



SNOHOMISH
HEALTH DISTRICT
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SNOHOMISH

HEALTH DISTRICT

2017 Adopted Budget



**Best
Defense**



**First
Responder**



**Peace
of Mind**

Advocate



Coach



**Healthy
Start**





Snohomish Health District

2017 Adopted Budget

Gary Goldbaum, MD, MPH
Director | Health Officer

Prepared by

- Deputy Director | Chief Operating Officer **Pete M. Mayer**
- Business Manager **Judy Chapman**
- Accounting Supervisor **Dan LeFree**
- Financial Analyst **Barbara Taylor**
- Budget Consultant **Tad Kopf**

Additional support from

- Environmental Health Division Director **Jeff Ketchel**
- Community Health Director **Charlene Crow-Shambach**
- Communicable Disease/PHEPR Division Director **Nancy Furness**
- Executive Assistant **Linda Carl**
- Graphic Designer **Lynn Ljungquist**
- Human Resources Manager **Teri Smith**
- Public & Government Affairs Manager **Heather Thomas**
- The agency's managers and supervisors

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BUDGET IN BRIEF

Gary Goldbaum, MD, MPH
Director | Health Officer

Safe and healthy communities. Our economy depends on a healthy and productive workforce. Our schools rely on children who are ready and able to learn. Our residents count on the safety of their food, water and surrounding environments. At the end of the day, that's what we're all working to provide. Here at the Snohomish Health District, we've seen some promising improvements in the health of Snohomish County. Teenage smoking rates have declined, obesity rates seem to have plateaued, and more mothers are getting prenatal care during pregnancies.

However, great strides in some areas are being rapidly outpaced by concerning trends in opioid addictions, teen and adult suicides, and sexually transmitted diseases. We're also seeing troublesome new diseases emerge, like acute flaccid myelitis (AFM) and Zika virus.

The residents of Snohomish County deserve a system that protects them by tracking, responding to, and intervening to prevent costly food and water contamination, disease outbreaks, and the serious and costly long-term consequences of exposure to nicotine and other drugs. We are doing our best, but our critical programs and services are harder to deliver with the continued decline in public health funding.

Our staff have worked diligently with Snohomish County's cities and towns, as well as with the County, to reinstitute a per capita structure that began in 1966. We are grateful to the County and to those 13 cities that have committed to contributing to local public health in 2017. However, this new funding does not fully address lost revenues and increased costs.

The 2017 budget reflects tough decisions on what to cut in the face of dwindling resources. This budget has been built with the following assumptions and concessions:

- Avoiding layoffs, but eliminating 8.15 FTE currently vacant positions
- Continuing our First Steps and Women, Infant & Children (WIC) programs
- Providing a 2% cost of living adjustment, based on bargaining agreements
- Including \$1.9M required for critical capital and infrastructure needs
- Implementing a 1.8% fee increase for Environmental Health
- Including roughly \$430,000 in new per capita contributions
- Utilizing \$251,029 of our reserves to cover the gap in operating expenses and revenues
- Increasing working capital reserves from 30 days to 45 days

We narrowly avoided layoffs this year. However, without additional sustainable funding, public health will continue to erode and leave our communities vulnerable to a multitude of health threats. We see public health as a shared responsibility. As we work to implement our city-county partnerships, we are also looking to secure more sustainable funding from the state. The Snohomish Health District, together with our public health partners around the state, will be asking the 2017 legislature for a critical down payment for foundational public health services.

Public health is essential to our economy, our schools, and our communities. We are at a critical juncture, but I remain optimistic that, if we work together to support public health, our residents and businesses will enjoy the benefits of a safer and healthier Snohomish County for years to come.

AGENCY OVERVIEW

The Snohomish Health District provides a wide range of programs and services that protect and promote 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: **Administration** support functions include Executive Leadership, Human Resources, Business and Information Services, Communications, Healthy Policy and Public Records/HIPPA/Accreditation. The **Communicable Disease 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 collects and analyzes public health research. The **Environmental Health Division** works to protect food, water, soil and air.

INVESTING IN OUR STAFF AND AGENCY

The 2017 expenditures reflect recently released increases from PEBB for medical insurance (11.4 percent increase) and PERS (12 percent increase). This budget also includes a 2 percent COLA increase for all union and non-represented employees, per bargaining agreements.

This budget realigns some positions in the organization to better provide services and programs consistent with our vision of foundational public health. The 2017 budget includes a net decrease of 8.15 full-time equivalent (FTE) positions. The table below reflects the total FTE for each division for this budget compared to the approved 2016 levels.

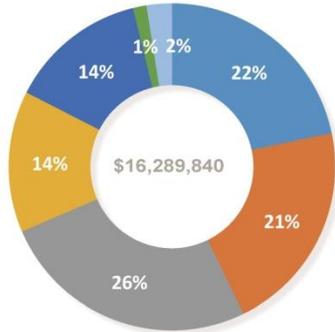
	2016 Budget	2017 Proposed	FTE Change
Administration	24.60	24.70	0.10
Communicable Disease	27.30	27.30	-
Community Health	42.70	34.45	(8.25)
Environmental Health	44.95	44.95	-
Public Health Emergency Preparedness & Response	5.90	5.90	-
Total	145.45	137.30	(8.15)

2017 Areas of Focus

The District can best be understood through three broad areas—Healthy People, Healthy Environments, and Foundational Capabilities—each of which contains a number of programs, services, and functions. Highlights of the efforts that the Board of Health has endorsed for the future of the District include:

 <p>HEALTHY PEOPLE</p> <ul style="list-style-type: none"> Expanding the child care outreach efforts to provide information related to early childhood development, nutrition, physical activity and disease prevention. Connecting with partners to reach families on things like trauma-informed care, improving parenting skills, and addressing barriers to health services. Bridging primary prevention, social policy and intervention in order to improve health outcomes for the people of Snohomish County. 	 <p>HEALTHY ENVIRONMENT</p> <ul style="list-style-type: none"> Looking at broader roles that address the impact of the built environment on health. Pursuing the possibility of leading the efforts to inform public policy about indoor air quality. Participating in a more integrated manner with community health and communicable disease programs. Standardizing the Food Program through Voluntary National Retail Food Regulatory Program Standards. 	 <p>FOUNDATIONAL CAPABILITIES</p> <ul style="list-style-type: none"> Fully implementing a centralized customer service first model aimed at improving service at all levels of the organization. Emphasizing streamlined business processes, workforce development and succession planning, and communications and outreach. Developing and implementing policies that promote and protect public health in Snohomish County. Preparing for all-hazard emergencies, including recovery and post-recovery.
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How The Money Comes In



2017 SOURCES OF REVENUE

Licenses & Permits	\$ 3,537,213
State Discretionary Funds	\$ 3,433,291
State & Federal Grants	\$ 4,193,579
Snohomish County	\$ 2,277,990
Charges for Services	\$ 2,226,047
City Per Capita	\$ 405,210
Miscellaneous	\$ 216,510

There is also a lack of dedicated sources of revenue for public health at the local, state and federal levels. Unlike many other government agencies and special-purpose districts, the Snohomish Health District has no local taxing authority.

Each year brings new challenges in balancing our budget, requiring reduced services and staff. This is not a sustainable way to operate, which is why we continue advocating for dedicated public health funding.

FEDERAL FUNDING

These grants support programs for immunization outreach, sexually transmitted disease control, maternal/infant services, pregnant and parenting teens, safe drinking water, emergency readiness and response and more.

STATE FUNDING

State grants support programs like disease prevention through immunizations, youth tobacco reduction, early intervention for infants, dental care, and regulating drinking water and onsite sewage.

LOCAL FUNDING

We rely on Snohomish County to provide annual funding to support communicable disease work, **as well as the County and many of the cities' per capita investments.**

LICENSES & PERMIT FEES

The fees collected from food vendors, public and semi-public pools, onsite septic, small public water systems, and solid waste disposal facilities cover the costs of permit review and inspections. However, these fees do not cover responses to complaints and system failures.

CHARGES FOR SERVICE

Each of the divisions charges fees to recoup costs for providing services, such as immunizations, vital records and inspections.

MISCELLANEOUS

Interest from investments and rental income from leased office space.

Revenues and Expenses By Division

	GENERAL FUND				PHEPR Fund Operating Budget	One Time Capital Investment	Total District Budget
	Communicable Disease	Community Health	Environmental Health	Administration			
Licenses & Permits	-	-	3,537,213	-	-	-	3,537,213
Charges for Services	278,000	100,000	1,469,847	378,200	-	-	2,226,047
State and Federal Grants	636,694	2,046,898	660,000	-	849,987	-	4,193,579
County Funding for Programs	1,600,000	-	-	-	-	-	1,600,000
Miscellaneous	-	-	-	216,510	-	-	216,510
Division Revenue	2,514,694	2,146,898	5,667,060	594,710	849,987	-	11,773,349
State Discretionary Funds	-	-	-	3,433,291	-	-	3,433,291
County Per Capita	-	-	-	677,990	-	-	677,990
City Per Capita	-	-	-	405,210	-	-	405,210
Total Resources	2,514,694	2,146,898	5,667,060	5,111,201	849,987	-	16,289,840
Salaries	2,721,612	3,130,854	4,453,140	2,466,670	602,626	-	13,374,903
Supplies	61,357	64,015	74,300	158,200	25,000	-	382,872
Charges for Services	332,854	162,967	155,700	1,510,212	222,361	-	2,384,094
Capital Outlay	-	-	24,000	375,000	-	1,902,181	2,301,181
Total Direct Operating Costs	3,115,823	3,357,836	4,707,140	4,510,082	849,987	1,902,181	18,443,050
Total Resources less Direct Costs	(601,129)	(1,210,938)	959,920	601,119	-	(1,902,181)	(2,153,210)

ABOUT THE SNOHOMISH HEALTH DISTRICT

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

Snohomish County is the third most populous county in Washington State. The total population of Snohomish County was estimated to be 772,860 as of April 1, 2016, 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 108,300.



OUR COMMITMENT TO THE COMMUNITY

At the Snohomish Health District, we believe the community is our client. We also believe that our clients deserve healthy places to live, learn, work and play. This requires a continued focus on promoting healthy habits, preventing illness due to communicable diseases, and protecting our food, water and environment from health threats. **But we can't do this alone.** We are fortunate to have a dedicated Board of Health.

2016 BOARD OF HEALTH

Brian Sullivan, Snohomish County Council, Chair
Adrienne Fraley-Monillas, Edmonds City Council, Vice Chair
Hans Dunshee, Snohomish County Council*
Ken Klein, Snohomish County Council
Sam Low, Snohomish County Council*
Stephanie Wright, Snohomish County Council
Terry Ryan, Snohomish County Council
Dan Rankin, Darrington Mayor
Scott Murphy, Everett City Council
Kurt Hilt, Lake Stevens City Council
Benjamin Goodwin, Lynnwood City Council
Donna Wright, Marysville City Council
Mark Bond, Mill Creek City Council
Jeff Rasmussen, Monroe City Council
Kyoko Matsumoto Wright, Mountlake Terrace City Council*
Sean Richards, Mountlake Terrace City Council*
Christine Cook, Mukilteo City Council

* partial year

Snohomish Health District
3020 Rucker Avenue, Suite 306, Everett, WA 98201-3900
425.339.5210
www.snohd.org

DOCUMENTS THAT GUIDE OUR BUDGET

- **Supported and Sustainable: The Future of Public Health in Snohomish County**
- **2014 Strategic Plan Update**
- **Agenda for Change and Foundational Public Health Services**
- **Financial Policies**
- **Agency Fees and Charges**

STRATEGIC INITIATIVES

- **Move patients into medical homes**
- **Improve environmental health business practices**
- **Optimize delivery of early childhood development programs**
- **Mobilize community health action teams**
- **Reduce administrative overhead costs**
- **Institute workforce development and succession planning**
- **Improve health district funding and governance**
- **Become nationally accredited and integrate quality improvement principles**

PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY

ABOUT THE SNOHOMISH HEALTH DISTRICT

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.

2016 Board of Health

District 1 - North County

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



Mayor
Dan Rankin
Town of
Darrington



Councilmember
Donna Wright
City of
Marysville



Councilmember
Ken Klein
Snohomish
County Council



Councilmember
Sam Low
Snohomish County
Council
Partial year

District 2 - Central County

Everett, Mukilteo



Councilmember
Brian Sullivan, 2016 Chair
Snohomish County Council



Councilmember
Christine "Chris" Cook
City of Mukilteo



Councilmember
Scott Murphy
City of Everett

Board of Health (cont.)

District 3 - Southwest County

Edmonds, Lynnwood, Woodway



Councilmember
Adrienne Fraley-Monillas
City of Edmonds
2016 Vice Chair



Councilmember
Benjamin Goodwin
City of Lynnwood



Councilmember
Stephanie Wright
Snohomish County
Council

District 4 - South Central County

Bothell, Brier, Mill Creek, Mountlake Terrace



Councilmember
Terry Ryan
Snohomish County
Council



Councilmember
Mark Bond
City of Mill Creek



Councilmember
Kyoko Matsumoto Wright
City of Mountlake
Terrace
partial year



Councilmember
Shaun Richards
City of
Mountlake
Terrace
partial year

District 5 - East County

Gold Bar, Index, Monroe, Snohomish, Sultan



Councilmember
Hans Dunshee
Snohomish County
Council partial year



Councilmember
Jeff Rasmussen
City of Monroe



Councilmember
Kurt Hilt
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 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 collects and analyzes public health research. Administrative support functions include Executive Leadership, Human Resources, Business and Information Services, Communications, Healthy Policy and Public Records/HIPPA/Accreditation.

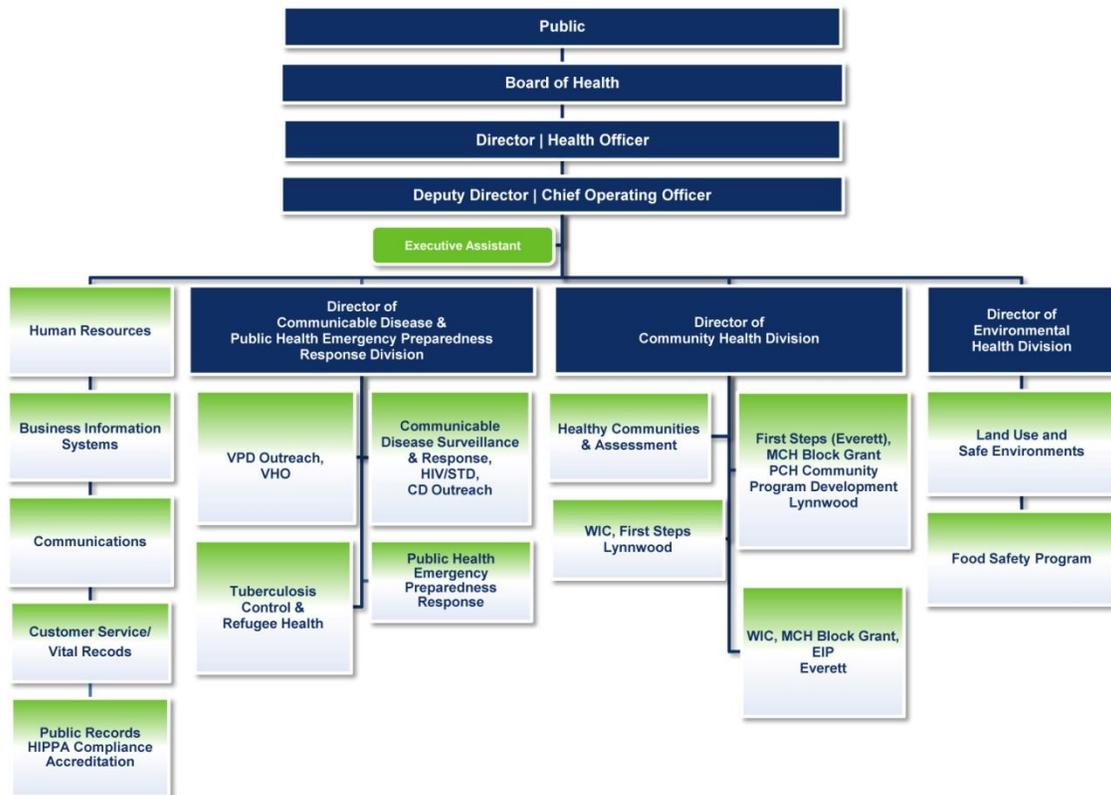


Figure 1. Current Organizational Structure

Status of the 2014 Strategic Plan Update

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

Our 2014 Strategic Plan Update was a wide-ranging and substantial move toward that redesign. It was rooted in the 2009 Strategic Plan, incorporating the mission, vision and directions that were adopted at that time. It also included a thorough and comprehensive review of current systems, and aimed to correct outmoded and ineffective practices. The eight strategies were:

1. Move patients to medical homes
2. Improve environmental health business practices
3. Optimize delivery of early childhood development programs
4. Mobilize community health action teams
5. Reduce administrative overhead costs
6. Institute workforce development and succession planning
7. Improve Health District finance and governance
8. Become nationally accredited and integrate quality improvement principles

Much work has been accomplished over the last two years, some of which are referenced in the division sections that follow. However, the Snohomish Health District has also been in the midst of significant transitions in its delivery of public health services countywide—a result of a growing and changing county population, declining revenues to support public health, a larger health system transformation occurring nationally and health care innovation initiated at the state level.

