

**LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH DIRECTORS**

September 4, 2018

The Lake Cumberland District Board of Health met on Tuesday, September 4, 2018 at the Russell County Health Department in Russell County, KY.

After confirming a quorum was present, and after welcoming new member, Dr. Rexroat from Adair, the meeting was called to order by Chair John Phelps.

Members Present	Members Absent
Shantilla Rexroat, DVM Matt Jackson, RPH Aldie Brown, Jr. Linda Hamilton Judge Richard Armstrong (proxy to Judge John Phelps) Jake Staton Judge John Phelps, Jr. Pam Bills Judge John Frank (proxy to Judge Eddie Rogers) Stephen McKinley, OD Judge Doug Stephens (proxy to Rosalie Wright) Rosalie Wright Judge Steve Kelly Hossein Fallahzadeh, MD James Wesley Judge Gary Robertson (proxy to Judge Eddie Rogers) Susanne Watkins, OD Judge Eddie Rogers Gayle Phillips, DNP Joseph Brown, MD	Judge Michael Stephens Judge Randy Dial Bruce Jasper, DVM Patty Guinn, RPH Tommy Shelton, MD Richard Miles, MD Marlene Richardson, DMD Lara Elam, RN Judge Mike Anderson

An invocation was given by Judge Eddie Rogers and dinner was served.

Topic	Discussion	Follow-up
Legal Authority		
Approval of Minutes	Chair Phelps clarified that the minutes had been sent out by email and a copy was in the packet.	None

	Jake Staton made and motion that was seconded by Dr. Fallahzadeh. The board voted unanimously to approve the minutes.	
Old Business	Chair Phelps asked if there was anything for which the administration had failed to adequately follow-up on since the last meeting. Nothing was noted.	None.
Resource Stewardship		
Audit Report	The audit report was tabled as RFH, PLLC hadn't finalized it yet.	The audit report will be given at the December meeting.
Financial Updates/Directors Comments		
2017-2018 Financial Close-out	Mr. Crabtree reported that we finished FY 17-18 at a \$877,543 surplus. However, since reserves had to be utilized to close out certain cost centers, the actual surplus was \$285,952.	None
July Position Statement	Mr. Crabtree reported that had the Department for Public Health billed us for all the Medicaid Match payments, we would have closed a couple hundred-thousand-dollar deficit. Mr. Crabtree reported through July of the current fiscal year, we had received \$271,019 in revenues and had expended \$1,191,258 resulting in a current year deficit of \$920,239. This isn't uncommon for this time of the year since DPH doesn't generally start releasing payments until around August. Most of our expense accounts are less than budgeted.	
Grants Report	Kevin Lewis gave a grants report detailing the current status of grants we have received and an update on grants for which we have applied.	
HepA Vaccine Costs	Leah Jasper reported that we had spent over \$60,000 on vaccines so far. We did receive over	None

	\$90,000 recently from DPH to help with our HepA response costs.	
Continuous Improvement		
Suggestions	The board was reminded they can make suggestions on the back of the agenda to be followed-up by the administration	The administration will follow on board suggestions.
Strategic Plan	Janae Tucker presented the Strategic Plan, which had been emailed previously to the board. Dr. Fallahzadeh made a motion to approve the Strategic Plan and it was seconded by Judge Rogers. The board voted unanimously to approve the plan. The plan will be posted to our website.	Shawn Crabtree will post the plan to our website.
Electronic AP/Purchasing Process	Leah Jasper reported that the AP/Purchasing QI Project had concluded and did save some time. Thus, the new process has been adopted. A Story Board of the project will be uploaded to our website.	Shawn Crabtree will post the storyboard to our website.
Test Group for Board Training modules.	This topic was tabled until the December meeting since neither Kristen Branham nor Patty Guinn was present.	Kristen Branham and Patty Guinn to report on the training at the next board meeting.
Clerical/Clinic Efficiency	Angie Simpson reported the QI Project to improve clinic efficiency was concluded. We need to continue to develop a third-party application to verify patient insurance; and, use password manager applications to increase security.	Angie Simpson to follow on these.
On-line Food Handlers Course	Stuart Spillman reported this QI Project is still in progress. The goal is to have on-line food handler's classes and testing.	Stuart Spillman to follow.
NALBOH Summary	Dr. Phillips reported that the annual NALBOH conference was very good and expressed her wishes more board members would attend.	Board members should consider attending the annual conference.
Partner Engagement		

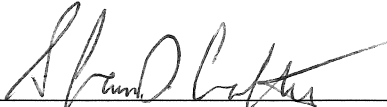
Syringe Exchange	Laura Woodrum reported the syringe exchanges are still functioning smoothly with minimum to no problems.	None
Oversight		
HepA Response Update	Amy Tomlinson and Amanda England reported on our HepA response in great detail. They emphasized the focus on jails and rehabs to target the homeless and drug using populations.	LCDHD will continue to address the HepA outbreak.
County/City Ordinances for Food Handlers to get HepA vaccine.	Chair Phelps discussed the pros and cons of requiring food handlers to get a HepA vaccine. It was concluded that, while getting the HepA vaccine is a good idea, the risk of food service workers passing HepA to customers is small.	No action was taken.
Human Resources Report	Carol Huckelby gave the HR report. We had 13 staff come on duty and 9 to go off duty. She discussed that we will be moving forward with the GoHire hiring agency to hire staff in the future.	Carol to follow with GoHire.
Nominations for Officers	Chair Phelps reminded the board we would be electing officers in December. Judge Phelps, Judge Rogers, Judge Kelley and Jake Staton will help in getting a slate of nominees.	Nominations Committee will follow.
Policy Development		
New Policies	Janae Tucker went over a new Employee Professionalism policy which limits employee interactions with clients/patients via social media. Dr. Fallahzadeh made a motion to approve the policy seconded by Jim Wesley. The board voted unanimously to approve the policy.	Janae will make sure all staff are made aware of the new policy.

Judge Phelps set the next meeting date for December 4th.

Dr. Fallahzadeh made a motion to adjourn the meeting seconded by Jim Wesley. The meeting was adjourned.



 Judge John Phelps, Chair



 Shawn Crabtree, Secretary

/sdc

Name	Title	County	Signature	
Rexroat	Shantila	DVM	Adair	<i>Shantila J. Rexroat DVM</i>
Stephens	Michael	Honorable	Adair	
Jackson	Matt	Rph	Adair	<i>Matt Jackson</i>
Brown, Jr.	Adlie F.		Casey	<i>Adlie F. Brown</i>
Hamilton	Linda		Casey	<i>Linda Hamilton</i>
Dial	Randy	Honorable	Casey	
Armstrong	Richard	Honorable	Clinton	<i>Proxy - Richard Armstrong</i>
Staton	Jake		Clinton	<i>Jake Staton</i>
Phelps, Jr.	John	Honorable	Cumberland	<i>John Phelps</i>
Branham	Kristen		Cumberland	
Bills	Pam		Green	<i>Pam Bills</i>
Frank	John	Honorable	Green	<i>Proxy - John Frank</i>
McKinley	Stephen		McCreary	<i>Stephen McKinley</i>
Stephens	Doug	Honorable	McCreary	<i>Doug Stephens by Rosalie Wright</i>
Wright	Rosalie		McCreary	<i>Rosalie Wright</i>
Kelly	Steve	Honorable	Pulaski	<i>Steve Kelly</i>
Fallahzadeh	Hossein	MD	Pulaski	<i>Hossein Fallahzadeh</i>
Jasper	L. Bruce	DVM	Pulaski	
Guinn	Patty	Rph	Pulaski	
Shelton	Tommy	MD	Pulaski	
Wesley	James		Pulaski	<i>James Wesley</i>
Miles	Richard	MD	Russell	
Robertson	Gary	Honorable	Russell	<i>Proxy - Gary Robertson</i>
Watkins	Susanne	OD	Russell	<i>Susanne Watkins OD</i>
Richardson	Marlene	DMD	Taylor	
Rogers	Eddie	Honorable	Taylor	<i>Eddie Rogers</i>
Phillips	Gayle	DN S	Taylor	<i>Gayle Phillips</i>
Elam	Lora	RN	Wayne	
Anderson	Mike	Honorable	Wayne	
Brown	Joseph	MD	Wayne	<i>Joseph Brown</i>

Zimbra

kevin.lewis@lcdhd.org

Fwd: Proxy

From : Shawn D. Crabtree <shawnd.crabtree@lcdhd.org> Tue, Sep 04, 2018 09:09 PM
Subject : Fwd: Proxy
To : Kevin Lewis <kevin.lewis@lcdhd.org>

Here you go.

From: John Phelps <john.phelps6@icloud.com>
Sent: September 4, 2018 6:48:47 PM EDT
To: "Shawn D. Crabtree" <shawnd.crabtree@lcdhd.org>
Subject: Fwd: Proxy

Sent from my iPhone

Begin forwarded message:

From: Richard Armstrong <judgearmstrong@windstream.net>
Date: September 4, 2018 at 1:30:33 PM CDT
To: john.phelps6@icloud.com
Subject: Proxy

John, Thank you for taking my proxy this evening for the Lake Cumberland District Health Department.

September 4, 2018

I, Richard Armstrong, Clinton County Judge Executive, officially appoint Cumberland County Judge Executive John Phelps as my proxy. I give my proxy the authority to vote on matters of the Lake Cumberland Dist. Health Dept. meeting to be held on September 4, 2018.

Thank you,

Richard C Armstrong
Clinton Co Judge/Executive
100 S Cross Street
Albany KY 42602
606-387-5234
606-387-7651 Fax

Richard Armstrong
County Judge Executive

--

Shawn D. Crabtree, MSSW, MPA
Director, Lake Cumberland District Health Department
500 Bourne Avenue, Somerset, KY 42501
(606) 678-4761
shawnd.crabtree@lcdhd.org
www.LCDHD.org
www.facebook.com/LCDHD
www.twitter.com/LCDHD
www.instagram.com/lcdhd_org



John H. Frank

Green County Judge-Executive

203 West Court Street

Greensburg, KY 42743

Phone: (270) 932-4024 • Fax: (270) 932-3635

johnfrank.cje@hotmail.com



September 4, 2018

Lake Cumberland District Board of Health
500 Bourne Avenue
Somerset, Ky 42501

Re: Proxy, Lake Cumberland District Board of Health Meeting- September 4,
2018

To Whom It May Concern,

I am unable to attend the Lake Cumberland District Board of Health meeting on
September 4, 2018. I would like to name Judge/Exec Eddie Rogers as my proxy.

Sincerely,

A handwritten signature in black ink, appearing to read "John H. Frank".

John H. Frank
Green County Judge/Executive

JHF/and

OFFICE OF THE JUDGE/EXECUTIVE
McCREARY COUNTY
1 NORTH MAIN STREET • P.O. BOX 579
WHITLEY CITY, KENTUCKY 42653
(606) 376-2413



DOUGLAS E. STEPHENS
County Judge/Executive

Fax: (606) 376-9499
TDD: 1-800-247-2510

September 5, 2018

Honorable John Phelps, Chairman
Lake Cumberland District Board of Health
P.O. Box 800
Somerset, Kentucky 42502

Dear Judge Phelps:

I am unable to attend the District Board of Health Directors meeting on Tuesday September 5, 2018.

Therefore, I do hereby authorize Rosalie Wright to represent me at the meeting and vote in my stead on any and all matters that shall be brought before said council.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas E. Stephens', is written over a light blue horizontal line.

Douglas E. Stephens
McCreary County Judge/Executive

DES/pll

DBO H.

Staff

9/4/18

- ① Carol Huckelby
- ② Amanda England
- ③ Amy Tomlinson
- ④ Keith Jasper
- ⑤ Sylvia Ferrell
- ⑥ John Hill W
- ⑦ Stuart Spillman
- ⑧ Tracy Aaron
- ⑨ Paula Woodrum
- ⑩ Jamie Lee
- ⑪ Angela Simpson
- ⑫ Janae Tucker
- ⑬ Kevin Lewis
- ⑭ Michael Lee Styple

**District Board of Directors Meeting
Tuesday, September 4, 2018; 7:00 EST/6:00 CST
Russell County Health Department; Jamestown, Kentucky**

AGENDA

- Welcome (New- Dr. Shantila Rexroat, DVM, Adair)/Invocation/Dinner.....Chair Phelps
- I. Legal Authority**
- a. Quorum/Approval of Minutes.....Chair Phelps
 - b. Old Business.....Chair Phelps
 - i. Was there anything the administration failed to adequately follow-up on from the last meeting?.....Chair Phelps
- II. Resource Stewardship**
- a. Audit Report.....RFH, PLLC
 - b. Financial Updates/Director's Comments.....Shawn D. Crabtree
 - c. Grants Report.....Shawn D. Crabtree
 - d. The cost of HepA Vaccine.....Leah Jasper
- III. Continuous Improvement (QI Projects Etc. - Story Boards available at: <https://www.lcdhd.org/info-tools/quality-improvement/>)**
- a. Make Suggestions on Back of Agenda.....Shawn D. Crabtree
 - b. Strategic Plan.....Janae Tucker
 - c. Electronic AP/Purchasing Process.....Leah Jasper
 - d. Follow-up on Test Group for Board Training.....Kristen Branham/Patty Guinn
 - e. Clerical/Clinic Efficiency.....Angie Simpson
 - f. Online Food Handlers Course.....Stuart Spillman
 - g. NALBOH Summary.....Gayle Phillips
- IV. Partner Engagement**
- a. Syringe Exchange Progress/Update.....Woodrum/Weyman/Aaron
- V. Oversight**
- a. Hepatitis A Update (focus on jails and rehabs).....Amy Tomlinson
 - i. County and City Ordinances for Food Handlers.....Shawn D. Crabtree
 - b. Human Resources Report & GoHire Update.....Carol Huckelby
 - c. Nominations for Officers (to be voted in December).....Chair Phelps
- VI. Policy Development**
- a. New Policies.....Janae Tucker
- Next Meeting/Closing Comments.....Chair Phelps

NALBOH'S Six Functions of Public Health Governance

Definitions: Governing entity - The board, commission, council, individual, or other body legally accountable for ensuring the Six Functions of Public Health Governance in a jurisdiction. **Governance Functions (The Six Functions of Public Health Governance)** - The identified functions for which a public health governing entity is responsible (All public health governing entities are responsible for some aspects of each function. No one function is more important than another).

The Six Functions Include: 1. Policy Development, 2. Resource Stewardship, 3. Legal Authority, 4. Partner Engagement, 5. Continuous Improvement, 6. Oversight

Suggestions for Health Department of Community Improvement Projects

Recommendations: Please use the space below to make any suggestions as to improvement projects you would like to see the health department undertake. These can include suggestions for internal agency improvement, staff enhancement, or community health improvement projects. Submit your response to the Executive Director.

LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

BOARD OF HEALTH DIRECTORS

June 26, 2018

The Lake Cumberland District Board of Health met on Tuesday, June 26, 2018 at the Russell County Health Department in Russell County, KY.

The meeting was called to order by Judge John Phelps.

Those present were:

Kristen Branham
Joseph Brown, MD
Hossein Fallahzadeh, MD
John Frank
Patty Guinn, RpH
Bruce Jasper, DVM
Steve Kelly
Stephen McKinley
Richard Miles, MD
John Phelps
Gary Robertson
Marlene Richardson, DMD
Tommy Shelton, MD
Rosalie Wright
James Wesley

Mike Anderson, Wayne County Judge Executive authorized Judge Eddie Rogers to be his proxy.

Randy Dial, Casey county Judge Executive authorized Judge Frank to be his proxy.

Eddie Rogers, Taylor County Judge Executive authorized Judge Phelps to be his proxy.

Doug Stephens, McCreary County Judge Executive authorized Rosalie Wright to be his proxy.

Richard Armstrong, Clinton County Judge Executive authorized Judge John Phelps to be his proxy.

The members absent from the meeting were:

Pam Bills
Adlie F. Brown, DMD
Lora Elam, RN
Linda Hamilton
Matt Jackson RpH
Gayle Phillips, ARNP
Shantila Rexroat, DVM
Judge Michael Stephens
Jake Staton
Susanne Watkins, OD

Staff members present:

Tracy Aaron, Health Education Director
Shawn Crabtree, Executive Director
Amanda England, Epidemiologist
Sylvia Ferrell, HANDS Administrator
Pam Godby, Human Resource Manager
Jefferson Hickman, Environmental
Carol Huckelby, Public Health Program Specialist
Leah Jasper, Director Administrative Services
Jamie Lee, Diabetes Program Manager
Angela Simpson, Administrative Secretary
Stuart Spillman, Environmental Health Director
Amy Tomlinson, *Public Health Preparedness Manager*
Janae Tucker, RN, QI Director
Christine Weyman, Medical Director
Laura Woodrum, Nurse Administrator

WELCOME

Judge Phelps welcomed all board members, staff, and guests. Jim Wesley gave the invocation.

As confirmed earlier, a quorum was present.

LEGAL AUTHORITY

Approval of Minutes

Copies from the previous meeting were sent to each board member for their review prior to tonight's meeting. Dr. Fallahzadeh made a motion to accept the minutes and Dr. Miles seconded the motion. Motion carried.

