Snohomish Health District

2014 Adopted Budget

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Director | Health Officer

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SNOHOMISH HEALTH DISTRICT
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Snohomish Health District
2014 Final Budget

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Director | Health Officer

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Acknowledgements

The planning, analysis and coordination of the agency's annual budget development process reflects a significant undertaking by agency staff and leaders. The process begins in June and continues through November, concurrently with delivery of all other public services to the District's citizens, clients and customers.

We recognize the dedication and hard work that all staff put into the budget process. In particular, special recognition is extended to the agency's managers and supervisors, the Environmental Health Division Director Randy Darst, Community Health Director Charlene Crow-Shambach, Communicable Disease/PHEPR Division Director Nancy Furness, Business Manager Judy Chapman and Financial Analyst Barb Taylor for their professionalism and commitment in delivering an improved budget document to the citizens of Snohomish County.

Others involved in the writing, proof-reading and production of the budget document include Executive Administrative Assistant Lorie Ochmann, Graphic Designer Lynn Ljungquist and Communications Manager Kristin Kinnamon.

For all these fine efforts, sincere thanks and appreciation is extended.

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Budget Message

Gary Goldbaum, MD, MPH
Director | Health Officer

The Snohomish Health District continues to do great work in the community, fulfilling our mission despite the challenges of dwindling funding even as the population expands and the public health issues become more complex.

This year we concluded our investigation and containment of a complicated tuberculosis outbreak among Compass Health clients (for which the state Department of Health honored our TB team with an award for excellence) and addressed many other communicable diseases, including pertussis (which has persisted into this year). We supported partnerships in the community, such as the Snohomish County Health Leadership Coalition, and helped launch a unique prevention strategy to fight youth obesity using innovative technology (wrist band accelerometers). And by the end of this year, we will have served more than 5000 First Steps clients to ensure healthy newborns and families.

The Assessment team supported the Public Health Advisory Council's review of local data to identify the top preventable health concerns in the county. We have since taken the leading three concerns – youth and adult obesity, suicide, and youth abuse – to community workgroups that will develop community health improvement plans. And we published our first Annual Report, highlighting to the community the important work of public health; this is one step towards even greater accountability to the Board and the community.

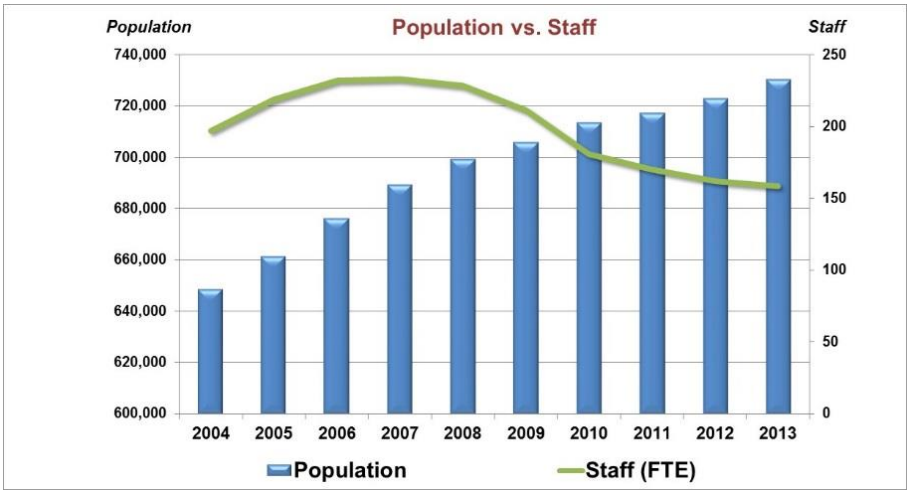
We also confronted potential fiscal disasters when both state and federal governments suspended function due to political divisiveness on budget—highlighting how vulnerable public health has become to the whims of political action or inaction.

Like our medical colleagues, we have been buffeted by health care reform. We see both opportunities and challenges as the Affordable Care Act extends coverage to more of our clients and we explore expanded third-party billing. However, fee-for-service reimbursement is likely to disappear as more coverage is through managed care organizations, complicating efforts to support clinical services.

Although health care reform aims to improve health while reducing costs, it is clear from the experience in other countries that even the most efficient systems face increasing costs as their population ages and chronic diseases predominate. Ultimately, the only way to truly reduce health care costs is to prevent illness. This is public health's goal and role. Effective public health is key to the success of health care reform.

Unfortunately, I fear that 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. In 2007 the Health District employed 232 full time equivalents (FTE). In 2014 the number could be 142. We have already lost many valuable programs – the Nurse-Family Partnership (transferred to Little Red Schoolhouse), First Steps Home Visiting, Partners in Child Care, AIDS case management, and others; nearly every remaining program's staffing has been reduced.



We are taking steps to address the challenge. First, we have taken full advantage of attrition, consolidating deeply and reorganizing to at least sustain service with fewer staff. Indeed, we have nearly balanced our budget through this approach. However, I am concerned about further reductions, absent clear strategic direction. Our strategic plan is five years old. Since the Board endorsed that plan, we have continued to cut staffing, losing our ability to address the issues identified in that plan as needing new investment and continued support. It is critical that we revisit the Strategic Plan during 2014, to set clear direction before further reducing our staffing.

Second, in this budget, we propose significant one-time capital investments in technology that we believe can save staff time (and thus future labor costs) while improving customer service in the Business Office, the Environmental Health Division, and our clinics. Already we are more efficient through use of tablets to record inspections in the field, implementation of an electronic death record system, and online food worker classes. Beyond technology, we are improving our work practices by applying quality improvement tools, which also moves us towards accreditation.

Third, we are asking more of community providers. And they are stepping up, to take on services that we cannot continue to support or that would require new staffing that we simply will not have. However, collaborating with our community partners still demands resource, to support the assessment needed to guide community activities and the infrastructure to facilitate community efforts.

These actions are necessary, but insufficient. Funding has not kept pace with demand. New funding is needed, lest we find ourselves obliged to further reduce staffing every year into the foreseeable future. This is simply unacceptable. Snohomish County ranks #30 for per capita funding among the 35 local public health jurisdictions in Washington. 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. Just as the investments in public safety and transportation must expand to serve a growing population, we must invest in public health. It is time for cities and counties to come together to support Public Health properly. Public health needs a dedicated funding source that keeps pace with population growth. I call on all Snohomish County cities and the county to join me in advocating for such funding.

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About Snohomish Health District

The Snohomish Health District is an independent special purpose district created in 1959. It is s 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 730,500 as of April 1, 2013, 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

Mayor
Dianne White
City of Stanwood

Councilwoman
Donna Wright
City of Marysville

Councilman
John Koster
Snohomish County Council

District 2 - Central County

Everett, Mukilteo

Councilman
Brian Sullivan
Snohomish County Council

Councilwoman
Linda Grafer
City of Mukilteo

Councilman
Shannon Affholter
City of Everett

District 3 - Southwest County

Edmonds, Lynnwood, Woodway

Councilwoman
Adrienne Fraley-Monillas
City of Edmonds

Councilwoman
Kerri Lonergan-Dreke
City of Lynnwood

Councilwoman
Stephanie Wright
Snohomish County Council
Vice Chair for 2013

Board of Health- Snohomish Health District,
continued

District 4 - South Central County
Bothell, Brier, Mill Creek, Mountlake Terrace

Councilman
Dave Gossett
Snohomish County Council

Councilman
John Joplin
City of Brier

Councilman
Seaun Richards
City of Mountlake Terrace

District 5 - East County
Gold Bar, Index, Monroe, Snohomish, Sultan

Councilman
Dave Somers
Snohomish County Council

Mayor
Karen Guzak
City of Snohomish
Chair for 2013

Mayor
Vern Little
City of Lake Stevens

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, Information Services**, **Business Office** and **Communications**.

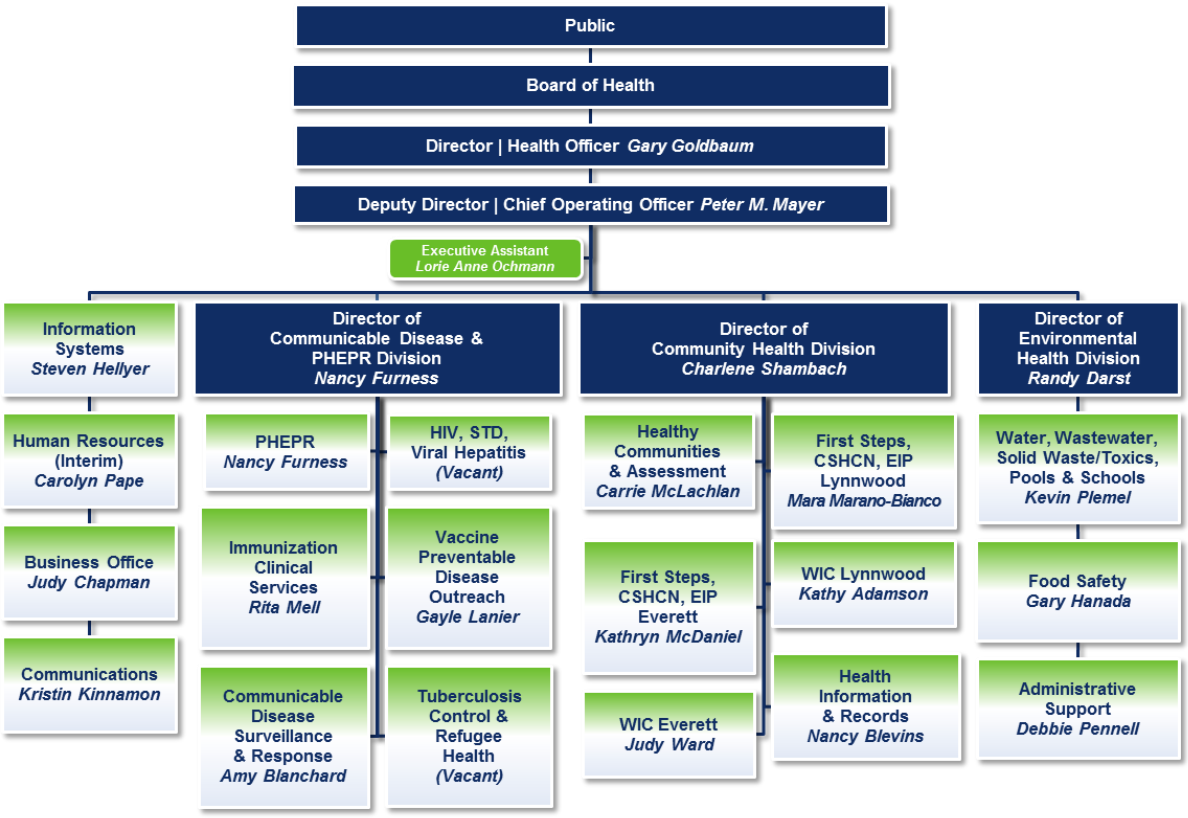


Figure 1. Current SHD Organizational Structure

Strategic Plan Update

The Snohomish Health District undertook the comprehensive development of a strategic plan in 2009 to serve as a roadmap for the District by helping guide decision making and financial investments in protecting the health of Snohomish County residents. Additional refinement is needed to reflect new realities facing public health as well as renewing our commitment to improving the health of Snohomish County residents.

An action plan, known as the Agenda for Change (Appendix B) has been developed by the Washington State Department of Health and local public health agencies that provides strategic guidance in responding to the rapidly changing environment- whether new preventable disease challenges, health care reform, diminishing resources or helping residents live safer and healthier. The plan defines "Foundational Public Health Services"- what must be present everywhere for the public health system to function anywhere. In addition, strategic priorities are identified for the future. The District will need to refine and implement this guidance in 2014.

It is anticipated that the Affordable Health Care Act will also shift federal and state funding for public health. It's too early to accurately predict what or how these anticipated funding changes might affect the Snohomish Health District and its services, but the agency acknowledges the need to operationalize such shifts.

In addition, the update is intended to help interpret evolving state and national public health policies for the community of Snohomish County, including the

- **Transition from individual to population based health care**- assessing, intervening and caring for the health of a population in the context of the culture, health status and health needs of the individuals within a particular geographical area;
- Facilitation of "**Patient Centered Medical Homes**"- participating in the comprehensive and continuous health care of individuals to enable better access to health care, increase satisfaction and improve health;
- **Transition away from treatment to prevention strategies**- pursuing health promotion, disease intervention and related prevention activities that are outcome based;
- Establishment of "**Foundational public health programs and capabilities**" that every Washington State resident can access and benefit from and are supported with adequate and predictable funding.

For these reasons, staff will work with the Board of Health to update the existing plan and begin implementing findings in mid to late 2014.

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.

Budget Overview

This section explains how the District is organized and staffed; includes District-wide, summary level revenue and expenditure information; provides an annual financial summary by Division; identifies the types of revenues collected and where the monies go; provides an overview of the planning assumptions and considerations; analyzes agency revenue and expenditure trends and variances; discusses financial reserves and identifies the change in and composition of the ending balance; and provides a six year financial forecast.

Operating Budget by Division

This section breaks down all of the District's operations by Division: Communicable Disease Control and Public Health Emergency Preparedness and Response (PHEPR), 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 description of programs and functions, organization chart by function, reflections on current trends and issues, 2014 initiatives, staffing summary, overall Division revenue and expenditure profile and discussion of significant changes from 2013, 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 2014 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 2014 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 2014 budget is based upon these Board approved policies that include:
    - Overall financial policy goals and intentions
    - Long range financial planning and resource utilization
    - Reserves
    - Capital planning and asset management
    - Financial asset and liability management

- **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 are included and no changes from 2013 are made for 2014.

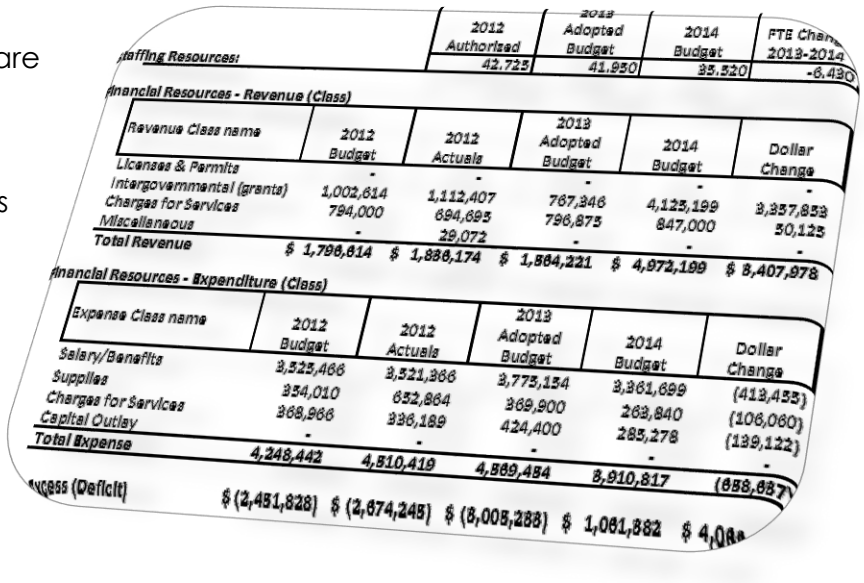
- **Budget Adoption Resolution:** The Board of Health adopts an annual budget for both the General Fund and Public Health Emergency Preparedness and Response Fund via formal resolution, setting the agency's total expenditure amount and authorizing a maximum FTE for each. Upon budget approval, the signed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

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 special revenue fund** accounts for activity relating to the District's role as the lead 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.



	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	42.725	41.950	35.520	-6.430

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-	-
Intergovernmental (grants)	1,002,614	1,112,407	767,346	4,123,199	3,357,853
Charges for Services	794,000	694,693	796,875	847,000	50,125
Miscellaneous	-	29,072	-	-	-
Total Revenue	$ 1,796,614	$ 1,836,174	$ 1,564,221	$ 4,972,199	$ 3,407,978

Financial Resources - Expenditure (Class)

Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	3,525,466	3,521,366	3,775,134	3,361,699	(413,435)
Supplies	354,010	652,864	369,900	263,840	(106,060)
Charges for Services	368,966	336,189	424,400	285,278	(139,122)
Capital Outlay	-	-	-	-	-
Total Expense	4,248,442	4,510,419	4,569,434	3,910,817	(658,617)
Excess (Deficit)	$ (2,451,828)	$ (2,674,245)	$ (3,005,288)	$ 1,061,382	$ 4,066

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 2012, 2013, and 2014 as well as the difference between 2013 and 2014. The **revenue** and **expenditure** sub-sections includes a description and a historical comparison of each major revenue source in the General Fund comparing the 2012 Approved Budget to 2012 Actuals and the 2013 Approved Budget relative to the 2014 budget request and the dollar change or difference between 2013 and 2014.

The budget, as adopted, constitutes the legal authority for expenditures. The District's budget is adopted at the fund level so that expenditures may not legally 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 appropriations, 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, general fund and special revenue fund. In addition, the District's budget and financial statements are formally monitored on a quarterly basis, generating a quarterly financial status report to the Board. Amendments to the adopted budget would typically be approved by the Board when a quarterly financial status report is presented to the Board.

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2014 Budget Overview

The Snohomish Health District's budgets are more than a "checkbook" posting of adopted revenues and expenditures. They are a financial plan for the year that clearly sets out the agency's programs and priorities.

Most importantly, the budgets are a detailed "social contract" between the citizens and their government, describing the services for which the agency and its Board will be held accountable. The following summarizes the 2014 budget:

	General Fund Operating Budget	General Fund Fund Balance Requests	PHEPR Fund Operating Budget	Total District Budget
Revenue				
License & Permits	3,109,957			3,109,957
Intergovernmental	10,394,113		672,252	11,066,365
Charges for Goods & Services	2,825,275			2,825,275
Miscellaneous	191,078			191,078
Total Revenue	**16,520,423**	-	**672,252**	**17,192,675**
Expenditures				
Salaries	13,587,254		447,068	14,034,322
Supplies	600,221		2,184	602,405
Charges for Services	2,141,561		79,931	2,221,492
Captial Outlay	179,000	906,500		1,085,500
Total Direct Expense	**$ 16,508,036**	**$ 906,500**	**$ 529,183**	**$ 17,943,719**
Indirect/Overhead			**143,069**	**143,069**
Total Expenses/Budget Request	**16,508,036**	**906,500**	**672,252**	**18,086,788**
Total FTE	**144.370**		**4.330**	**148.70**

General Fund Operations Budget

The 2014 General Fund Operations Budget is summarized below. Consistent with the Board's financial management policies (Appendix A), the budget is balanced.

