

**LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH DIRECTORS
March 5, 2024**

The Lake Cumberland District Board of Health met on Tuesday, March 5, 2024 at Russell County Health Department in Russell Springs.

Members Present	Members Absent
Matt Jackson, RPh Gina Goode Kay King, RN Judge Ricky Craig (Proxy) Jake Staton Judge Luke King Judge John Frank (Proxy) Judge Jimmie Greene Stephen McKinley, OD Tonya Shea, DO Judge Marshall Todd Judge Randy Marcum Richard Miles, MD Susanne Lee, OD Gayle Phillips, DNP, APRN Judge Barry Smith (Proxy) Marlene Richardson, DMD Judge Scott Gehring	Judge Larry Russell Bryant Jacob Burton, OD Patty Guinn, RPh Kristen Branham Pam Bills, APRN Grady Wilson Robert Drake, MD Rodney Dick Bruce Jasper, DVM Joseph Brown, MD Judge Randy Dial Joe Silvers, RPh

An invocation was given by Judge Greene.

After confirming a quorum was present, the meeting was called to order by Chair Gayle Phillips.

Topic	Discussion	Follow-up
Legal Authority		
Approval of Minutes	Judge Scott Gehring motioned to approve the prior minutes. Jake Staton seconded the motion. The board voted unanimously to approve the prior minutes. Motion carried.	None
Old Business	Chair Gayle Phillips asked if there was anything for which the administration had failed to adequately follow-up on since the last meeting. Nothing was noted.	
Dr. Fallahzadeh Public Health Hero Award	Director Amy Tomlinson reported that nominations for the third annual Dr. Fallahzadeh Public Health Hero Award were	

	<p>closed as of February 29th. There were 11 nominations for the award, some of them being multiple nominations for the same person. A winner will be chosen and presented with the award during National Public Health Week in April. A time and place for the reception will be chosen at a later date depending upon the location of the winner. In the past, the board has allowed Director Tomlinson and the LCDHD Executive Team to make the selection for the award. Ms. Tomlinson offered to continue doing that selection process if that is the wish of the board. There were no objections.</p>	
<p>New Business</p> <p>Workday System District Board of Health Designee Approval</p> <p>FLSA Exemptions – Options and Offer to Staff</p>	<p>At the December meeting, the board approved the changes to the District Board of Health by-laws that would allow a Chair appointed designee to carry out duties for the new Workday system. Carol Huckelby, Human Resources Manager, clarified what the designee’s role would be in the new system. Originally, the Chair was going to be entered into Workday as a “contingent worker” so they could approve the Executive Director’s timesheets, travel and performance evaluation in the system. However, other health departments raised concern so they decided they would have a “chair designee”, preferably HR, who would work with the Chair to enter these tasks into the system. It’s currently unclear in the by-laws that the chair designee is just a data entering designee of the Chair and is not carrying out the duties of the Chair. There will need to be a change to the by-laws to clarify the designee’s role. Ms. Tomlinson gave the board notice that at the meeting in June, there will need to be a vote to modify the by-laws and update the wording. Carol Huckelby added that going forward, they will vet the wording through DPH to ensure that it’s correct.</p> <p>Carol Huckelby, Human Resources Manager, explained that with the Workday project, DPH</p>	

	<p>is asking health departments to be more in-line with the way the state does things and they are proposing to make a change where the Board of Health would decide whether or not to offer LCDHD's non-exempt employees the option to earn comp time instead of overtime. Anything from 37 ½ to 40 hours would be considered comp time and anything over 40 hours would be paid at overtime rate. LCDHD is bringing this before the board and in June, there will need to be a decision because DPH wants it to begin in the new fiscal year if the board decides to implement the option. After discussion, the board decided that they would like to hear input from LCDHD's employees. Director Tomlinson said that they could survey staff and bring the results back to the board before they have to make a decision in June.</p>	
<p>Strategic Plan 2024-2029.</p>	<p>The LCDHD Strategic Planning Committee has worked with the UK College of Public Health to create an updated Strategic Plan for the next five years. Director Tomlinson presented the new plan and highlighted it's changes to the board. LCDHD's mission, vision, and values has been updated and simplified. Mission: To promote and protect the health of all who live, work, learn and play throughout the Lake Cumberland area. Vision: A healthy today for a brighter tomorrow. Values: Excellence, Innovation, Leadership, Trust, Service. Judge Randy Marcum made a motion to approve the strategic plan for the next five-year period. Dr. Richard Miles seconded the motion. The board voted unanimously to approve the strategic plan. Motion carried.</p>	
<p>Communications Plan</p>	<p>Jeff Neagle, LCDHD Communications Specialist, presented the updated LCDHD Communications Plan that is proposed to replace the current branding and media plans.</p>	

	<p>It is a comprehensive plan to communicate both internally and externally in a unified manner. Director Tomlinson adds that the purpose of the plan is to be a trusted and credible source.</p> <p>Jake Staton made a motion to accept the Communications Plan. Judge Jimmie Greene seconded the motion. The board voted unanimously to approve the strategic plan. Motion carried.</p>	
<p>Resource Stewardship</p>		
<p>Financial Updates/Directors Comments</p> <p>Financial Position 1/31/24</p>	<p>Ron Cimala presented the January 31, 2024 Financial Position.</p> <p>The LCDHD balance sheet for the period shows \$17,487,713.53 in assets with \$211,566.81 of that owed in current liabilities. The total of LCDHD's assets is equal to 10 months of this year's average expenses. LCDHD had \$11,093,551.08 in Year-To-Date revenues and \$9,956,280.90 in Year-To-Date expenditures resulting in a \$1,137,270.18 Year-To-Date surplus.</p> <p>Our annual revenues and expenses are less than budgeted mainly due us having to overbudget for Covid Funding again this year to make sure we get funds allocated to us. This should not happen moving forward in future years as this is supposed to be the last year of Covid Funding.</p> <p>Finally, this note, DPH is thirteen quarters behind on billing us for their Medicaid Match payments. 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 the last eleven quarters, we estimate approximately \$350,000 is now due back to the state out of the Medicaid Revenue we've collected for services.</p> <p>At this point in the fiscal year, it is still very difficult to project a reliable fiscal year end</p>	<p>None.</p>

	2024 position. As a result, we plan on ending the year as budgeted at a \$1,672,690 surplus.	
Assign Budget Review Committee	<p>Typically, in the past, we have allowed the Executive Committee to perform this function. On our Executive Committee currently are:</p> <ul style="list-style-type: none"> Dr. Marlene Richardson Gina Goode Dr. Robert Drake Dr. Richard Miles <p>The Budget Committee would also include:</p> <ul style="list-style-type: none"> Chair Gayle Phillips Vice Chair Judge Jimmie Greene <p>No further committee nominations were given. Dr. Stephen McKinley moved to name the Executive Committee as the Budget Review Committee. Dr. Richard Miles seconded the motion. All approved. Motion carried.</p>	
Oversight		
Human Resources Report	<p>Carol Huckelby, Human Resources Manager, reports that since the last meeting, there have been 5 new hires and 4 off-duties. There are several tenured employees planning for retirement in the next few months as well. Since June 26th, LCDHD has onboarded 27 people and off boarded 20. This is compared to the previous fiscal year where LCDHD onboarded 30 and off boarded 18.</p> <p>BARS/Workday was originally intended to be implemented in April but it has now been delayed until July 1st. At some point in the next few months, there will be extensive training for staff. This will require closing the clinics due to the amount of training that will be required of employees.</p> <p>Silent Guard security system rollout is now completed. All counties are now being monitored by Silent Guard. Badges and photos are being updated and will be distributed.</p>	
Director's Comments	<p>Director Tomlinson adds that the agency was granted \$411,000 in infrastructure projects across the counties. Office managers are coming up with lists of projects for the buildings and they are being prioritized based on safety, security, etc. Off the top of the \$411,000, the district paid for the Silent Guard security update across all the counties which</p>	

	<p>amounted to around \$100,000. Pieces of the old security system was starting to fail and was being charged to the local taxing districts.</p> <p>Director Tomlinson emailed the updated CDC COVID-19 guidance to all board members prior to the meeting. The new guidance is to stay home until you are 24 hours fever free and symptoms are improving, with masking suggested for 5 additional days.</p> <p>An LCDHD board of health newsletter is in the works and will be distributed to the board quarterly. It will contain information such as agency updates, public health news, important dates, etc.</p>	
<p>Board Service Awards</p>	<p>Director Tomlinson presented board members with a pin in appreciation of their years of service. Recipients are as follows:</p> <p>5 Years: Gina Goode, Casey County – 5 Years Kay King, RN, Casey County – 5 Years Honorable Ricky Craig, Clinton County – 6 Years Honorable Barry Smith, Taylor County – 6 Years Honorable Jimmie “Bevo” Green, McCreary County – 6 Years Dr. Stephen McKinley, OD, McCreary County – 7 Years Kristen Branham, RN, Cumberland County – 7 Years Dr. Joseph Brown, MD, Wayne County – 7 Years Pam Bills, APRN, Green County – 9 Years Joe Silvers, RPh, Wayne County – 9 Years</p> <p>10 Years: Honorable Randy Dial, Casey County – 10 Years Honorable John Frank, Green County – 10 Years Dr. Gayle Phillips, DNP, APRN, Taylor County – 10 Years Patty Guinn, RPh, Pulaski County – 11 Years Matt Jackson, RPh, Adair County – 11 Years</p>	

	Dr. Richard Miles, MD, Russell County – 12 Years Dr. Robert Drake, MD, Pulaski County – 13 Years Dr. Marlene Richardson, DMD, Taylor County – 13 Years Dr. Susanne Lee, OD, Russell County – 18 Years 20 Years: Jake Staton, Clinton County – 22 Years 30 Years: Dr. Bruce Jasper, DVM, Pulaski County – 31 Years	
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Chair set the next meeting date for June 4th, 2024 as an in-person meeting at Russell Springs at 7pm EST/6pm CST. .

A motion was made by to adjourn by Dr. Stephen McKinley and seconded by Judge Luke King. The Board voted unanimously to close the meeting. Motion carried and meeting was adjourned.

Gayle Phillips DNP, APRN, Chair Gayle Phillips

Ms. Amy Tomlinson, Secretary Amy Tomlinson

**District Board of Health Meeting
Tuesday, March 5, 2024; 7:00 ET/6:00 CT
Russell County Health Department
211 Fruit of the Loom Drive, Jamestown, KY**

AGENDA

- Welcome/Invocation/Dinner.....Chair Phillips
 - a. Quorum/Approval of Minutes.....Chair Phillips
 - i. Approve December Minutes
 - b. Old Business.....Chair Phillips
 - i. Was there anything the administration failed to adequately follow-up on from the last meeting?
 - ii. Dr Fallahzadeh PH Hero Award
 - c. New Business.....Chair Phillips
 - i. Workday System DBOH Chair Designee Approval
 - ii. FLSA Exemptions - Options and Offer to Staff
 - iii. Review of agency plans
 - 1. Strategic Plan 2024-2029
 - 2. Communications Plan
 - d. Financial Updates.....Ron Cimala
 - e. Assign Budget Review Committee (Executive Committee).....Chair Phillips
 - f. Human Resources Report.....Carol Huckelby
 - g. Director’s Comments.....Amy Tomlinson
 - h. Board service awards.....Amy Tomlinson
 - Next Meeting/Closing Comments.....Chair Phillips
- Next Meeting Date: **PROPOSED CHANGE June 25, 2024** at 7 PM ET/6 PM CT at Russell County Health Department

**LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH DIRECTORS
December 5, 2023**

The Lake Cumberland District Board of Health met on Tuesday, December 5, 2023 at Russell County Health Department in Russell Springs.

Members Present	Members Absent
Jacob Burton, OD Gina Goode Judge Ricky Craig (Proxy) Judge Luke King Judge John Frank (Proxy) Pam Bills, APRN Judge Jimmie Greene Tank Lawson, ARNP Stephen McKinley, OD Tonya Shea, DO Judge Marshall Todd Robert Drake, MD Rodney Dick Judge Randy Marcum Richard Miles, MD Susanne Lee, OD Bruce Jasper, DVM Judge Scott Gehring Joe Silvers, RPh	Judge Larry Russell Bryant Patty Guinn, RPh Kristen Branham Joseph Brown, MD Judge Randy Dial Jake Staton Marlene Richardson, DMD Matt Jackson, RPh Kay King, RN Gayle Phillips, DNP, APRN Judge Barry Smith

An invocation was given by Judge Greene.

After confirming a quorum was present, the meeting was called to order by Vice Chair Judge Jimmie “Bevo” Greene.

The Chair, Dr. Gayle Phillips, was absent from the meeting.

Topic	Discussion	Follow-up
Legal Authority		
Approval of Minutes	Dr. Richard miles motioned to approve the prior minutes. Dr. Robert Drake seconded the motion. The board voted unanimously to approve the prior minutes. Motion carried.	None
Old Business	Judge Jimmie Greene asked if there was anything for which the administration had failed to adequately follow-up on since the last meeting. Nothing was noted.	

New Business		
Amendment of Bylaws	<p>Ms. Tomlinson sent board members a copy of the proposed amended by-laws to review prior to the meeting. The proposed amendment is to expand upon the duties of the Chair of the Board due to the upcoming changes in the payroll software system that will be adopted in 2024. The proposed change will allow The Chair to designate someone internally (Human Resources Manager) to approve the agency director's timesheet and travel if requested by The Chair, and to evaluate the annual performance of the agency director. Director Tomlinson states that this will streamline the process of approving the director's timesheets and will create a "double check" method between The Chair and the Human Resources Manager.</p> <p>Dr. Richard Miles made a motion to accept the amendment as presented. Terry "Tank" Lawson seconded the motion. Motion carried.</p>	
Election of Officers	<p>Current Members: Chair, Dr. Gayle Phillips, Taylor; V. Chair, Judge Jimmie Bevo Greene, McCreary; Executive Committee: Dr. Marlene Richardson, Taylor; Dr. Richard Miles, Russell; Gina Goode, Casey; Dr. Robert Drake, Pulaski.</p> <p>Proposed Officers: Chair, Dr. Gayle Phillips, Taylor; V. Chair, Judge Jimmie Bevo Greene; Executive Committee: Dr. Marlene Richardson, Taylor; Dr. Richard Miles, Russell; Gina Goode, Casey; Dr. Robert Drake, Pulaski.</p> <p>All proposed officers have agreed that they will serve.</p> <p>Joe Silvers made a motion to approve the slate of nominees for committee as presented. Dr. Robert Drake seconded the motion. The board voted unanimously to approve the motion. Motion carried.</p>	

Resource Stewardship		
Audit Report	<p>Brad Hayes, auditor with RFH, presented the annual audit report. No adverse findings. No questioned costs. No prior audit findings. No proposed adjustments.</p> <p>Joe silvers Made a motion to accept the audit as presented. Dr. Richard Miles seconded the motion. The board voted unanimously to approve motion. Motion carried.</p>	
<p>Financial Updates/Directors Comments</p> <p>Financial Position 10/31/23</p>	<p>Ron Cimala presented the October 31, 2023 Financial Position.</p> <p>The LCDHD balance sheet for the period shows \$15,395,626.46 in assets with \$165,368.78 of that owed in current liabilities. The total of LCDHD’s assets is equal to 10 months of this year’s average expenses. LCDHD had \$4,667,683.17 in Year-To-Date revenues and \$5,576,302.03 in Year-To-Date expenditures resulting in a \$(908,618.86) Year-To-Date deficit.</p> <p>Our annual revenues are less than budgeted mainly due to not receiving any local tax revenue until middle of the year. Also, we haven’t received our first half of the retirement subsidy yet.</p> <p>Finally, this note, DPH is eleven quarters behind on billing us for their Medicaid Match payments.</p> <p>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 the last eleven quarters, we estimate approximately \$350,000 is now due back to the state out of the Medicaid Revenue we’ve collected for services.</p>	None.

	At this point in the fiscal year, it is still very difficult to project a reliable fiscal year end 2024 position. As a result, we plan on ending the year as budgeted at a \$1,235,682 surplus.	
Continuous Improvement		
USDA DLT Grant award/approval	Director Tomlinson reports that Lake Cumberland District Health Department has been awarded the USDA Distance Learning and Telemedicine Grant, totaling \$531,174. LCDHD will be required to provide a match amount of \$69,689. This technology will provide LCDHD with a telehealth option to improve upon interpreter availability in every county. Attorneys have reviewed and approved the contract for the grant. Judge Randy Marcum made a motion to approve and accept Director Tomlinson signing the contract for the grant. Dr. Robert Drake seconded the motion. The board voted unanimously to approve the motion. Motion carried.	
2023 Employee Satisfaction Surveys	Director Tomlinson reported that the 2023 Employee Satisfaction Surveys were completed and the results were overwhelmingly positive. According to the survey, over 95% of respondents “agreed or strongly agreed that the agency has taken a supportive role in their professional growth and development.” 99% of people who responded to the surveys said they were satisfied working for the agency. 100% of respondents said they were satisfied that the health department and its employees are making the communities better places to live.	
2023 Annual Community Impact Report	Director Tomlinson presented the 2023 Annual Community Impact Report that has a new format this year. The new format presents program information in a more quantifiable format and shows “how many” classes, partnerships, etc. were completed on colorful pages that will grab the reader’s attention. The	

<p>Dr. Fallahzadeh PH Hero Award</p>	<p>Community Impact Report is taking place of the Annual Report.</p> <p>Director Tomlinson reminded the board that LCDHD will begin taking nominations for the Public Health Hero Award starting in February. Candidates for the award can be anyone in the community that is making a positive impact in public health. LCDHD employees cannot be considered for the award.</p>	
<p>Oversight</p>		
<p>Infectious Disease Update</p> <p>Epi Team</p>	<p>Janae Tucker reports that COVID 19 numbers are still up, there were 1,658 reported cases in November. It's likely that there are actually three or four times this number due to home tests not being reported. Hospitalizations are also going up. There are 345 COVID 19 related hospitalization across the state, 9 of those are on a vent. Flu is just getting started, there were 31 cases that were reported. There were COVID 19 outbreaks in 8 long term care facilities. LCDHD isn't seeing RSV at this time.</p> <p>Director Tomlinson adds that Janae Tucker is leading LCDHD's communicable disease epi team. The team is fully staffed now with two nurses, two CHW's, and an epidemiologist working full time. The hope is that reportable disease investigations will be more centralized to catch outbreaks quicker and find connections in the district.</p>	
<p>Human Resources Report</p>	<p>Due to Human Resources Manager Carol Huckelby being absent, Director Tomlinson gave the Human Resources Report. BARS program meetings are being completed daily with project teams; project implementation may be delayed until June 2024.</p> <p>The Workforce Development Committee hasn't met since August but will be meeting in January.</p>	

	Since 8/22, LCDHD has hired 9 people; 6 full time and 2 contract workers. There have been 6 off duties.	
Policy Development		
New Policies	The board was provided with a selection of new revised policies to review last week. The board had no further questions or comments about the policies as presented. Dr. Susanne Lee made a motion to approve all policies as presented. Dr. Tonya Shea seconded the motion. Motion carried unanimously.	

Chair set the next meeting date for March 5th, 2024 as an in-person meeting at Russell Springs at 7pm EST/6pm CST. .

A motion was made by to adjourn by Dr. Robert Drake and seconded by Judge Jimmie Greene. The Board voted unanimously to close the meeting. Motion carried and meeting was adjourned.