Old/New Business

Judge Phelps asked Board if there was any old business to discuss or if there was anything the administration failed to adequately follow-up on from the last meeting. No old business was discussed and no follow-up needed.

RESOURCE STEWARDSHIP

Director's Comments/ Financial Report

Mr. Crabtree announced Pam Godby and Melinda Copenhaver will be retiring before the next meeting. He also introduced Carol Huckelby who will be moving into Pam's position and Angela Simpson who will move into Melinda's position upon their retirement.

Financial Position

Shawn gave the Board a packet with financial information for period ending May 31, 2018. The LCDHD balance sheet shows \$6,326,194 in assets with \$108,874 of that owed in current liabilities. The total of LCDHD's assets is equal to just under 5 months of average expenses for this fiscal year. LCDHD has \$13,227,729 in YTD revenues and \$13,978,147 in YTD expenditures resulting in a \$750,417 YTD deficit.

Pro-rating revenues and expenditures from the past eleven months of this fiscal year show LCDHD trending to end the fiscal year with an estimated deficit of over \$270,000, but only if DPH bills us for the 3 outstanding Match Payments, but with a \$130K surplus, if they do not bill us for any of the three remaining payment matches. This end of the year project is significantly better than the \$619,615 deficit we initially budgeted, primarily because of increased DPH state and federal allocations, and few employees than budgeted.

Mr. Crabtree also informed the Board that as a result of them approving a higher entry rate of pay LCDHD has been able to recruit and hire five new nurses.

Judge Phelps asked if there were any questions. No discussion. Dr. Fallahzadeh made a motion to accept the report. Dr. Miles seconded. Motion carried.

Grants Report

The Board received a copy of the Grant Proposal Report. Shawn explained that the report shows the grants that we have received to date this calendar year which includes 14 grant made from the Kentucky Cabinet for Health and Human Services to support syringe exchange program activities and to distribute Naloxone in our communities. The total award is \$85,000. Also, we were awarded over \$590,000 for a three -year grant from HRSA. This grant will allow us to

provide cardiovascular risk reduction activities in Casey and Cumberland Counties. LCDHD has also applied for non-competitive continuation funding for the SRAE and RHOP grants. There are several pending grants we are awaiting decisions on and two grants that are in process. Shawn asked if anyone had questions. No questions.

Plan and Budget Presentation

Mr. Crabtree presented the 2018-2019 Annual Plan and Budget to the Board. Mr. Crabtree directed the Board to the Budget packet noting for FY 2019, LCDHD's budget has been reviewed and approved by the Executive Committee of the Board.

For FY 19, our budgeted revenues are projected to increase by \$276,823 from our projected closing amount. Additionally, our budgeted expenses are projected to decrease by \$512,624. The budget shows a \$483,786 surplus. Mr. Crabtree advised the Board that in the final draft of the budget the committee approved included a 2.5% annual increment for applicable staff to be given on their anniversary date.

Mr. Crabtree noted that the most recent legislative session allowed the FY19 retirement contribution rates for health departments to freeze at the FY18 rate of 49.47% instead of increasing it to the 83.43% KERS actuarially required. Had we been forced to pay the higher rates, we would be budgeting at a 1.56 million deficit had all other revenues and expenditures remained the same. He went on to inform the board that the health department has been advised to plan for the increased contribution rates in FY20.

Once finished, Judge Phelps asked if anyone had any questions. No other discussion. Jim Wesley made a motion to approve the FY-2018-2019 budget as presented. Dr. Miles seconded the motion. Motion carried.

CONTINUOUS IMPROVEMENT PROJECTS

Mr. Crabtree directed the board's attention to the back of the agenda which outlines NALBOH's six governance functions of public health. Below that is a place for board members to make suggestions. He encouraged the board to do so.

Strategic Plan

Mr. Crabtree notified the Board that we are in the processing of updating our Strategic Plan. A conclusion summary of the previous Strategic Plan was given to board members. Mr. Crabtree invited board members to participate in the strategic planning by emailing or calling him with suggestions.

Mr. Crabtree notified the Board that a state workgroup is reviewing ways the local health departments can address current fiscal restraints. One strategy the group is looking into is alternative staffing options such as the pay for visit model that we are testing with some contract

HANDS staff. Another is using a staffing agency for new positions. Another health department has submitted a contract to the state for approval. If the state approves the contract to use staffing agencies this will be another option to recruit and hire staff. The advantage of both of these models is that the employees have the potential to earn more, and the agency has potential to save fringe benefit costs. Mr. Crabtree asked the Board if there would be any objections to him using this strategy in the future. There were no objections by the Board.

Electronic AP/ Purchasing Process

Leah updated the Board on her QI project. She stated that overall the project saved about 5 hours per week. She will have final write up at the next meeting.

Test Group for Board Training

Mr. Crabtree asked for volunteers to take the online board training modules as a pilot group. Patty Guinn and Kristen Branham volunteered.

Patient Satisfaction Surveys

Shawn notified the Board that 506 patients completed the survey. The agency did very well. Mr. Crabtree noted that 95% of patients were registered in less than 10 minutes and 80% were called back in less than 10 minutes. 96% of those surveyed said they were “happy or very happy” with the front end staff and 96% said they were “happy or very happy” with the professional staff.

PARTNER ENGAGEMENT

Syringe Exchange

Laura Woodrum reported that we have 600 unduplicated clients in the syringe exchange program. We also have established partnerships with agencies that are providing peer counselors. Since peer counselors have been assisting, 4 clients have been referred to treatment.

OVERSIGHT

Louisville Go365 Update

The Louisville Go365 project has finished for the summer. The program has made a profit for this fiscal year. Screenings will resume in August.

Ryan White Program

Laura Woodrum reported that the program is going well and has enrolled 75 people.

Rural Health Opioid Program

Laura Woodrum reported that the program is going well and has enrolled more than 80 clients.

Hepatitis A Update

Amanda England updated the Board on the status of Hepatitis A in our community. As of June 19th, 884 cases have been reported in Kentucky. The district has had 10 cases. Amy informed the Board that LCDHD has limited DOC activation. Mr. Crabtree has been sending email updates to the Board and staff regarding activities. Dr. Weyman encouraged the Board to get their Hepatitis A vaccination.

Human Resources Report

Pam reported to the Board that nine full time staff have gone off duty since the last board meeting. No staff have come on duty since last board meeting.

POLICY DEVELOPMENT

New Policies

Janae directed the Board to their packet and reminded them that they had received copies of the policies prior to the meeting. One revised policy was presented which would allow utility bills to be paid prior to approval. Janae asked if anyone had any questions. No questions. Jim Wesley made a motion to accept the policies and Rosalie Wright seconded the motion. Motion carried.

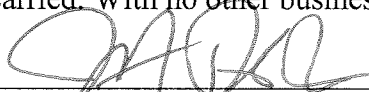
DISCUSSION

No discussion.

NEXT MEETING

Next meeting is September 4, 2017 at 7 p.m. EST at Jamestown Health Department

Judge Phelps asked if anything else needed to be discussed before adjourning the meeting. Dr. Fallahzadeh made a motion to adjourn the meeting. Dr. Shelton seconded the motion. Motion carried. With no other business, the meeting was adjourned.



Chairman Judge John Phelps



Shawn Crabtree, Secretary

/cah

08/10/2018

Period: June 2018

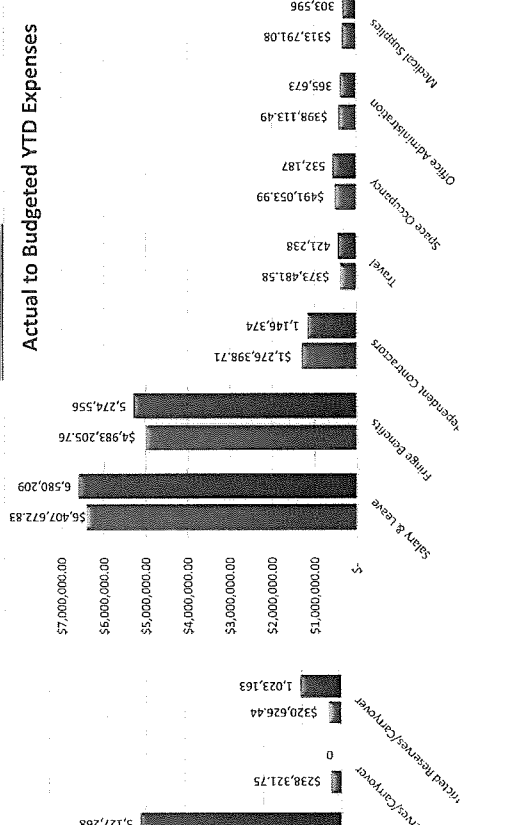
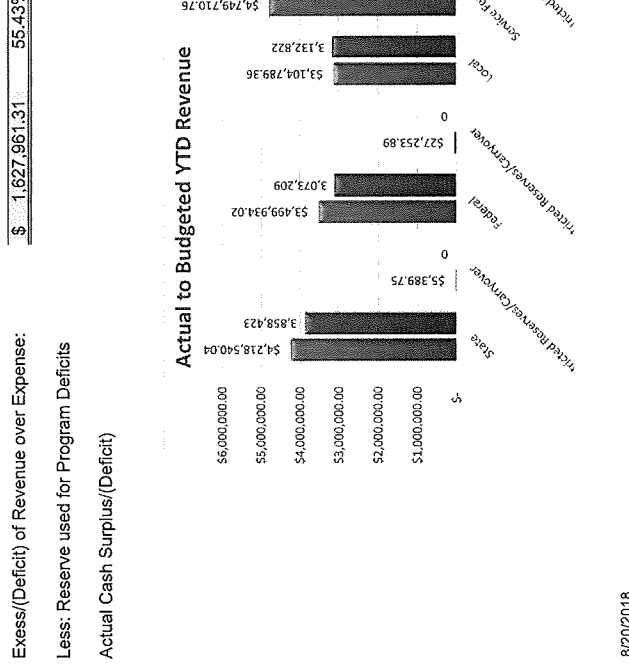
Financial Position

The LCDHD year-end balance sheet \$7,376,791.85 in assets with \$123,102.15 of that owed in current liabilities. The total of LCDHD's assets is equal to 6 months of the fiscal year's average expenses. LCDHD ended the year with a \$285,952 surplus, however, DPH is at least \$450,000 behind in billing us for the Medicaid Match payments due for all four quarters of the year. Additionally, at year-end, we owed \$160,000 of those funds to the schools as pass-through Medicaid funds we collected on their behalf.

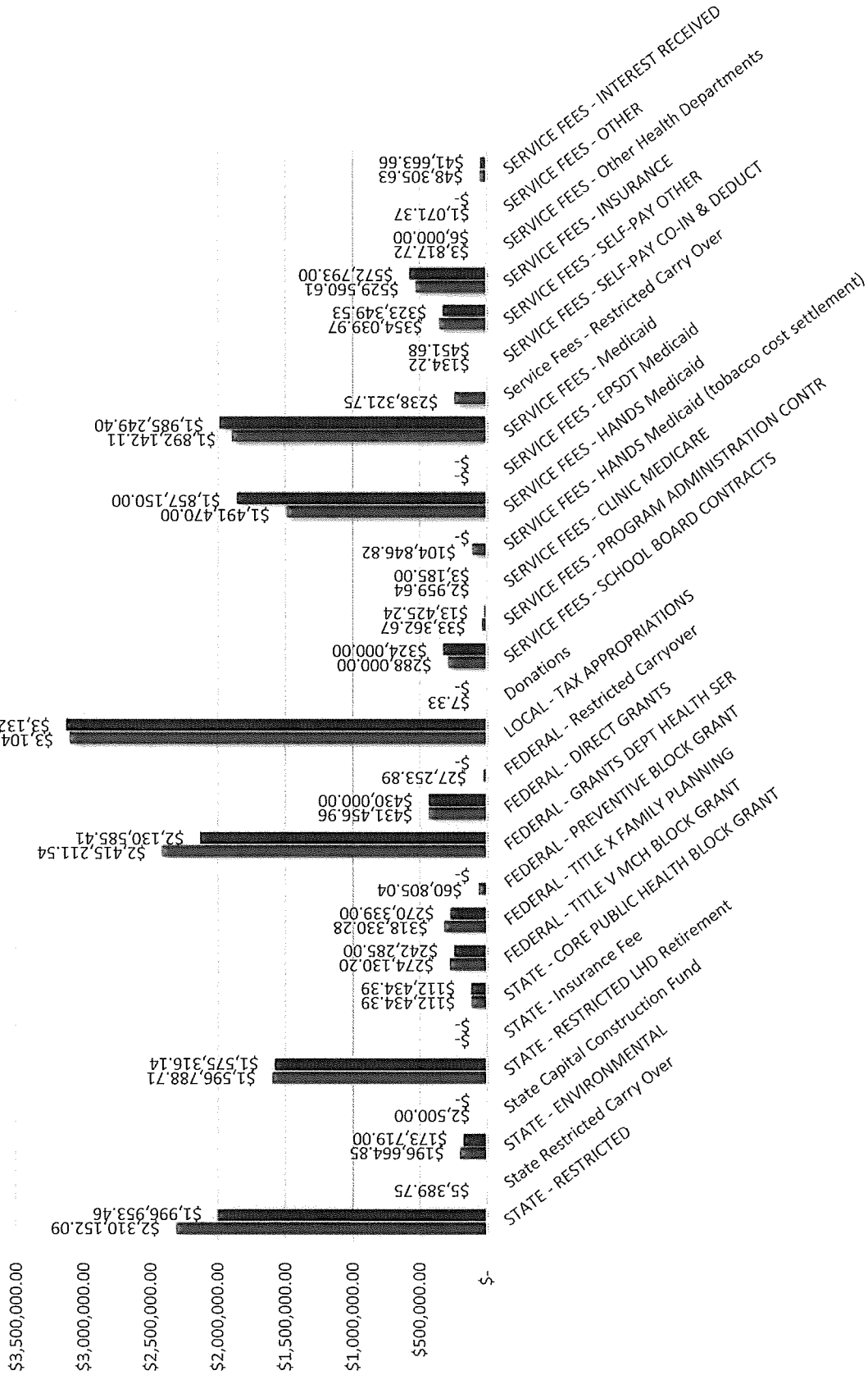
We used 591,592 in reserves to close cost centers which ended the fiscal year with a deficit balance. The \$285,952 original surplus, plus the reserves used in the amount of \$591,592 results in an \$877,544 year-end surplus after final closeout. Year-end independent audit is scheduled for 8/20/2016.

Lake Cumberland District Health Department
 Summary Statement of Revenue and Expense
 As of Period Ending June 30, 2018

	Current Month			Year to Date		
	Actual	%	Variance	Actual	%	Variance
Revenue:						
State	\$ 181,178.31	6.17%	(140,357)	\$ 4,218,540.04	26.10%	360,117
State Restricted Reserves/Carryover	\$ 5,389.75	0.18%	5,390	\$ 5,389.75	0.03%	5,390
Federal	\$ 140,430.37	4.78%	(115,671)	\$ 3,499,934.02	21.65%	426,725
Federal Restricted Reserves/Carryover	\$ 27,253.89	0.93%	27,254	\$ 27,253.89	0.17%	27,254
Local	\$ 1,568,399.31	53.40%	1,307,330	\$ 3,104,789.36	19.21%	(28,033)
Service Fees	\$ 455,236.93	15.50%	427,272	\$ 4,749,710.76	29.38%	(377,557)
Program/Fee Restricted Reserves/Carryover	\$ 238,321.75	8.11%	238,322	\$ 238,321.75	1.47%	238,322
Unrestricted Reserves/Carryover	\$ 320,626.44	10.92%	235,362	\$ 320,626.44	1.98%	(702,536)
Total Revenue	\$ 2,936,836.75	100.00%	1,351,241	\$ 16,164,566.01	100.00%	(50,319)
Expense:						
Salary & Leave	\$ 489,705.94	16.67%	(58,645)	\$ 6,407,672.83	39.64%	(172,536)
Fringe Benefits	\$ 440,736.20	15.01%	1,190	\$ 4,983,205.76	30.83%	(291,350)
Independent Contractors	\$ 7,822.97	0.27%	(87,708)	\$ 1,276,398.71	7.90%	130,024
Travel	\$ 31,162.13	1.06%	(3,941)	\$ 373,481.58	2.31%	(47,756)
Space Occupancy	\$ 74,448.92	2.54%	44,349	\$ 491,053.99	3.04%	(41,133)
Office Administration	\$ 39,130.33	1.33%	30,473	\$ 398,113.49	2.46%	365,673
Medical Supplies	\$ 46,296.30	1.58%	20,996	\$ 313,791.08	1.94%	303,596
Automotive	\$ 2,277.64	0.08%	710	\$ 9,082.48	0.06%	561
Other	\$ 177,295.01	6.04%	98,254	\$ 1,034,222.13	6.40%	(144,820)
Capital Expenditures	\$ -	0.00%	0	\$ -	0.00%	0
Total Expense	\$ 1,308,875.44	44.57%	1,317,617	\$ 15,287,022.05	94.57%	(524,375)
Excess/(Deficit) of Revenue over Expense:	\$ 1,627,961.31	55.43%	1,594,337	\$ 877,543.96	5.43%	474,057
Less: Reserve used for Program Deficits	\$ -			\$ 591,591.83		
Actual Cash Surplus/(Deficit)	\$ 1,627,961.31			\$ 285,952.13		