Financial Overview

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	161.725	158.900	144.370	-14.530

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	2,761,500	2,863,806	2,917,500	3,109,957	192,457
Intergovernmental	10,604,141	10,967,663	10,199,994	10,394,113	194,119
Charges for Services	2,815,627	2,803,701	2,721,150	2,825,275	104,125
Miscellaneous	244,500	293,803	369,433	191,078	(178,355)
Total Revenue	16,425,768	16,928,973	16,208,077	16,520,423	312,346

Financial Resources - Expenditure (Class)

Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	13,843,689	13,923,941	14,259,459	13,587,254	(672,205)
Supplies	678,339	946,548	740,660	600,221	(140,439)
Charges for Services	1,644,954	1,781,443	1,814,517	2,141,561	327,044
Capital Outlay	73,000	11,680	356,000	179,000	(177,000)
Total Expenditures	**$ 16,239,982**	**$ 16,663,612**	**$ 17,170,636**	**$ 16,508,036**	**$ (662,600)**
Excess (Deficit)	**$ 185,786**	**$ 265,361**	**$ (962,559)**	**$ 12,387**	**$ 974,946**

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 more clarity and accountability in 2014, discretionary funding has been allocated directly to divisions based upon the District's understanding of the intent of the funding and the projected deficit of each division. While State funding has eliminated their designation of intent, the District continues to allocate funds based on the previous guidelines. The allocation is shown in this chart:

	Communicable Disease	Community Health	Environmental Health	Administrative Services	District Total
Division Revenue					
License & Permits			3,109,957		3,109,957
Intergovernmental	710,532	2,372,426	710,851		3,793,808
Charges for Goods & Services	847,000	755,275	1,223,000		2,825,275
Miscellaneous				191,078	191,078
Total Division Specific Revenue	1,557,532	3,127,701	5,043,807	191,078	9,920,118
	-	-		-	-
Discretionary Funds Allocation:					
Snohomish County					
Per Capita	380,794	-	272,406		653,200
Communicable Disease	1,600,000	-	-		1,600,000
First Steps	-	900,000	-		900,000
State Discretionary Funds					-
Previously 5930 Blue Ribbon	375,688	-	-		375,688
Previously Local Capacity Developı	-	795,824			795,824
Previously Motor Vehicle Excise Ta	1,058,185	1,217,407		-	2,275,592
Total Allocated Revenue	3,414,667	2,913,231	272,406	-	6,600,304
Total Revnue	**$ 4,972,199**	**$ 6,040,932**	**$ 5,316,213**	**$ 191,078**	**$ 16,520,423**
Expenditures					
Salaries	3,321,553	4,449,335	3,961,632	1,854,734	13,587,254
Supplies	263,840	70,922	45,830	219,629	600,221
Charges for Services	285,278	241,595	196,304	1,418,384	2,141,561
Captial Outlay	-	-	-	179,000	179,000
Total Direct Expense	3,870,671	4,761,852	4,203,766	3,671,747	16,508,036
District Overhead	**$ 1,101,528**	**$ 1,279,080**	**$ 1,112,447**	**$ (3,480,669)**	**$ 12,387**
Total FTE	**36.02**	**49.80**	**40.55**	**18.00**	**144.37**

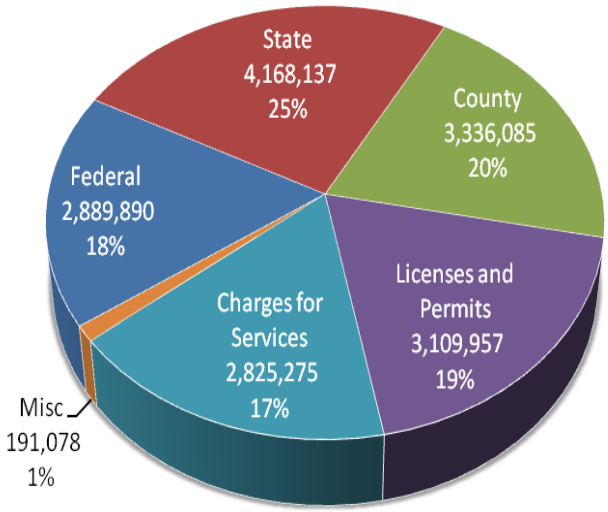
Administrative Services costs are allocated to other divisions based upon a percentage of direct expenditures. In 2014, an indirect cost allocation plan will be developed to allocate those costs based on resources used, i.e. space costs based on occupancy, vehicles by miles driven, etc.

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 Snohomish Health District carries out the County's public health responsibilities.

Revenue Overview

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



District generated revenues include Charges for Services and Permits and Licenses which, when taken together, comprise the second largest share of agency revenue (36%).

Intergovernmental revenues refers to the assistance received from federal (18%), state (25%) and county governments (20%) in support of Public Health services. The District relies heavily on Intergovernmental revenue as these funds provide the single largest source of agency support (63%).

Intergovernmental Revenues

Federal

Federal grants provide approximately 18% of the resources to support agency programs or activities, such as immunizations, STD control, Medicaid Administrative Match, maternal infant services, Women, Infants and Children (WIC), pregnant and parenting teens and women, drinking water, emergency preparedness and response and more.

State

The single largest share of revenue (25%) 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) were used by each LHJ to participate in and improve performance on public health standards and in the area of greatest public health need;
- Blue Ribbon Commission/5930 Funds did not represent a program unto itself, but rather funding to enhance LHJ's performance to address statewide priorities, which include stopping communicable diseases before they spread and reduce the impact of chronic disease. Specific performance measures included increasing the number of childhood immunizations given, more timely and complete communicable disease investigations, and increasing efforts to stop the obesity epidemic;
- Motor Vehicle Excise Tax (MVET) Replacement Funds- Following voter approval of the tax-limiting Initiative 695, the legislature in 2000 voted to repeal the MVET. During the same session, the legislature appropriated an amount from the state general fund that restored 90% of the lost public health funds. During the 2001 session, the legislature again made up 90% of the difference and has made an equal appropriation, without adjustments for inflation or population growth, in each biennium since.

In the 2013-2014 fiscal budget, the State has combined these funds under a single category without specific guidance as to their use. For the 2014 budget, Snohomish Health District has allocated this funding consistent with past practice.

County

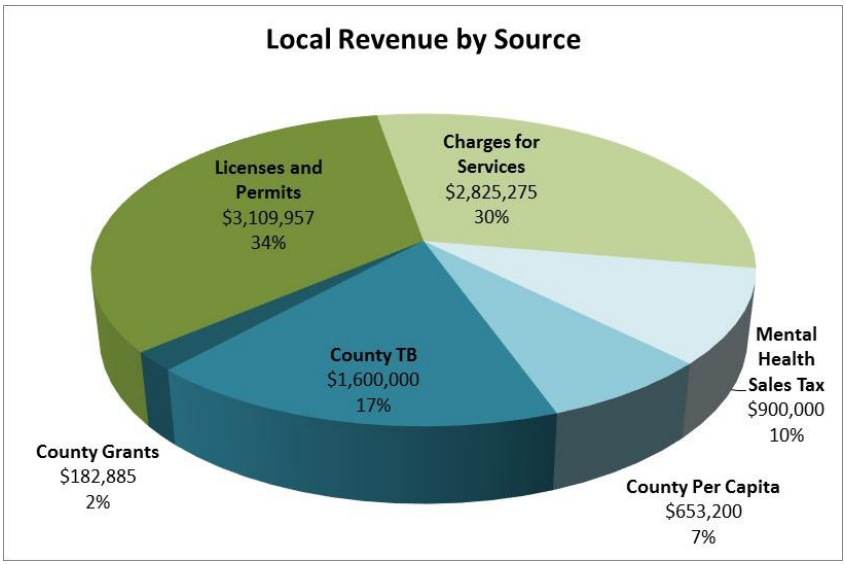
The Snohomish Health District relies on annual funding from Snohomish County in the form of a "per capita" contribution of $653,200 and $1,600,000 in support for Tuberculosis control and other communicable diseases. In addition to general funds and other smaller grants, Snohomish County supports the agency's First Steps program for at-risk mothers and their babies through an additional $900,000 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 20% 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 64% of these local revenues are associated with fees and charges the District levies or collects, while 36% of the funds are conveyed by Snohomish County in support of agency services.

License 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

Snohomish Health 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 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. SHD 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 for many years, leased a part of the Rucker building to the General Services Administration for the benefit of Internal Revenue Service. The IRS operates taxpayer assistance and criminal investigation functions from that office. 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

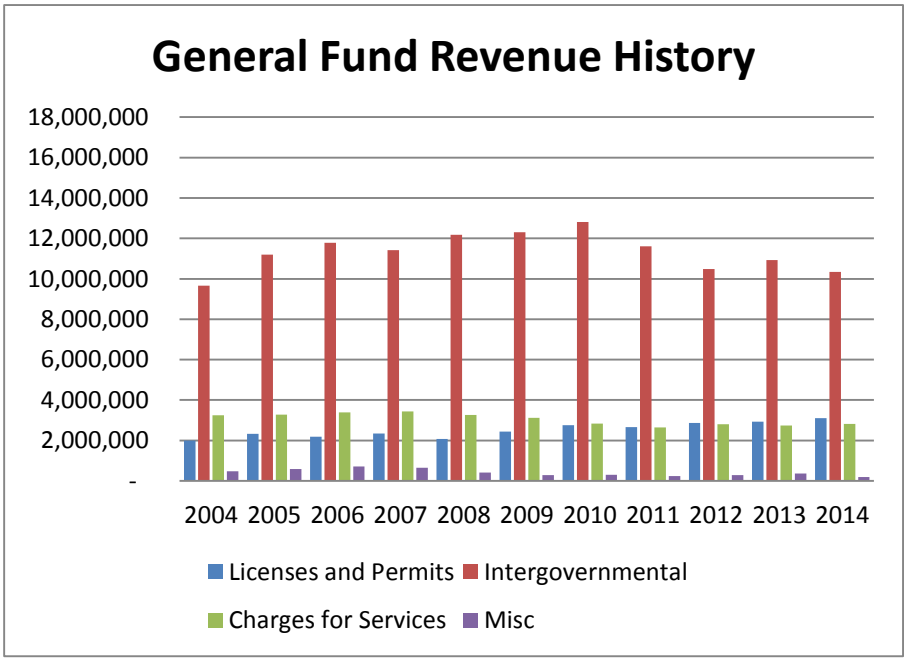
- A modest increase in Environmental Health license/permit fee activity of 2% is anticipated. No fee increases are indicated for any District activities;

- A significant reduction in Medicaid Administration Match (MAM) is reflected in this adopted budget. An agreement has been reached whereby payment will resume at a reduced rate expected to be $198,000 in 2014. This reduced rate is 50% of our allowable reimbursement from previous years. MAM 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;

- State funding appears to be stable for 2014 based upon the State's biennial 2013-15 budget;

- WIC authorized case load and its attendant federal funding has been reduced by 4.5% over 2013 levels.

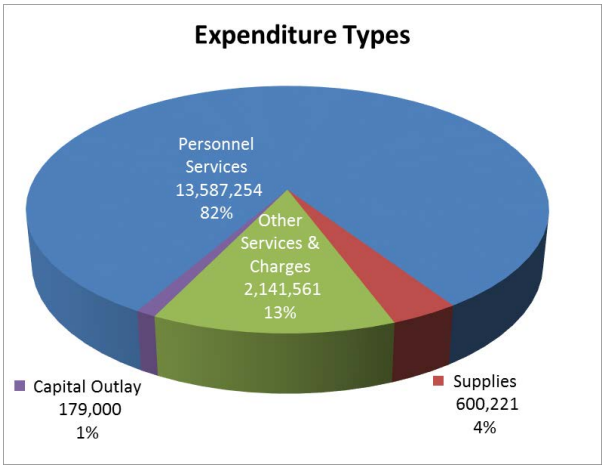
Revenue History



As noted previously, approximately 63% 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 2014, with some decreases in Federal funding anticipated in the form of reduced Medicaid Administrative Match (MAM) reimbursements and reduced Women, Infants and Children (WIC) authorized caseload. Modest revenue growth is forecasted for District generated revenues (Licenses and Permits and Charges for Services). Overall, total District revenues are anticipated to increase approximately 2% over 2013 budgeted levels ($312,345).

Expenditure Overview

As a public service agency delivering direct services to clients, customers and County residents, the majority of expenses (82%) the Snohomish Health District incurs relate to personnel related costs. The second largest expenditure type is Other Services and Charges (13%) which includes costs associated with professional services and contracts for such things as insurance, legal services, telephone and network systems, utilities, etc.



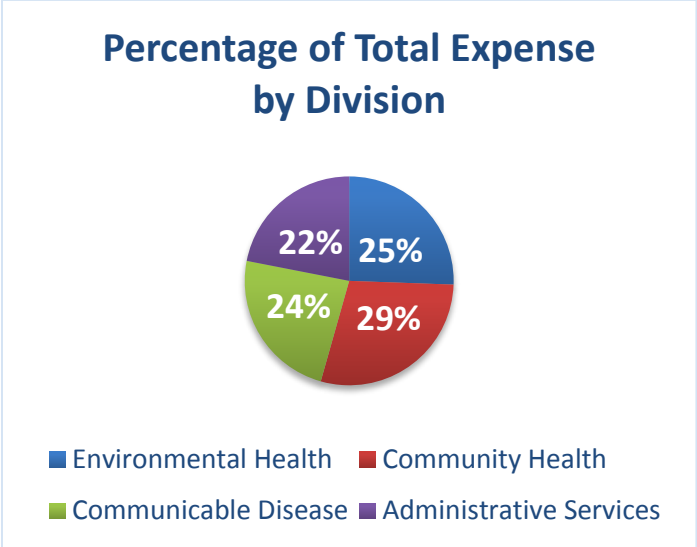
Expenditure Assumptions

- Previously negotiated labor contracts with the District's four unions provide for a Cost of Living Allowance (COLA) increase of 1.5% in 2014. The Board has not yet taken action on a COLA for non-representative staff, however salary costs incorporate an across-the-board 1.5% increase. All four contracts expire at the end of 2014;

- Step increases are factored into staffing costs for those eligible to receive them;

- Required employer paid contributions of 9.21%(up from 7.21% at the beginning of 2013) for the Public Employee Retirement System (PERS);

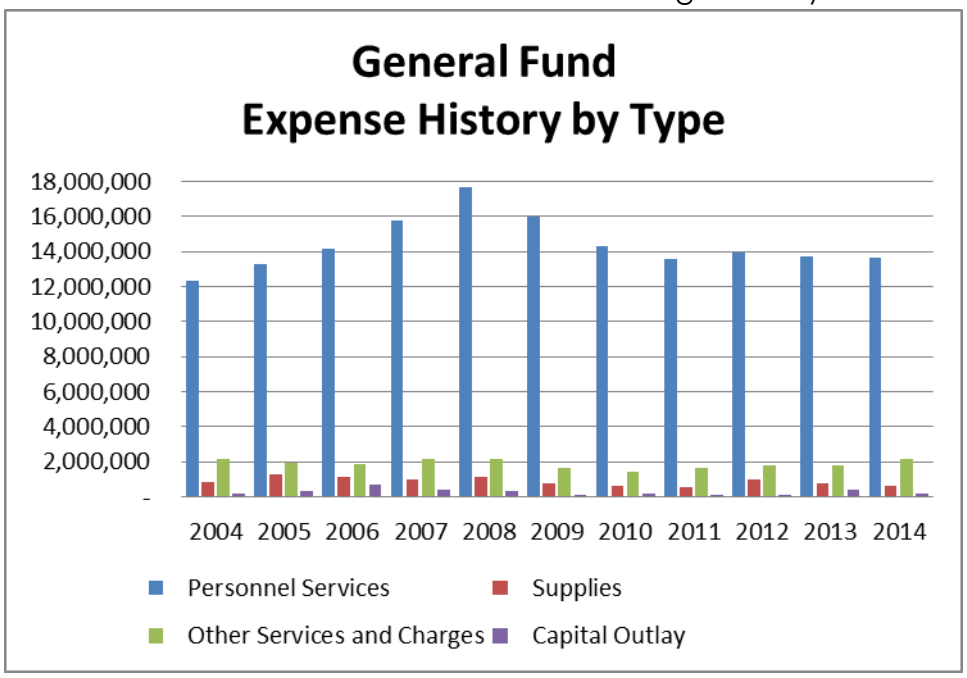
- Assumed increases in health/medical insurance costs (0.45%) was factored by applying projected increases to the current coverage selection by employee group (i.e. "single"; "married"; "family");



- Savings associated with vacancies (i.e. positions going unfilled for a period of time, positions eliminated, recruitments yielding lower starting wage, etc.) are not calculated or factored. In the past, a factor of 1.75% was applied to the agency's total salaries/wages budget.

Expenditure History

Personnel related costs reflect the largest proportion of District expense- having peaked in 2008 at $17,648,293 with 228.440 FTE. Personnel costs have been significantly reduced in 2014 to near the same level as in 2005, however the District now employs 77.480 fewer FTE's as it did in 2005.

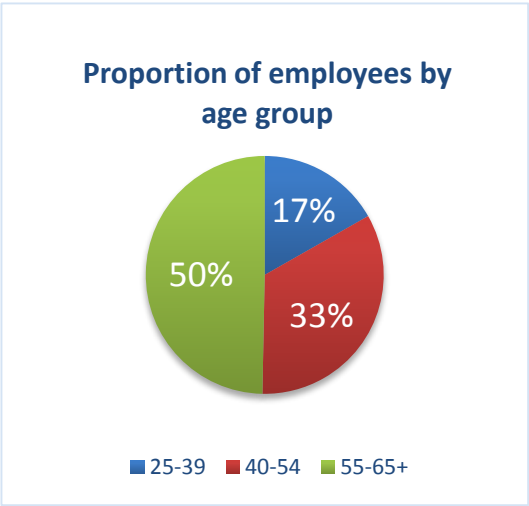


Supply costs have steadily declined over time, now reflecting less than 4% of the expenditure budget ($600,221) in 2014.

Other Services and Charges have remained largely flat, having varied since a peak in 2007 of approximately $2.2 million to a budgeted $2.1 million in 2014.

Workforce Planning

The agency is comprised of highly tenured workforce and many are nearing normal retirement age. The agency must better prepare for the departure of skilled and experienced employees- 50% of the agency's workforce is 55 years or older and the majority (28%) of those are 60 years or older. Assuming a normal retirement age of 65 almost one third of our workforce and their significant institutional knowledge and experience will be leaving our agency within the next 5 years.



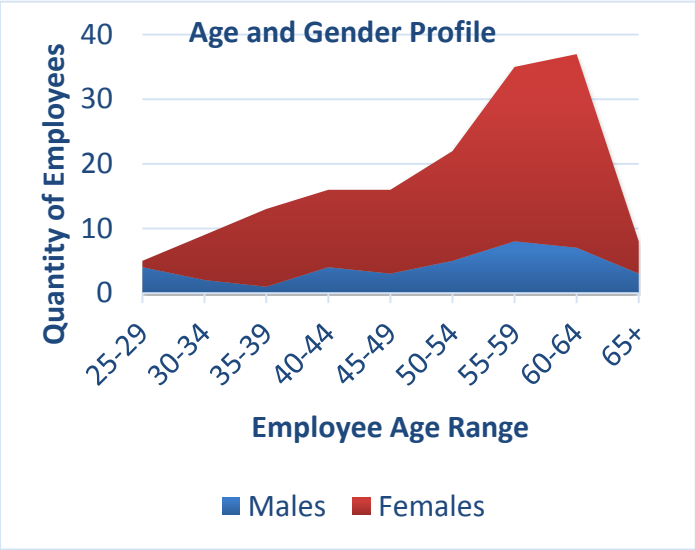
Workforce planning is the business process for ensuring that an organization has suitable access to talent (potential candidates that have the ability to undertake required activities) to meet the strategic needs of the organization.

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 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 intends to develop a workforce plan in 2014 reflective of the outcome of the revisions to the 2009 strategic plan. A revised strategic plan is anticipated to provide greater clarity regarding its portfolio of services so that critical workforce planning decisions can follow.

While the 2014 budget reflects no savings associated with attrition, it's anticipated there will be staff turn-over and subsequent position vacancies. Vacancies will continue to be carefully reviewed and scrutinized as they were in 2013. Not all positions will be filled and other positions may be adjusted or aligned differently to meet new or changing work demands while the agency revises its strategic plan.

Program Level Staffing

Full-time equivalent (FTE) levels fluctuate regularly throughout the year due to grants and contracts concluding, expanding or renewing. Staff resources are then increased or decreased accordingly. Due to this variable workflow as well as responding to voluntary or employee requested reductions in work hours, FTE levels can significantly vary throughout the year.

The agency employs 166 staff, composing 145.80 FTE's. Approximately 30% of these staff members occupy positions less than full time (i.e. .9 FTE or less). Together these less than full-time equivalent positions compose 20% of our total FTE.

