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# 2012 ADOPTED BUDGET

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**SNOHOMISH**  
HEALTH DISTRICT  
[WWW.SNOHD.ORG](http://WWW.SNOHD.ORG)

# **SNOHOMISH HEALTH DISTRICT**

## **2012 BUDGET**

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### **Our Vision:**

**Healthy Lifestyles, Healthy Communities**

### **Our Mission:**

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

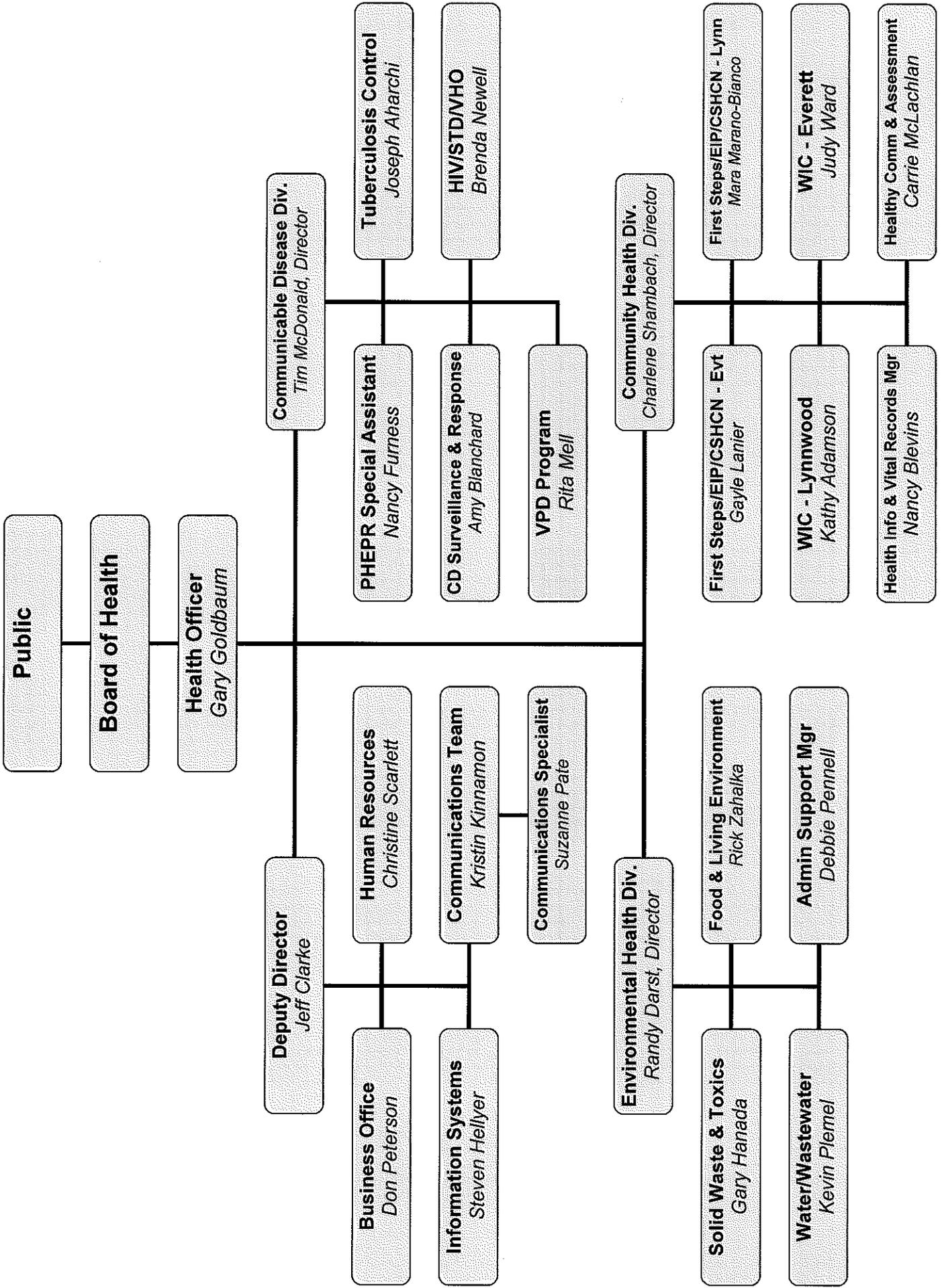
### **Our Strategic Directions:**

- I. Assure provision of basic public health services to protect the population's health and safety.**
- II. Support healthy lifestyles and environments for the prevention of chronic disease and injury.**
- III. Create support for stable and adequate public health funding.**
- IV. Expand partnerships to share resources and responsibility for the public's health.**
- V. Improve the quality of and access to information and education about disease and injury prevention across the community.**
- VI. Leverage technology to broaden community outreach and to improve the public's health.**
- VII. Increase public involvement in public health policy and direction.**

**SNOHOMISH HEALTH DISTRICT  
2012 BUDGET**

**BOARD OF HEALTH MEMBERS AND AREAS REPRESENTED**

<u>Represented Areas</u>	<u>Members</u>	<u>Phone Numbers</u>
Snohomish County		425.388.3494
District #1	John Koster	
District #2	Brian Sullivan	
District #3	Stephanie Wright	
District #4	Dave Gossett	
District #5	Dave Somers, Vice Chair	
Edmonds	Adrienne Fraley-Monillas	206.890.4562
Everett	Drew Nielsen	425.259.6184
Marysville	Donna Wright	360.659.1271
Monroe	Patsy Cudaback	425.268.8079
Mountlake Terrace	Michelle Robles	425.308.0127
Arlington	Dianne White	360.629.2181
Darrington	City of Stanwood	
Granite Falls		
Lake Stevens		
Stanwood		
Bothell	Mark Lamb, Chair	425.368.4238
Brier	City of Bothell	
Mill Creek		
Gold Bar	Karen Guzak	360.568.1000
Index	City of Snohomish	
Snohomish		
Sultan		
Lynnwood	Jim Smith	425.774.8497
Woodway	City of Lynnwood	
Mukilteo	Linda Grafer	425.355.1171



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Snohomish Health District  
Resolution of the Board of Health

11-19

Resolution Number: 11-19

Resolution Subject: SETTING A MINIMUM FUND BALANCE TARGET

WHEREAS the Snohomish Health District operates primarily through its General Fund, which takes in revenues from various fees, grants, and other sources, and

WHEREAS maintaining an adequate fund balance in its General Fund is an important aspect to protecting the financial viability of the District, providing financial liquidity through fluctuations in spending cycles including emergencies, and assuring that it is able to continue its programs to serve the public without interruption, and

WHEREAS setting a minimum fund balance target will provide District staff with guidelines for budgeting and planning program expenditures, and will provide the Board with an important tool for evaluating budget proposals, and

WHEREAS District staff have analyzed annual fund balance cycles as the potential for funding through crises;

NOW THEREFORE the Board of Health hereby resolves as follows:

Section 1. The Snohomish Health District should maintain a fund balance of at least two million dollars at all times, including at its normal low point in early December.

Section 2. District staff shall propose annual budgets that project an ending fund balance for each year of at least two million dollars.

Section 3. At any point that District staff forecasts that short term conditions may reduce the fund balance below the set minimum amount, they shall notify the Board in advance of reaching that level and discuss the reasons for the lowered fund balance, any options to avoid doing so, and whether steps need to be taken to prevent such an occurrence.

Section 4. At any time that the staff proposes an annual budget in excess of twenty million dollars, the Board shall consider whether to change the minimum fund balance amount so as to continue to maintain a fund balance of at least ten per cent of the annual budget.

Section 5. This policy shall take effect on July 15, 2011.

Adopted this 12th day of July, 2011.

Mark Lamb, Chair  
Board of Health

ATTEST:

Gary Goldbaum, MD, MPH  
Health Officer and Director



SNOHOMISH HEALTH DISTRICT  
RESOLUTION OF THE BOARD OF HEALTH

11-37

RESOLUTION NUMBER: 11-37

RESOLUTION SUBJECT: USE OF FUND BALANCE IN 2012

WHEREAS the Snohomish Health District is going through an extended and ongoing period of unusual uncertainty about the funding sources relied upon by the District for its programs, and

WHEREAS the District has built up a Fund Balance of nearly five million dollars, which is significantly more than the two million dollar amount set by the Board as the minimum level, and

WHEREAS the Board of Health has approved a 2012 Budget which does not rely on the use of any Fund Balance, but which was developed and approved prior to learning what reductions in funding might be imposed due to decisions made by the State Legislature or federal agencies, and

WHEREAS the Board of Health plans to maintain existing programs to the extent possible while working to avoid making abrupt major programmatic and staffing changes over the next three years;

NOW THEREFORE, pursuant the Snohomish Health District Board of Health does hereby:

- A. Direct the Health Officer to maintain at least a minimum Fund Balance level of \$4 million at any point in 2012.
- B. Direct the Health Officer to provide monthly reports to the Board on projected year-end Fund Balance levels.
- C. Direct that, at any point during 2012 at which the projected year-end Fund Balance goes below \$4.2 million, the Health Officer present the Board with an analysis of whether revenue projections are likely to continue to drop, and options for keeping the Fund Balance above \$4 million during 2012.

ADOPTED this 13th day of December, 2011.