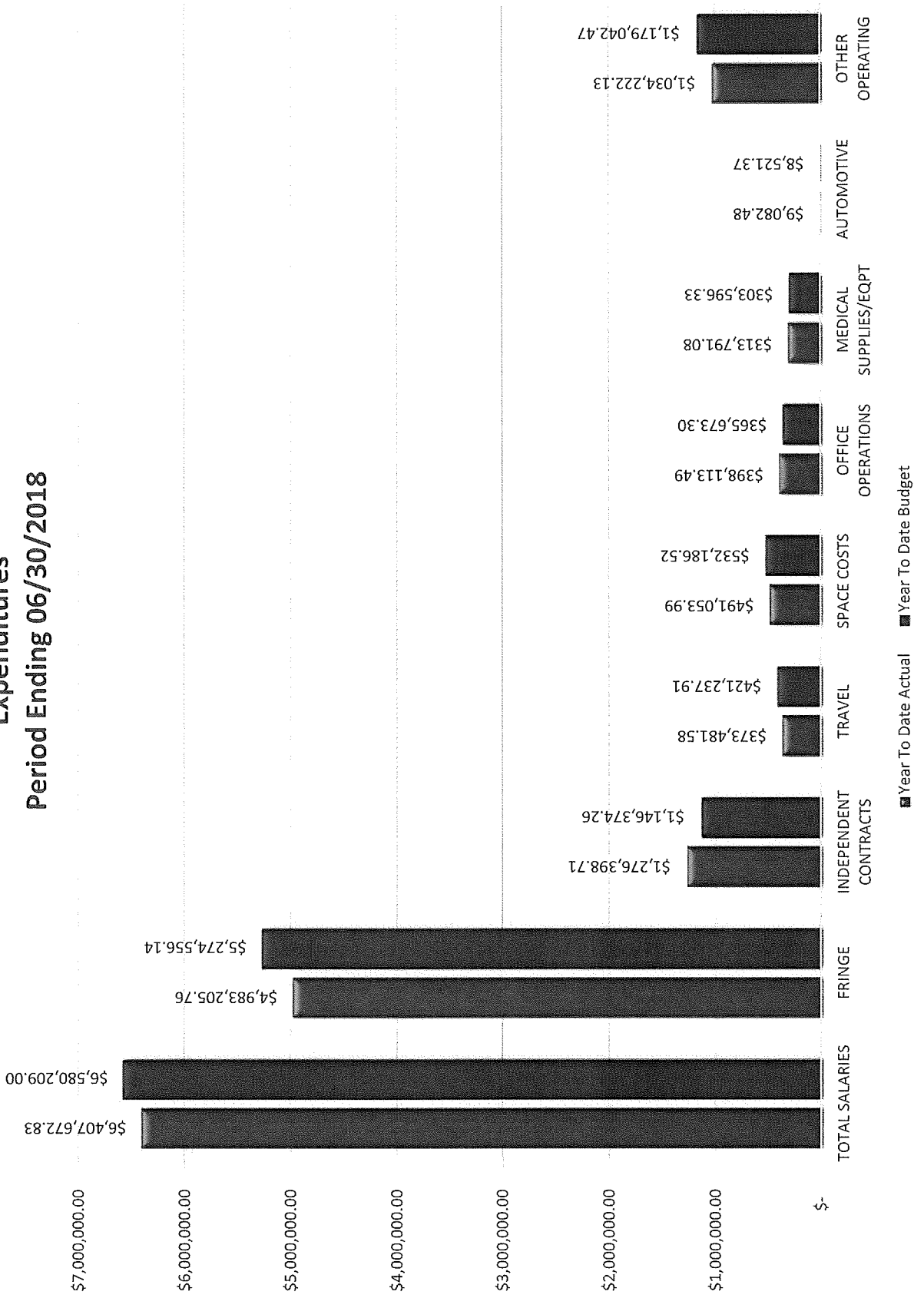


Revenue
Period Ending 06/30/2018



■ Year To Date Actual ■ Year To Date Budget

Expenditures Period Ending 06/30/2018



Lake Cumberland District Health Department		
Balance Sheet		
June 30, 2018		
Account	Account Name	Amount
Assets		
104000	LOCAL BANK ACCOUNT	\$ 5,380,887.63
104001	(FEBCO) BANK ACCOUNT	\$ 6,053.91
106000	PETTY CASH	\$ 2,100.00
111000	TIME/CERTIFICATE OF DEP	\$ 1,987,750.31
120001	ADAIR TAXING DISTRICT	
120023	CASEY TAXING DISTRICT	
120027	CLINTON TAXING DISTRICT	
120029	CUMBERLAND TAXING DISTRICT	
120044	GREEN TAXING DISTRICT	
120074	MCCREARY TAXING DISTRICT	
120100	PULASKI TAXING DISTRICT	
120104	RUSSELL TAXING DISTRICT	
120109	TAYLOR TAXING DISTRICT	
120116	WAYNE TAXING DISTRICT	
	Total Assets	\$ 7,376,791.85
Liabilities & Fund Balance		
Liabilities		
140002	Passport DPH Admin	\$ 8,434.00
140501	ANTHEM ADMIN	\$ 8,802.62
140601	AETNA ADMIN FEES	\$ 25,431.42
140701	KY SPIRIT DPH ADMIN	\$ 15,390.75
140801	WELL CARE DPH ADMIN	\$ 33,843.53
140901	Humana DPH Admin	\$ 7,747.79
141000	ACCOUNTS PAYABLE	
147050	KY GROUP LIFE INS	
147057	KY EMP HEALTH INS PLAN	
147080	DELTA DENTAL A	\$ 8.62
147081	DELTA DENTAL B	\$ 8.62
147096	FEBCO FLEX MEDICAL SPEN	\$ 4,189.89
148009	GREENSBURG CITY TAX	\$ 841.60
148016	RUSSELL COUNTY TAX	\$ 1,149.04
148030	MCCREARY LOCAL TAX	\$ 1,427.10
148056	WAYNE COUNTY TAX	\$ 1,047.52
148062	PULASKI CNTY TAX WITHEL	\$ 4,338.10
148063	JAMESTOWN CITY TAX WITH	\$ 1,532.00
148065	BURKESVILLE CITY TAX	\$ 1,237.66
148074	CUMBERLAND COUNTY SCHOO	\$ 211.01
148084	COLUMBIA CITY TAX	\$ 809.65
148086	SOMERSET CITY TAX	\$ 3,253.83
148096	CLINTON COUNTY TAX	\$ 975.17
148097	TAYLOR COUNTY TAX	\$ 1,215.77
148098	CUMBERLAND COUNTY TAX	\$ 773.51
149080	COBRA DELTA DENTAL	\$ 439.02
169000	MISCELLANEOUS	\$ (6.07)
	Total Liabilities	\$ 123,102.15
Fund Balance		
171000	UNRESTRICTED FUND BALAN	\$ 5,060,542.92
171540	UNRESTRICTED GEN SANITA	
171826	URESTR LOCAL COMM HLTH	\$ 150.30
172738	STATE RSTR KCCSP OUTRCH	\$ 5.69
172762	STATE RSTR SMLNG SCHLS	\$ 72,393.90
172770	STATE RSTR KCCSP	\$ 1,315.28
172842	STATE RSTR HIV CNSLNG/	\$ 8,341.94
173725	FED RSTR KWCSPP PINK OU	\$ 3,554.12
173726	FED RSTR PHER	\$ 957.47
173760	FED RSTR HANDS Multi	\$ 7,600.31
173767	FED RSTR HANDS Multi	\$ 33,886.72
173828	FED RSTR DIABETES STIT	\$ 20,728.95
174463	FEE RSTR AETNA	
174712	FEE RSTR DENTAL	\$ 24,906.53
174747	FEE RSTR RSTR KHREF	\$ 14,039.79
174758	FEE RSTR HV/GO365	\$ 303,215.44
174827	FEE RSTR ADAIR SMK FRE	\$ 18.32
174829	FEE RSTR GERIATRIC	
174839	FEE RSTR MARSHALL DIAB	\$ 37,638.92
174858	FEE RSTR SCHL HLTH	\$ 786,849.14
	Total Fund Balance	\$ 6,376,145.74
	Total Liabilities and Fund Balance	\$ 6,499,247.89
	Surplus	\$877,543.96
	Cash/CDs/Investments (Assets Less Liabilities)	\$7,253,689.70
	Cash/CDs/Investments at 2014-15 Close (Assets Less Liabilities)	\$6,376,145.74
	Surplus	\$877,543.96
	Fiscal Year To Date Revenues	\$16,164,566.01
	Fiscal Year To Date Expenditures	\$15,287,022.05
	Surplus	\$877,543.96

Lake Cumberland District Health Department
Revenue & Expense Summary Comparison to Prior Year
As of Period Ending June 30, 2018

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenue:				
State	\$ 4,218,540.04	4,035,957	182,584	5%
Federal	\$ 3,499,934.02	3,262,135	237,799	7%
Local	\$ 3,104,789.36	3,010,313	94,476	3%
Service Fees	\$ 4,749,710.76	6,070,990	(1,321,279)	-22%
Unrestricted Carryover	\$ 591,591.83	217,911	373,681	171%
Total Revenue	\$ 16,164,566.01	\$ 16,597,306.41	(432,740)	-3%
Expense:				
Salary & Leave	\$ 6,407,672.83	6,506,577	(98,904)	-2%
Fringe Benefits	\$ 4,983,205.76	5,008,042	(24,836)	0%
Independent Contractors	\$ 1,276,398.71	1,365,833	(89,434)	-7%
Travel	\$ 373,481.58	364,666	8,816	2%
Space Occupancy	\$ 491,053.99	511,491	(20,437)	-4%
Office Administration	\$ 398,113.49	424,863	(26,750)	-6%
Medical Supplies	\$ 313,791.08	295,954	17,837	6%
Automotive	\$ 9,082.48	8,213	870	11%
Other	\$ 1,034,222.13	917,921	116,301	13%
Capital Expenditures	\$ -	0	0	N/A
Total Expense	\$ 15,287,022.05	\$ 15,403,559.63	(116,538)	-1%
Excess/(Deficit) of Revenue over Expense:	\$ 877,543.96	\$ 1,193,746.78	(316,203)	-26%

**Lake Cumberland District Health Department
Patient and Services YTD Current vs. Prior Comparison
As of Period Ending June 30, 2018**

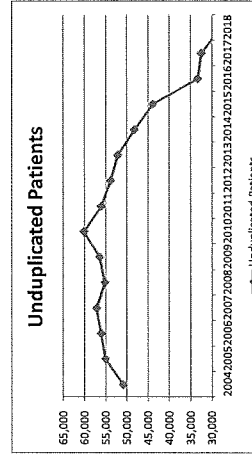
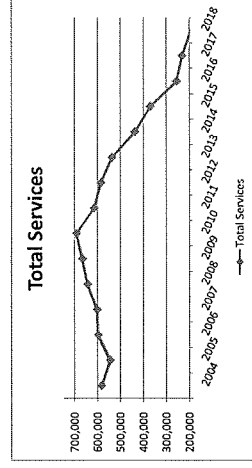
	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
Unduplicated Patients	27,834	32,479	(4,645)	-14.30%
Services:				
Clinic	172,348	201,426	(29,078)	-14.44%
Laboratory	20,297	22,498	(2,201)	-9.78%
Supplemental	903	8,609	(7,706)	-89.51%
Total Services	193,548	232,533	(38,985)	-16.77%
Encounters for Clinic	168,156	226,337	(58,181)	-25.71%
RBRV's				
Clinic	68,014	97,865	(29,851)	-30.50%
Laboratory	62,403	83,104	(20,700)	-24.91%
Total RBRV's	130,418	180,969	(50,551)	-27.93%
Services per Patient	6.95	7.16	(0.21)	-2.87%
RBRV per Encounter	0.78	0.80	(0.02)	0.82

	353 Report	353 Report	<u>Change</u>	<u>% Change</u>
	<u>Current Year</u>	<u>Prior Year</u>		
Clinic Services				
712	362	489	(127)	-26%
800	29,766	28,177	1,589	6%
802	18,350	21,861	(3,511)	-16%
803	21	2,653	(2,632)	-99%
804	78,288	74,411	3,877	5%
805	343	396	(53)	-13%
806	6,632	7,567	(935)	-12%
807	387	2,164	(1,777)	-82%
809	0	2	(2)	-100%
810	6,676	6,300	376	6%
813	2,680	4,194	(1,514)	-36%
858	49,140	75,710	(26,570)	-35%
Total Clinic Services	192,645	223,924	(31,279)	-14%

	135 Report	135 Report	<u>Change</u>	<u>% Change</u>
	<u>Current Year</u>	<u>Prior Year</u>		
Patients				
712	285	384	(99)	-26%
800	3,629	2,872	757	26%
802	2,820	2,910	(90)	-3%
803	10	174	(164)	-94%
804	10,442	10,904	(462)	-4%
805	115	125	(10)	-8%
806	1,602	1,742	(140)	-8%
807	196	459	(263)	-57%
809	0	1	(1)	-100%
810	1,675	1,610	65	4%
813	1,124	1,341	(217)	-16%
858	9,494	14,223	(4,729)	-33%

Lake Cumberland District Health Department
Patient and Services Fiscal Year Trending Analysis
As of Period Ending June 30, 2018

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unduplicated Patients	50,900	55,123	56,152	57,175	55,291	56,459	60,109	56,085	53,874	52,157	48,307	43,923	33,311	32,479	27,834
Services:															
Clinic	512,438	471,632	530,939	528,654	562,190	585,521	613,565	551,349	528,326	488,401	397,651	339,918	228,370	201,426	172,348
Laboratory	72,244	73,390	67,581	73,739	82,009	80,520	78,634	64,526	58,501	49,872	40,739	30,416	27,752	22,498	20,297
Supplemental														8,609	903
Total Services	584,682	545,022	598,520	602,393	644,199	666,041	692,199	615,875	586,827	538,273	438,390	370,334	256,122	232,533	193,548
Encounters for Clinic	458,653	487,283	545,055	580,767	616,281	640,742	663,299	597,270	577,400	540,174	440,548	373,098	259,694	226,337	168,156
RRRV's															
Clinic	171,490	173,695	191,444	220,244	240,947	265,036	267,943	252,792	259,908	263,838	181,067	148,794	102,022	97,865	68,014
Laboratory	241,557	282,952	307,172	396,760	375,144	588,419	903,902	230,018	208,696	211,587	195,440	142,286	109,408	83,104	62,403
Total RRRV's	413,047	456,647	498,616	617,004	616,091	853,455	1,171,845	482,809	468,604	475,424	376,506	291,080	211,429	180,969	130,418
Services per Patient	11.49	9.89	10.66	10.54	11.65	11.80	11.52	10.98	10.89	10.32	9.08	8.43	7.89	7.16	6.95
RRRV per Encounter	0.90	0.94	0.91	1.06	1.00	1.33	1.77	0.81	0.81	0.88	0.85	0.78	0.81	0.80	0.78
Service Fee Revenue	0.00	0.00	0.00	6,445,928	7,318,486	8,163,604	7,541,994	8,152,690	5,610,809	5,677,521	4,451,357	4,273,794	2,498,350	2,987,957	2,258,573
SF Revenue per Patient	0.00	0.00	0.00	112.74	132.36	144.59	125.47	104.15	108.85	92.15	97.30	75.00	92.00	92.00	81.14
SF Revenue per Encounter	0.00	0.00	0.00	11.10	11.88	12.74	11.37	13.65	9.72	10.51	10.10	11.45	9.62	13.20	13.43
SF Revenue per RRRV	0.00	0.00	0.00	10.45	11.88	9.57	6.44	16.89	11.97	11.94	11.82	14.68	11.82	16.51	17.32
% Increase/(Decrease)															
Unduplicated Patients	1.33%	8.30%	1.87%	1.82%	-3.30%	2.11%	6.46%	-6.69%	-3.94%	-3.19%	-7.38%	-9.08%	-24.16%	-2.50%	-14.30%
Services:															
Clinic	0.51%	-7.96%	12.57%	-0.43%	6.34%	4.15%	4.79%	-10.14%	-4.18%	-7.56%	-18.58%	-14.52%	-32.82%	-11.80%	-14.44%
Laboratory	-0.33%	1.59%	-7.92%	9.11%	11.22%	-1.62%	-2.94%	-17.94%	-9.34%	-14.75%	-18.31%	-25.34%	-6.76%	-18.93%	-9.78%
Supplemental															
Total Services	0.40%	-6.78%	9.82%	0.65%	6.94%	3.39%	3.93%	-11.03%	-4.72%	-8.27%	-18.56%	-15.52%	-30.84%	-9.21%	-16.77%
Encounters for Clinic	1.08%	6.24%	11.86%	6.55%	6.12%	3.97%	3.52%	-9.95%	-3.33%	-6.45%	-18.44%	-15.31%	-30.40%	-12.84%	-25.71%
RRRV's															
Clinic	3.29%	1.29%	10.22%	15.04%	9.40%	10.00%	1.10%	-5.65%	2.82%	1.51%	-31.37%	-17.82%	-31.43%	-4.07%	-30.50%
Laboratory	-3.16%	17.14%	8.56%	29.17%	-5.45%	53.62%	53.62%	-74.55%	-9.27%	1.39%	-7.63%	-27.20%	-23.11%	-24.04%	-24.91%
Total RRRV's	-0.58%	10.56%	9.19%	23.74%	-0.15%	38.53%	37.31%	-58.80%	-2.94%	1.46%	-20.81%	-22.69%	-27.38%	-14.41%	-27.93%
Services per Patient	-0.92%	-13.92%	7.80%	-1.15%	10.58%	1.25%	-2.38%	-4.64%	-0.81%	-5.25%	-12.07%	-7.09%	-8.81%	-6.88%	-2.87%
RRRV per Encounter	-1.64%	4.06%	-2.38%	16.13%	-5.90%	33.24%	32.64%	-54.24%	0.40%	8.45%	-2.90%	-8.71%	4.36%	-1.79%	-3.00%



