

## 2016 Snohomish Health District Budget

The following summarizes the 2016 budget:

	General Fund Operating Budget	General Fund Fund Balance Requests	PHEPR Fund Operating Budget	Total District Budget
Licenses & Permits	3,459,739		-	3,459,739
Charges for Services	2,192,297		-	2,192,297
State and Federal Grants	3,056,939		794,164	3,851,103
County Funding for Programs	2,000,000		-	2,000,000
Miscellaneous	202,340		-	202,340
Division Revenue	10,911,315		794,164	11,705,479
State Discretionary Funds	3,433,291		-	3,433,291
County Per Capita Funding	653,200		-	653,200
Capital Funding Resources	3,000,000		-	3,000,000
<b>Total Resources</b>	<b>17,997,806</b>		<b>794,164</b>	<b>18,791,970</b>
Salaries	13,406,621		576,216	13,982,837
Supplies	380,122		8,529	388,651
Charges for Services	2,039,209		209,419	2,248,628
Capital Outlay		4,073,815	-	4,073,815
<b>Total Direct Operating Costs</b>	<b>15,825,952</b>	<b>4,073,815</b>	<b>794,164</b>	<b>20,693,931</b>
<b>Total Resources less Direct Costs</b>	<b>2,171,854</b>	<b>(4,073,815)</b>	<b>-</b>	<b>(1,901,961)</b>

## General Fund Operations

The 2016 General Fund Operations Budget is summarized below.

### Financial Overview

#### General Fund

	2014 Authorized	2015 Budget	2016 Budget	FTE Change 2015-2016
Staffing Resources	141.47	140.55	137.85	(2.70)

#### Snohomish Health District

##### Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	\$3,109,957	\$3,077,096	\$3,116,647	\$3,459,739	\$343,092
Intergovernmental	\$10,394,113	\$10,399,757	\$9,740,322	\$9,143,430	(\$596,892)
Charges for Services	\$2,825,275	\$2,623,467	\$2,367,772	\$2,192,297	(\$175,475)
Interfund Charges for Serv	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$191,078	\$270,435	\$208,380	\$202,340	(\$6,040)
Other Financing Sources	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$16,520,423</b>	<b>\$16,370,755</b>	<b>\$15,433,121</b>	<b>\$14,997,806</b>	<b>(\$435,315)</b>

##### Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	\$13,587,254	\$12,655,541	\$12,927,759	\$13,406,621	\$478,862
Supplies	\$600,221	\$887,513	\$612,646	\$380,122	(\$232,524)
Other Services & Charges	\$2,141,561	\$2,048,616	\$1,880,332	\$2,039,209	\$158,877
Capital Outlay	\$179,000	\$67,173	\$1,056,500	\$4,073,815	\$3,017,315
Miscellaneous Expense	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$16,508,036</b>	<b>\$15,658,843</b>	<b>\$16,477,237</b>	<b>\$19,899,767</b>	<b>\$3,422,530</b>

## General Fund Operations Budget by Division

The 2016 General Fund Operations Budget is summarized below by division.

	Communicable Disease	Community Health	Environmental Health	Administrative Services	General Fund Total
Licenses & Permits	-	-	3,459,739	-	3,459,739
Charges for Services	409,300	220,000	1,228,347	334,650	2,192,297
State and Federal Grants	591,239	1,910,811	554,889	-	3,056,939
County Funding for Programs	1,600,000	400,000	-	-	2,000,000
Miscellaneous	-	-	-	202,340	202,340
Division Revenue	2,600,539	2,530,811	<b>5,242,975</b>	536,990	10,911,315
State Discretionary Funds	-	-	-	3,433,291	3,433,291
County Per Capita Funding	-	-	-	653,200	653,200
Capital Funding Resources	-	-	-	3,000,000	3,000,000
<b>Total Resources</b>	<b>2,600,539</b>	<b>2,530,811</b>	<b>5,242,975</b>	<b>7,623,481</b>	<b>17,997,806</b>
Salaries	2,694,316	3,778,221	4,452,905	2,481,179	13,406,621
Supplies	60,546	45,054	63,700	210,822	380,122
Charges for Services	294,471	159,017	184,250	1,401,471	2,039,209
Capital Outlay	-	-	134,494	3,939,321	4,073,815
<b>Total Direct Operating Costs</b>	<b>3,049,333</b>	<b>3,982,292</b>	<b>4,835,349</b>	<b>8,032,793</b>	<b>19,899,767</b>
<b>Total Resources less Direct Costs</b>	<b>(448,794)</b>	<b>(1,451,481)</b>	<b>407,626</b>	<b>(409,312)</b>	<b>(1,901,961)</b>

Administration costs are allocated to other divisions based upon the resources used (i.e. space costs based on occupancy, vehicles by miles driven, etc.)

