SNOHOMISH
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2015 Adopted Budget

PUBLIC HEALTH
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SNOHOMISH COUNTY

Snohomish Health District

2015 Adopted Budget

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Director | Health Officer

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Table of Contents

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A READER'S GUIDE TO THE BUDGET

The budget document serves two distinct purposes: 1) to present the Board of Health and public with a clear picture of the services which the District provides, the cost of those services, and the policy decisions underlying the financial decisions; and 2) to provide District management with a financial and operating plan that conforms to the District's financial system. The sections below describe the various budget segments, therefore providing a map for readers to locate information they are most interested in seeing. The sections are listed in the order in which they are found in the budget.

Budget Message

The Budget Message provides an overview of activities the District is engaged in, the key policy issues facing the District as well as the Director/Health Officer's recommendations regarding the future.

About the District

An orientation to the Snohomish Health District is provided, including governance structure and leadership.

Agency Overview

A brief introduction to the agency's vision, mission and organizational structure.

Strategic Plan Update

In 2014, the District embarked on a comprehensive update to the 2009 Strategic Plan. The Strategic Plan Update shares a summary of that process, as well as the eight initiatives that will be focused on moving forward.

2015 Budget Overview

This section includes District-wide, summary level revenue and expenditure information, an annual financial summary by Division, the types of revenues collected and where the monies go, an overview of the planning assumptions and considerations, analysis of agency revenue and expenditure trends and variances, a discussion of financial reserves and the change in and composition of the ending balance, and a six year financial forecast.

Operating Budget by Division

Break down of all District's operations by Division: Communicable Disease Control and Public Health Emergency Preparedness and Response (PHEPR) Division, Community Health Division, Environmental Health Division and Administration. It should be noted that the District's capital outlay program and one-time capital requests are presented separately from Administration. Each Division sub-section is organized as follows:

- **Division Summary**: Includes an overview of programs and functions, organization chart by function, reflections on current trends and issues, 2015 initiatives, staffing summary, overall Division revenue and expenditure profile and discussion of

significant changes from 2014, overall program/function revenue and expenditure profile.

Division Programs/Functions: Each division is further broken down into "programs" or "functions," which represent major services provided by the Division. For each program/function a brief description and a revenue and expenditure summary by category are provided.

Capital Projects

This section provides a brief overview of those capital outlay items identified in the 2015 General Fund operating budget. Additionally, a six year District-wide capital outlay plan is provided, providing a summary of major District related capital projects planned into the future. In addition, one-time capital investments are presented for Board consideration.

Appendices

The following documents are included as Appendices for reference and serve to provide critical guidance in the development of the 2015 budget document:

- **Budget policies:** The Budget Policies were newly developed over the course of 2013 to provide a clear foundation for a variety of funding and management decisions. The development of the 2015 budget is based upon these Board approved policies:

    - Overall financial policy goals and intentions
    - Long range financial planning and resource utilization
    - Reserves
    - Capital planning and asset management
    - Financial asset and liability management

- **2014 Strategic Plan Update:** Details eight initiatives to propel the District forward into a new era for public health in Snohomish County. These initiatives guide the direction of the agency, providing clear guidance for the work that must be done to redesign the way in which the residents of Snohomish County are served.

- **Agenda for Change/Foundational Public Health:** The Public Health Improvement Partnership is directed by the legislature (RCW 43.70.520 and 580) to guide and strengthen the public health system in Washington State. The Partnership is composed of representatives from tribal nations, local health agencies and boards of health, State Board of Health and other state and federal agencies. In 2012, the Partnership adopted an Agenda for Change Action Plan to guide the transformation of our public health network in addressing the continuously changing economic and health care landscape. This action plan commits to the following three approaches:

- Strategically prioritize work to focus on preventing communicable disease and other health threats, fostering healthy communities and environments, and partnering with the health care system to improve the health of our communities.
- Ensure every resident in Washington can access a foundational set of public health services, no matter where they live.
- Develop a performance management and accountability mechanism which uses activities and services, indicators and standards to measure the performance of the public health system in the state.

- **Agency fees and charges:** Consistent with RCW 70.05.060 (7) the Board of Health establishes fees schedules for licenses, permits and other services. The Board approves all Health District fees and charges as part of the budget adoption process. A comprehensive list of agency fees is included, and minor changes are made for 2015 in the Environmental Health Division.

- **Budget Adoption Resolution:** The Board of Health adopts an annual budget for both the General Fund and Public Health Emergency Preparedness and Response Fund via formal resolution, setting the agency's total expenditure amount and authorizing a maximum FTE for each. Upon budget approval, the signed resolution will be attached as Appendix D.

Fund Summaries

The District maintains two funds. The **General Fund** is the main operating fund of the District and encompasses the major services provided by the agency. This fund accounts for all financial resources except those accounted for in the special revenue fund.

The **Public Health Emergency Preparation and Response fund** accounts for activity relating to the District's role as the lead public health agency for a five county region including Snohomish, Skagit, Island, San Juan, Whatcom counties.

The annual General Fund and PHEPR special revenue fund budgets are presented in the context of a six year financial forecasting period to assure the District's long-term financial health.

Both funds and their programs are described in sections that are divided into three sub-sections. The first relates to **staffing**, as reflected in full-time equivalents (FTE's) for the current budget as well as historical information for two previous years. The **revenue** and **expenditure** sub-sections include a description and a historical comparison of each major revenue source and expenditure class in the General Fund, comparing historical years to the current budget.

The budget, as adopted, constitutes the authority for expenditures. The District's budget is adopted at the fund/division level so that expenditures may not exceed appropriations at that level of detail.

Transfers or revisions within the two funds are allowed; however, any revisions that alter the total expenditures must be approved by the Board of Health. When the Board of Health determines that it is in the best interest of the District to amend the budget, it may do so by resolution and approved by a majority of the Board.

Monthly financial reports are provided to the Board including the agency's balance sheet and comparative budget to actual statements of revenues and expenditures for the general fund and special revenue fund.

BUDGET MESSAGE

Gary Goldbaum, MD, MPH
Director | Health Officer

This has been a challenging year. Like other government agencies, we continue to face reduced revenues and increased expenses. Although our environmental health programs have seen modestly increased volumes as development resumes, revenues from the Medicaid Administrative Match have decreased and remain uncertain. The Women-Infants-Children (WIC) caseload and associated revenues are down statewide. Federal funds for emergency preparedness and HIV have been cut. Most state and local funding has been flat, not keeping up with inflation or other costs of business. While we appreciate even flat funding, we know future support is uncertain.

Attrition has enabled us to limit the impact, averting layoffs in 2014, but we cannot sustain such a strategy long term. We have too much work to do, much of it different than the work of the past. We need to support the community as it moves forward to implement the Community Health Improvement Plans addressing youth physical abuse, obesity, and suicide. We need to remain prepared for disasters, like the SR530 mudslide and flood in March and the western Africa Ebola outbreak that started in September. We also have the day to day concerns to content with, like ensuring tuberculosis treatment compliance and moving forward important policy issues (e.g. adopting the Smoking in Public Places law into local code. And we must manage labor negotiations with all of our bargaining units. Above all, we need to fully implement our updated Strategic Plan if we are to practice the public health of the future (utilizing new technologies and taking advantage of health system transformation).

Public health is a fundamental governmental service, arguably more critical to health than medical care. However, what I noted in my budget message last year is even more real this year:

> *We are reaching the point where we can no longer sustain our high level of countywide service because we have fewer hands to do the work for an ever-growing number of residents. We have fewer staff to investigate communicable diseases like pertussis, fewer staff to help families develop strong parenting skills, fewer staff to prepare for the next emergency or disaster, fewer staff to monitor the health of the community and guide our efforts to promote health.*

This 2015 budget provides the means to begin confronting the challenges. We will implement our Strategic Plan, shifting resources to address priorities. We will work even more closely with community partners to assure that core services remain accessible. And we will work with our statewide public health and community partners to seek dedicated funding for public health. As I noted last year:

> *We have a passionate, compassionate, and competent workforce providing invaluable service to the community – but we will never be the healthiest county in the state without additional resource.*

If we want healthy communities, then we need a strong public health system.

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SNOHOMISH HEALTH DISTRICT
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ABOUT THE DISTRICT

The Snohomish Health District is an independent special purpose district created in 1959. It is the municipal corporation responsible for public health in Snohomish County, organized pursuant to the provisions of RCW 70.05 and RCW 70.46.

Snohomish County is the third most populous county in Washington State. The total population of Snohomish County was estimated to be 737,430 as of April 1, 2014, according to the Washington State Office of Financial Management.

Most of the population lives in the southwest and the I-5 corridor. Twenty cities and towns are home to about 58% of the population; 42% live in unincorporated areas. The largest city, and seat of county government, is Everett, population 103,100.

Public Health Governance

In Washington State, responsibility for public health protection is shared among the State Board of Health, Washington State Department of Health, and the 35 local health jurisdictions covering the 39 counties. Responsibility for governance of local public health boards is placed solely with counties. State law also requires counties to bear the cost of public health services within the District.

A 15-member Board of Health oversees all matters pertaining to the preservation of life and the health of people, including policy and budget development. All five Snohomish County Council members sit on the Board of Health, together with 10 city council members or mayors representing the cities and towns. Public meetings of the Board of Health are held monthly.

State law also requires each local board of health to appoint a licensed, experienced physician as the local health officer who serves as the executive secretary to, and administrative officer for the local board of health. **Gary Goldbaum, MD, MPH**, serves as the **Director and Health Officer** of the Snohomish Health District. Dr. Goldbaum subsequently hires and manages staff and resources in support of the agency's mission.

Board of Health- Snohomish Health District

District 1 - North County

Arlington, Darrington, Granite Falls, Lake Stevens, Marysville, Stanwood

Councilmember
Susie Ashworth
City of Granite Falls

Councilmember
Donna Wright
City of Marysville

Councilmember
Ken Klein
Snohomish County Council

District 2 - Central County

Everett, Mukilteo

Councilmember
Brian Sullivan
Snohomish County Council

Councilmember
Linda Grafer
City of Mukilteo

Councilmember
Scott Murphy
City of Everett

District 3 - Southwest County

Edmonds, Lynnwood, Woodway

Councilmember
Adrienne Fraley-Monillas
City of Edmonds
2014 Vice Chair

Councilmember
Sid Roberts
City of Lynnwood

Councilmember
Stephanie Wright
Snohomish County Council
2014 Chair

Board of Health- Snohomish Health District (cont.)

District 4 - South Central County

Bothell, Brier, Mill Creek, Mountlake Terrace

Councilmember
Terry Ryan
Snohomish County Council

Councilmember
John Joplin
City of Brier

Councilmember
Seaun Richards
City of Mountlake Terrace

District 5 - East County

Gold Bar, Index, Monroe, Snohomish, Sultan

Councilmember
Dave Somers
Snohomish County Council

Mayor
Karen Guzak
City of Snohomish

Councilmember
Sam Low
City of Lake Stevens

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Agency Overview

The Snohomish Health District provides a wide range of programs and services that protect and promote the public health, with particular focus on preventing injury and disease. Such work is inspired by a vision and mission and framed by an organizational structure.

Vision: Healthy Lifestyles. Healthy Communities.

Mission: To improve the health of individuals, families and communities through disease prevention, health promotion and protection from environmental threats.

Organizational Structure

The Environmental Health Division works to protect food, water, soil and air. The Communicable Disease Control Division works to prevent and control contagious disease in Snohomish County and the North Puget Sound region. The Community Health Division focuses on improving the health of families and children through prevention, support and community partnerships. The division also manages public health data by providing birth and death records and collecting and analyzing public health research. Administrative support functions include Executive Leadership, Human Resources, Business and Information Services and Communications.

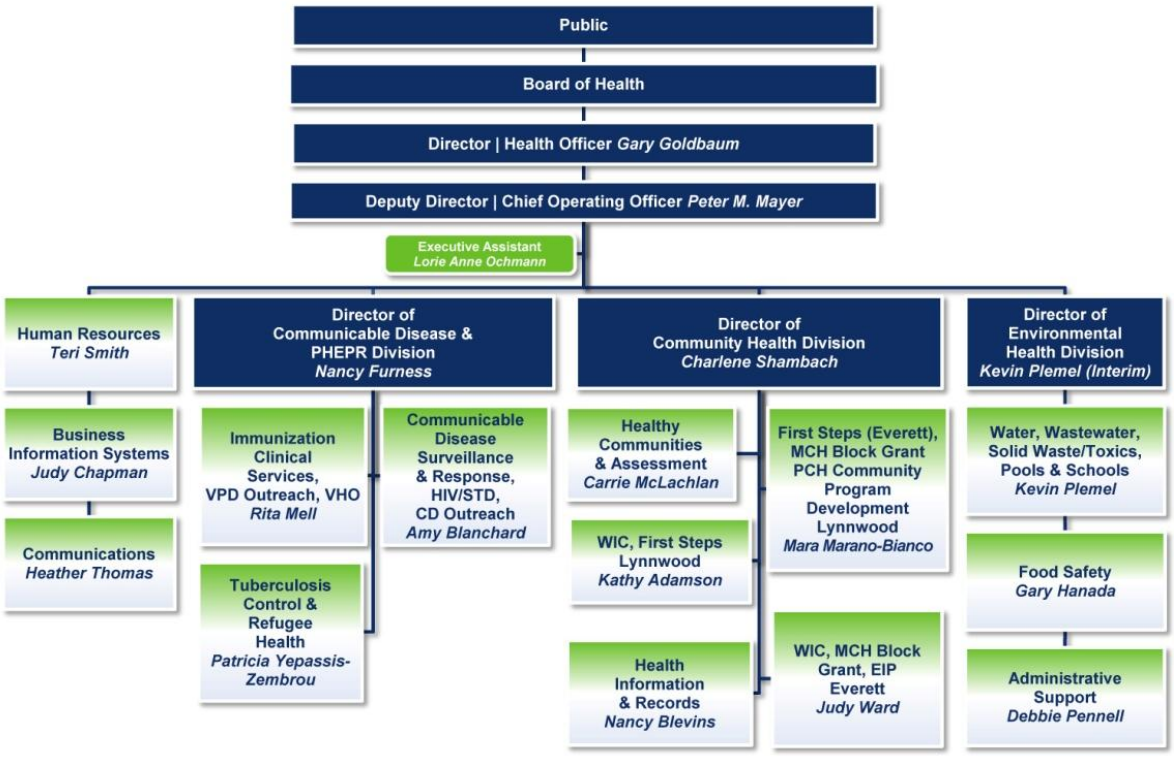

Figure 1. Current Organizational Structure

Strategic Plan Update

In response to dramatic changes in the public health environment, including the Affordable Care Act, severe budgetary and staffing cuts, and an unrelenting public need, public health in Washington State and throughout the United States is in the midst of redefining its priorities, programs and operations. **Today's public health funding and delivery system was designed in and for the 20th century. It must be redesigned to meet 21st century demands**.

This Strategic Plan Update is a wide-ranging and substantial move toward that redesign. It includes a set of eight initiatives intended to improve service delivery, move expertise out of public health offices and into the community, employ new technologies for enhanced customer service, cut costs, develop a 21st century workforce, improve quality, and acquire sustainable sources of funding. It includes a thorough and comprehensive review of current systems, and strives to correct outmoded and ineffective practices.

The strategies are bold because the Snohomish Health District simply cannot afford to do anything less than what is proposed. The District has been under financial crisis for years. Since 2008 the County's population has grown by 6%, but District revenues have dropped by 24%. Approximately 80 full-time staff positions have been cut. **In Washington State, Snohomish County ranks #30 among 35 local public health jurisdictions in terms of per capita public health spending.**

This Update seizes on opportunities for the District to proactively steer its future rather than simply continue to react and respond to continued budget shortfalls. It is rooted in the 2009 Strategic Plan, incorporating the mission, vision, and directions that were adopted at that time. It adds a greater level of specificity on key action steps, timelines, and accountability for implementation.

This Update also incorporates a number of values that have historically been embodied by public health professionals and that continue to be at the forefront of the Health District's mission. **The initiatives seek to provide service to a larger percentage of Snohomish County's population and in locations that are readily accessible to more people**. The initiatives take advantage of new business practices to streamline the District's work, create greater operational efficiencies, and improve customer service.

Most importantly, this Update **embodies the principle that no one should be left behind when it comes to the very basic health care needs that face every human being**. To that end, significant emphasis is placed on creating new partnerships with other agencies, private providers, and local businesses. The District is intent on moving carefully and deliberately through this process to ensure that those partners are ready, able, willing, and fully capable of delivering some of the services that have previously been under the purview of the Health District, and we are confident these capable partners exist within our County.

Summary of Initiatives and Key Milestones

STRATEGIC INITIATIVES	December 2014	January 2015	June 2015	January 2016	December 2016
1 Move Patients into Medical Homes	Viable Partners Identified		Transition Planning Completed	Transition of Services Begins	Monitor, Assess, Update and Adjust
2 Improve Environmental Health Business Practices	Pilot testing of remote technology and mobile operations completed	EH Staff operating remotely from mobile locations; RFP Issued for New Technology; Services Transition Planning Underway	New Technology Implemented; Plan for Transition of Services Complete	Transition of Services Begins; Technology improvements continue	Monitor, Assess, Update and Adjust
3 Optimize Delivery of Early Childhood Development Programs	Viable Partners/ Locations Identified; Grant Funded Pilot Proposal Submitted	Transition Planning Underway	Transition Plan Complete	Transition Begins	Monitor, Assess, Update and Adjust
4 Mobilize Community Health Action Teams		Healthy Communities Action Planning Underway	Healthy Communities Action Plan Complete;Budget Presentation to Board	Begin Implementing Healthy Communities Action Plan	Monitor, Assess, Update and Adjust
5 Reduce Administrative Overhead Costs	Consultant Reports Presented	Transition Planning Underway	Transition Plans Completed	Transitions Begin	Monitor, Assess, Update and Adjust
6 Institute Workforce Development and Succession Planning	Workforce Development Plan Presented	Begin Implementing Workforce Development Plan	Workforce Development Update and Budget Presentation to Board	Implementation Underway; Monitor, Assess, Update and Adjust	Implementation Underway; Monitor, Assess, Update and Adjust
7 Improve Health District Funding and Governance	Evaluation Scope and Process Determined	Evaluation Begins	Evaluation Completed and Presented to Board	Actions Underway	Monitor, Assess, Update and Adjust
8 Become Nationally Accredited and Integrate Quality Improvement Principles	Accreditation Preparation Plan Complete; QI Council Reconvened	Accreditation Preparations Underway; Revise QI Plan	Accreditation Notice of Intent Submitted; QI Plan Implementation Underway	Accreditation Preparations Underway; QI Plan Implementation Underway	Accreditation Awarded; QI Plan Implementation Underway

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2015 BUDGET OVERVIEW

While the Great Recession has ended, that does not mean the District's budget is without serious challenges. Despite the improved economy, balancing the 2015 budget was difficult. Like many local governments in Washington, the District faces a continuing structural imbalance in the General Fund, with expenditures growing faster than revenues.

Like public health agencies throughout the nation, the District must continue to examine its current programs and practices in light of diminishing resources and a vastly changing health care landscape. The agency must continue to improve business and technology systems, reduce overhead, streamline processes, and improve customer service.

Snohomish County Funding

In September staff shared with the Board Snohomish County's budget planning process and the possibility that some of the county's funding for the District was threatened. The District participated in a process to identify up to a potential 6% reduction in General Fund support from Snohomish County, which is approximately $132,000. Additionally, a County proposal was under consideration that would lead to the re-distribution of the annual 1/10th of 1% County Chemical Dependency/Mental Health Sales Tax proceeds, of which the District receives approximately $900,000 annually. The resulting proposal of re-distribution would include a reduction of approximately $500,000 from the District's First Step's program and future elimination of the remaining sales tax funding ($400,000) by 2017.

Appreciatively, Snohomish County Executive Lovick's proposed 2015 County Budget does not include any reductions to the District, however the agency still requires difficult but necessary decisions to bring growing expenses into alignment with declining revenues. The County Executive's proposed flat funding of the District — including funding of the First Steps program — helps minimize the depth of cuts that the agency would otherwise have had to impose.

District Reductions? Adjustments?

The District 2015 budget is balanced, but not without significant service reductions to the agency's immunization program, including travel consultations, at both Everett and Lynnwood locations. This translates to a net reduction of 5.9 full-time equivalents (FTE's) effective July 1, 2015, as the agency transitions these services to other community providers. The District will move into a quality assurance and coordination role, retaining expertise in immunization protocols, vaccine distribution and storage, and providing guidance to community providers. The transition of immunization services has been escalated by six months from what was envisioned in the agency's 2014 Strategic Plan Update.

Additionally, the budget eliminates a net of 5.0 FTE vacant positions effective January 1, 2015, including:

- 1.0 FTE Information Services Manager
- 1.0 FTE Communications Manager
- 1.0 FTE Disease Investigation Specialist
- 1.0 FTE IT Specialist II
- 1.0 FTE WIC Certifier

These combined measures enabled staff to balance the District's budget for 2015.

Amidst the reductions, the District is realigning services, programs and positions consistent with the agency's 2014 Strategic Plan Update. The District is currently filling several, but not all vacancies, most in a new or revised role, as well as temporarily reassigning some staff to other functions. Highlights of the moves include:

- Consolidating the Information Services and Business Office functions into a single work group, led by the agency's Business Manager.
- Refocusing a 1.0 FTE vacant Application Systems Analyst position, formerly assigned to support Community Health and Communicable Disease Divisions. This position will serve as a working lead of the IS team; completing performance, operational review and analytical tasks focused on improving financial and operational performance agency-wide; and leading the agency's quality improvement program.
- Recruiting a new 1.0 FTE Accounting Supervisor position in the Business and Information Services work group to take responsibility for financial statement preparations, financial record keeping, and assuring compliance to accounting standards and regulations.
- Combining grant and discretionary funds to support a new 1.0 FTE Healthy Communities Specialist position, providing support to youth tobacco prevention and other assessment and chronic disease prevention work.
- Refocusing a 1.0 FTE Web Applications Specialist position to provide additional agency-wide management and business analysis work.
- Recruiting a 1.0 FTE Environmental Health Director to fill the vacancy created by the previous Director's retirement.
- Filling a 1.0 FTE Community Relations Strategist position to fill a void in the Communications team, focused on external community outreach and engagement, marketing, customer and constituent awareness and education and serve as the agency's Public Information Officer.
- Recruiting for a vacant 1.0 FTE Public Health Nurse to fulfill State contract obligations supporting the Children with Special Healthcare Needs and Early Intervention programs.

To further implement the agency's 2014 Strategic Plan Update, the 2015 Budget includes minor increases in FTE allocation, including:

- Increasing the 0.50 FTE Information Technician I to full-time to provide greater support for mobile devices and other technology investments.
- Increasing the 0.80 FTE Health Policy Analyst to full-time to focus on the research, analysis, development and implementation of a health policy agenda for the District.
- Increasing the 0.50 FTE Medical Countermeasure Coordinator position to up to a 0.75 FTE to focus on regional preparedness and response activities. The position is funded from federal grant dollars within the PHEPR Program.

Revenues

With the exception of Environmental Health revenues, which have modestly increased the past several years, all other agency revenues remain flat or are decreasing. For the last 5 years, overall revenues have decreased by more than 10%, yet costs for goods and services have increased over 10%.

In 2015, reductions continue with a drop in the Women, Infants and Children (WIC) revenues ($190,000), the anticipated loss of all Medicaid Administrative Match funds (from $200,000 to $80,000) and a loss of an HIV grant ($77,000). Furthermore, declining caseload trends in the WIC program and expiring funding (end of 2017) for the First Steps program loom on the horizon. Such reductions continue to erode critical revenues that offset costs of delivering services.

Currently the Food Safety Program in the Environmental Health Division is in the process of updating the food establishment permit application structure and procedures in a manner that expedites counter, telephone, and digital traffic. The expected outcome is that the District will see increased compliance at temporary events, an increase in completeness of applications, and an increase in permit volume.

One of the beginning steps in the process is to review the current food safety related fee schedule. As a result, staff is recommending some minor adjustments to the Environmental Health Division 2015 schedule, but no other adjustments to the agency's fee schedules are contemplated.

Expenditures

For the past five years, the District's average expenses have outpaced revenues. Without new revenues, the District must continue to reduce or eliminate programs and services to keep pace. During this period of time,

- General costs of goods/services have increased on average approximately 11% (CPI-W).
- State retirement costs (PERS) have more than doubled from 5.29% in 2009 to 11% in 2015.
- Health benefit costs have increased by 5.7% annually to about 29% over five years.
- Salary and wage costs have increased by approximately 7.2% in the five years.

Capital Planning

The 2015 budget reflects continued investments consistent with the agency's Six Year Capital Improvement Plan. It includes a number of capital outlay investments within the General Operating Fund budget — focused on repairing and replacing critical infrastructure to support our daily work — including:

- Annual Rucker Building capital repair and replacement.
- Information Systems capital replacement and security improvements.
- Vehicle replacements.

Additionally, several one-time capital investments requests are made to finish initiatives begun in 2014:

- Replacement of Environmental Health management software system.
- Improving the agency's financial management and Human Resources software system.
- Remodeling the Rucker Building and Lynnwood clinic to facilitate new tenants.

These endeavors will result in either an increased capacity to generate revenue or new software/technology that will not further burden the agency's financial condition. It is anticipated that these investments will significantly reduce the agency's ongoing costs. Funding for these one-time requests is the District's unassigned fund balance and maintains consistency with the District's financial policies.

Looking Forward

While the budget is balanced this is not to suggest our budget future is free of significant challenges. In order to balance the 2015 budget, the Board of Health has approved the use of fund balance to finance $450,000 of First Steps funding for one year and $631,500 of one-time capital expenditures. The inherent problem of overall costs increasing more quickly than revenue growth will be an increasing challenge in coming years. Difficult choices about eliminating or decreasing existing services, or identifying new revenue sources, will be needed.

The District will also work to define the foundational public health programs and services — the minimum level of public health capabilities that must be in place to protect and improve overall health — for Snohomish County (Appendix C). This is not everything the agency does, but by defining the minimum foundational capacities and essential level of services, the District will have the basis for determining the level of investment needed to provide a stable and sustainable public health system.

As the District works to define the foundational programs and services, the Board of Health can move to define the "form" by which we fund and govern public health in Snohomish County. The agency's Strategic Plan calls for convening a Blue Ribbon Commission in early 2015 to provide the Board with a set of recommendations regarding future governance and financing for the agency by no later than July 1, 2015. The District would then work to implement the recommendations to make adjustments to the governance structure and secure a new or more stable revenue

source. These are critical actions necessary to secure a more promising future in assuring healthy communities throughout Snohomish County.

The following summarizes the 2015 budget:

	General Fund Operating Budget	General Fund Balance Requests	PHEPR Fund Operating Budget	Total District Budget
Revenue				
License & Permits	3,116,647		-	3,116,647
Intergovernmental	9,740,322		646,752	10,387,074
Charges for Goods & Services	2,367,772			2,367,772
Miscellaneous	208,380			208,380
Total Revenue	**15,433,121**	**-**	**646,752**	**16,079,873**
Expenditures				
Salaries	12,927,759		454,869	13,382,628
Supplies	612,646		6,545	619,191
Charges for Services	1,880,332		185,338	2,065,670
Capital Outlay	425,000	631,500	-	1,056,500
Total Direct Expense	**$ 15,845,737**	**$ 631,500**	**$ 646,752**	**$ 17,123,989**
Change in Fund Balance	**(412,616)**	**631,500**	**-**	**(1,044,116)**
Total FTE	**140.55**		**4.65**	**145.20**

General Fund Operations

The 2015 General Fund Operations Budget is summarized below. In order to balance the 2015 budget, the Board of Health has approved the use of $450,000 fund balance to subsidize the First Steps program for one year while alternatives for funding or program delivery are explored.

Financial Overview

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	158.900	144.370	140.550	-3.820

Financial Resources - Revenue (Class)

Revenue Class Name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	2,917,500	3,146,117	3,109,957	3,116,647	6,690
Intergovernmental	10,189,994	10,942,148	10,394,113	9,740,322	(653,791)
Charges for Services	2,721,150	2,688,071	2,825,275	2,367,772	(457,503)
Miscellaneous	369,433	410,643	191,078	208,380	17,302
Total Revenue	16,198,077	17,186,979	16,520,423	15,433,121	(1,087,302)

Financial Resources - Expenditure (Class)

Expense Class Name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	14,513,445	13,392,099	13,587,254	12,927,759	(659,495)
Supplies	740,660	1,090,858	600,221	612,646	12,425
Charges for Services	1,814,517	1,583,236	2,141,561	1,880,332	(261,229)
Capital Outlay	356,000	20,501	179,000	425,000	246,000
Total Expenditures	**$ 17,424,622**	**$ 16,086,694**	**$ 16,508,036**	**$ 15,845,737**	**$ (662,299)**

General Fund Operations Budget by Division

In past budget years, the District held discretionary funding in the Administration budget. It was drawn upon by divisions as they required. To bring greater clarity and accountability, discretionary funding is allocated directly to divisions based upon the District's priorities and projected deficit of each program. The allocation is shown in this chart:

	Communicable Disease	Community Health	Environmental Health	Administration	General Fund Total
Division Revenue					
License & Permits	-	-	3,116,647	-	3,116,647
Intergovernmental Grants	582,871	2,554,790	916,170	-	4,053,831
Charges for Goods & Services	461,000	666,550	1,240,222	-	2,367,772
Miscellaneous	6,000	40	-	202,340	208,380
Total Division Revenue	1,049,871	3,221,380	5,273,039	202,340	9,746,630
State Discretionary Funds	535,000	870,000	-	2,028,291	3,433,291
County Discretionary Funds	1,600,000	-	243,000	410,200	2,253,200
Total Revenue	**$ 3,184,871**	**$4,091,380**	**$ 5,516,039**	**$ 2,640,831**	**$15,433,121**
Expenditures					
Salaries	2,731,196	4,225,175	4,132,773	1,838,615	12,927,759
Supplies	162,875	95,121	55,550	299,100	612,646
Charges for Services	228,582	213,396	195,125	1,243,229	1,880,332
Capital Outlay	-	-	-	425,000	425,000
Total Direct Expense	**3,122,653**	**4,533,692**	**4,383,448**	**3,805,944**	**15,845,737**
Admin Overhead Applied	1,057,038	1,051,462	1,059,616	(3,168,116)	-
Total Division Costs	**4,179,691**	**5,585,154**	**5,443,064**	**637,828**	**15,845,737**
Excess (Deficit)	(994,820)	(1,493,774)	72,975	2,003,003	(412,616)
FTE	**32.45**	**46.85**	**43.75**	**17.5**	**140.55**

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

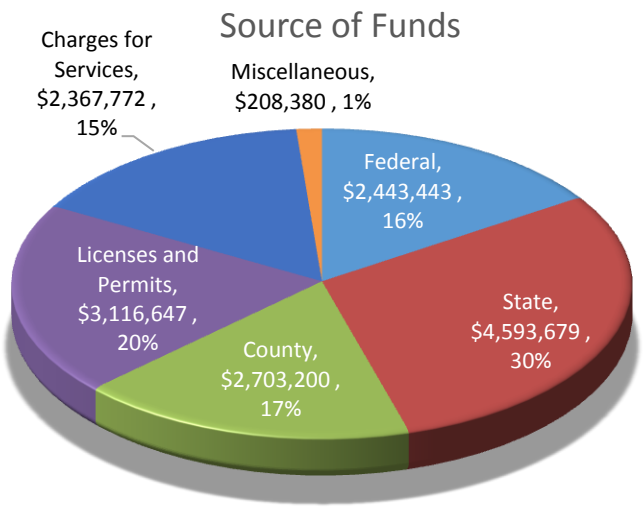
Snohomish Health District Funding

Funding of local public health is a shared responsibility among federal, state, and local governments. Washington State law gives primary responsibility for the health and safety of Washington residents to county governments who choose some form of local public health governance. In Snohomish County, the District carries out the County's public health responsibilities.