Lake Cumberland District Health Department

Financial Analysis

Fiscal Year-to-Date as of June 30, 2018

Cost Center	CC#	Actual			Over/(Under) Budget			% Over/(Under) Budget						
		Revenue	Expense	Excess	Revenue	Expense	Excess	Revenue	Expense	Excess				
		Budget YTD	Budget YTD	Budget Year	Budget YTD	Budget Year	Budget Year	Budget YTD	Budget Year	Budget Year				
Food Service	500	Environmental	\$ 326,512.70	\$ 326,512.70	\$ -	316,610	316,610	316,610	9,903	9,903	0	3.13%	3.13%	0.00%
Public Facilities	520	Environmental	\$ 82,912.75	\$ 82,912.75	\$ -	88,365	88,365	(5,452)	(5,452)	(5,452)	0	-6.17%	-6.17%	0.00%
General Sanitation	540	Environmental	\$ 193,091.17	\$ 193,091.17	\$ -	189,010	189,010	4,081	4,081	4,081	0	2.16%	2.16%	0.00%
Onsite Sewage	560	Environmental	\$ 480,135.87	\$ 480,135.87	\$ -	475,506	475,506	4,630	4,630	4,630	0	0.97%	0.97%	0.00%
Tanning Beds	580	Environmental	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Other Environmental	590	Environmental	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Radon	591	Environmental	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Retail Food Standards Grant	592	Environmental	\$ 5,492.25	\$ 5,492.25	\$ -	2,500	0	0	2,992	5,492	(2,500)	119.69%	219.69%	-100.00%
West Nile Virus	595	Environmental	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Winter Storm Response	598	Environmental	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Winter Storm Resp-Local	599	Environmental	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Dental Services	712	Clinical	\$ 7,752.64	\$ 3,494.29	\$ 4,258	14,878	14,878	14,878	(7,125)	(11,384)	4,258	-47.89%	-76.51%	28.62%
Asthma Education	722	Clinical	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Osteoporosis	723	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
KWSCP Pink County Outreach	725	Clinical	\$ 25,127.03	\$ 25,127.03	\$ -	0	0	0	25,127	25,127	0	0.00%	0.00%	0.00%
Needle Exchange/Harm Reduction	727	Clinical	\$ 86,206.19	\$ 86,206.19	\$ -	7,102	7,102	7,102	79,104	79,104	0	1113.83%	1113.83%	0.00%
PHER	726	NA	\$ 54.93	\$ 54.93	\$ -	0	0	0	55	55	0	0.00%	0.00%	0.00%
Diabetes Case Management	728	Diabetes	\$ 0.47	\$ 0.47	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
ESVAR-VHP	729	NA	\$ 4,949.79	\$ 4,949.79	\$ -	3,500	0	0	1,450	4,950	(3,500)	41.42%	141.42%	-100.00%
Ebola Coordination	731	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
DIABETES PREVENTION PROGRAM	732	NA	\$ 14,005.78	\$ 14,005.78	\$ -	0	0	0	14,006	14,006	0	0.00%	0.00%	0.00%
Oral Health Coalitions	735	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Community Health Action Team	736	Health Ed	\$ 105,568.27	\$ 105,568.27	\$ -	51,387	85,920	85,920	54,181	19,648	34,533	105.44%	38.24%	67.20%
EMERGING INFECTIOUS DISEASE	737	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
KCCSP Outreach & Education	738	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Coordinated School Health	740	NA	\$ 4,639.89	\$ 4,639.89	\$ -	3,784	3,784	3,784	856	856	0	22.62%	22.62%	0.00%
Passport Referrals	741	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
EnviroHealth Link	742	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Winter Storm	745	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Environmental Strike Team	746	BT	\$ 7,215.64	\$ 7,215.64	\$ -	1,000	0	0	6,216	7,216	(1,000)	621.56%	721.56%	-100.00%
KHREF	747	BT	\$ 671.86	\$ 671.86	\$ -	0	0	0	672	672	0	0.00%	0.00%	0.00%
IEP School Services	748	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
HPP Training Coordinator	749	NA	\$ 11,327.61	\$ 11,327.61	\$ -	12,232	12,232	12,232	(904)	(904)	0	-7.39%	-7.39%	0.00%
Accreditation	750	NA	\$ 7,327.68	\$ 7,327.68	\$ -	9,882	9,882	9,882	(2,554)	(2,554)	0	-25.85%	-25.85%	0.00%
HANDS OF Services	752	NA	\$ 1,090,859.13	\$ 1,090,859.13	\$ -	1,217,624	982,980	982,980	(126,765)	107,879	(234,644)	-10.41%	8.86%	-19.27%
PHEP Special Project	753	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Zika Vector Control Activities	755	NA	\$ 75.95	\$ 75.95	\$ -	0	0	0	76	76	0	0.00%	0.00%	0.00%
PERSONAL RESPSBLTY EDCTN	756	Health Ed	\$ 63,737.30	\$ 63,737.30	\$ -	68,467	68,467	68,467	(4,730)	(4,730)	0	-6.91%	-6.91%	0.00%
Regional EPI	757	BT	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
GO365 (HUMAN VITALITY)	758	Clinical	\$ 451,330.00	\$ 322,576.42	\$ 128,754	467,500	467,500	467,500	(16,170)	(144,924)	128,754	-3.46%	-31.00%	27.54%
Regional Preparedness Coord	759	BT	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
HANDS - Federal Home Visiting Serv	760	NA	\$ 172,150.00	\$ 162,300.33	\$ 9,850	173,068	173,068	173,068	(918)	(10,768)	9,850	-0.53%	-6.22%	5.69%
Smiling Schools Program	762	Clinical	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Tobacco Free Schools	765	Health Ed	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
MCH Coordinator	766	Clinical	\$ 184,520.20	\$ 184,520.20	\$ -	174,445	174,445	174,445	10,075	10,075	0	5.78%	5.78%	0.00%
HANDS Expanded Multi-Gravida Fair	767	HANDS	\$ 2,015.38	\$ 2,015.38	\$ -	0	0	0	2,015	2,015	0	0.00%	0.00%	0.00%
HANDS Expansion/Outreach	768	HANDS	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Kentucky Colon Cancer Screening Pr	770	Clinical	\$ 382.41	\$ 382.41	\$ -	0	0	0	382	382	0	0.00%	0.00%	0.00%
PHEP Special Project	771	BT	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
HBE Assistance	772	NA	\$ 174.60	\$ 174.60	\$ -	0	0	0	175	175	0	0.00%	0.00%	0.00%
Child Fatality Prevention	774	NA	\$ 10,441.71	\$ 10,441.71	\$ -	10,000	10,000	10,000	442	442	0	4.42%	4.42%	0.00%
ECD School Projects	775	Clinical	\$ 113,572.76	\$ 113,572.76	\$ -	186,423	73,423	73,423	(72,850)	40,150	(113,000)	-39.08%	21.54%	-60.61%
Pediatric/Adolescent	800	Clinical	\$ 995,133.47	\$ 995,133.47	\$ -	0	0	0	995,133	995,133	0	0.00%	0.00%	0.00%
Immunizations	801	NA	\$ -	\$ -	\$ -	0	0	0	0	0	0	0.00%	0.00%	0.00%
Family Planning	802	Clinical	\$ 814,034.06	\$ 814,034.06	\$ -	0	0	0	814,034	814,034	0	0.00%	0.00%	0.00%
Maternity Services	803	Clinical	\$ 1,743.75	\$ 1,743.75	\$ -	872,957	872,957	872,957	(871,190)	(871,190)	24	-99.80%	-99.80%	0.00%
WIC Services	804	WIC	\$ 1,809,079.90	\$ 1,809,079.90	\$ -	1,939,046	1,789,046	1,789,046	(20,034)	(129,966)	20,034	-6.70%	1.03%	-7.74%
Medical Nutrition	805	Clinical	\$ 53,803.21	\$ 50,654.69	\$ 3,149	65,754	65,705	65,705	(11,951)	(15,050)	3,099	-18.18%	-22.89%	4.71%

Lake Cumberland District Health Department

Financial Analysis

Fiscal Year-to-Date as of June 30, 2018

Cost Center	CC#	Actual			Over/(Under) Budget			% Over/(Under) Budget		
		Revenue	Expense	Excess	Revenue Budget YTD	Expense Budget YTD	Excess Budget Year	Revenue	Expense	Excess
Medical Nutrition	806	\$ 331,505.55	\$ 331,505.55	\$ 0	411,532	411,532	(80,026)	-19.45%	-19.45%	0.00%
STD Services	807	\$ 32,507.86	\$ 32,507.86	\$ 0	104,046	104,046	(71,538)	-68.76%	-68.76%	0.00%
Diabetes	809	\$ 258,734.31	\$ 258,734.31	\$ 0	282,933	297,129	(38,395)	-13.57%	-13.57%	5.02%
Adult Services	810	\$ 430,614.87	\$ 430,614.87	\$ 0	393,127	393,127	37,488	9.54%	9.54%	0.00%
Breast & Cervical Cancer	813	\$ 151,956.33	\$ 151,956.33	\$ 0	243,556	243,556	(91,600)	-37.61%	-37.61%	0.00%
IMCH Forum	816	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Healthy Communities - Tobacco	817	\$ 2,000.00	\$ 2,000.00	\$ 0	0	0	2,000	0.00%	0.00%	0.00%
Community Based Services	818	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
PREPAREDNESS COORDINATOR & TR	821	\$ 112,370.42	\$ 112,370.42	\$ 0	101,558	101,558	10,812	10.65%	10.65%	-11.18%
PREPAREDNESS EPIDEM & SURV	822	\$ 76,009.42	\$ 76,009.42	\$ 0	95,392	84,725	(8,713)	-20.32%	-20.32%	-9.14%
PREPAREDNESS MEDICAL RSRV	823	\$ 10,685.81	\$ 10,685.81	\$ 0	15,899	14,399	(5,213)	-32.79%	-32.79%	-9.43%
Bioterrorism - Focus Area F	824	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Bioterrorism - Focus Area G	825	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Local Community Public Health	826	\$ 32,005.03	\$ 32,005.03	\$ 0	60,045	60,045	(28,040)	-46.70%	-46.70%	0.00%
Adair County Smoke Free Sponsorsh	827	\$ 877.50	\$ 877.50	\$ 0	0	0	878	0.00%	0.00%	0.00%
Diabetes Outreach and Education	828	\$ 111.48	\$ 111.48	\$ 0	0	0	111	0.00%	0.00%	0.00%
Title III Geriatric Program	829	\$ 19,076.97	\$ 19,076.97	\$ 0	0	0	19,077	0.00%	0.00%	0.00%
Sexual Risk Avoidance Education Dir	830	\$ 428,553.95	\$ 428,553.95	\$ 0	430,000	430,000	(1,446)	-0.34%	-0.34%	0.00%
Worksite Wellness Project	831	\$ 46,458.54	\$ 46,458.54	\$ 0	30,419	30,419	16,040	52.73%	52.73%	0.00%
Heart Disease & Stroke Prevention	832	\$ 15,576.40	\$ 15,576.40	\$ 0	35,771	15,771	(20,195)	-56.46%	-56.46%	-55.91%
Breastfeeding	833	\$ 49,923.13	\$ 49,923.13	\$ 0	55,835	60,000	(5,912)	-10.59%	-10.59%	7.46%
Susan G Komen Partnership	834	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Cervical Cancer Free KY	835	\$ 13.90	\$ 13.90	\$ 0	5,400	5,400	(5,386)	-99.74%	-99.74%	0.00%
Tobacco Prevention Project	836	\$ 238,154.85	\$ 238,154.85	\$ 0	224,071	144,256	14,084	6.29%	6.29%	-35.62%
Abstinence Education	837	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
HAI Prevention (Infect. Prev. Conf)	838	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Marshall Univ. Diabetes Grant	839	\$ 14,000.00	\$ 14,000.00	\$ 6,554	0	0	14,000	0.00%	0.00%	0.00%
Breastfeeding Peer Counselor	840	\$ 59,257.70	\$ 59,257.70	\$ 0	75,000	75,000	(15,742)	-20.99%	-20.99%	0.00%
Federal Diabetes Today	841	\$ 20,888.41	\$ 20,888.41	\$ 0	20,500	20,000	388	1.89%	1.89%	-2.44%
HIV Counseling & Testing	842	\$ 5,007.34	\$ 5,007.34	\$ 0	0	0	5,007	0.00%	0.00%	0.00%
Ryan White	844	\$ 403,417.38	\$ 403,417.38	\$ 0	400,000	400,000	3,417	0.85%	0.85%	0.00%
Rural Health Optoid Grant	845	\$ 161,868.53	\$ 161,868.53	\$ 0	350,000	350,000	(188,131)	-53.75%	-53.75%	0.00%
Health Start Project	846	\$ 128,348.60	\$ 128,348.60	\$ 0	249,963	0	(121,614)	-48.65%	-48.65%	-100.00%
Pandemic Flu Summit	848	\$ 49,595.15	\$ 49,595.15	\$ 0	51,000	51,000	(1,405)	-2.75%	-2.75%	0.00%
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,740,402.25	\$ 1,740,402.25	\$ 0	2,346,166	2,346,166	(605,784)	-25.82%	-25.82%	0.00%
Arthritis	856	\$ 1,503.49	\$ 1,503.49	\$ 0	6,000	6,000	(4,497)	-74.94%	-74.94%	0.00%
Physical Activity	857	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Supplemental School Health	858	\$ 1,466,690.21	\$ 1,466,690.21	\$ 0	1,615,560	1,615,560	(148,870)	-9.21%	-9.21%	0.00%
MRC - ASPR Training	871	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
TLC - Obesity Grant	872	\$ 30,747.38	\$ 30,747.38	\$ 0	32,500	32,500	(1,753)	-5.39%	-5.39%	0.00%
HPP Coordinators	875	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
EPSDT Verbal Notification	883	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
WIC Operational Adjust Funding	886	\$ 80,956.45	\$ 80,956.45	\$ 0	79,156	0	1,800	2.27%	2.27%	-100.00%
Core Assessment & Policy Dev.	890	\$ 12,337.84	\$ 12,337.84	\$ 0	12,065	12,065	273	2.26%	2.26%	0.00%
Medicaid Match	891	\$ 304,593.84	\$ 304,593.84	\$ 0	531,278	531,278	(226,684)	-42.67%	-42.67%	0.00%
Minor Receipts	892	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Capital	894	\$ -	\$ -	\$ 0	0	0	0	0.00%	0.00%	0.00%
Allocable Direct	895	\$ 2,321,745.22	\$ 1,596,789.00	\$ 724,956	1,599,289	1,575,316	22,457	45.17%	45.17%	43.83%
Total		\$ 16,164,565.01	\$ 15,287,022.05	\$ 877,544	14,609,832	13,716,432	1,554,734	10.64%	10.64%	-10.11%