ATTEST:

Mark Lamb, Chair  
Board of Health

Gary Goldbaum, M.D., M.P.H.  
Health Officer and Director



SNOHOMISH HEALTH DISTRICT  
RESOLUTION OF THE BOARD OF HEALTH

11-38

RESOLUTION NUMBER: 11-38

RESOLUTION SUBJECT: ADOPTION OF THE 2012 BUDGET

WHEREAS the 2012 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 Board has adopted operating guidelines which provide for it to approve total and program staffing numbers, and

WHEREAS the State Legislature has ended the system of funding HIV/AIDS programs through the use of regions, and

WHEREAS the Board of Health has directed staff to maintain a Fund Balance of at least \$4 million during 2012 in order to maintain reserves over the next few years;

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:

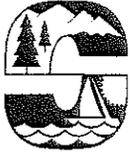
- A. The Board of Health does hereby authorize elimination of the Snohomish Health District Region 3 HIV/AIDS Fund effective January 1, 2012 by transfer of its 2011 yearend fund balance into the Snohomish Health District General Fund.
- B. The Board of Health does hereby adopt the 2012 Snohomish Health District General Fund Budget, authorizing expenditure of funds during calendar year 2012 in the amount of \$16,100,266 and authorizing total staffing of 156.525 FTEs, as detailed on Attachment A.
- C. The Board of Health does hereby adopt the 2012 Snohomish Health District Public Health Emergency Preparedness and Response Fund Budget, authorizing expenditure of funds during calendar year 2012 in the amount of \$741,037 and authorizing total staffing of 5.2 FTEs.

ADOPTED this 13th day of December, 2011.

Mark Lamb, Chair  
Board of Health

ATTEST:

Gary Goldbaum, M.D., M.P.H.  
Health Officer and Director



SNOHOMISH HEALTH DISTRICT  
RESOLUTION OF THE BOARD OF HEALTH

12-07

RESOLUTION NUMBER: 12-07

RESOLUTION SUBJECT: 2012 Budget Revision No. 1

WHEREAS the 2012 Snohomish Health District Budget was developed and adopted prior to completion of negotiations with three employee bargaining units on new contracts, and

WHEREAS three-year agreements have been reached with those units, including cost-of-living increases for 2012, to take effect on April 1, and

WHEREAS the Board of Health has acted to provide a cost-of-living increase for 2012 to non-represented employees which was not assumed at the time of Budget adoption, and

WHEREAS the Emergency Shelter Assistance Program grant expected for 2012 will not be received, reducing both grant money and expenditures during the year, and

WHEREAS an unexpected expense to hire an executive search firm has been identified, and

WHEREAS several personnel changes and minor corrections have been identified since the Budget was adopted, which result in minor changes to projected spending and revenues,

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 of Health does hereby amend the previously adopted 2012 Snohomish Health District Budget as follows:

	<u>Initial 2012 Budget</u>	<u>2012 Budget Change #1</u>	<u>Revised 2012 Budget</u>
Total Revenues	\$16,428,319	(\$2,551)	\$16,425,768
Total Expenditures	\$16,100,266	\$139,717	\$16,239,983

ADOPTED this 14th day of February, 2012.

ATTEST:

Dave Somers, Chair  
Board of Health

Gary Goldbaum, MD, MPH  
Health Officer and Director

# Snohomish Health District

## 2012 Budget Book

### Snohomish Health District General Fund

#### Overview

2011 was another year of challenges, for the nation and our region. The Great Recession continued to present financial challenges at the same time that it increased demand for Health District services. Legal challenges to the national health care program raised uncertainty about major public health directions, while continuing and even deepening financial woes within local, state, and federal government placed increasing uncertainty on funding for public health. Technical issues also challenged us. The legislature passed a bill to improve the rate of childhood vaccinations, which was a positive step. However, the controversy stirred by the issue, and even the fact that such steps must be taken, highlights the complexity of public health work. Vaccinations are one of the great public health successes of the twentieth century, yet a decade deep into the twenty-first, we keep refighting battles many thought were won long ago.

For the Snohomish Health District, it was a stronger year than expected. With H1N1 funds drying up, and the threat of cuts from the state and federal governments, there were concerns over significant revenue shortfalls and the possibility of layoffs. The District did have to handle the decision that 2011 would be the last year of funding for the Nurse Family Partnership program. However, with a great deal of work by Division and program staff, a community partner (the Little Red School House) was found to take on the program, funding was identified, and by the fall NFP had a new lease on life. Revisions to the State budget led to cutbacks in various grants and funding sources, but not to the extent feared, and staff were able to line up a few new grants.

Significantly, a variety of factors combined to push the District's fund balance back up to healthier levels. Careful financial controls, having some external cost factors break more positively than anticipated, and more staff vacancies than anticipated were major factors. It now appears that about \$1.6 million will be added to the general fund balance during 2011, resulting in a figure of almost \$5.0 million with which to start 2012. During the year, the Board of Health adopted for the first time a fund balance policy, setting a minimum level of \$2 million, so the District now has a useful cushion to help ride through uncertain financial times.

The largest budget issue facing the Health District in 2012 is the financial strength of the agencies that contribute to our finances. About one-third of the District's revenues come from license and permit fees and charges for service. That leaves two-thirds to come from grants and similar sources, primarily county, state, and federal governments. While "fees" remain a fairly stable funding source, governments must balance their contributions to local health against a myriad of competing priorities. Although all of our activities focus on prevention and have excellent long-term payoffs, they can seem less urgent when compared to education or criminal justice. Although county, state, and federal contributions to public health represent small slices of overall government funding, they are at risk for further cuts in the years ahead—for the Snohomish Health District and other local health jurisdictions across the state and nation.

In such difficult times, it is tempting for an agency to merely "hang on" and try to survive until better days arrive. Doing so for the Health District, though, ignores the fact that we have clients who need assistance here and now; that a public health emergency might not wait for better days to strike our community; and that the sooner we carry out our main goal—prevention—the greater the financial and human benefits to be achieved. Therefore, in developing this draft Budget, staff kept in mind the following major goals we are trying to pursue:

- Prevent contagious diseases from spreading through the community
- Protect the community from environmental risks to human health
- Promote healthy lifestyles by our citizens
- Prepare to respond to public health emergencies
- Train and prepare the next generation of District public health staff

The 2012 Budget is designed to pursue those ends while living within our means. It depends to a degree on the use of some fund balance, although the extent will depend on decisions made by state and federal budget committees. The Budget as modified by the Board in February actually shows a surplus of some \$185,000, however there is a possibility of significant revenue cuts to come as a result of the State's Special Session in that month. The Governor's initial list of potential cuts would have removed over half a million dollars from District revenues, but her actual proposed Supplemental Budget makes no cuts at all. What impact results from final action by the Legislature remains to be seen.

Overall Revenues and Expenditures

The following table summarizes General Fund revenues and expenditures for 2010 (actual) and 2011 (projected), plus proposed budget numbers for 2012.

	<b>2010</b>	<b>2011</b>	<b>2012</b>
Revenues	\$19,152,418	\$17,476,000	\$16,425,768
Expenditures	<u>\$16,921,867</u>	<u>\$16,013,000</u>	<u>\$16,239,983</u>
Balance	+ \$2,230,551	+ \$1,463,000	+\$185,786

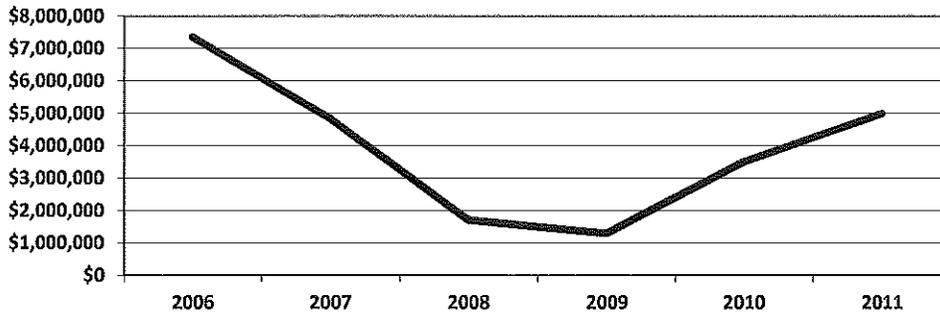
As can be seen, 2010 and 2011 were years in which the District’s General Fund was able to rebuild its fund balance to a safer level. This was due in part to restrictions in spending, but also to the influx of federal H1N1 and emergency preparedness funds. The intent in developing a 2012 proposal was to maintain a relatively balanced budget, neither adding to the Fund Balance nor drawing on it to a large extent for program spending.

Fund Balance

The District maintains a fund balance for various purposes: to account for the normal cyclical swings in revenue and expenditures through the year, to build up reserves for major purchases and obligations (such as employee retirements), and to preserve resources for emergency situations. The last is particularly important, since one of the District’s main responsibilities is to help coordinate and provide services to our community in the case of a public health emergency.

Several years ago, the Board decided that the fund balance was excessively large, and directed District staff to use it for expenditures rather than seeking increased revenue from certain existing sources. That plan was underway when the recession hit, accelerating and exacerbating the reduction in the size of the fund balance. The following table and chart show the history of the fund balance in recent years, using end of year balances as a common measuring point.

<b>Year</b>	<b>Ending Fund Balance</b>
2006	\$7,360,067
2007	\$4,843,721
2008	\$1,712,753
2009	\$1,301,631
2010	\$3,528,159
2011 (proj.)	\$4,990,000



During 2011, the Board of Health adopted a policy on the appropriate level of fund balance to guide future budgeting work. The minimum fund balance target is \$2 million. That means the District will start 2012 with approximately \$3 million in funds above that minimum level. Given the level of uncertainty about state and federal funding sources, continued volatility in the economy, and the likelihood that regional and national economic recovery will be a slow and long-term process, the Board has decided that this sum should be used to help absorb revenue cuts over a longer period, and not used up in a single year. During 2011 the Board directed that at most \$1 million of the fund balance might be used in 2012 to offset revenue losses.

Uncertainties

Right through the time of the Board’s consideration of the Budget (December, 2011), the District’s revenue picture remained fluid. Largely this results from uncertainty over State Budget decisions, and how the federal deficit reduction solutions will affect local funding. The nature of these issues means that there is no definite timeline for obtaining certainty on District revenues.

