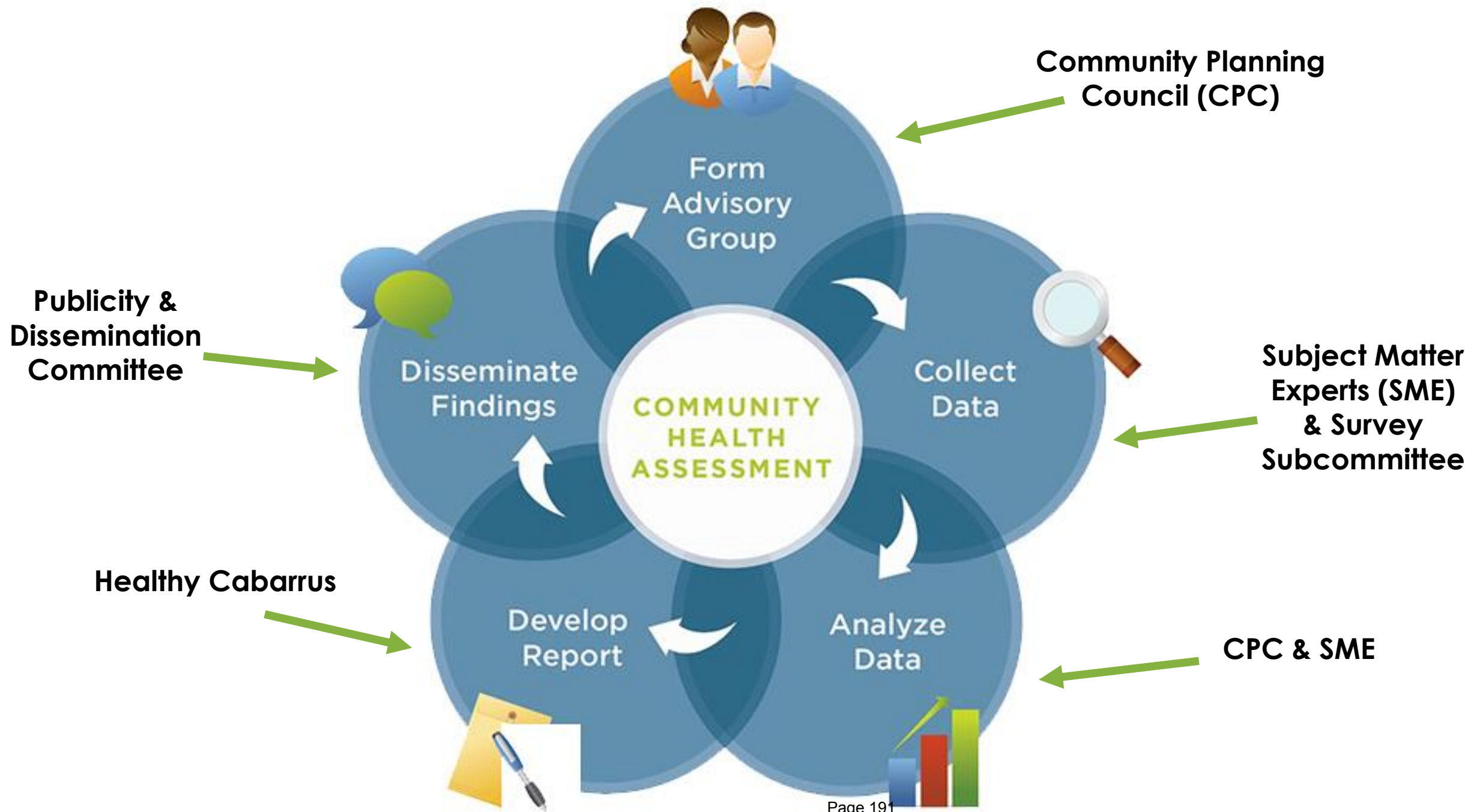
# Cabarrus County Identified Priorities

*2020 Community Needs Assessment*











**1**

Magnitude

**2**

Seriousness of Consequence

**3**

Feasibility





# Final Results

Rank	Category
1	Housing
2	Behavioral Health (mental health)
3	Education (early childhood)

# Housing and Homelessness



**in Poverty: 8,310**

**Cabarrus County**  
**EVICTIONS**

**100** PER MONTH

**FORECLOSURES**

**35** PER MONTH

## % Increase YOY Rent

Concord	+ 6%
Kannapolis	+ 8%
Charlotte	+ 4 %
Raleigh	+ 5 %
Mooresville	+ 6 %
National Average	+ 3%



