

MEMORANDUM

DATE: April 17, 2013

TO: Casey Toomay,
Budget Manager

FROM: Dan Partridge, RS, MPH
Director

CC: Cynthia Wagner,
Assistant City Manager

RE: 2014 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 2014. For 2014, the budget amount requested from the City of Lawrence is \$662,577. This represents a 2% increase over 2010 through 2013 funding.

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 2014 budget submittal.

We anticipate adjustments in revenues including:

1. Grant revenue will increase by \$6,748 or 0.6% to \$1,062,063.
2. Operating fees and interest will increase by \$16,655 or 4% to \$462,528
3. In 2013, Douglas County increased their funding support for operating expenses (excluding health insurance) by \$30,237 to \$755,237. This increase offset funding cuts from the State of Kansas that support the Department's environmental health program. For 2014, funding support from Douglas County:
 - a. Increases by \$20,470 to \$775,707. Our assumption here is that our supplemental request for additional funds is approved and that current

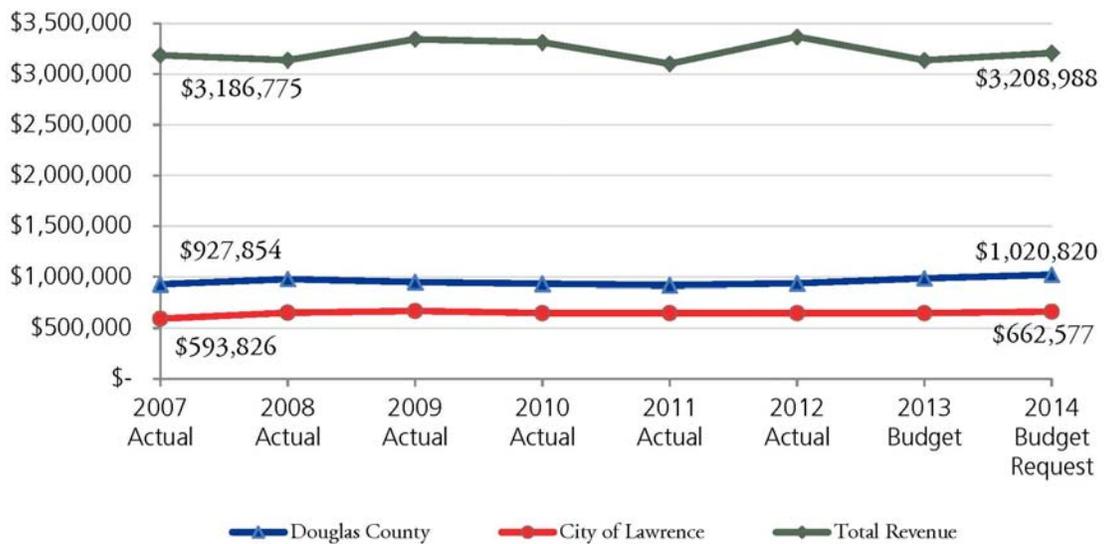
support for operating expenses at \$755,237 remains unchanged.

- b. Douglas County funding support for health insurance is projected at \$245,113 (an increase of \$14,475 from 2013 Budgeted). A 2.6% increase in insurance premiums is included in this forecast.
- c. Total Douglas County revenue request increases by \$34,945 for 2014 to \$1,020,820

Combined funding requests from the City and County equal \$1,683,397, 39.3% of this total represents the City of Lawrence portion.

As illustrated by the chart below, revenues for the period 2007 through 2013 are relatively unchanged. The exceptions being an increase for the years 2009-2010 attributed to unanticipated federal funds earmarked for our local response to the Influenza A H1N1 pandemic. Additionally, in 2012 we recognized \$259,827 in pass through funds for the Kansas Children's Service League. We understand the current economic times and work diligently to control costs, maintain standards of care and challenge ourselves to meet new performance goals.

Revenue History



The Health Board 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 capitated by federal law.
- Our mission is to serve the public regardless of their ability to pay.

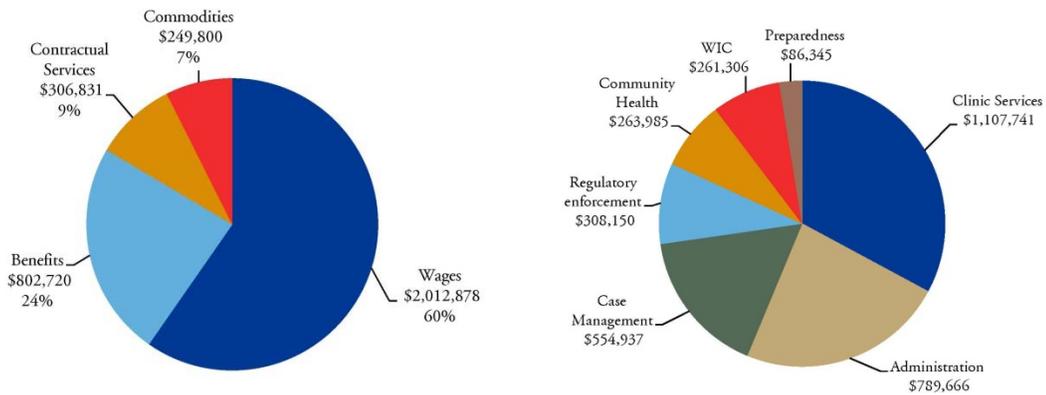
We continue, as opportunities present themselves, to pursue alternative sources of revenue that support our mission. The 2014 budget includes expanding the use of Medicaid Match

funds, for 2014 by \$48,145 to \$132,809. These funds support the Healthy Families Douglas County case management program.