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of June 30, 2018

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
Food Service	500	\$ 326,512.70	326,513	0	0%	
Public Facilities	520	\$ 82,912.75	91,578	(8,665)	-9%	1.14
General Sanitation	540	\$ 193,091.17	193,091	0	0%	
Onsite Sewage	560	\$ 480,135.87	480,136	0	0%	
Tanning Beds	580	\$ -	0	0	NA	
Other Environmental	590	\$ -	0	0	NA	
Radon	591	\$ -	0	0	NA	
Retail Food Standards Grant	592	\$ 5,492.25	2,500	2,992	120%	
West Nile Virus	595	\$ -	0	0	NA	
Winter Storm Response	598	\$ -	0	0	NA	
Winter Storm Resp-Local	599	\$ -	0	0	NA	
Dental Services	712	\$ 7,752.64	7,316	437	6%	
Asthma Education	722	\$ -	0	0	NA	
Osteoporosis	723	\$ -	0	0	NA	
KWSCP Pink County Outreach	725	\$ 25,127.03	0	25,127	NA	
Needle Exchange/Harm Reduction	727	\$ 86,206.19	0	86,206	NA	
PHER	726	\$ 54.93	55	0	0%	
Diabetes Case Management	728	\$ 0.47	0	0	0%	
ESVAR-VHP	729	\$ 4,949.79	3,500	1,450	41%	
Ebola Coordination	731	\$ -	0	0	NA	
DIABETES PREVENTION PROGRAM	732	\$ 14,005.78	14,006	0	0%	
Oral Health Coalitions	735	\$ -	0	0	NA	
Community Health Action Team	736	\$ 105,568.27	105,568	0	0%	
EMERGING INFECTIOUS DISEASE	737	\$ -	0	0	NA	
KCCSP Outreach & Education	738	\$ -	0	0	NA	
Coordinated School Health	740	\$ -	0	0	NA	
Passport Referrals	741	\$ 4,639.89	4,640	0	0%	
EnviroHealth Link	742	\$ -	0	0	NA	
Winter Storm	745	\$ -	0	0	NA	
Environmental Strike Team	746	\$ 7,215.64	7,216	0	0%	
KHREF	747	\$ 671.86	672	0	0%	
IEP School Services	748	\$ -	0	0	NA	
HPP Training Coordinator	749	\$ 11,327.61	11,328	0	0%	
Accreditation	750	\$ 7,327.68	7,328	0	0%	
HANDS GF Services	752	\$ 1,090,859.13	1,160,560	(69,701)	-6%	0.72
PHEP Special Project	753	\$ -	0	0	NA	
Zika Vector Control Activities	755	\$ 75.95	0	76	NA	
PERSONAL RESPNSBLTY EDCTN PRG	756	\$ 63,737.30	63,737	0	0%	
Regional EPI	757	\$ -	0	0	NA	
GO365 (HUMANA VITALITY)	758	\$ 451,330.00	416,790	34,540	8%	
Regional Preparedness Coord	759	\$ -	0	0	NA	
HANDS - Federal Home Visiting Services Formu	760	\$ 172,150.00	195,130	(22,980)	-12%	1.41
Smiling Schools Program	762	\$ -	0	0	NA	
Tobacco Free Schools	765	\$ -	0	0	NA	
MCH Coordinator	766	\$ 184,520.20	184,520	0	0%	
HANDS Expanded Multi-Gravida Families	767	\$ 2,015.38	2,015	0	0%	
HANDS Expansion/Outreach	768	\$ -	0	0	NA	
Kentucky Colon Cancer Screening Project	770	\$ 382.41	382	0	0%	
PHEP Special Project	771	\$ -	0	0	NA	
HBE Assistance	772	\$ 174.60	0	175	NA	
Child Fatality Prevention	774	\$ 10,441.71	10,000	442	4%	
ECD School Projects	775	\$ 113,572.76	113,573	0	0%	
Pediatric/Adolescent	800	\$ 995,133.47	995,133	0	0%	
Immunizations	801	\$ -	0	0	NA	
Family Planning	802	\$ 814,034.06	921,642	(107,608)	-12%	1.40
Maternity Services	803	\$ 1,767.30	1,744	24	1%	
WIC Services	804	\$ 1,809,079.90	1,809,080	0	0%	
Medical Nutrition	805	\$ 53,803.21	56,614	(2,811)	-5%	0.60
Medical Nutrition	806	\$ 331,505.55	346,178	(14,672)	-4%	0.51

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of June 30, 2018

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
STD Services	807	\$ 32,507.86	37,730	(5,222)	-14%	1.66
Diabetes	809	\$ 258,734.31	258,734	0	0%	
Adult Services	810	\$ 430,614.87	430,615	0	0%	
Breast & Cervical Cancer	813	\$ 151,956.33	180,286	(28,330)	-16%	1.89
MCH Forum	816	\$ -	0	0	NA	
Healthy Communities - Tobacco	817	\$ 2,000.00	0	2,000	NA	
Community Based Services	818	\$ -	0	0	NA	
PREPAREDNESS COORDINTN & TRNG	821	\$ 112,370.42	112,370	0	0%	
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 76,009.42	76,009	0	0%	
PREPAREDNESS MEDICAL RSRV CORP	823	\$ 10,685.81	10,686	0	0%	
Bioterrorism - Focus Area F	824	\$ -	0	0	NA	
Bioterrorism - Focus Area G	825	\$ -	0	0	NA	
Local Community Public Health Projects	826	\$ 32,005.03	32,005	0	0%	
Adair County Smoke Free Sponsorships	827	\$ 877.50	878	0	0%	
Diabetes Outreach and Education	828	\$ 111.48	111	0	0%	
Title III Geriatric Program	829	\$ 19,076.97	19,077	0	0%	
Sexual Risk Avoidance Education Direct Grant	830	\$ 428,553.95	428,554	0	0%	
Worksite Wellnes Project	831	\$ 46,458.54	46,459	0	0%	
Heart Disease & Stroke Prevention	832	\$ 15,576.40	15,576	0	0%	
Breastfeeding	833	\$ 49,923.13	49,923	0	0%	
Susan G Komen Partnership	834	\$ -	0	0	NA	
Cervical Cancer Free KY	835	\$ 13.90	14	0	0%	
Tobacco Prevention Project	836	\$ 238,154.85	238,155	0	0%	
Abstinence Education	837	\$ -	0	0	NA	
HAI Prevention (Infec. Prev. Conf)	838	\$ -	0	0	NA	
Marshall Univ. Diabetes Grant	839	\$ 14,000.00	7,446	6,554	88%	
Breastfeeding Peer Counselor	840	\$ 59,257.70	59,258	0	0%	
Federal Diabetes Today	841	\$ 20,888.41	20,888	0	0%	
HIV Counseling & Testing	842	\$ 5,007.34	5,007	0	0%	
Ryan White	844	\$ 403,417.38	400,000	3,417	1%	
Ryan White	845	\$ 161,868.53	161,869	0	0%	
Rural Health Opioid Grant	846	\$ 128,348.60	128,349	0	0%	
Healthy Start Project	848	\$ 49,595.15	49,595	0	0%	
Pandemic Flu Summit	851	\$ -	0	0	NA	
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,740,402.25	1,740,402	0	0%	
Arthritis	856	\$ 1,503.49	1,503	0	0%	
Physical Activity	857	\$ -	0	0	NA	
Supplemental School Health	858	\$ 1,466,690.21	1,539,843	(73,152)	-5%	0.57
MRC - ASPR Training	871	\$ -	0	0	NA	
TLC - Obesity Grant	872	\$ -	0	0	NA	
HPP Coordinators	875	\$ 30,747.38	30,747	0	0%	
EPSDT Verbal Notification	883	\$ -	0	0	NA	
WIC Opertional Adjust Funding	886	\$ 80,956.45	79,156	1,800	2%	
Core Assessment & Policy Dev.	890	\$ 12,337.84	12,338	0	0%	
Medicaid Match	891	\$ 304,593.84	304,594	0	0%	
Minor Receipts	892	\$ -	0	0	NA	
Capital	894	\$ -	0	0	NA	
Allocable Direct	895	\$ 2,321,745.22	1,596,789	724,956	45%	
Total	0	\$ 16,164,566.01	\$ 15,607,511.28	\$ 557,054.73	4%	

Lake Cumberland District Health Department
 Earned Revenue/Expense Analysis
 Fiscal Year-to-Data as of June 30, 2018

Cost Center	CC #	Earned Revenue	Budget Variance	Expense	Budget Variance	Excess/(Deficit) before General Distribution	General & Local Distribution	% of General & Local Distribution	Excess/(Deficit) after General & Local Distribution	Total Budget	YTD Budget %	Beginning Budget	Budget Modifications
Food Service	500	\$ 277,257.00	-12%	326,513	3%	(49,256)	49,256	1.57%	0	316,610	100.00%	316,610	0
Public Facilities	520	\$ 91,577.59	4%	82,913	-6%	8,665	8,665	0.00%	8,665	88,365	88.365	88,365	0
General Sanitation	540	\$ 189,010.00	0%	193,091	0%	(4,081)	4,081	0.13%	0	189,010	189.010	189,010	0
Onsite Sewage	560	\$ 289,681.00	-39%	480,136	1%	(190,455)	190,455	6.08%	0	475,506	475.506	475,506	0
Tanning Beds	580	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Other Environmental	590	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Radon	591	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
West Nile Virus	592	\$ 2,500.00	0%	5,492	120%	(2,992)	2,992	0.00%	(2,992)	2,500	2,500	2,500	0
Retail Food Standards Grant	595	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Winter Storm Response	598	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Winter Storm Resp-Local	599	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Dental Services	712	\$ 7,316.14	-51%	3,494	-77%	3,822	3,822	0.00%	3,822	14,878	14,878	14,878	0
Asthma Education	722	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Osteoporosis	723	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
KWSCP Pink County Outreach	725	\$ -	No Budget	25,127	No Budget	(25,127)	0	0.00%	(25,127)	0	0	0	0
Needle Exchange/Harm Reduction	727	\$ -	-100%	86,206	1114%	(86,206)	0	0.00%	(86,206)	7,102	7,102	7,102	0
PHER	728	\$ -	No Budget	55	No Budget	(55)	55	0.00%	0	0	0	0	0
Diabetes Case Management	728	\$ -	No Budget	(0)	No Budget	(0)	0	0.00%	0	0	0	0	0
ESVAR-VHP	729	\$ 3,500.00	0%	4,950	41%	(1,450)	0	0.00%	(1,450)	3,500	3,500	3,500	0
Ebolic Coordination	731	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
DIABETES PREVENTION PROGRAM	732	\$ -	-100%	14,006	-41%	(14,006)	14,006	0.45%	0	23,758	23,758	23,758	0
Oral Health Coalitions	735	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Community Health Action Team	736	\$ 51,387.00	0%	105,566	105%	(54,181)	54,181	1.73%	0	51,387	51,387	51,387	0
EMERGING INFECTIOUS DISEASE	737	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
KCCSP Outreach & Education	738	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Coordinated School Health	740	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Passport Referrals	741	\$ 3,521.84	-7%	4,640	23%	(1,118)	1,118	0.04%	0	3,784	3,784	3,784	0
EnviroHealth Link	742	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Winter Storm	745	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Environmental Strike Team	746	\$ 1,000.00	0%	7,216	622%	(6,216)	6,216	0.20%	0	1,000	1,000	1,000	0
KHREF	747	\$ -	No Budget	672	No Budget	(672)	672	0.02%	0	0	0	0	0
IEP School Services	748	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HPP Training Coordinator	749	\$ -	-100%	11,328	-7%	(11,328)	11,328	0.36%	0	12,232	12,232	12,232	0
Accreditation	750	\$ 7,327.68	-26%	7,328	-26%	(0)	0	0.00%	0	9,882	9,882	9,882	0
HANDS GF Services	752	\$ 1,160,560.00	-5%	1,090,859	-10%	69,701	69,701	0.00%	69,701	1,217,624	1,217,624	962,980	254,644
PHEP Special Project	753	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Zika Vector Control	755	\$ -	No Budget	76	No Budget	(76)	0	0.00%	(76)	0	0	0	0
PERSONAL RESPSNBLY EDCTN PRG	756	\$ 63,737.30	-7%	68,737	-7%	0	0	0.00%	0	68,467	68,467	68,467	0
Regional EPI	757	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
GO385 (HUMAN VITALITY)	758	\$ 416,790.00	-11%	322,576	-31%	94,214	94,214	0.00%	94,214	467,500	467,500	467,500	0
Regional Preparedness Coord	759	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HANDS - Federal Home Visiting Services Formula Gr	760	\$ 195,130.00	13%	162,300	-6%	32,830	32,830	0.00%	32,830	173,068	173,068	173,068	0
Smiling Schools Program	762	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Tobacco Free Schools	765	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
MOCH Coordinator	766	\$ 174,445.00	0%	184,520	6%	(10,075)	10,075	0.32%	0	174,445	174,445	174,445	0
HANDS Expanded Multi-Gravida Families	767	\$ -	No Budget	2,015	No Budget	(2,015)	2,015	0.06%	0	0	0	0	0
HANDS Expansion/Outreach	768	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Kentucky Colon Cancer Screening Project	770	\$ -	No Budget	382	No Budget	(382)	382	0.01%	0	0	0	0	0
PHEP Special Project	771	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HBE Assistance	772	\$ -	No Budget	175	No Budget	(175)	0	0.00%	(175)	0	0	0	0
Child Fatality Prevention	774	\$ 10,000.00	0%	10,442	4%	(442)	442	0.00%	(442)	10,000	10,000	10,000	0
ECD School Projects	775	\$ 113,572.76	-39%	113,573	-39%	0	0	0.00%	0	186,423	186,423	73,423	113,000
Pediatric/Adolescent	800	\$ 772,472.30	-12%	955,133	14%	(222,661)	222,661	7.11%	0	872,957	872,957	872,957	0
Immunizations	801	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Family Planning	802	\$ 921,642.11	0%	814,034	-11%	107,608	107,608	0.00%	107,608	917,681	917,681	954,371	-36,690

Cost Center	CC #	Earned Revenue	Budget Variance	Expense	Budget Variance	Excess/(Deficit) before General Distribution	General & Local Distribution	% of General & Local Distribution	Excess/(Deficit) after General & Local Distribution	Total Budget	100.00%	Beginning Budget	Budget Modifications
Maternity Services	803	\$ 1,254.61	2409%	1,744	3388%	(489)	489	0.02%	0	50	50	1,789,046	150,000
WIC Services	804	\$ 1,789,046.00	-8%	1,809,080	-7%	(20,034)	20,034	0.64%	0	1,939,046	1,939,046	68,705	49
Medical Nutrition	805	\$ 56,614.25	-14%	50,655	-23%	5,960	5,960	0.00%	0	65,754	65,754	411,532	
Medical Nutrition	806	\$ 346,177.88	-16%	331,506	-19%	14,672	14,672	0.00%	0	411,532	411,532	104,046	
STD Services	807	\$ 37,723.67	-64%	32,508	-69%	5,222	5,222	0.00%	0	282,933	282,933	297,129	-14,198
Diabetes	809	\$ 258,734.31	-9%	258,734	-9%	0	0	0.00%	0	282,933	282,933	297,129	-14,198
Adult Services	810	\$ 295,684.65	-25%	430,615	10%	(134,930)	134,930	4.31%	0	393,127	393,127	243,556	
Breast & Cervical Cancer	813	\$ 180,285.87	-26%	151,956	-38%	28,330	28,330	0.00%	0	243,556	243,556	0	
MCH Forum	816	\$ -	No Budget	0	No Budget	(2,000)	0	0.00%	(2,000)	0	0	0	0
Healthy Communities - Tobacco	817	\$ -	No Budget	2,000	No Budget	0	0	0.00%	0	0	0	0	0
Community Based Services	818	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
PREPAREDNESS COORDINTN & TRNG	821	\$ 101,558.00	0%	112,370	11%	(10,812)	10,812	0.35%	0	101,558	101,558	101,558	
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 76,009.42	-20%	76,009	-20%	0	0	0.00%	0	95,392	95,392	84,725	10,667
PREPAREDNESS MEDICAL RSRV CORP	823	\$ 10,685.81	-33%	10,686	-33%	0	0	0.00%	0	15,899	15,899	14,399	1,500
Bioterrorism - Focus Area F	824	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Bioterrorism - Focus Area G	825	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Local Community Public Health Projects	826	\$ 32,005.03	-47%	32,005	-47%	0	0	0.00%	0	60,045	60,045	60,045	
Adair County Smoke Free Sponsorships	827	\$ 877.50	No Budget	878	No Budget	0	0	0.00%	0	0	0	0	0
Diabetes Outreach and Education	828	\$ -	No Budget	111	No Budget	(111)	111	0.00%	0	0	0	0	0
Title III Geriatric Program	829	\$ -	No Budget	19,077	No Budget	(19,077)	19,077	0.61%	0	0	0	0	0
Sexual Risk Avoidance Education Direct Grant	830	\$ 428,553.95	0%	428,554	0%	0	0	0.00%	0	430,000	430,000	430,000	
Worksite Wellness Project	831	\$ 30,419.00	0%	46,459	53%	(16,040)	16,040	0.51%	0	30,419	30,419	30,419	
Heart Disease & Stroke Prevention	832	\$ 15,576.40	-56%	15,576	-56%	0	0	0.00%	0	35,771	35,771	15,771	20,000
Breastfeeding	833	\$ 49,923.13	-11%	49,923	-11%	0	0	0.00%	0	55,835	55,835	60,000	-4,165
Susan G Komen Partnership	834	\$ -	No Budget	834	No Budget	0	0	0.00%	0	0	0	0	0
Cervical Cancer Free KY	835	\$ 13.90	-100%	14	-100%	0	0	0.00%	0	5,400	5,400	5,400	
Tobacco Prevention Project	836	\$ 141,716.46	-37%	238,155	6%	(96,438)	96,438	3.08%	0	224,071	224,071	144,256	79,815
Absenteeism Education	837	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HAI Prevention (Infect. Prev. Conf)	838	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Marshall Univ. Diabetes Grant	839	\$ -	No Budget	7,446	No Budget	(7,446)	7,446	0.24%	0	0	0	0	0
Breastfeeding Peer Counselor	840	\$ 59,257.70	-21%	59,258	-21%	0	0	0.00%	0	75,000	75,000	75,000	
Federal Diabetes Today	841	\$ 20,000.00	-2%	20,888	2%	(888)	888	0.03%	0	20,500	20,500	20,000	500
HIV Counseling & Testing	842	\$ -	No Budget	5,007	No Budget	(5,007)	5,007	0.16%	0	0	0	0	0
Ryan White	844	\$ 400,000.00	0%	403,417	1%	(3,417)	3,417	0.00%	(3,417)	400,000	400,000	400,000	
Ryan White	845	\$ 161,868.53	-54%	161,869	-54%	0	0	0.00%	0	350,000	350,000	350,000	
Rural Health Opioid Grant	846	\$ 128,348.60	-49%	128,349	-49%	0	0	0.00%	0	249,963	249,963	0	249,963
Health Start Project	848	\$ 49,595.15	-3%	49,595	-3%	0	0	0.00%	0	51,000	51,000	51,000	
Pandemic Flu Summit	851	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HANDBS PRIMA GRAVIDA PROGRAM	853	\$ 1,606,390.00	-32%	1,740,402	-26%	(134,012)	134,012	4.28%	0	2,346,186	2,346,186	2,346,186	
Arthritis	855	\$ 1,503.49	-75%	1,503	-75%	0	0	0.00%	0	6,000	6,000	6,000	
Physical Activity	857	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Supplemental School Health	858	\$ 1,539,842.70	-5%	1,466,690	-9%	73,152	73,152	0.00%	73,152	1,615,560	1,615,560	1,615,560	
MRC - ASPR Training	871	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
TLC - Obesity Grant	872	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
HPP Coordinators	875	\$ 30,747.38	-5%	30,747	-5%	0	0	0.00%	0	32,500	32,500	32,500	
EPFSDT Verbal Notification	883	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
IWIC Operational Adjust Funding	886	\$ 79,155.00	0%	80,956	2%	(1,800)	1,800	0.00%	(1,800)	79,156	79,156	0	79,156
Core Assessment & Policy Dev.	890	\$ 12,065.00	0%	12,338	2%	(273)	273	0.01%	0	12,065	12,065	12,065	
Medical Match	891	\$ 12,065.00	-98%	304,594	-43%	(292,529)	292,529	9.34%	0	531,278	531,278	531,278	
Minor Receipts	882	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Capital	884	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	0
Allocable Direct	885	\$ 1,575,316.00	-1%	1,596,789	0%	(21,473)	21,473	0.69%	0	1,599,289	1,599,289	1,575,316	23,973
Total		\$ 14,281,449.10	-17%	\$ 15,287,022.05	-11%	\$ (1,006,572.95)	\$ 3,132,822	42.33%	\$ 320,489.23	\$ 17,150,609.78	\$ 17,150,609.78	\$ 15,269,927.00	\$ 880,682.78

