

## Lawrence-Douglas County Health Board

Monday, February 16th, 2026

5:00 p.m.

Community Health Facility, 200 Maine – Conference Room 1

[Click here for Teams link](#)

### Agenda:

Approximate time 1hr

1. Call to order, Kevin Coronado
2. Approval of agenda, Kevin Coronado  
2 minutes

Motion: I move to approve the agenda for the February 16th, 2026, health board meeting.

3. Public comment *remarks limited to 3 minutes*  
5 minutes
4. Approval of minutes of January 21st, 2026, meeting  
2 minutes

Motion: I move to approve the minutes from the January 21st, 2026, health board meeting.

5. Finance report, Michele Hammann  
10 minutes
  - a. January 2026 Financial statements

Motion: I move to approve the finance report as presented.

6. Old business  
2 minutes
  - a. Bert Nash DCO Update

7. New Business  
25 minutes
  - a. 2025 Annual Report Preview, Rachel Grollmes
  - b. Preparedness Update, Veronica White

8. Board Chair report, Kevin Coronado  
10 minutes
  - a. Officer Election Process
  - b. Board Self Evaluation

9. Adjournment

#### Next Regularly Scheduled Meeting Date

Board Meeting – March 23<sup>rd</sup>, 2026

#### Future Business

Executive Director Evaluation

Board Policy Manual

Board Calendar



# MINUTES

## LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH BOARD

### JANUARY 21, 2026

**Date:** 01/21/2026

**Time:** 5:00 PM

**Facilitator:** Kevin Coronado

### CALL TO ORDER

The monthly meeting of the Lawrence-Douglas County Public Health Board occurred Wednesday, January 21, 2026. Kevin Coronado called the meeting to order at 5:00 p.m.

### APPROVAL OF AGENDA

Maren Bradley made a motion to approve the agenda for the health board meeting, Wednesday January 21, 2026. Samantha Arredondo provided the second, the motion carried unanimously 7-0.

### PUBLIC COMMENT

There was no public comment.

### APPROVAL OF MINUTES

Erika Dvorske made a motion to approve the minutes of the December 15, 2025 board meeting. Martha Harris provided the second, motion carried unanimously 7-0.

### REVIEW & APPROVAL OF DECEMBER MONTHLY FINANCIAL REPORT

- a. Michele Hammann, chief strategy officer of SSC CPA's + Advisors, presented the December Monthly Financial Report. Maren Bradley moved to approve the December Monthly Financial Report, Jennifer Strickland provided the second, motion carried unanimously 7-0.

### OLD BUSINESS

- a. Bert Nash DCO update, Christine Ebert  
December is usually a slow month; there were 17 appointments. Bert Nash has been sending electronic referrals, which has been more efficient. Graph showing appointments will continue each month (in addition to the quarterly reports).
- b. 2026 Budget Adjustments, Jonathan Smith, Charlie Bryan  
Revenues were adjusted to include Juvenile Detention Center (planned start in February); Program Fees adjusted and added funds to the Title X grant projection after discussion with KDHE. Expenses were adjusted to reflect personnel changes due to hiring part-time nurse for Juvenile Detention center staffing. Insurance changes also due to adding Juvenile Detention center (not considered "Outreach" for insurance purposes).

Motion to approve the adjustments to the 2026 Budget was made by Samantha Arredondo, a second was provided by Erika Dvorske, motion passed unanimously 7-0.

## **BOARD CHAIR REPORT**

### a. Executive Director Evaluation Process

Self-assessment, Individual assessments - surveys coming prior to February board meeting.

## **ADJOURNMENT**

The Board meeting adjourned at 5:47 pm on a motion by Maren Bradley and a second by Samantha Arredondo. The motion carried unanimously. The next board meeting will take place on **Monday, February 16, 2026.**

Respectfully submitted,

Jonathan Smith  
Secretary

Present:  
Samantha Arredondo  
Maren Bradley  
Kevin Coronado  
Erika Dvorske  
Martha Harris  
Erica Hill  
Graig Nickel  
Jennifer Strickland

Ex Officio:  
Jonathan Smith

Others:  
Michele Hammann  
Christine Ebert  
Nicole Wells  
Charlie Bryan

# Lawrence-Douglas County Public Health January 2026 Notes for Financial Reports

## Income & Expense Statement

### Revenues

- Contract Services: Total revenue is over budget for the month with the receipt of two Bert Nash payments in January.
- Program Fees - Clinic: Clinic fees for the month of January were \$21k which was \$2k higher than budgeted revenue. Total budgeted revenue for the year is \$400k which is allocated in the budget by month based on the collections in the prior year. The visit count for January was 270 as compared to December visit count of 265.
- Program Fees - EH: EH program fees for the month of January were \$10k which was \$3k less than budgeted revenue. Total budgeted revenue for the year is \$170k which is allocated in the budget by month based on the collections in the prior year.
- Grants: Deposits from federal and state grants were \$13k more than budget for January which is due to timing of receipt of the SFY 26 advanced payments for the largest grants.

### Expenses

- Personnel – Salaries & Wages: This account was \$5k over budget for the month of January. The 2026 budgeted FTE is 39.97 and for January FTE count was 36.8. We have identified an outreach advanced practice registered nurse and a registered dietician and the hiring is in process.
- Commodities – Pharmaceuticals: This account was over budget by \$14k for the month of January. Total budgeted expenditures for the year are \$260k which is allocated in the budget by month based on the payments the prior year.

There were two checks for more than \$20K in January for health insurance reimbursement to the County and liability insurance which were both previously approved budgeted amounts.

## Balance Sheet

- Our current cash balance is \$1.33M regular operating funds. The Board Designated account totals \$4.8M of which most is invested in CDs of which one renewed 1/29/26. Funded Depreciation is \$298k. Total cash is \$6.46M as of the end of the month.

**Lawrence-Douglas County Public Health**  
**Revenues and Expenditures - Budget vs Actual**  
As of January 31, 2026  
Cash Basis

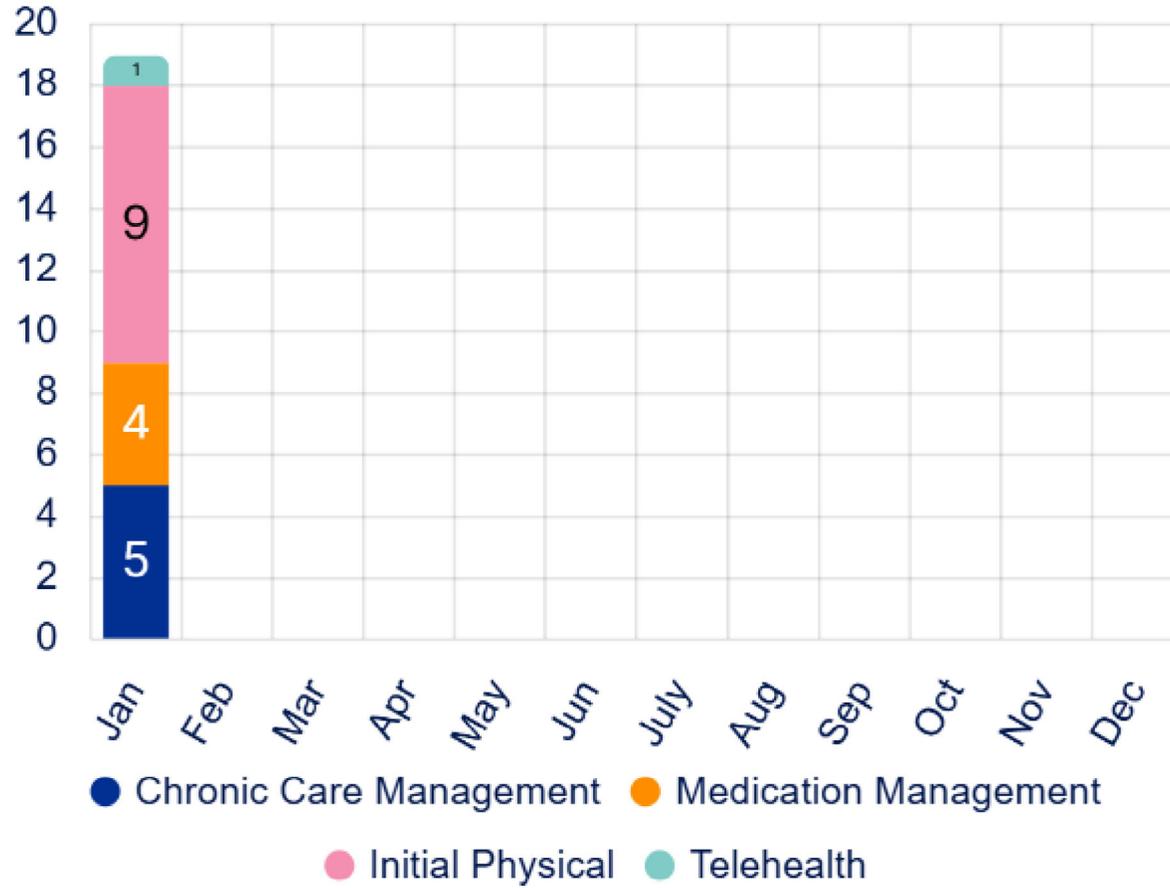
	Month Ending 01/31/2026			Year Ending 12/31/2026
	Actual	2026 Budget	Budget Diff	2026 Budget
<b>Revenues</b>				
City				
City Operating	0	0	0	841,000
Total City	0	0	0	841,000
County				
County Operating	0	0	0	1,028,082
Total County	0	0	0	1,028,082
Operating				
Contract Services	24,244	13,611	10,633	475,333
Program Fees	30,989	32,765	(1,776)	570,420
Total Operating	55,233	46,376	8,857	1,045,753
Grant				
Federal Grant	65,263	74,454	(9,191)	821,455
State Grant	101,583	78,775	22,807	610,903
Total Grant	166,846	153,229	13,616	1,432,358
<b>Total Revenues</b>	<b>222,079</b>	<b>199,605</b>	<b>22,473</b>	<b>4,347,193</b>
<b>Expenditures</b>				
Personnel				
Salary and Wages	215,746	210,139	5,606	2,667,104
PR Taxes	188,074	188,601	(527)	698,594
Total Personnel	403,820	398,740	5,079	3,365,698
Contractual Service				
Contractual Service Expenditure	49,678	44,451	5,227	355,045
Phone & Communications	283	1,976	(1,693)	37,173
Interpreter Services	43	0	43	10,000
Postage & Delivery	335	224	111	6,000
Publications & Subscriptions	0	167	(167)	2,000
Repair & Maintenance	0	0	0	5,000
Service & Licensing Contracts	24,255	21,504	2,751	125,000
Medical Fees	129	280	(150)	3,819
IT Consultation Fees	3,957	3,565	391	54,000
Legal Fees	2,078	0	2,079	4,000
Physician Fees	1,000	742	257	15,600
Dues	1,350	4,634	(3,284)	20,000
Health Education / Promotion Advertising	0	0	0	30,000
HR Consultant	1,250	3,418	(2,167)	20,000
Bank & Credit Card Fees	97	1,504	(1,408)	7,932
Commercial Travel	0	0	0	5,000
Meals	745	973	(228)	14,000
Lodging	0	51	(51)	4,000
Registration	5,228	1,666	3,562	20,000
Copying & Printing	183	91	92	3,801
Insurance	26,398	26,059	339	65,000
Laboratory	1,683	428	1,255	19,999
Mileage / Tolls / Parking	918	1,174	(256)	15,250
Miscellaneous	0	0	0	2,000
Total Contractual Service	119,610	112,907	6,703	844,619
Commodities				
Medical Supplies	2,973	1,102	1,871	20,000
Pharmaceuticals	28,038	14,334	13,704	260,000
Office Supplies	856	441	415	8,000
Other Supplies	394	1,877	(1,483)	34,046
Total Commodities	32,261	17,754	14,507	322,046
General and Administrative Expenses				
Other Expenses	1,086	926	160	36,682
Interfund Transfers	0	0	0	(89,292)
Total General and Administrative Expenses	1,086	926	160	(52,610)
<b>Total Expenditures</b>	<b>556,777</b>	<b>530,327</b>	<b>26,449</b>	<b>4,479,753</b>
<b>Total Revenues over Expenditures</b>	<b>(334,698)</b>	<b>(330,722)</b>	<b>(3,976)</b>	<b>(132,560)</b>