Honorable Jimmie “Bevo” Greene, Vice-Chair _____

Ms. Amy Tomlinson, Secretary _____

2024-2029



STRATEGIC PLAN

This document provides direction for the agency and its programs by identifying strategic priorities through input from staff, the governing body and the community.

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Letter from Lake Cumberland District Health Department Director

I am pleased to share with you the Lake Cumberland District Health Department's five-year strategic plan. This plan outlines our mission, vision, values, and strategic priorities that define the direction of our department. Within the strategic priorities, you will find goals and objectives that represent our commitment to assuring a highly functioning health department and a healthy community for all our district's citizens and visitors.



As a Public Health Accreditation Board (PHAB) accredited health department, we operate at a high level and this reflects our commitment to public accountability, effective community engagement and management of our resources and assets.

The strategic plan is one tool we are using to direct and improve public health services. The plan provides guidance for decisions about future activities and resource allocation and is a working document. With a constantly changing environment, new opportunities, and emerging threats, there is a need to maintain flexibility and adapt to change.

Every day, we work to protect our communities from health threats such as foodborne illness and conduct prevention activities to decrease the burden of issues like chronic disease. All staff have a part to play in ensuring the plan is implemented and that we are successful in improving community health, developing a competent workforce, and building a culture of quality.

This document is one part of a comprehensive effort to advance quality and performance within the Lake Cumberland Health Department and fulfill our mission to promote and protect the health of all who live, work, learn and play throughout the Lake Cumberland area.

With LCDHD Spirit,

Amy Tomlinson, MPH
Public Health Director

Strategic Planning Committee Members

Lisa Brown, Nurse Supervisor

Anita Franklin, Hands Team Leader

Shannon Matthews, Clerical Supervisor

Sabrina Prater, Hands Team Leader

Melinda Smith, Public Health Program Specialist

Stuart Spillman, Environmental Director

Amy Tomlinson, Executive Director

Janae Tucker, Nurse Administrator

Christine Weyman, Medical Director

Laura Woodrum, Director of Nurses

Lake Cumberland Executive Team Members

Lake Cumberland Board of Health Members

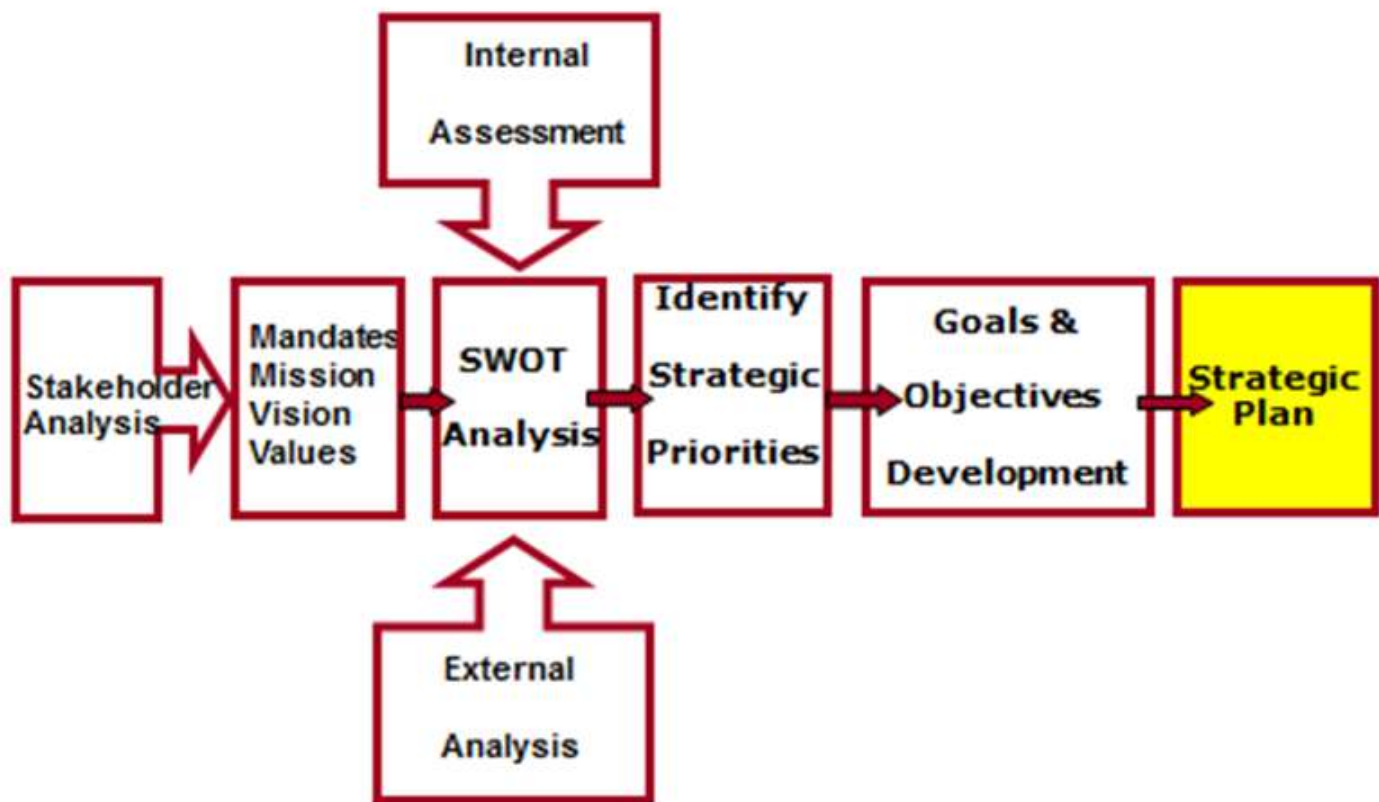
University of Kentucky College of Public Health

Strategic Planning Process Overview

Summary:

The Lake Cumberland District Health Department utilized a facilitated strategic planning process. Facilitation was provided via a contract with the University of Kentucky, College of Public Health. The planning process began in 2023 and included a day-long planning session on August 21st, 2023. The final draft will be presented to the Board of Health for final approval on March 5, 2024.

Strategic Planning Model



Methodology:

Phase 1: Plan to Plan

Leadership of the Lake Cumberland District Health Department (LCDHD) worked with faculty from the University of Kentucky, College of Public Health to determine readiness for planning using the readiness assessment from NACCHO's Develop a Local Health Department Strategic Plan – How-To Guide.

The strategic planning committee consisted of LCDHD team members as listed with input from stakeholders which included staff and board members of Lake Cumberland District Health Department.

Phase 2: Data Gathering

LCDHD gathered internal and external data to develop a complete picture of strengths, opportunities, and stakeholder views.

External Data:

- Review of mandates
- 2022 Community Health Assessment
- 2022 Community Health Improvement Plan
- Feedback from customer groups
- Board of Health survey

Internal Data:

- Mission, Vision, and Values
- Employee climate assessment
- Status of LCDHD quality improvement program
- Financial trending information

Phase 3: Planning Event

The LCDHD strategic planning team gathered for a day-long planning event to assess and synthesize data gathered (internal and external) from Phase 2 of the planning process. Nominal group techniques, group discussion and team-based consensus decision-making techniques were used to synthesize data themes into strengths, opportunities, and strategic priorities.

External Analysis

Review of Mandates:

The LCDHD strategic planning team reviewed the activities for local health departments that are mandated by the state of Kentucky and discussed their role in each – enforcement activities, communicable disease and control, public health education, and policy development.

Changes in Public Health:

The strategic planning team also discussed changes in the landscape of public health in Kentucky generating the following list of items to consider in the strategic planning process.

- Public Health Transformation
- COVID and other emergent issues
- Healthy People 2030 – Health conditions, health behaviors, populations, settings and systems, social determinants
- Public Health 3.0 - Community health strategist, cross-sector partnerships, accreditation, data and metrics, enhance public health funding.
-



Image Source: <https://redegroup.co/public-health-30>

Community Health Assessment/Community Health Improvement Plan (10.1.1 RD 1b)

LCDHD and its community partners completed a community health assessment in 2022 which included an in depth look at the demographic and socioeconomic profile of county citizens, maternal child health factors, mortality and morbidity statistics, clinical care and prevention services and behavioral factors. This analysis produced the following snapshot of the needs of the community:

Priority Health Issues:

- Obesity and Physical Inactivity
- Substance Use/Overdoses
- Cancer mortality (Invasive lung cancer)
- Teenage Pregnancy
- Tobacco Use/Vaping

Feedback from Customer Groups:

LCDHD requests feedback from customer groups, specifically those visiting LCDHD clinics. Feedback from these surveys was provided to the strategic planning committee and was overwhelmingly positive.

Internal Analysis

Mission, Vision, Values (10.1.1 RD 2a)

The LCDHD strategic planning team reviewed the previously adopted Mission, Vision, and Values, employee climate survey information regarding these statements and worked together to provide recommendations for updates/improvements.

Mission, Vision, and Values

Mission

To promote and protect the health of all who live, work, learn and play throughout the Lake Cumberland area.

Vision

A healthy today for a brighter tomorrow

Values

Excellence, Innovation, Leadership, Trust, Service

Excellence: pursuing the highest quality in service and performance.

Innovation: encouraging continuous improvement and the development of new ideas.

Leadership: developing and supporting strong leaders who inspire and guide others.

Trust: fostering an environment of trust by being reliable, consistent and transparent.

Service: helping others achieve optimal health through equitable distribution of high-quality care and service.

Past Strategic Plans

The LCDHD strategic planning team reviewed the 2018-2023 strategic plan to consider the work completed and additional work needed on the previously adopted strategic plan priority areas for inclusion in the 2024-2029 plan.

2018-2023 Priority Areas:

- Improve Quality of Life
- Enhance Community Access, Engagement & Collaboration
- Foster Employee Engagement, Development, and Performance
- Efficacy of Business Practice through Innovation, Process Improvement, and Maximizing Efficiencies

LCDHD Financial Analysis

The LCDHD strategic planning team reviewed a current financial report from the organization. The agency is in financial good standing, with a history of clean audits.

Employee/Workforce Climate Assessment

The LCDHD staff are critical to the success of the organization and, as such, their input was solicited through a survey in the summer of 2023 covering topics such as: management/ leadership, technology/improvement, and information/communication.

Employee survey responses were discussed during the strategic planning event. In addition, in-person focus groups were conducted by faculty and students from the University of Kentucky College of Public Health for staff from each county of the Lake Cumberland district.

LCDHD Quality Improvement Information

The LCDHD strategic planning committee discussed operational plans including quality improvement projects, performance management reports captured in a tracking system.

Strategic Priorities / Goals and Objectives

The LCDHD strategic planning team worked together to identify strategic planning priorities and to develop measurable goals and objectives, strategic plan implementation steps and distribute the plan to stakeholders.

2024-2029 Priority Areas:

- ❖ **Quality recruitment, retention, and development for staff**
- ❖ **Communication**
- ❖ **Enhance the health department role in community**
- ❖ **Performance management/data analysis**
- ❖ **Emergency preparedness and response**

Strategic Priority 1: Quality recruitment, retention, and development for staff.

Goal #1: Improve recruitment of quality staff

Objective: By June 30, 2025 LCDHD will develop at least 2 new resources to help guide and support the recruitment and hiring of qualified employees.

Goal #2: Improve retention of quality staff

Objective: By June 30, 2026 LCDHD will update the workforce development plan to include Workday/BARS system development/training.

Objective: By June 30, 2029 LCDHD will include staff from all levels and departments on internal committees.

Goal #3: Staff development

Objective: Beginning July 1, 2024 LCDHD will conduct one core competency training every other year for all staff.

Strategic Priority 2: Communication

Goal #1: Improve Internal Communication

Objective: By July 1, 2024 a bimonthly board of health newsletter will be created and distributed to district board members.

Objective: By June 30, 2025 the LCDHD new website format will be finalized.

Objective: By June 30, 2029 the LCDHD website will be reviewed and revised annually.

Goal #2: Improve External Communication

Objective: By June 30, 2024 LCDHD will create the community annual impact report.

Objective: By June 30, 2029 LCDHD will review and update the annual impact report.

Objective: By June 30, 2025 LCDHD will devise methods for ongoing data sharing with stakeholders in an accessible manner.

Objective: By June 30, 2024 LCDHD will create and disseminate a communications plan to provide guidance to all staff on standard communication procedures and best practice.

Strategic Priority 3: Enhance the health department role in the community

Goal #1: Increase collaboration with partners

Objective: By June 30, 2029 LCDHD will partner with key stakeholders to create opportunities to increase public health services among vulnerable populations.

Objective: By June 30, 2025 LCDHD, in collaboration with the health coalitions, will complete a community health assessment (CHA) across our 10 rural counties.

Objective: By June 30, 2026 LCDHD, in collaboration with the health coalitions, will create a community health improvement plan (CHIP) based on the results of the CHA across our district.

Goal #2: Continue work on identified priority health issues (10.1.1 RD 2f)

Objective: By June 30, 2029 adult obesity rates (average of percentage across the Lake Cumberland district) will decrease from 24% to 22% per the County Health Rankings.

Objective: By June 30, 2029 there will be a decrease in substance use related overdose deaths as listed in the Kentucky Injury and Prevention and Research Center profiles from 31.3 to 30.0 per 100,000.

Objective: By June 30, 2029, youth vaping will decrease from 24.1% of tenth graders across the district, to 23% as reported by Kentucky Incentive for Prevention.

Objective: By June 30, 2029, decrease invasive lung cancer incidence as listed in the health report card (data from Kentucky Cancer Registry) from 81.7 (2018 data) to 80.7.

Objective: By June 30, 2029, reduce teen birth rates (per 1000 adolescent females age 15-19 years as reported by Kentucky Vital Statistics) to the rates listed below for each county:

Adair - 13	McCreary - 45
Casey - 49	Pulaski - 40
Clinton - 25	Russell - 35
Cumberland - 25	Taylor - 25
Green - 35	Wayne - 56

Strategic Priority 4: Improve Performance Management/Data Analysis (10.1.1 RD 2e, 10.1.1 RD 2g)

Goal #1: Improve the Performance Management activities of LCDHD

Objective: By June 30, 2025 LCDHD executive team members will review and evaluate the reported data entered in the performance management data tracking tool for improvement opportunities.

Objective: By June 30, 2026 LCDHD program managers will be utilizing the performance management data tracking tool.

Objective: By June 30, 2029 all LCDHD staff will be trained in using the performance management data tracking tool.

Goal #2: Improve management of clinical data

Objective: By June 30, 2024 LCDHD will research electronic medical record options for health department services.

Objective: By June 30, 2025 LCDHD will implement an electronic medical record system.

Goal #3: Data Analysis

Objective: By June 30, 2029 LCDHD will collect and analyze available public health data.

Objective: By June 30, 2029 LCDHD will disseminate public health data findings when appropriate to applicable stakeholders/community partners.

Objective: By June 30, 2029 LCDHD will collaborate with applicable stakeholders and community partners to identify and implement strategies to address data findings.

Strategic Priority 5: Update Emergency Preparedness & Response

Goal #1: Regular updates for plans at local levels

Objective: By June 30, 2029 in collaboration with local county Emergency Managers and other stakeholders, LCDHD will review and revise local county emergency operation plans and supporting documents annually.

Objective: By June 30, 2029 LCDHD staff emergency and notification drills will be conducted quarterly.

Goal #2: Development of designated ERRT staff.

Objective: By December 2024, LCDHD will have an Epi Team capable of handling communicable/reportable disease reports/investigations and data needs for our organization and communities.

Objective: By June 30, 2029 LCDHD will work in collaboration with Kentucky Department of Health to provide at least one training exercise for ERRT staff.

Objective: By June 30, 2026 LCDHD ERRT staff will participate in regional events to become familiar with available community resources and equipment.

Strategic Work Plan

The strategic work plan will be monitored on an ongoing basis by department managers, the strategic planning committee, executive team, and with an annual review by the governing entity. The work plan will be housed in the performance management system. The executive team will review the progress towards achieving objectives, reviewing strategies, and actions quarterly.

Implementation Plan

Strategic Priorities identified through the strategic planning process will become standing agenda items for LCDHD leadership team meetings, staff meetings and board of health meetings to allow for discussion, updates, and accountability reports on progress. Measurable goals and objectives from the strategic plan will form the basis of the LCDHD performance management system as metrics from the plan are routinely monitored and quality improvement teams to address any issues where metrics are not met.

2024



ORGANIZATIONAL BRANDING & COMMUNICATION PLAN

This document guides the agency's visual and direct communications with partners, stakeholders, and citizens that represent LCDHD's values, effectiveness, and reputation.

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GLOSSARY OF COMMON ACRONYMS

- Board of Health (BOH)
- Centers for Disease Control and Prevention (CDC)
- Department of Health and Human Services (HHS)
- Emergency Notification System (ENS)
- Emergency Operations Center (EOC)
- Environmental Protection Agency (EPA)
- Joint Information Center (JIC)
- Joint Operations Center (JOC)
- Lake Cumberland District Health Department (LCDHD)
- Limited English Proficiency (LEP)
- Occupational Safety and Health Administration (OSHA)
- Public Information Officer (PIO)
- World Health Organization (WHO)

PURPOSE & MISSION

The purpose of the Lake Cumberland District Health Department's (LCDHD) Plan is to identify primary and alternate means of communication in both day-to-day operations and emergency and disaster situations. This operating guide will be used during routine communications situations, as well as a public health emergency to guide health department risk communication procedures.

- A. Identify community partners and mutual aid agreements that would contribute to Lake Cumberland District Health Department's communication aspects of operation.
- B. Determine appropriate actions, policies, and procedures in dealing with communications concerning specific situations, operations, and employee experience and expertise.
- C. Identify policies and procedures that are used in both daily operations and emergency/disaster situations.
- D. Determine the communication-related assets, including locations; LCDHD has at present and possible assets that would be made available to this organization during emergency and/or disaster situations.
- E. Identify proper procedures in requesting additional communication resources from outside agencies and organizations.
- F. Identify methods of communication with external stakeholders within the community.

LCDHD Mission Statement: To promote and protect the health of all who live, work, learn and play throughout the Lake Cumberland area.

LCDHD Vision Statement: A healthy today for a brighter tomorrow

OBJECTIVES

In order to support the mission and responsibilities of the Lake Cumberland District Health Department, communication between the agency and the public must be:

- Credible
- Clear
- Timely
- Accurate

BRANDING

Brand Strategy Objectives:

- Effectively brand, market and promote services/programs LCDHD offers to the public
- Raise the visibility, perceived value, and reputation of the LCDHD organization
- Serve as a valued, effective, and trusted leader in the Lake Cumberland District.
- Showcase the LCDHD mission and vision statements visually

Brand Position Statement: LCDHD continues to grow a positive reputation by remaining a visible entity that strives to fulfill the LCDHD mission, vision, and value statements to better the health, wellness, safety, and environment in the communities in which we live.

Why You Believe LCDHD's claims: The LCDHD is committed to promoting, protecting, and improving the health and wellness of the district through the daily services/programs that are offered to enhance the quality of life for the residents here LCDHD has developed strong partnerships through collaboration efforts throughout the community. The community has witnessed and stated that the LCDHD is a valued, effective, and trusted leader in the community through various customer satisfaction surveys and comments on the LCDHD website and social media sites. Furthermore, LCDHD supports a culture of continuous quality improvement, agency strategic plan, evaluation of performance management, and workforce development.

Appropriate Branding Signage: The LCDHD logo, mission, and vision statements will be posted in public areas inside and outside the health department facilities to serve as a consistent reminder to internal and external constituents that the visible branding of LCDHD assures the community that LCDHD is committed to serving as a valued and trusted leader in the community.