Lake Cumberland District Health Department
 Allowable Unrestricted Reserve Calculation
 As of Period Ending June 30, 2018

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
500	FOOD SERVICE	326,513	50,263	15.39%	326,513	0
520	PUBLIC FACILITIES	82,913	12,783	15.42%	82,913	0
540	GENERAL SANITATION	193,091	0	0.00%	193,091	0
560	ONSITE SEWAGE	480,136	289,681	60.33%	0	480,136
592	RETAIL FOOD STANDARDS GRANT	5,492	0	0.00%	5,492	0
712	Dental Services	3,494	5,384	154.07%	0	3,494
725	KWSCP PINK COUNTY OUTREACH	25,127	0	0.00%	25,127	0
726	ZIKA PREPAREDNESS AND RESPONSE	55	0	0.00%	55	0
727	HARM REDUCTION/NEEDLE EXCHANGE	86,206	0	0.00%	86,206	0
728	Diabetes Disease Management	0	0	0.00%	0	0
729	ELC REGIONAL EPIDEMIOLOGIST	4,950	0	0.00%	4,950	0
732	DIABETES PREVENTION PROGRAM	14,006	7,615	54.37%	14,006	0
736	CHAT	105,568	0	0.00%	105,568	0
741	PASSPORT REFERRALS	4,640	0	0.00%	4,640	0
746	Environmental Strike Team	7,216	0	0.00%	7,216	0
747	KHREF	672	0	0.00%	672	0
749	REGIONAL EPI HAI ACTIVITIES	11,328	0	0.00%	11,328	0
750	Accreditation	7,328	0	0.00%	7,328	0
752	HANDS GF SERVICES	1,090,859	1,090,859	100.00%	0	1,090,859
755	ZIKA VECTOR CONTROL ACTIVITIES	76	0	0.00%	76	0
756	PERSONAL RESPNBLTY EDCTN PRG	63,737	0	0.00%	63,737	0
758	GO365 (HUMANA VITALITY)	322,576	451,330	139.91%	0	322,576
760	HANDS FEDERAL HOME VISITING	162,300	162,300	100.00%	0	162,300
766	MCH Coordinator	184,520	0	0.00%	184,520	0
767	COMPETITIVE HOME VISITING	2,015	2,015	99.98%	2,015	0
770	KCCSP-HB 265	382	0	0.00%	382	0
772	HBE ASSISTANCE	175	0	0.00%	175	0
774	CHILD FATALITY PREVENTION	10,442	0	0.00%	10,442	0
775	ECD SCHOOL PROJECTS	113,573	0	0.00%	113,573	0
800	Pediatric/Adolescent	995,133	305,032	30.65%	995,133	0
802	Family Planning	814,034	282,887	34.75%	0	814,034
803	Maternity Services & Activity	1,744	1,767	101.35%	0	1,744
804	WIC	1,809,080	0	0.00%	1,809,080	0
805	MCH Nutrition & Group Activity	50,655	8,252	16.29%	50,655	0
806	Tuberculosis	331,506	96,753	29.19%	331,506	0
807	Sexually Transmitted Disease	32,508	7,078	21.77%	32,508	0
809	Diabetes	258,734	0	0.00%	258,734	0
810	Adult Visits & Follow-up	430,615	47,432	11.02%	430,615	0
813	Breast and Cervical Cancer	151,956	37,297	24.54%	151,956	0
817	HEALTHY COMMUNITIES	2,000	0	0.00%	2,000	0
821	PREPAREDNESS COORDINTN & TRNG	112,370	0	0.00%	112,370	0
822	PREPAREDNESS EPIDEM & SURVLLNC	76,009	0	0.00%	76,009	0
823	PREPAREDNESS MEDICAL RSRV CORP	10,686	0	0.00%	10,686	0
826	LOCAL COMM PUB HEALTH PROJECTS	32,005	0	0.00%	32,005	0
827	ADAIR CO SMOKE-FREE PROGRAM	878	0	0.00%	878	0
828	Diabetes Outreach and Educatio	111	0	0.00%	111	0
829	HEART4CHANGE	19,077	0	0.00%	19,077	0
830	SEXUAL RISK AVOIDANCE EDU GRNT	428,554	0	0.00%	428,554	0
831	WORKSITE WELLNESS PROJECT	46,459	0	0.00%	46,459	0
832	WORKSITE WELLNESS	15,576	0	0.00%	15,576	0
833	Breastfeeding Promotion	49,923	0	0.00%	49,923	0
835	HPP ACTIVITY SUPPORT	14	0	0.00%	14	0
836	Tobacco	238,155	375	0.16%	238,155	0
839	Marshall Univ Grant Diabetes	7,446	0	0.00%	7,446	0
840	Breastfeeding Peer Counselor	59,258	0	0.00%	59,258	0
841	DIABETES TODAY PROGRAM	20,888	0	0.00%	20,888	0
842	HIV Counseling & Testing	5,007	0	0.00%	5,007	0
844	RYAN WHITE PHARM REBATE FUNDS	403,417	0	0.00%	403,417	0
845	RYAN WHITE PROGRAM	161,869	0	0.00%	161,869	0
846	RURAL HEALTH OPIOID GRANT	128,349	0	0.00%	128,349	0
848	Healthy Start Day Care	49,595	0	0.00%	49,595	0
853	HANDS PRIMA GRAVIDA PROGRAM	1,740,402	1,740,402	100.00%	0	1,740,402
856	Arthritis	1,503	0	0.00%	1,503	0
858	Supplemental School Health	1,466,690	1,466,690	100.00%	0	1,466,690

Lake Cumberland District Health Department
 Allowable Unrestricted Reserve Calculation
 As of Period Ending June 30, 2018

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
875	HPP Co-ordinator	30,747	0	0.00%	30,747	0
886	WIC OPERATIONAL ADJUST FUNDING	80,956	0	0.00%	80,956	0
890	Core Public Health	12,338	4,202	34.06%	12,338	0
891	Medicaid Match	304,594	0	0.00%	304,594	0
895	Allocable Leave & Fringes	1,596,789	3,285	0.21%	1,596,789	0
	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	FY2017		FY 2018	
Current Allowed Unrestricted Reserve	\$ 5,201,912.15	100%	5,194,330.17	100%
Fiscal Year End Actual Unrestricted Reserve	5,347,847.00	103%	5,785,499.14	111%
Remaining Allowable Unrestricted Reserve	<u>\$ (145,934.85)</u>	-3%	<u>(591,168.97)</u>	-11%
Total Program Restricted Reserves	\$ 1,619,890.79		1,468,190.56	
Total Reserves	<u>6,967,737.79</u>		<u>7,253,689.70</u>	

Lake Cumberland District Health Department
Federal and State Allocation Modifications
FY 2018

Total \$ 1,472,666.93

Date	Amend/Addend	Description	Cost Center	Fund	Grant	Amount
7/12/2017	Amendment #1	MSA Tobacco Prevention & Control	836	422		\$ 40,000
9/6/2017	Amendment #2	Medical Reserve Corp	823	438		\$ 1,500
9/11/2017	Amendment #3	Environmental Strike Team	746	438		\$ 1,000
6/30/2017	Addendum #1	ECD School Projects	775	422		\$ 40,000
9/22/2017	Addendum #2	Title X Family Planning	802	432		\$ (36,690)
9/13/2017	Amendment #4	QUAD DSME Enhanced PPHF	841	438		\$ 500
9/22/2017	Amendment #5	CHAT	738	435		\$ 51,387
9/27/2017	Amendment #6	Regional EPI PPHF - ELC	729	438		\$ 3,500
10/5/2017	Notice of Award	Rural Health Opioid Grant	846	439		\$ 249,963
10/19/2017	Addendum #3	MSA Tobacco Prevention & Control	836	422		\$ 39,815
11/8/2017	Amendment #7	Summer Feeding Program	500	422		\$ 3,200
11/27/2017	Addendum #4	TB Funds Jul-Dec	806	438		\$ 2,320
8/25/2017	Allocation Change 20170825	WIC Operational Adjustment Funds from USDA. This is for Media outreach and awareness campaign to address the reasons identified stakeholders are no longer receiving WIC. LCDHD will work with Quantum Communication to design and implement a marketing campaign, including the purchase of post cards, WIC video, Facebook targeted ads, cinema ads and print-ads in local papers and magazines. (Pass through funds. No salary)	886	438		\$ 19,789
8/25/2017	Allocation Change 20170825	WIC Operational Adjustment Funds from USDA. This is for Media outreach and awareness campaign to address the reasons identified stakeholders are no longer receiving WIC. LCDHD will work with Quantum Communication to design and implement a marketing campaign, including the purchase of post cards, WIC video, Facebook targeted ads, cinema ads and print-ads in local papers and magazines. (Pass through funds. No salary)	886	438		\$ 59,367
1/9/2018	Allocation Change 20180109	Grant realignment	804	438		\$ 150,000
1/9/2018	Allocation Change 20180109	Grant realignment	833	438		\$ (4,165)
12/21/2017	Allocation Change 20171221	Grant realignment	805	431		\$ 49
1/22/2018	Allocation Change 20180122	2nd half of the year allocations for HANDS multigravida services (Already included in budget. No addition to current budget)	752	422		\$ 460,875
1/22/2018	Allocation Change 20180122	2nd half of HANDS multigravida allocations (Already included in budget. No addition to current budget)	760	438		\$ 86,075
12/21/2017	Allocation Change 20171221	Support the KHDA Mentor Program.	895	425		\$ 2,500
1/3/2018	Allocation Change 20180130	LHD allocation reduction due to state budget reduction	809	422		\$ (14,196)
10/30/2017	GPQI1815B	QUAD - HDSP Level Funding System - Enhanced - PPHF	832	438		\$ 20,000
2/22/2018	GBIO1803G	Preparedness Coord	821	438		\$ (58,469)
2/22/2018	GBIO1803H	Preparedness Coord	821	438		\$ 58,469
2/22/2018	GBIO1804D	EPID & Surveillance	822	438		\$ (9,809)
2/22/2018	GBIO1804E	EPID & Surveillance	822	438		\$ 9,809
2/22/2018	GBIO1805C	Medical Reserve Corps	823	438		\$ (6,842)
2/22/2018	GBIO1805D	Medical Reserve Corps	823	438		\$ 6,842
2/22/2018	GBIO1806C	HPP Medical Reserve Corp	823	438		\$ (3,434)
2/22/2018	GBIO1806D	HPP Medical Reserve Corp	823	438		\$ 3,434
2/22/2018	GBIO1807B	HPP Activity Support	835	438		\$ (5,390)
2/22/2018	GBIO1807C	HPP Activity Support	835	438		\$ 5,390
2/22/2018	GBIO1808C	HPP Coordinators	875	438		\$ (16,450)
2/22/2018	GBIO1808D	HPP Coordinators	875	438		\$ 16,450
2/22/2018	GBIO1804F	EPID & Surveillance	822	438		\$ 10,667
3/30/2018	GPHP1809B	Retirement Assistance	895	426		\$ 21,473
4/19/2018	GMCH1806E	HANDS GF Services	752	422		\$234,644.00
4/25/2018	GBIO1807E	HPP Activity Support	835	438		\$900.00
4/25/2018	GPHP1815C	St Environmental Ser (AG)	895	424		\$28,194.15

Some of these additional allocation modifications are immediately offset by additional expenses. Some are modifications to cover existing expenses. And, some are partially offset by additional expenses and partially covering existing expenses. Some of the reductions are immediately offset by an addition in an equal amount. These are allocations Frankfort has just shifted around to correct tracking on their end, e.g. correcting a grant source identification number. Additionally each increased budget modification includes instruction on how the funds are to be accessed, and we may or may not be able to fully access all the funds

Summary of Grants Status Report - August 2018

Grants Applied For

During the 2018 calendar year LCDHD has applied for 14 grants. This includes applications to foundations, corporations, state, and federal funding agencies.

Grants Funded

To date, we have received \$85,000 in grant funding for this calendar year. This is a decrease from \$620,152 in the previous calendar year.

This year's funding comes from the KY Cabinet for Health and Human Services grants.

Grants Awaiting Decision

We are waiting for the funding decision on ten applications.

Our most recent grant application was submitted to the Reiman Foundation, in order to fund all 42 of our districts' elementary and middle schools with bullying awareness kits. These kits can be implemented for PE, playground and recess activities, in order to bring awareness to the effects of bullying.



LCDHD Strategic Plan

2018 - 2023

"A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it" – Public Health Accreditation Board

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Strategic Efforts Summary Letter

The mission of the Lake Cumberland District Health Department is to “...prevent illness and injury, promote good health practices, and to assure a safe environment.” In short, we desire for our community’s health to improve. The enclosed *Strategic Plan* provides a “thumbnail overview” of many of our major initiatives that help us achieve our mission. Below is a summary of additional “plans” developed and utilized within our agency. We list them here to demonstrate how our plans are inter-related and that we use the concepts of strategic thinking and performance management at all levels of planning within our agency.

Performance Management System

As much as possible, we have integrated the concepts of performance management into each of our plans so that they might be living documents that guide our agency’s strategic efforts. The introduction to each of our plans, provided below, indicates how we set our performance standards, what performance measures we utilize to assess our progress, how and where our performance is documented and reported, and what steps we take for quality improvement should any aspect of our plans be fall short of our performance expectations.

Quality Improvement Plan

Besides Quality Improvement Projects, in an effort to be as efficient and effective as possible operationally, we utilize several Quality Assurance processes such as Patient and Employee Satisfaction Surveys, Utilization Review of Medical Records and quarterly division meetings.

Furthermore, as we endeavor not only to assure operational quality, we also look for areas of potential agency and community improvement. Therefore, we engage periodically in research (such as, the “Centering in Pregnancy” Research Project with the University of Kentucky) or pilot projects (such as, same day scheduling).

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In terms of Quality Improvement, quality improvement activities emerge from a systematic and organized framework. LCDHD maintains a quality improvement plan outlining the quality improvement process utilized. This framework, adopted by LCDHD leadership, will be understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels.

The Quality Improvement Committee (QIC) will be responsible for developing quality improvement strategies based on available data and recommendations from staff and board members. The QIC will also commission and supervise continuous quality improvement, including the design of new services and the improvement of existing services based on measures and assessment through the collection and analysis of data.

