It has once again been a pleasure and honor to serve as the Chairman of the Lake Cumberland District Health Department in 2018. The year of 2018 completes 4 consecutive years of me serving as your Chairman and I greatly appreciate the Faith that the Lake Cumberland Board Members have had in me to serve as the Board Chair since January 2015. This past year has been no different than the past 3 years as we have once again faced many challenges. Some Challenges have been new and different, but I confidently feel that we have matched or exceeded our goals in all that has been set forth before us as a District Health Department this year.

I cannot say enough positive comments about all of our hardworking and dedicated employees and staff that are always up for the New Challenges that we continually face as a District Health Department. There have been lots of changes within the structure of our District Health Department. There have been several changes in staff and often times many duties have been consolidated among employees, and I appreciate their willingness to take on more work load as we go through these changes. It is the staff that is at the core of the much-needed services provided by Lake Cumberland District Health Department. Our employees are always there to ensure that those services are delivered.

I want to again commend our Board Members and Executive Leadership, for the Very Disciplined yet Understanding Leadership that they help provide. The Leadership that has been provided has been necessary to keep Lake Cumberland District Health Department on track and moving forward.

Our Healthcare System is much like my former profession of Banking and also Local County Government as these are ever changing industries and the functions of Our Health Care System changes around us daily. All who are involved, whether they are Employees, Staff or Executive Leadership are to be commended for the hard work that has been done. Everyone has adapted well to the necessary changes that have had to take place to keep our Lake Cumberland District Health Department successful in providing Healthcare to the Citizens of the Lake Cumberland. There is no doubt that Lake Cumberland District Health Department is the Best District in The Commonwealth and I am Very Graciously Thankful for all who are part of this organization. Thank You to All for your Service and Thank You All for allowing me to serve alongside all of you.

VISION STATEMENT

The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.

MISSION STATEMENT

The Lake Cumberland District Health Department prevents illness and injury, promotes good health practices, and assures a safe environment to protect and improve the health of our communities.

A Healthy Today for a Brighter Tomorrow.

www.LCDHD.org
From the Director

This year, 2018, has been dominated by Hepatitis A and concerns about how changes in the state retirement system will impact us.

The state is experiencing the worst Hepatitis A outbreak in the nation. While we have activated our Departmental Operations Center on a limited basis, and have been actively and aggressively responding, the outbreak stays one step ahead of us, it seems. The fact the outbreak is following the homeless and drug using populations complicates things since the homeless “are off the grid” and many drug users don’t want to be found.

As described by Dr. Weyman, we have responded to the Hepatitis A crisis in the following ways:

• A timely investigation of each case and provision of post exposure vaccination.
• Regular communications via newspapers, radio and social media as to the symptoms, modes of transmission of Hepatitis A, prevention strategies such as pre-exposure vaccination, and proper hand hygiene
• Provision of Hepatitis A vaccine to high risk populations. LCDHD has provided free vaccine and helped immunize those incarcerated in five county detention centers which were geographically most at risk for the spread of Hepatitis A.

• LCDHD has communicated with and recommended that all clients of residential drug treatment centers be vaccinated
• Hepatitis A vaccine is available at all syringe exchange programs in the Lake Cumberland Region.

As far as the “pension crisis” the largest concern for the agency is the contribution amount – the amount expected to be put in by the agency on behalf of the employee as the employer’s share. It is set to go up from around 50% of every salary dollar to over 80%. If this goes through, it will have major impacts on our health department’s financial situation.

We have continued our focus on continuous improvement having completed Electronic Accounts Payable and Salmonella & Campylobacter Quality Improvement Projects. Our Data Analysis Committee continues its work, and we have adopted a new Strategic Plan. Our Performance Management tracker documents that we stay on top of all of our various plans.

Our audit reports and programmatic reviews continue to be positive, and our patient, board and employee satisfaction remains high.

As of January of 2019, I will have 18 years in as your Director. I remain honored and considered myself blessed to work with such an excellent staff and board.
2018
LOCAL BOARDS OF HEALTH

The Lake Cumberland District Health Department is governed by a 30-member District Board of Health with representation from each county’s local board of health. The board is comprised of county judge executives, physicians, nurses, dentists, veterinarians, engineers, optometrists and citizen members, who are all pictured on the previous page. The following list is all the members of each county’s local board of health within the Lake Cumberland District.

**Adair County**
- James Bergin
- Janella Brown
- Jacob Burton
- Billy Coffey
- Catherine Feese
- Ronnie Grant
- Matt Jackson
- Lee Ann Jessee
- Gary Partin
- Shantilla Rexroat
- Michael Stephens
- Cynthia Waggener

**Casey County**
- Adlie Brown
- Darin Cundiff
- andy Dial
- Gina Goode
- Housam Haddad
- Linda Hamilton
- Homer Hecht
- Kay King
- Linda Lee,
- John Price
- Tony Price
- Don Wilkey

**Clinton County**
- Richard Armstrong
- Judith Brown
- Heather Brown-Conner
- Susan Cash
- Charles Dailey
- Carol Denney
- Lala Haddix
- Christy Nuetzman Guffey
- William Powell
- Laura Ann Roberts
- Jake Staton
- Michael Wilson

**Cumberland County**
- Kristen Branham
- Janet Clark
- Brian Dyer
- Robert Flowers
- Allison Kerr
- Gina Lee-Watson
- Joseph Michael Morgan
- John Phelps, Jr.
- John G. Stephenson
- Gary White
- Douglas Williams
- Vacant

**Cumberland County**
- Robert Bertram
- Connie Blankenship
- Don Cooper
- Karen Dalton
- Charles L. Gore
- Stephanie Jones
- Richard Miles
- H. James Popplewell
- Gary D. Robertson
- Terry Waddell
- C. Leslie Wade
- Susanne Watkins

**McCreary County**
- Jerald Burgess
- Allan Chapman
- Azalie Egnew
- Martha Johnson
- Terry Allan Lawson
- Stephen McKinley
- John Sandidge
- Sue Singleton
- Doug E. Stephens
- Grady Wilson
- Rita Wright
- Rosalie Wright

**Taylor County**
- Jerome Dixon
- Dan Durham
- Jay Eastridge
- Arthur Haley
- Loretta Hash
- Phil Hayes
- David Hesson
- Gayle Phillips
- Marlene Richardson
- Eddie Rogers
- Thomas Rogers
- Vacant

**Wayne County**
- Mike Anderson
- William Breeding
- Joseph Brown
- Sarah Debord Weddle
- Jeffery Dishman
- Vesta Edwards
- Lora Elam
- Ronald McFarland
- Kenneth Ramsey
- James Sawyer
- Joe Silvers
- Greg West

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**Green County**
- Charlie Allen
- Glenda Bagby
- Pam Bills
- Garth Bobrowski
- Devi Bradshaw
- Teresa Collison
- Shane DeSimone
- Mary DeSpain
- John Frank
- Paul Patterson
- Mark Risen
- R. Michael Shuffett

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**Russell County**
- Robert Bertram
- Connie Blankenship
- Don Cooper
- Karen Dalton
- Charles L. Gore
- Stephanie Jones
- Richard Miles
- H. James Popplewell
- Gary D. Robertson
- Terry Waddell
- C. Leslie Wade
- Susanne Watkins

---

**Pulaski County**
- Reginald Chaney
- Rodney Dick
- Hossein Fallahzadeh
- Patty Guinn
- Bruce Jasper
- Steven Kelley
- Jim Muse
- Harvey Schleter
- Tommy Shelton
- Gerard Weigel
- James Wesley
- Rebecca Whitis

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**Wayne County**
- Mike Anderson
- William Breeding
- Joseph Brown
- Sarah Debord Weddle
- Jeffery Dishman
- Vesta Edwards
- Lora Elam
- Ronald McFarland
- Kenneth Ramsey
- James Sawyer
- Joe Silvers
- Greg West
PREVENT DISEASE

Syringe Exchanges/Harm Reduction Programs

117,814 clean syringes provided to participants in 4 counties

118,941 syringes collected a 101% re-collection rate

4,342 visits by 1,041 unduplicated patients

PROMOTE WELLNESS

6,313 clients received WIC (Women, Infant, Children) services

667 car seat safety education

123 cribs provided with community partnership to promote safe sleep environments
**Total Clinical Services by Program**

<table>
<thead>
<tr>
<th>Program</th>
<th>Unduplicated Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>78,288, 36.58%</td>
</tr>
<tr>
<td>Adult Health</td>
<td>6,676, 3.12%</td>
</tr>
<tr>
<td>Cancer</td>
<td>2,680, 1.25%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0, 0.00%</td>
</tr>
<tr>
<td>Dental</td>
<td>362, 0.17%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>18,350, 8.57%</td>
</tr>
<tr>
<td>H.A.N.D.S.</td>
<td>21,351, 9.98%</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>21, 0.01%</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>343, 0.16%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>29,766, 13.91%</td>
</tr>
<tr>
<td>School Health</td>
<td>49,140, 22.96%</td>
</tr>
<tr>
<td>STDs</td>
<td>387, 0.18%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>6,632, 3.10%</td>
</tr>
</tbody>
</table>

**Unduplicated Individuals Receiving Clinical Services:**

27,385

---

**HEALTHY LIVING**

- **41** Tobacco Free Policies at Childcare/Daycare Facilities
- **4,200** go365 Biometric Screening for (KEHP) members in our district
- **4** of our 10 counties are Certified Trail Towns
Administration Department

Again for 2018, Lake Cumberland District Health Department’s (LCDHD) clinic funding continued to decrease, and as a result, clinic patients and services also decreased. Our school program also decreased this fiscal year as 8 fewer schools chose not to contract with our agency for our school health services model. For the 2018 fiscal year, the agency budgeted at a $619,675 deficit. Management successfully made adjustments that resulted in decreased expenses and increased revenues and as a result, the agency closed with a $285,952 surplus.

Expenses were less than budgeted primarily as a result of attrition. As employees left the agency, where possible, services were decreased and employees were not replaced. However, the agency also realized less than budgeted expenses because the Kentucky Department of Public Health did not bill LCDHD for any of the required quarterly Medicaid Match payments for FY 2018, which is approximately 27% of all Medicaid revenue collected and is estimated to be a total liability of $450,000 incurred in 2018, but not expended. As DPH did not bill for any of the four quarters of 2018 during 2018, DPH will likely bill for all four payments for fiscal year 2018 in addition to the quarterly Medicaid Match payments due for the 2019 fiscal year, resulting in higher than budgeted expenses for FY 2019.

Revenues for FY 2018 were $972,844 higher than budgeted, primarily due to several additional allocation amendments from KYDPH and an additional federal Rural Health Opioid Grant.