The State Budget is projected to provide the District with approximately \$3.27 million in funding for 2012. This amount is based on both the 2011 amounts and the latest information from state agencies and the Governor’s recommendations. The funding comes in three large grants:

Local Capacity Funds	\$793,000
5930 Funds	\$375,688
Local Government Assistance	<u>\$2,108,000</u>
TOTAL	\$3,276,688

One way to estimate the possible impact of significant state funding cuts is to use the ten percent cut figure which the Governor requested that state agency heads plan for in case no better solution was reached. If that number were applied to the funding now being received from these three sources, the total impact would be a loss of about \$330,000. In November the Governor released an initial list of

possible budget cuts. It showed a reduction in funding for the District amounting to \$550,000 in 2012. Then her actual proposal in December showed no cuts at all in funding to the District.

Please note that there is no assurance how much if anything that the State Legislature will cut from our funding. Note also that the District could see reductions in funding from the federal government. Federal changes could be delayed and could come out from time to time on an uncertain schedule.

Another area of significant uncertainty is Medicaid Administrative Match (MAM). This program provides compensation to local health jurisdictions (along with schools and other agencies) for connecting clients with Medicaid services and other assistance to the federal program. In 2011, we budgeted a total of \$690,000 in revenues from this program. The departure of the NFP program (which generated a significant share of the MAM money) already means a reduction of perhaps \$150,000, *which is reflected in this draft Budget*. What's more, federal and state officials are requiring major changes in how the match is calculated. Staff is part of a local health jurisdiction (LHJ) team negotiating those changes, and final answers are not available, but there is the possibility of significant additional cuts in this funding source effective at the start of 2012.

In October the Board approved a set of fee increases for Environmental Health and Community Health. Those increased revenues *are included* in the proposed Budget numbers.

### Assumptions

The Budget numbers in this draft make certain assumptions about revenues and expenditures. These could change, depending on decisions made by the Board or by funding agencies. Here are the most significant of the assumptions:

- Contracts have been negotiated with three of the employee Unions. These include a Cost of Living Adjustment (COLA) in 2012 amounting to 1.35% effective April 1, 2012. The contracts will be voted on by the memberships and likely placed before the Board for final approval at their March meeting. The Board has approved a similar COLA for nonrepresented staff. The impacts of those COLAs have been included in the budget numbers contained in this Budget Book. The fourth bargaining unit (WSNA) has an agreement dating to 2009 which calls for a 2.0% COLA in 2012, and that number is assumed in the salary calculations for its members.
- Staffing costs do assume step increases for any staff who are eligible for them.
- Staffing costs also take into account the approved increases in PERS (retirement) contributions by the District.
- Staffing costs are increased by .45% (a little less than half of 1%) to reflect the expected increase in medical insurance costs. This figure was reached by applying projected increases to the current staffing in terms of single, married, and family coverage.
- The overall Salary and Benefits budget will be under spent by 1.75% in 2012.

- The Administration budget includes enough money to cover the cost of credit card fees, assuming implementation by January 2012.

With regard to the Salaries line, many agencies assume some degree of underspending, and budget accordingly. With a staff of our size, in any year there is bound to be some amount of resignations and retirements, resulting in vacant positions for several months while the job is refilled, and lower salaries when compared to the veteran who departed. There is also usually some amount of leave without pay. In the past, the District has typically underbudgeted salaries and benefits by 3%-5%. Given that the Recession is reducing employee mobility, and extending careers, reducing turnover, staff has assumed a figure of 1.75%. To not budget for it would provide a safety cushion in the budget, however the proposed number is likely to be closer to actual expenditures.

## Staffing levels

Following is a table showing program by program staffing numbers for each Division in 2011 and 2012. All numbers refer to Full Time Equivalent positions (FTEs), and reflect changes proposed by Staff for 2012.

Division/Program	2011	2012	Change	Notes
<b>Communicable Disease</b> * See also PHEPR & AIDS funds below	<b>44.250</b>	<b>40.025</b>	<b>(4.225)</b>	
➤ Immunization	14.900	12.310	(2.590)	Decrease in clinic staff, transfer of vacant graphics position to the communication team, transfer manager to CH, and an increase in non clinic staff allocating time to the clinic
➤ Sexually Transmitted Diseases	3.500	3.610	.110	
➤ Tuberculosis	11.500	8.800	(2.700)	Temporary MDR PHN ended on July 31. More FTE allocated to Refugee Health to reflect projected needs.
➤ HIV/AIDS	5.250	4.415	(.835)	Cut a position in response to state funding reduction.
➤ Refugee Health	0.700	2.290	1.590	More FTE allocated to Refugee Health to reflect projected needs.
➤ Other Diseases	5.900	6.100	.200	
➤ CD Administration	2.500	2.500	0	
<b>Community Health</b>	<b>48.750</b>	<b>53.550</b>	<b>4.800</b>	
➤ Maternal and Infant Care	24.150	20.400	(3.750)	NFP shift to Little Red
➤ Oral Health	.700	.200	(.500)	Shift in funding source
➤ Children w/ Special Health Care Needs	2.200	2.150	(.050)	
➤ Women, Infants & Children (WIC)	13.900	15.100	1.200	New manager team.
➤ Tobacco	3.300	0	(3.300)	Shift to chronic disease
➤ Child Abuse	1.200	1.050	(.150)	
➤ Other programs	.300	0	(.300)	
➤ Assessment/Chronic Disease	0	8.300	8.300	Combined groups; Added 2.0 FTE Epi
➤ Vital Records	0	3.750	3.750	Shift from Admin
➤ CH Administration	3.000	2.600	(.400)	

<b>Environmental Health</b>	<b>44.550</b>	<b>43.750</b>	<b>(.800)</b>	
➤ Drinking Water	1.350	1.350	0	
➤ Solid Waste & Toxics	12.250	10.250	(2.000)	Moved to Food
➤ Septic/Land Use	7.350	7.600	.250	
➤ Food	15.050	16.500	1.450	Added 1.5 inspectors
➤ Living Environment	3.550	3.300	(.250)	
➤ EH Administration	5.000	4.750	(.250)	
<b>Assessment</b>	<b>6.250</b>	<b>0</b>	<b>(6.250)</b>	Moved to CH
➤ Assessment	2.500	0	(2.500)	Combine with chronic dis.
➤ Vital Records	3.750	0	(3.750)	Shift to CH
<b>District Administration</b>	<b>19.700</b>	<b>19.200</b>	<b>(.500)</b>	
➤ Administration	12.900	11.400	(1.500)	Reduced purch. coord. by .5 FTE; created a communications group
➤ Information Services	6.000	5.000	(1.000)	Eliminated a short term FTE
➤ Rucker Building	.800	.800	0	
➤ Communications	0	2.000	2.000	New central group
<b>General Fund Total</b>	<b>163.500</b>	<b>156.525</b>	<b>(6.975)</b>	
PHEPR Fund	5.300	5.200	(.100)	
HIV/AIDS Fund	1.275	0	(1.275)	Fund ended; work shifts to CD
<b>Health District, all funds</b>	<b>170.075</b>	<b>161.725</b>	<b>(8.350)</b>	

### Staffing Changes

Although large scale changes are not proposed, the District is making some cutbacks and changes, partially through attrition. The changes identified include:

- Elimination of the Nurse Family Partnership positions due to the program transfer.
- New management structure to provide better support for WIC, First Steps, Children with Special Health Care Needs, and the Early Intervention program. This involves shifting one manager position from CD to CH, and turning a CH clerical supervisor position into a manager position.
- Hiring of two epidemiologist positions to replace positions not filled in the last two years.
- Hiring a new manager for the centralized Communications group.
- Reduction of the purchasing coordinator position from full to half time.

## Staff Transition

The Snohomish Health District has the pleasure of employing an experienced staff with many longtime veteran employees. The down side is that many are nearing normal retirement age. In mid-2011, an analysis showed the following numbers:

65+ years old	5
60-64	37
55-59	41
50-54	30
45-49	24
40-44	12
35-39	22
30-34	13
25-29	5

So out of 189 employees at that time, 83 (44%) were within ten years of normal retirement age, and half of those were within five years. This means that the District will be transitioning over the next 5 – 10 years by hiring a significant number of new staff to replace retirees. In the short term (2-3 years) our chief concern is maintaining adequate funding to keep this experienced staff serving the public. However, beyond that point will come a time of significant transition, and the District needs to be planning ahead for what programs need to be developed and how best to run them.

## Program Changes

District revenues and staffing have each shrunk by about 25% since 2008. Certain programs have been significantly reduced; others have been eliminated. At the same time, the population of the county continues to grow, as does the ethnic and linguistic diversity of the clients we serve. The District faces a future in which the complexity of its challenges is increasing, while its resources are decreasing. District management therefore must design its mission and programs to be more efficient and effective, and to make better use of new tools such as electronic communications technologies.

As 2011 draws to a close, reorganizations are taking place to move our efforts in that direction. A new centralized Communications team is being formed to strengthen our efforts at public education and integration with other regional agencies. Assessment and Chronic Disease programs are being combined to build on their natural relationships, and the proposed Budget includes refilling two epidemiologist positions that have been left vacant in recent budgets. A stronger management and support structure is being provided to the WIC and First Steps programs to provide more effective service to our clients.

These changes take into account the funding reductions already in place. We may need to adjust plans and designs if major additional reductions take place.

## The Path Ahead

For all of the revenue dislocations, staff layoffs, and regulatory changes of the past two years, the way forward involves perhaps even greater uncertainty for the Snohomish Health District and other local health jurisdictions. The local economy is not expected to recover fully for two or more years, and how it will look when it does remains unclear. All predictions to date concerning a timeline for recovery have turned out to be too optimistic. Fallout from the governmental funding crisis may mean reduced revenues from traditional sources. How national health care reform will impact the District's mission and resources will play out over the next three to five or more years, and the growing awareness of problems caused by the obesity epidemic will increasingly shape the District's mission.

