

**MEMORANDUM**

DATE: April 19, 2016

TO: Casey Toomay,  
Assistant City Manager

FROM: Dan Partridge, RS, MPH  
Director

CC: Tom Markus,  
City Manager

RE: 2017 Budget Request



*Together, day by day, building a healthy community* – Since 1942 the Lawrence-Douglas County Health Department has worked to realize our vision by advancing policies, practices and programs that promote health for all, prevent disease and protect the environment. Our programs are aimed at prevention and are shown to be cost-effective.

This letter summarizes our budget request to the City of Lawrence for 2017. For 2017, the budget amount requested from the City of Lawrence is \$713,343. This represents an increase of \$41,942 from 2016.

**Revenue**

In addition to local support from the City and the County, the Health Department funds approximately half of its budget through fees and state and federal grant funds earmarked for public health. These revenues have been included in our 2017 budget submittal.

We anticipate adjustments in revenues including;

1. Grant revenue will decrease by \$3,423 to \$1,850,044. While overall this is a modest change within the 15 grants represented there is greater volatility. Of note are the following adjustments; \$112,144 decrease in Centers for Disease Control and Prevention (CDC) direct funding for chronic disease, \$58,000 reduction in Kansas Department of Health and Environment (KDHE) HIV testing and counseling, and \$185,900 in new funding from the Kansas Department for Children and Families (DCF) to work with fathers to help them with parenting and employment goals.
2. Fee and interest revenue will increase by \$87,651 to \$580,119. This reflects the early trend we see in our accounts receivable collections resulting from the increased

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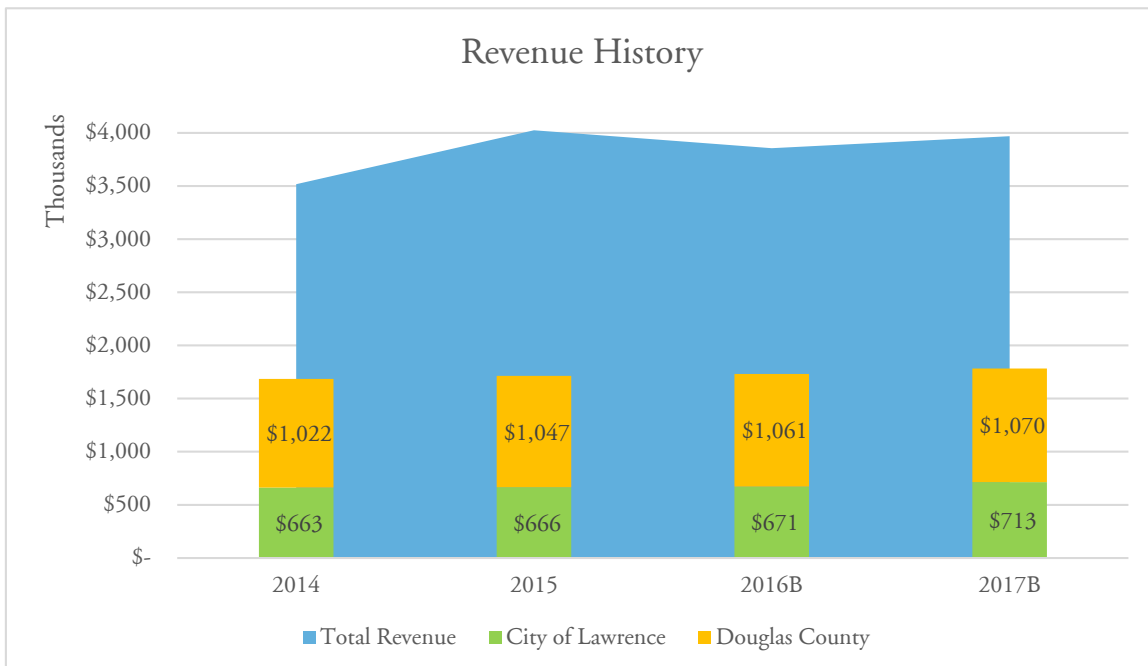
OFFICE: 785/843-3060 FAX: 785/843-3161  
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capacity put in place last year as a result of increased funding from Douglas County to support the hiring of additional billing staff and an increase in family planning fees.

3. 2017, financial support from Douglas County:
  - a. Operational funding for expenses other than health insurance remains level at \$824,116.
  - b. Douglas County funding support for health insurance is projected at \$245,899 (an increase of \$9,458 from 2016 Budgeted). A 4.0% increase in insurance premiums is included in this forecast. Beginning with the 2016 budget we have stopped reporting this as revenue. We do not receive Douglas County health insurance funds directly instead they are paid into the Douglas County Health care expense fund on our behalf. This change was made to more clearly state revenue and expense that flows through Health Department fund accounts.
  - c. Total Douglas County financial support for 2017 of \$1,070,015

Combined funding requests (including health insurance) from the City and County equal \$1,783,358, *40% of this total represents the City of Lawrence portion.*

As illustrated by the chart below, actual City and County revenues for 2014 and 2015 and budgeted revenue for 2016 and 2017 are relatively unchanged. The exception being total revenue increases from 2014 to 2015. This is attributed to receiving federal Partnerships to Improve Community Health (PICH) funds. We understand the ever present need to work diligently to control costs, maintain standards of care and challenge ourselves to meet new performance goals.