Division/Program	2012 Budget	2013 Budget	2014 Proposed	FTE Change 2013-2014
Communicable Disease * (PHEPR noted separately)	**41.025**	**41.950**	**36.020**	**-5.930**
Immunization	12.310	13.750	11.800	-1.950
Sexually Transmitted Diseases	3.610	3.800	2.100	-1.700
Tuberculosis	8.800	8.700	8.500	-0.200
HIV/AIDS	5.415	3.850	3.550	-0.300
Refugee Health	2.290	2.050	1.600	-0.450
Other Diseases	6.100	7.300	6.570	-0.730
CD Administration	2.500	2.500	1.900	-0.600
Community Health	**52.550**	**52.900**	**49.800**	**-3.100**
Maternal and Infant Care	19.400	18.150	14.400	-3.750
Oral Health	0.200	0.900	1.400	0.500
Children w/Special Health Care Needs	2.150	2.150	1.650	-0.500
Women, Infants & Children (WIC)	15.100	15.000	16.700	1.700
Early Intervention	1.050	1.200	1.250	0.050
Assessment/Chronic Disease	8.300	8.700	8.400	-0.300
Vital Records	3.750	4.000	3.500	-0.500
CH Administration	2.600	2.800	2.500	-0.300
Environmental Health	**43.750**	**43.550**	**40.550**	**-3.000**
Drinking Water	1.350	1.070	0.800	-0.270
Solid Waste & Toxics	10.250	10.500	9.600	-0.900
Septic/Land Use	7.600	6.620	6.600	-0.020
Food Safety	16.500	17.650	17.000	-0.650
Living Environment/Pools/Schools	3.300	3.010	2.200	-0.810
EH Administration	4.750	4.700	4.350	-0.350
District Administration	**19.200**	**20.500**	**18.000**	**-2.500**
Administration	3.700	3.000	3.000	0.000
Business Office	5.700	5.700	4.700	-1.000
Human Resources	2.000	2.000	2.000	0.000
Information Services	5.000	5.000	4.500	-0.500
Rucker Building	0.800	0.800	0.800	0.000
Communications	2.000	4.000	3.000	-1.000
General Fund Total	**156.525**	**158.900**	**144.370**	**-14.530**
PHEPR Fund	**5.200**	**5.100**	**4.330**	**-0.770**
Health District, all funds	**161.725**	**164.000**	**148.700**	**-15.300**

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 SHD Division in 2012 and 2013 and FTE allocation for 2014. Additionally, the table notes the difference between 2013 and 2014. The 15.3 FTE eliminated are vacant positions.

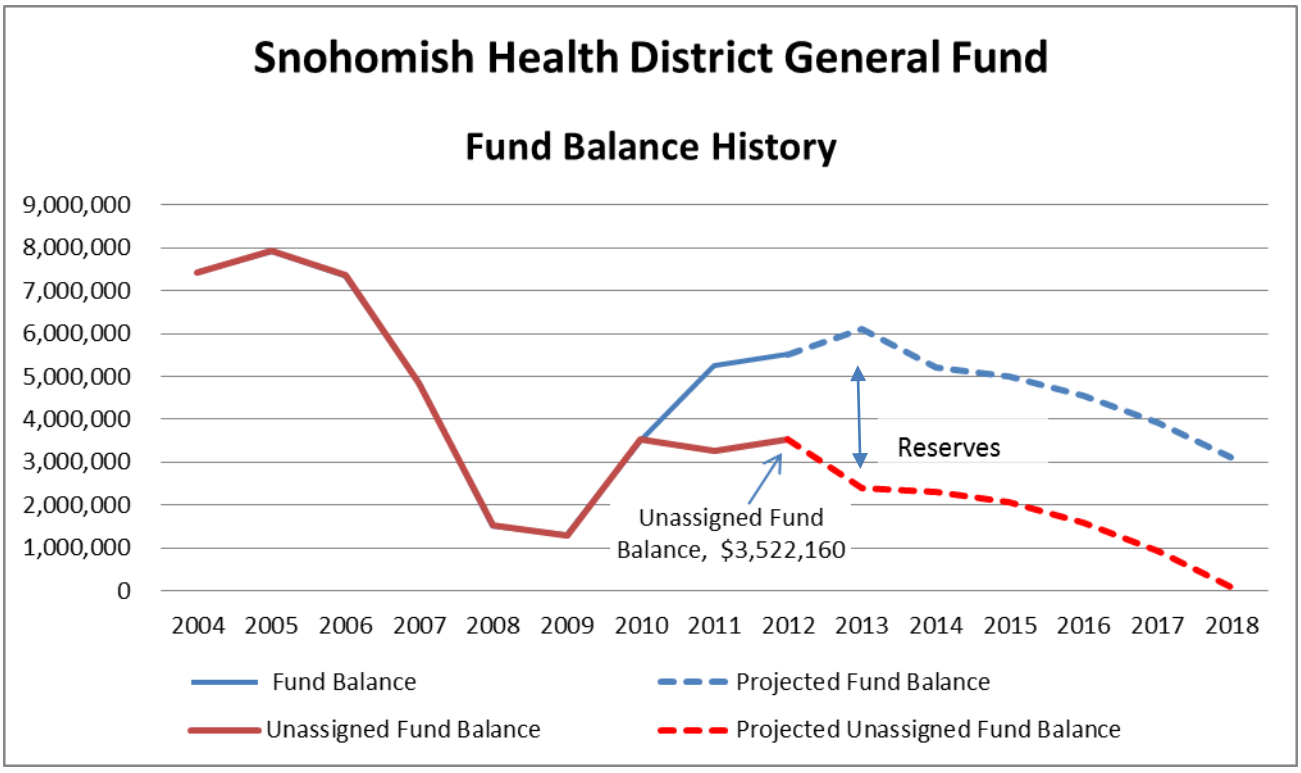
Financial Reserves

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 an 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, equipment 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 H1N1 and emergency preparedness funds, or reinstated reimbursements funds, as has been the case with Medicaid Administrative Match (MAM). 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 2014, the projected Beginning Fund Balance will be approximately $6,113,296 - over $4.1 million above the agency committed reserve levels. However, the 2014 budget includes utilizing $906,500 in fund balance to fund one-time strategic investments. 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. Detailed information about the capital investments are found in the Capital section beginning on page 105.

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. However, as depicted in the projected fund balances on the above chart and in the Six Year Financial Forecast, there remains a need to further stabilize the financial position of the District.

Financial Forecast – General Fund

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 designated reserves which provide working capital and a safety net for emergencies (See Appendix A).

6 Year Operating Projection

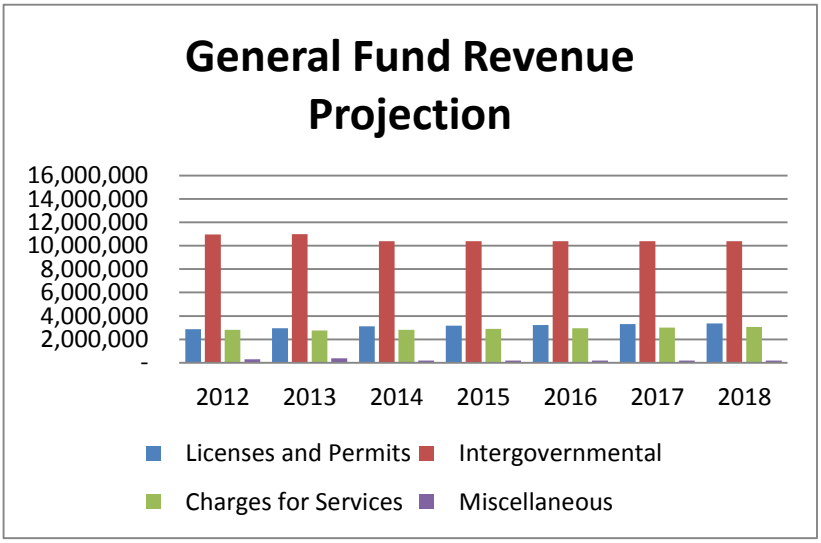
	Actual 2012	Revised Budget 2013	Revised Forecast 2013	Proposed 2014	Projected 2015	Projected 2016	Projected 2017	Projected 2018
Beginning Fund Balance	$ 5,098,087	$ 5,522,160	$ 5,522,160	$ 6,113,296	$ 5,219,183	$ 4,994,240	$ 4,552,364	$ 3,909,528
Revenues								
Licenses and Permits	2,863,806	2,936,988	2,936,988	3,109,957	3,172,156	3,235,599	3,300,311	3,366,317
Intergovernmental	10,967,663	10,978,590	10,978,590	10,394,113	10,394,113	10,394,113	10,394,113	10,394,113
Charges for Services	2,803,701	2,746,501	2,746,501	2,825,275	2,881,781	2,939,416	2,998,204	3,058,169
Misc. Revenue	293,803	371,028	371,028	191,078	191,078	191,078	191,078	191,078
Total Revenues	16,928,973	17,033,107	17,033,107	16,520,423	16,639,128	16,760,206	16,883,707	17,009,677
Expenditures								
Personnel Services	13,923,941	14,316,433	13,780,794	13,587,254	13,904,261	14,166,245	14,412,626	14,615,205
Supplies	946,548	740,660	740,660	600,221	616,427	633,070	650,163	667,718
Other Services & Charges	1,781,443	1,814,517	1,814,517	2,141,561	2,199,383	2,258,766	2,319,753	2,382,387
Capital Outlay	11,680	356,000	106,000	179,000	144,000	144,000	144,000	144,000
Total Expenditures	16,663,612	17,227,610	16,441,971	16,508,036	16,864,071	17,202,082	17,526,543	17,809,309
Net Operating Revenue	265,361	(194,503)	591,136	12,387	(224,943)	(441,876)	(642,836)	(799,632)
Ending Fund Balance	**5,522,160**	**5,327,657**	**6,113,296**	**6,125,683**	**4,994,240**	**4,552,364**	**3,909,528**	**3,109,896**
Committed Reserves								
Operating Capital	2,000,000	1,430,886	1,435,634	1,375,670	1,405,339	1,433,507	1,460,545	1,484,109
Emergency Reserve	-	500,000	500,000	500,000	500,000	500,000	500,000	500,000
Total Committed Reserves	**2,000,000**	**1,930,886**	**1,935,634**	**1,875,670**	**1,905,339**	**1,933,507**	**1,960,545**	**1,984,109**
Assigned Reserves								
Technology and Equipment	-	1,115,400	1,115,400	449,900	449,900	449,900	449,900	449,900
Vehicle Replacement	-	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Building Upgrade	-	538,000	538,000	403,000	403,000	403,000	403,000	403,000
Total Assigned Reserves	**-**	**1,853,400**	**1,853,400**	**1,052,900**	**1,052,900**	**1,052,900**	**1,052,900**	**1,052,900**
Unassigned Fund Balance	**$ 3,522,160**	**$ 1,543,371**	**$ 2,324,262**	**$ 3,197,113**	**$ 2,036,000**	**$ 1,565,957**	**$ 896,083**	**$ 72,887**
Fund Balance Request				906,500				
Remaining Unassigned Fund Balance		**$ 1,543,371**	**$ 2,324,262**	**$ 2,290,613**	**$ 2,036,000**	**$ 1,565,957**	**$ 896,083**	**$ 72,887**

NOTES

1. Revised 2013 forecast includes salary savings resulting from resignations and retirements.
2. 2013 Capital Outlay reduction includes projects that have been delayed until 2014 and included in the fund balance request.
3. Assigned Reserves represent items included in the Capital Improvement Plan that are not yet expended.
4. Intergovernmental Revenues are assumed to remain static in 2014-2018 while Licenses/Permits and Charges for Services are expected to grow 2% annually
5. Salary projections for 2014-2018 are based on current staff levels, non-personnel costs are expected to increase 2.7% annually.

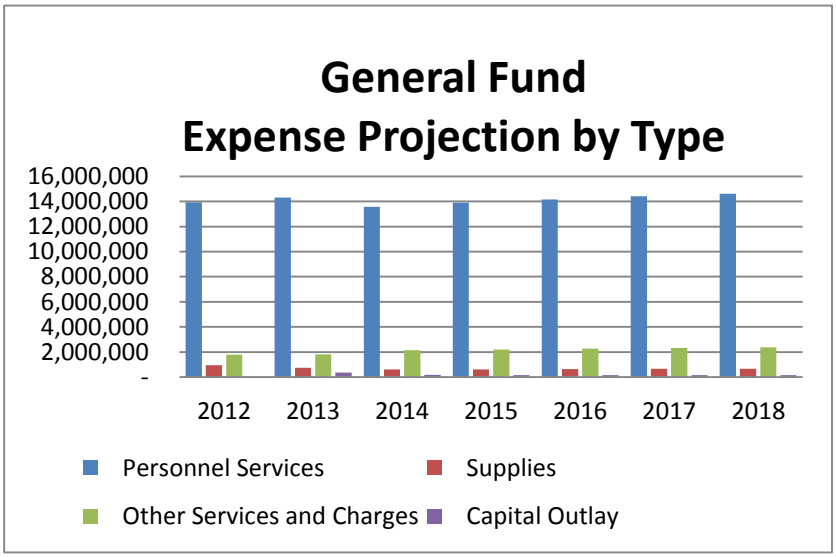
Revenue Projection

Revenue derived from fees and services is projected to rise a modest 2% per year, either in the form of increased permitting fees or an increase in billable medical charges. Federal grant support is expected to decrease slightly as a result of sequestration and Medicaid Administrative Match (MAM) reimbursement volatility while state and local funding remains stable but without any increase.



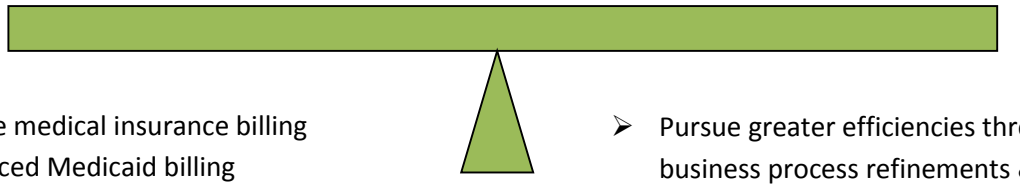
Expenditure Projection

Personnel costs will continue to rise in the future. Bargaining agreements for 2014 are in place providing for a 1.5% cost of living increase. During 2014, four collective bargaining agreements will be negotiated that will affect future years. State retirement contributions increased from 7.21% to 9.21% in the fall of 2013 and will remain in effect indefinitely. While many of our staff are long tenured and at the top of their salary range, others are eligible for step increases resulting in an overall increase of $90,000 in 2014, $83,000 in 2015 and so on.



Overall, even though the District has reduced staff in 2013 and 2014, future personnel costs are expected to rise approximately 2% per year.

With only one-third of District revenues increasing in pace with expenditures, there must be a balance between new revenue generation and additional cost savings.



- Private medical insurance billing
- Enhanced Medicaid billing
- Fee increases
- Expanded office leasing
- New dedicated sources of stable and sustainable funding

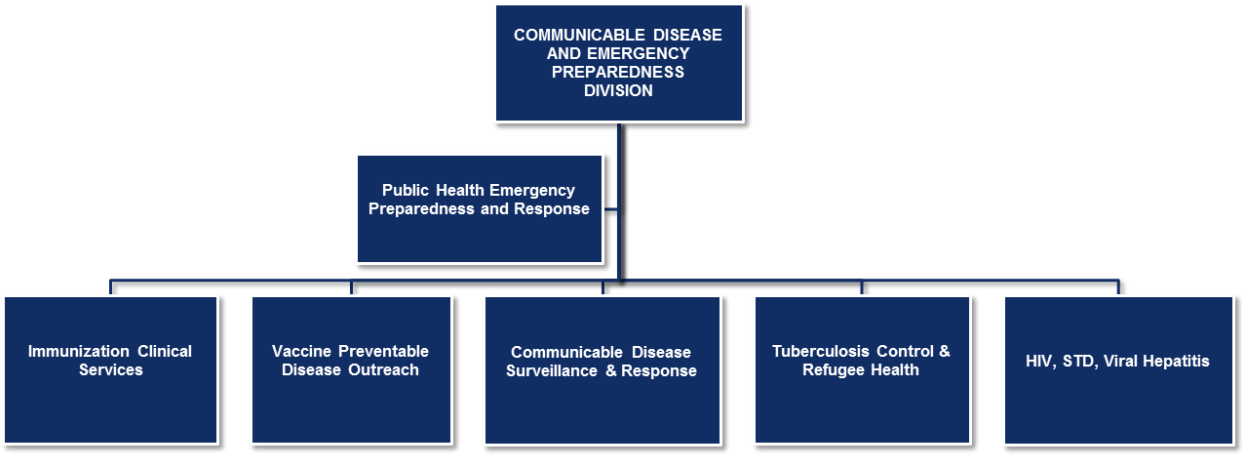
- Pursue greater efficiencies through business process refinements & technology deployment
- Restructure business and organizational models
- Reduce levels of service
- Eliminate and/or transfer services and programs
- Control rate of growth associated with total cost of compensation

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 Division focuses on prevention and control of communicable disease through **monitoring, outbreak response, education, vaccination, and preparedness activities**.



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

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

2014 At-a-Glance

Explore 3rd party billing

Expand Immunization Registry use

Expand disease prevention program in preschools

Explore community partnerships to support TB and immunization services

Program Activities

The **Tuberculosis (TB) Control and Refugee Health programs** focus on diagnosis and treatment of individuals who either have or are suspected of having TB, case management to individuals diagnosed with TB, and contact investigations to assure that people who have been exposed to TB are offered appropriate screening. Through October 2013, 26 individuals were diagnosed with TB, 78 individuals were evaluated for suspect disease, and 161 individuals were screened because of exposure to TB. We provided a comprehensive screening for over 150 refugees, asylees and immigrants for TB infection and other diseases as they resettled in Snohomish County this year. Staff provides consultation and education to health care providers in the community, and educates clients and their family members about the disease.

The **HIV/STD/Viral Hepatitis Outreach** programs strive to prevent new HIV infections through counseling, testing and referrals, targeted testing for high-risk populations, prevention education, and referrals to care and treatment. Approximately 20 cases of HIV or AIDS in our county have been reported this year. As mandated by state law, public health is required to investigate partners of persons reported with an STD infection. Staff offers clients information about STDs, referrals for screening and treatment and partner management services. Staff also offers expert consultation to healthcare providers in Snohomish County. While cases of HIV have dropped thanks to improved treatment and prevention, we continue to see high numbers of chlamydia and gonorrhea. Approximately 1900 cases of chlamydia, gonorrhea, syphilis, and herpes were reported between through October of this year. 2013 activities included testing and education activities at outreach events to women of color, Project Homeless Connect, and the "Find Your Frequency" campaign.

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 Hepatitis C. The Centers for Disease Control and Prevention (CDC) recommends testing of baby boomers or people born 1945-65, 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.

The **Immunization Clinical Services** program protects persons of all ages from 19 different vaccine-preventable diseases. The clinic staff assesses vaccine records and immunizes individuals according to the Advisory Committee on Immunization Practices. Clients, including young children, who are traveling out of country receive immunizations specifically needed for their area of travel to protect their health. SHD is the only agency that provides travel services for young children. The Perinatal Hepatitis B case management program assures that infants exposed to hepatitis B are protected through vaccination and their providers are following protocol. Clinic staff works with the TB program in providing immunizations to refugees and in providing tuberculin skin testing and referral. Clinic staff acts as resources for vaccine related questions, advising healthcare providers, school nurses, and the general public.

The **Vaccine Preventable Disease Outreach** staff educates healthcare providers, school nurses, and the community regarding vaccine-preventable diseases and the

recommended vaccine schedule for every age group. Staff provides education at community events, such as health fairs and senior programs. Staff performs accountability activities for the Vaccine for Children (VFC) Program, which provides free vaccine to 87 clinics in the county. All VFC vaccines in Snohomish County are tracked and monitored through monthly temperature log reviews and other quality assurance activities. The program promotes the usage of Washington State Immunization Information System (WAIIS) and provides training on use and functions of the system.

The **Communicable Disease Surveillance and Response** program investigates over 60 communicable diseases and conditions that are reportable to the local health jurisdiction. Almost 900 reports of notifiable conditions have been investigated between through August of this year. Staff works to interrupt disease transmission by ensuring effective treatment of ill persons, treating/prophylaxing exposed contacts when appropriate, identifying and containing outbreaks and alerting the community providers and the public when disease risks have been identified. We collaborate with physicians, hospitals, schools, long-term care facilities and child care facilities in implementing disease control efforts. Staff provides 24/7 response for Snohomish County health care providers/labs reporting urgent notifiable conditions or requesting consultation.