Revenue Overview

The District receives funds from multiple sources which are classified as Licenses and Permits, Intergovernmental Revenue, and Charges for Services.

District generated revenues include Charges for Services and Licenses and Permits which, when taken together, comprise the second largest share of agency revenue (33%).



Intergovernmental revenues refers to the assistance received from federal (16%), state (30%) and county governments (18%) in support of public health services. The District relies heavily on intergovernmental revenue as these funds provide the single largest source of agency support (64%).

Intergovernmental Revenues

Federal

Federal grants provide approximately 16% of the resources to support agency programs or activities, such as immunizations, Sexually Transmitted Disease control, Medicaid Administrative Match, maternal infant services, WIC, pregnant and parenting teens and women, drinking water, emergency preparedness and response, and more.

State

The single largest share of revenue (30%) comes from the State of Washington. State grants and contracts also provide local capacity to address a variety of public health programs including immunizations, HIV, youth tobacco, drinking water, local source control, on-site sewage, early intervention, dental and more. Historically, "flexible" state General Funds have been conveyed to local health jurisdictions via three primary mechanisms to address a variety of public health services:

- Local Capacity Development Funds (LCDF)

- Blue Ribbon Commission/5930 Funds
- Motor Vehicle Excise Tax (MVET) Replacement Funds

In the 2013-2014 fiscal budget, the State combined these funds under a single category without specific guidance as to their use. For the 2015 budget, the District has allocated this funding based on an analysis of priorities as defined by the 2014 Strategic Plan Update and the projected deficit.

County

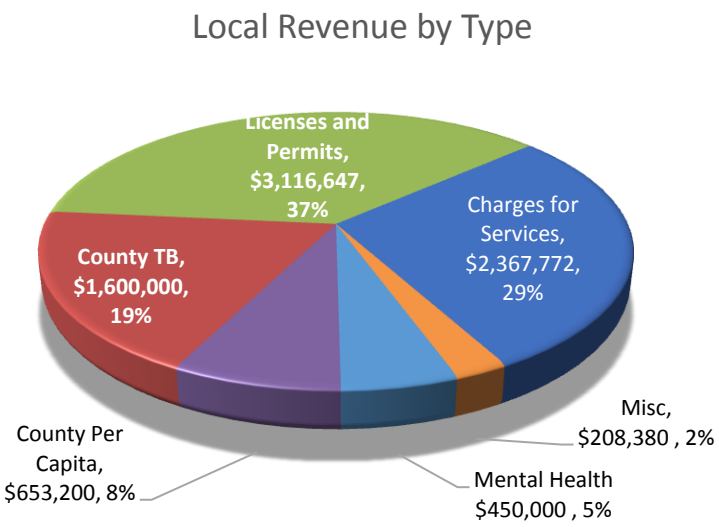
The District relies on annual funding from Snohomish County in the form of a "per capita" contribution of $653,200, and $1,600,000 in support for Tuberculosis control and other communicable diseases. In addition to general funds, Snohomish County supports the agency's First Steps program for at-risk mothers and their babies through an additional $450,000 contribution from the 1/10th of 1% local sales tax revenue dedicated to mental health and chemical dependency services. Taken together, these County sources provide approximately 18% of the agency's total funding.

Local Revenues

District generated revenues (Licenses and Permits; Charges for Services) and Snohomish County contributions compose "local revenue." Approximately 68% of these local revenues are associated with fees and charges the District levies or collects, while 32% of the funds are conveyed by Snohomish County in support of agency services.

Licenses and Permits

Our Environmental Health Division collects license and permit fees from food vendors, public and semi-public swimming pools, on-site septic systems, small public water systems and solid waste disposal facilities. Fees cover the costs of administration and inspections to assure safe and sanitary operations.



Charges for services

The District charges clients for some Communicable Disease related services, including refugee health, immunizations, vaccine/preventable disease, travel and tuberculosis monitoring services. In addition, Community Health charges include fees for First Steps clinic-based services, dental/oral health, and vital records services. These charges are typically adjustable depending upon the income level of the client. Environmental Health charges include public/private water supplies, solid waste, liquid waste and food program activities. The District also provides solid and hazardous waste management related services to Snohomish County via a fee-for-services interlocal agreement. Tasks include monitoring and inspecting County and non-County owned facilities, responding to complaints and taking enforcement actions, educating and coordinating prevention activities, and providing performance reports on such activities.

Miscellaneous Revenue

The District has leased a part of the Rucker Building to the General Services Administration, on behalf of the Internal Revenue Service, for a number of years. They currently occupy 9,882 square feet on the third floor; the lease expires November 30, 2022.

In addition to lease income, the District receives interest on investments made through the Snohomish County Treasurer's office.

Revenue Assumptions

- Environmental Health license/permit fee activity will remain level for 2015. Generally, license/permit fee revenue increases by about 1.75% annually due more permits being issued. Since 2014 was estimated slightly higher, this budget shows no increase for 2015. Only minor fee adjustments are indicated for Environment Health activities.

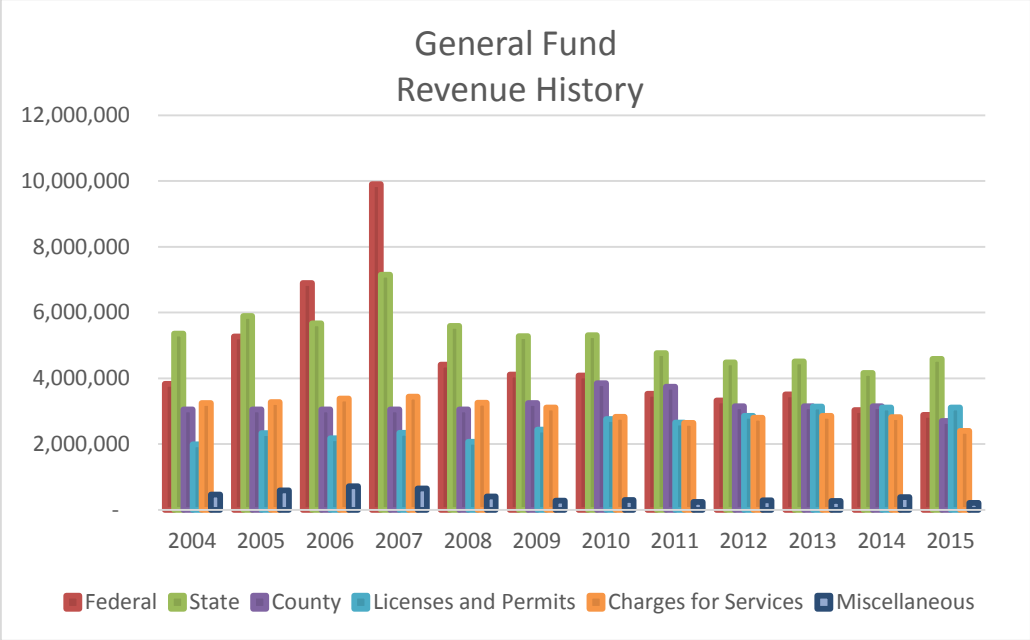
- Medicaid Administrative Claiming (MAC) provides financial reimbursement for outreach to residents with no or inadequate medical coverage, explaining the benefits of Medicaid, assisting residents in applying and linking residents with Medicaid covered services they need. MAC has come under scrutiny for the methodology used to calculate costs to be reimbursed. The cost allocation plan has been reviewed and claiming has been reinstated at a reduced rate. In August 2014, an agreement was reached whereby claiming for 2014-2015 has been resumed at a reduced rate (50%) pending the negotiation of the new allocation plan. This budget assumes a conservative estimate of $120,000 divided between the Community Health and Communicable Disease Divisions.

- State funding appears to be stable for the first half of 2015, based upon the State's biennial 2013-15 budget. The State budget for biennial 2015-2016 will be developed during the first half of the year and become effective July 1, 2015. The State is experiencing fiscal constraints and is currently considering a 15% general fund reduction. At this time, the District does not anticipate any direct impacts from such potential reductions.

- WIC authorized caseload and its attendant federal funding has been reduced by 14.3% ($190,981) from 2014 levels.

Revenue History

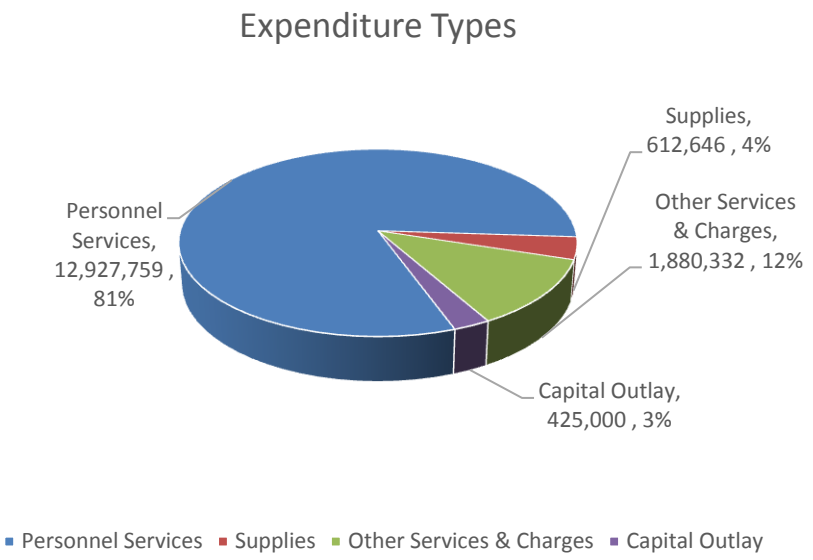
As noted previously, approximately 64% of agency funding is from intergovernmental sources- Federal, State and County. State and Federal funds have decreased over the decade, but remain mostly flat in 2015, with some decreases in Federal funding anticipated in the form of reduced MAC reimbursements and reduced WIC authorized case load.



The remaining 35% of District Revenue is generated through services we render, either from issuing permits, providing direct services to clients, or providing leased space to tenants. Stable revenue is forecasted for District generated revenue from Licenses and Permits in 2015. Charges for Services, however, will see a dramatic reduction due to the mid-year transition of the Immunization Clinic as clients find their way to medical homes. Further, the reduction in the WIC case load will reduce the billable services in the WIC/First Steps clinic. Space rental and investment income is included in miscellaneous revenue and are expected to remain constant in 2015.

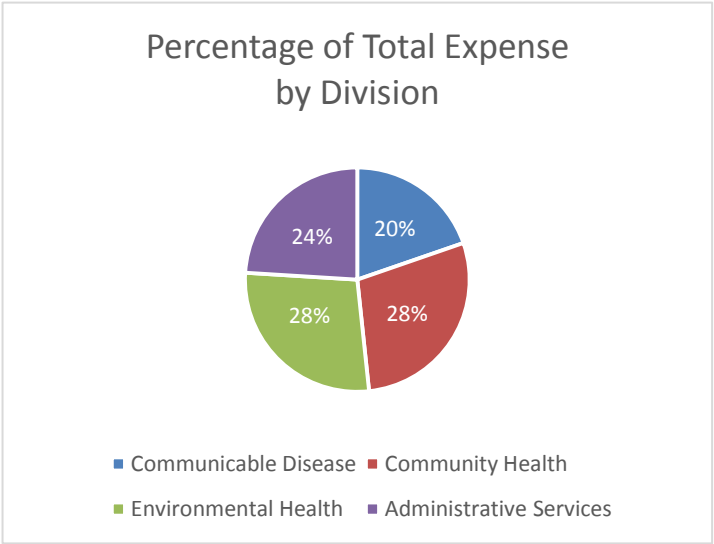
Expenditure Overview

As a public service agency delivering direct services to clients, customers and County residents, the majority of expenses (81%) the District incurs are personnel related costs. The second largest expenditure type is Other Services and Charges (12%), which includes costs associated with professional services and contracts (i.e. insurance, legal services, telephone and network systems, utilities, etc.)



Expenditure Assumptions

- Labor negotiations are currently underway and no decisions have been made thus far. Salary and benefit calculations in this budget are based on 2014 salary levels.
- Step increases are factored into staffing costs for those eligible to receive them.
- Required employer paid contributions of 11.0% (up from 9.21% for 2014) for the Public Employee Retirement System (PERS).
- Assumed increases in health/medical insurance costs (5.7%) was factored by applying projected increases to the current coverage selection by employee group (i.e. "single", "married", "family").

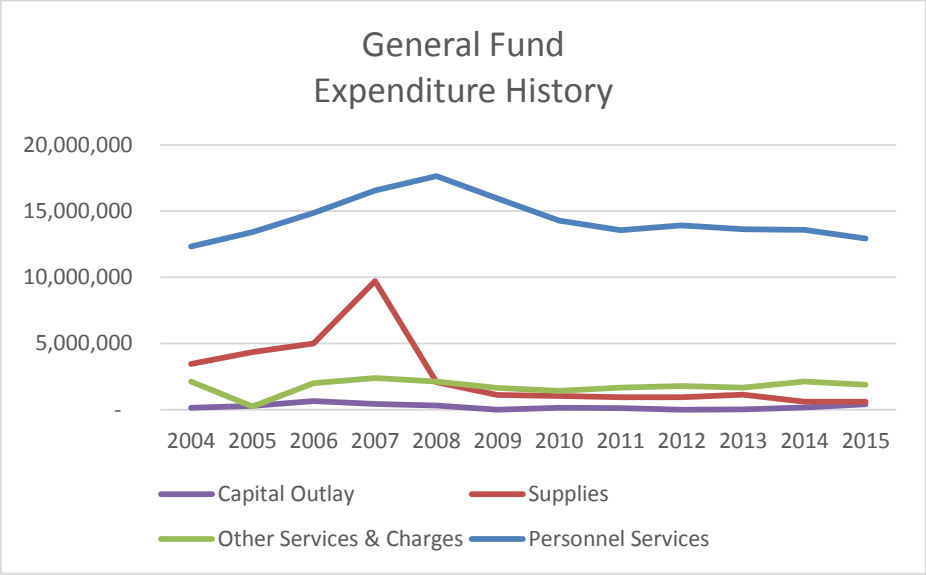


Expenditure History

Personnel related costs reflect the largest proportion of District expense- having peaked at $17,648,293 with 228.440 FTE in 2008. Personnel costs have been significantly reduced in the years since 2008 by overall staff reductions. The 2015 budget reflects $12,927,759 in personnel costs with 140.55 FTE.

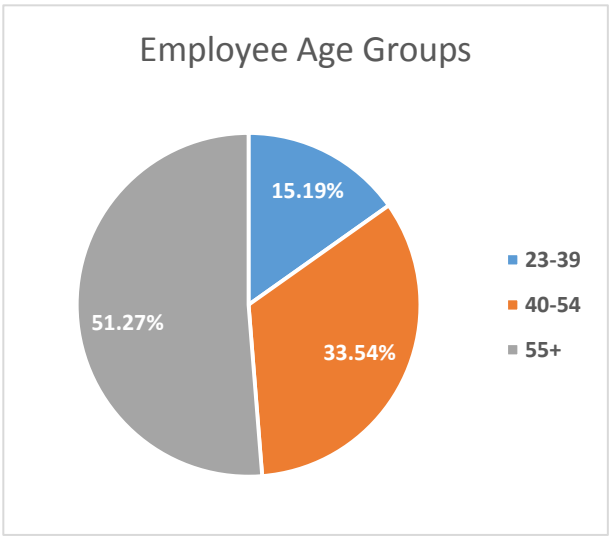
Supply costs have steadily declined over time, now reflecting less than 4% of the expenditure budget ($612,646) in 2015.

Other Services and Charges have remained largely flat, having varied since a peak in 2007-2008 of approximately $2.2 million to a budgeted $1.9 million in 2015.



Workforce Planning

The agency is comprised of a highly tenured workforce and many are nearing normal retirement age. The agency must better prepare for the departure of skilled and experienced employees — just over 50% of the agency's workforce is 55 years or older. Assuming a normal retirement age of 65, almost 20% of our workforce and their significant institutional knowledge and experience will be leaving our agency within the next 5 years.



Workforce planning is the business process for ensuring that an organization has suitable access to talent (potential candidates that have the ability to undertake required activities) to meet the strategic needs of the organization.

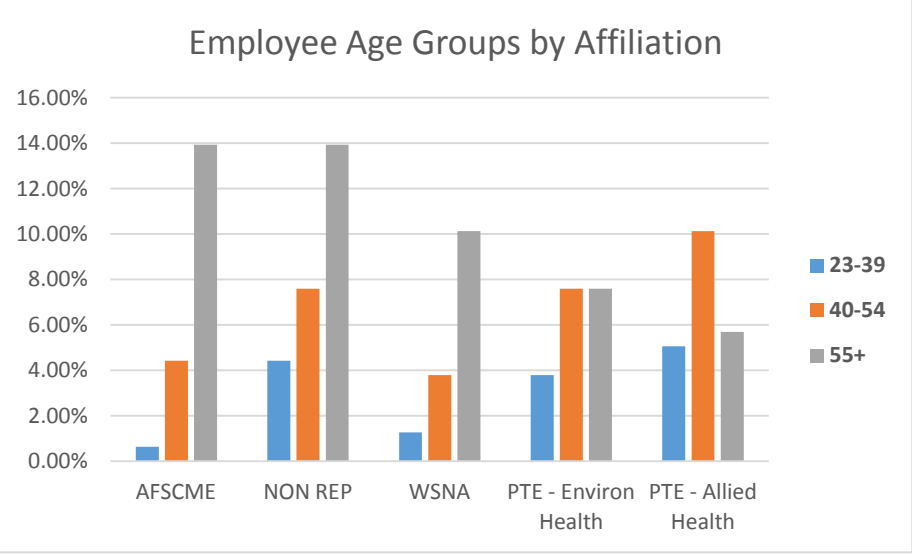
This planning process includes considering all potential resources (employment, contracting out, partnerships, and changing business activities to modify the types of talent required). The cycle of workforce planning includes conducting gap analyses of desired or necessary skill sets, filling resource requests, analyzing resource utilization, forecasting capacity, managing and identifying the resources to fill that capacity, and then restarting the cycle.

Goals of workforce planning include:

- Manage and reduce labor costs without negatively impacting productivity.
- Identify and prepare leaders and managers for future openings (succession planning).
- Fill vacancies in key roles immediately with capable talent.
- Maintain a flexible contingent workforce.
- Proactively move talent internally to maximize the return on talent.
- Target retention activities on current high performers.
- Increase the overall productivity of the workforce.

The District began developing a workforce plan in the latter part of 2014, reflective of the Strategic Plan Update. The update provides greater clarity regarding our core services to guide critical workforce planning decisions in the near term and for long term staffing needs.

Vacancies will continue to be carefully reviewed and scrutinized as they were in 2013 and 2014. Not all positions will be filled and other positions may be adjusted or aligned differently to meet the goals identified in the Update's eight initiatives.



Program Level Staffing

The District FTE levels fluctuate regularly throughout the year due to grants and contracts concluding, expanding or renewing. Staff resources are then increased or decreased accordingly. This variable workflow, as well as responding to voluntary or employee requested reductions in work hours, is another factor in the fluctuating levels throughout the year.

As noted previously, all position vacancies or requests for increased FTE are carefully scrutinized regardless of funding source. The following table summarizes program level staffing for each Division in 2013 and 2014, as well as FTE allocation for 2015. The 3.5 FTE eliminated are currently vacant positions.

Division/Program	2013 Budget	2014 Budget	2015 Adopted	FTE Change 2014-2015
Communicable Disease * (PHEPR noted separately)	**41.950**	**36.020**	**32.450**	**-3.570**
Immunization	13.750	11.800	11.800	0.000
Sexually Transmitted Diseases	3.800	2.100	1.700	-0.400
Tuberculosis	8.700	8.500	7.800	-0.700
HIV/AIDS	3.850	3.550	2.300	-1.250
Refugee Health	2.050	1.600	1.100	-0.500
Other Diseases	7.300	6.570	6.350	-0.220
CD Administration	2.500	1.900	1.400	-0.500
Community Health	**52.900**	**49.800**	**46.850**	**-2.950**
Maternal and Infant Care	18.150	14.400	12.900	-1.500
Oral Health	0.900	1.400	0.900	-0.500
Children w/Special Health Care Needs	2.150	1.650	2.300	0.650
Women, Infants & Children (WIC)	15.000	16.700	14.300	-2.400
Early Intervention	1.200	1.250	1.250	0.000
Assessment/Chronic Disease	8.700	8.400	5.500	-2.900
Tobacco/Healthy Communities	0.000	0.000	4.200	4.200
Vital Records	4.000	3.500	4.000	0.500
CH Administration	2.800	2.500	1.500	-1.000
Environmental Health	**43.550**	**40.550**	**43.750**	**3.200**
Drinking Water	1.070	0.800	0.850	0.050
Solid Waste & Toxics	10.500	9.600	11.400	1.800
Septic/Land Use	6.620	6.600	6.800	0.200
Food Safety	17.650	17.000	16.750	-0.250
Living Environment /Pools/Schools	3.010	2.200	2.000	-0.200
Smoking in Public Places	0.000	0.000	0.100	0.100
EH Administration	4.700	4.350	5.850	1.500
District Administration	**20.500**	**18.000**	**17.500**	**-0.500**
Administration	3.000	3.000	3.000	0.000
Business Office	5.700	4.700	5.500	0.800
Human Resources	2.000	2.000	2.000	0.000
Information Services	5.000	4.500	4.000	-0.500
Rucker Building/Maintenance	0.800	0.800	1.000	0.200
Communications	4.000	3.000	2.000	-1.000
General Fund Total	**158.900**	**144.370**	**140.550**	**-3.820**
PHEPR Fund	**5.100**	**4.330**	**4.650**	**0.320**
Health District, all funds	**164.000**	**148.700**	**145.200**	**-3.500**

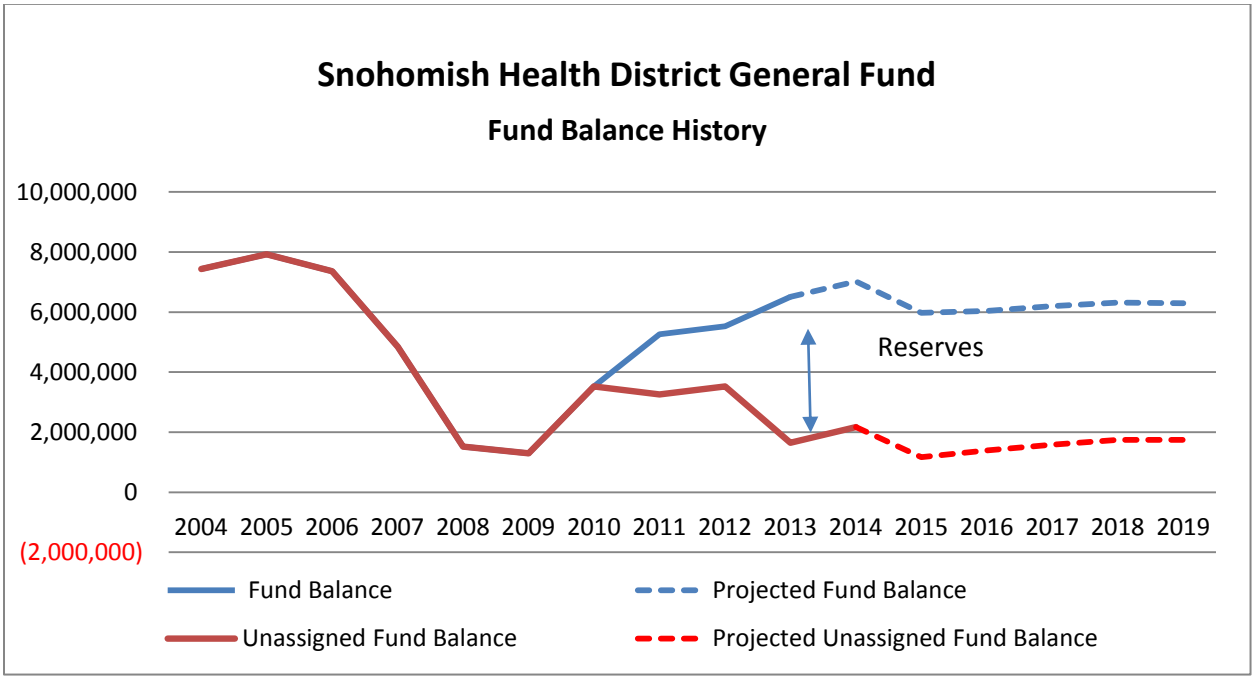
Financial Reserves

The District maintains a prudent level of financial resources to guard against service disruption in the event of unexpected events and has established specific reserves of fund balance.

In August 2013, the Board of Health adopted Resolution 13-11: Establishing Snohomish Health District Financial Management Policies and Reserves and rescinding financial management policies adopted previously under Resolutions 11-19 and 11-37. This resolution:

- Established a Working Capital reserve sufficient to fund 30 days of operations,
- Established an Emergency Reserve of $500,000.
- Authorized staff to seek a $2 million line of credit with Snohomish County to supplement the Emergency Reserve if needed.
- Directed staff to create a Designated Liability Funding Reserve whenever the District accepts funding leading to future liabilities.
- Authorized staff to establish reserves to fund the repair and/or replacement of buildings, vehicles and technology assets.

The full text of the Financial Management Policies, including reserve policies (when they are anticipated to be used and how they will be replenished), is included in Appendix A of this document. That portion of the fund balance that is not restricted by third parties nor reserved by the Board of Health or District management is referred to as "Unassigned Fund Balance." The following chart demonstrates how reserves affect the fund balance and a reader's perception of what might be available to fund operations:



Fund Balance History

Over the past several years, the General Fund has realized a surplus of revenue over expense that has contributed to the growth of fund balance. Factors affecting this sometimes unintended result include restrictions in spending, coupled with an unexpected influx of federal funding (as in the case of H1N1 and emergency preparedness funds), or reinstated reimbursements funds, (as in the case of Medicaid Administrative Claiming). Salary savings from position vacancies also contribute to fund balance- whether from lag time while a position is under review, lag time associated with a recruitment process and/or onboarding a new staff member at a lower pay rate than the prior incumbent.

Entering into 2015, the projected Beginning Fund Balance will be approximately $7,021,000 — over $5.0 million above the agency committed reserve levels. However, reserves for building upgrades, vehicle replacement, and technology equipment absorb $1.2 million. The unfunded liability of compensated absences (accumulated vacation and sick leave that is payable to an employee when they leave the District's employ) claims another $1.8 million. This budget utilizes $631,500 in fund balance to continue funding strategic investments approved in the 2014 budget but not yet completed and First Steps funding of $450,000, leaving approximately $1.2 million available fund balance. Anticipated capital investments over the six year planning horizon are depicted in the Assigned Reserves section of the six year projection shown on the next page of this report. Details about the capital investments are found in the Capital section of this document.

In the short-term, adequate fund balance still remains to address uncertainty associated with state and federal funding sources, persistent volatility in the economy and the slow economic recovery process now underway. Nevertheless there remains a need to further stabilize the financial position of the District, as indicated in the projected fund balances on the above chart and in the Six Year Financial Forecast.

Financial Forecast – All Funds

The District has maintained an unbudgeted fund balance for many years, derived when revenues have exceeded expenditures for various unanticipated reasons. The agency aligns its expenditures with anticipated revenue but relies upon fund balance to support its committed reserves which provide working capital and a safety net for emergencies (See Appendix A).