# DIVISION OVERVIEW AND PROGRAM SUMMARIES OF REVENUES AND EXPENDITURES

## Communicable Disease Division

Nancy Furness, RN, MS | Division Director

### Overview

Communicable disease is an essential component in protecting the health of our citizens. The Communicable Disease Division focuses on prevention and control of communicable disease through **surveillance, outbreak response, education, vaccination, and preparedness activities.**

Washington Administrative Code (WAC 246-101) governs many of the Communicable Disease Division activities. This code includes the list of diseases that are reportable, and the time frame in which they must be reported to local public health. The regulation identifies the responsibilities that health care providers, hospitals, and laboratories have in reporting diseases to local public health agencies. **WAC 246-101 charges local public health with the duties to receive disease reports, conduct investigations, and initiate disease control measures.**

The purpose of notifiable conditions reporting is to provide the information necessary for public health officials to identify opportunities to prevent and control the spread of diseases. SHD take steps to protect the public by recommending or providing preventive therapies for individuals who came into contact with infectious agents, investigating and halting outbreaks, and removing harmful exposures.

### **2016 Areas of Focus**

*Disease control and prevention*

*Community and provider education*

*Expand child care outreach program*

*Promotion of immunizations*

*24/7 response capabilities*

*Community partnerships*

## Program Activities

The Communicable Disease Division includes the following programs:

- Tuberculosis (TB) Control
- Sexually Transmitted Diseases (STDs)
- Refugee Health
- Communicable Disease Surveillance and Response
- Communicable Disease Outreach
- Viral Hepatitis Outreach
- Vaccine Preventable Disease Outreach
- HIV/AIDS Counseling, Testing & Referral

More detailed descriptions of these programs, along with their individual programmatic budgets, are included on the following pages.

## Changes for 2016

With the closure of the immunization clinic in 2015, the CD Division will continue a focus on community partnerships to provide direct immunization and other clinical services. The 2016 budget request includes a scheduled reduction of an RN position to 0.6 FTE in the Tuberculosis program.

The budget also includes a request for three new positions totaling 1.5 FTE to expand the Child Care Outreach. This expansion supports early childhood care, reaching families and over 17,000 children in the community setting. These changes reflect a net increase of 1.1 FTE.

## Alignment with Strategic Initiatives

Communicable Disease Control is a Foundational Public Health service, including disease investigations, contact notifications, response to disease outbreaks in accordance with national and state mandates and guidelines, appropriate treatment of individuals with active tuberculosis, and timely and accurate information to providers and the community.

The 2014 Strategic Plan Update focused attention on the steps necessary to provide greater service to a larger percentage of Snohomish County's population. In 2016, the Communicable Disease Division will embrace these strategies in the following ways:

**Strategic Direction I** - Assure provision of basic public health services to protect the population's health and safety.

- Continue communicable disease surveillance, investigation, and exposure management.
- Continue to promote immunizations and to assure all residents have access to immunizations.

**Strategic Direction IV** - Expand partnerships to share resources and responsibility for the public's health

- Increase coordination and decrease duplication between SHD and other health system providers.

**Strategic Direction VI** - Leverage technology to broaden community outreach and to improve the public's health

- Improve use of technology in effective reporting of disease outbreaks, health system integration, TB treatment and performance management.

**2014 Strategic Initiative I** - Move patients out of District clinics and into medical homes

- Calls for the development of new partners to provide direct clinical services to our current clients.

To support the agency's Strategic Plan and Foundational Public Health Services work, the Communicable Disease Division work plan for 2016 is to:

- Increase STD/HIV case finding in high-risk populations through targeted testing at SHD and partnerships with community providers
- Increase child care provider education and outreach into child cares in order to promote health and reduce risks of disease transmission
- Develop cost estimates for treatment of active TB patients
- Serve as community liaisons and immunization resources for community providers to improve childhood immunization rates
- Provide epidemiology and surveillance data to local health jurisdiction partners in Region 1

# Communicable Disease Division

## Financial Overview

### Communicable Disease Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Division Director	1.0	1.0	--
Managers	3.0	3.0	--
Administrative Assistant	1.0	0.0	(1.0)
Behavioral Health Specialist	0.0	0.5	0.5
Disease Investigation Specialists	5.8	5.8	--
Environmental Health Specialist II	0.5	0.5	--
Epidemiologist II	0.8	0.8	--
Health Educator	1.0	1.0	--
Lead Public Health Nurse	1.0	1.0	--
Lead Registered Nurse	1.0	0.0	(1.0)
Outreach II	2.0	2.0	--
Program Assistant I	2.0	0.0	(2.0)
Program Assistant II	3.0	3.0	--
Program Specialist II	1.9	1.0	(0.9)
Public Health Nurses	6.5	7.0	0.5
Registered Dietician	0.0	0.5	0.5
Registered Nurses	2.9	1.5	(1.4)
Vaccine Coordinator	1.0	1.0	--
<b>Total FTE</b>	<b>34.4</b>	<b>29.6</b>	<b>(4.8)</b>