At the end of the fiscal year, after adding in the surplus, our restricted reserve funds on hand are $1,468,040 and our unrestricted funds total $5,785,499 for a total of $7,253,690 in reserves. As the Department for Public Health calculates maximum unrestricted reserves for Health Departments as 30% of non-fee-for-service expenses and 40% of fee-for-service expenses, LCDHD’s current unrestricted reserve balance is $591,169 (11%) more than allowable. As Public Health Departments have been informed that they can expect employee pension costs to from 49.57% of employee salary to 83.43% of employee salary, we’re in conversation with KYDPH, discussing ways we can utilize these funds to offset this expected staggering increase in expenses.

The Administrative Services Department is also pleased to report we received our annual audit conducted by Ray, Foley, Hensley & Company which included no proposed audit adjustments or reportable findings. Additionally, they found the financial statements to be neutral, consistent, and clear.

Although the administrative tasks required in processing third party clinic claims for patient services continues to be complex requiring more staff to collect less funds, clinic services have decreased and in addition, the Administrative Services team has found ways to improve efficiencies and have decreased the number of full time equivalent employees in our department by 4.5 staff since FY 16.

As health departments continue to experience clinic service defunding, the LCDHD Administrative Services Department is committed to remain true to the mission and vision of public health and to a transparent working environment that’s constantly improving our processes and finding new efficiencies while maintaining high standards.
## Allowable Unrestricted Reserve Calculation 2017 - 2018

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>CC#</th>
<th>Expense</th>
<th>Service Fees</th>
<th>Service Fee % of Total Expense</th>
<th>Non-Fee Program Expense</th>
<th>Fee for Service Program Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service</td>
<td>500</td>
<td>326,513</td>
<td>50,263</td>
<td>15.39%</td>
<td>326,513</td>
<td>0</td>
</tr>
<tr>
<td>Public Facilities</td>
<td>520</td>
<td>82,913</td>
<td>12,783</td>
<td>15.42%</td>
<td>82,913</td>
<td>0</td>
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<tr>
<td>General Sanitation</td>
<td>540</td>
<td>193,091</td>
<td>0</td>
<td>0.00%</td>
<td>193,091</td>
<td>0</td>
</tr>
<tr>
<td>Onsite Sewage</td>
<td>560</td>
<td>480,136</td>
<td>289,681</td>
<td>60.33%</td>
<td>0</td>
<td>480,136</td>
</tr>
<tr>
<td>Retail Food Standards Grant</td>
<td>592</td>
<td>5,492</td>
<td>0</td>
<td>0.00%</td>
<td>5,492</td>
<td>0</td>
</tr>
<tr>
<td>Dental Services</td>
<td>712</td>
<td>3,494</td>
<td>5,384</td>
<td>154.07%</td>
<td>0</td>
<td>3,494</td>
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<tr>
<td>KWSCP Pink County Outreach</td>
<td>725</td>
<td>25,127</td>
<td>0</td>
<td>0.00%</td>
<td>25,127</td>
<td>0</td>
</tr>
<tr>
<td>ZIKA Preparedness and Response</td>
<td>726</td>
<td>105,568</td>
<td>0</td>
<td>0.00%</td>
<td>105,568</td>
<td>0</td>
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<tr>
<td>Harm Reduction/Needle Exchange</td>
<td>727</td>
<td>86,206</td>
<td>0</td>
<td>0.00%</td>
<td>86,206</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes Prevention Program</td>
<td>732</td>
<td>14,006</td>
<td>7,615</td>
<td>54.37%</td>
<td>14,006</td>
<td>0</td>
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<tr>
<td>Community Health Action Team</td>
<td>736</td>
<td>162,300</td>
<td>0</td>
<td>100.00%</td>
<td>162,300</td>
<td>0</td>
</tr>
<tr>
<td>Passport Referrals</td>
<td>741</td>
<td>672</td>
<td>0</td>
<td>0.00%</td>
<td>672</td>
<td>0</td>
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<tr>
<td>Environmental Strike Team</td>
<td>746</td>
<td>7,216</td>
<td>0</td>
<td>0.00%</td>
<td>7,216</td>
<td>0</td>
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<tr>
<td>Regional EPI HAI Activities</td>
<td>749</td>
<td>11,328</td>
<td>0</td>
<td>0.00%</td>
<td>11,328</td>
<td>0</td>
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<tr>
<td>Accreditation</td>
<td>750</td>
<td>7,328</td>
<td>0</td>
<td>0.00%</td>
<td>7,328</td>
<td>0</td>
</tr>
<tr>
<td>HANDS GF Services</td>
<td>752</td>
<td>1,090,859</td>
<td>1,090,859</td>
<td>100.00%</td>
<td>0</td>
<td>1,090,859</td>
</tr>
<tr>
<td>ZIKA Vector Control Activities</td>
<td>755</td>
<td>76</td>
<td>0</td>
<td>0.00%</td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>Personal Responsibility Education Program</td>
<td>756</td>
<td>63,737</td>
<td>0</td>
<td>0.00%</td>
<td>63,737</td>
<td>0</td>
</tr>
<tr>
<td>GO365 Humana Vitality</td>
<td>758</td>
<td>322,576</td>
<td>451,330</td>
<td>139.91%</td>
<td>0</td>
<td>322,576</td>
</tr>
<tr>
<td>HANDS Federal Home Visiting</td>
<td>760</td>
<td>162,300</td>
<td>0</td>
<td>100.00%</td>
<td>0</td>
<td>162,300</td>
</tr>
<tr>
<td>MCH Coordinator</td>
<td>766</td>
<td>184,520</td>
<td>0</td>
<td>0.00%</td>
<td>184,520</td>
<td>0</td>
</tr>
<tr>
<td>Competitive Home Visiting</td>
<td>767</td>
<td>2,015</td>
<td>2,015</td>
<td>99.98%</td>
<td>2,015</td>
<td>0</td>
</tr>
<tr>
<td>KCCSP-HB 265</td>
<td>770</td>
<td>382</td>
<td>0</td>
<td>0.00%</td>
<td>382</td>
<td>0</td>
</tr>
<tr>
<td>HBE Assistance</td>
<td>772</td>
<td>175</td>
<td>0</td>
<td>0.00%</td>
<td>175</td>
<td>0</td>
</tr>
<tr>
<td>Child Fatality Prevention</td>
<td>774</td>
<td>10,442</td>
<td>0</td>
<td>0.00%</td>
<td>10,442</td>
<td>0</td>
</tr>
<tr>
<td>ECD School Projects</td>
<td>775</td>
<td>113,573</td>
<td>0</td>
<td>0.00%</td>
<td>113,573</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric/Adolescent</td>
<td>800</td>
<td>995,133</td>
<td>305,032</td>
<td>30.65%</td>
<td>995,133</td>
<td>0</td>
</tr>
<tr>
<td>Family Planning</td>
<td>802</td>
<td>814,034</td>
<td>282,887</td>
<td>34.75%</td>
<td>0</td>
<td>814,034</td>
</tr>
<tr>
<td>Maternity Services &amp; Activity</td>
<td>803</td>
<td>1,744</td>
<td>1,767</td>
<td>101.35%</td>
<td>0</td>
<td>1,744</td>
</tr>
<tr>
<td>WIC Services</td>
<td>804</td>
<td>1,809,080</td>
<td>0</td>
<td>0.00%</td>
<td>1,809,080</td>
<td>0</td>
</tr>
<tr>
<td>MCH Nutrition &amp; Group Activity</td>
<td>805</td>
<td>50,655</td>
<td>8,252</td>
<td>16.29%</td>
<td>79,868</td>
<td>0</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>806</td>
<td>331,506</td>
<td>96,753</td>
<td>29.19%</td>
<td>331,506</td>
<td>0</td>
</tr>
<tr>
<td>Sexually Transmitted Disease</td>
<td>807</td>
<td>32,508</td>
<td>7,078</td>
<td>21.77%</td>
<td>32,508</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>809</td>
<td>258,734</td>
<td>0</td>
<td>0.00%</td>
<td>258,734</td>
<td>0</td>
</tr>
<tr>
<td>Adult Visits &amp; Follow-Up</td>
<td>810</td>
<td>430,615</td>
<td>47,432</td>
<td>11.02%</td>
<td>430,615</td>
<td>0</td>
</tr>
<tr>
<td>Breast &amp; Cervical Cancer</td>
<td>813</td>
<td>151,956</td>
<td>37,297</td>
<td>24.54%</td>
<td>151,956</td>
<td>0</td>
</tr>
<tr>
<td>Healthy Communities</td>
<td>817</td>
<td>2,000</td>
<td>0</td>
<td>0.00%</td>
<td>2,000</td>
<td>0</td>
</tr>
<tr>
<td>Preparedness Coordinating &amp; Training</td>
<td>821</td>
<td>112,370</td>
<td>0</td>
<td>0.00%</td>
<td>112,370</td>
<td>0</td>
</tr>
<tr>
<td>Preparedness Epidemic &amp; Surveillance</td>
<td>822</td>
<td>76,009</td>
<td>0</td>
<td>0.00%</td>
<td>76,009</td>
<td>0</td>
</tr>
<tr>
<td>Preparedness Medical Reserve Corp</td>
<td>823</td>
<td>10,686</td>
<td>0</td>
<td>0.00%</td>
<td>10,686</td>
<td>0</td>
</tr>
<tr>
<td>Local Community Public Health Projects</td>
<td>826</td>
<td>32,005</td>
<td>0</td>
<td>0.00%</td>
<td>32,005</td>
<td>0</td>
</tr>
<tr>
<td>Adair County Smoke-Free Program</td>
<td>827</td>
<td>878</td>
<td>0</td>
<td>0.00%</td>
<td>878</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes Outreach and Education</td>
<td>828</td>
<td>111</td>
<td>0</td>
<td>0.00%</td>
<td>111</td>
<td>0</td>
</tr>
<tr>
<td>Heart4Change</td>
<td>829</td>
<td>19,077</td>
<td>0</td>
<td>0.00%</td>
<td>19,077</td>
<td>0</td>
</tr>
</tbody>
</table>
## Allowable Unrestricted Reserve Calculation 2017 - 2018 (cont.)