The agency has been responding over the last several years by streamlining, forming new partnerships with other health care providers and non-profits, and moving toward a provision of foundational services and capabilities. While direct one-on-one programming will always be an essential need in the community, many of these services are no longer arenas where the Health District is the sole service provider, nor are they aligned with the future vision of public health in Snohomish County. This approach is consistent with aligning our resources where public health is uniquely qualified, and identifying ways that the Health District can affect the greatest good for the greatest number of people in our community.

Moving forward, it is imperative that we are aligned internally, politically and with our many partners on where our role is in the variety of issues facing Snohomish County. This will be a focus of our efforts in 2017 as we move to embark on another strategic planning cycle.

Looking Forward to 2017 and Beyond

The current governance structure and process the Snohomish Health District Board of Health uses to conduct its business needs to be reviewed. **The initial Health District Charter was first crafted in 1959, with the most recent amendments made in 1997.** Given the significant changes that have taken place over the last 20 years, a fresh review and consideration of its governance structure and procedures is overdue.

The Board of Health commissioned The William D. Ruckelshaus Center in 2016 to conduct an assessment to assist in its deliberations about whether to explore potentially consolidating the Health District into County government. It was also intended to obtain input regarding the purpose, role, governance structure and funding strategy for public health in Snohomish County. The Ruckelshaus team conducted interviews with 73 individuals over several months. Those conversations indicated that now is not an ideal time to make such a transition.

Following release of the final Situation Assessment (included in Appendix D), the Board indicated a preference to put aside the question of the Snohomish Health District consolidating with Snohomish County government. Instead, the Board will work with staff in 2017 to evaluate its charter and committee structures in order to make governance adjustments needed to move the agency forward.

Funding for Foundational Public Health Services

Tracking, responding to, and preventing costly food and water contamination and disease outbreaks are essential to protecting the public's health. Disease epidemics like Ebola and Zika are more complex and taking longer to investigate, and our population is expected to grow by another two million residents by 2025. Yet the new, complex threats and recession budget cuts have made it harder for the public health system to protect and serve Washington's families and communities.

A Shared Responsibility & A New Framework

Providing public health services is a shared state and local responsibility. Some public health services are so critical that they must be provided to every resident of Washington state. Other public health needs may be unique to certain regions of our state, so each community determines and implements local priorities. The foundational public health services model ensures all residents can depend on a core set of services which only governmental public health can provide.



FOUNDATIONAL PUBLIC HEALTH IN WASHINGTON STATE

Ensuring all residents can depend on a core set of services which only governmental public health can provide.



PROGRAMS

A basic set of programs that are accessible in every community across the state.



CAPABILITIES

Capabilities & infrastructure to support foundational programming.



MEETING LOCAL NEEDS

In addition to these core programs and capabilities, there are other services implemented to meet community-driven needs.

A Critical Down Payment and New Delivery Model

Our public health system has agreed on those set of core services that the state should financially support so that every community in Washington has equal access to public health programs and services. The 2017 legislature is being asked to support those core services, and to allow us to rebuild our system with added efficiency, by providing the following down payment:

\$50 Million for Local Health Departments

Local health departments track, respond to, and prevent public health epidemics at the community level – this funding will fill critical gaps in disease prevention and response.

\$6 Million for State Department of Health

Our State Department of Health also needs to improve its capacity for disease monitoring and investigations – and expand its laboratory capacity to meet increased demand.

\$4 Million for Modernization

Local public health must respond quickly and efficiently to outbreaks. Over the last four years, state and local public health leaders have developed a plan to modernize the state's public health system, ensuring core services are available everywhere and designating others that can be effectively and efficiently shared between health departments.

If successful in the full request, this could bring up to \$2.6M in annual funding directly to Snohomish County starting in 2017. We have also been actively working to position ourselves to hopefully be selected for an additional \$1M annually for a modernization pilot. Rebuilding and refocusing our public health services means we can better monitor and coordinate emergency response—keeping our communities safe, reducing costs for taxpayers, and protecting our local economy.

2017 BUDGET OVERVIEW

The District has been in the midst of transformation over the last several years. We have embarked on a series of efforts to examine and align strategies, evaluate programs and services in the context of foundational public health, and keep pace with the reformation of the health care system. It is both exciting and challenging, but still necessary work to ensure the Snohomish Health District can provide sustainable services into the future.

This budget takes that end goal and provides the means and resources to make it happen. We fully realize that the transformation will not happen overnight, or even in one budget cycle. Many of these changes will take years to fully implement, and what we think might be the best course today may change as our community evolves. However, each journey begins with an initial step, and that is what is presented in this budget package.

Revenue Overview

The Snohomish Health District has seen a 25.4 percent decrease from the funding level of 2006—yet the population has increased by 14 percent in the same 10-year period. Our job of promoting and preventing healthy behaviors, communities and environments becomes increasingly difficult without the resources to keep pace with the changing and growing population.

The agency relies heavily on 70 percent of its funding coming from intergovernmental revenue (federal, state and county sources) to support public health services. With more than two-thirds of the District's revenue being "restricted" or "categorical," this means the majority of the agency's funds can only be used for specific purposes. In addition to these sources remaining static or declining, these funds are limited term, unpredictable and fluctuating grants that limits the District's ability to institute change. Grant funding, in particular, does not provide the District with the flexibility needed to begin delivering public health services through broader, more community-based mechanisms.

Local Revenues

District generated revenues (Licenses and Permits; Charges for Services) and Snohomish County contributions compose "local revenue."

Snohomish County and City Funding

Up until recent years, we have historically received more than \$3M in County funding to support public health activities in Snohomish County. As those funding levels have been continuing to decrease, and without the ability to levy taxes, the Health District requested a \$2.00 per capita from the cities, towns and County. Without these direct investments in public health by local cities, towns and County, the District faced catastrophic staffing cuts in 2017.

Per capita funding is not a new concept for Snohomish County, as we became the first local health jurisdiction in the state to form a city-county partnership back in 1966. Eleven of the 18 cities in the county voluntarily contributed \$0.50 per capita to public health, and in the years that followed, the number of cities and rate of contribution increased. At one point, some cities were contributing as much as \$2.70 per resident.

The result for 2017 looks very similar to 50 years ago, with the majority of cities and county contributing voluntarily at different per capita amounts. At publication time, the per capita contributions for 2017 are more than \$1.08M, or approximately \$430,000 more than in 2016.

	2015 Adopted	2016 Projected	2017 Budget
Communicable Disease	\$1,600,000	\$1,600,000	\$1,600,000
County Per Capita	\$653,200	\$653,200	\$677,990
Mental Health 1/10 - Current	\$681,793	\$400,000	--
City Per Capita (NEW)	--	--	\$405,210
Total	\$2,934,993	\$2,653,200	\$2,683,200

Licenses and Permits

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

Charges for services

The District charges clients for some Communicable Disease related services, including refugee health, vaccine/preventable disease, and tuberculosis monitoring services. In 2016, we had anticipated being able to recoup more of these costs through third-party billing, but that proved to be not as successful. The decrease in Charges for Services for 2017 reflects adjustments made to be more aligned with current trends.

In addition, Community Health charges include fees for First Steps clinic-based services, and dental/oral health services. These charges are typically adjustable depending upon the income level of the client.

Environmental Health charges include public/private water supplies, solid waste, liquid waste and food program activities. The District also provides solid and hazardous waste management related services to Snohomish County via a fee-for-services interlocal agreement. Tasks include monitoring and inspecting County and non-County owned facilities, responding to complaints and taking enforcement actions, educating and

coordinating prevention activities, and providing performance reports on such activities.

Miscellaneous Revenue

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

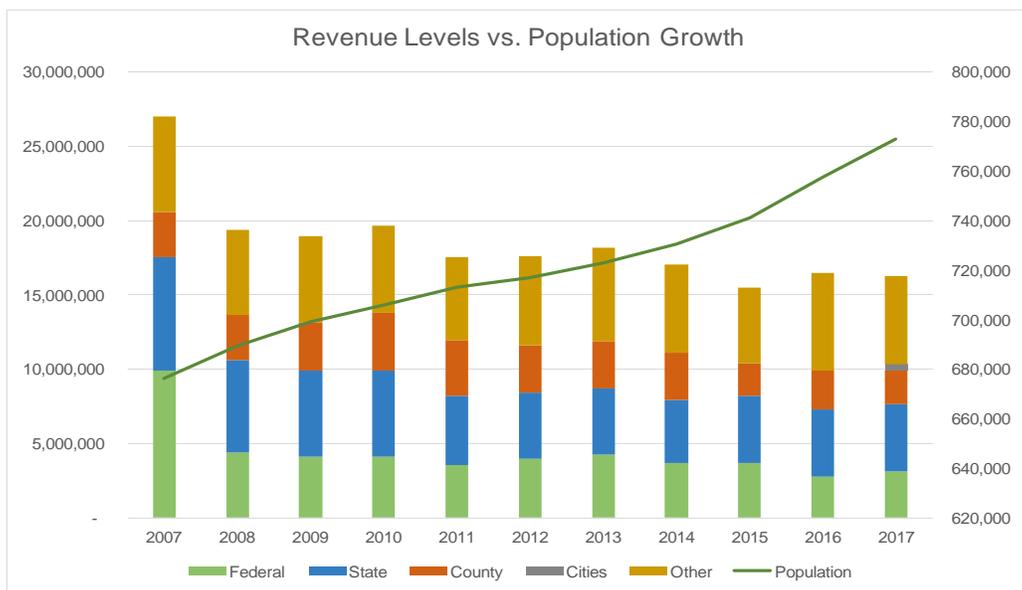
In addition to lease income, the District receives interest on investments made through the Snohomish County Treasurer's office.

Revenue History

As noted previously, approximately 70 percent of agency funding is from intergovernmental sources. State and federal funds have decreased over the decade, but remain mostly flat in 2017.

As shown in the figure below, the District has had a 40 percent decrease from the funding level of 2007—yet the population has increased by 14 percent in the same 10 year period.

With this 2017 budget, the agency will have eliminated 91 FTE since 2008—a reduction of 40 percent due to static or declining revenues in the face of increased costs. Without sustainable funding sources, these trends are expected to continue.



Expenditure Overview

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

Expenditure Assumptions

- Avoiding layoffs, but eliminating 8.15 FTE currently vacant positions
- Continuing our First Steps and Women, Infant & Children (WIC) programs
- Providing a 2% cost of living adjustment, based on bargaining agreements
- Including \$1.9M from reserves required for critical capital and infrastructure needs
- Utilizing \$251,029 of our reserves to cover the gap in operating expenses and revenues

Even with eliminating 8.15 FTE, our 2017 expenses are slightly higher than 2016. In addition to modest increases in general operations and maintenance, the 2017 expenditures reflect recently released increases from PEBB for medical insurance (11.4 percent increase) and PERS for retirement contributions (12 percent increase). Employees are also scheduled to receive cost of living adjustments in accordance with bargaining agreements.

Projected operating expenses are:

Expense Category	2016		2017	
	Budget		Proposed Budget	% Change
Salaries	\$ 13,242,837		\$ 13,374,903	+1%
Supplies	\$ 389,651		\$ 382,872	-2%
Charges for Services	\$ 2,248,628		\$ 2,384,094	+6%
Capital Outlay	\$ 375,000		\$ 399,000	+7%
Total Operating Expenses	\$ 16,256,116		\$ 16,540,869	+2%

Program Level Staffing

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

As noted previously, all position vacancies are carefully scrutinized regardless of funding source. The following table summarizes program level staffing for each Division in 2015 and 2016, as well as FTE allocation for 2017.

Division/Program	2015 Budget	2016 Budget	2017 Proposed	FTE Change 2016-2017
Communicable Disease * (PHEPR noted separately)	32.450	27.300	27.300	0.000
Immunization	11.800	5.800	4.400	-1.400
Sexually Transmitted Diseases	1.700	1.950	1.950	0.000
Tuberculosis	7.800	7.900	8.650	0.750
HIV/AIDS	2.300	2.100	2.200	0.100
Refugee Health	1.100	1.600	1.400	-0.200
Other Diseases	6.350	7.550	8.300	0.750
CD Administration	1.400	0.400	0.400	0.000
Community Health	42.850	42.700	34.450	-8.250
Maternal and Infant Care	12.900	14.200	7.650	-6.550
Oral Health	0.900	0.600	0.300	-0.300
Children w/Special Health Care Needs	2.300	1.500	1.350	-0.150
Women, Infants & Children (WIC)	14.300	13.000	12.600	-0.400
Early Intervention	1.250	1.000	1.250	0.250
Assessment/Chronic Disease	5.500	4.700	3.000	-1.700
Tobacco/Healthy Communities	4.200	6.100	6.700	0.600
CH Administration	1.500	1.600	1.600	0.000
Environmental Health	43.750	44.950	44.950	0.000
Drinking Water	0.850	0.450	0.900	0.450
Solid Waste & Toxics	11.400	10.550	10.600	0.050
Septic/Land Use	6.800	8.150	11.300	3.150
Food Safety	16.750	17.450	17.450	0.000
Living Environment/ Pools/Schools	2.000	2.600	2.900	0.300
Smoking in Public Places	0.100	0.100	0.100	0.000
EH Administration	5.850	5.650	1.700	-3.950
District Administration	21.500	24.600	24.700	0.100
Executive	3.000	5.800	4.600	-1.200
Business Office	5.500	5.500	6.500	1.000
Human Resources	2.000	2.000	2.000	0.000
Information Services	4.000	3.000	3.000	0.000
Rucker Building	1.000	1.000	1.000	0.000
Communications	2.000	3.000	4.000	1.000
Vital Records	4.000	4.300	3.600	-0.700
General Fund Total	140.550	139.550	131.400	-8.150
PHEPR Fund	4.650	5.900	5.900	0.000
Health District, all funds	145.200	145.450	137.300	-8.150

Workforce Planning

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

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

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

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

Vacancies will continue to be carefully reviewed and scrutinized as they were in 2015 and 2016. Not all positions will be filled and other positions may be adjusted or aligned differently to meet the goals identified in the Update's eight initiatives.

2017 Snohomish Health District Budget

The following summarizes the 2017 budget:

	General Fund Operating Budget	General Fund Fund Balance Requests	PHEPR Fund Operating Budget	Total District Budget
Licenses & Permits	\$3,537,213		\$ -	\$3,537,213
Charges for Services	2,226,047		-	2,226,047
State and Federal Grants	3,343,592		849,987	4,193,579
County Funding for Programs	1,600,000		-	1,600,000
Miscellaneous	216,510		-	216,510
Division Revenue	\$10,923,362		\$849,987	\$11,773,349
State Discretionary Funds	3,433,291		-	3,433,291
County Per Capita Funding	677,990		-	677,990
City Per Capita	405,210		-	405,210
Total All Resources	\$15,439,853		\$849,987	\$16,289,840
Salaries	13,235,386		621,264	13,856,650
Salary Savings/Attrition	(463,109)		(18,638)	(481,747)
Supplies	357,872		25,000	382,872
Charges for Services	2,161,733		222,361	2,384,094
Capital Outlay	399,000	1,902,181	-	2,301,181
Total Expenditures	15,690,882	1,902,181	849,987	18,443,050
Total Resources- Total Direct Costs	(\$251,029)	(\$1,902,181)	\$ (0)	(\$2,153,210)

General Fund Operations

The 2017 General Fund Operations Budget is summarized below.

Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$3,276,353	\$3,664,799	\$3,537,213	(\$127,586)
Federal/State Grants	4,546,375	3,939,474	4,193,579	254,105
State Public Health Assistance	3,433,295	3,433,291	3,433,291	-
Total County Funding	2,253,200	2,653,200	2,277,990	(375,210)
City Per Capita	-	-	405,210	405,210
Charges for Services	1,535,692	2,681,153	2,226,047	(455,106)
Miscellaneous	217,757	202,340	216,510	14,170
Total	\$15,262,672	\$16,574,257	\$16,289,840	(\$284,417)
XP - Expenses				
Personnel Services	12,930,367	14,110,074	13,374,903	(735,171)
Supplies	555,436	388,651	382,872	(5,779)
Other Services & Charges	2,220,373	2,271,716	2,384,094	112,378
Capital Outlay	53,707	259,494	399,000	139,506
Total	\$15,759,883	\$17,029,935	\$16,540,869	(\$489,066)
Revenue less Direct Costs	(\$497,211)	(\$455,678)	(\$251,029)	204,649

General Fund Operations Budget by Division

The 2017 General Fund Operations Budget is summarized below by division.

	Communicable Disease	Community Health	Environmental Health	Administrative Services	General Fund Total
Licenses & Permits	\$ -	\$ -	\$3,537,213	\$ -	\$3,537,213
Charges for Services	278,000	100,000	1,469,847	378,200	2,226,047
State and Federal Grants	636,694	2,046,898	660,000	-	3,343,592
County Funding for Programs	1,600,000	-	-	-	1,600,000
Miscellaneous	-	-	-	216,510	216,510
Division Revenue	\$2,514,694	\$2,146,898	\$5,667,060	\$594,710	\$10,923,362
State Discretionary Funds	-	-	-	3,433,291	3,433,291
County Per Capita Funding	-	-	-	677,990	677,990
City Per Capita	-	-	-	405,210	405,210
Total All Resources	\$2,514,694	\$2,146,898	\$5,667,060	\$5,111,201	\$15,439,853
Salaries	2,721,612	3,130,854	4,453,140	2,466,670	12,772,277
Supplies	61,357	64,015	74,300	158,200	357,872
Charges for Services	332,854	162,967	155,700	1,510,212	2,161,733
Capital Outlay	-	-	24,000	375,000	399,000
Total Expenditures	3,115,823	3,357,836	4,707,140	4,510,082	15,690,882
Total Resources- Total Direct Costs	(\$601,129)	(\$1,210,938)	\$959,920	\$601,119	(\$251,029)

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

Financial Reserves

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

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

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

Based on recommendations from staff and discussions with the Budget Ad Hoc Committee, the 2017 budget moves the Working Capital reserves to fund 45 days of operations. It is the goal to continue to increase that to 60 days in the coming years.

Pending Board adoption, the updated Financial Management Policies will be included in the final budget book.



Fund Balance History

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

Entering into 2017, the projected Beginning Fund Balance will be approximately \$6,949,719— almost \$3.3 million above the agency committed reserve levels. However, planned expenditures for building improvements and other capital investments are close to \$2 million. The unfunded liability of compensated absences (accumulated vacation and sick leave that is payable to an employee when they leave the District's employ) claims another \$1.4 million. Details about the capital investments are found in the Capital section of this document.

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

Six-Year Financial Forecast

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

	2016 Projected	2017 Request	2018 Projected	2019 Projected	2020 Projected	2021 Projected	2022 Projected
License & Permits	\$ 3,459,739	\$ 3,537,213	\$ 3,607,957	\$ 3,680,116	\$ 3,753,719	\$ 3,828,793	\$ 3,905,369
Intergovernmental	9,937,594	9,904,860	9,904,860	9,904,860	9,904,860	9,904,860	9,904,860
City Per Capita Funding		405,210					
Charges for Services	2,773,644	2,226,047	2,270,568	2,293,274	2,316,206	2,339,368	2,362,762
Miscellaneous	202,340	216,510	216,510	216,510	216,510	216,510	216,510
	<u>\$16,373,317</u>	<u>\$ 16,289,840</u>	<u>\$ 15,999,895</u>	<u>\$ 16,094,760</u>	<u>\$ 16,191,295</u>	<u>\$ 16,289,532</u>	<u>\$ 16,389,501</u>
Salaries	13,242,837	13,374,903	13,732,013	14,006,653	14,286,786	14,572,522	14,863,972
Supplies	389,651	382,872	389,764	396,779	403,921	411,192	418,594
Other Services & Charges	2,248,628	2,384,094	2,427,008	2,470,694	2,515,166	2,560,439	2,606,527
Debt Service							
Capital Outlay	375,000	399,000	125,000	125,000	125,000	125,000	125,000
Total Expenditures	<u>\$16,256,116</u>	<u>\$ 16,540,869</u>	<u>\$ 16,673,784</u>	<u>\$ 16,999,126</u>	<u>\$ 17,330,874</u>	<u>\$ 17,669,153</u>	<u>\$ 18,014,093</u>
Total Resources less Expenses	117,201	(251,029)	(673,889)	(904,366)	(1,139,579)	(1,379,622)	(1,624,592)
Beginning Fund Balance	6,832,518	6,949,719	4,796,509	4,122,620	3,218,253	2,078,675	699,053
Available Fund Balance	<u>\$ 6,949,719</u>	<u>\$ 6,698,690</u>	<u>\$ 4,122,620</u>	<u>\$ 3,218,253</u>	<u>\$ 2,078,675</u>	<u>\$ 699,053</u>	<u>\$ (925,539)</u>
FTE	145.45	137.30	137.30	137.30	137.30	137.30	137.30

Revenue Projection

Revenue derived from fees and services is projected to rise a modest 1.8 percent per year. Federal grant support is expected to decrease slightly as a result of sequestration, reduced WIC funding and MAC reimbursement volatility. State and local funding remains stable but without increase.

Expenditure Projection

Personnel costs account for over 83 percent of our total operating expenditures. This projection includes expected staff reductions as a result of transitioning out of direct client services as indicated in our Strategic Plan. As always, personnel costs will continue to rise for the remaining staff. While many of our staff are long tenured and at the top of their salary range, others are eligible for step increases resulting in a continuous increase in future years.

DIVISION OVERVIEW AND PROGRAM SUMMARIES OF REVENUES AND EXPENDITURES

Communicable Disease Division

Nancy Furness, RN, MS | Division Director

Overview

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

Washington Administrative Code (WAC 246-101) governs many of the Communicable Disease Division activities. This code identifies the diseases that are reportable, and the time frame in which healthcare providers, hospitals, and laboratories must report to local public health. **WAC 246-101 charges local public health with the duties to receive disease reports, conduct investigations, and initiate disease control measures.** The District takes steps to protect the public by recommending or providing preventive therapies for individuals who came into contact with infectious agents, curative therapies to individuals who have active tuberculosis disease, investigating and halting outbreaks, and removing harmful exposures.

Program Activities

The Communicable Disease Division includes the following programs:

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

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

Changes for 2017

CD Division staff have been realigned throughout 2016 to meet programmatic needs while staying within the approved budget and FTE. In 2017, the Communicable Disease Division proposes to increase one Disease Intervention Specialist by .2 FTE, to full-time and fill a .5 FTE dietitian in the Child Care Outreach program. The dietitian position was budgeted in 2016 but not filled.

Alignment with Strategic Initiatives

Communicable Disease Control is a Foundational Public Health service, including disease investigations, contact notifications, response to disease outbreaks, appropriate treatment of individuals with active tuberculosis, and timely and accurate information to providers and the community. In 2017, the Communicable Disease Division will embrace these strategies in the following ways:

- Provide communicable disease surveillance, investigation, and exposure management
- Promote immunizations to assure all residents have access to immunizations
- Increase STD/HIV case finding in high-risk populations through targeted testing at SHD and partnerships with community providers
- Support the Health District and community efforts to address the opioid epidemic through partnerships including the Needle Exchange, Snohomish County Human Services, WA State Department of Health, and health care providers

2017 Areas of Focus

Disease control and prevention

Community and provider education

Expansion of child care outreach

Promotion of immunizations

24/7 response capabilities

Community partnerships to address the opioid epidemic

Communicable Disease Division

Financial Overview

Communicable Disease Division Staffing Resources	
	2017 Proposed
Behavioral Health Specialist	0.50
Director	0.40
Disease Intervention Specialist	6.00
Environmental Health Specialist II	0.50
Health Educator	1.00
Outreach Worker II	2.00
Program Assistant II	1.00
Program Asst I	1.00
Program Manager	1.00
Program Specialist II	1.00
Public Health Nurse	7.00
Registered Dietitian	0.50
Registered Nurse	1.90
CD Supervisor	2.50
Vaccine Coordinator (Vaccine Preventable Disease Outreach)	1.00
	27.30

Communicable Disease Division Summary				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	2,231,179	675,800	636,694	(39,106)
Snohomish County	-	1,600,000	1,600,000	-
Charges for Services	223,045	370,800	278,000	(92,800)
Miscellaneous	2,760	-	-	-
Total	\$2,456,984	\$2,646,600	\$2,514,694	(\$131,906)
XP - Expenses				
Personnel Services	2,668,855	2,730,229	2,721,610	(8,619)
Supplies	101,351	60,546	61,357	811
Other Services & Charges	267,202	294,471	332,854	38,383
Total	\$3,037,408	\$3,085,246	\$3,115,821	\$30,575
Revenue less Direct Costs	(\$580,424)	(\$438,646)	(\$601,127)	(\$162,481)

Communicable Disease Division Operations by Program

	TB	STD	Refugee	Other Communicable Disease
Charges for Services	\$28,000	\$ -	\$250,000	\$ -
State and Federal Grants	114,750	21,673	-	-
County Funding for Programs	800,000	-	-	800,000
Total All Resources	\$942,750	\$21,673	\$250,000	\$800,000
Salaries	838,644	191,327	146,301	816,350
Supplies	21,700	-	-	20,300
Charges for Services	172,345	5,000	46,376	15,165
Total Direct Costs	1,032,689	196,327	192,677	851,815
Total Resources - Direct Costs	(\$89,939)	(\$174,654)	\$57,323	(\$51,815)

	Immunization	HIV/Aids	CD Admin	Total
Charges for Services	\$ -	\$ -	\$ -	\$278,000
State and Federal Grants	141,563	328,708	30,000	636,694
County Funding for Programs	-	-	-	1,600,000
Total All Resources	\$141,563	\$328,708	\$30,000	\$2,514,694
Salaries	459,648	206,979	62,361	2,721,612
Supplies	2,200	13,157	4,000	61,357
Charges for Services	10,500	37,068	46,400	332,854
Total Direct Costs	472,348	257,204	112,761	3,115,823
Total Resources - Total Direct Costs	(\$330,785)	\$71,504	(\$82,761)	(\$601,129)

Communicable Disease Division Program Budget Summaries

Tuberculosis (TB) Control Program

The **Tuberculosis (TB) Control program** focuses on prompt evaluation and treatment of individuals who either have or are suspect of having TB and contact investigations to assure that people who have been exposed to TB are offered appropriate screening. We provide treatment monitoring and case management to individuals diagnosed with TB to mitigate side effects, eliminate barriers to treatment adherence, and assure treatment completion. We provide preventive treatment to certain individuals who have latent TB infection (LTBI) and are at high risk of developing active disease, and provide prophylactic treatment to certain contacts of active TB cases. Staff provide consultation and education to health care providers in the community, educate clients and their families about TB, and coordinate care with primary care and infectious disease providers. TB control is mandated by RCW 70.28 group, 70.05.060 and 70. The Health District assumes the responsibility of TB reporting and surveillance in the county and as such, receives case notification from health care providers and hospitals, positive culture notification from laboratories, and notifies Washington State Department of Health.

562.34 - Tuberculosis				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	1,736,407	146,966	114,750	(32,216)
Snohomish County	-	800,000	800,000	-
Charges for Services	18,301	120,000	28,000	(92,000)
Miscellaneous	-	-	-	-
Total	\$1,754,708	\$1,066,966	\$942,750	(\$124,216)
XP - Expenses				
Personnel Services	762,075	804,346	838,644	34,298
Supplies	16,195	21,450	21,700	250
Other Services & Charges	116,387	143,545	172,345	28,800
Total	\$894,657	\$969,341	\$1,032,689	\$63,348
Revenue less Direct Costs	\$860,051	\$97,625	(\$89,939)	(\$187,564)

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

Sexually Transmitted Disease Program

Disease Intervention Specialists (DIS) conduct investigations of individuals diagnosed with chlamydia, gonorrhea, and/or syphilis and elicit names of contacts for purpose of disease control. Information is provided that is aimed at preventing further spread within the community. Staff ensure that clients and partners receive appropriate treatment, and refer partners for no cost treatment as needed. They also provide vouchers to uninsured clients and refer them to a partnering clinic in the community for STD testing and treatment through the Health District's STD voucher program. Staff educate and update health care providers regarding appropriate disease management, protocols, and reporting requirements. Gay and bisexual men diagnosed with an STD and their partners are referred for HIV testing, as well as educated and referred for pre-exposure prophylaxis. STD and HIV staff work on efforts to develop and implement strategic approaches to reduce disease incidence locally and within the state.

562.33 - Sexually Transmitted Disease				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	27,529	60,000	21,673	(38,327)
Snohomish County	-	-	-	-
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$27,529	\$60,000	\$21,673	(\$38,327)
XP - Expenses				
Personnel Services	167,410	191,284	191,327	43
Supplies	32	400	-	(400)
Other Services & Charges	3,697	27,284	5,000	(22,284)
Total	\$171,139	\$218,968	\$196,327	(\$22,641)
Revenue less Direct Costs	(\$143,610)	(\$158,968)	(\$174,654)	(\$15,686)

Refugee Health Program

Snohomish Health District is the first U.S. health care encounter for refugees resettling in Snohomish County. The **Refugee Health Program** seeks to protect the public's health and offers refugees a healthy start by providing comprehensive health screening initiated within 90 days of arrival in the U.S. The health screening includes assessment for contagious diseases such as tuberculosis, referrals for immunizations against vaccine preventable illnesses, and evaluation for additional health concerns. Appropriate referral to specialty care and mandatory referral to primary care with recommendations for follow-up are made. We also provide Civil Surgeon Certification of immunization on the United States Citizenship and Immigration Services immunization record. The Refugee program is funded by the Department of Social and Health Services (DSHS).

562.29 - Refugee				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	-	-	-	-
Snohomish County	-	-	-	-
Charges for Services	188,768	250,000	250,000	-
Miscellaneous	-	-	-	-
Total	\$188,768	\$250,000	\$250,000	\$0
XP - Expenses				
Personnel Services	132,711	158,582	146,301	(12,281)
Supplies	18	600	-	(600)
Other Services & Charges	64,222	52,200	46,376	(5,824)
Total	\$196,951	\$211,382	\$192,677	(\$18,705)
Revenue less Direct Costs	(\$8,183)	\$38,618	\$57,323	\$18,705

Communicable Disease Surveillance and Response Programs

The **Communicable Disease Surveillance and Response** program investigates over 60 communicable diseases and conditions that are reportable to the local health jurisdiction. Staff works to interrupt disease transmission by ensuring effective treatment of ill persons, treating 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 and child care facilities in implementing disease control efforts. Staff provides 24/7 response for Snohomish County health care providers and laboratories reporting urgent notifiable conditions or requesting consultation.

562.39 - Other Communicable Disease				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	-	-	-	-
Snohomish County	-	800,000	800,000	-
Charges for Services	66	-	-	-
Miscellaneous	-	-	-	-
Total	\$66	\$800,000	\$800,000	\$0
XP - Expenses				
Personnel Services	553,813	708,356	816,350	107,994
Supplies	10,324	15,100	20,300	5,200
Other Services & Charges	18,648	14,325	15,165	840
Total	\$582,785	\$737,781	\$851,815	\$114,034
Revenue less Direct Costs	(\$582,719)	\$62,219	(\$51,815)	(\$114,034)

Child Care Health

The **Child Care Health** program focuses on health of children 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 topics including illness prevention, nutrition, and behavioral health. They develop quality distance learning classes for the child care community which must meet stringent Department of Early Learning criteria. This program serves providers who care for any of the 21,000 children in Snohomish County child care centers or preschool environments.