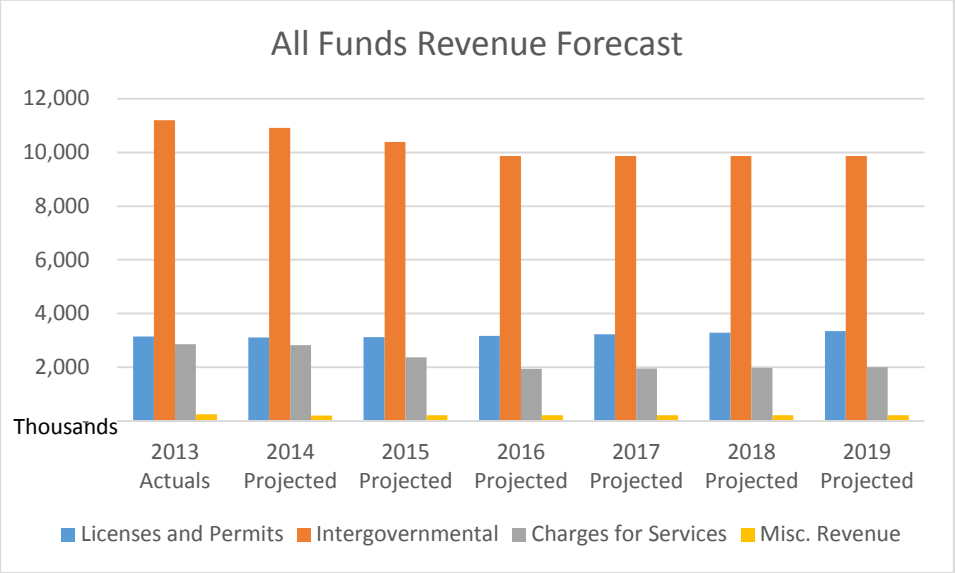
2013 - 2019
Six Year Forecast
All Funds

	Actuals	Approved Budget	Revised Forecast	Projected	Projected	Projected	Projected	Projected
Stated in Thousands of Dollars	**2013**	**2014**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Beginning Fund Balance	**$ 5,522**	**$ 6,126**	**$ 6,503**	$ 7,021	**$ 5,976**	**$ 6,043**	**$ 6,198**	**$ 6,319**
Revenues								
Licenses and Permits	3,146	3,110	3,110	3,117	3,172	3,227	3,284	3,341
Intergovernmental	11,201	11,066	10,920	10,387	9,867	9,867	9,867	9,867
Charges for Services	2,858	2,825	2,825	2,368	1,939	1,958	1,978	1,997
Misc. Revenue	251	191	202	208	208	208	208	208
Total Revenues	**17,456**	**17,192**	**17,058**	**16,080**	**15,185**	**15,260**	**15,336**	**15,413**
Expenditures								
Personnel Services	13,638	14,034	13,317	13,383	12,276	12,344	12,413	12,481
Supplies	1,136	602	622	619	552	562	574	585
Other Services & Charges	1,681	2,221	2,146	2,066	2,021	1,995	2,035	2,076
Capital Improvement	21	179	179	425	269	203	194	292
Total Operating Expenditures	**16,476**	**17,037**	**16,264**	16,493	**15,118**	**15,105**	**15,216**	**15,434**
Excess (deficit) Revenue over Expenses	980	155	793	(413)	67	155	120	(21)
Less One-time Fund Balance Requests	-	907	275	632	-	-	-	-
Ending Fund Balance	**$ 6,503**	**$ 5,375**	**$ 7,021**	**$ 5,976**	**6,043**	**6,198**	**6,319**	**6,298**
Authorized FTE	**164.00**	**148.70**	**148.70**	**145.20**	**126.85**	**126.85**	**126.85**	**126.85**
Components of Fund Balance								
Operating Capital (30 days)	1,373	1,495	1,495	1,374	1,260	1,259	1,268	1,286
Emergency Reserve	500	500	500	500	500	500	500	500
Total Committed Reserves	**1,873**	**1,995**	**1,995**	**1,874**	**1,760**	**1,759**	**1,768**	**1,786**
Other Reserves								
Technology & Equipment		450	450	429	429	429	429	429
Vehicle Replacement		200	200	300	300	300	300	300
Building Upgrade		403	403	456	456	456	456	456
Subtotal		**1,053**	**1,053**	**1,184**	**1,184**	**1,184**	**1,184**	**1,184**
Compensated Absences			**1,798**	**1,753**	**1,709**	**1,666**	**1,625**	**1,584**
Available Fund Balance	**4,630**	**2,326**	**2,175**	**1,165**	**1,390**	**1,589**	**1,742**	**1,743**

NOTES

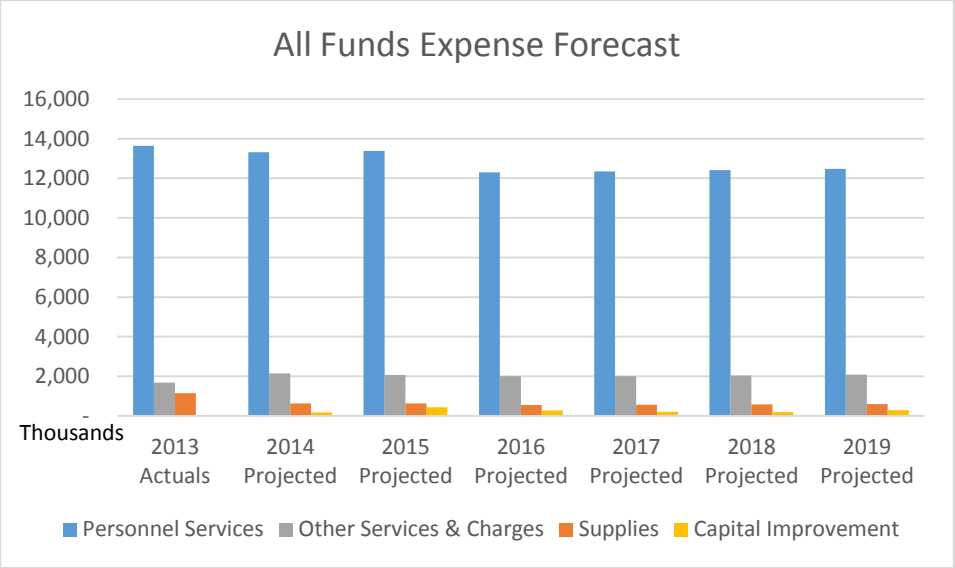
1. Revised 2014 forecast includes salary savings resulting from resignations and retirements.
2. 2014 One-time Fund Balance Request reduction includes projects that have been delayed until 2015 and included in the 2015 fund balance request.
3. Assigned Reserves represent items included in the Capital Improvement Plan that are not yet expended.
4. 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 noted in governmental fund financial statements, is noted here as a claim against fund balance.
5. Intergovernmental Revenues are assumed to remain static in 2015-2019 except for:
    a. a reduction of clinic revenues as they are transitioned to community partners during 2015.
    b. a reduction of Mental Health Sales Tax Revenue of $450,000 in 2015 and an additional $450,000 in 2016.
    c. a $25,000 reduction in PHEPR Fund in 2015.
6. Licenses/Permits and Charges for Services are expected to grow 1.75% annually.
7. Expense projections include the following assumptions:
    a. Immunization Clinic will transition to community partners on June 30, 2015.
    b. First Step Clinic will transition to community partners in December 31, 2015 in response to the lost Mental Health Sales Tax Revenue.
8. Other salary projections for 2015-2019 are based on current salary and staffing levels. Non-personnel costs are expected to increase 2.0% annually.

Revenue Projection



Revenue derived from fees and services is projected to rise a modest 1.75% per year, except for the loss of revenue associated with direct client services in the immunization and WIC/First Steps clinics. Federal grant support is expected to decrease slightly as a result of sequestration, reduced WIC funding and MAC reimbursement volatility. State and local funding remains stable but without increase.

Expenditure Projection



Personnel costs account for over 80% of our total expenditures. This projection includes expected staff reductions as a result of transitioning out of direct client services as indicated in our Strategic Plan. As always, personnel costs will continue to rise for the remaining staff. While many of our staff are long tenured and at the top of their salary range, others are eligible for step increases resulting in a continuous increase in future years. Labor contracts which will affect 2015 salary levels and beyond are currently in negotiations. This projection is based on current salary levels including step increases. Further, state retirement contributions will increase on July 1, 2015 from 9.21% to 11.0% and will remain in effect indefinitely. Medical benefit costs are expected to increase 5.7% annually.

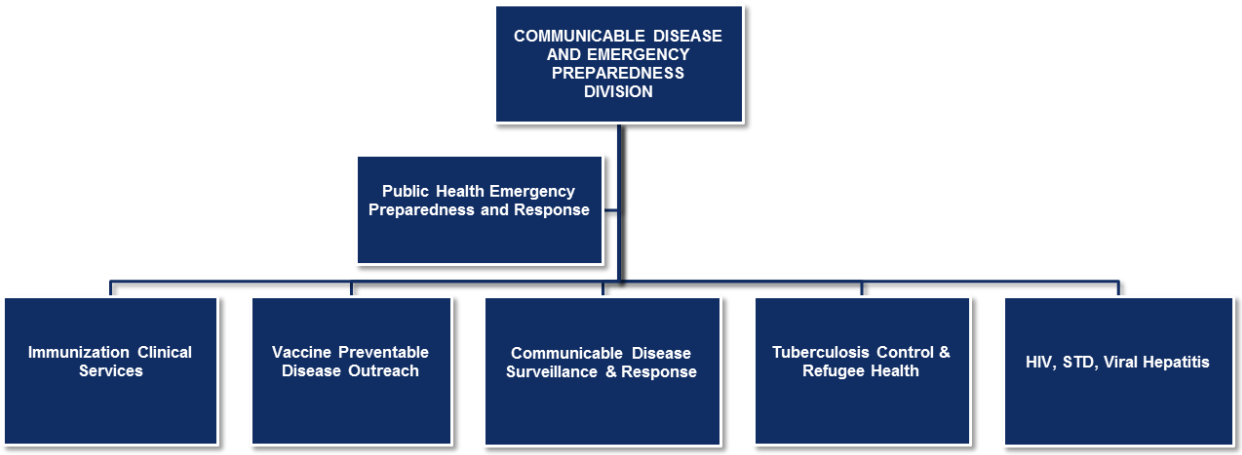
DIVISION OVERVIEW AND PROGRAM SUMMARIES OF REVENUES AND EXPENDITURES

Communicable Disease Control Division

Nancy Furness, RN, MS | Division Director

Overview

Communicable disease control is an essential component in protecting the health of our citizens. The Communicable Disease Control 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 Control 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 these disease reports, conduct investigations, and initiate disease control measures.**

Reporting notifiable conditions provides public health officials the opportunity to identify, prevent and control the spread of diseases. The District protects the public by recommending and/or providing preventive therapies for individuals who came into contact with infectious agents, investigating and halting outbreaks, and removing harmful exposures.

At-a-Glance

2015 Plan Initiatives

Assure provision of basic public health services to protect the population's health and safety

Expand partnerships to share resources and responsibilities for the public's health

Leverage technology

Move patients to medical homes

Program Activities

The Communicable Disease Control 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
- Immunization Clinical Services
    - Vaccine Preventable Disease Outreach
    - Vaccines for Children (VPC/AFIX)
- HIV/AIDS Counseling, Testing & Referral
- Communicable Disease Administration

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

2015 Initiatives and Issues

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 2015, the Communicable Disease Control 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 the District 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, 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 2009 Strategic Plan and the 2014 Strategic Plan Update, the Communicable Disease Division will:

- Complete a pilot-test video-based Directly Observed Therapy (DOT) with 1 active TB patient and 1 latent TB patient by December 31, 2015.
- Build 5 automated TB reports in Insight that will support program evaluation.
- Operationalize clinic-level TB recovery costs for patients with health insurance through third-party billing.
- Recruit viable partners and develop a transition plan for TB services by Q4.
- Improve 24-7 call response capabilities via introduction of portable technology.
- Create and offer a training class on immunization tracking for child care providers.
- Build capacity with community and health care providers that supports transition of low-risk HIV testing to other agencies or medical homes.
- Develop a plan for transitioning immunization services to community providers by Q1 2015.
- Improve efficiencies in Vaccines for Children clinic visits (AFIX) through introduction of portable technology to support the nurse reviewer.

Communicable Disease Control Division

Financial Overview

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	41.950	36.020	32.450	-3.570

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	767,346	1,338,426	4,125,199	2,717,871	(1,407,328)
Charges for Services	796,875	766,191	847,000	461,000	(386,000)
Miscellaneous		41,986		6,000	6,000
Total Revenue	**1,564,221**	**2,146,603**	**4,972,199**	**3,184,871**	**(1,787,328)**

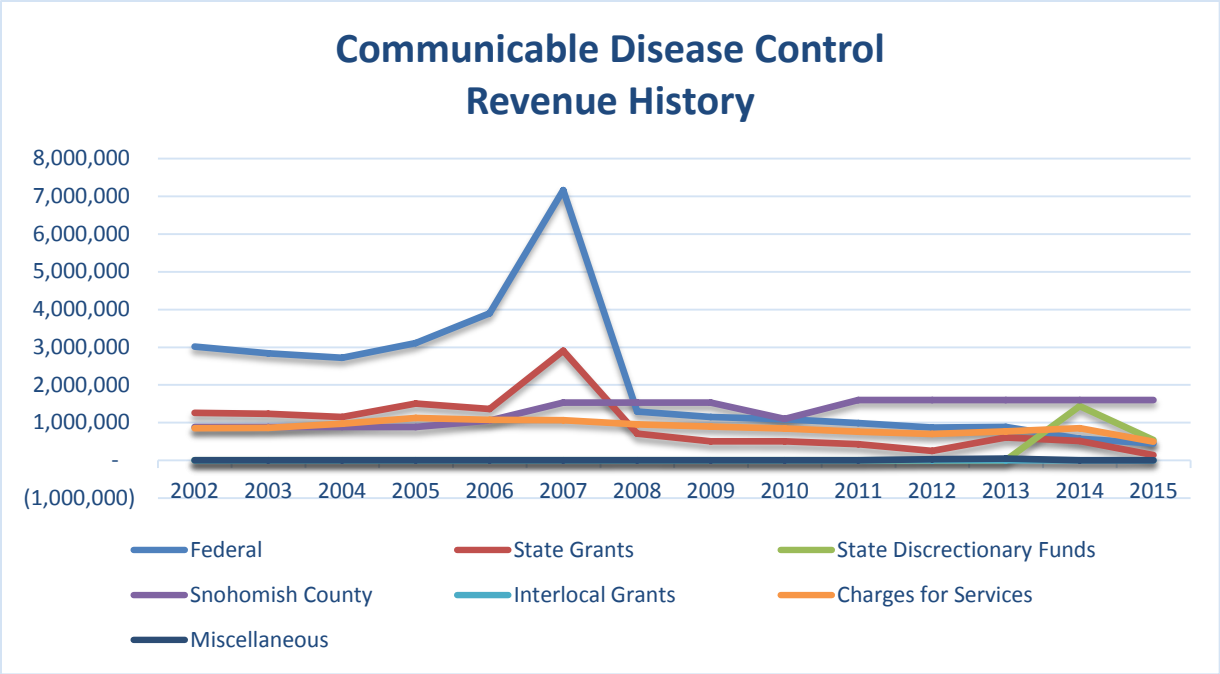
Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	3,775,154	3,270,842	3,321,553	2,731,196	(590,357)
Supplies	369,900	784,477	263,840	162,875	(100,965)
Charges for Services	424,400	240,644	285,278	228,582	(56,696)
Capital Outlay					-
Total Expenditures	**$ 4,569,454**	**$ 4,295,963**	**$ 3,870,671**	**$ 3,122,653**	**$ (748,018)**

NOTES

1. Reduced Charges for Services reflects a decrease due to immunization clinic closure 6/30/15.
2. Reduced Salary/Benefits reflects a decrease due to immunization clinic closure 6/30/15.
3. Supplies expenditures include vaccine purchases. Reduced supply costs reflect a decrease due to immunization clinic closure 6/30/15.

Revenue History



Staff Resource's

Division/Program	2013 Budget	2014 Budget	2015 Adopted	FTE Change 2014-2015
Communicable Disease *	**41.950**	**36.020**	**32.450**	**-3.570**
Immunization	13.750	11.800	11.800	0.000
Sexually Transmitted Diseases	3.800	2.100	1.700	-0.400
Tuberculosis	8.700	8.500	7.800	-0.700
HIV/AIDS	3.850	3.550	2.300	-1.250
Refugee Health	2.050	1.600	1.100	-0.500
Other Diseases	7.300	6.570	6.350	-0.220
CD Administration	2.500	1.900	1.400	-0.500

* PHEPR shown separately

Communicable Disease Control Division
Operations by Program

	TB	STD	Refugee	Communicable Disease Surveillance
Intergovernmental	86,184	20,000	-	-
Charges for Services	132,000	-	175,000	1,000
Division Revenue	218,184	20,000	175,000	1,000
State Discretionary Funds	-	-	-	-
County Discretionary Funds	703,000	160,300	-	630,000
Total Revenue	921,184	180,300	175,000	631,000
Salaries	708,786	161,398	101,062	579,741
Supplies	24,300	500	1,600	8,150
Charges for Services	141,442	9,395	28,960	11,200
Total Direct Expense	874,528	171,293	131,622	599,091
Division Overhead Applied	45,842	8,979	6,900	31,404
Admin Overhead Applied	250,862	49,136	37,756	171,852
Excess (Deficit)	(250,049)	(49,108)	(1,278)	(171,347)
FTE	**7.80**	**1.70**	**1.10**	**6.35**

	Immunization	HIV/Aids	CD Admin	**Total**
Intergovernmental Grants	140,087	297,000	39,600	582,871
Charges for Services	153,000	-	-	461,000
Miscellaneous	6,000	-	-	6,000
Division Revenue	299,087	297,000	39,600	1,049,871
State Discretionary Funds	535,000	-	-	535,000
County Discretionary Funds	106,700	-	-	1,600,000
Total Revenue	940,787	297,000	39,600	3,184,871
Salaries	823,235	217,961	139,013	2,731,196
Supplies	80,575	4,450	43,300	162,875
Charges for Services	20,825	5,910	10,850	228,582
Total Direct Expense	924,635	228,321	193,163	3,122,653
Division Overhead Applied	48,469	11,969	(153,563)	-
Admin Overhead Applied	265,235	65,495	-	840,337
Excess (Deficit)	(297,553)	(8,784)	-	(778,119)
FTE	**11.80**	**2.30**	**1.40**	**32.45**

Communicable Disease Control Division
Program Budget Summaries

Tuberculosis (TB) Control Program

The **TB Control program** focuses on diagnosis and treatment of individuals who either have or are suspected of having TB, case management to those diagnosed, and contact investigations to assure that people exposed to TB are offered appropriate screening. The District provides a comprehensive screening for refugees, asylees and immigrants for TB infection who are resettling in Snohomish County. Staff provides consultation and education to health care providers in the community, and educates clients and their family members about the disease.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	8.700	8.500	7.800	-0.700

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits			-		-
Intergovernmental	83,090	93,740	1,221,043	789,184	(431,859)
Charges for Services	16,000	59,243	45,000	132,000	87,000
Miscellaneous					-
Total Revenue	99,090	152,983	1,266,043	921,184	(344,859)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	735,892	766,552	769,375	708,786	(60,589)
Supplies	85,000	29,230	27,015	24,300	(2,715)
Charges for Services	195,000	146,831	136,638	141,442	4,804
Capital Outlay					-
Total Expenditures	**$ 1,015,892**	**$ 942,613**	**$ 933,028**	**$ 874,528**	**$ (58,500)**

Note: Charges for services (revenue) increased to reflect 3rd party private insurance billing.

Sexually Transmitted Disease Program

As mandated by state law, public health is required to investigate partners of persons reported with of syphilis, gonorrhea or chlamydia infections. Staff offers clients information about STDs, referrals for screening and treatment (including a voucher program through SeaMar and Community Health Centers), and partner management services. Disease investigators also provide mandated services for Snohomish and Island counties, specifically Good Samaritan and substantial exposure testing. Staff also refer appropriate clients to the state Expedited Partner Testing (EPT) program and encourage providers to offer EPT. Staff also offers expert consultation to healthcare providers in Snohomish County.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	3.800	2.100	1.700	-0.400

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	26,880	80,377	295,880	180,300	(115,580)
Charges for Services					-
Miscellaneous					-
Total Revenue	26,880	80,377	295,880	180,300	(115,580)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	365,448	266,230	211,042	161,398	(49,644)
Supplies	3,000	765	2,350	500	(1,850)
Charges for Services	12,500	6,393	7,850	9,395	1,545
Capital Outlay					-
Total Expenditures	**$ 380,948**	**$ 273,388**	**$ 221,242**	**$ 171,293**	**$ (49,949)**

Refugee Health Program

For many refugees, the District is the first U.S. healthcare encounter when resettling here in Snohomish County. The **Refugee Health program** seeks to address public health concerns and offer refugees a healthy start by providing comprehensive screening initiated within 30 days of arrival. These screenings include diagnosis of contagious diseases like tuberculosis, immunizations against vaccine preventable illnesses, and evaluation for additional health concerns. Medical referrals and education on how to access health care are included. The Refugee Health program is funded by the Department of Social and Health Services (DSHS).

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	2.050	1.600	1.100	-0.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental			5,402		(5,402)
Charges for Services	260,350	195,794	250,000	175,000	(75,000)
Miscellaneous					-
Total Revenue	260,350	195,794	255,402	175,000	(80,402)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	183,402	90,968	137,253	101,062	(36,191)
Supplies	5,000		14,000	1,600	(12,400)
Charges for Services	30,000	35,654	31,700	28,960	(2,740)
Capital Outlay					-
Total Expenditures	**$ 218,402**	**$ 126,622**	**$ 182,953**	**$ 131,622**	**$ (51,331)**

Communicable Disease Surveillance and Response Programs

The **Communicable Disease Surveillance & Response** (CDSR) program investigates over 60 communicable diseases and conditions that are reportable to the local health jurisdiction in accordance with Washington Administrative Code 246-101. Communicable disease staff interrupt disease transmission by ensuring effective treatment and management of ill persons, by treating/prophylaxing exposed contacts when appropriate, by identifying and containing outbreaks and by alerting the community providers and/or public when disease risks are identified in the community. CDSR collaborates with community physicians, hospitals, schools and child care facilities in implementing disease control efforts.

The primary emphasis of the **Communicable Disease Outreach** program is to prevent the transmission of reportable communicable diseases and other illnesses in early childhood group settings. Staff conduct onsite investigations when notifiable diseases such as E. coli or pertussis are reported and make recommendations to prevent further disease spread. Staff provide assessments and consultations to child care providers in areas of sanitation, disease prevention, food safety, immunization, etc. This program serves any of the 21,000 children in Snohomish County child care centers or preschool environments. Staff are available to provide surge capacity for foodborne illness investigations or to assist with outreach in the community as otherwise deemed necessary by program management.

The **Viral Hepatitis Outreach** program provides targeted counseling, testing, education, and vaccinations to persons who are current or past intravenous drug users (IDU) and are at high risk for contracting viral Hepatitis C (HCV). The CDC recommends testing of people born between 1945 and 1965, as this group is 5 times more likely to have Hepatitis C. Staff is working to get this message out to the community and our healthcare providers.

Communicable Disease Surveillance and Response (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	7.300	6.570	6.350	-0.220

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental		111,009	822,297	630,000	(192,297)
Charges for Services		(242)		1,000	1,000
Miscellaneous					-
Total Revenue	-	110,767	822,297	631,000	(191,297)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	625,987	588,382	632,349	579,741	(52,608)
Supplies	4,750	3,815	10,450	8,150	(2,300)
Charges for Services	15,900	9,419	21,421	11,200	(10,221)
Capital Outlay					-
Total Expenditures	**$ 646,637**	**$ 601,616**	**$ 664,220**	**$ 599,091**	**$ (65,129)**

Immunization Clinical Services Programs

The **Immunization Clinical Services** programs provide a safety net for vaccinating infants through adults with and without health care providers. Staff provides consultation and vaccinations to International travelers, based on Center for Disease Control (CDC) recommendations specific to the area of travel. The clinic also offers tuberculosis skin testing and conducts activities to prevent Perinatal Hepatitis B (PHB) infection.

The Vaccine Preventable Disease Community program educates healthcare providers, school nurses, and the community regarding vaccine-preventable diseases and the recommended vaccine schedule for every age group. Staff works on targeted materials for onsite provider education as well as focused community education at community events

The **Vaccines for Children** (VFC/AFIX) program performs quality assurance activities with approximately 85 VFC/AFIX providers as directed by state and CDC guidelines.

Immunizations (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	13.750	11.800	11.800	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	140,301	734,464	1,255,654	781,787	(473,867)
Charges for Services	520,525	507,703	552,000	153,000	(399,000)
Miscellaneous		41,986		6,000	6,000
Total Revenue	660,826	1,284,153	1,807,654	940,787	(866,867)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	1,233,584	1,134,457	1,075,424	823,235	(252,189)
Supplies	256,000	706,741	188,300	80,575	(107,725)
Charges for Services	54,000	34,640	49,050	20,825	(28,225)
Capital Outlay					-
Total Expenditures	**$ 1,543,584**	**$ 1,875,838**	**$ 1,312,774**	**$ 924,635**	**$ (388,139)**

HIV/AIDS Counseling, Testing & Referral

The **HIV/AIDS Counseling, Testing & Referral** program is focused on implementing strategies aimed at ending the HIV epidemic in our area. In support of the National AIDS/HIV Strategy, the District's prevention efforts are targeted to gay and bisexual men. Current strategies include comprehensive risk and counseling services, targeted testing for high-risk populations, prevention education, and referrals for care and treatment. This program is supported by grant funding from Washington State Department of Health and the CDC.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	3.850	3.550	2.300	-1.250

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	394,475	387,779	458,923	297,000	(161,923)
Charges for Services		3,693			-
Miscellaneous					-
Total Revenue	394,475	391,472	458,923	297,000	(161,923)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	356,073	350,139	328,833	217,961	(110,872)
Supplies	9,650	49,527	11,450	4,450	(7,000)
Charges for Services	3,000	13,617	2,875	5,910	3,035
Capital Outlay					-
Total Expenditures	**$ 368,723**	**$ 413,283**	**$ 343,158**	**$ 228,321**	**$ (114,837)**

Communicable Disease Control Administration

The Communicable Disease Administration provides planning, organizing, staffing, directing, and evaluating support to the programs, services and staff of the division. The administrative staff consists of the division director and an administrative assistant. In addition, assistance with the electronic health information system (Insight) and with health information management are budgeted in Communicable Disease Control Administration.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	2.500	1.900	1.400	-.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	122,600	84,170	66,000	39,600	(26,400)
Charges for Services					-
Miscellaneous					-
Total Revenue	122,600	84,170	66,000	39,600	(26,400)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	271,768	188,419	167,277	139,013	(28,264)
Supplies	6,500	30,845	10,275	43,300	33,025
Charges for Services	114,000	3,587	35,744	10,850	(24,894)
Capital Outlay					-
Total Expenditures	**$ 392,268**	**$ 222,851**	**$ 213,296**	**$ 193,163**	**$ (20,133)**

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Public Health Emergency Preparedness and Response Fund (PHEPR)

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 the District's ability to protect the public from communicable diseases. A coordinator manages the Snohomish and Skagit County's Medical Reserve Corps, a local volunteer surge capacity to support healthcare during an emergency.

The program is maintained in a separate, dedicated fund supported by three federal funding sources:

- **CDC base funding** supports the majority of the PHEPR program. Through the program's work, we are supporting coordinated and collaborative planning and response efforts in Snohomish County and Region 1.

- **Cities Readiness Initiative (CRI)** funding enhances preparedness in the nation's largest cities and metropolitan areas where more than 50% of the U.S. population resides. Snohomish County is a part of the CRI-planning area, along with King and Pierce Counties, and the District initiatives are coordinated with the other counties.

- **The Healthcare Preparation funds** from the Assistant Secretary for Preparedness and Response supports staff activities in preparedness and response work with other healthcare partners in the Region 1 Healthcare Coalition (HCC). The coalition is a network of health care organizations, providers, and regional partners that are committed to strengthening the health care system for emergencies. Through our participation, we are supporting a coordinated and effective medical and public health system response to all hazards through 1) effective communications; 2) strategic acquisition and management of resources, and 3) collaborative prevention, mitigation, preparedness, response, and recovery.

At-a-Glance

2015 Strategic Plan Initiatives

Fulfill the duties of ESF 8/Health and Medical role at the County's Emergency Operations Center

Determine the District's roles and responsibilities in Family Assistance Centers during an emergency response

Update the District's emergency plan to be compliant with the Public Health Accreditation Standards

The current contract for the three funding sources is awarded July 1, 2014-June 30, 2015. The 2015 budget is based upon the assumption of renewed federal funding through December 31, 2015.

2015 Initiatives and Issues

After the public health response to the Oso Mudslide and Flood event of March 2014, the District staff evaluated our response efforts. The PHEPR team is responsible for facilitating the after-action/improvement plan that was developed as part of the evaluation process. The 2015 PHEPR Initiatives and work plan are based on the issues identified for improvement, along with the 2014 Strategic Plan initiatives.

1. **Fulfill the duties of ESF 8/Health and Medical role at the County's Emergency Operations Center.**

   The District is the lead agency for Health and Medical issues during an emergency response. Primary tasks include assessment and support of public health and medical needs, mental health services, mass casualty/fatality management, and veterinary services. In 2015, staff will look at the issues that came up during the Oso response and improve ESF8 response plans.

   Strategic Plan relationship:

   - 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

   Performance Measures:

   - The District will have an ESF 8 Operations manual for employees.
   - Staff will have "go kits" with supplies to deploy with during a response.
   - Pre-identified District staff will be trained to perform ESF 8 duties.

2. **Determine the District's roles and responsibilities in Family Assistance Centers during an emergency response.**

   Fatality management is a part of the District's ESF8 functions. During the Oso response, several issues were identified for improvement as they relate to family assistance centers. The Distict will work with community partners, including the Medical Examiner's Office staff, to address issues and clarify our roles and responsibilities.

   Strategic Plan relationship:

   - 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.

Performance Measure:

- Snohomish County will have a Family Assistance Center plan that identifies District support necessary to activate the center.

3. Update the District's emergency plan to be compliant with the Public Health Accreditation Standards

Strategic Plan Relationship:

- 2014 Strategic Initiative 8: Become Nationally Accredited

Performance Measure:

- The District's emergency plans will be compliant with the Public Health Accreditation criteria

Public Health Emergency Preparedness and Response Fund (PHEPR)

Financial Overview

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	5.100	4.330	4.400	0.070

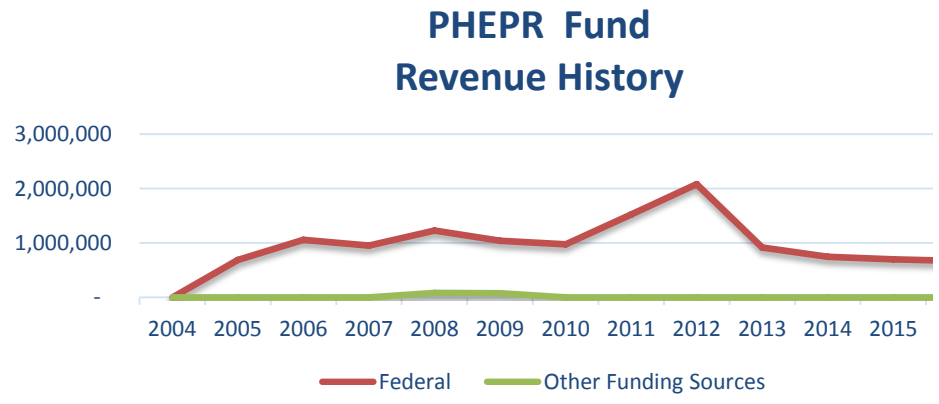
Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	-				-
Intergovernmental	717,868	701,612	672,252	646,752	(25,500)
Charges for Services					-
Miscellaneous					-
Total Revenue	717,868	701,612	672,252	646,752	(25,500)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	533,122	530,360	447,068	454,869	7,801
Supplies	1,300	2,376	2,184	6,545	4,361
Charges for Services	16,513	171,499	79,931	185,338	105,407
Capital Outlay					-
Total Expenditures	**$ 550,935**	**$ 704,235**	**$ 529,183**	**$ 646,752**	**$ 117,569**

Revenue History

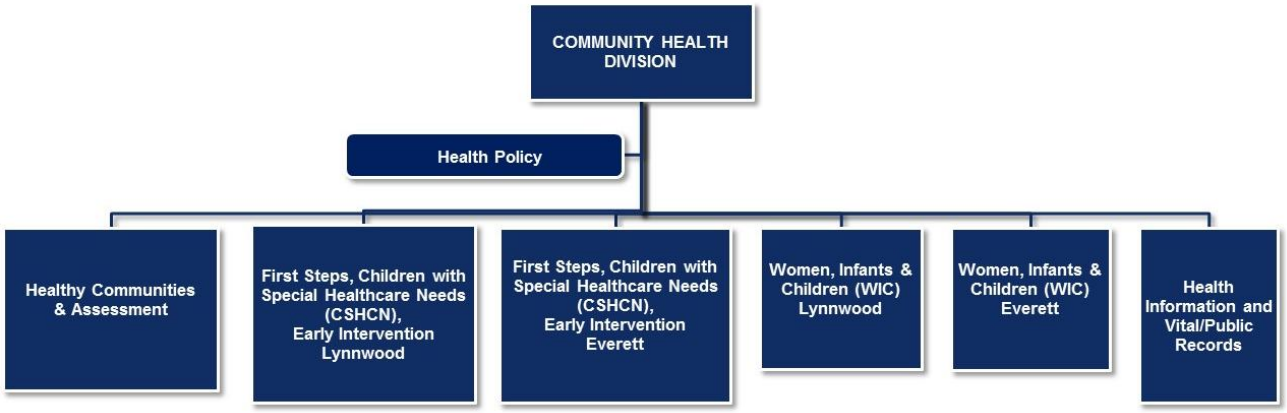


Community Health Division

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:

- 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
- Children with Special Health Care Needs
  - Work First
- Healthy Communities
  - Assessment
  - Child Death Review (CDR)
- Vital Records
- Community Health Division Administration

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

2015 Initiatives and Issues

The 2014 update to the District's strategic plan focused attention on the steps necessary to provide greater service to a larger percentage of Snohomish County's population. In 2015, the Community Health Division will embrace these strategies in the following ways:

At-a-Glance

2015 Initiatives

Lay a foundation to co-locate Maternal Child Health staff in community settings

Develop a Healthy Communities Action plan

Priority public health issues will be identified

Early Childhood Development

In 2015, Snohomish Health District's Maternal Child health staff will lay a foundation to shift our work such that we spend more time out in communities, co-located in organizations that serve vulnerable families where they live, work, and attend school. Staff need to be within communities collaborating with others to strengthen the early childhood network of care.