**310 unique individuals  
served in 2019**



# Housing and Homelessness

**CCS and KCS Homeless Children**  
2017-2020 School Years **500+ students**  
identified as homeless



## Alternative Housing Solutions

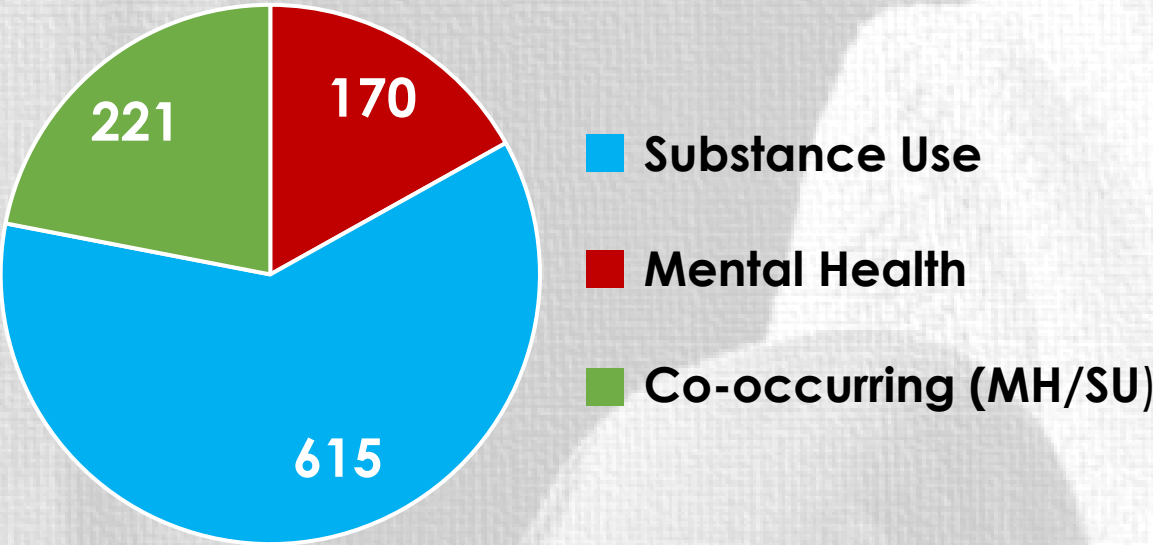
Public Housing	174 units
Section 8	541 vouchers
Apartments	1,957 units
Other Sub.	893 units
Other Affordable	1,064 units
<b>Total Housing Support</b>	<b>4,629</b>