Lawrence-Douglas County Public Health  
Balance Sheet by Fund  
As of January 31, 2026  
Cash Basis

	All Funds					All Funds Actual
	Operating Actual	Funded Depreciation Actual	Reserve Actual	Kay Kent Actual	Tobacco Prevention and Education Actual	
<b>Assets</b>						
<b>Current Assets</b>						
Cash and Cash Equivalents	1,329,532	298,894	4,795,798	33,829	9,000	6,467,052
<b>Total Current Assets</b>	<b>1,329,532</b>	<b>298,894</b>	<b>4,795,798</b>	<b>33,829</b>	<b>9,000</b>	<b>6,467,052</b>
<b>Total Assets</b>	<b>1,329,532</b>	<b>298,894</b>	<b>4,795,798</b>	<b>33,829</b>	<b>9,000</b>	<b>6,467,052</b>
<b>Liabilities and Net Assets</b>						
<b>Liabilities</b>						
Short-term Liabilities	24,499	0	0	0	0	24,499
Long Term Liabilities	136,457	0	0	0	0	136,457
<b>Total Liabilities</b>	<b>160,956</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>160,956</b>
<b>Net Assets</b>						
Net Assets	1,503,274	298,876	4,794,562	33,829	9,000	6,639,540
Change In Net Assets	(334,698)	18	1,236	0	0	(333,444)
<b>Total Net Assets</b>	<b>1,168,576</b>	<b>298,894</b>	<b>4,795,798</b>	<b>33,829</b>	<b>9,000</b>	<b>6,306,096</b>
<b>Total Liabilities and Net Assets</b>	<b>1,329,532</b>	<b>298,894</b>	<b>4,795,798</b>	<b>33,829</b>	<b>9,000</b>	<b>6,467,052</b>

*These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.*

### LDCPH Bert Nash Visits



Lawrence-Douglas County Public Health

# Annual Report



2025

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## Letter from the Executive Director

For Lawrence-Douglas County Public Health (LDCPH), 2025 was a year defined by strength. Not the kind of strength that comes easily, but the kind that develops when you stay focused and keep pushing even when the weight feels heavy.

2025 demanded discipline, and unity. It challenged us with new expectations, community needs, guidance being adjusted, policies changing, and a significant shift in the federal landscape among other challenges. But every challenge was like added weight, something that we could either step away from or use to grow stronger. I'm so proud that our team chose to be stronger!

Across our organization, we moved major initiatives from “why not” thoughts to reality. We implemented new strategies from our Community Health Improvement Plan (CHIP), turning objectives into concrete work. We launched our Suicide Fatality Review Board into a functioning system that develops interventions designed to prevent suicide in our community. We started a new partnership with The Bert Nash Center to promote whole-person care under one roof. There was a display of continued excellence across all our programs and services that strengthened the health of our community.

The 2025 LDCPH annual report demonstrates the organizational strength developed through consistent effort across all departments. The combined work of our teams created a more robust, more responsive health department, one with the operational muscle to meet the demands of a changing landscape.

To our staff, boards, community partners, and local government: THANK YOU for your grit, your adaptability, and unwavering dedication to the health of our community.

Take care,

Jonathan Smith, MPH  
Executive Director  
Lawrence-Douglas County  
Public Health



# Health Board

The LDCPH Board, established in 1951, provides governance and oversight for the health department. Board members serve three-year terms, with no member serving more than two consecutive full terms. Appointments are made by the Douglas County Commission and Lawrence City Commission, with one member appointed jointly by both governing bodies, and one ex officio member from the University of Kansas (KU) selected by the KU Chancellor. The Health Board's responsibilities include establishing policies for health department operations, reviewing the annual budget, and overseeing the health department's programs.



**Kevin Coronado, Chair**  
County Appointee  
2023-2026



**Maren Bradley, Vice Chair**  
City Appointee  
2024-2027



**Martha Harris, Treasurer**  
County Appointee  
2024-2027



**Erica Hill**  
City Appointee  
2023-2026



**Samantha Arredondo**  
County Appointee  
2025-2028



**Erika Dvorske**  
City/County Appointee  
2025-2028



**Dr. Graig Nickel**  
KU Appointee  
2025-2028



**Jennifer Strickland**  
City Appointee  
2025-2028

## Letter from the Health Board Chair

Since April of 2025 I have served as Chair of the LDCPH Board and it has been an incredible honor. This past year has shown what is possible when a community comes together with a shared vision for health and well-being.

Our dedicated team has not only maintained essential services during times of uncertainty but has boldly expanded programs and partnerships to meet the evolving needs of our residents. Every initiative reflects a simple but powerful question: "How can we do more for the people we serve?"

From strengthening preventive care to building new collaborations that reach every corner of our county, we are laying the foundation for a healthier future—one where every individual has the opportunity to thrive.

On behalf of the Board, I extend my deepest gratitude to our staff, leadership, and community partners. Your passion and commitment make Lawrence and Douglas County a model of what public health can achieve when we work together. Let's continue to dream big, act boldly, and create a community where health is not a privilege, but a promise for all.

*Kevin Coronado*

## Health Equity Advisory Board

LDCPH is deeply committed to advancing health equity and ensuring that all residents have the opportunity to live healthy, thriving lives. Central to this commitment is the Health Equity Advisory Board (HEAB), a group of community members who identify as Black, Indigenous, or People of Color and have intersections with other populations experiencing inequitable conditions for health. The HEAB serves as an advisory body to LDCPH, providing critical insight, accountability, and guidance to ensure that equity remains at the forefront of the department's work.

HEAB members bring invaluable perspectives to LDCPH's strategic planning, policy review, and community engagement efforts. Over the past year and beyond, the group has helped guide the selection of strategic plan priorities and contributed to the review of internal policies. The HEAB meets monthly and works from a collaboratively developed agenda, with members compensated for their time and contributions. Their work continues to strengthen LDCPH's ability to serve all residents of Douglas County with integrity, inclusivity, and accountability.



**Sierra Two Bulls, Chair**



**Nafiza Akbar, Vice Chair**



**Arianna Siddique**



**Beverly Victoriano**



**Christina Haswood**



**Laura Canelos**



**Roberto Gonzalez**

## Remembering Jose Eduardo Romero, 1963-2025

Jose was a dedicated advocate for public health and played a key role in shaping both LDCPH programs and policies through his work on the HEAB as an inaugural member, serving since 2022. His insights helped the department shape the Community Health Assessment and Community Health Improvement Plan process, develop initiatives like Wellness Wednesdays and our partnership with Bert Nash, as well as important LDCPH policies like workforce development and infant-at-work/childcare stipends. His contributions continue to live through this work and the positive impact it has on our community.

His passing at just age 62 feels far too soon. It is a reminder of how important our work is to continue strengthening community health, addressing the gaps that exist, and carrying forward the efforts he cared so deeply about.



# Equity and Public Health: The Ten Essential Public Health Services

The 10 Essential Public Health Services (10 EPHS), created by the PHAB Center for Innovation and de Beaumont Foundation, act as a guide for public health to protect and promote the health of all people in all communities.

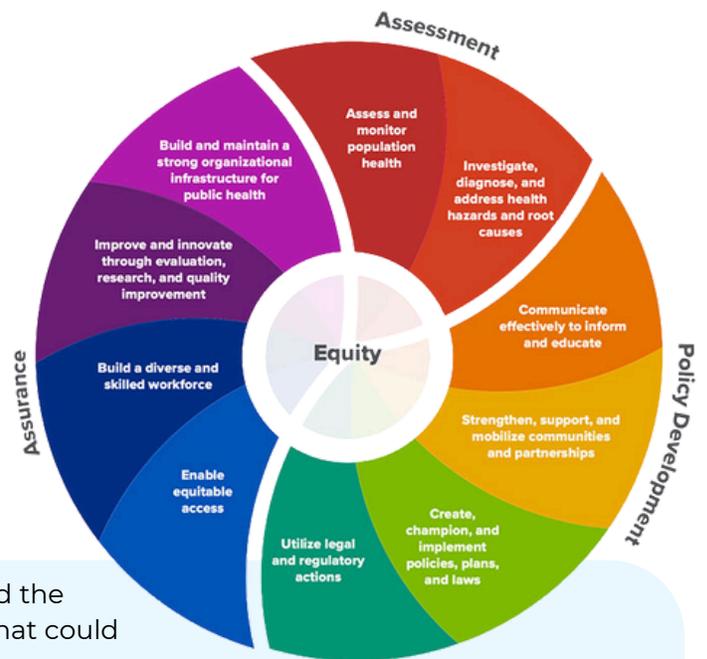
To achieve equity, the 10 EPHS actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

The 10 EPHS are split into three core functions:

**Assessment** includes efforts to describe and understand the health of a population and an investigation into issues that could lead to possible future negative public health outcomes.

**Policy Development** looks at the impacts of local laws and regulations to assess how changes to those policies may improve future public health outcomes. This function also includes efforts to develop and maintain partnerships to support public health efforts and communication approaches aimed at educating stakeholders and community members about important public health topics.

**Assurance** is the act of reviewing impact and accessibility to make sure that the delivery of services is achieving intended public health outcomes. The work of assurance also includes assuring a strong, competent workforce and exercising fiscal and administrative stewardship.



## Public Health Accreditation

In 2025, LDCPH maintained its PHAB (Public Health Accreditation Board) reaccreditation status by submitting its final annual report for the 2021–2025 reaccreditation cycle. PHAB accreditation represents the only national set of standards for public health agencies and is awarded to high-performing departments that consistently and effectively deliver the essential public health services their communities deserve. This recognition reflects LDCPH's ongoing commitment to quality, accountability, and excellence in public health practice.

PHAB accreditation measures a health department's performance against rigorous, practice-focused, and evidence-based standards that define excellence in public health. Evidence of meeting these standards is drawn from across LDCPH's programs and functions—from data analysis and linkage to care, to administrative policy development and disease investigation—collectively telling a comprehensive story of how the agency delivers the 10 EPHS. Maintaining PHAB reaccreditation provides ongoing accountability for LDCPH's performance and assurance to the community that these essential services are delivered effectively and equitably. PHAB accreditation is directly aligned with the 10 EPHS, with each of the 10 PHAB domains corresponding to one essential public health service. This alignment, and LDCPH's commitment to maintaining PHAB reaccreditation, ensures the continuous delivery of high-quality public health services that promote and protect the health of Douglas County residents.