The Health District will develop a transition plan identifying how and where staff will be relocated. This plan will include Memorandums of Agreement with our new partners, clear action steps and a timetable for the transition, and a strategy for professional growth and development plans for Health District staff whose jobs will change. This plan will be presented to the Board of Health in June 2015, in time to fully inform and adjust the 2016 budget. Provided the Board of Health approves the recommendations, the co-location of Health District staff into partnership organizations will begin in January 2016.

Public Health Policy Development

In 2015, two priority Public Health policies will move through our policy process and protocol. In early 2015, priority public policy issues will be identified. The Snohomish Health District Health Policy Analyst will work with the Public Health Advisory Council (PHAC) and the Board of Health Ad Hoc Policy Committee to review and prioritize at least three policy issues from a larger list developed in 2014. Priority issues will then be presented to the Board of Health for consideration and approval. Analysis will begin with internal/external input and consideration of community benefit.

Healthy Community Action Plan

In 2015, Snohomish Health District will develop a Healthy Communities Action Plan. It will be based on current initiatives (Obesity CHIP and healthy communities grant activities planned for 2015 such as Youth Tobacco, 1422 (if funded). It will take into account lessons learned from Community Transformation Grants (CTG) and non-CTG successful projects with good outcomes. The Healthy Communities Action Plan will address resources needed to make an impact in Snohomish County, resulting in residents making healthy nutrition choices, being physically active and reducing exposure to tobacco and nicotine products with the overall impact being a reduction in chronic disease. The plan will take into account healthy behaviors and lifestyles across the ages, paying particular attention to high risk populations and those with high rates of health disparities in areas such as income, race/ethnicity and geographic risk. The plan will include recommendations on activities, staffing, funding and sustainability.

Community Health Division

Financial Overview

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	52.900	49.800	46.850	-2.950

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	-				-
Intergovernmental	2,418,186	3,920,592	5,285,657	3,424,790	(1,860,867)
Charges for Services	737,875	670,447	755,275	666,550	(88,725)
Miscellaneous		857		40	40
Total Revenue	3,156,061	4,591,896	6,040,932	4,091,380	(1,949,552)

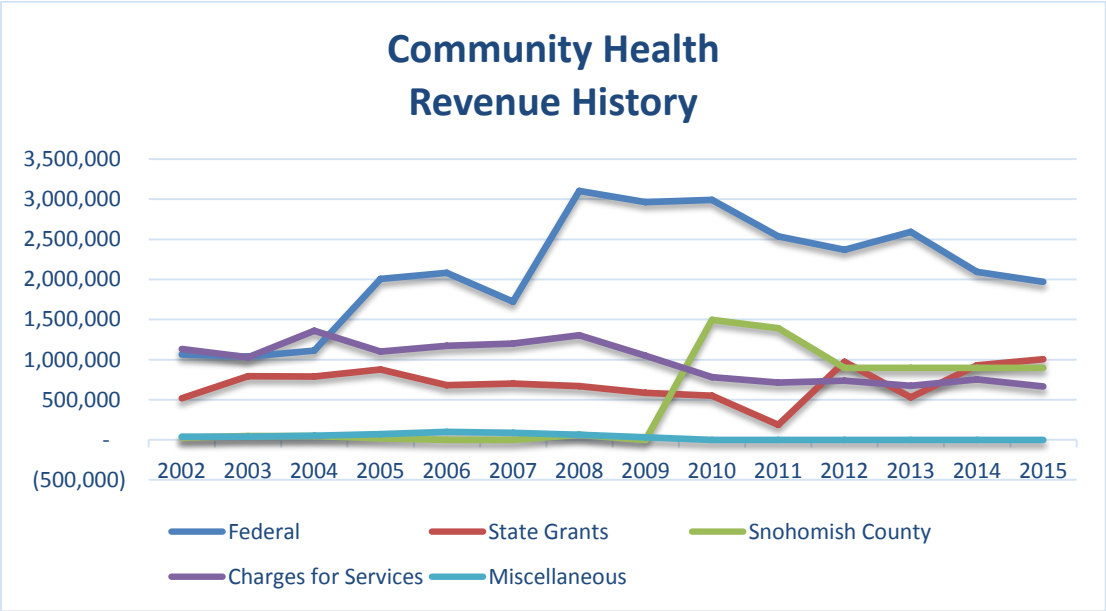
Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	4,592,203	4,409,122	4,449,335	4,225,174	(224,161)
Supplies	71,150	71,745	70,922	95,121	24,199
Charges for Services	430,504	388,038	241,595	213,396	(28,199)
Capital Outlay					-
Total Expenditures	**$ 5,093,857**	**$ 4,868,905**	**$ 4,761,852**	**$ 4,533,691**	**$ (228,161)**

NOTES

1. The Community Health Division's staffing changes take into account unfilled vacancies and a reduced authorized WIC caseload in the WIC/First Steps clinics.
2. Revenue also reflects renewed grant funding for Healthy Communities work as well as access to adult dental services.

Revenue History



Staff Resources

Division/Program	2013 Budget	2014 Budget	2015 Adopted	FTE Change 2014-2015
Community Health	**52.900**	**49.800**	**46.850**	**-2.950**
Maternal and Infant Care	18.150	14.400	12.900	-1.500
Oral Health	0.900	1.400	0.900	-0.500
Children w/Special Health Care Needs	2.150	1.650	2.300	0.650
Women, Infants & Children (WIC)	15.000	16.700	14.300	-2.400
Early Intervention	1.200	1.250	1.250	0.000
Assessment/Chronic Disease	8.700	8.400	5.500	-2.900
Tobacco/Healthy Communities	0.000	0.000	4.200	4.200
Vital Records	4.000	3.500	4.000	0.500
CH Administration	2.800	2.500	1.500	-1.000

Community Health Division Operations by Program

	Maternal/ Child Health	First Steps	WIC	Early Intervention	CSHCN
Intergovernmental	133,464	450,000	1,281,520	134,500	311,415
Charges for Services	-	300,000	-	-	13,500
Miscellaneous	-	-	-	-	-
Division Revenue	133,464	750,000	1,281,520	134,500	324,915
State Discretionary Funds	-	-	-	-	-
County Discretionary Funds	-	-	-	-	-
Total Revenue	133,464	750,000	1,281,520	134,500	324,915
Salaries	86,868	1,183,925	1,174,897	111,678	220,225
Supplies	2,450	4,500	3,396	1,821	2,050
Charges for Services	9,425	66,300	9,102	5,250	11,009
Total Direct Expense	98,743	1,254,725	1,187,395	118,749	233,284
Division Overhead Applied	3,522	44,749	42,348	4,235	8,320
Admin Overhead Applied	24,146	306,817	290,353	29,038	57,045
Excess (Deficit)	7,054	(856,292)	(238,576)	(17,522)	26,266
FTE	0.60	12.30	14.30	1.25	2.30

	Tobacco Prevention & Control	Oral Health	Healthy Communities /Assessment	Vital Records	Admin	Total
Intergovernmental Grants	40,243	123,248	-	-	80,400	2,554,790
Charges for Services	-	15,000	-	338,050	-	666,550
Miscellaneous	-	-	-	40	-	40
Total Division Revenue	40,243	138,248	-	338,090	80,400	3,221,380
State Discretionary Funds	382,000	5,000	483,000	-	-	870,000
County Discretionary Funds	-	-	-	-	-	-
Total Revenue	422,243	143,248	483,000	338,090	80,400	4,091,380
						-
Salaries	383,391	79,863	513,622	283,701	187,005	4,225,175
Supplies	14,168	2,086	20,850	5,300	38,500	95,121
Charges for Services	10,100	56,060	31,450	6,450	8,250	213,396
Total Direct Expense	407,659	138,009	565,922	295,451	233,755	4,533,692
Division Overhead Applied	14,539	4,922	20,183	10,537	(153,355)	-
Admin Overhead Applied	99,685	33,747	138,385	72,247	-	1,051,462
Excess (Deficit)	(99,640)	(33,430)	(241,490)	(40,145)	-	(1,493,774)
FTE	4.20	0.90	5.50	4.00	1.50	46.85

Community Health Division Program Budget Summaries

Maternal-Child Health

The **Maternal Child Health Block Grant** is focusing on the effects of Adverse Childhood Experiences (ACEs). ACEs impact the health of clients in many ways, ranging from risk for obesity to increased incidence of substance use, smoking and child neglect and abuse. In conjunction with other agencies in Snohomish County engaged in ACEs work, District staff will develop a focus for ACEs/resiliency efforts for our District. The Maternal and Child Health program will continue to develop an internal policy and protocol to screen for ACEs in families receiving maternal child health services. We will provide training for staff on trauma-informed care, as well as participation in developing a consistent ACEs informed approach to care across agencies in Snohomi4h County with other community partners.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	1.300	1.000	0.600	-0.400

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	148,783	219,136	153,211	133,464	(19,747)
Charges for Services					-
Miscellaneous					-
Total Revenue	148,783	219,136	153,211	133,464	(19,747)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	118,585	292,943	106,196	86,868	(19,328)
Supplies	300		300	2,450	2,150
Charges for Services	16,800	10,369	4,000	9,425	5,425
Capital Outlay					-
Total Expenditures	**$ 135,685**	**$ 303,312**	**$ 110,496**	**$ 98,743**	**$ (11,753)**

First Steps

First Steps is a Washington state program for pregnant and postpartum women and infants to age one year. The goal of the program is to provide services as early in a pregnancy as possible in an effort to promote positive pregnancy and parenting outcomes. First Steps assists women with targeted risk factors—mental illness, alcohol and substance abuse, smoking, domestic violence, hypertension or diabetes—in order to deliver full term, health infants. Public health nurses, a behavioral health specialist, and nutritionists identify and screen the high risk, low-income women in order to provide services designed to draw them into appropriate care. First Steps is a preventive health service that supplements medical coverage for Medicaid eligible women.

Support for these at-risk populations is provided by referring clients to services at DSHS (i.e., Basic foods, Medicaid, Temporary Assistance to Needy Families, and Child Support Enforcement). In addition, the program connects clients with resources for medical and dental care, housing and energy assistance, drug and alcohol treatment, smoking cessation, food banks, childcare, ECEAP and Head Start. First Steps supports healthy lifestyles and behaviors by promoting breastfeeding, exercise, stress reduction, and good nutrition to all clients.

In 2015, it is anticipated that some of the District's First Steps services will be offered through groups, as well as individual services, within other community organizations serving vulnerable populations.

First Steps (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	15.500	13.400	12.300	-1.100

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	-	900,000	1,381,883	450,000	(931,883)
Charges for Services	350,000	336,289	350,000	300,000	(50,000)
Miscellaneous					-
Total Revenue	350,000	1,236,289	1,731,883	750,000	(981,883)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	1,363,828	1,139,677	1,272,524	1,183,925	(88,599)
Supplies	3,000	2,733	3,000	4,500	1,500
Charges for Services	77,000	48,824	67,463	66,300	(1,163)
Capital Outlay					-
Total Expenditures	**$ 1,443,828**	**$ 1,191,234**	**$ 1,342,987**	**$ 1,254,725**	**$ (88,262)**

Early Intervention

The **Early Intervention Program (EIP)** is a nurse home visiting program which serves infants and children open to Washington State Child Protective Services (CPS). While support is available for all ages, infants and young children under three years of age are the highest priority. All families must be referred by a DSHS Children's Administration social worker.

The program addresses health conditions, physical growth, child development, social-emotional health, caretaking/parenting and home safety issues. Public health nurses provide assessments, education, counseling, care management, and linkage into community programs for identified concerns. Coordination of service plans and efforts occurs with the DSHS social workers involved with the families. Efforts are directed toward building on the families' strengths and improving the families' functioning to prevent further abuse or neglect.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	1.250	1.250	1.250	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	67,250	110,530	167,441	134,500	(32,941)
Charges for Services					-
Miscellaneous					-
Total Revenue	67,250	110,530	167,441	134,500	(32,941)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	116,083	101,136	117,649	111,678	(5,971)
Supplies	200	397	200	1,821	1,621
Charges for Services	2,910	2,060	2,910	5,250	2,340
Capital Outlay					-
Total Expenditures	**$ 119,193**	**$ 103,593**	**$ 120,759**	**$ 118,749**	**$ (2,010)**

Women, Infants & Children

The **Women, Infants and Children (WIC)** program is a supplemental nutrition and education program for pregnant women, infants, and children to age five years. Through health screening, nutrition and health education, breastfeeding promotion and support, access to medical, dental, and social services, and food checks for nutritious foods, the health of WIC clients is improved.

The District delivers WIC Nutrition Education services (36,313 in FFY 2013) in clinic settings at the District's Everett and Lynnwood offices to an authorized caseload of 6,640 in Snohomish County. Through assessment, counseling, education, and referral to resources of pregnant and postpartum women, the WIC program addresses the leading underlying causes of death for tobacco, poor diet and physical inactivity, alcohol consumption, and sexual behavior, as well as CDC's "Winnable Battles" of smoking, obesity/nutrition, and teen pregnancy.

Referrals are an integral part of WIC and frequently include food banks, Medicaid, medical and dental care, drug and alcohol treatment, and smoking cessation. WIC assesses immunization status and refers to other District or medical provider services, as needed.

Through individual and group education, individual and peer counseling and the provision of healthy foods, WIC aims to reduce the risk factors associated with cardiovascular disease, obesity and other chronic diseases. Additionally, WIC encourages women to breastfeed and provides appropriate nutritional support for breastfeeding participants.

Women, Infants & Children (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	17.150	16.700	14.300	-2.400

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	1,544,614	1,577,132	1,808,760	1,281,520	(527,240)
Charges for Services					-
Miscellaneous					-
Total Revenue	1,544,614	1,577,132	1,808,760	1,281,520	(527,240)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	1,353,612	1,284,266	1,353,358	1,174,897	(178,461)
Supplies	500	3,379	4,000	3,396	(604)
Charges for Services	21,000	15,685	9,500	9,102	(398)
Capital Outlay					-
Total Expenditures	**$ 1,375,112**	**$ 1,303,330**	**$ 1,366,858**	**$ 1,187,395**	**$ (179,463)**

Oral Health

Oral Health staff work to decrease tooth decay in Snohomish County and to increase the availability of dental care within District clinical programs (e.g. WIC) and throughout the county. Community approaches include educating health professionals about the newest effective methods to prevent tooth decay, developing and expanding dental resources, especially preventive services, for people with low-income, and developing and promoting oral health programs designed to meet gaps in local oral health services. Staff design, develop and facilitate programs routinely in collaboration with community partners.

Available local resources and evidence of effective outcomes for the general population as well as for disparate populations are considered. Fluorides and dental sealants are recognized by the U.S. Preventive Services Task Forces as the most effective dental caries prevention activities for communities and individuals. The oral health program is an expert resource to water districts and consumers on fluorides and community water fluoridation.

The **ABCD (Access to Baby and Child Dentistry) Dental** grant connects low income children with dental health care providers. Key to the success of this grant is dentists willing to serve ABCD clients in Snohomish County. Staff works to establish provider relationships and develop resources to link clients with providers, including a dental resource and referral listing, communication and training about the ABCD Program and outreach to potential clients. Staff assist in the coordination of the Dental Access Coalition during which many community partners discuss dental needs in Snohomish County and work to cooperatively address key issues. ABCD outreach occurs in settings, such as WIC/First Steps clinics, the Early Childhood Education Assistance Program (ECEAP), and Headstart.

The **Access to Adult Dental Services** project is a grant funded project aimed at increasing dental resources for low-income adults throughout Snohomish County. The project works in partnership with numerous community partners to increase the availability of dental care, establish linkages such as resource and referral networks to adult dental care, and facilitate relationships between hospitals, clinical settings, and outpatient settings so that Snohomish County adults with dental needs can be connected with treatment and prevention resources.

Oral Health (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	1.100	1.400	0.900	-0.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	73,000	167,457	226,754	128,248	(98,506)
Charges for Services	35,600	12,609	20,000	15,000	(5,000)
Miscellaneous					-
Total Revenue	108,600	180,066	246,754	143,248	(103,506)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	98,653	103,843	130,719	79,863	(50,856)
Supplies	585	1,925	1,872	2,086	214
Charges for Services	37,328	70,319	45,368	56,060	10,692
Capital Outlay					-
Total Expenditures	**$ 136,566**	**$ 176,087**	**$ 177,959**	**$ 138,009**	**$ (39,950)**

Children with Special Health Care Needs

The **Children with Special Health Care Needs (CSHCN)** program serves children who have, or are at increased risk for, chronic physical, developmental, behavioral or emotional conditions that require health and related services beyond those required by children generally. These conditions may include diagnoses such as diabetes, cancer, AIDS, sickle cell anemia, asthma, cystic fibrosis, hearing or visual impairments, cleft palate and many others. In Washington State, the CSHCN program can serves children who are up to the age of 18 at initial enrollment. Home visits are made by public health nurses to assess each child's needs, assist families to accept their child's diagnosis, and work through the grief of having a child with special needs. Connecting families to community resources, coordinating health and other needed care, and providing prevention and health promotion information to families occurs. Assisting families in establishing a medical home.

The medical home focuses on serving as the center point through which primary care providers (physicians and nurse practitioners) coordinate care among other providers. Rather than focusing on episodic treatment of disease, a medical home strives for holistic care.

The **Work First program** is a nurse home visiting consultation service that serves families of children with special health care needs. The family is referred to the public health nurse by the DSHS worker to assess the parent's or caretaker's readiness to return to work outside the home. Through one or two home visits, a determination is made whether the child needs care at home or whether care can be provided outside the home. The nurse also connects the family to community resources as needed, and provides prevention and health information.

Children with Special Health Care Needs (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	2.300	1.650	2.300	0.650

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	279,763	278,161	255,517	311,415	55,898
Charges for Services	2,275	4,225	2,275	13,500	11,225
Miscellaneous					-
Total Revenue	282,038	282,386	257,792	324,915	67,123

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	224,616	205,706	168,670	220,225	51,555
Supplies	950	1,636	950	2,050	1,100
Charges for Services	16,300	7,928	16,300	11,009	(5,291)
Capital Outlay					-
Total Expenditures	**$ 241,866**	**$ 215,270**	**$ 185,920**	**$ 233,284**	**$ 47,364**

Healthy Communities & Assessment

Healthy Communities is an integrated effort to promote and support the prevention of chronic diseases which are leading contributors to morbidity and mortality. This work has a focus on changing policies, community systems, and environments to reduce the upward trend of obesity-related disease in children and adults. Work often focuses on increasing physical activity and healthy eating behaviors of Snohomish County residents. It also includes policy and enforcement of laws (e.g. Smoking in Public Places Law, RCW 70.160) which reduce and eliminate tobacco use and exposure to secondhand smoke of children, youth and adults.

This program aims to increase physical activity and healthy eating practices among children and adults by offering resources that help families lead healthier lives and assist organizations in implementing healthier policies, whether as a worksite, childcare provider or school, to name a few. The District plays a key role in facilitating the Healthy Communities Coalition comprised of the largest cities (Everett, Lynnwood, Edmonds, and Marysville) and many of the smaller jurisdictions. The Healthy Communities Coalition works to expand numerous efforts throughout the county that promote healthy living and reduction in risk behaviors that impact obesity and chronic disease prevalence. Current efforts focus on implementing strategies in the Obesity Community Health Improvement Plan such as promotion of the 5210 Campaign focused on increasing consumption of 5 fruits and vegetables, decreasing screen time to less than 2 hours a day or less, increasing physical activity to one hour or more a day, and consuming no sugary beverages.

Assessment is a core public health function that provides essential data for identifying the needs and strengths of the community's health through the magnitude, trends, and changes in a multitude of health measures. Data are used by the District and community stakeholders to identify emerging health patterns and issues, increase awareness, educate, prioritize needs, target populations, plan programs, mobilize communities, develop policies, measure impact, and obtain resources.

Assessment staff provide consultation to District programs in scientific methods, including survey and study design, sampling, data collection, mapping, editing technical information, data analysis and interpretation. Assessment staff develop needs assessments for grants and assist staff in program and project evaluations.

Assessment staff also provides support to the County's **Child Death Review** (CDR) process, and is key in coordinating CDR meetings with multiple community partners, setting agendas and meeting logistics, and gathering all materials. Assessment staff also serve a key role in quality improvement initiatives and provide data for policy development and evaluation efforts used to guide the District in planning future initiatives.

Healthy Communities & Assessment (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	5.700	5.100	5.500	0.400

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	133,229	398,198	1,160,091	483,000	(677,091)
Charges for Services		2,500	23,000		(23,000)
Miscellaneous					-
Total Revenue	133,229	400,698	1,183,091	483,000	(700,091)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	496,705	431,517	462,749	513,622	50,873
Supplies	3,350	2,107	6,300	20,850	14,550
Charges for Services	57,460	52,463	25,700	31,450	5,750
Capital Outlay					-
Total Expenditures	**$ 557,515**	**$ 486,087**	**$ 494,749**	**$ 565,922**	**$ 71,173**

Vital Records

The Vital Records program provides a critical service to the public. The program issues more than 38,000 birth and death certificates annually and serves approximately 20,000 customers a year. Certified birth and death records are required for many purposes such as school and sports team enrollment, passports, obtaining a Social Security card, dependent health plan enrollment, and settling estates. In addition to issuing certificates, the staff members assist people with certificate corrections, paternity affidavits and legal name changes. They also work with the Medical Examiner and funeral directors to ensure accurate and complete death certificate information so that the certificates can be approved and burial permits issued.

The Vital Records program helps ensure the accuracy and availability of the data needed to monitor and understand the causes of death such as chronic disease, injury and communicable disease. It identifies and provides emergent communicable disease information to the Health District Communicable Disease program, including mortality data for diseases such as Hepatitis C and influenza.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	3.500	3.500	4.00	0.50

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental					-
Charges for Services	350,000		360,000	338,050	(21,950)
Miscellaneous				40	40
Total Revenue	350,000	-	360,000	338,090	(21,910)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	247,445	251,998	232,368	283,701	117
Supplies	4,500	4,317	4,700	5,300	600
Charges for Services	6,500	3,052	6,300	6,450	150
Capital Outlay					-
Total Expenditures	**$ 258,445**	**$ 259,367**	**$ 243,368**	**$ 295,451**	**$ 867**

Community Health Division Administration

The **Community Health Division Administration** provides planning, organizing, staffing, directing, and evaluating support to the programs, services, and staff of the division. The administrative staff includes the division director and a half-time administrative assistant.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	2.500	2.500	1.500	-0.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	147,250	151,777	132,000	80,400	(51,600)
Charges for Services					-
Miscellaneous					-
Total Revenue	147,250	151,777	132,000	80,400	(51,600)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	286,066	296,798	289,215	187,005	(50,995)
Supplies	52,100	41,411	48,500	38,500	(10,000)
Charges for Services	186,500	112,966	59,454	8,250	(51,204)
Capital Outlay					-
Total Expenditures	**$ 524,666**	**$ 451,175**	**$ 397,169**	**$ 233,755**	**$ (112,199)**

Environmental Health Division

Kevin Plemel | Interim Division Director

Overview

Environmental Health is an element in protecting the public's health. Improvements in sanitation, drinking water quality, food safety and disease vector control have been central to the significant improvement in quality of life and longevity experienced over the last hundred years. This Division largely **focuses on population-based public health activities that address chemical, physical, and biological factors external to a person that can potentially affect health**. Such factors can include air, food, and water contaminants; toxic chemicals; disease vectors; and safety hazards. Environmental Health programs impact and protect nearly everyone living in and visiting Snohomish County.

Program Activities

The Environmental Health Division includes the following programs:

- Solid Waste and Toxics
- Septic/Land Use
- Living Environment
  - Water Recreation Facility
  - School Safety
  - Camp Safety
- Food Safety
  - Smoking in Public Places
- Drinking Water
- Environmental Health Administration

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

At-a-Glance

2015 Initiatives

Selecting and implementing new Environmental Health software

Standardize Food Safety staff by training and assessment through FDA certification standards

Update Chapter 7, the District Sanitary Code for consistency with WAC 246-260 and water recreation inspection guidelines

Update Chapter 8, the District Sanitary Code for consistency with WAC 246-272A and associated Recommended Standards and Guidance Documents

2015 Initiatives and Issues

Environmental Health work plan for 2015 includes:

- Selecting and implementing new Environmental Health software as specified in Initiative 2 of the 2014 Strategic Plan Update.
- Standardize Food Safety staff by training and assessment through FDA certification standards.
- Update Chapter 7, the District Sanitary Code for consistency with WAC 246-260 and water recreation inspection guidelines
- Update Chapter 8, the District Sanitary Code for consistency with WAC 246-272A and associated Recommended Standards and Guidance Documents.

New Environmental Health Software

In 2014, considerable efforts were directed at beginning the Environmental Health Information Management Project (EHIMP). In addition to the project charter and assignment of a project manager, a core team was formed that systematically outlined division processes. These "as-is" processes are being reviewed by the core team via a formal business process analysis system for both efficiencies and effectiveness as well as leading to development of an RFP for an information management system. In 2015, an RFP will be published and software vendor selected by the end of the first quarter. Software will be installed with testing beginning in June 2015, and incrementally operationalized throughout the second half of the year.

FDA Standardized Food Safety Staff

Senior environmental health specialists in the Food Safety Program will complete a FDA Standardization train-the-trainer program by the Department of Health. Once completed, they will train all Food Safety team members. Staff standardization will begin in the first quarter of 2015 and continue throughout the year. In addition to staff standardization, Food Safety staff will continue with other elements of the FDA certification/standardization program. Certification will help document that the District is meeting one of the standards for the Public Health Accreditation Board.

Update Sanitary Code Chapter 7

Recent revisions to the rules, regulations and guidelines for Water Recreation Facility inspections result in inconsistencies with Chapter 7, Snohomish Health District Sanitary Code. Consequently, revisions to Sanitary Code Chapter 7 are to be presented to the Board of Health for consideration.

Update Sanitary Code Chapter 8

Over time, there have been numerous revisions to the onsite sewage rules, regulations and associated RS&G's that result in potential inconsistencies with the District Sanitary Code Chapter 8. In 2015, the EH division will review Chapter 8 for potential revision by the Board of Health for alignment with the WAC and DOH guidance documents.

Environmental Health Division

Financial Overview

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	43.550	40.550	43.750	3.200

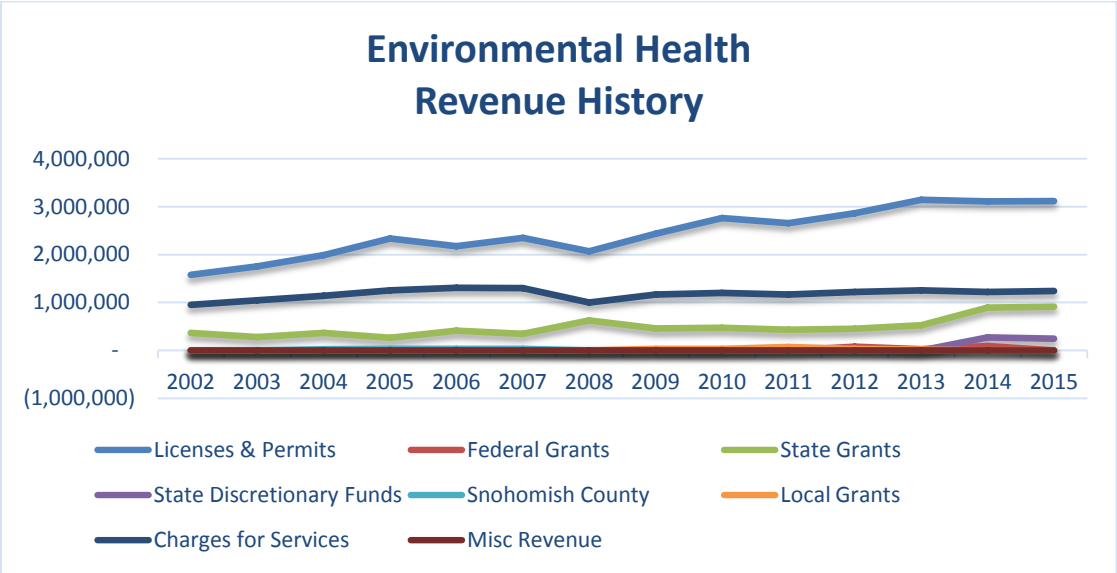
Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	2,917,500	3,146,117	3,109,957	3,116,647	6,690
Intergovernmental	571,750	574,959	983,256	1,159,170	175,914
Charges for Services	1,186,400	1,250,760	1,223,000	1,240,222	17,222
Miscellaneous		4,666			-
Total Revenue	4,675,650	4,976,502	5,316,213	5,516,039	199,826

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	4,015,678	3,684,482	3,961,632	4,132,773	171,150
Supplies	55,700	45,823	45,830	55,550	9,720
Charges for Services	146,200	145,819	196,304	195,125	(1,179)
Capital Outlay				-	-
Total Expenditures	**$ 4,217,578**	**$ 3,876,124**	**$ 4,203,766**	**$ 4,383,448**	**$ 179,691**

Revenue History



Staff Resources

Division/Program	2013 Budget	2014 Budget	2015 Adopted	FTE Change 2014-2015
Environmental Health	**43.550**	**40.550**	**43.750**	**3.200**
Drinking Water	1.070	0.800	0.850	0.050
Solid Waste & Toxics	10.500	9.600	11.400	1.800
Septic/Land Use	6.620	6.600	6.800	0.200
Food Safety	17.650	17.000	16.750	-0.250
Living Environment /Pools/Schools	3.010	2.200	2.000	-0.200
Smoking in Public Places	0.000	0.000	0.100	0.100
EH Administration	4.700	4.350	5.850	1.500

Environmental Health Division Operations by Program

	Solid Waste	Septic Land	Living Environment	Smoking in Public Places
Licenses & Permits	69,660	640,550	237,457	-
Intergovernmental Grants	860,170	35,000	-	-
Charges for Services	761,380	198,092	69,000	-
Division Revenue	1,691,210	873,642	306,457	-
State Discretionary Funds	-	-	-	-
County Discretionary Funds	-	110,000	-	17,000
Total Revenue	1,691,210	983,642	306,457	17,000
Salaries	1,053,829	650,122	205,429	11,503
Supplies	15,600	500	1,500	-
Charges for Services	43,000	23,250	250	-
Total Direct Expense	1,112,429	673,872	207,179	11,503
Division Overhead Applied	194,689	117,936	36,259	2,013
Admin OH Applied	315,601	191,180	58,778	3,263
Excess (Deficit)	68,491	653	4,241	220
FTE	11.40	6.80	2.00	0.10

	Food	Drinking Water	EH Admin	Total
Licenses & Permits	2,168,980	-	-	3,116,647
Intergovernmental Grants	-	21,000	-	916,170
Charges for Services	101,850	109,000	900	1,240,222
Division Revenue	2,270,830	130,000	900	5,273,039
State Discretionary Funds	-	-	-	-
County Discretionary Funds	80,000	36,000	-	243,000
Total Revenue	2,350,830	166,000	900	5,516,039
Salaries	1,546,173	91,106	574,611	4,132,773
Supplies	16,950	-	21,000	55,550
Charges for Services	48,075	22,500	58,050	195,125
Total Direct Expense	1,611,198	113,606	653,661	4,383,448
Division Overhead Applied	281,981	19,883	(652,761)	-
Admin OH Applied	457,104	32,231	-	1,059,616
Excess (Deficit)	548	281	(0)	72,975
FTE	16.75	0.85	5.85	43.75

Environmental Health Division
Program Budget Summaries

Solid Waste and Toxics: The Solid Waste program enforces local and state solid waste handling regulations. Solid waste includes moderate risk waste that is household and small quantity generated hazardous waste. Solid waste handling facilities are permitted and inspected to ensure compliance with the regulations. Compliance results from handling, storage and disposal of solid waste in a manner that does not threaten human health or the environment.