# Behavioral Health

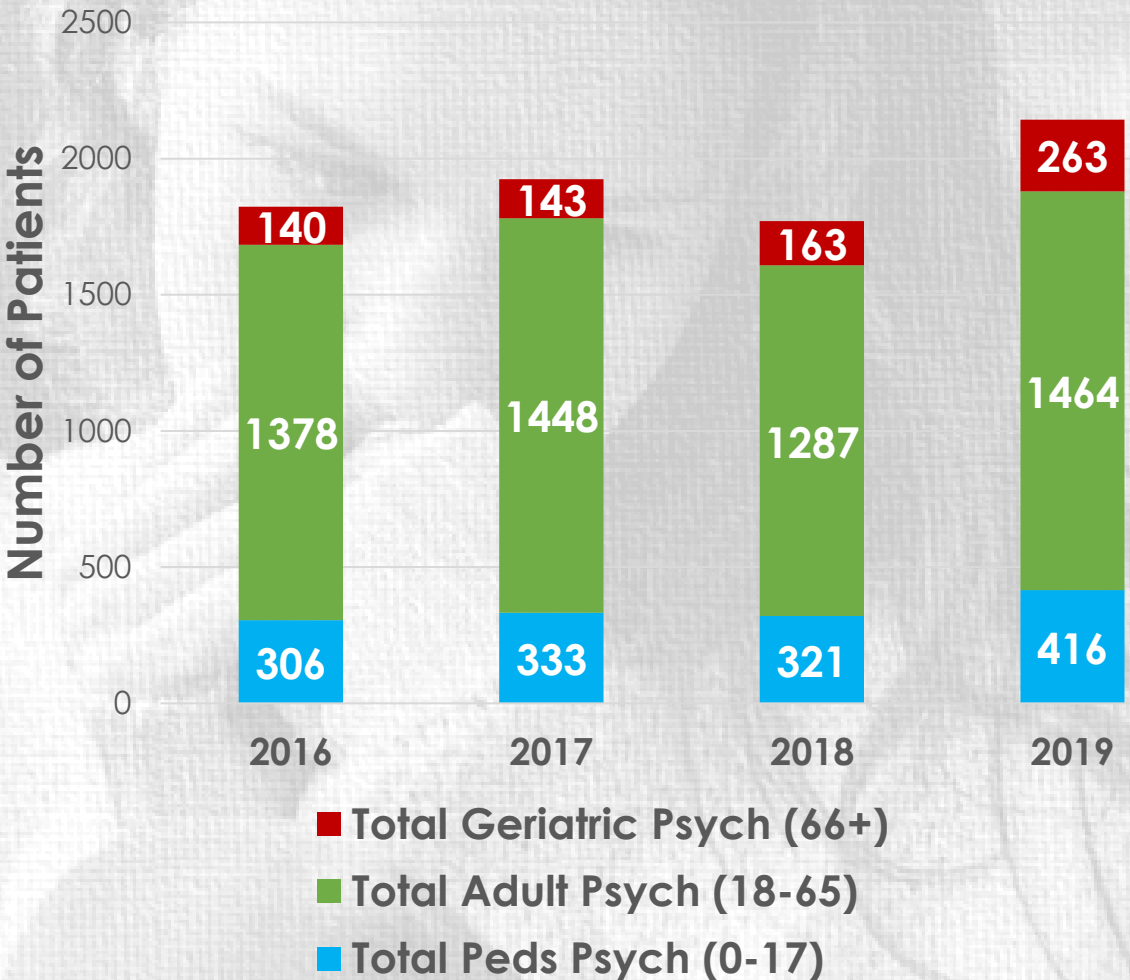
## Mental Health Providers

1.7 providers per 10,000 population

## Stepping Up Initiative



## Atrium Health Cabarrus ED Admissions



# Education – Early Childhood

**63%** of children under age 6 live in households in which all parents present to work

## Childcare Centers

**87** licensed centers

**58** serve 0 to 5

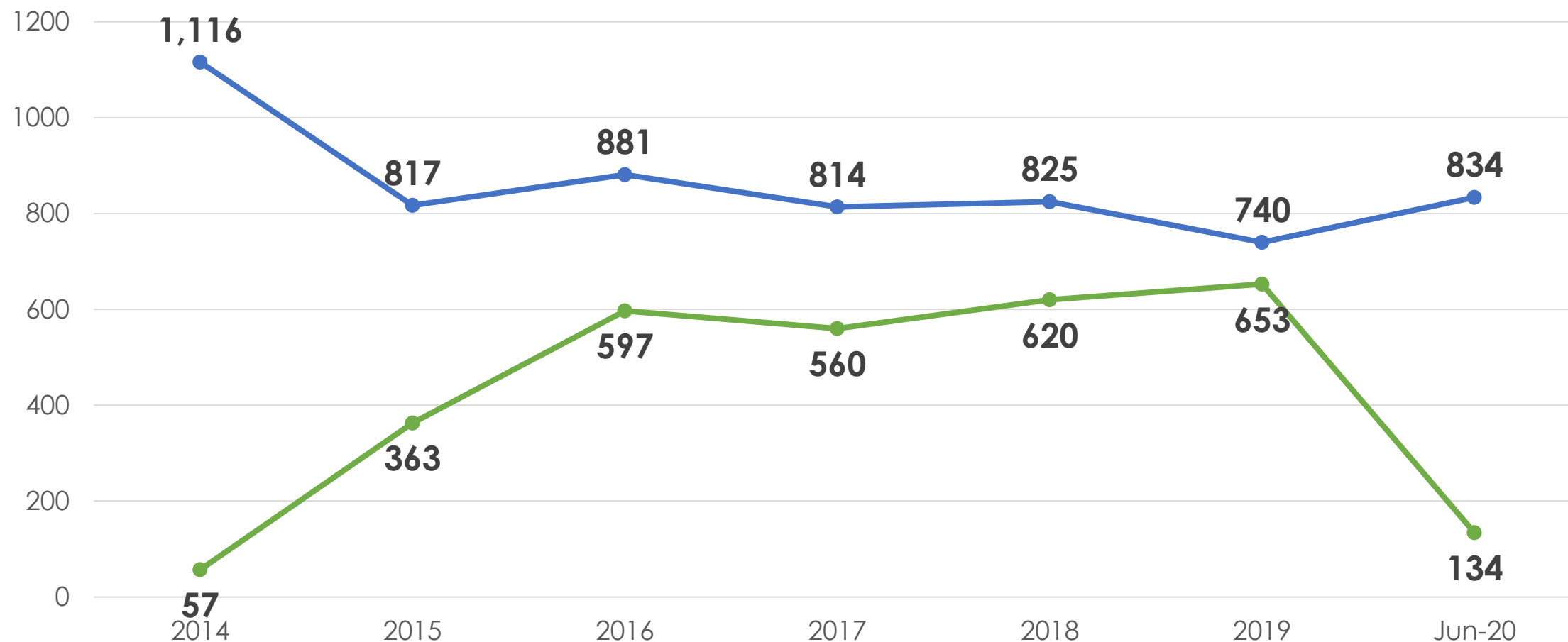
**23.5%** of children in GS-110 program



## Average Annual Fees

Childcare Center 0-5	\$9,412
Family Childcare 0-5	\$7,374
Childcare Center School Aged	\$5,408
Family Childcare School Aged	\$4,312

# Subsidized Child Care



# Steps Following Needs Assessment



1. Choose Effective Policies and Programs
2. Develop Action Plans
3. Act on what is important and implement strategies
4. Evaluate Actions

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **AGENDA CATEGORY:**

Discussion Items - No Action

### **SUBJECT:**

County Manager - Cabarrus Recovery Grants Announcement

### **BRIEF SUMMARY:**

In May, staff presented commissioners with information on the American Rescue Plan (ARP) Grant Awards, which provides \$350 billion in Fiscal Recovery Funds for eligible state, local, territorial, and Tribal governments to respond to the COVID-19 emergency and bring back jobs. The County will receive a total of \$42,043,458.

The federal government has provided substantial flexibility for each government to meet local needs through these funds including support for households, small businesses, impacted industries, essential workers, and communities hardest hit by the COVID-19 crisis.

Local administration of the plan includes a Cabarrus Recovery Grants Request for Proposal process, open July 6, 2021 through August 6, 2021 at 5 p.m.

The RFP calls on interested organizations to submit proposals for projects aligned to the acceptable uses for State and Local Fiscal Recovery Funds provided through the American Rescue Plan.

These include:

- Stabilizing businesses or organizations
- Providing job training
- Continuing with delayed initiatives
- Assisting households with food and shelter