Viral Hepatitis Outreach

The **Viral Hepatitis Outreach (VHO)** program, staffed with 1 Disease Intervention Specialist, provides targeted counseling, testing, education, and vaccinations to persons who are current or past injection drug users and are at high risk for contracting Hepatitis C. Testing is done both in the office and in community settings, such as the Men's and Women's Mission, Snohomish County Jail, Needle Exchange, treatment facilities, and Denny Youth Center. Staff link Hepatitis C-positive individuals with continuum of care through community healthcare resources and with healthcare coverage through the Affordable Care Act.

Vaccine Preventable Disease Outreach Program

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 participate in state-wide coalitions to address vaccine issues, including immunization rates and vaccine hesitancy. Staff performs accountability activities for the Vaccine for children (VFC) Program, including provider education, site visits and corrective actions, quality assurance activities, new provider enrollment, and monthly reporting of vaccine orders and usage. All vaccine in Snohomish County is tracked and monitored through monthly temperature log reviews. The program promotes the usage of Washington State Immunization Information System (WAIS) and provides training on use and functions of the system.

562.32 - Immunization				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	156,117	140,826	141,563	737
Snohomish County	-	-	-	-
Charges for Services	15,048	-	-	-
Miscellaneous	2,760	-	-	-
Total	\$173,925	\$140,826	\$141,563	\$737
XP - Expenses				
Personnel Services	753,228	572,605	459,648	(112,957)
Supplies	62,537	2,100	2,200	100
Other Services & Charges	16,645	8,800	10,500	1,700
Total	\$832,410	\$583,505	\$472,348	(\$111,157)
Revenue less Direct Costs	(\$658,485)	(\$442,679)	(\$330,785)	\$111,894

HIV/AIDS Counseling, Testing & Referral

Disease Intervention Specialists in the **HIV program** 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. This program is supported by grant funding from the WA State Department of Health (DOH) and Centers for Disease Control and Prevention (CDC). Public Health efforts are currently focused on implementing strategies aimed at ending the HIV epidemic in the U.S. in support of the National and State HIV/AIDS Strategy. The population identified with the greatest disease burden in Washington State is gay and bisexual men. HIV prevention efforts are targeted to these high-risk groups. Current strategies include: 1) completing disease investigations and partner services; 2) identifying undiagnosed HIV/STD infections; 3) comprehensive risk and counseling services; 4) linking newly-diagnosed persons with HIV to related medical care; 5) increasing retention in HIV-related medical care for persons living with HIV; 6) increasing utilization and access to pre-exposure prophylaxis, and 7) continued HIV surveillance efforts.

562.35 - HIV/AIDS				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	298,502	328,008	328,708	700
Snohomish County	-	-	-	-
Charges for Services	862	800	-	(800)
Miscellaneous	-	-	-	-
Total	\$299,364	\$328,808	\$328,708	(\$100)
XP - Expenses				
Personnel Services	222,978	233,707	206,979	(26,728)
Supplies	3,453	9,296	13,157	3,861
Other Services & Charges	7,105	6,767	37,068	30,301
Total	\$233,536	\$249,770	\$257,204	\$7,434
Revenue less Direct Costs	\$65,828	\$79,038	\$71,504	(\$7,534)

Communicable Disease Administration

The Communicable Disease Administration provides planning, organizing, staffing, directing, and evaluating support to the programs, services and staff of the division. The Division administration consists of the division director who oversees the CD division and the Public Health Emergency Preparedness and Response (PHEPR) program.

562.12 - Communicable Disease Administration				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	12,624	-	30,000	30,000
Snohomish County	-	-	-	-
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$12,624	\$0	\$30,000	\$30,000
XP - Expenses				
Personnel Services	76,640	61,349	62,361	1,012
Supplies	8,792	11,600	4,000	(7,600)
Other Services & Charges	40,498	41,550	46,400	4,850
Total	\$125,930	\$114,499	\$112,761	(\$1,738)
Revenue less Direct Costs	(\$113,306)	(\$114,499)	(\$82,761)	\$31,738



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Public Health Emergency Preparedness and Response Fund (PHEPR)

Overview

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

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

Changes for 2017

No changes in FTE are expected in 2017. The current grant award is for July 1, 2016 – June 30, 2017. This budget is based upon the assumption of level funding through December 31, 2017.

Alignment with Strategic Initiatives and Foundational Public Health Services

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

The work plan for 2017 includes:

- Offering training and exercises to staff who serve in emergency response roles at the Health District and in Region 1.
- Update and exercise agency emergency response plans.
- Develop capabilities to gain and maintain situational awareness among partner agencies during an incident.
- Expand partnerships to include skilled nursing facilities, dialysis centers, and blood centers
- Expand partnerships in Snohomish County and Region 1 to enhance our ability to provide medical countermeasures.

2017 Areas of Focus

Staff training to response roles

Activation of personnel during an emergency

Exercise response strategies and plans

Regional coalition and partnership building

Public Health Emergency Preparedness and Response Fund (PHEPR)

Financial Overview

PHEPR Staffing Resources

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

PHEPR Staffing Resources	
	2017 Proposed
Epidemiologist II	0.80
Director	0.60
Emergency Management Specialist	1.00
PHEPR Coordinator	1.00
Supervisor	1.00
Healthcare Coalition Coordinator	1.00
CD Supervisor	0.50
	5.90

PHEPR Fund				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	688,626	822,588	849,987	27,399
State Public Health Assistance				
County Funding				
Charges for Services				
Miscellaneous				
Total	\$688,626	\$822,588	\$849,987	\$27,399
XP - Expenses				
Personnel Services	495,523	576,216	602,626	26,410
Supplies	15,087	8,529	25,000	16,471
Other Services & Charges	178,016	237,843	222,361	(15,482)
Capital Outlay				-
Total	\$688,626	\$822,588	\$849,987	27,399
Revenue less Direct Costs	\$0	\$0	\$0	-

Community Health Division

Charlene Shambach, RN, MA, MSN | Division Director

Overview

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

Program Activities

The Community Health Division includes the following programs and areas:

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

Changes for 2017

A vacant, non-grant funded 0.70 FTE Healthy Communities Specialist position is eliminated. The work would have built additional capacity to focus on active living, healthy nutrition, and injury prevention.

A 1.0 FTE vacant Epidemiologist position is eliminated. This position was to provide essential data for identifying the needs and strengths of the community's health through the magnitude, trends, and changes of health measures. Data are used by the Health District and community stakeholders to identify emerging health patterns and issues, prioritize needs, target populations, plan programs, mobilize communities, develop policies, measure impact, and obtain resources. Collaboration and subcontracting with adjacent local public health jurisdictions for assessment of common and regional health measures was envisioned

First Steps funding from Snohomish County is reduced from \$400,000 in 2016 to \$0.00 in 2017. To address this revenue reduction, several vacant positions are eliminated. These changes include both management and staff positions.

A portion of a part-time FTE for oral health is eliminated because this work is refocusing from direct clinical service to community-level prevention.

Overall 2017 expenditures in the Community Health Division are less than 2016 with position reductions and eliminations.

Alignment with Strategic Initiatives

The 2014 Strategic Plan Update aims to move public health toward more population-based work to improve the health of the entire community while emphasizing prevention and addressing multiple determinants of health. In 2017, the Community Health Division will focus efforts on the implementation of Strategic Initiatives #3 and #4 as indicated in the following ways:

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

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

Progress:

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

- Initiated professional development for employees on community and population-based work
 - Worked on curriculum development skills
 - Began work with targeted populations

Strategic Initiative #4: Mobilize Community Health Action Teams

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

2017 Areas of Focus

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

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

Reduce and prevent the effects of adverse childhood experiences

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

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



Progress:

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

Community Health Division

Financial Overview

Community Health Division Staffing Resources	
	2017 Proposed
Administrative Assistant	1.00
Behavioral Health Specialist	0.60
Director	1.00
Epidemiologist I	1.00
Epidemiologist II	1.00
Healthy Community Specialist	4.70
Lead Nutritionist	1.00
Program Assistant I	1.00
Program Assistant II	3.00
Program Manager	3.00
Program Specialist II	1.00
Public Health Nurse	6.75
Registered Dietitian	1.60
WIC Certifier	7.80
	34.45

Division Totals - Community Health				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	2,040,701	2,041,311	2,046,898	5,587
Snohomish County Funding	681,793	400,000	-	(400,000)
Charges for Services	267,865	210,000	100,000	(110,000)
Miscellaneous	-	-	-	-
Total	\$2,990,359	\$2,651,311	\$2,146,898	(\$504,413)
XP - Expenses				
Personnel Services	3,516,268	3,869,522	3,130,853	(738,669)
Supplies	25,857	45,054	64,015	18,961
Other Services & Charges	266,047	159,017	162,967	3,950
Total	\$3,808,172	\$4,073,593	\$3,357,835	(\$715,758)
Revenue less Direct Costs	(\$817,813)	(\$1,422,282)	(\$1,210,937)	\$211,345

Community Health Division Operations by Program

	WIC	Early Intervention	Healthy Communities	Oral Health	Maternal /Child Health
Charges for Services	\$ -	\$ -	\$ -	\$ -	\$ -
State and Federal Grants	1,020,970	141,202	346,849	42,999	244,150
County Funding for Programs	-	-	-	-	-
Total All Resources	\$1,020,970	\$141,202	\$346,849	\$42,999	\$244,150
Salaries	1,045,243	122,466	643,587	24,175	170,606
Supplies	800	489	34,296	2,790	630
Charges for Services	5,401	2,687	48,250	4,121	4,737
Total Direct Costs	1,051,444	125,642	726,133	31,086	175,973
Total Resources- Total Direct Costs	(\$30,474)	\$15,560	(\$379,284)	\$11,913	\$68,177

	First Steps	CSHCN	Assmt/ Chronic Disease	CH Admin	Total
Charges for Services	\$100,000	\$ -	\$ -	\$ -	\$100,000
State and Federal Grants	-	200,728	-	50,000	2,046,898
County Funding for Programs	-	-	-	-	-
Total All Resources	100,000	200,728	-	50,000	2,146,898
Salaries	493,143	139,232	287,244	205,158	3,130,854
Supplies	1,000	510	19,000	4,500	64,015
Charges for Services	12,521	4,950	34,800	45,500	162,967
Total Direct Costs	506,664	144,692	341,044	255,158	3,357,836
Total Resources- Total Direct Costs	(\$406,664)	\$56,036	(\$341,044)	(\$205,158)	(\$1,210,938)

Community Health Division Program Budget Summaries

Maternal-Child Health

The Maternal Child Health Block Grant serves pregnant and postpartum women, infants, children and youth up to 22 years. We have focused our efforts to address:

- Adverse Childhood Experiences
- Universal Developmental Screening

Adverse Childhood Experiences (ACEs) impact health in many ways, ranging from risk for obesity to increased incidence of substance use, smoking, child neglect and abuse. In conjunction with partner organizations in Snohomish County, District staff work to implement ACEs awareness, strength based and resiliency programming within the Health District, partner organizations, and community events. We continue to provide training for staff and community organizations on ACEs, trauma-informed care, and resiliency.

Universal Developmental Screening efforts aim to further the efforts of the Help Me Grow Washington Partnership. This partnership is a statewide group that envisions universal developmental screening and linkages to appropriate services are available for all young children within Washington State. District staff are working with early learning and development partners to assess current activities and provide training to increase developmental screening as a routine part of well child health exams and child care services in the county.

562.22 - Maternal/Infant/Child/Adolesc - Other				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	95,592	211,995	244,150	32,155
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$95,592	\$211,995	\$244,150	\$32,155
XP - Expenses				
Personnel Services	260,868	203,365	170,605	(32,760)
Supplies	3,690	1,965	630	(1,335)
Other Services & Charges	15,115	4,850	4,737	(113)
Total	\$279,673	\$210,180	\$175,972	(\$34,208)
Revenue less Direct Costs	(\$184,081)	\$1,815	\$68,178	\$66,363

First Steps

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

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

In 2016, First Steps services were provided in the Health District's Everett and Lynnwood clinic sites. Utilizing our maternal child health expertise several pilot projects have been initiated with a group delivery model in community locations with partnering agencies. These partners include Therapeutic Health Services-Drug Treatment Center; and Cocoon House Maternity Home. Maternal child health managers are currently working with local partners such as Lutheran Community Services Northwest and Community Health Centers of Snohomish County for possible future endeavors.

562.22 - Maternal/Infant/Child/Adolesc - First Steps				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	-	-	-	-
Snohomish County	681,793	400,000	-	(400,000)
Charges for Services	262,350	210,000	100,000	(110,000)
Miscellaneous	-	-	-	-
Total	\$944,143	\$610,000	\$100,000	(\$510,000)
XP - Expenses				
Personnel Services	959,417	980,571	493,143	(487,428)
Supplies	1,497	2,100	1,000	(1,100)
Other Services & Charges	38,523	36,150	12,521	(23,629)
Total	\$999,437	\$1,018,821	\$506,664	(\$512,157)
Revenue less Direct Costs	(\$55,294)	(\$408,821)	(\$406,664)	\$2,157

Early Intervention

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

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

554.62 - Child Care Services (Early Intervention)				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	106,261	139,171	141,202	2,031
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$106,261	\$139,171	\$141,202	\$2,031
XP - Expenses				
Personnel Services	93,335	128,725	122,466	(6,259)
Supplies	1,682	489	489	-
Other Services & Charges	1,584	2,687	2,687	-
Total	\$96,601	\$131,901	\$125,642	(\$6,259)
Revenue less Direct Costs	\$9,660	\$7,270	\$15,560	\$8,290

Women, Infants & Children

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

The District delivers WIC Nutrition Education services in clinic settings at the District's Everett and Lynnwood offices to an authorized caseload of 5,290 in Snohomish County. Through assessment, counseling, education, and referral to resources of pregnant and postpartum women, the WIC program addresses the leading underlying causes of death for tobacco, poor diet and physical inactivity, alcohol consumption, and sexual behavior, as well as CDC's "Winnable Battles" of smoking, obesity/nutrition, and teen pregnancy.

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

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

562.28 - Women,Infant,Children-WIC				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	1,307,065	1,157,035	1,020,970	(136,065)
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$1,307,065	\$1,157,035	\$1,020,970	(\$136,065)
XP - Expenses				
Personnel Services	1,047,465	1,091,695	1,045,243	(46,452)
Supplies	1,630	1,700	800	(900)
Other Services & Charges	6,936	7,700	5,401	(2,299)
Total	\$1,056,031	\$1,101,095	\$1,051,444	(\$49,651)
Revenue less Direct Costs	\$251,034	\$55,940	(\$30,474)	(\$86,414)



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

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 serve children who are up to the age of 18 years of age at initial enrollment. CSHCN staff provide coordination of medical and other supportive services for some of our most vulnerable children. Additionally, District staff work with community agencies and providers to improve connections and service delivery in the county.

Public Health Nurses visit with families on the phone or in their home to assess needs and make connections to the medical home. Public Health Nursing services are also provided for children residing in homeless shelters. The medical home focuses on serving as the center point through which primary care providers (physicians and nurse practitioners) coordinate care among other providers. Rather than focusing on episodic treatment of disease, a medical home strives for holistic care.

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

562.25-Children w Spec Hlth Care Need				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	250,582	232,885	200,728	(32,157)
Charges for Services	5,525	-	-	-
Miscellaneous	-	-	-	-
Total	\$256,107	\$232,885	\$200,728	(\$32,157)
XP - Expenses				
Personnel Services	169,993	161,806	139,232	(22,574)
Supplies	(575)	2,050	510	(1,540)
Other Services & Charges	13,025	9,670	4,950	(4,720)
Total	\$182,443	\$173,526	\$144,692	(\$28,834)
Revenue less Direct Costs	\$73,664	\$59,359	\$56,036	(\$3,323)

Healthy Communities & Assessment

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

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

Assessment is a core public health function that provides essential data for identifying the needs and strengths of the community's health through the magnitude, trends, and changes in a multitude of health measures. Data are used by the District and community stakeholders to identify emerging health patterns and issues, increase awareness, educate, prioritize needs, target populations, plan programs, mobilize communities, develop policies, measure impact, and obtain resources. Assessment staff provide health data in support of regional partners including Providence Hospital for their Community Health Needs Assessment (CHNA), Skagit and San Juan Counties for their Community Health Assessments (CHA) and Verdant Health Foundation.