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>CC#</th>
<th>FY2017 Expense (1)</th>
<th>Service Fees (2)</th>
<th>Service Fee % of Total Expense (3)</th>
<th>Non-Fee Program Expense (4)</th>
<th>Fee for Service Program Expense (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Risk Avoidance Edu Grant</td>
<td>830</td>
<td>428,554</td>
<td>0</td>
<td>0.00%</td>
<td>428,554</td>
<td>0</td>
</tr>
<tr>
<td>Worksite Wellness Project</td>
<td>831</td>
<td>46,459</td>
<td>0</td>
<td>0.00%</td>
<td>46,459</td>
<td>0</td>
</tr>
<tr>
<td>Worksite Wellness</td>
<td>832</td>
<td>15,576</td>
<td>0</td>
<td>0.00%</td>
<td>15,576</td>
<td>0</td>
</tr>
<tr>
<td>Breastfeeding Promotion</td>
<td>833</td>
<td>49,923</td>
<td>0</td>
<td>0.00%</td>
<td>49,923</td>
<td>0</td>
</tr>
<tr>
<td>HPP Activity Support</td>
<td>835</td>
<td>14</td>
<td>0</td>
<td>0.00%</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Tobacco</td>
<td>836</td>
<td>238,155</td>
<td>375</td>
<td>0.16%</td>
<td>238,155</td>
<td>0</td>
</tr>
<tr>
<td>Marshall University Diabetes Grant</td>
<td>839</td>
<td>7,446</td>
<td>0</td>
<td>0.00%</td>
<td>7,446</td>
<td>0</td>
</tr>
<tr>
<td>Breastfeeding Peer Counselor</td>
<td>840</td>
<td>59,258</td>
<td>0</td>
<td>0.00%</td>
<td>59,258</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes Today Program</td>
<td>841</td>
<td>20,888</td>
<td>0</td>
<td>0.00%</td>
<td>20,888</td>
<td>0</td>
</tr>
<tr>
<td>HIV Counseling &amp; Testing</td>
<td>842</td>
<td>5,007</td>
<td>0</td>
<td>0.00%</td>
<td>5,007</td>
<td>0</td>
</tr>
<tr>
<td>Ryan White Pharm Rebate Funds</td>
<td>844</td>
<td>403,417</td>
<td>0</td>
<td>0.00%</td>
<td>403,417</td>
<td>0</td>
</tr>
<tr>
<td>Ryan White Program</td>
<td>845</td>
<td>161,869</td>
<td>0</td>
<td>0.00%</td>
<td>161,869</td>
<td>0</td>
</tr>
<tr>
<td>Rural Health Opioid Grant</td>
<td>846</td>
<td>128,349</td>
<td>0</td>
<td>0.00%</td>
<td>128,349</td>
<td>0</td>
</tr>
<tr>
<td>Healthy Start Day Care</td>
<td>848</td>
<td>49,595</td>
<td>0</td>
<td>0.00%</td>
<td>49,595</td>
<td>0</td>
</tr>
<tr>
<td>HANDS Prima Gravida Program</td>
<td>853</td>
<td>1,740,402</td>
<td>1,740,402</td>
<td>100.00%</td>
<td>0</td>
<td>1,740,402</td>
</tr>
<tr>
<td>Arthritis</td>
<td>856</td>
<td>1,503</td>
<td>0</td>
<td>0.00%</td>
<td>1,503</td>
<td>0</td>
</tr>
<tr>
<td>Supplemental School Health</td>
<td>858</td>
<td>1,466,690</td>
<td>1,466,690</td>
<td>100.00%</td>
<td>0</td>
<td>1,466,690</td>
</tr>
<tr>
<td>HPP Coordinator</td>
<td>875</td>
<td>30,747</td>
<td>0</td>
<td>0.00%</td>
<td>30,747</td>
<td>0</td>
</tr>
<tr>
<td>WIC Operational Adjust Funding</td>
<td>886</td>
<td>80,956</td>
<td>0</td>
<td>0.00%</td>
<td>80,956</td>
<td>0</td>
</tr>
<tr>
<td>Core Public Health</td>
<td>890</td>
<td>12,338</td>
<td>4,202</td>
<td>34.06%</td>
<td>12,338</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid Match</td>
<td>891</td>
<td>304,594</td>
<td>0</td>
<td>0.00%</td>
<td>304,594</td>
<td>0</td>
</tr>
<tr>
<td>Allocable Leave &amp; Fringes</td>
<td>895</td>
<td>1,596,789</td>
<td>3,285</td>
<td>0.21%</td>
<td>1,596,789</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total**                          |      | 15,287,022         | 6,073,684        | 39.73%                              | 9,204,786                   | 6,082,236                           |

Multiplier for Allowed Unrestricted Reserve
- 30%
- 40%

Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve
- $2,761,435.67
- $2,432,894.50

Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses)
- 2,761,436

Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses)
- 2,432,895

Total Allowed Unrestricted Reserve
- 5,194,330

Fiscal Year End Actual Unrestricted Reserve
- 5,785,499

Remaining Allowable Unrestricted Reserve
- (591,169)

### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>FY2017</th>
<th>FY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Allowed Unrestricted Reserve</td>
<td>$5,201,912.15</td>
<td>100%</td>
</tr>
<tr>
<td>Fiscal Year End Actual Unrestricted Reserve</td>
<td>$5,347,847.00</td>
<td>103%</td>
</tr>
<tr>
<td>Remaining Allowable Unrestricted Reserve</td>
<td>$(145,934.85)</td>
<td>-3%</td>
</tr>
</tbody>
</table>

| Total Program Restricted Reserves          | $1,619,890.79 |        | $1,468,190.56 |        |
| **Total Reserves**                         | **$6,967,737.79** |        | **$7,253,689.70** |        |
Lake Cumberland District Health Department
Statement of Revenues, Expenditures & Change in Fund Balance
For the Fiscal Year ending June 30, 2018
(Published in accordance with KRS 424.220 and 65.070. The following information may be inspected by the general public at 500 Bourne Ave., Somerset, KY from September 1, 2018 between the hours of 8:00 am to 4:30 pm.)

| Fund Balance as of July 1, 2017 | $6,967,737.57 |

<table>
<thead>
<tr>
<th>Revenues:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>4,218,540.04</td>
</tr>
<tr>
<td>Federal</td>
<td>3,499,934.02</td>
</tr>
<tr>
<td>Local</td>
<td>3,104,789.36</td>
</tr>
<tr>
<td>Service Fees</td>
<td>3,866,110.18</td>
</tr>
<tr>
<td>Interest</td>
<td>883,600.58</td>
</tr>
<tr>
<td>State Restricted Previous Years’ Carryover/Reserve Funds Used</td>
<td>5,389.75</td>
</tr>
<tr>
<td>Federal Restricted Previous Years’ Carryover/Reserve Funds Used</td>
<td>27,253.89</td>
</tr>
<tr>
<td>Fee Restricted Income Previous Years’ Carryover Funds</td>
<td>238,321.75</td>
</tr>
<tr>
<td>Unrestricted Previous Years’ Carryover/Reserve Funds Used</td>
<td>320,626.44</td>
</tr>
<tr>
<td><strong>Total Revenues:</strong></td>
<td><strong>$16,164,566.01</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary &amp; Leave</td>
<td>6,407,672.83</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>4,983,205.76</td>
</tr>
<tr>
<td>Independent Contractors</td>
<td>1,276,398.71</td>
</tr>
<tr>
<td>Travel</td>
<td>373,481.58</td>
</tr>
<tr>
<td>Space Occupancy</td>
<td>491,053.99</td>
</tr>
<tr>
<td>Office Administration</td>
<td>398,113.49</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>313,791.08</td>
</tr>
<tr>
<td>Automotive</td>
<td>9,082.48</td>
</tr>
<tr>
<td>Other</td>
<td>1,034,222.13</td>
</tr>
<tr>
<td>Capital Expenditures</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total Expenditures:</strong></td>
<td><strong>$15,287,022.05</strong></td>
</tr>
</tbody>
</table>

| Excess Revenue over Expenditures (including Carryover/Reserve Funds) | 877,543.96 |
| Less State Restricted Previous Years’ Carryover Funds Used | (5,389.75) |
| Less Federal Restricted Previous Years’ Carryover Funds Used | (27,253.89) |
| Less Fee Restricted Income Previous Years’ Carryover Funds | (238,321.75) |
| Less Unrestricted Previous Years’ Carryover Funds Used | (320,626.44) |
| **Total Previous Year Carryover Funds Used** | **(591,591.83)** |

| Total Excess Revenue Over Expenditures (Less Carryover Funds) | $285,952.13 |
| Fund Balance as of June 30, 2018 | $7,253,689.70 |
## Lake Cumberland District Health Department
### Revenue and Expense Summary Comparison to Prior Year

As of Period Ending June 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Current YTD Actual</th>
<th>Prior YTD Actual</th>
<th>Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>4,218,540.04</td>
<td>4,035,957</td>
<td>182,584</td>
<td>5%</td>
</tr>
<tr>
<td>Federal</td>
<td>3,499,934.02</td>
<td>3,262,135</td>
<td>237,799</td>
<td>7%</td>
</tr>
<tr>
<td>Local</td>
<td>3,104,789.36</td>
<td>3,010,313</td>
<td>94,476</td>
<td>3%</td>
</tr>
<tr>
<td>Service Fees</td>
<td>4,749,710.76</td>
<td>6,070,990</td>
<td>(1,321,279)</td>
<td>-22%</td>
</tr>
<tr>
<td>Unrestricted Carryover</td>
<td>591,591.83</td>
<td>217,911</td>
<td>373,681</td>
<td>171%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>16,164,566.01</td>
<td>16,597,306.41</td>
<td>(432,740)</td>
<td>-3%</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary &amp; Leave</td>
<td>6,407,672.83</td>
<td>6,506,577</td>
<td>(98,904)</td>
<td>-2%</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>4,983,205.76</td>
<td>5,008,042</td>
<td>(24,836)</td>
<td>-0%</td>
</tr>
<tr>
<td>Independent Contractors</td>
<td>1,276,398.71</td>
<td>1,365,833</td>
<td>(89,434)</td>
<td>-7%</td>
</tr>
<tr>
<td>Travel</td>
<td>373,481.58</td>
<td>364,666</td>
<td>8,816</td>
<td>2%</td>
</tr>
<tr>
<td>Space Occupancy</td>
<td>491,053.99</td>
<td>511,491</td>
<td>(20,437)</td>
<td>-4%</td>
</tr>
<tr>
<td>Office Administration</td>
<td>398,113.49</td>
<td>424,863</td>
<td>(26,750)</td>
<td>-6%</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>313,791.08</td>
<td>295,954</td>
<td>17,837</td>
<td>6%</td>
</tr>
<tr>
<td>Automotive</td>
<td>9,082.48</td>
<td>8,213</td>
<td>870</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>1,034,222.13</td>
<td>917,921</td>
<td>116,301</td>
<td>13%</td>
</tr>
<tr>
<td>Capital Expenditures</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>15,287,022.13</td>
<td>15,403,559.63</td>
<td>(116,538)</td>
<td>-1%</td>
</tr>
<tr>
<td><strong>Excess/(Deficit) of Revenue over Expense</strong></td>
<td>877,543.96</td>
<td>1,193,746.78</td>
<td>(316,203)</td>
<td>-26%</td>
</tr>
</tbody>
</table>
Wellness Outreach & Education

The Wellness Outreach and Education Program started the year with transitions. Destiny Greer, long-time diabetes educator who covered 3 counties resigned; then we had a large budget cut in diabetes funding. So even though we had to revise our plan and shift staff to cover the district, we still ended up having a good year. We continued providing our AACE accredited diabetes self-management classes, but we chose to go under the state umbrella of accreditation to be more cost effective. We provided additional diabetes education and awareness activities throughout the district. Our team continued to actively participate in local health coalitions and the Kentucky Diabetes Network on the state level. The Diabetes Team presented a poster at the national meeting of the American Association of Diabetes Educators for the Diabetes Prevention Program and provided a breakout session at the Marshall University Regional conference in Tennessee in the Spring. We completed nearly 4,200 go365 Biometric Screenings for Kentucky Employees Health Plan (KEHP) members in our district and our Jefferson County contract staff completed over 2,800 screenings. Despite the challenges of working off-site, we have had a productive year.

