

District Board of Directors Meeting
Tuesday, June 26th, 2018; 7:00 EST/6:00 CST
Russell County Health Department; Jamestown, Kentucky

AGENDA

Welcome All and New Members: 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. Financial Updates/Director's Comments.....Shawn D. Crabtree**
 - b. Grants Report.....Shawn D. Crabtree**
 - c. Plan and Budget Presentation.....Shawn D. Crabtree**
 - 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**
 - i. New Strategic Plan Process.....Shawn D. Crabtree**
 - 1. Go Hire/HANDS Variable Rate Contracts.....Shawn D. Crabtree**
 - ii. Review Strategic Plan Conclusion Report.....Shawn D. Crabtree**
 - c. Electronic AP/Purchasing Process.....Leah Jasper**
 - d. Test Group for Board Training.....Shawn D. Crabtree**
 - e. Patient Satisfaction Surveys.....Shawn D. Crabtree**
 - IV. Partner Engagement**
 - a. Syringe Exchange Progress/Update.....Aaron/Weyman/Woodrum**
 - V. Oversight**
 - a. Louisville go365 Update.....Jamie Lee**
 - b. Ryan White Update.....Laura Woodrum**
 - c. Hepatitis A Update.....Amy Tomlinson**
 - d. Human Resources Report.....Pam Godby**
 - 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.

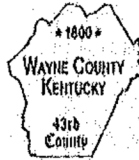
Chairman Judge John Phelps

Shawn Crabtree, Secretary

/cah

RONNIE K. TURNER
Magistrate District 1

JEFFERY D. DISHMAN
Magistrate District 2



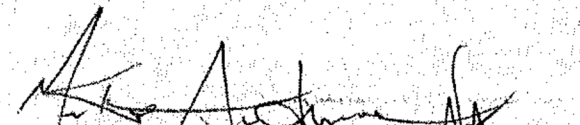
MIKE ANDERSON
Wayne County Judge/Executive

HANK BASSETT
Deputy Judge/Executive

DALE C. VAUGHN
Magistrate District 3

TROY G. NEAL
Magistrate District 4

I, Michael Anderson do hereby give my proxy to Judge Phelps on this 26th day of June, 2018, concerning the Lake Cumberland District Health Board.



Michael Anderson, Wayne County Judge Executive

Eddie Rogers
Taylor County Judge/Executive
203 N. Court Street, Ste 4
Campbellsville, Ky 42718
Phone: 270-465-7729 • Fax: 270-789-3675

June 26, 2018

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

Re: Proxy, District Board of Health Meeting - June 26, 2018

To Whom It May Concern,

I, Eddie Rogers, hereby name John H. Frank as my proxy for the Lake Cumberland District Health Department meeting to be held on Tuesday, June 26, 2018.

Sincerely,

A handwritten signature in cursive script that reads "Eddie Rogers".

Eddie Rogers
Taylor County Judge/Executive

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

June 25, 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 June 26, 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,

Douglas E. Stephens
McCreary County Judge/Executive

DES/pll

Clinton County Fiscal Court

Joanna Armstrong
Finance Officer/Deputy Judge

Richard C. Armstrong
Judge/Executive
Email: judgearmstrong@windstream.net

Virginia Conner
Occupational Tax Officer

Tuesday Davis
Treasurer

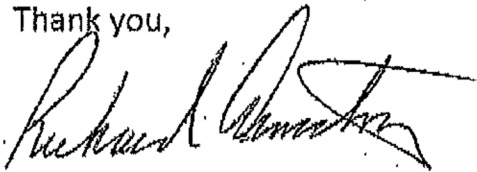
Clinton County Courthouse
100 South Cross Street, Suite 115
Albany, Kentucky 42602
606-387-5234 / 606-387-7651 Fax

Penny Jo Stearns
Administrative Assistant

June 25, 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 June 26, 2018.

Thank you,



Richard Armstrong
County Judge Executive

~ Magistrates ~

District 1
Johnny Russell

District 2
Patty Guinn

District 3
Terry Ruston

District 4
Ricki Crain

District 5
Marshall Kay

District 6
Michael Blanton



P.O. Box 306
Liberty, KY 42539
Phone: 606-787-8311
Fax: 606-787-6154

Casey County Judge/Executive
RANDY DIAL
CASEY COUNTY COURTHOUSE

<i>Magistrates</i>	<i>District</i>
Kenny Morgan	1
Bart Woodrum	2
Robby Murphy	3
Jamey Maupin	4

June 26, 2018

Lake Cumberland District Health Board

RE: Proxy

I, Randy Dial, Judge Executive in Casey County will be unable to attend the meeting on June 26, 2018. Therefore, I would like to appoint Green County Judge Executive John Frank as my proxy.

Sincerely,

A handwritten signature in cursive script, appearing to read "Randy Dial".

Randy Dial
Casey County Judge Executive

RD/dv

Kelly	Steve	Honorable	Pulaski	
Fallahzadeh	Hossein	MD	Pulaski	
Jasper	L. Bruce	DVM	Pulaski	
Guinn	Patty	RpH	Pulaski	
Shelton	Tommy	MD	Pulaski	
Wesley	James		Pulaski	
Miles	Richard	MD	Russell	
Robertson	Gary	Honorable	Russell	
Watkins	Susanne	OD	Russell	
Richardson	Marlene	DMD	Taylor	
Rogers	Eddie	Honorable	Taylor	
Phillips	Gayle	DNS	Taylor	
Elam	Lora	RN	Wayne	
Anderson	Mike	Honorable	Wayne	
Brown	Joseph	MD	Wayne	

Judge Phelps proxy

Name	Title	County	Signature
Rexroat	Shantila DVM	Adair	
Stephens	Michael Honorable	Adair	
Jackson	Matt RpH	Adair	
Brown, Jr.	Adlie F.	Casey	
Hamilton	Linda	Casey	
Dial	Randy Honorable	Casey	<i>[Signature]</i> Judge ^{Proxy} Frank
Armstrong	Richard Honorable	Clinton	<i>[Signature]</i> Judge Phelps ^{Proxy}
Staton	Jake	Clinton	
Phelps, Jr.	John Honorable	Cumberland	<i>[Signature]</i> (2 proxies)
Branham	Kristen	Cumberland	<i>Kristen Branham</i>
Bills	Pam	Green	
Frank	John Honorable	Green	<i>[Signature]</i> (1 proxy)
McKinley	Stephen	McCreary	<i>[Signature]</i>
Stephens	Doug Honorable	McCreary	Doug Stephens by Rosalie Wright
Wright	Rosalie	McCreary	Rosalie Wright
Johnson	Martha		<i>Martha Johnson</i>

30

LEDHD Staff
District Board of Health

6-26-2018

✓ Carol Huckelb
✓ Janae Tucker
✓ Angie Simpson
✓ Amanda England
✓ Amy Tomlinson
✓ Pam Godby
✓ Leah Jasper
✓ Macy Aaron
✓ Stuart Spillman
✓ Jefferson Hickman
✓ Sylvia Ferrell
✓ Kristine Weyman
✓ Laura Woodrum
✓ ~~Paul Weyman~~
✓ Jamie Lee
✓ Christine Weyman



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

Table of contents

Strategic Efforts Summary Letter.....	3
Need for a Plan	10
Planning Process	10
Vision, Mission, and Guiding Principles.....	11
Strategic Priorities	13
Monitoring, Evaluation and Reporting	13
Appendixes.....	26
<i>Strategic Planning Committee Members:</i>	26
<i>Strategic Plan Sessions:</i>	27
<i>SWOT Analysis:</i>	28
Strategic Plan Revision Tracking Sheet.....	29

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).



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.



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.

LCDHD County Health Departments

Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne

Hearing Impaired, or Speech Impaired users, call the Kentucky Relay Service at (800) 648-6056.
Give the Communications Assistant our phone number to contact us.



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



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.



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.

LCDHD County Health Departments

Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne

Hearing Impaired, or Speech Impaired users, call the Kentucky Relay Service at (800) 648-6056.
Give the Communications Assistant our phone number to contact us.





500 Bourne Avenue • Somerset, Kentucky 42501
Phone: 606-678-4761 • Toll Free: 1-800-928-4416
Fax: 606-678-2708 • Admin Fax: 606-679-9671

www.lcdhd.org

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
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

LCDHD County Health Departments

Adair • Casey • Clinton • Cumberland • Green • McCreary • Pulaski • Russell • Taylor • Wayne

Hearing Impaired, or Speech Impaired users, call the Kentucky Relay Service at (800) 648-6056.
Give the Communications Assistant our phone number to contact us.



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 | • responsibility | • accountability |
| • respect | • efficient | • inspire/empower |
| • empathy | • trustworthy | • leadership |
| • excellence | • compassion | |

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

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		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		hhd.org;

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 personel 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;

Separator					
Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies	Measure Baseline	Measure Target	Start Date	Target Date	Email of Person Responsible
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		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;
Seperator					
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>	
*Programs in place/education – e.g. clinic, health education, syringe exchange programs, etc.	*Programs in place/education – e.g. tobacco cessation, health education, syringe exchange programs, screenings offered, etc.
*Established, Credible & Reputable in Community	
*Knowledgeable staff	*Knowledgeable, concerned & dedicated staff
*Established community & agency partners	
*Education & community outreach	
People who care	
Communication skills	
Organizational support	
Diverse population	
Needle exchange	Needle exchange
Outreach	
Established, credible & reputable in community	
Established relationship with patients/clients	
Several counties working together on local health issues	
Presence in the schools	

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

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

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

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.

Strategic Plan Revision Tracking Sheet

[illegible]



LCDHD Strategic Plan 2013-2018 Conclusive Report

Developing an organizational strategic plan is a prerequisite to applying for voluntary national accreditation through the Public Health Accreditation Board and therefore began the journey to PHAB Accreditation for LCDHD. This plan was focused mainly on internal growth and development, helping us develop and maintain the necessary skills and elements to achieve this and many other goals for the organization. The plan also created a basis for all other plans to be built from and started an alignment of plans.

Regular review and revision of strategic plan and the documents used in its development are a vital component of the strategic planning process, so as we started to renew our strategic plan in 2018, we realized that the health department has evolved. Meaning that programs and funding are becoming more community focused instead of patient centered, so to, then must our strategic plan evolve. As new programs and initiatives are implemented in response to emerging health issues, our focus changes and we now need to move toward community health and become innovative in our approach to the emerging threats.

In doing so, the need to analyze and sum our current strategic plan was identified. A summation of each of our strategic initiatives and how each goal was met (and continues being met) is discussed below in this conclusive report.

Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.

- ***Goal 1: Support relationship with district and/or local Boards of Health***
 - All of the action steps listed for this goal have taken place. A page with all the Board of Health resources and orientation materials has been created and that link is shared at board meetings and via email with all new and existing board members on a routine bases. A new orientation video was also created and all new members are required to view it as part of the orientation process. Face-to-face orientation with the Executive Director is also available, if requested.
 - Financial and Program updates are shared quarterly at district BOH meetings by the Executive Team. Many items such as QI & research projects have been added as standing items on the agenda. Monthly email updates are also sent out by the Executive Director.
 - BOH surveys are completed annually by the QI Department and results are shared via email and at the next board meeting. This is also tracked in the PM database.
- ***Goal 2: Support collaboration with community partners***
 - All programs continue to network, outreach and educate current and potential community partners, especially as new health issues emerge. This will also be a part of the next strategic plan as we move toward finding community partners to help absorb our lost capacity with the future

funding cuts. Meetings and collaborations are tracked through annual plans and the PM tracking tool.

- **Goal 3: Conduct assessments**
 - Community health assessments are now conducted on an ongoing basis and community health improvement plans are developed or revised every three years.
- **Goal 4: Disseminate assessments**
 - Information is shared through many outlets now (CHA's, CHIPs, annual report, district report card via website, Facebook, BOH meetings, newspapers, interagency, fiscal courts, city council, school boards, health boards/councils, etc). This can be seen on our website, through meeting minutes and media outlets.

Strategic Initiative 2: Build and maintain a competent LHD public health workforce.

- **Goal 1: Recruit**
 - Steps have been taken to recruit qualified individuals, even to the point of raising entry level salaries for nurses
- **Goal 2: Train**
 - Staff training is continual with trainings offered off-site, on-site and online. All required staff training is now tracked through the Workforce Development Plan
- **Goal 3: Retain**
 - Staff are informed when opportunities for advancement are available with ads for these vacancies being posted in-house before they are posted publicly.
 - Employee of the month and employee of the year, as well as employee reward for adopted suggestions remains in place and can be evidenced by agency newsletters, meeting minutes, etc.
- **Goal 4: Evaluate**
 - Employee satisfaction survey is conducted annually and regularly scheduled employee evaluations are completed for all staff. These activities are tracked in the PM database.

Strategic Initiative 3: Identify and respond to current public health threats and prevent emerging public health threats.

- **Goal 1: Prevent recurring/emerging PH issues**
 - Disease surveillance and investigations are ongoing in correlation with guidance in the Communicable Disease Plan.
 - Environmental service continue inspections, boil water advisories, etc.
- **Goal 2: Identify current/emerging PH issues**
 - Continuous surveillance takes place through the National Electronic Disease Surveillance System, reportable disease form submissions, and environmental inspections
 - A data analysis committee has also been formed to analyze collected data and address identified or emerging issues where opportunity exists
- **Goal 3: Respond to current/emerging PH issues**
 - Plans (Preparedness Plan and Disease Outbreak Support Plan) have been developed that can be implemented as needed.
 - The environmental division also continues to respond to issues (e.g. mosquito-borne illness, boil water plan, major rodent infestations, bird roost, etc.) as they arise.

Strategic Initiative 4: Continually develop stakeholder awareness/support of health initiatives and policies.

- **Goal 1: Gain support for health initiatives/policies from Boards of Health**
 - Presentation are made to the boards of health during regular board meetings on health initiative or needed policies. Executive Director also sends our email update monthly.
- **Goal 2: Gain support for health initiatives/policies from community**
 - Community presentations, social media, television, radio communications are all utilized by all programs to educate the community stakeholders regarding health initiatives and policies.
 - Community Health Improvement Plans are completed every 5 years.

- **Goal 3: Gain support for health initiatives/policies from staff**
 - Staff are continually educated regarding health initiatives/policies via newsletters, social media, LCDHD server, LCDHD Wiki, staff meetings, webpage, email, etc.)

Strategic Initiative 5: Improve the health status of the community through provision of, or assurance through linkages to needed public health services.

- **Goal 1: Identify needed PH services.**
 - Ongoing community health assessments and CHIP every 5 years to identify needed services
 - Reportable disease and health report card data collected and analyzed
- **Goal 2: Identify and implement strategies to improve access to health services.**
 - Continue to encourage participation in health departments programs as staffing and funding will allow
 - Referrals are made to community partners, FQHCs, contracted providers and private physicians as needed
 - Grants are sought to help procure needed services
- **Goal 3: Improve health statistics in areas identified by key indicators**
 - Collect data, both primary and secondary (from various sources – reportable disease, census data, vital statistics, BRFSD, CHA's, county health rankings, etc.)
 - A data analysis committee has been formed to analyze collected data and address identified or emerging issues where opportunity exists
 - Data is reported through the annual report, health report card, CHAs, CHIPs, website, BOH meetings, etc.

Strategic Initiative 6: LCDHD will continuously evaluate and improve programs and services to ensure internal and external excellence.

- **Goal 1: Establish optimal standards for LCDHD**
 - A QI program was implemented with the Executive Team also becoming the QI team to review and analyze the need for formal projects throughout the organization and lead staff through those projects
- **Goal 2: Utilize feedback from internal and external QA reviews to improve LCDHD programs**
 - Program QAs are conducted at designated intervals, this is tracked and reported through the PM database
 - Internal and external reviews and surveys are utilized to identify trends or improvement efforts that might need to be addressed. This is also tracked through the performance management database.
- **Goal 3: Achieve voluntary national accreditation**
 - LCDHD was awarded national voluntary accreditation status in March 2017.

Strategic Initiative 7: LCDHD will continuously seek to acquire new funds and utilize existing funds to be proactive and innovative in improving the communities' health.

- **Goal 1: Actively seek new funding sources.**
 - Grant sites are continually monitored by our grant coordinator and appropriate programs apply for grants as appropriate
 - Many employees and board members have contacted legislators repeatedly over the last 5 years due public health funding cuts and increasing employee costs
 - This will also continue to be part of the next strategic plan since funding is one of our biggest threats at this time.
- **Goal 2: Seek creative new ways to utilize existing funds.**
 - Websites are monitored for best practices. The KHDA is also looking into the PH best practices across the nation for programs that we provide.
 - Continue to attend conferences and network with other state organizations and health departments to see new ideas and innovative approaches to public health issues.

The challenge from here on will be to keep the momentum going to ensure continuous improvement both internally and externally as our new strategic plan will guide us in different directions!

*LCDHD Conclusion of Strategic Plan Report
Written by Strategic Planning Committee
April 9, 2018*

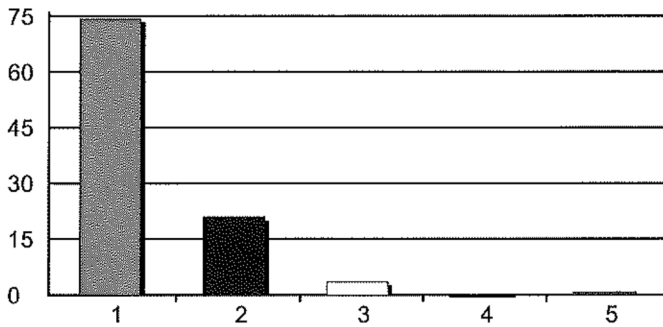
2018 Patient Satisfaction Survey District Results

Creation Date: 6/13/2018

Time Interval: 1/1/2018 to 12/31/2018

Total Respondents: 507

1. How long did you wait until you were registered by the front desk/registration staff?



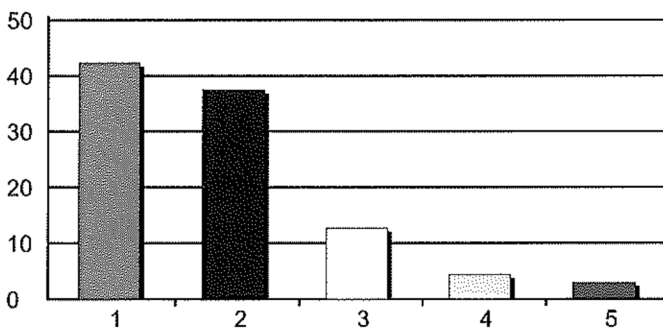
1. 0 - 5 mins.	376	74%
2. 6 - 10 mins.	106	21%
3. 11-15 mins.	18	4%
4. 16 - 20 mins.	2	0%
5. 20 mins. +	4	1%

Total Responses:

506

Mean: 1.32 Standard Deviation: 0.64

2. How long did you wait until you were called back?



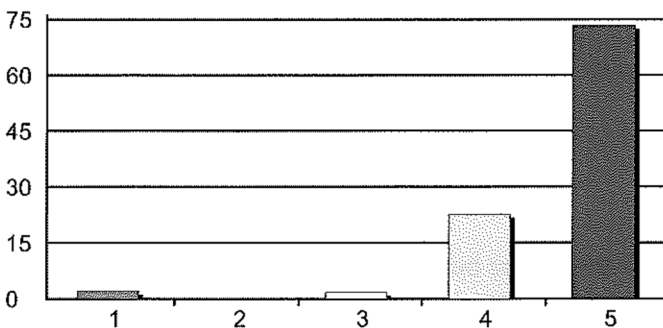
1. 0 - 5 mins.	200	42%
2. 6 - 10 mins.	177	38%
3. 11-15 mins.	60	13%
4. 16 - 20 mins.	21	4%
5. 20 mins. +	14	3%

Total Responses:

472

Mean: 1.88 Standard Deviation: 0.99

3. How happy were you with how you were treated by the front desk/registration staff?



1. Very Unhappy	11	2%
2. Unhappy	0	0%
3. Neutral	9	2%
4. Happy	114	23%
5. Very happy	369	73%

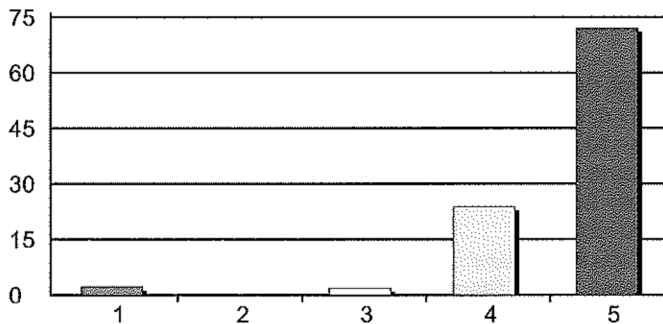
Total Responses:

503

Mean: 4.65 Standard Deviation: 0.73

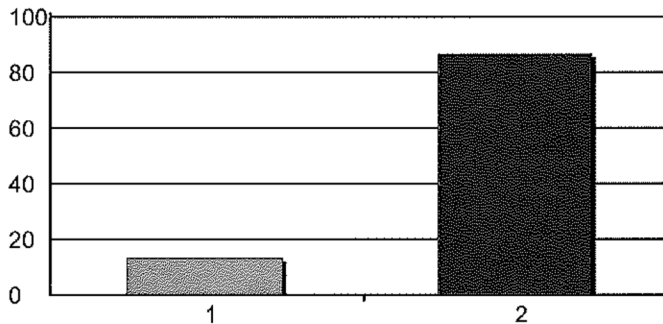
2018 Patient Satisfaction Survey District Results

4. How happy were you with how you were treated by the clinic staff?



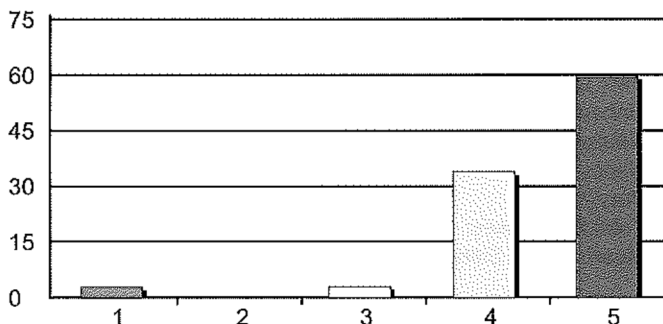
1. Very Unhappy	11	2%
2. Unhappy	0	0%
3. Neutral	9	2%
4. Happy	116	24%
5. Very Happy	350	72%
Total Responses:	486	
Mean: 4.63	Standard Deviation: 0.74	

5. Did you have a physical exam today?



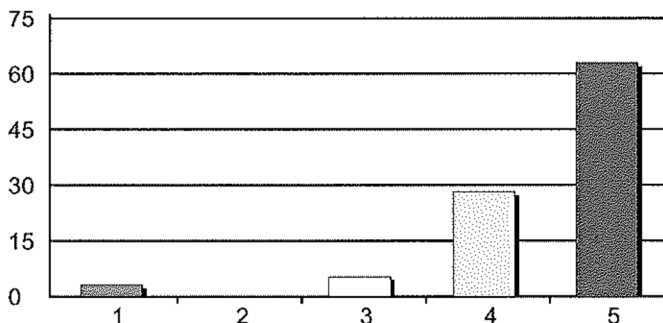
1. Yes	63	13%
2. No	414	87%
Total Responses:	477	
Mean: 1.87	Standard Deviation: 0.34	

6. If you answered yes to question #5, how happy are you with the way the person who examined you today listened to you?



1. Very Unhappy	3	3%
2. Unhappy	0	0%
3. Neutral	3	3%
4. Happy	33	34%
5. Very Happy	58	60%
Total Responses:	97	
Mean: 4.47	Standard Deviation: 0.83	

7. If you answered yes to question #5, how happy are you with the health care that the person who examined you today provided?