### Communicable Disease

#### Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	\$4,125,199	\$1,124,775	\$2,182,871	\$2,191,239	\$8,368
Charges for Services	\$847,000	\$720,972	\$461,000	\$409,300	(\$51,700)
Interfund Charges for Serv	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$14,259	\$6,000	\$0	(\$6,000)
Other Financing Sources	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$4,972,199</b>	<b>\$1,860,006</b>	<b>\$2,649,871</b>	<b>\$2,600,539</b>	<b>(\$49,332)</b>

#### Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	\$3,321,553	\$2,962,127	\$2,731,196	\$2,694,316	(\$36,880)
Supplies	\$263,840	\$494,084	\$162,875	\$60,546	(\$102,329)
Other Services & Charges	\$285,278	\$279,811	\$228,582	\$294,471	\$65,889
Miscellaneous Expenses	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$3,870,671</b>	<b>\$3,736,022</b>	<b>\$3,122,653</b>	<b>\$3,049,333</b>	<b>(\$73,320)</b>

# Public Health Emergency Preparedness and Response Fund (PHEPR)

## Overview

The PHEPR program is responsible for helping Public Health in Snohomish County and the four counties in Region 1 (Skagit, Whatcom, San Juan, and Island) prepare for and respond to public health emergencies, including disease outbreaks, storms, earthquakes, and other natural or manmade disasters. Staff maintains agency response plans, provides training and exercises to test the plans, and supports risk communications for Public Health and other healthcare partners throughout the region. Epidemiological surveillance and response is a critical component of the PHEPR program and SHD's ability to protect the public from communicable diseases. A Medical Reserve Corps coordinator manages the county's Medical Reserve Corps, a local volunteer surge capacity to support healthcare during an emergency. An Emergency Management Specialist focuses on mass countermeasures response along with providing safety officer expertise at SHD.

The program is maintained in a separate, dedicated fund with federal funding through the Centers for Disease Control and Prevention (CDC).

## Changes for 2016

No changes in FTE are expected in 2016. The current grant award is for July 1, 2015 – June 30, 2016. This budget is based upon the assumption of level funding through December 31, 2016.

## Alignment with Strategic Initiatives and Foundational Public Health Services

Emergency Preparedness and Response is a foundational capability, crossing all programs in the agency.

The program supports the Strategic Plan as follows:

- 2009 Strategic Plan Direction I – Assure provision of basic public health services to protection the population's health and safety.
- 2009 Strategic Plan Direction IV – Expand partnerships to share resources and responsibility for the public's health.
- 2009 Strategic Plan Direction V – Improve the quality of and access to information and education about disease and injury prevention across the community

### **2016 Areas of Focus**

*Staff training to response roles*

*Activation of personnel during an emergency*

*Exercise response strategies and plans*

*Regional coalition and partnership building*



## **2016 PHEPR Workplan**

1. Provide ICS training to staff identified to fill public health emergency response roles
2. Increase SHD's ability to conduct mass prophylaxis to the county during a biological event
3. Increase SHD's readiness to respond to a disaster through participation in Cascadia Rising 2016
4. Coordinate the Region 1 Healthcare Coalition activities, building response capabilities through partnerships
5. Conduct epidemiology and disease surveillance for Region 1 local health jurisdictions, providing monthly reports to local health officers.
6. Manage activities of the Snohomish County Medical Reserve Corps, providing opportunities to enhance medical surge capabilities during an emergency.
7. Update the Snohomish Health District Continuity of Operations plan, based on real-life events and lessons learned in 2015.

# Public Health Emergency Preparedness and Response Fund (PHEPR)

## Financial Overview

### PHEPR Staffing Resources

While there are positions throughout the agency that provide support to PHEPR, the positions listed below represent personnel that are solely assigned to the PHEPR Fund.

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
PHEPR Supervisor	1.0	1.0	--
Healthcare Coalition Coordinator	1.0	1.0	--
Emergency Management Specialist	1.0	1.0	--
MRC Volunteer Coordinator	1.0	1.0	--
<b>Total FTE</b>	<b>4.0</b>	<b>4.0</b>	<b>--</b>

### Public Health Emergency Preparedness & Response

#### Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	\$672,252	\$754,161	\$646,752	\$794,164	\$147,412
Transfers In	\$0	\$82,328	\$0	\$0	\$0
<b>Total</b>	<b>\$672,252</b>	<b>\$836,489</b>	<b>\$646,752</b>	<b>\$794,164</b>	<b>\$147,412</b>

#### Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	\$447,068	\$618,489	\$454,869	\$576,216	\$121,347
Supplies	\$2,184	\$1,730	\$6,545	\$8,529	\$1,984
Other Services & Charges	\$223,000	\$217,310	\$185,338	\$209,419	\$24,081
<b>Total</b>	<b>\$672,252</b>	<b>\$837,529</b>	<b>\$646,752</b>	<b>\$794,164</b>	<b>\$147,412</b>

## Community Health Division

Charlene Shambach, RN, MA, MSN | Division Director

### Overview

The Community Health Division stresses preventive care programs. The Division promotes health through educational outreach, often times working with the poorest and most vulnerable members of the community. Staff convenes and facilitates coalitions and partnerships to improve health and services through best practices and evidence based strategies.