Still, there is an important role to be played by local health jurisdictions. Prevention remains the cheapest way to mitigate rising health care costs. Public Health programs such as immunization and anti-smoking campaigns saved tens of millions of lives in the twentieth century; we cannot guess the ways they will lengthen and improve lives in the twenty-first.

The proposed 2012 Budget is likely to draw on the District's Fund Balance. At this proposed rate, we could continue on with the current program levels for some years to come, presumably until the Recession ends and revenues recover. The concern though is that major reductions might occur, leading to a more rapid draw down of Fund Balance. Management will monitor funding sources and keep the Board apprised of any significant changes so that timely decisions can be made about the need for any budget changes.

**Fiscal Projection**

	Actual 2010	Projected 2011	Budget 2012	Growth Factor	Projected 2013	Growth Factor	Projected 2014
<b>Beginning Fund Balance</b>	\$ 1,297,608	\$ 3,528,159	\$ 4,991,521		\$ 5,177,307		\$ 4,324,171
<b><u>Revenues</u></b>							
Licenses and Permits	\$ 2,762,666	\$ 2,659,873	\$ 2,761,500	3.0%	\$ 2,844,345	2.0%	\$ 2,901,232
Intergovernmental	\$ 13,257,850	\$ 11,684,111	\$ 10,604,141	-5.0%	\$ 9,717,030	0.0%	\$ 9,717,030
Charges for Services	\$ 2,828,277	\$ 2,676,213	\$ 2,668,370	0.0%	\$ 2,668,370	2.0%	\$ 2,721,737
Misc. Revenue	\$ 303,625	\$ 456,392	\$ 391,757	0.0%	\$ 391,757	0.0%	\$ 391,757
<b>Total Revenues</b>	\$ 19,152,418	\$ 17,476,589	\$ 16,425,768		\$ 15,621,503		\$ 15,731,757
<b><u>Expenditures</u></b>							
Personnel Services	\$ 14,291,876	\$ 13,603,044	\$ 13,843,690	1.5%	\$ 14,051,345	1.5%	\$ 14,262,115
Supplies	\$ 1,048,352	\$ 561,500	\$ 678,339	0.0%	\$ 678,339	0.0%	\$ 678,339
Other Services & Charges	\$ 1,422,933	\$ 1,717,683	\$ 1,644,954	0.0%	\$ 1,644,954	0.0%	\$ 1,644,954
Capital Outlay	\$ 158,706	\$ 131,000	\$ 73,000		\$ 100,000		\$ 100,000
<b>Total Expenditures</b>	\$ 16,921,867	\$ 16,013,227	\$ 16,239,983		\$ 16,474,638		\$ 16,685,408
<b>Net Operating Revenue</b>	\$ 2,230,551	\$ 1,463,362	\$ 185,786		\$ (853,135)		\$ (953,651)
<b><u>Ending Fund Balance</u></b>	\$ <b>3,528,159</b>	\$ <b>4,991,521</b>	\$ <b>5,177,307</b>		\$ <b>4,324,171</b>		\$ <b>3,370,520</b>
<b><u>Assigned Reserves</u></b>							
Operating Capital	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000		\$ 1,000,000		\$ 1,000,000
5930 Funds	\$ 213,547	\$ 264,684	\$ 152,953		\$ -		\$ -
<b>Total Assigned Reserves</b>	\$ <b>1,213,547</b>	\$ <b>1,264,684</b>	\$ <b>1,152,953</b>		\$ <b>1,000,000</b>		\$ <b>1,000,000</b>
<b>Undesignated Fund Balance</b>	\$ <b>2,314,612</b>	\$ <b>3,726,837</b>	\$ <b>4,024,354</b>		\$ <b>3,324,171</b>		\$ <b>2,370,520</b>

## Base Source and Use of Funds

	2011 Base Budget	Estimated 2011 Actual	2012 Base Budget
<b>Act./Est. Beginning Fund Bal. Jan. 1</b>	<b>\$3,528,159</b>	<b>\$3,528,159</b>	<b>\$4,991,521</b>
<b><u>Budgeted Revenues</u></b>			
Licenses and Permits	\$2,595,500	\$2,659,873	\$2,761,500
Intergovernmental	\$11,753,441	\$11,684,111	\$10,604,141
Charges for Services	\$2,816,425	\$2,630,009	\$2,668,370
Miscellaneous	<u>\$471,982</u>	<u>\$456,392</u>	<u>\$391,757</u>
<b>Total Revenues</b>	<b>\$17,637,348</b>	<b>\$17,430,385</b>	<b>\$16,425,768</b>
<b><u>Budgeted Expenditures</u></b>			
Personnel Services	(\$14,351,202)	(\$13,603,044)	(\$13,843,690)
Supplies	(\$651,891)	(\$561,500)	(\$678,339)
Other Services & Charges	(\$1,784,208)	(\$1,717,683)	(\$1,644,954)
Capital Outlay	<u>(\$135,000)</u>	<u>(\$131,000)</u>	<u>(\$73,000)</u>
<b>Total Expenditures</b>	<b>(\$16,922,301)</b>	<b>(\$16,013,227)</b>	<b>(\$16,239,983)</b>
<b>Excess (Deficiency) of revenues Over expenditures</b>	<b>\$715,047</b>	<b>\$1,417,158</b>	<b>\$185,786</b>
<b>Other Financing Sources (Uses): Disposition of Fixed Assets</b>	<b>\$0</b>	<b>\$46,204</b>	<b>\$0</b>
<b>Excess (Deficiency) of revenues and other financing sources over expenditures</b>	<b>\$715,047</b>	<b>\$1,463,362</b>	<b>\$185,786</b>
<b>Estimated Ending Fund Balance</b>	<b>\$4,243,206</b>	<b>\$4,991,521</b>	<b>\$5,177,307</b>

## Budget Breakout

The Board of Health formally adopts a single budget number for the District's General Fund budget: the total approved expenditure amount. However, the Budget is developed by Division, and within each Division it is built up by program.

A key factor in understanding the District's Budget is the complexity of its funding sources. Programs are supported by local, state, and federal grants, some of which are dedicated to specific programs (such as HIV/AIDS or dental care), with others being for general usage. Some activities charge fees for services or for licenses, such as restaurant permits, food handler cards, or fees for copies of birth or death certificates. The clinics charge fees for giving immunizations and other services, although these depend in part on the client's income level.

Because of this multitude of sources, and the way many are tied to particular projects, the budget sheets that follow are broken out by Division and program, and identify funding sources for each.

The budget sheets also document the allocation of administrative indirect and overhead costs for the purpose of grant billing.

### NOTE:

The spreadsheets detailing revenues for each Division include a column immediately to the right of the revenue sources. That column indicates the general source of the funding, which is important information as the District anticipates possible funding cuts from local, state, and federal sources. The letters indicate the following:

- D: District funding. Includes fees programs charge for services, interest on investments, lease payments made by federal agencies for use of the Rucker Building, etc.
- C: County funding. Funds provided by Snohomish County Government, including the Solid Waste MOU.
- S: State funding.
- F: Federal funding. Includes revenue from federal sources that passes through state programs to the District.

**2012 Snohomish Health District Budget**

**2012  
Health District General Fund Budget**

	SHD TOTALS	Admin	CD	CH	EH	Underspend %
<b>EXPENDITURES: Grants</b>						
Personnel Services	\$ 4,408,218	\$ -	\$ 982,655	\$ 2,996,023	\$ 429,540	
> Projected Underspending	\$ (77,144)	\$ -	\$ (17,196)	\$ (52,430)	\$ (7,517)	1.75%
Supplies	\$ 49,992	\$ -	\$ 25,242	\$ 11,750	\$ 13,000	
Other Services & Charges	\$ 63,464	\$ -	\$ 15,414	\$ 29,050	\$ 19,000	
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	
Subtotals	\$ 4,444,531	\$ -	\$ 1,006,115	\$ 2,984,393	\$ 454,023	
<b>EXPENDITURES--Non-Grants</b>						
Personnel Services	\$ 9,682,051	\$ 1,937,476	\$ 2,605,605	\$ 1,553,376	\$ 3,585,593	
> Projected Underspending	\$ (169,436)	\$ (33,906)	\$ (45,598)	\$ (27,184)	\$ (62,748)	
Supplies	\$ 628,347	\$ 221,029	\$ 328,768	\$ 44,050	\$ 34,500	
Other Services & Charges	\$ 1,581,490	\$ 738,188	\$ 353,552	\$ 364,250	\$ 125,500	
Capital Outlay	\$ 73,000	\$ 73,000	\$ -	\$ -	\$ -	
Subtotals	\$ 11,795,452	\$ 2,935,788	\$ 3,242,327	\$ 1,934,492	\$ 3,682,845	
<b>DIVISION SUBTOTAL</b>	<b>\$ 16,239,983</b>	<b>\$ 2,935,788</b>	<b>\$ 4,248,442</b>	<b>\$ 4,918,885</b>	<b>\$ 4,136,868</b>	
<b>OVERHEAD</b>						
Overhead charged to other Funds	\$ 147,257					
Overhead Cost Allocation		\$ -	\$ 890,464	\$ 1,030,988	\$ 867,078	
<b>TOTALS</b>			<b>\$ 5,138,907</b>	<b>\$ 5,949,873</b>	<b>\$ 5,003,946</b>	
<b>REVENUES</b>						
Licenses and Permits	\$ 2,761,500	\$ -	\$ -	\$ -	\$ 2,761,500	
Intergovernmental: Grants	\$ 6,755,241	\$ 3,286,688	\$ 602,414	\$ 2,262,639	\$ 603,500	
Intergovernmental: Other	\$ 3,848,900	\$ 3,153,200	\$ 400,200	\$ 295,500	\$ -	
Charges for Services	\$ 2,668,370	\$ -	\$ 794,000	\$ 684,270	\$ 1,190,100	
Misc. Revenue	\$ 244,500	\$ 244,500	\$ -	\$ -	\$ -	
<b>Revenues Subtotal</b>	<b>\$ 16,278,511</b>	<b>\$ 6,684,388</b>	<b>\$ 1,796,614</b>	<b>\$ 3,242,409</b>	<b>\$ 4,555,100</b>	
<b>TRANSFERS</b>						
> Non-General Fund Overhead	\$ 147,257					
> Transfer to Fund Balance	\$ -					
> Transfer between Divisions	\$ (0)	\$ (6,684,388)	\$ 3,437,844	\$ 2,784,866	\$ 461,678	
<b>TOTAL</b>	<b>\$ 16,425,768</b>	<b>\$ -</b>	<b>\$ 5,234,458</b>	<b>\$ 6,027,275</b>	<b>\$ 5,016,778</b>	
Budget Balance	\$ 185,786					