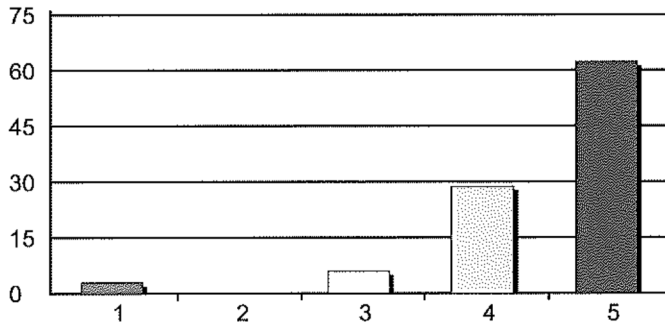


1. Very Unhappy	3	3%
2. Unhappy	0	0%
3. Neutral	5	5%
4. Happy	26	28%
5. Very Happy	58	63%
Total Responses:	92	
Mean: 4.48	Standard Deviation: 0.87	

2018 Patient Satisfaction Survey District Results

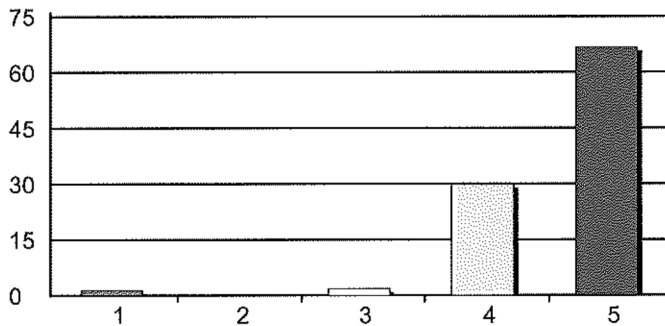
8. If you answered yes to question #5, how happy are you with the time the person who you today took to explain conditions and treatments?

examined



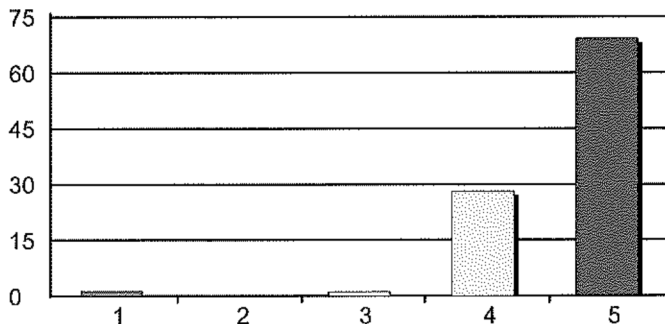
1. Very Unhappy	3	3%
2. Unhappy	0	0%
3. Neutral	6	6%
4. Happy	29	29%
5. Very Happy	63	62%
Total Responses:	101	
Mean: 4.48	Standard Deviation: 0.86	

9. How happy were you with the counseling and information you received?



1. Very Unhappy	7	1%
2. Unhappy	0	0%
3. Neutral	9	2%
4. Happy	144	30%
5. Very Happy	322	67%
Total Responses:	482	
Mean: 4.61	Standard Deviation: 0.67	

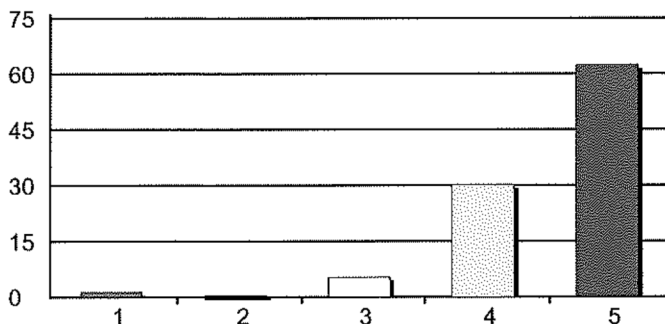
10. How happy were you with the privacy provided to you during your visit?



1. Very Unhappy	7	1%
2. Unhappy	0	0%
3. Neutral	6	1%
4. Happy	140	28%
5. Very Happy	344	69%
Total Responses:	497	
Mean: 4.64	Standard Deviation: 0.65	

11. Our hours are Monday - Friday 8:00 AM to 4:30 PM plus extended hours twice a month. Are you happy with these hours?

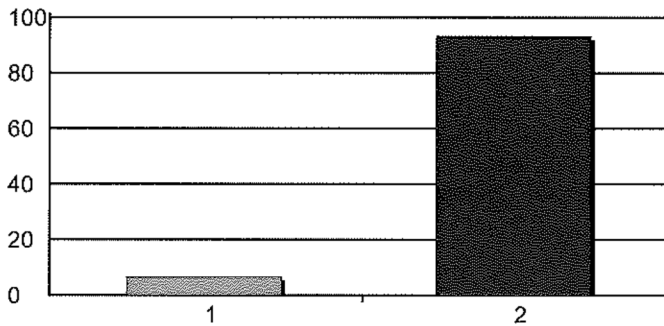
Are you happy



1. Very Unhappy	7	1%
2. Unhappy	2	0%
3. Neutral	27	5%
4. Happy	151	30%
5. Very Happy	312	63%
Total Responses:	499	
Mean: 4.52	Standard Deviation: 0.74	

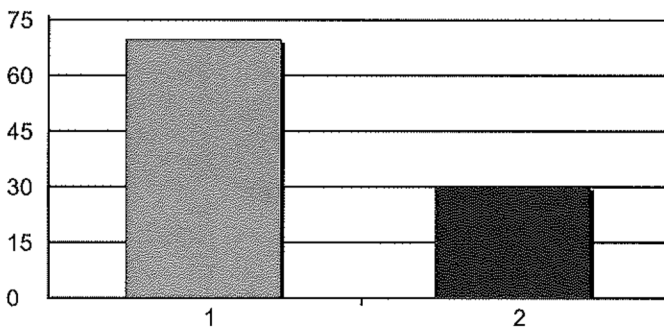
2018 Patient Satisfaction Survey District Results

12. Are you charged for your Services?



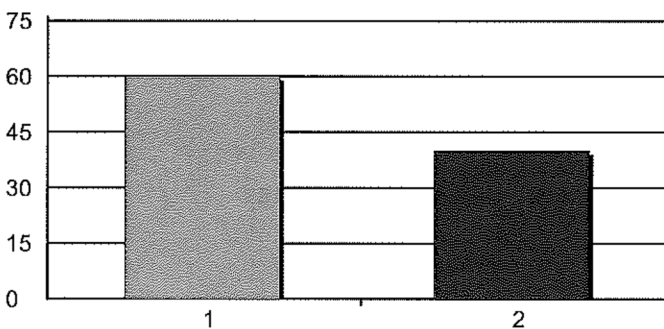
1. Yes 30 7%
 2. No 421 93%
 Total Responses: 451
 Mean: 1.93 Standard Deviation: 0.25

13. If so, are the charges reasonable?



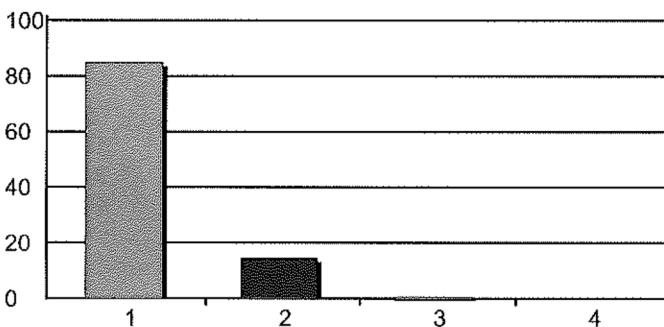
1. Yes 30 70%
 2. No 13 30%
 Total Responses: 43
 Mean: 1.30 Standard Deviation: 0.46

14. Appointment



1. Yes 278 60%
 2. No 185 40%
 Total Responses: 463
 Mean: 1.40 Standard Deviation: 0.49

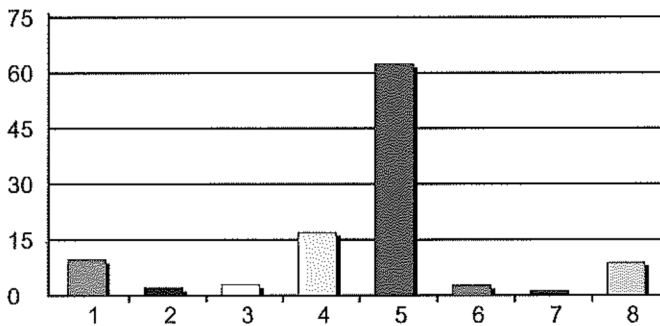
15. If the patient had an appointment, when did he/she arrive?



1. Early - On-time 252 85%
 2. 1-15 minutes late 43 14%
 3. 16-30 minutes late 2 1%
 4. over 30 minutes late 0 0%
 Total Responses: 297
 Mean: 1.16 Standard Deviation: 0.38

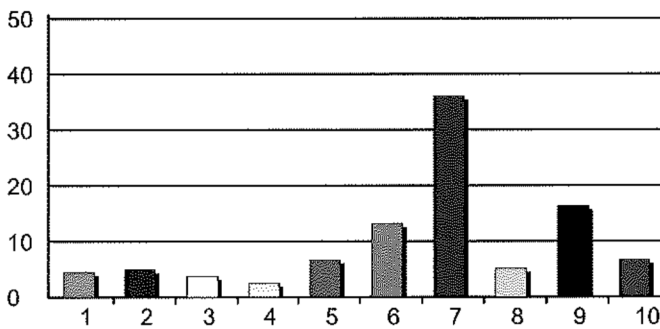
2018 Patient Satisfaction Survey District Results

16. Reason for Visit



1. Birth Control	46	10%
2. Prenatal/Pregnancy	10	2%
3. Cancer Screen	14	3%
4. Shots/Immunizations	81	17%
5. WIC	296	62%
6. TB	13	3%
7. Well Child/School Exams	6	1%
8. Other	42	9%
Total Responses:	474	

17. County



1. Adair	23	5%
2. Casey	25	5%
3. Clinton	19	4%
4. Cumberland	13	3%
5. Green	34	7%
6. McCreary	67	13%
7. Pulaski	183	36%
8. Russell	26	5%
9. Taylor	83	16%
10. Wayne	34	7%
Total Responses:	507	
Mean:	6.57	
Standard Deviation:	2.29	

Summary of Grants Status Report - June 2018

To date, LCDHD has been awarded or have applied for the following:

AWARDED

- \$14,000 awarded from Marshall University for DPP and coalition strengthening.
- \$1,000 awarded in products/supplies from North American Syringe Exchange Network for Pulaski County.
- 20 grant applications made to the Kentucky Cabinet for Health and Human Services to support syringe exchange program activities and to distribute Naloxone in our communities. The total requested was \$145,000. We were awarded grants totaling \$85,000.
- 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.

Non-Competing Continuation

- We filed the non-competing continuation paperwork for the final year of the Sexual Risk Avoidance Education grant. We expect to receive approval for the final year of funding this summer. (\$433,996 funding year 3)
- We filed the non-competing continuation paperwork for the 2nd year of the Rural Health Opioid Program. We expect to receive approval of funding prior to October 2018. (\$249,605)

Submitted/Awaiting Decision

- We also applied to a private foundation grant to provide cardiovascular risk reduction education and activities in Green County. The award decision is still pending. (\$141,614 requested).
- We have just completed (in conjunction with Norton Healthcare) an application for funding to provide free hepatitis C screening in the clinic and off-site locations and linkage to care across the district. Northern Kentucky Health Department and Lake Cumberland District Health Department were invited to apply. Norton Health Care Foundation will administer the grant award and may provide an epidemiologist to analyze collected data. We have met with a representative from Gilead and are working out the budget details. There is some concern from Gilead regarding the high fringe and in-direct rates.

In-Progress

- We are currently working on two grants that are due the end of June. One of these will allow us to expand our sexual risk avoidance education (Making A Difference) into other grades. The other will allow us to expand our Reducing the Risk program into additional grades and support the implementation of the Teen Outreach Program in Casey and Russell Counties.

HUMAN RESOURCES REPORT 6-26-18

OFF DUTY -- 9 FT

Angela Dye, Support Services Supervisor 1 – Adair 4-30-18 Retired

Heather Lair, LHN 4/Team Leader – Clinton/Cumb HANDS 5-23-18

Ruthie Bender, Nurse Supervisor 1 – Taylor Clinic 5-31-18 Retired

Joan Crist, Accounting Supervisor – District 5-31-18 Retired

Donna Farrington, PH HANDS Specialist – McCreary HANDS 5-31-18 Retired

Janet Milby, Sr Support Services Associate 2 – Taylor County 5-31-18 Retired

Cherry Murphy, LPN 2 – Taylor Clinic 5-31-18 Retired

Brittany Elkins, Health Environmentalist 2 – Taylor 5-31-18

Angel Hopkins, LHN 4/Team Leader – Pulaski HANDS 6-08-18

ON DUTY = NA



Lake Cumberland District Health Department

A Healthy Today for a Brighter Tomorrow

BUDGET

FISCAL YEAR

2018 - 19

Revised 6/22/18

5/30/18 - Submitted to DPH for review without
2.5% FT Employee salary increment
6/22/18 - Executive Committee of the LCDHD
Board reviewed - amended to include 2.5% FT
Employee salary increment per committee
recommendation
6/22/18 - Submitted amended version including
2.5% salary increment to DPH

Table of Contents

Document	Page Number
Statement of Assurance.....	1
Director's Comments	2
Budget Summary and Comparative Analysis	3
Budget Variance Explanations.....	4
Revenue & Expenditure Pie Charts	12
Department for Public Health Allocation Analysis	14
Staff Position Changes	15
Full Time Employee Salary Listing	16
Part Time Employee Salary Listing	21
Fringe Benefit Summary.....	22
Budget Summary Detail and Comparative Analysis	23
Summary Budget by Major Program.....	26
Major Program Legend.....	27
Summary Budget by Individual Program	28

STATEMENT OF ASSURANCE

All programmatic activities of the Lake Cumberland District Health Department will be performed in accordance with currently established guidelines, standards of practice, and rules and regulations set forth in the program standards, and policies and procedures manuals developed by the Department for Public Health. Furthermore, this health department has in place written policies to assure compliance with the Drug Free Workplace Act (P.L. 100—690) and all employees have been apprised of these policies for FY 2018-2019.



Shawn D. Crabtree
Executive Director

Dear Lake Cumberland District Board of Health Members,

The following pages are the summary of the 2018 – 2019 Annual Budget for the Lake Cumberland District Health Department to be presented during the scheduled District Board of Health Meeting on June 26th at 6:00 CST/7:00 EST at the Russell County Health Department in Jamestown, Kentucky.

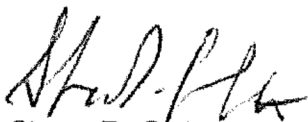
Page 3 of the enclosed materials should provide the most helpful and concise information. Page 3 which is titled, "Lake Cumberland District Health Department, FY 2019 Budget Summary and Comparative Analysis to FY 2018" presents the budget in a "thumbnail format." Each item in the second column from the right entitled, "Change," has a simple explanation in the pages that immediately follow. The remaining materials provide detailed budget information and various supporting documents.

For FY 19, note 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 following pages show a FY19 budgeted surplus of \$483,786. Because the most recent legislative session allowed the FY 19 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 amount, our agency shows a budgeted surplus for FY19. Had we been forced to pay 83.43% for FY19, we would be budgeting at a 1.56M deficit had all other revenues and expenditures remained the same. As we've been advised to plan for the 83.43% retirement contribution rate to go into effect for FY20, the budgeted surplus expected during FY19 will be needed to offset the additional retirement expenses anticipated during FY20.

Please also note, the 2018 end-of-year projections included in this budget were based on April financial data and LCDHD may end somewhat higher or lower than projected as each program finishes up their planned activities for the fiscal year.

As always, I encourage you to remember that we are a non-profit organization and our annual budget is primarily driven by our allocation projections as provided by the state Department of Public Health.


Shawn D. Crabtree,
Executive Director

Lake Cumberland District Health Department
FY 2019 Budget Summary and Comparative Analysis to FY 2018

	BUDGET	Projected	Difference	% Change	Budget	Difference
RECEIPTS	2019	2018	FY19 Budgeted to FY18 Projected		2018	Projected FY18 to FY18 Budget
STATE GRANT FUNDS	\$ 3,654,201	\$4,095,905	(\$441,705)	-10.78%	\$ 3,751,700	\$344,205
Core Public Health Block Grant	\$ 112,434	\$ 112,434	\$0	0.00%	\$ 112,434	\$0
FEDERAL GRANT FUNDS	\$ 3,758,395	\$3,397,882	\$360,513	10.61%	\$ 2,428,775	\$969,107
LOCAL TAX FUNDS	\$ 3,220,443	\$ 3,132,822	\$87,621	2.80%	\$ 3,132,822	\$0
SCHOOL CONTRACTS	\$ 228,000	\$ 288,000	(\$60,000)	-20.83%	\$ 360,000	(\$72,000)
PROGRAM CONTRACTS	\$ 121,177	\$ 18,772	\$102,405	545.53%	\$ 39,268	(\$20,496)
MEDICARE	\$ 1,948	\$ 2,271	(\$323)	-14.21%	\$ 3,185	(\$914)
MEDICAID (School Health)	\$ 1,179,727	\$ 1,253,317	(\$73,590)	-5.87%	\$ 1,291,560	(\$38,243)
MEDICAID (HANDS/Clinic)	\$ 2,405,023	\$ 2,109,193	\$295,829	14.03%	\$ 2,550,839	(\$441,646)
SELF PAY	\$ 331,456	\$ 331,570	(\$114)	-0.03%	\$ 351,523	(\$29,953)
INSURANCE	\$ 450,472	\$ 456,546	\$3,926	0.86%	\$ 447,516	\$9,030
OTHER	\$ 3,000	\$ 3,002	(\$2)	-0.07%	\$ 6,000	(\$2,998)
INTEREST	\$ 49,032	\$ 46,769	\$2,263	4.84%	\$ 50,096	(\$3,327)
TOTAL RECEIPTS	\$ 15,525,307	\$ 15,248,484	\$ 276,823	1.82%	\$ 14,535,719	\$ 712,765
EXPENDITURES						
571 SALARY/LEAVEFRINGE BENEFITS	\$ 11,158,610	\$ 11,331,531	(\$172,921)	-1.53%	\$ 11,583,049	(\$351,518)
575 INDEPENDENT CONTRACTS	\$ 1,081,264	\$ 1,287,610	(\$206,346)	-16.03%	\$ 1,146,374	\$141,235
577 TRAVEL	\$ 387,468	\$ 352,440	\$35,016	9.94%	\$ 345,675	\$6,765
580 SPACE COSTS	\$ 591,114	\$ 495,872	\$95,243	19.21%	\$ 627,570	(\$131,699)
581 OFFICE OPERATIONS	\$ 388,623	\$ 397,422	(\$8,799)	-2.21%	\$ 401,003	(\$3,581)
583 MEDICAL SUPPLIES/EQPT	\$ 328,032	\$ 282,324	\$45,707	16.19%	\$ 309,874	(\$27,550)
584 AUTOMOTIVE	\$ 9,506	\$ 8,864	\$642	7.25%	\$ 7,970	\$894
585 OTHER OPERATING (Medicaid Match)	\$ 455,109	\$ 621,718	(\$166,609)	-26.80%	\$ -	\$621,718
585 OTHER OPERATING	\$ 641,807	\$ 776,366	(\$134,559)	-17.33%	\$ 416,333	\$360,032
TOTAL EXPENDITURES	\$ 15,041,521	\$ 15,554,146	(\$512,624)	-3.30%	\$ 14,937,849	\$ 616,298
RECEIPTS LESS EXPENDITURES	\$ 483,786	\$ (305,662)	\$789,448	-258.27%	\$ (402,131)	\$96,468
BUDGETED TRANSFER FROM/TO RESERVE	\$ 483,786	\$ (305,662)	\$789,448	-258.27%	\$ 402,131	(\$707,793)

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

Revenue:

State	\$	(441,705)	This variance between projected and budgeted is a one time HANDS allocation we received during the FY18 to cover a shortfall. The Diabetes allocation was cut by \$52,348 for the FY 19. The tobacco allocation was cut by \$40,023 compared to the funding we were allocated during FY 18. We also received less Ryan White state funds, but were allocated more federal Ryan White funds to compensate. Additionally, DPH allocated approximately \$75K less in retirement assistance funds for FY 19 than we're trending to collect for FY 18
Core Public Health Block Grant	\$	-	No variance. (Note, this source of state funds has decreased from a high of \$1.4M in 2013 to \$112K for FY 19)
Federal	\$	360,513	Although the total Federal funds passed through from DPH decreased overall between what we're projecting to receive for FY 18 and budgeting to receive for FY19, the direct federal grants our agency has applied and been approved for accounts for this increase for FY 19. The three direct federal grants are the Heart4Change Wellness Grant, the Sexual Risk Avoidance Grant, and the Rural Health Opioid Grant.
Local	\$	87,621	Increase in tax contribution partially due to a slight increase in property values across the ten counties. Additionally, some taxing districts funded some special grants in their communities, and the local funds in the total amount of \$60,045 to cover those board approved grants are reflected here.
School Health Contract	\$	(60,000)	The Green County School System declined to contract with us to provide school health services for their four schools for FY 2019. To compensate, we'll utilize less staff and supplies to support this program.

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

Program Contracts	\$	102,405	For FY19, our agency is applying for and expects to receive this additional funding to offset some expenses in our Harm Reduction/Syringe Exchange Program.
Medicare	\$	(323)	This variance is budgeted to account for fewer services provided to patients with Medicare
Medicaid (School Health)	\$	(73,590)	The Green County School System declined to contract with us to provide school health services for their four schools for the 2019 fiscal year. As these funds were pass-through funds for the school system anyway, it will lower independent contract expenses an equal amount.
Medicaid (Clinic/HANDS)	\$	295,829	Although we're budgeting a decrease in clinic medicaid services, we're budgeting an increase in our HANDS budgeted medicaid revenue. The program is attempting to shift the case load to provide more services to the prima-gravida medicaid population.
Self-Pay	\$	(114)	Even though we're budgeting a slight increase in expected environmental fees, we're budgeting a slight decrease in clinic receivables as we're expecting to continue to downsize from our current clinic caseload.
Insurance	\$	3,926	Budgeting a small increase in the biometric screening services provided for FY 19 from FY18 projected
Other	\$	(2)	Rounding
Interest	\$	2,263	Budgeted variance is expected interest for increased in funds in operating account accumulated as a result of budgeted surplus
Total Revenue Variance	\$	276,823	

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

Expenses:

Salary/Leave/Fringe:

Total Salary Changes:	Total Salary Change	
* Annual Increment @ 2.5%	\$ 86,964	
* Decrease in FT Employee Expense	\$ (521,606)	Fewer employees budgeted for FY 19 than trending in FY 18, plus no budgeted lump sum raise budgeted for FY 19
* Increase in Personal Service Contracts/Part Time Employee Exp	\$ 15,159	Budgeting more contract services in HANDS, Interpreters, and Breastfeeding Peer Counselors than we're trending to pay in FY18
Total Budgeted Salary Change	\$ (419,483)	
Total Benefit Changes:	Total Benefit Change	
* FICA	\$ (791)	Fewer employees budgeted for FY 19 than trending in FY 18.
* LIFE INSURANCE	\$ (339)	Fewer employees budgeted for FY 19 than trending in FY 18
* HEALTH INSURANCE	\$ 121,971	Budgeted for a possible 7% estimated rate increase for FY 19. Note, the percentage of increase in 2018 was only 1% although 7% was budgeted.
* RETIREMENT	\$ 125,400	DPH Allocated less Retirement Assistance funds for FY19 than we're projected to receive for FY 18, plus 2.5% increment increases the budgeted retirement over FY 18's pro-rated projection.
* UNEMPLOYMENT INSURANCE	\$ (540)	Fewer employees budgeted for FY 19 than trending in FY 18
* DENTAL	\$ (567)	Fewer employees budgeted for FY 19 than trending in FY 18
* WORKER'S COMPENSATION	\$ (265)	Fewer employees budgeted for FY 19 than trending in FY 18
* FLEXIBLE BENEFITS	\$ 1,693	Using the month of April 2018, which has more employees participating than earlier months, FY 19 is projected to have more participating employees and therefore higher cost than FY 18 is trending.