Staff Commitment: The LCDHD staff is committed to supporting the branding strategy and agrees to abide by the branding strategies outlined in this document. LCDHD staff has a clear understanding that the branding strategy of LCDHD was established to meet the brand objectives stated on page 1 of this document. It is a mutual understanding that all external documents marketing services/programs will be branded with the LCDHD logo and will always be visible to the general public when applicable.

Brand Strategy with Strategic Plan: Several strategies listed in the 2024-2029 LCDHD Strategic Plan are directly related to the branding strategy. All the strategic priorities and measures that fall under Goal 2.1: Increase awareness of public health services – demonstrate that LCDHD has a marketing/branding plan and focuses on keeping the public's engagement on public health related issues by utilizing the most appropriate (most reached) channels of communication. Improving the branding of services/programs and increasing the visibility, perceived value, and reputation of LCDHD is a priority and will remain so until all communication efforts used by the agency are deemed extremely effective.

EFFECTIVE COMMUNICATION

Evidence-Based Practices: To ensure effective communication, LCDHD uses evidence-based practices throughout the department. The World Health Organization (WHO) Strategic Communications Framework for effective communications, The Health Communications Playbook from the U.S. Department of Health

and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), as well as Making Health Communications Programs Work from HHS are all designed using evidence-based practices. LCDHD uses these documents to guide the creation of communication efforts.

Ensuring Consistency: The district must remain consistent concerning communication practices. To ensure consistency, the LCDHD Communications Guidance Plan was created using the WHO Strategic Communications Framework and The Health Communications Playbook from the CDC and HHS. The plan acts as a guide to develop key messages and communications strategy. Consistency can also be achieved through regular staff training. The Public Health Communications Collaborative conducts webinar training concerning issues in public health. They share insights and data-driven and practical messaging tips for developing strategies. See **Appendix I** for the **Communications Development Checklist**.

Achieving Goals: LCDHD also wants to ensure the department is achieving the intended communication goals. Depending on the type of communication, LCDHD will use tools such as post-communication surveys, analytics, and interviews to determine how effective the campaign/strategy was in communicating the message. If appropriate, data such as number of people receiving a service or participating in a program related to the topic will be used. Where proper, information on changes of opinions will be regarded for effectiveness.

Engaging Priority Population: There are a variety of possibilities to evaluate communication programs for priority (at-risk) populations. After a determination is made on the number of members of each group needed for input, the following methods of data collection may be used. This is not an inclusive list. See **PROMOTING DIVERSITY & INCLUSION** for more information regarding priority populations and how LCDHD serves them.

- Number of new participants in a program or service
- Printed questionnaires
- Telephone Surveys
- Social Media Analytics
- Focus groups held before, and during a program.

RECORDS OF MEETINGS

RECORDING MINUTES

Communication must be clear among teams. Depending on the depth and importance of the meeting, it is best practice that all LCDHD meetings include documentation of the following:

- Agenda (see Appendix V Sample Meeting Agenda)
- Attendance records
- Meeting minutes (See Appendix VI Sample Meeting Minutes)
 - Should include the location of the meeting
 - Should include date (MM/DD/YYYY)
 - Should include a summary of the discussion

- Should include action items and the person responsible
- Should include LCDHD logo
- Copies of all presentations and documents shared within meetings

LOGO

Brand Logo: LCDHD brand logo has been developed to raise the visibility of the LCDHD services/programs externally to the community. The LCDHD logo is unique to the health department and is believed to be the only one of its kind. LCDHD documents and attire (flyers, brochures, promotional materials, grant applications, public service announcements, presentations/speeches, meeting documents, advertisements, media releases, department website, e-mail signatures, social media sites, clothing, written plans and policies, etc.) are branded with the LCDHD logo. LCDHD is dedicated to branding the agency to educate the community on the services/programs LCDHD provides to fulfill the LCDHD mission and vision statements. Furthermore, stakeholders collaborating with LCDHD through meetings, written communication, and writing formal documents and/or policies will be aware of the LCDHD logo, as it is available on all LCDHD documents (official LCDHD letterhead, agendas, sign-in sheet, meeting minutes, and Board of Health (BOH) approved plans and policies).

Audience Promise: LCDHD promises that the branding of the agency will be pertinent and true to all services/programs provided to audiences targeted by LCDHD. The use of the LCDHD logo is to make LCDHD services/programs more visible to the community.

Approved LCDHD logo: The approved LCDHD logo contains capital black LCDHD letters with the shape of the 10-county Lake Cumberland District (map image) following the final "D", with "Lake Cumberland District Health Department" written under the capital letters in royal blue (hex code #2566b1). The font used in the logo is Arial. The standard LCDHD logo and the Spanish LCDHD logo are below:

LCDHD Logo:



LCDHD Logo in Spanish:



Official LCDHD Color

Blue – RGB

R: 37

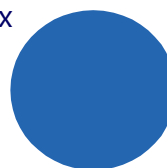
G: 102

B: 177



Blue – Hex

#2566B1



ROUTINE COMMUNICATION METHODS

LCDHD utilizes many forms of communication to ensure timely correspondence, especially during crises. The following are the primary channels through which LCDHD communicates. See **Appendix II** for further information regarding the various forms of communication.

1. Primary Means of Communications:
 - a. Telephone
 - b. Cell Phone
 - c. Fax Machines
 - d. Internet Services
 - e. Conference Calling – Audio and/or video (Zoom, MS Teams, etc.)
 - f. Emergency Notification System (ENS)
2. Alternate Means of Communications:
 - a. Amateur Radio
 - b. Two-Way Radio
 - c. WebEOC
 - d. Paging Service (if available)

TRAINING AND TESTING

Before using communication systems, personnel shall be trained to use each means of communication. This may be accomplished through daily use as part of on-the-job training or during specific training based on the type of communication.

All forms of communication will be regularly tested. Most forms will be tested daily with regular business, while other forms such as the Emergency Notification System and the LCDHD Phone Tree will be tested twice yearly.

INTERNAL COMMUNICATION DURING PUBLIC HEALTH EMERGENCY/CRISIS

1. Internal communication systems that may be used on-site in a Department Operations Center (DOC) include two-way radios (walkie-talkies), cell phones, police radios, runners, flags, signage, PA systems, land-line phones, email, and/or bullhorns.
2. Communication with District staff will occur in several ways. This will include initial notification of staff of an event or situation, as well as to deliver updates throughout the event.
 - a. Emergency Notification System
 - b. LCDHD Staff Notification Policy (Phone Tree)

- c. Email
- 3. Two-way radios, if used, will be issued to each section and other key positions at the beginning of each shift and collected at the end of the shift.
 - a. The Incident Commander or their designee will announce the radio channel to be used at the beginning of each shift.
 - b. Radios/cell phones shall be kept charged when not in use.
 - c. Technical problems encountered with radios and cell phones should be reported to the Systems Information Manager
 - d. It should be kept in mind that radio and cell phone messages can be monitored by persons not involved in the response effort.
- 4. WebEOC is an internet-based crisis information management system for use to maintain situational awareness throughout an event and to manage information, resource requests, volunteer information, and other items related to public health preparedness and response. Designated health department personnel are trained to operate this system, which will be used during all responses involving multiple agencies.

EXTERNAL COMMUNICATION DURING PUBLIC HEALTH EMERGENCY/CRISIS

Depending on the complexity of the incident one or all of the following organizations, stakeholders, or the community should be contacted to give situational updates, assure consistency of risk messaging, and/or request assistance.

- a. County Health Departments – inside and/or outside LCDHD jurisdiction
- b. Local Government and Elected Officials
- c. County(s) Emergency Operations Center (EOC)
- d. Kentucky Department for Public Health Department of Communications (DOC) (if activated)
- e. State Emergency Operations Center (if activated)
- f. Joint Operations Center (JOC) (if operational)
- g. Joint Information Center (JIC) (if operational)
- h. State Agencies; including Fish and Wildlife, Division of Water, Fire Marshall, etc.
- i. Federal Agencies; Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), and Centers for Disease Control (CDC), etc.

To determine if/when information should be released to the public, LCDHD should prioritize information based on the **Communications Development Checklist** in **Appendix I**. See **Appendix IV** for the **LCDHD Public Health System** which shows how LCDHD and its stakeholders are connected.

PRESS CONFERENCES AND MEDIA INTERVIEWS

All communication to the public should follow the Lake Cumberland District Health Department's Media Policy. The primary Public Information Officer for the agency will be the Health Promotion and Policy Director. Other authorized spokespersons for the Lake Cumberland District Health Department may include:

- a. Executive Director
- b. Medical Director
- c. Environmental Director
- d. Health Policy and Promotion Director
- e. Communications Specialist
- f. Health Educators
- g. Preparedness Staff

These designated persons are also authorized to speak for the Executive Director in cases of emergency when the director is not available.

Authorized LCDHD media spokespeople will receive initial and periodic training in media relations.

1. Only those who have received specific authorization from the Executive Director are to respond to media inquiries for information. If a reporter contacts local health department staff who do not have the authority to speak for the agency, they are not to give out information, no matter how insignificant it may seem.
2. The District's Public Information Officer (PIO) and/or designated agency spokespersons will maintain contact with the local media to provide accurate and timely information to the public. The District's PIO will coordinate regularly with each County Health Department Public Information Officer to ensure consistency in disease reporting, response, and health education throughout LCDHD's area of responsibility. *Media contact lists are maintained in the Communications Office.* Multiple LCDHD staff have access to this directory via the district server and the Communications Office maintains a hard copy of the regional media directory in the event the server is unavailable.
3. In the event of a public health emergency, the PIO for LCDHD and/or designated agency spokespersons will make necessary notifications, coordinate with staff, make media contact utilizing the Emergency Notification System, and gather resources necessary to perform their duties within 48 hours of verification of the event.
4. Before any information is released to the media, it must be cleared and approved by the appropriate LCDHD staff, primarily the Lead PIO and/or the Executive Director or Incident Commander. Messaging and approval of messaging will be given priority planning consideration during a public health emergency and will be expedited to allow timely communication to occur.
5. After an emergency has been declared, state and local Joint Information Centers (JIC) will assume

primary responsibility for all media relations activities. When this occurs, the District's PIO and/or designated agency spokespersons may be called upon to serve as JIC liaison. LCDHD PIO and/or designated agency spokespersons may collaborate with community partners to ensure consistent and unified messaging.

6. The District Office via the Public Information Officer or other staff as designated by the media policy will disseminate information pertinent to health advisories, alerts, outbreaks, or other health-related information relevant to community stakeholders. This will be done following the media policy and will be distributed by several methods of communication and made available 24/7. Those include email, fax, newspaper articles, posting on the agency website, social media, etc.
7. LCDHD PIO and/or designated staff will monitor media outlets to identify communication needs during a public health emergency. PIO and/or designated staff will also be responsible for monitoring the media for misinformation and rumors and developing strategies to combat misinformation with accurate, timely messages.
8. The LCDHD utilizes an answering service to provide 24/7 access for the community in the event of an infectious disease outbreak or other public health emergency.
9. All LCDHD communications with the media, whether initiated by the media or by LCDHD, should be recorded on the LCDHD Communications Log. The communication (article, video news story, press release, etc.) should be saved and linked to the Communications Log entry, as appropriate.

COMMUNITY ENGAGEMENT STRATEGIES

1. Starting Meaningful Conversations.

- a. Community engagement relies on effective and respectful communication. When sparking a conversation with the community, ensure that people understand the process, goals, and intended outcomes. Ensure that there is a level-playing field and give them visibility over their role and stake in the initiative. To be respectful and ensure that LCDHD is getting valuable input from all parties, it's important to make sure that everyone has the information that they need to make an informed decision. Invite multiple perspectives, make sure people have an equal opportunity to provide input and keep an open mind.

2. Being Transparent.

- a. Share information widely before, during, and after the project. By being honest about the role and influence that people have in decision-making and the implementation of solutions, LCDHD can increase the community's sense of ownership over the outcome. If LCDHD is going to start a conversation with the community, then the agency needs to be honest about how the input has been factored into the outcome. Share the initiative's goals, strengths, and weaknesses from the get-go. Use simple and clear language to showcase LCDHD's knowledge of the issue at hand, while helping others to understand it.

3. Being Consistent.

- a. Consistency helps to build trust. If LCDHD told people that the department would factor in their input into the decision-making process, then LCDHD would make sure to report back to

them and tell them how they used their ideas. Showcase how the agency applied what they said and clearly explain how LCDHD arrived at the decision and why.

SOCIAL MEDIA

The Lake Cumberland District Health Department uses social media, such as Facebook, X, Instagram, and YouTube, to convey important public health messages. Social Media pages are run by the District's Communications Specialist.

LCDHD's social media pages are:

- [Facebook](#)
- [X](#) –Formerly known as Twitter
- [YouTube](#)
- [Instagram](#)

ELECTRONIC COMMUNICATIONS

EMAIL SIGNATURE

LCDHD requires that employees utilize a uniform signature for all emails. Please see the following example. The Notice of Confidentiality statement should be included in all email signatures. Use of the LCDHD Facebook, X (Twitter), Instagram, and YouTube links is encouraged but not required. Use of the Public Health Accreditation Board logo is also encouraged but not required.

Example
<p>Xxxx Xxxxxx Title Location office: 999-999-9999 ext.9999 • mobile: 999-999-9999 xxxxxxxxx@lcdhd.o rg</p> <p>  </p> <p>A PHAB Accredited Health Department Serving: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor & Wayne Counties.</p> <p>NOTICE OF CONFIDENTIALITY: This e-mail, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply e-mail and destroy all copies of the original message.</p>

Official LCDHD Color

Blue – RGB

R: 37

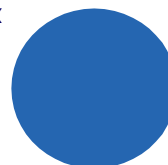
G: 102

B: 177



Blue – Hex

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OPEN RECORDS REQUESTS

It is pertinent for the LCDHD to allow citizens to review and copy public records so that they may obtain information relating to their health department.

As such, LCDHD will have all open records requests handled by the Administrative Services Manager, who may require the assistance of other program managers. Requests will be completed via secured email, fax, or mail. Additionally, it is imperative that requests be completed on time. Open records requests should receive a response within *three business days*.

PROMOTING DIVERSITY & INCLUSION

Diversity and Inclusion: LCDHD will promote inclusion and diversity to ensure all populations are represented in appropriate and culturally sensitive ways. LCDHD communications will plan for and consider the communication needs of priority populations within the district. "Priority populations" are those populations within Lake Cumberland District whose members might, for whatever reason, have limited access to information from the news media compared to the general population. Examples of special populations include but are not limited to, immigrant communities, transient, indigent and homeless populations, long-term care facilities, corrections institutions, schools, and persons with physical or cognitive disabilities or impairments, and limited reading abilities. See **Appendix III** for a graphic depicting the district's **at-risk (priority) populations. There are many ways LCDHD will communicate with these populations.**

This includes, but is not limited to:

- Ensuring photographs used on the LCDHD website, social media pages, and in informational materials will reflect the diversity of the district in terms of age, race, and gender.
- Supporting those in the Lake Cumberland district who speak a language other than English.
 - Around 3% of those in the district speak a language other than English in their homes. The most popular language behind English in the district is Spanish. As such, information that is shared online and in person will also be distributed in Spanish to cater to those in the community who speak Spanish as their primary language.
 - LCDHD has annual meetings with the Information and Education Committee where patients are invited to review LCDHD's materials in English and Spanish so that they may offer suggestions for improvement.
 - LCDHD has a Bilingual Public Health Service Coordinator who consults with Hispanic community members and Hispanic contract interpreters about translated materials to ensure accuracy and cultural sensitivity,
- Distributing information that is accessible to the majority of reading-level abilities.
 - All information should be written at a sixth-grade reading level or lower. This is to lessen the effects of poor health literacy on understanding important health information. There are tools available online for staff to check the level of their writing to determine if it is appropriate.
- Including picture descriptors and communicating information not only in photos that are posted on

social media but in their captions as well.

- The blind population uses picture descriptors and captions to help them understand posts because their phone reads out the captions and descriptions to them.
- Ensuring disability access to all LCDHD buildings and to any meetings LCDHD may have.
 - Around 15% of those who live in the district have a disability of some kind. Because of this, public meetings will recognize the need for accessibility for people with disabilities. For example: meeting rooms will be accessible for wheelchairs; agendas and informational material will be printed in a large font for people with seeing impairments; and microphones will be used to magnify voices for the hearing impaired.

Appendix I Communications Development Checklist



500 Bourne Avenue • Somerset, Kentucky 42501
Phone: 606-678-4761 • Fax: 606-676-9691

Communications Development Checklist

Use this document as a guide to develop communications campaigns and strategies.

1. What is the goal of this communication?
 - Review existing data on the topic (rates of disease, % of immunizations received, % of screenings obtained, etc.)
 - Review current opinions/attitudes using data from LCDHD or other partners)
2. Review Best Practices for Communications
 - Look for best practices specific to the topic of the communication
 - Sources for best practices include: the CDC, Agency for Healthcare Research and Quality, Guide to Preventative Services, Healthy People 2030, and Rural Health Information Hub
3. Determine Budget for Campaign/Marketing Strategy
 - Use of grant funds, financial support from partnering organizations, or special funding due to public health emergency
4. Identify the target audience
 - Is the message for a general audience or is there a particular target group? Be specific
5. Determine Method(s) of Communication to use.
 - Will the campaign involve social media, newspaper, radio, billboards, television, online advertising, podcasts, etc.?
6. Develop Materials
 - Ensure the materials are accurate, timely, and appropriate.
 - Use positive, strength-based language
 - Make sure the message is appropriate for the desired audience.
 - It should be easy to read using plain language.
 - Translation or interpretation of materials should be provided.
 - Message is unbiased and non-judgmental
 - Messaging includes resources and instructions that allow the target audience to act on the advice/information provided.