- Delivering crisis intervention services
- Supporting mental and physical health
- Making improvements to help prevent and eliminate COVID-19

- And much, much more

Proposal will be evaluated based on:

- Qualifications, experience and approach
- Alignment to the County's strategic priorities
- Ability to comply with County/federal requirements
- Ability to comply with County contracting requirements

The County will hold a non-mandatory virtual Pre-Proposal Conference (information session) on Wednesday, July 14, 2021 from 9 to 11 a.m. While attendance is not mandatory, all interested organizations are encouraged to attend.

More information on Cabarrus Recovery Grants and the REFP process can be found at [cabarruscounty.us/CRG](http://cabarruscounty.us/CRG). The public can direct specific questions about the process to Tom Nunn, [tcnunn@cabarruscounty.us](mailto:tcnunn@cabarruscounty.us) by July 21 at 5 p.m.

**REQUESTED ACTION:**

Receive Information

**EXPECTED LENGTH OF PRESENTATION:**

15 Minutes

**SUBMITTED BY:**

Rodney Harris, Deputy County Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- RFP





## **REQUEST FOR PROPOSAL (RFP)**

### **CABARRUS COUNTY STATE AND LOCAL FISCAL RECOVERY FUNDS**

**Proposal Submission Deadline: August 6, 2021 at 5:00 p.m. EST**

Cabarrus County will receive proposals as described herein. The County reserves the right to reject any or all proposals. All changes to the terms, conditions or specifications stated in this Request for Proposal (RFP) will be documented in a written addendum posted to the County's website.

Questions regarding the RFP may be submitted to Tom Nunn at [tcnunn@cabarruscounty.us](mailto:tcnunn@cabarruscounty.us).



## **Section 1. Purpose**

Cabarrus County seeks proposals for projects aligned to the acceptable uses for State and Local Fiscal Recovery Funds provided through the American Rescue Plan. The federal government has provided substantial flexibility for each government to meet local needs through these funds including support for households, small businesses, impacted industries, essential workers, and communities hardest hit by the COVID-19 crisis.