The primary emphasis of the **Communicable Disease Outreach** program is to prevent the transmission of communicable diseases in early childhood group settings. Staff conducts onsite investigations when notifiable diseases are reported and make recommendations to prevent further spread. They provide education and consultation to child care providers and parents on illness prevention topics. They develop high quality distance learning classes for child care providers which meet stringent Department of Early Learning criteria. This program serves any of the 21,000 children in Snohomish County child care centers or preschool environments.

2014 Initiatives

The Communicable Disease Division work plan for 2014 includes the following initiatives:

- Explore the options for 3rd party payer billing to increase revenue in the Communicable Disease Division
- Increase use of the Washington Immunization Registry by healthcare providers
- Expand participation of preschools in SHD's disease prevention program, *"Taking Illness Prevention to Preschools."*
- Explore community partnerships to provide support for vaccination and tuberculosis control services in the community

Communicable Disease Control Division

Financial Overview

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	42.725	41.950	36.020	-5.930

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-	-
Intergovernmental (grant	1,002,614	1,112,407	767,346	4,125,199	3,357,853
Charges for Services	794,000	694,695	796,875	847,000	50,125
Miscellaneous	-	29,072	-	-	-
Total Revenue	**$ 1,796,614**	**$ 1,836,174**	**$ 1,564,221**	**$ 4,972,199**	**$ 3,407,978**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	3,525,466	3,521,366	3,775,154	3,321,553	(453,601)
Supplies	354,010	652,864	369,900	263,840	(106,060)
Charges for Services	368,966	336,189	424,400	285,278	(139,122)
Capital Outlay	-	-	-	-	-
Total Expense	**4,248,442**	**4,510,419**	**4,569,454**	**3,870,671**	**(698,783)**
Excess (Deficit)	**$ (2,451,828)**	**$ (2,674,245)**	**$ (3,005,233)**	**$ 1,101,528**	**$ 4,106,761**

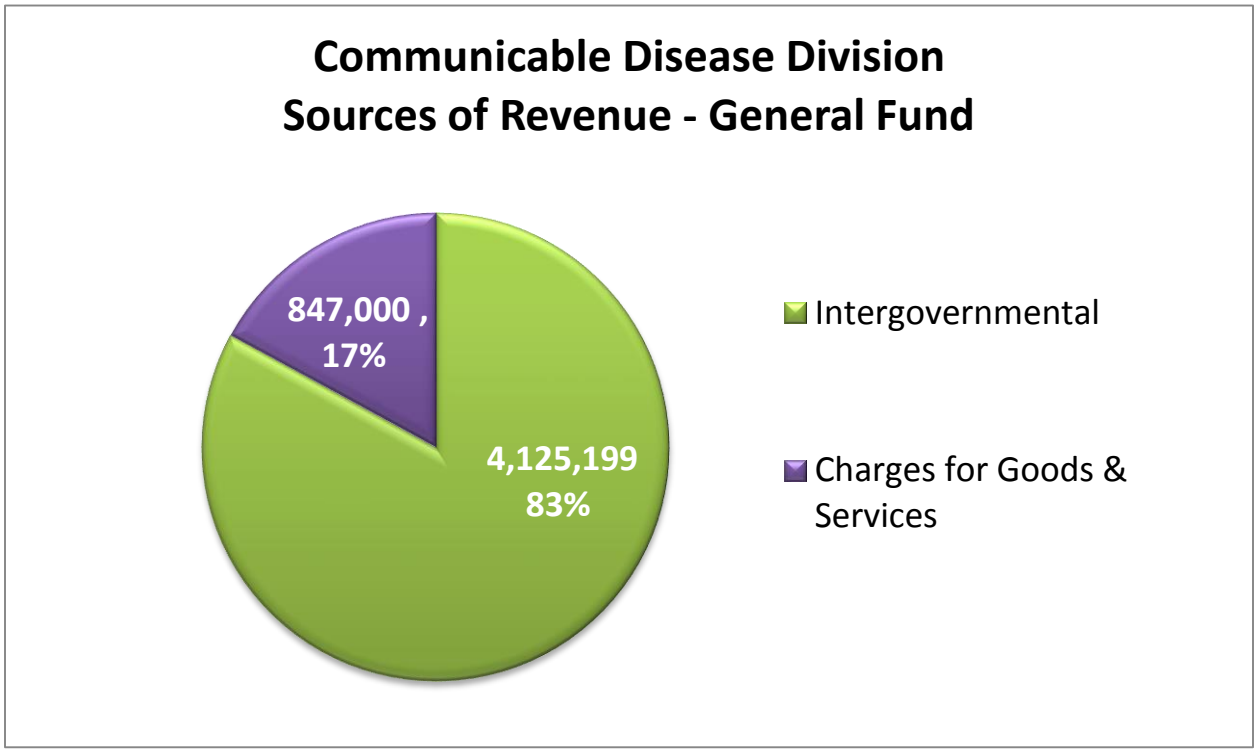
NOTES

1. Retirements and vacancies have provided both challenges and opportunities for the Communicable Disease Division. Reduced support staffing resulted in consolidating client intake for the Immunization and HIV/STD program. A manager vacancy prompted a restructuring and consolidation of the division's management structure. The work loads of current employees in STD and in the Immunization Clinics have been increased as a result of retirements and subsequent position eliminations. The budget includes a reduction of a 0.5 FTE of an occupied administrative support position.

2. Additional Intergovernmental revenue is a result of a 2014 accounting change that allocates discretionary revenue directly to the divisions it supports rather than to Administration first. Additional revenue in Charges for Services is a result of qualifying for increased reimbursements for immunizations through Enhanced Medicaid. SHD will complete a business process analysis in 2014 to determine both benefits and costs of seeking third party payments for clinical services.

3. Supply costs have been reduced to more closely reflect actual spending. The division's reduced expenditures on services are the result of an accounting change that moved the cost of the Lynnwood clinic lease to the Administration Division.

Revenue Snapshot



Staff Resources

Division/Program	2012 Budget	2013 Budget	2014 Proposed	FTE Change 2013-2014
Communicable Disease * (PHEPR noted separately)	**41.025**	**41.950**	**36.020**	**-5.930**
Immunization	12.310	13.750	11.800	-1.950
Sexually Transmitted Diseases	3.610	3.800	2.100	-1.700
Tuberculosis	8.800	8.700	8.500	-0.200
HIV/AIDS	5.415	3.850	3.550	-0.300
Refugee Health	2.290	2.050	1.600	-0.450
Other Diseases	6.100	7.300	6.570	-0.730
CD Administration	2.500	2.500	1.900	-0.600

Communicable Disease Control Operations by Program

	TB Control	STD	Refugee Health	Surveillance & Response
Revenue				
Intergovernmental	83,090	26,880		-
County Funds	1,137,953	-	-	-
State Funds	-	269,000	5,402	822,297
Charges for Service	45,000		250,000	
Total Revenue	**$ 1,266,043**	**$ 295,880**	**$ 255,402**	**$ 822,297**
Expenses				
Salaries	769,375	211,042	137,253	632,349
Supplies	27,015	2,350	14,000	10,450
Charges for Services	136,638	7,850	31,700	21,421
Captial Outlay	-	-	-	-
Total Expenses	$ 933,028	$ 221,242	$ 182,953	$ 664,220
Indirect/Overhead	**$ 333,015**	**$ 74,638**	**$ 72,449**	**$ 158,077**

	Immunizations	HIV/AIDS	CD Admin	**Division Total**
Revenue				
Intergovernmental	692,087	394,475	66,000	**1,262,532**
County Funds	842,841	-	-	**1,980,794**
State Funds	272,726	64,448	-	**1,433,873**
Charges for Service				**295,000**
Total Revenue	**$ 1,807,654**	**$ 458,923**	**$ 66,000**	**$ 4,972,199**
Expenses				
Salaries	1,075,424	328,833	167,277	**3,321,553**
Supplies	188,300	11,450	10,275	**263,840**
Charges for Services	49,050	2,875	35,744	**285,278**
Captial Outlay	-	-	-	**-**
Total Expenses	$ 1,312,774	$ 343,158	$ 213,296	**$ 3,870,671**
Indirect/Overhead	**$ 494,880**	**$ 115,765**	**$ (147,296)**	**$ 1,101,528**

Communicable Disease Division
Program Budget Summaries

Tuberculosis Control Program

The **Tuberculosis (TB) Control program** focuses on diagnosis and treatment of individuals who either have or are suspect of having TB, case management to individuals diagnosed with TB, and contact investigations to assure that people who have been exposed to TB are offered appropriate screening. We provide 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.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	10.100	8.700	8.500	-0.200

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	133,427	83,090	1,221,043	1,137,953
Charges for Services	30,587	16,000	45,000	29,000
Miscellaneous	-	-	-	-
Total Revenue	**$ 164,014**	**$ 99,090**	**$ 1,266,043**	**$ 1,166,953**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	775,918	735,892	769,375	33,483
Supplies	26,422	85,000	27,015	(57,985)
Charges for Services	147,192	195,000	136,638	(58,362)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 949,532**	**$ 1,015,892**	**$ 933,028**	**$ (82,864)**
Indirect/Overhead	**$ (785,518)**	**$ (916,802)**	**$ 333,015**	**$ 1,249,817**

Sexually Transmitted Diseases

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. Staff also offers expert consultation to healthcare providers in Snohomish County. 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.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	3.610	3.800	2.100	-1.700

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	26,880	26,880	295,880	269,000
Charges for Services	-	-	-	-
Miscellaneous	24	-	-	-
Total Revenue	**$ 26,904**	**$ 26,880**	**$ 295,880**	**$ 269,000**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	343,319	365,448	211,042	(154,406)
Supplies	842	3,000	2,350	(650)
Charges for Services	6,618	12,500	7,850	(4,650)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 350,779**	**$ 380,948**	**$ 221,242**	**$ (159,706)**
Indirect/Overhead	**$ (323,875)**	**$ (354,068)**	**$ 74,638**	**$ 428,706**

Refugee Program

Snohomish Health District is an entry point for health care for refugees in Snohomish County. To address public health concerns, we provide comprehensive screening initiated within 30 days of arrival to diagnose contagious diseases such as tuberculosis, immunize against vaccine preventable illnesses and evaluate clients for additional health concerns. Medical referrals and education on how to access health care are included. The Refugee program is funded by the Department of Social and Health Services (DSHS).

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	2.990	2.050	1.600	-0.450

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	-	-	5,402	5,402
Charges for Services	158,715	260,350	250,000	(10,350)
Miscellaneous	-	-	-	-
Total Revenue	**$ 158,715**	**$ 260,350**	**$ 255,402**	**$ (4,948)**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	77,032	183,402	137,253	(46,149)
Supplies	13,940	5,000	14,000	9,000
Charges for Services	28,731	30,000	31,700	1,700
Capital Outlay	-	-	-	-
Total Expenditures	**$ 119,703**	**$ 218,402**	**$ 182,953**	**$ (35,449)**
Indirect/Overhead	**39,012**	**41,948**	**72,449**	**30,501**

CD Surveillance and Response

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.

CDSR partners with the Department of Health, the Public Health Lab, and local public health agencies throughout the state on outbreaks and disease investigations that span multiple counties. Communicable Disease staff provide 24/7 response for Snohomish County health care providers/labs reporting urgent notifiable conditions or requesting consultation.

CDSR collaborates with the Food Safety program and the Immunization Program in order to effectively control the spread of foodborne and vaccine preventable diseases.

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.

This is a 1.0 FTE program comprised of a .5 FTE Public Health Nurse and a .5 FTE Environmental Health Specialist

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 Centers for Disease Control and Prevention (CDC) recommends testing of people born 1945-65, 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.

HCV rates in Snohomish County for 2013 are already surpassing those for the same time frame of both 2011 and 2012. Baby boomers account for 60% of all new Snohomish County HCV cases in 2012

CD Surveillance and Response (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	6.800	7.300	6.570	-0.730

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	-	-	822,297	822,297
Charges for Services	428	-	-	-
Miscellaneous	24	-	-	-
Total Revenue	**$ 452**	**$ -**	**$ 822,297**	**$ 822,297**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	615,375	625,987	632,349	6,362
Supplies	9,838	4,750	10,450	5,700
Charges for Services	21,604	15,900	21,421	5,521
Capital Outlay	-	-	-	-
Total Expenditures	**$ 646,817**	**$ 646,637**	**$ 664,220**	**$ 17,583**
Indirect/Overhead	**$ (646,365)**	**$ (646,637)**	**$ 158,077**	**$ 804,714**

Immunizations

Vaccine Preventable Disease Clinic Services 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. SHD is the only local source for infant - child travel services under 12 years of age. The immunization program is linked to other SHD programs for continuance of client care. 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 providers as directed by state and CDC guidelines.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	12.310	13.750	11.800	-1.950

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	511,904	140,301	1,255,654	1,115,353
Charges for Services	498,544	520,525	552,000	31,475
Miscellaneous	29,000	-	-	-
Total Revenue	**$ 1,039,448**	**$ 660,826**	**$ 1,807,654**	**$ 1,146,828**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	1,100,564	1,233,584	1,075,424	(158,160)
Supplies	561,937	256,000	188,300	(67,700)
Charges for Services	47,343	54,000	49,050	(4,950)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 1,709,844**	**$ 1,543,584**	**$ 1,312,774**	**$ (230,810)**
Indirect/Overhead	**$ (670,396)**	**$ (882,758)**	**$ 494,880**	**$ 1,377,638**

HIV/AIDS

The HIV Counseling, Testing & Referral Program, staffed by Disease Intervention Specialists, receives funding from the Washington State Department of Health and the Center for Disease Control to facilitate compliance with the National HIV Strategy. The strategy is focused on a population based approach to reducing the incidence of disease in Snohomish County. This includes:

1) Increasing the proportion of individuals who are aware of their HIV status through Counseling, Testing and Referral (CTR)
2) Increasing the proportion of HIV positive individuals who are linked to care and in continuous care
3) Increasing the proportion of HIV positive individuals with undetectable viral loads.

This is accomplished through:

- HIV Counseling, Testing and Referral (CTR)
- Partner Services
- Surveillance

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	4.415	3.850	3.550	-0.300

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	380,133	394,475	458,923	64,448
Charges for Services	6,421	-	-	-
Miscellaneous	24	-	-	-
Total Revenue	**$ 386,578**	**$ 394,475**	**$ 458,923**	**$ 64,448**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	348,032	359,073	328,833	(30,240)
Supplies	7,573	9,650	11,450	1,800
Charges for Services	3,093	3,000	2,875	(125)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 358,698**	**$ 371,723**	**$ 343,158**	**$ (28,565)**
Indirect/Ovehead	**$ 27,880**	**$ 22,752**	**$ 115,765**	**$ 93,013**

CD Administration

The Communicable Disease Administration supports the functions and staff within the division which includes Tuberculosis, HIV/Sexually Transmitted Diseases/Viral Hepatitis Outreach, Communicable Disease Surveillance & Response, and Vaccine Preventable Diseases/Clinical services and Outreach programs. The administrative staff consists of the division director, administrative assistant, and a part-time systems analyst.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	2.500	2.500	1.900	-0.600

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grant	60,063	122,600	66,000	(56,600)
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total Revenue	**$ 60,063**	**$ 122,600**	**$ 66,000**	**$ (56,600)**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	261,126	271,768	167,277	(104,491)
Supplies	32,312	6,500	10,275	3,775
Charges for Services	81,608	114,000	35,744	(78,256)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 375,046**	**$ 392,268**	**$ 213,296**	**$ (178,972)**
Indirect/Overhead	**(314,983)**	**(269,668)**	**(147,296)**	**122,372**

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE FUND (PHEPR)

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM (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. It supports preparedness and response education, training, and risk communications for Public Health and other healthcare partners throughout the region. Epidemiological surveillance and response is a critical component of the PHEPR program and SHD's ability to protect the public from communicable diseases. The program manages the Snohomish County's Medical Reserve Corps, a local volunteer surge capacity to support healthcare during an emergency. Initially funded through general funds, the program has been maintained since mid-2002 in a separate, dedicated fund with federal funding through the Centers for Disease Control and Prevention (CDC).

2014 At-a-Glance

Develop partnerships for Alternate Care and Mass Medication Dispensing

Facilitation of quarterly exercises at SHD

Update Emergency Support Function 8 Health and Medical roles and responsibilities

Epidemiologic surveillance and response to communicable diseases

The 2014 PHEPR budget is supported by three federal funding sources, including:

- **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)** 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 SHD initiatives are coordinated with the other counties.
- **The Healthcare Preparation funds** from the Assistant Secretary for Preparedness and Response (ASPR) 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.

The current contract for the three funding sources is awarded July 1, 2013-June 30, 2014. The 2014 budget is based upon the assumption of stable federal funding through December 31, 2014.

The PHEPR staffing was reduced by 0.5 FTE in July 2013 based on reduced PHEPR workload. The incumbent was reassigned to Information Systems as part of a reduction and re-organization effort.

2014 Initiatives:

1. Engagement of public and private organizations to respond as closed Points of Dispensing, Alternate Care Facilities, and/or Urgent Care/Triage centers;
2. Update of the Snohomish County Emergency Support Function (ESF) 8 roles and responsibilities, and train key SHD staff to the public health response roles;
3. Continuing coordination of medical countermeasures practices with King and Pierce Counties to provide support and continuity of care to the community during a medical emergency.

Engagement of organizations to respond as closed Points of Dispensing, Alternate Care Facilities, and/or Urgent Care/Triage Centers.
In 2013, SHD facilitated a planning group of healthcare partners to write our county's Alternate Care plan. Although Snohomish Health District is the lead agency for planning, and the Health Officer holds the authority to activate alternate care, the entire healthcare community must be willing to support the plan through commitments of facility use, staffing, resources, and medical direction. The planning continues in 2014, as we engage and seek Memorandums of Understanding (MOUs) with community partner agencies for their commitment to the community's health during a public health emergency.

Update of ESF 8 roles and responsibilities, and train staff to the lead Public Health roles
Snohomish Health District is the lead agency for ESF8 – Public Health and Medical Services during an emergency. The function defines roles and responsibilities of Public Health and supporting agency partners to coordinate the county's Public Health and Medical resources, capabilities, and capacities to respond to an all-hazards event. Partners include the American Red Cross, Emergency Medical Services, hospitals, clinics, County Medical Examiner, State Department of Health, Mental Health providers, and veterinarians.

In 2014, SHD PHEPR staff will be facilitating community planning with ESF8 partners to update the roles and responsibilities of each discipline. To ensure that SHD and our partners are prepared for these roles and

responsibilities, the PHEPR team will be facilitating training and quarterly exercises/drills.

Coordination of medical countermeasures practices with King and Pierce Counties

In 2014, the Cities Readiness Initiative (CRI) Program activities will focus on planning and participating in a full-scale exercise that will test our ability to dispense prophylaxis medication to our community within 48 hours.

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE FUND (PHEPR)

Financial Overview

	2012 Authorized	2013 Adopted Budget	2014 Proposed Budget	FTE Change 2013-2014
Staffing Resources:	5.200	5.100	4.330	-0.770

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Proposed Budget	Dollar Change
Licenses & Permits		-	-	-	-
Intergovernmental	741037	744,629	717,868	672,252	(45,616)
Charges for Services		-	-	-	-
Miscellaneous		538	-	-	-
Total Revenue	**$ 741,037**	**$ 745,167**	**$ 717,868**	**$ 672,252**	**$ (45,616)**

Fianancial Resources - Expenditure (Class)

Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Proposed Budget	Dollar Change
Salary/Benefits	502,945	513,051	533,122	447,068	(86,054)
Supplies	1,569	1,498	1,300	2,184	884
Charges for Services	89,266	81,799	16,513	79,931	63,418
Capital Outlay		-	-	-	-
Total Direct Expenditures	593,780	596,348	550,935	529,183	(21,752)
Division Indirect	26,720	26,836	-	33,663	33,663
Administrative Overhead	120,537	121,059	166,933	109,406	(57,527)
	$ 741,037	**$ 744,242**	**$ 717,868**	**$ 672,252**	**$ (45,616)**

NOTES

1. The PHEPR budget is based upon an assumed level of federal funding through December 2014 that is not yet appropriated.
2. FTE reductions are based upon management restructuring and staff reassignment based on workload needs.