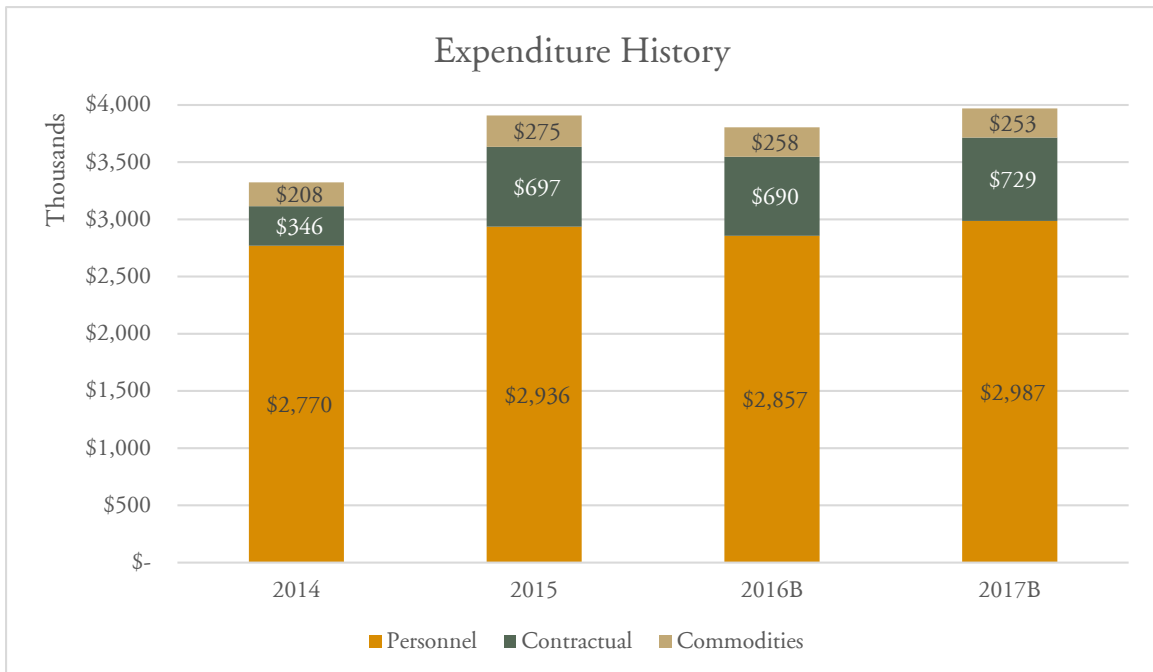
The Health Department routinely reviews fees for services and increases fees when indicated. However, we are constrained by the following:

- Our fees for sanitary code enforcement and child care licensure are already significant, typically several hundred dollars.
- Our fees for clinic services are often constrained by State and Federal rules and regulations. Each year as called for by Title X, we complete a cost analysis of family planning services and adjust our fees accordingly. In the past the increase has been modest however in January 2016 we adjusted most of our family planning fees to better align with insurance reimbursement allowances. By law we slide Title X fees to zero based on our clients' self-reported income.
- Our mission is to serve the public regardless of their ability to pay.

We continue, as opportunities present themselves, to pursue alternative sources of revenue that support our mission. For example, the 2017 budget includes \$177,369 in federal Medicaid Match funds. These monies are used to support our case management program for at-risk families with young children.

### Expenditures

The Health Department's total budgeted expenditures increase in 2017 by \$114,642 to \$3,969,287. City monies will be utilized to assist with funding the budgeted program expenses and to partially provide the local match/maintenance of effort requirements of the grants. The



growth in contractual services shown in the chart below are largely due to PICH grant requirements.

### Personnel

The 2017 budget includes \$38,000, or 1.7% of 2016 budgeted salary expense, for enhancements to staff salaries. This amount is \$2,000 less than what was provided in 2016. The actual salary enhancement package will be determined by the Health Board at the end of 2016.

With the 2016 budget, Douglas County provided additional funding to enhance our billing and collections capacity. As of April 11, 2016 we are completing interviews for a new staff member to help support this objective. We have also completed numerous work flow improvements and seen a \$21,757 increase in clinic fee revenue from 2015 to 2016 year to date.

We project hiring two additional case management staff. One Healthy Families Assessment Coordinator in support and a second Healthy Dads Healthy Families project coordinator to oversee a joint program between the Douglas County Correctional Facility, The Lawrence Community Shelter, Dads of Douglas County and the Health Department to support fathers in their parenting skills and help them achieve employment goals. Hiring for the fatherhood project coordinator is contingent upon receiving grant funding from the Kansas Department for Children and Families.

Health Department employees are covered under the Douglas County health insurance plan. The amount included in our 2017 budget request reflects a 4.0% rate increase. Actual rates will not be known until after the submission of this request and we ask that City and County staff coordinate and adjust as needed.

Historical staffing levels are shown in the table below and reflect the FTE count at the beginning of each year. The increase shown in 2016 is largely a result of staff hired to complete PICH grant deliverables.

2012	2013	2014	2015	2016
36.7	39.3	39.4	38.4	40.6

### Contractual Services

In 2015, the Health Department transitioned from an internal IT department to contracting with an external partner who manages and hosts our network and provides IT help desk support. As a consequence costs have been shifted beginning with the 2016 budget from capital equipment and personnel into contractual services. For 2017 our budget for IT

contractual services is \$66,000. Total contractual services expenses for 2017 are budgeted at \$728,751.

Commodities

The table below shows that our pharmaceutical costs are volatile. In 2017 we budgeted expenses at 5% above the 2012-2015 average cost. Medical, Office and Other supplies have been more stable. Total commodity expenses for 2017 are budgeted at \$253,425.

2012	2013	2014	2015	2016B	2017B
\$183,145	\$169,366	\$151,972	\$209,191	\$176,569	\$187,339

In alignment with accreditation standards we continue to focus on quality improvement (QI) and performance management. Again this year we have included with this budget request updated program performance reports which provide financial history, operational information, human impact stories and performance indicators for each program. We also include the 2015 Annual Financial Performance Report. These reports will allow you to understand more fully how City funds are used to support Lawrence residents and to understand the performance expectations we have for each program.

We are pleased to submit this 2017 budget request and are available to answer any questions you may have.