Expenditures

With increased funding from the City of Lawrence and Douglas County the Health Department's total budgeted expenditures for 2014 reflect a \$82,760 increase from the 2013 budget. 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 pie charts below represent expenses by category and program respectively for 2014.



Personnel

The 2014 budget includes \$65,592, or 3.3% of 2013 budgeted salary expenses, to provide for enhancements to staff salaries. This is equivalent to the amount provided to staff in 2013. The actual salary enhancement package will be determined by the Health Board at the end of 2013.

Health Department employees are covered under the Douglas County health insurance plan. The amount included in our 2014 budget request reflects a 2.6% rate increase. As a result, insurance expenses are projected to increase by \$24,125 despite budgeted FTE's remaining stable at 40.91, as compared to 40.95 for 2013.

Contractual Services

Effective January 2, 2013, the Health Department implemented an electronic medical record system. Ongoing software support fees are included in the 2014 budget.

In March of 2013, the Health Department experienced a network security breach that resulted in the loss of network access for more than 4 working days. We are currently working with County and City IT staff and outside consultants to upgrade our network at an unplanned expense estimated at \$57,000. Our 2014 budget includes \$7,920 for consultant support of our network in order to safeguard against future network connectivity and latency deficiencies that reduce productivity and client service.

In 2012, we were informed by the Kansas Department of Health and Environment (KDHE) Laboratory that we must find a new lab testing partner for HIV testing. The Health Department historically tests approximately 1,000 people per year for HIV with the KDHE providing the sample analysis at no cost to us. We now partner with Lawrence Memorial Hospital (LMH) to continue this service at a cost to the Department of \$9 per sample. The estimated budget impact for 2013 and beyond is \$9,000 per year in new expense.

Additionally, the KDHE has informed us that beginning in 2014 they will no longer support analysis for Chlamydia and Gonorrhea. Two sexually transmitted infections where early detection and treatment are critical public health services. The Health Department collects over 2,000 tests per year and estimates the budget impact at \$17,200 per year in new expense.

It is for the support of these vital communicable disease control programs and information technology support that we ask for an increase in funding in the amount of 40% of \$34,120 or \$13,648.

Upon completion of a community health plan scheduled for June 2013 we will have completed our prerequisites for submission of application for accreditation to the Public Health Accreditation Board. 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 2012 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 2014 budget request and are available to answer any questions you may have.

Enclosures:

- 2014 proposed budget
- 2012 Annual Financial Performance Report
- Program Performance Reports
- Organization Chart

**Lawrence-Douglas County Health
Department - Summary
REVENUE**

2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
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City						
5010	City Operating	648,929	648,929	648,930	648,929	662,577
County						
5020	County Operating - fund 91111	715,000	715,000	715,000	715,000	735,470
5020	County Operating - fund 91199	-	-	-	30,237	30,237
5021	County Health Insurance	208,151	194,566	212,351	230,638	245,113
5022	County Mill Levy Aging - fund 91112	10,000	10,000	10,000	10,000	10,000
	Total County	933,151	919,566	937,351	985,875	1,020,820
Operating						
5110	Contract Services	55,896	64,092	54,099	91,265	144,908
5120	Program Fees	317,035	362,989	333,810	343,608	314,320
5190	Interest	581	11,731	3,326	11,000	3,300
	Total Operating	373,512	438,812	391,235	445,873	462,528
Grant						
5171	Federal	6,920	5,000	680,124	711,767	711,660
5172	State	1,157,366	998,909	374,234	335,348	350,403
5173	Local/Private	83,233	76,965	57,150	8,200	-
	Total Grant	1,247,519	1,080,874	1,111,508	1,055,315	1,062,063
Other						
5701	Other	13,671	14,089	280,167	1,000	1,000
5702	CHIP Grant	97,603	-	-	-	-
	Cash Balance Forward			111,030	152,477	163,241
	Total Other	111,274	14,089	391,197	1,000	164,241
	Total Revenue	3,314,385	3,102,270	3,480,221	3,289,469	3,372,229