Staff Resources

Division/Program	2012 Budget	2013 Budget	2014 Proposed	FTE Change 2013-2014
PHEPR Fund	5.200	5.100	4.330	-0.770

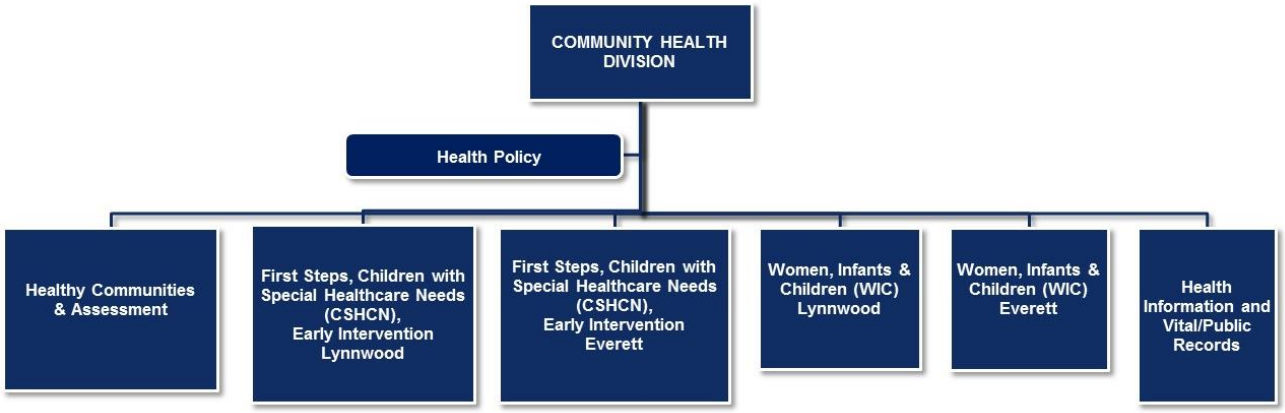
COMMUNITY HEALTH DIVSION

Charlene Shambach, RN, MA, MSN | Division Director

Overview

The Community Health Division stresses preventive care programs. We promote 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.

One focus of the Division is on parent/child health. Studies show that such programs can pay major dividends in the long-term health of infants, and in helping to break the cycle of poverty in families. **Women, Infants, and Children (WIC) and First Steps** program staff provide services to low-income families in our Everett and Lynnwood clinics, while **Children with Special Health Care Needs (CSHCN) and Early Intervention Program (EIP)**



staff work in home settings throughout the county. Parent child health programs focus on:

- Pregnancy/Post-Pregnancy: Staff assesses risks for prenatal complications, mental health issues and substance use. They provide guidance on nutrition, tobacco, alcohol and other drugs, and offer resources for breastfeeding, birth control, and oral health.
- Infants and Children: Staff work to promote optimal nutrition, supportive parent child interactions, and healthy growth and development. Families are linked to medical and dental care and available community resources.

2014 At-a-Glance

Create trauma informed care addressing Adverse Childhood Experiences (ACEs)

Advance the development of Community Health Improvement Plans (CHIP)

Promote smoke and tobacco-free living

Another Division emphasis is the development of **Healthy Communities** through support of tobacco free living, healthy eating, and active living. With the growing burden of poor health associated with cardiovascular, lung and dental disease, cancer, and diabetes, prevention of chronic disease is an essential role for public health. We offer a range of services including direct client support and education through WIC as well as policy development focused on increasing access to healthy food and physical activity. The **Oral Health** staff work with community partners to increase access to dental services for low income children and adults, and collect data on the oral health status of Snohomish County children. We maintain a referral network to help low-income individuals find dental care.

The **Assessment** staff collects, analyzes, interprets, and distributes local data and health information. These data are used by the Health District and community agencies to identify emerging patterns of morbidity and mortality, increase awareness regarding issues, educate policymakers and the public, prioritize needs, target populations for services, plan programs, mobilize communities, develop policies, measure impact, and obtain resources. Assessment staff gives consultation to Health District programs in scientific methods, including survey design, sampling, data collection, mapping, editing technical information, and interpretation.

Vital Records is another service located within the Community Health Division. Certified birth and death records are required for many purposes including legal name changes, paternity affidavits, and coordination with the Medical Examiner to record accurate causes of death and issuance of burial permits.

Division programs are supported with local, state, and federal funds. Fees, Snohomish County, the state Department of Health, the state Department of Social and Health Services, and several federal sources are the primary contributors. A majority of the Division's funding is provided by grants and contracts.

Major Accomplishments in 2013

Community Health Improvement Planning

The Snohomish County Community Health Assessment (CHA) conducted in 2012 identified three priority issues for Community Health Improvement Plans (CHIP): youth physical abuse, youth and adult obesity, and suicide.

Snohomish Health District facilitated three community groups involving more than 60 community members. The groups have worked to explore interventions, develop plans for action, and gather community commitments to act once the plans are adopted.

As with the Community Health Assessment, the Health District's Public Health Advisory Council has served as the Steering Committee for this work and provides continuous review and direction to Health District staff.

Electronic Death Registration System in Snohomish County

In July, Vital Records implemented the Electronic Death Registration System (EDRS) in Snohomish County, moving from paper to electronic filing of death records.

Developed by the Washington State Department of Health, EDRS streamlined the death registration process, improved the quality of the death data collected, and improved communication among those who file death records in the county. Now over 75% of the death certificates are issued electronically. EDRS is used by all of the parties involved in approving a death record: the funeral director, the medical certifier, the medical examiner, and the Health District deputy registrars.

Promoting Breastfeeding

In the fall of 2013, the WIC staff partnered with Everett Community College to develop a breastfeeding in the workplace policy. This effort is part of the Washington Steps Up for Breastfeeding Success Initiative. In addition, our WIC program received special project funds from the state Department of Health to create a second trimester infant feeding groups. Classes were offered in English and Spanish at both the Everett and Lynnwood WIC sites.

Helping mothers to breastfeed and breastfeed longer is a health priority of the WIC Program. The 2012 rate of mothers who start breastfeeding is over 86% in the Health District's WIC/First Steps Clinics, well above the national average of 75%. Breastfed children are less likely to suffer from childhood obesity and mothers who breastfeed lose their pregnancy weight gain more quickly.

Pregnant and Parenting Teens Initiative

Snohomish County was one of 10 counties in Washington identified by the Washington State Department of Health (DOH) in 2009 to receive funding in order to impact teen pregnancy and build support for teen parents. The initiative focus was on schools and providers serving 13 to 19 year old pregnant and parenting youth to improve community service availability and access, bridge the gap between schools and community providers, and increase public awareness of support services for this population. An early community assessment indicated 24 agencies in Snohomish County that serve pregnant or parenting teens. Of those, only three offered services specific to teens. A large gap was found to be housing teen parents under age 18, with only one agency providing this service in a limited capacity.

Specific outcomes included:

- A new teen maternity shelter opened in Arlington to serve 6 teen mothers and their infants for up to 18 months, providing on-site case management and support.
- Granite Falls School District reopened a school-based childcare center to serve 8-12 teen parents and up to 20 infants and toddlers from the school and community.
- Monroe School District is considering opening a new GRADS program in 2014 to serve up to 12 pregnant and parenting students with childcare available through a partnership with Volunteers of America.
- A new resource line hosted by Cocoon House is now available as a one-stop-shop for anyone seeking teen parent resources, staffed 24/7.

Engaged community stakeholders included 58 individuals representing 26 agencies and schools. Thanks to presentations and trainings offered through these partners, we estimate reaching 7,155 teens and families through this initiative. The grant work is now

completed, but Health District staff ensured that work could continue through our community partners.

Medical Home Quality Improvement Initiative
This quality improvement project defined the characteristics of a medical home, trained the Children with Special Health Care Needs (CSHCN) and Early Intervention Program (EIP) staff on a screening tool that identified clients with medical homes, and started the evaluation of Health District data. The goal is to have all Health District clients seen in the CSHCN and EIP services linked with a medical home. This effort will continue in 2014.

2014 Initiatives

Trauma Informed Care for Adverse Childhood Experiences (ACEs)
Adverse Childhood Experiences are traumatic occurances during a person's first 18 years of life. They include abuse (emotional, physical, sexual), neglect (emotional, physical) and household dysfunction (mother treated violently, household substance abuse, household mental illness, parental separation or divorce, or incarcerated household member). Higher ACE scores among Snohomish County adults are associated with poor health outcomes, disabilities, risky health behaviors such as cigarette and marijuana use, being in a high-risk group for contracting HIV, and being incarcerated.

In 2014, staff and management will develop a consistent ACEs informed approach to care across all parent-child health. Identifying and mitigating the effects of ACE's in adults, especially parents, may improve health over time and prevent intergenerational transmission. This direction is new in service provision.

The work will not be just internal. Health District staff will join and facilitate discussions with community partners about preventing and mitigating the impact of childhood trauma on children and adults as well. Work with the Prevention Partners, which has been engaged in community-level ACEs work since 2009, will figure prominently.

Community Health Improvement Plans
Three community-based Community Health Improvement Plans (CHIP) were developed in 2013 to address the priority health issues of youth physical abuse, obesity and suicide. Implementation of strategies and objectives for each priority area will start in 2014. An online platform will be used to assist community partners in strategy mapping, coordination of efforts, and documentation of outcomes.

Promote Smoke-Free and Tobacco Free Living
Staff will work with community partners to implement policies to reduce tobacco and smoke exposure. Health District staff will assist agencies involved with public and multi-unit housing, shopping malls, farmers markets, municipalities, and community colleges. In addition, the business license offices of all cities in Snohomish County are receiving tools to reinforce the importance of compliance with 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.

COMMUNITY HEALTH DIVSION

Financial Overview

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	54.850	52.900	49.800	-3.100

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-	-
Intergovernmental (grants	2,558,139	4,244,975	2,418,186	5,285,657	2,867,471
Charges for Services	684,270	737,317	737,875	755,275	17,400
Miscellaneous	-	(55)	-	-	-
Total Revenue	**$ 3,242,409**	**$ 4,982,237**	**$ 3,156,061**	**$ 6,040,932**	**$ 2,884,871**

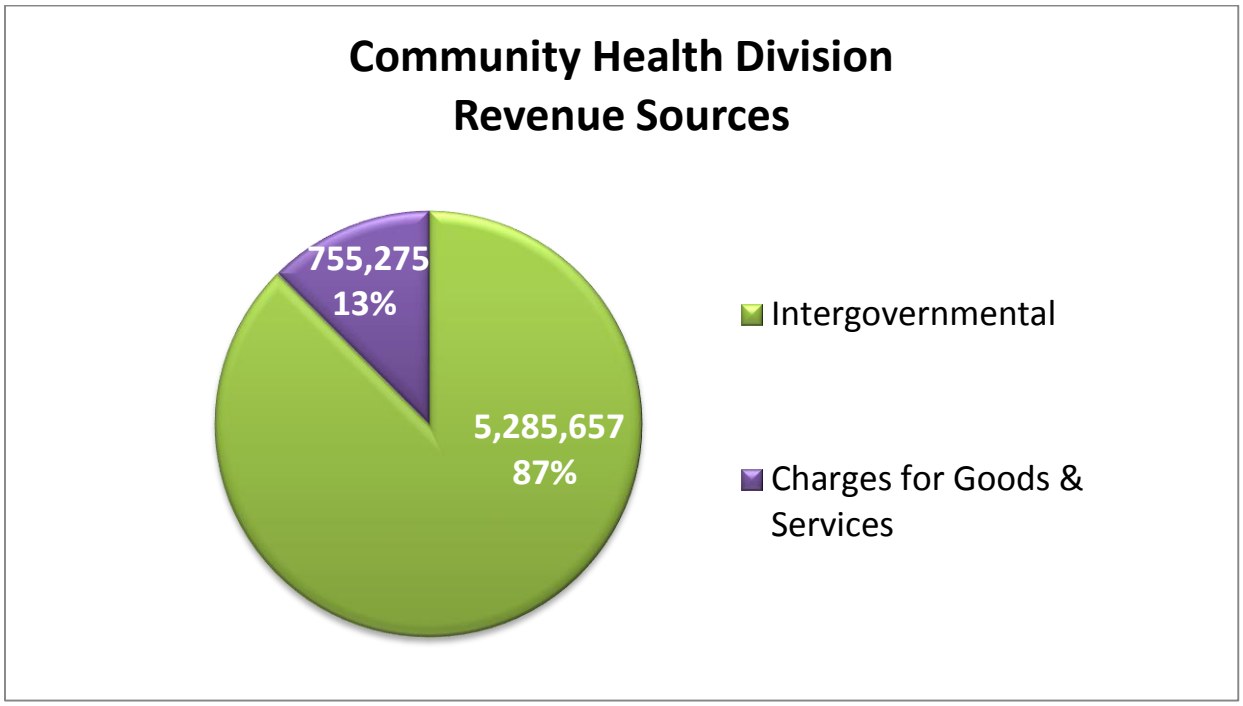
Financial Resources - Expenditure (Class)

Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	4,469,785	4,383,189	4,592,203	4,449,335	(142,868)
Supplies	55,800	63,818	71,150	70,922	(228)
Charges for Services	393,300	357,419	430,504	241,595	(188,909)
Capital Outlay	-	-	-	-	-
Total Expense	**4,918,885**	**4,804,426**	**5,093,857**	**4,761,852**	**(332,005)**
Indirect/Overhead	**$ (1,676,476)**	**$ 177,811**	**$ (1,937,796)**	**$ 1,279,080**	**$ 3,216,876**

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. Effective July 1, 2014 three occupied staff positions are anticipated to be reduced from full-time to 0.8, including two managers. One occupied administrative support position is also expected to be eliminated effective July 1, 2014.
2. Additional Intergovernmental revenue is a result of a 2014 accounting change that allocates state local capacity development funds and the Snohomish County contribution from the chemical dependency/mental health sales tax directly into the Division budget rather than to Administration first.
3. Revenue also reflects renewed grant funding for Healthy Communities work as well as access to adult dental services.
4. The division reduced its 2014 expenditures for supplies and services to reflect current needs. Reduced expenditures on services are the result of an accounting change that moved the cost of the Lynnwood clinic lease to the Administration Division.

Revenue Snapshot



Staff Resources

Division/Program	2012 Budget	2013 Budget	2014 Proposed	FTE Change 2013-2014
Community Health	**52.550**	**52.900**	**49.800**	**-3.100**
Maternal and Infant Care	19.400	18.150	14.400	-3.750
Oral Health	0.200	0.900	1.400	0.500
Children w/Special Health Care Needs	2.150	2.150	1.650	-0.500
Women, Infants & Children (WIC)	15.100	15.000	16.700	1.700
Early Intervention	1.050	1.200	1.250	0.050
Assessment/Chronic Disease	8.300	8.700	8.400	-0.300
Vital Records	3.750	4.000	3.500	-0.500
CH Administration	2.600	2.800	2.500	-0.300

Community Health Operations by Program

	MCH	First Steps	Early Intervention	WIC	Oral Health
Intergovernmental	150,634	-	134,500	1,469,818	193,068
County Funds	-	900,000	-	-	-
State Funds	2,577	481,884	32,941	338,942	33,686
Charges for Service		350,000			20,000
Total Revenue	$ 153,211	$ 1,731,884	$ 167,441	$ 1,808,760	$ 246,754
Salaries	106,196	1,272,524	117,649	1,353,358	130,719
Supplies	300	3,000	200	4,000	1,872
Charges for Service	4,000	67,463	2,910	9,500	45,368
Captial Outlay	-	-	-	-	-
Total Direct Expense	$ 110,496	$ 1,342,987	$ 120,759	$ 1,366,858	$ 177,959
Indirect/Overhead	**$ 42,715**	**$ 388,897**	**$ 46,682**	**$ 441,902**	**$ 68,795**

	CSHCN	Assmt/ Chronic Disease	Vital Records	CH Admin	**Division Total**
Intergovernmental	255,517		-	132,000	**2,335,537**
County Funds	-	-	-	-	**900,000**
State Funds	-	1,160,091	-	-	**2,050,120**
Charges for Service	2,275	23,000	360,000		**755,275**
Per Capita	$ 257,792	$ 1,183,091	$ 360,000	$ 132,000	**$ 6,040,932**
Salaries	168,670	778,636	232,368	289,215	**4,449,335**
Supplies	950	7,400	4,700	48,500	**70,922**
Charges for Service	16,300	30,300	6,300	59,454	**241,595**
Captial Outlay	-	-	-	-	**-**
Total Direct Expense	$ 185,920	$ 816,336	$ 243,368	$ 397,169	**4,761,852**
Indirect/Overhead	**$ 71,872**	**$ 366,755**	**$ 116,632**	**$ (265,169)**	**1,279,080**

Community Health 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, Health District staff will develop a focus for ACEs/Resiliency efforts for our Health District. We will explore the ramifications of routinely providing ACES screening; and if it is determined to be beneficial, we will develop an internal policy and protocol to screen for Adverse Childhood Experiences in families receiving maternal child health services. We will provide training for staff on trauma-informed care and participate actively in developing a consistent ACEs informed approach to care across agencies in Snohomish County.

	2012 Budget	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	2.300	1.300	1.000	-0.300

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental	195,661	148,783	153,211	4,428
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total Revenue	**$ 195,661**	**$ 148,783**	**$ 153,211**	**$ 4,428**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	276,254	118,586	106,196	(12,390)
Supplies	257	300	300	-
Charges for Services	15,086	16,800	4,000	(12,800)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 291,597**	**$ 135,686**	**$ 110,496**	**$ (25,190)**
Indirect/Overhead	**$ (95,936)**	**$ 13,097**	**$ 42,715**	**$ 29,618**

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, such as mental illness, alcohol and substance abuse, smoking, domestic violence, hypertension or diabetes, in order to deliver full term, health infants. Services to identify and screen the high risk, low-income women and deliver these services designed to draw them into appropriate care are provided by public health nurses, a behavioral health specialist, and nutritionists in clinic settings. 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 the Department of Social and Health Services (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.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	19.400	15.500	13.400	-2.100

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	900,000	-	1,381,883	1,381,883
Charges for Services	380,104	350,000	350,000	-
Miscellaneous	-	-	-	-
Total Revenue	**$ 1,280,104**	**$ 350,000**	**$ 1,731,883**	**$ 1,381,883**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	1,357,519	1,363,828	1,272,524	(91,304)
Supplies	1,896	3,000	3,000	-
Charges for Services	67,206	77,000	67,463	(9,537)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 1,426,621**	**$ 1,443,828**	**$ 1,342,987**	**$ (100,841)**
Indirect/Overhead	**$ (146,517)**	**$ (1,093,828)**	**$ 388,896**	**$ 1,482,724**

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 Department of Social and Health Services (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 Children's Administration 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.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	1.050	1.250	1.250	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants)	128,791	67,250	167,441	100,191
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total Revenue	**$ 128,791**	**$ 67,250**	**$ 167,441**	**$ 100,191**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	116,171	116,083	117,649	1,566
Supplies	76	200	200	-
Charges for Services	1,836	2,910	2,910	-
Capital Outlay	-	-	-	-
Total Expenditures	**$ 118,083**	**$ 119,193**	**$ 120,759**	**$ 1,566**
Indirect/Overhead	**$ 10,708**	**$ (51,943)**	**$ 46,682**	**$ 98,625**

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 Health District delivers WIC Nutrition Education services (41,370 in 2012) in clinic settings at the Health District's Everett and Lynnwood offices to an authorized caseload of 7,750 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 Centers for Disease Control & Prevention'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 Health 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 (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	15.100	17.150	16.700	-0.450

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	1,525,183	1,544,614	1,808,760	264,146
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total Revenue	**$ 1,525,183**	**$ 1,544,614**	**$ 1,808,760**	**$ 264,146**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	1,179,367	1,353,612	1,353,358	(254)
Supplies	6,515	5,000	4,000	(1,000)
Charges for Services	12,548	21,000	9,500	(11,500)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 1,198,430**	**$ 1,379,612**	**$ 1,366,858**	**$ (12,754)**
Indirect/Overhead	**$ 326,753**	**$ 165,002**	**$ 441,902**	**$ 276,900**

Oral Health

Oral health staff work to decrease tooth decay in Snohomish County and to increase the availability of dental care within Health 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 US 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. Outreach occurs in settings such as WIC/First Steps clinics and 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 (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	0.200	1.100	1.400	0.300

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	106,796	73,000	226,754	153,754
Charges for Services	28,041	35,600	20,000	(15,600)
Miscellaneous	-	-	-	-
Total Revenue	**$ 134,837**	**$ 108,600**	**$ 246,754**	**$ 138,154**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	67,229	98,653	130,719	32,066
Supplies	1,196	585	1,872	1,287
Charges for Services	40,189	37,328	45,368	8,040
Capital Outlay	-	-	-	-
Total Expenditures	**$ 108,614**	**$ 136,566**	**$ 177,959**	**$ 41,393**
Indirect/Overhead	**$ 26,223**	**$ (27,966)**	**$ 68,795**	**$ 96,761**

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 is crucial.