Early spring, we were notified that we had received a 3-year HRSA grant to work with two churches, Centerpoint Church of the Nazarene in Cumberland County and Dunnville Christian Church in Casey County, to reduce cardiovascular risk factors in individuals over 18 years old. We have hit the ground running with completing baseline biometric screenings, establishing health committees, and starting community gardens at each church. We anticipate seeing great things happening at the two churches over the next 3 years.

School Health Program

The LCDHD School Health Program provides essential public health prevention and promotion services to the students, parents and school staff throughout our communities. Our public health school nurses are committed to providing the most comprehensive and efficient nursing care as possible to help decrease barriers to learning while improving community health. Our program, for the 2017-2018 school year, consisted of twenty-two satellite health department clinics which are located within five of our service area’s school districts. LCDHD provided these clinics at a contractual amount to the school board. The satellites were staffed with registered nurses employed through the school districts.

The LCDHD School Health Program offers a vast array of services, which include but are not limited to; assessment and treatment of illnesses, monitoring children with special health care needs/chronic disease, emergent problem identification and treatment and asthma education. Referrals are given to primary care providers as indicated.

2017 - 2018 School Health Services Summary:

- 43,767 Sick/acute visits
- 25,271 Daily Medication
- 5,615 Diabetes
- 677 Asthma
- 81 Seizure
- 27 Allergies
- 20 Emergency-type visits
- 25 Well child exams
- 2,160 KDE Required Screenings
- 1,695 Lice Screenings
- 180 MD Referrals
Clinical Services

The Lake Cumberland District Health Department (LCDHD) clinic nursing division continues to provide quality health services to citizens in the Lake Cumberland area. This year has presented exciting opportunities and the staff have continued to excel in their evolving duties.

Our WIC program services approximately 8,000 participants in the Lake Cumberland area. Each participant receives vouchers for healthy foods, nutritional education, and referrals to other programs. The LCDHD coordinator works with 50 different vendors who participate in the WIC program. The WIC program makes up over 70% of the clinic services which the health department clinic provides. The breastfeeding and peer counselor program provides breastfeeding support throughout the district by support groups, phone calls, home visits, health fairs, and onsite visits.

LCDHD provides the Ryan White Part B HIV/AIDS services to those living with HIV in the Lake Cumberland area as well as 21 additional counties in eastern Kentucky. This program was designed to address the health care needs of HIV persons. The program helps them find and utilize resources which improve their overall health and quality of life. The program also helps to control the spread of HIV infection.

The Adair and Russell county clinics both have operational syringe exchange programs. McCreary and Pulaski County will begin in November and December 2017. Syringe exchange is an evidence proven strategy for the prevention of HIV and Hepatitis C virus. Recent data shows that Kentucky leads the nation in Hepatitis C infection among IV drug users.

LCDHD was recently awarded a 3-year rural health opioid grant by the Department of Health and Human Services (HRSA) to provide education to the community, healthcare providers, and substance users. The grant will also provide case management to those at risk for opioid use disorder.

We know that every 5 days one baby dies in their sleep - we also know many of these deaths could potentially be prevented by following safe sleep practices. Our maternal child health program is working with community providers and members to provide safe sleep education. We are also able to provide safe sleep conditions by providing cribs to those in need.

We continue to provide family planning and cancer screening services. Women receive a full physical exam, education, counseling, and referral as needed. Women who meet income guidelines also receive assistance with additional testing and procedures such as mammogram, biopsy, follow up, etc.

The clinic staff provides immunizations for both children and adults. We offer STD/HIV testing, TB screening and treatment, well child exams, lead screening, and medical nutritional therapy.

The LCDHD clinic nursing staff continue to strive to provide the best possible care to those in our communities.
**HANDS Program**

Fiscal year 2018 was a challenging, yet fascinating year for Lake Cumberland District’s HANDS program. Our HANDS EFR (Electronic Family Record) system had its first anniversary in Dec. 2017. The creation of this system brought about much change to HANDS, as we learned the potential for this system was so much more than just for home visits. We found we could use it for most all aspects of home visits, supervision, monitoring, training, shifting and sharing workloads, saving time and miles and preparing for state required QA Site visits.

Everything done in our electronic charting and filing system is “real time”, which provides our state technical assistant and quality assurance evaluator accurate and up to date information for all enrolled families in all counties across Lake Cumberland District. We also learned that the majority of our QA site visits could be done remotely from Frankfort, Kentucky, allowing our site visits to be more efficient. After several counties have been evaluated, we’ve learned that our QA scores are higher than we’ve ever achieved; with some site scores the highest in the state. Throughout the year, we shared our system knowledge with other HANDS providers, including the HANDS central office staff and folks from several other counties and district HANDS sites. At this time, there are 4 other state HANDS providers using our EFR system and several others who have expressed interest.

HANDS was met with staff turnover and difficulties hiring staff, yet we managed to end the year in a good place financially. In May, we traveled to the bi-yearly HANDS Retreat in Lexington, Kentucky providing all our staff with up to date education related to abuse, neglect, violence and home visiting safety. Continuing education is a priority for our HANDS home visitors.

As FY 2018 ended, HANDS was excited as 5 registered nurses joined our staff. They are trained now and working on caseloads. We’ve also had turnovers of clerical staff, however, to date, all vacant positions have been filled.

The most exciting achievement during 2017, is that Kentucky’s HANDS achieved its goal of becoming a Federally approved home visitation program; with Lake Cumberland District HANDS remaining the largest provider of HANDS services in the state of Kentucky.

As we begin FY 2019, our team remains strong and focused on providing encouragement, education and support to our HANDS families and our communities; still striving towards the goal; to help all new parents be the BEST parent they can be.

**Support Services**

2018 has been a productive year for the clinic support staff. We continue to take pride in offering the best customer service to patients while making the patient’s confidentiality a priority and maintaining efficiency with the registration and checkout process. Our Patient Satisfaction remains high due to the Clinic Support staff’s hard work and commitment, to provide excellent services to patients.

Hepatitis A was a challenge this year with vaccinations recently becoming a requirement for school aged children. This happening while we had several Hepatitis A cases in our counties causing the clinics to be extremely busy.

We have a great Clinic Support Staff who will ensure quality services are provided to our community. We look forward to the opportunities of the coming year.
Fiscal year 2017/18 was a very busy time, especially for epidemiology and environmental staff as they tackled the investigation and mitigation of the Hepatitis A outbreak.

By August 2018, Kentucky case numbers reached 1495, including 846 hospitalizations and 12 deaths. There were a total of 34 cases in the Lake Cumberland region; 25 in Taylor, 4 in Pulaski, 2 in Adair, 1 in Casey, Green and Russell Counties. At the time of writing, the reported cases rose to 2050 for Kentucky and 52 for Lake Cumberland.

The majority of cases were reported among those who used illicit drugs and/or were homeless. A contaminated food source was not identified and transmission occurred through person to person contact. Transmission of the virus occurs via oral contact with contaminated hands or objects.

Symptoms include nausea, vomiting, diarrhea, jaundice, fatigue and fever. Individuals are contagious 2 weeks before and 1-2 weeks after symptom onset. The average incubation period of Hepatitis A is 4 weeks.

Hepatitis A infection is a vaccine preventable disease and the best way of slowing the outbreak is by vaccinating at risk individuals. A decision was made to provide vaccine and help jails vaccinate the inmates, most of whom were illicit substance users.

From May through August 553 inmates were vaccinated in Adair, Casey, Pulaski, Taylor and Wayne- the counties where hepatitis cases were reported. At the time of writing, 890 immunizations had been administered.

Another 529 vaccines had been given at the county clinics, often as part of a post exposure prevention protocol.

The Lake Cumberland District Health Department (LCDHD) response included:

- A timely investigation of each case and provision of post exposure vaccination. If vaccine is given within 2 weeks of exposure it can prevent illness.
- Regular communications via newspapers, radio and social media as to the symptoms, modes of transmission of Hepatitis A, prevention strategies such as pre-exposure vaccination, and proper hand hygiene.
- Provision of Hepatitis A vaccine to high risk populations. LCDHD has provided free vaccine and helped immunize those incarcerated in five county detention centers which were geographically most at risk for the spread of Hepatitis A.
- LCDHD has communicated with and recommended that all clients of residential drug treatment centers be vaccinated.
- Hepatitis A vaccine is available at all syringe exchange programs in the Lake Cumberland Region.
Over this past year, the Health Education Team continues their hard work to improving community’s health. Our school and community programs on tobacco prevention and cessation, teen pregnancy prevention, sexually transmitted disease prevention, nutrition and physical activity, and community health coalitions. In the fall, we started revising the Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) for the ten counties.

Health Promotion and Policy Accomplishments in 2018:
• 10 Community Health Coalitions
• 10 Community Needs Assessment Completed
• 4 Certified Trail Towns (Taylor 2018, Adair 2015, McCreary 2015, Russell 2015)
• 10 Tobacco Free Childcare Centers
• 24,678 Classroom Presentations

The Health Educators work diligently to make Lake Cumberland District a healthier place to live, work and play. The health educators’ days are busy, schedules are tight, jobs are challenging, rewards take time, behavior and policy changes are slow, nonetheless, health improvements are a must! Our persistence and dedication are immense as we are committed to “Promoting Excellent Health That Last A Lifetime”.

4 Certified Trail Towns in Lake Cumberland District

Tobacco-Free Childcare Centers

Taylor in 2018
Adair in 2015
McCreary in 2015
Russell in 2015
Preparedness

Lake Cumberland District Health Department’s Preparedness Program has once again had a very busy year! We are pleased to report that we recently received 100% on the Readiness Review for the fifth consecutive year from the Kentucky Department for Public Health, indicating that the Program met all of its required deliverables for the year.

This year we have exercised our Department Operations Center (DOC) plans by standing up the DOC in a limited capacity in response to the ongoing Hepatitis A outbreak. We will have an after-action report and be suggesting some revisions to the plan at the conclusion of the DOC activation. Preparedness is also reviewing and revising ALL the LCDHD response plans this year.

The Preparedness Program continues to work very hard to build and strengthen relationships within the local communities, including those with emergency management, first responders, hospitals, long term care agencies, community organizations and other partners. In the face of decreased funding for many programs and agencies, these partnerships are becoming even more valuable. They provide an opportunity to share knowledge, training and exercise opportunities and resources and assets. One example of these partnerships is the Region 14 Healthcare Preparedness Coalition. This is a group of partners from across the 10-county area who are involved with healthcare and come together for monthly meetings, to share resources and to train and exercise as a group. The membership of this coalition has grown significantly this year. It is exciting and very helpful to have so many partners engaged and involved!