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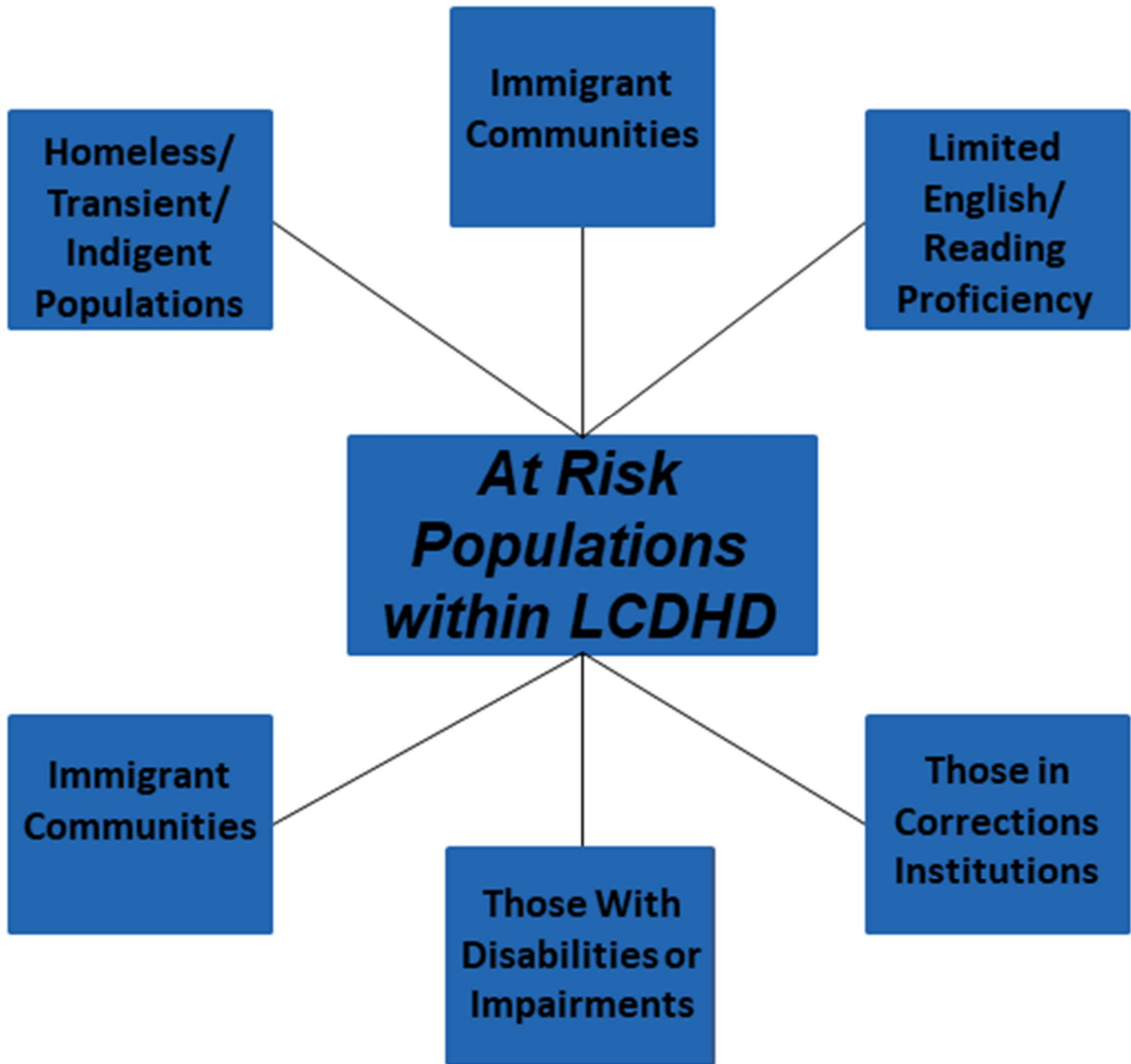
7. Test Messaging
 - Utilize representatives of the target audience to obtain feedback and make changes if needed.
8. Determine the Time Frame for Implementation
 - Is there a specific timeframe already outlined due to grant specification or public health emergency?
9. Make sure to saturate the message using all of the methods of communication determined previously.
10. Evaluate Effectiveness of Campaign/Strategy
 - How effectively did the message reach the target audience? Use analytics, post-campaign surveys, or interviews.
 - Did the communication result in action taken? May look at changes in data such as the number of people receiving a service or participating in a program related to the topic. Did the campaign cause people to change an opinion?

Appendix II

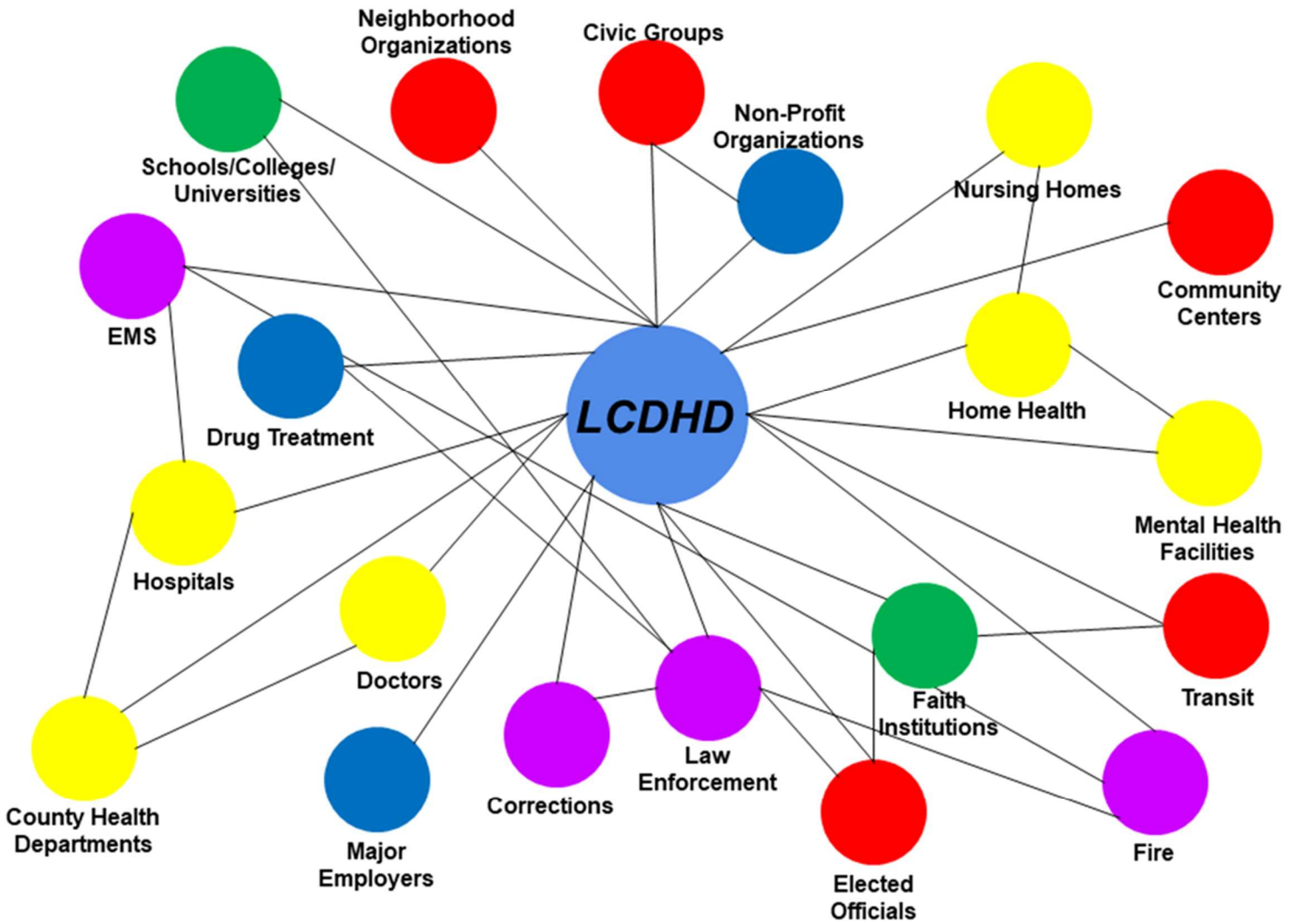
Modes of Communication

1. All county Health Departments, as well as the District Health Department are equipped with **telephones, fax lines, and internet.**
2. The LCDHD can communicate using **Amateur Radio** and has 2 base station radios, 2 encapsulated mobile kits, and 2 handheld radios. The mobile radio kits and handheld radios are located in the communications storage room located in the basement of the District Health Department in Somerset, Kentucky. The base stations are located in both the northern and southern portions of the district. The other base station is located at the District Health Department in Somerset, Kentucky. To be able to use Amateur Radio the user must possess a Technician or higher grade license granted by the FCC. **However, in the event that the FCC declares a state of emergency this form of communication can be utilized by anyone involved in the emergency.**
3. All county health departments, as well as the District Health Department are equipped with handheld **two-way radios** including hands-free kits.
4. All county health departments, as well as the District Health Department are equipped with **weather alert radios** with the appropriate NOAA frequency for their area pre-programmed into the radio.
5. All LCDHD employees are listed on the LCDHD **Phone Tree**. This is a communication tool that could be used if the Emergency Notification System was inoperable or to provide a redundant method of staff notification during or before an event.
6. All LCDHD employees and community response partners are registered in the **Emergency Notification System (ENS)**. The ENS is a communication network that is capable of sending alerts and notifications to users via phone, email, and text.
7. A listing of all community stakeholders exists in the **Emergency Notification System** and will be utilized before or during an event to communicate with external partners and community stakeholders. See **Appendix IV** for the **LCDHD Public Health System** which shows how LCDHD and its stakeholders are connected.
8. The LCDHD employs an answering service to maintain 24/7 contact availability before or during an event. An answering service policy is in place. All local health departments have a statement on their automated attendant regarding this availability.
9. **WebEOC**, an internet-based crisis information management system for use to maintain situational awareness throughout an event and to manage information, resource requests, volunteer information, and other items related to public health preparedness and response. Designated health department personnel are trained to operate this system, which will be used during all responses involving multiple agencies.

Appendix III
At-Risk (Priority) Populations in Lake Cumberland District



Appendix IV
Lake Cumberland District Health Department Public Health System



LCDHD Public Health System

Media outlets are an overarching community partner, vital in sharing information with all stakeholders and groups.

Appendix V
Sample Meeting Agenda



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Phone: 606-678-4761 • Fax: 606-676-9691

COMMUNICATION COMMITTEE MEETING

September 14, 2023

AGENDA

- I. Welcome
- II. Review previous minutes
- III. Discussion from Communications
 - a. Review the current calendar and make recommendations of other topics to include.
 - b. Discuss ideas for a social media/media template for program spotlights
 - c. Discuss LCDHD Communications Plan.
- IV. Discussions from MCH
 - a. View PowerPoint of MCH Program media?
 - b. Discuss the survey for media to use.
- V. Discussion of Workforce Committee videos
- VI. Next meeting date
- VII. Closing remarks

Appendix VI

Sample Meeting Minutes



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LCDHD Communication Committee Meeting Minutes September 14, 2023

Members present: Member 1, Member 2, Member 3, Member 4, Member 5, Member 6 and Member 7

Task: How to engage viewers of social media utilizing video clips, personal interviews, reels and spotlight the different programs in the HD.

<i>Topic</i>	<i>Discussion</i>	<i>Follow Up</i>
Calendar of events	Everyone, please review the calendar of health topics for each month. If there are topics you feel we should address, please email that information to Communications.	Communication Committee Members
MCH Media	A social media/media template for program spotlights is being designed for staff to submit.	Member 1 is working with IT on this template.
Public Health Videos	The LCDHD Communication Plan is being drafted. A copy will be emailed out to the group for review before the next meeting Sabrina shared a PowerPoint of the various media avenues used for the MCH program.	
Next Steps	A survey will be created to assist us in determining what media avenues LCDHD staff view/watch. The Workforce Development Committee asked for us to work with them to create a series of videos to help recruitment efforts and showcase the various areas of public health. Attached is the link that features some examples of what the videos https://www.hsph.harvard.edu/news/why-public-health/	Member 2 and Member 1 will be creating a survey to send it out to all LCDHD staff.
Next Meeting Date	A timeline will be drafted for us to follow throughout the year. Our next meeting will be in October. A doodle poll will be sent out on the first of October to select a day and time for the meeting.	Will send out a doodle poll.



FINANCIAL POSITION

**PERIOD ENDING
JANUARY 31, 2024**

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02/26/24

Period: January 2024

Financial Position

The LCDHD balance sheet for the period shows \$17,487,713.53 in assets with \$211,566.81 of that owed in current liabilities. The total of LCDHD's assets is equal to 10 months of this year's average expenses. LCDHD had \$11,093,551.08 in Year-To-Date revenues and \$9,956,280.90 in Year-To-Date expenditures resulting in a \$1,137,270.18 Year-To-Date surplus.

Our annual revenues and expenses are less than budgeted mainly due us having to overbudget for Covid Funding again this year to make sure we get funds allocated to us. This should not happen moving forward in future years as this is supposed to be the last year of Covid Funding.

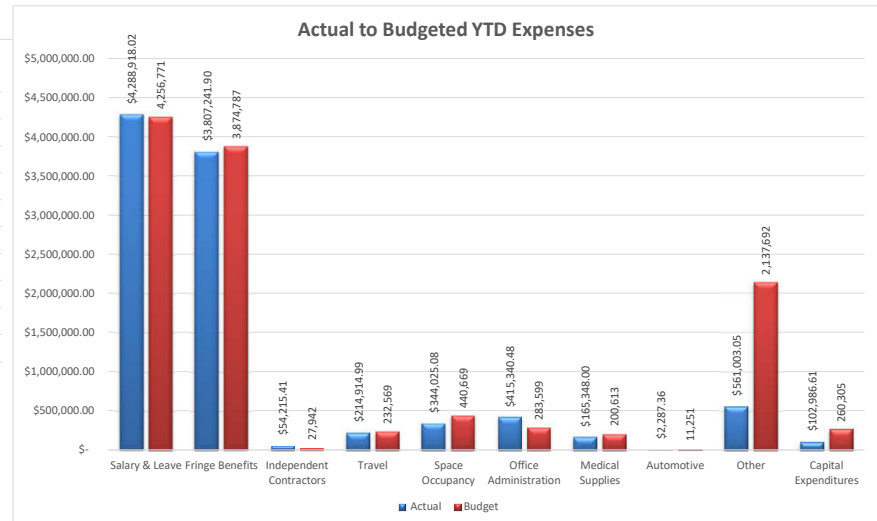
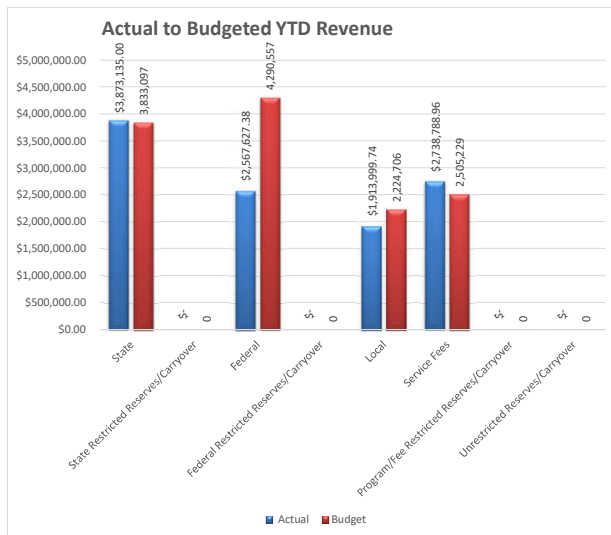
Finally, this note, DPH is thirteen quarters behind on billing us for their Medicaid Match payments.

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 the last eleven quarters, we estimate approximately \$350,000 is now due back to the state out of the Medicaid Revenue we've collected for services.

At this point in the fiscal year, it is still very difficult to project a reliable fiscal year end 2024 position. As a result, we plan on ending the year as budgeted at a \$1,672,690 surplus.

Lake Cumberland District Health Department
Summary Statement of Revenue and Expense
As of Period Ending January 31, 2024

	Current Month					Year to Date				
	Actual	%	Budget	Variance	Variance %	Actual	%	Budget	Variance	Variance %
Revenue:										
State	\$ 119,443.86	10.19%	547,585	(428,141)	-78.19%	\$3,873,135.00	34.91%	3,833,097	40,038	1.04%
State Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0%	\$ -	0.00%	0	0.00%
Federal	\$ 524,647.99	44.74%	612,937	(88,289)	-14.40%	33% \$ 2,567,627.38	23.15%	4,290,557	(1,722,930)	-40.16%
Federal Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0%	\$ -	0.00%	0	0.00%
Local	\$ 275.00	0.02%	317,815	(317,540)	-99.81%	17% \$ 1,913,999.74	17.25%	2,224,706	(310,706)	-13.97%
Service Fees	\$ 528,250.87	45.05%	357,890	170,361	47.60%	19% \$ 2,738,788.96	24.69%	2,505,229	233,560	9.32%
Program/Fee Restricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0%	\$ -	0.00%	0	0.00%
Unrestricted Reserves/Carryover	\$ -	0.00%	0	0	0.00%	0%	\$ -	0.00%	0	0.00%
Total Revenue	\$ 1,172,617.72	100.00%	1,836,227	(663,609)	-36.14%	\$ 11,093,551.08	100.00%	12,853,590	(1,760,038)	-13.69%
Expense:										
Salary & Leave	\$ 571,767.18	48.76%	638,516	(66,749)	-10.45%	\$ 4,288,918.02	38.66%	4,256,771	32,147	0.76%
Fringe Benefits	\$ 918,378.15	78.32%	581,218	337,160	58.01%	\$ 3,807,241.90	34.32%	3,874,787	(67,545)	-1.74%
Independent Contractors	\$ 9,175.78	0.78%	3,992	5,184	129.85%	\$ 54,215.41	0.49%	27,942	26,274	94.03%
Travel	\$ 27,229.89	2.32%	33,224	(5,994)	-18.04%	\$ 214,914.99	1.94%	232,569	(17,654)	-7.59%
Space Occupancy	\$ 66,985.40	5.71%	62,953	4,032	6.41%	\$ 344,025.08	3.10%	440,669	(96,644)	-21.93%
Office Administration	\$ 63,721.46	5.43%	40,514	23,207	57.28%	\$ 415,340.48	3.74%	283,599	131,742	46.45%
Medical Supplies	\$ 23,424.74	2.00%	28,659	(5,234)	-18.26%	\$ 165,348.00	1.49%	200,613	(35,265)	-17.58%
Automotive	\$ 431.04	0.04%	1,607	(1,176)	-73.18%	\$ 2,287.36	0.02%	11,251	(8,964)	-79.67%
Other	\$ 58,885.29	5.02%	305,385	(246,500)	-80.72%	\$ 561,003.05	5.06%	2,137,692	(1,576,689)	-73.76%
Capital Expenditures	\$ 28,465.98	2.43%	37,186	(8,720)	-23.45%	\$ 102,986.61	0.93%	260,305	(157,318)	-60.44%
Total Expense	\$ 1,768,464.91	150.81%	1,733,254	35,211	2.03%	\$ 9,956,280.90	89.75%	11,726,198	(1,769,917)	-15.09%
Excess/(Deficit) of Revenue over Expense:	\$ (595,847.19)	-50.81%	102,973	(698,820)	-678.64%	\$ 1,137,270.18	10.25%	1,127,392	9,879	0.88%
Less: Reserve used for Program Deficits						\$ -				
Actual Cash Surplus/(Deficit)						\$ 1,137,270.18				



**Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024**

	FY 2023	%	01/31/24
REVENUE / EXPENSES	BUDGETED	58%	FYTD

STATE			\$ 6,571,024		\$ 3,873,135
422		STATE RESTRICTED	\$ 1,113,370	79%	\$ 878,557
422	006	HANDS COST SETTLEMENT	\$ -	0%	\$ -
423		STATE RESTRICTED CARRY-OVER	\$ -	0%	
424		STATE ENVIRONMENTAL	\$ -	0%	\$ -
424	001	STATE ENVIRONMENTAL			
425		Foundational Funding			\$ -
426		KERS	\$ 3,181,384	50%	\$ 1,576,394
427		STATE BLOCK GRANT	\$ 411,237	100%	\$ 411,237
428		428 PUBLIC HEALTH TRANSFORMATION	\$ 1,865,033	50%	\$ 932,517
		STATE CLOSE OUT-PRIOR YEAR			\$ 74,431