## **Administration**

The Administration group provides overall direction and management for District staff, as well as support activities for the Divisions. It includes the Health Officer, who has specific duties within the community under state law, and the Deputy Director, who serves as the District's Chief Operating Officer. These two translate decisions by the Board of Health into program direction and operating guidelines for the Divisions.

Within Administration is the Business Office. This staff maintains and operates the Rucker Building and the Lynnwood clinic. It collects revenues from the District's many funding sources, and processes payments to vendors. Payroll for all District employees is handled by this group, as is budget development and management, and all accounting. The Human Resources group handles benefit contracts and issues, works with union bargaining staff, and deals with employee safety and personnel concerns.

The Information Systems group acquires and manages and maintains the District's data systems. This includes assuring that every employee has the computers, software, printing and communications capabilities necessary to efficiently handle their job. Part of their responsibility is designing a system that will handle the District's data management and communications needs in a variety of public health emergencies.

The Communications team is a new group, being formed at the start of 2012. The plan is to pull together staff who plan and carry out graphics, event planning, and other internal and public communications work, put them onto a unified team, provide common training and tools, and expand the District's ability to use modern communications tools to deliver its public health messages to the public. The group will also focus on developing and delivering communications to the community in public health emergencies, and will advise leadership in communications strategies and opportunities.

It is important to note that many operational costs of the Divisions are budgeted in Administration rather than being paid by each work unit. This includes computer costs, vehicles, printing, and office space and utilities. These expenses are distributed to the various programs on a pro rata basis for the purpose of grant billing; however, they are initially budgeted in Administration.

## Capital Projects

The draft 2012 Budget includes one capital project:

- **Carpeting:** Over the last 12 years we have completed numerous remodels which included replacement of carpeting. However, the carpet in the areas that have not been remodeled is all between 12 and 15 years old. Earlier this year it was necessary to contract with a carpet repair firm to come in and repair numerous tears, wrinkles, and threadbare areas of the old carpeting in several areas which have not been remodeled. The cost of these repairs was in excess of \$4,000. Due to the age of the older carpeting, repairs will be necessary annually. About 65% of the carpeting in building has been upgraded and replaced. We are requesting funds to carpet the remaining areas. (project cost: \$50,000)

# 2012 Snohomish Health District Budget

**2012**  
**Administration Budget**  
 > Expenditures

	Admin TOTALS	Admin/Bus.	Info Svcs	Rucker Bldg	Comm. Team
<b>EXPENDITURES: Grants</b>					
Personnel Services	\$ -				
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Other Services & Charges	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ -	\$ -	\$ -	\$ -	\$ -
<b>EXPENDITURES--Non-Grants</b>					
Personnel Services	\$ 1,937,476	\$ 1,197,040	\$ 476,306	\$ 50,196	\$ 213,935
Supplies	\$ 221,029	\$ 93,919	\$ 104,388	\$ 12,722	\$ 10,000
Other Services & Charges	\$ 738,188	\$ 515,055	\$ 65,596	\$ 147,537	\$ 10,000
Capital Outlay	\$ 73,000	\$ -	\$ 23,000	\$ 50,000	\$ -
Subtotals	\$ 2,969,693	\$ 1,806,014	\$ 669,290	\$ 260,455	\$ 233,935
<b>ADMIN SUBTOTAL</b>	\$ 2,969,693	\$ 1,806,014	\$ 669,290	\$ 260,455	\$ 233,935
Indirect	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS</b>	\$ 2,969,693	\$ 1,806,014	\$ 669,290	\$ 260,455	\$ 233,935
SHD Overhead	\$ -				
<b>ADMIN Total</b>	\$ 2,969,693	\$ 1,806,014	\$ 669,290	\$ 260,455	\$ 233,935

# 2012 Snohomish Health District Budget

## 2012 Administration Budget

> Revenues

	Admin TOTALS	Admin/Bus.	Info Svcs	Rucker Bldg	Comm. Team
REVENUES					
Licenses and Permits	\$ -	\$ -	\$ -	\$ -	\$ -
Intergovernmental: Grants	\$ 3,286,688	\$ 3,286,688	\$ -	\$ -	\$ -
Intergovernmental: Other	\$ 3,153,200	\$ 3,153,200	\$ -	\$ -	\$ -
Charges for Services	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous Revenues	\$ 244,500	\$ 9,500	\$ -	\$ 235,000	\$ -
Revenues Subtotal	\$ 6,684,388	\$ 6,449,388	\$ -	\$ 235,000	\$ -
Expenditure Total (from above)	\$ 2,969,693	\$ 1,806,014	\$ 669,290	\$ 260,455	\$ 233,935
Surplus/(Deficit)	\$ 3,714,695	\$ 4,643,374	\$ (669,290)	\$ (25,455)	\$ (233,935)

[To/(From) other programs]

## LICENSES AND PERMITS

> None

INTERGOVERNMENTAL: Grants	\$ 3,286,688	\$ 3,286,688	\$ -	\$ -	\$ -
> State Local Capacity Funds	\$ 793,000	\$ 793,000	\$ -	\$ -	\$ -
> State DOH Other CC--5930 fund	\$ 375,688	\$ 375,688	\$ -	\$ -	\$ -
> State--Local Gov. Assist.	\$ 2,108,000	\$ 2,108,000	\$ -	\$ -	\$ -
> PH Systems Improvement	\$ 10,000	\$ 10,000	\$ -	\$ -	\$ -

## INTERGOVERNMENTAL: Other

> County Contribution

## CHARGES FOR SERVICES

> None

## MISCELLANEOUS

> Investment earnings	\$ 244,500	\$ 9,500	\$ -	\$ 235,000	\$ -
> other misc. revenue	\$ 9,500	\$ 9,500	\$ -	\$ -	\$ -
> Rucker Building leases	\$ -	\$ -	\$ -	\$ 235,000	\$ -

## Communicable Disease

This Division stands at the foundation of public health efforts: to prevent and control communicable disease in our communities. Fighting tuberculosis was the original impetus for creating local health jurisdictions, and it remains a core responsibility, since treating TB requires specialized knowledge which is not common among most physicians. During 2011, a major West Coast outbreak of pertussis (whooping cough) which included the death of a month-old Snohomish County infant drove home the fact that contagious disease—even ones that people thought were “licked”—can come back and cause tragedy for families and communities.

Recently, HIV/AIDS has necessitated major efforts and coordination with local, state, and national organizations. Our HIV/AIDS efforts are focused at primary prevention through targeted counseling, testing and early identification and treatment.

The Division also provides investigation of 76 notifiable conditions, including novel and emerging infectious diseases. Staff utilize the tools of surveillance, outbreak response, education, vaccination, and preparedness activities. This ranges from delivering health education messages to the community, to delivering medicine to patients, and caring for those in isolation. We also provide a channel of communication between public health agencies, private physicians, and hospital and occupational infection control personnel as an essential part of disease control efforts. Health providers report occurrences of communicable diseases to Division staff, who then conduct disease investigations. Given the relative rarity of some communicable diseases, leading to unfamiliarity by the medical community, the District plays an important part in helping community doctors and clinics identify the disease and determine the appropriate treatment.

Sexually transmitted diseases (STDs) continue to be an important responsibility, as well. In these cases, the STD Disease Intervention Specialists (DIS) contact patients and complete an investigation that includes partner(s) identification and notification of the potential exposure to an STD. DIS work to assure that the patient and partners receive proper screening and treatment, if needed. Since 2010, the Division has partnered with local medical providers to provide an STD voucher program aimed at assuring rapid diagnosis and treatment for suspected STD patients who are from low income households.

For other reportable illnesses such as Shiga toxin-producing *E. coli* (STEC), pertussis, or salmonellosis, staff attempt to identify the source of the disease and to prevent further spread. This may necessitate monitoring work sites, schools, or child care facilities. People exposed to the ill person may need treatment with prophylactic medications. When an illness is associated with a child care facility, an onsite consultation and investigation are conducted. In 2011 the county saw a significant outbreak of pertussis, initially focused around Marysville and north county areas, but spreading farther out as 2012 began. Total reported pertussis cases in 2011 were some nine times greater than in 2010, and in August a newborn baby died of the disease. Such outbreaks stretch staff resources in responding to new cases

and notifying affected families and communities, but also emphasize the importance of the disease surveillance and response process.

Diseases such as TB are far more prevalent (endemic) in many foreign countries. The District provides health screening, evaluation, and outreach for our growing immigrant population to prevent the spread of disease to the rest of the community. Viral hepatitis is the leading cause of liver cancer and the number one chronic infectious disease. In order to address the significant increase in viral hepatitis in our population, the Division provides an outreach program which targets populations at greatest risk for screening, immunization, and counseling. Additionally, the viral hepatitis outreach program provides education to treatment facilities, correctional facilities, and other community partners.