EXPENSE

Payroll						
6010	Gross Salaries & Wages	1,640,220	1,720,833	1,809,527	1,999,115	2,012,878
6200	Payroll Taxes (SS & MC)	116,670	119,130	131,528	152,167	153,985
6201	Insurance - Health	330,784	335,824	357,688	384,397	408,522
6202	KPERS	109,133	130,325	142,026	173,384	186,868
6203	Insurance - Unemployment	8,733	12,247	17,030	20,687	20,934
6204	Insurance - Work Comp	21,502	18,056	40,541	19,972	24,411
6205	Insurance - Prof. Liability	7,552	7,552	6,699	8,000	8,000
6020	Payroll Related Expenses	-	-	-	-	-
	Total Payroll	2,234,594	2,343,967	2,505,039	2,757,722	2,815,598
Contractual Service						
6300	Contractual Service Expenditure	3,355	12,647	61,422	22,600	25,800
6310	Interpreters	7,959	7,592	8,183	8,325	8,280
6320	Advertising	-	75	-	-	-
6302	Employment Ads	1,522	4,269	1,205	1,500	1,300
6322	Health Education/Promotion	3,734	21,775	15,292	8,050	7,650
6330	Bank & Credit Card Fees	3,360	3,479	3,145	3,500	3,500
6340	Continuing Education / Meetings	-	-	2,990	13,689	8,300
6341	Commercial Travel	5,183	2,717	2,382	2,200	1,870
6342	Meals	990	761	817	590	996
6343	Lodging	8,174	4,440	4,779	3,080	3,700
6344	Registration	8,874	8,788	6,869	2,980	5,255
6350	Copying & Printing	14,098	6,659	6,635	5,779	6,505
6360	Insurance - Non-Payroll Related	3,206	3,139	10,243	10,095	10,250
6370	Laboratory	18,449	18,848	23,483	26,408	44,500
6380	Mileage/ Tolls/ Parking	25,458	24,387	26,893	25,145	27,795
6390	Miscellaneous	40,479	9,737	12,160	7,910	8,870
6301	Phone & Communications	13,844	13,121	12,817	19,959	27,670
6311	Postage & Delivery	11,426	9,915	8,934	10,500	6,000
6312	Publications & Subscriptions	4,398	3,742	3,892	4,060	3,025
6313	Repair & Maintenance	1,364	1,678	776	1,805	1,205
6314	Service & Licensing Contracts	27,513	33,689	23,838	56,926	60,296
6315	Medical Fees	3,382	1,652	2,950	1,775	3,100
6316	Network Consultant Fees	2,594	5,894	-	3,000	7,920
6317	Legal Fees	3,243	2,852	25,074	7,130	6,210
6318	Physician Fees	14,219	12,957	13,625	14,645	12,175
6319	Dues	2,889	3,260	1,482	10,736	8,889
6323	HR Consultant	-	-	-	-	4,420
6321	Business Administration Fees	2,320	1,302	1,315	1,450	1,350
	Total Contractual Service	232,033	219,375	281,202	273,837	306,831
Commodities						
6410	Medical Supplies	24,133	21,628	22,472	22,050	23,040
6420	Pharmaceuticals	157,239	175,646	183,145	176,320	183,300
6430	Office Supplies	13,498	13,446	18,162	13,790	18,430
6440	Other Supplies	105,569	79,397	38,987	15,750	25,030
	Total Commodities	300,439	290,117	262,765	227,910	249,800
Other						
6500	Other Expenses	93,042	-	259,827	-	-
	Total Other	93,042	-	259,827	-	-
	Capital Equipment	33,599	21,185	6,387	-	-
	To Funded Depreciation	67,841	75,000	65,000	30,000	-
	To Board Designated Fund	154,700	58,000	100,000	-	-
	Total Expense	3,116,248	3,007,644	3,480,221	3,289,469	3,372,229
	NET INCOME	198,137	94,626	(0)	-	0

Program Organization

FTE History	
2010	8.2
2011	7.6
2012	8.2
2013*	8.4
2014*	8.4

*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 20+ grants, totaling more than \$1,000,000. Rachelle 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

	2010	2011	2012	2013 Target
Operating margin	1.06	1.03	1.05	≥ 1.00
% of grant affidavits submitted by deadline	82%	100%	100%	100%
% of help desk requests resolved same day	97%	98%	94%	≥ 75%
% timely annual staff performance reviews	85%	89%	87%	≥ 95%
Number of page views to the agency website	NA	12,936	18,697	≥ 25,835

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	8.0%	1.4%	0.5%	1.7%	0.0%
Grants	7.4%	0.7%	0.7%	0.7%	0.0%
Local tax	84.2%	96.8%	96.5%	97.4%	99.8%
Other	0.4%	1.1%	2.2%	0.2%	0.2%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$861,415	\$720,606	\$888,521	\$766,457	\$789,666

2013 Priority Areas for Improvement

We will:

1. Monitor revenues and expenditures to ensure we meet our agency financial targets for all funds
2. Improve timeliness of billing and collections to maximize fee revenues
3. Increase traffic to agency website through more visible social media presence

Program Organization

FTE History	
2010	1.3
2011	2.1
2012	0.9
2013*	1.0
2014*	0.9

*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 you have and to share it with others.”

Performance Indicators

	2010	2011	2012	2013 Target
% of essential staff reached within 60 minutes of initiation of a notification drill	NA	NA	NA	100%
% of staff and MRC volunteers who have completed all required ICS training	NA	46.0%	68.0%	≥ 90%

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	0.0%	0.0%	0.0%	0.0%	0.0%
Grants	96.0%	99.9%	97.0%	98.3%	99.0%
Local tax	2.6%	0.1%	3.0%	1.7%	1.0%
Other	1.4%	0.0%	0.0%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$318,202	\$108,564	\$78,101	\$98,018	\$86,345

2013 Priority Areas for Improvement

We will:

1. Increase staff readiness for public health emergency roles
2. Increase volunteer engagement
3. Increase involvement of community partners in public health preparedness activities

Program Organization

FTE History	
2010	4.6
2011	4.7
2012	4.7
2013*	4.7
2014*	4.4

*budgeted



Program Description

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is designed to improve health outcomes of pregnant and postpartum women, newborns, and children through age 5 that are at or below 185% of the poverty level. In addition to supplemental foods, families receive nutrition counseling and breastfeeding support.

Program Impact Story

The following note was sent to Cary Allen, WIC breastfeeding peer counselor, thanking her for the help she provided as part of the WIC breast pump program.

Dear Cary,

I am emailing you to express my appreciation for the breast pump that WIC provided me to utilize at work. This pump is super nice. I love the compartment with the freezer packs to put my milk in after I have pumped. My office is located on the men's side of one of the Haskell dormitories. I used to have to pump in my office and then walk my milk down the hall to the fridge in the dorm kitchen and I always felt a little embarrassed to walk with my milk down the men's hall.

While this pump helps provide my son with great nutrition it also helps my mental state. I feel some guilt about being away from my first baby (5 months old) 40 hours a week, but whenever I pump at work and can provide him my milk instead of formula... this helps me feel better.