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

Total Budgeted Benefits Change	\$	246,562
<hr/>		
Total Explained	\$	(172,921)
Total Budget Variance	\$	(172,921)
Remaining Unexplained	\$	0 Difference due to rounding

Independent Contracts:

* PHYSICIAN NOT OB/GYN SERVICES	\$	2,925	Increase primarily in Ryan White Program.
* CERTIFIED OB/GYN SERVICES	\$	55	DPH requires us to budget for one OB/GYN prenatal service although none were provided during FY2018
* OPHTHALMOL/OPTOMETRIST SERVICES	\$	8,782	Increase primarily in Ryan White Program
* LAB SERVICES - NO CONTRACT	\$	18,187	Increase primarily in Ryan White Program
* OTHER PROVIDER MED SERVICES	\$	(351,303)	The Green County School System declined to contract with us to provide school health services for their four schools for the 2019 fiscal year. These are the pass-through Medicaid funds that won't be collected for their site and passed back through to them.
* STERILIZATION SERVICES	\$	300	DPH requires us to budget for one sterilization although none were provided during 2018 as no hospital in our service area will agree to sign a contract to provide the services
Total Budget Variance	\$	(206,346)	
<hr/>			
Total Explained	\$	(206,346)	
Remaining Unexplained	\$	-	

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

Travel:

* In-state Travel	\$	26,364	Variance is due to trainings planned for Diabetes, additional travel budgeted for the Rural Health Opioid grant, and additional travel for the new Heart4change Grant.
* Out-of-State Travel	\$	8,652	Variance is due to trainings planned for Diabetes, additional travel budgeted for the Rural Health Opioid grant, and additional travel for the new Heart4change Grant.
Total Explained	\$	35,016	
Total Budget Variance	\$	35,016	
Remaining Unexplained	\$	(0)	

Space Costs:

* RENT (LEASE)	\$	30,353	Variance is due to budgeting for Ryan White case load and funds to cover their Care Coordinator reviewed and approved rent expenses.
* UTILITIES	\$	32,019	Variance is due to budgeting for Ryan White case load and funds to cover their Care Coordinator reviewed and approved utility expenses.
* BUILD MAINT & REP	\$	(1,226)	Budgeting to use a different medical waste company, resulting in a slightly cheaper contract rate.
* Janitorial Service	\$	34,096	Contracted with a Janitorial service in McCreary where we'd employeeed a FT janitor during FY 18. Additionally changed janitorial services in four locations to a new contract provider for a slightly higher cost in an effort to improve service provided
Total Explained	\$	95,243	
Total Budget Variance	\$	95,243	
Remaining Unexplained	\$	-	

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

Office Operations:

* PRINTING & DUPLICATING	\$	(3,155)	Some Cost Centers were funded during FY18 that were not funded during FY 19. This decrease is reflected in this expense
* TELEPHONE	\$	1,591	Variance is due to budgeting for Ryan White case load and funds to cover their Care Coordinator reviewed and approved expenses.
* POSTAGE	\$	6,490	Variance is primarily due to Diabetes budgeting to mail information to providers rather than hand-delivering it as they did during FY 18
* COMPUTER SERVICES (CONT)		(\$1,231)	Variance is due to budgeting for less expenditures in this category in RHOP and the Tobacco Program.
* OFFICE EQPT/NONCAP	\$	(14,703)	This decrease is primarily in the Sexual Risk Avoidance cost center which had start up costs in FY 18 that won't be include in FY 19
* OFFICE SUPPLIESL-NS	\$	2,209	This increase is primarily in the Rural Health Opioid grant.
Total Explained	\$	(8,799)	
Total Budget Variance	\$	(8,799)	
Remaining Unexplained	\$	0	

Medical Supplies/Equipment:

* RX/PHARM	\$	171.61	This Variance is primarily in the Ryan White Program
* CONS SUPL MULT COST	\$	(272.79)	This variance is a result of budgeting less supplies in school health and the clinic
* BIOLOGICALS & DRUGS	\$	804.65	Variance is due to budgeting for Ryan White case load and funds to cover their Care Coordinator reviewed and approved expenses.
* CONTRACEPTIVES	\$	220.83	This variance is budgeting for a slight increase in the cost of contraceptives
* CONS SUPL SINGL COST	\$	23,673.61	This variance is primarily in Needle Exchange Program. Staff are in the process of securing grant funding to cover this expense

Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

* DURABLE MED EQPT RES	\$	1,385.68	Variance is due to budgeting for Ryan White case load and funds to cover their Care Coordinator reviewed and approved expenses.
* MED EQPT/NONCAPITAL	\$	19,723.52	This variance is primarily in Needle Exchange Program. Staff are in the process of securing grant funding to cover this expense
Total Explained	\$	45,707	
Total Budget Variance	\$	45,707	
Remaining Unexplained	\$	(0.00)	

Automotive:

* AUTOMOBILE INSURANCE	\$	642	Budgeting for a potential rate increase
Total Budget Variance	\$	642	
Remaining Unexplained	\$	(0)	

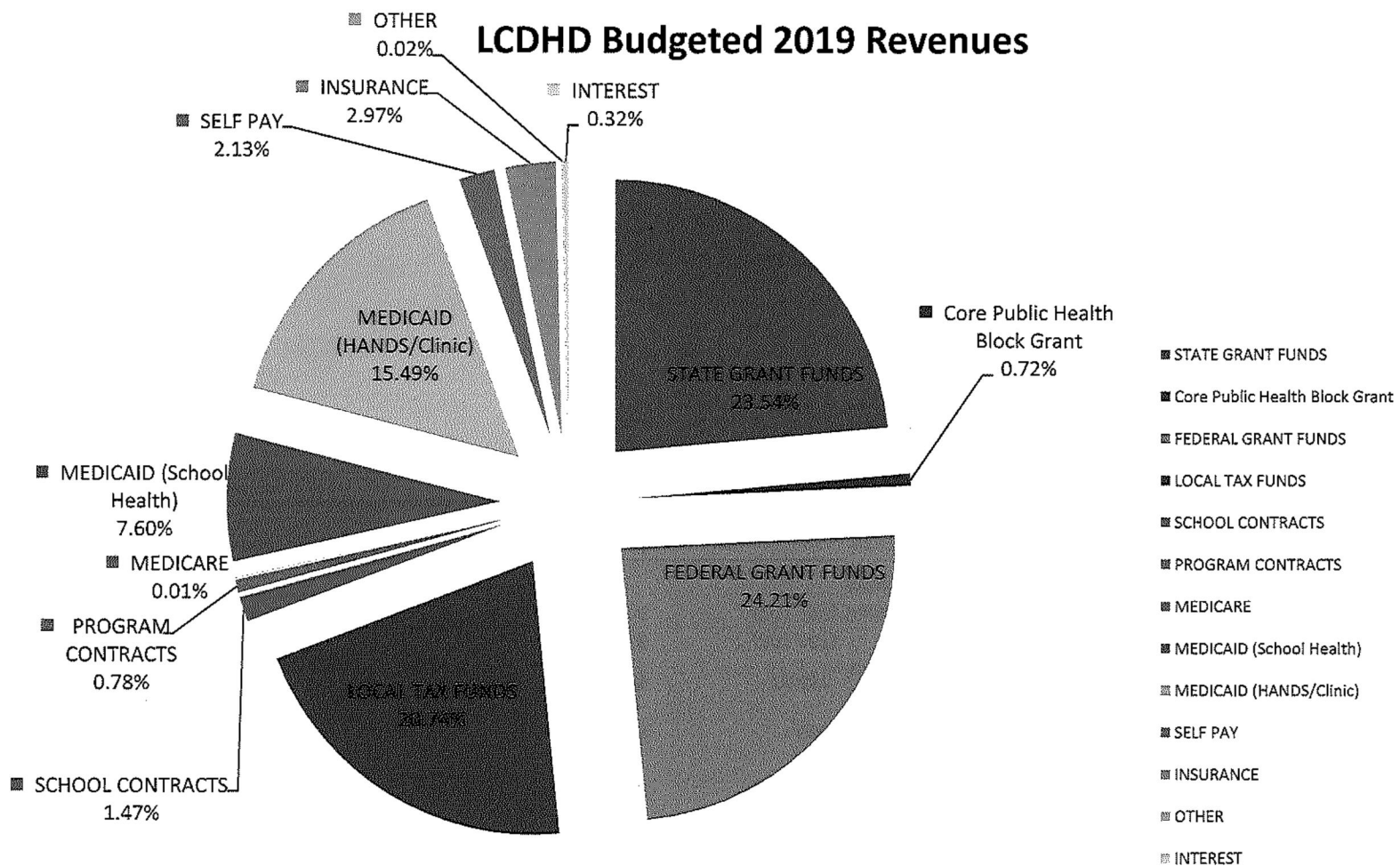
Other Operating:

* DUES & SUBSCRIPTIONS	\$	(309)	Variance is primarily in preparedness cost center 821 where this expense is not budgeted for FY 19
* REGISTRATION FEES	\$	8,203	Variance is due to trainings planned for Diabetes, additional trainings budgeted for the Rural Health Opioid grant, and additional trainings for the new Heart4change Grant.
* EDUCATIONAL SUPPLIES	\$	78,248	HANDS, diabetes, preparedness, Heart4Change, Sexual Risk Avoidance, Tobacco and the Rural Health Opioid Grant all have additional educational efforts planned for FY 19.
* LEGAL (CONT)	\$	20,000	The Rural Health Opioid Grant requires we contract with an external entity to review the grant. Cost for that service is reflected in this variance.
* Other (Medicaid Match)	\$	(166,609)	This variance is primarily in Medicaid Match we're expecting to save as a result of not contracting with the Green County Schools. Note, we budgeted for 4 medicaid match payments for FY 19, which may end up being significantly understated. If DPH does not bill us for the three past-due payments for FY 18, so we can get them paid before FY 18 closes, it's possible we'll actually see 7 quarterly match payments during FY 19, which will make the actual medicaid match expense end up being significantly more than budgeted medicaid match payments.

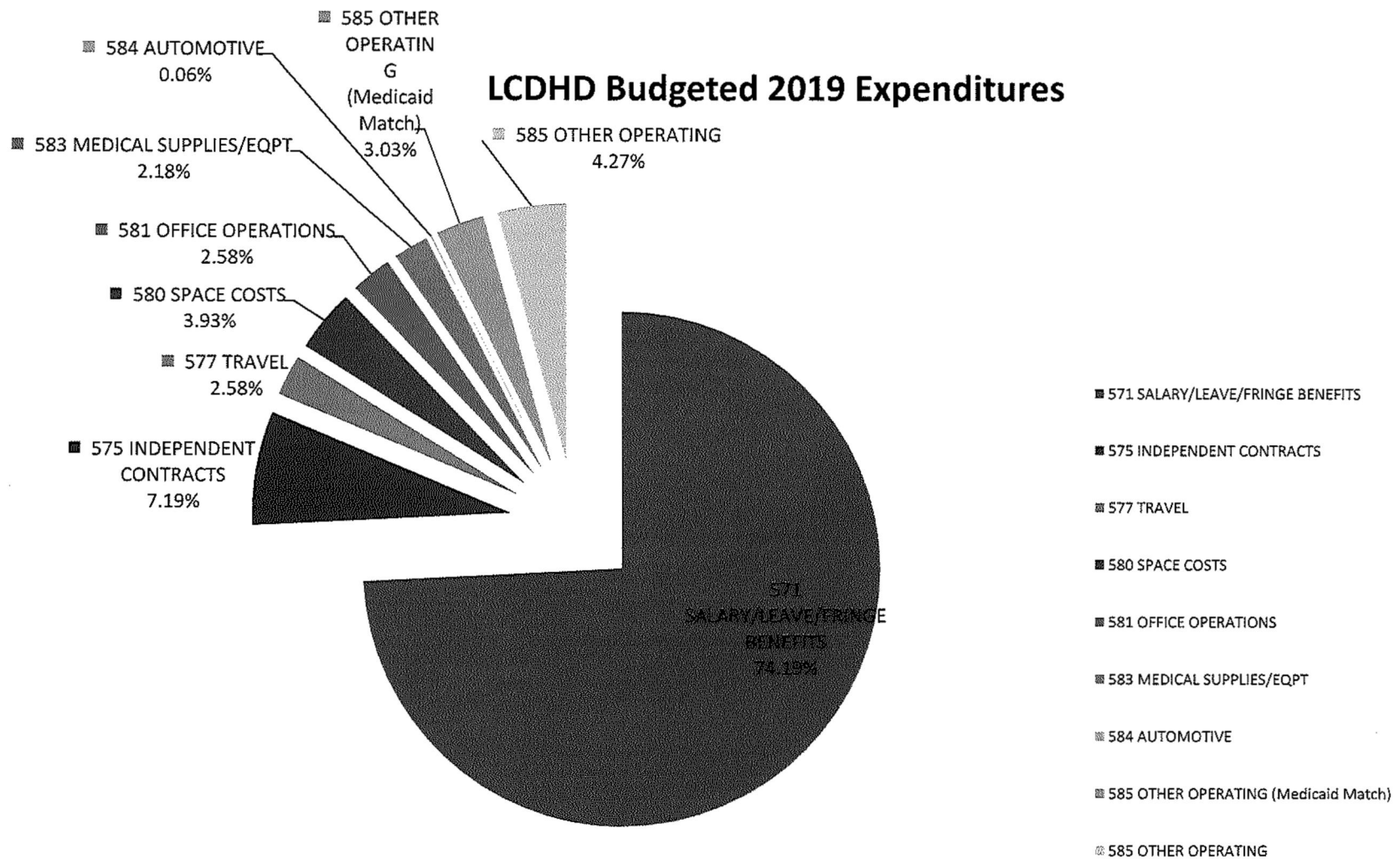
Budget Variance Explanations
Lake Cumberland District Health Department FY 2018-2019 Budget

* Other	\$	(111,547)	This variance is a result of a school pass through grant we received in FY 18, but do not expect to receive in FY 19.
* ADVERT & RECRUIT	\$	(206,040)	This variance is primarily a result of a WIC outreach grant we received in FY 18 that we did not receive in FY 19
* AUDITS (CONT)	\$	1,000	Budgeting for a rate increase
* PROGRAM SUPPLIES	\$	75,887	This variance is a result of local health grants approved by local boards and funded through local health taxing district receipts or reserves.
Total Explained	\$	(301,167)	
Total Budget Variance	\$	(301,167)	Variance "Other" total includes \$166,609 medicaid match classified as "other expense" plus remaining variance in "other" expenses of \$134,558
Remaining Unexplained	\$	-	
Total Expense Variance	\$	(512,624)	

LCDHD Budgeted 2019 Revenues



LCDHD Budgeted 2019 Expenditures



Allocations by account
~~Federal Reserve~~

COST	RACCT	Funding Source	FY2018 Allocation	DESCRIPTION	FY2019 Allocation	Change	(106,102.95)	\$	State Change	Federal Change	Medicaid Change
Totals			\$ 8,339,873.40		\$ 8,462,723.48	\$ 122,850.08	\$ -		\$ -	\$ 228,953.03	\$ -
712	422	712422 State Restricted	\$ 2,369.00	ECD Fluoride Varnish	\$ 972.00	\$ (1,397.00)	\$ (1,397.00)		\$ -	\$ -	\$ -
727	438	727438 Fed - DPH Grants	\$ 0	Harm Reduction Syringe Exchange Program (Jul-Dec)	\$ 5,469.40	\$ 5,469.40	\$ -		\$ 5,469.40	\$ -	\$ -
727	438	727438 Fed - DPH Grants	\$ 0	Harm Reduction/Syringe Exchange Program (Jan-Jun)	\$ 5,469.40	\$ 5,469.40	\$ -		\$ 5,469.40	\$ -	\$ -
736	435	736435 Fed - Preventive Services Block Grant	\$ 54,480.00	CHAT-Community Health Action Team (Oct-Jun)	\$ 1,000.00	\$ (53,480.00)	\$ (53,480.00)		\$ -	\$ (53,480.00)	\$ -
736	435	736435 Fed - Preventive Services Block Grant	\$ -	CHAT-Community Health Action Team (July-Sept)	\$ 1,000.00	\$ 1,000.00	\$ -		\$ 1,000.00	\$ -	\$ -
749	438	749438 Fed - DPH Grants	\$ 12,000.00	Regional Epidemiologist HAI Activities	\$ -	\$ (12,000.00)	\$ (12,000.00)		\$ -	\$ (12,000.00)	\$ -
752	422	752422 State - Restricted	\$ 921,750.00	HANDS GF Services	\$ 921,750.00	\$ -	\$ -		\$ -	\$ -	\$ -
756	438	756438 Fed - DPH Grants	\$ 68,467.00	Personal Responsibility Education Program (PREP)	\$ 68,467.00	\$ -	\$ -		\$ -	\$ -	\$ -
760	438	760438 Fed - DPH Grants	\$ 86,075.00	HANDS - Federal Home Visiting Services Formula Grant (Jul-Jun)	\$ 218,302.00	\$ 132,227.00	\$ 132,227.00		\$ 132,227.00	\$ -	\$ -
760	438	760438 Fed - DPH Grants	\$ 86,075.00	HANDS - Federal Home Visiting Services Formula Grant (Jul-Sep)	\$ 43,038.00	\$ (43,037.00)	\$ (43,037.00)		\$ (43,037.00)	\$ -	\$ -
766	431	766431 Fed - Title V MCH Block Grant	\$ 43,611.25	MCH Coordinator (Oct-June)	\$ 130,833.75	\$ 87,222.50	\$ 87,222.50		\$ 87,222.50	\$ -	\$ -
766	431	766431 Fed - Title V MCH Block Grant	\$ 130,833.75	MCH Coordinator (July-Sept)	\$ 43,611.25	\$ (87,222.50)	\$ (87,222.50)		\$ (87,222.50)	\$ -	\$ -
774	431	774431 Fed - Title V MCH Block Grant	\$ 7,500.00	CHILD FATALITY REVIEW & INJURY PREVENTION (Oct-June)	\$ 7,500.00	\$ -	\$ -		\$ -	\$ -	\$ -
775	431	775431 Fed - Title V MCH Block Grant	\$ 2,500.00	CHILD FATALITY REVIEW & INJURY PREVENTION Jul-	\$ 2,500.00	\$ -	\$ -		\$ -	\$ -	\$ -
800	438	800438 Fed - DPH Grants	\$ 5,000.00	SDFQ	\$ 5,000.00	\$ -	\$ -		\$ -	\$ -	\$ -
802	422	802422 State - Restricted	\$ 7,835.00	Folic Acid	\$ 7,700.00	\$ (135.00)	\$ (135.00)		\$ -	\$ -	\$ -
802	432	802432 Fed - Title X Family Planning	\$ 270,339.00	Title X Family Planning	\$ 218,221.00	\$ (52,118.00)	\$ (52,118.00)		\$ (52,118.00)	\$ -	\$ -
804	438	804438 Fed - DPH Grants	\$ 277,873.20	WIC Nutrition Services Administration (NSA) (July-Sept)	\$ 324,180.00	\$ 46,306.80	\$ 46,306.80		\$ 46,306.80	\$ -	\$ -
804	438	804438 Fed - DPH Grants	\$ 833,619.60	WIC Nutrition Services Administration (NSA) (Oct-June)	\$ 972,540.00	\$ 138,920.40	\$ 138,920.40		\$ 138,920.40	\$ -	\$ -
805	431	805431 Fed - Title V MCH Block Grant	\$ 14,460.00	Nutrition (July-Sept)	\$ 14,460.00	\$ -	\$ -		\$ -	\$ -	\$ -
805	431	805431 Fed - Title V MCH Block Grant	\$ 43,380.00	Nutrition (Oct-June)	\$ 43,380.00	\$ -	\$ -		\$ -	\$ -	\$ -
806	438	806438 Fed - DPH Grants	\$ 2,653.00	TB Funds Jan-Jun	\$ 2,308.00	\$ (345.00)	\$ (345.00)		\$ (345.00)	\$ -	\$ -
806	438	806438 Fed - DPH Grants	\$ 4,030.00	TB Funds Jul-Dec	\$ 3,512.00	\$ (518.00)	\$ (518.00)		\$ (518.00)	\$ -	\$ -
809	422	809422 State - Restricted	\$ 215,200.00	Diabetes	\$ 174,300.00	\$ (40,900.00)	\$ (40,900.00)		\$ (40,900.00)	\$ -	\$ -
813	438	813438 Fed - DPH Grants	\$ 36,500.00	Cancer-Federal	\$ 36,500.00	\$ -	\$ -		\$ -	\$ -	\$ -
821	438	821438 Fed - DPH Grants	\$ 101,558.00	Preparedness Coord	\$ 101,558.00	\$ -	\$ -		\$ -	\$ -	\$ -
822	438	822438 Fed - DPH Grants	\$ 53,445.67	EPID & Surveillance	\$ 42,769.99	\$ (10,675.68)	\$ (10,675.68)		\$ (10,675.68)	\$ -	\$ -
822	438	822438 Fed - DPH Grants	\$ -	EPID & Surveillance (Rebate)	\$ 47,828.29	\$ 47,828.29	\$ 47,828.29		\$ 47,828.29	\$ -	\$ -
823	438	823438 Fed - DPH Grants	\$ 14,398.94	HPP Medical Reserve Corp	\$ -	\$ (14,398.94)	\$ (14,398.94)		\$ (14,398.94)	\$ -	\$ -
833	438	833438 Fed - DPH Grants	\$ 15,000.00	WIC Breastfeeding Promotion Regional Coordinators (July-Sept)	\$ 15,000.00	\$ -	\$ -		\$ -	\$ -	\$ -

Lake Cumberland District Health Department		
Position Changes FY 2018-19		
Increase/Decrease in Employees:		Effective Date in FY 2019
Retiring	Acey, Pamela	Jun-19
PI changed rate	Adams, Susan J.	Jun-18
PI changed rate	Burriss, Brian H.	Jun-18
Retiring	Copenhaver, Melinda	Sep-18
Promo Probat. Increment	East, Charlotte K.	Jul-18
Retiring	Ferrell, Sylvia	Jun-19
PI changed rate	Ford, Ricky L.	Jun-18
Retiring	Godby, Pamela	Sep-18
Go to FT	Green, Timothy D.	Dec-18
Retiring	Jasper, Leah	Jun-19
Promo Probat. Increment	Lawhorn, Marsha C.	Oct-18
Reclass to FSW 2	Lawson, Melissa G.	Jul-18
Retiring	Livesay, Vickie	Jun-19
Probationary Increment	Parmley, Kristy L.	Jul-18
PI changed rate	Poland, Cristy M.	Jun-18
Retiring	Porter, Sandra	Jun-19
Reclass to Hlth Env 3	Roberts, Courtney L	Mar-19
PI changed rate	Rose, Harley J.	Jun-18
Promo Probat. Increment	Trull, Norma J.	Aug-18
Retiring	Weyman, Christine	Jun-19
PI changed rate	Whitehead, Terri N.	Jun-18

309 - LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

BUDGET YEAR 2019

Empl Count	Class ID	Employee Salaries		Pay Rate	Budgeted FY	Budgeted FY	Budgeted Total Salary
					Hours Without Leave	Hours	
158		TOTAL			255,939	307,366	\$ 6,024,305
	EMPID	Last	First				\$ -
							\$ -
1	D3177	Aaron	Tracy R.	\$ 28.78	1,625	1950	\$ 56,121
1	D9246	Acey	Pamela J.	\$ 27.55	1,530	2356	\$ 64,908
1	H8013	Adams	Susan J.	\$ 14.49	1,650	1950	\$ 28,256
1	C2039	Akin	Rhonda G.	\$ 27.87	1,489	1950	\$ 54,347
1	C6314	Albertson	Vicky L.	\$ 19.93	1,650	1950	\$ 38,864
1	H2961	Anderson	Lisa G.	\$ 13.61	1,650	1950	\$ 26,540
1	C2048	Arnold	Connie M.	\$ 31.82	1,605	1950	\$ 62,049
1	C3249	Arterburn	Jessica A.	\$ 19.49	1,633	1950	\$ 38,006
1	H4985	Atkinson	Rebecca R.	\$ 11.62	1,624	1950	\$ 22,659
1	H6108	Baker	John T.	\$ 17.77	1,546	1950	\$ 34,652
1	C2065	Baker	Rebecca L.	\$ 21.79	1,656	1950	\$ 42,491
1	H4918	Barber	Kathy J.	\$ 11.66	1,668	1950	\$ 22,737
1	D3434	Beaty	Shannon G.	\$ 18.07	1,700	1950	\$ 35,237
1	H8834	Bender	Brigette E.	\$ 18.31	1,583	1950	\$ 35,705
							\$ -
1	C2498	Bowmer	Natasha L.	\$ 27.06	1,649	1950	\$ 52,767
1	C3826	Brockman	Beverly A.	\$ 27.56	1,628	1950	\$ 53,742
1	E9012	Brown	Jennifer C.	\$ 13.16	1,624	1950	\$ 25,662
1	C3003	Brown	Lisa C.	\$ 32.06	1,610	1950	\$ 62,517
1	H7343	Burriss	Brian H.	\$ 12.15	1,847	1950	\$ 23,693
1	D3170	Burton	Patricia L.	\$ 19.59	1,618	1950	\$ 38,201
1	C2273	Bush	Kaylene W.	\$ 30.02	1,616	1950	\$ 58,539
1	C6086	Capps	Heather R.	\$ 19.29	1,650	1950	\$ 37,616
1	H2566	Catron	Tammy E.	\$ 11.44	1,607	1950	\$ 22,308
1	C6530	Chriswell	Rachel A.	\$ 17.67	1,636	1950	\$ 34,457
1	H4198	Coe	Raykesha N.	\$ 11.41	1,659	1950	\$ 22,250
1	D2234	Coffman	Angelia M.	\$ 18.62	1,709	1950	\$ 36,309
1	E9005	Collins	Arlena BethAnn	\$ 17.61	1,700	1950	\$ 34,340
1	H4301	Collins	Christopher R.	\$ 13.82	1,621	1950	\$ 26,949
1	H7322	Cook	William L.	\$ 11.09	1,607	1950	\$ 21,626
1	H8121	Copenhaver	Melinda H.	\$ 28.40	568	768	\$ 21,811
1	C2184	Cowherd	Janet	\$ 27.02	1,650	1950	\$ 52,689
1	H9076	Crabtree	Shawn D.	\$ 50.45	1,544	1950	\$ 98,378