### Program Activities

The Community Health Division includes the following programs and areas:

- Healthy Communities
- Children with Special Health Care Needs
  - Work First
- Assessment
- Maternal Child Health Block Grant
- First Steps
- Early Intervention Program (EIP)
- Women, Infants and Children (WIC)
- Oral Health
  - Access to Adult Dental Care Project
  - Access to Baby and Child Dentistry (ABCD) Grant
- Community Health Division Administration

### Changes for 2016

Two additional FTE's are proposed to enhance Healthy Communities' work. These positions will increase the Health District's ability to address population-based nutrition and injury prevention work. In Snohomish County, the leading causes of death—heart disease, cancer, and injury—can be traced to conditions in communities that create barriers to healthy choices.

Injuries are the third leading cause of death and the leading cause of death for persons between the ages of 1 and 44 years in Snohomish County. They are the leading cause of years-of-potential-life lost before age 65 years. Among the elderly, death due to falls has been increasing. The Health District's 2013 community health assessment identified two of the top three health priorities as dealing with injury and violence: youth physical abuse and suicide. By creating healthier conditions and communities, increased access to healthy foods, easier and safer physical activity options, expanded smoke-free environments, and increased injury prevention efforts are possible.

One vacant FTE is proposed to be eliminated in 2016. To meet the WIC clients' needs and current caseload, realignment of staffing is appropriate. Elimination of this one vacant 1.0 FTE satisfies this requirement.

First Steps funding from Snohomish County is reduced from \$681,793 in 2015 to \$400,000 in 2016. The Chemical Dependency/Mental Health Sales Tax provided support for First Steps from 2010-2015. In 2016, Snohomish County general fund is to provide funding. Overall 2016 expenditures in the Community Health Division are less than 2015 with the transfer of Vital Records services and the Health Policy Analyst position to Health District Administration.

### **Alignment with Strategic Initiatives**

The 2014 Strategic Plan Update aims to move public health toward more population-based work to improve the health of the entire community while emphasizing prevention and addressing multiple determinants of health. In 2016, the Community Health Division will focus efforts on the implementation of Strategic Initiatives #3 and #4 as indicated in the following ways:

#### **Strategic Initiative #3: Optimize the Delivery of Early Childhood Development Programs**

Goal: Move toward more population-based approaches for parent-child health to promote the health of populations and prevent childhood disease, injury, and premature death

Progress:

- Established partnerships to serve vulnerable pregnant women and children
  - ✓ Everett Gospel Mission
  - ✓ Therapeutic Health Services
  - ✓ Cocoon House
  - ✓ SeaMar Community Health Centers
  - ✓ Step-by-Step
  - ✓ Providence Regional Medical Center
  - ✓ Neuroscience, Epigenetics Adverse Childhood Experiences, and Resilience (NEAR) Partners
  - ✓ Tulalip Tribes
  - ✓ Lynnwood Food Bank
  - ✓ Volunteers of America
  - ✓ ChildStrive
  - ✓ Community Health Center of Snohomish County
  - ✓ Lutheran Community Services.

#### **2016 Areas of Focus**

*Build on the work with community agencies and businesses on issues affecting pregnant and parenting families through formal and informal agreements*

*Build the community's capacity to ensure services directed to individuals for prenatal and early childhood are available in the community*

*Reduce and prevent the effects of adverse childhood experiences*

*Continue moving toward providing health education in group settings for young families*

*Address healthy eating, active living, tobacco-free living, and injury and violence in partnership with the community given the available Health District resources*

- Resubmitted the Growing Healthy Together initiative for external funding from the Verdant Health Commission.
  - ✓ Initiative aims to improve the health outcomes of mothers and their children residing in the targeted zip code areas of the Verdant Health Commission
- Initiated professional development for employees on community and population-based work
  - ✓ Arranged for presentation by guest speaker from Spokane Regional Health District
  - ✓ Worked on curriculum development skills
  - ✓ Began work with targeted populations

#### **Strategic Initiative #4: Mobilize Community Health Action Teams**

Goal: Support healthier conditions and healthier communities by increasing access to healthy foods, making it safer and easier to be physically active, expanding smoke-free environments, and increasing efforts aimed at injury prevention

Progress:

- Developed a Healthy Communities Action Plan focused on chronic disease and injury prevention
- This Plan directs efforts to:
  - Prevent and reduce child and adult obesity through policy, systems and environmental changes
  - Expand tobacco prevention and control policies and address vapor devices
  - Enhance chronic disease prevention in collaboration with clinical partners
  - Establish capacity within the Health District to address injury and violence prevention

# Community Health Division

## Financial Overview

### Community Health Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Administrative Assistant	1.0	1.0	--
Division Director	1.0	1.0	--
Managers	4.0	4.0	--
Epidemiologist II	2.0	2.0	--
Epidemiologist I	1.0	1.0	--
Program Assistant I	3.0	1.0	(2.0)*
Program Assistant I/Building Tech	1.0	1.0	--
Program Assistant II	3.0	2.0	(1.0)*
Program Specialist II	1.9	1.0	(0.9)*
Healthy Communities Specialist	3.1	5.1	2.0
Public Health Nurses	10.5	10.8	0.3
Behavioral Health Specialist	1.0	1.0	--
Dental Hygienist	0.5	0.5	--
Lead Registered Dietician	1.0	1.0	--
Registered Dieticians	1.6	1.6	--
Certifiers	9.0	8.0	(1.0)
<b>Total FTE</b>	<b>44.6</b>	<b>42.0</b>	<b>(2.6)</b>

\* The 2016 budget reflects 3.9 FTE in Vital Records moving from the Community Health Division into Administration. As described in the "Changes in 2016" section earlier, the net new to the overall budget is 1.3 FTE.

### Community Health

#### Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	\$5,285,657	\$3,101,863	\$2,554,790	\$2,310,811	(\$243,979)
Charges for Services	\$755,275	\$320,406	\$666,550	\$220,000	(\$446,550)
Interfund Charges for Serv	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$0	\$0	\$0	\$0
Other Financing Sources	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$6,040,932</b>	<b>\$3,422,269</b>	<b>\$3,221,340</b>	<b>\$2,530,811</b>	<b>(\$690,529)</b>

#### Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	\$4,449,335	\$3,793,174	\$4,225,174	\$3,778,221	(\$446,953)
Supplies	\$70,922	\$58,963	\$95,121	\$45,054	(\$50,067)
Other Services & Charges	\$241,595	\$226,269	\$213,396	\$159,017	(\$54,379)
Miscellaneous Expense	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$4,761,852</b>	<b>\$4,078,406</b>	<b>\$4,533,691</b>	<b>\$3,982,292</b>	<b>(\$551,399)</b>

## Environmental Health Division

Jeff Ketchel | Division Director

### Overview

Environmental Health focuses on prevention of disease through sanitation, safe food and water, proper disposal of wastes and toxics, and promoting safe and healthy environmental conditions throughout Snohomish County for the benefit of all residents and visitors.

### Program Activities

The Environmental Health Division includes the following programs:

- Food Program
  - Permanent Food Services
  - Temporary Food Services
- Land Use
  - Septic Systems
  - Drinking Water
  - Solid Waste Facilities
- Safe Environments
  - Water Recreation Facilities
  - School Safety
  - Camp Safety
  - Smoking/Vaping in Public Places
  - Solid Waste Complaints
  - Medicine Take Back
  - Local Source Control
  - Site Hazardous Assessment
- Environmental Health Administration

#### **2016 Areas of Focus**

*Implement Environmental Health Information Management Program*

*Voluntary National Retail Food Regulatory Program Standards*

*Implement Quality Improvement Initiatives*

*Initiate Public Health Accreditation*

*Develop and implement performance management system*

*Engage with academia on climate change impacts in Snohomish County*

More detailed descriptions of these programs, along with their individual programmatic budgets, are included on the following pages.

### Changes for 2016

Environmental Health proposes to add two new FTE. These staff would be assigned to Food (1.0 FTE) and Land Use (1.0). These staff are necessary to address disease prevention needs in environmental health, improve customer service to local businesses, and utilize existing Washington State grant funding.

Program changes include implementation of the Vaping Ordinance by engaging in education and enforcement with vaping retailers, active participation in surface water management and pollution prevention, and aligning with the Voluntary National Retail Food Regulatory Program Standards



Lastly, EH proposes an across the board 1.6 percent fee increase in alignment with CPI as well as an across the board 3.0 percent fee increase dedicated to technology improvements. These improvements will be focused on enhancing the customer experience and efficiency.

### **Alignment with Strategic Initiatives**

Environmental Health work plan for 2016 includes:

- Implementing Environmental Health software in conjunction with quality and business improvement initiatives.
- Standardization of Food Program through Voluntary National Retail Food Regulatory Program Standards
- Implementation of a healthy organizational culture and cohesive leadership team.
- Completion and implementation of Division Succession plan.
- Initiate PHAB accreditation in Environmental Health.
- Develop and implement Division and individual performance management system.
- Evaluate Environmental Health Division structure.

### **New Environmental Health Software/Quality Improvement**

In 2015 the Snohomish County Board of Health unanimously approved a contract with Accela to install and implement Envision Connect as the Environmental Health Division's Information Management System. In 2016, implementation will include:

- Data Conversion;
- System Configuration;
- System testing;
- Training and education; and
- Going live in late spring/early summer.

Additionally, ongoing quality improvement will occur in conjunction with implementation and ongoing use of the system. An annual report on QI will be produced.

# Environmental Health Division

## Financial Overview

### Environmental Health Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Division Director	1.0	1.0	--
Managers	2.0	2.0	--
Supervisors	4.0	4.0	--
Environmental Health Specialist II/III	3.0	3.0	--
Environmental Health Specialist II	17.0	17.0	--
Environmental Health Specialist I	4.0	4.0	--
Environmental Health Specialist I/II	2.0	4.0	2.0
Health Educator	0.5	0.5	--
Health Education Delivery Specialist	0.25	0.25	--
Administrative Assistant	1.0	1.0	--
Program Assistant II	4.95	5.0	0.05
Program Assistant I	2.0	2.0	--
<b>Total FTE</b>	<b>41.7</b>	<b>43.75</b>	<b>2.05</b>

### Environmental Health

#### Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	\$3,109,957	\$3,077,096	\$3,116,647	\$3,459,739	\$343,092
Intergovernmental	\$983,256	\$486,628	\$916,170	\$554,889	(\$361,281)
Charges for Services	\$1,223,000	\$1,581,180	\$1,578,272	\$1,228,347	(\$349,925)
Interfund Charges for Serv	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$0	\$50,690	\$0	\$0	\$0
Other Financing Sources	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$5,316,213</b>	<b>\$5,195,594</b>	<b>\$5,611,089</b>	<b>\$5,242,975</b>	<b>(\$368,114)</b>

#### Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	\$3,961,632	\$4,171,214	\$4,132,773	\$4,452,905	\$320,132
Supplies	\$45,830	\$43,846	\$55,550	\$63,700	\$8,150
Other Services & Charges	\$196,304	\$238,699	\$195,125	\$184,250	(\$10,875)
Miscellaneous Expenses	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$277,500	\$134,494	(\$143,006)
<b>Total</b>	<b>\$4,203,766</b>	<b>\$4,453,759</b>	<b>\$4,660,948</b>	<b>\$4,835,349</b>	<b>\$174,401</b>

## Administration Division

Peter M. Mayer | Deputy Director | Chief Operating Officer

### Overview

The Snohomish Health District Board of Health hires the agency's Director/Health Officer to provide strategic direction and management of the District and to exercise specific authority and responsibility related to protecting the public's health.

The Health Officer has unique responsibilities under state law to inform the public as to the causes, nature and prevention of disease and disability, and the preservation, promotion and improvement of health. In addition to these responsibilities, the Director of the agency facilitates and supports the activities of the Board of Health and engages in outreach with elected officials, community partners and health organizations, and local tribal and government jurisdictions.

The Deputy Director serves as the District's Chief Operating Officer, responsible for day-to-day operations, including development and implementation of work plans, policy planning and implementation, budget development and monitoring, risk management, employee and labor relations, communications and regional emergency response coordination.

### Program Activities

The Administration Division includes the following areas:

- Executive
- General Overhead
- Human Resources
- Business Office
- Information Systems
- Communications
- Health Policy
- Customer Service
- Vital Records
- Health Information & Public Records

More detailed descriptions of these programs, along with their individual programmatic budgets, are included on the following pages.

### 2016 Areas of Focus

*Fully Implement a Centralized Customer Service First Model*

*Institute Workforce Development Planning*

*Improve Health District Financing and Governance*

*Reallocate office space for improved work group functionality and leasing opportunities*

*Develop and Implement Public Health Policies*

*Engage in Community Outreach and Expand Public Relations*

*Upgrade Financial, Accounting and Human Resources Software Systems*

*Deploy Technology and Systems Support to Expand Mobile Computing*

*Improve Data Collection, Analysis and Performance Management*

## **Changes for 2016**

While there are no new positions in Administration, we have made some adjustments in the organizational structure to better align roles that support the entire agency. For instance, we have moved the Vital Records team from Community Health to report to the Customer Service Manager. That role will also oversee customer service related positions in Environmental Health, but those FTE remain within that division's budget.

There are also significant capital investments needed for the Rucker Building in Everett, which is further discussed in Capital Expenditures section.

## **Alignment with Strategic Initiatives**

In addition to supporting the implementation of the agency's 2009 Strategic Plan and 2014 Strategic Plan Update, the Administration work plan includes continued efforts on four specific initiatives of the 2014 Plan Update:

### **Initiative 5: Reduce Administrative Overhead Costs**

- A thorough examination of the District's administrative overhead and ways to reduce it.

### **Initiative 6: Institute Workforce Development and Succession Planning**

- A set of comprehensive actions to proactively ensure a skilled and motivated workforce now and into the future.

### **Initiative 7: Improve Health District Funding and Governance**

- A reexamination of Snohomish County's current form of public health governance and finance and the pros and cons of a possible change.

### **Initiative 8: Become Nationally Accredited and Integrate Quality Improvement Principles**

- The pursuit of national accreditation and enhanced credibility with funders.

Other select highlights of the Administration workplan, include:

### **Development and Implementation of Public Health Policies**

- Agency leaders, working with local officials, Public Health Advisory Council (PHAC) members and Board of Health members will more actively address burgeoning public health concerns through the research and implementation of new strategies and policies, including enhancements to the SIPP law, policies addressing obesity, suicide prevention, and youth physical abuse.



## **Public Relations, Community Outreach and Engagement**

- Continue a focus on engaging the communities of Snohomish County through more active involvement with civic groups, policy makers, elected officials, and tribal representatives on public health fiscal and policy matters. As the District works to address such matters, it will facilitate community outreach strategies, including forums, workshops, listening sessions, surveys and more.

## **Financial and Human Resources Information System**

- Upgrading or replacing critical technology systems supporting the agency's financial and accounting processes and management of human resources is of high priority.

## **Mobile Workforce Support**

- As the agency explores new opportunities to deliver more effective and efficient services from remote and field locations, providing stable, secure and sustainable technology systems and devices will become increasingly more important. The District will continue to invest in proven technologies to support a more mobile workforce, for routine work tasks as well as emergency response responsibilities.

## **Business Intelligence and Performance Analysis**

- The District will refocus personnel to provide greater support for agency quality improvement initiatives, data collection and analysis, division business systems support and completing a variety of analytical tasks to identify opportunities to improve both financial and operational performance.

## Administration Division

### Financial Overview

#### Administration Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Health Officer	1.0	1.0	--
Deputy Director	1.0	1.0	--
Managers	3.0	3.0	--
Accounting Supervisor	1.0	1.0	--
Building Technician	1.0	1.0	--
Business Intelligence Analyst	1.0	1.0	--
Community Relations Strategist/PIO	1.0	1.0	--
Executive Assistant	1.0	1.0	--
Financial Analyst	1.0	1.0	--
Health Policy Analyst	1.0	1.0	--
Human Resources Specialist	1.0	1.0	--
IT Specialist II	1.0	1.0	--
IT Specialist I	1.0	1.0	--
Payroll Analyst	1.0	1.0	--
Privacy & Public Records Officer	1.0	1.0	--
Program Assistant II	0.0	1.0	1.0*
Program Assistant I	0.0	2.0	2.0*
Program Specialist II	1.0	1.9	0.9*
Program Specialist I	1.0	1.0	--
Purchasing Admin	0.5	0.5	--
Web Developer	1.0	1.0	--
<b>Total FTE</b>	<b>20.5</b>	<b>24.4</b>	<b>3.9*</b>

\* The 2016 budget reflects 3.9 FTE in Vital Records moving from the Community Health Division into Administration. As described in the "Changes in 2016" section earlier, there are no new FTE proposed in this budget for Administration.

#### Administration

##### Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	\$0	\$5,686,491	\$4,086,491	\$4,086,491	\$0
Charges for Services	\$0	\$910	\$0	\$334,650	\$334,650
Interfund Charges for Services	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$191,078	\$205,486	\$202,340	\$202,340	\$0
Other Financing Sources	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$191,078</b>	<b>\$5,892,887</b>	<b>\$4,288,831</b>	<b>\$4,623,481</b>	<b>\$334,650</b>

##### Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	\$1,854,734	\$1,729,026	\$1,838,615	\$2,481,179	\$642,564
Supplies	\$219,629	\$290,620	\$299,100	\$210,822	(\$88,278)
Other Services & Charges	\$1,418,384	\$1,303,833	\$1,400,623	\$1,401,471	\$848
Capital Outlay	\$179,000	\$67,173	\$1,056,500	\$3,939,321	\$2,882,821
Interfund Elimination	\$0	(\$196,925)	\$0	\$0	\$0
Transfers Out	\$0	\$82,328	\$0	\$0	\$0
<b>Total</b>	<b>\$3,671,747</b>	<b>\$3,276,055</b>	<b>\$4,594,838</b>	<b>\$8,032,793</b>	<b>\$3,437,955</b>

## CAPITAL

### Six-Year Capital Improvement Plan

Consistent with the District's financial policies (Appendix A), the following Six-Year Capital Improvement Plan identifies estimated costs associated with improving and replacing assets associated with the Rucker Building, replacing information technology systems and upgrading equipment and replacing the District's vehicle fleet.

	2015 Budget	2015 Projected	Total 2016 Request	2017 Projected	2018 Projected	2019 Projected	2020 Projected
<b>Building</b>							
Exterior	20,000		144,330				
Systems	36,000		1,087,451				
Furniture, Finishes	110,000		1,825,400				
Subtotal	166,000	-	3,057,181	-	-	-	-
<b>Vehicles</b>	40,000	40,000	125,000	125,000	125,000	125,000	125,000
<b>Planning (McKinstry)</b>			180,000				
<b>Technology</b>							
Hardware	294,000	163,000	478,140	45,000	52,900	169,000	104,000
Software	556,500	118,632	413,494				
Subtotal	850,500	281,632	891,634	45,000	52,900	169,000	104,000
<b>Total Capital Outlay</b>	<b>1,056,500</b>	<b>321,632</b>	<b>4,253,815</b>	<b>170,000</b>	<b>177,900</b>	<b>294,000</b>	<b>229,000</b>

## Six-Year Financial Forecast

We have embarked on a series of efforts to examine and align strategies, evaluate programs and services in the context of foundational public health, and keep pace with the reformation of the health care system. This budget and six-year forecast take that vision and provide the means and resources to implement that transformation over multiple budget cycles. These forecasts are predicated on having the funding to support those efforts, but will be reassessed annually based on available resources.

	2015	2016	2017	2018	2019	2020
	Projected	Request	Projected	Projected	Projected	Projected
License & Permits	3,116,647	3,459,739	3,628,934	3,701,512	3,775,543	3,851,054
Intergovernmental	10,349,163	9,937,594	9,537,594 ▼	9,934,909	9,934,909	9,934,909
Charges for Services	2,244,437	2,192,297	2,004,220	2,044,304	2,064,747	2,085,395
Miscellaneous	253,851	202,340	265,563	233,563	201,563	201,563
	15,964,098	15,791,970	15,436,311	15,914,289	15,976,762	16,072,920
Salaries	13,425,046	13,982,837	14,853,643 ▼	15,464,211	15,814,006	16,164,118
Supplies	581,542	389,651	524,828	537,949	551,398	565,183
Other Services & Charges	2,075,399	2,247,628	2,303,819	2,252,460	2,207,772	2,262,966
Debt Service			326,570	326,570	326,570	326,570
Capital Outlay	215,500	4,073,815	125,000	125,000	125,000	125,000
Total Expenditures	16,297,487	20,693,931	18,133,860	18,706,190	19,024,746	19,443,836
Other Resources						
Capital Loan Proceeds		3,000,000				
New Tenant Leases			330,480	330,480	330,480	330,480
Total Resources less						
Expenses (deficiency)	(333,389)	(1,901,961)	(2,367,069)	(2,461,421)	(2,717,504)	(3,040,436)
Beginning Fund Balance	7,329,729	6,996,340	5,094,379	2,727,310	265,888	(2,451,615)
Ending Fund Balance	6,996,340	5,094,379	2,727,310	265,888	(2,451,615)	(5,492,051)
Committed Reserves	1,926,999	2,011,155	2,058,849	2,085,395	2,120,320	2,141,523
Assigned Reserves:						
Building	464,000					
Vehicles	300,000					
Technology	428,900					
Compensated Absences	1,413,472	1,413,472	1,413,472	1,413,472	1,413,472	1,413,472
Total Reserves	4,533,371	3,424,627	3,472,321	3,498,867	3,533,792	3,554,995
Unassigned Fund Balance	2,462,969	1,669,752	(745,011)	(3,232,979)	(5,985,407)	(9,047,046)
FTE	145.20	143.75	150.90	154.20	154.20	154.20

### Notes:

1. Revised 2015 forecast includes adjustment for capital projects that are in process or delayed to 2016
2. Assigned Reserves have been eliminated because this proposal brings our building and technology investments up to date
3. The unfunded liability for compensated absences payable to employees when they retire or otherwise separate from service with the District and which otherwise are not included in governmental fund financial statements is noted here as a claim against fund balance. Estimate updated as of 9/30/2015.
4. Intergovernmental Revenues are assumed to remain static in 2016-2020 except for:
  - a. Reduction in clinic revenues and grants that partially support clinic operations as they are transitioned to community partners.
  - b. Medicaid Administrative Match is nearly eliminated as a result of reduced direct services.
  - c. Elimination of First Steps funding in 2017 and beyond.
  - d. Increase in public health funding through generation of stable and sustainable funding by 2018
5. Licenses/Permits and Charges for Services are expected to grow 1.75% annually
6. South County Lease Income in 2016- June 2018, Expenses also drop at end of lease
7. Expense Projections assumes the District moves forward with planned transition
8. Other salary projections for 2016-2020 are based on anticipated staffing needs as the District moves forward in transition.
9. Non-personnel costs are expected to increase 2% annually.