## **Section 2. Eligibility**

To be eligible, an organization can be a for-profit or nonprofit with a principal place of business in Cabarrus County or providing services directed toward Cabarrus County residents. Proposals must address one or more of the following eligible categories as determined by the U.S. Department of Treasury:

### **1. Public Health**

#### **a. Prevent & Mitigate COVID-19**

- i. Vaccination programs, including staffing, equipment, supplies, etc.
- ii. Testing, monitoring and contact tracing.
- iii. Supporting isolation and quarantine.
- iv. Communication of COVID-19 vaccination programs and health orders
- v. Personal Protective Equipment (PPE)/cleaning supplies
- vi. Prevention and mitigation of COVID-19 in congregate living facilities
- vii. Capital investments/adaptations to hospitals or health clinics
- viii. Ventilation improvements in congregate settings or other public facilities

#### **b. Enhance Behavioral & Mental Health Services**

- i. Mental health treatment
- ii. Substance misuse treatment
- iii. Hotlines and/or warmlines
- iv. Crisis intervention services
- v. Overdose prevention
- vi. Infectious disease prevention
- vii. Behavioral/physical health primary care services

#### **c. Address Disparities in Public Health Outcomes (Qualified Census Tract only)**

- i. Community health workers
- ii. Public benefits navigators
- iii. Housing services
- iv. Lead paint remediation
- v. Evidence-based community violence intervention programs
- vi. Affordable housing development
- vii. Early learning services
- viii. Enhanced services for child welfare/foster youth
- ix. High quality childcare
- x. Home visiting programs
- xi. Homelessness services
- xii. Housing navigation assistance
- xiii. Housing services

- xiv. Housing vouchers
- xv. Residential counseling
- xvi. Social, emotional, mental health needs
- xvii. Supportive housing
- xviii. Tutoring/afterschool

## **2. Negative Economic Impacts**

### **a. Assistance to Households**

- i. Food assistance
- ii. Rent, mortgage or utility assistance
- iii. Counseling and legal aid to prevent eviction or homelessness
- iv. Cash assistance
- v. Emergency assistance for burials
- vi. Home repairs, weatherization, or other needs
- vii. Internet access or digital literacy assistance
- viii. Job training related to a worker's occupation or level of training

### **b. Small Business/Non-Profit Support**

- i. Loans/grants to mitigate financial hardship
- ii. Loans/grants to implement COVID-19 prevention or mitigation tactics
- iii. Technical assistance or counseling to assist with business planning needs

### **c. Aid to Impacted Industries – Tourism, Travel or Hospitality**

- i. Implement COVID-19 mitigation and infection prevention measures
- ii. Improve ventilation, physical barriers, or partitions
- iii. Signage to facilitate social distancing
- iv. Provision of masks or PPE
- v. Consultation with infection prevention professionals
- vi. Activities that support safe reopening
- vii. Planned expansion or upgrade of facilities delayed due to the pandemic

### **d. Assistance to Unemployed Workers**

- i. Job training

## **3. Broadband Infrastructure (at least 100 megabits per second upload/download)**

Examples provided above are a non-exhaustive list of permissible uses within each category. Proposals will be evaluated based on final guidance provided by the U.S. Department of Treasury after August 6, 2021. For more information, please review the Department of Treasury's [Fact Sheet](#), [Interim Final Rule](#) and [Frequently Asked Questions](#).

## **Section 3. Special Programs for Qualified Census Tracts**

Funding may be provided for the programs listed in Section 2.1(c) to address the disproportionate public health and economic impacts of COVID-19 on the hardest-hit communities, populations, and households. Specifically, organizations operating within or serving individuals/families within one of the following Qualified Census Tracts:

1. 407.1, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025040701](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025040701)
2. 407.03, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025040703](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025040703)
3. 419.01, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025041901](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025041901)
4. 419.02, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025041902](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025041902)
5. 421.01, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025042101](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025042101)
6. 421.02, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025042102](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025042102)
7. 423, [https://www.huduser.gov/portal/sadda/sadda\\_qct.html?locate=37025042300](https://www.huduser.gov/portal/sadda/sadda_qct.html?locate=37025042300)

#### **Section 4. Schedule of Events**

The table below shows the intended schedule for this RFP. The County will make every effort to adhere to this schedule.

<b>Event</b>	<b>Date</b>
Request for Proposal (RFP) issued	Tuesday, July 6, 2021
Pre-Proposal Conference (non-mandatory)	Wednesday, July 14, 2021
Written questions deadline	Wednesday, July 21, 2021 by 5:00 p.m. EST
Proposal deadline	Friday, August 6, 2021 by 5:00 p.m. EST