309 - LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

BUDGET YEAR 2019

Empl Count	BUDGET YEAR 2019						
	Class ID	Employee Salaries		Pay Rate	Budgeted FY Hours Without Leave	Budgeted FY Hours	Budgeted Total Salary
158		TOTAL			255,939	307,366	\$ 6,024,305
							\$ -
1	H2964	Cross	DeAnn S.	\$ 13.61	1,583	1950	\$ 26,540
1	H4543	Cummings	Candi L.	\$ 15.20	1,579	1950	\$ 29,640
							\$ -
1	H2015	Daniels	Shirley D.	\$ 11.34	1,651	1950	\$ 22,113
1	C6272	Davis	Lori R.	\$ 20.72	1,697	1950	\$ 40,404
1	H2043	Denney	Monica D.	\$ 11.94	1,579	1950	\$ 23,283
1	C3796	Dial	Brenda S.	\$ 23.81	1,589	1950	\$ 46,430
1	C4120	Dillingham	Crystal G.	\$ 17.14	1,608	1950	\$ 33,423
1	H8382	Durrett	Stella A.	\$ 19.85	1,407	1950	\$ 38,708
							\$ -
1	G1553	Dye	Jonathan P.	\$ 26.55	1,635	1950	\$ 51,773
1	H8017	East	Charlotte K.	\$ 18.18	1,909	1950	\$ 35,451
1	H3579	Eaton	Marilyn L.	\$ 16.52	1,564	1950	\$ 32,214
1	G1567	Green	Timothy D.	\$ 23.33	1,613	1950	\$ 45,494
1	D3201	England	Amanda J.	\$ 21.47	1,425	1950	\$ 41,867
1	C3101	Ferrell	Sylvia E.	\$ 29.44	1,320	1950	\$ 57,408
1	H4529	Flowers	Wanda P.	\$ 13.47	1,623	1950	\$ 26,267
1	H7342	Ford	Ricky L.	\$ 10.79	1,806	1950	\$ 21,041
1	C6237	Franklin	Anita L.	\$ 17.80	1,650	1950	\$ 34,710
1	H8366	Fryman	Etta G.	\$ 19.88	1,350	1950	\$ 38,766
1	H2119	Garner	Melissa K.	\$ 11.29	1,623	1950	\$ 22,016
1	C2559	Gibson	Sherri L.	\$ 27.87	1,617	1950	\$ 54,347
1	H8296	Godby	Pamela A.	\$ 27.65	1,694	2342	\$ 64,756
1	H2738	Gregory	Dorthy	\$ 11.30	1,650	1950	\$ 22,035
1	H8933	Griffiths	Allison S.	\$ 16.13	1,565	1950	\$ 31,454
1	H4535	Hale	Pamela J.	\$ 15.94	1,623	1950	\$ 31,083
1	C2814	Hall	Karen S.	\$ 24.05	1,610	1950	\$ 46,898
1	C2072	Hall	Monica R.	\$ 25.70	1,700	1950	\$ 50,115
1	H4415	Hall	Thomas J.	\$ 14.37	1,611	1950	\$ 28,022
1	G1595	Hamilton	Jeremy S.	\$ 24.13	1,652	1950	\$ 47,054
1	H8681	Hamm	Priscilla J.	\$ 15.14	1,681	1950	\$ 29,523
1	D3091	Harlow	Jelaine T.	\$ 21.70	1,682	1950	\$ 42,315
1	C1105	Harris	Jennifer Kay	\$ 44.19	1,650	1950	\$ 86,171
1	H6239	Harris	Lisa A.	\$ 18.33	1,602	1950	\$ 35,744
1	C6298	Harrison	Megan R.	\$ 17.50	1,709 of 33	1950	\$ 34,125

309 - LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

BUDGET YEAR 2019

Empl Count	Class ID	Employee Salaries		Pay Rate	Budgeted FY Hours Without Leave	Budgeted FY Hours	Budgeted Total Salary
158		TOTAL			255,939	307,366	\$ 6,024,305
1	H6282	Haynes	Cristy L.	\$ 12.47	1,680	1950	\$ 24,317
1	G3097	Hickman	IV Jefferson	\$ 28.71	1,550	1950	\$ 55,985
1	D3095	Hodges	Jaclyn E.	\$ 21.56	1,598	1950	\$ 42,042
1	C3610	Hopkins	Angel D.	\$ 22.70	1,731	1950	\$ 44,265
1	H8993	Huckelby	Carol A.	\$ 17.99	1,663	1950	\$ 35,081
1	H8837	Jasper	Leah A.	\$ 27.13	1,613	1950	\$ 52,904
1	E1019	Jenkins	Tamara L.	\$ 22.63	1,614	1950	\$ 44,129
1	H8676	Jones	Jane C	\$ 16.94	1,499	1950	\$ 33,033
1	C6540	Jones	Whitney E.	\$ 18.51	1,701	1950	\$ 36,095
1	H4447	Kane	Kimberly M.	\$ 15.31	1,519	1950	\$ 29,855
1	C6369	Kean	Bridgett M.	\$ 18.15	1,605	1950	\$ 35,393
1	C3892	Keen	Donna E.	\$ 23.71	1,617	1950	\$ 46,235
							\$ -
1	H6285	Kindle	Linda D.	\$ 12.35	1,771	1950	\$ 24,083
1	H4270	King	Tammy J	\$ 14.23	1,562	1950	\$ 27,749
1	C3905	Lair	Heather M.	\$ 19.34	1,657	1950	\$ 37,713
1	H2871	Lawhorn	Marsha C.	\$ 14.19	1,630	1950	\$ 27,671
1	H4321	Lawson	Melissa G.	\$ 11.64	1,700	1950	\$ 22,698
1	C3814	Lee	Jamie L.	\$ 26.12	1,650	1950	\$ 50,934
1	E9007	Lewis	Savannah L.	\$ 14.70	1,703	1950	\$ 28,665
1	H4334	Livesay	Vickie F.	\$ 16.78	1,105	2007	\$ 33,677
1	E9004	Mann-Polston	Connie M.	\$ 17.57	1,588	1950	\$ 34,262
1	H2618	Matthews	Shannon M.	\$ 11.39	1,687	1950	\$ 22,211
1	E9006	Mayberry	Deborah E.	\$ 21.17	1,652	1950	\$ 41,282
1	H4129	McFeeters	Daniel J.	\$ 20.80	1,659	1950	\$ 40,560
1	E9025	McGinnis	Danielle N.	\$ 12.90	1,583	1950	\$ 25,155
1	H4705	McKnight	Belinda K.	\$ 13.73	1,571	1950	\$ 26,774
1	H4360	Melson	Cynthia G.	\$ 15.25	1,591	1950	\$ 29,738
1	C3941	Merrick	Sabrina L.	\$ 29.44	1,561	1950	\$ 57,408
1					1,950	1950	\$ -
1	C3585	Miller	Mary E.	\$ 24.79	1,687	1950	\$ 48,341
1	E9008	Morris	Wilda C.	\$ 12.95	1,716	1950	\$ 25,253
1	H7327	McGowan	Michael D.	\$ 12.16	900	1200	\$ 14,592
							\$ -
1	H8338	Nettles	Cindy J.	\$ 19.96	1,626	1950	\$ 38,922
1	H8015	New	Tishanna M.	\$ 17.36	1,650	1950	\$ 33,852
1	H4519	Osborne	Deana S.	\$ 15.56	1,617	1950	\$ 30,342

309 - LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT

BUDGET YEAR 2019

Empl Count	Class ID	Employee Salaries		Pay Rate	Budgeted FY Hours Without Leave	Budgeted FY Hours	Budgeted Total Salary
158		TOTAL			255,939	307,366	\$ 6,024,305
1	H4362	Parmley	Kristy L.	\$ 11.76	1,651	1950	\$ 22,932
1	C3915	Parrish	Donna J.	\$ 32.12	1,708	1950	\$ 62,634
1	G1486	Patterson	Chasity N.	\$ 28.58	1,635	1950	\$ 55,731
1	G1542	Patterson	Corey L.	\$ 27.00	1,653	1950	\$ 52,650
1	C3516	Phillips	Cynthia A.	\$ 24.67	1,641	1950	\$ 48,107
1	H4026	Pickett	Tammy G.	\$ 11.70	1,698	1950	\$ 22,815
1	H4347	Poland	Christy M.	\$ 10.81	1,700	1950	\$ 21,080
1	H4517	Pollitt	Shawnda D.	\$ 14.26	1,600	1950	\$ 27,807
1	H8518	Porter	Sandra K.	\$ 18.03	1,596	2075	\$ 37,412
1	H2737	Poynter	Ashley M.	\$ 11.25	1,760	1950	\$ 21,938
1	C3673	Prater	Sabrina R	\$ 23.75	1,595	1950	\$ 46,313
1	G1590	Price Jr.	Ferlin S.	\$ 24.44	1,550	1950	\$ 47,658
1	H4278	Ramsey	Brian K.	\$ 15.62	1,611	1950	\$ 30,459
1	D2231	Ramsey	Mary F.	\$ 12.75	1,600	1950	\$ 24,863
1	C3090	Redman	Laura D.	\$ 19.64	1,615	1950	\$ 38,298
1	D3069	Roberson Daulton	Shirley A.	\$ 20.86	1,709	1950	\$ 40,677
1	G1740	Roberts	Courtney L	\$ 16.42	1,626	1950	\$ 32,019
1	H4353	Rose	Harley J.	\$ 10.77	1,701	1950	\$ 21,002
1	D3450	Sexton	Samantha J.	\$ 13.40	1,624	1950	\$ 26,130
1	H6112	Silvers	Mary J.	\$ 17.66	1,550	1950	\$ 34,437
1	H4342	Simpson	Angela L.	\$ 15.95	1,583	1950	\$ 31,103
1	G1515	Simpson	Jarrod W.	\$ 27.95	1,620	1950	\$ 54,503
1	C6529	Skeens	Jacqueline F.	\$ 17.67	1,650	1950	\$ 34,457
1	H2458	Smith	Melinda J.	\$ 19.71	1,612	1950	\$ 38,435
1	C6288	Smith	Melody A.	\$ 17.62	1,640	1950	\$ 34,359
1	H6247	Sneed	Robyn L.	\$ 20.77	1,598	1950	\$ 40,502
1	G1676	Spears	Lora B.	\$ 20.38	1,700	1950	\$ 39,741
1	G3088	Spillman	Michael S.	\$ 33.77	1,577	1950	\$ 65,852
1	D9068	Stevens	Regina A.	\$ 24.76	1,650	1950	\$ 48,282
1	H4305	Taylor	Sue A.	\$ 11.45	1,630	1950	\$ 22,328
1	H4397	Thrasher	Christy J.	\$ 15.82	1,588	1950	\$ 30,849
1	H8502	Tomlinson	Amy C.	\$ 20.39	1,667	1950	\$ 39,761
1	C2083	Trull	Norma J.	\$ 26.08	1,650	1950	\$ 50,856
1	C3212	Tucker	Anna Janae	\$ 27.95	1,648	1950	\$ 54,503
1	H8890	Tucker	Kimberly A.	\$ 14.28	1,703	1950	\$ 27,846
1	H4118	Tuggle	April D.	\$ 12.26	1,652	1950	\$ 23,907
1	C2666	Turner	Lori C.	\$ 22.97	1,661	1950	\$ 44,792

BUDGET YEAR 2019

~~20 of 33~~

	309	LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT				
Empl Count	BUDGET YEAR 2019					
	Class ID	Employee Salaries	Pay Rate	Budgeted FY Hours	Budgeted FY Hours	Budgeted Total Salary
24		TOTAL		8,884.00	8,884	\$ 144,331

HEALTH DEPARTMENT NUMBER	309
--------------------------	-----

HEALTH DEPARTMENT NAME	LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
------------------------	--

BUDGET YEAR	BUDGET YEAR 2019
-------------	------------------

		AVG FT salary per employee	\$20,956
LHD ANNUAL PAYROLLS	26	Total Salaries	\$ 6,168,600.00
		Total Fringe	\$ 4,990,009.00

\$ 6,168,600.00

\$ 4,990,009.00

SUGGESTED STANDARD LEAVE HOURS	297	80.89%	Employee Benefit Package Percentage
		56.37%	Employee Benefit Package Percentage after Retirement Allocation

EMPLOYEE FRINGE BENEFIT RATES	FICA-EMPLOYER PORTION	0.0755	2018-19 Limit \$126,000
	LIFE INSURANCE (per empl per year)	\$10.00	
	HEALTH INSURANCE (monthly rate per employee)	\$ 834.55	
	RETIREMENT-EMPLOYER PORTION	0.4947	
	EMPLOYEES NOT ELECTING HEALTH INSURANCE COVERAGE	18	

Total # Employees

158

24

		Total Salaries				\$ 6,024,305.00		\$ 144,331.00			
FRINGE BENEFITS	EMPLOYER	SALARY / FULL TIME	PS CONTRACT / PART TIME	Total	Account #	\$ Per FT Employee	% per PT Employee	% to FT Employee	% to PT total		
	FICA	\$441,949	\$11,041	\$452,990	573181	\$2,797	\$450	7.65%	7.65%		
	LIFE INSURANCE (LHD annual amnt)	\$1,580		\$1,580	573182	\$10	\$0	0.0%	0.0%		
	HEALTH INSURANCE (LHD annual amnt)	\$1,402,044		\$1,402,044	573183	\$8,874	\$0	23.3%	0.0%		
	RETIREMENT (LHD annual amnt)	\$2,980,224		\$2,980,224	573185	\$18,862	\$0	49.5%	0.0%		
	UNEMPLOYMENT INSURANCE (LHD annual amnt)	13,378.18	2,032.13	\$15,410	573186	\$85	\$85	0.2%	1.4%		
	DENTAL INSURANCE (LHD annual amnt)	\$ 35,625.84		\$35,626	573187	\$225	\$0	0.6%	0.0%		
	WORKER'S COMPENSATION (LHD annual amnt)	64,559.00	1,576.30	\$66,135	573188	\$409	\$78	1.1%	1.3%		
	FLEXIBLE BENEFIT - COFFEE TREE (LHD annual amnt)	\$ 35,700.34		\$35,700	573189	\$226	\$0	0.6%	0.0%		
	TOTAL FRINGE BENEFITS less HB1 Retirement Assistance	\$3,462,488	\$14,949	\$3,477,437		\$31,488	\$623	57.48%	10.36%		
	HB1 Retirement Assistance (426 allocation)	\$ 1,512,572		\$1,512,572							
	TOTAL FRINGE BENEFITS	\$4,975,060	\$14,949	\$4,990,009							

TAX SHELTERED BENEFITS	PRETAX DEDUCTIONS - EMPLOYEE	PRETAX EMPLOYEE DEDUCTIONS AFFECTING EMPLOYER FICA
	HEALTH INSURANCE (LHD annual amnt)	\$ 221,280.08
	FLEXIBLE BENEFIT - COFFEE TREE (LHD annual amnt)	\$ 25,938.30

Expenditure Detail

309 - LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
BUDGET SUMMARY DETAIL AND COMPARATIVE ANALYSIS

GENERAL LEDGER ACCOUNTS		TOTAL LINE ITEM 2019 BUDGET	Prorated 2018	Change	% Change
EXPENDITURES					
TOTAL SALARIES		\$ 11,168,810	\$ 11,331,531	\$ (172,921)	-2%
571	SALARIES/LEAVE/HOLIDAY PAY	\$ 8,024,289	\$ 8,458,911	\$ (434,642.18)	7.21%
572	P.S. CONTRACT & PART TIME	\$ 144,331	\$ 129,172	\$ 15,159.00	-10.50%
573	FRINGE BENEFITS	\$ 4,990,010	\$ 4,743,448	\$ 246,561.81	-4.94%
575 INDEPENDENT CONTRACTS		\$ 1,081,284	\$ 1,287,610	\$ (206,346)	-19%
201	PHYSICIAN NOT OB/GYN SERVICES	\$ 10,472	\$ 7,647	\$ 2,924.50	0.00%
202	CERTIFIED OB/GYN SERVICES	\$ 92	\$ 37	\$ 55.00	0.00%
204	OPHTHALMO/OPTOMETRIST SERVICES	\$ 10,000	\$ 1,218	\$ 8,782.38	-1729.21%
205	ANESTHESIOLOGIST SERVICES	\$ 300	\$ -	\$ 300.00	0.00%
211	DENTIST SERVICES	\$ 70,000	\$ 6,052	\$ 63,947.80	-620.92%
215	NURSE PRACT/PA SERVICES	\$ -	\$ -	\$ -	0.00%
217	OTHER NURSES SERVICES	\$ 70,000	\$ 43,000	\$ 27,000.00	352.23%
218	SOCIAL WORKER SERVICES	\$ -	\$ -	\$ -	0.00%
219	NUTRITIONIST SERVICES	\$ -	\$ -	\$ -	0.00%
220	PHYSICAL THERAPY SERVICES	\$ -	\$ -	\$ -	0.00%
221	SPEECH THERAPY SERVICES	\$ -	\$ -	\$ -	0.00%
222	OCCUP THERAPY SERVICES	\$ -	\$ -	\$ -	0.00%
225	OTHER THERAPY SERVICES	\$ -	\$ -	\$ -	0.00%
227	AUDIOLOGIST SERVICES	\$ -	\$ -	\$ -	0.00%
229	LAB TECHNICIAN/MEDICAL ASST SERVICES	\$ -	\$ -	\$ -	0.00%
230	INPATIENT/OBSERVATION HOSP SERVICES	\$ -	\$ -	\$ -	0.00%
240	PHYSICAL THERAPY ASST. SERVICES	\$ -	\$ -	\$ -	0.00%
241	SPEECH THERAPY ASST. SERVICES	\$ -	\$ -	\$ -	0.00%
242	OCCUP THERAPY ASST. SERVICES	\$ -	\$ -	\$ -	0.00%
245	XRAY/OTHER TEST SERVICES	\$ 21,176	\$ 946	\$ 20,230.40	0.00%
250	LAB SERVICES - NO CONTRACT	\$ 24,279	\$ 6,092	\$ 18,186.75	0.00%
255	ENVIRONMENTAL SERVICES	\$ -	\$ -	\$ -	0.00%
260	OTHER PROVIDER MED SERVICES	\$ 850,703	\$ 1,202,006	\$ (351,302.73)	0.00%
265	MEDICAL SUPPORT-CLERK SERVICES	\$ -	\$ -	\$ -	0.00%
270	DCA/LEAD AGENCY/PROG TRAN	\$ -	\$ -	\$ -	0.00%
301	NOT USED	\$ -	\$ -	\$ -	0.00%
303	PHYSICIAN DELIVERY/RELATED SERVICES	\$ -	\$ -	\$ -	0.00%
304	MAMMOGRAM FOLLOW-UP SERVICES	\$ 4,050	\$ 2,357	\$ 1,693.20	0.00%
305	PAP SMEAR FOLLOW-UP SERVICES	\$ 7,328	\$ 7,239	\$ 87.00	0.00%
308	NEW BORN ASSESSMENT SERVICES	\$ -	\$ -	\$ -	0.00%
308	INITIAL MAMMOGRAM SERVICES	\$ 8,382	\$ 7,056	\$ 1,306.47	217.48%
309	ULTRASOUND SERVICES	\$ 2,603	\$ 2,139	\$ 463.82	0.00%
310	INPATIENT HOSPITAL SERVICES	\$ -	\$ -	\$ -	0.00%
311	OBSERVATION HOSPITAL SERVICES	\$ 1,800	\$ 1,920	\$ (320.00)	0.00%
312	STERILIZATION SERVICES	\$ 300	\$ -	\$ 300.00	0.00%
315	PATIENT PRENATAL CLASSES	\$ -	\$ -	\$ -	0.00%
577 TRAVEL		\$ 397,458	\$ 352,440	\$ 35,016	9%
326	IN-STATE	\$ 354,281	\$ 327,897	\$ 26,383.58	0.00%
327	OUT OF STATE	\$ 30,050	\$ 21,398	\$ 8,652.41	4.35%
328	BOARD MEMBERS	\$ 3,145	\$ 3,145	\$ (0.43)	14.75%
329	ADVISORY COMMITTEE	\$ -	\$ -	\$ -	0.00%
330	VOLUNTEER	\$ -	\$ -	\$ -	0.00%
580 SPACE COSTS		\$ 591,114	\$ 495,972	\$ 95,243	16%
331	RENT (LEASE)	\$ 65,482	\$ 35,128	\$ 30,353.48	53.47%
332	UTILITIES	\$ 227,881	\$ 195,662	\$ 32,018.63	0.00%
333	JANITORIAL SUPPLIES	\$ 28,712	\$ 28,712	\$ -	91.82%
334	PROPERTY INSURANCE	\$ 35,000	\$ 35,000	\$ -	24.72%
335	BUILD MAINT & REP	\$ 84,039	\$ 85,265	\$ (1,225.56)	0.00%
336	JANITOR SERV (CONT)	\$ 150,000	\$ 115,904	\$ 34,096.00	0.00%
				\$ -	0.00%

GENERAL LEDGER ACCOUNTS		TOTAL LINE ITEM 2019 BUDGET	Prorated 2018	Change	% Change
581	OFFICE OPERATIONS	\$ 388,623	\$ 397,422	\$ (8,799)	-2%
340	PRINTING & DUPLICATING	\$ 67,443	\$ 70,698	\$ (3,154.75)	0.00%
341	TELEPHONE	\$ 57,550	\$ 56,959	\$ 1,591.00	52.74%
342	POSTAGE	\$ 19,492	\$ 13,002	\$ 6,489.73	164.27%
343	OFFICE SUPPLIES-STOCK	\$ 13,086	\$ 13,086	\$ -	0.00%
344	MEDICAL RECORD SUPPLIES	\$ 5,819	\$ 5,818	\$ (0.28)	0.00%
345	COMPUTER SERVICES (CONT)	\$ 138,812	\$ 138,043	\$ (1,230.87)	-0.90%
346	OFFICE EQPT MAINTENANCE	\$ 7,920	\$ 7,920	\$ (0.07)	430.51%
347	OFFICE EQPT RENTAL	\$ 10,185	\$ 10,185	\$ 0.33	0.00%
348	OFFICE EQPT/NONCAP	\$ 56,321	\$ 71,024	\$ (14,703.20)	-15.62%
349	OFFICE SUPPLIES-LS	\$ 13,995	\$ 11,786	\$ 2,208.97	0.00%
				\$0	
582	CENTRAL SUPPORT/TAXES	\$ -	\$ -	\$ -	
356	PROVIDER TAX	\$ -	\$ -	\$ -	
357	CENTRAL SERVICES	\$ -	\$ -	\$ -	
				\$0	
583	MEDICAL SUPPLIES/EQPT	\$ 328,032	\$ 282,324	\$ 45,707	14%
358	PRISCT DRUGS/PHARM	\$ 10,000	\$ 9,828	\$ 171.61	-147.03%
359	CONS SUPL MULT COST	\$ 10,237	\$ 10,510	\$ (272.79)	21.58%
360	OXYGEN FOR RESALE	\$ -	\$ -	\$ -	0.00%
361	BIOLOGICALS & DRUGS	\$ 59,449	\$ 58,644	\$ 804.65	0.00%
362	CONTRACEPTIVES	\$ 57,813	\$ 57,392	\$ 220.83	0.00%
363	CONS SUPL SINGL COST	\$ 149,532	\$ 126,859	\$ 23,673.81	0.00%
364	ANCIL MED SUPL OR RESALE	\$ -	\$ -	\$ -	0.00%
365	DURABLE MED EQPT RES	\$ 2,607	\$ 1,221	\$ 1,385.68	0.00%
366	LABORATORY SUPPLIES	\$ 15,313	\$ 15,313	\$ -	298.49%
367	DME/OXYGEN FOR RENTAL	\$ -	\$ -	\$ -	0.00%
368	MED EQPT MAINT & REP	\$ 2,912	\$ 2,912	\$ (0.00)	5.89%
369	MED EQPT/NONCAPITAL	\$ 20,369	\$ 645	\$ 19,723.62	-1.34%
				\$0	
584	AUTOMOTIVE	\$ 9,506	\$ 8,864	\$ 642	7%
370	LEASING OF VEHICLES	\$ -	\$ -	\$ -	0.00%
371	GAS & OIL	\$ 6,572	\$ 6,473	\$ 98.85	0.00%
372	AUTOMOBILE INSURANCE	\$ 2,000	\$ 1,550	\$ 450.00	69.28%
373	AUTO MAINT & REP	\$ 935	\$ 841	\$ 93.63	0.00%
374	MOTOR POOL	\$ -	\$ -	\$ -	0.00%
				\$0	
585	OTHER OPERATING	\$ 1,098,917	\$ 1,398,084	\$ (301,167)	-27%
380	ADM OTHR HLTH (CONT)	\$ -	\$ -	\$ -	0.00%
381	DUES & SUBSCRIPTIONS	\$ 8,643	\$ 6,952	\$ (309.00)	0.00%
382	REGISTRATION FEES	\$ 67,923	\$ 59,720	\$ 8,202.93	0.00%
383	TUITION ASSISTANCE	\$ -	\$ -	\$ -	0.00%
384	INSURANCE	\$ 94,100	\$ 94,100	\$ -	0.48%
385	EDUCATIONAL SUPPLIES	\$ 148,463	\$ 70,215	\$ 78,247.86	0.06%
387	LAUNDRY	\$ -	\$ -	\$ -	0.00%
388	LEGAL (CONT)	\$ 20,672	\$ 672	\$ 20,000.00	0.00%
389	OTHER	\$ 499,620	\$ 777,778	\$ (278,155.88)	-60.28%
390	ADVERT & RECRUIT	\$ 83,004	\$ 289,044	\$ (206,039.99)	0.00%
391	AUDITS (CONT)	\$ 10,000	\$ 9,000	\$ 1,000.00	0.00%
392	HOME MODIFICATIONS	\$ -	\$ -	\$ -	0.00%
393	PROGRAM SUPPLIES	\$ 165,492	\$ 90,605	\$ 75,887.13	4.93%
				\$0	
601	CAPITAL	\$ -	\$ -	\$ -	#DIV/0!
670	FURN/EQUP EX DATA PRO	\$ -	\$ -	\$ -	0.00%
671	DATA PROCESSING EQPT	\$ -	\$ -	\$ -	0.00%
672	LAND & BUILDINGS	\$ -	\$ -	\$ -	0.00%
673	PURCHASE OF VEHICLES	\$ -	\$ -	\$ -	0.00%
				\$0	
680	INDIRECT ALLOCATIONS	\$ -	\$ (1)	\$ 1	
955	HOME HEALTH - CC 903 Spread to CC's 860-869	\$ -	\$ -	\$ -	0.00%
956	OTHER INDIRECT - CC 902 Spread to CC's 870-877, 880-	\$ -	\$ -	\$ -	0.00%
957	DEPARTMENTAL I/D - CC 898 Spread to CC's 500-893	\$ -	\$ 1	\$ (1.00)	0.00%
958	ENVIRONMENTAL I/D - CC 901 Spread to CC's 500-595	\$ -	\$ -	\$ -	0.00%
972	CLINIC I/D - CC 899 Spread to CC's 700-718	\$ -	\$ -	\$ -	0.00%
959	OTHER MEDICAL I/D - CC 900 Spread to CC's 700-858, 8	\$ -	\$ (4)	\$ 4.00	0.00%
960	SPACE I/D - CC 897 Spread to CC's 500-893	\$ -	\$ 2	\$ (2.00)	0.00%
				\$0	
690	ALLOC VISIT/PROC & LAB/RAD	\$ -	\$ -	\$ -	
975	ALLOC VISITS/PROCEDURES - CC 700 to CC's 800-813	\$ -	\$ -	\$ -	
979	LABORATORY/RADIOLOGY - CC 718 to CC's 800-813	\$ -	\$ -	\$ -	
TOTAL EXPENDITURES		\$ 15,041,521	\$ 15,554,148	\$ (512,624)	#DIV/0!

