

2016



BUDGET IN BRIEF

HEALTH DISTRICT

BUDGET MESSAGE

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Director | Health Officer

Snohomish County made headlines in 2015 for being one of the fastest growing regions in Washington State. This is exciting for the local economy, and brings hope for a renewed vitality and recognition for our community.

It also gives me cause for concern, as this also means that the Snohomish Health District now has more than 760,000 clients to support with diminishing resources. Concern about sustainable funding is not a new issue for us in public health.

This year I choose to focus on a message of hope. Our organization has taken a thoughtful and purposeful approach to evaluating what services we have historically provided in the context of what should be foundational public health programs. This is not about lay-offs and program budget cuts. **This is about transforming into a more nimble and responsive agency, doing the greatest good for the greatest number of county residents, especially those at highest risk of health inequities.**

I hope that leadership at the local, state and federal levels are beginning to understand the critical juncture we are at. I believe the political will is there, but **it will take a concerted effort working together in 2016 and beyond to make sustainable funding a reality.**

This final budget represents a number of assumptions and concessions on our part in order to continue on the path we have been on for the last two years. The 2016 budget is built on the following:

- Two percent cost of living adjustments and no layoffs
- One-time use of fund balance to support First Steps through 2016, predicated on the Board of Health convening in the first quarter to develop a thoughtful strategy for sustaining Snohomish Health District services in 2017 and beyond
- Rolling over 2015 funding from delayed capital projects to fund planned projects in 2016
- Budgeting for full Rucker Building improvements, but requiring incremental decision points for Board input
- Modest investments in additional staffing to begin implementing the endorsed new vision

I hope that the increased conversations about public health funding in our community leads to more awareness about the critical services we provide. There is an opportunity for all of us to be creative on how we can deliver innovative programs and services.

The work done to date—and this 2016 budget that funds the work needed ahead—exemplifies **our agency’s focus on looking for the “what could be” instead of settling for the “what is.”**



ADVOCATE



BEST DEFENSE



COACH



FIRST RESPONDER



HEALTHY START



PEACE OF MIND

PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY

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 2016 expenditures reflect an increase in personnel costs of \$600,209 (4.5 percent). This includes 2 percent COLA increases for all union and non-represented employees, the 2 percent increase in retirement benefit contributions required by the state, step increases and increased benefit costs.

This budget realigns some positions in the organization to better provide services and programs consistent with our vision of foundational public health. To help with the transition and skill gaps, we have included a modest investment of fund balance in order to hire key positions. The 2016 budget includes a net decrease of 1.45 full-time equivalent (FTE) positions. The table below reflects the total FTE for each division for this budget compared to the approved 2015 levels.

	2015 Budget	2016 Proposed	FTE Change
Administration	20.5	24.4	3.9
Communicable Disease	34.4	29.6	(4.8)
Community Health	44.6	42.0	(2.6)
Environmental Health	41.7	43.75	2.05
Public Health Emergency Preparedness & Response	4.0	4.0	--
Total	145.2	143.75	(1.45)

2016 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 2016 efforts that the Board of Health has endorsed for the future of the District include:



HEALTHY PEOPLE

- 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.



HEALTHY ENVIRONMENT

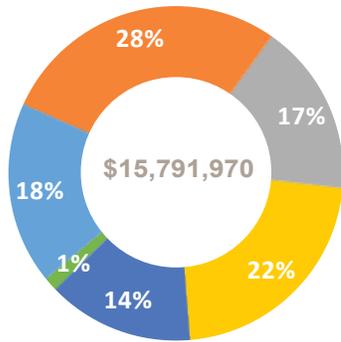
- Looking at broader roles that address the impact of the built environment on health.
- Pursuing the possibility of leading the efforts to inform public policy about indoor air quality.
- Participating in a more integrated manner with community health and communicable disease programs.
- Standardizing the Food Program through Voluntary National Retail Food Regulatory Program Standards.



FOUNDATIONAL CAPABILITIES

- 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.

How The Money Comes In



2016 SOURCES OF REVENUE

Licenses & Permits	\$ 3,459,739
Federal	\$ 2,790,715
State	\$ 4,493,679
County	\$ 2,653,200
Charges for Services	\$ 2,192,297
Miscellaneous	\$ 202,340

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.

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.

COUNTY FUNDING

We rely on Snohomish County to provide annual funding to support for communicable disease work and the First Steps program for at-risk mothers and their babies.

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.

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.

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	Total District Budget
	Communicable Disease	Community Health	Environmental Health	Administration		
Licenses & Permits	-	-	3,459,739	-	-	3,459,739
Charges for Services	409,300	220,000	1,228,347	334,650	-	2,192,297
State and Federal Grants	591,239	1,910,811	554,889	-	794,164	3,851,103
County Funding for Programs	1,600,000	400,000	-	-	-	2,000,000
Miscellaneous	-	-	-	202,340	-	202,340
Division Revenue	2,600,539	2,530,811	5,242,975	536,990	794,164	11,705,479
State Discretionary Funds	-	-	-	3,433,291	-	3,433,291
County Per Capita Funding	-	-	-	653,200	-	653,200
Other Resources	-	-	-	3,000,000	-	3,000,000
Total Resources	2,600,539	2,530,811	5,242,975	7,623,481	794,164	18,791,970
Salaries	2,694,316	3,778,221	4,452,905	2,481,179	576,216	13,982,837
Supplies	60,546	45,054	63,700	210,822	8,529	388,651
Charges for Services	294,471	159,017	184,250	1,401,471	209,419	2,248,628
Capital Outlay	-	-	134,494	3,939,321	-	4,073,815
Total Direct Operating Costs	3,049,333	3,982,292	4,835,349	8,032,793	794,164	20,693,931
Total Resources less Direct Costs	(448,794)	(1,451,481)	407,626	(409,312)	-	(1,901,961)

A NOTE ON EXPENSES

Capital investments aside, the **2016 budget is \$552,627 more than 2015**, or a 3.4% increase. In addition, the total expense for Administration is closer to \$4.09M when excluding capital.

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 757,600 as of April 1, 2015, 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 105,800.



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.

2015 BOARD OF HEALTH

Ken Klein, Snohomish County Council, Vice Chair
Terry Ryan, Snohomish County Council
Dave Somers, Snohomish County Council
Brian Sullivan, Snohomish County Council
Stephanie Wright, Snohomish County Council
Suzie Ashworth, Granite Falls City Council
Adrienne Fraley-Monillas, Edmonds City Council
Linda Grafer, Mukilteo City Council
Karen Guzak, City of Snohomish Mayor
John Joplin, Brier City Council
Sam Low, Lake Stevens City Council, Chair
Scott Murphy, Everett City Council
Sean Richards, Mountlake Terrace City Council
Sid Roberts, Lynnwood City Council
Donna Wright, Marysville City Council



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**

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