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

Assessment staff also provides support to the County's **Child Death Review** (CDR) process. They also serve a key role in quality improvement initiatives and provide data for policy development and evaluation efforts used to guide the District in planning future initiatives.

Assessment staff play a key role in reporting on health data and health issues in Snohomish County. In 2016 they published updates to the Community Health

Assessment Report (2013) and an Opioid-Related Overdose Death Report as an update to the Heroin Report (2015). Eleven Health Reporting Area Profiles and a report on Health Disparities in Snohomish County were published, as well as joint effort with Snohomish County Human Services on the first ever report on Marijuana Use. In 2017, the team plans on publishing a Child and Youth Fatality Report and several other emerging issue reports are also under consideration. Such reports are used by numerous county partners to address emerging health issues, plan services and/or establish need statements for grant applications and other health-focused activities.

562.80 - Assessment(HS&A)				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	8,056	-	-	-
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$8,056	\$0	\$0	\$0
XP - Expenses				
Personnel Services	313,260	373,419	287,244	(86,175)
Supplies	2,909	21,250	19,000	(2,250)
Other Services & Charges	34,023	38,950	34,800	(4,150)
Total	\$350,192	\$433,619	\$341,044	(\$92,575)
Revenue less Direct Costs	(\$342,136)	(\$433,619)	(\$341,044)	\$92,575

Tobacco Prevention & Control

Tobacco Prevention is a program which focuses on decreasing adult and youth tobacco use and exposure. The youth tobacco program aims to address use by focusing high risk populations, specifically students attending alternative high schools and low-income students. It also directs efforts to counter the tobacco industry's messages aimed at youth and make non-smoking the norm for young people. Strategies dedicated to reaching the smaller but higher need priority populations are planned and engagement in policy work at the organizational level, working to implement no tobacco policies within multi-family housing units, schools, parks and other youth-serving organizations occurs. Staff will work with community partners, including educational institutions to strengthen school and campus-based tobacco-free policies, youth prevention coalitions, tribal nations, and non-profit organizations to promote smoke and tobacco free policies and environments throughout Snohomish County. New to 2017 will be work focused on vapor product prevention and control. Such work will include retailer education, aimed at retailers who sell e-cigarette products, and youth vapor product prevention education and activities.

The **Youth Marijuana Prevention and Education** grant is to prevent initiation and reduce marijuana use in youth populations, ages 12-20 years old, and incorporate tobacco prevention efforts as they align with marijuana use (i.e. electronic cigarettes and vaping devices). Work will be done in Snohomish County and in cooperation with the four other counties that comprise the North Puget Sound Accountable Communities of Health: Island, Skagit, Whatcom, and San Juan. The grant focuses on three major areas:

- Identifying the program needs through a regional needs assessment that recognizes available resources to support prevention efforts, community and school needs, and the needs of youth from priority populations or communities;
- Implementing a youth marijuana prevention and education program in collaboration with substance abuse prevention partners to prevent the use of and reduce the initiation of using marijuana, e-cigarettes, and vaping devices, and implementing environmental and systems change prevention strategies to prevent marijuana use by youth; and
- Enhancing community/school/stakeholder participation in youth marijuana prevention and education programs through outreach, partnering with existing service providers, and providing services and resources to communities that serve the needs of youth from priority populations and communities.

562.44 - Healthy Communities-Tobacco Prevention & Control				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	64,124	172,224	346,849	174,625
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$64,124	\$172,224	\$346,849	\$174,625
XP - Expenses				
Personnel Services	334,998	656,880	643,587	(13,293)
Supplies	3,226	6,700	34,296	27,596
Other Services & Charges	8,005	15,160	48,250	33,090
Total	\$346,229	\$678,740	\$726,133	\$47,393
Revenue less Direct Costs	(\$282,105)	(\$506,516)	(\$379,284)	\$127,232

Community Health Division Administration

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

562.12 - Community Health Admin Service				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	13,219	50,000	50,000	-
Charges for Services	-	-	-	-
Miscellaneous	-	-	-	-
Total	\$13,219	\$50,000	\$50,000	\$0
XP - Expenses				
Personnel Services	241,084	202,146	205,158	3,012
Supplies	3,290	7,000	4,500	(2,500)
Other Services & Charges	73,736	39,150	45,500	6,350
Total	\$318,110	\$248,296	\$255,158	\$6,862
Revenue less Direct Costs	(\$304,891)	(\$198,296)	(\$205,158)	(\$6,862)

Environmental Health Division

Jeff Ketchel | Division Director

Overview

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

Program Activities

The Environmental Health Division includes the following programs:

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

2017 Areas of Focus

100% time tracking

Full fee schedule review

Continue and expand interagency cooperation with nuisance properties

Continued implementation of field technology

Voluntary National Retail Food Regulatory Program Standards

Implement performance management system

Propose policy options for human health adaptation to climate change

Develop MOU with Tulalip Tribes for septic inspections and solid waste complaints

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

Changes for 2017

Continued implementation of the Environmental Health Information Management System. The system includes 100% time tracking of staff and expansion of field technology to improve customer service and efficiency. In late summer 2017, EH will analyze its first years' worth of time tracking data to develop an updated fee schedule that matches actual program costs with fees charged.

Non-tribal landowners on the Tulalip Reservation can face confusing and contradictory situations when pursuing new construction or repair permits for septic systems. The Health District and the Tulalip Tribes have a desire to clarify responsibilities and



authorities, as well as streamline and reconcile the septic permitting process. This will be achieved through a mutually agreeable memorandum of understanding (MOU).

Climate change will impact human health in Snohomish County. In order for the Health District to fulfill its mission, it must prepare and work to prevent illness, injury, and premature death from climate change related impacts. To mitigate these impacts, staff will assess and propose policy, system, and environmental changes.

Alignment with Strategic Initiatives

Environmental Health work plan for 2017 includes:

- Utilize Environmental Health software in conjunction with quality and business improvement initiatives. (Initiative 2)
- Continued field and administrative efficiency evaluation. (Initiative 5)
- Combine staffing, succession, recognition, communication, and leadership development plans into a succinct workforce development plan. (Initiative 6)
- Standardization of Food Program through Voluntary National Retail Food Regulatory Program Standards. (Initiative 8)
- Implement Division and individual performance management system. (Initiative 8)

Environmental Health Division

Financial Overview

Environmental Health Division Staffing Resources	
	2017 Proposed
Administrative Assistant (Environmental Health)	0.90
Administrative Supervisor	1.00
Customer Service Manager	0.70
Disease Intervention Specialist	1.00
EH Supervisor	4.00
Environmental Health Admin	0.10
Environmental Health Admin	0.10
Director	1.00
Environmental Health Specialist I	6.00
Environmental Health Specialist II	21.50
Health Education Del Spec (Food Safety)	0.25
Health Educator (Food Safety)	0.50
Program Assistant I	2.20
Program Assistant II	3.40
Program Manager	2.00
Program Specialist II	0.30
	44.95

Environmental Health				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$3,276,353	\$3,464,799	\$3,537,213	72,414
Federal/State Grants	372,935	455,784	660,000	204,216
Charges for Services	547,434	1,228,347	1,469,847	241,500
Miscellaneous	11	100,000	-	(100,000)
Total	\$4,196,733	\$5,248,930	\$5,667,060	\$418,130
XP - Expenses				
Personnel Services	3,937,390	4,376,127	4,453,139	77,012
Supplies	47,290	63,700	74,300	10,600
Other Services & Charges	344,190	184,250	155,700	(28,550)
Capital Outlay	-	134,494	24,000	(110,494)
Total	\$4,328,870	\$4,758,571	\$4,707,139	(\$51,432)
Revenue less Direct Costs	(\$132,137)	\$490,359	\$959,921	\$469,562

Environmental Health Division Operations by Program

	Solid Waste	Septic Land	Living Environment	Smoking in Public Places
Licenses & Permits	\$108,604	\$966,074	\$263,729	\$0
Charges for Services	761,740	227,533	72,127	-
State and Federal Grants	491,000	145,000	-	4,000
County Funding for Programs	-	-	-	-
Miscellaneous	-	-	-	-
Total All Resources	\$1,361,344	\$1,338,607	\$335,856	\$4,000
Salaries	1,020,534	1,097,989	283,261	9,829
Supplies	12,700	2,000	4,600	-
Charges for Services	51,200	21,500	2,000	1,000
Total Expenditures	1,084,434	1,121,489	289,861	10,829
Total Resources- Total Direct Costs	\$276,910	\$217,118	\$45,995	(\$6,829)

	Food	Drinking Water	EH Admin	Total
Licenses & Permits	\$2,198,806	\$0	\$0	\$3,537,213
Charges for Services	152,550	128,468	127,429	1,469,847
State and Federal Grants	-	20,000	-	660,000
County Funding for Programs	-	-	-	-
Miscellaneous	-	-	-	-
Total All Resources	2,351,356	148,468	127,429	5,667,060
Salaries	1,727,584	98,088	215,854	4,453,140
Supplies	10,000	-	45,000	74,300
Charges for Services	25,000	20,000	35,000	155,700
Capital Outlay	-	-	24,000	24,000
Total Expenditures	1,762,584	118,088	319,854	4,707,140
Total Resources- Total Direct Costs	\$588,772	\$30,380	(\$192,425)	\$959,920

Environmental Health Division Program Budget Summaries

Land Use Program

The **Land Use program** enforces solid waste handling and onsite sewage regulations.

Solid Waste & Toxics

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 with WAC 173-350 and local regulations results from handling, storage and disposal of solid waste in a manner that does not threaten human health or the environment. Solid waste activities are funded through a combination of permit fees, MOU with Snohomish County Solid Waste, and Washington State's Coordinated Prevention Grant.

562.53 - Solid & Hazardous Waste				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$74,424	\$69,119	\$108,604	\$39,485
Federal/State Grants	312,695	292,584	491,000	198,416
Charges for Services	8,064	779,279	761,740	(17,539)
Miscellaneous	11	-	-	-
Total	\$395,194	\$1,140,982	\$1,361,344	\$220,362
XP - Expenses				
Personnel Services	952,371	1,027,765	1,020,534	(7,231)
Supplies	9,177	14,400	12,700	(1,700)
Other Services & Charges	84,390	55,500	51,200	(4,300)
Total	\$1,045,938	\$1,097,665	\$1,084,434	(\$13,231)
Revenue less Direct Costs	(\$650,744)	\$43,317	\$276,910	\$233,593

Septic/Land Use

More than 75,000 onsite sewage disposal systems (septic systems) exist within Snohomish 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, including Snohomish County Surface Water Management, on potential sewage related pollution issues.

562.54 - OSS & Land Development				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$817,861	\$964,584	\$966,074	1,490
Federal/State Grants	40,000	140,000	145,000	5,000
Charges for Services	222,800	172,568	227,533	54,965
Miscellaneous	-	100,000	-	(100,000)
Total	\$1,080,661	\$1,377,152	\$1,338,607	(\$38,545)
XP - Expenses				
Personnel Services	623,799	784,426	1,097,989	313,563
Supplies	2,331	950	2,000	1,050
Other Services & Charges	43,625	20,250	21,500	1,250
Total	\$669,755	\$805,626	\$1,121,489	\$315,863
Revenue less Direct Costs	\$410,906	\$571,526	\$217,118	(\$354,408)

Drinking Water

The Land Use program staff also perform **drinking water** activities, such as:

- 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 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.

562.52 - Drinking Water Quality				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	15,360	20,000	20,000	-
Charges for Services	128,834	112,100	128,468	16,368
Miscellaneous	-	-	-	-
Total	\$144,194	\$132,100	\$148,468	\$0
XP - Expenses				
Personnel Services	48,994	50,117	98,088	47,971
Supplies	-	-	-	-
Other Services & Charges	19,292	22,500	20,000	(2,500)
Total	\$68,286	\$72,617	\$118,088	\$45,471
Revenue less Direct Costs	\$75,908	\$59,483	\$30,380	(\$45,471)

Safe Environments

The Safe Environments program combines multiple programs working together to assure safe and healthy places for people to work, play, learn, and live. These activities include:

- Water recreation facilities
- School safety
- Camp safety
- Smoking and vaping in public places
- Solid waste and sewage complaints
- Medicine take back
- Local source control
- Site hazardous assessment

Complaint Investigations

Program staff investigate complaints regarding improper handling and disposal of solid and hazardous waste, water recreation facility violations and sewage complaints in partnership with Land Use program staff.

Water Recreation Facilities

This activity involves the monitoring of chemical and safety parameters of all public and semi-private pools and spas within Snohomish County. There are currently approximately 475 facilities under permit to the District. Routine inspection parameters may include the following:

- Testing of chemical parameters for free and total chlorine levels, pH, cyanuric acid, and turbidity.
- The presence of proper safety equipment such as first aid, properly functioning and located 911 phone, double crook reach pole, throwing ring, etc.
- Properly functioning and secure gates, doors and fences.
- Properly functioning mechanical equipment such as pumps, filter, and flow meters.
- General sanitation.

All pools and spas are inspected by program staff 2-3 times per year, depending on facility type. Work also includes plan review of water recreation facility proposals for new construction, remodel and alteration of existing systems.

School Safety

School safety 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

Work also includes reviews of school site and facility plans for health and safety issues prior to construction, remodel, or addition.

Camp Safety

Camp safety 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, bathing facilities and potable water and sewage systems 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.

Smoking In Public Places (SIPP)

Staff are responsible for enforcing Chapter 70.160 RCW. This activity involves response to complaints regarding smoking in public places, smoking within 25 feet of a doorway and ensuring that proper signage is displayed.

Vaping in Public Places (VIPP)

Staff are responsible for enforcing SHD Sanitary Code Chapter 14. Chapter 14 has been amended to accommodate requirements of the new state rule Chapter 70.345 RCW Regulating Vapor Products. The work is similar to that of SIPP and is primarily complaint driven.

Local Source Control

The Local Source Control Partnership provides hands-on pollution prevention advice and regulatory assistance to businesses and other organizations that generate small quantities of dangerous waste. By helping business owners do their part, we also help prevent polluted runoff from damaging Snohomish County streams, rivers, and Puget Sound.

Site Hazardous Assessment

Under the Model Toxics Control Act and in cooperation with the Washington State Department of Ecology, one of the first steps in the process for cleaning up a hazardous waste site is a Site Hazard Assessment (SHA). During a site hazard assessment, SHD staff collects environmental data about a site to determine the type and extent of contamination. If further action is needed, SHD ranks the site using the Washington Ranking Method (WARM) and places it on the Hazardous Sites List. SHD also conducts initial investigations and complaints as part of these activities.

Waste Medicine Return

Currently, the Snohomish County Partnership for Secure Medicine Disposal provides secure medicine drop off boxes at law enforcement locations throughout Snohomish County. However, it is not a sustainable operation. In order to prevent prescription drug abuse and environmental contamination, pharmaceuticals must be disposed of

securely and properly. There is also a need to expand to more convenient locations and provide a mail-back service for homebound residents.

In response to this issue, the SHD Board of Health passed the pharmaceutical stewardship ordinance on June 14, 2016. This ordinance requires pharmaceutical companies that manufacture medicines to fund a disposal program of unwanted or expired pharmaceuticals for the residents of Snohomish County. This pharmaceutical take-back program is expected to begin operation in 2017. SHD will approve and oversee the pharmaceutical stewardship plan.

562.58 - Living Environment				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$243,294	\$231,096	\$263,729	\$32,633
Federal/State Grants	-	-	-	-
Charges for Services	71,007	63,500	72,127	8,627
Miscellaneous	-	-	-	-
Total	\$314,301	\$294,596	\$335,856	\$0
XP - Expenses				
Personnel Services	186,204	226,276	283,261	56,985
Supplies	3,174	1,350	4,600	3,250
Other Services & Charges	3,314	500	2,000	1,500
Total	\$192,692	\$228,126	\$289,861	\$61,735
Revenue less Direct Costs	\$121,609	\$66,470	\$45,995	(\$61,735)

Food Safety

The **Food Safety** Program is our largest unit. As of December 7, 2016 the Food Safety Program Staff currently consists of two supervisors, ten field Environmental Health Specialists, two plan reviewers and two part-time health educators. Environmental health specialists inspect over 3,000 retail food service establishments (FSE) within the cities, towns, and unincorporated county on a regular basis, including restaurants, grocery stores, retail food supply, and school kitchens. They also conduct 1,500 temporary food inspections per year at events such as the Evergreen State Fair. Staff assure 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; review plans for new and remodeled facilities, and are in the process of pursuing FDA Standards.