#### **Section 5. Process**

##### **1. Pre-Proposal Conference (Information Session).**

- a. The County will hold a non-mandatory virtual Pre-Proposal Conference (Information Session) on **Wednesday, July 14, 2021 from 9:00-11:00 a.m.** While attendance is not mandatory, all interested organizations are encouraged to attend.
- b. The meeting will be held via Microsoft Teams and can be accessed using the following link:  
[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZGQ0MzJmMWItODM5Yi00OTk0LTg3OGUtMjYxYWQ0MzA2Nzgw%40thread.v2/0?context=%7b%22Tid%22%3a%22e688769a-b0b6-42a1-887a-5a7d328fda33%22%2c%22Oid%22%3a%22952b1edf-c8eb-4316-9194-769c0accbc28%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGQ0MzJmMWItODM5Yi00OTk0LTg3OGUtMjYxYWQ0MzA2Nzgw%40thread.v2/0?context=%7b%22Tid%22%3a%22e688769a-b0b6-42a1-887a-5a7d328fda33%22%2c%22Oid%22%3a%22952b1edf-c8eb-4316-9194-769c0accbc28%22%7d).
- c. If unable to attend through Microsoft Teams, participants can access the meeting for audio only by dialing 1-980-729-7942 and entering conference ID 683009770#.
- d. If you have problems accessing the Pre-Proposal Conference link or audio, call the County Manager's Office at 704-920-2100.

e. If special accommodations are required for attendance, please notify the County representative indicated herein in advance of the date and time above and identify the special accommodation(s) required.

f. A recording of the Pre-Proposal Conference will be made available on the County's website.

## **2. Vendor Questions.**

Upon review of the RFP document, and completion of the non-mandatory Pre-Proposal Conference, organizations may submit questions for additional clarity. Questions shall be emailed to [tcnunn@cabarruscounty.us](mailto:tcnunn@cabarruscounty.us) by Friday, July 21, 2021 at 5:00 p.m. EST. Organizations should use "Fiscal Recovery Funds RFP" as the subject for any emails. Responses to questions received by the deadline will be posted as an addendum to the RFP on the County's website.

## **3. Submission of Responses.**

a. Responses may be submitted as follows:

- i. Electronically: Email [tcnunn@cabarruscounty.us](mailto:tcnunn@cabarruscounty.us)
- ii. In-Person: Deliver to the County Manager's Office located on the second floor of the Cabarrus County Governmental Center (65 Church Street South, Concord, NC 28026)
- iii. Mail: Cabarrus County Government, Attention: Tom Nunn, P.O. Box 707, Concord, NC 28026

b. Responses sent by fax or flash drive will not be accepted.

## **4. Proposal Opening.**

Staff will open proposals received after the due date. Proposals will not be read aloud or made available to inspect or copy until any trade secret issues/proprietary and/or confidential information has been resolved and a contract has been awarded.

## **5. Evaluation.**

a. Proposals will be evaluated based on the following:

### **i. Qualifications, experience and approach**

Organizations will be evaluated based on their understanding, experience, and qualifications in performing the same or substantially similar services as proposed. Proposals including specific and measurable outcomes, and larger target populations, that better demonstrate the impact of funding provided will be viewed more favorably.

### **ii. Alignment to the County's strategic priorities**

Organizations will be evaluated based on alignment to one or more of the following strategic priorities of the Board of Commissioners: (a) Healthy & Safe Community, (b) Culture & Recreation, (c) Sustainable Growth & Development, (d) A Thriving Economy and (e) Transparent & Accountable Government.

iii. **Ability to comply with County/federal requirements**

Organizations will be evaluated based on their demonstrated ability to comply with all requirements of the County and federal government including financial and performance reporting, as well as appropriate expenditure of funds.

iv. **Ability to comply with County contracting requirements**

Organizations will be required to sign a contract agreement with the County and register through the PaymentWorks platform.

## **Section 6. Proposal Content and Format**

**1. Letter of Transmittal**

The proposal must include a letter of transmittal attesting to its accuracy, signed by an individual authorized to execute a binding legal document on behalf of the organization.

**2. Executive Summary**

A summary describing the organizations understanding of the County's requirements and the proposed program/service. Should also include background on the requesting organization and the amount being requested.

**3. Statement of Work**

Provide a detailed description of the program(s)/service(s) to be provided.

**4. Population Served**

Define the population(s) to be served, including quantity and demographics.

**5. Results/Evaluation**

Describe the proposed impact of the project including outcome measures to be tracked and reported during the award period. Describe your internal processes for data collection, analysis, and quality assurance.

**6. Link to COVID-19**

Identify a health or economic harm resulting from or made worse by the public health emergency, describe the nature and degree of that harm, and explain how the use of this funding would address such harm.

**7. Spending Plan**

Provide a detailed spending plan of how and when funds would be used. A sample spending plan is provided in Exhibit A. Awarded funds must be obligated by December 31, 2024 and expended by December 31, 2026.