Receipt Detail

GENERAL LEDGER ACCOUNTS		TOTAL LINE ITEM 2019 BUDGET	Prorated 2018	Change	% Change
RECEIPTS					
STATE		\$ 3,654,201	\$ 4,085,905	\$ (441,708)	-12%
422	STATE RESTRICTED (NON 799)	\$ 1,948,402	\$ 2,297,204	\$ (350,801.54)	0.00%
423	STATE RESTRICTED CARRY-OVER	\$ -	\$ -	\$ -	0.00%
424	STATE ENVIRONMENTAL	\$ 195,227	\$ 201,913	\$ (6,686.15)	0.00%
426	RESTRICTED LHD HEALTH INSURANCE	\$ 1,512,672	\$ 1,588,789	\$ (84,217.05)	0.00%
FEDERAL		\$ 3,758,395	\$ 3,397,882	\$ 360,513	10%
431	TITLE V MCH BLOCK GRANT (NON 799)	\$ 242,285	\$ 248,475	\$ (6,189.80)	0.00%
432	TITLE X FAMILY PLANNING	\$ 218,221	\$ 279,242	\$ (61,020.84)	-202.41%
435	PREVENTIVE BLOCK GRANT	\$ 2,000	\$ 80,805	\$ (58,805.04)	0.00%
438	FEDERAL GRANTS DEPT HEALTH SER	\$ 2,418,288	\$ 2,380,404	\$ 35,884.50	-14.52%
439	FEDERAL GRANTS - DIRECT	\$ 879,601	\$ 428,957	\$ 450,644.14	0.00%
440	FEDERAL RESTR CARRY-OVER	\$ -	\$ -	\$ -	0.00%
LOCAL		\$ -	\$ 2	\$ (2)	0.00%
456	DONATIONS	\$ -	\$ 2	\$ (2.00)	0.00%
SERVICE FEES		\$ 4,779,834	\$ 4,509,438	\$ 270,397	6%
459	SCHOOL BOARD CONTRACTS	\$ 228,000	\$ 288,000	\$ (60,000.00)	15.74%
460	PROGRAM ADMINISTRATION CONTR	\$ 121,177	\$ 18,772	\$ 102,405.20	371.89%
461	FEDERAL	\$ -	\$ -	\$ -	0.00%
462	TITLE XVIII - MEDICARE	\$ -	\$ -	\$ -	0.00%
001	CLINIC	\$ 1,948	\$ 2,271	\$ (322.55)	-0.10%
002	HOME HEALTH	\$ -	\$ -	\$ -	0.00%
463	TITLE XIX - MEDICAID	\$ -	\$ -	\$ -	0.00%
000	KEIS	\$ -	\$ -	\$ -	0.00%
007	HANDS	\$ 1,857,160	\$ 1,475,676	\$ 381,474.00	14.58%
000	EPSDT	\$ -	\$ -	\$ -	0.00%
001	PREVENTIVE	\$ 1,581,573	\$ 1,716,432	\$ (134,859.34)	-3.79%
002	MANAGED CARE - CLINIC/PRIMARY CARE	\$ 146,027	\$ 170,402	\$ (24,375.30)	70.13%
003	HOME HEALTH	\$ -	\$ -	\$ -	0.00%
004	MANAGED CARE - HOME HEALTH	\$ -	\$ -	\$ -	0.00%
464	PROGRAM INCOME CARRY-OVER	\$ -	\$ -	\$ -	0.00%
465	SELF-PAY CO-IN & DEDUCT	\$ 132	\$ 143	\$ (11.00)	0.00%
466	SELF-PAY OTHER	\$ 331,324	\$ 331,427	\$ (103.13)	0.00%
467	INSURANCE	\$ 480,472	\$ 466,646	\$ 3,926.00	0.00%
468	OTHER HEALTH DEPARTMENTS	\$ 3,000	\$ 3,000	\$ -	12715.80%
469	OTHER	\$ -	\$ -	\$ -	0.00%
480	INTEREST RECEIVED	\$ 49,032	\$ 46,769	\$ 2,262.76	-275.04%
NON SPREADABLE RECEIPTS		\$ 12,192,430	\$ 12,003,227	\$ 189,203	2%
SURPLUS/(DEFICIT)		\$ (2,849,091)	\$ (3,550,918)	\$ 701,827	-26%
AUTOMATIC / MANUAL REVENUE SPREAD		\$ -	\$ -	\$ -	0.00%
427	427 DEI (DEPARTMENT OF EMPLOYEE INSURANCE) - A	\$ -	\$ -	\$ -	0.00%
	427 DEI (DEPARTMENT OF EMPLOYEE INSURANCE)- M	\$ -	\$ -	\$ -	0.00%
SURPLUS/(DEFICIT)		\$ (2,849,091)	\$ (3,550,918)	\$ 701,827	-26%
428		\$ -	\$ -	\$ -	0%
	428 STATE CORE PUBLIC HEALTH BLOCK GRANT - MA	\$ 112,434	\$ 112,434	\$ -	0%
451		\$ -	\$ -	\$ -	0%
	451 TAX APPROPRIATION - MANUAL ENTRY (0)	\$ -	\$ 3,132,822	\$ 6,265,644.00	0%
SURPLUS/(DEFICIT)		\$ 483,788	\$ (305,662)	\$ 789,448	163%
TOTAL BUDGETED REVENUES		\$ 12,304,865	\$ 15,248,484	\$ (2,943,619)	-24%
TOTAL BUDGETED EXPENDITURES		\$ 15,041,521	\$ 15,654,148	\$ (512,626)	0.00%
Surplus/Deficit		\$ 483,788	\$ (305,662)	\$ 789,448	0.00%
CURRENT UNRESTRICTED RESERVES		\$ 5,235,234			
CURRENT UNRESTRICTED PLUS 2019 PROJECTED SURPLUS		\$ 5,719,020			

309 Lake Cumberland District Health Department

	BUDGET										Benefits (Retirement Assistance)
RECEIPTS	2019	Environmental	Clinic (PEF)	Clinic (nonPEF)	School Health	Health Education	HANDS	Preparedness	Diabetes	Other Programs	
STATE GRANT FUNDS	\$ 3,664,201	195,227	8,872	415,000	0	195,282	1,105,320	47,828	174,300	0	1,512,572
Core Public Health Block Grant	\$ 112,434	0	112,434	0	0	0	0	0	0	0	0
FEDERAL GRANT FUNDS	\$ 3,768,396	0	1,562,261	974,293	0	562,303	261,310	182,228	216,000	0	0
LOCAL TAX FUNDS	\$ 3,220,443	608,373	1,837,822	17,867	0	58,234	91,351	11,382	76,336	519,078	0
SCHOOL CONTRACTS	\$ 228,000	0	0	0	228,000	0	0	0	0	0	0
PROGRAM CONTRACTS	\$ 121,177	0	0	106,637	0	2,540	0	0	12,000	0	0
MEDICARE	\$ 1,948	0	1,813	0	0	135	0	0	0	0	0
MEDICAID	\$ 3,684,750	0	540,225	0	1,179,727	7,647	1,857,150	0	0	0	0
PROGRAM INCOME CARRY OVER	\$ -	0	0	0	0	0	0	0	0	0	0
SELF PAY	\$ 331,466	289,791	41,467	0	0	198	0	0	0	0	0
INSURANCE	\$ 460,472	0	74,849	0	0	623	0	0	385,000	0	0
OTHER Receipts (Other HD TB Contract)	\$ 3,000	0	3,000	0	0	0	0	0	0	0	0
INTEREST	\$ 49,032	46,769	2,263	0	0	0	0	0	0	0	0
Dept of Employee Ins	\$ -	\$ -	0	0	0	0	0	0	0	0	0
TOTAL RECEIPTS	\$ 15,626,307	\$ 1,140,160	\$ 4,184,806	\$ 1,513,787	\$ 1,407,727	\$ 826,962	\$ 3,316,131	\$ 241,438	\$ 863,636	\$ 519,078	\$ 1,512,672
	\$ 16,626,307										
EXPENDITURES											
671 SALARY/LEAVEFRINGE BENEFITS	\$ 10,189,096	919,547	3,050,504	713,254	130,831	404,829	2,037,597	151,118	363,984	904,859	1,512,572
676 INDEPENDENT CONTRACTS	\$ 1,081,264	0	31,090	130,271	849,903	0	0	0	70,000	0	0
677 TRAVEL	\$ 365,186	48,646	38,102	53,515	3,087	31,968	122,836	4,346	29,495	33,191	0
680 SPACE COSTS	\$ 591,114	0	6,645	119,673	0	0	0	80	0	464,717	0
681 OFFICE OPERATIONS	\$ 320,653	21,227	37,547	13,811	10,806	6,928	18,055	9,021	11,021	192,136	0
683 MEDICAL SUPPLIES/EQPT	\$ 328,032	0	135,288	74,196	20,590	0	0	0	97,958	0	0
684 AUTOMOTIVE	\$ 9,506	0	93	0	0	0	0	0	0	9,413	0
685 OTHER OPERATING Expenditures	\$ 637,783	5,859	12,656	79,720	723	178,323	35,342	9,532	67,666	247,952	0
686 MEDICAID MATCH	\$ 455,109	0	142,947	0	312,163	0	0	0	0	0	0
601 CAPITAL	\$ -										
680 INDIRECT ALLOCATIONS	\$ 1,063,878	144,870	893,097	329,330	67,571	184,700	971,417	67,342	165,892	(1,760,341)	0
690 RESOURCE BASED ALLOCATIONS	\$ -	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURES	\$ 15,041,521	1,140,160	4,347,968	1,513,771	1,395,674	806,748	3,185,247	241,439	806,016	91,926	1,512,572
RECEIPTS LESS EXPENDITURES	\$ 483,786	\$ (0)	\$ (163,162)	\$ 26	\$ 12,053	\$ 20,214	\$ 129,884	\$ (1)	\$ 67,620	\$ 427,161	\$ -
% of Total CPHBG Fund		0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
% of CPHBG Funds to Revenues by Department		0.00%	2.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
% of Total LTF Fund		18.89%	57.07%	0.55%	0.00%	1.81%	2.84%	0.35%	2.37%	16.12%	0.00%
% of LTF Funds to Revenues by Department		53.36%	43.92%	1.18%	0.00%	7.04%	2.76%	4.71%	6.84%	100.00%	0.00%
% of Total Deficit to be covered by Reserves	0.00%	0.00%	3.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Legend for Program Classification				
Column	CC	Description	Primary Classification	Secondary Classification
C	500	Food	Environmental	
D	520	Public Facilities	Environmental	
E	540	General Sanitation	Environmental	
F	560	Onsite Sewage	Environmental	
P	700	Preventive-Pres/Prob visits	Clinic (PEF)	
Q	712	Dental Health Services	Clinic (PEF)	
S	718	Radiology/Pathology/Laboratory	Clinic (PEF)	
W	725	KWSCP Pink County Outreach	Clinic (NonPEF)	
X	726	PHER (Public Health Emergency Response)	Preparedness	Environmental
Y	727	Risk Reduction/Syringe Exchange Program	Clinic (NonPEF)	
AD	732	DPP (Diabetes Prevention Program)	Diabetes	
AH	736	CHAT (Community Health Action Team)	Health Education	
AI	737	PHEP - Emerging Infectious Diseases	Preparedness	
AJ	738	KCCSP Outreach & Education	Clinic (NonPEF)	
AM	741	Passport Referrals	Other	HANDS
AN	742	EnviroHealthLink Mini Grant - Casey County	Health Education	Environmental
AS	747	KHREF (KY Hospital Research and Education Foundation)	Preparedness	
AU	749	Regional Epidemiologist Hospital Acquired Infections Activities	Preparedness	
AV	750	Accreditation	Other	
AX	752	HANDS - Multigravida - all Counties Except McCreary	HANDS	
BA	755	ZIKA - Vector Surveillance and Control	Environmental	
BB	756	PREP (Personal Responsibility Edcn Prgrm)	Health Education	
BD	758	Humana Vitality	Diabetes	Clinic (nonPEF)
BF	760	HANDS - Multigravida - McCreary County	HANDS	
BL	766	MCH Coordinator	Clinic (NonPEF)	
BM	767	HANDS Expanded Multi Gravida Families	HANDS	
BN	768	HANDS Expansion/Outreach	HANDS	
BP	770	KY Colon Cancer Screening Program	Clinic (NonPEF)	
BQ	771	PHEP (Public Health Emergency Preparedness)	Preparedness	
BT	774	Child Fatality Prevention	Clinic (NonPEF)	
BV	800	Pediatrics/Adolescent Service	Clinic (PEF)	
BX	802	Family Planning Services	Clinic (PEF)	
BY	803	Maternity Services	Clinic (PEF)	
BZ	804	WIC Services	Clinic (PEF)	
CA	805	Nutrition & Physical Activities	Health Education	Clinic (PEF)
CB	806	Tuberculosis Services	Clinic (PEF)	
CC	807	Sexually Transmitted Disease Services	Clinic (PEF)	
CE	809	Diabetes (Community Education)	Diabetes	
CF	810	Adult Services (Age 21 and over)	Clinic (PEF)	
CI	813	Breast and Cervical Cancer	Clinic (PEF)	
CM	817	Healthy Communities Pedestrian Planning	Health Education	
CO	821	BT - Preparedness Coordination & Training	Preparedness	
CP	822	BT - Epidemiology & Surveillance	Preparedness	
CQ	823	BT - Medical Reserve Corp	Preparedness	
CT	826	Community Public Health Taxing District Special mini grants	Other	
CW	829	Heart4Change	Diabetes	Health Education
CX	830	Sexual Risk Avoidance Education	Health Education	
CY	831	Worksite Wellness	Other	Health Education/Diabetes/Clinic
CZ	832	Heart Disease & Stroke Prevention	Health Education	
DA	833	Breastfeeding Promotion	Clinic (NonPEF)	
DC	835	HPP Activity Support	Preparedness	
DD	836	Tobacco Prevention Project	Health Education	
DG	839	Marshall University Health Coalition Grants	Diabetes	
DH	840	Breastfeeding Peer Counselor	Clinic (NonPEF)	
DI	841	Diabetes Today	Diabetes	
DJ	842	HIV Counseling Services and Testing	Clinic (NonPEF)	
DL	844	Ryan White Care Coordinator & Consortia	Clinic (NonPEF)	
DM	845	Ryan White Services	Clinic (NonPEF)	
DN	848	RHOP - Rural Health Opted Program Grant	Clinic (NonPEF)	
DP	848	Healthy Start Project	Health Education	
DJ	853	HANDS Program	HANDS	
DX	856	Arthritis	Health Education	
DZ	858	Supplemental School Health	School	
EQ	875	Hospital Planning & Preparedness Coordinator	Preparedness	
EY	883	EPSTD Verbal Notification	Clinic (NonPEF)	
FF	890	Core Public Health Assessment and Policy Development, Vital Records or Needs Assessments	Other	
FG	891	Medicaid Match	Other	
FH	892	Minor Receipts	Other	
FK	895	Allocable Direct	Benefits	
FL	897	Space Indirect	Other	
FM	898	Departmental Indirect	Other	
FN	899	Clinic Indirect	Clinic (PEF)	
FO	900	Other Medical Indirect	Health Education	
FP	901	Environmental Indirect	Environmental	

309 Lake Cumberland District Health Department

Summary Budget by Program

	TOTAL LINE ITEM BUDGET	Environmental	Environmental	Environmental	Environmental	Environmental	Clinic	Clinic	Clinic	Clinic (NonPEF)	Clinic (NonPEF)	Diabetes	Health Ed
		500	520	540	560	591	700	712	718	725	727	732	736
		500 - Food	520 - Public Facilities	540 - General Sanitation	560 - On-Site Sewage	591 - Radon	700 - All Preventive - Pres/Prob Visits	712 - Dental Services	718 - Lab/Testing/Radiology	725 - KWSCP Pink County Outreach	727 - Needle Exchange Program	732 - Diabetes Prevention Program	736 - CHAT
STATE GRANT FUNDS	\$ 3,654,291	195,227	0	0	0	0	0	972	0	0	40,000	0	0
Core Public Health Block Grant	\$ 112,434	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL GRANT FUNDS	\$ 3,758,395	0	0	0	0	0	0	0	0	0	10,838	0	2,000
LOCAL TAX FUNDS	\$ 3,220,443	129,437	76,220	197,812	204,804	0	0	12,219	0	0	1,716	0	\$0,603
SCHOOL CONTRACTS	\$ 228,000	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM CONTRACTS	\$ 121,177	0	0	0	0	0	0	0	0	0	106,637	0	0
MEDICARE	\$ 1,948	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAID	\$ 3,584,750	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM INCOME CARRY OVER	\$ -	0	0	0	0	0	0	0	0	0	0	0	0
SELF PAY	\$ 331,456	2,250	10,774	0	276,767	0	0	0	0	0	0	0	0
INSURANCE	\$ 460,472	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	\$ 3,000	0	0	0	0	0	0	0	0	0	0	0	0
INTEREST	\$ 40,032	46,769	0	0	0	0	0	0	0	0	0	0	0
Dept of Employee Ins	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RECEIPTS	\$ 15,525,307	\$ 373,683	\$ 86,994	\$ 197,812	\$ 481,571	\$ -	\$ -	\$ 13,191	\$ -	\$ -	\$ 150,292	\$ -	\$ 52,603
EXPENDITURES													
571 SALARY/LEAVE/FRINGE BENEFITS	\$ 11,158,610	150,539	38,013	88,738	206,213	0	1,214,774	243	59,856	0	66,926	0	34,383
575 INDEPENDENT CONTRACTS	\$ 1,081,284	0	0	0	0	0	1,243	0	9,906	0	0	0	0
577 TRAVEL	\$ 387,456	11,024	2,122	5,656	18,824	0	16,809	120	0	0	2,000	0	2,480
580 SPACE COSTS	\$ 591,114	0	0	0	0	0	0	0	0	0	0	0	0
581 OFFICE OPERATIONS	\$ 388,623	6,335	614	76	6,914	0	533	0	0	0	527	0	90
583 MEDICAL SUPPLIES/EQPT	\$ 328,032	0	0	0	0	0	48,595	0	13,277	0	60,389	0	0
584 AUTOMOTIVE	\$ 9,506	0	0	0	0	0	0	0	0	0	0	0	0
585 OTHER OPERATING	\$ 1,096,917	733	0	296	0	0	0	0	0	0	0	0	0
601 CAPITAL	\$ -	0	0	0	0	0	0	0	0	0	0	0	0
600 INDIRECT ALLOCATIONS (600, 606, 900, & 901)	\$ -	195,052	48,245	105,146	249,620	0	2,399,911	113	123,885	0	29,450	0	15,649
600 RESOURCE BASED ALLOCATIONS (700 & 719)	\$ -	0	0	0	0	0	(3,682,066)	12,715	(206,903)	0	0	0	0
TOTAL EXPENDITURES	\$ 15,041,521	\$ 373,684	\$ 86,994	\$ 197,812	\$ 481,571	\$ -	\$ -	\$ 13,191	\$ -	\$ -	\$ 150,292	\$ -	\$ 52,603
RECEIPTS LESS EXPENDITURES	\$ 483,786	\$ (0)	\$ 0	\$ 0	\$ (0)	\$ -	\$ -	\$ (0)	\$ -	\$ -	\$ (0)	\$ -	\$ 0

309 Lake Cumberland District Health Department

Summary Budget by Program

	Preparedness	Other	HANDS	Health Ed	Clinic (nonPEF)	HANDS	Health Ed	Clinic (NonPEF)	HANDS	HANDS	Clinic (nonPEF)	Preparedness	Other	Clinic (nonPEF)
	757 - PHEP Ebola Preparedness and Response	758 - Accreditation	752 - HANDS OF Services	756 - PREP	758 - Humana Vitality	750 - HANDS Federal Funding for Services	755 - Tobacco Program Federal Funds	756 - MCH Coordinator	757 - Competitive Affordable Home Visiting -	758 - Competitive Affordable Home Visiting -	770 - KCCSP- HB 285	771 - PHEP Special Projects	772 - HBE Assistance	774 - CHSR Fatality Review & Injury Prevention
STATE GRANT FUNDS	0	0	921,730	0	0	0	0	0	0	0	0	0	0	0
Core Public Health Block Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL GRANT FUNDS	0	0	0	68,467	0	261,310	0	174,445	0	0	0	0	0	10,000
LOCAL TAX FUNDS	0	6,299	26,546	705	0	0	0	3,676	0	0	0	0	0	112
SCHOOL CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAID	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM INCOME CARRY OVER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF PAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INSURANCE	0	0	0	0	385,000	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dept of Employee Ins	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RECEIPTS	\$ -	\$ 6,299	\$ 948,276	\$ 69,172	\$ 385,000	\$ 261,310	\$ -	\$ 178,121	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,112
EXPENDITURES														
571 SALARY/LEAVE/FRINGE BENEFITS	0	4,299	600,022	41,238	107,381	78,909	0	106,951	0	0	0	0	0	6,575
575 INDEPENDENT CONTRACTS	0	0	0	0	70,000	0	0	0	0	0	0	0	0	0
577 TRAVEL	0	134	43,730	1,568	8,342	7,143	0	2,199	0	0	0	0	0	157
580 SPACE COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
581 OFFICE OPERATIONS	0	0	4,771	0	3,626	613	0	553	0	0	0	0	0	520
583 MEDICAL SUPPLIES/EQPT	0	0	0	0	87,958	0	0	0	0	0	0	0	0	0
584 AUTOMOTIVE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
586 OTHER OPERATING	0	0	16,488	7,580	1,561	5,350	0	17,680	0	0	0	0	0	0
601 CAPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
680 INDIRECT ALLOCATIONS (508, 509, 900, & 901)	0	1,866	283,265	18,807	48,512	39,411	0	47,738	0	0	0	0	0	2,861
680 RESOURCE BASED ALLOCATIONS (700 & 719)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURES	\$ -	\$ 6,299	\$ 948,276	\$ 69,172	\$ 327,380	\$ 131,427	\$ -	\$ 178,121	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,112
RECEIPTS LESS EXPENDITURES	\$ -	\$ (0)	\$ 0	\$ (0)	\$ 67,620	\$ 129,883	\$ -	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (0)