FEDERAL			\$ 7,355,240		\$ 2,567,627
431		TITLE V BLOCK GRANT	\$ 322,195	36%	\$ 115,676
432		TITLE X FAMILY PLANNING	\$ 245,437	51%	\$ 124,719
433		CPRSA (CORONA PREP & RESPONSE)	\$ -		\$ -
434		ELC COVID-19	\$ -		\$ -
435		PREVENTIVE BLOCK GRANT	\$ 30,000	85%	\$ 25,421
436		CORONAVIRUS RESPONSE AND RELIEF	\$ 2,532,327	13%	\$ 323,413
437		COVID-19 CARES	\$ -	0%	\$ -
438		FEDERAL GRANTS DEPT HEALTH SER	\$ 3,237,550	42%	\$ 1,372,775
439		FEDERAL GRANTS - DIRECT	\$ 520,000	17%	\$ 89,384
440		FED RESTR CARRY-OVER	\$ -	0%	\$ -
441		AMERICAN RESCUE PLAN (ARPA)	\$ 467,731	13%	\$ 62,589
		FEDERAL CLOSE OUT-PRIOR YEAR			\$ 453,650

LOCAL			\$ 3,813,782		\$ 1,912,724
451		TAX APPROPRIATIONS	\$ 3,813,782	50%	\$ 1,906,891
451	044	TAX APPROP - GREEN	\$ -	0%	\$ 3,988
451	109	TAX APPROP - TAYLOR	\$ -	0%	\$ 1,845
452		COUNTY APPROPRIATIONS	\$ -	0%	\$ -
453		CITY APPROPRIATIONS	\$ -	0%	\$ -

OTHER			\$ 107,760		\$ 381,593
480		INTEREST RECEIVED	\$ 58,160	214%	\$ 124,530
480	001	INTEREST RECEIVED - CLINIC	\$ 100	35%	\$ 35
456		DONATIONS	\$ -	0%	\$ 1,275.70
469		OTHER	\$ 49,500	517%	\$ 255,752

Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024

	FY 2023	%	01/31/24
REVENUE / EXPENSES	BUDGETED	58%	FYTD

SERVICE FEES			\$ 4,186,918	%	\$ 2,358,472
459		SCHOOL BOARD CONTRACTS	\$ -	0%	\$ -
460		PROGRAM ADMINISTRATION CONTR	\$ -	0%	\$ 25,248
461		FEDERAL	\$ -	0%	\$ -
462	001	TITLE XVIII - MEDICARE - CLINIC	\$ -	0%	\$ -
462	002	TITLE XVIII - MEDICARE - HOME HEALTH	\$ -	0%	\$ -
462	003	PASSPORT ADVANTAGE	\$ -	0%	\$ -
462		PASSPORT ENHANCED	\$ -	0%	\$ -
463	000	MEDICAID - KEIS	\$ -	0%	\$ -
463	007	MEDICAID - HANDS	\$ 2,200,000	57%	\$ 1,259,385
463	006	HANDS SETTLEMENT	\$ -	0%	\$ -
463	000	MEDICAID - EPSDT	\$ -	0%	\$ -
	000	EPSDT CLOSE OUT-PRIOR YEAR	\$ -	0%	\$ -
463	001	MEDICAID - PREVENTIVE DMS	\$ 317,506	66%	\$ 1,756.83
463	001	MEDICAID - PREVENTIVE DMS K-CHIP	\$ -	0%	\$ -
463	001	MEDICAID EXPANDED - PREVENTIVE DMS	\$ -	0%	\$ -
463	001	MEDICAID - PREVENTIVE DMS FAMILY PLANNING (802)	\$ -	0%	\$ -
463	001	MEDICAID - PREVENTIVE DMS BREAST AND CERVICAL (813)	\$ -	0%	\$ -
463	002	MEDICAID - PREVENTIVE PASSPORT	\$ -	0%	\$ -
463	002	MEDICAID - PREVENTIVE PASSPORT KCHIP	\$ -	0%	\$ -
463	002	MEDICAID EXPANDED- PREVENTIVE PASSPORT	\$ -	0%	\$ -
463	002	MEDICAID - PREVENTIVE PASSPORT FAMILY PLANNING (802)	\$ -	0%	\$ -
463	002	MEDICAID - PREVENTIVE PASSPORT BREAST AND CERVICAL (813)	\$ -	0%	\$ -
463	101	MEDICAID - PREVENTIVE MOLENA	\$ -	0%	\$ 23,142
463	101	MEDICAID - PREVENTIVE MOLENA K-CHIP	\$ -	0%	\$ -
463	101	MEDICAID EXPANDED- PREVENTIVE MOLENA	\$ -	0%	\$ -
463	101	MEDICAID - PREVENTIVE MOLENA FAMILY PLANNING (802)	\$ -	0%	\$ -
463	101	MEDICAID - PREVENTIVE MOLENA BREAST AND CERVICAL (813)	\$ -	0%	\$ -
463	201	MEDICAID - PREVENTIVE UNITED	\$ -	0%	\$ 8,709
463	201	MEDICAID - PREVENTIVE UNITED K-CHIP	\$ -	0%	\$ -
463	201	MEDICAID EXPANDED- PREVENTIVE UNITED	\$ -	0%	\$ -
463	201	MEDICAID - PREVENTIVE UNITED FAMILY PLANNING (802)	\$ -	0%	\$ -
463	201	MEDICAID - PREVENTIVE UNITED BREAST AND CERVICAL (813)	\$ -	0%	\$ -
463	501	MEDICAID - PREVENTIVE ANTHEM	\$ -	0%	\$ 27,467
463	501	MEDICAID - PREVENTIVE ANTHEM K-CHIP	\$ -	0%	\$ -
463	501	MEDICAID EXPANDED- PREVENTIVE ANTHEM	\$ -	0%	\$ -

**Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024**

	FY 2023	%	01/31/24
REVENUE / EXPENSES	BUDGETED	58%	FYTD

463	501	MEDICAID - PREVENTIVE ANTHEM FAMILY PLANNING (802)			
463	501	MEDICAID - PREVENTIVE ANTHEM BREAST AND CERVICAL (813)			
463	601	MEDICAID - PREVENTIVE AETNA			\$ 84,085
463	601	MEDICAID - PREVENTIVE AETNA K-CHIP			
463	601	MEDICAID EXPANDED - PREVENTIVE AETNA			
463	601	MEDICAID - PREVENTIVE AETNA FAMILY PLANNING (802)			
463	601	MEDICAID - PREVENTIVE AETNA BREAST AND CERVICAL (813)			
463	801	MEDICAID - PREVENTIVE WELLCARE			\$ 75,911
463	801	MEDICAID - PREVENTIVE WELLCARE K-CHIP			
463	801	MEDICAID EXPANDED - PREVENTIVE WELLCARE			
463	801	MEDICAID - PREVENTIVE WELLCARE FAMILY PLANNING (802)			
463	801	MEDICAID - PREVENTIVE WELLCARE BREAST AND CERVICAL (813)			
463	901	MEDICAID - PREVENTIVE HUMANA			\$ 21,614
463	901	MEDICAID - PREVENTIVE HUMANA K-CHIP			
463	901	MEDICAID EXPANDED - PREVENTIVE HUMANA			
463	901	MEDICAID - PREVENTIVE HUMANA FAMILY PLANNING (802)			
463	901	MEDICAID - PREVENTIVE HUMANA BREAST AND CERVICAL (813)			
463	701	KY SPIRIT - PRIOR YEAR SETTLEMENT			
463	003	MEDICAID - HOME HEALTH DMS		0%	
463	004	MEDICAID - HOME HEALTH PASSPORT		0%	
463	503	MEDICAID - HOME HEALTH ANTHEM		0%	
463	603	MEDICAID - HOME HEALTH COVENTRY		0%	
463	803	MEDICAID - HOME HEALTH WELLCARE		0%	
463	903	MEDICAID - HOME HEALTH HUMANA		0%	
463	003	MEDICAID - HOME HEALTH WAIVER		0%	
463	003	EPSDT HOME HEALTH		0%	
463	006	HOME HEALTH SETTLEMENT - DMS		0%	
463	006	WAIVER SETTLEMENT - DMS		0%	
463	506	HOME HEALTH SETTLEMENT - ANTHEM		0%	
463	606	HOME HEALTH SETTLEMENT - COVENTRY		0%	
463	706	HOME HEALTH SETTLEMENT - KY SPIRIT		0%	
463	806	HOME HEALTH SETTLEMENT - WELLCARE		0%	
463	906	HOME HEALTH SETTLEMENT - HUMANA		0%	
464		PROGRAM INCOME CARRY-OVER	\$ -	0%	
465		SELF-PAY CO-IN & DEDUCT	\$ -	0%	\$ -

**Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024**

		FY 2023	%	01/31/24
REVENUE / EXPENSES		BUDGETED	58%	FYTD

466	SELF-PAY OTHER	\$ 1,372,230	57%	\$ 777,061
467	INSURANCE	\$ 297,183	18%	\$ 53,095
468	OTHER HEALTH DEPARTMENTS	\$ -	0%	\$ 1,000

490	DEPARTMENT CARRY-OVER		0%	
		\$ -		

TOTAL REVENUES		\$ 22,034,725	50%	\$ 11,093,551
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SALARY / BENEFITS		\$14,636,805		\$8,096,160
	SALARIES	\$ 7,662,188	56%	\$ 4,288,918
	FRINGE BENEFITS	\$ 6,974,617	55%	\$ 3,807,242

OPERATING		\$6,162,239		\$1,860,121
575	INDEPENDENT CONTRACTS			
	200 Physician Services			\$ 3,910
	201 PHYSICIANS SERVICES	\$ 3,300	3%	\$ 85
	202 BOARD CERTIFIED OBGYN	\$ 100	121%	\$ 121
	204 OPHTHALMOLOGIST/OPTOMETRIST	\$ 3,000	1%	\$ 42
	205 ANESTHESIOLOGIST SERVICES	\$ -	0%	\$ -
	211 DENTIST SERVICES	\$ 11,000	45%	\$ 4,999
	215 NURSE PRACTITIONER	\$ -	0%	\$ -
	217 OTHER NURSE SERVICES	\$ -	0%	\$ -
	218 SOCIAL WORKER SERVICES	\$ -	0%	\$ -
	219 NUTRITIONIST SERVICES	\$ 500	90%	\$ 450
	220 PHYSICAL THERAPIST SERVICES	\$ -	0%	\$ -
	221 SPEECH THERAPIST	\$ -	0%	\$ -
	222 OCCUPATIONAL THERAPY	\$ -	0%	\$ -
	225 OTHER THERAPIST	\$ -	0%	\$ 24,080
	227 AUDIOLOGIST SERVICES	\$ -	0%	\$ -
	229 LABORTORY TECHNICIAN/MEDICAL ASSISTANT	\$ -	0%	\$ -
	230 INPATIEN/OBSERVATION HOSPITAL SERVICES	\$ -	0%	\$ -
	240 PHYSICAL THERAPIST ASSISTANT	\$ -	0%	\$ -
	241 SPEECH THERAPIST ASSISTANT	\$ -	0%	\$ -
	242 OCCUPATION THERAPIST ASSISTANT	\$ -	0%	\$ -
	245 X-RAY OTHER TESTING	\$ 1,500	19%	\$ 285
	250 LABORATORY SERVICES	\$ 4,000	90%	\$ 3,584
	255 ENVIRONMENTAL SERVICES	\$ -	0%	\$ -

**Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024**

	FY 2023	%	01/31/24
REVENUE / EXPENSES	BUDGETED	58%	FYTD

	260	OTHER PROVIDER	\$ 2,000	200%	\$ 4,000
	265	Medical Support - Clerk Services	\$ -	0%	\$ -
	270	DISTRICT COORDINATING/LEAD, PROGRAM TRANSFER	\$ -	0%	\$ -
	303	PHYSICIAN DELIVER AND RELATED SERVICES	\$ -	0%	\$ -
	304	MAMMOGRAM FOLLOW-UP	\$ 3,850	60%	\$ 2,324
	305	PAP-SMEAR FOLLOW-UP	\$ 8,550	71%	\$ 6,055
	306	NEWBORN ASSESSMENT SERVICES	\$ -	0%	\$ -
	308	INITIAL MAMMOGRAM SERVICES	\$ 6,700	54%	\$ 3,612
	309	ULTRASOUND SERVICES	\$ 2,400	28%	\$ 670
	310	INPATIENT HOSPITAL SERVICES	\$ -	0%	\$ -
	311	OBSERVATION HOSPITAL SERVICES	\$ 1,000	0%	\$ -
	312	STERILIZATION SERVICES	\$ -	0%	\$ -
	315	PATIENT PRENATAL	\$ -	0%	\$ -
577		TRAVEL			\$ -
	326	IN STATE	\$ 383,765	55%	\$ 209,865
	327	OUT OF STATE	\$ 13,756	34%	\$ 4,741
	328	BOARD MEMBERS	\$ 1,169	26%	\$ 309
	329	ADVISORY COMMITTEE	\$ -	0%	\$ -
	330	VOLUNTEER TRAVEL	\$ -	0%	\$ -
580		SPACE COST			\$ -
	331	RENT	\$ 114,859	25%	\$ 28,795
	332	UTILITIES	\$ 322,647	38%	\$ 123,285
	333	JANITORIAL SUPPLIES	\$ 32,266	37%	\$ 11,987
	334	PROPERTY INSURANCE	\$ 35,000	0%	\$ -
	335	BUILDING MAINTENANCE AND REPAIR	\$ 101,524	89%	\$ 90,319
	336	JANITORIAL SERVICES	\$ 149,137	60%	\$ 89,639
581		OFFICE OPERATIONS			\$ -
	340	PRINTING AND DUPLICATING	\$ 84,118	64%	\$ 54,008
	341	TELEPHONE	\$ 72,476	55%	\$ 39,992
	342	POSTAGE	\$ 15,164	139%	\$ 21,067
	343	OFFICE SUPPLIES - STOCK ITEM	\$ 10,176	72%	\$ 7,374
	344	MEDICAL RECORD SUPPLIES	\$ 13,000	32%	\$ 4,183
	345	COMPUTER SERVICES	\$ 192,185	59%	\$ 113,708
	346	OFFICE EQUIPMENT MAINTENANCE AND REPAIR	\$ 7,500	110%	\$ 8,268
	347	OFFICE EQUIPMENT RENTAL	\$ 9,569	69%	\$ 6,596
	348	OFFICE EQUIPMENT/NON-CAPITAL	\$ 77,851	202%	\$ 157,321
	349	OFFICE SUPPLIES - NON-STOCK ITEM	\$ 4,129	70%	\$ 2,900
582		STATE CENTRAL SUPPORT CHARGES/TAXES			\$ -
	356	PROVIDER TAX		0%	\$ -
	357	STATE CENTRAL SUPORT SERVICES		0%	\$ -

**Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024**

	FY 2023	%	01/31/24
REVENUE / EXPENSES	BUDGETED	58%	FYTD

583		MEDICAL SUPPLY EXPENDITURES			\$ -
	358	PRESCRIPTION DRUGS FROM PHARMACIES	\$ 16,000	34%	\$ 5,454
	359	CONSUMABLE MEDICAL SUPPLIES FOR MULTIPLE US	\$ 13,524	38%	\$ 5,104
	360	OXYGEN FOR RESALE	\$ -	0%	\$ -
	361	BIOLOGICALS AND DRUGS/CLINIC USE	\$ 30,381	25%	\$ 7,528
	362	CONTRACEPTIVES	\$ 41,705	53%	\$ 22,022
	363	CONSUMABLE MEDICAL SUPPLIES FOR SINGLE USE	\$ 197,719	29%	\$ 57,180
	364	ANCILLARY MEDICAL SUPPLIES FOR SINGLE PROJEC	\$ -	0%	\$ -
	365	DURABLE MEDICAL EQUIPMENT FOR RESALE	\$ 3,000	20%	\$ 615
	366	LABORTORY SUPUPLIES	\$ 20,331	107%	\$ 21,735
	367	DME/OXYGEN FOR RENTAL	\$ -	0%	\$ -
	368	MEDICAL EQUIPMENT MAINTENANCE AND REPAIR	\$ 2,414	140%	\$ 3,367
	369	MEDICAL EQUIPMENT/NONCAPITAL	\$ 18,834	225%	\$ 42,342
	400	GOODS AND SERVICES	\$ -		\$ -
584		AUTOMOTIVE EXPENDITURES			\$ -
	370	LEASING OF VEHICLES	\$ -	0%	\$ -
	371	GAS AND OIL	\$ 9,905	12%	\$ 1,164
	372	AUTOMOBILE INSURANCE	\$ 6,000	0%	\$ -
	373	AUTOMOBILE MAINTENACE AND REPAIR	\$ 3,383	33%	\$ 1,123
	374	MOTOR POOL	\$ -	0%	\$ -
585		OTHER OPERATING			\$ -
	380	ADMINISTRATIVE SERVICES FROM OTHER LHD	\$ 211,488	56%	\$ 118,552
	381	DUES AND SUBSCRIPTIONS	\$ 40,761	79%	\$ 32,141
	382	REGISTRATION FEES	\$ 25,665	34%	\$ 8,822
	383	TUITION ASSISTANCE	\$ 728	0%	\$ -
	384	INSURANCE	\$ 95,500	1%	\$ 663
	385	EDUCATIONAL SUPPLIES	\$ 257,449	42%	\$ 108,182
	387	LAUNDRY	\$ -	0%	\$ -
	388	LEGAL	\$ 1,000	397%	\$ 3,968
	389	OTHER	\$ 114,442	32%	\$ 36,239
		891585389 - Preventive Medicaid Match	\$ -	0%	\$ -
	390	ADVERTISING AND/OR RECRUITMENT	\$ 307,403	58%	\$ 177,489
	391	AUDITS	\$ 12,000	100%	\$ 12,000
	392	HOME MODIFICATIONS	\$ -	0%	\$ -

**Lake Cumberland District Health Department
Financial Statement Detail
As of Period Ending January 31, 2024**

	FY 2023	%	01/31/24
REVENUE / EXPENSES	BUDGETED	58%	FYTD

	393	PROGRAM SUPPLIES	\$ 105,914	1%	\$ 659
	394	STAFFING AGENCY SERVICES	\$ 2,492,265	2%	\$ 62,214
601		CAPITAL EXPENDITURES			\$ -
	670	FURNITURE AND EQUIPMENT	\$ 20,000	224%	\$ 44,825
	671	DATA PROCESSING EQUIPMENT	\$ 15,000	0%	\$ -
	672	LAND AND BUILDINGS	\$ 411,237	11%	\$ 44,158
	673	PURCHASE OF VEHICLES	\$ -	0%	\$ 14,004
			\$0	0%	\$ -