## **Section 7. Terms and Conditions**

**1. Late Proposals**

Proposals not received by the time and date specified herein will not be opened or considered, unless the delay is a result of the negligence of the County, its agents, or assigns.

## **2. Public Record**

This RFP and all organization responses are considered public information, except for trade secrets specifically identified in writing by the organization, which will be handled according to State Statute or other laws. Any section of the organizations response package that is deemed to be a trade secret shall be submitted in a separate envelope clearly marked "TRADE SECRET INFORMATION- DO NOT DISCLOSE." NCGS 143-131 specifies that informal bids are not subject to public inspection until the contract is awarded.

## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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**AGENDA CATEGORY:**

Discussion Items - No Action

**SUBJECT:**

Infrastructure and Asset Management - Frank Liske Park Barn Rebuild Project Update

**BRIEF SUMMARY:**

Staff will provide an update on the Frank Liske Park Barn Rebuild Project including updates on design.

**REQUESTED ACTION:**

No action required.

**EXPECTED LENGTH OF PRESENTATION:**

10 Minutes

**SUBMITTED BY:**

Kyle Bilafer, Area Manager of Operations  
Londa Strong, Director of Active Living and Parks

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

▣ Interior 1st Floor

- ▣ Interior 2nd Floor
- ▣ Exterior North
- ▣ Exterior South

















# CABARRUS COUNTY



## BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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### **AGENDA CATEGORY:**

Discussion Items - No Action

### **SUBJECT:**

Innovation and Technology - Innovation Report

### **BRIEF SUMMARY:**

Presentation of innovation and technology services put into place by IT in collaboration with other departments and community stakeholders in alignment with the County's five strategic priorities.

1. Transparent and Accountable Government
2. Healthy and safe Community
3. A Thriving Economy
4. Culture and Recreation
5. Sustainable Growth and Development

### **REQUESTED ACTION:**

Receive report.

### **EXPECTED LENGTH OF PRESENTATION:**

15 Minutes

### **SUBMITTED BY:**

Debbie Brannan, Area Manager of Innovation and Technology

### **BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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**AGENDA CATEGORY:**

Approval of Regular Meeting Agenda

**SUBJECT:**

BOC - Approval of Regular Meeting Agenda

**BRIEF SUMMARY:**

The proposed agenda for the July 19, 2021 regular meeting is attached.

**REQUESTED ACTION:**

Motion to approve the agenda for the July 19, 2021 regular meeting as presented, including scheduling the public hearings.

**EXPECTED LENGTH OF PRESENTATION:**

1 Minute

**SUBMITTED BY:**

Lauren Linker, Clerk to the Board

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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**ATTACHMENTS:**

- ▮ Proposed July 19, 2021 Regular Meeting Agenda

# CABARRUS COUNTY



## BOARD OF COMMISSIONERS REGULAR MEETING

**July 19, 2021  
6:30 PM**

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### MISSION STATEMENT

THROUGH VISIONARY LEADERSHIP AND GOOD STEWARDSHIP, WE WILL ADMINISTER STATE REQUIREMENTS, ENSURE PUBLIC SAFETY, DETERMINE COUNTY NEEDS, AND PROVIDE SERVICES THAT CONTINUALLY ENHANCE QUALITY OF LIFE

### CALL TO ORDER BY THE CHAIRMAN

### PRESENTATION OF COLORS

### INVOCATION

#### **A. APPROVAL OR CORRECTIONS OF MINUTES**

1. Approval or Correction of Meeting Minutes

#### **B. APPROVAL OF THE AGENDA**

#### **C. RECOGNITIONS AND PRESENTATIONS**

1. Human Resources - Recognition of Sergeant Pamela S. Landers Retirement from Cabarrus County Sheriff Department

#### **D. INFORMAL PUBLIC COMMENTS**

#### **E. OLD BUSINESS**

#### **F. CONSENT AGENDA**

*(Items listed under consent are generally of a routine nature. The Board may take action to approve/disapprove all items in a single vote. Any item may be withheld from a general action, to be discussed and voted upon separately at the discretion of the Board.)*

1. Active Living and Parks - FY22 Matching Incentive Grants
2. Appointments - Adult Care Home Community Advisory Committee
3. Appointments and Removals - Cabarrus County Planning and Zoning Commission
4. BOC - Designation of Voting Delegate for NCACC 114th Annual Conference