309 Lake Cumberland District Health Department

Summary Budget by Program

	Clinic	Clinic	Clinic	Clinic	Health Ed	Clinic	Clinic	Diabetes	Clinic	Clinic	Health Education	Preparedness	Preparedness	Preparedness
	800 - Pediatric/Adoles- cent Services & Out/Follow	802 - Family Planning Services & Other	803 - Maternity Services & Other Services/Activiti	804 - WIC Visits & Other Activities	805 - Nutrition	806 - Tuberculosis Visits & Other Activities	807 - STD Visits & Other Activities	808 - Diabetes	810 - Adult Services & Follow Care	813 - Breast and Cervical Cancer	817 - Special Project	821 - Bio Focus A - Preparedness Coordination	822 - Bio Focus B - Epidemiology/S urveillance	823 - Bio Focus E - Medical Reserve Corp.
STATE GRANT FUNDS	0	7,700	0	0	0	0	0	174,300	0	0	0	0	47,828	0
Core Public Health Block Grant	112,434	0	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL GRANT FUNDS	5,000	218,221	0	1,296,720	57,840	5,820	0	0	0	36,500	0	101,668	42,770	0
LOCAL TAX FUNDS	416,383	416,005	228	408,085	1,445	181,419	24,316	66,675	298,031	80,128	0	1,223	1,933	5,761
SCHOOL CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	34	0	0	135	214	12	0	442	1,111	0	0	0	0
MEDICAID	248,665	187,485	0	0	7,647	52,892	4,925	0	24,251	22,007	0	0	0	0
PROGRAM INCOME CARRY OVER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF PAY	4,943	7,611	0	0	198	16,697	221	0	9,827	1,968	0	0	0	0
INSURANCE	1,944	39,846	0	0	623	20,143	686	0	3,029	9,201	0	0	0	0
OTHER	0	0	0	0	0	3,000	0	0	0	0	0	0	0	0
INTEREST	2,263	0	0	0	0	0	0	0	0	0	0	0	0	0
Dept of Employee Ins	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RECEIPTS	\$ 791,531	\$ 877,102	\$ 228	\$ 1,705,815	\$ 67,868	\$ 280,185	\$ 30,161	\$ 240,975	\$ 335,590	\$ 150,915	\$ -	\$ 102,781	\$ 92,531	\$ 6,761
EXPENDITURES														
571 SALARY/LEAVE/FRINGE BENEFITS	12,308	3,087	0	70,231	23,634	11,902	4,612	145,019	40,821	1,607	0	60,535	59,570	3,970
575 INDEPENDENT CONTRACTS	0	300	50	0	0	50	0	0	0	19,541	0	0	0	0
577 TRAVEL	1,327	312	0	1,826	421	168	295	12,055	40	26	0	1,114	2,344	0
580 SPACE COSTS	0	0	0	0	0	0	0	0	0	0	0	60	0	0
581 OFFICE OPERATIONS	0	0	0	0	0	43	0	7,394	0	11	0	6,524	2,347	0
583 MEDICAL SUPPLIES/EQPT	0	63,432	176	0	0	9,707	0	0	0	0	0	0	0	0
584 AUTOMOTIVE	0	0	0	0	0	93	0	0	0	0	0	0	0	0
585 OTHER OPERATING	0	518	0	0	12,858	133	0	8,755	0	0	0	2,600	1,582	0
601 CAPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
680 INDIRECT ALLOCATIONS (606, 608, 900, & 901)	5,428	1,335	0	31,014	10,760	14,604	2,080	67,752	17,853	685	0	31,829	26,588	1,791
900 RESOURCE BASED ALLOCATIONS (700 & 710)	772,568	808,119	0	1,602,744	20,215	243,484	23,194	0	276,765	128,165	0	0	0	0
TOTAL EXPENDITURES	\$ 791,531	\$ 877,103	\$ 228	\$ 1,705,815	\$ 67,868	\$ 280,185	\$ 30,161	\$ 240,975	\$ 335,579	\$ 150,915	\$ -	\$ 102,781	\$ 92,531	\$ 6,761
RECEIPTS LESS EXPENDITURES	\$ 0	\$ (0)	\$ -	\$ (0)	\$ 0	\$ 0	\$ (0)	\$ 0	\$ 0	\$ 0	\$ -	\$ (0)	\$ (0)	\$ 0

309 Lake Cumberland District Health Department

Summary Budget by Program

	Taxing District	Diabetes/Health Ed	Health Ed	Clinic (nonPEF)	Health Ed	Clinic (nonPEF)	Preparedness	Health Ed	Diabetes	Clinic (nonPEF)	Diabetes	Clinic (nonPEF)	Clinic (nonPEF)
	828 - Community Public Health Taxing District	829 - Spec Proj - Medical	830 - Regional Risk Avoidance Education Direct Federal Grant	831 - Worksite Wellness	832 - Heart Disease & Stroke	833 - Breastfeeding (WIC)	835 - HPP Activity Support	836 - Tobacco	838 - Marshall University Grant	840 - Breastfeeding Peer Counselors	841 - Federal Diabetes Today	842 - HIV Counseling & Testing Services	843 - HIV Prevent & Planning
STATE GRANT FUNDS	0	0	0	0	0	0	0	144,282	0	0	0	0	0
Core Public Health Block Grant	0	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL GRANT FUNDS	0	196,000	433,996	0	0	60,000	5,400	0	0	60,000	20,000	34,304	0
LOCAL TAX FUNDS	77,009	9,661	2,788	0	0	862	0	1,933	0	0	0	1,274	0
SCHOOL CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM CONTRACTS	0	0	0	0	0	0	0	2,540	12,000	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAID	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAM INCOME CARRY OVER	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF PAY	0	0	0	0	0	0	0	0	0	0	0	0	0
INSURANCE	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0
Dept of Employee Inv	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RECEIPTS	\$ 77,009	\$ 205,661	\$ 436,784	\$ -	\$ -	\$ 60,862	\$ 5,400	\$ 146,755	\$ 12,000	\$ 60,000	\$ 20,000	\$ 35,578	\$ -
EXPENDITURES													
571 SALARY/LEAVE/FRINGE BENEFITS	0	111,584	185,100	0	0	29,744	0	85,952	0	31,298	0	25,344	0
575 INDEPENDENT CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
577 TRAVEL	0	9,098	22,902	0	0	2,364	0	2,881	0	1,543	0	0	0
580 SPACE COSTS	0	0	0	0	0	0	0	0	0	0	0	0	0
581 OFFICE OPERATIONS	0	0	3,798	0	0	0	50	3,040	0	2,412	0	0	0
583 MEDICAL SUPPLIES/EQPT	0	10,000	0	0	0	0	0	0	0	0	0	0	0
584 AUTOMOTIVE	0	0	0	0	0	0	0	0	0	0	0	0	0
585 OTHER OPERATING	77,009	25,350	140,130	0	0	16,655	5,350	17,776	12,000	842	20,000	0	0
801 CAPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0
880 INDIRECT ALLOCATIONS (886, 888, 900, & 901)	0	49,829	84,854	0	0	13,100	0	39,107	0	24,078	0	10,234	0
900 RESOURCE BASED ALLOCATIONS (700 & 710)	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURES	\$ 77,009	\$ 205,661	\$ 436,784	\$ -	\$ -	\$ 60,862	\$ 5,400	\$ 146,755	\$ 12,000	\$ 59,974	\$ 20,000	\$ 35,578	\$ -
RECEIPTS LESS EXPENDITURES	\$ -	\$ 0	\$ (0)	\$ -	\$ -	\$ (0)	\$ -	\$ (0)	\$ (0)	\$ 26	\$ (0)	\$ 0	\$ -

309 Lake Cumberland District Health Department

Summary Budget by Program

	Clinic (nonPEF)	Clinic (nonPEF)	Clinic (nonPEF)	Health Education	HANDS	Health Ed	Health Ed	School	Preparedness	Clinic (nonPEF)	Other	Match	Benefits
	844 - State Ryan White Care Coordinator & Consortia	845 - Ryan White Services	846 - Special Project	848 - Healthy Start Child Care	853 - HANDS	855 - Special Project	856 - Arthritis	858 - Supplemental School Health	875 - Hospital Planning & Preparedness Coordinator	883 - EPSDT Verbal Notification Outreach	890 - Core Public Health Assessment & Policy	891 - DPH Medicaid Match	895 - Allocable Direct
STATE GRANT FUNDS	375,000	0	0	51,000	163,590	0	0	0	0	0	0	0	1,512,572
Core Public Health Block Grant	0	0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL GRANT FUNDS	0	375,000	248,605	0	0	0	0	0	32,500	0	0	0	0
LOCAL TAX FUNDS	4,200	2,516	3,511	760	64,805	0	0	0	2,465	0	8,618	427,152	0
SCHOOL CONTRACTS	0	0	0	0	0	0	0	228,000	0	0	0	0	0
PROGRAM CONTRACTS	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAID	0	0	0	0	1,857,160	0	0	1,178,727	0	0	0	0	0
PROGRAM INCOME CARRY OVER	0	0	0	0	0	0	0	0	0	0	0	0	0
SELF PAY	0	0	0	0	0	0	0	0	0	0	0	0	0
INSURANCE	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0
Dept of Employee Ins	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RECEIPTS	\$ 379,200	\$ 377,516	\$ 253,116	\$ 51,760	\$ 2,105,545	\$ -	\$ -	\$ 1,407,727	\$ 34,965	\$ -	\$ 8,618	\$ 427,152	\$ 1,512,572
EXPENDITURES													
671 SALARY/LEAVE/FRINGE BENEFITS	174,921	135,105	133,390	34,522	1,358,665	0	0	130,831	27,043	0	5,774	0	1,512,572
676 INDEPENDENT CONTRACTS	29,271	101,000	0	0	0	0	0	849,903	0	0	0	0	0
677 TRAVEL	25,080	10,138	8,036	1,716	71,963	0	0	3,087	888	0	11	0	0
680 SPACE COSTS	60,982	58,791	0	0	0	0	0	0	0	0	0	0	0
681 OFFICE OPERATIONS	2,700	2,700	4,400	0	12,671	0	0	10,606	0	0	0	0	0
683 MEDICAL SUPPLIES/EQPT	5,888	6,919	0	0	0	0	0	20,590	0	0	0	0	0
684 AUTOMOTIVE	0	0	0	0	0	0	0	0	0	0	0	0	0
685 OTHER OPERATING	500	500	44,743	0	13,504	0	0	723	0	0	0	455,109	0
691 CAPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0
690 INDIRECT ALLOCATIONS (685, 686, 900, & 901)	77,958	62,364	81,547	15,522	848,742	0	0	87,571	7,034	0	2,833	0	0
690 RESOURCE BASED ALLOCATIONS (700 & 719)	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENDITURES	\$ 379,200	\$ 377,516	\$ 253,116	\$ 51,760	\$ 2,105,545	\$ -	\$ -	\$ 1,083,511	\$ 34,965	\$ -	\$ 8,618	\$ 455,109	\$ 1,512,572
RECEIPTS LESS EXPENDITURES	\$ 0	\$ 0	\$ 0	\$ (0)	\$ 0	\$ -	\$ -	\$ 324,216	\$ (0)	\$ -	\$ (0)	\$ (27,957)	\$ -

309 Lake Cumberland District Health Department

Summary Budget by Program

	Space	Department	Clinic Indirect
	007	008	009
	007 - Space Costs	008 - Departmental Indirect	009 - Clinic Indirect
STATE GRANT FUNDS	0	0	0
Core Public Health Block Grant	0	0	0
FEDERAL GRANT FUNDS	0	0	0
LOCAL TAX FUNDS	0	0	0
SCHOOL CONTRACTS	0	0	0
PROGRAM CONTRACTS	0	0	0
MEDICARE	0	0	0
MEDICAID	0	0	0
PROGRAM INCOME CARRY OVER	0	0	0
SELF PAY	0	0	0
INSURANCE	0	0	0
OTHER	0	0	0
INTEREST	0	0	0
Dept of Employee Ins	\$ -	\$ -	\$ -
TOTAL RECEIPTS	\$ -	\$ -	\$ -
EXPENDITURES			
571 SALARY/LEAVEFRINGE BENEFITS	195,604	699,183	1,631,163
575 INDEPENDENT CONTRACTS	0	0	0
577 TRAVEL	10,233	22,812	17,078
580 SPACE COSTS	464,717	0	6,845
581 OFFICE OPERATIONS	1,140	190,996	36,960
583 MEDICAL SUPPLIES/EQPT	0	0	0
584 AUTOMOTIVE	7,146	2,268	0
585 OTHER OPERATING	1,259	169,684	12,004
601 CAPITAL	0	0	0
680 INDIRECT ALLOCATIONS (008, 009, 000, & 001)	(680,098)	(1,084,943)	(1,703,850)
680 RESOURCE BASED ALLOCATIONS (700 & 710)	0	0	0
TOTAL EXPENDITURES	\$ 0	\$ (0)	\$ 0
RECEIPTS LESS EXPENDITURES	\$ (0)	\$ 0	\$ (0)

06/14/2018

Period: May 2018

Financial Position

The LCDHD balance sheet for the period 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 this year's average expenses. LCDHD had \$13,227,729 in Year-To-Date revenues, and \$13,978,147 in Year-To-Date expenditures resulting in a YTD deficit of \$750,417 with a MTD deficit of 358,906.

Revenues

Our federal annual revenue is more than budgeted primarily because it includes our lump sum closeout payments for FY 2017 and because we have received an additional \$150,000 allocation in WIC.

State annual revenue is more than budgeted because just received the 2nd half of our retirement assistance allocation. In addition to the \$1.575M DPH initially allocated, DPH gave us an additional retirement assistance of \$21,473, further bringing us above budgeted.

Local annual revenue is less than budgeted because we've yet to receive the 2nd half of the local support from the taxing districts which we expect to receive in June.

Our service fee revenue is less than budgeted because we had 8 schools terminate their Medicaid billing contract with us, but part of them didn't let us know until after we'd included them in our FY 17-18 budget resulting in \$360,000 less in school contracts collected than we initially budgeted plus less Medicaid pass-through revenue than we'd budgeted. The school contract revenue we use to support the administration cost. We offset this cost by not replacing one staff who retired and utilizing existing staff in other programs, plus purchased fewer supplies and materials. The reduced Medicaid revenue will not affect operations as it was passed on to the schools anyway. Additionally, our HANDS program had a short-staffed year and did not pull down the Medicaid revenue budgeted.

Expenses

Our annual expenses are overall less than budgeted through the end of the period. One of the two areas where expenses are higher than budgeted is in independent contracts expense. That's primarily because DPH had gotten behind on Medicaid payments during FY 16-17 and caught them up the end of the 16-17 fiscal year. In July of FY 17-18, we passed the funds on through to the schools from the previous quarter in a larger than budgeted amount and included the pass through money to the two school systems from the previous year that were not included in the current year budget as they terminated their contract. Recall, we closed FY 17 with a \$975,835 surplus, and \$575K of that was FY 17 Medicaid revenue that was due to the schools and which we passed through to the schools on July 10th, after the 16-17 fiscal year was closed. That makes last year's school pass through expenditures less than budgeted, and, as a result, this year's Medicaid pass-through payments will end up being more than budgeted.

The other area where our expenses are more than budgeted are Office Administration. That's primarily a result of the new Federal Rural Health Opioid Prevention Grant that was received after our annual budget was finalized, and a WIC operational adjustment allocation that was received after our annual budget was finalized and, as required, was spent on WIC outreach.

In every other category, our expenses are less than budgeted. The biggest difference is in our fringe and salary expense. We have several new positions vacant, plus a few existing open positions where employees left, and in light of the expected increases in pension expenses, we have chosen not to replace them and try to absorb the loss and decrease services where possible. Additionally part of the difference in fringe between actual and budgeted is attributable to our budgeted 7% increase in insurance premiums, when in fact the increase was approximately 1%. This savings will result in as much as \$87K less insurance expense than budgeted for this fiscal year, with that number varying somewhat depending on the type of policy selected by each employee and the number of budgeted employees this fiscal year compared to the actual number we have.

Finally, our "Other" expenses are less than budgeted because DPH is still behind on billing us for the following Medicaid Match payments:

- FY18-1st Quarter Match Payment for 07/2017 through 09/2017 (should have been billed during the 2nd quarter of FY 17-18 which ended December 31, 2017)
- FY18-2nd Quarter Match Payment for 10/2017 through 12/2017 (should have been billed during the 3rd quarter of FY 17-18 which ended March 31, 2018)

- FY18-3rd Quarter Match Payment for 01/2018 through 03/2018 (should be billed during this quarter, the 4th quarter of FY 17-18 which ends June 30, 2018)

The Medicaid Match amount due back to DPH each quarter is dependent on the amount of Medicaid money we receive for the previous quarter, but as DPH has delayed billing us for several quarters, we estimate approximately \$350,000-\$400,000 is now due back to the state out of the Medicaid Revenue we've collected for services provided for the 1st, 2nd, and 3rd quarter of 2018. Additionally, as DPH was behind on the Medicaid match billings during FY17, we were only billed and paid three of the four match payments budgeted for FY17. As a result, it's possible we'll have to pay the four budgeted match payments for FY18, plus the last remaining payment from last fiscal year for a total of 5 match payments this fiscal year instead of the budgeted four payments. I have been in conversation with DPH, inquiring about whether we'll be billed for these remaining 3 payments in the remaining weeks of FY18, but they cannot confirm or deny at this point.

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 match payments. This end of year projection is significantly better than the \$619,615 deficit we initially budgeted, primarily because of increased DPH state and federal allocations, and fewer employees than budgeted.

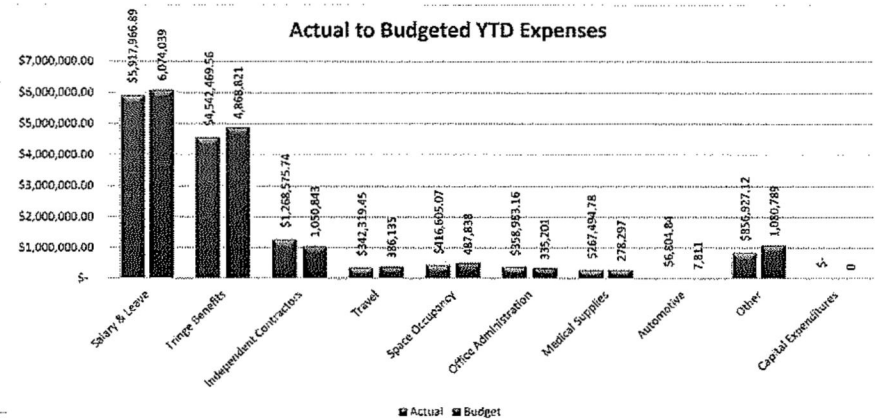
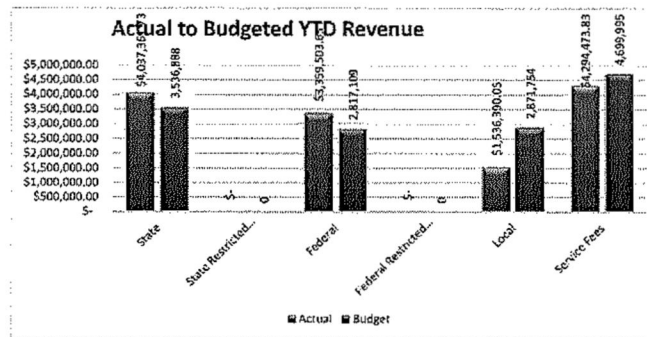
Lake Cumberland District Health Department
Summary Statement of Revenue and Expense
As of Period Ending May 31, 2018

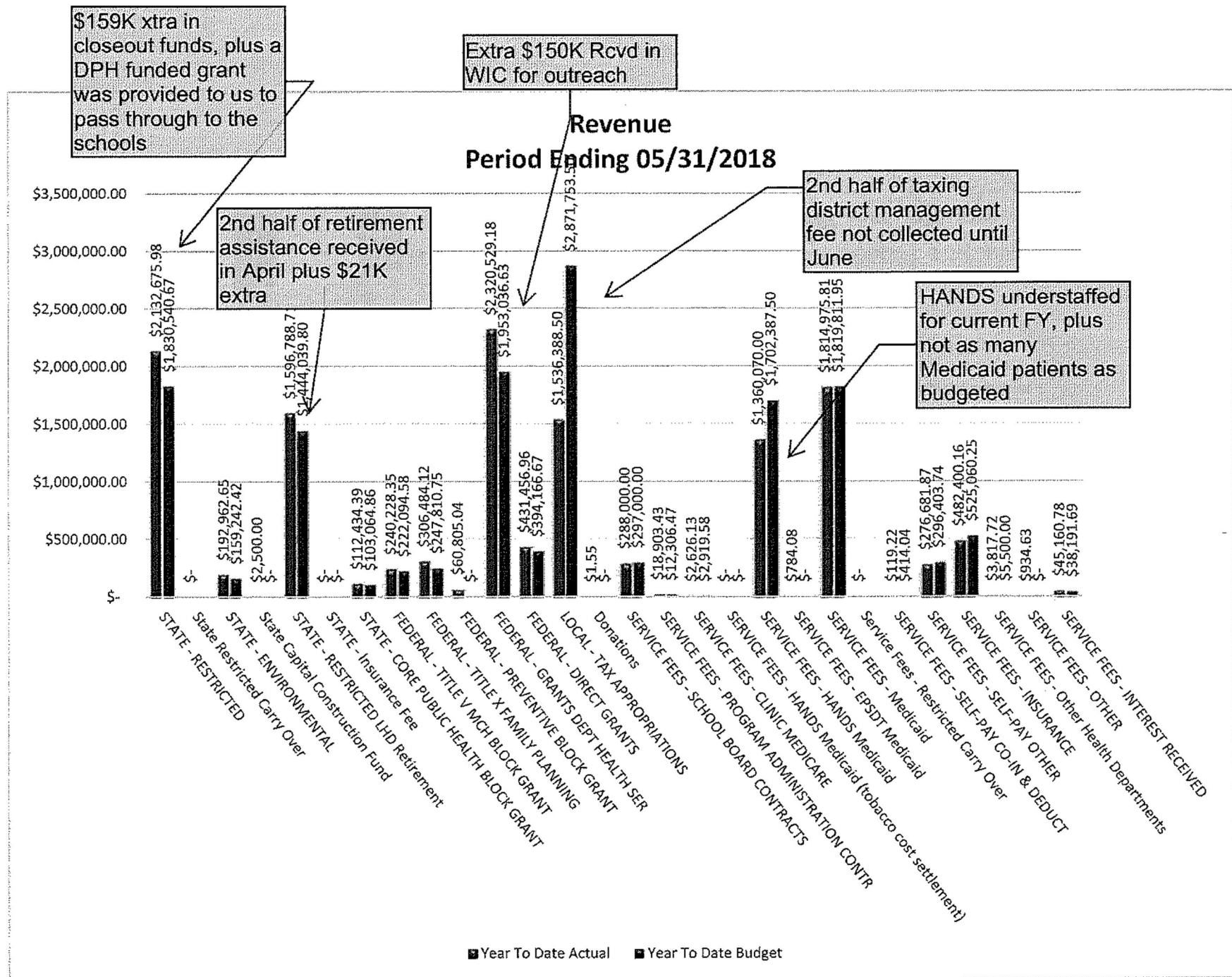
	Current Month					Year to Date				
	Actual	%	Budget	Variance	Variance %	Actual	%	Budget	Variance	Variance %
Revenue:										
State	\$ 164,764.07	17.83%	321,535	(156,771)	-48.76%	\$ 4,037,361.73	30.52%	3,536,888	500,474	14.15%
State Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	\$ -	0.00%	0	0	0.00%
Federal	\$ 190,387.01	20.60%	256,101	(65,714)	-25.66%	\$ 3,359,503.65	25.40%	2,817,109	542,395	19.25%
Federal Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	\$ -	0.00%	0	0	0.00%
Local	\$ 0.01	0.00%	261,069	(261,069)	-100.00%	\$ 1,536,390.05	11.61%	2,871,754	(1,335,363)	-46.50%
Service Fees	\$ 568,873.71	61.56%	427,272	141,602	33.14%	\$ 4,294,473.83	32.47%	4,699,995	(405,521)	-8.63%
Program/Fee Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	\$ -	0.00%	0	0	0.00%
Unrestricted Reserves/Carryover	\$ -	0.00%	85,264	(85,264)	-100.00%	\$ -	0.00%	937,899	(937,899)	-100.00%
Total Revenue	\$ 924,024.80	100.00%	1,351,241	(427,216)	-31.62%	\$ 13,227,729.26	100.00%	14,863,644	(1,635,915)	-11.01%
Expense:										
Salary & Leave	\$ 474,563.76	51.36%	548,351	(73,787)	-13.46%	\$ 5,917,966.89	44.74%	6,074,039	(156,072)	-2.57%
Fringe Benefits	\$ 616,784.29	66.75%	439,546	177,238	40.32%	\$ 4,542,469.56	34.34%	4,868,821	(326,351)	-6.70%
Independent Contractors	\$ 3,973.70	0.43%	95,531	(91,557)	-95.84%	\$ 1,268,575.74	9.59%	1,050,843	217,733	20.72%
Travel	\$ 47,483.38	5.14%	35,103	12,380	35.27%	\$ 342,319.45	2.59%	386,135	(43,815)	-11.35%
Space Occupancy	\$ 28,521.70	3.09%	44,349	(15,827)	-35.69%	\$ 416,605.07	3.15%	487,838	(71,233)	-14.60%
Office Administration	\$ 25,397.11	2.75%	30,473	(5,076)	-16.66%	\$ 358,983.16	2.71%	335,201	23,783	7.10%
Medical Supplies	\$ 31,066.12	3.36%	25,300	5,766	22.79%	\$ 267,494.78	2.02%	278,297	(10,802)	-3.88%
Automotive	\$ 710.02	0.08%	710	0	0.00%	\$ 6,804.84	0.05%	7,811	(1,006)	-12.88%
Other	\$ 54,430.43	5.89%	98,254	(43,824)	-44.60%	\$ 856,927.12	6.48%	1,080,789	(223,862)	-20.71%
Capital Expenditures	\$ -	0.00%	0	0	0.00%	\$ -	0.00%	0	0	0.00%
Total Expense	\$ 1,282,930.51	138.84%	1,317,617	(34,686)	-2.63%	\$ 13,978,146.61	105.67%	14,569,773	(591,626)	-4.06%
Excess/(Deficit) of Revenue over Expense:	\$ (358,905.71)	-38.84%	33,624	(392,530)	-1167.41%	\$ (750,417.35)	-5.67%	293,871	(1,044,289)	-355.36%