TOTAL EXPENSES	\$ 20,799,045	48%	\$ 9,956,281
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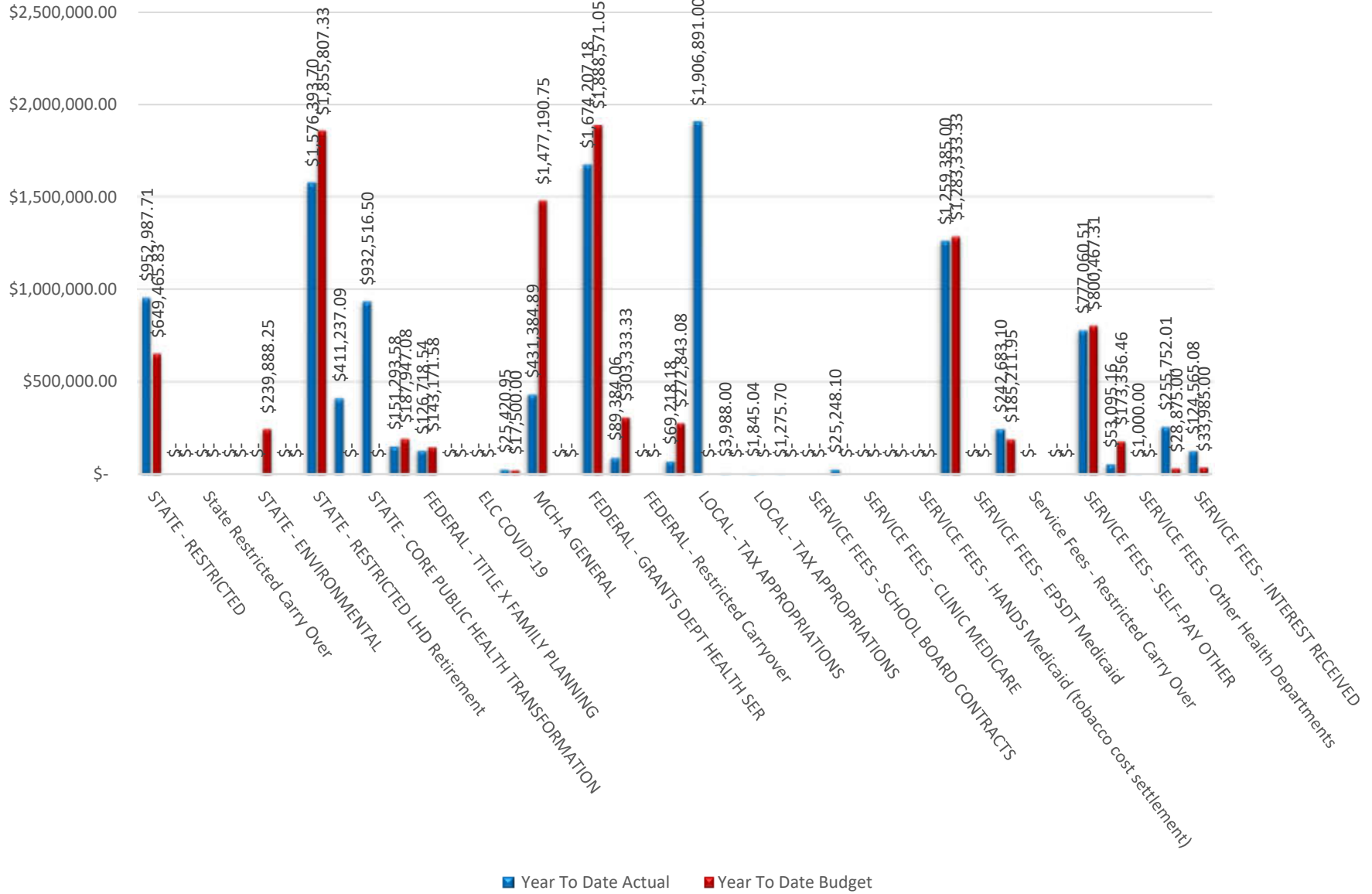
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TOTAL REVENUES	\$ 22,034,725	50%	\$ 11,093,551
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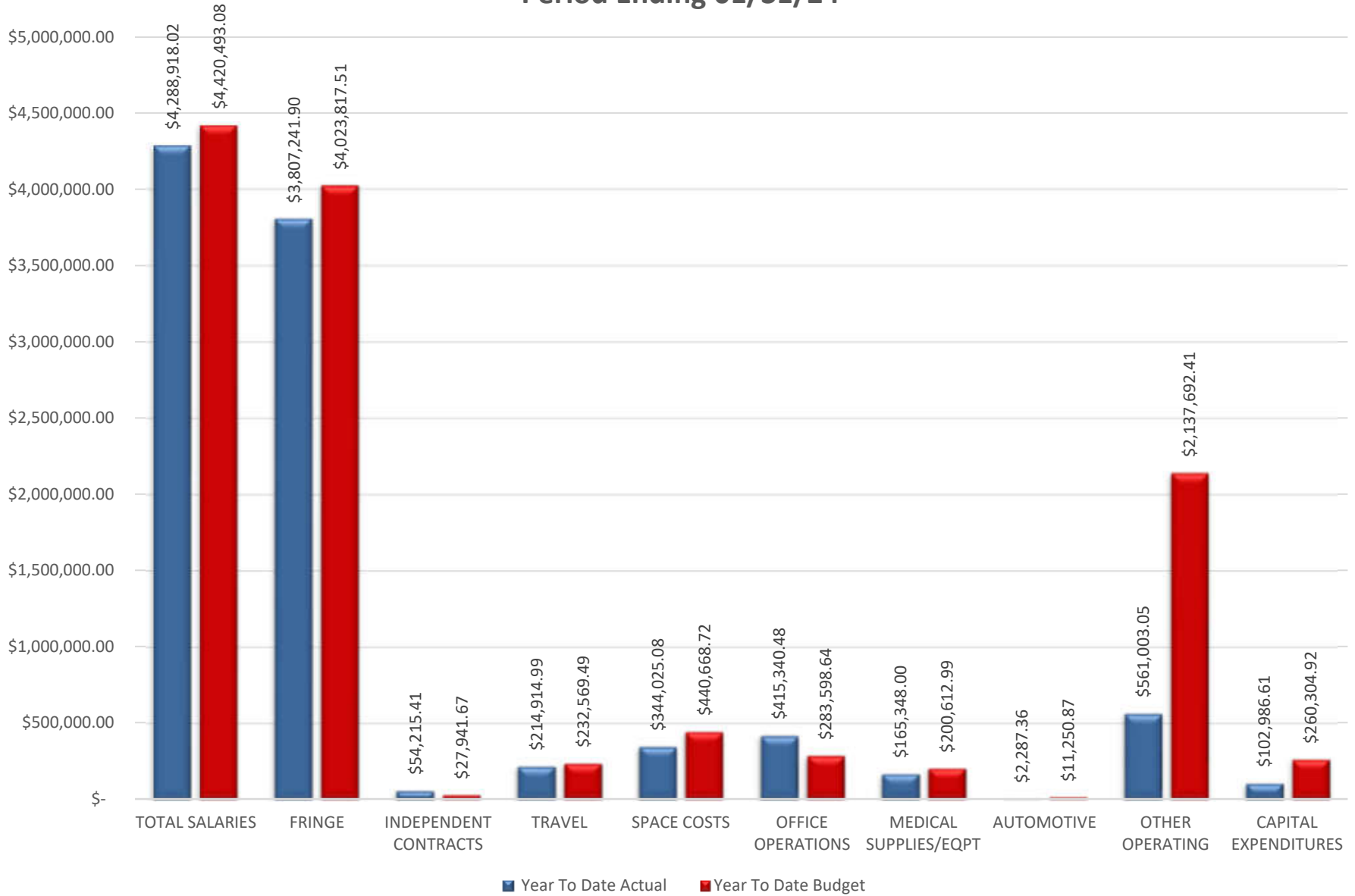
TOTAL EXPENSES	\$ 20,799,045	48%	\$ 9,956,281
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SURPLUS / (DEFICIT)	\$ 1,235,680	2%	\$ 1,137,270
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Revenue Period Ending 01/31/24



Expenditures Period Ending 01/31/24



Lake Cumberland District Health Department			
Balance Sheet			
January 31, 2024			
Account	Account Name	Amount	
Assets			
104000	LOCAL BANK ACCOUNT	\$ 9,281,740.54	
105000	MONEY MARKET ACCOUNT 19	\$ 3,952,473.62	
105001	MONEY MARKET ACCOUNT 19	\$ 62,564.79	
106000	PETTY CASH	\$ 2,100.00	
111000	TIME/CERTIFICATE OF DEP	\$ 2,119,123.98	
111001	TIME/CERTIFICATE OF DEP	\$ 2,069,710.60	
		Total Assets	\$ 17,487,713.53
Liabilities & Fund Balance			
Liabilities			
140002	Passport DPH Admin	\$ 2,450.39	
140101	MOLINA ADMIN	\$ 12,863.16	
140201	UNITED HEALTHCARE ADMIN	\$ 472.96	
140501	ANTHEM ADMIN	\$ 15,440.22	
140601	AETNA ADMIN FEES	\$ 46,876.65	
140701	KY SPIRIT DPH ADMIN	\$ 15,390.75	
140801	WELL CARE DPH ADMIN	\$ 51,025.21	
140901	Humana DPH Admin	\$ 17,484.12	
147065	AFLAC PRE-TAX INS	\$ 1,529.70	
147070	AFLAC AFT-TAX INS	\$ 721.32	
147096	FEBCO FLEX MEDICAL SPEN	\$ 9,502.59	
148009	GREENSBURG CITY TAX	\$ 184.74	
148016	RUSSELL COUNTY TAX	\$ 531.05	
148030	MCCREARY LOCAL TAX	\$ 686.98	
148056	WAYNE COUNTY TAX	\$ 453.99	
148062	PULASKI CNTY TAX WITHEL	\$ 1,647.66	
148063	JAMESTOWN CITY TAX WITH	\$ 596.57	
148065	BURKESVILLE CITY TAX	\$ 645.44	
148074	CUMBERLAND COUNTY SCHOO	\$ 110.63	
148084	COLUMBIA CITY TAX	\$ 359.13	
148085	ADAIR LOCAL TAX	\$ 85.55	
148086	SOMERSET CITY TAX	\$ 1,235.75	
148096	CLINTON COUNTY TAX	\$ 398.65	
148097	TAYLOR COUNTY TAX	\$ 593.71	
148098	CUMBERLAND COUNTY TAX	\$ 403.38	
150000	KENTUCKY RETIREMENT SYS	\$ 29,876.51	
		Total Liabilities	\$ 211,566.81
Fund Balance			
171000	UNRESTRICTED FUND BALAN	\$ 8,316,753.41	
171766	RESTRICTED-MCH	\$ 3,051.90	
171826	URESTR LOCAL COMM HLTH	\$ 150.30	
171891	Restricted-Medicaid Mat	\$ 466,169.00	
171894	RESTRICTED CAPITAL	\$ 125,000.00	
171895	RESTRICTED-EMPLOYER RET	\$ 4,839,453.10	
172428	UNRESTRICTED PHT FUNDS	\$ 37,785.22	
172712	STATE RSTR DENTAL	\$ 908.61	
172727	STATE RSTR NEEDLE EXCH	\$ 24,189.90	
172809	STATE RSTR DIABETES	\$ 15,689.38	
172842	STATE RSTR HIV CNSLNG/	\$ 8,071.02	
172853	HANDS PRIMA GRAVIDA PRO	\$ 561,527.05	
173725	FED RSTR KWCS P PINK OU	\$ 3,583.16	
173726	FED RSTR PHER	\$ 957.47	
173731	OPIOID CRISIS RESPONSE	\$ 564.43	
173827	FED RSTR TEEN PREG PRE	\$ 82,355.89	
173829	HEART4CHANGE	\$ 16,299.36	
173832	FED RSTR KIPRC ROPA	\$ 1,526.27	
173833	FED RSTR BREASTFEEDING	\$ 7,421.34	
173846	FED RSTR RHOP	\$ 52,885.81	
173853	FED RSTR HANDS Multi	\$ 32,679.88	
174500	FEE RSTR FOOD SERVICE	\$ 92,995.87	
174520	FEE RSTR PUBLIC FACILI	\$ 236,968.21	
174590	FOOD LICENSE PROJECT	\$ 123,584.09	
174712	FEE RSTR DENTAL	\$ 26,795.88	
174727	FEE RSTR NEEDLE EXCHAN	\$ 546.95	
174758	FEE RSTR HV/GO365	\$ 769,369.93	
174838	FEE RSTR FOUND FOR HEA	\$ 5,000.00	
174839	FEE RSTR MARSHALL DIAB	\$ 28,736.42	
174853	HANDS PRIMA GRAVIDA PRO	\$ 257,856.69	
		Total Fund Balance	\$ 16,138,876.54
		Total Liabilities and Fund Balance	\$ 16,350,443.35
		Surplus	\$ 1,137,270.18
Cash/CDs/Investments (Assets Less Liabilities)			
			\$ 17,276,146.72
Cash/CDs/Investments at 2021-22 Close (Assets Less Liabilities)			
			\$ 16,138,876.54
		Surplus	\$ 1,137,270.18
Fiscal Year To Date Revenues			
			\$ 11,093,551.08
Fiscal Year To Date Expenditures			
			\$ 9,956,280.90
		Surplus	\$1,137,270.18

Lake Cumberland District Health Department
Revenue & Expense Summary Comparison to Prior Year
As of Period Ending January 31, 2024

	Current YTD Actual	Prior YTD Actual	Change	% Change
Revenue:				
State	\$ 3,873,135.00	\$ 4,065,426.26	\$ (192,291.26)	-5%
Federal	\$ 2,567,627.38	2,576,205.20	(8,578)	0%
Local	\$ 1,913,999.74	1,779,255.61	\$ 134,744.13	8%
Service Fees	\$ 2,738,788.96	2,158,006.79	580,782	27%
Unrestricted Carryover	\$ -	\$ -	\$ -	N/A
Total Revenue	\$ 11,093,551.08	\$ 10,578,893.86	514,657	5%
Expense:				
Salary & Leave	\$ 4,288,918.02	3,969,708.35	319,210	8%
Fringe Benefits	\$ 3,807,241.90	3,707,684.88	99,557	3%
Independent Contractors	\$ 54,215.41	34,668.67	19,547	56%
Travel	\$ 214,914.99	196,130.78	18,784	10%
Space Occupancy	\$ 344,025.08	329,138.80	14,886	5%
Office Administration	\$ 415,340.48	229,921.76	185,419	81%
Medical Supplies	\$ 165,348.00	141,416.42	23,932	17%
Automotive	\$ 2,287.36	6,895.58	(4,608)	-67%
Other	\$ 561,003.05	594,593.88	(33,591)	-6%
Capital Expenditures	\$ 102,986.61	\$ 1,516.70	\$ 101,469.91	6690%
Total Expense	\$ 9,956,280.90	\$ 9,211,675.82	744,605	8%
Excess/(Deficit) of Revenue over Expense:	\$ 1,137,270.18	\$ 1,367,218.04	(229,948)	-17%

**Lake Cumberland District Health Department
Patient and Services YTD Current vs. Prior Comparison
As of Period Ending January 31, 2024**

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
Unduplicated Patients	12,101	9,894	2,207	22.31%
Services:				
Clinic	58,732	43,185	15,547	36.00%
Laboratory	8,856	5,969	2,887	48.37%
Total Services	67,588	49,154	18,434	37.50%
Encounters for Clinic	70,416	51,548	18,868	36.60%
RBRV's				
Clinic	14,459	13,432	1,027	7.65%
Laboratory	32,359	17,807	14,552	81.72%
Total RBRV's	46,818	31,239	15,579	49.87%
Services per Patient	5.59	4.97	0.62	12.42%
RBRV per Encounter	0.66	0.61	0.06	0.55

353 plus 758 report

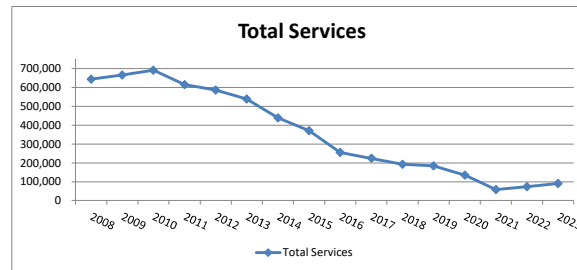
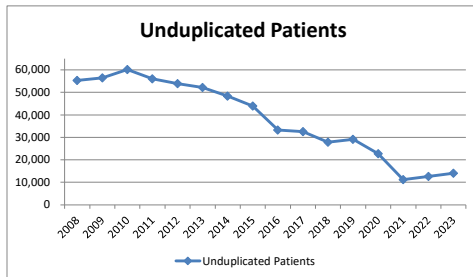
	353 Report			
Clinic Services	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>	<u>% Change</u>
712	5	6	(1)	-17%
800	729	733	(4)	-1%
801	13,527	11,347	2,180	19%
802	6,408	5,719	689	12%
803	2	1	1	100%
804	41,632	26,385	15,247	58%
805	5	18	(13)	-72%
806	2,767	2,586	181	7%
807	243	116	127	109%
809	0	0	0	-
810	1,489	1,407	82	6%
813	781	836	(55)	-7%
Total Clinic Services	67,588	49,154	18,434	38%

135 Report 135 Report

Patients				
712	5	6	(1)	-17%
800	370	1,284	(914)	-71%
801	2,672	2,250	422	19%
802	1,000	1,018	(18)	-2%
803	2	1	1	100%
804	8,148	6,260	1,888	30%
805	3	8	(5)	-63%
806	754	736	18	2%
807	79	59	20	34%
809	0	0	0	-
810	670	1,065	(395)	-37%
813	360	438	(78)	-18%
858	0	0	0	-

**Lake Cumberland District Health Department
Patient and Services Fiscal Year Trending Analysis**

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Unduplicated Patients	55,291	56,459	60,109	56,085	53,874	52,157	48,307	43,923	33,311	32,479	27,834	29,140	22,710	11,198	12,652	14,025
Services:																
Clinic	562,190	585,521	613,565	551,349	528,326	488,401	397,651	339,918	228,370	201,426	172,348	165,842	120,060	51,535	66,086	77,796
Laboratory	82,009	80,520	78,634	64,526	58,501	49,872	40,739	30,416	27,752	22,498	20,297	18,692	14,539	6,548	8,356	12,116
Total Services	644,199	666,041	692,199	615,875	586,827	538,273	438,390	370,334	256,122	223,924	192,645	184,534	134,599	58,083	74,442	89,912
Encounters for Clinic	616,281	640,742	663,299	597,270	577,400	540,174	440,548	373,098	259,694	226,337	168,156	193,105	132,057	53,842	77,765	93,416
RBRV's																
Clinic	240,947	265,036	267,943	252,792	259,908	263,838	181,067	148,794	102,022	97,865	68,014	78,768	49,661	17,618	20,916	23,244
Laboratory	375,144	588,419	903,902	230,018	208,696	211,587	195,440	142,286	109,408	83,104	62,403	63,897	47,855	15,044	20,223	39,540
Total RBRV's	616,091	853,455	1,171,845	482,809	468,604	475,424	376,506	291,080	211,429	180,969	130,418	142,665	97,516	32,662	41,139	62,784
Services per Patient	11.65	11.80	11.52	10.98	10.89	10.32	9.08	8.43	7.69	6.89	6.92	6.33	5.93	5.19	5.88	6.41
RBRV per Encounter	1.00	1.33	1.77	0.81	0.81	0.88	0.85	0.78	0.81	0.80	0.78	0.74	0.74	0.61	0.53	0.67
Service Fee Revenue	7,318,486	8,163,604	7,541,994	8,152,690	5,610,809	5,677,521	4,451,357	4,273,794	2,498,350	2,987,957	2,258,573	1,843,173	1,499,625	416,872	442,769	414,245
SF Revenue per Patient	132.36	144.59	125.47	145.36	104.15	108.85	92.15	97.30	75.00	92.00	81.14	63.25	66.03	37.23	35.00	29.54
SF Revenue per Encounter	11.88	12.74	11.37	13.65	9.72	10.51	10.10	11.45	9.62	13.20	13.43	9.54	11.36	7.74	5.69	4.43
SF Revenue per RBRV	11.88	9.57	6.44	16.89	11.97	11.94	11.82	14.68	11.82	16.51	17.32	12.92	15.38	12.76	10.76	6.60
% Increase/(Decrease)																
Unduplicated Patients	-3.30%	2.11%	6.46%	-6.69%	-3.94%	-3.19%	-7.38%	-9.08%	-24.16%	-2.50%	-14.30%	4.69%	-22.07%	-50.69%	12.98%	10.85%
Services:																
Clinic	6.34%	4.15%	4.79%	-10.14%	-4.18%	-7.56%	-18.58%	-14.52%	-32.82%	-11.80%	-14.44%	-3.77%	-27.61%	-57.08%	28.24%	17.72%
Laboratory	11.22%	-1.82%	-2.34%	-17.94%	-9.34%	-14.75%	-18.31%	-25.34%	-8.76%	-18.93%	-9.78%	-7.91%	-22.22%	-54.96%	27.61%	45.00%
Total Services	6.94%	3.39%	3.93%	-11.03%	-4.72%	-8.27%	-18.56%	-15.52%	-30.84%	-12.57%	-13.97%	-4.21%	-27.06%	-56.85%	28.16%	20.78%
Encounters for Clinic	6.12%	3.97%	3.52%	-9.95%	-3.33%	-6.45%	-18.44%	-15.31%	-30.40%	-12.84%	-25.71%	14.84%	-31.61%	-59.23%	44.43%	20.13%
RBRV's																
Clinic	9.40%	10.00%	1.10%	-5.65%	2.82%	1.51%	-31.37%	-17.82%	-31.43%	-4.07%	-30.50%	15.81%	-36.95%	-64.52%	18.72%	11.13%
Laboratory	-5.45%	56.85%	53.62%	-74.55%	-9.27%	1.39%	-7.63%	-27.20%	-23.11%	-24.04%	-24.91%	2.39%	-25.11%	-68.56%	34.43%	95.52%
Total RBRV's	-0.15%	38.53%	37.31%	-58.80%	-2.94%	1.46%	-20.81%	-22.69%	-27.36%	-14.41%	-27.93%	9.39%	-31.65%	-66.51%	25.95%	52.61%
Services per Patient	10.58%	1.25%	-2.38%	-4.64%	-0.81%	-5.25%	-12.07%	-7.09%	-8.81%	-10.33%	0.39%	-8.50%	-6.41%	-12.48%	13.44%	8.96%
RBRV per Encounter	-5.90%	33.24%	32.64%	-54.24%	0.40%	8.45%	-2.90%	-8.71%	4.36%	-1.79%	-3.00%	-4.74%	-0.05%	-17.85%	-12.79%	27.05%