Thank you again for this pump. I am so glad that this program was available to me when I needed it.

Abby Estes

Performance Indicators

	2010	2011	2012	2013 Target
% of WIC fruit and vegetable checks redeemed	72.0%	78.5%	75.4%	≥ 85%
% of low birth weight babies	7.0%	7.2%	5.2%	<5.1%
# of women who receive breast pumps from WIC	36	56	91	96

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	0.0%	0.0%	0.3%	0.0%	0.0%
Grants	88.3%	100.0%	99.7%	100.0%	100.0%
Local tax	11.7%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$248,208	\$250,431	\$263,479	\$260,695	\$261,306

2013 Priority Areas for Improvement

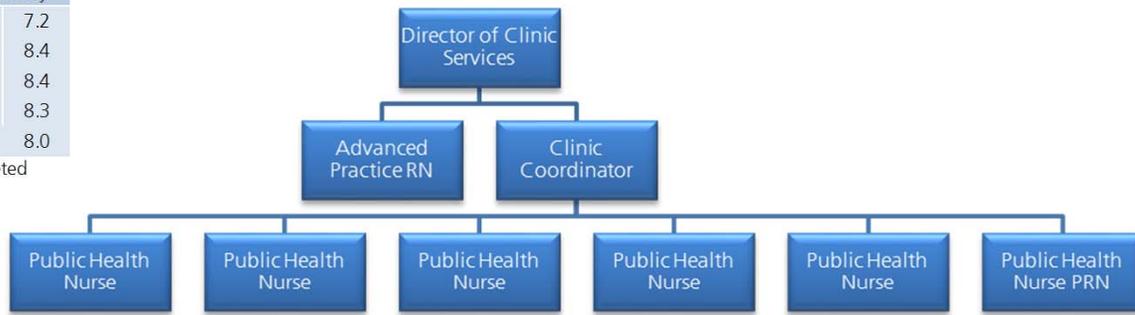
We will:

1. Increase the number of women who receive breast pumps from WIC by ensuring a good stock of pumps and through improved communication with Lawrence Memorial Hospital nursing staff
2. Decrease percentage of low birth weight babies by helping mothers to quit smoking
3. Increase the percentage of Fruit and vegetable checks redeemed through targeted education and farmers' market pilot project

Program Organization

FTE History	
2010	7.2
2011	8.4
2012	8.4
2013*	8.3
2014*	8.0

*budgeted



Program Description

Clinic services emphasize prevention and education by: providing immunizations for all ages; offering women’s health, STD, and well child exams; and safeguarding the community by monitoring and investigating 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.”

Performance Indicators

	2010	2011	2012	2013 Target
% of 2 year olds being seen at the Health Department who are up to date on their primary immunization series	83.8%	80.7%	72.0%	≥ 84%
% of communicable disease investigations initiated within 24 hours	99.4%	99.4%	99.0%	100%
% of first time contraception seekers who continue method for more than 3 months	NA	80.0%	65.0%	≥ 85%
% of families participating in family-based sexuality education program who live in the 66044 zip code	10.0%	6.0%	5.0%	15%

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	26.0%	35.9%	28.5%	31.9%	27.8%
Grants	30.6%	34.1%	37.6%	35.5%	34.9%
Local tax	43.4%	29.8%	33.7%	32.6%	37.3%
Other	0.0%	0.2%	0.2%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$790,753	\$835,955	\$846,062	\$859,306	\$843,234

2013 Priority Areas for Improvement

We will:

1. Increase number of 2 year olds being seen at the Health Department who are up to date on their primary immunization series
2. Conduct communicable disease follow up appropriately
3. Reduce the risk of unintended pregnancies by improving compliance among first time contraceptive users
4. Assure that a diverse group of families receive education about appropriate sexual behavior

Program Organization

FTE History	
2010	6.6
2011	5.5
2012	4.7
2013*	4.6
2014*	4.8

*budgeted



Program Description

The Clinic Office staff support all of the Health Department's clinical services and strive to provide a quality experience for clients. Staff are responsible for providing accurate and complete data entry and cash transactions.

Program Impact Story

Surveys are often distributed to Health Department clients to determine their satisfaction with the service they receive. In a recent survey focusing just on clients' interaction with clinic front desk staff was distributed. One hundred and sixty-one clients were asked four questions about their experiences from the staff member who took their initial appointment to the receptionist and checkout staff. Ideas on improvement were also solicited from clients. "Most people were thrilled with the service they received when they came in," said Pat Meyers, Clinic Office Supervisor. Thirty-eight clients took the time to leave positive feedback on how well the staff is doing. Some of those comments included:

"LDCHD should be grateful to be associated with such fine people."

"Everyone was extremely nice and I very much appreciated that."

"Served quickly and efficiently, everyone very kind and helpful."

The data from this survey will serve as a baseline for future surveys to help the clinic services team continue to provide the best customer service to Health Department clients.