Less: Reserve used for Program Deficits

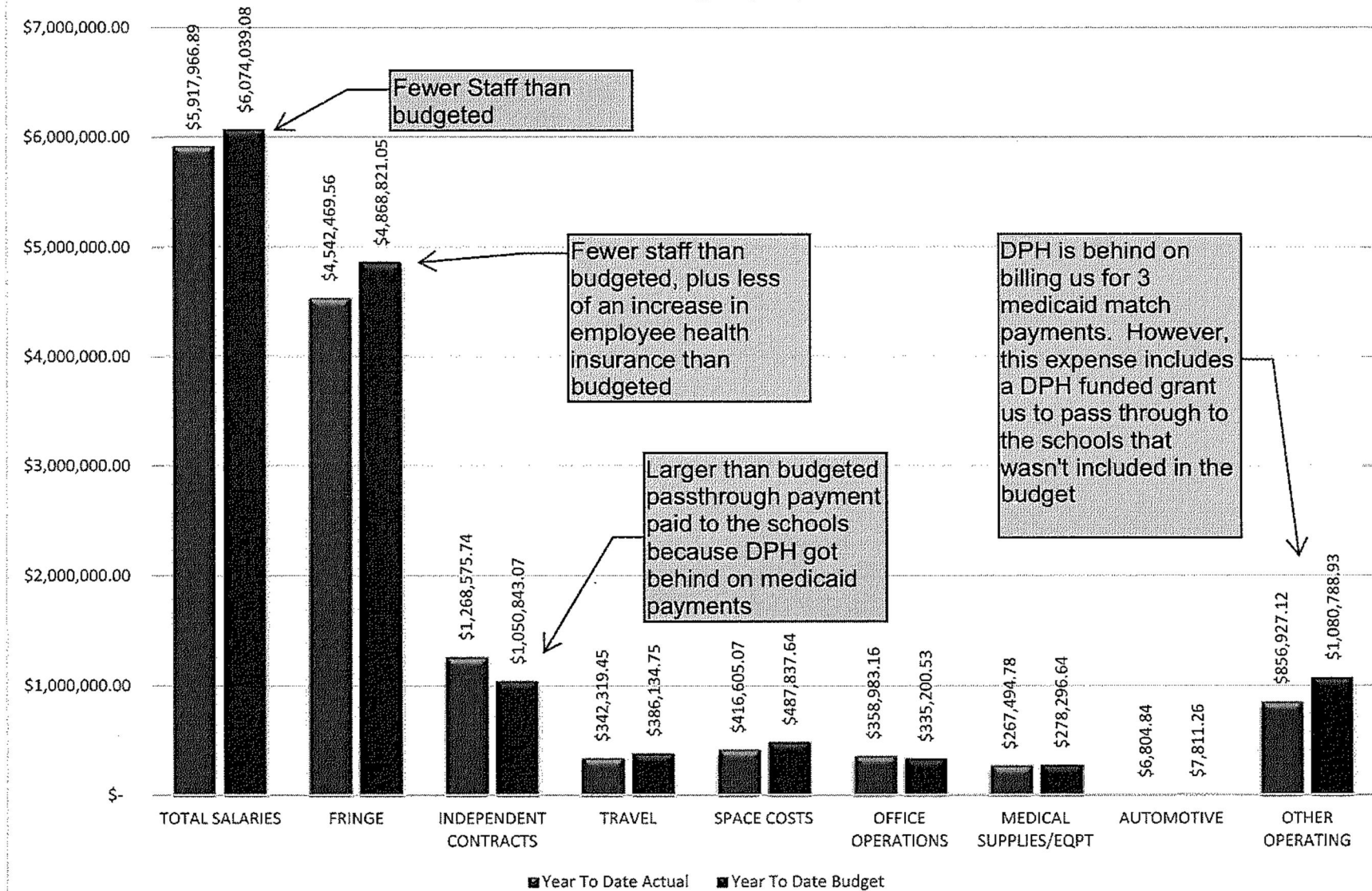
Actual Cash Surplus/(Deficit)

\$ -
\$ (750,417.35)





Expenditures Period Ending 05/31/2018



Lake Cumberland District Health Department			
Balance Sheet			
May 31, 2018			
Account	Account Name	Amount	
Assets			
104000	LOCAL BANK ACCOUNT	\$ 4,207,545.24	
104001	(FEBCO) BANK ACCOUNT	\$ 6,051.42	
106000	PETTY CASH	\$ 2,100.00	
111000	TIME/CERTIFICATE OF DEP	\$ 1,985,305.39	
120001	ADAIR TAXING DISTRICT	\$ 7,999.82	
120023	CASEY TAXING DISTRICT	\$ 11,703.48	
120027	CLINTON TAXING DISTRICT	\$ 11,148.67	
120029	CUMBERLAND TAXING DISTRICT	\$ 17,411.09	
120044	GREEN TAXING DISTRICT	\$ 15,864.32	
120074	MCCREARY TAXING DISTRICT	\$ 10,774.17	
120100	PULASKI TAXING DISTRICT	\$ 15,076.94	
120104	RUSSELL TAXING DISTRICT	\$ 11,456.63	
120109	TAYLOR TAXING DISTRICT	\$ 20,676.30	
120116	WAYNE TAXING DISTRICT	\$ 3,090.49	
	Total Assets		\$ 6,326,193.96
Liabilities & Fund Balance			
Liabilities			
140002	Passport DPH Admin	\$ 7,718.56	
140501	ANTHEM ADMIN	\$ 7,926.78	
140601	AETNA ADMIN FEES	\$ 21,047.36	
140701	KY SPIRIT OPH ADMIN	\$ 15,390.75	
140801	WELL CARE DPH ADMIN	\$ 31,763.56	
140901	Humana DPH Admin	\$ 7,068.36	
141000	ACCOUNTS PAYABLE		
147050	KY GROUP LIFE INS		
147057	KY EMP HEALTH INS PLAN	\$ (37.26)	
147080	DELTA DENTAL		
147096	FEBCO FLEX MEDICAL SPEN	\$ 5,304.13	
148009	GREENSBURG CITY TAX	\$ 574.80	
148016	RUSSELL COUNTY TAX	\$ 771.17	
148030	MCCREARY LOCAL TAX	\$ 903.50	
148056	WAYNE COUNTY TAX	\$ 710.67	
148062	PULASKI CNTY TAX WITHEL	\$ 2,807.06	
148063	JAMESTOWN CITY TAX WITH	\$ 1,028.17	
148065	BURKESVILLE CITY TAX	\$ 807.25	
148074	CUMBERLAND COUNTY SCHOO	\$ 138.57	
148084	COLUMBIA CITY TAX	\$ 565.69	
148086	SOMERSET CITY TAX	\$ 2,105.46	
148096	CLINTON COUNTY TAX	\$ 647.84	
148097	TAYLOR COUNTY TAX	\$ 759.62	
148098	CUMBERLAND COUNTY TAX	\$ 504.49	
149080	COBRA DELTA DENTAL	\$ 353.58	
150000	KENTUCKY RETIREMENT SYS		
150500	RETIREMENT PURCHASE (TA		
169000	MISCELLANEOUS	\$ 13.63	
	Total Liabilities	\$ 108,873.74	
Fund Balance			
171000	UNRESTRICTED FUND BALAN	\$ 5,235,234.36	
171540	UNRESTRICTED GEN SANITA	\$ 145,935.00	
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	\$ 1,697.69	
172842	STATE RSTR HIV CNSLNG/	\$ 13,349.28	
173725	FED RSTR KWCSF PINK OU	\$ 28,681.15	
173726	FED RSTR PHER	\$ 957.47	
173760	FED RSTR HANDS Multi	\$ 7,600.31	
173767	FED RSTR HANDS Multi	\$ 35,902.10	
173828	FED RSTR DIABETES STIT	\$ 20,840.43	
174463	FEE RSTR AETNA	\$ 21,934.34	
174712	FEE RSTR DENTAL	\$ 24,906.53	
174747	FEE RSTR RSTR KHRF	\$ 14,711.65	
174758	FEE RSTR HV/GO365	\$ 303,215.44	
174827	FEE RSTR ADAIR SMK FRE	\$ 895.82	
174829	FEE RSTR GERIATRIC		
174839	FEE RSTR MARSHALL DIAB	\$ 37,638.92	
174858	FEE RSTR SCHL HLTH	\$ 1,001,687.19	
	Total Fund Balance	\$ 6,967,737.57	
	Total Liabilities and Fund Balance		\$ 7,076,611.31
	Deficit		(\$750,417.35)
	Cash/CDs/Investments (Assets Less Liabilities)		\$6,217,320.22
	Cash/CDs/Investments at 2014-15 Close (Assets Less Liabilities)		\$6,967,737.57
	Deficit		(\$750,417.35)
	Fiscal Year To Date Revenues		\$13,227,729.26
	Fiscal Year To Date Expenditures		\$13,978,146.61
	Deficit		(\$750,417.35)

Lake Cumberland District Health Department
Revenue & Expense Summary Comparison to Prior Year
As of Period Ending May 31, 2018

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenue:				
State	\$ 4,037,361.73	3,582,394	454,968	13%
Federal	\$ 3,359,503.65	3,146,290	213,214	7%
Local <i>No 2nd payment yet</i>	\$ 1,536,390.05	3,010,308	(1,473,918)	-49%
Service Fees <i>HANDS, School</i>	\$ 4,294,473.83	5,588,024	(1,293,550)	-23%
Carryover	\$ -	0	0	N/A
Total Revenue	\$ 13,227,729.26	\$ 15,327,015.16	(2,099,286)	-14%
Expense:				
Salary & Leave	\$ 5,917,966.89	6,020,892	(102,925)	-2%
Fringe Benefits	\$ 4,542,469.56	4,541,541	928	0%
Independent Contractors	\$ 1,268,575.74	1,356,367	(87,791)	-6%
Travel	\$ 342,319.45	336,930	5,389	2%
Space Occupancy	\$ 416,605.07	445,393	(28,788)	-6%
Office Administration	\$ 358,983.16	387,787	(28,804)	-7%
Medical Supplies	\$ 267,494.78	275,070	(7,576)	-3%
Automotive	\$ 6,804.84	6,168	636	10%
Other	\$ 856,927.12	575,731	281,196	49%
Capital Expenditures	\$ -	0	0	N/A
Total Expense	\$ 13,978,146.61	\$ 13,945,880.19	32,266	0%
Excess/(Deficit) of Revenue over Expense:	\$ (750,417.35)	\$ 1,381,134.97	(2,131,552)	-154%

Lake Cumberland District Health Department
Patient and Services YTD Current vs. Prior Comparison
As of Period Ending May 31, 2018

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
Unduplicated Patients	26,905	31,562	(4,657)	-14.76%
Services:				
Clinic	162,990	187,506	(24,516)	-13.07%
Laboratory	18,865	20,669	(1,804)	-8.73%
Supplemental	781	8,467	(7,686)	-90.78%
Total Services	182,636	216,642	(34,006)	-15.70%
Encounters for Clinic	168,156	210,395	(42,239)	-20.08%
RBRV's				
Clinic	68,014	91,775	(23,761)	-25.89%
Laboratory	62,403	76,384	(13,980)	-18.30%
Total RBRV's	130,418	168,159	(37,741)	-22.44%
Services per Patient	6.79	6.86	(0.08)	-1.10%
RBRV per Encounter	0.78	0.80	(0.02)	0.82

	353 Report	353 Report		
Clinic Services	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
712	344	467	(123)	-26%
800	27,561	25,840	1,721	7%
802	17,082	19,991	(2,909)	-15%
803	21	2,652	(2,631)	-99%
804	72,441	68,184	4,257	6%
805	319	375	(56)	-15%
806	6,136	6,873	(737)	-11%
807	341	2,124	(1,783)	-84%
809	0	2	(2)	-100%
810	6,078	5,888	190	3%
813	2,541	3,921	(1,380)	-35%
858	48,991	71,858	(22,867)	-32%
Total Clinic Services	181,855	208,175	(26,320)	-13%

	135 Report	135 Report		
Patients				
712	276	369	(93)	-25%
800	3,341	2,691	650	24%
802	2,663	2,721	(58)	-2%
803	10	171	(161)	-94%
804	10,117	10,503	(386)	-4%
805	107	119	(12)	-10%
806	1,499	1,590	(91)	-6%
807	176	439	(263)	-60%
809	0	1	(1)	-100%
810	1,470	1,534	(64)	-4%
813	1,075	1,256	(181)	-14%
858	9,492	14,123	(4,631)	-33%

Break down by Actual Revenue & Expenses

Lake Cumberland District Health Department														
Financial Analysis														
Fiscal Year-to-Date as of May 31, 2018														
			Actual						Over/(Under) Budget			% Over/(Under) Budget		
Cost Center	CC#	Revenue	Expense	Excess	Revenue Budget YTD	Expense Budget YTD	Expense Budget Year	Revenue	Expense	Excess	Revenue	Expense	Excess	
Food Service	500	\$ 5,200.00	\$ 302,478.70	(297,279)	290,226	290,226	316,610	(285,026)	12,253	(297,279)	-98.21%	4.22%	-102.43%	
Public Facilities	520	\$ 9,536.79	\$ 74,402.62	(64,866)	81,001	81,001	88,365	(71,464)	(6,599)	(64,866)	-88.23%	-8.15%	-80.08%	
General Sanitation	540	\$ -	\$ 178,914.50	(178,915)	173,259	173,259	189,010	(173,259)	5,655	(178,915)	-100.00%	3.26%	-103.26%	
Onsite Sewage	560	\$ 221,755.50	\$ 431,155.63	(209,400)	435,881	435,881	475,506	(214,125)	(4,725)	(209,400)	-49.12%	-1.08%	-48.04%	
Tanning Beds	580	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Other Environmental	590	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Radon	591	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Retail Food Standards Grant	592	\$ 2,500.00	\$ 5,390.19	(2,890)	2,292	0	0	208	5,390	(5,182)	9.09%	235.21%	-226.12%	
West Nile Virus	595	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Winter Storm Response	598	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Winter Storm Resp-Local	599	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Dental Services	712	\$ 7,390.40	\$ 3,330.44	4,060	13,638	13,638	14,878	(6,248)	(10,308)	4,060	-45.81%	-75.58%	29.77%	
Asthma Education	722	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Osteoporosis	723	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
KWSCP Pink County Outreach	725	\$ -	\$ 25,077.70	(25,078)	0	0	0	0	25,078	(25,078)	0.00%	0.00%	0.00%	
Needle Exchange/Harm Reduction	727	\$ 13,835.00	\$ 71,947.28	(58,112)	6,510	6,510	7,102	7,325	65,437	(58,112)	112.51%	1005.15%	-892.64%	
PHER	726	\$ -	\$ 793.01	(793)	0	0	0	0	793	(793)	0.00%	0.00%	0.00%	
Diabetes Case Management	728	\$ -	\$ 0.47	(0)	0	0	0	0	0	(0)	0.00%	0.00%	0.00%	
ESVAR-VHP	729	\$ -	\$ 3,038.43	(3,038)	3,208	0	0	(3,208)	3,038	(6,247)	-100.00%	94.70%	-194.70%	
Ebola Coordination	731	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
DIABETES PREVENTION PROGRAM	732	\$ 7,614.75	\$ 12,715.06	(5,100)	0	0	0	7,615	12,715	(5,100)	0.00%	0.00%	0.00%	
Oral Health Coalitions	735	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Community Health Action Team	736	\$ 51,387.00	\$ 94,110.67	(42,724)	47,105	78,760	85,920	4,282	15,351	(11,068)	9.09%	32.58%	-23.50%	
EMERGING INFECTIOUS DISEASE	737	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
KCCSP Outreach & Education	738	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Coordinated School Health	740	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Passport Referrals	741	\$ 3,363.75	\$ 4,540.46	(1,177)	3,469	3,469	3,784	(105)	1,072	(1,177)	-3.02%	30.90%	-33.92%	
EnviroHealth Link	742	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Winter Storm	745	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Environmental Strike Team	746	\$ 1,000.00	\$ 6,294.28	(5,294)	917	0	0	83	6,294	(6,211)	9.09%	686.65%	-677.56%	
KHREF	747	\$ -	\$ (1,489.78)	1,470	0	0	0	0	(1,470)	1,470	0.00%	0.00%	0.00%	
IEP School Services	748	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
HPP Training Coordinator	749	\$ 10,197.82	\$ 10,637.29	(439)	11,213	11,213	12,232	(1,015)	(575)	(439)	-9.05%	-5.13%	-3.92%	
Accreditation	750	\$ -	\$ 6,939.50	(6,940)	9,059	9,059	9,862	(9,059)	(2,119)	(6,940)	-100.00%	-23.39%	-76.61%	
HANDS GF Services	752	\$ 972,430.00	\$ 991,622.83	(19,193)	1,116,155	901,065	982,980	(143,725)	90,558	(234,283)	-12.88%	8.11%	-20.99%	
PHEP Special Project	753	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Zika Vector Control Activities	755	\$ -	\$ 75.95	(76)	0	0	0	0	76	(76)	0.00%	0.00%	0.00%	
PERSONAL RESPNSBLTY EDCTN	756	\$ 54,770.15	\$ 57,552.10	(2,782)	62,761	62,761	68,467	(7,991)	(5,209)	(2,782)	-12.73%	-8.30%	-4.43%	
Regional EPI	757	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
GO365 (HUMANA VITALITY)	758	\$ 411,585.00	\$ 307,101.49	104,484	428,542	428,542	467,500	(16,977)	(121,440)	104,484	-3.96%	-28.34%	24.38%	
Regional Preparedness Coord	759	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
HANDS - Federal Home Visiting Serv	760	\$ 180,320.00	\$ 146,773.45	13,547	158,646	158,646	173,068	1,674	(11,872)	13,547	1.06%	-7.48%	8.54%	
Smiling Schools Program	762	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Tobacco Free Schools	765	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
MCH Coordinator	766	\$ 143,963.83	\$ 172,709.39	(28,746)	159,908	159,908	174,445	(15,944)	12,801	(28,746)	-9.97%	8.01%	-17.98%	
HANDS Expanded Multi-Gravida Fam	767	\$ -	\$ 2,008.61	(2,009)	0	0	0	0	2,009	(2,009)	0.00%	0.00%	0.00%	
HANDS Expansion/Outreach	768	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Kentucky Colon Cancer Screening Pr	770	\$ -	\$ 380.27	(380)	0	0	0	0	380	(380)	0.00%	0.00%	0.00%	
PHEP Special Project	771	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
HBE Assistance	772	\$ -	\$ 174.60	(175)	0	0	0	0	175	(175)	0.00%	0.00%	0.00%	
Child Fatality Prevention	774	\$ 7,880.20	\$ 9,129.32	(1,249)	9,167	9,167	10,000	(1,286)	(37)	(1,249)	-14.03%	-0.41%	-13.63%	
ECD School Projects	775	\$ 113,423.00	\$ 113,572.76	(150)	170,888	67,304	73,423	(57,465)	46,268	(103,733)	-33.63%	27.08%	-60.70%	
Pediatric/Adolescent	800	\$ 248,611.87	\$ 906,757.35	(658,145)	0	0	0	248,612	906,757	(658,145)	0.00%	0.00%	0.00%	
Immunizations	801	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%	
Family Planning	802	\$ 443,054.83	\$ 746,905.16	(303,850)	0	0	0	443,055	746,905	(303,850)	0.00%	0.00%	0.00%	
Maternity Services	803	\$ 1,767.30	\$ 1,558.98	208	800,211	800,211	872,957	(798,443)	(798,652)	208	-99.78%	-99.81%	0.03%	
WIC Services	804	\$ 1,281,492.80	\$ 1,658,674.88	(397,182)	1,777,459	1,639,959	1,789,046	(515,966)	18,716	(534,682)	-29.03%	1.05%	-30.08%	
Medical Nutrition	805	\$ 46,585.59	\$ 45,751.27	834	60,275	60,230	65,705	(13,689)	(14,478)	789	-22.71%	-24.02%	1.31%	

Lake Cumberland District Health Department													
Financial Analysis													
Fiscal Year-to-Date as of May 31, 2018													
			Actual			Over/(Under) Budget			% Over/(Under) Budget				
Cost Center	CC#	Revenue	Expense	Excess	Revenue Budget YTD	Expense Budget YTD	Expense Budget Year	Revenue	Expense	Excess	Revenue	Expense	Excess
Medical Nutrition	806	\$ 100,981.08	\$ 304,066.74	(203,086)	377,238	377,238	411,532	(276,257)	(73,171)	(203,086)	-73.23%	-19.40%	-53.83%
STD Services	807	\$ 6,380.59	\$ 28,823.53	(22,443)	95,376	95,376	104,046	(88,995)	(66,552)	(22,443)	-93.31%	-69.78%	-23.53%
Diabetes	809	\$ 201,003.95	\$ 235,467.58	(34,464)	259,355	272,368	297,129	(58,351)	(36,901)	(21,451)	-22.50%	-14.23%	-8.27%
Adult Services	810	\$ 40,198.31	\$ 370,144.26	(329,946)	360,366	360,366	393,127	(320,168)	9,778	(329,946)	-88.85%	2.71%	-91.56%
Breast & Cervical Cancer	813	\$ 58,960.42	\$ 144,403.55	(85,443)	223,260	223,260	243,556	(164,299)	(78,856)	(85,443)	-73.59%		
MCH Forum	816	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Healthy Communities - Tobacco	817	\$ -	\$ 2,000.00	(2,000)	0	0	0	0	2,000	(2,000)	0.00%		
Community Based Services	818	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
PREPAREDNESS COORDINTN & TI	821	\$ 59,377.79	\$ 69,722.41	(10,345)	93,095	93,095	101,558	(33,717)	(23,372)	(10,345)	-36.22%	-25.11%	-11.11%
PREPAREDNESS EPIDEM & SURVI	822	\$ 64,112.34	\$ 73,732.58	(9,620)	87,442	77,665	84,725	(23,330)	(3,932)	(19,398)	-26.68%	-4.50%	-22.18%
PREPAREDNESS MEDICAL RSRV	823	\$ 8,988.05	\$ 10,279.10	(1,291)	14,574	13,199	14,399	(5,585)	(2,920)	(2,666)	-38.33%	-20.04%	-18.29%
Bioterrorism - Focus Area F	824	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Bioterrorism - Focus Area G	825	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Local Community Public Health Proj	826	\$ -	\$ 7,002.03	(7,002)	55,041	55,041	60,045	(55,041)	(48,039)	(7,002)	-100.00%	-87.28%	-12.72%
Adair County Smoke Free Sponsorsh	827	\$ -	\$ 877.50	(878)	0	0	0	0	878	(878)	0.00%	0.00%	0.00%
Diabetes Outreach and Education	828	\$ -	\$ 111.48	(111)	0	0	0	0	111	(111)	0.00%	0.00%	0.00%
Title III Geriatric Program	829	\$ -	\$ 10,513.68	(10,514)	0	0	0	0	10,514	(10,514)	0.00%	0.00%	0.00%
Sexual Risk Avoidance Education Dir	830	\$ 355,960.86	\$ 385,032.77	(29,072)	394,167	394,167	430,000	(38,206)	(9,134)	(29,072)	-9.69%	-2.32%	-7.38%
Worksite Wellness Project	831	\$ 6,243.22	\$ 44,866.41	(38,623)	27,884	27,884	30,419	(21,641)	16,982	(38,623)	-77.61%	60.90%	-138.51%
Heart Disease & Stroke Prevention	832	\$ 10,592.67	\$ 15,155.04	(4,562)	32,790	14,457	15,771	(22,197)	698	(22,896)	-67.70%	2.13%	-69.83%
Breastfeeding	833	\$ 41,485.68	\$ 45,878.49	(4,393)	51,183	55,000	60,000	(9,697)	(9,122)	(575)	-18.95%	-17.82%	-1.12%
Susan G Komen Partnership	834	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Cervical Cancer Free KY	835	\$ 13.90	\$ 13.90	0	4,950	4,950	5,400	(4,936)	(4,936)	0	-99.72%	-99.72%	0.00%
Tobacco Prevention Project	836	\$ 143,869.70	\$ 201,518.99	(57,649)	205,398	132,235	144,256	(61,529)	69,284	(130,813)	-29.96%	33.73%	-63.69%
Abstinence Education	837	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HAI Prevention (Infec. Prev. Conf)	838	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Marshall Univ. Diabetes Grant	839	\$ -	\$ 3,041.99	(3,042)	0	0	0	0	3,042	(3,042)	0.00%	0.00%	0.00%
Breastfeeding Peer Counselor	840	\$ 47,189.32	\$ 52,226.95	(5,038)	68,750	68,750	75,000	(21,561)	(16,523)	(5,038)	-31.36%	-24.03%	-7.33%
Federal Diabetes Today	841	\$ 3,120.14	\$ 5,561.60	(2,441)	18,792	18,333	20,000	(15,672)	(12,772)	(2,900)	-83.40%	-67.96%	-15.43%
HIV Counseling & Testing	842	\$ -	\$ 4,898.45	(4,898)	0	0	0	0	4,898	(4,898)	0.00%	0.00%	0.00%
Ryan White	844	\$ 388,131.35	\$ 394,270.19	(6,139)	366,667	366,667	400,000	21,465	27,604	(6,139)	5.85%	7.53%	-1.67%
Ryan White	845	\$ 76,375.97	\$ 117,968.04	(41,592)	320,833	320,833	350,000	(244,457)	(202,865)	(41,592)	-76.19%	-63.23%	-12.96%
Rural Health Opioid Grant	846	\$ 72,996.10	\$ 110,065.90	(37,070)	229,133	0	0	(156,137)	110,066	(266,203)	-88.14%	48.04%	-116.18%
Healthy Start Project	848	\$ 42,784.02	\$ 45,876.88	(3,093)	46,750	46,750	51,000	(3,966)	(873)	(3,093)	-8.48%	-1.87%	-6.62%
Pandemic Flu Summit	851	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,464,380.00	\$ 1,566,682.52	(102,303)	2,150,671	2,150,671	2,346,186	(686,311)	(583,988)	(102,323)	-31.91%	-27.15%	-4.76%
Arthritis	856	\$ 1,393.63	\$ 1,451.31	(58)	5,500	5,500	6,000	(4,106)	(4,049)	(58)	-74.66%	-73.61%	-1.05%
Physical Activity	857	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Supplemental School Health	858	\$ 1,447,014.95	\$ 1,446,503.87	511	1,480,930	1,480,930	1,615,560	(33,915)	(34,426)	511	-2.29%	-2.32%	0.03%
MRC - ASPR Training	871	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
TLC - Obesity Grant	872	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HPP Coordinators	875	\$ 25,375.77	\$ 28,545.47	(3,170)	29,792	29,792	32,500	(4,416)	(1,246)	(3,170)	-14.82%	-4.18%	-10.64%
EPSDT Verbal Notification	883	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
WIC Operational Adjust Funding	886	\$ 59,367.00	\$ 80,956.45	(21,589)	72,560	0	0	(13,193)	80,956	(94,149)	-18.18%	111.57%	-129.75%
Core Assessment & Policy Dev.	890	\$ 3,663.68	\$ 11,145.19	(7,482)	11,060	11,060	12,065	(7,396)	86	(7,482)	-66.87%	0.77%	-67.65%
Medicaid Match	891	\$ -	\$ 304,593.84	(304,594)	487,005	487,005	531,278	(487,005)	(182,411)	(304,594)	-100.00%	-37.46%	-62.54%
Minor Receipts	892	\$ 87,503.86	\$ -	87,504	0	0	0	87,504	0	87,504	0.00%	0.00%	0.00%
Capital	894	\$ -	\$ -	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Allocable Direct	895	\$ 4,210,639.33	\$ 1,463,723.25	2,746,916	1,466,015	1,444,040	1,575,316	2,744,625	19,684	2,724,941	187.22%	1.34%	185.87%
Total		\$ 13,227,729.26	\$ 13,978,146.61	(750,417)	13,392,346	12,573,396	13,716,432	(164,617)	1,404,751	(1,569,368)	-1.23%	10.49%	-11.72%