The Preparedness Program consists of 2 full-time staff - the preparedness manager and the regional epidemiologist.

For more information on Disaster Preparedness and Epidemiology, visit our website at www.lcdhd.org.

Amy Tomlinson, MPH
Public Health Preparedness Program Manager
Environmental

This has been an interesting year for environmental health services. We have seen many cases of Hepatitis A in our district and some of those cases have been food service employees. Hepatitis A is a foodborne illness that can be transmitted by an infected person handling food after restroom use. This disease can make a person very sick and result in hospitalization so it was imperative that we investigate each case and alert the public that had eaten at the establishment while the infected person was working. Of course, this brings up the issue of releasing this information to the public and doing harm to the restaurants business, which we do not do lightly, but the safety of the public is paramount. Along this same vein, we have been working to put together an online food training course for food handlers. This will allow employers to train their employees without them having to take time out of their schedule to actually attend a training. The training will focus on proper food handling and hand washing techniques and will ensure that we have a competent food service worker. The training will also address foodborne diseases and what to do if you have an employee with a foodborne illness. We expect this training to go live either over the winter or early spring 2019.

The environmental staff has again been involved in the trapping and testing of mosquito pools in our communities in conjunction with the state to monitor the types of mosquitoes we have and the diseases they carry. This year we did find that West Nile Virus is present in our mosquito pools, therefore it is important to limit harborage for the development of mosquitoes and to protect yourself against bites. The health department continues to larvicide and to spray pesticide when we receive complaints.

This year we received a grant to start the process of meeting the FDA Retail Food Standards. We were able to review our current food code against the newest version and note the major differences. In the upcoming year we expect Kentucky will adopt the latest FDA food code and we have prepared ourselves for the changeover.

Environmentalists have been involved in many other small projects and along with this have inspected over 4,900 facilities ranging from schools, restaurants and stores, mobile home parks, and on-site sewage systems. The staff have also investigated 604 environmental complaints including animal bites. We continue to serve as the clearing house for all environmental complaints.

We are proud to be able to serve our community and know that the work we do affects everyone who lives here.

Environmental Inspections by Program 2017 - 2018

- Food Inspections: 2,023
- Public Facilities: 590
- Pool Monitoring: 33
- General Sanitation*: 533
- On-Site Sewage: 1,610
- Existing Septic Inspections: 288
- Follow-up Inspections of all types: 1,055

*including rabies and sewage complaints
Total Clinical Services by Program

- Adult Health: 6,676, 3.12%
- Cancer: 2,680, 1.25%
- Diabetes: 0, 0.00%
- Dental: 362, 0.17%
- Family Planning: 18,350, 8.57%
- H.A.N.D.S.: 21,351, 9.98%
- Maternity Services: 21, 0.01%
- Nutrition Services: 343, 0.16%
- Pediatrics: 29,766, 13.91%
- School Health: 49,140, 22.96%
- STDs: 387, 0.18%
- Tuberculosis: 6,632, 3.10%
- WIC: 78,288, 36.58%
- Unduplicated Individuals Receiving Clinical Services: 27,385

District Total Services by Fiscal Year

- FY '08-'09: 666,041
- FY '09-'10: 692,199
- FY '10-'11: 615,875
- FY '11-'12: 586,827
- FY '12-'13: 538,273
- FY '13-'14: 397,651
- FY '14-'15: 370,334
- FY '15-'16: 256,122
- FY '16-'17: 223,924
- FY '17-'18: 143,505
District Services per Patient by Fiscal Year

District Total Unduplicated Patients by Fiscal Year
Total Services per County by Fiscal Year

<table>
<thead>
<tr>
<th>County</th>
<th>FY 07-08</th>
<th>FY 08-09</th>
<th>FY 09-10</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
<th>FY 12-13</th>
<th>FY 13-14</th>
<th>FY 14-15</th>
<th>FY 15-16</th>
<th>FY 16-17</th>
<th>FY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair</td>
<td>48,316</td>
<td>49,673</td>
<td>57,616</td>
<td>53,870</td>
<td>49,388</td>
<td>45,204</td>
<td>31,300</td>
<td>26,913</td>
<td>12,055</td>
<td>10,660</td>
<td>9,454</td>
</tr>
<tr>
<td>Casey</td>
<td>48,797</td>
<td>48,841</td>
<td>49,826</td>
<td>43,747</td>
<td>39,475</td>
<td>32,252</td>
<td>26,763</td>
<td>15,526</td>
<td>12,537</td>
<td>12,658</td>
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</tr>
<tr>
<td>Clinton</td>
<td>30,968</td>
<td>36,286</td>
<td>35,785</td>
<td>31,092</td>
<td>27,555</td>
<td>23,879</td>
<td>19,764</td>
<td>10,748</td>
<td>8,991</td>
<td>8,421</td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td>22,468</td>
<td>28,235</td>
<td>32,258</td>
<td>29,815</td>
<td>27,915</td>
<td>21,556</td>
<td>19,144</td>
<td>8,210</td>
<td>6,662</td>
<td>6,308</td>
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<tr>
<td>Green</td>
<td>41,069</td>
<td>41,974</td>
<td>44,621</td>
<td>39,900</td>
<td>35,938</td>
<td>29,909</td>
<td>22,788</td>
<td>18,920</td>
<td>15,201</td>
<td>12,228</td>
<td>5,547</td>
</tr>
<tr>
<td>McCreary</td>
<td>70,701</td>
<td>72,133</td>
<td>73,060</td>
<td>67,766</td>
<td>67,273</td>
<td>63,474</td>
<td>51,734</td>
<td>48,021</td>
<td>37,321</td>
<td>35,456</td>
<td>18,183</td>
</tr>
<tr>
<td>Pulaski</td>
<td>188,757</td>
<td>186,738</td>
<td>181,768</td>
<td>156,144</td>
<td>145,035</td>
<td>132,943</td>
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<td>94,916</td>
<td>78,745</td>
<td>71,914</td>
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</tr>
<tr>
<td>Russell</td>
<td>64,194</td>
<td>65,611</td>
<td>67,057</td>
<td>57,378</td>
<td>54,584</td>
<td>51,086</td>
<td>44,718</td>
<td>27,406</td>
<td>19,649</td>
<td>13,340</td>
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<tr>
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<td>61,247</td>
<td>70,207</td>
<td>79,060</td>
<td>70,805</td>
<td>66,921</td>
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<td>Wayne</td>
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<td>66,343</td>
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<td>63,035</td>
<td>53,193</td>
<td>47,331</td>
<td>24,954</td>
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<td>17,238</td>
</tr>
</tbody>
</table>
Unduplicated Patients per County by Fiscal Year

![Graph showing unduplicated patients per county by fiscal year.](image-url)

<table>
<thead>
<tr>
<th>County</th>
<th>FY 07-08</th>
<th>FY 08-09</th>
<th>FY 09-10</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
<th>FY 12-13</th>
<th>FY 13-14</th>
<th>FY 14-15</th>
<th>FY 15-16</th>
<th>FY 16-17</th>
<th>FY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair</td>
<td>3,625</td>
<td>3,717</td>
<td>4,504</td>
<td>4,214</td>
<td>4,256</td>
<td>3,961</td>
<td>3,807</td>
<td>3,531</td>
<td>1,409</td>
<td>1,343</td>
<td>1,320</td>
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<tr>
<td>Casey</td>
<td>4,613</td>
<td>4,495</td>
<td>4,502</td>
<td>3,780</td>
<td>3,904</td>
<td>4,009</td>
<td>3,650</td>
<td>3,326</td>
<td>1,664</td>
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<td>1,588</td>
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<tr>
<td>Clinton</td>
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<td>2,751</td>
<td>2,508</td>
<td>2,600</td>
<td>2,552</td>
<td>2,307</td>
<td>2,106</td>
<td>1,238</td>
<td>1,158</td>
<td>1,121</td>
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<tr>
<td>Cumberland</td>
<td>2,041</td>
<td>2,115</td>
<td>2,261</td>
<td>1,999</td>
<td>1,980</td>
<td>1,905</td>
<td>1,852</td>
<td>1,781</td>
<td>813</td>
<td>742</td>
<td>772</td>
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<td>Green</td>
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<td>3,414</td>
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<td>2,751</td>
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<td>2,222</td>
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<tr>
<td>McCreary</td>
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<td>5,955</td>
<td>6,274</td>
<td>5,613</td>
<td>5,780</td>
<td>5,387</td>
<td>5,131</td>
<td>4,892</td>
<td>4,460</td>
<td>4,629</td>
<td>2,140</td>
</tr>
<tr>
<td>Pulaski</td>
<td>17,950</td>
<td>17,998</td>
<td>17,771</td>
<td>18,638</td>
<td>15,534</td>
<td>15,230</td>
<td>14,070</td>
<td>13,389</td>
<td>12,290</td>
<td>12,079</td>
<td>11,730</td>
</tr>
<tr>
<td>Russell</td>
<td>4,625</td>
<td>4,669</td>
<td>5,270</td>
<td>4,465</td>
<td>4,590</td>
<td>4,466</td>
<td>4,146</td>
<td>2,243</td>
<td>1,719</td>
<td>1,570</td>
<td>1,539</td>
</tr>
<tr>
<td>Taylor</td>
<td>5,390</td>
<td>5,846</td>
<td>6,988</td>
<td>6,387</td>
<td>6,528</td>
<td>6,387</td>
<td>5,647</td>
<td>5,364</td>
<td>5,235</td>
<td>5,296</td>
<td>3,446</td>
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<tr>
<td>Wayne</td>
<td>5,202</td>
<td>5,409</td>
<td>6,261</td>
<td>5,495</td>
<td>5,638</td>
<td>5,509</td>
<td>5,221</td>
<td>4,855</td>
<td>2,243</td>
<td>2,055</td>
<td>2,013</td>
</tr>
</tbody>
</table>
Quality Improvement & Accreditation

The Lake Cumberland District Health Department achieved voluntary national accreditation through the Public Health Accreditation Board (PHAB) March 2017. Quality and performance improvement activities were stimulated by this process and since then have continued to evolve and become everyday practice, helping improve efforts throughout our organization and in our communities.

Customer and employee satisfaction results remain high. This is an indication that both our customers and our staff are pleased with the services we provide and the environment in which they work and receive care, in spite of the financial struggles we have dealt with throughout the last several years.

Quality assurance activities also continue in all programs, revisions to program QA tools, including the clinic and school utilization review tools, are made as needed to reflect the annual state updates to the Core Clinical Service Guide, Administrative Reference, etc. These tools help assure compliance with all district and state requirements, as well as all federal guidelines. Overall, the internal and external audit scores continue to be very good for all of our programs. We are very proud of these scores but still continue to strive for excellence in all areas.