# Community Health

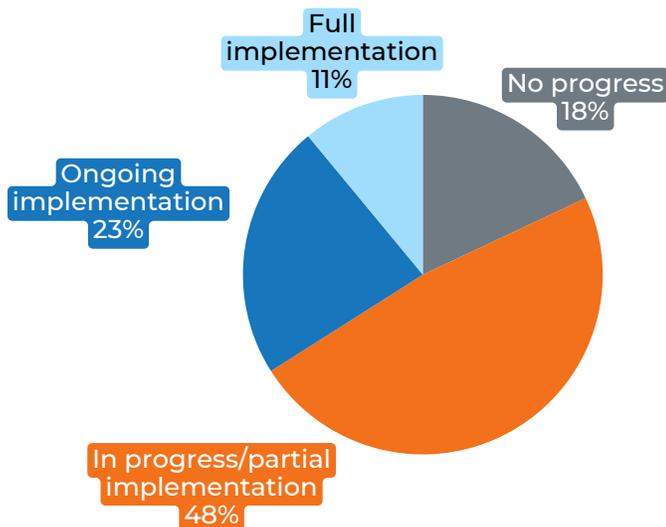
The community health team is made possible by the partnership between the University of Kansas School of Medicine, Department of Population Health and LDCPH. The community health team provides leadership for the community health improvement process which includes completion of a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The community health assessment is a process which identifies health needs and issues specific to Douglas County through systematic, comprehensive data collection and analysis. The community health assessment leads to the creation of our community health plan, which is a long term, systematic effort to address the public health issues that were identified in the community health assessment.

## Community Health Improvement Plan

The CHIP is a long term, systematic effort to address the public health issues that were identified through systematic, comprehensive data collection and analysis in the CHA. In late 2024, the community health team worked with partners to launch the new CHIP. The 2024-2029 CHIP includes goals, measurable objectives, and critical strategies for making progress on six issues: access to health services, anti-poverty, behavioral health, birth outcomes, food security, and safe and affordable housing. The CHIP serves as a strategic plan for health and well-being, and was created through the dedicated effort of dozens of community members and organizations committed to creating change in our community. To read the whole CHIP, visit [ldchealth.org/chip](http://ldchealth.org/chip).



*In the first year of implementation, 82% of all strategies identified in the CHIP are in progress or are fully implemented.*



*Director of Policy and Planning Vicki Collie-Akers presents at the 2025 CHIP update event to celebrate successes during the first year of implementation.*

# Successes in the First Year of Implementation

## Access to Health Services



**Goal:** To increase access to comprehensive, high quality health care services.

**Year 1 Success:** Community Health Workers (CHWs) provide linkages to care and community resources which aid in helping people gain access to needed supports and services. The workforce of CHWs and other navigators grew in 2025. LiveWell Douglas County convened partners to work toward creating a countywide plan for CHWs.

## Anti-Poverty



**Goal:** To improve the well-being of families in Douglas County by intentionally and simultaneously working to support children and adults in their lives together, recognizing that families in Douglas County come in all different shapes and sizes and that families can define themselves.

**Year 1 Success:** To further strengthen family stability and economic opportunity, the County committed \$162,500 in FY 2026 one-time funding—\$100,000 to launch a matching grant for the Community Childcare Scholarship Fund and \$62,500 to expand youth pre-apprenticeship programs at Peaslee Technical Training Center.



*Left: The Anti-Poverty Work Group hosted a screening of It's Basic at Eudora High School, exploring guaranteed income programs.*

*Right: The documentary screenings were accompanied by a Data Walk, highlighting local data on poverty, employment, and childcare in Douglas County.*

## Behavioral Health



**Goal:** An integrated system of behavioral health care that serves the whole person, their whole life, so they can realize their full potential.

**Year 1 Success:** Significant progress toward reducing suicide. LDCPH hired the community's first full-time Zero Suicide coordinator, who provides oversight and coordination for implementing an evidence-based systems change approach to reducing suicide.

Additionally, community partners came together to initiate a Suicide Fatality Review Board. This board systematically reviews instances of suicide to identify patterns and strategies for addressing those patterns, as a means of preventing suicide. *See page 17 to learn more about the Suicide Fatality Review Board.*



## Birth Outcomes

**Goal:** Improve the health of mothers, families, parents and infants by reducing racial and ethnic differences in birth outcomes.

**Year 1 Success:** Partners renewed efforts to promote safe sleep and breastfeeding, which are two protective factors for preventing infant mortality. A cohort of community members were trained to provide education to new parents regarding safe sleep. This evidence-based training will assure new parents get accurate, prevention-focused information about safe sleep practices.

Additionally, a previously dormant coalition promoting breastfeeding was reactivated and is currently planning activities to promote healthy families.



## Food Security

**Goal:** Reduce food insecurity and hunger in Douglas County.

**Year 1 Success:** Eudora school district committed to serving free breakfast for all students in the 2024-25 school year. Over 100,000 free breakfasts were served to students in the district. The average reimbursement per meal was \$1.27, and the district spent about \$1.25 per meal or about \$125,517. The district finished the year with a net surplus of \$1,919. Research shows that receiving free or reduced-price school meals helps reduce food insecurity and improve overall health. The USD 491 School Board approved to continue offering free breakfast to all students for the 2025-26 school year.



## A Place for Everyone Housing Plan

**Goal:** By 2028, create a system that achieves functional zero through policy, system, and environmental changes resulting in all Douglas County residents having access to the fundamental human right of safe, accessible, attainable, and affordable housing, and in which homelessness is a rare and brief occurrence.

**Year 1 Success:** Douglas County experienced a 63% drop in chronic homelessness from January 2024 to January 2025, from 142 people to 52 people unsheltered. This success is credited to sequencing, transparency, and accountability. Lawrence invested first in coordinated services—beds, outreach, and case management—before enforcing public-space rules. This shows that planning, partnership, and persistence, visible improvements and humane outcomes can go hand in hand. From 2024 to 2025, the number of permanent supportive housing units increased from 311 to 432.

# Policy Development and Health Impact Assessments

This year marked a significant year of growth and impact for policy development at LDCPH, particularly through the expansion and use of Health Impact Assessments (HIAs) to inform housing and economic policy decisions.

In early 2025, the community health team was approached to conduct a large-scale series of HIAs focused on housing-related initiatives. In response, Health Equity Policy Analyst Shelby Ostrom completed and advanced multiple HIAs addressing critical community issues, including rental and utility assistance, eviction prevention strategies, tenant right to counsel, housing funding opportunities, and healthy homes. Additional assessments were conducted in partnership with Johnson County Health Department on topics such as eviction mediation, eviction sealing, and vacant and dilapidated housing.

These assessments strengthened the department’s ability to evaluate how proposed policies affect health outcomes and social determinants of health, while also increasing recognition of the department as a trusted policy resource.

## Legislative Engagement and Data-Driven Policy Support

The department actively monitored the 2025 Kansas legislative session, which concluded earlier than usual. Anticipating proposed legislation related to guaranteed income preemption—identified in the Community Health Improvement Plan as an anti-poverty strategy—staff used existing health impact research to provide neutral, evidence-based testimony.

To improve accessibility and transparency, the department also developed concise, public-facing policy reports to support communication with legislators, media, and community partners. Research findings were referenced during legislative discussions and contributed to narrowing the scope of preemption, allowing guaranteed income programs to continue if funded through non-tax sources.

## Building Policy Capacity and Strengthening Partnerships

In 2025, staff helped lead the formation of a statewide policy work group composed of six large Kansas health departments. This community of practice supports coordination around legislative monitoring, testimony, and health-in-all-policies efforts. The group meets regularly during the legislative session and has become a valued forum for collaboration and shared learning.

*Left: Health Equity Policy Analyst Shelby Ostrom (right) and colleague Natalie Cook with Johnson County Health Department present at the National Association of City and County Health Organizations (NACCHO) 360 National Conference in Anaheim, California.*



*Right: (From left to right) Executive Director Jonathan Smith, Health Equity Policy Analyst Shelby Ostrom, Business Systems and Finance Analyst Charlie Bryan, WIC Supervisor Lisa Njoroge, and Public Health Information Officer Rachel Grollmes pose for a photo at NACCHO 360.*

## Safe Routes to School

The Community Health team works collaboratively with the City of Lawrence to promote Safe Routes to School, a program that supports safe and active transportation through encouragement, education, and engineering. In 2025, the Community Health team supported the Lawrence–Douglas County Metropolitan Planning Organization by promoting the Safe Routes to School parent survey. The survey gathers parent perspectives on walking and biking to school and helps inform the Safe Routes to School Plan, route selection, and the tailoring of safe walking and biking strategies for K–12 schools. Through this collaboration, the survey received more than 500 responses.

**14.9%**  
of Lawrence K-8 students  
walk or bike to school



*Community Health Research Associate Sara Obermeier (left) and Health Equity Policy Analyst Shelby Ostrom (right) pose for a picture while tabling at the annual Lantern Walk event promoting Safe Routes to School.*

## Environmental Health

Environmental Health (EH) is a key component of LDCPH's regulatory services, supporting the health and safety of the Douglas County community. The EH team facilitates a wide range of inspections and services, including onsite sewage management (septic systems) permits and inspections, private water supply (well) permits and inspections, well water sample screenings, public swimming pool and spa inspections, cereal malt beverage inspections, septic installer and hauler licensing, tobacco retail licensing, and responses to resident environmental health complaints. Through this work, the EH team helps ensure Lawrence and Douglas County residents live in a safe and healthy environment.

In 2025, the EH team focused on strengthening its operations through training, updated regulations, increased capacity, and improved systems. Environmental Health Specialists Enrique Ortiz and Steve Vogelsang completed soil profiling training to more accurately determine appropriate systems for each unique property. These improvements support better-matched septic systems, leading to more effective wastewater management and improved environmental outcomes. The team also implemented updated pool regulations through adoption of the 2023 Model Aquatic Health Code. This expanded the scope and depth of pool inspections, increasing focus on safety features, infrastructure, and sanitation standards. The team transitioned to a fully digital reporting and data management system. The new system has improved inspection reporting, and organization, strengthening the EH program overall.



*Members of the Environmental Health team (from left to right) Director of Policy and Planning Vicki Collie-Akers and Environmental Health Specialists Enrique Ortiz and Steve Vogelsang pose for a photo on Earth Day, when they coincidentally all wore green and blue.*

## *KDHE Local Environmental Protection Program Grant*

In 2025, Ortiz applied for a grant through the Kansas Department of Health and Environment (KDHE) that focused on well water testing and septic system repairs. Originally, Ortiz applied for \$2,000 to expand well water testing, but was offered significantly more funding—approximately \$20,000—to expand access to septic repairs in addition to well water testing. Excited to hear this, Ortiz shared the news with Policy and Planning Director Vicki Collie-Akers, and they happily accepted.

Many residents with private wells don't realize their water could be contaminated, so increased testing supports education and outreach. Of the 18 well water samples that LDCPH tested in 2025, nine tested positive for contaminants.