In addition to permitting facilities, the Solid Waste program educates Snohomish County residents about various methods of handling solid waste, which encourages recycling and proper disposal. By resolving garbage accumulation and illegal dumping complaints, the risk for vector borne (i.e. rats and flies) disease is reduced. To meet mandated program requirements and grant deliverables the Solid Waste and Toxics Section conducts complaint investigations; facility inspections; telephone consultations; plan and permit application reviews; enforcement actions; educational presentations to agencies, trade and community organizations.

The Solid Waste program consists of a number of program activities (program codes) that are based not only on specific activities, but also are a means to relate these efforts to the source of program funding including a number of grants, contracts, fees, and the Interlocal Service Agreement with Snohomish County Solid Waste. It is through a combination of these activities that the overall goals and objectives of the Solid Waste program are achieved.

Solid Waste (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	10.500	9.600	11.400	1.800

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	70,000	69,104	82,500	69,660	(12,840)
Intergovernmental	360,000	434,879	613,784	860,170	246,386
Charges for Services	762,400	770,800	761,500	761,380	(120)
Miscellaneous		4,460			-
Total Revenue	1,192,400	1,279,243	1,457,784	1,691,210	233,426

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	989,122	855,263	954,080	1,053,829	99,749
Supplies	4,500	14,101	11,950	15,600	3,650
Charges for Services	45,000	44,546	49,250	43,000	(6,250)
Capital Outlay					-
Total Expenditures	**$ 1,038,622**	**$ 913,910**	**$ 1,015,280**	**$ 1,112,429**	**$ 97,149**

Septic/Land Use

More than 75,000 onsite sewage disposal systems (septic systems) exist within the County. Septic systems offer an effective means for sewage treatment and disposal when properly designed, operated, and maintained. However, absent these provisions, septic systems can contribute to surface and ground water contamination via discharge of pathogenic organisms, viruses and other contaminants. The Liquid Waste program administers the rules and regulations governing onsite sewage disposal (WAC 246-272A). The program's activities protect public health through:

- Establishing design, installation, and management requirements for septic systems.
- Assuring proper installation of all new, repaired, or altered septic systems.
- Response to service requests and complaints regarding failing septic systems and other sewage discharges.
- Providing information and assistance to property owners of malfunctioning systems.
- Providing operation and maintenance information.
- Assuring all land use and subdivision proposals appropriately address sewage disposal and treatment.
- Providing information regarding sewage disposal and public health risks.
- Certifying technical competency of onsite system installers and pumpers.
- Collaborating with community partners on sewage related non-point pollution issues.

Additional work within this program is supported by Snohomish County Surface Water Management (SWM) and serves to address septic system related issues within the Stillaguamish Clean Water District. Each year a scope of work is established based on input from SWM and the Clean Water District Board. Various activities include: serving on the clean water district board, supporting implementation of the Snohomish County Shellfish Management Plan, attending area educational workshops, investigating water quality issues relative to septic system contributions, etc.

Septic/Land Use (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	6.620	6.600	6.800	0.200

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	470,000	709,877	650,000	640,550	(9,450)
Intergovernmental	187,250	115,202	148,278	145,000	(3,278)
Charges for Services	140,000	175,582	165,000	198,092	33,092
Miscellaneous					-
Total Revenue	797,250	1,000,661	963,278	983,642	20,364

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	652,642	596,784	653,482	650,122	(3,360)
Supplies	5,000	11,677	1,000	500	(500)
Charges for Services	20,200	30,412	25,000	23,250	(1,750)
Capital Outlay					-
Total Expenditures	**$ 677,842**	**$ 638,873**	**$ 679,482**	**$ 673,872**	**$ (5,610)**

Living Environment

The **Water Recreation Facility** program involves the monitoring of chemical and safety parameters of all public and semi-private pools and spas within Snohomish County. There are currently approximately 475 facilities under permit to the District. Chemical parameters monitored for during inspections include free and total chlorine levels, pH, cyanuric acid, alkalinity, and turbidity. Safety parameters include depth markers, temperature, barrier requirements, plumbing, and recirculating equipment and general sanitation. All pools and spas are inspected by program staff 2-3 times per year, depending on facility type.

The **School Safety** program is a mandated program responsible for the periodic inspection of all public and private primary and secondary schools. Over 120,000 students attend the nearly 250 schools in Snohomish County. Inspections cover such critical areas of school safety as:

- Heating and ventilation
- Chemical storage
- Lighting
- Safety hazards
- Playground safety
- Sound and noise level control

The program is also mandated to review school site and facility plans for health and safety issues prior to construction, remodel, or addition.

The **Camp Safety** program ensures a safe recreational environment for group and youth camps. Routine inspections are conducted during the camps operating season to assure that kitchens, swimming equipment, housing facilities and bathing facilities meet minimum safety requirements. The inspections make sure that the food and water are handled properly and coming from a safe approved source. Additionally these inspections assure that adequate hand washing facilities are provided in all areas of the camp.

Living Environment (cont.)

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	2.980	2.200	2.000	-0.200

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	227,500	231,196	227,457	237,457	10,000
Intergovernmental		-	31,581		(31,581)
Charges for Services	70,000	69,246	67,500	69,000	1,500
Miscellaneous					-
Total Revenue	297,500	300,442	326,538	306,457	(20,081)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	283,480	218,201	226,379	205,429	(20,950)
Supplies	1,000	1,347	1,000	1,500	500
Charges for Services	1,000	766	1,200	250	(950)
Capital Outlay					-
Total Expenditures	**$ 285,480**	**$ 220,314**	**$ 228,579**	**$ 207,179**	**$ (21,400)**

Food Safety

The **Food Safety** Program is our largest unit. Environmental health specialists inspect over 3,000 retail food service establishments within the cities, towns, and unincorporated county on a regular basis, including restaurants, grocery stores, retail food supply, and school kitchens. Staff make sure food handlers are trained and permitted; provide coaching on proper food handling techniques; provide continuing education and certification of food service managers, investigate complaints and illnesses associated with food establishments; and review plans for new and remodeled facilities.

The Food Safety Program enforces the **Smoking in Public Places** (SIPP) law (Chapter 70.160 RCW). Electronic cigarettes and nicotine delivery devices present novel arenas for consideration, as does the state's new marijuana law. The relationship between Initiative 502 and the Smoking in Public Places Law and the health implications of marijuana use afford new challenges for public health policy and regulation.

In addition, the **Food Advisory Committee** is a group of foodservice stakeholders that convenes to provide perspective to the District's Food Safety Program on issues of rule interpretation, fees, education, enforcement and incentives.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	17.950	17.000	16.750	-0.250

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits	2,150,000	2,135,940	2,150,000	2,168,980	18,980
Intergovernmental	3,000		116,968	80,000	(36,968)
Charges for Services	144,000	125,175	144,000	101,850	(42,150)
Miscellaneous		198			-
Total Revenue	2,297,000	2,261,313	2,410,968	2,350,830	(60,138)

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	1,562,393	1,456,146	1,619,410	1,546,173	(73,237)
Supplies	5,000	16,283	8,000	16,950	8,950
Charges for Services	40,000	33,747	40,000	48,075	8,075
Capital Outlay					-
Total Expenditures	**$ 1,607,393**	**$ 1,506,176**	**$ 1,667,410**	**$ 1,611,198**	**$ (56,212)**

Drinking Water

The **Drinking Water** program's activities protect public health by ensuring safe drinking water in Snohomish County by:

- Conducting well site inspections for proposed individual and public supplies.
- Reviewing new individual and two connection water supplies for compliance with drinking water standards.
- Review of public water systems for compliance with standards.
- Review of water treatment systems for one and two connection water supplies.
- Providing sanitary surveys of public water systems.
- Providing drinking water testing services.
- Providing information on water sample analysis and disinfection procedures for small water systems.
- Providing information regarding drinking water public health risks.
- Inspecting all well construction for location and sealing requirements.
- Inspecting all water well decommissionings for compliance with standards.
- Providing the public with information, education, and direction relative to drinking water issues, well location, construction, and decommissioning.
- Supporting community partners regarding drinking water issues.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	1.070	0.800	0.850	0.050

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental	21,500	20,000	72,645	57,000	(15,645)
Charges for Services	70,000	108,632	85,000	109,000	24,000
Miscellaneous					-
Total Revenue	91,500	128,632	157,645	166,000	8,355

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	114,490	83,027	87,653	91,105	3,452
Supplies	200		200		(200)
Charges for Services	30,000	19,022	22,500	22,500	-
Capital Outlay					-
Total Expenditures	**$ 144,690**	**$ 102,049**	**$ 110,353**	**$ 113,605**	**$ 3,252**

Environmental Health Administration

The **Environmental Health Administration** section provides leadership, management, planning, assessment and office support to all Environmental Health program areas. Section staff serves as first line of contact with the public by telephone and at the customer service counter. Financial transactions including application and permit fees and reconciling transactions are performed by program staff. The section provides general Environmental Health information to the public and directs customers to the appropriate technical staff resource; they provide application and permit status reports and process public records requests.

Administration is responsible for Environmental Health budget including revenues and expenditures and establishing fees for services. Section staff manages multiple databases that track Environmental Health services and activities. This section manages and processes correspondence, documents, pamphlets, brochures, application and permit invoicing and processing, cash and credit card transactions for all Environmental Health program sections. Office support staff is cross trained in all Environmental Health program areas.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	4.700	4.350	5.850	1.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Licenses & Permits					-
Intergovernmental					-
Charges for Services		1,924		900	900
Miscellaneous		9			-
Total Revenue	-	1,933	-	900	900

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	413,551	471,724	420,628	574,611	153,983
Supplies	40,000	2,419	23,680	21,000	(2,680)
Charges for Services	10,000	17,331	58,354	58,050	(304)
Capital Outlay				-	-
Total Expenditures	**$ 463,551**	**$ 491,474**	**$ 502,662**	**$ 653,661**	**$ 150,999**

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Administration Division

Peter M. Mayer | Deputy Director | Chief Operating Officer

Overview

The Snohomish County 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.

The Administration Division includes the following areas:

- Executive
- General Overhead
- Human Resources
- Business Office
- Information Systems
- Communications

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

2015 Initiatives and Issues

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

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.

At-a-Glance

2015 Initiatives

Reduce Administrative Overhead Costs

Institute Workforce Development Planning

Improve Health District Financing and Governance

Become Nationally Accredited and Integrate Quality Improvement Principles

Improve tracking of small and attractive assets

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

Other select highlights of the Administration work plan, include:

Development and Implementation of Public Health Policies

- Agency leaders, working with local officials, Public Health Advisory Council (PHAC) members and Board of Heath 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

- A renewed 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

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	20.500	18.000	17.500	-0.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Intergovernmental	6,432,712	5,108,171		2,438,491	2,438,491
Charges for Services		673			-
Miscellaneous	369,433	363,134	191,078	202,340	11,262
Total Revenue	6,802,145	5,471,978	191,078	2,640,831	2,449,753

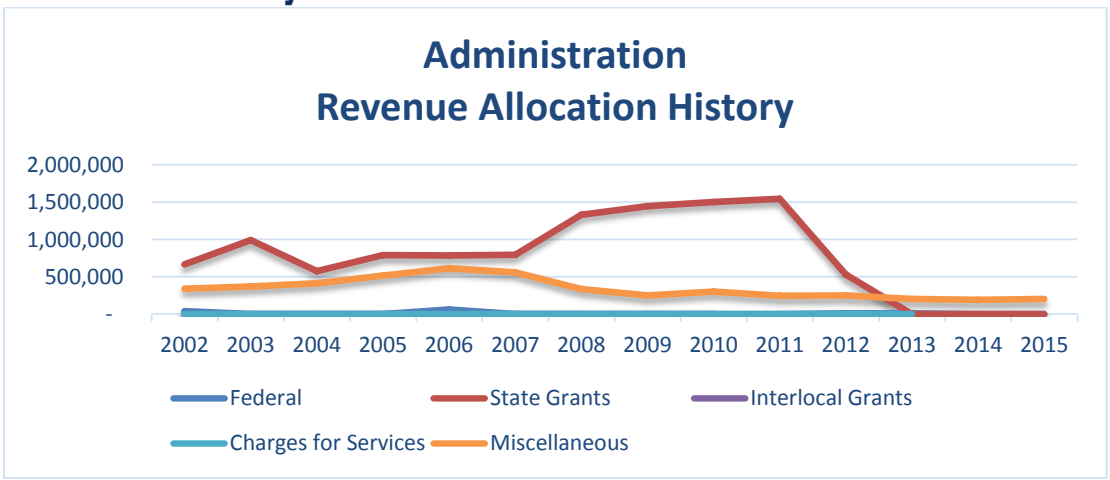
Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	2,130,410	2,027,653	1,854,734	1,838,615	(16,119)
Supplies	243,910	188,813	219,629	299,100	79,471
Charges for Services	813,413	808,735	1,418,384	1,400,623	(17,761)
Capital Outlay	356,000	20,501	179,000	425,000	246,000
Total Expenditures	**$ 3,543,733**	**$ 3,045,702**	**$ 3,671,747**	**$ 3,963,338**	**$ 291,591**

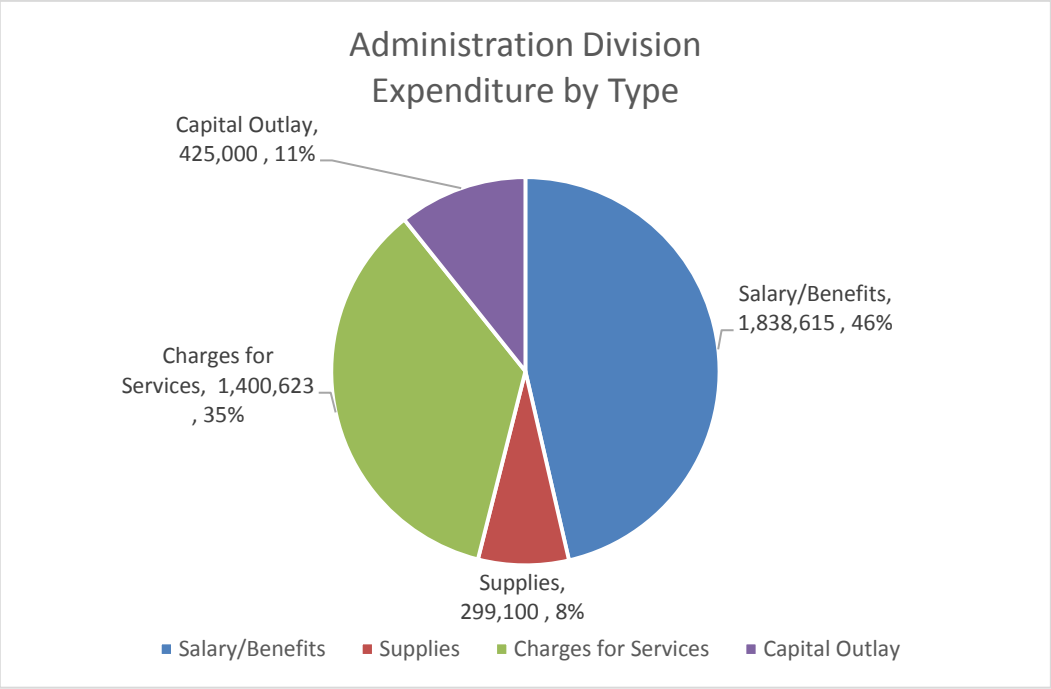
NOTES

1. Eliminated 1.5 FTE in Information Services and adding 1.0 FTE in Business Office.
2. Charges for Services Expense includes $158,394 to be reimbursed by PHEPR fund.

Revenue History



Expenditure Snapshot



Staff Resources

Division/Program	2013 Budget	2014 Budget	2015 Adopted	FTE Change 2014-2015
District Administration	**20.500**	**18.000**	**17.500**	**-0.500**
Executive	3.000	3.000	3.000	0.000
Business Office	5.700	4.700	5.500	0.800
Human Resources	2.000	2.000	2.000	0.000
Information Services	5.000	4.500	4.000	-0.500
General Overhead	0.800	0.800	1.000	0.200
Communications	4.000	3.000	2.000	-1.000

Administration Division by Program

	Executive	Communications	Human Resources
Total Revenue	-	-	-
Salaries	490,439	163,720	208,623
Supplies	9,650	2,850	31,000
Charges for Services	139,836	25,950	207,419
Capital Outlay	-	-	-
Total Direct Expense	639,925	192,520	447,042
Division Excess (Deficit)	(639,925)	(192,520)	(447,042)
FTE	**3.00**	**2.00**	**2.00**

	Business Office	Information Services	General Overhead	Total
Miscellaneous	-	-	202,340	202,340
State Discretionary Funds	-	-	2,028,291	2,028,291
County Per Capita Funding	-	-	410,200	410,200
Total Revenue	-	-	2,640,831	2,640,831
Salaries	520,261	374,939	80,633	1,838,615
Supplies	39,500	139,600	76,500	299,100
Charges for Services	37,618	92,500	897,300	1,400,623
Capital Outlay	-	144,000	281,000	425,000
Total Direct Expense	597,379	751,039	1,335,433	3,963,338
Overhead Applied to Divisions	-	-	-	(3,325,510)
Division Excess (Deficit)	(597,379)	(751,039)	1,305,398	2,003,003
FTE	**5.50**	**4.00**	**1.00**	**17.50**

Administration Division
Program Budget Summaries

Executive

The **Executive** group provides overall direction and management for District staff and operations, as well as support activities for the Divisions. The Health Officer combines his unique public health preservation, promotion and enforcement legal responsibilities with that of agency Director leading the local health jurisdiction. The Deputy Director serves as the District's Chief Operating Officer, responsible for facilitating day-to-day operations.

Together these two translate policy decisions by the Board of Health into program direction and operating guidelines for the Divisions, provide leadership and management of agency financial, human and physical resources, engage community partners, government and tribal organizations and elected officials and develop, implement and monitor strategic and operational plans. They are supported by an administrative assistant. This budget also captures costs associated with the Board of Health.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	3.000	3.000	3.000	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Total Revenue	-	-	-	-	-

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	491,992	529,574	485,359	490,440	5,081
Supplies	6,000	2,650	9,650	9,650	-
Charges for Services	61,000	43,657	151,086	139,836	(11,250)
Capital Outlay					-
Total Expenditures	**$ 558,992**	**$ 575,881**	**$ 646,095**	**$ 639,926**	**$ (6,169)**

General Overhead

Expenses incurred for the overall benefit of the agency are budgeted here, including liability insurance, Board legal counsel, telephone services, costs associated with the employee Wellness, Recognition and Safety committees, postage and central supplies.

Also included are expenses associated with costs of the Rucker building and Lynnwood Clinic lease, including ongoing repair, maintenance and operation, facilities coordination/response, tenant improvements and coordination, all interior and exterior spaces and surfaces, parking structure, heating, ventilation, and air conditioning (HVAC) systems, fire, security and access systems, safety data sheet program management, furniture, fixtures and equipment, microwaves, refrigerators and freezers, adjacent sidewalks, curbs, parking lots, security lighting, landscape/planter areas, irrigation, utilities (water, sewer, storm, gas, electricity), emergency generator, janitorial services and housekeeping supplies, security services, waste and recycling services and related.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	0.800	0.800	1.000	0.200

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Intergovernmental	6,432,712	5,108,171		2,438,491	2,438,491
Charges for Services		673			-
Miscellaneous	368,933	363,134	190,578	202,340	11,762
Total Revenue	6,801,645	5,471,978	190,578	2,640,831	2,450,253

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	51,208	129,531	58,115	80,633	22,518
Supplies	82,000	27,092	65,785	76,500	10,715
Charges for Services	591,340	576,571	806,236	897,300	91,064
Capital Outlay	100,000	15,070	70,000	281,000	211,000
Total Expenditures	**$ 824,548**	**$ 748,264**	**$ 1,000,136**	**$ 1,335,433**	**$ 335,297**

Human Resources

Human Resources staff provide expert professional coordination, assistance and guidance to the agency on employee management, including:

- Administration of federal, state and agency-wide human resource policies and procedures
- Employee and labor relations and communications
- Labor negotiations and bargaining agreement administration
- Recruitment and retention initiatives
- Employee compensation and benefits administration
- Oversight of employee performance management systems
- Workforce development planning
- Agency-wide training and professional development opportunities

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	2.000	2.000	2.000	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Total Revenue	-	-	-	-	-

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	192,610	156,723	170,707	208,623	37,916
Supplies		7,846	10,000	31,000	21,000
Charges for Services		14,532	193,500	207,419	13,919
Capital Outlay					-
Total Expenditures	**$ 192,610**	**$ 179,101**	**$ 374,207**	**$ 447,042**	**$ 72,835**

Business Office

The **Business Office** group supports agency business functions, including staff support for purchasing coordination, asset management, fleet/vehicle management, purchasing, Architectural and Engineering (A&E) and Small Works roster coordination, payroll, budget preparation, development and monitoring, audit services, monthly and annual financial statement preparation, accounts payable/receivable, and related matters.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	5.700	4.700	5.500	0.800

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Total Revenue	500	-	-	-	-

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	512,733	438,402	418,260	520,261	102,001
Supplies	27,080	34,996	3,173	39,500	36,327
Charges for Services	23,800	66,406	167,060	37,618	(129,442)
Capital Outlay					-
Total Expenditures	**$ 563,613**	**$ 539,804**	**$ 588,493**	**$ 597,379**	**$ 8,886**

Information Systems

The Information Services (IS) team mission is to deliver quality services with enduring value to Snohomish Health District. Service delivery includes systems planning, design, deployment, and support of all of Health District technology assets.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	5.000	4.500	4.000	-0.500

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Total Revenue	-	-	-	-	-

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	500,392	471,299	457,691	374,939	(82,752)
Supplies	124,830	114,799	136,571	139,600	3,029
Charges for Services	84,473	87,826	82,482	92,500	10,018
Capital Outlay	256,000	5,431	109,000	144,000	35,000
Total Expenditures	**$ 965,695**	**$ 679,355**	**$ 785,744**	**$ 751,039**	**$ (34,705)**

Communications

The **Communications** team's responsibilities include media relations and outreach, management of social media and website content/design, graphic design services, program communications support, community outreach and involvement, agency messaging and supporting emergent risk and emergency communications. In the coming year, a focus will be placed on community relations as the District increases its presence and support with partners and members of the community.

	2013 Authorized	2014 Adopted Budget	2015 Budget	FTE Change 2014-2015
Staffing Resources:	4.000	3.000	2.000	-1.000

Financial Resources - Revenue (Class)

Revenue Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Total Revenue	-	-	-	-	-

Financial Resources - Expenditure (Class)

Expense Class name	2013 Budget	2013 Actuals	2014 Adopted Budget	2015 Budget	Dollar Change
Salary/Benefits	381,475	302,125	264,602	163,720	(100,882)
Supplies	4,000	1,430	3,450	2,850	(600)
Charges for Services	51,800	19,742	18,020	25,950	7,930
Capital Outlay					-
Total Expenditures	**$ 437,275**	**$ 323,297**	**$ 286,072**	**$ 192,520**	**$ (93,552)**

Capital Project Planning

As part of the District's financial policy planning in 2013 that resulted in the Board adopting a new comprehensive set of policies, the District is now guided by specific capital planning and asset management policies (Appendix A).

As part of the District's new budget policies, a six-year District-Wide Capital Improvement Plan shall be developed providing for a prioritized list of reasonably funded projects and those in process of securing funding. The following Capital Outlay projects from the plan are expected to be completed in 2015 and contained within the General Operating Fund budget:

Capital Outlay

Snohomish Health District prepared a Capital Improvement Plan for the first time with the 2014 Budget. Funding for the 2015 initiatives identified in that plan is requested here as Capital Outlay item. Further, the Capital Improvement Plan has been updated for future years and is included in the following pages. The 2015 initiatives are listed here:

Annual Rucker Building capital repair/replacement **EST: $91,000**
(Administration- Overhead)

The Rucker Building HVAC system is aging. Twenty of the fifty-one units employed are more than twenty years old. Planned investments include phase one of systematically replacing older units with more energy efficient ones, and replacing exterior windows with failing seals.

Information Systems capital replacement and security improvements **EST: $294,000**
(Administration- Information Systems)

Planned investments include replacement of computer storage/servers, implementing a preliminary phase of building access and security improvements, upgrading the phone system to use VoIP technology and updating the server rooms to better control the sensitive environment.

Vehicle Replacement **EST: $40,000**
This funding will allow a systematic approach to begin replacing the District's aging fleet.

TOTAL CAPITAL OUTLAY REQUEST **EST: $425,000**

One-Time Capital Investment Requests

Technology projects included in the 2014 Budget are underway and continued funding was requested to finish the projects in 2015.

Replacement of Environmental Health management software system EST: $277,500

Currently, the Division uses a variety of software tools for food safety management, billing, permitting, time accounting, complaint tracking, failing septic as-builts and septic inspections. The project objective is to consolidate up to five existing applications to one primary web-based business application with on-line modules for public access. Staff has made significant progress in documenting the "as-is" state of the current work as well as envisioning the "ideal future state" in order to identify required specifications for the new system. Staff continue to explore regional and hosted solutions to reduce costs and improve functionality and maintenance/support. The requested funds will facilitate the replacement of the Division's current outdated technology provide initial installation and training services.

Improving the agency's financial management software system EST: $279,000

The agency's financial management software system is over 17 years old and has not been upgraded since 2005. It requires extensive manual efforts to provide required back-ups. Additionally, the current non-Windows based system requires an antiquated and cumbersome interface that inhibits the user from fully utilizing this important tool. While progress on this project has been delayed due to staff turnover and reorganization of the Business Office and Information Systems departments, Staff will explore upgrading or replacing the current system by year end. The requested funds will support an upgrade or replacement of software, testing and provide for initial staff training and support.

Remodel Rucker Building/Lynnwood Clinic to facilitate new tenants EST: $75,000

As the District realigns its work in accordance with the Strategic Plan, there will be opportunities to increase revenue by leasing or subleasing vacated space. While specific tenant improvements will be negotiated with any new lease and those details will be brought to the Board of Health for review and approval, this request will provide funding for the costs associated with moving our staff into consolidated spaces in order to maximize the available space for lease.

One-Time Capital Investment Requests (cont.)

The funding source is the District's unassigned fund balance. The requests are consistent with the District's financial policies, including "The budget will not use one-time (non-recurring) sources to fund on-going (recurring) uses. One time and unpredictable revenues should be considered for only one-time expenditures." (Appendix A). Each of the requests are one-time investments- resulting in either a Increased capacity to generate revenue or new software/technology that will not further burden the agency's financial condition but rather expected to significantly reduce its ongoing costs.

Projected Ending Fund Balance, 2014	7,021,051
Committed Reserves	
Operating Capital	1,377,250
Emergency Reserve	500,000
Total Committed Reserves	1,877,250
Assigned Reserves	
Technology and Equipment	429,000
Vehicle Replacement	300,000
Building Upgrade	456,000
Compensated Absences	1,753,000
Total Assigned Reserves	2,938,000
Unassigned Fund Balance	2,205,801
One Time Fund Balance Capital Requests	631,500
One Time Fund Balance First Steps Request	450,000
Remaining Unassigned Fund Balance	1,124,301

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. One-time fund balance requests in the amount of $631,500, together with $425,000 operating capital outlay will fund the 2015 Capital Improvement Plan.

Snohomish Health District
Capital Improvement Plan

	2015	2016	2017	2018	2019	2020	Total
Building							
Structural (exterior, roof, glass)	20,000	75,000	50,500	20,000	20,000	20,000	205,500
Systems (HVAC, plumbing, electrical)	36,000	36,000	36,000	36,000	18,000	18,000	180,000
Furniture, fixtures, finishes	35,000	34,500	25,000	25,000	25,000	25,000	169,500
Subtotal	91,000	145,500	111,500	81,000	63,000	63,000	555,000
Technology Hardware Upgrades	294,000	58,000	45,000	52,900	169,000	104,000	722,900
Vehicle Replacement	40,000	60,000	60,000	60,000	60,000	60,000	340,000
Total O&M Capital Request	**425,000**	**263,500**	**216,500**	**193,900**	**292,000**	**227,000**	**1,617,900**
EH Software	277,500						277,500
Financial Software	279,000						279,000
Remodel for Leasing	75,000						75,000
Total One-Time Capital Request	631,500						631,500
Total Capital Improvement Plan	**1,056,500**	**263,500**	**216,500**	**193,900**	**292,000**	**227,000**	**2,249,400**

APPENDIX A — FINANCIAL POLICIES

Snohomish Health District Financial Policies
Resolution 13-11 (Adopted 8.13.13)

The financial integrity of the Snohomish Health District is of vital importance. Written, adopted financial policies have many benefits, such as assisting the Board of Health and staff in the financial management of the District, saving time and energy when discussing financial matters, engendering public confidence and providing continuity over time as Board and staff changes occur. In addition to following all laws related to budgeting as outlined by RCW 70.46, the District has internal Financial Management Policies that are adopted by the Board of Health and reviewed every year during the budget development process. The Financial Management Policies are a compendium of all District policies that shape the budget. The policies create a framework for decision-making and ensure that the District maintains a healthy financial foundation into the future. The goal of these policies is to promote:

- An extended financial planning horizon to increase awareness of future potential challenges and opportunities.
- Setting aside reserves for contingencies, replacement of capital equipment, and other similar needs.
- Maintaining the effective buying power of fees and charges and modifying cost recovery targets when appropriate to do so.
- Accountability for meeting standards for financial management and efficiency in providing services.
- Management of the District's physical assets to provide sustainable service levels into the future.
- Planning for the capital needs of the District and managing them for future use.
- Investing public funds to provide maximum security with appropriate returns and timely liquidity.
- Communicating to residents and customers on how the community health goals are being addressed.

The District's budget, informed by the agency's Strategic Plan, determines what services the agency will offer, the level of these services, and how funds will be provided to finance them. The District adopts a statutorily balanced budget, but also seeks to adopt a structurally balanced budget. A budget is statutorily balanced when total estimated resources (beginning fund balance plus revenues) equal the total appropriation (expenditures plus ending fund balance). In a statutorily balanced budget, beginning fund balance may be used as a revenue source. In contrast, in a structurally balanced budget, the total expenditure appropriation is limited to the annual estimated revenues. In a structurally balanced budget, beginning fund balance may not be used as a revenue source.

It is not uncommon for local governments to rely upon the beginning fund balance as a "revenue" source. But, as previously stated, it is the District's goal to attain structural balance, thereby eliminating reliance on these funds to supplement current income. Any unassigned operating surpluses (revenues that exceed expenditures) that occur at

year-end may be held in reserve or re-appropriated to a capital reserve rather than used as a supplemental source of revenue required to balance the budget each year.