The performance management system utilized in this department is:

Performance Standard:

From time to time, processes within our agency need to be enhanced in order to achieve desired outcomes. Suggestions for areas of quality improvement are solicited from our staff (i.e. employee suggestions at staff meetings), the Executive Team (via brainstorming when program evaluation reflects poor performance), and from our board members (via suggestion box on the board meeting agenda). The tools (PDCA, Flow Charting, etc.) utilized to achieve these improvements are identified in our Quality Improvement Plan.

Performance Measures:

Consistent with our QI Plan, an AIM statement is developed to clarify what, how, for whom and by when improvement will occur.

Performance Reporting:

Minutes from QI Team Meetings and a Quality Improvement Action Plan are utilized to track the QI project as it unfolds. A storyboard is created when the project is complete to summarize the findings. These are then shared with all staff and board members in our monthly newsletter and placed on our website.

Quality Improvement:

QI Projects that demonstrate improved processes that result in desired outcomes will be adopted by the Executive Team.

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Community Health Improvement Plan

As our Quality Improvement Plan assures organizational efficiency and effectiveness, we leverage such to focus on community health improvement. Our agency evaluates existing health data and, via the Mobilizing for Action through Planning and Partnerships (MAPP) process, garners community input (Community Health Assessment [CHA]) and cooperation (Community Health Improvement Plan [CHIP]) to address public health issues in a collaborative manner. The activities which guide the CHIP's completion will be identified on the health coalition's yearly report.

The performance management system utilized in this department is:

Performance Standard:

CHIPs are developed utilizing the results of the CHAs. The CHIP's are action plans local health coalitions utilize for creating healthier communities. These action plans target specific health behaviors that will impact health outcomes. These action plans utilize the core functions of public health and/or ten essential services as deemed necessary. Available state, federal, and local funds are planned and budgeted accordingly and ultimately approved by the District Board of Health and the Department for Public Health. The goal is improving the health status of our communities.

Performance Measures:

Bi-annual progress notes will track activities of the health coalitions and the strategies adopted from the CHIP. They will also note unexpected outcomes, both positive and negative.

Performance Reporting:

Bi-annual reports will be completed in December and June. The CHIP reports will be composed by the Health Educators who facilitate the health coalitions. The Health Education Director will share the CHIP reports to the Executive Team. These reports will be available on the LCDHD website.

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Quality Improvement:

The Health Education Director and Health Educators will review the CHIPs (goals/objectives/strategies) on a yearly basis. Health Educators will discuss quarterly progress notes within our staff meetings for unexpected outcomes. Financial assistance will be reviewed on a yearly basis, which is guided by Kentucky Department for Public Health allocations to assist with cost for the CHIPs. Health coalitions will devise strategies to improve and follow up at the meetings.

Annual Plan and Budget

Responding to health statistics and community concerns, our Annual Plan and Budget is our annual “step along the way” to achieving our mission of improved community health outcomes. This includes each division’s annual goals (i.e. our Health Policy and Promotion Division’s Plan is referred to as the “Community Plan” and focuses on health policy development and promotion; engaging in the MAPP process; and, community health education).

The performance management system utilized in this department is:

Performance Standards:

CHAs (and other parts of the MAPP process) along with available health statistics help us to identify public health needs in our communities. Available state, federal, and local funds are then planned and budgeted accordingly and ultimately approved by the District Board of Health and the Department for Public Health with the goal of improving the health status of our communities.

Performance Measurement:

Each month, revenues and expenditures are evaluated by the Director of Administrative Services to determine whether plans are progressing as budgeted.

Performance Reporting:

Financial status is reported to Executive Team monthly, who make adjustments by program as necessary. Quarterly, financial status is reported to the District Board of Health. Year-end close-out data is also

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reported to the Board and published on the Department of Local Government (DLG) and the LCDHD website annually.

Quality Improvement:

Financial status is reported to Executive Team/Program Managers monthly. Director of Administrative Services communicates with Program Managers the revenues and expenditures of each program compared to budget. Program Managers and Director of Administrative Services evaluate reason for variance and Director of Administrative Services and Program Managers will form a correction if appropriate.

Preparedness Plans

In the event of a public health emergency or a bioterrorism attack, our various preparedness plans guide our response efforts and our continuity of agency operations.

The performance management system utilized in this department is:

Performance Standards:

Preparedness plans for the agency are exercised and reviewed regularly. Plans are submitted to Kentucky Department for Public Health (KDPH) for their input and approval and are also submitted for approval by the Board of Health.

Performance Measurement:

Plans are written with the expectation of being carried out with success for the agency's response and operations. If plans are exercised or utilized and found to need revision or corrections, those are conducted and all plans are resubmitted for approval to local and state partners.

Performance Reporting:

After action reports (AARs) are completed for each event and exercise to report the strengths and areas of improvement for each plan. Hot washes and debriefings are held with staff to capture their immediate input about the response and operations. The AARs are shared with and disseminated to partner agencies and the state.

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Quality Improvement:

Improvement plans are written as part of the AAR process that assign corrective actions to the appropriate department and ensure follow-up on actions that need improvement.

Workforce Development Plan

The Workforce Development plan assures that we recruit, train and retain a competent workforce.

The performance management system utilized in this department is:

Performance Standards:

LCDHD builds and maintains a public health workforce through recruitment of qualified individuals, continual training for staff, retention of staff through promotion of benefits and a positive work environment and evaluation of employee performance and satisfaction. Employee professional development ties in with the current strategic plan and is an ongoing process to ensure employees are staying current in licensure requirements, programmatic needs, as well as core competencies and emergency preparedness competencies.

Performance Measurement:

Workforce development is conducted and maintained in accordance with the Administrative Regulations for Local Health Departments. Training is monitored on an ongoing basis via TRAIN training plans and a checklist was developed from the training grid generated by division directors, taking into account which core competencies are vital within their division, to assist supervisors and Human Resources to monitor completion of required trainings. In addition, state databases are available for tracking various programmatic trainings. Employee recognition (via the employee of the month/year process) and opportunities for advancement promote good retention. Regularly scheduled performance evaluations are conducted using merit system forms at designated intervals in addition to employee satisfaction surveys.

Performance Reporting:

Human Resources updates are reported to the Executive Team monthly and to the Board of Health on a quarterly basis.

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Quality Improvement:

Program Mangers review staffing needs annually as part of budget preparation and Executive Team / Program Managers meet bimonthly to discuss staffing needs, training, retention and performance. The training requirements of each division are reviewed annually and adjusted as needed by division directors.

In order for our agency to have the best opportunity to achieve our mission, all of our plans must correlate with one another. Each plan designated above ties either directly or indirectly with the other plans and serves to guide us as we move toward improved health outcomes for our communities.

In good health,

Shawn D. Crabtree, MSSW, MPA
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Need for a Plan

The purpose of this strategic plan is to define the direction of LCDHD over the next five years. There are many reasons why we choose to engage in a strategic planning process. For example:

- **National Public Health Accreditation:** LCDHD was accredited through the Public Health Accreditation Board's (PHAB) voluntary national accreditation program in March 2017.
- **Effective Use of Available Resources:** The current economic situation has led to significant reductions in public health funding over the past several years. This type of environment requires us to evaluate what services and programs are provided by the health department, while also ensuring that we are making strides to do our work in a more efficient and effective manner to meet customer and client expectations.
- **Importance of Continuous Learning and Improvement:** Constantly monitoring progress and making necessary adjustments in program and service delivery are critical actions for ensuring we are achieving intended public health outcomes. Establishing an organizational culture of continuous learning and quality improvement guided by research and identified needs of stakeholders is imperative.

Planning Process

In March 2018, the strategic planning committee (see *Appendix A* for a complete listing of strategic planning committee participants) met to begin the process of reviewing and revising the LCDHD Strategic Plan that was in place from 2013-2018. But, upon examination of the plan and much discussion it was decided that the plan just needed to be completely rewritten due to the rapidly changing infrastructure and capacity of the health department and the emerging trends in the community. This strategic planning process was initiated from the beginning utilizing the *NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide* to lead us through that process again. A series of meetings followed that resulted in the development of the LCDHD Strategic Plan 2018-2023 (see *Appendix B* for a list of strategic planning session dates and the purpose of each).

In the future, the committee will meet at least annually to review the plan and make revisions as needed. Changes to the plan will be documented on the *Strategic Plan Revision Tracking Sheet*, including a summary of changes and will reflect the meeting minutes where the modifications to the plan were made. When amendments to the plan are necessary, a final draft of the modified plan will be presented to the governing Board of Health for review and approval.

Every five years, a SWOT analysis that includes all employees and board members will occur and the plan will be rewritten based on identified strengths, weaknesses, opportunities, or threats identified. Refer to *Appendix C* for a compilation of the 2017-2018 results.

Vision, Mission, and Guiding Principles

Vision:

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

Mission:

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.

Guiding Principles:

- integrity
- respect
- empathy
- excellence
- responsibility
- efficient
- trustworthy
- compassion
- accountability
- inspire/empower
- leadership

Strategic Priorities

LCDHD first identified four *Priority Areas* to focus on during this plan cycle based upon the needs of the community, agency and the results of the SWOT analysis. These strategic priorities were identified as:

Priority Area: 1. Improve Quality of Life

Priority Area: 2. Enhance Community Access, Engagement and Collaboration

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

Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies

Goals and objectives with measurable and time-framed targets:

Broad goals were identified in each priority area, followed by the development of measurable, time framed objectives. Specific measures for each objective can be found underneath the strategies for that objective (refer to the following chart). In addition, measurable strategies that will be taken to achieve the objectives have also been listed.

Key support function required for efficiency and effectiveness:

All LCDHD plans must take into account our capacity for information management, workforce development and financial sustainability of all programs and services as part of the initial planning process. In addition, all plans will be reviewed at least annually and modified as needed based on support functions and funding available at that time.

Identification of external trends, events, or factors that may impact community health or the health department:

It is important to assess the agency's (information technology) IT, workforce, financial, etc. capacities before beginning any strategic effort to assure all needed resources are sufficiently available to see the process through. Therefore, all LCDHD strategic efforts/plans must consider these capacities as part of the initial planning process. In addition, all plans will be reviewed at least annually and modified as needed based on how available resources evolve.

Assessment of health department strengths and weaknesses:

A SWOT analysis that included all employees and board members was completed before the strategic plan was developed to guide our efforts. The final summary is located in *Appendix C* for quick review of results.

Link to the health improvement plan and quality improvement plan:

Links to other LCDHD plans, such as the Quality Improvement Plan, the Workforce Development Plan and the Community Health Improvement Plans is apparent when reading through the goals and objectives as all plans were taken into consideration as the strategic plan was being developed. Just a few examples:

Goal 1.1 focuses on the community health coalition partners, community health assessments and community health improvement plans

Goal 2.1 focuses on the Local Public Health System and Mobilizing for Action through Planning and Partnerships

Goal 3.3 links to the Workforce Development Plan by focusing on competent workforce

Goal 4.1 refers to the Annual Plan and budget by adjusting to the new financial realities

Goal 4.3 ties directly to utilizing the QI plan and tools to make improvements

Monitoring, Evaluation and Reporting

A database was developed that houses all of the strategic plan priority areas, goals, objectives, strategies and measures. It also includes the baseline data and target measures with time frames noted. Quarterly, the assigned staff (also noted in the database) will report on the progress of each strategy and objective measure to date, with the ability to make comments on progress if needed. This will be reviewed at bimonthly executive team meetings along with the reports from the performance management database that is used in conjunction with the strategic plan tracker.

Progress on the strategic plan will be communicated to all staff via the monthly executive team meeting minutes and reports. Annual updates to the strategic plan and the meeting minutes will be posted on the website so they will be available to all staff, stakeholders and board members.

Lake Cumberland District Health Department: Strategic Plan Dashboard for Fiscal Year Ending:

2019

Priority Area: 1. Improve Quality of Life	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
<p>Goal: 1.1. Provide more evidence based programs in the community</p> <p>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.</p> <p>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</p> <p>Strategy: 1.1.1.2. Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool</p> <p>Measure: 1.1.1.1 At least three evidence based programs adopted/implemented by community health coalition partners as documented in the CHIPs</p>	No	Yes	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
	No	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
	0.00	3.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
<p>Goal: 1.2. Promote healthy lifestyles</p> <p>Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023.</p> <p>Strategy: 1.2.1.1. Educate and advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions</p>	2.00	5.00	7/1/2018		



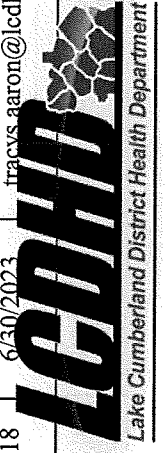
Strategy: 1.2.1.2. Educate and advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free	9.00	12.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.2.1.1 Decrease lung cancer incidence as listed in the health report card from 102 (2015 data) to 101 (1% decrease)	102.00	101.00	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
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)	73.80	72.80	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 1.2.1.3 Decrease adult smoking rates from 24% to 23%, source County Health Rankings, 2018	24.00%	23.00%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
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	14.30%	13.30%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
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	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 1.3.1.2. Disseminate information provided by Kentucky Department for Public Health (KDPH) to community partners	Yes	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats	Yes	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
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	0	2	7/1/2018	6/30/2023	amyc.tomlinson@lcdhd.org;
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/drill opportunities.	No	Yes	7/1/2018	6/30/2019	amyc.tomlinson@lcdhd.org;



Strategy: 1.3.2.2. Partner with regional healthcare preparedness to schedule/provide public health exercise opportunities	Yes	Yes	7/1/2018	6/30/2023	amyc.tomlinson@lcdhd.org;
Strategy: 1.3.2.3. Train Epi Rapid Response Team (ERRT) staff in public health response	Yes	Yes	7/1/2019	6/30/2023	amyc.tomlinson@lcdhd.org;
Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year	0.00	1.00	7/1/2018	6/30/2019	amyc.tomlinson@lcdhd.org;
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	4.00	6.00	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
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	3.64	3.50	7/1/2018	6/30/2023	christine.weyman@lcdhd.org ;
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	29.45	29.00	7/1/2018	6/30/2023	christine.weyman@lcdhd.org ;
Separator					
Priority Area: 2. Enhance Community Access, Engagement & Collaboration	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
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.	Yes	Yes	7/1/2018	6/30/2019	amandaj.england@lcdhd.org;
Strategy: 2.1.1.2. Update Data Analysis Committee webpage after each meeting and notify the public of our activities through social media posts	Yes	Yes	7/1/2018	6/30/2019	amandaj.england@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2023	kevin.lewis@lcdhd.org;
Measure: 2.1.1.1 Number of Facebook followers	8899	10000	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.2 Number of YouTube followers	44.00	100.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.3 Number of Twitter followers	566.00	600.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.4 Number of Instagram followers	179.00	200.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.1.1.5 Monthly traffic to website	9348	10000	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District					
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.					
Strategy: 2.2.1.1. Implement the Mobilizing for Action through Planning and Partnerships (MAPP) tool	No	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.2.1.2. Identify and engage partners across Local Public Health System (LPHS) and invite key partners to attend	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;



Measure: 2.2.1.1 75% of coalition members regularly attend meetings as recorded in the coalition attendance tracking tool	50.00%	75.00%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.2.1.2 25% of newly invited key partners will attend the meetings as recorded in the coalition attendance tracking tool	0.00%	25.00%	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
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.					
Strategy: 2.2.2.1. Attending stakeholder, policymaker and civic group meetings to share data/community health improvement plan	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.2.2.1 Conduct three presentations per county as documented in the community health plan	0	30	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
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.					
Strategy: 2.2.3.1. Provide a web-based feedback form	No	Yes	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Strategy: 2.2.3.2. Promote web-based feedback form via social media	No	Yes	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Measure: 2.2.3.1 Conduct a survey regarding feedback on CHIPs by June 30, 2019.	0	1	7/1/2018	6/30/2019	tracys.aaron@lcdhd.org;
Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis.					
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					
Strategy: 2.3.1.1. Share morbidity and mortality data with the public via our health report card and social media promotions	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.3.1.1 Add illicit drug related hospital & emergency room (ER) visits to the health report card	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 2.3.1.2 Add drug overdose mortality data to health report card	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;



Measure: 2.3.1.3 Promote health report card annually via social media	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
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					
Strategy: 2.3.2.1. Review data at the bi-annual data analysis committee meetings	No	Yes	7/1/2018	6/30/2023	amandaj.england@lcdhd.org;
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	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by June 30, 2023.					
Strategy: 2.3.3.1. Educate the public via public forums and media releases	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Strategy: 2.3.3.3. Educate fiscal courts and city councils	Yes	Yes	7/1/2018	6/30/2023	tracys.aaron@lcdhd.org;
Measure: 2.3.3.1 Increase number of Syringe Exchange Programs from 4 to 6 by June 30, 2023.	4	6	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and providing technical assistance for such as needed.					
Objective: 2.4.1. Promote more extensive use of Kentucky Immunization Registry (KYIR) with providers in the LCDHD service area by June 30, 2023.					
Strategy: 2.4.1.1. Educate pharmacies and physician offices on value of immunization registry through correspondence or face-to-face meetings	No	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
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	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;