Lake Cumberland District Health Department Financial Analysis Fiscal Year-to-Date as of January 31, 2024																
Cost Center	CC#	Actual			Revenue Budget YTD			Expense Budget YTD			Over/(Under) Budget			% Over/(Under) Budget		
		Revenue	Expense	Excess	Revenue Budget YTD	Expense Budget YTD	Revenue Budget Year	Expense Budget Year	Revenue	Expense	Excess	Revenue	Expense	Excess		
Food Service	500	\$ 199,169.00	\$ 200,216.00	(1,047)	197,394	197,394	338,390	338,390	1,775	2,822	(1,047)	0.90%	1.43%	-0.53%		
Public Facilities	520	\$ 47,889.42	\$ 46,869.29	1,020	110,833	49,419	190,000	84,718	(62,944)	(2,549)	(60,395)	-56.79%	-2.30%	-54.49%		
General Sanitation	540	\$ -	\$ 93,805.54	(93,806)	104,022	104,022	178,324	178,324	(104,022)	(10,217)	(93,806)	-100.00%	-9.82%	-90.18%		
Onsite Sewage	560	\$ 356,723.43	\$ 470,824.24	(114,101)	488,669	488,670	837,719	837,719	(131,946)	(17,845)	(114,101)	-27.00%	-3.65%	-23.35%		
Tanning Beds	580	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Food License Project	590	\$ 154,952.93	\$ 129,517.38	25,436	168,583	132,752	289,000	227,575	(13,630)	(3,235)	(10,396)	-8.09%	-1.92%	-6.17%		
Radon	591	\$ 869.78	\$ 2,256.31	(1,387)	2,333	2,334	4,000	4,000	(1,464)	(77)	(1,388)	-62.72%	-3.31%	-59.42%		
Retail Food Standards Grant	592	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
West Nile Virus	595	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Healthy Homes & Lead Poison Pr	598	\$ -	\$ -	0	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	0.00%	0.00%	0.00%		
Dental Services	712	\$ 120.65	\$ 12.30	108	2,620	2,620	4,491	4,491	(2,499)	(2,607)	108	-95.39%	-99.53%	4.14%		
Asthma Education	722	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
ELC Covid Mini-Grant	723	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
KWSCP Pink County Outreach	725	\$ -	\$ -	0	168,359	168,359	288,616	288,616	(168,359)	(168,359)	0	-100.00%	-100.00%	0.00%		
Zika Preparedness and Respons	726	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Harm Reduction/Needle Exchang	727	\$ 49,181.11	\$ 48,328.01	853	69,253	69,253	118,720	118,720	(20,072)	(20,925)	853	-28.98%	-30.22%	1.23%		
Diabetes Disease Management	728	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Vector Surveillance	729	\$ -	\$ -	0	3,582	3,582	6,140	6,140	(3,582)	(3,582)	0	-100.00%	-100.00%	0.00%		
Breast Cancer R&E Trust Fund	730	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Opioid Crisis Response	731	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
DIABETES PREVENTION PROJ	732	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
SSP Expansion Project	734	\$ 10,698.80	\$ 11,520.83	(822)	43,167	43,167	74,000	74,000	(32,468)	(31,646)	(822)	-75.22%	-73.31%	-1.90%		
Oral Health Coalition	735	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Community Health Action Team	736	\$ 23,420.95	\$ 27,978.04	(4,557)	51,058	51,058	87,529	87,529	(27,637)	(23,080)	(4,557)	-54.13%	-45.20%	-8.93%		
EMERGING INFECTIOUS DISEA	737	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
KCCSP Outreach & Education	738	\$ 129,627.67	\$ 138,657.54	(9,030)	168,359	168,359	288,616	288,616	(38,732)	(29,702)	(9,030)	-23.01%	-17.64%	-5.36%		
Coordinated School Health	740	\$ 196.09	\$ 242.81	(47)	11,006	11,006	18,867	18,867	(10,810)	(10,763)	(46)	-98.22%	-97.80%	-0.42%		
Passport Referrals	741	\$ 266,500.00	\$ 195,506.53	70,993	155,458	155,458	266,500	266,500	111,042	40,048	70,993	71.43%	25.76%	45.67%		
EnviroHealth Link	742	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Federal Hands Special Project	743	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
CHW Expansion OHE	744	\$ 85,632.06	\$ 92,809.19	(7,177)	181,144	181,144	310,533	310,533	(95,512)	(88,335)	(7,177)	-52.73%	-48.77%	-3.96%		
Winter Storm	745	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Environmental Strike Team	746	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
KHREF	747	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
IEP School Services	748	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Regional EPI HAI Activities	749	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Accreditation	750	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
HANDS GF Services	752	\$ -	\$ 407.34	(407)	0	0	0	0	0	407	(407)	0.00%	0.00%	0.00%		
PHEP	753	\$ 39,035.00	\$ 166,514.54	(127,480)	103,011	103,012	176,591	176,591	(63,976)	63,503	(127,479)	-62.11%	61.65%	-123.75%		
Zika Vector Control	755	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
PERSONAL RESPNBLTY EDC	756	\$ 4,025.54	\$ 9,956.37	(5,931)	103,305	103,305	177,095	177,095	(99,280)	(93,349)	(5,931)	-96.10%	-90.36%	-5.74%		
Regional EPI	757	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
GO365 (HUMANA VITALITY)	758	\$ 25,603.50	\$ 42,607.81	(17,004)	151,092	151,091	259,014	259,014	(125,488)	(108,484)	(17,004)	-83.05%	-71.80%	-11.25%		
ELC Surveillance Activities	759	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
HANDS - Federal Home Visiting	760	\$ -	\$ 344.54	(345)	0	0	0	0	0	345	(345)	0.00%	0.00%	0.00%		
Diabetes Telehealth	761	\$ 56,238.87	\$ 60,988.39	(4,750)	80,803	80,803	138,520	138,520	(24,564)	(19,815)	(4,750)	-30.40%	-24.52%	-5.88%		
Smiling Schools Program	762	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
JULY 2022 FLOOD	763	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
HEP A Outbreak Activities	764	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Tobacco Program Federal Funds	765	\$ 8,756.73	\$ 11,613.60	(2,857)	14,583	14,583	25,000	25,000	(5,827)	(2,970)	(2,857)	-39.95%	-20.36%	-19.59%		
MCH Coordinator	766	\$ 101,617.41	\$ 121,714.89	(20,097)	211,899	211,899	363,255	363,255	(110,281)	(90,184)	(20,097)	-52.04%	-42.56%	-9.48%		
HANDS Expanded Multi-Gravida	767	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
HANDS Expansion/Outreach	768	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
ELC ENHANCING DETECTION	769	\$ 99,324.13	\$ 123,101.00	(23,777)	1,160,860	1,160,859	1,990,045	1,990,045	(1,061,535)	(1,037,758)	(23,777)	-91.44%	-89.40%	-2.05%		
Kentucky Colon Cancer Screenin	770	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
PHEP Special Project	771	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
HBE Assistance	772	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Contract Tracing	773	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Child Fatality Prevention	774	\$ -	\$ 679.47	(679)	0	0	0	0	0	679	(679)	0.00%	0.00%	0.00%		
ECD School Projects	775	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%		
Strengthening Public Health Infra	777	\$ -	\$ -	0	17,763	17,763	30,450	30,450	(17,763)	(17,763)	0	-100.00%	-100.00%	0.00%		
OD2A Bridge Grant	780	\$ 61,733.51	\$ 82,444.57	(20,711)	157,500	157,500	270,000	270,000	(95,766)	(75,055)	(20,711)	-60.80%	-47.65%	-13.15%		
Harm Reduction-MSA	781	\$ -	\$ 12,183.01	(12,183)	46,667	46,667	80,000	80,000	(46,667)	(34,484)	(12,183)	-100.00%	-73.89%	-26.11%		
PHPS OHE Harm Reduction (Oc	782	\$ 8,829.40	\$ 14,264.90	(5,436)	23,333	23,333	40,000	40,000	(14,504)	(9,068)	(5,436)	-62.16%	-38.86%	-23.30%		
Pediatric/Adolescent	800	\$ 7,248.38	\$ 22,021.53	(14,773)	20,672	20,672	35,438	35,438	(13,424)	1,349	(14,773)	-64.94%	6.53%	-71.46%		
Immunizations	801	\$ 139,835.91	\$ 397,601.88	(257,766)	562,867	562,867	964,915	964,915	(423,031)	(165,265)	(257,766)	-75.16%	-29.36%	-45.80%		
Family Planning	802	\$ 210,756.20	\$ 378,198.49	(167,442)	509,480	509,481	873,395	873,396	(298,724)	(131,282)	(167,442)	-58.63%	-25.77%	-32.87%		
Maternity Services	803	\$ 39.67	\$ 289.39	(250)	0	0	0	0	0	289	(250)	0.00%	0.00%	0.00%		
WIC Services	804	\$ 879,161.17	\$ 1,232,943.47	(353,782)	1,176,510	1,176,510	2,016,875	2,016,875	(297,349)	56,433	(353,782)	-25.27%	4.80%	-30.07%		
Medical Nutrition	805	\$ 15,452.20	\$ 35,978.40	(20,526)	44,996	44,997	77,137	77,137	(29,544)	(9,018)	(20,526)	-65.66%	-20.04%	-45.62%		
TB	806	\$ 45,521.27	\$ 191,231.70	(145,710)	202,796	202,797	347,651	347,651	(157,275)	(11,565)	(145,710)	-77.55%	-5.70%	-77.85%		
STD Services	807	\$ 3,446.60	\$ 17,241.99	(13,795)	13,881	13,881	23,796	23,795	(10,434)	3,361	(13,796)	-75.17%	24.22%	-99.39%		
Communicable Disease	808	\$ -	\$ 110,121.11	(110,121)	163,644	163,643	280,532	280,532	(163,644)	(53,522)	(110,121)	-100.00%	-32.71%	-67.29%		
Diabetes	809	\$ 136,384.63	\$ 170,818.54	(34,434)	175,078	175,077	300,133	300,133	(38,693)	(4,259)	(34,434)	-22.10%	-2.43%	-19.67%		

Lake Cumberland District Health Department														
Financial Analysis														
Fiscal Year-to-Date as of January 31, 2024														
Cost Center	CC#	Revenue	Actual			Over/(Under) Budget						% Over/(Under) Budget		
			Expense	Excess	Revenue Budget YTD	Expense Budget YTD	Revenue Budget Year	Expense Budget Year	Revenue	Expense	Excess	Revenue	Expense	Excess
Adult Services	810	\$ 11,796.03	\$ 62,916.14	(51,120)	77,097	77,097	132,166	132,166	(65,301)	(14,181)	(51,120)	-84.70%	-18.39%	-66.31%
Lead Poisoning Prevention	811	\$ 34.73	\$ 524.28	(490)	245	245	420	420	(210)	279	(490)	-85.82%	113.99%	-199.82%
Breast & Cervical Cancer	813	\$ 16,219.68	\$ 27,753.53	(11,534)	33,787	33,787	57,920	57,920	(17,567)	(6,033)	(11,534)	-51.99%	-17.86%	-34.14%
MCH Forum	816	\$ 181.12	\$ 1,006.22	(825)	0	0	0	0	181	1,006	(825)	0.00%	0.00%	0.00%
Healthy Communities - Tobacco	817	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Community Based Services	818	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
PREPAREDNESS COORDINTN	821	\$ 74,852.96	\$ 94,347.48	(19,495)	114,203	114,203	195,776	195,776	(39,350)	(19,855)	(19,495)	-34.46%	-17.39%	-17.07%
PREPAREDNESS EPIDEM & SU	822	\$ 61,818.05	\$ 72,708.74	(10,891)	79,739	79,739	136,696	136,696	(17,921)	(7,031)	(10,891)	-22.47%	-8.82%	-13.66%
PREPAREDNESS MEDICAL RS	823	\$ -	\$ 7.20	(7)	0	0	0	0	0	7	(7)	0.00%	0.00%	0.00%
Bioterrorism - Focus Area F	824	\$ -	\$ 14,004.00	(14,004)	14,583	14,583	25,000	25,000	(14,583)	(579)	(14,004)	-100.00%	-3.97%	-96.03%
WFD School Health	825	\$ -	\$ (41.31)	41	0	0	0	0	0	(41)	41	0.00%	0.00%	0.00%
Local Community Public Health P	826	\$ 5,833.04	\$ 6,297.57	(465)	0	0	0	0	5,833	6,298	(465)	0.00%	0.00%	0.00%
Teen Pregnancy Prevention	827	\$ -	\$ 49.47	(49)	0	0	0	0	0	49	(49)	0.00%	0.00%	0.00%
Addressing Barriers to DSMES	828	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Heart4Change	829	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Sexual Risk Avoidance Education	830	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Worksite Wellness Project	831	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Worksite Wellness	832	\$ 72,370.45	\$ 25,852.98	46,517	157,500	157,500	270,000	270,000	(85,130)	(131,647)	46,518	-54.05%	-83.59%	29.53%
Breastfeeding	833	\$ 49,067.78	\$ 55,474.96	(6,407)	58,526	58,526	100,331	100,330	(9,458)	(3,051)	(6,407)	-16.16%	-5.21%	-19.95%
KIRP	834	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
HPP Activity Support	835	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Tobacco Prevention Project	836	\$ 79,620.16	\$ 105,486.05	(25,866)	104,280	104,280	178,766	178,766	(24,660)	1,206	(25,866)	-23.65%	1.16%	-24.80%
Abstinence Education	837	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Foundation for Health KY-CHIP	838	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Marshall Univ. Diabetes Grant	839	\$ -	\$ 435.88	(436)	0	0	0	0	0	436	(436)	0.00%	0.00%	0.00%
Breastfeeding Peer Counselor	840	\$ 55,169.62	\$ 64,658.03	(9,488)	71,167	71,166	122,000	122,000	(15,997)	(6,508)	(9,489)	-22.48%	-9.15%	-13.33%
Federal Diabetes Today	841	\$ -	\$ 239.85	(240)	0	0	0	0	0	240	(240)	0.00%	0.00%	0.00%
HIV Counseling & Testing	842	\$ 43.92	\$ 54.39	(10)	10,156	10,156	17,410	17,410	(10,112)	(10,102)	(10)	-99.57%	-99.47%	-0.10%
Ryan White	844	\$ 245,291.82	\$ 302,242.46	(56,951)	393,750	393,750	675,000	675,000	(148,458)	(91,508)	(56,951)	-37.70%	-23.24%	-14.46%
Ryan White	845	\$ 73,584.92	\$ 92,438.65	(18,854)	116,667	116,666	200,000	200,000	(43,082)	(24,228)	(18,854)	-36.93%	-20.77%	-16.16%
Rural Health Opioid Grant	846	\$ -	\$ (310.95)	311	0	0	0	0	0	(311)	311	0.00%	0.00%	0.00%
KIPRC JAIL EDUCATION GRAN	847	\$ 17,013.61	\$ 1,872.77	15,141	145,833	145,833	250,000	250,000	(128,820)	(143,960)	15,141	-88.33%	-98.72%	10.38%
Healthy Start Project	848	\$ 38,758.57	\$ 49,349.85	(10,591)	38,780	38,780	66,480	66,480	(21)	10,570	(10,591)	-0.06%	27.26%	-27.31%
USDA Rural Bus. Dev. Grant	849	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
KIPRC HARM REDUCTION SUM	850	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Pandemic Flu Summit	851	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
KYOAAC Grant	852	\$ 250,000.00	\$ 129,286.41	120,714	0	0	0	0	250,000	129,286	120,714	0.00%	0.00%	0.00%
HANDS PRIMA GRAVIDA PROG	853	\$ 1,386,960.00	\$ 2,241,867.86	(854,908)	4,048,894	4,048,894	6,940,960	6,940,961	(2,661,934)	(1,807,026)	(854,908)	-65.74%	-44.63%	-21.11%
WIC Infrastructure	854	\$ 2,222.63	\$ 909.66	1,313	9,042	9,042	15,500	15,500	(6,819)	(8,132)	1,313	-75.42%	-89.94%	14.52%
HEP C	855	\$ -	\$ -	0	16,619	16,619	28,490	28,490	(16,619)	(16,619)	0	-100.00%	-100.00%	0.00%
Arthritis	856	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Physical Activity	857	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Supplemental School Health	858	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Immunization Catchup	859	\$ -	\$ 228.76	(229)	0	0	0	0	0	229	(229)	0.00%	0.00%	0.00%
KHELP	871	\$ -	\$ -	0	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	0.00%	0.00%	0.00%
HPP Coordinators	875	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Hands Program Expansion	877	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Ryan White COVID-19 Cares	882	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
EPSDT Verbal Notification	883	\$ -	\$ 97.97	(98)	0	0	0	0	0	98	(98)	0.00%	0.00%	0.00%
WIC Operational Adjust Funding	886	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Immunization Grant Special Proj	887	\$ 574.58	\$ 574.58	0	41,962	41,962	71,935	71,935	(41,388)	(41,388)	0	-98.63%	-98.63%	0.00%
MonkeyPox	888	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Hurricane Ian	889	\$ -	\$ -	0	0	0	0	0	0	0	0	0.00%	0.00%	0.00%
Core Assessment & Policy Dev.	890	\$ 610.00	\$ 4,312.79	(3,703)	3,417	3,417	5,858	5,858	(2,807)	895	(3,703)	-82.15%	26.20%	-108.35%
Medicaid Match	891	\$ -	\$ -	0	40,095	40,096	68,735	68,735	(40,095)	(40,096)	0	-100.00%	-100.00%	0.00%
Minor Receipts	892	\$ 1,850.71	\$ 2,977.65	(1,127)	0	0	0	0	1,851	2,978	(1,127)	0.00%	0.00%	0.00%
Capital	894	\$ -	\$ 80,982.61	(80,983)	248,638	248,638	426,237	426,237	(248,638)	(167,656)	(80,983)	-100.00%	-67.43%	-32.57%
Allocable Direct	895	\$ 5,481,684.69	\$ 1,855,863.43	3,625,821	2,725,098	2,101,529	4,671,597	3,602,621	2,756,586	(245,666)	3,002,252	101.16%	-9.01%	110.17%
Total		\$ 11,093,551.08	\$ 9,956,280.90	1,137,270	15,416,662	14,695,848	26,428,563	25,192,881	(4,323,111)	(4,739,567)	416,456	-28.04%	-30.74%	2.70%

Lake Cumberland District Health Department
Allowable Unrestricted Reserve Calculation
As of Period Ending June 30, 2023

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
500	Food Service	313,148	240,034	76.65%	0	313,148
520	Public Facilities	87,519	197,657	225.85%	0	87,519
540	General Sanitation	170,163	0	0.00%	170,163	0
560	Onsite Sewage	844,452	537,106	63.60%	0	844,452
590	Food License Project	241,254	299,414	124.11%	0	241,253
591	Radon	742	0	0.00%	742	0
712	Dental Services	808	317	39.22%	808	0
725	KWSCP Pink County Outreach	654	0	0.00%	654	0
727	Harm Reduction/Needle Exchange	79,867	0	0.00%	79,867	0
729	Vector Surveillance	11,250	0	0.00%	11,250	0
734	SSP Expansion Project	60,292	0	0.00%	60,292	0
736	Community Health Action Team	50,104	0	0.00%	50,104	0
738	KCCSP Outreach & Education	177,937	0	0.00%	177,937	0
740	Coordinated School Health	40,686	0	0.00%	40,686	0
742	EnviroHealth Link	4,499	0	0.00%	4,499	0
743	Federal Hands Special Project	43,623	0	0.00%	43,623	0
744	CHW Expansion OHE	164,023	0	0.00%	164,023	0
753	PHEP	134,355	0	0.00%	134,355	0
756	PERSONAL RESPNSBLTY EDCTN PRO	156,496	0	0.00%	156,496	0
758	GO365 (HUMANA VITALITY)	252,968	243,913	96.42%	0	252,968
759	ELC Surveillance Activities	440	0	0.00%	440	0
760	HANDS - Federal Home Visiting	816	0	0.00%	816	0
761	Diabetes Telehealth	33,422	0	0.00%	33,422	0
763	JULY 2022 FLOOD	1,144	0	0.00%	1,144	0
765	Tobacco Program Federal Funds	16,762	0	0.00%	16,762	0
766	MCH Coordinator	265,476	0	0.00%	265,476	0
769	ELC ENHANCING DETECTION	307,164	0	0.00%	307,164	0
771	PHEP Special Project	154	0	0.00%	154	0
772	HBE Assistance	23,038	0	0.00%	23,038	0
773	Contract Tracing	219	0	0.00%	219	0
774	Child Fatality Prevention	139	0	0.00%	139	0
775	ECD School Projects	25,000	0	0.00%	25,000	0
800	Pediatric/Adolescent	28,639	6,510	22.73%	28,639	0
801	Immunizations	719,951	146,320	20.32%	719,951	0
802	Family Planning	763,810	156,811	20.53%	763,810	0
803	Maternity Services	447	108	24.13%	447	0
804	WIC Services	1,948,112	37	0.00%	1,948,112	0
805	Medical Nutrition	72,255	936	1.30%	72,255	0
806	TB	370,942	68,759	18.54%	370,942	0
807	STD Services	25,025	3,933	15.72%	25,025	0
808	Communicable Disease	33,588	0	0.00%	33,588	0
809	Diabetes	360,101	0	0.00%	360,101	0
810	Adult Services	136,471	24,434	17.90%	136,471	0
811	Lead Poisoning Prevention	1,886	571	30.27%	1,886	0
813	Breast & Cervical Cancer	57,443	5,547	9.66%	57,443	0
816	MCH Forum	60,999	0	0.00%	60,999	0
821	PREPAREDNESS COORDINTN & TRNC	157,375	0	0.00%	157,375	0
822	PREPAREDNESS EPIDEM & SURVLLN	128,130	0	0.00%	128,130	0
825	WFD School Health	131,989	0	0.00%	131,989	0
827	Teen Pregnancy Prevention	8,252	0	0.00%	8,252	0
832	Worksite Wellness	249,242	0	0.00%	249,242	0
833	Breastfeeding	85,198	0	0.00%	85,198	0
836	Tobacco Prevention Project	161,604	2,500	1.55%	161,604	0
838	Foundation for Health KY-CHIP	26	0	0.00%	26	0
839	Marshall Univ. Diabetes Grant	1,954	0	0.00%	1,954	0
840	Breastfeeding Peer Counselor	95,244	0	0.00%	95,244	0
841	Federal Diabetes Today	26,189	0	0.00%	26,189	0
844	Ryan White	565,418	0	0.00%	565,418	0
845	Ryan White	165,796	0	0.00%	165,796	0

Lake Cumberland District Health Department
 Allowable Unrestricted Reserve Calculation
 As of Period Ending June 30, 2023

CC#	Cost Center	Expense	Service Fees	Service Fee % of Total Expense	Non-Fee Program Expense	Fee for Service Program Expense
846	Rural Health Opioid Grant	311	0	0.00%	311	0
847	KIPRC JAIL EDUCATION GRANT	172,413	0	0.00%	172,413	0
848	Healthy Start Project	62,623	0	0.00%	62,623	0
853	HANDS PRIMA GRAVIDA PROGRAM	3,407,215	2,390,810	70.17%	0	3,407,215
854	WIC Infrastructure	3,573	0	0.00%	3,573	0
859	Immunization Catchup	273	0	0.00%	273	0
883	EPSDT Verbal Notification	178	0	0.00%	178	0
887	Immunization Grant Special Project	121	0	0.00%	121	0
888	MonkeyPox	4,363	0	0.00%	4,363	0
889	Hurricane Ian	6,398	0	0.00%	6,398	0
890	Core Assessment & Policy Dev.	15,363	1,811	11.79%	15,363	0
891	Medicaid Match	10,539	0	0.00%	10,539	0
892	Minor Receipts	2,834	19	0.67%	2,834	0
894	Capital	20,726	0	0.00%	20,726	0
895	Allocable Direct	3,301,969	128,958	3.91%	3,301,969	0
	Total	16,873,599	0	0.00%	11,727,044	5,146,554

Multiplier for Allowed Unrestricted Reserve 30% 40%

Allowed Non-Fee for Service Unrestricted Reserve & Fee for Service Unrestricted Reserve \$ 3,518,113.07 \$ 2,058,621.73

Allowed Non-Service Fee Restricted Reserves (30% of Total Non-Service Fee Expenses) 3,518,113

Allowed Service Fee Restricted Reserves (40% of Total Service Fee Expenses) 2,058,622

Total Allowed Unrestricted Reserve 5,576,735

Fiscal Year End Actual Unrestricted Reserve 8,316,753

Remaining Allowable Unrestricted Reserve (2,740,019)

Description	FY2022		FY 2023	
Current Allowed Unrestricted Reserve	\$ 5,355,210.97	100%	5,576,734.80	100%
Fiscal Year End Actual Unrestricted Reserve	6,026,227.00	113%	8,316,753.41	149%
Remaining Allowable Unrestricted Reserve	<u>\$ (671,016.03)</u>	-13%	<u>(2,740,018.61)</u>	-49%
Total Program Restricted Reserves	<u>\$ 7,867,826.55</u>		<u>7,822,123.13</u>	
Total Reserves	<u><u>13,894,053.55</u></u>		<u><u>16,138,876.54</u></u>	

Lake Cumberland District Health Department
 Federal and State Allocation Modifications
 FY 2024

Total	\$ 4,393,838.46
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Date	Amend/Addend	Description/Justification	Cost Center	Fund	Grant	Amount
6/27/2023	GPHP2424A	OD2A Bridge Grant	780	422		\$ 270,000
7/11/2023	GEPD2446C	Hep C (Jul-April)	855	438		\$ 28,490
6/29/2023	GPHP2329D	DPH Block Grant	895	427		\$ 411,237
6/27/2023	GPHP2420B	Preventive Medicaid	895	463		\$ 10,000
7/14/2023	GMCH2430C	HANDS-Federal Home Visiting Services Formula Grant (Ju	853	438		\$ 49,368
7/14/2023	GMCH2429B	HANDS - Federal Home Visiting Services Formula Grant (J	853	438		\$ 146,532
7/14/2023	GMCH2428C	HANDS Medicaid	853	463		\$ 2,192,766
7/14/2023	GMCH2427C	HANDS Non-Medicaid	853	422		\$ 317,409
7/25/2023	GMCH2401B	HANDS Special Project	741	422		\$ 266,500
8/24/2023	GPQI2400B	ECD Fluoride Varnish	712	422		\$ (5,000)
8/22/2023	GEPD2408D	COVID-19 Immunization Supp	738	436		\$ 288,616
8/22/2023	GEPD2408C	COVID-19 Immunization Supp	738	436		\$ (288,616)
8/22/2023	GEPD2449D	Imm Grant Projects	887	441		\$ 71,935
8/22/2023	GEPD2449C	Imm Grant Projects	887	438		\$ (71,935)
9/26/2023	GPHP2429A	Harm Reduction-MSA	781	422		\$ 80,000
9/26/2023	GPHP2430A	PHPS OHE Harm Reduction (Oct-May)	782	436		\$ 40,000
9/29/2023	GEPD2415B	TB Funds (Jul-Dec)	806	438		\$ 560
9/29/2023	GEPD2450A	TB Funds-Uniting for Ukraine (Jul-Sep)	806	438		\$ 1,490
9/29/2023	GMCH2400D	HANDS ARPA (Jul-Jun)	740	441		\$ (18,867)
10/3/2023	GDWH2401B	Title X Family Planning (Jul-Mar)	802	432		\$ 4,000
9/29/2023	GMCH2400F	HANDS ARPA (Jul-Jun)	740	441		\$ 18,801
9/29/2023	GMCH2400E	HANDS ARPA (Jul-Sep)	740	441		\$ 66
10/20/2023	GPQI2413B	CHAT-Community Health Action Team (Oct-Jun)	736	435		\$ 12,000
10/26/2023	GPHP2405D	Fentanyl Test Strips (Jul-Sep)	729	438		\$ (4,140)
10/26/2023	GPHP2426B	Fentanyl Test Strips (Oct-Jun)	729	438		\$ 4,140
11/3/2023	GPHP2406B	SSP Expansion Project (Jul-Sep)	734	438		\$ (74,000)
11/3/2023	GPHP2432A	SSP Expansion Project (Oct-Jun)	734	438		\$ 74,000
11/22/2023	GEPD2452A	Bridge Access Admin Fee	801	438		\$ 40
12/6/2023	GPHP2426C	Fentanyl Test Strips (Oct-Jun)	729	438		\$ 1,000
12/21/2023	GPHP2426C	Fentanyl Test Strips (Oct-Jun)	729	438		\$ 1,000
12/21/2023	GEPD2452B	Bridge Access Admin Fee	801	438		\$ 400
12/18/2023	GBIO2403B	Preparedness Coord	821	438		\$ 5,000
12/18/2023	GBIO2411B	FY24 PHEP Special Project	824	438		\$ 25,000
12/5/2023	GMCH2408B	Personal Responsibility Education Program (PREP) (Jul-Se	756	438		\$ (80,549)
12/5/2023	GMCH2439A	Personal Responsibility Education Program (PREP) (Oct-Ju	756	438		\$ 81,049
12/22/2023	GPQI2412B	CHAT-Community Health Action Team (Jul-Sep)	736	435		\$ 583
12/27/2023	GMCH2422B	Breastfeeding Training (Jul-Sep)	833	438		\$ 2,782
12/27/2023	GMCH2420B	WIC Breastfeeding Promotion Regional Coordinators (Jul-S	833	438		\$ 2,300
12/27/2023	GMCH2416B	Nutrition (Jul-Sep)	805	431		\$ 18,463
1/24/2024	GEPD2405B	HIV Prev Rebate (Apr-Jun)	727	422		\$ 1,600
1/24/2024	GEPD2407B	HRSEP (Jun)	727	438		\$ (1,600)
1/26/2024	GEPD2415D	TB Funds (Jul-Dec)	806	438		\$ 400
1/29/2024	GEPD2452C	Bridge Access Admin Fee	801	438		\$ 160
1/24/2024	GMCH2415B	WIC Nutrition Services Administration (NSA) (Oct-Jun)	804	438		\$ 192,495

Lake Cumberland District Health Department
 Federal and State Allocation Modifications
 FY 2024

Total	\$ 4,393,838.46
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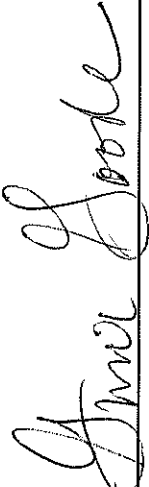
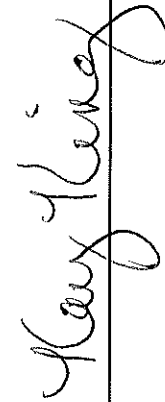

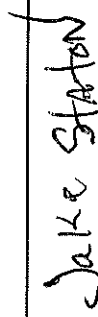

Date	Amend/Addend	Description/Justification	Cost Center	Fund	Grant	Amount
1/24/2024	GMCH2430E	HANDS-Federal Home Visiting Services Formula Grant (Ju	853	438		\$ 318,364

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



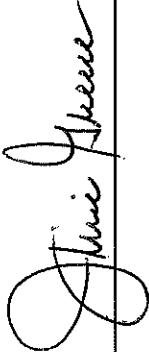

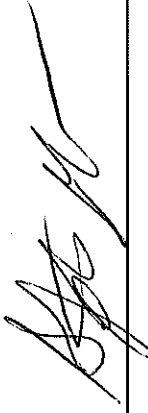


District Board of Directors Meeting

5-Mar-24

Name	County	Signature	Proxy	Need Mileage? Y/N
Honorable Larry Russell Bryant	Adair			
Matt Jackson, RPh	Adair			
Jacob Burton, OD	Adair			
Gina Goode, RPh	Casey			No
Honorable Randy Dial	Casey			
Kay King, RN	Casey		* Sudge Maroum 	No
Honorable Ricky Craig	Clinton			No
Jake Staton	Clinton			y
Honorable Luke King	Cumberland			



District Board of Directors Meeting 5-Mar-24

Name	County	Signature	Proxy	Need Mileage? Y/N
Kristen Branham	Cumberland			
Honorable John Frank	Green		*Sudge Greene	
Pam Bills, APRN	Green			
Honorable Jimmie "Bevo" Greene, II	McCreary			
Grady Wilson	McCreary			
Stephen McKinley, OD	McCreary			
Tonya Shea, DO	Pulaski			
Honorable Marshall Todd	Pulaski			
Robert Drake, MD	Pulaski			



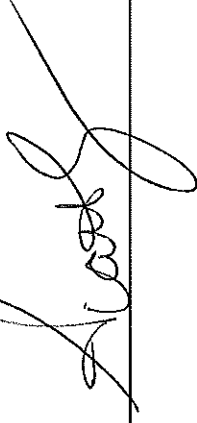
District Board of Directors Meeting

5-Mar-24

Name	County	Signature	Proxy	Need Mileage? Y/N
Patty Guinn, RPh	Pulaski			
L. Bruce Jasper, DVM	Pulaski			
Rodney Dick	Pulaski			
Honorable Randy Marcum	Russell	<i>Randy Marcum</i>		
Richard Miles, MD	Russell	<i>Richard Miles</i>		
Susanne Lee, OD	Russell	<i>Susanne Lee</i>		No
Gayle Phillips, DNP, APRN (Chair)	Taylor	<i>Gayle Phillips</i>	*Sudge Greene Proxy	
Honorable Barry Smith	Taylor	<i>Barry Smith</i>		
Marlene Richardson, DMD	Taylor	<i>Marlene Richardson</i>		



District Board of Directors Meeting 5-Mar-24

Name	County	Signature	Proxy	Need Mileage? Y/N
Honorable Scott Gehring	Wayne			Y
Joseph Brown, MD	Wayne			
Joe Silvers, RPh	Wayne			

Employee Sign in Sheet
District Board of Directors Meeting
3-5-24

Name

Andrea Perry
Whitney Jones
John Hill
Stuart Spillman
Angela Simpson
Natascha Bowmer
Carol Huckelby
Casey
Laura Woodrum
Day

Clinton County Fiscal Court

Ricky L. Craig

Judge/Executive

Email:rickycraig.clintonky@gmail.com

Clinton County Courthouse

100 South Cross Street

Albany, Kentucky 42602

Phone: (606)387-5234 Fax: (606)387-7651

Cindy Thrasher

Treasurer

Virginia Conner

Occupational Tax/Finance Officer

Kelli Abston

Administrative Assistant

March 5, 2024

To Whom it May Concern:

I, Ricky L. Craig, is requesting Judge Randy Marcum as proxy to act on my behalf with regard to the Lake Cumberland District Health Board meeting held on March 5, 2024.

Sincerely,



Ricky L. Craig

Clinton County Judge/Executive

~ Magistrates ~

District 1
Johnny Russell

District 2
Ray Marcum

District 3
Terry Buster

District 4
Gary Ferguson

District 5
Jerry Lowhorn

District 6
Mickey Riddle



John H. Frank

Green County Judge-Executive

203 West Court Street

Greensburg, KY 42743

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

johnfrank.cje@hotmail.com



March 5, 2024

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

Re: Proxy, Lake Cumberland District Board of Health Meeting- March 5, 2024

To Whom It May Concern,

I am unable to attend the Lake Cumberland District Board of Health meeting on March 5, 2024. I would like to name Judge Jimmie Greene as my proxy.

Sincerely,

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

John H. Frank
Green County Judge/Executive

JHF/and



Barry Smith
County Judge/Executive
tcjudgeexec@taylorcounty.us

Metissa Williams
County Treasurer
treasurer@taylorcounty.us

OFFICE OF THE JUDGE/EXECUTIVE

203 North Court Street, Suite 4
Campbellsville, KY 42718
Phone: (270) 465-7729 / Fax: (270) 789-3675
www.taylorcounty.us

Magistrates:

James Jones – 1st Dist.
Timmy Newton – 2nd Dist.
Tommy Corbin – 3rd Dist.
Zuel Yarberry – 4th Dist.
Derrick Bright – 5th Dist.
Richard Phillips – 6th Dist.

March 5, 2024

Re: Health Board

It is with regret that I will be unable to attend the meeting of the Health Department Board on March 5, 2024. I do hereby appoint Judge Jimmie Greene, as my representative to vote in my stead on any and all matters that shall be brought before the board.

Sincerely,

Barry Smith
Taylor County Judge Executive



Equal Opportunity Employer M\E\D