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 Department of Social and Health Services (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. Work First assists a community partner (The Department of Social and Health Services) in supporting caregivers of children with special health care needs in their efforts to return to work.

Children with Special Health Care Needs (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	2.150	2.300	1.650	-0.650

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants)	259,947	279,763	255,517	(24,246)
Charges for Services	4,875	2,275	2,275	-
Miscellaneous	-	-	-	-
Total Revenue	**$ 264,822**	**$ 282,038**	**$ 257,792**	**$ (24,246)**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	196,404	224,616	168,670	(55,946)
Supplies	390	950	950	-
Charges for Services	7,540	16,300	16,300	-
Capital Outlay	-	-	-	-
Total Expenditures	**$ 204,334**	**$ 241,866**	**$ 185,920**	**$ (55,946)**
Indirect/Overhead	**$ 60,488**	**$ 40,172**	**$ 71,872**	**$ 31,700**

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. It also includes policy and enforcement of laws (e.g. Smoking in Public Places Law (SIPP), RCW 70.160) which reduce and eliminate tobacco use and exposure to secondhand smoke of youth and adults.

This program focuses on efforts to increase physical activity and healthy eating practices among youth and adults. The Health 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.

Assessment is the collection, analysis, interpretation, and distribution of health information. Assessment, one of three core public health functions, provides essential data for primary prevention 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 Health District and community stakeholders to identify emerging patterns, increase awareness, educate, prioritize needs, target populations, plan programs, mobilize communities, develop policies, measure impact, and obtain resources.

Information is disseminated in reports and publications, fact sheets/short reports, special data requests, data tables, presentations, and media releases/articles. Obtaining, managing, and maintaining current databases are essential to the program, as are having the skills and resources to respond to emergent requests quickly. Assessment provides consultation to Health District programs in scientific methods, including survey and study design, sampling, data collection, mapping, editing technical information, interpretation.

Assessment staff also provides support to the Snohomish County **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. There are also several key roles Assessment staff provide internal to the Health District including quality improvement and program evaluation used to guide the Health District in planning future initiatives as well as evaluation of current programs.

Healthy Communities & Assessment (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	8.300	8.300	8.400	0.100

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	997,675	157,526	1,160,091	1,002,565
Charges for Services	13,240	-	23,000	23,000
Miscellaneous	-	-	-	-
Total Revenue	**$ 1,010,915**	**$ 157,526**	**$ 1,183,091**	**$ 1,025,565**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	661,220	783,314	778,636	(4,678)
Supplies	6,562	4,515	7,400	2,885
Charges for Services	61,329	66,166	30,300	(35,866)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 729,111**	**$ 853,995**	**$ 816,336**	**$ (37,659)**
Indirect/Overhead	**$ 281,804**	**$ (696,469)**	**$ 366,755**	**$ 1,063,224**

Vital Records

The Vital Records program provides a critical service to the public. The program issues more than 37,000 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 getting certificate corrections, provide assistance with paternity affidavits, explain the process for obtaining legal name changes, and 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, MRSA, and influenza.

With the newly implemented Washington State Electronic Death Registration System in Snohomish County, death certificates can be issued more efficiently and more timely which in turn provides the State with epidemiological information in 5 days versus 90 days.

Vital Records (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	3.750	3.500	3.500	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	-	-	-	-
Charges for Services	311,057	350,000	360,000	10,000
Miscellaneous	(40)	-	-	-
Total Revenue	**$ 311,017**	**$ 350,000**	**$ 360,000**	**$ 10,000**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	247,211	247,445	232,368	(15,077)
Supplies	3,343	4,500	4,700	200
Charges for Services	3,187	6,500	6,300	(200)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 253,741**	**$ 258,445**	**$ 243,368**	**$ (15,077)**
Indirect/Overhead	**$ 57,276**	**$ 91,555**	**$ 116,632**	**$ 25,077**

CH Administration

The Community Health Division **Administration** provides planning, organizing, staffing, directing, and evaluating support to the programs, services, and staff of the division. In addition, assistance with the electronic health information system (Insight) and with health information management are budgeted in Administration. These two areas benefit this division as well as the entire Health District.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	2.600	2.500	2.500	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants)	130,922	147,250	132,000	(15,250)
Charges for Services	-	-	-	-
Miscellaneous	(15)	-	-	-
Total Revenue	**$ 130,907**	**$ 147,250**	**$ 132,000**	**$ (15,250)**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	281,814	286,066	289,215	3,149
Supplies	43,583	52,100	48,500	(3,600)
Charges for Services	148,498	186,500	59,454	(127,046)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 473,895**	**524,666**	**397,169**	**(127,497)**
Indirect/Overhead	**$ (342,988)**	**$ (377,416)**	**$ (265,169)**	**$ 112,247**

ENVIRONMENTAL HEALTH DIVSION

Randal Darst | Division Director

Overview

Environmental Health is an essential 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 **Food Safety Program** is our largest unit. Environmental Health Specialists inspect approximately 3000 retail food service establishments within the cities, towns, and unincorporated county on a regular basis including restaurants, grocery stores, and school kitchens. We are seeing significant growth in the number of temporary event permits issued at fair, festivals and farmers markets, with 1,420 issued in 2013. 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.

2014 At-a-Glance

New Environmental Health software

Expanded use of technology

Septic System Operations and Maintenance funding study

Water and Wastewater staff **inspect and approve private drinking water wells and septic drain field systems** to ensure that ground and surface water will not be contaminated; they respond to concerns about drinking water and complaints about failing septic systems; work with homeowners to ensure timely repair of septic system failures; and they educate the public about proper system operation and maintenance. Additionally, this section works with other agencies and groups such as the Stillaguamish Clean Water District to protect and improve water quality in collaborative projects. As we rebound from the poor economy experienced the past few years, this section has seen a significant growth in septic system permitting activity, with over 500 new permits issued through fall 2013.

The **Solid Waste** program **permits and inspects solid and moderate risk waste handling and disposal sites** to assure that waste is handled safely and to protect against impacts to surrounding areas. Environmental Health Specialists provide assistance to small businesses about best management practices for their waste and educate the public in schools, fair booths and community presentations on handling solid and hazardous wastes. Through the fall of 2013 they also investigated 1,450 complaints about illegal dump sites, excessive trash accumulations, improper hazardous waste handling and disposal practices, contaminated sites including illegal drug labs; all of which can endanger the public health by creating exposure to toxic substances and attracting disease- carrying rodents, insects, and other vectors.

Staff from this Division are also charged with making **routine health and safety inspections at schools and reviewing plans for school construction and remodel projects**. These result in routine detection and elimination of health and safety issues, protecting the tens of thousands of students, staff and visitors to these community facilities. Staff review plans for **public and semi-public swimming pools and spas** and inspect them to ensure conditions are safe and sanitary. Maintenance issues are a common occurrence at these facilities and staff work closely with operators to not only gain compliance, but also to educate them and prevent future violations.

Environmental Health charges fees for most of its services, and is largely self-supporting. For example, septic system owners and restaurants must pay for their permits, as do food handlers. The Division also receives funding through an Interlocal Service Agreement with the County Solid Waste Division, as well as funding grants and contracts with partner agencies such as State Department of Ecology, State Department of Health, and Snohomish County Surface Water Management.

In addition to our routine work in 2013, we undertook several special projects:

- The adoption of a new local food safety code based on national FDA food safety standards.
- A Quality Improvement initiative to improve how we handle public records requests
- Improved water recreation inspections by implementing a procedure to educate and inform managers of permitted swim pools about best practices to assure facilities provide a safe and healthy environment.

2014 Initiatives

Environmental Health work plan for 2014 includes:

- Planning for and implementing new Environmental Health software
- Developing Mobile Office processes and procedures for food safety inspectors
- Seasonal pool inspections
- Studying system operation & maintenance funding options

New Environmental Health Software

Currently the Environmental Health Division uses a variety of software tools for food safety management, billing, permitting, solid waste program time accounting, facility inspections, complaint tracking, septic inspections, and storing septic as-builts and maintenance reports. The Division uses a variety of commercial off the shelf packages that have been customized for the business functions they serve and have developed internally two web applications to exclusively serve septic system as-builts and septic system operation and maintenance inspection reporting for the Water Waste Water program.

The Division is currently in the process of reviewing all business processes with a goal towards developing a request for proposals; selecting a vendor and implementing new software by the end of 2014. The core function of the software will be the ability to conduct inspections and electronically document them in the field on a remote device, track data and run reports. This will help ensure timely and accurate data collection and quicker public access. The system will allow on-line access to all applicable scanned and electronic documents including: permit applications, inspections, septic system as-builts, photographs, and permits. The system will manage permitting and all financial transactions associated with application reviews, permitting and other fees and a public portal will be implemented to allow the general public and regulated businesses to submit applications, file complaints, conduct file reviews and pay fees on-line.

Expanded Use of Technology

Using mobile technology the Food Program will plan and implement a "mobile office" process that will facilitate and support food inspector efficiency, productivity and customer service by allowing web access to food service facility inspection schedules and historical data. Mobile Office will allow for increased staff time in the field conducting inspections by reducing travel time to and from the central office.

Pre-opening Inspections for Seasonal Water Recreation Facilities

In 2013, the Water Recreation Program launched an initiative to reduce red item violations at seasonal water recreational facilities. A pre-opening inspection process was developed to increase the number of public and semi-public pools that were fully compliant prior to operation. The initiative was successful and red items were reduced. In 2014, the goal is to increase participation in these pre-opening inspections.

Develop funding options for septic investigations and records systems

It is estimated that there are over 75,000 septic systems in Snohomish County, all of which require varying levels of maintenance and monitoring to protect the environment and the public from exposure to improperly treated sewage. Sustainable funding is required for Health District staff to assure proper maintenance and monitoring is being conducted.

Throughout Washington State, funding mechanisms have been implemented to support sustainable funding and potential enhancement of these processes and systems. Most solutions include an annual fee charged to septic system owners. The challenge is the method to collect the fee. Potential methods for fee collection will be evaluated for potential implementation in Snohomish County.

ENVIRONMENTAL HEALTH DIVSION

Financial Overview

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	43.750	43.550	40.550	-3.000

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	2,761,500	2,863,806	2,917,500	3,109,957	192,457
Intergovernmental (grants	603,500	559,552	571,750	983,256	411,506
Charges for Services	1,190,100	1,223,111	1,186,400	1,223,000	36,600
Miscellaneous	-	15,048	-	-	-
Total Revenue	**4,555,100**	**4,661,517**	**4,675,650**	**5,316,213**	**640,563**

Financial Resources - Expenditure (Class)

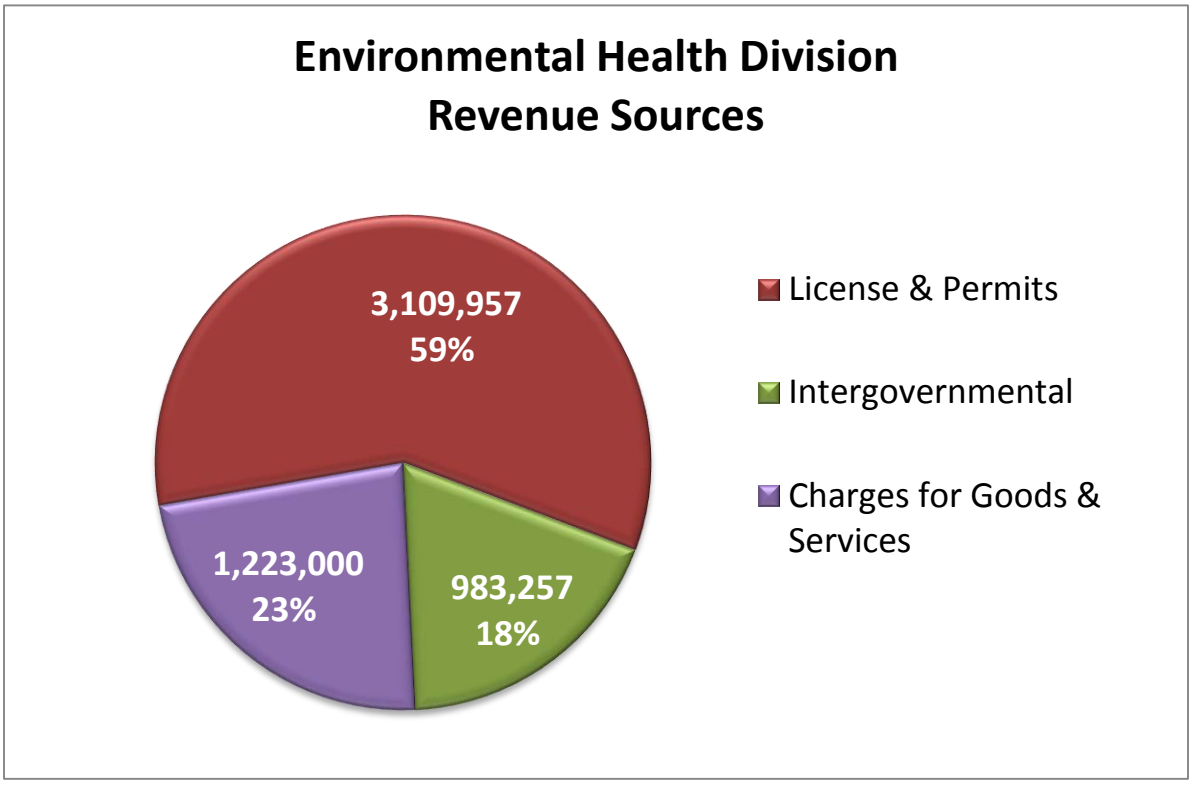
Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	3,944,867	3,889,027	4,015,678	3,961,632	(54,046)
Supplies	47,500	9,216	55,700	45,830	(9,870)
Charges for Services	144,500	166,524	146,200	196,304	50,104
Capital Outlay	-	-	-	-	-
Total Expense	**4,136,867**	**4,064,767**	**4,217,578**	**4,203,766**	**(13,812)**
Excess (Deficit)	**$ 418,233**	**$ 596,750**	**$ 458,072**	**$ 1,112,447**	**$ 654,375**

NOTES

1. This Division is made up of experienced and tenured staff and as a consequence is seeing significant attrition as senior staff retires. As a result of a manager retirement in 2013, the Division was reorganized mid-year from three program groups into two. Two vacant support staff positions were eliminated, made possible by more efficient work processes and fewer on-site food worker classes to support due to the popularity of the online class.

2. Revenues are increasing from septic and temporary food service permits. We also received additional state grant funding for pollution-control work with local businesses. Cost of services expenses is increased to include a projected annual license and maintenance fee for new environmental health information system software.

Revenue Snapshot



Staff Resources

Division/Program	2012 Budget	2013 Budget	2014 Proposed	FTE Change 2013-2014
Environmental Health	**43.750**	**43.550**	**40.550**	**-3.000**
Drinking Water	1.350	1.070	0.800	-0.270
Solid Waste & Toxics	10.250	10.500	9.600	-0.900
Septic/Land Use	7.600	6.620	6.600	-0.020
Food Safety	16.500	17.650	17.000	-0.650
Living Environment/Pools/Schools	3.300	3.010	2.200	-0.810
EH Administration	4.750	4.700	4.350	-0.350

Environmental Health Operations by Program

	Solid Waste	Septic Land	Living/School /Water	Food	Drinking Water	Admin	**Division Total**
License & Fees	82,500	650,000	227,457	2,150,000			**3,109,957**
Intergovernmental	613,784	72,567		3,000	21,500	-	**710,851**
County Funds		75,711	31,581	113,968	51,145		**272,405**
State Funds	-	-	-	-	-	-	**-**
Charges for Service	761,500	165,000	67,500	144,000	85,000		**1,223,000**
Total Revenue	**$ 1,457,784**	**$ 963,278**	**$ 326,538**	**$ 2,410,968**	**$ 157,645**	**$ -**	**$ 5,316,213**
Salaries	954,080	653,482	226,379	1,619,410	87,653	420,628	**3,961,632**
Supplies	11,950	1,000	1,000	8,000	200	23,680	**45,830**
Charges for Service	49,250	25,000	1,200	40,000	22,500	58,354	**196,304**
Captial Outlay	-	-	-	-	-	-	**-**
Total Direct Expense	$ 1,015,280	$ 679,482	$ 228,579	$ 1,667,410	$ 110,353	$ 502,662	**$ 4,203,766**
Indirect/Overhead	**$ 442,504**	**$ 283,796**	**$ 97,959**	**$ 743,558**	**$ 47,292**	**$ (502,662)**	**$ 1,112,447**

Environmental Health
Program Budget Summaries

Solid Waste

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 program activities that the overall goals and objectives of the Solid Waste "program" are achieved.

Solid Waste (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	10.250	10.500	9.600	-0.900

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	61,048	70,000	82,500	12,500
Intergovernmental (grants	388,964	360,000	613,784	253,784
Charges for Services	775,187	762,400	761,500	(900)
Miscellaneous	14,758	-	-	-
Total Revenue	**$ 1,239,957**	**$ 1,192,400**	**$ 1,457,784**	**$ 265,384**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	894,848	989,122	954,080	(35,042)
Supplies	1,153	4,500	11,950	7,450
Charges for Services	54,126	45,000	49,250	4,250
Capital Outlay	-	-	-	-
Total Expense	**$ 950,127**	**$ 1,038,622**	**$ 1,015,280**	**$ (23,342)**
Indirect/Overhead	**$ 289,830**	**$ 153,778**	**$ 442,504**	**$ 288,726**

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 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 (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	7.600	6.620	6.600	-0.020

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	510,887	470,000	650,000	180,000
Intergovernmental (grants	148,714	187,250	148,278	(38,972)
Charges for Services	164,946	140,000	165,000	25,000
Miscellaneous	310	-	-	-
Total Revenue	**$ 824,857**	**$ 797,250**	**$ 963,278**	**$ 166,028**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	736,211	652,642	653,482	840
Supplies	340	5,000	1,000	(4,000)
Charges for Services	35,395	20,200	25,000	4,800
Capital Outlay	-	-	-	-
Total Expenditures	**$ 771,946**	**$ 677,842**	**$ 679,482**	**$ 1,640**
Indirect/Overhead	**$ 52,911**	**$ 119,408**	**$ 283,796**	**$ 164,388**

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 Health 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 between 2 and 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 (continued)

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	3.300	2.980	2.200	-0.780

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	227,755	227,500	227,457	(43)
Intergovernmental (grants	-	-	31,581	31,581
Charges for Services	69,552	70,000	67,500	(2,500)
Miscellaneous	-	-	-	-
Total Revenue	**$ 297,307**	**$ 297,500**	**$ 326,538**	**$ 29,038**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	243,668	283,480	226,379	(57,101)
Supplies	810	1,000	1,000	-
Charges for Services	1,374	1,000	1,200	200
Capital Outlay	-	-	-	-
Total Expenditures	**$ 245,852**	**$ 285,480**	**$ 228,579**	**$ (56,901)**
Indirect/Overhead	**$ 51,455**	**$ 12,020**	**$ 97,959**	**$ 85,939**

Food Safety

The Food Safety Program regulates Snohomish County's retail food supply to maximize safety and minimize foodborne illness. Food program staff performs: over 6,500 annual inspections of fixed location and temporary food service establishments; provides food handler training, person in charge training and advanced manager certification; responds to complaints ; reviews plans of new and remodeled facilities for compliance with the Food Code and investigates all reports of foodborne illness.