Lake Cumberland District Health Department Strategic Plan 2018 - 2023

<table>
<thead>
<tr>
<th>Priority Area: 1. Improve Quality of Life</th>
<th>Measure Baseline</th>
<th>Measure Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: 1.1. Provide more evidence based programs in the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective: 1.1.1. Within the Lake Cumberland District, community health coalition partners, including the Lake Cumberland District Health Department (LCDHD), will adopt and implement at least three evidence-based strategies to address priority areas as identified in the Community Health Assessments/Community Health Improvement Plans (CHAs/CHIPs) by June 30, 2023.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 1.1.1.1. Provide community health coalition partners with information regarding research-based initiatives that they might choose from to address community identified priorities</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategy: 1.1.1.2. Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>No</td>
</tr>
<tr>
<td>Measure: 1.1.1.1 At least three evidence based programs adopted/implemented by community health coalition partners as documented in the CHIPs</td>
<td>0.00</td>
<td>3.00</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>0</td>
</tr>
<tr>
<td>Goal: 1.2. Promote healthy lifestyles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 1.2.1.1. Educate and advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions</td>
<td>2.00</td>
<td>5.00</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>2</td>
</tr>
<tr>
<td>Strategy: 1.2.1.2. Educate and advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free</td>
<td>9.00</td>
<td>12.00</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>9</td>
</tr>
<tr>
<td>Measure: 1.2.1.1 Decrease lung cancer incidence as listed in the health report card from 102 (2015 data) to 101 (1% decrease)</td>
<td>102.00</td>
<td>101.00</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>102.00</td>
</tr>
<tr>
<td>Measure: 1.2.1.2 Decrease death rates as listed in the health report card from 73.8 (2015 data) to 72.8 (1% decrease)</td>
<td>73.80</td>
<td>72.80</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>73.80</td>
</tr>
<tr>
<td>Measure: 1.2.1.3 Decrease adult smoking rates from 24% to 23%, source County Health Rankings, 2018</td>
<td>24.00%</td>
<td>23.00%</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>24%</td>
</tr>
<tr>
<td>Measure: 1.2.1.4 Decrease youth smoking rates (in the past 30-day use) from 14.3 to 13.3%, source: Kentucky Incentives for Prevention (KIP) data</td>
<td>14.30%</td>
<td>13.30%</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>14.30%</td>
</tr>
</tbody>
</table>
## Priority Area: 1. Improve Quality of Life (continued)

### Goal: 1.3. Prevent/respond to existing and emerging public health threats

| Objective: 1.3.1. Provide education and information related to emerging or existing public health threats to community partners and LCDHD staff a minimum of two times per year, or as needed when events warrant. |
| Strategy: 1.3.1.1. Provide education through traditional and social media |
| Strategy: 1.3.1.2. Disseminate information provided by Kentucky Department for Public Health (KDPH) to community partners |
| Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats |
| Measure: 1.3.1.1 Number of communications related to public health threats LCDHD has initiated with staff and partners, at least 2 times a year |

### Objective: 1.3.2. Improve LCDHD's response to public health threats by participating in a minimum of one tabletop or functional exercise per year, beginning in FY 2019

| Strategy: 1.3.2.1. Develop multiyear training and exercise plan (MYTEP) to reflect exercise/drift opportunities. |
| Strategy: 1.3.2.2. Partner with regional healthcare preparedness to schedule/provide public health exercise opportunities |
| Strategy: 1.3.2.3. Train Epi Rapid Response Team (ERRT) staff in public health response |
| Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year |

### Objective: 1.3.3. Reduce morbidity and mortality rates related to substance use disorder by 2% across the Lake Cumberland District by January 1, 2023

| Strategy: 1.3.3.1. Implement Syringe Exchange Programs (SEPs) in 2 additional counties, currently have SEPs in 4 counties |
| Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly |
| Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events |
| Measure: 1.3.3.1 Decrease substance use disorder hospital admissions (as an indicator of morbidity) as listed in the Kentucky Injury Prevention and Research Center profiles from 3.64 to 3.5 per 1,000 |
| Measure: 1.3.3.2 Decrease substance use related overdose deaths as listed in the Kentucky Injury Prevention and Research Center profiles from 29.45 to 29 per 100,000 |

## Priority Area: 2. Enhance Community Access, Engagement & Collaboration

### Goal: 2.1. Increase awareness of public health services

| Objective: 2.1.1. Increase the public's engagement via media campaigns/communications as measured by the annual increase of social media and website utilization |
| Strategy: 2.1.1.1. Update our Health Report Card webpages' information as statistics become available and notify the public through social media posts |
| Strategy: 2.1.1.2. Update Data Analysis Committee webpage after each meeting and notify the public of our activities through social media posts |
| Strategy: 2.1.1.3. Promote on social media various other public health features such as: staff photos on “blue jean and colored shirt” health awareness days, various public health news related events, “52 Weeks of Health” health promotion, staff engaging in various program related activities within their communities, various other health promotion activities, etc. |
| Measure: 2.1.1.1 Number of Facebook followers |
| Measure: 2.1.1.2 Number of YouTube followers |
| Measure: 2.1.1.3 Number of Twitter followers |
| Measure: 2.1.1.4 Number of Instagram followers |
| Measure: 2.1.1.5 Monthly traffic to website |
## Lake Cumberland District Health Department
### Strategic Plan 2018 - 2023 (continued)

### Priority Area: 2. Enhance Community Access, Engagement & Collaboration

#### Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective: 2.2.1. Sustain, rejuvenate and amplify ten health coalitions (local public health system partners) to collect and analyze data in the creation and implementation of ten community health improvement plans by June 30, 2023.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.2.1.1. Implement the Mobilizing for Action through Planning and Partnerships (MAPP) tool</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Strategy: 2.2.1.2. Identify and engage partners across Local Public Health System (LPHS) and invite key partners to attend</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Measure: 2.2.1.1. 75% of coalition members regularly attend meetings as recorded in the coalition attendance tracking tool</td>
<td>50.00%</td>
<td>75.00%</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Measure: 2.2.1.2. 25% of newly invited key partners will attend the meetings as recorded in the coalition attendance tracking tool</td>
<td>0.00%</td>
<td>25.00%</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Objective: 2.2.2. Increase the number of presentations to stakeholders, policy makers and civic groups on up-to-date health information and community health improvement plans by June 30, 2019.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.2.2.1. Attending stakeholder, policymaker and civic group meetings to share data/community health improvement plan</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Measure: 2.2.2.1. Conduct three presentations per county as documented in the community health plan</td>
<td>0</td>
<td>30</td>
<td>07/01/18</td>
<td>06/30/19</td>
</tr>
<tr>
<td>Objective: 2.2.3. Provide at least one opportunity for community members to offer feedback regarding our community health improvement plan by June 30, 2019.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.2.3.1. Provide a web-based feedback form</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
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<tr>
<td>Strategy: 2.2.3.2. Promote web-based feedback form via social media</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
</tr>
<tr>
<td>Measure: 2.2.3.1. Conduct a survey regarding feedback on CHIPs by June 30, 2019.</td>
<td>0</td>
<td>1</td>
<td>07/01/18</td>
<td>06/30/19</td>
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<tr>
<td>Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective: 2.3.1. Increase public awareness of illicit drug related health impacts by June 30, 2023 via the health report card and annual social media promotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.3.1.1. Share morbidity and mortality data with the public via our health report card and social media promotions</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Measure: 2.3.1.1. Add illicit drug related hospital &amp; emergency room (ER) visits to the health report card</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
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<tr>
<td>Measure: 2.3.1.2. Add drug overdose mortality data to health report card</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
</tr>
<tr>
<td>Measure: 2.3.1.3. Promote health report card annually via social media</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Objective: 2.3.2. Analyze available illicit drug-use hospital and ER visit data via the data analysis committee and recommend educational awareness and interventions annually</td>
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<tr>
<td>Strategy: 2.3.2.1. Review data at the bi-annual data analysis committee meetings</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
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<tr>
<td>Measure: 2.3.2.1. Implement at least one initiative to address illicit drug use health impacts in highest risk counties by June 30, 2023</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by June 30, 2023.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.3.3.1. Educate the public via public forums and media releases</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Strategy: 2.3.3.3. Educate fiscal courts and city councils</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
<tr>
<td>Measure: 2.3.3.1. Increase number of Syringe Exchange Programs from 4 to 6 by June 30, 2023.</td>
<td>4</td>
<td>6</td>
<td>07/01/18</td>
<td>06/30/23</td>
</tr>
</tbody>
</table>
# Lake Cumberland District Health Department
## Strategic Plan 2018 - 2023 (continued)

### Priority Area: 2. Enhance Community Access, Engagement & Collaboration (continued)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and providing technical assistance for such as needed.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective: 2.4.1. Promote more extensive use of Kentucky Immunization Registry (KYIR) with providers in the LCDHD service area by June 30, 2023.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.4.1.1. Educate pharmacies and physician offices on value of immunization registry through correspondence or face-to-face meetings</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>No</td>
</tr>
<tr>
<td>Strategy: 2.4.1.2. Approach Kentucky Health Department Association (KHDA), Kentucky Medical Association (KMA), and Department of Public Health (DPH) on adopting or promoting statewide policy changes regarding increased use of the immunization registry</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
</tr>
<tr>
<td>Measure: 2.4.1.1 Get information from the Department of Public Health and establish a baseline of entities using the KYIR by June 30, 2019</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Objective: 2.4.2. Assist schools to increase compliance to at least 90% with state immunization requirements by June 30, 2023.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 2.4.2.1. Meet with under performing school health coordinators</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategy: 2.4.2.2. Provide immunization information to 6th grade parents to encourage compliance with state immunization requirements</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategy: 2.4.2.3. Ensure local health departments continue to utilize Vaccines for Children (VFC) and Kentucky Vaccine Program (KVP) to provide childhood vaccinations</td>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
</tr>
<tr>
<td>Measure: 2.4.2.1 Decrease number of schools with less than 90% compliance with state immunization requirements from 15 to 10.</td>
<td>15.00</td>
<td>10.00</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>15.00</td>
</tr>
</tbody>
</table>

### Priority Area: 3. Foster Employee Engagement, Development and Performance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal: 3.1. Increase staff awareness and collaboration across all programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective: 3.1.1. Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning Fiscal Year (FY) 2019</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 3.1.1.1. Highlight a program monthly via email, website and/or newsletter updates</td>
<td>0.00</td>
<td>12.00</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>2.00</td>
</tr>
<tr>
<td>Strategy: 3.1.1.2. Annually, all county staff are required to attend the Quality Assurance (QA) safety/shut-off training so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategy: 3.1.1.3. All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>Yes</td>
</tr>
<tr>
<td>Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.</td>
<td>1.00%</td>
<td>85.00%</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>1.00%</td>
</tr>
<tr>
<td><strong>Objective: 3.1.2. Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy: 3.1.2.1. As program needs arise, appropriate groups would meet to discuss strategies / opportunities to educate staff on program needs / requirements</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategy: 3.1.2.2. Directors of new programs participate in person or via electronic meeting in annual QA meeting (that all staff are required to attend) and inform staff of program.</td>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>No</td>
</tr>
<tr>
<td>Measure: 3.1.2.1 Survey Division Directors annually to measure their perceived improvement in cross-program collaboration.</td>
<td>1.00%</td>
<td>85.00%</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>1.00%</td>
</tr>
</tbody>
</table>
### Priority Area: 3. Foster Employee Engagement, Development and Performance (continued)

#### Goal: 3.2. Develop and adopt procedures to protect sensitive personnel information and improve departmental efficiencies.