Performance Indicators

	2010	2011	2012	2013 Target
Cash drawer balance accuracy	NA	99.0%	0.0%	≥ 97%
Data entry accuracy	NA	NA	68.0%	≥ 95%

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	0.0%	0.0%	0.0%	0.0%	0.0%
Grants	0.0%	0.0%	0.0%	0.0%	0.0%
Local tax	100.0%	100.0%	100.0%	100.0%	100.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$229,470	\$252,518	\$218,196	\$264,162	\$264,507

2013 Priority Areas for Improvement

We will:

1. Increase accuracy of data used to support clinical and financial systems
2. Continue providing high levels of customer service
3. Improve staff utilization and efficiency through implementation of new clinic flow processes

Program Organization

FTE History	
2010	2.7
2011	3.2
2012	4.3
2013*	5.3
2014*	5.5

*budgeted



Program Description

Healthy Families Douglas County is a home-based program for expectant parents and parents of newborns facing multiple stressors in their lives. Families meet regularly with a specially trained case manager who teaches them about child health and development, helps them access health care, assists parents with goal setting and links them with community services. Healthy Families Douglas County is jointly funded and managed by the Lawrence-Douglas County Health Department and Kansas Children’s Service League (KCSL).

Program Impact Story

Perhaps the most common desire of parents served by Healthy Families Douglas County is to gain confidence and succeed as parents. Sara and Brian Vancil sought the help of the home-visiting program when their daughter, Tessa, was 3 months old. At the time, severe postpartum depression had hospitalized Sara and the family was struggling. “Through the course of my treatment, a social worker suggested that we look into Healthy Families as a way to build our confidence,” Sara said. “We were trying to figure out how to make everything work,” Brian said. “It was difficult. I think what Jenni did when she came to our house as a visitor for Healthy Families was to give Sara confidence in her skills as a parent.” Jenni would stop by the Vancils home each week with information on parenting, health and safety, infant care, community resources, tips on Tessa’s development and assistance with goal setting. With each week, her confidence grew, Sara said. “If we hadn’t had that support, it would have been a long recovery process for Sara,” Brian said. The Vancils have since transitioned out of Healthy Families and are expanding their parenting knowledge in another program that helps new families, Parents as Teachers.

Performance Indicators

	2010	2011	2012	2013 Target
% of children in Healthy Families Douglas County program who are up-to date on recommended immunizations	39%	53%	87%	≥ 85%
% of pregnant and post-natal women who are assessed for their willingness to quit smoking	NA	NA	39%	≥ 50%
% of family goals completed on time	NA	NA	81%	≥ 75%
Number of teen parents enrolled in Healthy Families Douglas County	NA	9	26	25

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	0.1%	9.5%	5.8%	16.3%	32.5%
Grants	69.8%	39.4%	35.9%	44.7%	51.4%
Local tax	30.2%	3.8%	11.5%	6.0%	16.1%
Other	0.0%	47.2%	46.8%	33.0%	0.0%

Expenditure History

2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
\$478,484	\$481,856	\$560,877	\$364,097	\$408,619

Amounts in 2010 through 2013 reflect additional funding from the Kansas Children's Service League.

2013 Priority Areas for Improvement

We will:

1. Increase immunization rates of children enrolled in HFDC
2. Increase the amount of smoking cessation counseling/education to women who are smoking
3. Increase the number of teen parents who are enrolled in HFDC
4. Increase nutrition and physical activity information presented and modeled in home visits and Family Time events

Program Organization

FTE History	
2010	1.9
2011	2.0
2012	1.7
2013*	2.0
2014*	2.0

*budgeted



Program Description

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

Program Impact Story

Upon meeting Herman Morgan a person can see that he embodies what Project LIVELY stands for — “Life, Interest and Vigor Entering Later Years.” The 91-year-old has been a client in the program, which coordinates the help older adults need to remain in their homes as long as possible. “Getting old isn’t easy and you need help sometimes,” Herman said. When Herman first 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. Care managers also connected him with Meals on Wheels when he was caring for Elenor — a service he has since renewed to better balance his diet. “(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

	2010	2011	2012	2013 Target
% of required home visits completed timely	NA	NA	NA	≥ 96%
Average number of days to make contact with a program referral	NA	NA	NA	≤ 4.5

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	0.0%	0.0%	0.0%	0.0%	0.0%
Grants	0.0%	0.0%	0.0%	0.0%	0.0%
Local tax	99.6%	99.9%	100.0%	100.0%	100.0%
Other	0.4%	0.1%	0.0%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$116,305	\$140,214	\$115,176	\$133,349	\$146,318

2013 Priority Areas for Improvement

We will:

1. Continue community outreach efforts
2. Monitor response to processing program referrals to assure for timeliness
3. Improve understanding of referral sources and patterns through statistical review

Program Organization

FTE History	
2010	0.8
2011	1.2
2012	2.1
2013*	2.5
2014*	2.9

*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.

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

	2010	2011	2012	2013 Target
Number of page views to the Community Health data page on the Health Department website	NA	NA	NA	≥ 992
Number of Douglas County adult tobacco used registered with the Kansas Tobacco Quitline	NA	NA	222	≥ 300

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	0.0%	0.0%	0.0%	0.0%	0.0%
Grants	99.9%	63.1%	48.7%	11.4%	22.4%
Local tax	0.0%	36.9%	51.1%	88.6%	77.6%
Other	0.1%	0.0%	0.1%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$93,065	\$119,183	\$216,691	\$229,957	\$263,985

2013 Priority Areas for Improvement

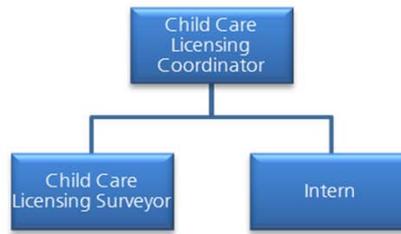
We will:

1. Complete Community Health Plan with identified evidence-based strategies for priority health concerns
2. Work with community partners to implement Community Health Plan
3. Develop performance indicators and evaluation methods related to Community Health Plan

Program Organization

FTE History	
2010	2.0
2011	2.0
2012	2.0
2013*	2.0
2014*	2.0

*budgeted



Program Description

The purpose of Child Care Licensing is to safeguard children from predictable harm in out-of home child care through enforcement of state laws and regulations as well as education and informing child care providers and parents about quality child care.