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

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	16.500	17.950	17.000	-0.950

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	2,064,116	2,150,000	2,150,000	-
Intergovernmental (grants	-	3,000	116,968	113,968
Charges for Services	125,852	144,000	144,000	-
Miscellaneous	25	-	-	-
Total Revenue	**$ 2,189,993**	**$ 2,297,000**	**$ 2,410,968**	**$ 113,968**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	1,467,675	1,562,393	1,619,410	57,017
Supplies	5,054	5,000	8,000	3,000
Charges for Services	39,522	40,000	40,000	-
Capital Outlay	-	-	-	-
Total Expenditures	**$ 1,512,251**	**$ 1,607,393**	**$ 1,667,410**	**$ 60,017**
Indirect/Overhead	**$ 677,742**	**$ 689,607**	**$ 743,558**	**$ 53,951**

Drinking Water

The **Drinking Water** program promotes safe drinking water in Snohomish County. The program's activities protect public health by ensuring safe drinking water 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
- Support to community partners regarding drinking water issues

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	1.350	1.070	0.800	-0.270

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	21,875	21,500	72,645	51,145
Charges for Services	85,848	70,000	85,000	15,000
Miscellaneous	-	-	-	-
Total Revenue	**$ 107,723**	**$ 91,500**	**$ 157,645**	**$ 66,145**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	92,808	114,490	87,653	(26,837)
Supplies	-	200	200	-
Charges for Services	23,618	30,000	22,500	(7,500)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 116,426**	**$ 144,690**	**$ 110,353**	**$ (34,337)**
Indirect/Overhead	**$ (8,703)**	**$ (53,190)**	**$ 47,292**	**$ 100,482**

Environmental Health Administration

The EH Administration Section provides leadership, management, planning, assessment and office support to all EH 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 EH 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 EH budget including revenues and expenditures and establishing fees for services. Section staff manages multiple databases that track EH 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 EH program sections. Office support staff is cross trained in all EH program areas.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	4.750	4.700	4.350	-0.350

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	453,819	413,551	420,628	7,077
Supplies	1,857	40,000	23,680	(16,320)
Charges for Services	12,490	10,000	58,354	48,354
Capital Outlay	-	-	-	-
Total Expenditures	**$ 468,166**	**$ 463,551**	**$ 502,662**	**$ 39,111**
Indirect/Overhead	**$ (466,486)**	**$ (463,551)**	**$ (502,662)**	**$ (39,111)**

ADMINISTRATION

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.

2014 At-a-Glance

Redesign the District website

Revise agency governance structure and rules of procedure

Negotiate 4 new collective bargaining agreements

Revise District purchasing procedures

Improve tracking of small and attractive assets

Reallocate office space for improved work group functionality and leasing opportunities

In addition to the Executive functions, agency administration is comprised of several other functions that provide direct and indirect support to District operations and includes Business Office, Communications, Human Resources and Information Systems.

The **Business Office** supports the financial and business needs of the organization, including

- Asset management, including operations and maintenance of
  - Everett offices, clinic and parking lots
  - Lynnwood offices and clinic
  - Vehicle/fleet operations and maintenance
- Purchasing
- Accounting
- Payroll
- Budgeting
- Financial analysis and management

The **Communications** team supports agency initiatives through the development and implementation of plans, strategies and tools to effectively communicate with target audiences and deliver public health messages, including emergent risk and emergency situations. Activities include the development and management of

- Strategic messaging
- Health awareness campaigns
- Standardized communication tools and design templates
- Social media
- Website content
- Community outreach and involvement
- Media relations

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

The **Information Systems** group acquires, configures, manages and maintains the District's data and technology systems. Service delivery includes systems planning, design, deployment, and support of all of SHD technology assets, including

- Desktop PC's and peripherals
- Mobile devices, including smartphones, tablets and laptops
- Wireless connectivity
- Telephone systems
- Servers and Cloud based systems
- Network planning, engineering and security
- User/system training and helpdesk response

- Compliance with client/patient health protection requirements
- Emergency response support
- Software licensing coordination
- Agency intranet and internet coordination
- Data analysis and support

2014 Initiatives

The Administration work plan for 2014 includes several initiatives noted below that are in addition to those classified as one-time projects *(see Capital)*:

- Redesigning the District's website
- Reviewing and revising agency governance structure and rules of procedure
- Negotiating and reaching agreement on 4 collective bargaining agreements
- Revising the District's purchasing procedures
- Improving the tracking of small and attractive assets
- Reallocate office space to facilitate improved work group functionality and make space available for leasing

Redesigning the District's website

The District will continue efforts begun in late 2013 to develop a user-centered website that allows visitors to successfully accomplish the tasks they came for through a restructuring and updating of the content, metacontent, coding and graphic design of the website. The current content is organized by operational division and closely resembles the agency's organizational chart. The content is difficult to navigate, has become unwieldy and is often out of date. In addition the coding behind the site is outdated and impairs optimized content organization, updating, search results and usability.

Governance structure and procedures

In collaboration with the Board of Health, the agency will continue to explore several matters dealing with the agency's governance structure including revisiting the Board's role, size and composition, officers and responsibilities, rules of procedure to facilitate effective meetings including public engagement opportunities and revising the agency's charter accordingly.

Negotiating and reaching agreement on 4 collective bargaining agreements

The District and its 4 collective bargaining units will engage in negotiations on new labor contracts during 2014. The four labor units include Association of Federal, State, County and Municipal Employees (AFSCME Local 1811), Professional and Technical Employees Local 17- Allied Health Professionals Unit (AHPU) and PTE Local 17- Environmental Health Specialists (EHS) and Washington State Nurses Association (WSNA). Agency leadership and outside legal counsel will convene the parties in mid-2014.

Improved purchasing procedures
The District will revise purchasing procedures to improve efficiency and accountability, including the introduction of purchasing cards and on-line payments of District purchases, establishing small works and architectural/engineering (A&E) rosters, and streamlining the contract management process.

Improved tracking of small and attractive assets
As a result of recommendations from the State Auditor in a recent audit, the District will be pursuing improvements to its management process and procedures of small and attractive assets for such things as smart phones, tablets, laptops, digital cameras, digital equipment, etc. Improvements include greater coordination from point of purchase, improved inventory controls and asset transfer tracking, improved documentation of asset disposition.

Reallocate office space to facilitate improved work group functionality and make space available for leasing
As workgroups and divisions restructure methods and strategies in accomplishing their work as well as restructure their leadership and management structures, work spaces must be re-evaluated. Issues of proximity, layout space, orientation and privacy are some of the matters to be considered as well as the implications of deploying mobile/remote technologies reducing the need to provide dedicated office work space for some work groups or job functions. Finally, space assignments will be evaluated for opportunities to maximize availability of leased office space.

ADMINISTRATION DIVSION

Financial Overview

	2012 Authorized	2013 Adopted Budget	2014 Proposed Budget	FTE Change 2013-2014
Staffing Resources:	20.400	20.500	18.000	-2.500

Financial Resources - Revenue (Class)

Revenue Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Proposed Budget	Dollar Change 2013-2014
Licenses & Permits		-	-	-	-
Intergovernmental (grants	6,439,888	5,040,046	6,432,712	-	(6,432,712)
Charges for Services	147,257	148,578	-		-
Miscellaneous	244,500	249,738	369,433	191,078	(178,355)
Total Revenue	**6,831,645**	**5,438,362**	**6,802,145**	**191,078**	**(6,611,067)**

Financial Resources - Expenditure (Class)

Expense Class name	2012 Budget	2012 Actuals	2013 Adopted Budget	2014 Proposed Budget	Dollar Change 2013-2014
Salary/Benefits	1,903,571	2,109,233	2,130,410	1,854,734	(275,676)
Supplies	221,029	220,650	243,910	219,629	(24,281)
Charges for Services	738,188	921,292	812,413	1,418,384	605,971
Capital Outlay	73,000	11,680	356,000	179,000	(177,000)
Total Expenditures	**2,935,788**	**3,262,855**	**3,542,733**	**3,671,747**	**129,014**
Excess (deficit) Revenues over Expenditures	**$ 3,895,857**	**$ 2,175,507**	**$ 3,259,412**	**$ (3,480,669)**	**$ (6,740,081)**

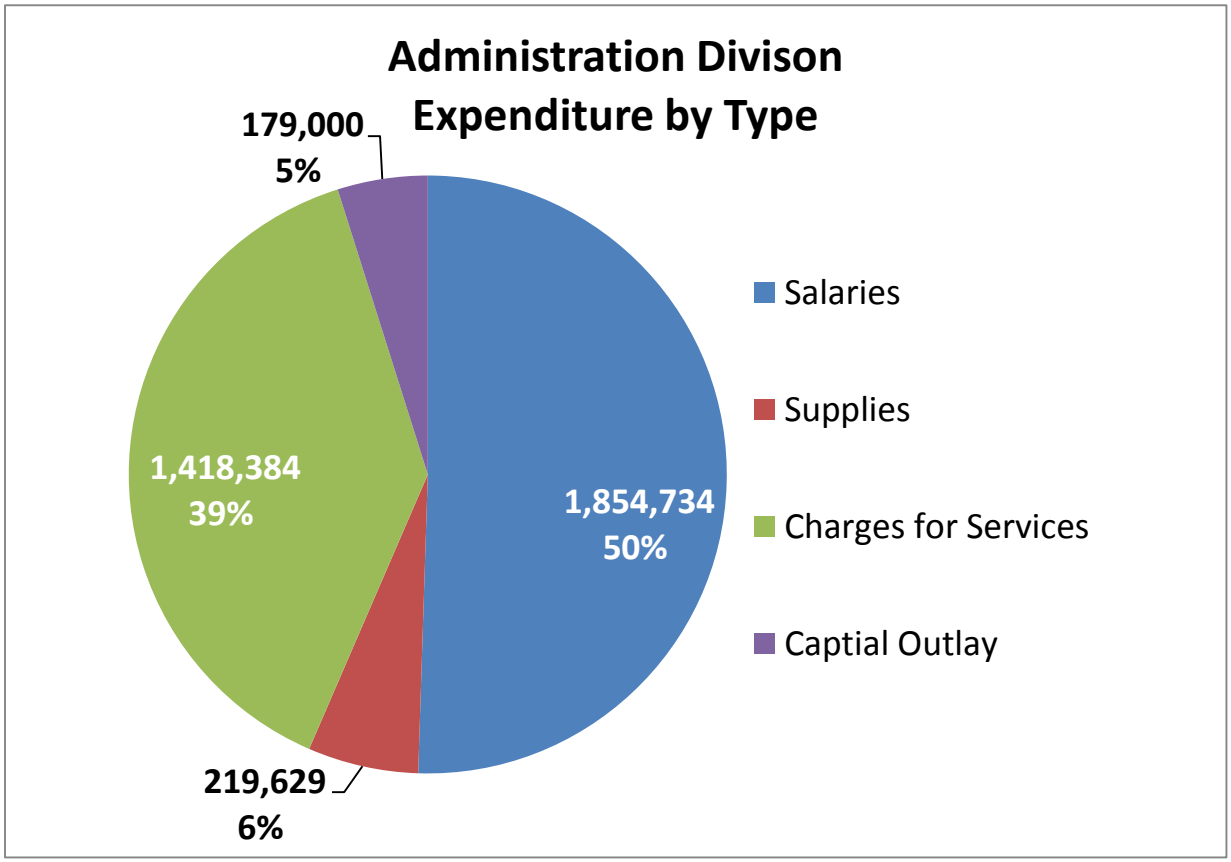
NOTES

1. The Administration budget reflects a number of significant changes in how costs are accounted for and allocated throughout the District. The substantial change in revenue is a result of a new approach to budgeting this year which allocates discretionary and unassigned revenue to programs and functions throughout the District directly rather than accounting for the funds in Administration.

2. Increased expenditures reflect building expenses related to the Rucker Building and leased clinic space in Lynnwood that are now in the Administration budget.

3. FTE reductions include eliminating one occupied position in Communications.

Expenditure Snapshot



Staff Resources

Division/Program	2012 Budget	2013 Budget	2014 Proposed	FTE Change 2013-2014
District Administration	**19.200**	**20.500**	**18.000**	**-2.500**
Administration	3.700	3.000	3.000	0.000
Business Office	5.700	5.700	4.700	-1.000
Human Resources	2.000	2.000	2.000	0.000
Information Services	5.000	5.000	4.500	-0.500
Rucker Building	0.800	0.800	0.800	0.000
Communications	2.000	4.000	3.000	-1.000

Administration by Program

	Executive	General Overhead	Human Resources	Business Office	Information Services	Communication	Division Total
Miscellaneous Revenue	-	190,578	-	500	-	-	191,078
Total Revenue	$ -	$ 190,578	$ -	$ 500	$ -	$ -	191,078
Salaries	485,359	58,115	170,707	418,260	457,691	264,602	1,854,734
Supplies	9,650	65,785	1,000	3,173	136,571	3,450	219,629
Charges for Services	151,086	806,236	193,500	167,060	82,482	18,020	1,418,384
Captial Outlay	-	70,000	-	-	109,000	-	179,000
Total Direct Expense	$ 646,095	$ 1,000,136	$ 365,207	$ 588,493	$ 785,744	$ 286,072	$ 3,671,747
Excess (Deficit)	**$ (646,095)**	**$ (809,558)**	**$(365,207)**	**$(587,993)**	**$(785,744)**	**$(286,072)**	**$(3,480,669)**

Administration
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.

	2012 Authorized	2013 Adopted Budget	2014 Proposed Budget	FTE Change 2013-2014
Staffing Resources:	3.000	3.000	3.000	0.000

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Proposed Budget	Dollar Change
Salary/Benefits	612,991	491,992	485,359	(6,633)
Supplies	6,005	6,000	9,650	3,650
Charges for Services	165,262	61,000	151,086	90,086
Capital Outlay	-	-	-	-
Total Expenditures	**$ 784,258**	**$ 558,992**	**$ 646,095**	**$ 87,103**
Excess (Deficit)	**$ (784,258)**	**$ (558,992)**	**$ (646,095)**	**$ (87,103)**

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, material 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.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	0.800	0.800	0.800	0.000

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Licenses & Permits	-	-	-	-
Intergovernmental (grants	5,040,046	6,432,712	-	(6,432,712)
Charges for Services	148,578	-	-	-
Miscellaneous	249,169	368,933	190,578	(178,355)
Total Revenue	**$ 5,437,793**	**$ 6,801,645**	**$ 190,578**	**(6,611,067)**

Fianancial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	78,327	51,208	58,115	6,907
Supplies	85,862	82,000	65,785	(16,215)
Charges for Services	637,475	591,340	806,236	214,896
Capital Outlay	-	100,000	70,000	(30,000)
Total Expenditures	**$ 801,664**	**$ 824,548**	**$ 1,000,136**	**$ 175,588**
Excess (Deficit)	**$ 4,636,129**	**$ 5,977,097**	**$ (809,558)**	**$ (6,786,655)**

Human Resources

Staff provide expert professional assistance and guidance to the agency on human resources programs, employee health and safety, performance management, employee relations, labor relations, and organizational development issues.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	2.000	2.000	2.000	0.000

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	163,449	192,610	170,707	(21,903)
Supplies	-	-	1,000	1,000
Charges for Services	477	-	193,500	193,500
Capital Outlay	-	-	-	-
Total Expenditures	**$ 163,926**	**$ 192,610**	**$ 365,207**	**$ 172,597**
Excess (Deficit)	**$ (163,926)**	**$ (192,610)**	**$ (365,207)**	**$ (172,597)**

Business Office

This group supports agency business functions, including staff support for purchasing coordination, asset management, fleet/vehicle management, purchasing, Architect 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.

	2012 Authorized	2013 Adopted Budget	2014 Proposed Budget	FTE Change 2013-2014
Staffing Resources:	5.700	5.700	4.700	-1.000

Financial Resources - Revenue (Class)

Revenue Class name	2012 Actuals	2013 Adopted Budget	2014 Proposed Budget	Dollar Change
Miscellaneous	569	500	500	-
Total Revenue	**$ 569**	**$ 500**	**$ 500**	**-**

Fianancial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	495,970	512,733	418,260	(94,473)
Supplies	36,942	27,080	3,173	(23,907)
Charges for Services	29,312	23,800	167,060	143,260
Capital Outlay	-	-	-	-
Total Expenditures	**$ 562,224**	**$ 563,613**	**$ 588,493**	**$ 24,880**
Excess (Deficit)	**$ (561,655)**	**$ (563,113)**	**$ (587,993)**	**$ (24,880)**

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.

	2012 Authorized	2013 Adopted Budget	2014 Budget	FTE Change 2013-2014
Staffing Resources:	5.000	5.000	4.500	-0.500

Fianancial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Budget	Dollar Change
Salary/Benefits	488,209	500,392	457,691	(30,518)
Supplies	87,932	124,830	136,571	48,639
Charges for Services	75,614	84,473	82,482	6,868
Capital Outlay	11,680	256,000	109,000	97,320
Total Expenditures	**$ 663,435**	**$ 965,695**	**$ 785,744**	**122,309**
Excess (Deficit)	**$ (663,435)**	**$ (965,695)**	**$ (785,744)**	**$ (122,309)**

Communications

The Communications Team, created in 2012, consolidated existing staff from elsewhere in the agency into a single workgroup and added an additional FTE to bolster strategic communications and outreach. 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. One occupied position is expected to be eliminated effective July 1, 2014.

	2012 Authorized	2013 Adopted Budget	2014 Propsed Budget	FTE Change 2013-2014
Staffing Resources:	3.900	4.000	3.000	-1.000

Financial Resources - Expenditure (Class)

Expense Class name	2012 Actuals	2013 Adopted Budget	2014 Propsed Budget	Dollar Change
Salary/Benefits	270,287	381,475	264,602	(116,873)
Supplies	3,909	4,000	3,450	(550)
Charges for Services	13,152	51,800	18,020	(33,780)
Capital Outlay	-	-	-	-
Total Expenditures	**$ 287,348**	**$ 437,275**	**$ 286,072**	**$ (151,203)**
Excess (Deficit)	**$ (287,348)**	**$ (437,275)**	**$ (286,072)**	**$ 151,203**

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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 2014 and contained within the General Operating Fund budget:

Capital Outlay

Annual Rucker Building capital repair/replacement **EST: $70,000**
(Administration- Overhead)
The Rucker Building Atrium ceiling is composed of numerous glass panels, some of which have failing seals. The request includes funding for replacement of atrium glass and resealing. In addition, the remaining elements of space reallocation to facilitate SHD work groups are expected to be completed in 2014.

Information Systems capital replacement and security improvements **EST: $109,000**
(Administration- Information Systems)
Planned investments include replacement of computer storage/servers and implementing a preliminary phase of building access and security improvements.

TOTAL CAPITAL OUTLAY REQUEST **EST: $179,000**

One-Time Capital Investment Requests

In addition to the agency's annual Capital Outlay program, the following technology and planning projects are scheduled in 2014:

Revising the District's 2009 Strategic Plan **EST: $50,000**

In collaboration with the Board of Health, the agency will undertake a process to update the District's 2009 Strategic Plan in light of new realities and evidenced based strategies shaping public health. In addition, the update is intended to help interpret evolving state and national public health policies and sources of financial support in a manner applicable to Snohomish County. The revised plan will provide decision support to the Board and staff in determining the agency's future scope of services, and in allocating staff and financial resources. Requested funds will support engaging external professional services to assist staff and the Board in developing and implementing the plan.

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 5 existing applications to one primary web-based business application with on-line modules for public access. Annually, the Division permits and inspects approximately 3,087 retail food facilities, 1,100 temporary event vendors, 480 swimming pool/spa facilities, and 150 Solid Waste Handling Facilities. Additionally, the Division annually completes approximately 500 individual sewage disposal system applications and issues 430 permits and responds to approximately 1,890 sewage and solid/hazardous waste complaints. Approximately 17,600 financial transactions are completed annually. Staff are exploring regional and hosted solutions to reduce costs and improve functionality and maintenance/support. The requested funds will support a comprehensive business process review and cost of service analysis for all Environmental Health functions and facilitate the replacement of the Division's current outdated technology with a new web-based system.