<table>
<thead>
<tr>
<th>Objective: 3.2.1. By June 30, 2023, we will develop a modality to electronically send, receive, and store essential personnel records.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy: 3.2.1.1. Follow with DPH personnel branch to ensure electronic performance evaluations are approved.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.2.1.2. Develop a secure process allowing all employees to electronically sign documents.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.2.1.3. Develop a secure fillable electronic performance evaluation form.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.2.1.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.2.1.1 All performance evaluations will be submitted by due date.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.2.1.2 100% of performance evaluation forms will be sent using new system.</strong></td>
</tr>
</tbody>
</table>

#### Objective: 3.2.2. By 2023, all job descriptions for applicable employees will be updated at least every three years.

<table>
<thead>
<tr>
<th>Objective: 3.2.2.1. Update modality for ensuring job descriptions are updated at least every three years to reflect expectations for current tasks.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy: 3.2.2.1.1. At divisional staff meetings, program directors will discuss and identify agency/staff professional development needs/wants and make recommendations on agency-wide, program and individual needs.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.2.2.1.2. Division directors will provide opportunities for necessary trainings as appropriate.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.2.2.1.1 Compliance will be measured monthly (with each division discussing at a meeting at least annually) via the Performance Management (PM) tracking tool.</strong></td>
</tr>
</tbody>
</table>

#### Goal: 3.3. Recruit and assure a competent workforce by providing training opportunities that develop core public health competencies.

<table>
<thead>
<tr>
<th>Objective: 3.3.1. Review and revise the professional development section of the WFDP to include ad-hoc staff development opportunities to ensure staff are appropriately trained to deal with emerging health issues by July 31, 2023.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy: 3.3.1.1. At divisional staff meetings, program directors will discuss and identify agency/staff professional development needs/wants and make recommendations on agency-wide, program and individual needs.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.1.2. Division directors will provide opportunities for necessary trainings as appropriate.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.3.1.1 Compliance will be measured monthly (with each division discussing at a meeting at least annually) via the Performance Management (PM) tracking tool.</strong></td>
</tr>
</tbody>
</table>

#### Objective: 3.3.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.

<table>
<thead>
<tr>
<th>Objective: 3.3.2.1. Work with new DPH personnel branch manager to implement improved recruitment strategies.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy: 3.3.2.1.1. Follow with DPH personnel branch to ensure electronic performance evaluations are approved.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.2.1.2. Develop a secure process allowing all employees to electronically sign documents.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.2.1.3. Develop a secure fillable electronic performance evaluation form.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.2.1.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.3.2.1.1 All performance evaluations will be submitted by due date.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.3.2.1.2 100% of performance evaluation forms will be sent using new system.</strong></td>
</tr>
</tbody>
</table>

#### Objective: 3.3.2.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.

<table>
<thead>
<tr>
<th>Objective: 3.3.2.2.1. Work with new DPH personnel branch manager to implement improved recruitment strategies.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy: 3.3.2.2.1. Update with DPH personnel branch manager to ensure electronic performance evaluations are approved.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.2.2.2. Develop a secure process allowing all employees to electronically sign documents.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.2.2.3. Develop a secure fillable electronic performance evaluation form.</strong></td>
</tr>
<tr>
<td><strong>Strategy: 3.3.2.2.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.3.2.2.1 All performance evaluations will be submitted by due date.</strong></td>
</tr>
<tr>
<td><strong>Measure: 3.3.2.2.2 100% of performance evaluation forms will be sent using new system.</strong></td>
</tr>
<tr>
<td>Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>Goal: 4.1. Adjust the Agency to New Financial Realities</strong></td>
</tr>
<tr>
<td>Objective: 4.1.1. If advantageous, consider relinquishing various underfunded clinic programs to other community partners and adjust staff compliment accordingly by June 30, 2023.</td>
</tr>
<tr>
<td>Strategy: 4.1.1.1. Should it become necessary to pursue this objective (off-loading various under-funded programs), secure Governing Board Approval to pursue this strategy.</td>
</tr>
<tr>
<td>Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services</td>
</tr>
<tr>
<td>Strategy: 4.1.1.3. Continue work with DPH Commissioner’s Public Health Redesign workgroup to determine which programs are most feasible to relinquish, should it become necessary to pursue this objective.</td>
</tr>
<tr>
<td>Strategy: 4.1.1.4. Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan</td>
</tr>
<tr>
<td>Measure: 4.1.1.1 Clinic programs will improve self-sufficiency from requiring 60% of the agency’s total local tax funds to 30%</td>
</tr>
<tr>
<td>Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 30, 2023.</td>
</tr>
<tr>
<td>Strategy: 4.1.2.1. Explore options to improve processes and services (for example: utilizing video-conferencing for Medical Nutrition Therapy, Directly Observed Therapy, training, coalition meeting, supervision, etc.)</td>
</tr>
<tr>
<td>Strategy: 4.1.2.2. Follow Kentucky Health Department Association’s (KHDA) Best Practice Committee and the DPH Commissioner’s Public Health Redesign workgroup findings and recommendations and adopt when appropriate.</td>
</tr>
<tr>
<td>Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.</td>
</tr>
<tr>
<td>Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023 as reported in the executive team meeting</td>
</tr>
<tr>
<td><strong>Goal: 4.2. Seek Opportunities to Enhance Capacity</strong></td>
</tr>
<tr>
<td>Objective: 4.2.1. Explore utilizing alternative staffing arrangements other than merit positions by FY 2020.</td>
</tr>
<tr>
<td>Strategy: 4.2.1.1. Secure Governing Board Approval to pursue this strategy (alternative staffing).</td>
</tr>
<tr>
<td>Strategy: 4.2.1.2. Meet with staffing agencies to better understand their services and utilize their services, if appropriate.</td>
</tr>
<tr>
<td>Strategy: 4.2.1.3. Seek KDPH approval of the staffing agency contract model</td>
</tr>
<tr>
<td>Strategy: 4.2.1.4. Discuss with other health departments and the KDPH the strategy of contracting with HANDS employees to be reimbursed a per diem per service and adapt this model, if appropriate.</td>
</tr>
<tr>
<td>Measure: 4.2.1.1 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.</td>
</tr>
<tr>
<td>Objective: 4.2.2. Provide written agreements with community agencies to enhance and provide access to services beginning FY 2019 and ending in FY 2023.</td>
</tr>
<tr>
<td>Strategy: 4.2.2.1. Establish at least 10 closed Point of Dispensing (POD) partnerships by FY 2021 as evidenced by written agreements</td>
</tr>
<tr>
<td>Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists</td>
</tr>
<tr>
<td>Strategy: 4.2.2.3. Create opportunities to partner with community agencies to provide public health services that may no longer be provided by the local health department</td>
</tr>
<tr>
<td>Measure: 4.2.2.1 # of written agreements in effect</td>
</tr>
<tr>
<td>Objective: 4.2.3. Aggressively seek out and apply for grant opportunities to help finance existing programs and fund work on issues as identified in our CHIP, Strategic Plan and Data Analysis Committee on an ongoing basis.</td>
</tr>
<tr>
<td>Strategy: 4.2.3.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.</td>
</tr>
<tr>
<td>Strategy: 4.2.3.2. Work with KHDA to pilot test their being a 501(c)(3) partner with us on grants which require said designation.</td>
</tr>
<tr>
<td>Measure: 4.2.3.1 The submission of at least seven grant applications annually as recorded in the grant managements database</td>
</tr>
</tbody>
</table>
Goal: 4.3. Effectively use QI Plan/Tools to improve processes, programs and interventions.

Objective: 4.3.1. LCDHD will engage in at least three Quality Improvement (QI) Projects per year, beginning FY 2019. With two focused on programmatic/community improvement; and one focused on internal agency improvement.

Strategy: 4.3.1.1. Discuss potential QI Projects during the Executive/Quality Improvement Committee Meetings.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects.

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Target</th>
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<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Strategy: 4.3.1.5. Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Strategy: 4.3.1.6. Review our Public Health Accreditation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/19</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Strategy: 4.3.1.7. Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Measure: 4.3.1.1 Initiate at least three QI projects annually.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>Target</th>
<th>Start Date</th>
<th>Target Date</th>
<th>Progress thru 09/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td>07/01/18</td>
<td>06/30/23</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Lake Cumberland District Health Department Strategic Plan Progress

Accreditation also led us to develop and maintain a current agency-wide Strategic Plan, which defines what we plan to achieve over the next five years and provides clear direction for accomplishing these goals. The entire plan is reviewed annually and rewritten every five years because our organization must be able to adapt to the ever changing environment and needs of the organization and our communities. The goals set forth in this plan also need to be monitored for progress and outcomes, this can be evidenced by the table above, which is the first quarterly report for the LCDHD Strategic Plan 2018-2023. As quarterly reports are completed over the next five years, the dashboard to the right will help visualize our overall progress toward these goals.
Human Resources

This year has been a year of change in the HR office and our agency. Two long-standing fixtures of the HR office, Pamela Godby and Wilma Munsey, retired. In addition to these, we said goodbye to 26 other valued members of our family and welcomed 16 new full-time staff members. LCDHD currently employs 149 full-time staff.

The HR Office is working on our updated Workforce Development Plan and Strategic Plans which includes finding new ways to attract quality applicants, identifying and providing professional development opportunities for our current staff to ensure a well-trained and competent work force, and streamlining our department to improve efficiency.

HR has been very successful in our recruitment efforts since we increased the starting salary for new nurses and began using web-based platforms such as Indeed.com and Facebook to recruit qualified applicants.

Another exciting development is our partnership with Go-Hire Employment and Development. Barring any unforeseen issues, it is our plan to begin hiring all new staff through GoHire. This partnership allows us to streamline our hiring process and continue to attract quality staff.

We just compiled the 2018 Exit Interview Survey Results and it is confirmed, LCDHD is a great place to work! 100% of employees going off-duty during 2018, who returned their survey, were satisfied with their employment and 96% strongly agreed / agreed that they received the training necessary to be successful in their job. Of those completing the survey, 47% were retiring and 46% had worked at LCDHD for 21 years or more.

As always, the HR office continues to oversee:

- Recruitment and orientation of new staff
- Employee performance evaluations
- Employee benefits such as insurance and retirement
- FMLA
- Other personnel actions with the Local Health Merit System

There’s a lot of exciting things happening in the agency. The HR department looks forward to the opportunity to better serve our staff!

Carol Huckleby, GPC
Human Resources Manager

2018 EMPLOYEES

ADAIR COUNTY
Akin, Rhonda G.
Hale, Pamela J.
Harlow, Jelaine T.
Lawhorn, Marsha C.
Matthews, Shannon M.
Melson, Cynthia G.
Patterson, Corey L.
Smith, Melody A.
Walker, Julia B.
York, Nita J.