562.56 - Food				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$2,140,774	\$2,200,000	\$2,198,806	(\$1,194)
Federal/State Grants	-	-	-	-
Charges for Services	116,110	100,000	152,550	52,550
Miscellaneous	-	-	-	-
Total	\$2,256,884	\$2,300,000	\$2,351,356	\$0
XP - Expenses				
Personnel Services	1,465,868	1,653,296	1,727,584	74,288
Supplies	9,726	17,500	10,000	(7,500)
Other Services & Charges	30,367	37,500	25,000	(12,500)
Total	\$1,505,961	\$1,708,296	\$1,762,584	\$54,288
Revenue less Direct Costs	\$750,923	\$591,704	\$588,772	(\$54,288)

Environmental Health Division Administration

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

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

562.15- Environmental Health Program Support				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits	\$ -	\$ -	\$ -	\$ -
Federal/State Grants	-	-	-	-
Charges for Services	619	900	127,429	126,529
Miscellaneous	-	-	-	-
Total	\$619	\$900	\$127,429	\$0
XP - Expenses				
Personnel Services	650,663	627,073	215,854	(411,219)
Supplies	22,882	29,500	45,000	15,500
Other Services & Charges	150,176	47,000	35,000	(12,000)
Capital Outlay	-	134,494	24,000	(110,494)
Total	\$823,721	\$838,067	\$319,854	(\$518,213)
Revenue less Direct Costs	(\$823,102)	(\$837,167)	(\$192,425)	\$518,213

Administration Division

Peter M. Mayer | Deputy Director | Chief Operating Officer

Overview

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

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

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

Program Activities

The Administration Division includes the following areas:

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

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

2017 Areas of Focus

Fully implement a centralized customer service first model

Institute workforce development planning

Improve Health District financing and governance

Reallocate office space for improved work group functionality and leasing opportunities

Develop and implement public health policies

Engage in community outreach and expand public relations

Upgrade financial, accounting and human resources software systems

Deploy technology and systems support to expand mobile computing

Improve data collection, analysis and performance management

Changes for 2017

While there are no new positions in Administration, we have made some adjustments in the organizational structure to better align roles that support the entire agency. There are also significant capital investments needed for the Rucker Building in Everett, which is further discussed in Capital Expenditures section.

Alignment with Strategic Initiatives

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

Initiative 5: Reduce Administrative Overhead Costs

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

Initiative 6: Institute Workforce Development and Succession Planning

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

Initiative 7: Improve Health District Funding and Governance

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

Initiative 8: Become Nationally Accredited and Integrate Quality Improvement Principles

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

Other select highlights of the Administration workplan, include:

Development and Implementation of Public Health Policies

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

Public Relations, Community Outreach and Engagement

- Continue a focus on engaging the communities of Snohomish County through more active involvement with civic groups, policy makers, elected officials, and tribal representatives on public health fiscal and policy matters. As the District



works to address such matters, it will facilitate community outreach strategies, including forums, workshops, listening sessions, surveys and more.

Financial and Human Resources Information System

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

Mobile Workforce Support

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

Business Intelligence and Performance Analysis

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

Administration Division

Financial Overview

Administration Division Staffing Resources	
	2017 Proposed
Accounting Supervisor	1.00
Administrative Assistant	0.10
Building Technician	1.00
Business Office Manager	1.00
Communications Coordinator	1.00
Communications, Public Affairs & Policy Manager	1.00
Customer Service Manager	0.30
Deputy Director	1.00
Executive Assistant	1.00
Financial Analyst	1.00
Health Officer	1.00
HR Specialist	1.00
Human Resources Manager	1.00
IS Specialist I	2.00
IT Specialist II	1.00
Payroll Analyst	1.00
Policy Analyst	1.00
Privacy & Public Records Officer	1.00
Program Assistant I	2.40
Program Assistant II	0.60
Program Specialist I	1.00
Program Specialist II	1.80
Project Manager-Term Limited	1.00
Purchasing Coordinator (Business Office)	0.50
	24.70

Administrative Division Summary				
RV - Revenues				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
State Public Health Assistance	\$3,433,295	\$3,433,291	\$3,433,291	\$0
County Funding	653,200	2,253,200	653,200	(1,600,000)
Charges for Services	340,505	334,650	378,200	43,550
Miscellaneous	214,680	3,202,340	216,510	(2,985,830)
Total	\$4,641,680	\$9,223,481	\$4,681,201	(4,542,280)
XP - Expenses				
Personnel Services	2,285,070	2,557,980	2,466,670	(91,310)
Supplies	183,186	210,822	158,200	(52,622)
Other Services & Charges	1,137,674	1,396,135	1,510,212	114,077
Capital Outlay	53,707	3,939,321	375,000	(3,564,321)
Total	\$3,659,637	\$8,104,258	\$4,510,082	(3,594,176)
Revenue less Direct Costs	\$982,043	\$1,119,223	\$171,119	(\$948,104)

Administration Division by Program

	Executive Leadership	Communications	Human Resources	Business Office
Salaries	\$ 685,919	\$ 361,197	\$ 233,157	\$ 555,214
Supplies	12,000	1,000	12,950	7,000
Charges for Services	195,600	19,150	182,519	76,208
Total Expenditures	\$ 893,519	\$ 381,347	\$ 428,626	\$ 638,422

	Information Services	General Overhead	Vital Records	Total
Division Revenue	\$ -	\$216,510	\$378,200	\$594,710
State Discretionary Funds	-	3,433,291		3,433,291
County Per Capita Funding	-	677,990		677,990
Sub-Total - Other Resources	-	405,210		405,210
Total All Resources	\$ -	\$4,733,001	\$378,200	\$5,111,201
Salaries	268,737	103,336	259,111	2,466,670
Supplies	81,500	37,750	6,000	158,200
Charges for Services	202,500	828,235	6,000	1,510,212
Capital Outlay	250,000	125,000		375,000
Total Expenditures	802,737	1,094,321	271,111	4,510,082
Total Resources- Total Direct Costs	(\$802,737)	\$3,638,680	\$107,089	\$601,119

Administration Division Program Budget Summaries

Executive

The **Executive** group provides overall direction and management for District staff and operations, as well as support activities for the Divisions. The Health Officer combines his unique public health prevention, 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.

General Overhead

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

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

Business Office

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

Human Resources

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

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

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.

Communications

The **Communications** team's responsibilities include media relations and outreach, management of social media and website content/design, graphic design services, program communications support, community outreach and involvement, agency messaging and supporting emergent risk and emergency communications. In the coming year, a focus will be placed on community relations as the District increases its presence and support with partners and members of the community. The 2016 budget also moves the Health Policy Analyst position into the Communications team.

Customer Service/Vital Records

Pursuing a customer centric model is consistent with the agency's strategic planning efforts, aimed at grouping together multiple, yet similar, shared services. Bringing these functions under a common leadership structure will yield a "one-stop" point for customers, both internal and external. Whether it's online, in person or over the phone, the team will work to seamlessly achieve the goal of helping their customers—regardless of issue. By integrating similar tasks and functions, eliminating duplicative efforts, and providing consistency in training and support, we hope to be a more nimble and responsive organization.

Additionally, instituting workforce development and succession planning strategies is a linchpin to the success of many of our strategic initiatives. The new shared services model will provide opportunities for greater staff training and support, job growth and new skill development.

The Vital Records program provides a critical service to the public. The program issues more than 41,000 birth and death certificates annually. Certified birth and death records are required for many purposes such as school and sports team enrollment, passports, obtaining a Social Security card, dependent health plan enrollment, and

settling estates. In addition to issuing certificates, the staff members assist people with certificate corrections, paternity affidavits and legal name changes. They also work with the Medical Examiner and funeral directors to ensure accurate and complete death certificate information so that the certificates can be approved and burial permits issued.

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

554.71 - Vital Records				
Description	2015 Actuals	2016 Budget	2017 Proposed	Change
RV - Revenues				
Licenses & Permits				
Federal/State Grants	\$ -	\$ -	\$ -	\$ -
Charges for Services	340,175	334,650	378,200	43,550
Miscellaneous	(39)			
Total	\$340,136	\$334,650	\$378,200	\$43,550
XP - Expenses				
Personnel Services	255,049	292,438	259,111	(33,327)
Supplies	6,810	5,600	6,000	400
Other Services & Charges	5,917	4,500	6,000	1,500
Total	\$267,776	\$302,538	\$271,111	(\$31,427)
Revenue less Direct Costs	\$72,360	\$32,112	\$107,089	\$74,977



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CAPITAL IMPROVEMENT PLAN

The District prepares a Capital Improvement Plan (CIP) each year as part of the budget process. The CIP identifies estimated costs associated with improving and replacing assets associated with the Rucker Building, replacing the District's vehicle fleet, upgrading equipment and replacing information technology systems.

As our staff levels continue to shrink, and given public health's skill set is not in property management, staff are working with the Board of Health to determine if it makes sense to sell the Rucker Building. While we continue to explore this feasibility and the path forward, a capital plan for 2017 was built based on retaining the building.

The capital investments noted with the understanding that some Rucker Building related improvements will either be further refined (1) or forgone (2) as the future disposition of the building is determined in 2017. Staff continues to investigate the preferred and most cost-effective approach in addressing needed air handling and ventilation improvements. The HVAC replacement project is expected to cost no more than what is stipulated above.

Staff will be working closely with McKinstry, the agency's owner representative on building improvements, to confirm the approach and cost most appropriate based on pending decisions. Should the Board determine to dispose of the building in early 2017, these improvements will not be proceeded with.

Additionally, improvements to the customer service counter on the main floor are needed to more efficiently and effectively serve customers and provide adequate space for staff since the consolidation of the birth/death counter operations with the Environmental Health counter operations. However, these improvements will be further scaled downward based upon the disposition of the Rucker Building.

Lastly, parking lot security enhancements for the agency owned surface lot on Rucker Avenue includes improved fencing and the installation of a partial cover to deter recent vandalism to the agency's vehicle fleet. However, these improvements will be postponed pending a Board decision on the building.

Recommended capital investments for 2017 are as follows:

2017 Capital Expenditure Request	
Operating Budget- Capital	
Vehicle replacement	125,000
IT infrastructure upgrade, phones	250,000
EH Software Implementation	<u>24,000</u>
Operating Budget Total	\$ 399,000
Additional Capital- Software	
Financial system replacement	\$ 499,000
Other Capital- Rucker Building	
HVAC Replacement ^{1,2}	\$ 1,048,181*
Carpeting replacement	105,000*
Parking lot security ²	100,000*
Customer service counter improvements ¹	<u>150,000</u>
Subtotal- Rucker Building	\$ 1,403,181
Other Capital Total	\$ 1,902,181
2017 Capital Program Total	\$ 2,301,181

* Subject to final decision on potential sale of Rucker Building



APPENDICES

Appendix A Agency Fees and Charges

Appendix B Financial Polices

Appendix C Foundational Public Health Services

**Appendix D 2016 Situation Assessment by The William D.
Ruckelshaus Center**

Appendix E 2017 Budget Adoption Resolution



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APPENDIX A – AGENCY FEES AND CHARGES

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

Environmental Health

- Food permit fees
- Land use fees
- Living environment fees
- Safe environment fees
- Drug lab fees
- Secure medicine return fees

Community Health

- Fee schedule

Communicable Disease

- Fee schedule

Environmental Health

Food Permit Fees



Fee Schedule - Food Safety

EFFECTIVE December 1, 2016

TITLE	FEE	DESCRIPTION
<u>LATE CHARGE FOR RENEWAL OF ANNUAL PERMITS EXPIRING DECEMBER 31</u>	\$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.
<u>LESS THAN FULL YEAR PERMIT / NEW ANNUAL PERMITS EXPIRING DECEMBER 31</u>		Does NOT apply to Temporary Event fees.
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.		
TITLE	FEE	DESCRIPTION
<u>CHANGE OF OWNERSHIP</u>	\$142.00	Fee charged when adding or subtracting owner names to permit
<u>FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW</u>	\$180.00	Fee charged annually with food service permit
<u>FOOD SERVICE ESTABLISHMENT PERMIT FEES</u>		
<u>GENERAL FOOD</u>		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		<i>Seat count includes lounge seats</i>
a) Low Risk	\$348.00	Annual permit fee
b) Medium Risk	\$522.00	Annual permit fee
c) High Risk	\$694.00	Annual permit fee
13-50 seats		<i>Seat count includes lounge seats</i>
a) Low Risk	\$381.00	Annual permit fee
b) Medium Risk	\$567.00	Annual permit fee
c) High Risk	\$751.00	Annual permit fee
51-150 seats		<i>Seat count includes lounge seats</i>
a) Low Risk	\$415.00	Annual permit fee
b) Medium Risk	\$611.00	Annual permit fee
c) High Risk	\$840.00	Annual permit fee
151-250 seats		<i>Seat count includes lounge seats</i>
a) Low Risk	\$448.00	Annual permit fee
b) Medium Risk	\$656.00	Annual permit fee
c) High Risk	\$895.00	Annual permit fee
Over 250 seats		<i>Seat count includes lounge seats</i>
a) Low Risk	\$482.00	Annual permit fee
b) Medium Risk	\$701.00	Annual permit fee
c) High Risk	\$952.00	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

TITLE	FEE	DESCRIPTION
<u>CATERING ENDORSEMENT</u> (for licensed food establishments that also offer catering services)	\$28.00 In addition to General Food fee	Annual permit fee
<u>MOBILE FOOD VEHICLE</u> (except frozen food vendors refer to General Food annual permit fee 0-12)	General Food fee plus \$138.00 per vehicle	Annual permit fee
<u>SCHOOL/YOUTH ACTIVITY CONCESSION</u>		
a) Low Risk	\$142.00	Annual permit fee
b) Medium Risk	\$224.00	Annual permit fee
<u>VENDING MACHINES</u>		
With potentially hazardous foods – risk level – Low	\$130.00	Annual permit fee
<u>FOOD THERMOMETERS</u>		
a) Dial probe	\$11.00	Fee includes sales tax
b) Digital tip sensitive	\$27.00	Fee includes sales tax
<u>FOOD WORKER CARDS</u>		
a) 2-year initial or 3-year renewal	\$10.00	
b) Replacement for lost card	\$10.00	
<u>MANAGER COURSES</u>		
a) Manager Certification	\$188.00	Instructional and supplies fee
b) Manager Recertification	\$142.00	Instructional and supplies fee
c) Manager Recertification without purchasing book	\$85.00	Instructional fee
d) Serve Safe Certification and Test	\$188.00	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.
<u>FARMERS MARKET COORDINATOR PROGRAM</u>		
		For Farmers Markets that meet definition of RCW 66.24.170(4)(g) and coordinator participating in monitoring program vendors will receive 25% off of the temporary services permit fees. Only applies to first location and high and low risk permits.
<u>PLAN REVIEWS</u>		
a) Limited Grocery	\$180.00	Plan review and pre-operational inspection fee
b) General Plan Review New Food Service Establishment including School and Satellite Kitchens	\$671.00	Plan review and pre-operational inspection fee
c) Multiple Permit Facility	\$671.00	Base fee for plan review and pre-operational inspection PLUS \$160.00 for each additional permitted facility plan review and pre-operational inspection
d) Food Stand Concession, Mobile Food Vehicle	\$448.00	Base fee for plan review and pre-operational inspection PLUS \$180.00 for each additional hour over 2.5 hours.