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 and 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. 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.

Tenant Improvements (carry-forward from 2013) **EST: $75,000**

Consistent with the terms of the lease renewal with the General Services Administration for office space supporting the Internal Revenue Service, the District must plan and implement tenant improvements including furniture relocation, painting and carpeting.

One-Time Capital Investment Requests (continued)

Information technology strategic planning **EST: $50,000**

The District will engage outside assistance in developing an information technology strategic plan to guide the District over the next 2-5 years in planning, procuring, implementing and managing the current and future technology investments and resources for both geographic and information services. The plan will help set the agency's direction over the next several years and objectively identify and assess the internal and external staff resources and various technology strategies to most effectively support the District's efforts. The District would intend to commence such work at the conclusion of the agency's strategic planning process.

Agency accreditation **EST: $125,000**

The goal of public health accreditation is to improve and protect the health of the public by advancing the quality and performance of all health departments in the country. Having accredited public health departments means that no matter where citizens live they can feel confident that their local public health department is providing the highest-quality services possible. Insuring everyone has the right to quality public health programs and services means setting standards that encourage improvement of services. It's also anticipated that future federal and state funding will be conditioned on meeting national standards verifiable through the accreditation process. The requested funds will support a dedicated project manager to develop and facilitate the accreditation process for the District in conjunction with external expertise. The goal of the 18-24 month long planning and preparation process will yield an award of accreditation by 2016.

Cost of Service and Allocation Study **EST: $40,000**

The District will pursue a cost of service and allocation study in 2014 to evaluate and calculate the full cost of administrative and business support services and to ensure overhead costs are properly allocated to the various Divisions they support. The District will engage outside expertise to evaluate agency data, allocation and cost factors, and financing strategies, and develop customized financial models to calculate indirect costs and properly allocate them in compliance with regulatory requirements.

Revising the District's Quality Improvement Plan **EST: $10,000**

The District intends to refresh its Quality Improvement (QI) Plan to identify new strategies in assimilating key QI principles and practices into the organization. Quality improvement is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. It is intended to become an integral part of every aspect of organizational practice, with the end goal of constantly striving to provide optimal service to the public at an optimal price. The update will reflect the knowledge gained from preliminary QI efforts and identify alternative strategies to incorporate QI related methods into the agency's daily work activities rather than as a "program" or "activity" unto itself. The requested funds will be used to engage outside assistance in facilitating an update to the plan.

TOTAL ONE-TIME CAPITAL INVESTMENT PROJECT REQUESTS **EST: $906,500**

One-Time Capital Investment Requests (continued)

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 plan document or new software/technology that will not further burden the agency's financial condition but rather anticipated to significantly reduce its ongoing costs.

Ending Fund Balance	6,125,683
Committed Reserves	
Operating Capital	1,375,670
Emergency Reserve	500,000
Total Committed Reserves	1,875,670
Assigned Reserves	
Technology and Equipment	449,900
Vehicle Replacement	200,000
Building Upgrade	403,000
Total Assigned Reserves	1,052,900
Unassigned Fund Balance	3,197,113
One Time Fund Balance Requests	906,500
Remaining Unassigned Fund Balance	2,290,613

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 $906,500, together with $179,000 operating capital outlay will fund the 2014 Capital Improvement Plan.

Snohomish Health District

Capital Improvement Plan

	2014	2015	2016	2017	2018	2019
Technology and Equipment						
Hardware upgrades	109,000	294,000	58,000	45,000	52,900	
Software Systems	556,500					
Total	**665,500**	**294,000**	**58,000**	**45,000**	**52,900**	
Vehicle Replacement		**40,000**	**40,000**	**40,000**	**40,000**	**40,000**
Building Upgrade						
Structural (exterior, roof, glass)	60,000	20,000	20,000	20,000	20,000	20,000
Systems (HVAC, plumbing, electrical)		36,000	36,000	36,000		
Furniture, fixtures, finishes and equipment	75,000	43,500	89,500	37,000	25,000	
Total	**135,000**	**99,500**	**145,500**	**93,000**	**45,000**	**20,000**
Planning Initiatives						
Strategic Plan, Technology Plan, Quality Improvement Plan, Accreditation, Cost of Service Review	**285,000**	-	-	-	-	-
Total Capital Improvement Plan	**$ 1,085,500**	**$ 433,500**	**$ 243,500**	**$ 178,000**	**$ 137,900**	**$ 60,000**

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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 & 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 (LOC). 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 following 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 MANAGMENT

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 and no changes are made from the 2013 fee schedule.

Environmental Health

- Food Permit Fees
- Wastewater Fees
- Solid Waste and Toxics
- 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 December 1, 2011

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
3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

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.	
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.
e) Site Inspection to re-open former food service establishment	$168.00	Per inspection to reopen former Food Service Establishment
f) Hazard Analysis Critical Control Point Review (HACCP)	$168.00	When required by WAC for menu items **Plus lab fees**

Environmental Health
Food Permit Fees (cont.)

TITLE			FEE	DESCRIPTION
Plan Review Continued				
g)	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
h)	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
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
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)	Food Demonstrator *(Low Risk foods only)*	Valid 1-21 consecutive days	$79.00	Event permit fee
	Annual *(Low Risk foods only)*	No location restrictions apply	$184.00	Annual permit fee
d)	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
e)	Mobile Food Vehicle	Operating with an annual permit	$37.00	Event permit fee
f)	Exempt or Product ID only		$40.00	Processing fee

Environmental Health
Food Permit Fees (cont.)

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

Environmental Health Division
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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

Environmental Health
Solid Waste & Toxics

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

Environmental Health Division
3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

Environmental Health
Solid Waste & Toxics (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

Environmental Health
Miscellaneous EH 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
3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

Environmental Health
Miscellaneous EH 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	

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

Communicable Disease
Immunization Clinic Fees

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

Community Health
Schedule of Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Community Health Division
EFFECTIVE December 1, 2014

TITLE	CURRENT 2012 FEES	PROPOSED 2014 FEES	COMMENTS
CONFERENCE FEE	Total cost divided by expected number of participants	Total cost divided by expected number of participants	
FOR-PROFIT VENDOR TABLE FEE	$185 per for-profit vendor	$185 per for-profit vendor	No increase
OFFSITE GROUP CLASSES	$105 per hour per group with a minimum of 10 participants	$105 per hour per group with a minimum of 10 participants	No increase
MATERIALS FOR EDUCATIONAL PRESENTATIONS	Unit cost + 25%	Unit cost + 25%	

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

APPENDIX C- 2014 BUDGET ADOPTION RESOLUTION

SNOHOMISH HEALTH DISTRICT 13-17
RESOLUTION OF THE BOARD OF HEALTH
RESOLUTION NUMBER: 13-17

RESOLUTION SUBJECT: **ADOPTION OF THE 2014 BUDGET**

WHEREAS the 2014 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 2014 Snohomish Health District operational expenditures are balanced with revenues, and creates an organizational structure that supports a culture of transparency and accountability, and

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

WHEREAS the Snohomish Health District recognizes timely and appropriate engagement and communications with the Board of Health are necessary to avoid reliance on passive tools to manage the structural deficit, and

WHEREAS the Snohomish Health District finds it necessary and prudent to invest in current technologies to enhance the productivity and effectiveness of staff, and

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

WHEREAS the base 2014 compensation levels (salaries and wages) of non-represented regular employees include a cost of living adjustment (COLA) to final year 2013 salaries and wages, the same as granted to AFSCME and PTE union employees in their collective bargaining agreements covering the 2014 year which is an increase of 1.5% effective January 1, 2014, and

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 2014 Snohomish Health District Budget as presented on December 10th, 2014 and as follows:

Snohomish Health District 2014 Budget	Revenue	Expenditure	Authorized FTE
GENERAL FUND			
Administration	191,078	3,671,747	18.000
Communicable Disease	4,972,199	3,870,671	36.020
Community Health	6,040,932	4,761,852	49.800
Environmental Health	5,316,214	4,203,766	40.550
Total General Fund Operations	16,520,423	16,508,036	144.37
Capital Projects		906,500	
	16,520,423	17,414,536	144.37
PUBLIC HEALTH EMERGENCY PREPAREDNESS RESPONSE FUND			
Communicable Disease	672,252	672,252	4.330
TOTAL DISTRICT BUDGET	17,192,675	18,086,788	148.700

and hereby adopts the agency's fee schedules as detailed in Exhibit B of the 2014 Snohomish Health District Budget.

ADOPTED this 10th day of December, 2013.

ATTEST:

_____
Karen Guzak, Chair
Board of Health

_____
Gary Goldbaum, MD, MPH
Health Officer and Director

APPENDIX D- AGENDA FOR CHANGE AND FOUNDATIONAL PUBLIC HEALTH SERVICES

Agenda for Change Action Plan

FOR WASHINGTON'S PUBLIC HEALTH NETWORK

SUMMARY

2012

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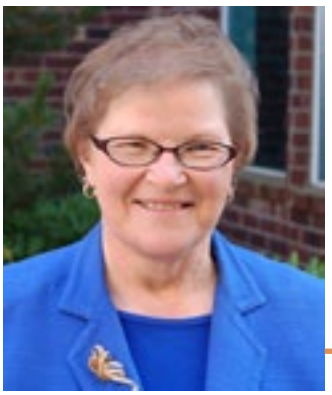
Collaboration THE FUTURE OF PUBLIC HEALTH



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.

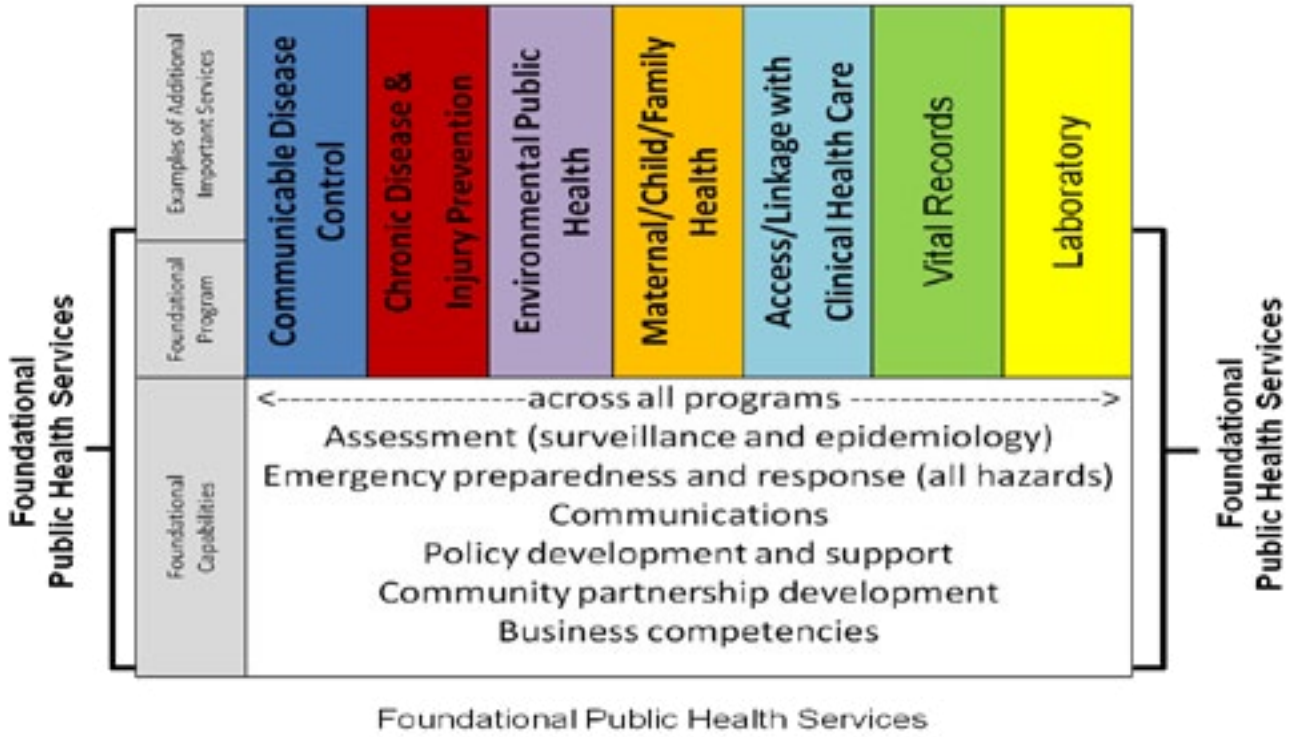
Foundational Public Health Services

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

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

FOUNDATIONAL PUBLIC HEALTH SERVICES

Summary for discussion at PHIP

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.

A predictable level of public health protection throughout the state -
What every person has a right to expect

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

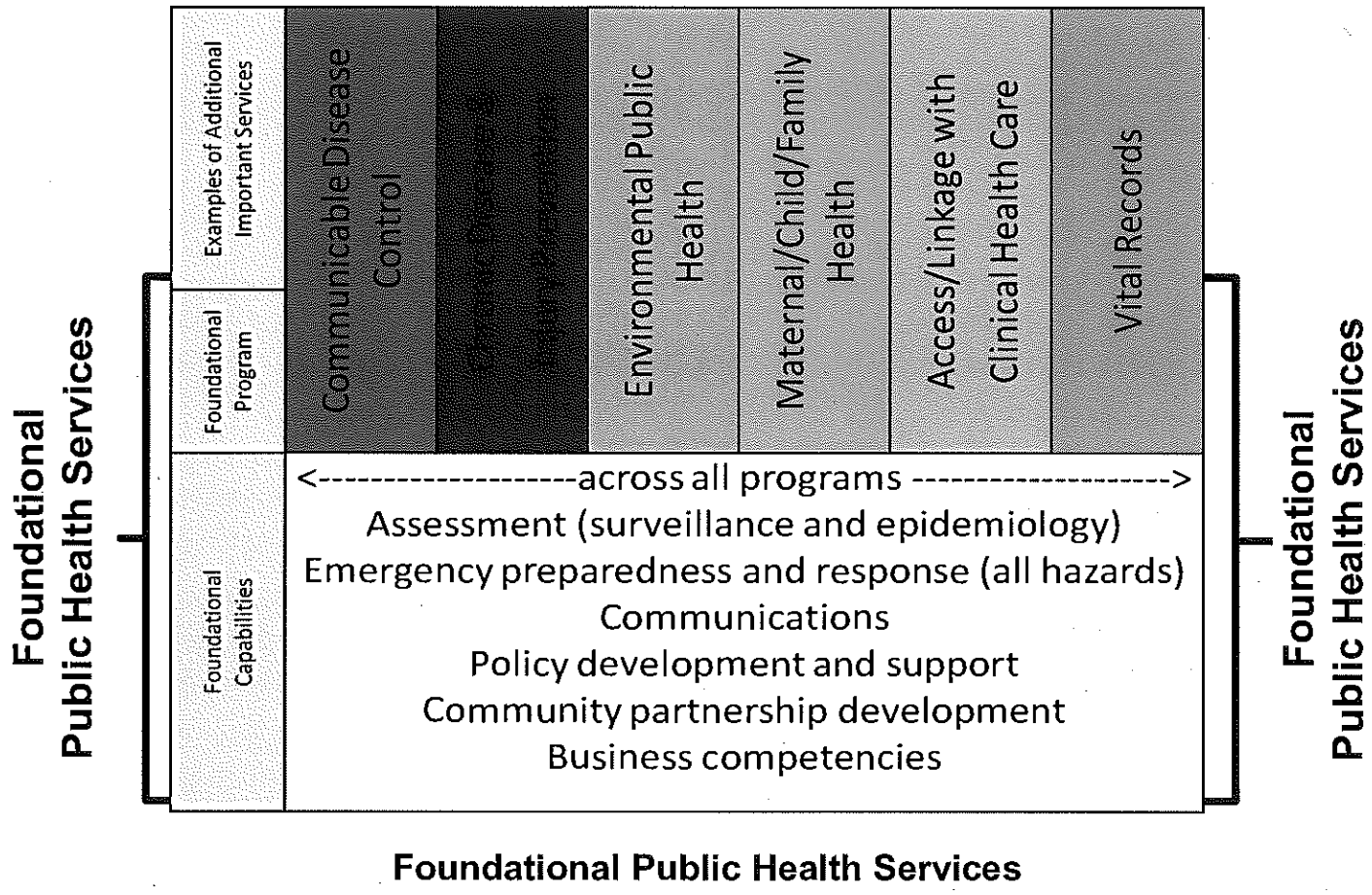
Facilitate the availability of...

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



Public Health Improvement Partnership (PHIP)

Foundational Public Health Services (FPHS) - Policy Group

Draft 11-18-13

The Problem

We have a public health funding and delivery system that was designed in and for the 20th century that needs to be re-designed to meet 21st century needs.

1. **Public Health's Historic Successes are Threatened.** Public health services have eroded to the point where basic protections for the public's health and safety are threatened.

2. **Public Health Cannot Adequately Confront Newer Challenges.** Preventable illness and death from injuries and chronic disease (e.g. diabetes, heart disease, stroke, cancer) are harming Washington families, business and society. Resources for an adequate response are missing.

3. **The Local, Tribal, and State Public Health Network has an Outdated, Inequitable, Underfunded Financing System.** The public health network does not have a sufficient foundation of reliable funding that is responsive to inflation and population changes to ensure Washingtonians receive the public health services necessary to protect them from preventable illness, injury, and death.

Purpose of the FPHS Policy Group

The scope and goal of the policy group is to assure appropriate funding to provide a uniform level of Foundational Public Health Services (FPHS) statewide.

Depending on the information and finding provided by the FPHS technical group, this could include, but is not limited to addressing the following:

1. Determine the appropriate share of state and local responsibility for funding a uniform level of FPHS statewide
2. Re-prioritize or reallocated current state and local funding that is being used for "other important" / non-foundational serves to FPHS
3. New funding options
    a) Reprioritize or reallocated existing public funds to public health
    b) Identify new sources of public funds
    c) Identify other new or non-traditional sources of funds (i.e. capital markets; healthcare savings from healthcare reform)
4. Some combination of the above or other approaches

Process

The work group will use a shared leadership model and be consensus based. All views will be respected. Workgroup members will be expected to be prepared for meetings, engage fully in the discussion, and participate in the creation of and vetting of ideas and solutions.

Timeline

Complete work by July 31, 2014

Estimated Time Commitment

Monthly, half-day, in-person (preferable), meetings between December 2013 and July 2014. No alternates.

Membership

The intent is to be inclusive while having a workable sized group. This is a preliminary list of entities to be invited to participate. Specifics will continue to evolve.

- Six Local Board of Health Members (distributed among east/west, urban/rural)
  - Two County Commissioners (who serve on a board of health)
  - Two City Council members (who serve on a board of health)
  - Two non-elected board of health members

- Four Legislators- 1 Republican, 1 Democrat, 1 House, 1 Senate; from committees like Health, Funding (Ways & Means), Human Services, Tribal, Government.

- Two Elected Tribal Council Representatives

- Four Local Health Jurisdiction (LHJ) Directors (distributed among east/west, urban/rural; and to include one physician HO that is an LHJ director) +One at-large LHJ Leader
  - Two from departments- one from standalone public health department and one from combined health and human services department
  - Two from districts- one from a single county district and one from a multi-county district.
  - One at Large LHJ Leader- EH, community health, other
- Two tribal health/human services directors

- Governors Policy Office – 1 representative

- Associations / Other Groups
  - Washington Association of Counties (WSAC)
  - Association of Washington Cities (AWC)
  - Washington Association of Local Public Health Officials (WSALPHO)
  - Washington State Public Health Association Board Member
  - The Public Health Roundtable

Advisors

- FPHS Co-Chairs- Barry Kling & Jennifer Tebaldi

Preliminary Process Design: Relationship of Technical and Policy Groups

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Technical Workgroup	Kickoff	Meeting 2	Meeting 3					
Policy Workgroup		Kickoff		Meeting 2	Meeting 3	Meeting 4	Meeting 5	Meeting 6

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