It is the intent of this policy that the budget be structurally balanced (a) at the time of adoption, (b) throughout the budget year, and (c) at year-end, taking into consideration other adopted fund balance policies.

In the event that adjustments are necessary to bring the budget into balance in the course of the fiscal period, the staff will bring a budget amendment forward for approval by the Board.

Recognizing the importance of these decisions, the following policy statements reflect the principles and priorities the District uses in preparing the budget. The policy statements are grouped by major category in alignment with the policy goals and are presented in the following order:

- Long Range Financial Planning and Resource Utilization
- Reserves
- Capital Planning and Asset Management
- Financial Asset and Liability Management

Long-Range Financial Planning and Resource Utilization

It is very important to the District to incorporate a long-term perspective and to monitor the performance of the programs competing to receive funding. A long range plan provides a "road map" for where the District wants to go financially by combining financial forecasting with financial strategizing and can be used to identify problems, opportunities, and provide an avenue for the Board, citizens and staff to discuss policy. The plan can be used as a tool to highlight significant issues or problems that must be addressed if goals are to be achieved. Management will ensure compliance with the legally adopted budget. Purchases and expenditures will comply with legal requirements and policies and procedures as set forth by the District.

1. A **long-term forecast** of revenues and expenditures will be developed for all operating funds for the six-year period following the end of the current budget and will be periodically updated as circumstances warrant.

2. The financial impact from budget decisions made during the development of the annual budget will be reviewed in the context of the six year forecast.

3. The operating budget will be based on the principle that **current operating expenditures will be funded with current revenues**. The budget will not use one-time (non-recurring) sources to fund on-going (recurring) uses. One-time and unpredictable revenues should be considered for only one-time expenditures. Internal borrowing to fund operations is discouraged. Expenditures will be reduced to conform to the long term revenue forecast. The budget will incorporate the best available estimates of revenues and expenditures.

4. Emphasis is placed on improving individual and **work group productivity** rather than adding to the work force. The District will invest in technology, professional development and training opportunities, quality improvement efforts, and employ other efficiency tools to maximize productivity. The District will hire additional staff only after the need of such positions has been demonstrated and documented and where other methods are deemed less effective, efficient or affordable. The District shall develop and maintain a Workforce Development Plan to inform these decisions.

5. **Performance management** will be utilized in the budget prioritization process to ensure alignment with District Goals and the agency's Strategic Plan. Performance data will be used to support budgetary decisions. Measures will be developed to reflect the District's efficiency and effectiveness. Status of key performance measures will be reported to the Board of Health.

6. **Service levels** will be defined and measured in a manner that is based on results (e.g. units of service delivered, service quality, and customer satisfaction) rather than resources allocated to provide the service.

7. The District will endeavor to maintain a **diversified general revenue base** to diminish the effects of short-term fluctuations in any given revenue. The goal is to have a combination of revenues that grow in response to a good economy and those that remain stable during times of economic downturn.

8. **Revenue estimates** will be developed using reasonably conservative, but realistic assumptions. Revenues will be monitored and reported quarterly, including trends and year- end estimates. Revenue forecasts will assess the full spectrum of resources that can be allocated for public health services. Each year the District shall review potential sources of revenue as part of the annual budget process. The District will follow a vigorous policy of collecting revenues. The District's budget amendment process should be used to appropriate questionable revenues when they become certain and measurable.

9. **User fees and rates in all funds** will be based on balancing the full cost of providing the service, the competitive market, public benefit, community affordability and other appropriate policy considerations. Fees and rates will be reviewed annually and adjusted if necessary.

10. On a regular basis, the District will conduct **cost of service studies** to identify the full cost of providing services funded with fees. The calculation of full cost will include all reasonable and justifiable direct and indirect cost components including factors for replacement of infrastructure.

11. **Overhead costs** will be appropriately shared by all operating funds as determined by the District's indirect cost allocation plan. The amount charged by the District for services provided under an interlocal or similar agreement will include a factor to cover the District's overhead costs.

12. **Grants and agreements** that support District objectives and are consistent with high priority needs will be aggressively sought. Grants or agreements requiring a local match or a continuing District obligation to fund programs will be carefully considered prior to applying for a grant or brokering an agreement to ensure that ongoing resources will be available to meet the obligation. The District shall attempt to recover all allowable costs, direct and indirect, associated with the administration and implementation of the program funded through grants.

13. **Expenditures** will be controlled by an annual budget at the division/fund level. The Board of Health shall establish appropriations through the budget process. Budget adjustments require Board approval. Division Directors and Support Division Managers are responsible for managing their budgets within the total appropriation for their Division.

14. **If a deficit is projected** during the course of a fiscal year, the District will take steps to reduce expenditures, increase revenues or, if a deficit is caused by an emergency, seek Board approval to use one of the existing reserves and/or line

of credit. Agency management may institute a variety of measures to ensure spending remains below reduced revenues.

15. The District's **classification and compensation plan** will be maintained in a manner consistent with the labor market by reviewing classification specifications and benchmarks on a periodic basis. All compensation planning and collective bargaining will focus on the total cost of compensation, which includes direct salary, health care benefits, pension contributions, training allowances and other benefits of a non-salary nature, which are a cost to the District. The District will strive to align any changes in the classification or compensation system with the annual budget cycle.

16. Actual expenditures will be closely and frequently **monitored.** The comparison of budget to actual expenditures shall be reported to the Board on a **quarterly** basis. Variances suggesting a potential negative trend (ongoing significant decline in revenues or expenditure growth) will be promptly reviewed with the Board.

17. Funds in excess of operating expenditures will be considered **Undesignated Fund Balance** and upon Board authorization may be used to replenish or bolster any of the District's designated reserves, used to payback obligations associated with a Line of Credit, fund high priority District designated one-time projects or initiatives or retained as Undesignated Fund Balance.

Reserves

Fund balance is defined as the excess of assets over liabilities. The District desires to maintain a prudent level of financial resources to guard against service disruption in the event of unexpected temporary revenue shortfalls or unpredicted one-time expenditures by establishing specific reserves from the ending fund balance. Reserves are an important indicator of the District's financial position and its ability to withstand adverse or unforeseen events. Maintaining reserves is a prudent management practice. The Board of Health may take action to designate reserves to account for monies for future known expenditures, special projects or other specific purposes. All expenditures drawn from reserve accounts require Board of Health approval, unless previously appropriated in the District's annual budget.

"Financial condition may be defined as a local government's ability to finance services on a continuing basis. This ability involves maintaining adequate services while surviving economic disruptions, being able to identify and adjust to long term changes and anticipating future problems"
-Public Health
Uniform National Data System

The Government Accounting Standards Board (GASB) has established fund balance classifications that comprise a hierarchy based primarily on the extent to which a government is bound to observe constraints imposed upon the use of the resources reported in the government funds. The District reports the reserves on its Financial Statements as "Committed Fund Balance," Emergency General Fund Reserve, Working Capital Reserve, and Designated Liability Funding Reserve. The "Committed" classification includes amounts that can be used only for the specific purposes determined by a formal action of the Board of Health. In addition, a Revenue Stabilization Line of Credit (LOC) with Snohomish County is a recognized tool available to meet the Board's fiscal policy intentions.

Funds are reserved and shall be accessed consistent with the policy intentions below. Funds in excess of operating expenditures will be considered Undesignated Fund Balance and may be used to replenish or bolster any of the District's designated reserves, used to payback obligations associated with a Line of Credit, fund high priority District designated one-time projects or initiatives or retained as Undesignated Fund Balance.

1. The District will maintain additional **Working Capital** reserves, sufficient to fund on average, 30 days of operations in the operating fund. This reserve will address the District's cash flow requirements. A clear plan will be developed and presented to the Board to refill the reserve. The funding source for replenishing the working capital reserve is the prior year's revenue surplus and/or expenditure savings. Restoring the Working Capital reserve to the target level will constitute the Board's highest funding priority following the final draw needed to address a cash flow shortfall. The replenishment target period is one year. Of all District funds, the Working Capital reserve shall be accessed last for purposes of addressing other District needs.

2. An **Emergency General Fund Reserve** will be maintained at least equal to $500,000. The Emergency Reserve is for unexpected, large-scale events where expenditures are expected to be incurred, and immediate, remedial action must be taken to protect the health and safety of residents (e.g. epidemic, multi-drug resistant and extreme drug resistant tuberculosis cases, etc.). Emergency funds may be accessed in a case of a County, State or Federally declared state of emergency where the District response or related District loss is significant This Emergency Reserve may also be utilized, upon Board approval, if there is an identified 3-6 month trend of reduced revenues, reductions in state shared revenues, unexpected external mandates, any settlement arising from a claim or judgment where the loss significantly exceeds the District's insured policy coverage, or other unanticipated events with fiscal impacts in a cumulative amount greater than or equal to five percent (5%) of the General Fund operating budget . In the event the Board approves the use of the "Emergency Reserve" funds, the District shall restore the reserve to the minimum $500,000 level within a reasonable amount of time as necessitated by the scale of emergency. A clear plan will be developed and presented to the Board to refill the reserve and the first significant deposit will occur the following fiscal year after the event.

3. The District may seek to secure a **Line of Credit (LOC),** not to exceed $2,000,000, with Snohomish County to supplement the Emergency General Fund Reserve. Upon Board approval, a request will be transmitted to the County to provide funding to temporarily offset the fiscal impacts of such an emergency. The LOC will provide time for the District to restructure its operations in a deliberate manner to ensure continuance of critical District activities. Payback terms shall be prescribed in a written agreement between the District and Snohomish County. If insufficient funds exist, Snohomish County may choose to reduce its annual appropriations to the District in an amount sufficient to meet the prescribed payback terms.

4. **Designated Liability Funding** reserve will be created when the District accepts funding leading to future liabilities. The reserve will be equal to the stated liability in the future. If a federal or state grant requires local resources to fund the initiative after the grant expiration, the cost of funding the initiative is considered to be a liability that will be funded from the "Designated Liability Funding" reserve.

5. The following reserves are reported on the District's Financial Statements as "Assigned Fund Balance". Assigned Fund Balance is defined as the portion of a fund balance that is constrained by management's intent to use it for specific purposes but has not been restricted by third parties nor committed by specific Board action. This assignment by management in no way requires the Board to extend expenditure authority for those purposes, or any other. "Assigned" reserves will diminish as funds are appropriated for the purpose of the reserve and increase as future needs are identified. The long range capital and technology improvement plans shall identify those anticipated needs over a six

year horizon and shall be presented for approval by the Board of Health in conjunction with the annual budget or subsequent amendment.

6. **Equipment Replacement reserves-** a reserve to fund new equipment and to prepare older equipment for sale. Annual adjustments will be made as part of the budget process. These annual adjustments are based on pricing, future replacement schedules and other variables. Rising vehicle costs, dissimilar future needs, replacing vehicles faster than their expected life or maintaining vehicles longer than their expected life all contribute to variation from the projected schedule. The goal is to provide adequate and stable funding for future vehicle replacement needs, i.e. the required level of service will equal each year's scheduled replacement costs.

7. **Technology Replacement reserves-** a reserve to fund the repair and/or replacement of District-wide computer hardware, software, telephone and infrastructure equipment, to pay for maintenance contracts and other technology related projects.

8. **Building Replacement and Maintenance reserve-** a reserve to fund major maintenance, renovation, repair and/or replacement of building systems, fixtures, equipment and related infrastructure.

Capital Planning and Asset Management

Asset Management is a systematic process whereby the assets of the District (i.e. fleet equipment, property, buildings, etc.) are operated, maintained, replaced and upgraded cost-effectively. It includes operations and maintenance costs, as well as capital investments which can take the form of new construction, rehabilitation, or replacement.

1. Asset management best practice involves managing the performance, risk and expenditures on infrastructure assets in an optimal and sustainable manner throughout their lifecycle covering planning, design, construction, operation, maintenance, and disposal. The District shall integrate the principles and best practices of Asset Management.

2. **Asset Inventory** will be maintained with maintenance, repair and deferred maintenance costs identified and updated on an annual basis.

3. **Maintenance** of District assets shall be addressed on a current need, rather than deferred into the future.

4. A six-year District-Wide Capital Outlay Budget shall be developed annually and shall provide a prioritized list of reasonably funded projects and those in process of securing funding. Capital Improvement Plans for assets shall be updated no less frequently than every two years.

5. **Funding** for capital projects, including major facilities maintenance projects, will be allocated in a manner that balances facility and equipment needs with District priorities, the potential for attracting matching funds, and the ability to reduce or limit expenses in future years.

6. The District's objective is to incorporate a "**Pay-As-You-Go**" approach (using available cash and current resources) in the Capital Improvement Plan.

7. The Capital budget will only include fully funded projects. The Capital Budget will only contain projects identified in the Capital Improvement Plan.

8. Impacts on net **annual operating and maintenance costs** will be identified as part of the funding considerations for new capital projects. This includes identifying potential reductions in maintenance costs if improvements are funded. The necessary funds to operate the capital facility will be identified at the time the capital outlay budget is adopted.

Financial Asset and Liability Management

Investment Policies

1. The District will invest public funds through the Snohomish County Treasurer's Office.
2. The District will conform to all state and local statutes governing the investment of public funds.
3. The District will only deposit money with financial institutions qualified by the Washington Public Deposit Protection Commission and in accordance with the provisions of RCW 39.58.

APPENDIX B — AGENCY FEES AND CHARGES

Consistent with RCW 70.05.060 (7) the Board of Health establishes fees schedules for licenses, permits and other services. The Board approves all Health District fees and charges as part of the budget adoption process. A comprehensive list of agency fees follows.

Environmental Health

- Food permit fees
- Wastewater fees
- Solid waste and toxics fees
- Miscellaneous fees

Communicable Disease

- Travel clinic fees
- Immunization clinic fees

Community Health

- Fee schedule

Environmental Health
Food Permit Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Food Safety
EFFECTIVE January 1, 2015

TITLE	FEE	DESCRIPTION
LATE CHARGE FOR RENEWAL OF ANNUAL PERMITS EXPIRING DECEMBER 31	$300.00	Annual permit fee and completed Health District invoice **must be received in the Environmental Health Division office by 5 p.m. on the last business day of the following January.**
LESS THAN FULL YEAR PERMIT / NEW ANNUAL PERMITS EXPIRING DECEMBER 31 Permits obtained on or after April 1 will be pro-rated at 75% of the annual fee. Permits obtained on or after July 1 will be pro-rated at 50% of the annual fee. Permits obtained on or after October 1 will be pro-rated at 25% of the annual fee.		Does NOT apply to Change of Ownership or Temporary Event fees.

TITLE	FEE	DESCRIPTION
CHANGE OF OWNERSHIP	$132.00	Annual operating permit
FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW	$168 .00	Fee charged annually with food service permit

FOOD SERVICE ESTABLISHMENT PERMIT FEES

GENERAL FOOD Includes but not limited to restaurant (with or without lounge), concession stand, mobile food vehicle, food stand concession, commissary, bakery, caterer, grocery with multiple permits, limited grocery with or without food prep, private club, retail meat dealer, retail fish dealer, tavern with or without food prep, year round campground/park food service.

0-12 seats	*Seat count includes lounge seats*		
a) Low Risk		$326.00	Annual permit fee
b) Medium Risk		$489.00	Annual permit fee
c) High Risk		$651.00	Annual permit fee
13-50 seats	*Seat count includes lounge seats*		
a) Low Risk		$357.00	Annual permit fee
b) Medium Risk		$531.00	Annual permit fee
c) High Risk		$704.00	Annual permit fee
51-150 seats	*Seat count includes lounge seats*		
a) Low Risk		$389.00	Annual permit fee
b) Medium Risk		$573.00	Annual permit fee
c) High Risk		$788.00	Annual permit fee
151-250 seats	*Seat count includes lounge seats*		
a) Low Risk		$420.00	Annual permit fee
b) Medium Risk		$615.00	Annual permit fee
c) High Risk		$840.00	Annual permit fee
Over 250 seats	*Seat count includes lounge seats*		
a) Low Risk		$452.00	Annual permit fee
b) Medium Risk		$657.00	Annual permit fee
c) High Risk		$893.00	Annual permit fee

Environmental Health Division
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Environmental Health

Food Permit Fees (cont.)

TITLE	FEE	DESCRIPTION
CATERING ENDORSEMENT (for licensed food establishments that also offer catering services)	$25.00 In addition to General Food fee	Annual permit fee
MOBILE FOOD VEHICLE (except frozen food vendors refer to General Food annual permit fee 0-12)	General Food fee plus $130.00 per vehicle	Annual permit fee
ATHLETIC FIELD CONCESSION STAND		
a) Low Risk	$132.00	Annual permit fee
b) Medium Risk	$210.00	Annual permit fee
c) High Risk	$289.00	Annual permit fee
VENDING MACHINES		
With potentially hazardous foods – risk level – Low	$121.00	Annual permit fee
FOOD THERMOMETERS		
a) Dial probe	$9.00	Fee includes sales tax
b) Digital tip sensitive	$24.00	Fee includes sales tax
FOOD WORKER CARDS		
a) 2-year initial or 3-year renewal	$10.00	
b) Replacement for lost card	$10.00	
MANAGER COURSES		
a) Manager Certification	$175.00	Instructional and supplies fee
b) Manager Recertification	$132.00	Instructional and supplies fee
c) Manager Recertification without purchasing book	$79.00	Instructional fee
d) Serve Safe Certification and Test	$175.00	Includes Serve Safe curriculum, book, materials, and test.
e) Manager Self-Inspection Program Establishment Fee Credit	For qualified food establishments with certified managers, up to 25% of the prior year's annual establishment permit fee will be credited to the establishment upon completion of the current year's inspection program per SHD procedures.	
FARMERS MARKET COORDINATOR PROGRAM	For Farmers Markets that meet definition of RCW 66.24.170(4)(g) and coordinator partipating in monitoring program vendors will receive 25% off of the temporary services permit fees. Only applies to first location and high and low risk permits.	
PLAN REVIEWS		
a) Limited Grocery	$168.00	Plan review and pre-operational inspection fee
b) General Plan Review New Food Service Establishment including School and Satellite Kitchens	$630.00	Plan review and pre-operational inspection fee
c) Multiple Permit Facility	$630.00	Base fee for plan review and pre-operational inspection **PLUS** $150.00 for each additional permitted facility plan review and pre-operational inspection
d) Food Stand Concession, Mobile Food Vehicle	$420.00	Base fee for plan review and pre-operational inspection **PLUS** $168.00 for each additional hour over 2.5 hours.

Environmental Health

Food Permit Fees (cont.)

TITLE			FEE	DESCRIPTION
PLAN REVIEW CONTINUED				
e)	Exempt from permit food establishments		$40.00	Plan review fee. Required by WAC WAC 246-215-08305
f)	Site Inspection to re-open former food service establishment		$168.00	Per inspection to reopen former Food Service Establishment
g)	Hazard Analysis Critical Control Point Review (HACCP)		$168.00	When required by WAC for menu items **Plus lab fees**
h)	Plan Revision		$168.00	Base fee for alteration to existing facility or revision of approved plan **PLUS** $168.00 per hour for each additional hour over 1 hour
i)	Reactivate Plan Review		$168.00	Applicable on projects idle for more than one year
REINSPECTION AND REINSTATEMENT FEES				
a)	Reinspection and office conference per III.B.3, Enforcement Procedures		$273.00	Reinspection and office conference fee
b)	Reinspection after first preoccupancy inspection		$168.00	Reinspection fee
c)	Reinstatement following closure by Health Officer's Order		$315.00	Reinstatement fee
d)	Reinstatement fee following closure by Health Officer's Order for an existing, immediate health hazard.		$541.00	Reinstatement fee
e)	Reinspection due to uncorrected red item violation		$168.00	Reinspection fee. Applies to all permitted food service operations.
CAMPGROUNDS / PARKS				
a)	Food service / all year		General Food Fees	Annual permit fee
b)	Food service / seasonal (3 consecutive months or less)		$336.00	Annual permit fee
SCHOOLS				
a)	Central kitchen, no direct food service		$525.00	Annual permit fee
b)	Satellite kitchen with food service		$336.00	Annual permit fee
c)	School kitchen with food service		$400.00	Annual permit fee
d)	School food concession		$210.00 $126.00	Annual permit fee. Medium risk. Annual permit fee. Low risk.
TEMPORARY FOOD SERVICES				
LATE FEE CHARGE ***Temporary Food Service & Mobile Food Vehicle*** **Non-refundable** fee charged if the application is not received in the Environmental Health Division office seven (7) days before the event.			$48.00	Late charge fee
a)	Low Risk	Valid 1-21 consecutive days	$79.00	Event permit fee
	Annual / Restrictive	No more than 3 days per week at **same location** (see WAC 246-215-011)	$200.00	Annual permit fee for first location **PLUS** $100.00 for each additional location
b)	High Risk	Valid 1 day	$111.00	Event permit fee
		Valid 2-3 consecutive days	$163.00	Event permit fee
		Valid 4-8 consecutive days	$221.00	Event permit fee
		Valid 9-21 consecutive days	$378.00	Event permit fee
	Annual / Restrictive	No more than 3 days per week at **same location** (see WAC 246-215-011)	$475.00	Annual permit fee for first location **PLUS** $168.00 for each additional location
c)	Limited Risk	Applicable to 1 event not to succeed 21 days	$84.00	Event permit fee
d)	Food Demonstrator *(Low Risk foods only)*	Valid 1-21 consecutive days	$79.00	Event permit fee

Environmental Health

Food Permit Fees (cont.)

TITLE			FEE	DESCRIPTION
TEMPORARY FOOD SERVICES CONTINUED				
	Annual *(Low Risk foods only)*	No location restrictions apply	$184.00	Annual permit fee
e)	Judged Cook-off	1-20 entrants – not open to public	$263.00	Event permit fee
		1-20 entrants – open to public	$578.00	Event permit fee
		21-over entrants –not open to public	$263.00	Event permit fee
		21-over entrants – open to public	$840.00	Event permit fee
f)	Mobile Food Vehicle	Operating with an annual permit	$37.00	Event permit fee
g)	Exempt or Product ID only		$40.00	Processing fee

FOOD SERVICE OPERATING WITHOUT PERMIT

a) Double prescribed permit fee

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees			
APPEAL PROCEDURE:			
a)	Step One	**NO FEE**	
b)	Step Two	$920.00	Fee refundable if appellant prevails in Step Two

MISCELLANEOUS PERMIT FEE:

a) The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee or $168.00 per hour.

b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

RECORD RETRIEVAL		
Duplicating	$.15	Per page
SERVICE CHARGE	$25.00	Returned check (bank service charge)
REFUND PROCESSING FEE	$20.00	May be waived for a bona fide reason approved by the Director

Adopted by the Board of Health 10/11/11 *rev111711sm/dlp*

Environmental Health

Wastewater Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Water and Wastewater
EFFECTIVE December 1, 2011

TITLE		FEE	DESCRIPTION
BUILDING CLEARANCE (for Building Permit)			
a) Field Review		$221.00	
b) Office Review		$111.00	
c) GMA Drinking Water Determination		$105.00	when requested by Building Department
COMPOSTING TOILET	Non residential (no drinking water under pressure to the site)		
a) Review and Permit (DOH Approved Listing)		$252.00	
b) Review and Permit (non-DOH Approved)		$252.00	Base fee **plus**:
		$168.00	per hour for each additional hour over 1.5 hours
c) Annual Monitoring (per site)		$168.00	
CONTRACTORS CERTIFICATION			
INSTALLER	onsite sewage dispersal system		
a) Annual Certificate		$378.00	
b) Certification not renewed by April 1			(exam fee and annual certificate fee required)
c) Examination		$273.00	
d) ***Late Fee Charge***		$273.00	late fee charged for Certificate not renewed prior to March 1st
PUMPER	onsite sewage dispersal system		
a) Annual Certificate		$378.00	
b) Certification not renewed by April 1			(exam fee and annual certificate fee required)
c) Examination		$221.00	
d) ***Late Fee Charge***		$273.00	late fee charged for Certificate not renewed prior to March 1st
FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW		$168.00	fee charged at time of annual food service permit renewal
HOLDING TANK			
a) Preliminary Review		$620.00	
b) Permit Fee		$436.00	
c) Annual Monitoring Fee		$378.00	
ONSITE SEWAGE DISPERSAL SYSTEMS			
ALTERATION			
a) Absorption System and/or Reserve Area-Licensed Designer submittal		$342.00	fee includes application review and permit
b) Absorption System and/or Reserve Area –Homeowner submittal		$420.00	Submittal at SHD discretion. Includes application, design assistance, permit and as-built.
c) Complete System		*USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
d) Tank Only	Licensed Designer submittal	$237.00	fee includes application review and permit
e) Tank Only	Homeowner submittal	$315.00	Submittal at SHD discretion. Includes application, design assistance, permit and as-built.
f) Reserve Area – concurrent with Building Clearance Review		$168.00	
COMMUNITY SYSTEM			
a) Application Review		$1565.00	fee includes site review and permit
b) Permit		$294.00	per each service connection

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Environmental Health

Wastewater Fees (cont.)

TITLE		FEE	DESCRIPTION
SEPTIC TANK TO GRAVITY DISTRIBUTION SYSTEM	approval valid for 2 years	$735.00	application review fee
SEPTIC TANK TO PRESSURE DISTRIBUTION SYSTEM	approval valid for 2 years	$846.00	application review fee
ALL OTHER SYSTEMS	approved by DOH – approval valid for 2 years	$945.00	application review fee
PRODUCT DEVELOPMENT SYSTEM	approval valid for 2 years	$1008.00 $168.00	base **plus** each additional hour over 6 hours
SYSTEMS OVER 1000 GALLONS PER DAY	approval valid for 2 years	*USE DOUBLE ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
ONSITE SEWAGE DISPERSAL SYSTEM PERMIT			
a) Septic Tank to Gravity System	permit valid for term of building permit	$221.00	permit fee
b) Septic Tank to Pressure Distribution System	permit valid for term of building permit	$273.00	permit fee
c) All other system types	permit valid for term of building permit	$378.00	permit fee
d) Systems over 1000 gallons per day	permit valid for term of building permit	*DOUBLE SYSTEM TYPE PERMIT FEE*	
REDESIGN			
a) Redesign of an approved OSSD system	(same system type and same area)	$263.00	approval from date of initial application approval
b) Redesign of an approved OSSD system	(change in dispersal and/or treatment component)	$468.00	approval from date of initial application approval
RENEWAL - within 30 days of expiration	approval valid for 2 years	$305.00	no revisions or redesigns
REPAIR			
a) Single family residence (owner occupied)		$90.00	fee includes application review and permit
b) All other repairs		*USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
c) Septic Tank repair/replacement (non-owner occupied)		$226.00	fee includes application review and permit
REPLACEMENT		*USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
REVISION – of a disapproved OSSD application (same area)		$399.00	
OPERATION CHECK (Request for Report on)			
a) Onsite Sewage system only		$315.00	
b) Onsite sewage system and drinking water system		$693.00	includes “short list” inorganics and bacteriological
c) Drinking water system only		$468.00	includes “short list” inorganics and bacteriological
d) Re-inspection		$142.00	
SOIL SURVEY	(optional service performed at SHD discretion)	$594.00	base fee **plus** per acre fee
		$163.00	per acre fee

Environmental Health

Wastewater Fees (cont.)

TITLE		FEE	DESCRIPTION
SUBDIVISION OF PROPERTY (Platting)			
SUBDIVISION	**(5 lots or more)**		
a) Preliminary soil survey		$594.00	base fee **plus** per lot fee
b) Preliminary lot fee		$132.00	per lot
c) Revision/Redesign		$168.00	Base fee **plus**:
		$168.00	per hour for each additional hour over 1 hour
d) Recording/Onsite	final plat review fee	$111.00	per lot
e) Recording/Sewered	final plat review fee	$378.00	total fee, office review
SHORT SUBDIVISION – Method A	**(4 lots or less)**		
a) Preliminary soil survey		$594.00	base fee **plus** per lot fee
b) Preliminary lot fee		$132.00	per lot
c) Recording/Onsite	final short subdivision review fee	$111.00	per lot
SHORT SUBDIVISION – Method B	**(4 lots or less)**		
a) Initial review		*USE NEW ONSITE SEWAGE DISPOSAL APPLICATION FEE*	
b) Recording/Final	final short subdivision review fee	$111.00	per lot
SHORT SUBDIVISION – SEWERED	**(4 lots or less)**	$378.00	total fee, office review
OTHER LAND USE REVIEWS	includes Boundary Line Adjustment, Conditional Use, Binding Site Plan, Administrative Site Plan, Grading Permit	$221.00 $168.00	base fee **plus**: per hour for each additional hour over 1.5 hours
VAULT PRIVY			
a) Review and permit		$221.00	
b) Additional Privy (same site)		$111.00	
c) Annual Monitoring (per site)		$168.00	
WAIVER REVIEW		$168.00	base fee **plus**:
		$168.00	per hour for each additional hour over 1 hour
DRINKING WATER PROGRAM			
INDIVIDUAL WATER SYSTEM TREATMENT PROCESS		$305.00	
SANITARY SURVEY		$541.00	includes arsenic, nitrate and bacteriological samples
WATER TESTING SERVICES			
a) Inorganic Chemistry		$27.00	per each analyte
b) Bacteriological		$27.00	
c) Short List (GMA required)		$210.00	includes arsenic, barium, cadmium, chromium, lead, mercury, selenium, silver, sodium, fluoride, nitrate
d) Arsenic – with 3 day processing time		$42.00	

Environmental Health

Wastewater Fees (cont.)

TITLE		FEE	DESCRIPTION
WELL SITE REVIEW			
a) Group (A & B)	approval valid for 2 years	$368.00	
b) Individual/GMA	approval valid for 2 years	$252.00	concurrent with onsite application
c) Individual/GMA	approval valid for 2 years	$368.00	nonconcurrent submittal
d) Renewal (within 30 days of expiration)	approval valid for 2 years	$132.00	

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees

APPEAL PROCEDURE		
a) Step One	NO FEE	
b) Step Two	$920.00	fee refundable if appellant prevails in Step Two decision

MISCELLANEOUS PERMIT FEE:

a) The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee or $168.00/hr.
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

RECORD RETRIEVAL **- Duplicating**	$0.15	per page (Fee set by RCW)
SERVICE CHARGE		
Returned check (bank service charge)	$25.00	
REFUND PROCESSING FEE	$20.00	may be waived for bona fide reason approved by Director

Adopted by the Board of Health 10/11/11

Rev 111411ss/dlp

Environmental Health

Solid Waste & Toxics Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Solid Waste and Toxics

EFFECTIVE December 1, 2011

TITLE		*FEE*	*DESCRIPTION*
LESS THAN FULL YEAR PERMIT / PERMITS EXPIRING MAY 31			Permits issued on or after the preceding January 1 are charged one-half of annual permit fee.
TITLE		***FEE***	***DESCRIPTION***
SOLID WASTE SITES (Permit valid July 1 to June 30)			
APPEAL PROCEDURE			
a) Step One		*NO FEE*	Except for illegal drug manufacturing or storage sites
b) Step Two		$920.00	Fee refundable if appellant prevails in Step Two decision
CLOSURE (engaged in) or CLOSED (prior to 2/10/03) LANDFILL		$504.00	Includes abandoned landfill permit review and inspection
COMPOSTING FACILITY			
a) 30,000 tons or less	incoming raw material	$3,192.00	annual permit base fee ***plus***
		$168.00	per hour for each additional hour over 19 hours
b) Over 30,000 tons	incoming raw material	$4,368.00	annual permit base fee ***plus***
		$168.00	per hour for each additional hour over 26 hours
CONDITIONALLY EXEMPT SITES & FACILITIES			
a) New sites and facilities		$504.00	Notification, application review and inspection
a) Existing sites and facilities		$336.00	Annual review of report and inspection
ENERGY RECOVERY AND INCINERATION			
a) Mixed Municipal Waste		$4.00	per ton
b) Demolition / Industrial Waste		$3,192.00	annual permit base fee ***plus***
		$168.00	per hour for each additional hour over 19 hours
INERT WASTE LANDFILL		$3,192.00	annual permit base fee ***plus***
		$168.00	per hour for each additional hour over 19 hours
INTERMEDIATE SOLID WASTE HANDLING FACILITIES		$3,192.00	annual permit base fee ***plus***
Includes Transfer Station, Baling and Compaction Facility, Drop Box		$168.00	per hour for each additional hour over 19 hours
LAND APPLICATION		$3,192.00	annual permit base fee ***plus***
		$168.00	per hour for each additional hour over 19 hours
LIMITED PURPOSE LANDFILL		$3,192.00	annual permit base fee ***plus***
i.e. contaminated soil, woodwaste landfill		$168.00	per hour for each additional hour over 19 hours
MODERATE RISK WASTE	For facilities not operated in Snohomish County		
a) Fixed		$336.00	annual permit fee
b) Limited		$168.00	annual permit fee

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Environmental Health

Solid Waste & Toxics Fees (cont.)