5. County Manager - Ad Hoc Modification to the Central Area Plan Interlocal Agreement
6. County Manager - Update on Activities Related to the Stonewall Jackson Training School Property
7. DHS - Energy Programs Outreach Plan
8. DHS - Supplemental Nutrition Funding
9. DHS - Transportation FTA Section 5310 Grant
10. Finance - Approval of Project Ordinances and Budget Amendment Related to CIP Funded Projects in the FY22 General Fund Budget
11. Human Resources - Retiree Health Insurance
12. Infrastructure and Asset Management - Cabarrus County Emergency Medical Services Headquarters GMP-1
13. Infrastructure and Asset Management - Courthouse Project Budget Amendment
14. Sheriff's Office - Award of Service Weapon to Captain Laura Heggins Upon Her Retirement
15. Sheriff's Office - Request to Award Service Weapon to Sergeant Pam Landers Upon Her Retirement
16. Tax Administration - Refund and Release Reports – June 2021
17. Tax Administration - Tax Collector's Annual Settlement and Order Authorizing Collection of FY 2021-2022 Taxes

#### **G. NEW BUSINESS**

1. Economic Development Investment - Project Vision - Public Hearing 6:30 p.m.
2. Planning and Development Department - TEXT2021-00002, Proposed Amendments to Chapter 4 Overlay Districts, Chapter 7 Performance Based Standards and Chapter 16 Flood Damage Prevention - Public Hearing 6:30 p.m.

#### **H. REPORTS**

1. BOC - Receive Updates From Commission Members who Serve as Liaisons to Municipalities or on Various Boards/Committees
2. BOC - Request for Applications for County Boards/Committees
3. Budget - Monthly Financial Update
4. County Manager - Monthly Building Activity Reports
5. County Manager - Monthly New Development Report
6. EDC - June 2021 Monthly Summary Report

#### **I. GENERAL COMMENTS BY BOARD MEMBERS**

#### **J. WATER AND SEWER DISTRICT OF CABARRUS COUNTY**

#### **K. CLOSED SESSION**

#### **L. ADJOURN**

### **Scheduled Meetings**

<b>July 21</b>	<b>Cabarrus Summit</b>	<b>6:00 p.m.</b>	<b>Cabarrus Arena</b>
<b>August 2</b>	<b>Work Session</b>	<b>4:00 p.m.</b>	<b>Multipurpose Room</b>
<b>August 16</b>	<b>Regular Meeting</b>	<b>6:30 p.m.</b>	<b>BOC Meeting Room</b>
<b>September 7</b>	<b>Work Session</b>	<b>4:00 p.m.</b>	<b>Multipurpose Room</b>
<b>September 20</b>	<b>Regular Meeting</b>	<b>6:30 p.m.</b>	<b>BOC Meeting Room</b>

**Mission:** Through visionary leadership and good stewardship, we will administer state requirements, ensure public safety, determine county needs, and provide services that continually enhance quality of life.

**Vision:** Our vision for Cabarrus is a county where our children learn, our citizens participate, our dreams matter, our families and neighbors thrive, and our community prospers.

### **Cabarrus County Television Broadcast Schedule Cabarrus County Board of Commissioners' Meetings**

The most recent Commissioners' meeting is broadcast at the following days and times. Agenda work sessions begin airing after the 1st Monday of the month and are broadcast for two weeks up until the regular meeting. Then the regular meeting begins airing live the 3rd Monday of each month and is broadcast up until the next agenda work session.

<b>Sunday - Saturday</b>	<b>1:00 P.M.</b>
<b>Sunday - Tuesday</b>	<b>6:30 P.M.</b>
<b>Thursday &amp; Friday</b>	<b>6:30 P.M.</b>

In accordance with ADA regulations, anyone who needs an accommodation to participate in the meeting should notify the ADA Coordinator at 704-920-2100 at least forty-eight (48) hours prior to the meeting.

## CABARRUS COUNTY



### BOARD OF COMMISSIONERS WORK SESSION

**July 6, 2021  
4:00 PM**

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**AGENDA CATEGORY:**

Closed Session

**SUBJECT:**

Closed Session - Pending Litigation and Personnel Matters

**BRIEF SUMMARY:**

A closed session is needed to discuss matters related to pending litigation and personnel matters as authorized by NCGS 143-318.11(a)(3) and (6).

**REQUESTED ACTION:**

Motion to go into closed session to discuss matters related to pending litigation and personnel matters as authorized by NCGS 143-318.11(a)(3) and (6).

**EXPECTED LENGTH OF PRESENTATION:**

30 Minutes

**SUBMITTED BY:**

Mike Downs, County Manager

**BUDGET AMENDMENT REQUIRED:**

No

**COUNTY MANAGER'S RECOMMENDATIONS/COMMENTS:**

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