Program Impact Story

I always knew you had to keep sharp objects and chemicals out of the reach of kids, as well as things like keeping outlets covered, but never understood the depth or reasons behind the state regulations that all centers and providers have to follow. My experiences with previous child care licensing surveyors were, "This is wrong, fix it," with no real explanation of why it was wrong or the reason it needed to be done a certain way. I grew to dread annual visits and often wondered if this was the right job for me, even though I loved it so much. I decided to go back to college to finish the classes I needed to earn an associate's degree in early childhood education. In my last semester, I interned with the Lawrence-Douglas County Child Care Licensing surveyors. I couldn't have chosen a more amazing placement. Some of the day care homes I visited with the surveyors really made a lasting impact on me and my life was changed the day I went to the state capitol for the Lexie's law hearing. My eyes have really been opened to just how imperative these state rules and regulations really are.

— Lindsay Felix, Child Care Licensing intern and child care provider

Performance Indicators

	2010	2011	2012	2013 Target
% of facilities processed prior to renewal date	NA	79%	12%	90%
% of complaint investigations initiated within 5 business days	100.0%	100.0%	98.8%	100%
Rate of reportable accidents (# per 10,000 child care days)	0.06	0.04	0.02	≤ .03
% of facilities cited for 1 or more unsafe sleep practices	NA	16%	9%	≤ 5%
% of children lacking documentation of immunizations or verification of immunization exemption	NA	64%	17%	≤ 20%

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	22.8%	19.9%	20.6%	19.9%	19.8%
Grants	61.2%	69.1%	79.4%	77.0%	79.2%
Local tax	16.0%	11.0%	0.0%	3.1%	1.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$106,717	\$121,247	\$123,313	\$125,767	\$134,663

2013 Priority Areas for Improvement

We will:

1. Maintain timeliness in responding to complaints
2. Continue to monitor serious injuries and the causes
3. Continue to work with KDHE to assure timely enforcement actions
4. Maintain reduction of violations related to paperwork through provider education

Program Organization

FTE History	
2010	2.1
2011	2.0
2012	2.0
2013*	2.0
2014*	2.0

*budgeted



Program Description

The primary role of the Environmental Health program is to enforce local and state laws aimed at reducing environmental health risks. We accomplish this through field inspections and investigations of health and sanitation complaints.

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

	2010	2011	2012	2013 Target
% of recreational water facilities closed	5.4%	8.7%	9.1%	≤ 3.0%
% of inspections completed timely	NA	NA	NA	≥ 90%

Revenue History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
Operating	30.3%	31.6%	45.1%	34.6%	36.9%
Grants	22.4%	19.9%	0.1%	17.9%	0.0%
Local tax	47.3%	48.5%	54.7%	47.5%	63.1%
Other	0.0%	0.0%	0.0%	0.0%	0.0%

Expenditure History

	2010 Actual	2011 Actual	2012 Actual	2013 Budget	2014 Budget
	\$159,079	\$180,394	\$168,170	\$168,205	\$173,487

2013 Priority Areas for Improvement

We will:

1. Improve compliance with pool and spa regulations through additional training for swimming pool and spa personnel
2. Improve new homeowners' awareness of proper septic system maintenance at the time of real estate transfer

	2012			2011			2010			2009	
	Budget	Actual	% change in Actuals from prior year	Budget	Actual	% change in Actuals from prior year	Budget	Actual	% change in Actuals from prior year	Budget	Actual
Revenues:											
Federal Revenues (exclude Medicaid / Medicare)	\$ 721,040	\$ 697,834	-12.0%	\$ 5,000	\$ 792,882	-20.3%	\$ 5,000	\$ 994,288	2.7%	\$ 5,000	\$ 967,882
State Revenues	\$ 341,370	\$ 356,524	26.9%	\$ 716,031	\$ 281,051	5.0%	\$ 906,256	\$ 267,601	-4.8%	\$ 1,012,986	\$ 281,028
County Government Revenues	\$ 956,454	\$ 937,351	1.9%	\$ 926,924	\$ 919,566	-1.5%	\$ 971,235	\$ 933,151	-1.7%	\$ 962,649	\$ 948,900
City Government Revenues	\$ 648,928	\$ 648,930	0.0%	\$ 648,928	\$ 648,929	0.0%	\$ 648,929	\$ 648,929	-3.0%	\$ 669,000	\$ 669,000
Clinic Services Fees	\$ 222,100	\$ 229,274	-20.1%	\$ 278,158	\$ 286,888	21.6%	\$ 245,614	\$ 235,939	-16.9%	\$ 284,783	\$ 283,812
Environmental Health Services Fees	\$ 58,160	\$ 75,890	33.1%	\$ 56,000	\$ 57,000	1.9%	\$ 55,083	\$ 55,920	6.0%	\$ 49,741	\$ 52,755
Other Fees	\$ 40,759	\$ 28,646	5.0%	\$ 25,400	\$ 27,290	8.4%	\$ 24,330	\$ 25,176	9.4%	\$ 25,400	\$ 23,012
Other Revenues	\$ 184,242	\$ 394,742	345.2%	\$ 286,224	\$ 88,664	-40.4%	\$ 204,843	\$ 148,745	25.8%	\$ 249,496	\$ 118,202
Total Revenue	\$ 3,173,053	\$ 3,369,191	8.6%	\$ 2,942,665	\$ 3,102,270	-6.3%	\$ 3,061,290	\$ 3,309,749	-1.0%	\$ 3,259,055	\$ 3,344,591
Expenditures:											
Salaries	\$ 1,943,444	\$ 1,809,528	5.2%	\$ 1,786,311	\$ 1,720,833	0.1%	\$ 1,873,539	\$ 1,719,189	-8.4%	\$ 2,022,904	\$ 1,877,389
Fringe Benefits	\$ 739,137	\$ 688,811	10.5%	\$ 627,500	\$ 623,134	6.2%	\$ 672,018	\$ 586,822	-0.4%	\$ 682,287	\$ 589,139
Commodities	\$ 196,651	\$ 262,765	-9.4%	\$ 241,262	\$ 290,117	-3.5%	\$ 233,768	\$ 300,773	29.8%	\$ 229,742	\$ 231,732
Contractual Services	\$ 257,867	\$ 287,903	31.2%	\$ 224,351	\$ 219,375	-10.7%	\$ 232,945	\$ 245,772	4.1%	\$ 272,561	\$ 236,194
Other	\$ 27,954	\$ 424,827	219.4%	\$ 31,741	\$ 133,000	-42.2%	\$ 47,520	\$ 230,093	180.6%	\$ 41,454	\$ 81,999
Capital Outlay	\$ 8,000	\$ 6,387	-69.9%	\$ 31,500	\$ 21,185	-36.9%	\$ 1,500	\$ 33,599	244.5%	\$ 10,107	\$ 1,320
Total Expenditures	\$ 3,173,053	\$ 3,480,221	15.7%	\$ 2,942,665	\$ 3,007,644	-3.5%	\$ 3,061,290	\$ 3,116,248	3.3%	\$ 3,259,055	\$ 3,017,772
Net Income (Loss)	\$ -	\$ (111,030)	-217.3%	\$ -	\$ 94,626	-51.1%	\$ -	\$ 193,501	-40.8%	\$ -	\$ 326,819

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

Revenue Breakouts:											
One-Time Revenues	\$ 288,184	968.6%	\$ 26,968	97.3%	\$ 13,671	65.4%	\$ 8,263				
Medicaid Revenues	\$ 106,886	21.7%	\$ 87,832	165.9%	\$ 33,026	13.7%	\$ 29,044				
Medicare Revenues	\$ 4,446	17.5%	\$ 3,785	-55.0%	\$ 8,405	-60.4%	\$ 21,217				
Total Grant Revenues	\$ 1,111,508	2.8%	\$ 1,080,875	-19.6%	\$ 1,345,122	6.4%	\$ 1,264,574				
Total Environmental Health Revenues	\$ 75,890	33.1%	\$ 57,000	1.9%	\$ 55,920	6.0%	\$ 52,755				
Total Clinic Services Revenues	\$ 229,274	-20.1%	\$ 286,888	21.6%	\$ 235,939	-1.1%	\$ 238,644				
Total Child Care Licensing Revenue	\$ 26,654	11.0%	\$ 24,013	-4.6%	\$ 25,176	9.4%	\$ 23,012				
Total Revenues in Annual Operating Budget	\$ 3,173,053	7.8%	\$ 2,942,665	-3.9%	\$ 3,061,290	-6.1%	\$ 3,259,055				
Actual Budgeted Revenues Received	\$ 3,096,920	-3.4%	\$ 3,207,425	-4.8%	\$ 3,367,972	-2.8%	\$ 3,464,591				
Expenditure Breakouts:											
Total Administrative expenditures	\$ 833,766	-2.7%	\$ 856,720	-0.5%	\$ 861,415	38.3%	\$ 622,776				
Total Laboratory Expenditures	\$ 36,260	92.4%	\$ 18,848	2.2%	\$ 18,449	17.8%	\$ 15,663				
Total Preparedness Expenditures	\$ 70,604	-35.1%	\$ 108,829	-64.3%	\$ 305,195	15.3%	\$ 264,801				
Total Chronic Diseases Expenditures	\$ 99,516	39.6%	\$ 71,284	5.4%	\$ 67,608	16.4%	\$ 58,079				
Total Clinic Services Expenditures	\$ 885,831	7.3%	\$ 825,388	3.0%	\$ 801,086	1.7%	\$ 787,397				
Total Pharmacy Expenditures	\$ 183,145	4.3%	\$ 175,646	11.7%	\$ 157,239	-15.9%	\$ 186,866				
Total Environmental Health Expenditures	\$ 168,170	-6.8%	\$ 180,395	13.4%	\$ 159,079	-39.8%	\$ 264,419				
Total Immunization Expenditures	\$ 160,557	-6.5%	\$ 171,725	13.3%	\$ 151,529	-0.1%	\$ 151,731				
Total Program Expenditures (All Agency Expenditures less Administration)	\$ 2,336,762	8.6%	\$ 2,150,924	-4.6%	\$ 2,254,833	-5.9%	\$ 2,394,996				
Fund Balances											
Operating Fund	\$ 967,506	-8.7%	\$ 1,059,682	18.2%	\$ 896,394	27.5%	\$ 703,038				
Board Designated (Reserve) Fund	\$ 1,043,684	11.7%	\$ 934,714	7.4%	\$ 870,263	15.3%	\$ 754,606				
Funded Depreciation Fund	\$ 147,583	-24.6%	\$ 195,623	16.7%	\$ 167,659	47.1%	\$ 113,963				
Kay Kent Excellence in Public Health Service Fund	\$ 19,267	16.3%	\$ 16,570	-3.0%	\$ 17,083	-4.1%	\$ 17,809				
Total of all Funds	\$ 2,178,040	-1.3%	\$ 2,206,589	13.1%	\$ 1,951,399	22.8%	\$ 1,589,416				
Other Financial											
Accounts Receivable - all payers	\$ 152,913	-19.2%	\$ 189,342	-40.2%	\$ 316,373	17.3%	\$ 269,655				
Total amount Accounts Receivables written off	\$ 90,125	159.3%	\$ 34,752	-73.1%	\$ 129,307	-16.6%	\$ 155,125				
# of programs with a completed cost analysis	1	-50.0%	2	100.0%	1	0.0%	1				
Demographic											
Total Population	112,211	4.0%	107,932	-2.6%	110,826	-4.8%	116,383				
% of Population below poverty	19.0%	19.5%	15.9%	0.0%	15.9%	-26.7%	21.7%				
Number of uninsured people in County	16,404	-4.0%	17,093	0.0%	17,093	0.0%	17,093				
Workforce											
Total FTE (Full Time Equivalents)	38.30	4.4%	36.68	-1.3%	37.15	-4.9%	39.08				
Total liability days: unused vacation & sick leave	1,850	-6.1%	1,971	14.9%	1,715	-15.4%	2,028				
Revenue Ratios											
Revenues per capita	\$30.03	4.5%	\$28.74	-3.8%	\$29.86	3.9%	\$28.74				
Federal Revenues as % of Total Revenues	20.7%	-19.0%	25.6%	-14.9%	30.0%	3.8%	28.9%				
State Revenues as % of Total Revenues	10.6%	16.8%	9.1%	12.1%	8.1%	-3.8%	8.4%				
County Revenues as % of Total Revenues	27.8%	-6.1%	29.6%	5.1%	28.2%	-0.6%	28.4%				
City Revenues as % of Total Revenues	19.3%	-7.9%	20.9%	6.7%	19.6%	-2.0%	20.0%				
Medicaid Revenues as % of Total Revenues	3.2%	12.1%	2.8%	183.7%	1.0%	14.9%	0.9%				
Medicare Revenues as % of Total Revenues	0.1%	8.2%	0.1%	-52.0%	0.3%	-60.0%	0.6%				
Total Grant revenues as a % of Total Revenues	33.0%	-5.3%	34.8%	-14.3%	40.6%	7.5%	37.8%				
Total Fees Collected as a % of Total Revenues	9.9%	-17.2%	12.0%	24.9%	9.6%	-10.9%	10.8%				
Other Revenue as % of Total Revenues	11.7%	309.9%	2.9%	-36.4%	4.5%	27.2%	3.5%				
Total Margin	-3.3%	-208.0%	3.1%	-47.8%	5.8%	-40.2%	9.8%				
One Time Revenues as a % of Total Revenues	8.6%	883.9%	0.9%	110.5%	0.4%	67.2%	0.2%				
Bud. Rev. rctd as % of Bud. Rev. in Op. Bud.	106%	0.7%	105%	-4.2%	110.0%	3.5%	106.3%				
Days of Revenue in Accounts Receivable	167	-10.2%	186	-48.9%	364	33.1%	274				
AR written off as a % of total fees collected	27.0%	188.4%	9.4%	-77.0%	40.8%	-5.5%	43.1%				
Operating Fund Balance as a % of Total Revenue	28.7%	-15.9%	34.2%	26.1%	27.1%	28.8%	21.0%				
Total Env. Health Rev. as a % of Total Rev.	2.3%	22.6%	1.8%	8.7%	1.7%	7.1%	1.6%				
Total Clinic Services Rev. as a % of Total Rev.	6.8%	-26.4%	9.2%	29.7%	7.1%	-0.1%	7.1%				
Expenditure Ratios											
Expenditures per Capita	\$31.01	11.3%	\$27.87	-0.9%	\$28.12	8.4%	\$25.93				
Employees (FTE's) per 1,000 Population	0.34	0.4%	0.34	1.4%	0.34	-0.2%	0.34				
Fringe Benefits as a % of Salary and Wages	38.1%	5.1%	36.2%	6.1%	34.1%	8.8%	31.4%				
Salaries & Wages as a % of Total Expenditures	52.0%	-9.1%	57.2%	3.7%	55.2%	-11.3%	62.2%				
Administrative Exp. as % of Total Exp.	24.0%	-15.9%	28.5%	3.0%	27.6%	33.9%	20.6%				
Average Accumulated Employee Leave Liability	48	-10.1%	54	16.4%	46	-11.0%	52				
Laboratory Exp. as % of Total Exp.	1.0%	66.3%	0.6%	5.9%	0.6%	14.1%	0.5%				
Preparedness Exp. as % of Total Exp.	2.0%	-43.9%	3.6%	-63.1%	9.8%	11.6%	8.8%				
Chronic Diseases Exp. as % of Total Exp.	2.9%	20.6%	2.4%	9.2%	2.2%	12.7%	1.9%				
Clinic Services Exp. as a % of Total Exp.	25.5%	-7.3%	27.4%	6.8%	25.7%	-1.5%	26.1%				
Pharmacy Exp. as a % of Total Exp.	5.3%	-9.9%	5.8%	15.7%	5.0%	-18.5%	6.2%				
Environmental Health Exp. as a % of Total Exp.	4.8%	-19.4%	6.0%	17.5%	5.1%	-41.7%	8.8%				
Immunization Exp. as a % of Total Exp.	4.6%	-19.2%	5.7%	17.4%	4.9%	-3.3%	5.0%				

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

2013 Organization Chart