TITLE	FEE	DESCRIPTION
MUNICIPAL SOLID WASTE LANDFILL	$4.00	per ton annual permit fee
PILES (for Storage & Treatment)	$3,192.00	annual permit base fee ***plus***
	$168.00	per hour for each additional hour over 19 hours
PLAN REVIEW*		
*Plan review and permit fee for non-commercial MRW facilities and landfill alterations may be waived by the Health Officer.	$1,848.00	*base fee* ***plus***
	$168.00	per hour for each additional hour over 11 hours ***plus***
	varies	costs for publishing SEPA notices in newspaper
REVISED OR AMENDED PLAN REVIEW	$504.00	*base fee* ***plus***
	$168.00	per hour for each additional hour over 3 hours ***plus***
	varies	costs for publishing SEPA notices in newspaper
SURFACE IMPOUNDMENT & TANKS	$3,192.00	annual permit fee
WASTE SCREENING DETERMINATION		
a) Application review	$168.00	
b) Multiple reviews or Complex Review	$504.00	requiring review of extensive sampling data and site visit
WASTE TIRE STORAGE	$1,680.00	annual permit fee

OTHER METHODS OF SOLID WASTE HANDLING

The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee.

MULTIPLE SOLID WASTE & TOXICS PERMITS

Fees for multiple Solid Waste & Toxics facilities at one location are charged the highest permit fee plus 2/3 the applicable permit fee for each additional permitted operation.

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees

MISCELLANEOUS PERMIT FEE:

a) The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee or $168.00/hr.
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

RECORD RETRIEVAL **- Duplicating**	$0.15	per page (Fee set by RCW)
SERVICE CHARGE		
Returned check (bank service charge)	$25.00	
REFUND PROCESSING FEE	$20.00	may be waived for bona fide reason approved by Director

Adopted by the Board of Health on 10/11/2011 Rev 111511ek

Environmental Health

Miscellaneous Environmental Health Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Living Environment
EFFECTIVE December 1, 2011

TITLE	*FEE*	*DESCRIPTION*
LATE CHARGE / RENEWAL OF ANNUAL PERMITS EXPIRING MAY 31	$300	additional charge if annual permit renewal fee and completed Health District application have not been received in the Environmental Health Division office by 5 p.m. on the last business day of the following June.
LESS THAN FULL YEAR PERMIT / PERMITS EXPIRING MAY 31		Permits issued on or after the preceding January 1 are charged one-half of annual permit fee.

TITLE	*FEE*	*DESCRIPTION*
GROUP CAMP	$273.00	annual permit fee
PLAN REVIEW	$436.00	
SCHOOLS		
SAFETY INSPECTIONS	$168.00	*base fee* ***plus***
	$168.00	per hour for each additional hour over 1 hour
SCHOOL CONSTRUCTION PLAN REVIEW	$525.00	*base fee* ***plus***
	$168.00	per hour for each additional hour over 3 hours ***plus*** ***Add*** food establishment plan review fee if review includes food service (see Food Section) ***plus*** ***Add*** pool plan review if review includes school pool
PORTABLE CLASSROOM PLAN REVIEW	$168.00	*base fee* ***plus***
	$168.00	per hour for each additional hour over 1 hour
SCHOOL CONSTRUCTION PRE-OCCUPANCY INSPECTION	$168.00	*base fee* ***plus***
	$168.00	per hour for each additional hour over 1 hour
WATER RECREATIONAL FACILITIES		
POOLS Swimming, Spa, Wading & Spa		
Year Round – Open six months or more	$630.00	annual permit fee for **FIRST** pool ***plus***
Each additional year round pool **add**	$420.00	for each **ADDITIONAL** year round pool
Seasonal – Open less than six months	$420.00	annual permit fee for **FIRST** pool ***plus***
Each additional seasonal pool **add**	$263.00	for each **ADDITIONAL** seasonal pool
POOL SIGN (recover SHD cost)	$30.00	
RE-INSPECTION	$168.00	
OFFICE CONFERENCE per Sanitary Code Chapter 7.3	$263.00	

Environmental Health Division
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Environmental Health

Miscellaneous Environmental Health Fees (cont.)

TITLE		FEE	DESCRIPTION
PLAN REVIEW			
a) Swimming Pools			
- 50,000 gallons or more in volume		$840.00	
- Less than 50,000 gallons in volume		$630.00	
b) Spa Pools		$315.00	
c) Wading Pools		$315.00	
d) Spray Pools		$315.00	
e) Pre-occupancy Inspection		$210.00	
f) Plan revision	for alteration to existing facility or revision of approved plan	$168.00 $168.00	*base fee* ***plus*** per hour for each additional hour over 1 hour

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees		
APPEAL PROCEDURE		
a) Step One	NO FEE	
b) Step Two	$920.00	fee refundable if appellant prevails in Step Two decision

MISCELLANEOUS PERMIT FEE:

a) The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee or $168.00/hr.

b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

RECORD RETRIEVAL - Duplicating	$0.15	per page (Fee set by RCW)
REFUND PROCESSING FEE	$20.00	may be waived for bona fide reason approved by Director
SERVICE CHARGE		
Returned check (bank service charge)	$25.00	

Adopted by the Board of Health on 10/11/11

Rev 111411ek/dlp

Communicable Disease
Travel Clinic Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Travel Clinic Services
UPDATED June 1, 2013

TITLE	SERVICE	FEE
TRAVEL OFFICE VISIT	Travel Office Visit	$95.00

TITLE	SERVICE	VACCINE
	Vaccine prices include cost of vaccine plus a $25 administration fee	
IMMUNIZATIONS	*Hepatitis A (2 in series)	$58.00
	*Hepatitis B (3 in series)	$67.00
	*Hepatitis A/B (3 in series)	$91.00
	**Immune Globulin (IG)	$$$$$
	Influenza	$30.00
	Inactivated Polio Virus (IPV)	$59.00
	Meningococcal (MCV4)	$161.00
	Meningococcal (MPSV4)	$166.00
	Measles, Mumps, Rubella (MMR)	$93.00
	Pneumonia (PPV 23)	$102.00
	*Rabies Pre-exp (3 in series)	$273.00
	Tetanus/Diphtheria (Td)	$52.00
	Tetanus/Diphtheria/Pertussis (Tdap)	$66.00
	Typhoid Oral	$68.00
	Typhim Vi	$89.00
	*Varicella (Chicken Pox)	$138.00
	Yellow Fever	$147.00

*More than one immunization is required to complete a series, price reflects cost of one dose.
**Immune globulin cost varies on dosage and length of travel.

Fees are due at the time of service: cash, check, MasterCard or VISA.

Most Medicaid coupons are accepted for travel vaccines, but they do **not** cover the cost of the travel office visit or prescription fees.

Sliding fee scale, billing private insurance or Medicare is not available for travel related services.

Communicable Disease Division
3020 Rucker Avenue, Suite 108 ■ Everett, WA 98201-3900 ■ fax: 425.339.5220 ■ tel: 425.339.5222

Communicable Disease

Immunization Clinic Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Clinic Services
UPDATED September 20, 2013

TITLE	SERVICE	CHILD FEE	ADULT FEE	TB* FEE
OFFICE VISITS	Office Visit	$40.00	$40.00	$40.00*
	Travel Office Visit*	$95.00*	$95.00*	N/A
	PAP office visit	N/A	$10.00	$40.00*

TITLE	SERVICE	VACCINE	ADMIN. FEE
IMMUNIZATIONS DOH	DTaP	N/C	$23.00
	DTaP, Hep B, IPV	N/C	$23.00
	DTaP, Hib, IPV	N/C	$23.00
	DTaP, IPV	N/C	$23.00
	DT	N/C	$23.00
	Hep A Ped	N/C	$23.00
	Hep B Ped	N/C	$23.00
	ActHib	N/C	$23.00
	HPV4	N/C	$23.00
	Influenza <3 PF	N/C	$23.00
	Influenza >4 PF	N/C	$23.00
	Influenza ≥3	N/C	$23.00
	Influenza FluM PF	N/C	$23.00
	IPV	N/C	$23.00
	Mening MCV4	N/C	$23.00
	MMR	N/C	$23.00
	MMRV	N/C	$23.00
	Pneumo PCV 13	N/C	$23.00
	Pneumo PPV 23	N/C	$23.00
	Rotavirus	N/C	$23.00
	Td >7 yrs	N/C	$23.00
	Tdap 11-18 yrs.	N/C	$23.00
	Varicella	N/C	$23.00

TITLE	SERVICE	VACCINE	ADMIN. FEE
IMMUNIZATIONS SHD	Hep A Adult	$33.00	$25.00
	Hep B Adult	$42.00	$25.00
	Hep A/B Adult	$66.00	$25.00
	Act Hib	$24.00	$25.00
	HPV4	$0.00	$25.00
	IG __cc	$65.00	$25.00
	Influenza IIV3	$10.00	$20.00
	Influenza IIV4	$10.00	$20.00
	Influenza FluM PF	$21.00	$20.00
	Influenza HD*	$33.00	$20.00
	IPV Adult	$34.00	$25.00
	Mening MCV4	$136.00	$25.00
	Mening MPSV4	$141.00	$25.00
	MMR Adult	$68.00	$25.00
	Pneumo PCV13	$160.00	$25.00
	Pneumo PPV 23	$77.00	$25.00
	Rabies-Pre Exp*	$248.00	$25.00
	Td	$27.00	$25.00
	Tdap	$41.00	$25.00
	TIG	$374.00	$25.00
	Typhim Vi*	$64.00	$25.00
	Typhoid Oral*	$43.00	$25.00
	Varicella	$113.00	$25.00
	Yellow Fever*	$122.00	$25.00
	Zoster	$0.00	$25.00

Communicable Disease Division
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Communicable Disease

Immunization Clinic Fees (cont.)

TITLE	SERVICE	VACCINE	FEE
MEDICARE ONLY	Influenza	$10.00	$20.00
	Influenza HD	$33.00	$20.00
	Pneumonia	$77.00	$25.00

TITLE	SERVICE	FEE
PAC-LAB	Anti HAV (Hep A)	$21.00
	Anti HBsAb (Hep B)	$17.00
	Anti HBcore (Hep B)	$21.00
	Anti HCV (Hep C)	$23.00
	HBsAg (Hep B)	$12.00
	HIV	$17.00
	Mumps Antibody	$22.00
	Rabies Screen	$109.00
	Rubella Antibody	$22.00
	Rubeola Antibody	$22.00
	Varicella Antibody	$22.00
	RPR (Syphilis)	$11.00

TITLE	SERVICE	FEE
OTHER SERVICES	Blood Draw	$20.00
	Civil Surgeon*	$100.00
	Health Officer Cert*	$100.00
	HIV C/T	$62.00
	PPD Admin/read*	$22.00
	Record Summary*	$20.00

TITLE	SERVICE	FEE
IN-HOUSE LAB	HIV Rapid Test	$22.00
	Urine Pregnancy	$20.00

TITLE	SERVICE	FEE
PROCEDURE/MEDS	Lice Meister Comb	$9,00
	Permethrin Crème	$21.00
	Permethrin (Nix)	$9.00

TITLE	SERVICE	FEE
TB SKIN TEST	TB Skin Test* (Includes visit fee, administration, and Skin Test reading)	$51.00

TITLE	SERVICE	FEE
HIV TEST	HIV Standard Antibody Test* (This fee may be waived in some circumstances)	$89.00

Snohomish Health District may reduce the clinic service fee for income eligible clients.
*Not eligible for sliding fee scale, visit accompanies TST.

Communicable Disease Division
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Community Health
Schedule of Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Community Health Division
EFFECTIVE December 1, 2014

TITLE	PROPOSED 2015 FEES	COMMENTS
CONFERENCE FEE	Total cost divided by expected number of participants	
FOR-PROFIT VENDOR TABLE FEE	$185 per for-profit vendor	No increase
OFFSITE GROUP CLASSES	$105 per hour per group with a minimum of 10 participants	No increase
MATERIALS FOR EDUCATIONAL PRESENTATIONS	Unit cost + 25%	

Community Health Division
3020 Rucker Avenue, Suite 203 ■ Everett, WA 98201-3900 ■ fax: 425.339.5252 ■ tel: 425.339.5255

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APPENDIX C — AGENDA FOR CHANGE AND FOUNDATIONAL PUBLIC HEALTH SERVICES

Agenda for Change Action Plan

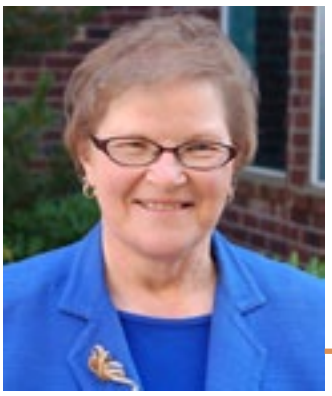
FOR WASHINGTON'S PUBLIC HEALTH NETWORK

SUMMARY

2012

TABLE OF CONTENTS

Collaboration THE FUTURE OF PUBLIC HEALTH



A growing and changing population, new and resurgent diseases, and a severe funding crisis all make for a challenging future for Washington's public health network. While public health agencies on the state and local levels have seen major cutbacks, our communities are faced with significant health problems that impact people today and will likely affect the health of our state for generations.

Obesity, diabetes, and tobacco use are just a few examples of the health issues that are taking a huge toll on the people of Washington. About 95 percent of health spending goes toward treatment and health care, yet we know that how and where we live have the biggest influence on our health. That's why the work of public health agencies is so important. Preventing unhealthy behaviors and replacing them with healthy habits can drive down chronic disease rates and improve quality of life. Making it easier in local communities to access medical care, get fresh fruits and vegetables, and live an active lifestyle can help people live longer and save on health care costs.

The combined efforts of local, state, and federal health agencies have made major strides, but there's much more to do. The partners in Washington's governmental public health network realize we can't do it all. To protect and improve the public's health into the future, we must build a plan that sustains our past successes, confronts our emerging challenges, and uses the resources we have as efficiently and effectively as possible.

Washington's Public Health Improvement Partnership is working to plan for, guide, and strengthen our future public health network. The partnership includes local and state public health leaders, local boards of health and tribal nations, the state Board of Health, the American Indian Health Commission, and the federal Department of Health and Human Services. Together, this comprehensive group has produced an "Agenda for Change Action Plan." The plan provides the guidance needed to ensure that we continue to protect and improve the health of people in Washington state in spite of the many challenges.

The following is a summary of the vision, strategies, and steps to move toward a valued and effective 21st Century public health network that will help everyone in our state have a better chance for a long and healthy life.

Thank you for taking an interest in the Agenda for Change and the important work of making Washington a safer and healthier place to live, work, and play.

Mary C. Selecky
Washington State Secretary of Health

Regina Delahunt
Director of Whatcom County Health Department

Co-Chairs, Public Health Improvement Partnership

The Agenda for Change

AN ACTION PLAN

Washington state's public health network has long been recognized as a national leader. The state Department of Health collaborates with a network of local public health agencies and tribes to protect every resident. Today, Washington continues that tradition of leadership by providing this Agenda for Change. This is a strategic framework that responds to a rapidly changing environment, such as new preventable disease challenges, health care reform, and diminishing resources, and helps everyone in our state have a better chance for a long, healthy and economically productive life. A successful public health network keeps Washingtonians safer and healthier, reduces health care costs, and improves the productivity of our workforce so we can continue to be competitive now and into the future.

Planning for the Future

The landscape for health is changing across the nation. Thanks to successes in public health and federal, state, local, and tribal funding commitments, communicable diseases such as tuberculosis and influenza are no longer the leading causes of death. People now become ill and die early from preventable chronic diseases like diabetes and heart disease that result from tobacco use, poor nutrition and lack of physical activity. Public health approaches will help solve this new challenge if we align our resources and competencies to match.

Implementation of the Affordable Care Act brings new opportunities for expanding insurance coverage and access to care for some of our most vulnerable populations. It provides states the ability to define essential health benefits. Ultimately, it allows the health care system to reform its business practices while ensuring better collaboration with partners — as a means to slowing the increase in health care costs, improving the experience of care and improving the health of populations.

We are also living in a time when resources are scarce and competitive. Public health agencies at the state and local levels have seen major cutbacks over the past several years, compromising our ability to protect and improve the health of our communities.

continued on next page

The Agenda for Change

AN ACTION PLAN

continued from page 2

With the Agenda for Change, our state can be **at the forefront of responding** to this changing landscape by transforming our public health network through three approaches:

1 Foundational Public Health Services **Ensure** every resident in Washington can access a foundational set of public health services, no matter where he or she lives. The Agenda for Change introduces a new concept: residents can access a foundational set of capabilities and programs supported by adequate and predictable funding. These foundational services are necessary but not sufficient. Just like the foundations of buildings support the larger structure, the public health foundational programs support other standalone federal or fee supported programs, like WIC, emergency preparedness and response, food safety inspections, and diabetes prevention.

2 Strategic Priorities **Prioritize** our work so the public health network is working together to confront emerging challenges. The Agenda for Change helps us focus on the most important elements of preventing communicable disease and other health threats, fostering healthy communities and environments, and partnering with the health care system.

3 Transform Business Processes **Reform** how we do business. Just as the health care system is changing through health care reform to better meet current challenges, the public health network must also undergo reform. This includes taking steps to ensure our workforce has the necessary skills and competencies to address new challenges, adopting the best of both private and public sector management into our operations, and developing a long-term strategy for predictable and appropriate levels of financing.

Committing to Health Equity and Eliminating Health Disparities

All Washingtonians should have the opportunity to live long, healthy lives regardless of geography; education; income level; race; ethnicity; sexual orientation; or physical, mental, or emotional abilities. While data shows improvements overall, there are groups of people suffering from health problems above and beyond the population as a whole; as well as getting care and services that are lower quality, if they are receiving them at all. It is difficult to comprehend and painful to acknowledge that not everyone has an equal opportunity for a long, healthy, enjoyable life. Achieving health equity is a public health priority as local public health agencies, tribes, and the state work to identify health disparities and implement strategies to eliminate them.

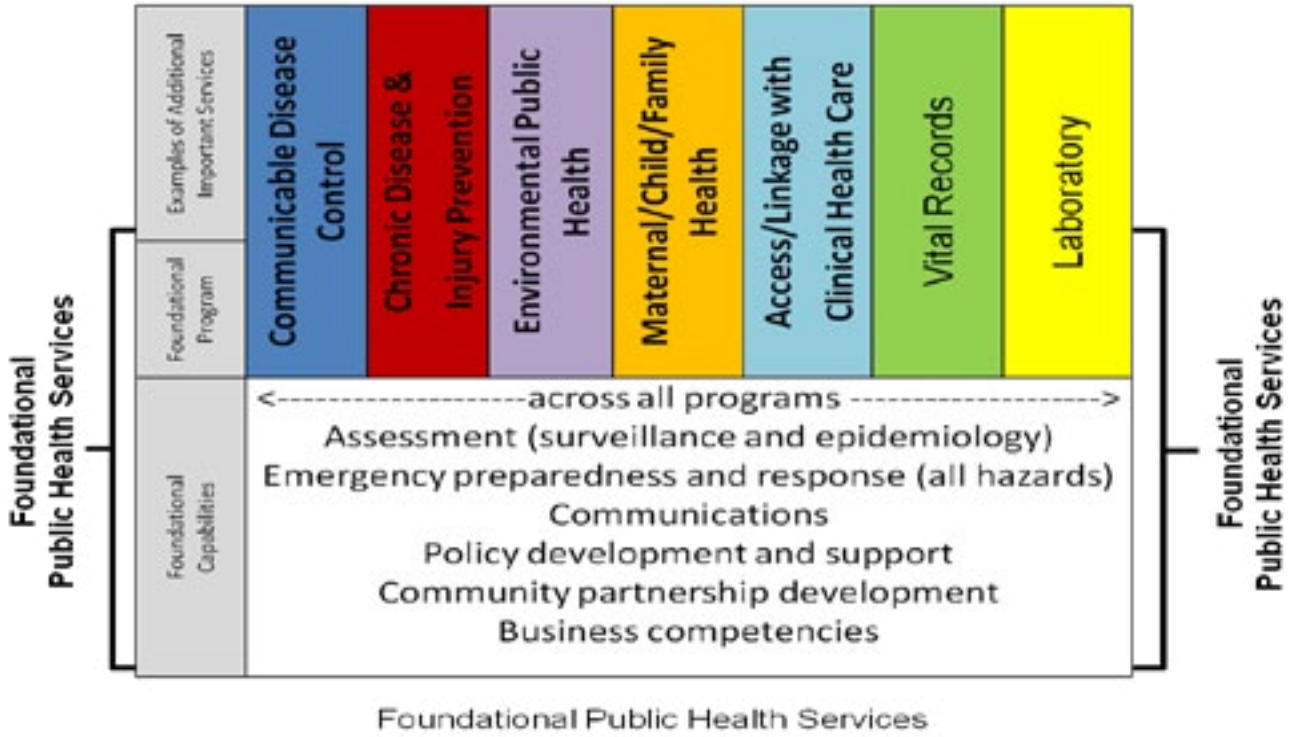
Foundational Public Health Services

Public Health Services for Every Community

Similar to other public safety (fire and law enforcement), public utilities (power, water) and infrastructure services (roads, sewer), a minimum level of public health capabilities and programs must be in place everywhere to protect and improve the overall health of the state. No matter where they live, residents of our state should be able to rely on the governmental public health network to deliver foundational services that protect all Washingtonians.

Health insurance plans describe their minimum benefits package – defining the services available to everyone who has that plan. Similarly, the Foundational Public Health Services defines the public health services that no community should be without, regardless of how the services are provided. It includes:

- **Foundational Capabilities** like community health assessments, communications, policy development, community partnerships, emergency preparedness, and modern business practices.
- **Foundational Programs** like communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child and family health; linking with clinical health care; vital records; and laboratory services.



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The Foundational Public Health Services **define what must be present** everywhere for the public health system to function anywhere.

GOAL Develop sustainable public health financing statewide so that all residents have access to a foundational set of services that protect and improve their health.

Objective Develop a scalable cost model for Foundational Public Health Services that can be adjusted for different population sizes and geographic locations.

Rationale A foundational level of capabilities and programs are needed everywhere to protect and improve the overall health of the state. No matter where they live, all residents of our state should be able to rely on the governmental public health network to detect and remedy hazards to the health of the public, deliver a foundational set of services that protect their health, and meet specific standards.

Strategies

- **Develop** a list of foundational capabilities and programs that should be available in every community. The list will not indicate who or how the services should be delivered.
- **Using** a representative sample of counties, identify the cost of delivering the foundational services statewide.
- **Develop** a funding model that accounts for these costs.

While the Foundational Public Health Services defines the basic services to protect and improve health that people rely on government to provide, it does not define a vision for the future of public health in Washington. That vision is articulated in the strategic priorities to follow.

Strategic Priorities

Priorities for the Future

The following strategic priorities build on the strengths of the decentralized public health network in Washington by supporting local solutions to local issues. Having statewide priorities enhances our ability to work together with essential partners, resulting in the most impact for the investment and effort. This plan will move the public health network toward increased consistency in business practices and will fulfill public expectations for consistent services from government across the state. It will improve efficiency and make the best use of our available resources. The three priorities are:

1. **Preventing Communicable Disease and Other Health Threats**
2. **Fostering Healthy Communities and Environments**
3. **Public Health Partnering with the Health Care System**

PRIORITY 1 Preventing Communicable Disease and Other Health Threats

Preventing people from getting sick from communicable disease is **foundational to the work** of public health agencies. We do this by assuring safe drinking water and food, providing immunizations, monitoring disease, and investigating outbreaks.

Preventing communicable disease is as important at home as it is in the developing world. The recent whooping cough epidemic in Washington shows that **we must be vigilant** in our efforts, embrace improvements in how we do our work and modernize our systems to ensure effectiveness. We must to be able to respond effectively to new disease threats like we did successfully with H1N1 flu, SARS, and Mad Cow disease. **Our efforts are vitally important** to the health of the whole population of Washington state.

GOAL Implement the most effective and important elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats.

Objective 1 Increase immunization rates for all age groups.

Strategies

- **Improve** our understanding of immunization coverage in Washington state by enhancing the completeness and quality of data entered in the Washington Immunization Information System (adults and children).
- **Identify** and implement evidence-based practices to improve immunization coverage rates. Emphasize immunizations that provide the greatest impact to the health of people in Washington.

Objective 2 Standardize and prioritize communicable disease tracking, monitoring and response.

Strategies

- **Prioritize** the activities that are most critical to protect the public's health
- **Establish** evidence-based statewide recommendations for identifying and controlling communicable diseases.

Objective 3 Develop, maintain and integrate a data collection system for communicable disease tracking, monitoring, and response.

Strategies

- **Modernize** our data systems for disease tracking, monitoring, and response.
- **Increase** capacity to receive electronic laboratory reporting of communicable diseases through a health information exchange.
- **Implement** an updated secure communication alerting system to send urgent messages from public health agencies to community partners.

PRIORITY 2 Fostering Healthy Communities and Environments

Governmental public health agencies work to protect and improve people's health **throughout the course of their life**, from healthy childhoods to living well as older adults. As we learn more about how childhood illness and trauma can affect someone for a lifetime, new evidence shows a strong connection between a woman's health *before* becoming pregnant and the health of her child.

While some factors that impact health are out of a person's control, behaviors are not. **People make choices every day** that impact their health, like what to eat, how active to be, and whether or not to use tobacco. These choices are largely influenced by where you live, work, play, and go to school.

Not everyone has an equal opportunity to make healthy choices. **Success means making changes** to our communities and environments so that everyone can choose to live a healthy life.

GOAL Prevent illness and injury, and promote health equity through sustainable, population-based changes in communities.

Objective 1 Implement policy, environmental, and system changes that give all babies a planned, healthy start in life.

Strategies

- **Connect** uninsured and underinsured women to preconception, prenatal, and postnatal care services.
- **Collaborate** with health care providers to support women carrying babies to full-term.
- **Improve** access to safe and healthy food for low-income women and families.
- **Help** women quit using tobacco before and during pregnancy.
- **Support** breastfeeding mothers in child care settings, hospitals, and worksites.

Objective 2 Implement policy, environmental, and system changes that prevent or reduce the impact of Adverse Childhood Experiences, such as abuse and neglect on children and families.

Strategies

- **Link** low-income families to programs that provide social and parenting support (examples include: home visiting and nurse-family partnerships).
- **Screen** young children for developmental and social-emotional issues, and connect them with appropriate community services.
- **Give** children safe and healthy meals (including snacks and beverages) in schools, child care settings, and after-school programs.
- **Provide** opportunities for physical activity before, during, and after school and in child care settings.
- **Prevent** youth from using tobacco products.

Objective 3 Implement policy, environmental and system changes that help adults make healthy choices for themselves and their families.

Strategies

- **Promote** affordable, healthy food and beverage options at worksites, colleges, hospitals, and other venues.
- **Offer** free or low-cost physical activity opportunities in communities and worksites.
- **Include** healthy design concepts when planning communities.
- **Provide** smoke-free multi-unit housing.
- **Link** people to quality tobacco cessation services (like the Tobacco Quitline).
- **Protect** employees, customers, patrons, and others from secondhand smoke.

PRIORITY 3 Public Health Partnering with the Health Care System

A recent report from The Institute of Medicine argues that much can be gained by bringing primary care and public health together to improve individual, community, and population health. **Washington must act on new opportunities** presented through health care reform to bridge the divide between the two disciplines with a shared goal of improved health.

Health care today in **Washington faces many challenges**: the disease burden has shifted to chronic diseases, health care costs are rising and are unsustainable, and health care reform will increase the number of people with insurance, further challenging the health care delivery system.

Public health and health care providers can **respond to these challenges** by finding innovative ways to work together, jointly placing emphasis on preventing health problems *before* they become hard to treat and expensive. They can also team up with a broad range of community partners to set local priorities for improving health. Public health agencies can contribute valuable information about health problems, they can help communities address the disparities in health among different groups of people, and they can help promote the use of prevention practices that have been shown to get results.

GOAL Improve access to quality, affordable, and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike, by effectively and strategically partnering with the health care system.

Objective 1 Provide more information about the community's health care system and the health of local communities.

Strategies

- **Improve** knowledge about the health status of the community.
- **Improve** information about the capacity of the health care delivery system within the community.
- **Increase** information about how people use the health care system in the community.

Objective 2 Engage community leaders with a shared interest in improving health to identify and address community health problems. Mobilize resources and strategies to improve the health of the community, especially among populations affected by health disparity.

Strategies

- **Convene** interested parties to develop community health needs assessments. This includes connecting hospitals, consumers, behavioral health, primary care, specialty care, and dental care services.
- **Convene** interested parties to share information about the health of the community so that problems can be identified and potential solutions achieved.

Objective 3 Promote and adopt the use of evidence-based clinical preventive services and patient-centered health homes as a way to assure that needed care is well-coordinated.

Strategies

- **Improve** provider use of evidence-based clinical preventive services like screening tests, counseling, immunizations, and medications used to prevent disease.
- **Increase** the availability and use of patient-centered health homes so that patients receive the benefits of access to care, preventive services, and continuity of care.

Partners are Essential

Keeping our communities healthy is not the job of one agency alone; many organizations influence the health and wellness of the people they serve. Public health agencies throughout the state are continually working with partners. An important role of the public health network is to convene community groups to help define and address local health problems. This is especially vital with populations experiencing disparities.