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	No	Yes	7/1/2018	6/30/2019	angelal.simpson@lcdhd.org;
Objective: 2.4.2. Assist schools to increase compliance to at least 90% with state immunization requirements by June 30, 2023.					
Strategy: 2.4.2.1. Meet with underperforming school health coordinators	No	Yes	7/1/2018	6/30/2019	christine.veyman@lcdhd.org ;
Strategy: 2.4.2.2. Provide immunization information to 6th grade parents to encourage compliance with state immunization requirements	No	Yes	7/1/2018	6/30/2019	rebecca.baker@lcdhd.org;
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	Yes	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;
Measure: 2.4.2.1 Decrease number of schools with less than 90% compliance with state immunization requirements from 15 to 10.	15.00	10.00	7/1/2018	6/30/2023	christine.veyman@lcdhd.org ;
Separator					
Priority Area: 3. Foster Employee Engagement, Development and Performance	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
Goal: 3.1. Increase staff awareness and collaboration across all programs					
Objective: 3.1.1. Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning Fiscal Year (FY) 2019					
Strategy: 3.1.1.1. Highlight a program monthly via email, website and/or newsletter updates	0.00	12.00	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
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	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Strategy: 3.1.1.3. All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested	No	Yes	7/1/2018		



Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.	1.00%	85.00%	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Objective: 3.1.2. Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff					
Strategy: 3.1.2.1. As program needs arise, appropriate groups would meet to discuss strategies / opportunities to educate staff on program needs / requirements	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
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.	No	Yes	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Measure: 3.1.2.1 Survey Division Directors annually to measure their perceived improvement in cross-program collaboration.	1.00%	85.00%	7/1/2018	6/30/2019	annaj.tucker@lcdhd.org;
Goal: 3.2. Develop and adopt procedures to protect sensitive personnel information and improve departmental efficiencies.					
Objective: 3.2.1. By June 30, 2023, we will develop a modality to electronically send, receive, and store essential personnel records.					
Strategy: 3.2.1.1. Follow with DPH personnel branch to ensure electronic performance evaluations are approved	No	Yes	7/1/2018	6/30/2019	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.2. Develop a secure process allowing all employees to electronically sign documents	25.00%	100.00%	7/1/2018	6/30/2019	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.3. Develop a secure fillable electronic performance evaluation form	No	Yes	7/1/2018	6/30/2019	carola.huckelby@lcdhd.org;
Strategy: 3.2.1.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.1.1 All performance evaluations will be submitted by due date.	95.00%	100.00%	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.1.2 100% of performance evaluation forms will be sent using new system.	1.00%	100.00%	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Objective: 3.2.2. By 2023, all job descriptions for applicable employees will be updated at least every three years					



Strategy: 3.2.2.1. Update modality for ensuring job descriptions are updated at least every three years to reflect expectations for current tasks.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Measure: 3.2.2.1 95% or more job descriptions will have been reviewed and updated to reflect current tasks expectations within the past three years	50.00%	95.00%	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Goal: 3.3. Recruit and assure a competent workforce by providing training opportunities that develop core public health competencies					
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.					
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.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Strategy: 3.3.1.2. Division directors will provide opportunities for necessary trainings as appropriate	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
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.	1.00%	100.00%	7/1/2018	6/30/2019	annaj.tucker@lcdhd.org;
Objective: 3.3.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.					
Strategy: 3.3.2.1. Work with new DPH personnel branch manager to implement improved recruitment strategies.	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Strategy: 3.3.2.2. Update recruitment ads wording to entice more qualified applicants	No	Yes	7/1/2018	6/30/2019	carola.huckelby@lcdhd.org;
Strategy: 3.3.2.3. Analyze current online job recruitment tools to identify best platforms to post jobs to recruit qualified individuals	No	Yes	7/1/2018	6/30/2023	carola.huckelby@lcdhd.org;
Strategy: 3.3.2.4. Update job interview questions to help us better identify quality candidates	No	Yes	7/1/2018	6/30/2019	carola.huckelby@lcdhd.org;
Measure: 3.3.2.1 Each job vacancy that is advertised outside the agency will have at least three qualified applicants.	1.00	3.00	7/1/2018		carola.huckelby@lcdhd.org;



Supervisor	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies					
Goal: 4.1. Adjust the Agency to New Financial Realities					
Objective: 4.1.1. If advantageous, consider relinquishing various under-funded clinic programs to other community partners and adjust staff compliment accordingly by June 30, 2023.					
Strategy: 4.1.1.1. Should it become necessary to pursue this objective, secure Governing Board Approval to pursue this strategy.	No	Yes	7/1/2018	6/30/2020	shawnd.crabtree@lcdhd.org;
Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services	No	Yes	7/1/2018	6/30/2020	laurae.woodrum@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2020	shawnd.crabtree@lcdhd.org;
Strategy: 4.1.1.4. Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan	No	Yes	7/1/2018	6/30/2020	shawnd.crabtree@lcdhd.org;
Measure: 4.1.1.1 Clinic programs will improve self-sufficiency from requiring 60% of the agency's total local tax funds to 30%	60.00%	30.00%	7/1/2018	6/30/2020	leah.jasper@lcdhd.org;
Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 30, 2023.					
Strategy: 4.1.2.1. Explore options to improve processes and services (for example: utilizing videoconferencing for Medical Nutrition Therapy, Directly Observed Therapy, training, coalition meeting, supervision, etc.)	No	Yes	7/1/2018	6/30/2023	leah.jasper@lcdhd.org;
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.	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;



Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.	No	Yes	7/1/2018	6/30/2023	kevin.lewis@lcdhd.org;
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023 as reported in the executive team meeting	0.00	3.00	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Goal: 4.2. Seek Opportunities to Enhance Capacity					
Objective: 4.2.1. Explore and, if possible, utilize alternative staffing arrangements other than merit positions by FY 2020.					
Strategy: 4.2.1.1. Secure Governing Board Approval to pursue this strategy.	No	Yes	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
Strategy: 4.2.1.2. Meet with staffing agencies to better understand their services and utilize their services, if appropriate.	No	Yes	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
Strategy: 4.2.1.3. Seek KDPH approval of the staffing agency contract model	No	Yes	7/1/2018	6/30/2019	shawnd.crabtree@lcdhd.org;
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.	No	Yes	7/1/2018	6/30/2019	carola.huckelby@lcdhd.org;
Measure: 4.2.1.1 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
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.					
Strategy: 4.2.2.1. Establish at least 10 closed Point of Dispensing (POD) partnerships by FY 2021 as evidenced by written agreements	0.00	10.00	7/1/2018	6/30/2021	amyc.tomlinson@lcdhd.org;
Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists	No	Yes	7/1/2018	6/30/2023	leah.jasper@lcdhd.org;
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	No	Yes	7/1/2018	6/30/2023	laurae.woodrum@lcdhd.org;



Measure: 4.2.2.1 # of written agreements in effect	0.00	75.00	7/1/2018	6/30/2023	leah.jasper@lcdhd.org;
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.					
Strategy: 4.2.3.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.	Yes	Yes	7/1/2018	6/30/2023	kevin.lewis@lcdhd.org;
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.	No	Yes	7/1/2018	6/30/2019	kevin.lewis@lcdhd.org;
Measure: 4.2.3.1 The submission of at least seven grant applications annually as recorded in the grant managements database.	0.00	7.00	7/1/2018	6/29/2023	kevin.lewis@lcdhd.org;
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.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.5. Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities.	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Strategy: 4.3.1.6. Review our Public Health Accreditation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	Yes	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;



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.	No	Yes	7/1/2018	6/30/2023	shawnd.crabtree@lcdhd.org;
Measure: 4.3.1.1 Initiate at least three QI projects annually.	0	3	7/1/2018	6/30/2023	annaj.tucker@lcdhd.org;
Separator					
Do Not Delete					



Appendix A:
Strategic Planning Committee Members 2018

- Shawn Crabtree.....Executive Director
- Christine Weyman.....Medical Director
- Carol Huckelby.....Human Resources Manager
- Leah Jasper.....Director of Administrative Services
- Tracy Aaron.....Director of Health Education
- Stuart Spillman.....Director of Environmental Services
- Laura Woodrum.....Director of Nursing
- Amy Tomlinson.....Public Health Preparedness Manager
- Janae Tucker.....Quality Improvement Director

Appendix B: Strategic Plan Sessions

<u>Date</u>	<u>Purpose</u>
<u>March 5, 2018</u>	Preparation: <ul style="list-style-type: none"> • Readiness assessment • Plan to plan Assess the Current Situation: <ul style="list-style-type: none"> • Review of mission, vision, and guiding principles • Identifying values/beliefs • Stakeholder analysis
<u>March 26, 2018</u>	Preparation (continued): <ul style="list-style-type: none"> • Determine data needs Assess the Current Situation (continued): <ul style="list-style-type: none"> • Internal & external analysis Analyze SWOT results: <ul style="list-style-type: none"> • comparison of identified threats • to identified opportunities, identified weaknesses • to identified opportunities and identified • weaknesses to identified threats
<u>May 2, 2018</u>	Conclusive report for Strategic Plan 2013-2018 reviewed and approved Development of template for new strategic plan
<u>May 11, 2018</u>	Identified priority areas and goals for each. Began identifying strategies and measures for each goal.
<u>May 14, 2018</u>	Continued to work on objectives, strategies and measures for each goal
<u>June 11, 2018</u>	Analyze suggested Strategic Initiatives developed by group members and start adding them to the new strategic planning tracker that was created by the executive director
<u>July 2, 2018</u>	Continue to analyze suggested Strategic Initiatives developed by group members and start adding them to the new strategic planning tracker that was created by the executive director
<u>July 12, 2018</u>	Continue to analyze suggested Strategic Initiatives developed by group members and start adding them to the new strategic planning tracker that was created by the executive director.
<u>August 20, 2018</u>	Continue to analyze suggested Strategic Initiatives developed by group members and start adding them to the new strategic planning tracker that was created by the executive director
<u>August 22, 2018</u>	Finish compiling Strategic Initiatives and Objectives and finalize strategic plan tracker with baselines, target measures and person responsible for reporting on progress
<u>August 27, 2018</u>	Strategic Initiatives were reviewed to ensure they support the mission and vision of the organization Finish introduction and rest of plan put together for approval of executive team and BOH

Appendix C: LCDHD SWOT Analysis Compilation (All staff & BOH results) 2017-2018

<u>Strengths</u>
<p>*Programs in place/education – e.g. clinic, health education, syringe exchange programs, etc.</p> <p>*Programs in place/education – e.g. tobacco cessation, health education, syringe exchange programs, screenings offered, etc.</p>
<p>*Established, Credible & Reputable in Community</p> <p>*Knowledgeable staff</p> <p>*Established community & agency partners</p> <p>*Education & community outreach</p> <p>People who care</p> <p>Communication skills</p> <p>Organizational support</p> <p>Diverse population</p> <p>Needle exchange</p> <p>Outreach</p> <p>Needle exchange</p>
<p>Established, credible & reputable in community</p> <p>Established relationship with patients/clients</p> <p>Several counties working together on local health issues</p> <p>Presence in the schools</p>

<u>Weaknesses</u>
<p>*Funding</p> <p>*Lack of community participation</p> <p>*Difficulty motivating people</p> <p>*Staff shortages</p> <p>Staff shortages (turnover, fewer staff now, etc.)</p> <p>Lack of working together across divisions</p> <p>Staff personal beliefs prevent support</p> <p>Lack of control over regulations</p> <p>Lack of government support</p> <p>Public health</p> <p>Fear of change</p> <p>Internal communication</p> <p>Staff unaware of all programs</p> <p>Education geared toward younger age groups</p> <p>Multi-cultural population</p> <p>Lack of advertisement of services</p> <p>Info on drug and/or alcohol use</p>

<u>Opportunities</u>
<p>*Seeking grant opportunities</p> <p>*Establish relationships with community and faith based partners</p> <p>*Seeking state and political support</p> <p>*Providing more education/information to the community</p> <p>*Increasing community awareness & involvement</p> <p>Media</p> <p>Word of mouth</p> <p>Unique programs</p> <p>Better community partners</p> <p>Population participation</p> <p>Drug education</p> <p>Technology/apps</p> <p>Opportunity to refer to other programs</p> <p>Attend community events</p> <p>More professional development & training</p>
<p>*Establish relationships with community partners (schools, jails, health entities, local law enforcement, faith based partners, etc)</p> <p>Drug education / syringe exchange programs</p> <p>Attend more community events</p> <p>More professional development & training</p>

<u>Threats</u>
<p>*State regulations</p> <p>*State and federal funding cuts</p> <p>*Uninterested/unmotivated population</p> <p>*Political resistance</p> <p>Lack of grant funding</p> <p>Lack of community partners</p> <p>Negative employee / community partner attitudes</p> <p>Lack of services in rural areas</p> <p>Competing with community partners</p> <p>Problems with payees</p> <p>Challenging political climate</p> <p>Apathy from board members</p> <p>Illegal drugs readily available</p> <p>Conflicting values with faith community</p> <p>Moral decline of communities</p> <p>Program stigma</p> <p>Lack of support from local government entities</p> <p>Competition from other health care providers</p> <p>Disinterest/apathy from public</p> <p>Educational levels of community</p> <p>Socioeconomic status of communities</p> <p>Illegal drugs readily available & rapidly expanding</p> <p>Stigma</p>

Staff results are in black font & BOH results are in blue font with the most top answers in all categories in bold with an * next to them.

Lake Cumberland District Health Department Personnel Report

Board of Health Meeting

September 4, 2018

It's been a busy summer in the HR Department. We welcomed 13 new staff members and said goodbye to nine valued members of our family.

We have been very successful in our recruitment efforts since we increased the starting salary for new nurses and began using electronic platforms such as Indeed.com and Facebook to recruit qualified applicants.

As fall approaches we will begin our open enrollment for insurance and will begin working on a QI project to make personnel records electronic and streamline our department to improve efficiency. We are also working with the department heads to update our Strategic Plan and Workforce Development Plan.

There's a lot of exciting things happening in the HR department. We look forward to the challenge!

13 – On duty

Merit

- Samantha Crabtree, LHN 1, HANDS
- Freda Doss, LHN 1, HANDS
- Regina Rice, LHN 1, HANDS
- Vanessa Watson, LHN 1, HANDS
- Tara Waters, LHN 1, HANDS
- Tim Green, Environmentalist 3
- Kevin Lewis, PH Program Specialist
- Amanda Ridner, LHN 1
- Hannah Hall, LHN 1
- Ashley Day, LHN 1

Contract

- Heather Lair, Contract LHN, HANDS
- Angel Hopkins, Contract, LHN, HANDS
- Shae Murrell, Peer Counselor

9-Off duty

Merit

- Crystal Dillingham, LPN 2
- Monica Hall, LHN 2
- Pamela Acey, Nutrition Supervisor (retired)
- Pamela Godby, HR Manager (retired)
- Melinda Copenhaver, Administrative Support Manager (retired)
- Aubree Chriswell, LHN 2
- Daniel McFeeters, Information Manager

Contract

- Veronica Reynolds, Peer Counselor
- Maria Fuentes, Interpreter

Employee Professionalism

From LCDHDWiki

Policy:

Employee Professionalism Courtesy and Manners: LCDHD employees shall demonstrate professionalism to the public and to one's co-workers.

Procedures:

1. Employee professionalism includes respect and courtesy toward one's employing agency and toward one's co-workers, both on and off the clock; and both on and off site.
2. Employee professionalism should also be extended to the network of agencies and employees of the agencies with whom we contract and serve.
3. Employees should be mindful of what they post (including, but not limited to, comments, photos, videos, voice recordings etc.) on public blog sites, social network sites, etcetera. Whether on or off the clock and whether at or away from the work site, the employee's behavior still reflects back upon the health department. For example, but not limited to, employees should be careful not to use these "electronic" avenues to criticize peers, the agency, or the agencies or employees of the agencies with which the health department contract and serve; make or be affiliated with posts that are insensitive to another's race, religion, gender, sexual orientation etc.; or post racy, provocative, or sexually charged materials. The final judgment on what is inappropriate or insensitive will be made by the Executive and Human Resources Directors.
4. Employees should limit the time spent on such internet sites during the work day. Employees have breaks and may text or post at lunch, for example. However, it is good to be reminded that work time is work time. Anything being done on work time other than work (except on an extremely limited basis) is unacceptable. This includes reading newspapers or books, making personal phone calls, visiting with family, texting, surfing the web etcetera.
5. Our manners and approach often say more than words. Any difference of opinion or discussion of problems among employees should be discussed in private—not in public areas.
6. Violation of this policy may result in disciplinary action.
7. In terms of social media, it is imperative that employees observe appropriate patient/client boundaries in terms of relationships with patients/clients:
 - a. LCDHD strongly discourages "friending" or communicating with patients or clients on social media websites unless you have a defined, assigned a role as a the PIO. Staff with patient/client care roles will not initiate or accept online friend requests except in unusual circumstances, such as the situation in which an in-person friendship predates the treatment relationship.

Date Adopted: 12/01/09

Date Reviewed: 3/3/09

Date Reviewed: 3/2/10

Date Reviewed: 3/2/11

Date Reviewed: 3/8/12

Date Reviewed: 3/5/2013

Date Reviewed: 3/25/2014

Date Revised: 9/16/2014

Date revisions approved by board: 12/2/2014

Date Revised: 7/13/2018

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