Nurse Supv 1
FSW 3
H Educator 3
SSSupv 1
SSSA 2
SSSA 2
H Envir 3
LHN 2
LHN 4/Team Ldr
SSSA 2

CASEY COUNTY
Bowmer, Natasha L.
Brown, Lisa C.
Coffman, Angela M.
Kane, Kimberly M.
Porter, Sandra K.
Roberts, Courtney L.
Stevens, Regina A.
Watson-Wethington, Karen
Wilson, Kelly R.

Nurs Prog Mgr
Nurse Supv 1
PH HANDS Spec
SSSA 2
SSSupv 1
H Envir 2
Nutrition Serv Supv
LHN 2 F
PH HANDS Spec

CLINTON COUNTY
Albertson, Vicky L.
Arterburn, Jessica A.
Brown, Jennifer C.
Crabtree, Samantha G.
Flowers, Wanda P.
Fryman, Etta G.
McGinnis, Danielle N.
Parrish, Donna J.
Thrasher, Christy J.

LHN 2
LHN 4/Team Ldr
PH HANDS Spec
LHN 1
SSSA 2
SSSupv 1
PH HANDS Spec
Nurse Supv 1
SSSA 2

CUMBERLAND COUNTY
Capps, Heather R.
Coe, Raykesha N.
England, Amanda J.
Gibson, Sherri L.
Nettles, Cindy J.
Patterson, Chasity N.

LHN 2
SSSA 2
Sr. Epidemiologist
Nurse Supv 1
SSSupv 1
H Envir 3
2018 EMPLOYEES (continued)

**DISTRICT**
Anderson, Lisa G.
Baker, John T.
Baker, Rebecca L.
Cimala, Ronald
Collins, Christopher R.
Cook, William L.
Crabtree, Shawn D.
Cross, DeAnn S.
Hamrn, Priscilla J.
Harris, Lisa A.
Haynes, Cristy L.
Huckelby, Carol A.
Jasper, Leah A.
Kindle, Linda D.
Ramsey, Brian K.
Silvers, Mary J.
Simpson, Angela L.
Smith, Melinda J.
Sneed, Robyn S.
Tomlinson, Amy C.
Wesley, Michelle L.
Weyman, Christine
Williams, Melonie
Young, Roger A.

Adm Sec
Acct Clerk 3
Nurs Prog Mgr
Dir Adm Ser
Tech Specist 2
Janitor
PH Dir 4
Adm Sec
PH Serv Coord
Acct Clerk 3
Acct Clerk 3
Human Res Mgr
Dir Adm Ser
Acct Clerk 3
Net Sys Spec
Acct Clerk 3
Admin Serv Mgr
Tech Specist 1
Acct Clerk 3
PH Preprdnes Mgr
Adm Sec
Med Dir
PH Prog Specialist
Maintenance Per

**GREEN COUNTY**
Burriss, Brian H.
Bush, Kaylene W.
Davis, Lori R.
Durrett, Stella A.
Hodges, Jaclyn E.
Taylor, Sue A.

Maint Supv
Nurse Supv 1
LHN 2
SSSsupv 1
H Educator 3
SSSA 2

**McCREARY COUNTY**
Garner, Melissa K.
Jones, Whitney E.
King, Tammy J.
Lawson, Melissa G.
Miller, Mary E.
Phillips, Cynthia A.
Sexton, Samantha J.
Simpson, Jarrod W.
Skeens, Jacqueline F.
Tucker, Kimberly A.
Long, Betty S.
Watson, Vannessa M.
Watters, Tara D.
Whitehead, Terri N.

SSSA 2
LHN 4/Team Ldr
FSW 2
FSW 2
Nurse Supv 1
LHN 2
H Educator 1
H Envir 3
LHN 2
SSSsupv 1
Janitor
LHN1
LHN1
FSW 1

**PULASKI COUNTY**
Adams, Susan J.
Barber, Kathy J.
Bender, Brigette E.
Burton, Patricia L.
Catron, Tammy E.
Denney, Monica D.
Eaton, Marilyn L.

PH Serv Coord
FSW 3
SSSsupv 2
H Educator 3
SSSA 2
SSSA 2
Sr Clncl Asst

**PULASKI COUNTY (continued)**
Gregory, Dorthy
Hall, Hannah N.
Hall, Karen S.
Hall, Thomas J.
Hamilton, Jeremy S.
Harris, Jennifer Kay
Hickman, IV Jefferson
Jenkins, Tamara L.
Livesay, Vickie F.
Mayberry, Deborah E.
McKnight, Belinda K.
Merrick, Sabrina L.
Morris, Wilda C.
Osborne, Deana S.
Poland, Christy M.
Pollitt, Shwanda D.
Poynter, Ashley M.
Poynter, Peggy L.
Price Jr., Ferlin S.
Rice, Regina L.
Spillman, Michael S.
Trull, Norma J.
Tuggle, April D.
Wash, Mary K.
Wells, Melissa A.
West, Brian D.
Riley, Martha J.
Ridner, Amanda C.

**RUSSELL COUNTY**
Aaron, Tracy
Brockman, Beverly A.
Collins, Arlena BethAnn
Cummings, Candi L.
Dial, Brenda S.
Dye, Jonathan P.
McGowan, Michael D.
Heathman, Judy C.
Jones, Jane C.
Keen, Bridgett M.
Keen, Donna E.
Lee, Jamie L.
Mann-Polston, Connie M.
Roberson-Daulton, Shirley A.
Tucker, Bonnie L.
Whitis, Sonya L.
Woodrum, Laura E.

H. Ed Director
Nurse Supv 1
PH HANDS Spec
SSSA 2
LHN 4/Team Ldr
H Envir 3
Maint Technician
LHN 2
SSSsupv 1
LHN 2
LHN 2
Nurse Adminis
PH HANDS Spec
H Educator 3
SSSA 2
LHN 2
Dir of Nursing

**TAYLOR COUNTY**
Arnold, Connie M.
Cowherd, Janet F.
Day, Ashley D.
Ford, Ricky L.
Franklin, Anita L.
Green, Timothy D.
Griffiths, Allison S.
Harrison, Megan R.
Lewis, Savannah L.
Pickett, Tammy G.
Whitfill, Dawn P.
Wright, Tracy D.

LHN 4/Team Ldr
LHN 2
LHN 1
Janitor
LHN 2
H Envir 3
SSSsupv 1
Nurse Supv 1
PH HANDS Spec
FSW 3
LHN 2
SSSA 2
2018 EMPLOYEES (continued)

WAYNE COUNTY
Atkinson, Rebecca R. FSW 3
Beaty, Shannon G. H Educator 1
Daniels, Shirley D. SSSA 2
Wesley, Sharon S. LPN 2 VH
Doss, Freda L. LHN1
East, Charlotte K. SSSupv 1

WAYNE COUNTY (continued)
Ferrell, Sylvia E.
Gregory, Lisa W.
New, Tishanna M.
Parmley, Kristy L.
Prater, Sabrina R
Ramsey, Mary F.
Redman, Laura D.
Rose, Harley J.
Spears, Lora B.
Tucker, Anna Janae
Turner, Lori C.
Nurse Adminis
LHN 2 VH
PH Prog Specialist
Social Worker
LHN 4/Team Ldr
PH HANDS Spec
LHN 2
FSW 1
H Envir 3
Nurs Prog Mgr
Nurse Supv 1

2018 RETIREES

Pamela Acey
Nutrition Services Supv
District
12/06/1993 to 07/31/18

Francis Bender
Nurse Supervisor
Taylor County
02/08/1988 to 05/31/2018

Melinda Copenhaver
Admin Services Mgr
District
03/25/1985 to 08/31/2018

Joan Crist
Accounting Supervisor
District
08/30/1993 to 05/31/2018

Peggy Dancy
Nurse Supervisor 2
Pulaski County
03/09/1987 to 02/28/2018

Angela Dye
Support Services Supv
Adair County
07/22/1991 to 04/30/2018

Donna Farrington
PH HANDS Specialist
McCreary County
03/20/2000 to 05/31/2018

Pamela Godby
Human Resources Mgr
District
00/00/0000 to 08/31/2018

Leah Jasper
Director Admin Services
District
03/21/1988 to 10/31/2018

Sandra L. Jones
Sr Support Services Supv
Wayne County
08/21/1989 to 12/29/2017

Gwendolyn Keith
Lab Tech
McCreary County
02/17/1992 to 02/28/2018

Lois Matthews
Sr Support Services Assoc
McCreary County
11/11/2002 to 12/29/2017

Janet Milby
Sr Support Services Assoc
Taylor County
07/01/1996 to 05/31/2018

Wilma Munsey
HR Assistant
District
05/26/2003 to 02/28/2018

Joyce Murphy
LPN 2
Taylor County
05/05/2008 to 05/31/2018

Gwendolyn Keith
Lab Tech
McCreary County
02/17/1992 to 02/28/2018

Lois Matthews
Sr Support Services Assoc
McCreary County
11/11/2002 to 12/29/2017

Janet Milby
Sr Support Services Assoc
Taylor County
07/01/1996 to 05/31/2018

Wilma Munsey
HR Assistant
District
05/26/2003 to 02/28/2018

Joyce Murphy
LPN 2
Taylor County
05/05/2008 to 05/31/2018
Lake Cumberland District Health Department
500 Bourne Avenue Somerset, KY 42501
(606) 678-4761 • (606) 678-2708 (fax)
1-800-928-4416

Adair County Health Center
801 Westlake Drive, Columbia, KY 42728
(270) 384-2286 • (270) 384-4800 (fax)

Casey County Health Center
199 Adams Street, Liberty, KY 42539
(606) 787-6911 • (606) 787-2507 (fax)

Clinton County Health Center
131 Foothills Avenue, Albany, KY 42602
(606) 387-5711 • (606) 387-7212 (fax)

Cumberland County Health Center
226 Copper Lane, Burkesville, KY 42717
(270) 864-2206 • (270) 864-1232 (fax)
Green County Health Center
220 Industrial Park, Greensburg, KY 42743
(270) 932-4341 • (270) 932-6016 (fax)

Pulaski County Health Center
45 Roberts Street, Somerset, KY 42501
(606) 679-4416 • (606) 679-4419 (fax)

Taylor County Health Center
1880 N. Bypass Road, Campbellsville, KY 42718
(270) 465-4191 • (270) 789-3873 (fax)

McCreary County Health Center
119 Medical Lane, Whitley City, KY 42653
(606) 376-2412 • (606) 376-3815 (fax)

Russell County Health Center
211 Fruit of the Loom Drive, Jamestown, KY 42629
(270) 343-2181 • (270) 343-2183 (fax)

Wayne County Health Center
39 Jim Hill Service Road, Monticello, KY 42633
(606) 348-9349 • (606) 348-7464 (fax)