We can also help our partners understand the relationship of health to their agency's mission. Examples of partners and possible actions they might take include:

Child care and early learning centers
- » Example: Adopt healthy food and beverage procurement guidelines

Community employers and businesses
- » Example: Provide physical activity opportunities for employees

Community organizations
- » Example: Participate in forums to learn about the health status of the community and identify policies to improve health

Health care system (payers, providers, hospitals)
- » Example: Work with local health agencies and the Washington State Department of Health to improve completeness of Washington Immunization System data

Housing authorities, non-profit housing organizations, property management organizations, and landlords
- » Example: Educate residents on the health risks of secondhand smoke and the benefits of quitting tobacco

Schools, colleges, and universities
- » Example: Work with local health agencies to promote immunization and improve coverage

State and local government agencies
- » Example: include healthy community design elements in comprehensive plans

Tribes and The American Indian Health Commission
- » Example: Increase capacity to use policies, systems, and environmental changes when addressing health issues

Next Steps IMPLEMENTING THE AGENDA FOR CHANGE

With Foundational Public Health Services and strategic priorities now defined in the Agenda for Change, we're ready to implement. To make these strategies a reality, we will focus on workforce development, modify business practices for maximum impact, and identify long-term, sustainable financing for programs and services.

The future work of public health agencies must include retraining their workforce so they have the skills and competencies to meet today's challenges. Recruitment, selection, and retention strategies must be implemented to address skills gaps in health equity, policy change, social media, and communications.

The Agenda for Change also calls on Washington's public health network to **transform its business practices** and reprioritize its work by:

- **Working** with policymakers to set and prioritize specific health outcomes, and establish ways to measure them.
- **Streamlining** performance and accountability measures on public health actions that lead to the achievement of the prioritized health outcomes.
- **Committing** fully to quality improvement by striving to meet state and national public health standards.
- **Organizing** a more cost-effective public health network to achieve prioritized health outcomes.
- **Applying** the best of private and public sector management techniques to the operation of each of our programs.
- **Critically** evaluating and reprioritizing our limited resources, and better defining roles and responsibilities among the overlapping government authorities and jurisdictions.
- **Modernizing** and sustaining capabilities to collect, analyze, and share information, that policy makers, health agencies, and the public can use to make Washington a healthier place to live.

Implementation of the Affordable Care Act brings new opportunities for expanding insurance coverage and access to care for some of our most vulnerable populations. It also provides states the ability to define essential health benefits, and ultimately, it allows the health care system to reform its business practices while ensuring better collaboration with partners.
Our challenge and opportunity in public health is to do no less.

Health is important to all of us, yet we have limited government resources so we must use them wisely. Like police and fire services, people expect government to consistently and reliably provide public health services for all. The Agenda for Change Action Plan describes our vision for the future of public health in Washington state and how we will achieve it. We look forward to working with policy makers and partners as we implement the vision and strategies in this document.

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Photos provided by the Washington State Department of Health, the Rudd Center for Food Policy and Obesity, and Bigstock.

For more information visit: www.doh.wa.gov/php

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

DOH822-030 October 2012

FOUNDATIONAL PUBLIC HEALTH SERVICES

SEPTEMBER 5, 2013

PURPOSE

The purpose of the Foundational Public Health Services Workgroup is to develop and help implement a long-term strategy for provision of the foundational public health services needed to assure a functional public health system statewide. To accomplish this, the workgroup is focusing on:

- Producing a model to estimate system-wide costs of foundational public health services
- Providing the technical information on options, the pros and cons of each, and recommendations for which option to pursue
- Providing technical support to policy makers in designing sustainable funding models

BACKGROUND

Similar to other public safety and infrastructure services, foundational public health services must be in place everywhere to protect and improve the overall health of the state. No matter where they live, residents of our state should be able to rely on the governmental public health network to deliver foundational services that protect all Washingtonians.

Health insurance plans describe their minimum benefits package – defining the services available to everyone who has that plan. Similarly, the foundational public health services define the public health services that no community should be without, regardless of how the services are provided.

In the 2012 report, *For the Public's Health: Investing in a Healthier Future,* the Institute of Medicine recommended the development of a 'minimum package of public health services', paralleling the health insurance idea and language.

In Washington, in order to develop and implement a long-term strategy for predictable funding, we first answered the question 'funding for what' by defining foundational public health services. We believe that the word 'foundational' appropriately conveys the concepts of minimum and something to build upon – a minimum package or common core set of public health services that no community should be without and that must be present everywhere for the public health system to function anywhere.

Defining the Foundational Public Health Services

A Foundational Pubic Health Services Workgroup was established in 2012 and it developed a framework which included foundational capabilities that cut across and support all other services and foundational programs that identify some basic level of service necessary in each program area.

In developing the definitions for each capability and program, the following principles were used:

- Include both local and state public health services because they are interdependent
- Define what is core and draw a line; don't include everything that public health could or should do
- Include only services that government should do and fund, including via fees
- Assume that some federal and other categorical grant funds will continue to be available and will continue to be used for very specific activities
- Be clear that foundational services are just that, foundational; alone, they are not sufficient or all that public health should do

The definition for most of the capabilities and each of the programs follow a pattern that includes:

- Provide information
- Identify assets and partners
- Develop and implement a plan
- Coordinate and integrate with categorically-funded and other programs
- Calls out a few specific governmental public health priorities such as:
    - Assure partner notification for newly diagnosed cases of syphilis, gonorrhea, and HIV; assure treatment for active TB cases
    - Reduce rates of tobacco use; increase rates of health eating and active living
    - Food, water recreations, drinking water, liquid and solid waste; priority zoonotics; radiation; land use planning
    - Focus on Adverse Childhood Experiences
    - Patient safety, including licensing and disciplining health professionals

The workgroup also provided examples of 'other important public health services' deemed 'not foundational' or that may be provided depending on local priorities and availability of funding.

A Model for Estimating the Cost of Delivering Foundational Public Health Services

Under the direction of the workgroup, the contractor developed a model for estimating the cost of delivering foundational public health services. This tool is flexible and can be used to explore different scenarios based on different assumptions, variables, and inputs. During Phase I, the workgroup developed a set of assumptions and inputs to run through the tool and get a feel for how it works. This included:

- 9 local health agencies (varying in size and structure) as well as the Department of Health submitted cost estimates using current costs as a basis to estimate the cost of providing the defined foundational services
- Various cost drivers (denominators) were explored and used, and estimates were translated into per-unit costs

- Overhead and indirect cost were explored, defined, estimated and factored in
- A range of elasticity factors (percent of fixed and variable costs) were explored and applied
- Per-unit costs were then scaled to all agencies statewide; agencies were grouped in different ways and different scaling factors were applied to explore different scenarios

We have more work to do on refining the tool, assumptions and inputs in order to confidently estimate the cost of delivering foundational public health services.

NEXT STEPS

In the next year, the Foundational Public Health Services Workgroup will engage a contractor to improve, refine and use the cost model and to map out the following policy issues and options:

1. Current spending –
    - How much money is currently in the system (for the Department of Health and the 35 local health agencies)?
    - What is it being spent now (total and by fund source)?
    - What is being spent on foundational public health services (by fund source)?
    - What is being spent on 'additional important public health services' (by fund source)?
    - How much local funding are local health agencies receiving and what are these funds spent on?
    - How much state funding are local health agencies receiving and what are these funds spent on?
2. Confidently estimate the cost of delivering the foundational public health services –

    Building on Phase I, improve and refine the cost estimation model to confidently estimate the total cost of delivering foundational public health services statewide, assuming the current public health structure (35 local health agencies and Department of Health). The contractor will facilitate the workgroup in reviewing the assumptions, variables, and inputs used in Phase I, exploring alternatives, validating the data and reaching consensus on a set of assumptions, variable and inputs and the cost of delivering foundational public health services statewide.
3. Policy development –

    Explore, identify the pros and cons of different options and reach conclusions on the following key policy questions:
    - Fees and categorical funding
        - Which foundational public health services and how much of the estimated cost of delivering these should be funded by things like fees and categorical grants?
        - Which fees and categorical grants can/should we assume will continue?
        - Should we set an expected level for cost recovery for fee supported services?
        - Determine the 'dollars needed' from local and state to fund foundational public health services
        - Identify the gap between 'dollars needed' for foundational public health services and current funding

- Identify who (local or state) should deliver specific foundational public health services
  - Which foundational public health services should be delivered locally and which should be delivered centrally?
  - Are there low demand/infrequent services or highly specialized or technical services that should be delivered centrally or regionally in order to maintain expertise most efficiently? (i.e. TB investigation and management)
  - Which foundational public health services should be funded by local government and which by state government?
- Determine the appropriate division between local and state governments for funding foundational public health services
  - How much of the dollars needed to deliver foundational public health services should be paid by local governments and how much by state government

4. Report and communication materials –

   Final report for public health professionals and communication materials for other audiences

QUESTIONS FOR THE PARTNERSHIP

1. The work described above will assume the existing public health structure (35 local health agencies and the Department of Health). Is that a reasonable approach?
2. Are these the right elements of the work, right focus, level and scope, sequence?
3. Should the following topics be addressed and if so, by whom, how and when?
   - System governance structure
   - Accountability
   - Chart of Accounts (the way we track financial data)
   - Engaging the political process
4. Are there other policy issues that need to be addressed?

RELATED PROJECTS

RWJ Cost Study

RWJ has awarded a *Costs and Cost-drivers of Providing Foundational Public Health Services in Washington State and Relationship with Structural and Community Factors* grant. The principle investigators are: Betty Bekemeier, Martin Mueller and Justin Marlowe (from the UW Evans School Public Affairs with expertise in local government financing). The grant period begins July 15, 2013 and runs for 18 month, through January 2015. The project will build on current foundational public health services cost model work to enhance and refine the foundational services cost estimate by:

- Collecting data from 8 more local health agencies
- Asking a couple of local health agencies to keep activity logs for one service area
- Exploring what can be learned about costs for foundational public health services from BARS data

WSAC Financial Sustainability Project

Eric Johnson, WSAC Executive Director, presented this project at the June WSALPHO meeting. It is still in the stages of development and we hope to hear more soon.

Public Health Improvement Partnership
Agenda for Change

Foundational Public Health Services

06-05-13

Introduction

Public health in Washington State is at a crossroads. We face the dual challenges of a severe funding crisis and a change in the nature of preventable disease and illness in our state. The Agenda for Change broadly addresses new directions for a reformed public health system. But a reformed public health system must have a strong foundation of core capabilities and programs: the minimum level of public health capabilities and programs that must actually be present everywhere throughout the state for the system to work anywhere. That foundation is the focus of this work.

No matter where they live, all residents of our state should be able to rely on the governmental public health system to possess specific skills to detect and remedy public health hazards, deliver an essential set of services that protect their health, and demonstrate their ability to do so by meeting specific standards. Without this underlying foundation the public health system cannot operate equitably and optimally for every resident throughout the state of Washington. As a basic example, the ability to detect an outbreak of infectious disease or foodborne bacteria needs to be present statewide to minimize harm. Foundational capabilities and services are not everything public health departments do, since the full set of public health services must reflect the environment and needs of the local public. However, only when we define the minimum foundational capacities and essential level of services will we have a basis for determining the level of investment needed in public health in Washington State.

Two kinds of functions form foundational public health services in Washington:
Foundational Capabilities such as assessment, communications, policy development, community partnerships, emergency preparedness, and modern business practices cut across all program areas. As such, these core capacities should not be supported through categorical funding tied to specific diseases or health risks because these vary over time, by location, and by funding reliability. Rather these basic capabilities should be supported by dedicated, flexible funding, assuring that all local health departments in the state have the basis to carry out high quality public health work on behalf of their residents, regardless of geographic location, population size, local tax base, or other attribute of the locality.

Foundational Programs represent a basic level of service in areas such as communicable disease control and environmental public health. The emphasis is on population-based services that are unlikely to get done unless governmental public health does them. A minimum level of funding, outside of categorical funding sources, is needed to ensure that every resident in Washington lives in a community where the governmental public health system can deliver an essential, minimal level of communicable disease control, chronic disease and injury prevention, environmental public health, maternal/child/family health, access or linkage to clinical health care, and vital records.

Together, the foundational capabilities and a basic level of services in each of the essential program areas are being called Foundational Public Health Services—those services that no community should be without, regardless of how the they are provided (by a local, regional, or state agency).

To define those basics is not to say they are all public health should do. Public health often can and must go beyond the basics to protect residents' health in response to local conditions and emerging problems. These foundational capabilities and programs are designed to serve as a floor to support additional public health services customized to the specific situations and priorities of each jurisdiction. For example, additional, key services including those with dedicated categorical or fee-supported mechanisms for financing will be needed to protect the public's health in many locations. In Appendix A, we have included a list of examples of additional important public health services that are tied to other funding sources, local environments, and community needs and priorities.

Even though these additional services in Appendix A are vitally important in many jurisdictions, the focus is on the foundational capabilities and programs. That is partly because even this basic level of public health service is endangered in many Washington communities today. More fundamentally, even an expansive public health system that fully addresses our current problems will not work well unless it is built on a solid foundation of capabilities and programs.

This is meant to form the basis for a long-term effort to achieve a sustainable foundation for a reformed public health system in Washington State. It will be important to develop cost estimates for foundational capabilities and programs statewide. Beyond this costing task may lie several years of additional work with partners in and out of government. One thing is clear enough – no sustainable system will spring up spontaneously. It is up to the public health community to clearly define the absolute minimum foundational public health package. If we do not tackle this, no one else can be expected to do so. Other states have done this, and so can we.

In describing these capabilities and programs we have not divided them into state or local responsibilities because most of them are addressed through the combined efforts of local health jurisdictions and the state department of health. State and local costs will be identified in the process of developing a cost estimate, but we are not yet at the point where it makes sense to propose specific state or local funding sources and responsibilities. That discussion must involve several other partners. But that discussion cannot be rationally conducted without a clear idea of what minimum public health funding will pay for and what it will cost. That is why this initial part of the work, in which we clearly define the basics, is so critical.

I. Foundational Capabilities

Capabilities that cut across all program areas.

A. Assessment (surveillance and epidemiology)

1. Ability to collect sufficient statewide data (i.e. BRFSS, HYS, vital statistics) to develop and maintain electronic information systems (i.e. PHIMS, PHRED, CHARS,, CHAT) to guide public health planning and decision making at the state and local level.
2. Ability to , access, analyze, and use data from 8 specific information sources, including: 1) census data, 2) vital statistics, 3) notifiable condition data, 4) certain clinical administrative data sets including hospital discharge, 5) Behavioral Risk Factor Surveillance Survey, 6) Healthy Youth Survey, 7) basic community and environmental health indicators, 8) local and state chart of accounts
3. Ability to prioritize and respond to data requests and to translate data into information and reports that are valid, statistically accurate, and readable to the intended audiences.
4. Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities

B. Emergency Preparedness (All Hazards)

1. Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations
2. Ability to lead the 'Emergency Support Function 8 -Public Health & Medical' for the county, region, jurisdiction, and state
3. Ability to activate emergency response personnel in the event of a public health crisis, coordinate with federal, state and county emergency managers and other first responders, and operate within, and as necessary lead, the incident management system.
4. Promote community preparedness by communicating with the public in advance of an emergency, steps that can be taken before, during, or after a disaster

C. Communication

1. Ability to maintain ongoing relations with local and statewide media including ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served, including use of electronic communication tools

D. Policy Development and Support

1. Ability to develop basic public health policy recommendations that are evidence-based and legally feasible
2. Ability to work with partners and policy makers to enact policies that are evidence-based Ability to utilize cost benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and statewide health assessment, including identification of best and emerging practices, and those that respond to health inequities

E. Community Partnership Development

1. Ability to create and maintain relations with important partners, including health-related national, statewide, and community-based organizations; community groups or organizations representing populations experiencing health disparities; key private businesses and health care organizations; and key federal, tribal, state and local government agencies and leaders
2. Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners

F. Business Competencies

1. **Leadership** - ability to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the 'public face' of governmental public health in the community
2. **Accountability and Quality Assurance services** – ability to uphold business standards and accountability in accordance with federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards.
3. **Quality Improvement** – ability to continuously improve processes, including plan-do-study-act cycles
4. **Information Technology services** – ability to maintain and access electronic health information to support the public health agency operations and analyze health data. Ability to support, maintain and use communication technology.
5. **Human Resources services** – ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning functions; training; and performance review and accountability.
6. **Fiscal management, contract, and procurement services** - ability to comply with federal, state, and local standards and policies
7. **Facilities and operations** – ability to procure, maintain, and manage safe facilities and efficient operations
8. **Legal services and analysis** – ability to access and appropriately use legal services in planning and implementing public health initiatives

II. Foundational Programs

Specific public health programs/functions necessary for basic public health protections to work.

A. Communicable Disease Control

1. Provide timely, statewide and locally relevant and accurate information to the state and community on communicable diseases and their control, including strategies to increase local immunization rates
2. Identify statewide and local communicable disease control community assets, develop and implement a prioritized communicable disease control plan, and advocate and seek funding for high priority policy initiatives
3. Ability to receive laboratory reports and other identifiable data, conduct disease investigations, including contact notification, and recognize, identify and respond to communicable disease outbreaks for notifiable conditions in accordance with national and state mandates and guidelines
4. Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
5. Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to Centers for Disease Control and Prevention (CDC) guidelines
6. Assure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases.
7. Coordinate and integrate other categorically-funded communicable disease program and services

B. Chronic Disease and Injury Prevention

1. Provide timely, statewide and locally relevant and accurate information to the state and community on chronic disease prevention and injury control
2. Identify statewide and local chronic disease and injury prevention community assets, develop and implement a prioritized prevention plan, and advocate and seek funding for high priority policy initiatives
3. Reduce statewide and community rates of tobacco use through a program that conform to standards set by Washington laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure
4. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized program of best and emerging practices aligned with national and state guidelines for healthy eating and active living
5. Coordinate and integrate other categorically-funded chronic disease and injury prevention programs and services

C. Environmental Public Health

1. Provide timely, statewide and locally relevant and accurate information to the state and community on environmental public health issues and health impacts from common environmental or toxic exposures
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment
3. Conduct mandated environmental public health laboratory testing, inspections and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations
4. Identify and address priority notifiable zoonotic (e.g., birds, insects, rodents) conditions, air-borne, , and other public health threats related to environmental hazards
5. Protect workers and the public from unnecessary radiation exposure in accordance with federal, state, local laws and regulations [state function]
6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities and transport)

7. Coordinate and integrate other categorically-funded environmental public health programs and services

D. Maternal/Child/Family Health

1. Provide timely, statewide and locally relevant and accurate information to the state and community on emerging and on-going maternal child health trends taking into account the importance of Adverse Childhood Experiences (ACEs) and health disparities
2. Assure mandated newborn screening done by the state public health lab to test every infant born in Washington, to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health. [State Only]
3. Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development
4. Identify local maternal and child health community assets; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and advocate and seek funding for high priority policy initiatives
5. Coordinate and integrate other categorically funded maternal, child, and family health programs and services

E. Access/Linkage with Clinical Health Care

1. Provide timely, statewide and locally relevant and accurate information to the state and community on the clinical healthcare system
2. Improve patient safety through inspection and licensing of healthcare facilities and licensing, monitoring, and discipline of healthcare providers [state function]
3. In concert with national and statewide groups and local providers of health care, identify healthcare assets, develop, prioritized plans for increasing access to health homes and quality health care, and advocate and seek funding for high priority policy initiatives
4. Provide state-level health system planning (place-holder – will work on clearer language).
5. Coordinate and integrate other categorically-funded clinical health care programs and services

F. Vital Records

1. In compliance with state law and in concert with national, state, and local groups, assure a system of vital records [state function]
2. Provide certified birth and death certificates in compliance with state law and rule

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Examples of Additional Important Public Health Services

Because Foundational Public Health Services are not all public health can provide

The following are examples of additional important public health services that may be provided by public health agencies in some communities, because the Foundational Public Health Services shouldn't be all that public health provides. In some cases the additional important public health services are needed to address important local health risks or community priorities; in other cases they are supported by fees or other funding sources outside of core state and local public health funding.

The list is intended to add description and detail to another level of important public health services that many, if not all, jurisdictions will be able to offer. The list is not intended to be all-inclusive. The list of 'augmented foundational capabilities' that follows next illustrates capacities that some health departments may develop in response to staff interests and partnerships with educational institutions, organizations in other sectors, and external funders.

A. Communicable Disease Control

1. Management of vaccine distribution for childhood vaccine providers in accordance with national Guidelines for Quality Standards for Immunization (*including current federal categorical funding*)

2. HIV services, including Ryan White HIV clinical services and federal and state HIV prevention services in accordance with state and federal regulations for these programs (*including current federal and state categorical funding*)
3. Assurance of access to HIV/STD testing and treatment
4. Assurance of treatment of latent tuberculosis infection
5. Assurance of provision of partner notification services for chlamydia infections
6. Development of appropriate response strategies for new and emerging diseases through surveillance, program evaluation, and applied research

B. Chronic Disease and Injury Prevention

1. Provision of specific clinical preventive services and screening (breast and cervical cancer, colon cancer) in accordance with the USPHTF for Clinical Preventive Services (including current *federal and state funding*)
2. Other categorically-funded chronic disease prevention programs (*including current federal funding for chronic disease and community transformation*)
3. Development of appropriate strategies for prevention and control of chronic diseases and injury through surveillance, program evaluation, and applied research

C. Environmental Public Health

1. Development of appropriate response strategies for newly-recognized toxic hazards and other adverse environmental health conditions through surveillance, program evaluation, and applied research
2. Assessment, policy development, and implementation of evidence-based health promotion elements in land use, built environment, and transportation

D. Maternal/Child/Family Health

1. Assure access and/or coordination of Women, Infants and Children Supplemental Nutrition Services (WIC) that adhere to the USDA Nutrition Services Standards (*including current categorical federal funding*)
2. Assure access and/or coordination of maternity support and nurse family partnership services (*including services currently funded by third party payers including Medicaid*)
3. Family planning services (*including current state and federal categorical funding*)
4. Child Death Review
5. Outreach, linkage and system development for children with special needs

E. Access/Linkage with Clinical Health Care

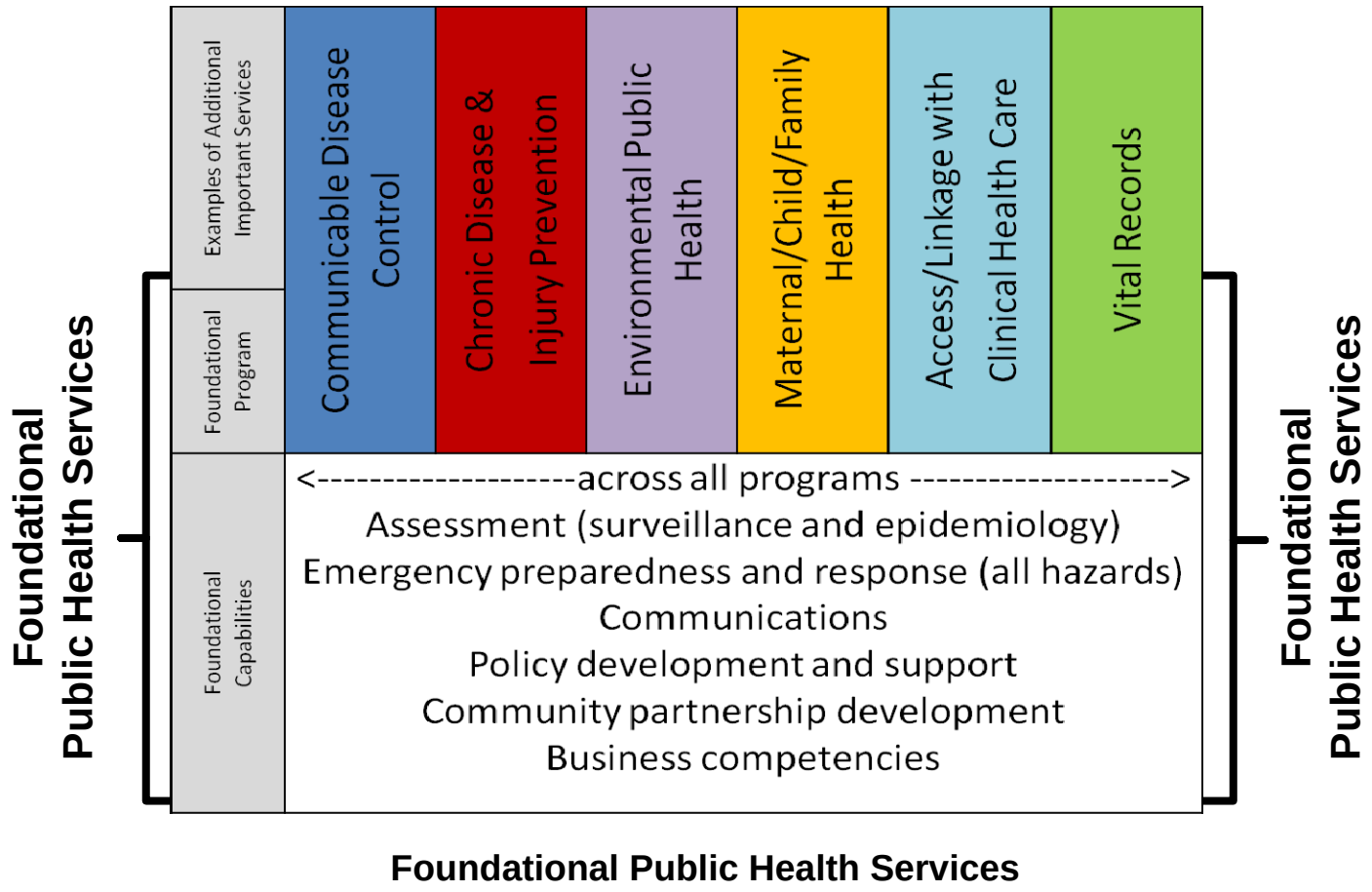
Facilitate the availability of…

1. Clinical services to vulnerable populations that follow established clinical practice guidelines and are delivered in a timely manner, including integrated medical and behavioral care, sexual health, oral health, adolescent health services, immunizations, and travel health services (*including services funded by third party payers, including Medicaid*)
2. Quality, accessible, and timely jail health services in accordance with standards set by the National Commission on Correctional Health Care that include medical, mental health, chemical dependency, dental, nursing, pharmacy, and release planning services
3. Emergency medical services including basic life support (BLS) and advanced life support (ALS) response by certified EMTs and paramedics to residents in need of emergency medical services *(including current locally funded levy services*)
4. Public health laboratory testing that meet certification standards of Washington Department of Health's Office of Laboratory Quality Assurance and the federal Clinical Laboratory Improvement Amendments to assure accurate, reliable, and prompt reporting of test results *(including services funded by third party payers including Medicaid*)
5. Refugee health screening that follows CDC's Refugee Health Guidelines and is delivered within 90 days of arrival in the US, in accordance with the Office for Refugee Resettlement (*including current categorical federal funding*)
6. Monitoring and reporting of indices of measures of quality and cost of healthcare
7. Death investigations and authorization to dispose of human remains that meet National Association of Medical Examination accreditation standards

Augmented Foundational Capabilities

1. Ability to conduct public health practice applied research and evaluation, including data collection, data analysis, policy research, and evaluation services that meet standards for peer-reviewed publications

2. Ability to identify and promote policy change opportunities in non-health sectors including the use of analytic tools to assess the health impact of these policies
3. Ability to develop and implement social marketing campaigns, including social media communication platforms
4. Ability to collaborate in training and service with community education programs and schools of public health
5. Ability to develop effective interventions, in partnership with community members, to reduce and eliminate health disparities
6. Ability to compete for grant funding from government organizations, philanthropic organizations, health system partners, and corporate foundations



APPENDIX D — 2015 BUDGET ADOPTION RESOLUTION

SNOHOMISH HEALTH DISTRICT 14-15
RESOLUTION OF THE BOARD OF HEALTH
RESOLUTION NUMBER: 14-15

RESOLUTION SUBJECT: **ADOPTION OF THE 2015 BUDGET**

WHEREAS the 2015 Snohomish Health District Budget was developed during an extended and ongoing period of unusual uncertainty about the funding sources relied upon by the District for its programs, and

WHEREAS the 2015 Snohomish Health District operational expenditures are balanced,

WHEREAS the Board of Health has adopted Financial Management Policies and Reserves (Resolution 13-11) in order to create a framework for decision-making and establishing a financial foundation for the future, and

WHEREAS the Snohomish Health District is guided by specific capital planning policies, and has created a Capital Improvement Plan for 2015 and future years, and

WHEREAS the Board of Health, agency staff and leaders have engaged in extensive planning guiding the agency's future direction and priorities resulting in a 2014 update to the District's Strategic Plan, and

WHEREAS the Board of Health has deliberated upon the agency's financial condition, client utilization rates, alignment with healthcare reform and community partner readiness, and considered the timeline associated with strategic initiative 1- Move Patients out of SHD Clinics and into Medical Homes, and

WHEREAS the Board of Health has concluded that the agency's immunization clinic should be discontinued effective June 30, 2015, pending the development of a clinic transition plan by the end of Q1 2015 that meets the Board's approval, and

WHEREAS the Board of Health may authorize the use of fund balance to support clinic operations beyond June 2015 until such time the Board approves a clinic transition plan, and

WHEREAS the Snohomish County Council has approved a 2015 County budget eliminating $450,000 of the $900,000 in County funding for the agency's "First Steps" program, and

WHEREAS, the Board of Health acknowledges in the absence of continued and adequate agency funding, a thoughtful transition strategy for "First Steps" shall be developed and hereby directs temporary 2015 funding of "First Steps" through use of

fund balance in the amount of $450,000 while agency staff explore and secure community partners to assist in providing the service, and

WHEREAS the Board of Health is empowered pursuant to RCW 70.05.060 to establish fee schedules for licenses, permits or for such services as are authorized by law and hereby adopts the agency's fee schedules as reflected in the District's 2015 budget summarized below and in Staff Report 14-058, and

WHEREAS the Board of Health has adopted operating guidelines (Resolution 11-36) which provide for it to approve total and program staffing levels and agency fee schedules,

NOW THEREFORE, pursuant to the authority granted to the Snohomish Health District Board of Health in RCW 70.46 and in the Charter of Snohomish Health District, the Board does hereby adopt the 2015 Snohomish Health District Budget as presented on December 9th, 2014 and as follows below and as attached in Exhibit A:

Snohomish Health District 2015 Budget	Revenue	Expenditures	Authorized FTE	Change in Fund Balance
GENERAL FUND				
Administration	2,640,831	3,805,944	17.500	
Communicable Disease	3,184,871	3,122,653	32.450	
Community Health	4,091,380	4,533,692	46.850	
Environmental Health	5,516,039	4,383,448	43.750	
Total General Fund Operations	15,433,121	15,845,737	140.550	(412,616)
Capital Projects		631,500		(631,500)
Total General Fund	15,433,121	16,477,237	140.550	(1,044,116)
PUBLIC HEALTH EMERGENCY PREPAREDNESS RESPONSE FUND				
Communicable Disease	646,752	646,752	4.650	
TOTAL DISTRICT BUDGET	16,079,873	17,123,989	145.20	(1,044,116)

ADOPTED this 9th day of December, 2014.

ATTEST:

Stephanie Wright, Chair
Board of Health

Gary Goldbaum, MD, MPH
Health Officer and Director

SNOHOMISH
HEALTH DISTRICT
WWW.SNOHD.ORG

Who we are

The Snohomish Health District was created in 1959 as an independent special purpose district responsible for public health in Snohomish County. We are separate from county government, although it provides financial support and is an essential partner in many functions.

Snohomish Health District
Administration Division
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Everett, WA 98201-3900