\$ in pipeline

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of May 31, 2018

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
Food Service	500	\$ 5,200.00	302,479	(297,279)	-98%	10.81
Public Facilities	520	\$ 9,536.79	83,145	(73,609)	-89%	9.74
General Sanitation	540	\$ -	178,915	(178,915)	-100%	11.00
Onsite Sewage	560	\$ 221,755.50	431,156	(209,400)	-49%	5.34
Tanning Beds	580	\$ -	0	0	NA	
Other Environmental	590	\$ -	0	0	NA	
Radon	591	\$ -	0	0	NA	
Retail Food Standards Grant	592					
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	\$ 7,390.40	6,895	496	7%	
Asthma Education	722	\$ -	0	0	NA	
Osteoporosis	723	\$ -	0	0	NA	
KWSCP Pink County Outreach	725	\$ -	0	0	NA	
Needle Exchange/Harm Reduction	727	\$ 13,835.00	0	13,835	NA	
PHER	726	\$ -	793	(793)	-100%	11.00
Diabetes Case Management	728	\$ -	0	(0)	-100%	11.00
ESVAR-VHP	729	\$ -	3,038	(3,038)	-100%	11.00
Ebola Coordination	731	\$ -	0	0	NA	
DIABETES PREVENTION PROGRAM	732	\$ 7,614.75	12,715	(5,100)	-40%	4.41
Oral Health Coalitions	735	\$ -	0	0	NA	
Community Health Action Team	736	\$ 51,387.00	94,111	(42,724)	-45%	4.99
EMERGING INFECTIOUS DISEASE	737	\$ -	0	0	NA	
KCCSP Outreach & Education	738	\$ -	0	0	NA	
Coordinated School Health	740	\$ -	0	0	NA	
Passport Referrals	741	\$ 3,363.75	4,540	(1,177)	-26%	2.85
EnviroHealth Link	742	\$ -	0	0	NA	
Winter Storm	745	\$ -	0	0	NA	
Environmental Strike Team	746	\$ 1,000.00	6,294	(5,294)	-84%	9.25
KHREF	747	\$ -	(1,470)	1,470	-100%	
IEP School Services	748	\$ -	0	0	NA	
HPP Training Coordinator	749	\$ 10,197.82	10,637	(439)	-4%	0.45
Accreditation	750	\$ -	6,940	(6,940)	-100%	11.00
HANDS GF Services	752	\$ 972,430.00	1,073,380	(100,950)	-9%	1.03
PHEP Special Project	753	\$ -	0	0	NA	
PERSONAL RESPNSBLTY EDCTN PRG	756	\$ 54,770.15	57,552	(2,782)	-5%	0.53
Regional EPI	757	\$ -	0	0	NA	
GO365 (HUMANA VITALITY)	758	\$ 411,565.00	408,980	2,585	1%	
Regional Preparedness Coord	759	\$ -	0	0	NA	
HANDS - Federal Home Visiting Services Formu	760	\$ 160,320.00	180,970	(20,650)	-11%	1.26
Smiling Schools Program	762	\$ -	0	0	NA	
Tobacco Free Schools	765	\$ -	0	0	NA	
MCH Coordinator	766	\$ 143,963.83	172,709	(28,746)	-17%	1.83
HANDS Expanded Multi-Gravida Families	767	\$ -	2,009	(2,009)	-100%	11.00
HANDS Expansion/Outreach	768	\$ -	0	0	NA	
Kentucky Colon Cancer Screening Project	770	\$ -	360	(360)	-100%	11.00
PHEP Special Project	771	\$ -	0	0	NA	
HBE Assistance	772	\$ -	0	0	NA	
Child Fatality Prevention	774	\$ 7,880.20	9,129	(1,249)	-14%	1.51
ECD School Projects	775	\$ 113,423.00	113,573	(150)	0%	0.01
Pediatric/Adolescent	800	\$ 248,611.87	906,757	(658,145)	-73%	7.98
Immunizations	801	\$ -	0	0	NA	
Family Planning	802	\$ 443,054.83	843,244	(400,189)	-47%	5.22
Maternity Services	803	\$ 1,767.30	1,559	208	13%	~
WIC Services	804	\$ 1,261,492.80	1,658,675	(397,182)	-24%	2.63
Medical Nutrition	805	\$ 46,585.59	51,378	(4,793)	-9%	1.03

in pipeline

Lake Cumberland District Health Department
Actual versus Earned Revenue
Fiscal Year-to-Date as of May 31, 2018

Cost Center	CC #	Actual Revenue	Earned Revenue	Variance	% Variance	Months Equivalent Uncollected
Medical Nutrition	806	\$ 100,981.08	317,776	(216,795)	-68%	7.50
STD Services	807	\$ 6,380.59	33,565	(27,184)	-81%	8.91
Diabetes	809	\$ 201,003.95	235,468	(34,464)	-15%	1.61
Adult Services	810	\$ 40,198.31	370,144	(329,946)	-89%	9.81
Breast & Cervical Cancer	813	\$ 58,960.42	170,953	(111,992)	-66%	7.21
MCH Forum	816	\$ -	0	0	NA	
Healthy Communities - Tobacco	817	\$ -	0	0	NA	
Community Based Services	818	\$ -	0	0	NA	
PREPAREDNESS COORDINTN & TRNG	821	\$ 59,377.79	69,722	(10,345)	-15%	1.63
PREPAREDNESS EPIDEM & SURVLLNC	822	\$ 64,112.34	73,733	(9,620)	-13%	1.44
PREPAREDNESS MEDICAL RSRV CORP	823	\$ 8,988.05	10,279	(1,291)	-13%	1.38
Bioterrorism - Focus Area F	824	\$ -	0	0	NA	
Bioterrorism - Focus Area G	825	\$ -	0	0	NA	
Local Community Public Health Projects	826	\$ -	7,002	(7,002)	-100%	11.00
Adair County Smoke Free Sponsorships	827	\$ -	878	(878)	-100%	11.00
Diabetes Outreach and Education	828	\$ -	111	(111)	-100%	11.00
Title III Geriatric Program	829	\$ -	10,514	(10,514)	-100%	11.00
Sexual Risk Avoidance Education Direct Grant	830	\$ 355,960.86	385,033	(29,072)	-8%	0.83
Worksite Wellnes Project	831	\$ 6,243.22	44,866	(38,623)	-86%	9.47
Heart Disease & Stroke Prevention	832	\$ 10,592.67	15,155	(4,562)	-30%	3.31
Breastfeeding	833	\$ 41,485.68	45,878	(4,393)	-10%	1.05
Susan G Komen Partnership	834	\$ -	0	0	NA	
Cervical Cancer Free KY	835	\$ 13.90	14	0	0%	
Tobacco Prevention Project	836	\$ 143,869.70	201,519	(57,649)	-29%	3.15
Abstinence Education	837	\$ -	0	0	NA	
HAI Prevention (Infec. Prev. Conf)	838	\$ -	0	0	NA	
Marshall Univ. Diabetes Grant	839	\$ -	3,042	(3,042)	-100%	11.00
Breastfeeding Peer Counselor	840	\$ 47,189.32	52,227	(5,038)	-10%	1.06
Federal Diabetes Today	841	\$ 3,120.14	5,562	(2,441)	-44%	4.83
HIV Counseling & Testing	842	\$ -	4,898	(4,898)	-100%	11.00
Ryan White	844	\$ 388,131.35	394,270	(6,139)	-2%	0.17
Ryan White	845	\$ 76,375.97	117,968	(41,592)	-35%	3.88
Rural Health Opioid Grant	846	\$ 72,996.10	110,066	(37,070)	-34%	3.70
Healthy Start Project	848	\$ 42,784.02	45,877	(3,093)	-7%	0.74
Pandemic Flu Summit	851	\$ -	0	0	NA	
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,464,360.00	1,566,683	(102,323)	-7%	0.72
Arthritis	856	\$ 1,393.63	1,451	(58)	-4%	0.44
Physical Activity	857	\$ -	0	0	NA	
Supplemental School Health	858	\$ 1,447,014.95	1,447,005	10	0%	
MRC - ASPR Training	871	\$ -	0	0	NA	
TLC - Obesity Grant	872	\$ -	0	0	NA	
HPP Coordinators	875	\$ 25,375.77	28,545	(3,170)	-11%	1.22
EPSDT Verbal Notification	883	\$ -	0	0	NA	
WIC Opertional Adjust Funding	886	\$ 59,367.00	79,156	(19,789)	-25%	2.75
Core Assessment & Policy Dev.	890	\$ 3,663.68	11,145	(7,482)	-67%	7.38
Medicaid Match	891	\$ -	304,594	(304,594)	-100%	11.00
Minor Receipts	892	\$ 87,503.86	0	87,504	NA	
Capital	894	\$ -	0	0	NA	
Allocable Direct	895	\$ 4,210,639.33	1,463,723	2,746,946	188%	
Total	0	\$ 13,225,229.26	14,249,287	(1,024,057)	-7%	0.79

Breakdown of earned vs budgeted revenue captured by CC

Lake Cumberland District Health Department
Earned Revenue/Expense Analysis
Fiscal Year-to-Date as of May 31, 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	YTD Budget %		Beginning Budget	Budget Modifications
										Total Budget	91.67%		
Food Service	500	\$ 268,753.83	-7%	302,479	4%	(33,725)	33,725	1.17%	0	316,610	290,226	316,610	
Public Facilities	520	\$ 83,145.31	3%	74,403	-8%	8,743	0	0.00%	8,743	88,365	81,001	88,365	
General Sanitation	540	\$ 173,259.17	0%	178,915	3%	(5,655)	5,655	0.20%	0	189,010	173,259	189,010	
Onsite Sewage	580	\$ 247,718.50	-43%	431,156	-1%	(183,437)	183,437	6.39%	0	475,506	435,881	475,506	
Tanning Beds	580	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Other Environmental	590	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Radon	591	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Retail Food Standards Grant	592	\$ 2,291.67	0%	5,390	135%	(3,099)	0	0.00%	(3,099)	2,500	2,292	0	2,500
West Nile Virus	595	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Winter Storm Response	598	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Winter Storm Resp-Local	599	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Dental Services	712	\$ 6,894.85	-49%	3,330	-76%	3,564	0	0.00%	3,564	14,878	13,638	14,878	
Asthma Education	722	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Osteoporosis	723	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
KWSCP Pink County Outreach	725	\$ -	No Budget	25,078	No Budget	(25,078)	0	0.00%	(25,078)	0	0	-0	
Needle Exchange/Harm Reduction	727	\$ -	-100%	71,947	100%	(71,947)	0	0.00%	(71,947)	7,102	6,510	7,102	
PHER	726	\$ -	No Budget	793	No Budget	(793)	793	0.03%	0	0	0	0	
Diabetes Case Management	728	\$ -	No Budget	0	No Budget	(0)	0	0.00%	0	0	0	0	
ESVAR-VHP	729	\$ 3,038.43	-5%	3,038	-5%	0	0	0.00%	0	3,500	3,208	0	3,500
Ebola Coordination	731	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
DIABETES PREVENTION PROGRAM	732	\$ -	-100%	12,715	-42%	(12,715)	12,715	0.44%	0	23,758	21,778	23,758	
Oral Health Coalitions	735	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Community Health Action Team	736	\$ 51,387.00	9%	94,111	100%	(42,724)	42,724	1.49%	0	51,387	47,105	85,920	-34,533
EMERGING INFECTIOUS DISEASE	737	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
KCCSP Outreach & Education	738	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Coordinated School Health	740	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Passport Referrals	741	\$ 3,521.84	2%	4,540	31%	(1,019)	1,019	0.04%	0	3,784	3,468	3,784	
EnviroHealth Link	742	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Winter Storm	745	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Environmental Strike Team	746	\$ 1,000.00	9%	6,294	587%	(5,294)	5,294	0.18%	0	1,000	917	0	1,000
KHREF	747	\$ (1,469.78)	No Budget	(1,470)	No Budget	0	0	0.00%	0	0	0	0	
IEP School Services	748	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HPP Training Coordinator	749	\$ -	-100%	10,637	-5%	(10,637)	10,637	0.37%	0	12,232	11,213	12,232	
Accreditation	750	\$ 6,939.50	-23%	6,940	-23%	0	0	0.00%	0	9,882	9,059	9,882	
HANDS GF Services	752	\$ 1,073,380.00	-4%	991,623	-11%	81,757	0	0.00%	81,757	1,217,624	1,116,155	982,980	234,644
PHEP Special Project	753	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Zika Vector Control	755	\$ -	No Budget	76	No Budget	(76)	0	0.00%	(76)	0	0	0	
PERSONAL RESPONSBLTY EDCTN PRG	756	\$ 57,552.10	-8%	57,552	-8%	0	0	0.00%	0	68,467	62,761	68,467	
Regional EPI	757	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
GO365 (HUMANA VITALITY)	758	\$ 408,980.00	-5%	307,101	-28%	101,879	0	0.00%	101,879	467,500	426,542	467,500	
Regional Preparedness Coord	759	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HANDS - Federal Home Visiting Services Formula Gr	760	\$ 180,970.00	14%	146,773	-7%	34,197	0	0.00%	34,197	173,068	158,846	173,068	
Smiling Schools Program	762	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Tobacco Free Schools	765	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
MCH Coordinator	766	\$ 172,709.39	8%	172,709	8%	0	0	0.00%	0	174,445	159,908	174,445	
HANDS Expanded Multi-Gravida Families	767	\$ -	No Budget	2,009	No Budget	(2,009)	2,009	0.07%	0	0	0	0	
HANDS Expansion/Outreach	768	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Kentucky Colon Cancer Screening Project	770	\$ -	No Budget	360	No Budget	(360)	360	0.01%	0	0	0	0	
PHEP Special Project	771	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HBE Assistance	772	\$ -	No Budget	175	No Budget	(175)	0	0.00%	(175)	0	0	0	
Child Fatality Prevention	774	\$ 9,129.32	0%	9,129	0%	0	0	0.00%	0	10,000	9,167	10,000	
ECD School Projects	775	\$ 113,572.76	-34%	113,573	-34%	0	0	0.00%	0	186,423	170,888	73,423	113,000
Pediatric/Adolescent	800	\$ 897,036.63	-13%	906,757	13%	(209,721)	209,721	7.30%	0	872,957	800,211	872,957	
Immunizations	801	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Family Planning	802	\$ 843,243.89	0%	746,905	-11%	96,339	0	0.00%	96,339	917,681	841,208	954,371	-36,690

YTD Budget %												Beginning Budget	Budget Modifications
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	91.67%		
Maternity Services	803	\$ 1,254.39	2837%	1,559	3301%	(305)	305	0.01%	0	50	46	50	
WIC Services	804	\$ 1,639,858.83	-8%	1,658,675	-7%	(18,716)	18,716	0.65%	0	1,939,046	1,777,459	1,789,046	150,000
Medical Nutrition	805	\$ 51,378.13	-15%	45,751	-24%	5,627	0	0.00%	5,627	65,754	80,275	65,705	49
Medical Nutrition	806	\$ 317,776.18	-16%	304,067	-19%	13,709	0	0.00%	13,709	411,532	377,238	411,532	
STD Services	807	\$ 33,584.80	-65%	28,824	-70%	4,741	0	0.00%	4,741	104,046	95,376	104,046	
Diabetes	809	\$ 235,467.58	-9%	235,468	-9%	0	0	0.00%	0	282,933	259,355	297,129	-14,196
Adult Services	810	\$ 266,728.00	-26%	370,144	3%	(103,416)	103,416	3.60%	0	393,127	360,366	393,127	
Breast & Cervical Cancer	813	\$ 170,952.87	-23%	144,404	-35%	26,549	0	0.00%	26,549	243,556	223,260	243,556	
MCH Forum	816	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Healthy Communities - Tobacco	817	\$ -	No Budget	2,000	No Budget	(2,000)	0	0.00%	(2,000)	0	0	0	
Community Based Services	818	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
PREPAREDNESS COORDINTN & TRNG	821	\$ 69,722.41	-25%	69,722	-25%	0	0	0.00%	0	101,558	99,085	101,558	
PREPAREDNESS EPIDEM & SURVLNLC	822	\$ 73,732.58	-16%	73,733	-16%	0	0	0.00%	0	95,392	87,442	84,725	10,667
PREPAREDNESS MEDICAL RSRV CORP	823	\$ 10,279.10	-29%	10,279	-29%	0	0	0.00%	0	15,899	14,574	14,399	1,500
Bioterrorism - Focus Area F	824	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Bioterrorism - Focus Area G	825	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Local Community Public Health Projects	826	\$ 7,002.03	-87%	7,002	-87%	0	0	0.00%	0	60,045	55,041	60,045	
Adair County Smoke Free Sponsorships	827	\$ 877.50	No Budget	878	No Budget	0	0	0.00%	0	0	0	0	
Diabetes Outreach and Education	828	\$ -	No Budget	111	No Budget	(111)	111	0.00%	0	0	0	0	
Title III Geriatric Program	829	\$ -	No Budget	10,514	No Budget	(10,514)	10,514	0.37%	0	0	0	0	
Sexual Risk Avoidance Education Direct Grant	830	\$ 385,032.77	-2%	385,033	-2%	0	0	0.00%	0	430,000	394,167	430,000	
Worksite Wellness Project	831	\$ 30,419.00	9%	44,866	61%	(14,447)	14,447	0.50%	0	30,419	27,884	30,419	
Heart Disease & Stroke Prevention	832	\$ 15,155.04	-54%	15,155	-54%	0	0	0.00%	0	35,771	32,790	15,771	20,000
Breastfeeding	833	\$ 45,878.49	-10%	45,878	-10%	0	0	0.00%	0	55,835	51,183	60,000	-4,165
Susan G Komen Partnership	834	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Cervical Cancer Free KY	835	\$ 13.90	-100%	14	-100%	0	0	0.00%	0	5,400	4,950	5,400	
Tobacco Prevention Project	836	\$ 129,906.76	-37%	201,519	-2%	(71,612)	71,612	2.49%	0	224,071	205,398	144,258	79,815
Abstinence Education	837	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HAI Prevention (Infect. Prev. Conf)	838	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Marshall Univ. Diabetes Grant	839	\$ -	No Budget	3,042	No Budget	(3,042)	3,042	0.11%	0	0	0	0	
Breastfeeding Peer Counselor	840	\$ 52,226.95	-24%	52,227	-24%	0	0	0.00%	0	75,000	68,750	75,000	
Federal Diabetes Today	841	\$ 5,561.60	-70%	5,562	-70%	0	0	0.00%	0	20,500	19,792	20,000	500
HIV Counseling & Testing	842	\$ -	No Budget	4,898	No Budget	(4,898)	4,898	0.17%	0	0	0	0	
Ryan White	844	\$ 394,270.19	8%	394,270	8%	0	0	0.00%	0	400,000	366,667	400,000	
Ryan White	845	\$ 117,968.04	-63%	117,968	-63%	0	0	0.00%	0	350,000	320,833	350,000	
Rural Health Oploid Grant	846	\$ 110,065.90	-52%	110,066	-52%	0	0	0.00%	0	249,863	229,133	0	249,983
Healthy Start Project	848	\$ 45,876.88	-2%	45,877	-2%	0	0	0.00%	0	51,000	46,750	51,000	
Pandemic Flu Summit	851	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HANDS PRIMA GRAVIDA PROGRAM	853	\$ 1,477,160.00	-31%	1,566,683	-27%	(89,523)	89,523	3.12%	0	2,346,186	2,150,671	2,346,186	
Arthritis	856	\$ 1,451.31	-74%	1,451	-74%	0	0	0.00%	0	6,000	5,500	6,000	
Physical Activity	857	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Supplemental School Health	858	\$ 1,447,005.00	-2%	1,446,504	-2%	501	0	0.00%	501	1,615,560	1,480,930	1,615,560	
MRC - ASPR Training	871	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
TLC - Obesity Grant	872	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
HPP Coordinators	875	\$ 28,545.47	-4%	28,545	-4%	0	0	0.00%	0	32,500	29,792	32,500	
EPSDT Verbal Notification	883	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
WIC Operational Adjust Funding	886	\$ 79,156.00	9%	80,956	12%	(1,800)	0	0.00%	(1,800)	79,156	72,560	0	79,156
Core Assessment & Policy Dev.	880	\$ 11,059.58	0%	11,145	1%	(86)	86	0.00%	0	12,065	11,060	12,065	
Medicaid Match	891	\$ 11,059.58	-98%	304,594	-37%	(293,534)	293,534	10.22%	0	531,278	487,005	531,278	
Minor Receipts	892	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Capital	894	\$ -	No Budget	0	No Budget	0	0	0.00%	0	0	0	0	
Allocable Direct	895	\$ 1,463,723.25	0%	1,463,723	0%	0	0	0.00%	0	1,599,289	1,466,015	1,575,316	23,973
Total		\$ 13,133,284.33	-16%	\$ 13,978,146.81	-11%	\$ (844,862.28)	2,871,754	38.94%	\$ 273,431.57	\$ 17,150,609.78	\$ 15,721,392.30	\$ 16,269,927.00	\$ 880,682.78

Total	\$ 1,472,666.93
-------	-----------------

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 Frankfurt 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