The biggest impact of increased well water testing is greater awareness of what is in people's drinking water.

*Enrique Ortiz, Environmental Health Specialist*



This testing initiative will produce a scientific snapshot of groundwater health across Lawrence and Douglas County. Ultimately, this effort supports healthier, more resilient communities by combining public knowledge and environmental stewardship.

## *Tobacco Retail*

In 2025, the Environmental Health team continued to license tobacco retailers and conduct compliance checks under City of Lawrence Ordinance 9946. This ordinance gives LDCPH the authority to manage the tobacco retail licensing program and conduct related compliance checks.

The team completed 121 tobacco retail inspections. Of those inspected, 83% of retailers were compliant with regulations, while 17% of retailers failed their inspections.

During the year, two Lawrence tobacco retailers incurred repeated violations, selling tobacco to underage individuals at least twice within a 36-month period, despite warning and intervention. As a result, their tobacco retail licenses were suspended for seven days, during which they were prohibited from selling tobacco. In addition, all tobacco products and any related advertising were required to be removed from public view within the premises.

Tobacco manufacturers and retailers often target young people through advertising and product design, which makes strong enforcement of tobacco laws especially important. In the City of Lawrence, there are more tobacco retailers than grocery stores, parks, or schools. This highlights the need for strict enforcement to prevent youth access to tobacco. Preventing young people from accessing tobacco is a critical strategy to reduce lifelong use of cancer-causing substances.

## Childcare Licensing

In 2025, the Childcare Licensing (CCL) team continued its essential role in preventing predictable harm to children while in out-of-home settings across Douglas County. Licensing specialists ensure that childcare centers, homes providers, and youth programs follow state laws and regulations designed to keep children safe and healthy.



Our job is to make sure the facilities are following the laws and regulations that take care of kids. In some ways, we are the children's voice to make sure they are being taken care of properly.

*Anna Lafferty, Childcare Licensing Specialist*

I've really enjoyed the opportunity to continue utilizing my expertise in early childhood in a way that gives back to the community and supports families and kind of helps build that career in our community.

*Reagan Proctor, Childcare Licensing Specialist*



In addition to being regulators, CCL specialists are trusted resources. They support providers through the licensing process, offer orientation and training, and serve as a consistent point of contact for providers. Strong relationships with providers help to build trust and foster a shared goal for child well-being.

In September, Lafferty and Proctor hosted a Childcare Provider Appreciation Night, welcoming 45 Douglas County providers. This annual event aims to show appreciation for all the hard work and dedication that goes into caring for Douglas County's youngest members.

The childcare landscape is continually changing, with providers opening and closing throughout the year. In 2025, the program oversaw approximately 120 licensed facilities across Douglas County, including centers, childcare homes, preschools, Head Start programs, and youth development programs. Together, LDCPH's two licensing specialists opened five new homes and three new centers.



*Douglas County Childcare Providers pose for a photo at Childcare Provider Appreciation Night.*



*Anna Lafferty (left) and Reagan Proctor (right) pose for a photo at Childcare Provider Appreciation Night.*

## Clinic Services

The LDCPH Clinic is committed to promoting health and well-being in the community by offering essential clinical services, including, but not limited to, immunizations, physical exams, tuberculosis screenings, and testing and treatment for sexually transmitted infections.

## Designated Collaborating Organization with The Bert Nash Community Mental Health Center

On January 1, 2025, LDCPH and The Bert Nash Community Mental Health Center (BNC) entered into a Designated Collaborating Organization (DCO) agreement to support whole-person care by bridging mental and physical health services. As a Certified Community Behavioral Health Clinic (CCBHC), BNC is required to address both behavioral and physical health needs, which highlights the importance of a trusted partner to ensure clients can also access timely, coordinated physical health care.

The foundation for this partnership was established through a learning collaborative facilitated by the National Council for Mental Wellbeing. Beginning in 2024, BNC and LDCPH joined one of only three sites in Kansas, alongside three sites in Texas. Through this process, the National Council identified public health departments as strong partners for CCBHCs seeking to expand access to physical health care. As collaboration deepened, it became clear that the health department could effectively support BNC in meeting its whole-person care requirements.

Early meetings during the learning collaborative helped both organizations better understand their shared goals and capacities. However, it soon became apparent that meaningful, sustainable change would require more than informal coordination. To support long-term collaboration, establish clear expectations, and enable system-level improvements, the partners recognized the need for a formal agreement.

That need led to the creation of the DCO. The agreement outlines how the organizations work together, including expectations for timely access to care, referral processes, and operational responsibilities. It also supports sustainability by formalizing the partnership beyond individual programs or staff.

The DCO was authorized by the health board on October 21, 2024, signed in November, and became effective on January 1, 2025. Alongside the DCO, an Organized Health Care Arrangement (OHCA) was established to allow HIPAA-compliant information sharing between the two organizations, which use separate electronic health record systems.

Together, the DCO and OHCA created a framework that allows clients to move more seamlessly between behavioral and physical health care. This structure enables individuals who may be disconnected from medical services to reengage quickly and supports coordinated, whole-person care.



*LDCPH and BNC staff pose for a photo commemorating the DCO. From left to right: Former BNC President and CEO Patrick Schmitz, LDCPH APRN Nicole Parker, LDCPH APRN & Nurse Supervisor Brittnay Schuetz, BNC Chief Medical Officer Dr. Nana Dadson, BNC Senior Director of Community Based Services Marsha Page-White, LDCPH Director of Clinic Services Christine Ebert, and LDCPH Executive Director Jonathan Smith.*

The DCO is not only the first of its kind in Kansas between a public health department and a CCBHC, but also the first documented in the nation. This partnership represents an innovative approach to improving health outcomes through collaboration, one of the core values LDCPH uses to lead change to advance health for all.

## Presumptive Eligibility

In October, the LDCPH clinic began offering presumptive eligibility to help expedite care. Presumptive eligibility provides temporary Medicaid coverage for eligible individuals, including pregnant women and children, while their full Medicaid application is being processed.

By providing immediate insurance coverage, presumptive eligibility expands access to care and allows individuals to seek services from more providers in the community without the concern of financial burden.

## Street Medicine

Since December 2024, LDCPH has partnered with the Mobile Integrated Health (MIH) team from Lawrence-Douglas County Fire Medical (LDCFM) and the Homeless Response Team (HRT) with the City of Lawrence. Together, they provide preventative and treatment services to community members who may not otherwise be able to access the care they need.

“Street medicine is personalized to the individual,” explains Raul Saenz-Escarcega, LDCPH Community Health Worker (CHW). “We work to engage people where they’re at.”

The street medicine team brings services directly to clients, often in spaces that feel safer and more familiar than a clinic. As trusted frontline workers, CHWs not only serve as advocates, helping clients navigate complex systems that can otherwise feel overwhelming, but they also can connect them to resources that address unmet social needs. By addressing essential social needs alongside medical care, the team helps clients meet immediate challenges while laying the foundation for long-term health and stability.

Medical care in the field is strengthened through collaboration with an Outreach Advanced Practice Registered Nurse (APRN). The Outreach APRN can diagnose conditions and prescribe medications, allowing the team to address immediate health concerns while also considering the broader factors that affect long-term well-being.



*Escarcega and other members of the Mobile Integrated Health team provided services to community members out in the field.*

**78** clinic visits at Wellness Wednesday events

**172** street medicine visits



For people experiencing homelessness in Lawrence, street medicine addresses more than physical health. “Street medicine was born out of an acknowledgment that we have vulnerable neighbors who are not willing to go to formal medical settings to receive care, but that does not mean they should not receive care,” said Christine Ebert, Director of Clinic Services. “It is really designed to meet clients where they are.” Street medicine also represents a natural evolution of earlier outreach efforts, such as Wellness Wednesday, which provides care at the Lawrence Community Shelter on the last Wednesday of each month. Over time, it became clear that the need extended beyond a single location and limited hours. Partnering with MIH and HRT was a natural progression driven by a shared commitment to equity.

## Women, Infants, and Children (WIC)

Throughout 2025, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program at LDCPH focused on expanding access, strengthening partnerships, and ensuring continuity of essential services for families across Douglas County.

WIC also strengthened its role in community collaboration in 2025. Staff began attending Douglas County’s Breastfeeding Coalition meetings, which were revitalized as part of the Birth Outcomes focus area of the Community Health Improvement Plan. The coalition supports coordinated efforts to improve breastfeeding outcomes and access to lactation support in Douglas County.

Workforce development further enhanced WIC services during the year. In June 2025, WIC Supervisor and Registered Dietitian Lisa Njoroge became a Certified Breastfeeding Specialist, expanding the program’s capacity to provide more comprehensive breastfeeding support to WIC clients. In addition, LDCPH began contracting with an International Board Certified Lactation Consultant (IBCLC) to provide the highest level of breastfeeding support to WIC families.

Finally, during the federal shutdown from October 1 through November 12, 2025, WIC services remained fully operational without interruption. This continuity reflects the resilience and dedication of WIC staff, ensuring that families continued to receive essential nutrition and breastfeeding support during a period of uncertainty.

**\$1,102,517.77**

*Dollar amount redeemed by WIC participants across 12 Douglas County grocery stores in 2025*



*LDCPH WIC team. From left to right: Director of Clinic Services Christine Ebert, WIC Supervisor Lisa Njoroge, Clinic Services Specialist Rachel Stumblingbear, Public Health Immunization Nurse Denalyn Page, Breastfeeding Peer Counselor Arminda Gammon, and Clinic Services Specialist Kennia Laureano.*



I love the chance to support new moms, especially for those who may not have support. Building trust with clients and being a reliable source of support for them makes my job rewarding. I enjoy learning with and alongside them; their feedback is very important. The clients know we are here for them.

*Arminda Gammon,  
Breastfeeding Peer Counselor*



## Family Support Programs

Family Support Programs at LDCPH include Healthy Families Douglas County (HFDC), Baby Steps, and Mi Apoyo Prenatal. Each program is designed to support pregnant individuals and families with young children.

### *Healthy Families Douglas County Achieves Reaccreditation*

In November 2025, Healthy Families Douglas County was reaccredited by Prevent Child Abuse America, the leading national child abuse prevention organization, continuing the program's tradition of accreditation that began in 2015. The accreditation process is based upon a stringent set of 12 critical elements grounded in more than 30 years of research. The process involves an in-depth examination of the site's operation, as well as the quality of the visits made by Healthy Families home visitors.

HFDC is an evidence-based home visiting program that partners with caregivers facing multiple life stressors with the goal to promote nurturing and responsive parent-child relationships. Home visitors support child development, health care access, goal setting, and connections to community resources to support all aspects of a child and family's well-being.

The impact of the program is reflected in client feedback. One Healthy Families Douglas County client said, "I truly enjoy this program! My home visitor is a great person to be around, and my daughter loves her. She is very good at what she does and is very reassuring when I'm hard on myself."

In another instance, a client struggled to access speech services for their child due to cultural, systemic, and communication barriers. By working collaboratively with the client, their home visitor helped bridge these gaps and successfully connected the child to needed services.

Healthy Families Douglas County has been a program of LDCPH since October 2010 and remains a vital part of the department's mission to create abundant and equitable opportunities for good health.