The Division operates clinics in Everett and Lynnwood to provide a variety of services. These include vaccinations for infants, children, and adults; Tuberculosis Skin Testing (TST); pregnancy verification; vaccinations and counseling for international travelers; tuberculosis control and prevention clinics, and confidential and anonymous HIV tests. Widespread immunization is one of the major public health success stories of the 20<sup>th</sup> century, reducing disease and lengthening and improving human lives. The Division provides education for health care providers, child care providers, and the general community regarding recommended and required vaccines to protect against serious and deadly vaccine preventable diseases. Staff also follow pregnant women who are hepatitis B positive to ensure their newborn infants and household contacts are informed about the disease and protected by vaccination. The Division also acts as the vaccine coordinator for all publicly supplied vaccines in Snohomish County and provides a regulatory role for the storage, handling, and administration of those vaccines.

The CD Division activities are largely funded with the District's unrestricted funds, coming from the State and Snohomish County. Some grant funding is used, especially for HIV/AIDS, and the clinics do charge fees for services.

2012 Snohomish Health District Budget

2012  
 Communicable Disease Budget  
 ≥ Expenditures

	CD TOTALS	CD Admin	Immun.	STDs	TB	HIV/AIDS	Refugee	Other Com. Dis.
<b>EXPENDITURES: Grants</b>								
Personnel Services	\$ 982,655	\$ -	\$ 406,427	\$ -	\$ 91,222	\$ 401,862	\$ -	\$ 83,144
Supplies	\$ 25,242	\$ -	\$ 2,707	\$ -	\$ -	\$ 17,297	\$ -	\$ 5,238
Other Services & Charges	\$ 15,414	\$ -	\$ 3,174	\$ -	\$ -	\$ 7,002	\$ -	\$ 5,238
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ 1,023,311	\$ -	\$ 412,308	\$ -	\$ 91,222	\$ 426,161	\$ -	\$ 93,620
<b>EXPENDITURES--Non-Grants</b>								
Personnel Services	\$ 2,605,605	\$ 276,059	\$ 655,691	\$ 336,894	\$ 642,930	\$ -	\$ 212,690	\$ 481,341
Supplies	\$ 328,768	\$ 700	\$ 242,719	\$ 3,057	\$ 74,683	\$ -	\$ 934	\$ 6,675
Other Services & Charges	\$ 353,552	\$ 125,820	\$ 45,930	\$ 14,330	\$ 136,012	\$ -	\$ 18,671	\$ 12,789
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ 3,287,925	\$ 402,579	\$ 944,340	\$ 354,281	\$ 853,625	\$ -	\$ 232,295	\$ 500,805
<b>DIVISION SUBTOTAL</b>	<b>\$ 4,311,237</b>	<b>\$ 402,579</b>	<b>\$ 1,356,647</b>	<b>\$ 354,281</b>	<b>\$ 944,847</b>	<b>\$ 426,161</b>	<b>\$ 232,295</b>	<b>\$ 594,426</b>
Division Indirect	\$ -	\$ -	\$ 139,730	\$ 36,490	\$ 97,316	\$ 43,893	\$ 23,925	\$ 61,224
TOTALS	\$ 4,311,237	\$ -	\$ 1,496,377	\$ 390,771	\$ 1,042,163	\$ 470,055	\$ 256,221	\$ 655,650
SHD Overhead	\$ 890,464	\$ -	\$ 309,069	\$ 80,712	\$ 215,254	\$ 97,087	\$ 52,921	\$ 135,421
<b>Division Total</b>	<b>\$ 5,201,701</b>	<b>\$ -</b>	<b>\$ 1,805,447</b>	<b>\$ 471,483</b>	<b>\$ 1,257,417</b>	<b>\$ 567,142</b>	<b>\$ 309,142</b>	<b>\$ 791,071</b>

2012 Snohomish Health District Budget

2012  
Communicable Disease Budget

> Revenues

REVENUES	CD TOTALS	CD Admin	Immun.	STDs	TB	HIV/AIDS	Refugee	Other Com. Dis.
Licenses and Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Intergovernmental: Grants	\$ 602,414	\$ -	\$ 132,444	\$ 26,880	\$ 83,090	\$ 360,000	\$ -	\$ -
Intergovernmental: Other	\$ 400,200	\$ 245,200	\$ -	\$ -	\$ -	\$ 155,000	\$ -	\$ -
Charges for Services	\$ 794,000	\$ -	\$ 590,000	\$ -	\$ -	\$ 4,000	\$ 200,000	\$ -
Miscellaneous Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue Subtotal	\$ 1,796,614	\$ 245,200	\$ 722,444	\$ 26,880	\$ 83,090	\$ 519,000	\$ 200,000	\$ -
Expenditure Total (from above)	\$ 5,201,701	\$ -	\$ 1,805,447	\$ 471,483	\$ 1,257,417	\$ 567,142	\$ 309,142	\$ 791,071
Surplus/(Deficit)	\$ (3,405,087)	\$ 245,200	\$ (1,083,003)	\$ (444,603)	\$ (1,174,327)	\$ (48,142)	\$ (109,142)	\$ (791,071)

LICENSES AND PERMITS

> None	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
INTERGOVERNMENTAL: Grants	\$ 602,414	\$ -	\$ 132,444	\$ 26,880	\$ 83,090	\$ 360,000	\$ -	\$ -
> Immunizations--Gen. Ops	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
> FA317 Immun-CC	\$ 16,500	\$ -	\$ 16,500	\$ -	\$ -	\$ -	\$ -	\$ -
> Child Immun. Activities Fed.	\$ 115,944	\$ -	\$ 115,944	\$ -	\$ -	\$ -	\$ -	\$ -
> STD Control	\$ 26,880	\$ -	\$ -	\$ 26,880	\$ -	\$ -	\$ -	\$ -
> Medicaid Match--TB	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
> TB Control-elimination-CC	\$ 83,090	\$ -	\$ -	\$ -	\$ 83,090	\$ 360,000	\$ -	\$ -
> 2012 HIV-CC	\$ 360,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

INTERGOVERNMENTAL: Other

> CD--Medicaid Match	\$ 400,200	\$ 245,200	\$ -	\$ -	\$ -	\$ 155,000	\$ -	\$ -
> Transfer Region 3 Fund Balance	\$ 245,200	\$ 245,200	\$ -	\$ -	\$ -	\$ 155,000	\$ -	\$ -
	\$ 155,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



## Community Health

This Division stresses preventive care programs. It promotes healthy communities through educational outreach, oftentimes working with the poorest and most vulnerable members of the community. Staff convenes and facilitates coalitions and partnerships to improve health and services. Best practices and evidence based strategies are shared with local partners in forums such as the annual Oral Health Summit for dental professionals.

A major 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. Staff provides services to low-income and vulnerable families in our Everett and Lynnwood clinics and in home settings throughout the county. Parent child health programs focus on:

- **Pregnancy/Post-Pregnancy:** Staff assesses risks for preterm labor, prenatal complications, mental health issues such as post partum mood disorder, and substance use. They provide guidance on proper nutrition, avoiding tobacco smoke, alcohol and other drugs, support systems, breastfeeding, birth control, and oral health. Women are linked to medical and dental care, substance use counseling and other community resources.
- **Infants and Children:** Staff works to promote optimal nutrition, supportive parent child interactions, and healthy growth and development. They assess the risk of child neglect, injury and disease and provide guidance on proper nutrition, preventive medical/dental services, and caring for infants and children—including those with special health care needs. Families are linked to medical and dental care and available community resources.

Oral health is integrated within parent child health services and also has a focus on the community at large. Staff periodically assesses the oral health status of Snohomish County children and the dental professional system capacity to meet the need. A referral network is maintained that will accept low-income individuals as new dental patients.

Another important effort is in the area of tobacco and chronic disease prevention. Tobacco remains the number one health threat in this nation. Prevention programs combined with policy change have brought usage rates down significantly, but reducing or eliminating these efforts have been shown to result in tobacco use rates moving back up.

The current obesity epidemic is contributing to rising incidences of chronic diseases such as diabetes, heart disease and cancer. Solutions are complicated, and need to include efforts along a continuum. This range of services includes direct client support and education in programs such as the Women, Infant, and Children (WIC) program as well as addressing the built environment with policy development focused on increasing access to healthy food and physical activity. Resources in this area of work have been limited. Aside from the creation of the peer-to-peer breastfeeding counseling program within the WIC/First Steps Clinics, the Division has not been able to carry forward new programs.

Division programs are funded with significant help from local, state, and federal grants. This dedicated funding makes the efforts possible, but restricts the Division's flexibility in adjusting to meet local needs. It also dramatically impacts programming when the funding sources run short.

This Division is undergoing significant changes as 2011 comes to a close. The Nurse Family Partnership program has moved from the SHD over to the Little Red School House organization, effective at the end of 2011. The Assessment program is being moved from Administration into Community Health and will be combined with Chronic Disease/Tobacco to form a single group that will draw on the interrelationships between those areas. Vital Records is also coming into the Division and will report to one of the CH managers. Finally, management roles are being changed to move one manager from Communicable Disease into CH, and to change a clerical supervisor position into a manager, to provide needed support for the WIC, First Steps, Children with Special Health Care Needs, and Early Intervention programs.

# 2012 Snohomish Health District Budget

## 2012 Community Health Budget

> Expenditures

	CH TOTALS	CH Admin	Matern./Inf.	Oral Health	CSHCN	WIC	Assess/Chronic	Child Abuse	Vital	Other
<b>EXPENDITURES: Grants</b>										
Personnel Services	\$ 2,996,023	\$ -	\$ 1,686,149	\$ -	\$ -	\$ 1,204,129	\$ -	\$ 105,745	\$ -	\$ -
Supplies	\$ 11,750	\$ -	\$ -	\$ -	\$ -	\$ 9,850	\$ -	\$ 500	\$ -	\$ 1,400
Other Services & Charges	\$ 29,050	\$ -	\$ -	\$ -	\$ -	\$ 21,650	\$ -	\$ 2,500	\$ -	\$ 4,900
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ 3,036,823	\$ -	\$ 1,686,149	\$ -	\$ -	\$ 1,235,629	\$ -	\$ 108,745	\$ -	\$ 6,300
<b>EXPENDITURES--Non-Grants</b>										
Personnel Services	\$ 1,553,376	\$ 277,725	\$ 125,500	\$ 11,954	\$ 211,579	\$ -	\$ 670,699	\$ -	\$ 255,919	\$ -
Supplies	\$ 44,050	\$ 21,500	\$ 8,600	\$ 100	\$ 1,400	\$ -	\$ 6,250	\$ -	\$ 5,700	\$ 500
Other Services & Charges	\$ 364,250	\$ 197,000	\$ 121,700	\$ 4,400	\$ 15,250	\$ -	\$ 19,000	\$ -	\$ 6,400	\$ 500
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ 1,961,676	\$ 496,225	\$ 255,800	\$ 16,454	\$ 228,229	\$ -	\$ 695,949	\$ -	\$ 268,019	\$ 1,000
<b>DIVISION SUBTOTAL</b>	\$ 4,998,500	\$ 496,225	\$ 1,941,950	\$ 16,454	\$ 228,229	\$ 1,235,629	\$ 695,949	\$ 108,745	\$ 268,019	\$ 7,300
Division Indirect	\$ -	\$ -	\$ 214,035	\$ 1,813	\$ 25,155	\$ 136,187	\$ 76,705	\$ 11,986	\$ 29,540	\$ 805
TOTALS	\$ 4,998,500	\$ -	\$ 2,155,985	\$ 18,267	\$ 253,383	\$ 1,371,815	\$ 772,654	\$ 120,731	\$ 297,560	\$ 8,105
SHD Overhead	\$ 1,030,988	\$ -	\$ 444,692	\$ 3,768	\$ 52,263	\$ 282,950	\$ 159,367	\$ 24,902	\$ 61,374	\$ 1,672
<b>Division Total</b>	\$ 6,029,487	\$ -	\$ 2,600,677	\$ 22,035	\$ 305,646	\$ 1,654,765	\$ 932,021	\$ 145,633	\$ 358,934	\$ 9,776

## 2012 Snohomish Health District Budget

### 2012 Community Health Budget

> Revenues

REVENUES	CH TOTALS	CH Admin	Matern./Inf.	Oral Health	CSHCN	WIC	Assess/Chronic	Child Abuse	Vital	Other
Licenses and Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Intergovernmental: Grants	\$ 2,262,639	\$ -	\$ 205,470	\$ 36,827	\$ 303,076	\$ 1,628,970	\$ 22,275	\$ 63,021	\$ -	\$ 3,000
Intergovernmental: Other	\$ 295,500	\$ 295,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Charges for Services	\$ 684,270	\$ -	\$ 350,000	\$ 3,620	\$ 650	\$ -	\$ -	\$ -	\$ 330,000	\$ -
Miscellaneous Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Revenue Subtotal</b>	<b>\$ 3,242,409</b>	<b>\$ 295,500</b>	<b>\$ 555,470</b>	<b>\$ 40,447</b>	<b>\$ 303,726</b>	<b>\$ 1,628,970</b>	<b>\$ 22,275</b>	<b>\$ 63,021</b>	<b>\$ 330,000</b>	<b>\$ 3,000</b>
<b>Expenditure Total (from above)</b>	<b>\$ 6,029,487</b>	<b>\$ -</b>	<b>\$ 2,600,677</b>	<b>\$ 22,035</b>	<b>\$ 305,646</b>	<b>\$ 1,654,765</b>	<b>\$ 932,021</b>	<b>\$ 145,633</b>	<b>\$ 358,934</b>	<b>\$ 9,776</b>
<b>Surplus/(Deficit)</b>	<b>\$ (2,787,078)</b>	<b>\$ -</b>	<b>\$ (2,045,207)</b>	<b>\$ 18,412</b>	<b>\$ (1,920)</b>	<b>\$ (25,795)</b>	<b>\$ (909,746)</b>	<b>\$ (82,612)</b>	<b>\$ (28,934)</b>	<b>\$ (6,776)</b>

### LICENSES AND PERMITS

> None	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>INTERGOVERNMENTAL: Grants</b>	<b>\$ 2,262,639</b>	<b>\$ -</b>	<b>\$ 205,470</b>	<b>\$ 36,827</b>	<b>\$ 303,076</b>	<b>\$ 1,628,970</b>	<b>\$ 22,275</b>	<b>\$ 63,021</b>	<b>\$ -</b>	<b>\$ 3,000</b>
> ARRA Stim. 2.1 CDHPSP	F \$ 3,000									
> PCHS Maternal Infant	F \$ 428,546	\$ 125,470		\$ 303,076						
> Preg & Parenting Teens & Women	F \$ 80,000	\$ 80,000								
> WIC-breast feeding promo	F \$ 26,436		\$ 26,436							
> WIC-breast feeding Counseling-CC	F \$ 10,104		\$ 10,104				22,275			
> Youth Tobacco	S \$ 22,275									
> CDC Tobacco Grant-CC	\$ -							\$ 63,021		
> Primary Prev. Early Intervention	S \$ 63,021									
> ABCD Dental Grant	S \$ 36,827		\$ 36,827							
> WIC/Farmers Mkt - CC	F \$ 1,430					\$ 1,430				
> WIC	F \$ 1,591,000		\$ 1,591,000			\$ 1,591,000				
<b>INTERGOVERNMENTAL: Other</b>	<b>\$ 295,500</b>	<b>\$ 295,500</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
> Medicaid Match	F \$ 295,500	\$ 295,500								



## **Environmental Health**

Environmental Health is essential for public 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 in the county.

One very broad area is the food safety inspection and education program. Environmental health specialists inspect every food service establishment within the cities, towns, and unincorporated county on a regular basis including restaurants, grocery stores, school kitchens, and temporary event facilities. They make sure food handlers are trained and permitted; provide coaching on proper food handling techniques during facility inspections; investigate complaints and illnesses associated with food establishments; and review plans for new and remodeled food service facilities.

Other staff are part of the land development approval process. They 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.

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 monitor private water wells around landfills and provide assistance to small businesses about best management practices for their waste streams. They also investigate complaints about illegal dump sites, excessive trash accumulations, and improper hazardous waste handling and disposal practices, all of which can endanger the public health by attracting disease-carrying rodents, insects, and other vectors or creating exposure to toxic substances.

Staff from this Division also are charged with making routine health and safety inspections at schools and reviewing plans for school construction and remodel projects. Staff review plans for public and semi-public swimming pools and spas and inspect them to ensure conditions are safe and sanitary.

Environmental Health charges fees for many 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 significant funding through a Memorandum of Understanding 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.

The approved an approximate 5% increase in most fees charged by this Division to reflect increased costs, effective in December of 2011. One of the increased costs is a result of responding to customer requests to accept bank cards for payment of permit fees and licenses. That program has been approved by the Board and is expected to be implemented by the start of 2012, but it will cost about \$20,000 per year. Also, the Division has negotiated a new MOU with the County Solid Waste Division. That agreement did not change the amount of money provided to the District in 2012.

# 2012 Snohomish Health District Budget

## 2012 Environmental Health Budget

> Expenditures

EXPENDITURES: Grants	EH TOTALS	EH Admin	Drink. Water	Solid Waste	Septic/Land Use	Food	Living Env.
Personnel Services	\$ 429,540	\$ -	\$ -	\$ 370,290	\$ 59,249	\$ -	\$ -
Supplies	\$ 13,000	\$ -	\$ -	\$ 3,000	\$ 10,000	\$ -	\$ -
Other Services & Charges	\$ 19,000	\$ -	\$ -	\$ 19,000	\$ -	\$ -	\$ -
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ 461,540	\$ -	\$ -	\$ 392,290	\$ 69,249	\$ -	\$ -
<b>EXPENDITURES--Non-Grants</b>	<b>EH TOTALS</b>	<b>EH Admin</b>	<b>Drink. Water</b>	<b>Solid Waste</b>	<b>Septic/Land Use</b>	<b>Food</b>	<b>Living Env.</b>
Personnel Services	\$ 3,585,593	\$ 408,270	\$ 139,640	\$ 574,816	\$ 637,070	\$ 1,506,607	\$ 319,190
Supplies	\$ 34,500	\$ 10,500	\$ 2,000	\$ 4,000	\$ 6,000	\$ 9,000	\$ 3,000
Other Services & Charges	\$ 125,500	\$ 23,500	\$ 20,000	\$ 36,000	\$ 13,000	\$ 27,000	\$ 6,000
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotals	\$ 3,745,593	\$ 442,270	\$ 161,640	\$ 614,816	\$ 656,070	\$ 1,542,607	\$ 328,190
<b>DIVISION SUBTOTAL</b>	<b>\$ 4,207,132</b>	<b>\$ 442,270</b>	<b>\$ 161,640</b>	<b>\$ 1,007,106</b>	<b>\$ 725,319</b>	<b>\$ 1,542,607</b>	<b>\$ 328,190</b>
Division Indirect	\$ -	\$ -	\$ 18,988	\$ 118,308	\$ 85,206	\$ 181,215	\$ 38,553
TOTALS	\$ 4,207,132	\$ 442,270	\$ 180,629	\$ 1,125,414	\$ 810,525	\$ 1,723,821	\$ 366,743
SHD Overhead	\$ 867,078	\$ -	\$ 37,227	\$ 231,945	\$ 167,047	\$ 355,275	\$ 75,585
Division Total	\$ 5,074,211	\$ -	\$ 217,856	\$ 1,357,359	\$ 977,572	\$ 2,079,096	\$ 442,328

# 2012 Snohomish Health District Budget

## 2012 Environmental Health Budget

> Revenues

REVENUES	EH TOTALS	EH Admin	Drink. Water	Solid Waste	Septic/Land Use	Food	Living Env.
Licenses and Permits	\$ 2,761,500	\$ -	\$ -	\$ 67,000	\$ 445,000	\$ 2,021,000	\$ 228,500
Intergovernmental: Grants	\$ 603,500	\$ -	\$ 20,000	\$ 386,000	\$ 194,500	\$ -	\$ 3,000
Intergovernmental: Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Charges for Services	\$ 1,190,100	\$ -	\$ 70,000	\$ 762,750	\$ 147,000	\$ 142,000	\$ 68,350
Miscellaneous Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Revenue Subtotal	\$ 4,555,100	\$ -	\$ 90,000	\$ 1,215,750	\$ 786,500	\$ 2,163,000	\$ 299,850
Expenditure Total (from above)	\$ 5,074,211	\$ -	\$ 217,856	\$ 1,357,359	\$ 977,572	\$ 2,079,096	\$ 442,328
Surplus/(Deficit)	\$ (519,111)	\$ -	\$ (127,856)	\$ (141,609)	\$ (191,072)	\$ 83,904	\$ (142,478)

LICENSES AND PERMITS	EH Admin	Drink. Water	Solid Waste	Septic/Land Use	Food	Living Env.
> Food handler permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
> Restaurant permits	\$ 2,021,000	\$ -	\$ -	\$ -	\$ 2,021,000	\$ -
> Facility permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
> Solid Waste Gen Ops	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -
> Solid Waste Grant--facilities	\$ 27,000	\$ -	\$ 27,000	\$ -	\$ -	\$ -
> Liquid Waste	\$ 445,000	\$ -	\$ -	\$ 445,000	\$ -	\$ -
> Camps	\$ 2,500	\$ -	\$ -	\$ -	\$ -	\$ 2,500
> Water sports--pools	\$ 226,000	\$ -	\$ -	\$ -	\$ -	\$ 226,000



## **Health Statistics and Assessment**

The Health Statistics and Assessment program carries out two major functions, both centered on statistics and historical records: it maintains records of births and deaths, providing copies as needed to the public, and it evaluates the health of our community as it changes over time. Various mandates address these functions. Vital Records: WAC 246-490, RCW 70.58; Assessment: RCW 70.05.070, RCW 43.70.520, 70.05.170.

Vital Records is a critical service to the public. Birth and death records are required for many purposes, and proper and accurate maintenance of them and the ability to efficiently provide certified copies to the public is an important and basic function of the District. Critical to this process are legal name changes, correction and paternity affidavits, and coordination with the Medical Examiner to record accurate causes of death and issuance of burial permits.

Assessment provides the other Divisions with a road map and a compass for their efforts. National and statewide statistics on diseases and health trends are useful, but Snohomish County has its own characteristics, and has individual communities with their individual health challenges. Designing public health programs without understanding the particular needs of the local population is inefficient and ineffectual. The Assessment team collects data from multiple sources, analyzes it by geographic area, and produces reports for use by the community. Hospitals, public agencies, and many community organizations use this information to develop plans to serve the population. The group also produces special reports under agreements with such agencies.

The Vital Records activity pays for itself through fees for its services. Assessment collects a small amount of revenue for special reports, but is largely supported by General Fund revenues.

**In 2011 the Budget accounted for these programs effectively as their own Division. In 2012, both are being moved into the Community Health Division and are budgeted there.**

## Public Health Emergency Preparedness and Response (PHEPR) Fund

Following September 11, 2001 and the subsequent anthrax attacks, SHD created a Public Health Emergency Preparedness and Response team within the Communicable Disease Division to plan and prepare to play important roles in providing initial coordination and response to local health emergencies. The initial focus was on terrorism activities; however the program's focus has expanded to make SHD ready to respond to disease outbreaks, storms, earthquakes, and other natural or manmade calamities. Federal funding through the Centers for Disease Control and Prevention (CDC) is maintained in a separate, dedicated fund.

The original 2011 PHEPR Budget of \$775,000 was increased by over \$220,000 by the influx of supplemental H1N1 money from the federal government. That funding will not be available in 2012. The three other sources of funding for this program are all projected to decrease due to federal reductions, including a 15% decrease in the base PHEPR funds. However, revenue projections include a one-time Homeland Security grant for \$80,000, a small portion of which is expected to be spent in 2011.

PHEPR Fund	2010	2011 (est.)	2012
Revenues	\$1,578,604	\$920,000	\$741,037
Expenditures	\$1,578,604	\$920,000	\$741,037
Balance	\$0	\$0	\$0

The PHEPR team consists of four full-time employees, two part-time, for a total of 5.2 FTEs. PHEPR activities in 2012 will include:

1. Planning – coordination with local and regional health care partners, development of Memoranda of Understanding among partners, work on development of regional mass fatality planning efforts, and development of alternate care facility capabilities.
2. Exercises – participation in local and regional exercises, to include testing Public Health emergency roles, communications, volunteer management, and mass antibiotic dispensing.
3. Epidemiology/Surveillance – maintenance of systems to gather, analyze, and interpret data to achieve early detection and warning and overall situational awareness of threats and hazards.
4. Response – leading SHD's response to a Public Health emergency; coordinating response actions with community partners.
5. Informatics – maintenance of emergency communications equipment.
6. Risk Communications – assurance and coordination of consistent communications strategies and resources.

7. Volunteer Management – Development of a local volunteer Medical Reserve Corps to provide surge support during an emergency;
8. Strategic National Stockpile – Distribution planning for dispensing antibiotics to all Snohomish County residents within 48 hours of a biological exposure.
9. Medical Operations Planning - One special project will be funded in 2012 with the Homeland Security grant. This project will focus on medical operations planning, with the work to be contracted and completed by June 2012.

# 2012 Snohomish Health District Budget

2012

2012

## Emergency Preparedness Fund Budget

> Expenditures

	EMERG. TOTALS	Emerg.
<b>EXPENDITURES: Grants</b>		
Personnel Services	\$ 502,945	\$ 502,945
Supplies	\$ 1,569	\$ 1,569
Other Services & Charges	\$ 89,266	\$ 89,266
Capital Outlay	\$ -	\$ -
<b>Subtotals</b>	<b>\$ 593,780</b>	<b>\$ 593,780</b>

### EXPENDITURES--Non-Grants

	EMERG. TOTALS	Emerg.
Personnel Services	\$ -	\$ -
Supplies	\$ -	\$ -
Other Services & Charges	\$ -	\$ -
Capital Outlay	\$ -	\$ -
<b>Subtotals</b>	<b>\$ -</b>	<b>\$ -</b>

### EMERGENCY SUBTOTAL

Division Indirect	\$ 593,780	\$ 593,780
<b>TOTALS</b>	<b>\$ 593,780</b>	<b>\$ 593,780</b>
SHD Overhead	\$ 147,257	\$ 147,257
<b>Project Total</b>	<b>\$ 741,037</b>	<b>\$ 741,037</b>

## Emergency Preparedness Fund Budget

> Revenues

	EMERG. TOTALS	Emerg.
<b>REVENUES</b>		
Licenses and Permits	\$ -	\$ -
Intergovernmental: Grants	\$ 741,037	\$ 741,037
Intergovernmental: Other	\$ -	\$ -
Charges for Services	\$ -	\$ -
Miscellaneous Revenues	\$ -	\$ -
<b>Revenue Subtotal</b>	<b>\$ 741,037</b>	<b>\$ 741,037</b>

### Expenditure Total (from above)

	\$ 741,037	\$ 741,037
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### Surplus/(Deficit)

	\$ (0)	\$ (0)
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### LICENSES AND PERMITS

> None	\$ -	\$ -
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### INTERGOVERNMENTAL: Grants

> CDC Base Grant	F \$ 483,100	\$ 483,100
> Cities Readiness Initiative	F \$ 144,662	\$ 144,662
> Health Care Coalition	F \$ 38,275	\$ 38,275
> Homeland Security--Med. Plan.	F \$ 75,000	\$ 75,000

### INTERGOVERNMENTAL: Other

> None	\$ -	\$ -
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### CHARGES FOR SERVICES

> None	\$ -	\$ -
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### MISCELLANEOUS

> None	\$ -	\$ -
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## **HIV/AIDS Fund**

Since 1988, the State has provided HIV/AIDS funding through the Regional AIDS Service Networks, with planning and activities performed by local health jurisdictions and community-based organizations within each region. During that time, the Snohomish Health District has served as the lead agency for Region 3, working together with colleagues in Island, San Juan, Skagit, and Whatcom counties. Grant money was deposited in a dedicated Snohomish Health District fund, which was used to fund HIV/AIDS work throughout Region 3. In 2010, the Washington State Legislature eliminated the Regional AIDS Service Network administrative system and centralized the planning and contracting processes within the Department of Health. The previous system of funding for the regions ceased at the end of 2010. Grant money is being made available on a competitive basis, and the initial awards were made during summer 2011.

Current projections are that the Region 3 HIV/AIDS Fund will have a balance of approximately \$155,000 at the end of 2011. That balance will be transferred into the General Fund at the start of 2012, and the Region 3 HIV/AIDS Fund will be eliminated. The District will use at least the transferred amount to carry forward HIV/AIDS work during 2012, so in effect the remainder of the funds will be used for their intended purpose.