Environmental Health

Food Permit Fees

TITLE	FEE	DESCRIPTION
<u>PLAN REVIEW CONTINUED</u>		
e) Exempt from permit food establishments	\$42.00	Plan review fee. Required by WAC WAC 246-215-08305
f) Re-open review for a previously permitted food service establishment	\$180.00	Plan Review and per-operational inspection fee.
g) Hazard Analysis Critical Control Point Review (HACCP)	\$180.00	When required by WAC for menu items Plus lab fees
h) Plan Revision	\$180.00	Base fee for alteration to existing facility or revision of approved plan PLUS \$180.00 per hour for each additional hour over 1 hour
i) Reactivate Plan Review	\$180.00	Applicable on projects idle for more than one year
<u>REINSPECTION AND REINSTATEMENT FEES</u>		
a) Reinspection and office conference per III.B.3, Enforcement Procedures	\$292.00	Reinspection and office conference fee
b) Reinspection after first preoccupancy inspection	\$180.00	Reinspection fee
c) Reinstatement following closure by Health Officer's Order	\$336.00	Reinstatement fee
d) Reinstatement fee following closure by Health Officer's Order for an existing, immediate health hazard.	\$577.00	Reinstatement fee
e) Reinspection due to uncorrected red item violation	\$180.00	Reinspection fee. Applies to all permitted food service operations.
<u>CAMPGROUNDS / PARKS</u>		
a) Food service / all year	General Food Fees	Annual permit fee
b) Food service / seasonal (3 consecutive months or less)	\$359.00	Annual permit fee
<u>SCHOOLS</u>		
a) Central kitchen, no direct food service	\$560.00	Annual permit fee
b) Satellite kitchen with food service	\$359.00	Annual permit fee
c) School kitchen with food service	\$427.00	Annual permit fee
<u>TEMPORARY FOOD SERVICES</u>		
LATE FEE CHARGE <i>Temporary Food Service & Mobile Food Vehicle</i>	\$52.00	Late charge fee
Non-refundable fee charged if the application is not received in the Environmental Health Division office seven (7) days before the event.		
a) Low Risk	Valid 1-21 consecutive days \$85.00	Event permit fee
Annual / Restrictive	No more than 3 days per week at same location (see WAC 246-215-011) \$214.00	Annual permit fee for first location PLUS \$107.00 for each additional location
b) High Risk	Valid 1 day \$120.00	Event permit fee
	Valid 2-3 consecutive days \$175.00	Event permit fee
	Valid 4-8 consecutive days \$237.00	Event permit fee
	Valid 9-21 consecutive days \$404.00	Event permit fee
Annual / Restrictive	No more than 3 days per week at same location (see WAC 246-215-011) \$506.00	Annual permit fee for first location PLUS \$180.00 for each additional location
c) Limited Risk	Applicable to 1 event not to exceed 21 days \$60.00	Event permit fee

Environmental Health

Food Permit Fees

TITLE	FEE	DESCRIPTION
<u>TEMPORARY FOOD SERVICES CONTINUED</u>		
d) Food Demonstrator (Low Risk foods only)	Valid 1-21 consecutive days	\$85.00
Annual (Low Risk foods only)	No location restrictions apply	\$197.00
e) Judged Cook-off	1-20 entrants – <u>not</u> open to public	\$281.00
	1-20 entrants – <u>open</u> to public	\$616.00
	21-over entrants – <u>not</u> open to public	\$281.00
	21-over entrants – <u>open</u> to public	\$895.00
f) Mobile Food Vehicle	Operating with an annual permit	\$40.00
g) Product Information form		\$43.00

FOOD SERVICE OPERATING WITHOUT PERMIT

- a) Double prescribed permit fee

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees

APPEAL PROCEDURE:

- | | | |
|-------------|----------|--|
| a) Step One | NO FEE | |
| b) Step Two | \$981.00 | 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 **\$180.00 per hour**.
- b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

<u>RECORD RETRIEVAL</u> - Duplicating	\$0.15	Per page (fee set by RCW)
<u>REFUND PROCESSING FEE</u>	\$22.00	May be waived for a bona fide reason approved by the Director
<u>SERVICE CHARGE</u>	\$28.00	Returned check (bank service charge)

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Environmental Health

Land Use Fees



Fee Schedule – Land Use
EFFECTIVE December 1, 2016

TITLE	FEE	DESCRIPTION
<u>BUILDING CLEARANCE (for Building Permit)</u>		
a) Field Review	\$237.00	
b) Office Review	\$120.00	
c) GMA Drinking Water Determination	\$112.00	when requested by Building Department
<u>COMPOSTING TOILET</u> Non residential (no drinking water under pressure to the site)		
a) Review and Permit (DOH Approved Listing)	\$269.00	
b) Review and Permit (non-DOH Approved)	\$269.00	Base fee plus:
	\$180.00	per hour for each additional hour over 1.5 hours
c) Annual Monitoring (per site)	\$180.00	
<u>CONTRACTORS CERTIFICATION</u>		
INSTALLER		onsite sewage dispersal system
a) Annual Certificate	\$404.00	
b) Certification not renewed by April 1		(exam fee and annual certificate fee required)
c) Examination	\$292.00	
d) Late Fee Charge	\$292.00	late fee charged for Certificate not renewed prior to March 1st
MONITOR & MAINTENANCE SPECIALIST		onsite sewage dispersal system
a) Annual Certificate	\$404.00	
d) Late Fee Charge	\$292.00	late fee charged for Certificate not renewed prior to March 1 st
PUMPER		onsite sewage dispersal system
a) Annual Certificate	\$404.00	
b) Certification not renewed by April 1		(exam fee and annual certificate fee required)
c) Examination	\$237.00	
d) Late Fee Charge	\$292.00	late fee charged for Certificate not renewed prior to March 1 st
<u>FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW</u>	\$180.00	fee charged at time of annual food service permit renewal
<u>HOLDING TANK</u>		
a) Preliminary Review	\$661.00	
b) Permit Fee	\$466.00	
c) Annual Monitoring Fee	\$404.00	
<u>LAND USE REVIEWS</u>		
Includes, but not limited to, Boundary Line Adjustment, Conditional Use, Binding Site Plan, Administrative Site Plan, Grading Permit	\$237.00	Base fee plus:
	\$180.00	per hour for each additional hour over 1.5 hours

Environmental Health Division

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

Environmental Health

Land Use Fees

TITLE	FEE	DESCRIPTION
<u>ONSITE SEWAGE DISPERSAL SYSTEMS</u>		
ALTERATION		
a) Absorption System and/or Reserve Area-Licensed Designer submittal	\$365.00	fee includes application review and permit
b) Absorption System and/or Reserve Area –Homeowner submittal	\$448.00	Submittal at SHD discretion. Includes application, design assistance, permit and as-built.
c) Complete System		<i>USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE</i>
d) Tank Only Licensed Designer submittal	\$253.00	fee includes application review and permit
e) Tank Only Homeowner submittal	\$336.00	Submittal at SHD discretion. Includes application, design assistance, permit and as-built.
f) Reserve Area – concurrent with Building Clearance Review	\$180.00	
COMMUNITY SYSTEM		
a) Application Review	\$1667.00	fee includes site review and permit
b) Permit	\$314.00	per each service connection
SEPTIC TANK TO GRAVITY DISTRIBUTION SYSTEM	approval valid for 2 years	\$783.00 application review fee
SEPTIC TANK TO PRESSURE DISTRIBUTION SYSTEM	approval valid for 2 years	\$901.00 application review fee
ALL OTHER SYSTEMS	approved by DOH – approval valid for 2 years	\$1007.00 application review fee
PRODUCT DEVELOPMENT SYSTEM	approval valid for 2 years	\$1074.00 base plus \$180.00 each additional hour over 6 hours
SYSTEMS OVER 1000 GALLONS PER DAY	approval valid for 2 years	<i>USE DOUBLE ONSITE SEWAGE DISPERSAL APPLICATION FEE</i>
ONSITE SEWAGE DISPERSAL SYSTEM PERMIT		
a) Septic Tank to Gravity System	permit valid for term of building permit	\$237.00 permit fee
b) Septic Tank to Pressure Distribution System	permit valid for term of building permit	\$292.00 permit fee
c) All other system types	permit valid for term of building permit	\$404.00 permit fee
d) Systems over 1000 gallons per day	permit valid for term of building permit	<i>DOUBLE SYSTEM TYPE PERMIT FEE</i>
REDESIGN		
a) Redesign of an approved OSSD system	(same system type and same area)	\$281.00 approval from date of initial application approval
b) Redesign of an approved OSSD system	(change in dispersal and/or treatment component)	\$499.00 approval from date of initial application approval
RENEWAL - within 30 days of expiration	approval valid for 2 years	\$326.00 no revisions or redesigns
REPAIR		
a) Single family residence (owner occupied)		\$97.00 fee includes application review and permit
b) Septic Tank repair (non-owner occupied)		\$242.00 fee includes application review and permit
c) All other repairs		<i>USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE, permit fee not required</i>
REPLACEMENT		
		<i>USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE</i>
REVISION – of a disapproved OSSD application (same area)		\$426.00

Environmental Health

Land Use Fees

TITLE	FEE	DESCRIPTION
<u>OPERATION CHECK (Request for Report on)</u>		
a) Onsite Sewage system only	\$336.00	
b) Onsite sewage system and drinking water system	\$739.00	includes "short list" inorganics and bacteriological
c) Drinking water system only	\$499.00	includes "short list" inorganics and bacteriological
d) Re-inspection	\$152.00	
<u>SOIL SURVEY</u>		
(optional service performed at SHD discretion)	\$634.00	base fee plus per acre fee
	\$175.00	per acre fee
<u>SUBDIVISION OF PROPERTY (Platting)</u>		
SUBDIVISION (5 lots or more)		
a) Preliminary soil survey	\$634.00	base fee plus per lot fee
b) Preliminary lot fee	\$142.00	per lot
c) Revision/Redesign	\$180.00	Base fee plus :
	\$180.00	per hour for each additional hour over 1 hour
d) Recording/Onsite	\$120.00	per lot
e) Sewered Subdivision	\$404.00	total fee
SHORT SUBDIVISION – Method A (4 lots or less)		
a) Preliminary soil survey	\$634.00	base fee plus per lot fee
b) Preliminary lot fee	\$142.00	per lot
c) Recording/Onsite	\$120.00	per lot
		final short subdivision review fee
SHORT SUBDIVISION – Method B (4 lots or less)		
a) Initial review		<i>USE NEW ONSITE SEWAGE DISPOSAL APPLICATION FEE</i>
b) Recording/Final	\$120.00	per lot
		final short subdivision review fee
SHORT SUBDIVISION – SEWERED (4 lots or less)		
	\$404.00	total fee, office review
<u>VAULT PRIVY</u>		
a) Review and permit	\$237.00	
b) Additional Privy (same site)	\$120.00	
c) Annual Monitoring (per site)	\$180.00	
<u>WAIVER REVIEW</u>		
	\$180.00	base fee plus :
	\$180.00	per hour for each additional hour over 1 hour
<u>DRINKING WATER PROGRAM</u>		
INDIVIDUAL WATER SYSTEM TREATMENT PROCESS		
	\$326.00	
SANITARY SURVEY		
	\$577.00	includes arsenic, nitrate and bacteriological samples
WATER TESTING SERVICES		
a) Inorganic Chemistry	\$30.00	per each analyte
b) Bacteriological	\$30.00	
c) Short List (GMA required)	\$224.00	includes arsenic, barium, cadmium, chromium, lead, mercury, selenium, silver, sodium, fluoride, nitrate
d) Arsenic – with 3 day processing time	\$45.00	

Environmental Health

Land Use Fees

TITLE	FEE	DESCRIPTION
WELL SITE REVIEW		
a) Group (A & B)	approval valid for 2 years	\$392.00
b) Individual/GMA	approval valid for 2 years	\$269.00 concurrent with onsite application
c) Individual/GMA	approval valid for 2 years	\$392.00 nonconcurrent submittal
d) Renewal (within 30 days of expiration)	approval valid for 2 years	\$142.00
 <u>ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees</u>		
<u>APPEAL PROCEDURE</u>		
a) Step One		NO FEE
b) Step Two	\$981.00	fee refundable if appellant prevails in Step Two decision
 <u>MISCELLANEOUS PERMIT FEE:</u>		
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 \$180.00 per hour .	
b)	Post emergency waiver of Clearance and Repair fees for qualified damaged structures.	
<u>RECORD RETRIEVAL</u> - Duplicating	\$0.15	per page (Fee set by RCW)
<u>REFUND PROCESSING FEE</u>	\$22.00	may be waived for bona fide reason approved by Director
<u>SERVICE CHARGE</u>		
Returned check (bank service charge)	\$28.00	

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Environmental Health

Living Environment Fees



Fee Schedule - Living Environment EFFECTIVE 12/1/2016

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	\$292.00	annual permit fee
PLAN REVIEW	\$466.00	
SCHOOLS		
SAFETY INSPECTIONS	\$180.00	<i>base fee plus</i>
	\$180.00	per hour for each additional hour over 1 hour
SCHOOL CONSTRUCTION PLAN REVIEW	\$560.00	<i>base fee plus</i>
	\$180.00	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	\$180.00	<i>base fee plus</i>
	\$180.00	per hour for each additional hour over 1 hour
SCHOOL CONSTRUCTION PRE-OCCUPANCY INSPECTION	\$180.00	<i>base fee plus</i>
	\$180.00	per hour for each additional hour over 1 hour
WATER RECREATIONAL FACILITIES		
POOLS Swimming, Spa, Wading & Spa		
Year Round – Open six months or more	\$671.00	annual permit fee for FIRST pool plus
Each additional year round pool add	\$448.00	for each ADDITIONAL year round pool
Seasonal – Open less than six months	\$448.00	annual permit fee for FIRST pool plus
Each additional seasonal pool add	\$281.00	for each ADDITIONAL seasonal pool
POOL SIGN (recover SHD cost)	\$33.00	
RE-INSPECTION	\$180.00	
OFFICE CONFERENCE per Sanitary Code Chapter 7.3	\$281.00	

Environmental Health Division

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

Environmental Health

Safe Environment Fees



Fee Schedule – Safe Environments

EFFECTIVE 12/1/2016

TITLE	FEE	DESCRIPTION
LESS THAN FULL YEAR PERMIT		
		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	\$981.00	Fee refundable if appellant prevails in Step Two decision
CLOSURE (engaged in) or CLOSED (prior to 2/10/03) LANDFILL	\$538.00	Includes abandoned landfill permit review and inspection
COMPOSTING FACILITY		
a) 30,000 tons or less	incoming raw material	\$3,400.00
		\$180.00
		annual permit base fee plus per hour for each additional hour over 19 hours
b) Over 30,000 tons	incoming raw material	\$4,652.00
		\$180.00
		annual permit base fee plus per hour for each additional hour over 26 hours
CONDITIONALLY EXEMPT SITES & FACILITIES		
a) New sites and facilities	\$538.00	Notification, application review and inspection
b) Existing sites and facilities	\$359.00	Annual review of report and inspection
ENERGY RECOVERY AND INCINERATION		
a) Mixed Municipal Waste	\$6.00	per ton
b) Demolition / Industrial Waste	\$3,400.00	annual permit base fee plus
	\$180.00	per hour for each additional hour over 19 hours
INERT WASTE LANDFILL	\$3,400.00	annual permit base fee plus
	\$180.00	per hour for each additional hour over 19 hours
INTERMEDIATE SOLID WASTE HANDLING FACILITIES	\$3,400.00	annual permit base fee plus
Includes Transfer Station, Baling and Compaction Facility, Drop Box	\$180.00	per hour for each additional hour over 19 hours
LAND APPLICATION	\$3,400.00	annual permit base fee plus
	\$180.00	per hour for each additional hour over 19 hours
LIMITED PURPOSE LANDFILL	\$3,400.00	annual permit base fee plus
i.e. contaminated soil, woodwaste landfill	\$180.00	per hour for each additional hour over 19 hours
MODERATE RISK WASTE For facilities not operated by Snohomish County		
a) Fixed	\$359.00	annual permit fee
b) Limited	\$180.00	annual permit fee

Environmental Health Division
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Environmental Health

Safe Environment Fees

TITLE	FEE	DESCRIPTION
MUNICIPAL SOLID WASTE LANDFILL	\$6.00	per ton annual permit fee
PILES (for Storage & Treatment)	\$3,400.00 \$180.00	annual permit base fee plus per hour for each additional hour over 19 hours
REVIEW* (Initial Permit Application) *Plan review and permit fee for non-commercial MRW facilities and landfill alterations may be waived by the Health Officer.	\$1,969.00 \$180.00 varies	base fee plus per hour for each additional hour over 11 hours plus costs for publishing SEPA notices in newspaper – applicant to be billed for actual cost of posting
REVISED OR AMENDED PLAN REVIEW	\$538.00 \$180.00 varies	base fee plus per hour for each additional hour over 3 hours plus costs for publishing SEPA notices in newspaper – applicant to be billed for actual cost of posting
SURFACE IMPOUNDMENT & TANKS	\$3,400.00	annual permit fee
WASTE SCREENING DETERMINATION		
a) Application review	\$180.00	
b) Multiple reviews or Complex Review	\$538.00	requiring review of extensive sampling data and site visit
WASTE TIRE STORAGE	\$1,790.00	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 **\$180.00 per hour**.
- 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

\$22.00 may be waived for bona fide reason approved
by Director

SERVICE CHARGE

Returned check (bank service charge)

\$28.00

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Environmental Health

Drug Lab Fees



Fee Schedule – Drug Lab
EFFECTIVE 12/1/2016

TITLE	FEE	DESCRIPTION
<u>ILLEGAL DRUG MANUFACTURING OR STORAGE SITES RESPONSE</u>		
NOTE: This fee schedule does not include civil penalties for violations of <u>Snohomish Health District Sanitary Code</u> , Chapter 11.3, Section IX		
APPEAL PROCEDURE		
a) Step One	\$292.00	fee refundable if appellant prevails
b) Step Two	\$981.00	fee refundable if appellant prevails
INSPECTION OF SUSPECTED CONTAMINATED PROPERTY		
Requested by Property Owner	\$359.00	base fee plus Analytical Sample costs plus
	\$180.00	per hour for each additional hour over 2 hours
DECONTAMINATION WORKPLAN REVIEW		
a) Stationary property	\$895.00	base fee plus
	\$180.00	per hour for each additional hour over 5 hours
b) Vehicle	\$538.00	base fee plus
	\$180.00	per hour for each additional hour over 3 hours
ENFORCEMENT	\$180.00	per hour plus other costs including, but not limited to, analytical fees, hearing examiner fees, contractor costs of barricading or otherwise securing contaminated properties, and contractor fees.