I am consistently impressed by our team's hard work, unwavering commitment to quality services, and profound dedication to supporting community families. I look forward to the future growth of our programs and the continued positive impact on the families in our community."

*Jen Bruns, Family Support Programs Supervisor*



*LDCPH Family Support Programs (FSP) team. From left to right: Mi Apoyo Prenatal (MAP) Coordinator MariaAna Garza, MAP Case Manager Edith Martinez-Lopez, FSP Home Visitor Kelli Raney, FSP Home Visitor Egla Eikleberry, FSP Home Visitor Grace Nganga, Parent Educator Aída Hernández Fernández, Disease Investigation Specialist and FSP Program Assistant Alison Littell, FSP Supervisor Jen Bruns, and Director of Clinic Services Christine Ebert.*



## Mi Apoyo Prenatal

Mi Apoyo Prenatal serves pregnant individuals who are ineligible for health insurance by connecting them to prenatal care, case management, interpretation services, and prenatal education, with support continuing through the fourth trimester. In 2025, the program continued offering Becoming a Mom®/ Comenzando Bien® prenatal classes, developed by the Kansas Department of Health and Environment and the March of Dimes.

Each nine-session cohort provided participants with education and resources for taking care of a new baby. During the year, 53 individuals successfully completed the program. Participants reported increased knowledge of prenatal care, delivery, breastfeeding, and awareness of perinatal and postpartum depression.

Program facilitators also help participants get connected to relevant resources in the community. One teen participant tried breastfeeding after learning about its benefits and later got connected to WIC services.



*Program participants take photos with Santa at the family time Holiday Party!*



## 2025 Kay Kent Award Winner: Aída Hernández Fernández

In 2025, Aída (Tita) Hernández Fernández was awarded the Kay Kent Excellence in Public Health Service Award During National Public Health Week. Hernández Fernández serves as the Mi Apoyo Prenatal Parent Educator and teaches the Becoming a Mom®/ Comenzando Bien® prenatal classes.

The award is named after W. Kay Kent, a public health pioneer who served as director of the Health Department for 33 years from 1973-2006. In 2008, LDCPH established the Kay Kent Excellence in Public Health Service Award to honor her legacy.



*Tita creates a demonstration while teaching class.*



*Mi Apoyo Prenatal Parent Educator Aída Hernández Fernández (middle) poses with Executive Director Jonathan Smith (left) and Executive Director Emeritus Kay Kent (right).*

## Informatics and Epidemiology

The Public Health Informatics program provides analytical support across the department. Internally, the program supports the CHA and maintains PHAB metrics required for accreditation. Externally, the program analyzes data and publishes reports that help track and monitor community health issues and the metrics outlined in the CHIP. Through public health preparedness activities, the program strengthens the capacity of staff, community partners, and individuals to respond to and recover from significant health incidents.

The program manages investigations of reportable diseases to protect the community from the spread of communicable illness. LDCPH also provides weekly respiratory illness reports during flu season using syndromic surveillance to monitor local trends. Real time data from emergency department visits and wastewater monitoring help identify early changes in the spread of COVID, flu, and RSV. This information supports timely public health guidance and is shared with the public through LDCPH's Facebook, Instagram, and website to help community members make informed health decisions for themselves and their families.

In 2025, the Epidemiology team investigated 368 reportable disease cases.

## Suicide Prevention

### Zero Suicide

Suicide remains a significant and preventable public health issue, and many individuals who die by suicide have had recent contact with health or behavioral health service systems. Zero Suicide is an evidence-based framework for suicide prevention within health care and behavioral health service systems. It is rooted in the belief that organizations can systematically improve care for individuals at risk for suicide by embedding suicide prevention into workforce training and service delivery. Zero Suicide emphasizes continuous quality improvement and shared responsibility across the system of care. This helps to ensure staff are supported in implementing best practice for safer suicide care and organizations move from reactive response to proactive compassionate prevention.

Sarah Landry stepped in to the role of Zero Suicide Coordinator at the beginning of 2025. In this role, Landry fosters leadership engagement, facilitates training and technical assistance, monitors progress, and uses data to inform continuous improvement. At the county level, this role includes identifying implementation needs across partner agencies and supporting planning efforts to address gaps in training and technical assistance.



*Senior Project Associate Amy Molloy with the Zero Suicide Institute facilitates a training about implementing Zero Suicide with staff and community partners.*

Suicide is the 2<sup>nd</sup> leading cause of death among Douglas County residents ages 15-44 years old.

This year marked a foundational phase of Zero Suicide implementation, with a primary focus on building internal capacity through workforce development and the development of adaptive tools and processes to support continuous quality improvement and sustainability. This internal focus was intentional, ensuring that systems and supports were in place to effectively implement Zero Suicide.



When we are comfortable speaking openly about mental well-being and know how to seek or offer support, we help make each other's worlds a little brighter. That's suicide prevention at an individual level.

On a larger scale, we can support staff by providing the infrastructure and training they need to feel comfortable engaging people in their most difficult moments. Then we can do so much more to care for the whole person and serve our community in a way that supports connection.

*Sarah Landry, Zero Suicide Coordinator*



## Launch of the Suicide Fatality Review Board

The launch of the Suicide Fatality Review Board (SFRB) of Douglas County marks the culmination of years of work that began in 2019, when Dr. Dee Kinard, Informatics Manager at LDCPH, first encountered an innovative strategy for preventing suicide.

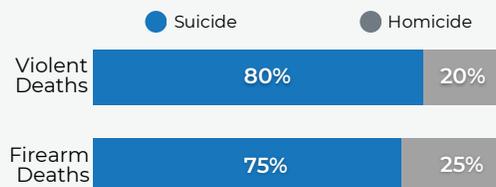
While attending a conference that year, Dr. Kinard met Dr. Kimberly Repp, Chief Epidemiologist for Washington County Public Health in Oregon, and learned about her county's suicide fatality review board. At the time, Dr. Kinard was preparing a suicide report for Douglas County and was exploring what public health could do to better address rising suicide rates.

Inspired, Dr. Kinard returned to Douglas County determined to build a similar system. What seemed at first like it might be a straightforward project grew into a multi-year effort involving extensive collaboration and shared understanding with community partners.

Now, with Dr. Repp serving as a consultant, LDCPH has officially launched the Suicide Fatality Review Board of Douglas County. According to the board's charter, the SFRB of Douglas County is "a multidisciplinary group of professionals and community members that meets to evaluate the circumstances leading to and surrounding suicides to improve the community responses and service systems in Douglas County."

The review board uses an epidemiologic approach to examine suicide deaths through the lens of risk factors and protective factors. Consistent with the model pioneered by Dr. Repp, the SFRB is a joint effort between Douglas County's Coroner Scene Coordinator Will Hallagin, and LDCPH.

**Between 2021 and 2023, suicide accounted for 80% of violent deaths and 75% of firearm deaths in Douglas County.**



Source: KDHE Bureau of Epidemiology and Public Health Informatics

Hallagin began conducting death investigations while he served as a paramedic with Lawrence-Douglas County Fire & Medical. “I quickly found out that one of the vital services we as death investigators can provide is support for families who have lost a loved one,” said Hallagin. “We can meet both needs: the decedent’s needs to have their cause and manner of death determined and the family’s needs for guidance. We help educate families on the logistical steps they must take and support them as they begin the grief process. For me, knowing that I can determine cause and manner of death while also helping families through a very difficult time is incredibly rewarding.”

He added, “Being part of this group is another opportunity to help the community as we face a suicide level that is alarmingly high and impacts people in such a devastating way. I am so appreciative to Dee for inviting our team to be part of this so we can work to reduce the impact suicide causes. Having seen firsthand how suicide affects families, any opportunity to prevent a death by suicide is a very worthy undertaking. I am hopeful that Douglas County will see results that are similar to those in other areas that have implemented SFRBs.”

“We couldn’t do this without, Will,” said Dr. Kinard. “He is central to this work, and if we didn’t have his involvement and expertise, we wouldn’t be able to have a SFRB.”

Families are asked for consent before their loved one’s case is reviewed, and all meetings take place in secure locations with strict confidentiality protections, including a secure portal for members to review information before meetings. The board does not collect detailed personal identifiers and is designed to examine system issues, not evaluate individual actions.

Members include front-line staff and service providers from law enforcement, behavioral health agencies, healthcare organizations, crisis services, and other community partners. Consent from the next of kin allow board members to share relevant information from their organizations’ records when they have had contact with the individual who died by suicide. This helps the board build a fuller understanding of each person’s experiences.

“They might be able to share just a few more details that no one else knows,” said Dr. Kinard. “We get a more complete picture of who this person was, like their strengths, their supports, and what they struggled with. From that, we can distill the risk factors and protective factors.”

After each review, the board identifies potential prevention strategies, which are then elevated to the SFRB Policy Group. This group includes organizational leaders from the same sectors represented on the review board who have the authority to support the implementation of recommended strategies.



As I watch the work of the suicide fatality review board, it shows me that there is a way to develop effective interventions, and it comes from sharing data with partner organizations,” she said. “Everyone knows a little bit about a lot of things, but it’s hard to see the full picture. When we come together, we stay focused on what really matters—people. We’re able to work together in ways we don’t usually get the opportunity to, and that makes us a stronger community.

*Dee Kinard, Informatics Manager*





## Igniting the Flame of Quality Improvement at LDCPH

In 2025, LDCPH took a deliberate and transformative approach to strengthening its Quality Improvement (QI) culture. Recognizing the need for a clear foundation, LDCPH paused to define QI as an organization. This work included department-wide training and shared learning to establish common language and a baseline understanding of QI. These efforts marked a shift to a unified commitment to continuous improvement.

To support this reset, LDCPH partnered with the National Association of County and City Health Officials (NACCHO), leveraging trusted external expertise to guide the process. Executive Director Jonathan Smith shared, “Sometimes it’s best to get a voice from the outside looking in. NACCHO brought credibility, subject matter expertise, and a national perspective on what strong QI looks like and helped us shape something that fit our department.”

NACCHO conducted listening sessions with staff and reviewed internal documentation to assess the department’s QI culture and identify opportunities for growth. The resulting recommendations provided a roadmap for moving forward.

*Below: NACCHO facilitator Bianca Lawrence leads a sense-making session with all staff to define LDCPH’s culture of quality values.*



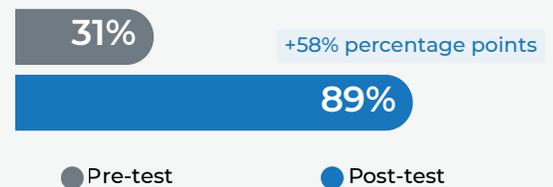
*Above: Staff share their vision for a strong QI foundation at LDCPH.*

# Quality Improvement and Team Development Day

On October 7th, LDCPH hosted its first annual Team Development Day, where NACCHO QI subject matter expert Bianca Lawrence presented to all staff. Following the training, Lawrence facilitated a sense-making session to help define LDCPH's culture of quality values, creating a shared vision for how improvement work should look and feel across the organization. Quality Improvement Coordinator Wyatt Loethen emphasized the importance of this approach, "Our Culture of Quality values were made by staff. That's what makes it powerful. It wasn't leadership telling people what QI should be, it was staff defining what it looks like here." This process fostered trust and broad ownership of QI as a collective responsibility.

In 2025, LDCPH focused on embedding QI into everyday operations through practical systems and tools, including department wide training, a QI portal, routine communication, and increased opportunities for hands on participation. At the end of the year, 73% of staff participated in a major step of a QI project. Looking ahead, LDCPH is positioned to build on this foundation by strengthening performance management, deepening staff engagement, and maintaining a strong focus on customer satisfaction and community impact. Together, these efforts position LDCPH to sustain a culture of quality that maximizes resources and delivers meaningful improvements for the community.

## Before & After QI Training Staff Confidence in Using QI Tools



Confidence is defined as staff who agreed or strongly agreed they were confident using QI tools.

## The Dougie Awards

In addition to learning about QI and reviewing strategic priorities at Team Development Day, staff were surprised with a twist: The Dougie Awards. Inspired by the TV show *The Office's* Dundie awards, each staff member was recognized and celebrated for their unique talents and abilities.

Some of the Dougies awarded are Public Health Nurse Catherine Bird's "Caring Heart Award," Analyst Eric Cook-Wiens' "Data Wizard" award, and Office Administrator Nicole Wells' "Best Comedic Timing" award.

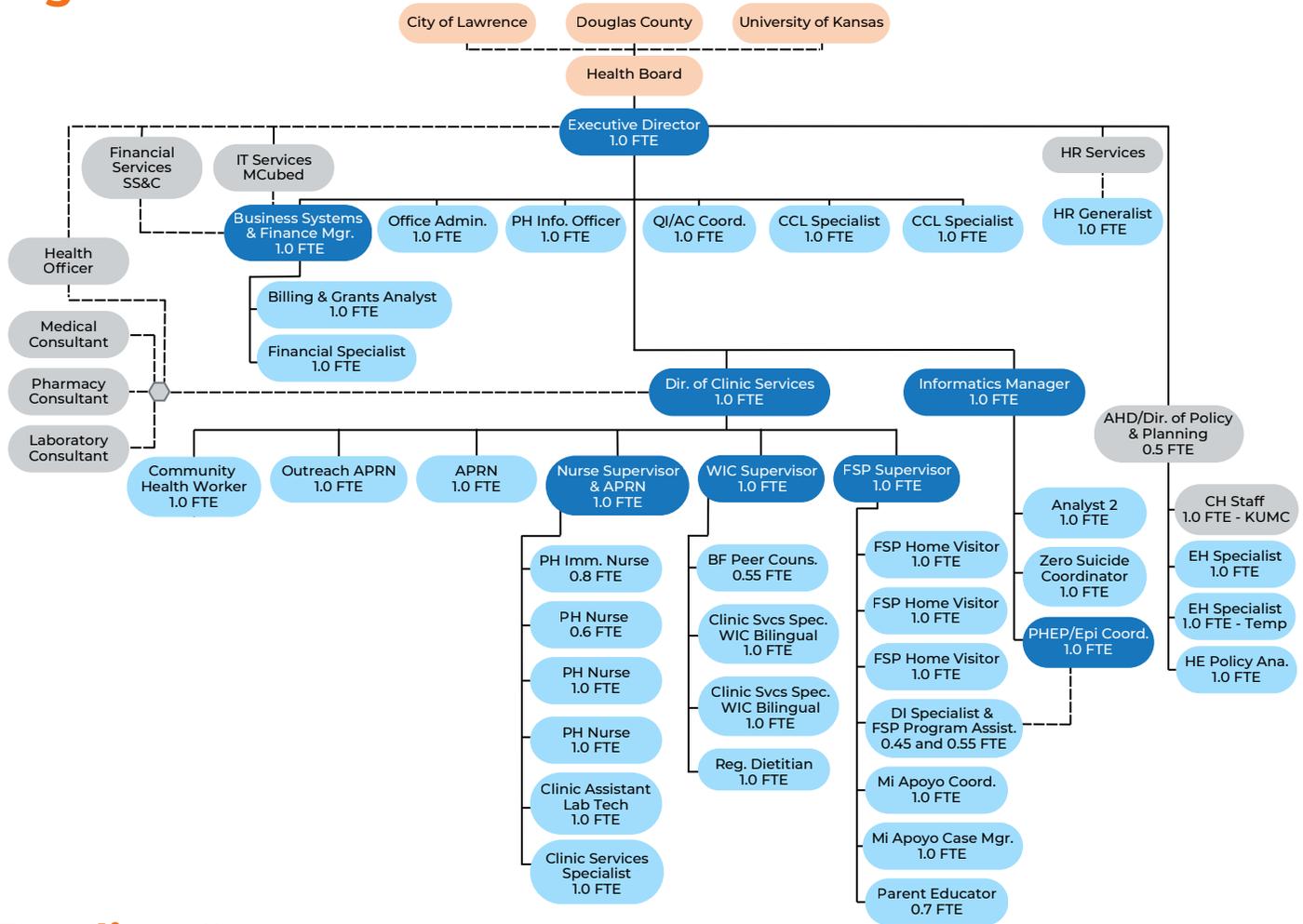


Above: Clinic Services Specialist Rachel Stumblingbear receives the "Most Likely to be Found at the Library" award.

Right: Family Support Programs Home Visitor Eglia Eikleberry proudly shows her award for "Most Likely to be in the Nelson-Atkins Museum of Art".



# Org Chart

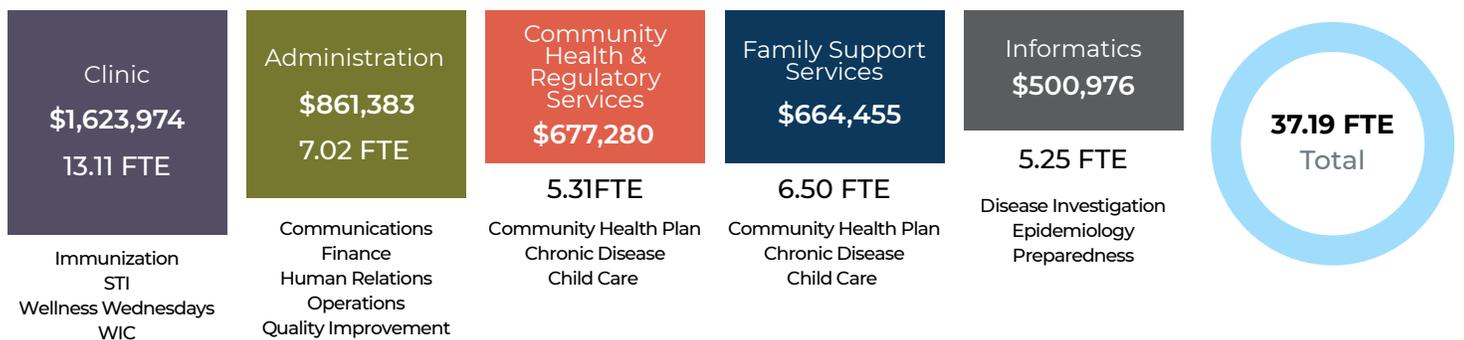


# Funding Sources

## 2025 Actual Revenue



# 2025 Actual Expenditures



# 2025 Finance Report

## Operating Fund

Beginning Balance ..... \$1,198,204

### Revenues

Federal ..... \$1,135,145  
 State ..... \$618,325  
 County ..... \$1,058,582  
 City ..... \$879,200  
 Fees ..... \$591,739  
 Contracts ..... \$388,826  
 Other ..... \$5,272  
**Total Revenues ..... \$4,677,089**

### Expenditures

Salaries and Wages ..... \$2,508,366  
 Payroll Related Expenses ..... \$591,256  
 Contractual ..... \$842,202  
 Commodities ..... \$290,334  
 Other ..... \$50,910  
 Capital Purchases ..... \$45,000  
**Total Expenditures ..... \$4,328,068**

**Net Revenue over Expenditures ... \$349,021**

**Net Interfund Transfers ..... (\$43,951)**

**Net Change in Fund Balance ..... \$305,070**

**Ending Balance ..... \$1,503,274**

## Reserve Fund

Beginning Balance ..... \$4,457,712

### Revenues

Other Revenue ..... \$76,240  
 Investment Income ..... \$216,659  
**Total Revenues ..... \$292,899**

**Net Revenue over Expenditures ... \$292,899**

**Net Interfund Transfers ..... \$43,951**

**Net Change in Fund Balance ..... \$336,850**

**Ending Balance ..... \$4,794,562**

## Funded Depreciation

Beginning Balance ..... \$300,000

### Revenues

Investment Income ..... \$215  
**Total Revenues ..... \$215**

### Expenditures

Contractual ..... \$64  
 Other ..... \$1,275  
**Total Expenditures ..... \$1,339**

**Net Revenue over Expenditures ..... (\$1,124)**

**Net Change in Fund Balance ..... (\$1,124)**

**Ending Balance ..... \$298,876**

## All Funds

Beginning Balance ..... \$5,986,354

### Revenues

Federal ..... \$1,135,145  
 State ..... \$618,325  
 County ..... \$1,058,582  
 City ..... \$879,200  
 Fees ..... \$600,739  
 Contracts ..... \$388,826  
 Other ..... \$81,512  
 Investment Income ..... \$219,700  
**Total Revenues ..... \$4,982,029**

### Expenditures

Salaries and Wages ..... \$2,508,366  
 Payroll Related Expenses ..... \$591,256  
 Contractual ..... \$841,801  
 Commodities ..... \$290,334  
 Other ..... \$52,085  
 Capital Purchases ..... \$45,000  
**Total Expenditures ..... \$4,328,842**

**Net Revenue over Expenditures ... \$653,187**

**Net Change in Fund Balance ..... \$653,187**

**Ending Balance ..... \$6,639,541**





Lawrence · Douglas County

**PUBLIC HEALTH**

Advancing Health for All

# Lawrence-Douglas County Public Health Preparedness

Preparing for the 2026 World Cup



# FIFA World Cup

- Lawrence is a base camp for one of the teams
- Kansas City will host 6 World Cup matches
  - Argentina v Algeria – Group J – June 16
  - Ecuador v Curacao – Group E – June 20
  - Tunisia v Netherlands – Group F – June 25
  - Algeria v Austria – Group J – June 27
  - Match 87 – Round of 32- July 32
  - Match 100 – Quarter-final- July 11
- Estimated that there will be an additional 2 million people in the region during this time.

# Primary Public Health Concerns for the World Cup



LARGE CROWDS



INCREASED DOMESTIC  
AND INTERNATIONAL  
TRAVEL



INCREASED RISK FOR  
INFECTIOUS DISEASE  
SPREAD



POSSIBLE LANGUAGE  
BARRIERS



HEAT-RELATED ILLNESS



POSSIBILITY OF MORE  
INJURIES



STRAIN ON THE  
HEALTHCARE SYSTEMS

# How LDCPH Uses PHEP to Prepare for and Respond to the Upcoming World Cup



Plans and coordinates public health response activities under ESF-8



Monitors health data to identify emerging issues early



Strengthens coordination with hospitals, EMS, emergency management, and partners



Prepares health messaging and communication strategies for large, diverse audiences



Ensures staff, systems, and resources are ready to scale during increased demand

# Emergency Support Functions (ESF)

- ESF #1 - Transportation
- ESF #2 - Communications
- ESF #3 - Public Works and Engineering
- ESF #4 - Firefighting
- ESF #5 - Emergency Management
- ESF #6 - Mass Care, Housing, and Human Services
- ESF #7 - Resource Support
- ESF #8 - Public Health and Medical Services
- ESF #9 - Urban Search and Rescue
- ESF #10 - Oil and Hazardous Materials Response
- ESF #11 - Agriculture and Natural Resources
- ESF #12 - Energy
- ESF #13 - Public Safety and Security
- ESF #14 - Long-Term Community Recovery and Mitigation
- ESF #15 - External Affairs



FEMA

## What is ESF-8

- Emergency Support Function 8: Public Health & Medical Services
  - Part of the National Incident Management System (NIMS)
  - Led by Public Health at the local level
  - Coordinates public health, healthcare, medical, and behavioral health efforts to protect community health during emergencies and large-scale events.

# ESF-8: Core Components

## Public Health Surveillance & Epidemiology

- Monitor illness, injury, and health trends
- Detect outbreaks and emerging threats early

## Medical Care & Healthcare System Coordination

- Coordinate hospitals, clinics, and healthcare partners
- Monitor capacity, surge, and continuity of care

## Emergency Medical Services (EMS) Support

- Support EMS readiness and response
- Monitor system strain and responder safety

## Behavioral Health & Crisis Support

- Address mental health and emotional impacts
- Support affected populations and responders

## Public Health Interventions & Disease Control

- Implement measures to reduce illness and injury
- Support testing, vaccination, isolation, and mitigation strategies

## Environmental Health & Safety

- Protect health related to food, water, heat, and sanitation
- Assess environmental risks during emergencies

## Fatality Management (as applicable)

- Coordinate death management during large-scale events
- Support dignified and legal processes

## Public Information & Risk Communication

- Deliver clear, accurate health messaging
- Address misinformation and public concerns

## Coordination & Information Sharing

- Share situational awareness across partners
- Coordinate resources, planning, and response actions

# LDCPH's Role as the ESF-8 Lead During an Emergency and EOC Activation

- Serves as the lead agency coordinating public health and medical services during emergencies
- Monitors health trends and identifies potential public health impacts early
- Coordinates with hospitals, EMS, emergency management, and healthcare partners
- Provides health guidance, recommendations, and situation updates
- Supports mitigation efforts to reduce illness, injury, and strain on healthcare systems



**What are we currently  
doing to prepare for the  
2026 FIFA World Cup?**

# Risk Communication & Language Access

- **Developing clear, timely public health messaging for large-scale events**
  - Planning multilingual and plain-language communications
  - Addressing language barriers during public health emergencies
  - Coordinating messaging with emergency management and partners
  - Reducing misinformation and increasing compliance with guidance



# Infectious Disease Preparedness

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- Reviewing and updating infectious disease response plans
  - Preparing for respiratory, gastrointestinal, and vaccine-preventable diseases
  - Planning for rapid case investigation and contact coordination
  - Ensuring readiness for diseases uncommon in the U.S.



# Updating MOUs & Mass Dispensing Readiness

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- Updating MOUs to support timely mass dispensing of medical countermeasures
  - Ensuring dispensing sites can be activated quickly if needed
  - Clarifying roles and expectations with partner agencies
  - Reducing delays during high-demand public health emergencies

# Emergency Exercises & Training

- Planning and participating in emergency response exercises
  - Testing medical surge, mass casualty, extreme heat, and outbreak scenarios
  - Identifying gaps before real-world emergencies occur
  - Improving coordination, communication, and staff confidence
  - Reducing risk during real events through practice



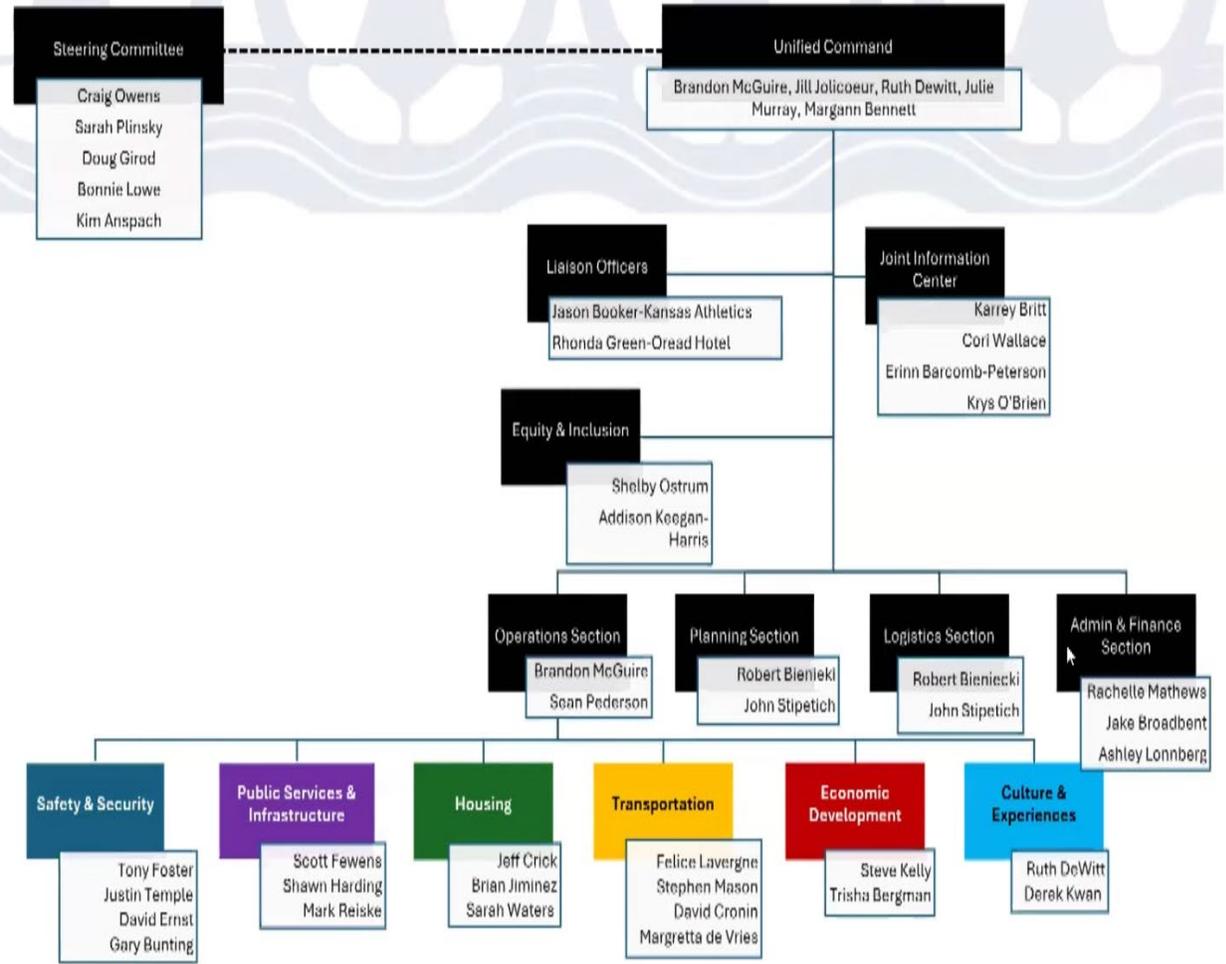
# Updating ESF-8 Contacts & Healthcare Coordination

- Updating ESF-8 partner contact lists
  - Focusing on hospitals and healthcare facilities
  - Ensuring rapid coordination for medical countermeasures
  - Supporting timely healthcare notifications and response

• Participating in the Equity & Inclusion and Safety & Security branches of the Lawrence 2026 World Cup Unified Command Structure

Lawrence 2026-World Cup Unified Command

Talking: Sherri Riedemann





# PHEP Emergency Response Supplies

- Purchasing and replenishing emergency response supplies
  - Ensuring supplies are available for rapid deployment
  - Supporting staff safety and response operations
  - Reducing reliance on last-minute procurement

# Hospital Coordination & Disease Investigation

- Coordinating with hospitals for timely disease reporting
  - Supporting rapid case investigation and follow-up
  - Addressing language barriers during infectious disease investigations
  - Reducing delays in identifying exposures and contacts

# Coordination with KDHE

- Meeting with KDHE to discuss World Cup preparedness
  - Reviewing endemic diseases from visiting countries
  - Improving awareness of uncommon or emerging diseases
  - Strengthening state-local coordination and information sharing



# Enhanced Surveillance & Data Automation

- Automating syndromic surveillance reports
  - Enhancing wastewater surveillance reporting
  - Improving timeliness of health alerts
  - Supporting rapid notification to healthcare providers and the public
  - Allowing faster response to emerging health threats

# Role of the Health Board

- Provides governance, policy direction, and oversight for LDCPH.
- Utilizes regulatory authority per K.S.A. 65-201 to protect public health.
- Supports LDCPH's authority to protect community health during large-scale events.
- The Health Board ensures LDCPH actions (e.g., communicable disease control or emergency orders) are consistent with Kansas law.
- Supports LDCPH's role as the lead agency for ESF-8 (Public Health & Medical Services)
- Reinforces evidence-based public health actions during a high-visibility international event



# Preparedness in Action

- World Cup planning strengthens everyday emergency readiness
  - PHEP supports coordination, communication, and surveillance
  - LDCPH prepares now to protect community health later
  - Preparedness reduces risk for residents, visitors, and systems

**Questions?**

BY-LAWS OF THE LAWRENCE-DOUGLAS COUNTY PUBLIC HEALTH BOARD  
Lawrence, Kansas

Note: On the 12th day of April 2016, the City Commission of Lawrence, Kansas, adopted City Resolution No. 7153. On the 13th day of April 2016, the Board of County Commissioners of Douglas County, Kansas, adopted County Resolution No. 16-08. This joint resolution repealed all prior resolutions and made other miscellaneous modifications to the Lawrence-Douglas County Health Board.

ARTICLE I

Name and Membership

Section 1. Name. In the following sections the term “Board” shall mean the Lawrence-Douglas County Public Health Board.

Section 2. Membership. The membership of the Board was established by the above cited resolution, which specified their number, method of appointment, and term of office. Appointments become effective March 31st each year, but incumbent members hold office until their successors are appointed.

Section 3. Terms. The Governing Body of the City of Lawrence, Kansas, shall appoint to the Board three (3) voting members; the Governing Body of Douglas County, Kansas shall appoint to the Board three (3) voting members; and the Governing Body of the City of Lawrence, Kansas, the Governing Body of Douglas County, Kansas, shall jointly appoint to the Board one (1) voting member. The Chancellor of the University of Kansas shall appoint to the Board one (1) non-voting member. The voting members of the Board may appoint to the Board additional non-voting members, who shall possess such experience and background as the Board shall determine appropriate to provide helpful and desirable input and guidance to the Board. The Board shall establish initial terms for non-voting members appointed pursuant to this paragraph, so as to stagger the expiration of their terms. Members of the Board shall have a term of office of three (3) years. Any vacancy on the Board shall be filled by appointment by the same Governing Body which appointed the person formally filling the vacated position. No appointed voting member of the Board may serve more than two (2) consecutive three-year terms. The foregoing limitation shall only apply to full three-year terms and not to partial terms.

ARTICLE II

## Purpose

Section 1. Bylaws. The purpose of these bylaws is to establish rules for the internal organization of the Board, consistent with its powers, in order to maintain the operation of an effective Health Department. Copies of these bylaws and any amendments shall be submitted to the County and City Commissions for their review.

Section 2. The Health Department. The function of the Health Department shall be to protect and promote the health of the community by providing the essential public health services as described by the standards for accreditation established by the Public Health Accreditation Board. The Department's purpose shall be to understand and ameliorate the health issues confronting the community.

Section 3. The Health Board. The purpose and function of the Health Board is to provide guidance and oversight to the Health Department in its role in leading change to advance the health for all and creating abundant and equitable opportunities for good health for all those living in Lawrence/Douglas County.

The goal of the Board is to inspire public confidence and trust in the local public health system. Accordingly, its members should be chosen to reflect background and experience in promoting health and wellbeing and a commitment to health for all.

## ARTICLE III

### Duties

Section 1. The Board. The functions, powers, and duties of the Board are as authorized by state law and by the above cited resolution, and include the following:

- A. Formulate and establish policies for the operation and regulation of the Health Department.
- B. Hire and Evaluate the Director
  - (1) Select and hire the Director or remove the same for just cause as specified by state law.
  - (2) Evaluate the work of the Director and provide a written report of the evaluation to the Director at the end of the first six months of employment and during the 1<sup>st</sup> quarter of the calendar year.
- C. Financial Responsibilities

- (1) Review and adopt the annual budget.
- (2) Review and accept monthly financial reports.
- (3) Accept the annual audit of Health Department finances.

D. Public Health Assessment, Policy Development and Assurance

- (1) Review program performance annually including an evaluation of population health outcomes.
- (2) Establish review and update Board policies as needed.
- (3) Accept annual report.
- (4) Engage in on-going strategic planning process that addresses community health issues and identifies strategies for enhancing the Health Department's ability to positively influence the health of the community.

Section 2. The Director. The duties of the Director are as authorized by state law, local resolution and ordinances and fall under the direction of the Board. The responsibilities of the Director organizing and administering an effective Health Department include but are not limited to the following:

- A. Establish and maintain the programs and services of the Health Department, as determined by Board policy, as well as comply with pertinent local and state statutes.
- B. Keep an accurate record of all the transactions of this office.
- C. Prepare the budget; procure grant and private funds with Board approval.
- D. Prepare the monthly financial reports and quarterly performance reports.
- E. Keep a record of minutes of meetings, Board bylaws and policies, and statistics of the Health Department, and make them readily available to the public after the Board has reviewed and accepted them.
- F. File all financial and performance reports, budget, annual report, and minutes of meetings with the county and city commissions after Board approval.
- G. Be responsible for the employment or termination of employment of all employees of the Lawrence-Douglas County Health Department, subject to such

policies made by the Board in this regard and subject to all applicable laws and regulations of the state of Kansas.

- H. Manage and supervise the Lawrence-Douglas County Health Department.
- I. Maintain a working arrangement with the Kansas Department of Health and Environment including mandated and ad hoc reporting of health-related information as requested.
- J. Collect data and information about health needs of all segments of the county and, in collaboration with the Board, research and review solutions, adaptation of services, or new programs to meet these changing needs.
- K. Initiate and foster relationships with agencies and groups providing health related services. Collaborate and coordinate Health Department activities with related agencies and groups whenever possible.
- L. Work with the Medical Consultant/Health Officer.
- M. By City and County Resolution the Director shall serve as secretary of the Board without voting power (see Article IV, Section 5).
- N. Assume primary responsibility for orienting newly appointed members of the Board.
- O. Other responsibilities as may from time to time be assigned by the Board of Health.

Section 3. The Medical Consultant/Health Officer. The Medical Consultant/Health Officer is hired by the Director subject to a vote of approval by the Board. The Medical Consultant/Health Officer may serve on a part-time basis, and according to state statute, must be a physician or dentist. The duties of the Medical Consultant/Health Officer shall be to serve as a consultant to the Director of the Health Department on programs and related medical and professional matters, and as authorized by state law, local resolution, and ordinances.

#### ARTICLE IV

##### Organization

Section 1. Officers. The officers of the Board shall consist of the Chair, the Vice-Chair, and the Treasurer. These officers are elected by the Board at its regular meeting in April of each year, with the new officers assuming duties immediately after conclusion of the election of officers. The Chair, Vice-Chair, Treasurer and Past President may hold office

for a term of one (1) or two (2) years, or until their respective successors are elected. Such officers must be members of the Board of Directors at the time of the election of officers of the Board of Directors, and thereafter for the duration of their respective term as an officer. The Director of the Health Department or their selected representative serves as secretary to the Board. All officers handling Health Department funds must be bonded.

Section 2. Chair. The Chair shall preside at all meetings of the Board unless another member is designated to preside instead. The Chair performs all duties assigned to the office by law and by the city and county governing bodies and shall assume primary responsibility for orienting new board members on the governance responsibilities of the Board. The Chair has such usual powers of supervision and management as pertain to the office of the Chair. In the absence of the Director and Treasurer the Chair may assume the duties of the Treasurer.

Section 3. Vice-Chair. The Vice-Chair shall normally fill the office of the Chair in the absence of the Chair. In the event the office of Chair becomes vacant before the end of the term, the Vice-Chair succeeds to that office and the board will vote on the new chair and vice-chair to fulfill the remaining officer term(s).

Section 4. Treasurer. The Treasurer, Chair, and Director are authorized to release checks and authorize savings withdrawals. One approval is required to release checks and authorize withdrawals. In the absence of the Director, the Treasurer may approve checks and authorize withdrawals and make bank account changes.

Section 5. Secretary. The Secretary, in consultation with the Chair, shall prepare the written agenda for each regular meeting. The Secretary keeps the Board informed on all communications pertaining to programs, services, and operation of the Health Department. The Secretary records and signs the minutes of all meetings and is responsible for the safekeeping of all Board documents.

**Section 6. Vacancies.** Vacancies in any office arising from any cause may be filled by the Board at any regular or special meeting.

**Section 7. Removal.** Any officer elected or appointed by the Board of Directors may be removed from such office at any time, with or without cause, by the affirmative vote of a majority of the Board of Directors.

**Section 8. Failure to elect officers.** Failure to elect officers shall in no sense operate to dissolve Public Health or adversely affect its corporate standing.

## ARTICLE V

### Meetings

Section 1. Regular meetings. Regular meetings of the Board shall be held monthly at such time and place as designated by a majority of the entire Board, and an agenda shall be distributed by the Director to the Board no later than two business days prior to the meeting. A public notice shall be provided by appropriate means of distribution such as e-mail and posts to the Department website.

**Section 2. Meetings by telecommunication.** Members of the Board, or any committee designated by the Board, may participate in a meeting of the Board or a meeting of such committee via conference telephone or similar communications equipment, by means of which all persons participating in the meeting can hear one another, and such participation in a meeting shall constitute presence in person at the meeting including full capacity to participate in votes.

Section 3. Special meetings. Special meetings may be called by the Chair and shall be called by the Chair if requested by three or more Board members. Notice of special meetings shall be given to members of the Board by the Director of the Health Department at least two days prior to the meeting. Notice may be by telephone, e-mail, or mail, will provide the time and place agreed upon, and no business other than that stated in the notice shall be transacted at the special meeting. Public notice shall be provided by appropriate means of distribution such as e-mail and posts to the Department website.

Section 4. Executive Sessions. For the purposes of discussing personnel, legal and other items of business allowed by and conforming to state of Kansas law, the Board may move into Executive Session for the purposes of discussion. No final action may be taken while in Executive Session.

Section 5. Compensation of Board Members. All actual, lawful, and necessary expenses incurred in the performance of the Board's official duties will be paid by Health Department funds upon presentation of a written statement.

Section 6. Quorum. Four (4) voting members shall constitute a quorum for the transaction of any business at a regular or special meeting.

Section 7. Attendance. If a Board member misses two (2) consecutive meetings without notice, the Chair will contact said member to evaluate the situation. If any member is absent for three (3) consecutive meetings or a total of four (4) in a calendar year without notice the Chair may recommend to the respective appointing governing body the advisability of replacing that member.

## ARTICLE VI

### Conduct of meetings

Section 1. Parliamentary Authority. Meetings shall be conducted according to *Robert's Rules of Order, Newly Revised*, in all cases where they are applicable and not inconsistent with these bylaws. A summary of Robert's Rules of Order is linked on the Lawrence-Douglas County Public Health department website, under About Us, Health Board.

Section 2. Additions to Agenda. Any matter or subject not appearing on the agenda of a regular meeting shall also be considered if a majority of members present vote consideration.

Section 3. Board Action. The Board shall act on each item presented at the conclusion of discussion of that item.

Section 4. Rules and Policies. Rules and policies for the Health Department may be adopted or amended at any regular meeting, or special meeting called for that purpose, by a majority vote of the Board.

Section 5. Committees.

- A. Executive Committee. The Chair, Vice-Chair and immediate past Chair will serve as the Executive Committee and may meet on the lack of a quorum to handle urgent matters. In the event the term of the immediate past chair has expired the Treasurer shall serve as a member of the executive committee.
- B. Additionally, the Executive Committee, shall serve as the committee of final appeal for employee conflict resolution matters.
- C. Permanent Committees may be created by action of the Board and as an amendment to these bylaws.
- D. Temporary Committees may be appointed by the Chair or created by action of the Board. The Board shall be represented, but membership on such a Temporary Committee need not be limited to only Board members. The Chair of the Board shall serve as, or designate, the Chair of such a Temporary Committee. Any Temporary Committee shall be appointed or created for specific purposes.

Section 6. Members of the Public Communications. The Board will consider and respond to communications from the public or groups which concern the policies or operation of the Health Department.

Section 7. Open Meetings. Except as provided in Article V Section 3 all meetings of the Board will be open to the public. In order to ensure an orderly meeting and to allow members of the public to express their opinions, the following procedures regulating public participation in Board meetings will be observed:

- A. Any member of the public may introduce an item; the Board will take the issue and any recommendation under consideration and may place the item on the agenda of the next regular meeting.
- B. All agenda items will be first fully discussed by the Board, after which members of the public present will be invited to discuss or express their opinions on the item.
- C. Each member of the public wishing to discuss an agenda item should obtain recognition from the Chair, give their name, and speak only to the item of the agenda that is under discussion.
- D. The Chair may, at their discretion, limit the length of presentation or discussion to ensure the orderly conduct of Board business, provided that the decision of the Chair may be overridden by a majority of the Board present.

Section 8. Proxies. No proxies shall be permitted to serve on the Board in lieu of appointed members.

## ARTICLE VII

### Amendments

Section 1. These bylaws may be amended at any regular meeting of the Board by a majority of those members present, provided that the proposed amendment has been posted on the department's website and included as an agenda item at least 10 business days prior to the meeting.

Section 2. These bylaws rescind and replace all previous By-laws which may pertain to the Board.

Adopted: August 28, 1984  
Amended: August 25, 1986  
July 16, 1990  
March 20, 2000  
November 20, 2006  
August 20, 2007  
Reviewed: October 14, 2008  
Amended: September 20, 2010

January 23, 2019  
April 17, 2023  
June 20, 2023  
December 16, 2024