Enclosures:

- 2017 proposed budget
- 2015 Annual Financial Performance Report
- 2016 Program Performance Reports
- 2016 Organization Chart

LDCHD		2014	2015	2016	2017
Revenue		Actual	Actual	Budget	Budget
<b>City</b>					
5010	City Operating	662,930	666,102	671,401	713,343
<b>County</b>					
5020	County Operating	1,021,568	1,046,692	824,116	824,116
<b>Operating</b>					
5110	Contract Services	187,126	159,690	157,763	188,146
5120	Program Fees	337,374	346,180	333,505	390,673
Total Operating		524,500	505,870	491,268	578,819
<b>Grant</b>					
5171	Federal	863,000	1,380,296	1,468,322	1,496,398
5172	State	376,731	361,521	353,146	353,146
5173	Local/Private	50,987	41,249	31,999	500
Total Grant		1,290,717	1,783,066	1,853,467	1,850,044
<b>Other</b>					
5190	Interest	1,212	1,268	1,200	1,300
5701	Other	15,647	20,717	14,164	1,664
Total Other		16,859	21,985	15,364	2,964
<b>Total Revenue</b>		<b>3,516,575</b>	<b>4,023,714</b>	<b>3,855,616</b>	<b>3,969,286</b>
<b>Expense</b>					
<b>Payroll</b>					
6010	Gross Salaries & Wages	1,991,894	2,074,920	2,257,391	2,369,255
6200	Payroll Taxes (SS & MC)	145,109	150,658	172,690	181,248
6201	Health Insurance (City's 40% portion)	414,215	456,205	157,628	163,933
6202	KPERS	186,900	209,544	229,465	234,360
6203	Insurance - Unemployment	1,994	3,029	6,773	7,108
6204	Insurance - Work Comp	25,396	38,042	25,982	26,799
6205	Insurance - Prof. Liability	3,994	4,020	6,700	4,408
6020	Payroll Related Expenses	-	-	-	-
Total Payroll		2,769,502	2,936,418	2,856,629	2,987,110
<b>Contractual Service</b>					
6300	Contractual Service Expenditure	57,375	206,891	256,566	326,116
6310	Interpreters	8,702	10,440	8,800	10,050
6320	Advertising	225	1,020	3,000	3,000
6302	Employment Ads	936	653	1,584	755
6322	Health Education/Promotion	15,234	127,868	80,200	32,700
6330	Bank & Credit Card Fees	3,415	3,279	3,500	3,500
6340	Continuing Education / Meetings	3,750	104	24,000	10,000
6341	Commercial Travel	39,672	2,568	13,300	13,300
6342	Meals	3,465	1,457	4,741	4,741
6343	Lodging	9,370	7,513	8,900	8,900
6344	Registration	6,035	21,259	14,700	21,075
6350	Copying & Printing	10,621	11,560	9,503	11,978
6360	Insurance - Non-Payroll Related	10,680	6,586	11,000	9,496
6370	Laboratory	13,694	7,713	15,500	11,774
6380	Mileage/ Tolls/ Parking	24,860	22,859	29,875	27,309
6390	Miscellaneous	17,987	19,460	5,475	17,450
6301	Phone & Communications	18,790	25,590	30,043	31,545
6311	Postage & Delivery	10,529	10,740	10,500	10,954
6312	Publications & Subscriptions	2,448	6,574	1,885	2,758
6313	Repair & Maintenance	1,135	2,063	1,015	1,320
6314	Service & Licensing Contracts	59,580	94,468	63,563	71,524
6315	Medical Fees	2,552	3,252	6,680	6,680
6316	Network Consultant Fees	2,889	80,067	60,001	66,000
6317	Legal Fees	1,169	2,013	3,910	3,850
6318	Physician Fees	11,059	11,506	11,985	11,985
6319	Dues	8,681	8,892	9,042	9,042
6323	HR Consultant	-	-	-	-
6321	Business Administration Fees	873	664	950	950
Total Contractual Service		345,724	697,060	690,217	728,751
<b>Commodities</b>					
6410	Medical Supplies	17,098	19,530	19,824	19,994
6420	Pharmaceuticals	151,972	209,191	176,569	187,339
6430	Office Supplies	11,743	13,702	14,227	14,267
6440	Other Supplies	27,179	32,128	47,180	31,825
Total Commodities		207,991	274,551	257,800	253,425
<b>Other</b>					
6500	Other Expenses	-	-	-	-
6222	Capital Equipment	-	-	-	-
	To Funded Depreciation	80,000	-	-	-
	To Board Designated Fund	100,000	26,000	50,000	-
Total Other		180,000	26,000	50,000	-
<b>Total Expense</b>		<b>3,503,217</b>	<b>3,934,028</b>	<b>3,854,645</b>	<b>3,969,287</b>
<b>Net Income</b>		<b>13,358</b>	<b>89,686</b>	<b>971</b>	<b>(0)</b>

**Annual Financial Performance Report**

	2015			2014			2013		
	Budget	Actual	% change in Actuals from prior year	Budget	Actual	% change in Actuals from prior year	Budget	Actual	% change in Actuals from prior year
<b>Revenues:</b>									
Federal Revenues (exclude Medicaid / Medicare)	\$ 1,310,497	\$ 1,380,296	59.9%	\$ 734,108	\$ 863,000	6.7%	\$ 711,767	\$ 808,902	15.9%
State Revenues	\$ 430,206	\$ 361,521	-4.0%	\$ 359,972	\$ 376,731	9.2%	\$ 335,348	\$ 344,965	-3.2%
County Government Revenues	\$ 1,062,420	\$ 1,046,692	2.5%	\$ 1,005,259	\$ 1,021,568	4.2%	\$ 985,875	\$ 980,413	4.6%
City Government Revenues	\$ 666,102	\$ 666,102	0.5%	\$ 662,577	\$ 662,930	2.2%	\$ 648,929	\$ 648,929	0.0%
Clinic Services Fees	\$ 200,980	\$ 236,853	15.5%	\$ 219,300	\$ 205,020	62.8%	\$ 249,338	\$ 125,906	-45.1%
Environmental Health Services Fees	\$ 82,239	\$ 87,754	-14.0%	\$ 69,140	\$ 102,075	24.3%	\$ 58,470	\$ 82,136	8.2%
Other Fees	\$ 20,000	\$ 21,573	-28.8%	\$ 31,100	\$ 30,279	-55.7%	\$ 35,800	\$ 68,300	138.4%
Other Revenues	\$ 245,494	\$ 222,923	-12.6%	\$ 270,484	\$ 254,972	-12.4%	\$ 263,942	\$ 291,132	-26.2%
<b>Total Revenue</b>	<b>\$ 4,017,938</b>	<b>\$ 4,023,714</b>	<b>14.4%</b>	<b>\$ 3,351,940</b>	<b>\$ 3,516,575</b>	<b>5.0%</b>	<b>\$ 3,289,469</b>	<b>\$ 3,350,683</b>	<b>-0.5%</b>
<b>Expenditures:</b>									
Salaries	\$ 2,109,790	\$ 2,074,920	4.2%	\$ 2,009,710	\$ 1,991,895	1.3%	\$ 1,999,115	\$ 1,965,825	8.6%
Fringe Benefits	\$ 888,300	\$ 857,478	10.8%	\$ 779,243	\$ 773,614	1.5%	\$ 758,607	\$ 761,990	10.6%
Commodities	\$ 245,506	\$ 274,551	32.0%	\$ 248,620	\$ 207,991	-5.1%	\$ 227,910	\$ 219,206	-16.6%
Contractual Services	\$ 760,342	\$ 701,080	100.5%	\$ 294,367	\$ 349,717	3.4%	\$ 273,837	\$ 338,271	17.5%
Other	\$ 14,000	\$ 26,000	-85.6%	\$ 20,000	\$ 180,000	54.1%	\$ 30,000	\$ 116,825	-72.5%
Capital Outlay	\$ -	\$ -		\$ -	\$ -		\$ -	\$ 16,566	159.4%
<b>Total Expenditures</b>	<b>\$ 4,017,938</b>	<b>\$ 3,934,029</b>	<b>12.3%</b>	<b>\$ 3,351,940</b>	<b>\$ 3,503,217</b>	<b>2.5%</b>	<b>\$ 3,289,469</b>	<b>\$ 3,418,683</b>	<b>-1.8%</b>
<b>Net Income (Loss)</b>	<b>\$ -</b>	<b>\$ 89,685</b>	<b>119.6%</b>	<b>\$ -</b>	<b>\$ 13,358</b>	<b>119.6%</b>	<b>\$ -</b>	<b>\$ (68,000)</b>	<b>38.8%</b>

The amounts in the sections below are different breakdowns of the amounts above, not in addition to the above

<b>Revenue Breakouts:</b>									
One-Time Revenues	\$ 59,249	26.1%	\$ 46,987	-60.1%	\$ 117,800	-59.1%			
Medicaid Revenues	\$ 164,199	7.3%	\$ 152,967	-15.3%	\$ 180,572	68.9%			
Medicare Revenues	\$ 3,448	-10.4%	\$ 3,847		\$ -				
Total Grant Revenues	\$ 1,783,066	38.1%	\$ 1,290,718	22.3%	\$ 1,055,315	-5.1%			
Total Environmental Health Revenues	\$ 87,754	-14.0%	\$ 102,075	24.3%	\$ 82,136	8.2%			
Total Clinic Services Revenues	\$ 236,853	15.5%	\$ 205,020	19.2%	\$ 171,970	-25.0%			
Total Child Care Licensing Revenue	\$ 20,000	-7.6%	\$ 21,648	-8.0%	\$ 23,525	-11.7%			
Total Revenues in Annual Operating Budget	\$ 4,017,938	19.9%	\$ 3,351,940	6.9%	\$ 3,136,992	-1.1%			
Actual Budgeted Revenues Received	\$ 4,023,714	14.4%	\$ 3,516,575	5.0%	\$ 3,350,683	8.2%			

<b>Expenditure Breakouts:</b>									
Total Administrative expenditures	\$ 733,087	-19.3%	\$ 908,971	4.1%	\$ 873,035	4.7%			
Total Laboratory Expenditures	\$ 7,713	-43.7%	\$ 13,694	-24.0%	\$ 18,016	-50.3%			
Total Preparedness Expenditures	\$ 85,092	4.7%	\$ 81,272	-29.9%	\$ 115,937	64.2%			
Total Chronic Diseases Expenditures	\$ 132,093	22.0%	\$ 108,309	8.8%	\$ 99,516	0.0%			
Total Clinic Services Expenditures	\$ 1,469,686	10.5%	\$ 1,330,198	-5.6%	\$ 1,409,530	59.1%			
Total Pharmacy Expenditures	\$ 209,191	37.7%	\$ 151,972	-10.3%	\$ 169,366	-7.5%			
Total Environmental Health Expenditures	\$ 151,004	-11.1%	\$ 169,930	-1.2%	\$ 172,077	2.3%			
Total Immunization Expenditures	\$ 218,824	57.3%	\$ 139,124	-5.3%	\$ 146,885	-8.5%			
Total Program Expenditures (All Agency Expenditures less Administration)	\$ 3,200,942	32.6%	\$ 2,414,246	-5.2%	\$ 2,545,648	8.9%			

<b>Fund Balances</b>									
Operating Fund	\$ 1,018,825	9.7%	\$ 929,141	1.5%	\$ 915,783	-5.3%			
Board Designated (Reserve) Fund	\$ 1,160,583	1.9%	\$ 1,139,345	8.5%	\$ 1,049,941	0.6%			
Funded Depreciation Fund	\$ 210,843	-3.5%	\$ 218,378	44.7%	\$ 150,915	2.3%			
Kay Kent Excellence in Public Health Service Fund	\$ 17,068	12.4%	\$ 15,189	-19.4%	\$ 18,850	-2.2%			
<b>Total of all Funds</b>	<b>\$ 2,407,319</b>	<b>4.6%</b>	<b>\$ 2,302,053</b>	<b>7.8%</b>	<b>\$ 2,135,489</b>	<b>-2.0%</b>			

	2015			2014			2013		
	Budget	Actual	% change in Actuals from prior year	Budget	Actual	% change in Actuals from prior year	Budget	Actual	% change in Actuals from prior year
<b>Other Financial</b>									
Accounts Receivable - all payers		\$ 110,774	-10.0%		\$ 123,060	-19.7%		\$ 153,192	0.2%
Total amount Accounts Receivables written off		\$ 87,245	-21.4%		\$ 111,034	-16.5%		\$ 132,996	47.6%
# of programs with a completed cost analysis		1	0.0%		1	0.0%		1	0.0%
<b>Demographic</b>									
Total Population		114,322	0.0%		114,322	1.9%		112,211	0.0%
% of Population below poverty		17.1%	0.0%		17.1%	3.0%		16.6%	-12.6%
Number of uninsured people in County		20,235	0.0%		20,235	1.9%		19,861	21.1%
<b>Workforce</b>									
Total FTE (Full Time Equivalents)		39.62	3.9%		38.13	-3.5%		39.50	3.1%
Total liability days: unused vacation & sick leave		2,090	1.7%		2,056	0.2%		2,052	10.9%
<b>Revenue Ratios</b>									
Revenues per capita		\$35.20	14.4%		\$30.76	3.0%		\$29.86	-0.5%
Federal Revenues as % of Total Revenues		34.3%	39.8%		24.5%	1.7%		24.1%	16.6%
State Revenues as % of Total Revenues		9.0%	-16.1%		10.7%	4.1%		10.3%	-2.7%
County Revenues as % of Total Revenues		26.0%	-10.5%		29.1%	-0.7%		29.3%	5.2%
City Revenues as % of Total Revenues		16.6%	-12.2%		18.9%	-2.7%		19.4%	0.6%
Medicaid Revenues as % of Total Revenues		4.1%	-6.2%		4.3%	-19.3%		5.4%	69.9%
Medicare Revenues as % of Total Revenues		0.1%	0.1%		0.1%	0.1%			
Total Grant revenues as a % of Total Revenues		44.3%	20.7%		36.7%	16.5%		31.5%	-4.5%
Total Fees Collected as a % of Total Revenues		8.6%	-10.3%		9.6%	16.3%		8.2%	-16.8%
Other Revenue as % of Total Revenues		5.5%	-23.6%		7.3%	-16.6%		8.7%	-25.8%
Total Margin		2.2%	486.8%		0.4%	-118.7%		-2.0%	-38.4%
One Time Revenues as a % of Total Revenues		1.5%	10.2%		1.3%	-62.0%		3.5%	-58.9%
Bud. Rev. rcvd as % of Bud. Rev. in Op. Bud.		100%	-4.5%		105%	3.0%		102%	-4.1%
Days of Revenue in Accounts Receivable		117	-12.3%		133	-34.2%		202	21.0%
AR written off as a % of total fees collected		25.2%	-23.4%		32.9%	-31.6%		48.1%	78.3%
Operating Fund Balance as a % of Total Revenue		25.3%	-4.2%		26.4%	-3.3%		27.3%	-4.8%
Total Env. Health Rev. as a % of Total Rev.		2.2%	-24.9%		2.9%	18.4%		2.5%	8.8%
Total Clinic Services Rev. as a % of Total Rev.		5.9%	1.0%		5.8%	13.6%		5.1%	-24.6%
<b>Expenditure Ratios</b>									
Expenditures per Capita		\$34.41	12.3%		\$30.64	0.6%		\$30.47	-1.8%
Employees (FTE's) per 1,000 Population		0.35	3.9%		0.33	-5.3%		0.35	3.1%
Fringe Benefits as a % of Salary and Wages		41.3%	6.4%		38.8%	0.2%		38.8%	1.8%
Salaries & Wages as a % of Total Expenditures		52.7%	-7.2%		56.9%	-1.1%		57.5%	10.6%
Administrative Exp. as % of Total Exp.		18.6%	-28.2%		25.9%	1.6%		25.5%	6.6%
Average Accumulated Employee Leave Liability		53	-2.2%		54	3.8%		52	7.5%
Laboratory Exp. as % of Total Exp.		0.2%	-49.8%		0.4%	-25.8%		0.5%	-49.4%
Preparedness Exp. as % of Total Exp.		2.2%	-6.8%		2.3%	-31.6%		3.4%	67.2%
Chronic Diseases Exp. as % of Total Exp.		3.4%	8.6%		3.1%	6.2%		2.9%	1.8%
Clinic Services Exp. as a % of Total Exp.		37.4%	-1.6%		38.0%	-7.9%		41.2%	62.0%
Pharmacy Exp. as a % of Total Exp.		5.3%	22.6%		4.3%	-12.4%		5.0%	-5.9%
Environmental Health Exp. as a % of Total Exp.		3.8%	-20.9%		4.9%	-3.6%		5.0%	4.2%
Immunization Exp. as a % of Total Exp.		5.6%	40.1%		4.0%	-7.6%		4.3%	-6.9%

**Glossary of Terms**

**Total Margin**

Total Revenues minus Total Expenditures divided by Total Revenues

**Days of Revenue in Accounts Receivable**

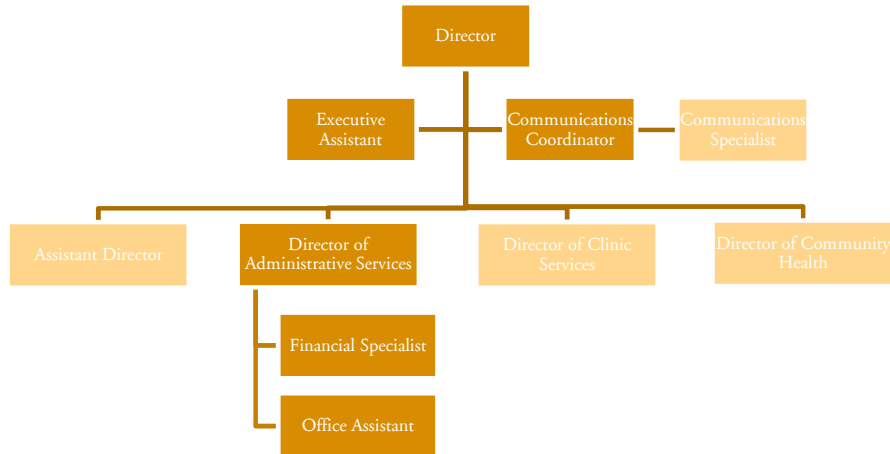
Accounts Receivable Balance divided by Total Payers Revenue divided by 365 days



**Program Organization**

FTE History	
2010	8.2
2011	7.6
2012	8.2
2013	8.5
2014	7.0
2015	5.3
2016*	6.6
2017*	6.6

\*budgeted



**Program Description**

The Health Department's Administration Program strives to be accountable to the community and Health Board by providing staff with the leadership and tools necessary to deliver the services people need and the results people expect.

**Program Impact Story**

Grant funding is a major means of support for most Health Department programs. The Health Department's administrative services program manages 15+ grants, totaling more than \$1,800,000. Rachele Hazelton, WIC program consultant at the Kansas Department of Health and Environment, works closely with Health Department Director of Administrative Services Jennie Henault and her staff on the WIC (Women, Infants and Children Special Supplemental Nutrition program) grant. Hazelton reviews quarterly time studies, affidavits, expenses and supporting documentation submitted by Henault's staff for the agency's WIC program. "Jennie and her staff are great," Hazelton said. "They have been most excellent in getting things to me correctly and on time." Rich Minder, Success by 6 Collaborative Projects Coordinator, also works closely with Henault and her staff on Smart Start Kansas, a grant that helps fund the Health Department's work with young families. "The data system is clearly in place," Minder said. "Whenever I need reports or data, there is more than what I need."

**Performance Indicators**

	2011	2012	2013	2014	2015	2016 Target
Operating margin	3.1%	-3.3%	-2.0%	0.4%	2.2%	≥ 0.0
% of grant affidavits submitted by deadline	100%	100%	100%	95%	95.0%	100%
% of help desk requests resolved same day	98%	94%	90%	88%	74.0%	≥ 75%
Accounts received from previous quarter	NA	NA	66%	76%	72.0%	≥ 70%
Number of page views to the agency website	51,744	74,788	98,824	118,516	98,554	≥ 113,340

**Revenue History**

	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
Operating	0.5%	0.1%	0.8%	0.0%	0.0%	0.0%
Grants	0.7%	0.6%	1.1%	0.0%	0.0%	0.0%
Local tax	96.5%	99.4%	97.7%	99.5%	99.6%	99.6%
Other	2.2%	0.5%	0.4%	0.5%	0.4%	0.4%

**Expenditure History**

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
	\$856,720	\$833,766	\$873,035	\$889,224	\$692,270	\$645,476	\$608,384

**2016 Priority Area for Improvement**

We will:

Improve the department-wide performance management system by engaging all staff in new metrics development and strengthening our sense of shared purpose by December 31, 2016.

**Program Organization**

FTE History	
2010	0.8
2011	1.2
2012	2.1
2013	2.9
2014	3.6
2015	6.9
2016*	7.1
2017*	7.1

\*budgeted



**Program Description**

The Health Department's Community Health Program is responsible for monitoring the health status of the community to identify health determinants and health disparities in the population. We work to mobilize community partnerships to implement evidence-based strategies and evaluate impact of program outcomes to improve community health. Our targets are a reduction in chronic disease by modifying behaviors that influence health.

**Program Impact Story**

In 2012 the Community Health program, in collaboration with a diverse array of public and private sector community partners, completed a comprehensive Community Health Assessment (CHA). The CHA highlighted community health priorities and assets that could potentially help address these issues. Community work groups were convened around each of the five priorities identified in the CHA: access to healthy foods, physical activity, awareness of and access to mental health services, access to health care, and poverty/limited employment opportunities. In 2013 the work of these groups will be integrated into a comprehensive Community Health Improvement Plan. The plan will be intended to guide system and policy changes community-wide to promote health and well-being. Completion of the plan also will enable the health department to pursue public health accreditation, one of the health department's key strategic priorities.

**Performance Indicators**

	2013	2014	2015	2016 Target
Number of page views to the Community Health data page on the Health Department website	1,221	1,914	3,971	≥ 4,500
Number of Douglas County adult tobacco users registered with the Kansas Tobacco Quitline	135	68	73	≥ 300
Number of community/system change entries into the Online Documentation and Support System	NA	16	10	≥ 12

**Revenue History**

	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
Operating	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grants	48.7%	42.2%	51.1%	77.4%	78.0%	66.7%
Local tax	51.1%	53.5%	45.2%	20.9%	20.5%	33.3%
Other	0.1%	4.3%	3.7%	1.7%	1.4%	0.0%

**Expenditure History**

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
	\$119,183	\$216,691	\$304,814	\$344,947	\$885,040	\$869,092	\$801,962

**2016 Priority Area for Improvement**

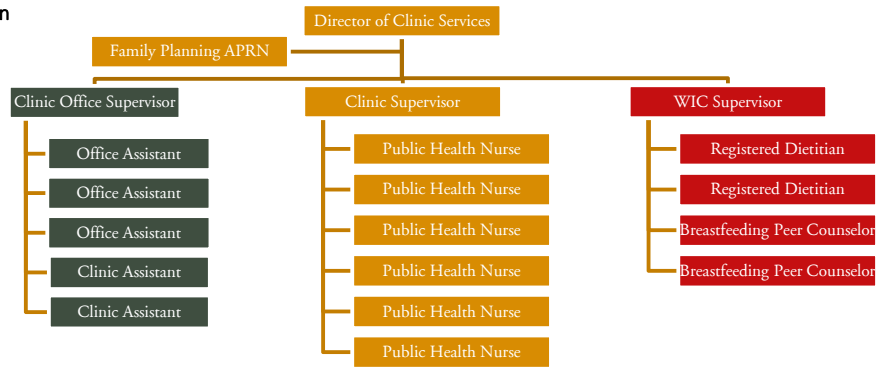
We will:

Increase to ≥ 300 the number of Lawrence schoolchildren who receive bike safety education through the Safe Routes to School initiative by December 31, 2016.

**Program Organization**

FTE History	
2010	18.4
2011	18.6
2012	17.8
2013	17.3
2014	18.0
2015	16.9
2016*	16.6
2017*	16.9

\*budgeted



**Program Description**

Our clinic emphasizes prevention and education serving over 20,000 clients each year with the following services: immunizations for all ages; women’s health and family planning; sexually transmitted infection testing and treatment; and nutritional support and counseling for pregnant or nursing women and their children. Clinic staff also monitor and investigate communicable diseases.

**Program Impact Story**

Dafne Vargas-Hernandez wanted to ensure that she found good health care for her son, Andres, who was only 3 months old when her family moved to Lawrence from Costa Rica. Dafne called multiple health clinics and found out how the Health Department could help. She brought Andres to the Health Department for immunizations, well child screenings, WIC and was assisted with finding a family doctor. Even though Andres was at a healthy weight based on Costa Rican standards, the American weight charts showed him at the low end of the scale. “I always asked lots of questions and they had very appropriate and wise answers regarding his nutrition and development,” she said. Dafne’s experiences with health care in Costa Rica influenced her expectations of health care workers in the United States. “Back home, the pediatrician does everything,” she said. When she came to the Health Department, however, Dafne found that the clinic nurses and WIC nutritionists treated her son with the same care and attention that she had experienced in her homeland. “You feel that it is not only a service that they are providing,” she said, “but that they are interested in the development of the child.”

In a recent survey focusing just on clients’ interaction with clinic office staff one hundred and sixty-one clients were asked about their experiences. Some of those comments included; “Everyone was extremely nice and I very much appreciated that.”, and “Served quickly and efficiently. everyone very kind and helpful.”

**Performance Indicators**

	2012	2013	2014	2015	2016 Target
% of 2 year olds being seen at the Health Dept. who are up to date on their primary immunization series	72%	75%	75%	67%	≥ 84%
% of communicable disease investigations initiated within 24 hours	99%	99%	99%	98%	100%
% of first time contraception seekers who continue method for more than 3 months	65%	60%	69%	68%	≥ 85%
% of families participating in family-based sexuality education program who live in the 66044 zip code	5%	12%	19%	13%	≥15%
Cash drawer balance accuracy	99%	94%	89%	99%	≥ 97%
Data entry accuracy	68%	93%	92%	94%	≥ 95%
% of WIC fruit and vegetable checks redeemed	75%	78%	74%	86%	≥ 85%
% of WIC infants delivered at weight above 5 lbs. 8 oz.	94%	94%	95%	92%	≥ 95%
% of women who breastfed for a minimum of 6 months (duration)	31%	32%	38%	39%	≥ 40%

**Revenue History**

	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
Operating	22.6%	18.7%	17.1%	18.3%	16.6%	21.7%
Grants	43.6%	45.5%	51.8%	46.8%	50.9%	51.6%
Local tax	33.6%	35.7%	31.1%	34.8%	32.5%	26.6%
Other	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%

**Clinic Expenditure History**

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
	\$1,338,904	\$1,357,222	\$1,327,737	\$1,350,884	\$1,394,969	\$1,356,225	\$1,331,248

**2016 Priority Area for Improvement**

We will:

- Improve data driven decision-making through greater sharing of program data by December 31, 2016.

**Program Organization**

FTE History	
2010	4.6
2011	5.2
2012	6.0
2013	7.5
2014	7.0
2015	7.3
2016*	7.6
2017*	9.7

\*budgeted



**Program Description**

Case management services include working with young families in our Healthy Families program and seniors in our Project Lively program. Healthy Families uses an evidence based program to support parents facing multiple stressors in their lives. Staff meet with families regularly in their home and in group settings to teach them about their child's health and development, help them access health care, assist them with goal setting and link them to community services.

Project Lively (Life, Interest and Vigor Entering Later Years) promotes the health of older adults. Our goals are to educate individuals about available resources and connect them with the help they need to stay safely in their homes and reduce premature nursing home placement. To accomplish this we collaborate with community partners and advocate for aging issues.

**Program Impact Story**

91 year old Herman Morgan embodies what Project Lively stands for. "Getting old isn't easy and you need help sometimes," Herman said. When Herman entered the program in 2006, he was the primary caregiver for his wife, Elenor. Multiple health issues forced her to go into a nursing home, which has been difficult for both of them, but having the help of Project Lively's care managers made the transition easier. Project Lively connected him with Meals on Wheels when he was caring for Elenor "(You) get an old man that doesn't know how to cook, you start pressing the button on the microwave and you start getting in trouble," he jokes. Project Lively also set him up with an emergency cell phone, assisted with education on Medicare- Part D, connected him with housekeeping services, tax help, physical therapy and dental care. "(The care managers) have been very good to me and I have been very satisfied," he said. "Anything I've ever mentioned that they could help me with, they have."

**Performance Indicators**

	2012	2013	2014	2015	2016 Target
% of children in Healthy Families program who are up-to-date on recommended immunizations	87%	95%	95%	97%	≥ 90%
% of pregnant and post-natal women who are assessed for their willingness to quit smoking by Healthy Families	39%	74%	80%	86%	≥ 75%
% of HF family goals completed on time	81%	81%	79%	85%	≥ 75%
Number of teen parents enrolled in Healthy Families Douglas County	26	30	26	21	≥25
% of Project Lively home visits completed timely	NA	94%	92%	86%	≥ 96%
Average number of days to make contact with a Project Lively program referral	NA	2.2	3.0	3.3	≤ 4.5

**Revenue History**

	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
Operating	4.8%	23.2%	32.3%	16.5%	26.1%	22.9%
Grants	29.8%	36.4%	40.4%	27.8%	46.6%	57.0%
Local tax	26.6%	40.3%	27.3%	54.4%	27.3%	20.1%
Other	38.8%	0.1%	0.0%	1.3%	0.0%	0.0%

**Expenditure History**

2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
\$622,070	\$676,053	\$593,284	\$531,099	\$564,528	\$546,537	\$772,429

Amounts in 2011 through 2013 reflect additional funding from the Kansas Children's Service League.

**2016 Priority Area for Improvement**

We will:

In partnership with the University of Kansas evaluate and improve Project Lively client care and outcomes and establish an evidence base for the program by December 31, 2016.

**Program Organization**

FTE History	
2010	1.3
2011	2.1
2012	0.9
2013	0.9
2014	0.7
2015	0.7
2016*	0.8
2017*	1.3

Responsibilities spread throughout the organization

\*budgeted

**Program Description**

The purpose of the Preparedness Program is to protect and promote the health of Douglas County residents by improving the capacity of staff, volunteers, community partners and individuals to respond to and recover from significant health incidents.

**Program Impact Story**

Paula Hladky and Willard Epling always wanted to enjoy their retirement in ways that kept them active and allowed them to give back to their community. During one of Lawrence Memorial Hospital’s health fairs, the couple learned of the Douglas County Medical Reserve Corps (MRC), a group of volunteers that responds in health emergencies and in non-emergency situations. It was shortly after the tragic events of Sept. 11, 2011 that the couple decided to join the MRC and help prepare the community for future emergencies. “Our biggest effort ever was with the (2009 H1N1) immunization clinics,” Paula said. “We met practically everyone in Douglas County then,” she laughed, adding that one of the best rewards of being an MRC volunteer is the opportunity to meet clients and fellow workers. Another great benefit that volunteers receive is the “training, training, training,” as Paula puts it. Volunteers learn critical skills such as staffing a mass dispensing site or emergency vaccination clinic, all-hazards incident management, personal and family preparedness and educating the public before and during disasters. It’s all part of the full and active retirement Paula and Willard envisioned for themselves. “The secret of retirement,” Paula explains, “is to appreciate what

**Performance Indicators**

	2012	2013	2014	2015	2016 Target
% of essential staff reached within 60 minutes of initiation of a notification drill	NA	100.0%	100%	100%	100%
% of staff and MRC volunteers who have completed all required ICS training	68%	94%	89%	89%	≥ 90%

**Revenue History**

	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
Operating	0.0%	0.0%	0.0%	0.0%	0.0%
Grants	88.3%	100.0%	100.0%	97.4%	56.5%
Local tax	11.5%	0.0%	0.0%	2.6%	43.5%
Other	0.2%	0.0%	0.0%	0.0%	0.0%

**Expenditure History**

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
	\$108,829	\$70,604	\$115,937	\$86,279	\$96,405	\$124,276	\$138,858

**2016 Priority Area for Improvement**

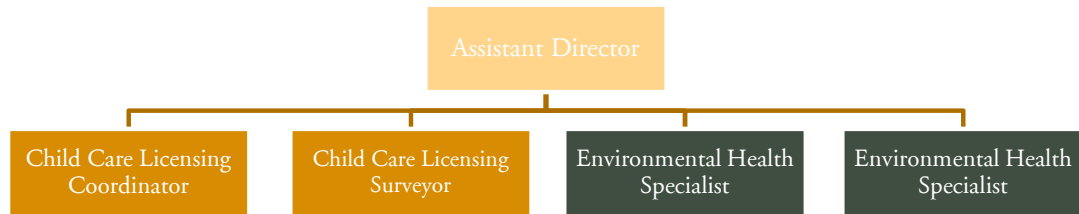
We will:

Improve public health preparedness response by conducting 1 training exercise and reviewing and updating the Mass Fatality Plan by December 31, 2016.

**Program Organization**

FTE History	
2010	4.1
2011	4.0
2012	4.0
2013	4.0
2014	4.1
2015	4.2
2016*	4.4
2017*	4.4

\*budgeted



**Program Description**

Regulatory Services enforce public health laws. These laws include Kansas child care licensing regulations designed to safeguard children from predictable harm in out-of home child care. Enforcement of local city and county laws include the Douglas County Sanitary Code and City of Lawrence public pool and spa ordinance. We accomplish all of this through field inspections and investigations..

**Program Impact Story**

Monica Curtis’s previous experience with government programs had been frustratingly slow, but her experience with the Health Department’s Environmental Health program was anything but. With a move from Boulder, Colo., to her parents’ old farm looming, a lot of work needed to be done for the land to be safe and ready for her family. “I didn’t know the first thing to do so I came to the Health Department,” she said. Environmental Health Specialist Andrew Stull inspected the property’s septic system and found that the lateral field needed to be replaced. Monica was concerned about the cost since she had several other projects in mind that she wanted to complete before moving into the home. With Andrew’s assistance, she was introduced to the Douglas County Conservation District’s on-site waste management system program that could help her pay for the lateral field repairs. Within three weeks, funding was approved and the lateral field passed final inspection. Through the Health Department, Monica learned about the necessary procedures and programs that were important for updating the plot “I definitely learned a lot about septic systems,” said, Monica, comparing what she learned to taking a college course on the subject. “Andrew was truly a wealth of knowledge.”

**Performance Indicators**

	2012	2013	2014	2015	2016 Target
% of child care facilities processed prior to renewal date	12%	87%	98%	97%	≥ 90%
Rate of reportable accidents (# per 10,000 child care days)	0.02	0.00	0.01	0.01	≤ .03
% of child care facilities in compliance with safe sleep practices	91%	90%	97%	96%	≥ 95%
% of recreational water facilities meeting safety standards	91%	91%	89%	84%	≥ 97%
% of environmental health inspections completed timely	NA	95.0%	98%	96%	≥ 90%

**Revenue History**

	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
Operating	34.3%	35.1%	41.3%	36.3%	39.6%	35.8%
Grants	34.3%	35.7%	35.9%	36.4%	35.0%	34.7%
Local tax	31.4%	29.2%	22.8%	27.2%	25.4%	29.5%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

**Expenditure History**

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2017 Budget
	\$301,641	\$291,483	\$298,973	\$300,787	\$295,247	\$313,041	\$315,596

**2016 Priority Area for Improvement**

We will:

Improve public health and safety by working with the community to revise pool code regulations by December 31, 2016.

2017 Budget Organization Chart - April 2016