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 \$180.00 per hour
- b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

<u>RECORD RETRIEVAL - Duplicating</u>	\$0.15	per page (Fee set by RCW)
<u>REFUND PROCESSING FEE</u>	\$22.00	may be waived for bona fide reason approved by Director
<u>SERVICE CHARGE</u>		
Returned check (bank service charge)	\$28.00	

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Environmental Health Division

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Environmental Health

Secure Medicine Return Fees



Fee Schedule – Secure Medicine Return

EFFECTIVE December 1, 2016

TITLE	FEE	DESCRIPTION
<u>ANNUAL OPERATING FEE</u>	\$18,745.00	Annual operating fee per operator of an approved Stewardship Plan, PLUS \$180.00 for each additional hour over 240 hours.
<u>INITIAL PLAN REVIEW FEE</u>	\$15,621.00	Plan review and pre-operational inspection fee, PLUS \$180.00 for each additional hour over 200 hours.
<u>REVISION OF AN APPROVED PLAN</u>	\$110.00	Base fee for alteration to existing facility or revision of approved plan, PLUS \$180.00 for each additional hour over 5 hours.
MISCELLANEOUS FEES		
<u>AGENCY ACTIVITIES TO ENFORCE AGAINST NONCOMPLIANCE</u>	\$180.00	Per Hour
<u>REVIEW OF PETITION FOR ALTERNATIVE DISPOSAL METHOD</u>	\$391.00	
ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees		
<u>APPEAL PROCEDURE:</u>		
a) Step One	NO FEE	
b) Step Two	\$981.00	Fee refundable if appellant prevails in Step Two
<u>MISCELLANEOUS PERMIT FEE:</u>		
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 \$180.00 per hour .		
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.		
<u>RECORD RETRIEVAL</u> - Duplicating	\$0.15	Per page (fee set by RCW)
<u>REFUND PROCESSING FEE</u>	\$22.00	May be waived for a bona fide reason approved by the Director
<u>SERVICE CHARGE</u>	\$28.00	Returned check (bank service charge)

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Environmental Health Division

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Community Health

Schedule of Fees



SNOHOMISH
HEALTH DISTRICT
WWW.SNOHD.ORG

Community Health Division

Community Health Division

Fees effective 1/1/2017

	Current 2016 Fees	Proposed 2017 Fees	Comments
Conference Fee	Total cost divided by expected number of participants	Total cost divided by expected number of participants	No Change
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%	No change

3020 Rucker Avenue, Suite 203 ■ Everett, WA 98201-3900 ■ tel: 425.339.8652 ■ fax: 425.339.5255

Communicable Disease

Schedule of Fees



Fee Schedule – Communicable Disease

UPDATED September 15, 2015

TITLE	SERVICE	FEE	OTHER COMMENTS
<u>MISC. SERVICES</u>			
	HIV court-ordered counseling/testing	\$89.00	
	TB Home/Office PHN	\$57.00	This fee is waived to the client, but is what we bill 3 rd party payers for reimbursement
	Blood Draw	\$20.00	Again, only for 3 rd party reimbursement for TB patients; waived to the client
	Civil Surgeon	\$100.00	
	Health Officer Certificate	\$100.00	

Communicable Disease Division

3020 Rucker Avenue, Suite 201 ■ Everett, WA 98201-3900 ■ fax: 425.339.5220 ■ tel: 425.339.5222



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APPENDIX B – FINANCIAL POLICIES

Snohomish Health District Financial Policies Adopted 8.13.13 by Resolution 13-11, Revised 12.13.16 by Resolution 16-076

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

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

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

It is not uncommon for local governments to rely upon the beginning fund balance as a "revenue" source. But, as previously stated, it is the District's goal to attain structural



balance, thereby eliminating reliance on these funds to supplement current income. Any unassigned operating surpluses (revenues that exceed expenditures) that occur at year-end may be held in reserve or re-appropriated to a capital reserve rather than used as a supplemental source of revenue required to balance the budget each year.

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

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

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

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

Long-Range Financial Planning and Resource Utilization

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

1. A **long-term forecast** of revenues and expenditures will be developed for all operating funds for the six-year period following the end of the current budget and will be periodically updated as circumstances warrant.
2. The financial impact from budget decisions made during the development of the annual budget will be reviewed in the context of the six year forecast.
3. The operating budget will be based on the principle that **current operating expenditures will be funded with current revenues**. The budget will not use one-time (non-recurring) sources to fund on-going (recurring) uses. One-time and unpredictable revenues should be considered for only one-time expenditures. Internal borrowing to fund operations is discouraged. Expenditures will be reduced to conform to the long term revenue forecast. The budget will incorporate the best available estimates of revenues and expenditures.
4. Emphasis is placed on improving individual and **work group productivity** rather than adding to the work force. The District will invest in technology, professional development and training opportunities, quality improvement efforts, and employ other efficiency tools to maximize productivity. The District will hire additional staff only after the need of such positions has been demonstrated and documented and where other methods are deemed less effective, efficient or affordable. The District shall develop and maintain a Workforce Development Plan to inform these decisions.
5. **Performance management** will be utilized in the budget prioritization process to ensure alignment with District Goals and the agency’s Strategic Plan. Performance data will be used to support budgetary decisions. Measures will be developed to reflect the District’s efficiency and effectiveness. Status of key performance measures will be reported to the Board of Health.
6. **Service levels** will be defined and measured in a manner that is based on results (e.g. units of service delivered, service quality, and customer satisfaction) rather than resources allocated to provide the service.

7. The District will endeavor to maintain a **diversified general revenue base** to diminish the effects of short-term fluctuations in any given revenue. The goal is to have a combination of revenues that grow in response to a good economy and those that remain stable during times of economic downturn.
8. **Revenue estimates** will be developed using reasonably conservative, but realistic assumptions. Revenues will be monitored and reported quarterly, including trends and year- end estimates. Revenue forecasts will assess the full spectrum of resources that can be allocated for public health services. Each year the District shall review potential sources of revenue as part of the annual budget process. The District will follow a vigorous policy of collecting revenues. The District's budget amendment process should be used to appropriate questionable revenues when they become certain and measurable.
9. **User fees and rates in all funds** will be based on balancing the full cost of providing the service, the competitive market, public benefit, community affordability and other appropriate policy considerations. Fees and rates will be reviewed annually and adjusted if necessary.
10. On a regular basis, the District will conduct **cost of service studies** to identify the full cost of providing services funded with fees. The calculation of full cost will include all reasonable and justifiable direct and indirect cost components including factors for replacement of infrastructure.
11. **Overhead costs** will be appropriately shared by all operating funds as determined by the District's indirect cost allocation plan. The amount charged by the District for services provided under an interlocal or similar agreement will include a factor to cover the District's overhead costs.
12. **Grants and agreements** that support District objectives and are consistent with high priority needs will be aggressively sought. Grants or agreements requiring a local match or a continuing District obligation to fund programs will be carefully considered prior to applying for a grant or brokering an agreement to ensure that ongoing resources will be available to meet the obligation. The District shall attempt to recover all allowable costs, direct and indirect, associated with the administration and implementation of the program funded through grants.
13. **Expenditures** will be controlled by an annual budget at the division/fund level. The Board of Health shall establish appropriations through the budget process. Budget adjustments require Board approval. Division Directors and Support Division Managers are responsible for managing their budgets within the total appropriation for their Division.
14. **If a deficit is projected** during the course of a fiscal year, the District will take steps to reduce expenditures, increase revenues or, if a deficit is caused by an emergency, seek Board approval to use one of the existing reserves and/or line



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

15. The District's **classification and compensation plan** will be maintained in a manner consistent with the labor market by reviewing classification specifications and benchmarks on a periodic basis. All compensation planning and collective bargaining will focus on the total cost of compensation, which includes direct salary, health care benefits, pension contributions, training allowances and other benefits of a non-salary nature, which are a cost to the District. The District will strive to align any changes in the classification or compensation system with the annual budget cycle.
16. Actual expenditures will be closely and frequently **monitored**. The comparison of budget to actual expenditures shall be reported to the Board on a **quarterly** basis. Variances suggesting a potential negative trend (ongoing significant decline in revenues or expenditure growth) will be promptly reviewed with the Board.
17. Funds in excess of operating expenditures will be considered **Undesignated Fund Balance** and upon Board authorization may be used to replenish or bolster any of the District's designated reserves, used to payback obligations associated with a Line of Credit, fund high priority District designated one-time projects or initiatives or retained as Undesignated Fund Balance.

Reserves

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

“Financial condition may be defined as a local government's ability to finance services on a continuing basis. This ability involves maintaining adequate services while surviving economic disruptions, being able to identify and adjust to long term changes and anticipating future problems”

-Public Health

Uniform National Data System

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

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

1. The District's general fund will maintain a **Working Capital** reserve sufficient to cover the estimated working capital needs of the District. The actual amount of the reserve will be determined annually as part of the annual budget, and included by resolution with the budget approval. 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.
9. **Compensated Absences Reserves –** The District's general fund will maintain within its unassigned fund balance an amount which represents the District's liability for Compensated Absences, adjusted annually to equal the amount reported in the District's most recently audited Statement of Net Position, rounded upward to the nearest multiple of \$100,000.

Capital Planning and Asset Management

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

1. Asset management best practice involves managing the performance, risk and expenditures on infrastructure assets in an optimal and sustainable manner throughout their lifecycle covering planning, design, construction, operation, maintenance, and disposal. The District shall integrate the principles and best practices of Asset Management.
2. **Asset Inventory** will be maintained with maintenance, repair and deferred maintenance costs identified and updated on an annual basis.
3. **Maintenance** of District assets shall be addressed on a current need, rather than deferred into the future.
4. A six-year **District-Wide Capital Outlay Budget** shall be developed annually and shall provide a prioritized list of reasonably funded projects and those in process of securing funding. Capital Improvement Plans for assets shall be updated no less frequently than every two years.
5. **Funding** for capital projects, including major facilities maintenance projects, will be allocated in a manner that balances facility and equipment needs with District priorities, the potential for attracting matching funds, and the ability to reduce or limit expenses in future years.
6. The District's objective is to incorporate a **"Pay-As-You-Go"** approach (using available cash and current resources) in the Capital Improvement Plan.
7. The **Capital Budget** will only include fully funded projects. The Capital Budget will only contain projects identified in the Capital Improvement Plan.
8. Impacts on net **annual operating and maintenance costs** will be identified as part of the funding considerations for new capital projects. This includes identifying potential reductions in maintenance costs if improvements are funded. The necessary funds to operate the capital facility will be identified at the time the capital outlay budget is adopted.



Financial Asset and Liability Management

Investment Policies

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



APPENDIX C – FOUNDATIONAL PUBLIC HEALTH SERVICES



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**APPENDIX D – 2016 SITUATION ASSESSMENT BY THE
RUCKELSHAUS CENTER**



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APPENDIX E – 2017 BUDGET ADOPTION RESOLUTION



Administration Division

SNOHOMISH HEALTH DISTRICT
RESOLUTION OF THE BOARD OF HEALTH

RESOLUTION NUMBER: 16-022

RESOLUTION SUBJECT: ADOPTION OF THE 2017 BUDGET

WHEREAS, the 2017 Snohomish Health District Budget was developed during a period of continued uncertainty about the funding sources relied upon by the District for its programs; and

WHEREAS, the 2017 Snohomish Health District Budget reflects revenues and expenditures that support the continued implementation of the 2014 Strategic Plan Update and guidance from the Situation Assessment completed by The William D. Ruckelshaus Center in 2016; and

WHEREAS, the Snohomish Health District is guided by specific capital planning policies, and has created a Capital Improvement Plan for 2017 that identifies estimated costs for improving and replacing assets associated with the Rucker Building pending a decision on whether to sell or retain the building, as well as replacing the District's vehicle fleet, upgrading equipment and replacing information technology systems; and

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

WHEREAS, the total budgeted positions in 2017 are 137.30 full time equivalents (FTE), representing a decrease in 8.15 FTE from 2016; and

WHEREAS, all union and non-represented regular employees will receive a cost of living adjustment (COLA) to final year 2016 salaries and wages, reflecting an increase of 2 percent, or as otherwise stipulated in collective bargaining agreements, effective January 1, 2017; and

WHEREAS, the Snohomish County Council and many cities stepped forward to contribute more than \$1.08M in per capita funding in 2017 to preserve some critical public health services; and

WHEREAS, the Board of Health hereby authorizes one-time supplemental funding in the amount of \$251,029 to avoid layoffs and support essential public health services through 2017, as well as an additional \$1,902,181 for capital improvements; and

WHEREAS, the Board of Health acknowledges that a thoughtful strategy must be developed for sustaining Snohomish Health District services in 2017 and beyond, and hereby agrees to convene at a retreat in the first quarter of 2017 to determine what that strategy entails in the absence of continued and adequate agency funding.

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 2017 Snohomish Health District Budget as presented on December 13, 2016, and as summarized on the following page, and as attached in Exhibit A:

3020 Rucker Avenue, Suite 306 ■ Everett, WA 98201-3900 ■ ph: 425.339.5210 ■ fax: 425.339.5263

Snohomish Health District 2017 Budget

	Authorized FTE	Revenue	Expenditure	Changes in Fund Balance
GENERAL FUND				
Administration	23.70	5,111,201	4,510,082	
Communicable Disease	27.30	2,514,694	3,115,823	
Community Health	34.45	2,146,898	3,357,836	
Environmental Health	44.95	5,667,060	4,707,140	
Total General Fund Operations	130.40	15,439,853	15,690,881	(251,028)
Capital Projects	1.00		1,902,181	(1,902,181)
Total General Fund	131.40	15,439,853	17,593,062	(2,153,209)
PUBLIC HEALTH EMERGENCY PREPAREDNESS RESPONSE FUND				
Communicable Disease	5.90	849,987	849,987	-
TOTAL DISTRICT BUDGET	137.30	16,289,840	18,443,049	(2,153,209)

ADOPTED this 13th day of December 2016.

Brian Sullivan, Chair
Board of Health

ATTEST:

Gary Goldbaum, MD, MPH
Health Officer and Director



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SNOHOMISH

HEALTH DISTRICT

PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY