SNOHOMISH HEALTH DISTRICT
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SNOHOMISH HEALTH DISTRICT

2016 Adopted Budget

Funding The Vision

Snohomish Health District

2016 Adopted Budget

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Director | Health Officer

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A READER'S GUIDE TO THE BUDGET

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

Budget Message

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

About the District

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

Agency Overview

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

Strategic Plan Update

In 2014, the District embarked on a comprehensive update to the 2009 Strategic Plan. The Strategic Plan Update shares a summary of that process, as well as the eight initiatives that have been focused on since then.

2016 Budget Overview

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

Operating Budget by Division

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

- **Division Summary**: Includes an overview of programs and functions, organization chart by function, reflections on current trends and issues, 2016 initiatives, staffing summary, overall Division revenue and expenditure profile and discussion of

significant changes from 2015, overall program/function revenue and expenditure profile.

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

Capital Projects

This section provides a brief overview of those capital outlay items identified in the 2016 General Fund operating budget. Additionally, a six year District-wide capital outlay plan is provided, providing a summary of major District related capital projects planned into the future. In addition, one-time capital investments are presented for Board consideration.

Appendices

The following documents are included as Appendices for reference and serve to provide critical guidance in the development of the 2016 budget document:

- **Agency Fees and Charges.** Consistent with RCW 70.05.060 (7) the Board of Health establishes fees schedules for licenses, permits and other services. The Board approves all Health District fees and charges as part of the budget adoption process. A comprehensive list of agency fees is included, and minor changes are made for 2016 in the Environmental Health Division.

- **Budget policies.** The Budget Policies were newly developed over the course of 2013 to provide a clear foundation for a variety of funding and management decisions. The development of the 2016 budget is based upon these Board approved policies:

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

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

- **Supported and Sustainable: The Future of Public Health in Snohomish County.** The Board of Health endorsed this document in April 2015. While it was aimed at addressing Initiative 7 in the Strategic Plan Update ("Improve Health District Funding and Governance"), it is also our hope that the holistic evaluation and recommendations will benefit the entire agency. A framework adopted at the

state level identifies those public health programs, capabilities and services that are required or authorized by state law. It also identifies those services that public health can deliver most effectively due to its expertise, community connections, or objectivity/neutrality.

In line with the state's efforts, the District evaluated all programs and services in light of the framework. While foundational services are unique to public health, others are viewed as "additional important services." These are areas where we have an opportunity to grow the overall number of providers available to provide those services, such as federally qualified health clinics and non-profits. Some of these services may be best suited for the Health District to continue providing. However, there are services that can be transitioned to the community over time.

With the entire community in mind, the Health District will:

- **Track a wide variety of health issues and risks, targeted to specific inequities within the county.** Staff will maintain and analyze data, working with community partners to explore inequities and other health priorities in greater depth.
- **Ensure critical services are delivered to those with the greatest need** by supporting other agencies and community groups delivering clinical services.
- **Protect the public as a whole from disease and preventable injury** by maintaining ongoing surveillance, evaluation, and outreach efforts.
- **Improve access to healthy food, physical activity opportunities, and healthy starts in the early years of childhood development** by leveraging public policy, health planning, education, and promotion efforts in the community.

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

Fund Summaries

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

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

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

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

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

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

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

BUDGET MESSAGE

Gary Goldbaum, MD, MPH
Director | Health Officer

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."**

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ABOUT 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.

Public Health Governance

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

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

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

Board of Health

District 1 - North County

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

Councilmember
Susie Ashworth
City of Granite Falls

Councilmember
Donna Wright
City of Marysville

Councilmember
Ken Klein
Snohomish County Council
2015 Vice Chair

District 2 - Central County

Everett, Mukilteo

Councilmember
Brian Sullivan
Snohomish County Council

Councilmember
Linda Grafer
City of Mukilteo

Councilmember
Scott Murphy
City of Everett

District 3 - Southwest County

Edmonds, Lynnwood, Woodway

Councilmember
Adrienne Fraley-Monillas
City of Edmonds

Councilmember
Sid Roberts
City of Lynnwood

Councilmember
Stephanie Wright
Snohomish County Council

Board of Health (cont.)

District 4 - South Central County

Bothell, Brier, Mill Creek, Mountlake Terrace

Councilmember
Terry Ryan
Snohomish County Council

Councilmember
John Joplin
City of Brier

Councilmember
Seaun Richards
City of Mountlake Terrace

District 5 - East County

Gold Bar, Index, Monroe, Snohomish, Sultan

Councilmember
Dave Somers
Snohomish County Council

Mayor
Karen Guzak
City of Snohomish

Councilmember
Sam Low
City of Lake Stevens
2015 Chair

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Agency Overview

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

Vision: Healthy Lifestyles. Healthy Communities.

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

Organizational Structure

The Environmental Health Division works to protect food, water, soil and air. The Communicable Disease 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.

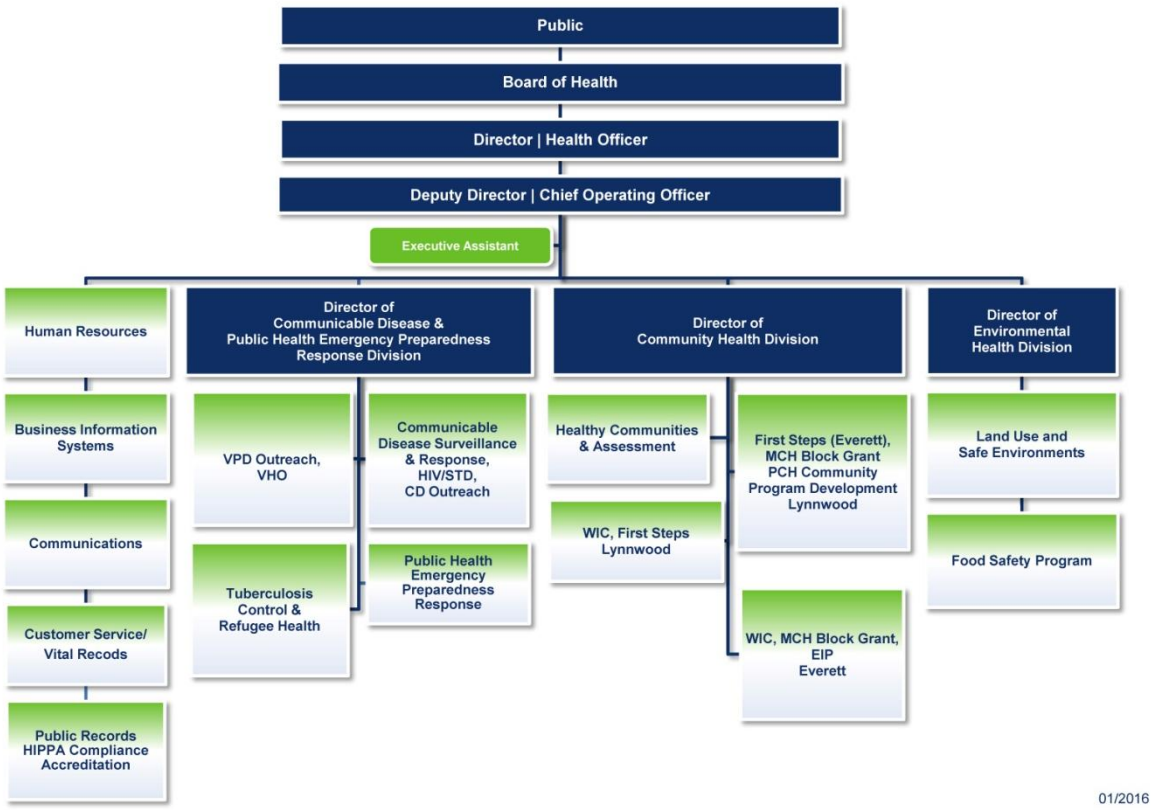

Figure 1. Current Organizational Structure

Strategic Plan Update

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

This 2014 Strategic Plan Update is a wide-ranging and substantial move toward that redesign. It includes a set of eight initiatives intended to improve service delivery, move expertise out of public health offices and into the community, employ new technologies for enhanced customer service, cut costs, develop a 21st century workforce, improve quality, and acquire sustainable sources of funding. It includes a thorough and comprehensive review of current systems, and strives to correct outmoded and ineffective practices.

The strategies are bold because the Snohomish Health District simply cannot afford to do anything less than what is proposed. The District has been under financial crisis for years. Since 2008 the County's population has grown by 6%, but District revenues have dropped by 24%. Approximately 80 full-time staff positions have been cut. **In Washington State, Snohomish County ranks #34 among 35 local public health jurisdictions in terms of per capita public health spending.**

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

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

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

Summary of Initiatives and Initial Milestones (to be updated March 2016)

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

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2016 BUDGET OVERVIEW

The District has been in the midst of transformation over the last 18 months or so. 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 vision 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.

Implementing the Endorsed Vision

The District will continue work started in 2015 to realign services, programs and positions consistent with the agency's 2014 Strategic Plan Update and the "Future of Public Health" document. At its core, viewing the community as the agency's client becomes the focus of the District's work.

This has started with transitioning immunization services into the community. Using that same collaborative framework, the District can look to expand resources available for other programs. Looking at grant applications like Growing Healthy Together, how can the District partner with other organizations to make the biggest impact for the populations the agency serves?

Our goal is to build the capacity among our partners so that together we can deliver a full slate of programs to Snohomish County's underserved and most vulnerable. While we certainly recognize that not all services can be—or should be—delivered by other organizations, the board and senior leadership believe that the community would ultimately benefit from collaborative partnerships and further service shifts to more appropriate providers.

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. Examples of the directions the board has endorsed for the future of the District are highlighted below.

<u>Healthy People</u>

- Expanding the Communicable Disease Division's child care outreach efforts to ensure that we are also providing information related to early childhood development, nutrition, physical activity and other important community health factors.

- Connecting with schools, a logical nexus to reach families and children to provide school-based initiatives that implement trauma-focused interventions, develop parenting skills, and address barriers to health services.
- Bridging primary prevention, social policy and intervention in order to improve health outcomes for young children.

Healthy Environments

- 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.
- Participate in a more integrated way with community health and communicable disease programs.

Foundational Capabilities

- Fully implement 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 strategic relationship building, marketing and outreach.
- Preparing and responding to all-hazards emergencies, including recovery and post-recovery.

To further implement these plans, the 2016 Adopted Budget invests in our staff. It includes an increase in personnel costs of $600,209 (4.5 percent) due to a 2 percent COLA increase, 2 percent PERS increase, step increases and increased benefit costs. The District is also realigning services, programs and positions consistent with the agency's Strategic Plan. Expanded or new positions are intended to help the District implement the various Strategic Plan initiatives. While the preliminary budget request included 10.7 new FTE to accomplish those goals, 5.2 FTE have been removed in the final budget request due to insufficient funding. Modest support in the future vision that was approved in the 2016 Adopted Budget includes:

- Investing in the expansion of our child care outreach program by adding 1.5 FTE
- Recruiting for Healthy Community Specialists (2 FTE) with expertise in population-based nutrition and injury prevention.
- Adding a total of 2.0 FTE in the Environmental Health Division to support planning and implementation of healthy housing, climate change and septic system O&M initiatives, as well as enforcement of new vaping regulations.

This 5.50 increase in FTE, offset by elimination of 5.9 FTE in the Immunization Clinic, 1.0 WIC Certifier, 1.0 Project Manager and other minor adjustments results **in a 1.45 FTE reduction from the adopted 2015 budget**. This follows our strategy of adding select new positions, eliminating some positions, and reassigning others as we transition. Our end goal is arriving at a steady and sustainable agency in 2018 and beyond.

Snohomish County Funding

We have historically received more than $3M in County funding to support public health activities in Snohomish County. As a part of our preliminary budget, we requested an increase of $799,052 (27 percent) over 2015 County funding levels to "bridge the gap" as we transition to the new service model and seek sustainable public health funding. However, the recently approved 2016 County budget includes $2,253,200 plus $400,000 in First Steps funding. This is $1,080,845 short of our request.

	2014 Adopted	2015 Projected	2016 Budgeted
Per Capita	$653,200	$653,200	$653,200
Communicable Disease	$1,600,000	$1,600,000	$1,600,00
Mental Health 1/10 - Current	$900,000	$681,793	--
First Steps/ Transition	--	--	$400,000
Total	**$3,153,200**	**$2,934,993**	**$2,653,200**

While the 2016 Adopted Budget still supports the Strategic Plan, it includes reduced expenditures where possible and relies upon further use of fund balance. We also acknowledge that this is not a sustainable way to operate so a retreat with the full Board of Health will be convened in the first quarter to develop a thoughtful strategy for providing fundamental public health services in 2017 and beyond.

Revenues

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

In 2016, reductions continue with a drop in the anticipated loss of all Medicaid Administrative Match funds to $50,000. Furthermore, declining caseload trends in the WIC program and expiring funding (end of 2016) for the First Steps program loom on the horizon. Such reductions continue to erode critical revenues that offset costs of delivering services.

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

One of the beginning steps in the process is to review the current food safety related fee schedule. As a result, staff is recommending some minor adjustments to the Environmental Health Division 2016 schedule, but no other adjustments to the agency's fee schedules are contemplated.

Expenditures

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

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

Capital Planning

In January 2015, the Rucker Building experienced large scale water damage to the first floor and basement areas. The water damage forced the District to review the capital priorities presented previously to the Board in December 2014, and to look at the bigger picture of the Rucker Building's occupancy and utilization. In the interim the District's focus shifted to remediation or repair of the damaged areas.

A consultant was brought in to provide the District:

- a detailed inventory of our infrastructure and assets;
- a maintenance and replacement schedule based upon industry standards;
- suggestions on how to become more efficient in energy consumption; and
- recommendations for better utilization of the building for agency business, District employees and potential revenue from expanded leasing space.

The Six Year Capital Improvement Plan (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. Preliminary cost estimates for the improvements are forecasted to be approximately $3.3 million. Funding options are being investigated to facilitate the proposed Rucker Building improvements. At its November 2015 meeting, the Board authorized staff to proceed to the design stage for all of the proposed improvements. The Board will have several future opportunities to review design/construction recommendations and costs prior to considering and authorizing construction for all or portions of the proposed work.

2016 Snohomish Health District Budget

The following summarizes the 2016 budget:

	General Fund Operating Budget	General Fund Fund Balance Requests	PHEPR Fund Operating Budget	Total District Budget
Licenses & Permits	3,459,739		-	3,459,739
Charges for Services	2,192,297		-	2,192,297
State and Federal Grants	3,056,939		794,164	3,851,103
County Funding for Programs	2,000,000		-	2,000,000
Miscellaneous	202,340		-	202,340
Division Revenue	10,911,315		794,164	11,705,479
State Discretionary Funds	3,433,291		-	3,433,291
County Per Capita Funding	653,200		-	653,200
Capital Funding Resources	3,000,000		-	3,000,000
Total Resources	**17,997,806**		**794,164**	**18,791,970**
Salaries	13,406,621		576,216	13,982,837
Supplies	380,122		8,529	388,651
Charges for Services	2,039,209		209,419	2,248,628
Capital Outlay		4,073,815	-	4,073,815
Total Direct Operating Costs	**15,825,952**	**4,073,815**	**794,164**	**20,693,931**
Total Resources less Direct Costs	**2,171,854**	**(4,073,815)**	**-**	**(1,901,961)**

General Fund Operations

The 2016 General Fund Operations Budget is summarized below.

Financial Overview

Snohomish Health District

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$3,109,957	$3,077,096	$3,116,647	$3,459,739	$343,092
Intergovernmental	$10,394,113	$10,399,757	$9,740,322	$9,143,430	($596,892)
Charges for Services	$2,825,275	$2,623,467	$2,367,772	$2,192,297	($175,475)
Miscellaneous	$191,078	$270,435	$208,380	$202,340	($6,040)
Total	**$16,520,423**	**$16,370,755**	**$15,433,121**	**$14,997,806**	**($435,315)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$13,587,254	$12,655,541	$12,927,759	$13,406,621	$478,862
Supplies	$600,221	$887,513	$612,646	$380,122	($232,524)
Other Services & Charges	$2,141,561	$2,048,616	$1,880,332	$2,039,209	$158,877
Capital Outlay	$179,000	$67,173	$1,056,500	$4,073,815	$3,017,315
Total	**$16,508,036**	**$15,658,843**	**$16,477,237**	**$19,899,767**	**$3,422,530**

General Fund Operations Budget by Division

The 2016 General Fund Operations Budget is summarized below by division.

	Communicable Disease	Community Health	Environmental Health	Administrative Services	General Fund Total
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	-	3,056,939
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	10,911,315
State Discretionary Funds	-	-	-	3,433,291	3,433,291
County Per Capita Funding	-	-	-	653,200	653,200
Capital Funding Resources	-	-	-	3,000,000	3,000,000
Total Resources	**2,600,539**	**2,530,811**	**5,242,975**	**7,623,481**	**17,997,806**
Salaries	2,694,316	3,778,221	4,452,905	2,481,179	13,406,621
Supplies	60,546	45,054	63,700	210,822	380,122
Charges for Services	294,471	159,017	184,250	1,401,471	2,039,209
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**	**19,899,767**
Total Resources less Direct Costs	**(448,794)**	**(1,451,481)**	**407,626**	**(409,312)**	**(1,901,961)**

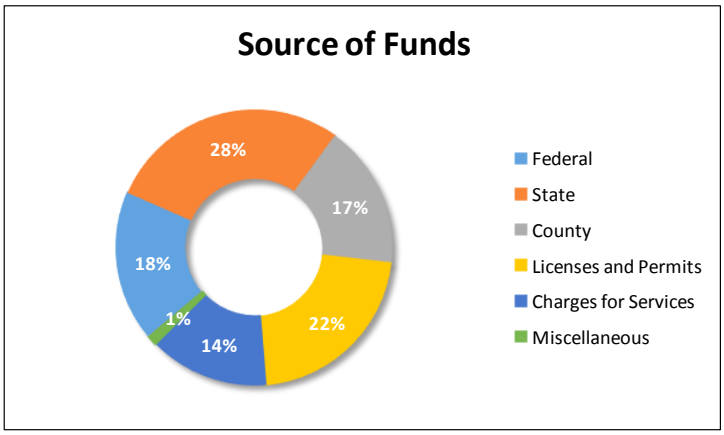
Administration costs are allocated to other divisions based upon the resources used (i.e. space costs based on occupancy, vehicles by miles driven, etc.)

Snohomish Health District Funding

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

Revenue Overview

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



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

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

Intergovernmental Revenues

Federal

Federal grants provide approximately 13 percent of the resources to support agency programs or activities, such as immunization outreach and education, sexually transmitted disease control, Medicaid Administrative Match, maternal infant services, WIC, pregnant and parenting teens and women, drinking water, emergency preparedness and response, and more.

State

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

- Local Capacity Development Funds (LCDF)
- Blue Ribbon Commission/5930 Funds
- Motor Vehicle Excise Tax (MVET) Replacement Funds

In the 2014-2015 fiscal budget, the State combined these funds under a single category without specific guidance as to their use. For the 2016 budget, the District has allocated this funding based on an analysis of priorities as defined by the 2014 Strategic Plan Update and the projected deficit.

County

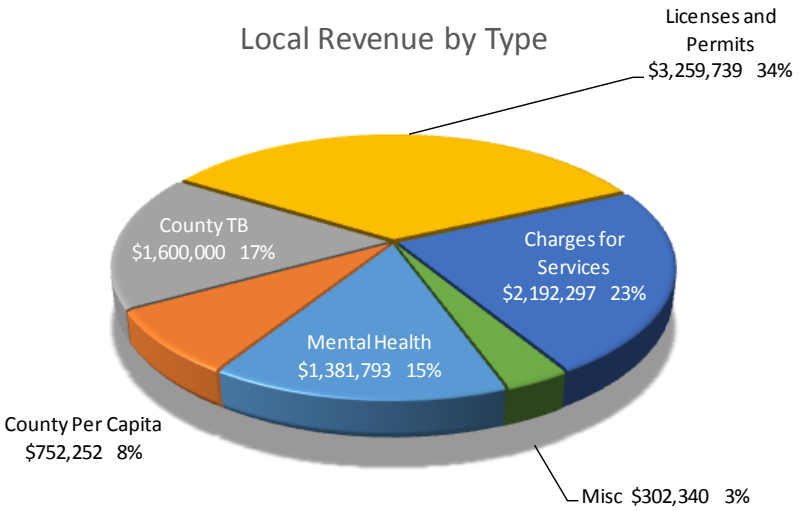
The District relies on annual funding from Snohomish County in the form of a "per capita" contribution of $653,200, as well as $1,600,000 to support Tuberculosis control and other communicable disease surveillance efforts. In addition to general funds, Snohomish County has historically supported the agency's First Steps program for at-risk mothers and their babies through an additional contribution from the 1/10th of 1% County Chemical Dependency/Mental Health Sales Tax proceeds. As mentioned earlier, the County's final budget officially eliminated the future sales tax revenue for First Steps, but provides one-time support of $400,000 for transition efforts in 2016.

Local Revenues

District generated revenues (Licenses and Permits; Charges for Services) and Snohomish County contributions compose "local revenue." Approximately 59% of these local revenues are associated with fees and charges the District levies or collects, while 41% of the funds are conveyed by Snohomish County in support of agency services.

Licenses and Permits

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



Charges for services

The District charges clients for some Communicable Disease related services, including refugee health, vaccine/preventable disease, travel and tuberculosis monitoring services. 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

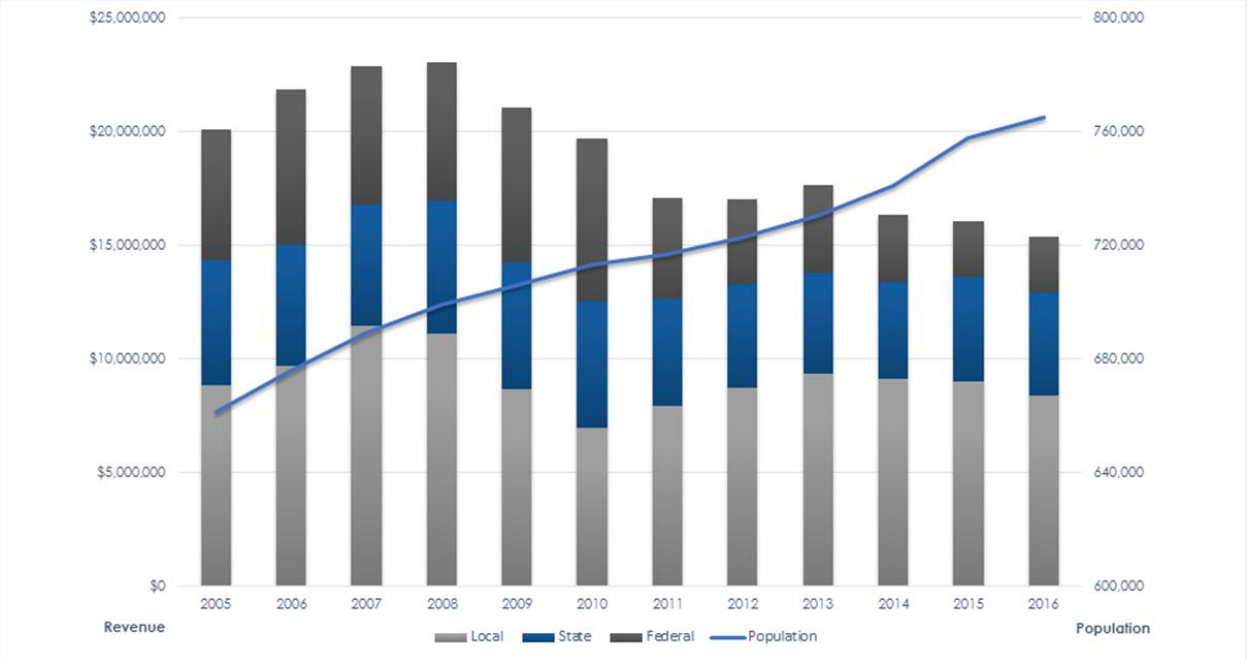
As noted previously, approximately 65 percent of agency funding is from intergovernmental sources. State and federal funds have decreased over the decade, but remain mostly flat in 2016, with some decreases in Federal funding anticipated in the form of reduced MAC reimbursements and reduced WIC authorized case load.

The remaining 35 percent of District Revenue is generated through services we render, either from issuing permits, providing direct services to clients, or providing leased space to tenants. Stable revenue is forecasted for District generated revenue from Licenses and Permits in 2016. Charges for Services will see a reduction from previous years due to the closure of the immunization clinics. Further, the reduction in the WIC case load will reduce the billable services in the WIC/First Steps clinic. Space rental and investment income is included in miscellaneous revenue and are expected to remain constant in 2016.

As shown in the figure below, the District has had a 22 percent decrease from the funding level of 2005—yet the population has increased by 14 percent in the same 10 year period.

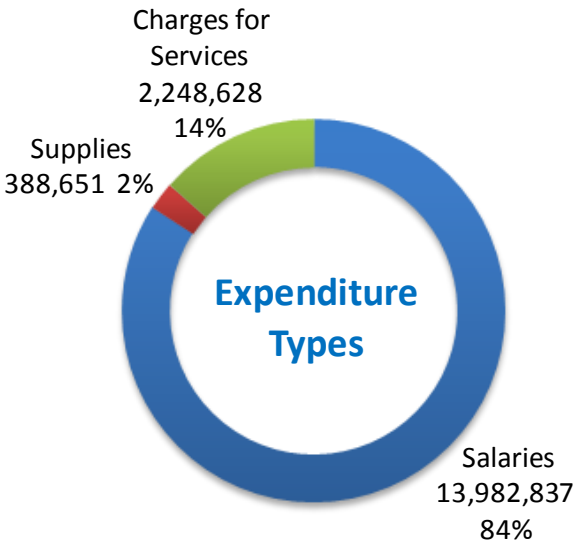
Since the "peak" in 2008, the agency has eliminated 80 FTE—a reduction of 34 percent due to static or declining revenues in the face of increased costs. Without sustainable funding sources, these trends are expected to continue.

Funding Levels vs. Population Growth



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

- Step increases are factored into staffing costs for those eligible to receive them.
- Required employer paid contributions of 11.0 percent (up from 9.21 percent for 2015) for the Public Employee Retirement System (PERS).
- Assumed increases in health/medical insurance costs (5.7 percent) was factored by applying projected increases to the current coverage selection by employee group (i.e. "single", "married", "family").

Expenditure History

Personnel related costs reflect the largest proportion of District expense, having peaked at $17,648,293 with 228.440 FTE in 2008. Personnel costs have been significantly reduced in the years since 2008 by overall staff reductions. The 2016 budget reflects $14,452,386

Supply costs have steadily declined over time, now reflecting less than 3 percent of the expenditure budget ($388,651) in 2016. Supply costs are significantly reduced in 2016 because vaccines are no longer purchased by the District.

Other Services and Charges have remained largely flat, having varied since a peak in 2007-2008, to a budgeted $2.2 million in 2016.

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 2014 and 2015. Not all positions will be filled and other positions may be adjusted or aligned differently to meet the goals identified in the Update's eight initiatives.

Program Level Staffing

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

As noted previously, all position vacancies are carefully scrutinized regardless of funding source. The following table summarizes program level staffing for each Division in 2014 and 2015, as well as FTE allocation for 2016.

Division/Program	2014 Budget	2015 Budget	2016 Proposed	FTE Change 2015-2016
Communicable Disease * (PHEPR noted separately)	**35.520**	**32.450**	**27.300**	**-5.150**
Immunization	11.800	11.800	5.800	-6.000
Sexually Transmitted Diseases	2.100	1.700	1.950	0.250
Tuberculosis	8.500	7.800	7.900	0.100
HIV/AIDS	3.550	2.300	2.100	-0.200
Refugee Health	1.600	1.100	1.600	0.500
Other Diseases	6.570	6.350	7.550	1.200
CD Administration	1.400	1.400	0.400	-1.000
Community Health	**44.900**	**42.850**	**42.000**	**-0.850**
Maternal and Infant Care	14.400	12.900	14.200	1.300
Oral Health	1.400	0.900	0.600	-0.300
Children w/Special Health Care Needs	1.650	2.300	1.500	-0.800
Women, Infants & Children (WIC)	15.300	14.300	13.000	-1.300
Early Intervention	1.250	1.250	1.000	-0.250
Assessment/Chronic Disease	8.400	5.500	4.000	-1.500
Tobacco/Healthy Communities	0.000	4.200	6.100	1.900
CH Administration	2.500	1.500	1.600	0.100
Environmental Health	**40.550**	**43.750**	**43.950**	**0.200**
Drinking Water	0.800	0.850	0.450	-0.400
Solid Waste & Toxics	9.600	11.400	10.550	-0.850
Septic/Land Use	6.600	6.800	8.050	1.250
Food Safety	17.000	16.750	17.150	0.400
Living Environment/Pools/Schools	2.200	2.000	2.300	0.300
Smoking in Public Places	0.000	0.100	0.100	0.000
EH Administration	4.350	5.850	5.350	-0.500
District Administration	**20.500**	**21.500**	**24.600**	**3.100**
Executive	3.000	3.000	5.800	2.800
Business Office	4.700	5.500	5.500	0.000
Human Resources	2.000	2.000	2.000	0.000
Information Services	4.500	4.000	3.000	-1.000
Rucker Building	0.800	1.000	1.000	0.000
Communications	2.000	2.000	3.000	1.000
Vital Records	3.500	4.000	4.300	0.300
General Fund Total	**141.470**	**140.550**	**137.850**	**-2.700**
PHEPR Fund	**4.330**	**4.650**	**5.900**	**1.250**
Health District, all funds	**145.800**	**145.200**	**143.750**	**-1.450**

Financial Reserves

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

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

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

The full text of the Financial Management Policies, including reserve policies (when they are anticipated to be used and how they will be replenished), is included in Appendix A of this document. That portion of the fund balance that is not restricted by third parties nor reserved by the Board of Health or District management is referred to as "Unassigned Fund Balance."

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 2016, the projected Beginning Fund Balance will be approximately $6,996,340 — almost $5.0 million above the agency committed reserve levels. However, planned expenditures for building improvements and other capital investments exceed $4 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.

	2015 Projected	2016 Request	2017 Projected	2018 Projected	2019 Projected	2020 Projected
License & Permits	3,116,647	3,459,739	3,628,934	3,701,512	3,775,543	3,851,054
Intergovernmental	10,349,163	9,937,594	9,537,594	9,934,909	9,934,909	9,934,909
Charges for Services	2,244,437	2,192,297	2,004,220	2,044,304	2,064,747	2,085,395
Miscellaneous	253,851	202,340	265,563	233,563	201,563	201,563
	15,964,098	15,791,970	15,436,311	15,914,289	15,976,762	16,072,920
Salaries	13,425,046	13,982,837	14,853,643	15,464,211	15,814,006	16,164,118
Supplies	581,542	389,651	524,828	537,949	551,398	565,183
Other Services & Charges	2,075,399	2,248,628	2,304,844	2,253,511	2,208,849	2,264,070
Debt Service			326,570	326,570	326,570	326,570
Capital Outlay	215,500	4,073,815	125,000	125,000	125,000	125,000
Total Expenditures	16,297,487	20,694,931	18,134,885	18,707,241	19,025,823	19,444,940
Other Resources						
Capital Loan Proceeds		3,000,000				
New Tenant Leases			330,480	330,480	330,480	330,480
Total Resources less Expenses (deficiency)	(333,389)	(1,902,961)	(2,368,094)	(2,462,472)	(2,718,581)	(3,041,540)
Beginning Fund Balance	7,329,729	6,996,340	5,093,379	2,725,285	262,813	(2,455,768)
Ending Fund Balance	6,996,340	5,093,379	2,725,285	262,813	(2,455,768)	(5,497,308)
Committed Reserves	1,926,999	2,011,240	2,058,937	2,085,485	2,120,412	2,141,616
Assigned Reserves:						
Building	464,000					
Vehicles	300,000					
Technology	428,900					
Compensated Absences	1,413,472	1,413,472	1,413,472	1,413,472	1,413,472	1,413,472
Total Reserves	4,533,371	3,424,712	3,472,409	3,498,957	3,533,884	3,555,088
Unassigned Fund Balance	2,462,969	1,668,667	(747,124)	(3,236,144)	(5,989,651)	(9,052,395)
FTE	145.20	143.75	150.90	154.20	154.20	154.20

Notes:

1. Revised 2015 forecast includes adjustment for capital projects that are in process or delayed to 2016
2. Assigned Reserves have been eliminated because this proposal brings our building and technology investments up to date
3. The unfunded liability for compensated absences payable to employees when they retire or otherwise separate from service with the District and which otherwise are not included in governmental fund financeial statements is noted here as a claim against fund balance. Estimate updated as of 9/30/2015.
4. Intergovernmental Revenues are assumed to remain static in 2016-2020 except for:
   a. Reduction in clinic revenues and grants that partially support clinic operations as they are transitioned to community partners.
   b. Medicaid Administrative Match is nearly eliminated as a result of reduced direct services.
   c. Elimination of First Steps funding in 2017 and beyond.
   d. Increase in public health funding through generation of stable and sustainable funding by 2018
5. Licenses/Permits and Charges for Services are expected to grow 1.75% annually
6. South County Lease Income in 2016- June 2018, Expenses also drop at end of lease
7. Expense Projections assumes the District moves forward with planned transition
8. Other salary projections for 2016-2020 are based on anticipated staffing needs as the District moves forward in transition.
9. Non-personnel costs are expected to increase 2% annually.

Revenue Projection

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

Expenditure Projection

Personnel costs account for over 80 percent of our total expenditures. This projection includes expected staff reductions as a result of transitioning out of direct client services as indicated in our Strategic Plan. As always, personnel costs will continue to rise for the remaining staff. While many of our staff are long tenured and at the top of their salary range, others are eligible for step increases resulting in a continuous increase in future years. One contract that will affect 2016 salary levels and beyond is currently in negotiations. This projection is based on current salary levels including step increases. Further, state retirement contributions increased on July 1, 2015 from 9.21 percent to 11.0 percent and will remain in effect indefinitely. Medical benefit costs are expected to increase 5.7 percent annually.

DIVISION OVERVIEW AND PROGRAM SUMMARIES OF REVENUES AND EXPENDITURES

Communicable Disease Division

Nancy Furness, RN, MS | Division Director

Overview

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

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

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

2016 Areas of Focus

Disease control and prevention

Community and provider education

Expand child care outreach program

Promotion of immunizations

24/7 response capabilities

Community partnerships

Program Activities

The Communicable Disease Division includes the following programs:

- Tuberculosis (TB) Control
- Sexually Transmitted Diseases (STDs)
- Refugee Health
- Communicable Disease Surveillance and Response
- Communicable Disease Outreach
- Viral Hepatitis Outreach
- 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 2016

With the closure of the immunization clinic in 2015, the CD Division will continue a focus on community partnerships to provide direct immunization and other clinical services. The 2016 budget request includes a scheduled reduction of an RN position to 0.6 FTE in the Tuberculosis program.

The budget also includes a request for three new positions totaling 1.5 FTE to expand the Child Care Outreach. This expansion supports early childhood care, reaching families and over 17,000 children in the community setting.

Alignment with Strategic Initiatives

Communicable Disease Control is a Foundational Public Health service, including disease investigations, contact notifications, response to disease outbreaks in accordance with national and state mandates and guidelines, appropriate treatment of individuals with active tuberculosis, and timely and accurate information to providers and the community.

The 2014 Strategic Plan Update focused attention on the steps necessary to provide greater service to a larger percentage of Snohomish County's population. In 2016, the Communicable Disease Division will embrace these strategies in the following ways:

Strategic Direction I - Assure provision of basic public health services to protect the population's health and safety.

- Continue communicable disease surveillance, investigation, and exposure management.
- Continue to promote immunizations and to assure all residents have access to immunizations.

Strategic Direction IV - Expand partnerships to share resources and responsibility for the public's health

- Increase coordination and decrease duplication between SHD and other health system providers.

Strategic Direction VI - Leverage technology to broaden community outreach and to improve the public's health

- Improve use of technology in effective reporting of disease outbreaks, health system integration, TB treatment and performance management.

2014 Strategic Initiative I - Move patients out of District clinics and into medical homes

- Calls for the development of new partners to provide direct clinical services to our current clients.

To support the agency's Strategic Plan and Foundational Public Health Services work, the Communicable Disease Division work plan for 2016 is to:

- Increase STD/HIV case finding in high-risk populations through targeted testing at SHD and partnerships with community providers
- Increase child care provider education and outreach into child cares in order to promote health and reduce risks of disease transmission
- Develop cost estimates for treatment of active TB patients
- Serve as community liaisons and immunization resources for community providers to improve childhood immunization rates
- Provide epidemiology and surveillance data to local health jurisdiction partners in Region 1

Communicable Disease Division

Financial Overview

Communicable Disease Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Division Director	1.0	1.0	--
Managers	3.0	3.0	--
Administrative Assistant	1.0	0.0	(1.0)
Behavioral Health Specialist	0.0	0.5	0.5
Disease Investigation Specialists	5.8	5.8	--
Environmental Health Specialist II	0.5	0.5	--
Epidemiologist II	0.8	0.8	--
Health Educator	1.0	1.0	--
Lead Public Health Nurse	1.0	1.0	--
Lead Registered Nurse	1.0	0.0	(1.0)
Outreach II	2.0	2.0	--
Program Assistant I	2.0	0.0	(2.0)
Program Assistant II	3.0	3.0	--
Program Specialist II	1.9	1.0	(0.9)
Public Health Nurses	6.5	7.0	0.5
Registered Dietician	0.0	0.5	0.5
Registered Nurses	2.9	1.5	(1.4)
Vaccine Coordinator	1.0	1.0	--
Total FTE	**34.4**	**29.6**	**(4.8)**

Communicable Disease

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$4,125,199	$1,124,775	$2,182,871	$2,191,239	$8,368
Charges for Services	$847,000	$720,972	$461,000	$409,300	($51,700)
Miscellaneous	$0	$14,259	$6,000	$0	($6,000)
Total	**$4,972,199**	**$1,860,006**	**$2,649,871**	**$2,600,539**	**($49,332)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$3,321,553	$2,962,127	$2,731,196	$2,694,316	($36,880)
Supplies	$263,840	$494,084	$162,875	$60,546	($102,329)
Other Services & Charges	$285,278	$279,811	$228,582	$294,471	$65,889
Total	**$3,870,671**	**$3,736,022**	**$3,122,653**	**$3,049,333**	**($73,320)**

Communicable Disease Division
Operations by Program

	TB	STD	Refugee	Other Communicable Disease
Charges for Services	158,500	-	250,000	-
State and Federal Grants	108,466	60,000	-	-
County Funding for Programs	700,000	200,000	-	700,000
Total Resources	**966,966**	**260,000**	**250,000**	**700,000**
Salaries	**804,345**	**191,284**	**158,583**	**708,358**
Supplies	**21,450**	**400**	**600**	**15,100**
Charges for Services	**143,545**	**27,284**	**52,200**	**14,325**
Capital Outlay	**-**	**-**	**-**	**-**
Total Direct Operating Costs	**969,340**	**218,968**	**211,383**	**737,783**
Total Resources less Direct Costs	**(2,374)**	**41,032**	**38,617**	**(37,783)**
FTE	**7.900**	**1.950**	**1.600**	**7.550**

	Immunization	HIV/Aids	CD Admin	Total
Charges for Services	-	800	-	409,300
State and Federal Grants	140,826	281,947	-	591,239
County Funding for Programs	-	-	-	1,600,000
Total Resources	**140,826**	**282,747**	**-**	**2,600,539**
Salaries	572,605	197,792	61,349	2,694,316
Supplies	2,100	9,296	11,600	60,546
Charges for Services	8,800	6,767	41,550	294,471
Capital Outlay	-	-	-	-
Total Direct Operating Costs	**583,505**	**213,855**	**114,499**	**3,049,333**
Total Resources less Direct Costs	**(442,679)**	**68,892**	**(114,499)**	**(448,794)**
FTE	**5.800**	**2.100**	**0.400**	**27.300**

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.

Tuberculosis

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$1,221,043	$82,758	$789,184	$808,466	$19,282
Charges for Services	$45,000	$99,365	$132,000	$158,500	$26,500
Total	**$1,266,043**	**$182,123**	**$921,184**	**$966,966**	**$45,782**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$769,375	$721,268	$708,786	$804,345	$95,559
Supplies	$27,015	$11,678	$24,300	$21,450	($2,850)
Other Services & Charges	$136,638	$135,662	$141,442	$143,545	$2,103
Capital Outlay	$0	$0	$0	$0	$0
Total	**$933,028**	**$868,608**	**$874,528**	**$969,340**	**$94,812**

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

Sexually Transmitted Disease Program

Disease Intervention Specialists (DIS) in the **Sexually Transmitted Disease (DIS)** program conduct disease investigations of individuals diagnosed with a sexually transmitted disease (chlamydia, gonorrhea, syphilis) and elicit names of contacts for purpose of disease control. They provide important disease information aimed at preventing further transmission within the community. They ensure that clients and partners receive appropriate treatment, and refer partners for no cost expedited partner therapy (EPT) as needed. They refer uninsured clients meeting specific criteria to a participating clinic 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. Staff refer gay and bisexual men diagnosed with an STD and their partners for HIV testing as well as educate and refer this high-risk population for pre-exposure prophylaxis. STD and HIV staff work closely together in efforts to develop and implement strategic approaches to reduce disease incidence locally and within the state. Gonorrhea cases continued to increase in 2015, with 369 cases through 3rd quarter compared to 324 cases in 3rd quarter of 2014. Staff also respond to substantial exposure and Good Samaritan reports when necessary.

Sexually Transmitted Disease

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$295,880	$20,000	$180,300	$260,000	$79,700
Total	**$295,880**	**$20,000**	**$180,300**	**$260,000**	**$79,700**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$211,042	$196,591	$161,398	$191,284	$29,886
Supplies	$2,350	$1,265	$500	$400	($100)
Other Services & Charges	$7,850	$7,015	$9,395	$27,284	$17,889
Total	**$221,242**	**$204,871**	**$171,293**	**$218,968**	**$47,675**

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 diagnosis of contagious diseases such as tuberculosis, 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).

Refugee Health Program

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Charges for Services	$250,000	$155,049	$175,000	$250,000	$75,000
Total	**$250,000**	**$155,049**	**$175,000**	**$250,000**	**$75,000**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$137,253	$72,213	$101,062	$158,583	$57,521
Supplies	$14,000	$4,515	$1,600	$600	($1,000)
Other Services & Charges	$31,700	$40,487	$28,960	$52,200	$23,240
Total	**$182,953**	**$117,215**	**$131,622**	**$211,383**	**$79,761**

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/labs reporting urgent notifiable conditions or requesting consultation.

The primary emphasis of the **Communicable Disease Outreach** program is to prevent the transmission of communicable diseases in early childhood group settings. Staff conducts onsite investigations when notifiable diseases are reported and make recommendations to prevent further spread. They provide education and consultation to child care providers and parents on illness prevention topics. They develop quality distance learning classes for the child care community which must meet stringent Department of Early Learning criteria. The addition of a nutritionist and a behavioral health specialist in 2016 will expand the scope of services available to child care providers. This program serves any of the 21,000 children in Snohomish County child care centers or preschool environments.

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.

Communicable Disease Surveillance and Response Program

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$0	$0	$0	$700,000	$700,000
Charges for Services	$0	$6	$1,000	$0	($1,000)
Total	**$0**	**$6**	**$1,000**	**$700,000**	**$699,000**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$632,349	$574,736	$579,741	$708,358	$128,617
Supplies	$10,450	$1,558	$8,150	$15,100	$6,950
Other Services & Charges	$21,421	$6,190	$11,200	$14,325	$3,125
Total	**$664,220**	**$582,484**	**$599,091**	**$737,783**	**$138,692**

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 provides education at community events, such as health fairs and senior programs. Staff performs accountability activities for the Vaccine for children (VFC) Program, including provider education, site visit 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 (WAIIS) and provides training on use and functions of the system.

Immunization

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$1,255,654	$663,630	$781,787	$140,826	($640,961)
Charges for Services	$552,000	$463,256	$153,000	$0	($153,000)
Miscellaneous	$0	$14,413	$6,000	$0	($6,000)
Total	**$1,807,654**	**$1,141,299**	**$940,787**	**$140,826**	**($799,961)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$1,075,424	$1,006,384	$823,235	$572,605	($250,630)
Supplies	$188,300	$463,007	$80,575	$2,100	($78,475)
Other Services & Charges	$49,050	$76,742	$20,825	$8,800	($12,025)
Total	**$1,312,774**	**$1,546,133**	**$924,635**	**$583,505**	**($341,130)**

HIV/AIDS Counseling, Testing & Referral

Two 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 HIV/AIDS Strategy. The population identified with the greatest disease burden in WA 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.

HIV/AIDS

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$458,923	$297,000	$297,000	$281,947	($15,053)
Charges for Services	$0	$3,296	$0	$800	$800
Total	**$458,923**	**$300,296**	**$297,000**	**$282,747**	**($14,253)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$328,833	$251,771	$217,961	$197,792	($20,169)
Supplies	$11,450	$1,726	$4,450	$9,296	$4,846
Other Services & Charges	$2,875	$3,368	$5,810	$6,767	$957
Total	**$343,158**	**$256,865**	**$228,221**	**$213,855**	**($14,366)**

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 administrative staff consists of the division director and an administrative assistant. In addition, assistance with the electronic health information system (Insight) and with health information management are budgeted in Communicable Disease Administration.

Communicable Disease Administration

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$66,000	$61,387	$39,600	$0	($39,600)
Total	**$66,000**	**$61,387**	**$39,600**	**$0**	**($39,600)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$167,277	$139,167	$139,013	$61,349	($77,664)
Supplies	$31,300	$10,335	$43,300	$11,600	($31,700)
Other Services & Charges	$14,719	$10,348	$10,850	$41,550	$30,700
Total	**$213,296**	**$159,850**	**$193,163**	**$114,499**	**($78,664)**

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 risk communications for Public Health and other healthcare partners throughout the region. Epidemiological surveillance and response is a critical component of the PHEPR program and SHD's ability to protect the public from communicable diseases. 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 program is maintained in a separate, dedicated fund with federal funding through the Centers for Disease Control and Prevention (CDC).

Changes for 2016

No changes in FTE are expected in 2016. The current grant award is for July 1, 2015 – June 30, 2016. This budget is based upon the assumption of level funding through December 31, 2016.

Alignment with Strategic Initiatives and Foundational Public Health Services

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

The program supports the Strategic Plan as follows:

- 2009 Strategic Plan Direction I – Assure provision of basic public health services to protection the population's health and safety.
- 2009 Strategic Plan Direction IV – Expand partnerships to share resources and responsibility for the public's health.
- 2009 Strategic Plan Direction V – Improve the quality of and access to information and education about disease and injury prevention across the community

2016 Areas of Focus

Staff training to response roles

Activation of personnel during an emergency

Exercise response strategies and plans

Regional coalition and partnership building

2016 PHEPR Workplan

1. Provide ICS training to staff identified to fill public health emergency response roles
2. Increase SHD's ability to conduct mass prophylaxis to the county during a biological event
3. Increase SHD's readiness to respond to a disaster through participation in Cascadia Rising 2016
4. Coordinate the Region 1 Healthcare Coalition activities, building response capabilities through partnerships
5. Conduct epidemiology and disease surveillance for Region 1 local health jurisdictions, providing monthly reports to local health officers.
6. Manage activities of the Snohomish County Medical Reserve Corps, providing opportunities to enhance medical surge capabilities during an emergency.
7. Update the Snohomish Health District Continuity of Operations plan, based on real-life events and lessons learned in 2015.

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.

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
PHEPR Supervisor	1.0	1.0	--
Healthcare Coalition Coordinator	1.0	1.0	--
Emergency Management Specialist	1.0	1.0	--
MRC Volunteer Coordinator	1.0	1.0	--
Total FTE	4.0	4.0	--

Public Health Emergency Preparedness & Response

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$672,252	$754,161	$646,752	$794,164	$147,412
Transfers In	$0	$82,328	$0	$0	$0
Total	**$672,252**	**$836,489**	**$646,752**	**$794,164**	**$147,412**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$447,068	$618,489	$454,869	$576,216	$121,347
Supplies	$2,184	$1,730	$6,545	$8,529	$1,984
Other Services & Charges	$223,000	$217,310	$185,338	$209,419	$24,081
Total	**$672,252**	**$837,529**	**$646,752**	**$794,164**	**$147,412**

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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 Adult Dental Care Project
  - Access to Baby and Child Dentistry (ABCD) Grant
- Community Health Division Administration

Changes for 2016

Two new FTE's are added for Healthy Communities' work. These positions will increase the Health District's ability to address population-based nutrition and injury prevention work. In Snohomish County, the leading causes of death—heart disease, cancer, and injury—can be traced to conditions in communities that create barriers to healthy choices.

Injuries are the third leading cause of death and the leading cause of death for persons between the ages of 1 and 44 years in Snohomish County. They are the leading cause of years-of-potential-life lost before age 65 years. Among the elderly, death due to falls has been increasing. The Health District's 2013 community health assessment identified two of the top three health priorities as dealing with injury and violence: youth physical abuse and suicide. By creating healthier conditions and communities, increased access to healthy foods, easier and safer physical activity options, expanded smoke-free environments, and increased injury prevention efforts are possible.

One vacant FTE is eliminated in 2016. To meet the WIC clients' needs and current caseload, realignment of staffing is appropriate. Elimination of this one vacant 1.0 FTE satisfies this requirement.

First Steps funding from Snohomish County is reduced from $681,793 in 2015 to $400,000 in 2016. Overall 2016 expenditures in the Community Health Division are less than 2015 with the transfer of Vital Records services and the Health Policy Analyst position to Health District Administration.

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 2016, 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
  - ✓ Lynnwood Food Bank
  - ✓ Volunteers of America
  - ✓ ChildStrive
  - ✓ Community Health Center of Snohomish County
  - ✓ Lutheran Community Services.

2016 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

- Resubmitted the Growing Healthy Together initiative for external funding from the Verdant Health Commission.
    - ✓ Initiative aims to improve the health outcomes of mothers and their children residing in the targeted zip code areas of the Verdant Health Commission

- Initiated professional development for employees on community and population-based work
    - ✓ Arranged for presentation by guest speaker from Spokane Regional Health District
    - ✓ 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

Progress:

- Developed 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 prevention and control policies and address vapor devices
    - Enhance chronic disease prevention in collaboration with clinical partners
    - Establish capacity within the Health District to address injury and violence prevention

Community Health Division

Financial Overview

Community Health Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Administrative Assistant	1.0	1.0	--
Division Director	1.0	1.0	--
Managers	4.0	4.0	--
Epidemiologist II	2.0	2.0	--
Epidemiologist I	1.0	1.0	--
Program Assistant I	3.0	1.0	(2.0)*
Program Assistant I/Building Tech	1.0	1.0	--
Program Assistant II	3.0	2.0	(1.0)*
Program Specialist II	1.9	1.0	(0.9)*
Healthy Communities Specialist	3.1	5.1	2.0
Public Health Nurses	10.5	10.8	0.3
Behavioral Health Specialist	1.0	1.0	--
Dental Hygienist	0.5	0.5	--
Lead Registered Dietician	1.0	1.0	--
Registered Dieticians	1.6	1.6	--
Certifiers	9.0	8.0	(1.0)
Total FTE	**44.6**	**42.0**	**(2.6)**

* The 2016 budget reflects 3.9 FTE in Vital Records moving from the Community Health Division into Administration. As described in the "Changes in 2016" section earlier, the net new to the overall budget is 1.3 FTE.

Community Health

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$5,285,657	$3,101,863	$2,554,790	$2,310,811	($243,979)
Charges for Services	$755,275	$320,406	$666,550	$220,000	($446,550)
Total	**$6,040,932**	**$3,422,269**	**$3,221,340**	**$2,530,811**	**($690,529)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$4,449,335	$3,793,174	$4,225,174	$3,778,221	($446,953)
Supplies	$70,922	$58,963	$95,121	$45,054	($50,067)
Other Services & Charges	$241,595	$226,269	$213,396	$159,017	($54,379)
Total	**$4,761,852**	**$4,078,406**	**$4,533,691**	**$3,982,292**	**($551,399)**

Community Health Division Operations by Program

	WIC	Early Intervention	Tobacco Prevention & Control	Oral Health	Maternal /Child Health
Charges for Services	-	-	-	10,000	-
State and Federal Grants	1,157,035	139,171	76,724	43,001	211,995
County Funding for Programs	-	-	-	-	-
Total Resources	1,157,035	139,171	76,724	53,001	211,995
Salaries	1,091,694	128,726	583,930	52,563	218,384
Supplies	1,700	489	6,700	1,800	1,965
Charges for Services	7,700	2,687	15,160	3,700	4,850
Capital Outlay	-	-	-	-	-
Total Direct Operating Costs	1,101,094	131,902	605,790	58,063	225,199
Total Resources less Direct Costs	55,941	7,269	(529,066)	(5,062)	(13,204)
FTE	13.000	1.000	6.100	0.600	3.600

	First Steps	CSHCN	Assmt/ Chronic Disease	CH Admin	Total
Charges for Services	210,000	-	-	-	220,000
State and Federal Grants	-	232,885	-	50,000	1,910,811
County Funding for Programs	400,000	-	-	-	400,000
Total Resources	610,000	232,885	-	50,000	2,530,811
Salaries	965,552	161,806	373,420	202,146	3,778,221
Supplies	2,100	2,050	21,250	7,000	45,054
Charges for Services	36,150	9,670	38,950	40,150	159,017
Capital Outlay	-	-	-	-	-
Total Direct Operating Costs	1,003,802	173,526	433,620	249,296	3,982,292
	-	-	-	-	-
Total Resources less Direct Costs	(393,802)	59,359	(433,620)	(199,296)	(1,451,481)
FTE	10.600	1.500	4.000	1.600	42.00

Community Health Division Program Budget Summaries

Maternal-Child Health

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

Maternal-Child Health

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$153,211	$103,874	$133,464	$0	($133,464)
Charges for Services	$0	$0	$0	$211,995	$211,995
Total	**$153,211**	**$103,874**	**$133,464**	**$211,995**	**$78,531**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$106,196	$69,598	$86,868	$218,384	$131,516
Supplies	$300	$1,526	$2,450	$1,965	($485)
Other Services & Charges	$4,000	$9,271	$9,425	$4,850	($4,575)
Total	**$110,496**	**$80,395**	**$98,743**	**$225,199**	**$126,456**

First Steps

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

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

In 2016, some of the District's First Steps services will be offered through groups, as well as individual services, within other community organizations serving vulnerable populations.

First Steps

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$1,381,883	$969,955	$450,000	$400,000	($50,000)
Charges for Services	$350,000	$301,017	$300,000	$210,000	($90,000)
Total	**$1,731,883**	**$1,270,972**	**$750,000**	**$610,000**	**($140,000)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$1,272,524	$1,013,324	$1,183,925	$965,552	($218,373)
Supplies	$3,000	$2,006	$4,500	$2,100	($2,400)
Other Services & Charges	$67,463	$42,693	$66,300	$36,150	($30,150)
Total	**$1,342,987**	**$1,058,023**	**$1,254,725**	**$1,003,802**	**($250,923)**

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.

Early Intervention

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$0	$100,359	$134,500	$139,171	$4,671
Total	**$0**	**$100,359**	**$134,500**	**$139,171**	**$4,671**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$117,649	$88,851	$111,678	$128,726	$17,048
Supplies	$200	$1,086	$1,821	$489	($1,332)
Other Services & Charges	$2,910	$1,436	$5,250	$2,687	($2,563)
Total	**$120,759**	**$91,373**	**$118,749**	**$131,902**	**$13,153**

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 5,940 in Snohomish County. Through assessment, counseling, education, and referral to resources of pregnant and postpartum women, the WIC program addresses the leading underlying causes of death for tobacco, poor diet and physical inactivity, alcohol consumption, and sexual behavior, as well as CDC's "Winnable Battles" of smoking, obesity/nutrition, and teen pregnancy.

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

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

Women Infant Children - WIC

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$1,808,760	$1,393,259	$1,281,520	$1,157,035	($124,485)
Total	**$1,808,760**	**$1,393,259**	**$1,281,520**	**$1,157,035**	**($124,485)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$1,353,359	$1,159,882	$1,174,897	$1,091,694	($83,203)
Supplies	$4,000	$2,768	$3,396	$1,700	($1,696)
Other Services & Charges	$9,500	$9,138	$9,102	$7,700	($1,402)
Total	**$1,366,859**	**$1,171,788**	**$1,187,395**	**$1,101,094**	**($86,301)**

Oral Health

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

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

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

Oral Health

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$226,754	$233,395	$123,248	$43,001	($80,247)
Charges for Services	$20,000	$16,464	$15,000	$10,000	($5,000)
Total	**$246,754**	**$249,859**	**$138,248**	**$53,001**	**($85,247)**

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$130,719	$101,917	$79,863	$52,563	($27,300)
Supplies	$1,672	$1,114	$2,086	$1,800	($286)
Other Services & Charges	$45,368	$89,111	$56,060	$3,700	($52,360)
Total	**$177,759**	**$192,142**	**$138,009**	**$58,063**	**($79,946)**

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. Home visits are made by public health nurses to assess each child's needs, assist families to accept their child's diagnosis, and work through the grief of having a child with special needs. Connecting families to community resources, coordinating health and other needed care, and providing prevention and health promotion information to families occurs. Assisting families in establishing a medical home.

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

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

Children with Special Health Care Needs

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$255,517	$245,007	$311,415	$232,885	($78,530)
Charges for Services	$0	$2,925	$13,500	$0	($13,500)
Total	**$255,517**	**$247,932**	**$324,915**	**$232,885**	**($92,030)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$168,670	$168,237	$220,225	$161,806	($58,419)
Supplies	$950	$8,155	$2,050	$2,050	$0
Other Services & Charges	$16,300	$9,065	$11,009	$9,670	($1,339)
Total	**$185,920**	**$185,457**	**$233,284**	**$173,526**	**($59,758)**

Healthy Communities & Assessment

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

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

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

Assessment staff provide consultation to District programs in scientific methods, including survey and study design, sampling, data collection, mapping, editing technical information, data analysis and interpretation. 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.

Healthy Communities & Assessment

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$462,749	$422,840	$513,622	$373,420	($140,202)
Supplies	$6,300	$26,930	$20,850	$21,250	$400
Other Services & Charges	$25,700	$28,381	$31,450	$38,950	$7,500
Total	**$494,749**	**$478,151**	**$565,922**	**$433,620**	**($132,302)**

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.

Tobacco Prevention & Control

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$0	$47,235	$40,243	$76,724	$36,481
Total	**$0**	**$47,235**	**$40,243**	**$76,724**	**$36,481**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$315,887	$295,340	$383,391	$583,930	$200,539
Supplies	$1,100	$11,501	$14,168	$6,700	($7,468)
Other Services & Charges	$4,600	$4,659	$10,100	$15,160	$5,060
Total	**$321,587**	**$311,500**	**$407,659**	**$605,790**	**$198,131**

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.

Community Health Division Administration

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$0	$88,214	$80,400	$50,000	($30,400)
Total	**$0**	**$88,214**	**$80,400**	**$50,000**	**($30,400)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$289,215	$261,442	$187,005	$202,146	$15,141
Supplies	$48,500	$3,591	$38,500	$7,000	($31,500)
Other Services & Charges	$46,913	$11,680	$8,250	$40,150	$31,900
Total	**$384,628**	**$276,713**	**$233,755**	**$249,296**	**$15,541**

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/Vaping in Public Places
  - Solid Waste Complaints
  - Medicine Take Back
  - Local Source Control
  - Site Hazardous Assessment
- Environmental Health Administration

2016 Areas of Focus

Implement Environmental Health Information Management Program

Voluntary National Retail Food Regulatory Program Standards

Implement Quality Improvement Initiatives

Initiate Public Health Accreditation

Develop and implement performance management system

Engage with academia on climate change impacts in Snohomish County

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

Changes for 2016

Environmental Health proposes to add two new FTE. These staff would be assigned to Food (1.0 FTE) and Land Use (1.0). These staff are necessary to address disease prevention needs in environmental health, improve customer service to local businesses, and utilize existing Washington State grant funding.

Program changes include implementation of the Vaping Ordinance by engaging in education and enforcement with vaping retailers, active participation in surface water management and pollution prevention, and aligning with the Voluntary National Retail Food Regulatory Program Standards

Lastly, EH proposes an across the board 1.6 percent fee increase in alignment with CPI as well as an across the board 3.0 percent fee increase dedicated to technology improvements. These improvements will be focused on enhancing the customer experience and efficiency.

Alignment with Strategic Initiatives

Environmental Health work plan for 2016 includes:

- Implementing Environmental Health software in conjunction with quality and business improvement initiatives.
- Standardization of Food Program through Voluntary National Retail Food Regulatory Program Standards
- Implementation of a healthy organizational culture and cohesive leadership team.
- Completion and implementation of Division Succession plan.
- Initiate PHAB accreditation in Environmental Health.
- Develop and implement Division and individual performance management system.
- Evaluate Environmental Health Division structure.

New Environmental Health Software/Quality Improvement

In 2015 the Snohomish County Board of Health unanimously approved a contract with Accela to install and implement Envision Connect as the Environmental Health Division's Information Management System. In 2016, implementation will include:

- Data Conversion;
- System Configuration;
- System testing;
- Training and education; and
- Going live in late spring/early summer.

Additionally, ongoing quality improvement will occur in conjunction with implementation and ongoing use of the system. An annual report on QI will be produced.

Environmental Health Division

Financial Overview

Environmental Health Division Staffing Resources

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Division Director	1.0	1.0	--
Managers	2.0	2.0	--
Supervisors	4.0	4.0	--
Environmental Health Specialist II/III	3.0	3.0	--
Environmental Health Specialist II	17.0	17.0	--
Environmental Health Specialist I	4.0	4.0	--
Environmental Health Specialist I/II	2.0	4.0	2.0
Health Educator	0.5	0.5	--
Health Education Delivery Specialist	0.25	0.25	--
Administrative Assistant	1.0	1.0	--
Program Assistant II	4.95	5.0	0.05
Program Assistant I	2.0	2.0	--
Total FTE	**41.7**	**43.75**	**2.05**

Environmental Health

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$3,109,957	$3,077,096	$3,116,647	$3,459,739	$343,092
Intergovernmental	$983,256	$486,628	$916,170	$554,889	($361,281)
Charges for Services	$1,223,000	$1,581,180	$1,578,272	$1,228,347	($349,925)
Miscellaneous	$0	$50,690	$0	$0	$0
Total	**$5,316,213**	**$5,195,594**	**$5,611,089**	**$5,242,975**	**($368,114)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$3,961,632	$4,171,214	$4,132,773	$4,452,905	$320,132
Supplies	$45,830	$43,846	$55,550	$63,700	$8,150
Other Services & Charges	$196,304	$238,699	$195,125	$184,250	($10,875)
Capital Outlay	$0	$0	$277,500	$134,494	($143,006)
Total	**$4,203,766**	**$4,453,759**	**$4,660,948**	**$4,835,349**	**$174,401**

Environmental Health Division Operations by Program

	Solid Waste	Septic Land	Living Environment	Smoking in Public Places
Licenses & Permits	69,119	859,524	231,096	100,000
Charges for Services	779,279	172,568	63,500	-
State and Federal Grants	491,689	40,000	-	3,200
County Funding for Programs	-	-	-	-
Miscellaneous	-	-	-	-
Total Resources	**1,340,087**	**1,072,092**	**294,596**	**103,200**
Salaries	1,027,766	784,426	226,276	7,174
Supplies	14,400	950	1,350	-
Charges for Services	55,500	20,250	500	1,000
Capital Outlay	-	-	-	-
Total Direct Operating Costs	**1,097,666**	**805,626**	**228,126**	**8,174**
Total Resources less Direct Costs	**242,421**	**266,466**	**66,470**	**95,026**
FTE	**10.550**	**8.050**	**2.300**	**0.100**

	Food	Drinking Water	EH Admin	Total
Licenses & Permits	2,200,000	-	-	3,459,739
Charges for Services	100,000	112,100	900	1,228,347
State and Federal Grants	-	20,000	-	554,889
County Funding for Programs	-	-	-	-
Miscellaneous	-	-	-	-
Total Resources	**2,300,000**	**132,100**	**900**	**5,242,975**
Salaries	1,653,272	50,117	703,874	4,452,905
Supplies	17,500	-	29,500	63,700
Charges for Services	37,500	22,500	47,000	184,250
Capital Outlay	-	-	134,494	134,494
Total Direct Operating Costs	**1,708,272**	**72,617**	**914,868**	**4,835,349**
Total Resources less Direct Costs	**591,728**	**59,483**	**(913,968)**	**407,626**
FTE	**17.150**	**0.450**	**5.350**	**43.95**

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.

Solid & Hazardous Waste

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$82,500	$70,700	$69,660	$69,119	($541)
Intergovernmental	$613,784	$413,841	$860,170	$491,689	($368,481)
Charges for Services	$761,500	$766,852	$761,380	$779,279	$17,899
Miscellaneous	$0	$49,069	$0	$0	$0
Total	**$1,457,784**	**$1,300,462**	**$1,691,210**	**$1,340,087**	**($351,123)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$954,080	$856,425	$1,053,829	$1,027,766	($26,063)
Supplies	$11,950	$2,406	$15,600	$14,400	($1,200)
Other Services & Charges	$49,250	$54,102	$43,000	$55,500	$12,500
Total	**$1,015,280**	**$912,933**	**$1,112,429**	**$1,097,666**	**($14,763)**

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 on sewage related non-point pollution issues.

Septic/Land Use

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$650,000	$632,546	$640,550	$859,524	$218,974
Intergovernmental	$148,278	$48,220	$145,000	$40,000	($105,000)
Charges for Services	$165,000	$208,005	$198,092	$172,568	($25,524)
Miscellaneous	$0	$1,577	$0	$0	$0
Total	**$963,278**	**$890,348**	**$983,642**	**$1,072,092**	**$88,450**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$653,482	$599,837	$650,122	$784,426	$134,304
Supplies	$1,000	$714	$500	$950	$450
Other Services & Charges	$25,000	$31,128	$23,250	$20,250	($3,000)
Total	**$679,482**	**$631,679**	**$673,872**	**$805,626**	**$131,754**

Drinking Water

In addition, Landuse program conduct **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.
- Providing the public with information, education, and direction relative to drinking water issues, well location, construction, and decommissioning.
- Supporting community partners regarding drinking water issues.

Drinking Water

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$72,645	$21,333	$57,000	$20,000	($37,000)
Charges for Services	$85,000	$113,040	$109,000	$112,100	$3,100
Total	**$157,645**	**$134,373**	**$166,000**	**$132,100**	**($33,900)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$87,653	$52,878	$91,105	$50,117	($40,988)
Supplies	$200	$0	$0	$0	$0
Other Services & Charges	$22,500	$26,107	$22,500	$22,500	$0
Total	**$110,353**	**$78,985**	**$113,605**	**$72,617**	**($40,988)**

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.

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.

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
The Snohomish County Partnership for Secure Medicine Disposal began in December 2009. Key partners include the Snohomish Health District (SHD), Snohomish Regional Drug and Gang Task Force (SRDGTF), Snohomish County Sheriff's Office (SCSO), and the Snohomish County Solid Waste Management Division. Participating partners include law enforcement locations throughout Snohomish County.

SHD serves as one of the lead agencies, working with the SRDGTF to support up to 28 law enforcement sites currently offering secure disposal of all unwanted medicines, including controlled substances, utilizing metal collection receptacles located inside law enforcement offices. Law enforcement take-back sites allow disposal of controlled and non-controlled substances, as well as over-the-counter (OTC) medications and vitamins. The program collects household-based medications; no pharmacy or medical center/hospital-generated meds are allowed within the take-back system.

From the start of the take-back program in December of 2009 through 2014, the Partnership has been responsible for disposal of 28,149 pounds of unwanted medications.

Safe Environment

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$227,457	$236,890	$237,457	$231,096	($6,361)
Charges for Services	$67,500	$65,961	$69,000	$63,500	($5,500)
Total	**$294,957**	**$302,851**	**$306,457**	**$294,596**	**($11,861)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$226,379	$201,283	$205,429	$226,276	$20,847
Supplies	$1,000	$1,965	$1,500	$1,350	($150)
Other Services & Charges	$1,200	$766	$250	$500	$250
Total	**$228,579**	**$204,014**	**$207,179**	**$228,126**	**$20,947**

Smoking In Public Places (SIPP)

Staff are responsible for enforcing Chapter 70.160 RCW. Emerging work includes the newly adopted ordinance for vaping and vapor devices, as well as the state's marijuana law. The relationship between Initiative 502 and the Smoking in Public Places Law and the health implications of marijuana use afford new challenges for public health policy and regulation.

Smoking In Public Places (SIPP)

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$0	$0	$0	$100,000	$100,000
Intergovernmental	$0	$3,234	$0	$3,200	$3,200
Total	**$0**	**$3,234**	**$0**	**$103,200**	**$103,200**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$0	$9,131	$11,503	$7,174	($4,329)
Supplies	$0	$6	$0	$0	$0
Other Services & Charges	$0	$3,939	$0	$1,000	$1,000
Total	**$0**	**$13,076**	**$11,503**	**$8,174**	**($3,329)**

Food Safety

The **Food Safety** Program is our largest unit. 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; and review plans for new and remodeled facilities.

WAC 246-215-08400 requires regulatory authorities to inspect food establishments at least once every six months unless the establishment is low hazard or has an approved and validated food safety plan (HACCP). The Food Program is unable to fully meet the WAC due to inadequate staffing. As of July 2015, approximately 33% of all Food Service Establishments (FSE) have not received at least one inspection in the past 12 months and less than 50% have been inspected at the Snohomish Health District standard practice.

In 2015 two staff were hired in the Food Program to fill two retirements from 2014 and 2015. With this addition, the food program possesses 7.75 FTE assigned to field food inspection. This results in a rate of 8,056/7.75 = 1,039 inspections per year per FTE. The FDA's Voluntary National Retail Food Regulatory Program Standards for Program Support and Resources (Standard 8) requires one full-time equivalent (FTE) devoted for every 280-320 inspections performed.

TABLE 1: Food Program Annual Inspection Demand

Facility/Unit	2015 # of establishments	Inspection Frequency per year	# of Inspections required
Hazard Class A FSE (Low)	1054	1	1054
Hazard Class B FSE (Medium)	1036	2	2072
Hazard Class C FSE (High)	994	3	2982
Temporary Permits	1500	1	1500
Schools	74	2	148
Complaints, Follow-ups, Illness Investigations	NA	NA	300
			8056

Food Program leadership has developed a plan for bringing SHD in compliance with WAC 246-215-08400 and SHD standard practice:

Goal	Completion Date
Phase 1: Catch Up	
Inspect all FSE at least once in 2015	Dec 31, 2015
Inspect all overdue OC and new FSE (>90 days of operation)	Dec 31, 2015
Ensure that all School Kitchens are inspected 2x in 2015	Dec 31, 2015
Phase 2: Establish Base Line	
All school kitchens have received first inspection	June 1, 2016
All new FSE and OC have been inspected within 30 days of operation	June 30, 2016
All A FSE have been inspected within the last 12 months	June 30, 2016
All B/C FSE have been inspected within the last 6 months	June 30, 2016
Phase 3:	
Ensure 67% of all FSE have met their inspection frequency	Dec 31, 2016

Food

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Licenses & Permits	$2,150,000	$2,136,960	$2,168,980	$2,200,000	$31,020
Charges for Services	$144,000	$105,727	$101,850	$100,000	($1,850)
Total	**$2,294,000**	**$2,242,687**	**$2,270,830**	**$2,300,000**	**$29,170**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$1,619,410	$1,524,320	$1,546,173	$1,653,272	$107,099
Supplies	$8,000	$5,964	$16,950	$17,500	$550
Other Services & Charges	$40,000	$34,769	$48,075	$37,500	($10,575)
Total	**$1,667,410**	**$1,565,053**	**$1,611,198**	**$1,708,272**	**$97,074**

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.

Environmental Health Division Administration

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Charges for Services	$0	$811	$900	$900	$0
Total	**$0**	**$811**	**$900**	**$900**	**$0**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$420,628	$696,556	$574,609	$703,874	$129,265
Supplies	$23,680	$29,651	$21,000	$29,500	$8,500
Other Services & Charges	$58,354	$84,359	$58,050	$47,000	($11,050)
Capital Outlay	$0	$0	$277,500	$134,494	($143,006)
Total	**$502,662**	**$810,566**	**$931,159**	**$914,868**	**($16,291)**

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.

2016 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 2016

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. For instance, we have moved the Vital Records team from Community Health to report to the Customer Service Manager. The manager will also oversee customer service related staff in Environmental Health, but those FTE remain within that division's budget.

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 Heath members will more actively address burgeoning public health concerns through the research and implementation of new strategies and policies, including enhancements to the SIPP law, policies addressing obesity, suicide prevention, and youth physical abuse.

Public Relations, Community Outreach and Engagement

- 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

	2015 Budget	2016 Proposed	FTE Change (2015-2016)
Health Officer	1.0	1.0	--
Deputy Director	1.0	1.0	--
Managers	3.0	3.0	--
Accounting Supervisor	1.0	1.0	--
Building Technician	1.0	1.0	--
Business Intelligence Analyst	1.0	1.0	--
Community Relations Strategist/PIO	1.0	1.0	--
Executive Assistant	1.0	1.0	--
Financial Analyst	1.0	1.0	--
Health Policy Analyst	1.0	1.0	--
Human Resources Specialist	1.0	1.0	--
IT Specialist II	1.0	1.0	--
IT Specialist I	1.0	1.0	--
Payroll Analyst	1.0	1.0	--
Privacy & Public Records Officer	1.0	1.0	--
Program Assistant II	0.0	1.0	1.0*
Program Assistant I	0.0	2.0	2.0*
Program Specialist II	1.0	1.9	0.9*
Program Specialist I	1.0	1.0	--
Purchasing Admin	0.5	0.5	--
Web Developer	1.0	1.0	--
Total FTE	**20.5**	**24.4**	**3.9***

* The 2016 budget reflects 3.9 FTE in Vital Records moving from the Community Health Division into Administration. As described in the "Changes in 2016" section earlier, there are no new FTE proposed in this budget for Administration.

Administration

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$0	$5,686,491	$4,086,491	$4,086,491	$0
Charges for Services	$0	$910	$0	$334,650	$334,650
Miscellaneous	$191,078	$205,486	$202,340	$202,340	$0
Total	**$191,078**	**$5,892,887**	**$4,288,831**	**$4,623,481**	**$334,650**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$1,854,734	$1,729,026	$1,838,615	$2,481,179	$642,564
Supplies	$219,629	$290,620	$299,100	$210,822	($88,278)
Other Services & Charges	$1,418,384	$1,303,833	$1,400,623	$1,401,471	$848
Capital Outlay	$179,000	$67,173	$1,056,500	$3,939,321	$2,882,821
Interfund Elimination	$0	($196,925)	$0	$0	$0
Transfers Out	$0	$82,328	$0	$0	$0
Total	**$3,671,747**	**$3,276,055**	**$4,594,838**	**$8,032,793**	**$3,437,955**

Administration Division by Program

	Executive Leadership	Communications	Human Resources	Business Office
Salaries	634,789	276,562	333,937	551,611
Supplies	16,470	1,100	26,150	6,000
Charges for Services	180,950	25,250	163,419	72,283
Capital Outlay	-	-	-	279,000
Total Direct Operating Costs	**832,209**	**302,912**	**523,506**	908,894
FTE	**5.800**	**3.000**	**2.000**	**5.50**

	Vital Records	Information Services	General Overhead	Total
Division Revenue	334,650	-	202,340	536,990
State Discretionary Funds	-	-	3,433,291	3,433,291
County Per Capita Funding	-	-	653,200	653,200
Capital Funding Resources	-	-	3,000,000	3,000,000
Total Resources	**334,650**	**-**	**7,288,831**	**7,623,481**
Salaries	292,439	307,360	84,481	2,481,179
Supplies	5,600	80,500	75,002	210,822
Charges for Services	4,500	201,506	753,563	1,401,471
Capital Outlay	-	395,860	3,264,461	3,939,321
Total Direct Operating Costs	**302,539**	**985,226**	**4,177,507**	**8,032,793**
FTE	**4.300**	**3.000**	**1.000**	**24.600**

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.

Executive

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$485,359	$480,986	$490,440	$634,789	$144,349
Supplies	$9,650	$40,447	$9,650	$16,470	$6,820
Other Services & Charges	$151,086	$179,115	$139,836	$180,950	$41,114
Capital Outlay	$0	$0	$0	$0	$0
Total	**$646,095**	**$700,548**	**$639,926**	**$832,209**	**$192,283**

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.

General Overhead

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Intergovernmental	$0	$5,686,491	$2,438,491	$4,086,491	$1,648,000
Charges for Services	$0	$910	$0	$0	$0
Miscellaneous	$191,078	$205,465	$202,340	$202,340	$0
Total	**$191,078**	**$5,892,866**	**$2,640,831**	**$4,288,831**	**$1,648,000**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$58,115	$126,808	$80,633	$84,481	$3,848
Supplies	$65,785	$56,313	$76,500	$80,652	$4,152
Other Services & Charges	$806,236	$805,617	$897,300	$762,913	($134,387)
Capital Outlay	$70,000	$38,368	$206,000	$3,264,461	$3,058,461
Interfund Elimination	$0	($196,925)	$0	$0	$0
Transfers Out	$0	$82,328	$0	$0	$0
Total	**$1,000,136**	**$912,509**	**$1,260,433**	**$4,192,507**	**$2,932,074**

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

Human Resources

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$170,707	$172,372	$208,623	$333,937	$125,314
Supplies	$10,000	$16,236	$31,000	$26,150	($4,850)
Other Services & Charges	$193,500	$104,236	$207,419	$163,419	($44,000)
Total	**$374,207**	**$292,844**	**$447,042**	**$523,506**	**$76,464**

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.

Business Office

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$418,260	$423,901	$520,261	$551,611	$31,350
Supplies	$3,173	$3,769	$39,500	$6,000	($33,500)
Other Services & Charges	$167,060	$41,090	$37,618	$72,283	$34,665
Capital Outlay	$0	$0	$279,000	$279,000	$0
Total	**$588,493**	**$468,760**	**$876,379**	**$908,894**	**$32,515**

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.

Information Systems

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$457,691	$313,461	$374,939	$307,360	($67,579)
Supplies	$136,571	$169,202	$139,600	$80,500	($59,100)
Other Services & Charges	$82,482	$147,810	$92,500	$201,506	$109,006
Capital Outlay	$109,000	$28,805	$294,000	$395,860	$101,860
Total	**$785,744**	**$659,278**	**$901,039**	**$985,226**	**$84,187**

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.

Communications

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$264,602	$211,498	$163,720	$276,562	$112,842
Supplies	$3,450	$4,653	$2,850	$1,100	($1,750)
Other Services & Charges	$18,020	$25,965	$25,950	$25,250	($700)
Capital Outlay	$0	$0	$0	$0	$0
Total	**$286,072**	**$242,116**	**$192,520**	**$302,912**	**$110,392**

Customer Service/Vital Records

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. For instance, we have moved the Vital Records team from Community Health to report to the Customer Service Manager. That role will also oversee customer service functions in Environmental Health, but those FTE remain within that division's budget.

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.

Vital Records

Revenues

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Charges for Services	$360,000	$320,784	$338,050	$334,650	($3,400)
Miscellaneous	$0	$44	$40	$0	($40)
Total	**$360,000**	**$320,828**	**$338,090**	**$334,650**	**($3,440)**

Expenses

Description	2014 Budget	2014 Actuals	2015 Budget	2016 Budget	Dollar Change
Personnel Services	$232,368	$230,790	$283,701	$292,439	$8,738
Supplies	$4,700	$3,082	$5,300	$5,600	$300
Other Services & Charges	$6,300	$3,529	$6,450	$4,500	($1,950)
Total	**$243,368**	**$237,401**	**$295,451**	**$302,539**	**$7,088**

CAPITAL

Six-Year Capital Improvement Plan

Consistent with the District's financial policies (Appendix A), the following Six-Year Capital Improvement Plan identifies estimated costs associated with improving and replacing assets associated with the Rucker Building, replacing information technology systems and upgrading equipment and replacing the District's vehicle fleet.

The 2016 Adopted budget and Six-Year CIP assume full funding of all improvements. However, as mentioned earlier, the Board will have several future opportunities to review Rucker Building design/construction recommendations and costs prior to considering and authorizing construction for all or portions of the proposed work. Projects will be prioritized and scaled to fit within available financing based upon the Board's direction as details become available.

	2015 Budget	2015 Projected	Total 2016 Request	2017 Projected	2018 Projected	2019 Projected	2020 Projected
Building							
Exterior	20,000		144,330				
Systems	36,000		1,087,451				
Furniture, Finishes	110,000		1,645,400				
Subtotal	166,000	-	2,877,181	-	-	-	-
Vehicles	40,000	40,000	125,000	125,000	125,000	125,000	125,000
Planning (McKinstry)			180,000				
Technology							
Hardware	294,000	163,000	478,140	45,000	52,900	169,000	104,000
Software	556,500	118,632	413,494				
Subtotal	850,500	281,632	891,634	45,000	52,900	169,000	104,000
Total Capital Outlay	1,056,500	321,632	4,073,815	170,000	177,900	294,000	229,000

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APPENDICES

Appendix A – Agency Fees and Charges

Appendix B – Financial Polices

Appendix C – Future Vision of Public Health

Appendix D – 2016 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
- Wastewater fees
- Solid waste and toxics fees
- Safe environments fees
- Miscellaneous fees

Communicable Disease

- Fee schedule

Community Health

- Fee schedule

Environmental Health

Food Permit Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Food Safety
EFFECTIVE APRIL 1, 2016

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

TITLE	FEE	DESCRIPTION
CHANGE OF OWNERSHIP	$139.00	Annual operating permit
FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW	$176.00	Fee charged annually with food service permit

FOOD SERVICE ESTABLISHMENT PERMIT FEES

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

0-12 seats	*Seat count includes lounge seats*		
a) Low Risk		$341.00	Annual permit fee
b) Medium Risk		$512.00	Annual permit fee
c) High Risk		$681.00	Annual permit fee
13-50 seats	*Seat count includes lounge seats*		
a) Low Risk		$374.00	Annual permit fee
b) Medium Risk		$556.00	Annual permit fee
c) High Risk		$737.00	Annual permit fee
51-150 seats	*Seat count includes lounge seats*		
a) Low Risk		$407.00	Annual permit fee
b) Medium Risk		$600.00	Annual permit fee
c) High Risk		$825.00	Annual permit fee
151-250 seats	*Seat count includes lounge seats*		
a) Low Risk		$440.00	Annual permit fee
b) Medium Risk		$644.00	Annual permit fee
c) High Risk		$879.00	Annual permit fee
Over 250 seats	*Seat count includes lounge seats*		
a) Low Risk		$473.00	Annual permit fee
b) Medium Risk		$688.00	Annual permit fee
c) High Risk		$935.00	Annual permit fee

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

Environmental Health

Food Permit Fees (cont.)

TITLE	FEE	DESCRIPTION
CATERING ENDORSEMENT *(for licensed food establishments that also offer catering services)*	$27.00 In addition to General Food fee	Annual permit fee
MOBILE FOOD VEHICLE *(except frozen food vendors refer to General Food annual permit fee 0-12)*	General Food fee plus $136.00 per vehicle	Annual permit fee
ATHLETIC FIELD CONCESSION STAND		
a) Low Risk	$139.00	Annual permit fee
b) Medium Risk	$220.00	Annual permit fee
c) High Risk	$303.00	Annual permit fee
VENDING MACHINES		
With potentially hazardous foods – risk level – Low	$127.00	Annual permit fee
FOOD THERMOMETERS		
a) Dial probe	$10.00	Fee includes sales tax
b) Digital tip sensitive	$25.00	Fee includes sales tax
FOOD WORKER CARDS		
a) 2-year initial or 3-year renewal	$10.00	
b) Replacement for lost card	$10.00	
MANAGER COURSES		
a) Manager Certification	$184.00	Instructional and supplies fee
b) Manager Recertification	$139.00	Instructional and supplies fee
c) Manager Recertification without purchasing book	$83.00	Instructional fee
d) Serve Safe Certification and Test	$184.00	Includes Serve Safe curriculum, book, materials, and test.
e) Manager Self-Inspection Program Establishment Fee Credit	For qualified food establishments with certified managers, up to 25% of the prior year's annual establishment permit fee will be credited to the establishment upon completion of the current year's inspection program per SHD procedures.	
FARMERS MARKET COORDINATOR PROGRAM	For Farmers Markets that meet definition of RCW 66.24.170(4)(g) and coordinator 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.	
PLAN REVIEWS		
a) Limited Grocery	$176.00	Plan review and pre-operational inspection fee
b) General Plan Review New Food Service Establishment including School and Satellite Kitchens	$659.00	Plan review and pre-operational inspection fee
c) Multiple Permit Facility	$659.00	Base fee for plan review and pre-operational inspection **PLUS** $157.00 for each additional permitted facility plan review and pre-operational inspection
d) Food Stand Concession, Mobile Food Vehicle	$440.00	Base fee for plan review and pre-operational inspection **PLUS** $176.00 for each additional hour over 2.5 hours.

Environmental Health

Food Permit Fees (cont.)

TITLE			FEE	DESCRIPTION
PLAN REVIEW CONTINUED				
e)	Exempt from permit food establishments		$41.00	Plan review fee. Required by WAC WAC 246-215-08305
f)	Site Inspection to re-open former food service establishment		$176.00	Per inspection to reopen former Food Service Establishment
g)	Hazard Analysis Critical Control Point Review (HACCP)		$176.00	When required by WAC for menu items **Plus lab fees**
h)	Plan Revision		$176.00	Base fee for alteration to existing facility or revision of approved plan **PLUS** $176.00 per hour for each additional hour over 1 hour
i)	Reactivate Plan Review		$176.00	Applicable on projects idle for more than one year
REINSPECTION AND REINSTATEMENT FEES				
a)	Reinspection and office conference per III.B.3, Enforcement Procedures		$286.00	Reinspection and office conference fee
b)	Reinspection after first preoccupancy inspection		$176.00	Reinspection fee
c)	Reinstatement following closure by Health Officer's Order		$330.00	Reinstatement fee
d)	Reinstatement fee following closure by Health Officer's Order for an existing, immediate health hazard.		$566.00	Reinstatement fee
e)	Reinspection due to uncorrected red item violation		$176.00	Reinspection fee. Applies to all permitted food service operations.
CAMPGROUNDS / PARKS				
a)	Food service / all year		General Food Fees	Annual permit fee
b)	Food service / seasonal (3 consecutive months or less)		$352.00	Annual permit fee
SCHOOLS				
a)	Central kitchen, no direct food service		$550.00	Annual permit fee
b)	Satellite kitchen with food service		$352.00	Annual permit fee
c)	School kitchen with food service		$419.00	Annual permit fee
d)	School food concession		$220.00 $130.00	Annual permit fee. Medium risk. Annual permit fee. Low risk.
TEMPORARY FOOD SERVICES				
LATE FEE CHARGE ***Temporary Food Service & Mobile Food Vehicle*** **Non-refundable** fee charged if the application is not received in the Environmental Health Division office seven (7) days before the event.			$51.00	Late charge fee
a)	Low Risk	Valid 1-21 consecutive days	$83.00	Event permit fee
	Annual / Restrictive	No more than 3 days per week at **same location** (see WAC 246-215-011)	$210.00	Annual permit fee for first location **PLUS** $105.00 for each additional location
b)	High Risk	Valid 1 day	$117.00	Event permit fee
		Valid 2-3 consecutive days	$171.00	Event permit fee
		Valid 4-8 consecutive days	$232.00	Event permit fee
		Valid 9-21 consecutive days	$396.00	Event permit fee
	Annual / Restrictive	No more than 3 days per week at **same location** (see WAC 246-215-011)	$497.00	Annual permit fee for first location **PLUS** $176.00 for each additional location
c)	Limited Risk	Applicable to 1 event not to succeed 21 days	$89.00	Event permit fee
d)	Food Demonstrator *(Low Risk foods only)*	Valid 1-21 consecutive days	$83.00	Event permit fee

Environmental Health

Food Permit Fees (cont.)

TITLE			FEE	DESCRIPTION
TEMPORARY FOOD SERVICES CONTINUED				
	Annual *(Low Risk foods only)*	No location restrictions apply	$193.00	Annual permit fee
e)	Judged Cook-off	1-20 entrants – not open to public	$276.00	Event permit fee
		1-20 entrants – open to public	$605.00	Event permit fee
		21-over entrants –not open to public	$276.00	Event permit fee
		21-over entrants – open to public	$879.00	Event permit fee
f)	Mobile Food Vehicle	Operating with an annual permit	$39.00	Event permit fee
g)	Exempt or Product ID only		$42.00	Processing fee

FOOD SERVICE OPERATING WITHOUT PERMIT

a) Double prescribed permit fee

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees		
APPEAL PROCEDURE:		
a) Step One	**NO FEE**	
b) Step Two	$963.00	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 $176.00 per hour.

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

RECORD RETRIEVAL		
Duplicating	.15	Per page (fee set by RCW)
SERVICE CHARGE	$27.00	Returned check (bank service charge)
REFUND PROCESSING FEE	$21.00	May be waived for a bona fide reason approved by the Director

Environmental Health

Wastewater Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Water and Wastewater
EFFECTIVE APRIL 1, 2016

TITLE		FEE	DESCRIPTION
BUILDING CLEARANCE (for Building Permit)			
a) Field Review		$232.00	
b) Office Review		$117.00	
c) GMA Drinking Water Determination		$110.00	when requested by Building Department
COMPOSTING TOILET	Non residential (no drinking water under pressure to the site)		
a) Review and Permit (DOH Approved Listing)		$264.00	
b) Review and Permit (non-DOH Approved)		$264.00	Base fee **plus**:
		$176.00	per hour for each additional hour over 1.5 hours
c) Annual Monitoring (per site)		$176.00	
CONTRACTORS CERTIFICATION			
INSTALLER	onsite sewage dispersal system		
a) Annual Certificate		$396.00	
b) Certification not renewed by April 1		(exam fee and annual certificate fee required)	
c) Examination		$286.00	
d) ***Late Fee Charge***		$286.00	late fee charged for Certificate not renewed prior to March 1st
MONITOR & MAINTENANCE SPECIALIST	onsite sewage dispersal system		
a) Annual Certificate		$396.00	
d) ***Late Fee Charge***		$286.00	late fee charged for Certificate not renewed prior to March 1st
PUMPER	onsite sewage dispersal system		
a) Annual Certificate		$396.00	
b) Certification not renewed by April 1		(exam fee and annual certificate fee required)	
c) Examination		$232.00	
d) ***Late Fee Charge***		$286.00	late fee charged for Certificate not renewed prior to March 1st
FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW		$176.00	fee charged at time of annual food service permit renewal
HOLDING TANK			
a) Preliminary Review		$649.00	
b) Permit Fee		$457.00	
c) Annual Monitoring Fee		$396.00	
LAND USE REVIEWS			
Includes, but not limited to, Boundary Line Adjustment, Conditional Use, Binding Site Plan, Administrative Site Plan, Grading Permit		$232.00	Base fee **plus**:
		$176.00	per hour for each additional hour over 1.5 hours

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Environmental Health

Wastewater Fees (cont.)

TITLE		FEE	DESCRIPTION
ONSITE SEWAGE DISPERSAL SYSTEMS			
ALTERATION			
a) Absorption System and/or Reserve Area-Licensed Designer submittal		$358.00	fee includes application review and permit
b) Absorption System and/or Reserve Area –Homeowner submittal		$440.00	Submittal at SHD discretion. Includes application, design assistance, permit and as-built.
c) Complete System		*USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
d) Tank Only	Licensed Designer submittal	$248.00	fee includes application review and permit
e) Tank Only	Homeowner submittal	$330.00	Submittal at SHD discretion. Includes application, design assistance, permit and as-built.
f) Reserve Area – concurrent with Building Clearance Review		$176.00	
COMMUNITY SYSTEM			
a) Application Review		$1637.00	fee includes site review and permit
b) Permit		$308.00	per each service connection
SEPTIC TANK TO GRAVITY DISTRIBUTION SYSTEM	approval valid for 2 years	$769.00	application review fee
SEPTIC TANK TO PRESSURE DISTRIBUTION SYSTEM	approval valid for 2 years	$885.00	application review fee
ALL OTHER SYSTEMS	approved by DOH – approval valid for 2 years	$989.00	application review fee
PRODUCT DEVELOPMENT SYSTEM	approval valid for 2 years	$1055.00 $176.00	base **plus** each additional hour over 6 hours
SYSTEMS OVER 1000 GALLONS PER DAY	approval valid for 2 years	*USE DOUBLE ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
ONSITE SEWAGE DISPERSAL SYSTEM PERMIT			
a) Septic Tank to Gravity System	permit valid for term of building permit	$232.00	permit fee
b) Septic Tank to Pressure Distribution System	permit valid for term of building permit	$286.00	permit fee
c) All other system types	permit valid for term of building permit	$396.00	permit fee
d) Systems over 1000 gallons per day	permit valid for term of building permit	*DOUBLE SYSTEM TYPE PERMIT FEE*	
REDESIGN			
a) Redesign of an approved OSSD system	(same system type and same area)	$276.00	approval from date of initial application approval
b) Redesign of an approved OSSD system	(change in dispersal and/or treatment component)	$490.00	approval from date of initial application approval
RENEWAL - within 30 days of expiration	approval valid for 2 years	$320.00	no revisions or redesigns
REPAIR			
a) Single family residence (owner occupied)		$95.00	fee includes application review and permit
b) Septic Tank repair (non-owner occupied)		$237.00	fee includes application review and permit
c) All other repairs		*USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE, permit fee not required*	
REPLACEMENT		*USE NEW ONSITE SEWAGE DISPERSAL APPLICATION FEE*	
REVISION – of a disapproved OSSD application (same area)		$418.00	

Environmental Health

Wastewater Fees (cont.)

TITLE		FEE	DESCRIPTION
OPERATION CHECK (Request for Report on)			
a) Onsite Sewage system only		$330.00	
b) Onsite sewage system and drinking water system		$725.00	includes "short list" inorganics and bacteriological
c) Drinking water system only		$490.00	includes "short list" inorganics and bacteriological
d) Re-inspection		$149.00	
SOIL SURVEY	(optional service performed at SHD discretion)	$622.00	base fee **plus** per acre fee
		$171.00	per acre fee
SUBDIVISION OF PROPERTY (Platting)			
SUBDIVISION	**(5 lots or more)**		
a) Preliminary soil survey		$622.00	base fee **plus** per lot fee
b) Preliminary lot fee		$139.00	per lot
c) Revision/Redesign		$176.00	Base fee **plus**:
		$176.00	per hour for each additional hour over 1 hour
d) Recording/Onsite	final plat review fee	$117.00	per lot
e) Recording/Sewered	final plat review fee	$396.00	total fee, office review
SHORT SUBDIVISION – Method A	**(4 lots or less)**		
a) Preliminary soil survey		$622.00	base fee **plus** per lot fee
b) Preliminary lot fee		$139.00	per lot
c) Recording/Onsite	final short subdivision review fee	$117.00	per lot
SHORT SUBDIVISION – Method B	**(4 lots or less)**		
a) Initial review		*USE NEW ONSITE SEWAGE DISPOSAL APPLICATION FEE*	
b) Recording/Final	final short subdivision review fee	$117.00	per lot
SHORT SUBDIVISION – SEWERED	**(4 lots or less)**	$396.00	total fee, office review
VAULT PRIVY			
a) Review and permit		$232.00	
b) Additional Privy (same site)		$117.00	
c) Annual Monitoring (per site)		$176.00	
WAIVER REVIEW		$176.00	base fee **plus**:
		$176.00	per hour for each additional hour over 1 hour
DRINKING WATER PROGRAM			
INDIVIDUAL WATER SYSTEM TREATMENT PROCESS		$320.00	
SANITARY SURVEY		$566.00	includes arsenic, nitrate and bacteriological samples
WATER TESTING SERVICES			
a) Inorganic Chemistry		$29.00	per each analyte
b) Bacteriological		$29.00	
c) Short List (GMA required)		$220.00	includes arsenic, barium, cadmium, chromium, lead, mercury, selenium, silver, sodium, fluoride, nitrate
d) Arsenic – with 3 day processing time		$44.00	

Environmental Health

Wastewater Fees (cont.)

TITLE		FEE	DESCRIPTION
WELL SITE REVIEW			
a) Group (A & B)	approval valid for 2 years	$385.00	
b) Individual/GMA	approval valid for 2 years	$264.00	concurrent with onsite application
c) Individual/GMA	approval valid for 2 years	$385.00	nonconcurrent submittal
d) Renewal (within 30 days of expiration)	approval valid for 2 years	$139.00	

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees

APPEAL PROCEDURE

a) Step One	NO FEE	
b) Step Two	$963.00	fee refundable if appellant prevails in Step Two decision

MISCELLANEOUS PERMIT FEE:

a) The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee or $176.00/hr.
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

RECORD RETRIEVAL - Duplicating	$0.15	per page (Fee set by RCW)
SERVICE CHARGE		
Returned check (bank service charge)	$27.00	
REFUND PROCESSING FEE	$21.00	may be waived for bona fide reason approved by Director

Environmental Health

Solid Waste & Toxics Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule - Solid Waste and Toxics

EFFECTIVE APRIL 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		$968.00	Fee refundable if appellant prevails in Step Two decision
CLOSURE (engaged in) or CLOSED (prior to 2/10/03) LANDFILL		$528.00	Includes abandoned landfill permit review and inspection
COMPOSTING FACILITY			
a) 30,000 tons or less	incoming raw material	$3,339.00	annual permit base fee ***plus***
		$176.00	per hour for each additional hour over 19 hours
b) Over 30,000 tons	incoming raw material	$4,569.00	annual permit base fee ***plus***
		$176.00	per hour for each additional hour over 26 hours
CONDITIONALLY EXEMPT SITES & FACILITIES			
a) New sites and facilities		$528.00	Notification, application review and inspection
b) Existing sites and facilities		$352.00	Annual review of report and inspection
ENERGY RECOVERY AND INCINERATION			
a) Mixed Municipal Waste		$5.00	per ton
b) Demolition / Industrial Waste		$3,339.00	annual permit base fee ***plus***
		$176.00	per hour for each additional hour over 19 hours
INERT WASTE LANDFILL		$3,339.00	annual permit base fee ***plus***
		$176.00	per hour for each additional hour over 19 hours
INTERMEDIATE SOLID WASTE HANDLING FACILITIES		$3,339.00	annual permit base fee ***plus***
Includes Transfer Station, Baling and Compaction Facility, Drop Box		$176.00	per hour for each additional hour over 19 hours
LAND APPLICATION		$3,339.00	annual permit base fee ***plus***
		$176.00	per hour for each additional hour over 19 hours
LIMITED PURPOSE LANDFILL		$3,339.00	annual permit base fee ***plus***
i.e. contaminated soil, woodwaste landfill		$176.00	per hour for each additional hour over 19 hours
MODERATE RISK WASTE	For facilities not operated by Snohomish County		
a) Fixed		$352.00	annual permit fee
b) Limited		$176.00	annual permit fee

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Environmental Health

Solid Waste & Toxics Fees (cont.)

TITLE	FEE	DESCRIPTION
MUNICIPAL SOLID WASTE LANDFILL	$5.00	per ton annual permit fee
PILES (for Storage & Treatment)	$3,339.00	annual permit base fee ***plus***
	$176.00	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.	$1,934.00	***base fee plus***
	$176.00	per hour for each additional hour over 11 hours ***plus***
	varies	costs for publishing SEPA notices in newspaper
REVISED OR AMENDED PLAN REVIEW	$528.00	***base fee plus***
	$176.00	per hour for each additional hour over 3 hours ***plus***
	varies	costs for publishing SEPA notices in newspaper
SURFACE IMPOUNDMENT & TANKS	$3,339.00	annual permit fee
WASTE SCREENING DETERMINATION		
a) Application review	$176.00	
b) Multiple reviews or Complex Review	$528.00	requiring review of extensive sampling data and site visit
WASTE TIRE STORAGE	$1,758.00	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 $176.00/hr.
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.

RECORD RETRIEVAL - Duplicating	$0.15	per page (Fee set by RCW)
SERVICE CHARGE		
Returned check (bank service charge)	$27.00	
REFUND PROCESSING FEE	$21.00	may be waived for bona fide reason approved by Director

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Drug Lab
EFFECTIVE APRIL 1, 2016

TITLE	*FEE*	*DESCRIPTION*
ILLEGAL DRUG MANUFACTURING OR STORAGE SITES RESPONSE		
NOTE: This fee schedule does not include civil penalties for violations of Snohomish Health District Sanitary Code, Chapter 11.3, Section IX		
APPEAL PROCEDURE		
a) Step One	$286.00	fee refundable if appellant prevails
b) Step Two	$963.00	fee refundable if appellant prevails
INSPECTION OF SUSPECTED CONTAMINATED PROPERTY		
Requested by Property Owner	$352.00	base fee ***plus*** Analytical Sample costs ***plus***
	$176.00	per hour for each additional hour over 2 hours
DECONTAMINATION WORKPLAN REVIEW		
a) Stationary property	$879.00	base fee ***plus***
	$176.00	per hour for each additional hour over 5 hours
b) Vehicle	$528.00	base fee ***plus***
	$176.00	per hour for each additional hour over 3 hours
ENFORCEMENT	$176.00	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 $176.00/hr.		
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.		
RECORD RETRIEVAL - **Duplicating**	$0.15	per page (Fee set by RCW)
SERVICE CHARGE		
Returned check (bank service charge)	$27.00	
REFUND PROCESSING FEE	$21.00	may be waived for bona fide reason approved by Director

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SNOHOMISH HEALTH DISTRICT
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Fee Schedule – Vapor Product Retailers
EFFECTIVE JANUARY 1, 2016

TITLE	*FEE*	*DESCRIPTION*
CATEGORY 1 ANNUAL PERMIT	$145.00	Annual operating permit for retailers selling vapor products
CATEGORY 2 ANNUAL PERMIT	$350.00	Annual operating permit for retailers selling vapor products and providing limited sampling
PLAN REVIEWS		
a) Category 2 Plan Review – One Time	$500.00	Plan review and pre-operational inspection fee
REINSPECTION FEES		
a) Reinspection due to violation	$100.00	Reinspection fee

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Environmental Health

Miscellaneous Environmental Health Fees

SNOHOMISH HEALTH DISTRICT
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Fee Schedule - Living Environment
EFFECTIVE APRIL 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	$286.00	annual permit fee
PLAN REVIEW	$457.00	
SCHOOLS		
SAFETY INSPECTIONS	$176.00	***base fee plus***
	$176.00	per hour for each additional hour over 1 hour
SCHOOL CONSTRUCTION PLAN REVIEW	$550.00	***base fee plus***
	$176.00	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	$176.00	***base fee plus***
	$176.00	per hour for each additional hour over 1 hour
SCHOOL CONSTRUCTION PRE-OCCUPANCY INSPECTION	$176.00	***base fee plus***
	$176.00	per hour for each additional hour over 1 hour
WATER RECREATIONAL FACILITIES		
POOLS Swimming, Spa, Wading & Spa		
Year Round – Open six months or more	$659.00	annual permit fee for **FIRST** pool ***plus***
Each additional year round pool **add**	$440.00	for each **ADDITIONAL** year round pool
Seasonal – Open less than six months	$440.00	annual permit fee for **FIRST** pool ***plus***
Each additional seasonal pool **add**	$276.00	for each **ADDITIONAL** seasonal pool
POOL SIGN (recover SHD cost)	$32.00	
RE-INSPECTION	$176.00	
OFFICE CONFERENCE per Sanitary Code Chapter 7.3	$276.00	

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

Environmental Health

Miscellaneous Environmental Health Fees (cont.)

TITLE		FEE	DESCRIPTION
PLAN REVIEW			
a) Swimming Pools			
- 50,000 gallons or more in volume		$879.00	
- Less than 50,000 gallons in volume		$659.00	
b) Spa Pools		$330.00	
c) Wading Pools		$330.00	
d) Spray Pools		$330.00	
e) Pre-occupancy Inspection		$220.00	
f) Plan revision	for alteration to existing facility or revision of approved plan	$176.00 $176.00	*base fee plus* per hour for each additional hour over 1 hour

ENVIRONMENTAL HEALTH DIVISION / Miscellaneous Fees		
APPEAL PROCEDURE		
a) Step One	NO FEE	
b) Step Two	$963.00	fee refundable if appellant prevails in Step Two decision
MISCELLANEOUS PERMIT FEE:		
a) The Health Officer is authorized to establish fees on an individual basis for any Environmental Health Division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the Health Officer to be the closest related fee or $176.00/hr.		
b) Post emergency waiver of Clearance and Repair fees for qualified damaged structures.		
RECORD RETRIEVAL - Duplicating	$0.15	per page (Fee set by RCW)
REFUND PROCESSING FEE	$21.00	may be waived for bona fide reason approved by Director
SERVICE CHARGE		
Returned check (bank service charge)	$27.00	

Communicable Disease
Schedule of Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Communicable Disease
UPDATED September 15, 2015

TITLE	SERVICE	FEE	OTHER COMMENTS
MISC. SERVICES	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 3rd party payers for reimbursement
	Blood Draw	$20.00	Again, only for 3rd 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

Community Health
Schedule of Fees

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Fee Schedule – Community Health Division
EFFECTIVE January 1, 2016

TITLE	PROPOSED 2016 FEES	COMMENTS
CONFERENCE FEE	Total cost divided by expected number of participants	No change
OFFSITE GROUP CLASSES	$105 per hour per group with a minimum of 10 participants	No increase
MATERIALS FOR EDUCATIONAL PRESENTATIONS	Unit cost + 25%	No change

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

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APPENDIX B — FINANCIAL POLICIES

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

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

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

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

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

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

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

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

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

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

Long-Range Financial Planning and Resource Utilization

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reserves

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

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

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

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

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

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

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

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

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

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

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

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

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

Capital Planning and Asset Management

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

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

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

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

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

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

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

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

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

Financial Asset and Liability Management

Investment Policies

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

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Supported and Sustainable: The Future of Public Health in Snohomish County

April 8, 2015

OVERVIEW

In its 2014 Strategic Plan Update, the Snohomish Health District signaled a number of upcoming organizational changes that are necessary in response to the Affordable Care Act, ongoing budgetary shortfalls, and continued shifts in public health at the federal and state levels. The Update included eight strategic initiatives, which are currently being implemented. While this "Future of Public Health in Snohomish County" document is aimed at addressing Initiative 7: Improve Health District Funding and Governance, it is our hope that the holistic evaluation and recommendations will benefit the entire agency.

The Update also referenced ongoing efforts at the state level to draw clear distinctions around the minimum level of capabilities and programs needed throughout the state in order for the public health system to work. As shown in Figure 1, the Foundational Health Programs and Capabilities framework identifies those programs, capabilities and services that are required or authorized by state law. It also identifies those services that public health can deliver most effectively due to its expertise, community connections, or objectivity/neutrality.

The goal of the state's effort is to provide consistency across local health jurisdictions in Washington, ensuring that everyone is provided with similar core services from one community to the next. In other words, the foundational health definitions are designed to channel staff, funding, and resources into those programs that are most critical to be performed by public health. This is because of either legal requirements, that no other community providers are equipped to take on the role, or that public health has the highest quality expertise and information to carry out the program.

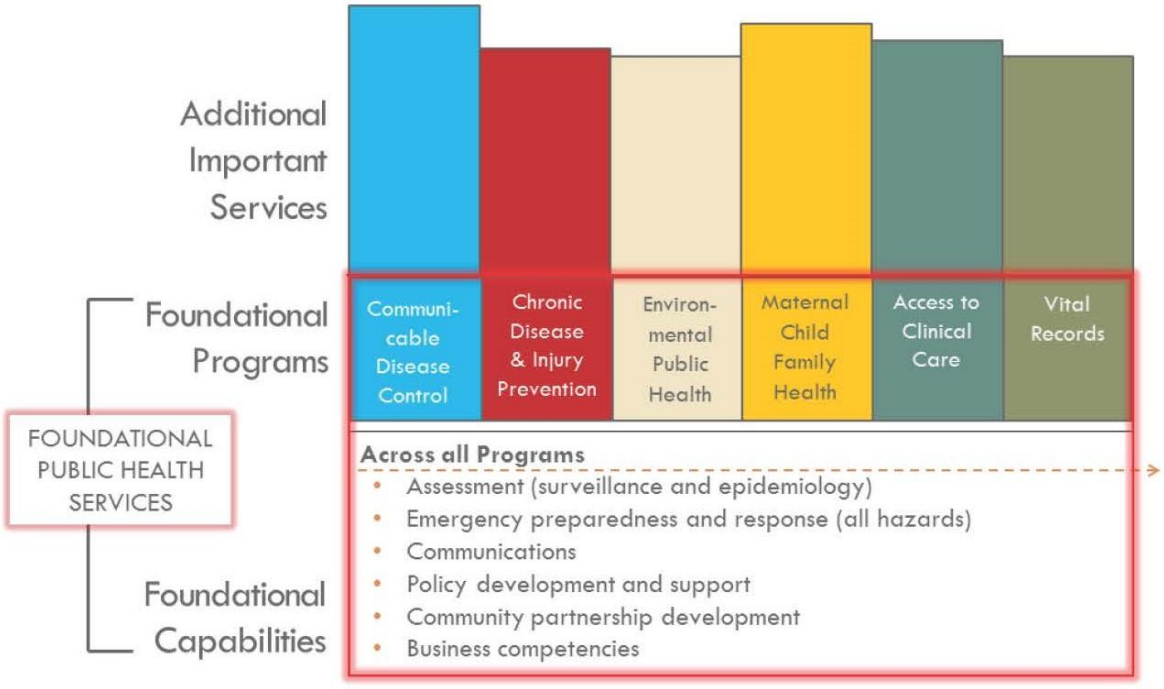

Figure 1. Public Health Framework Developed by the Foundational Public Health Services Policy Workgroup's "A New Vision for Washington State" Report (January 2015)

In line with the state's efforts, the Board of Health recently endorsed a similar proposal from the District's senior leadership. The directors evaluated all programs and services in light of the framework. While foundational services are unique to public health, others are viewed as "additional important services." These are areas where we have an opportunity to grow the overall number of providers available to provide those services, such as federally qualified health clinics and non-profits. Some of these services may be best suited for the Health District to continue providing. However, there are services that can be transitioned to the community over time.

Benefits to Snohomish County

Currently the District provides direct clinical service to a relatively small percentage of the Snohomish County population. Because we are devoting such a significant portion of our funding and resources toward clinical services, we are limited to providing those services to a small number of people who come to the District for care. We recognize, however, that there is a much larger percentage of Snohomish County residents who may also be at risk, but are not seeking the services we offer.

Framing the Future

"No matter where they live, all residents of our state should be able to rely on the governmental public health system to possess specific skills to detect and remedy public health hazards, deliver an essential set of services that protect their health, and demonstrate their ability to do so by meeting specific standards. Without this underlying foundation the public health system cannot operate equitably and optimally for every resident throughout the state of Washington."

Public Health Improvement Partnership Foundational Public Health Services
June 5, 2013

The Board of Health supports a new model where the community is the client, rather than being individual-focused. With the entire community in mind, the Health District will:

- **Track a wide variety of health issues and risks, targeted to specific inequities within the county**. Staff will maintain and analyze data, working with community partners to explore inequities and other health priorities in greater depth.
- **Ensure critical services are delivered to those with the greatest need** by supporting other agencies and community groups delivering clinical services.
- **Protect the public as a whole from disease and preventable injury** by maintaining ongoing surveillance, evaluation, and outreach efforts.
- **Improve access to healthy food, physical activity opportunities, and healthy starts** in the early years of childhood development by leveraging public policy, health planning, education, and promotion efforts in the community.

Initial efforts at building direct clinical services capacity in the community started in mid-2014 by identifying community partners willing to provide immunization services for our clients. These clients will benefit significantly by getting those immunizations from providers that can also become a true "medical home." This transition is now feasible because of the Affordable Care Act making health care insurance more widely available. In addition to

the obvious benefits of immunizations, being cared for by medical professionals allows for the ability to track a wider range of individual health concerns and issues not addressed in our clinics.

First laid out in the 2014 Strategic Plan Update, we are pleased to report that the immunization services transition effort is going well. Federally qualified health clinics have availability to provide services to uninsured individuals who have been receiving their immunizations through the Health District. We have also identified adequate healthcare providers and pharmacy resources to immunize insured clients, which typically have made up about half of our total immunization clients at SHD. As we transition away from immunization services, we will continue to provide oversight, consulting, and expertise to providers in the community. These early successes further bolsters our confidence that we will be able to make similar transitions with other program areas in the not too distant future.

Our goal is to build the capacity among our partners so that together we can deliver a full slate of programs to Snohomish County's underserved and most vulnerable. While we certainly recognize that not all services can be—or should be—delivered by other organizations, the board and senior leadership believe that the community would ultimately benefit from collaborative partnerships and further service shifts to more appropriate providers. By increasing this capacity and transitioning such services, District personnel can bring together community organizations and work in a consultative manner in order to fully implement these very important services. This work will require close collaboration with other agencies to ensure the programs successfully address health issues at the community level.

Figure 2 provides simple distinctions between one-on-one and population-based delivery models. This document outlines potential opportunities for transitioning to the population-based model, as well as expansions of existing outreach programs to better serve the community.

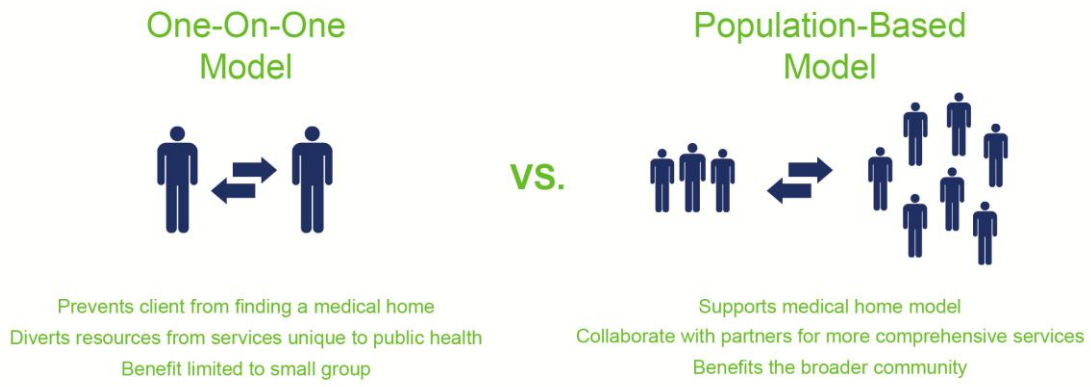

Figure 2. Comparison of Delivery Models

Anticipated District Financing Implications

The changes proposed do not necessarily translate directly into financial savings, nor are they intended to move toward a "bare bones" model of operations. Any potential savings from further transitioning clinical services will likely occur in concert with increased funding to successfully implement the community health initiatives outlined in this document.

Funding for public health continues to be a challenge to maintain, let alone grow. It is also important for people to see public health funding as a shared responsibility, with support from state and local levels. A diverse policy workgroup published *Foundational Public Health Services: A New Vision for Washington State* in January 2015. This report lays out a new vision for the governmental public health network in our state, while recommending state funding for foundational services increase from $175 million to $305 million annually. Unfortunately, as shown in Figure 3 on the next page, state funding has failed to keep up with the pace of inflation and population growth. This leaves local health jurisdictions such as ours struggling to maintain services.

State funding for the District is unlikely to increase in the immediate future. However, the public health community, via the Public Health Improvement Partnership, believes that dedicated state funding for public health is feasible and can be achieved over time.

New Revenue Sources Are Needed

Even restoring funding levels to the $3.3M historically funded by the County will not address the continued structural deficit the District faces. New revenues will be needed to sustain the services proposed.

We must look to the county and cities assure the funding needed to enable us to provide the foundational services of public health.

Planning for a sustainable public health model requires both short- and long-term adjustments. One way we are actively working toward this transition is to carefully evaluate vacancies as employees move or retire. We are looking at each position to analyze not only the job description as it is currently written, but to also determine the skills and expertise that may be required of this position in the future. This is enabling us to recruit new employees who are well-suited to help move the District in new directions.

The District will also re-evaluate its fees and charges to assure such revenues cover the cost of service delivery to the maximum extent possible/allowable. In addition to evaluating our programs, services, costs, and staffing needs, we must also secure financial commitments locally from Snohomish County and the cities served by the District. Continued dedicated county funding—at current levels or higher—is essential to the District not only maintaining current services, but enhancing population-based services and programs.

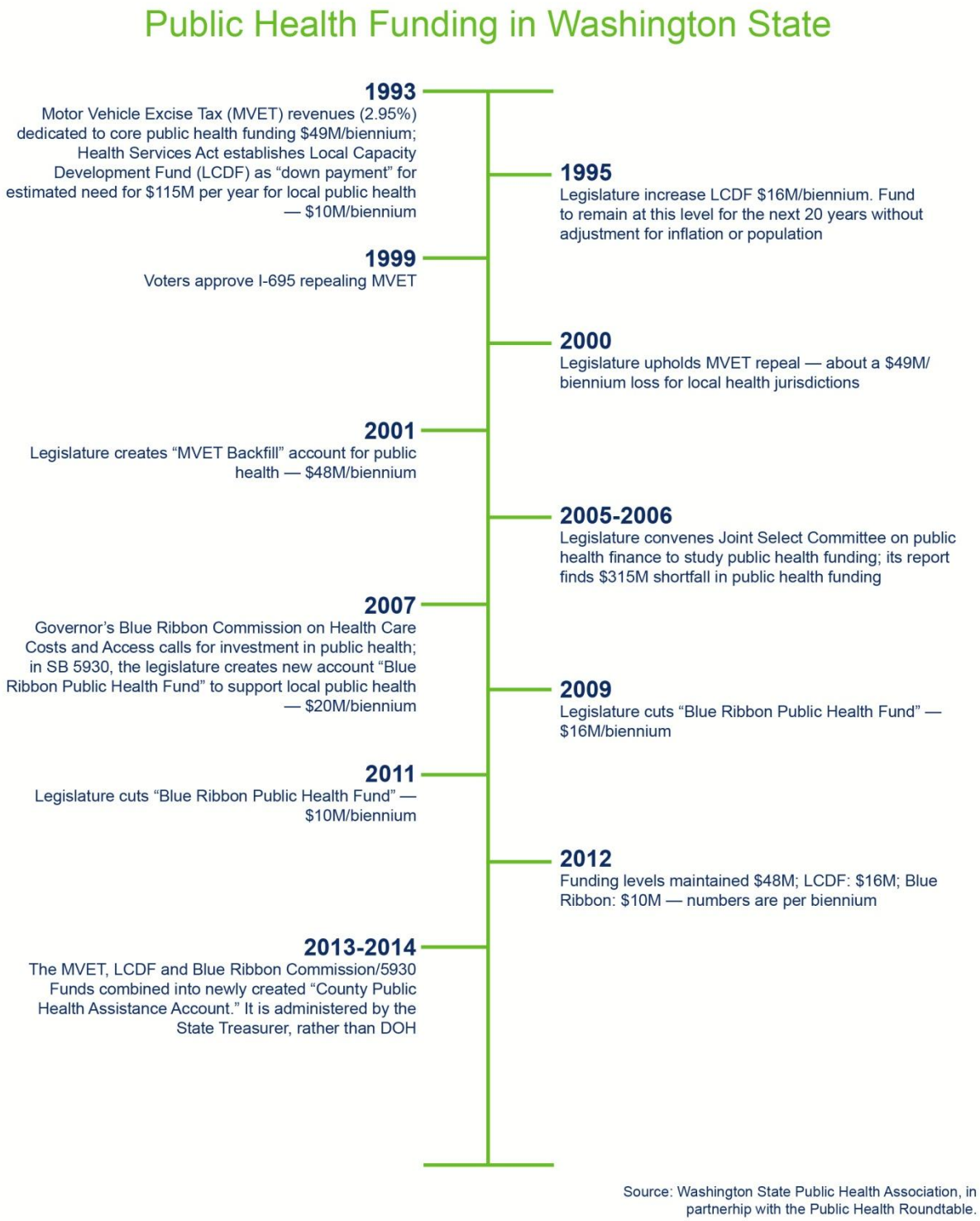

Figure 3. The Steady Decline of Public Health Funding

Countywide Support Requested

The District strongly believes that the proposed direction outlined in this document is the right course of action for the long-term viability of public health in Snohomish County. Throughout 2015, the board and staff will need to consider questions like:

- Should these proposed actions be pursued?
- For those selected, what is a reasonable timeframe to accomplish them?
- Is public health in Snohomish County best served by the current governance structure of the District?
- If not, what changes should be made to that governance structure?
- How can public health in Snohomish County best be financed?
- Is it equitable to expect that the County will continue to fund the District?
- Given the public health benefits to all of the Snohomish cities, should those jurisdictions share in the costs of providing public health county-wide?
- What should the state contribute and how can the cities and county influence state financing of public health?

These and other issues will be explored, not by the Board of Health, but also through a stakeholder engagement process. The Board of Health asks for the County's commitment to carefully examine this proposal, participate in the discussions related to this future direction, and be prepared to take the actions needed to ensure that all necessary measures are taken for a fully supported and sustained future public health program for Snohomish County.

PROGRAM AREAS

We believe the Snohomish Health District is uniquely positioned to serve as an overseer, protector, and regulator of the public's health throughout the County. The District can also serve as a convener and facilitator for a wide variety of community health needs. **This is the direction the board has adopted for the future of the District.**

The Snohomish Health District can best be understood through three broad areas, each of which contains a number of programs, services, and functions.

Most of what is proposed here includes services already being offered by the District. However, there are some cases where we feel programs could be combined or enhanced in ways that will make them both more efficient and effective. We are proposing to transition other programs out of the purview of the District over time to other providers, and those potential transition areas have also been detailed.

Programs for Healthy People

Communicable Disease Surveillance and Outreach

These programs address many infectious diseases, ranging from influenza to whooping cough to sexually transmitted diseases, HIV and hepatitis, to name just a few. The District investigates cases, assures that exposed persons get appropriate preventive treatment, and informs the medical community and the public about outbreaks. The District also provides information and outreach related to those diseases that can be prevented through vaccination, promotes the importance of these vaccinations, and maintains quality assurance over much of the vaccines being stored and delivered throughout the County. Finally, the District provides training and technical assistance to child care providers to ensure facilities are protected from infectious disease.

Snohomish County is one of five counties within the state that have been identified as having relatively high rates of HIV. The District has transitioned low- and moderate-risk HIV testing to other community partners. We will continue the District's efforts, including targeted testing, to reduce disease rates in high-risk populations in coordination with the Washington State Department of Health.

Proposed Changes:
The Communicable Disease Outreach program will be expanded beyond its current role, which is to provide information about disease prevention and control to child care facilities.

Staff resources will be assessed to ensure that the District is also providing information related to early childhood development, nutrition, physical activity and other important community health factors.

Tuberculosis Tracking and Prevention

The Tuberculosis (TB) Control program focuses on prompt evaluation and treatment of individuals who either have or are suspect of having TB, as well as contact investigations to assure that people who have been exposed to TB are offered appropriate screening. Approximately 25 individuals in Snohomish County are treated for active tuberculosis each year. Many clients have other health risks, including substance abuse, homelessness, and chronic illnesses. The District provides treatment monitoring and case management to individuals diagnosed with TB in order to mitigate side effects, eliminate barriers to treatment adherence, and assure treatment completion. We also provide preventative treatment to individuals who have latent TB infection and are at high risk of developing active disease.

Proposed Changes:
Only the Health District can investigate tuberculosis exposure and assure prevention. These are foundational services and will continue. We will explore strategies to improve the efficiency of monitoring and to recover costs for clients who have insurance.

Policy and Planning

The District is involved with a multitude of policy and planning efforts at all levels—local municipalities, county- and state-wide, and nationally. Whether it be implementing smoking in public places and drug take back programs, or understanding the lifelong effects of adverse childhood experiences, this work underscores the importance of supporting the entire community as a key strategy for preventing disease and promoting life-long health.

Proposed Changes:
District personnel will work more with community agencies and businesses on issues affecting pregnant and parenting families, such as early access to prenatal care. Another focus is on changes to community programs and policies to reduce and prevent the effects of adverse childhood experiences. We will continue to leverage our partners in work centered on preventing suicide, youth abuse, and obesity.

There are a number of avenues where we can make an impact. For example, **options for bridging primary prevention, social policy and intervention in order to improve health outcomes for young children include**:

- Integrating the District's expertise into existing child, adult, and neighborhood platforms and programs.
- Targeting communities within the County where children are at a higher risk of compromised care and development, including insufficient family income, food insecurity, and unstable housing.
- Collaborating with groups working with children 0-3 years of age. Children are at the greatest risk of being victimized by abuse, neglect and toxic stress before the age of 3—a point when the brain is undergoing rapid neuronal proliferation and development.
- Focusing on creating opportunities for children and parents to succeed together. Programs should recognize parents' strengths and help them take an active role in their child's education and development by incorporating ways for parents to interact with fellow parents and build peer support systems.
- Connecting with schools, a logical nexus to reach families and children to provide school-based initiatives that implement trauma-focused interventions, develop parenting skills, and address barriers to health services.

Health Education and Promotion

There are a number of unique opportunities where county residents—especially the most vulnerable and underserved—can benefit from education and group dynamics. For instance, District staff could provide on-site outreach at agencies providing other services to target populations in order to improve health knowledge and behaviors. Other examples include:

Proposed Changes:
District staff will begin to provide health education in a group setting, rather than with individual clients. Given its neutrality and oversight capabilities, the Health District is in a unique position to bring together a variety of organizations that may not be typically working together.

- *Growing Healthy Together*: This initiative will be designed to strategically focus on supporting the needs of pregnant and parenting women who face challenges that put their health and the health of their infants and children at risk. These challenges include poverty, social or geographic isolation, recent arrival to the U.S., alcohol or substance

abuse, mental health, past trauma, and family violence. The District has already identified four zip code areas in the County that have a higher percentage of pregnant women and parents who are exposed to these risks. Working with community partners and service providers, a team of District personnel will provide nutrition, health, and pre-natal counseling, breastfeeding education and food preparation training, education and support for infant care and child development, health and wellness messaging. District personnel will also serve as advocates to make sure this population finds the help they need at local service agencies and systems. Potential partners for this work include the Lynnwood Food Bank, YWCA, Silver Creek Family Church, ChildStrive, Catholic Community Services, and Snohomish County's extension project "Growing Groceries."

- *Partnership to Serve Pregnant, Chemically Dependent Women:* Therapeutic Health Services has expressed interest in partnering with the Snohomish Health District. Their mission is to work with individuals and families affected by alcohol dependence, drug dependence, and/or mental illness. Specifically, their Pregnancy and Family Recovery Program provides services to pregnant women suffering from substance abuse. Therapeutic Health Services wants to explore the integration of the District's knowledge of pregnant and parenting families in a group setting with the population of women they serve who are chemically dependent. Should the partnership prove viable, District staff will provide First Steps services with the goal of reducing premature births and low birth weight infants, promoting breastfeeding, educating the women about pregnancy issues and resources, and supporting health parenting.

Community Capacity Building Will Likely Take Several Forms

The District will be developing detailed work programs outlining how outreach and partnerships can occur. The approaches may vary based on the needs of agencies and the population served. An intentional course of action will be developed by laying out timeframes and key milestones for transitions in service delivery.

Examples may include:

- Evaluating vacancies to identify skills needed for potential new roles
- Develop skill sets in staff to foster engagement and partnership-building
- Co-location or transition staff to another agency for a period of time
- Multi-year sponsorships to assist partners in developing the in-house capabilities
- Unique space sharing and/or lease agreements
- Grants or startup/expansion funding for non-profits in a niche market

Regardless of structure or options, we will maintain an appropriate role to ensure the community continues to receive consistent or improved levels of care.

Community Health Assessment and Action Teams

The 2014 Strategic Plan Update called for the implementation of health action teams to focus on community conditions that can be changed. Barriers such as a lack of safe places for people to be physically active, limited access to healthy food, and the proliferation of establishments selling fast food and tobacco are all contributing factors.

Through regular community health assessments and development of community health improvement plans, the Health District works with community partners, agencies, and coalitions to address the major causes of illness and death in Snohomish County. The District has had success in this convener role, and will continue to pursue these opportunities.

In addition, the District's recently completed Community Health Improvement Plan includes three priority health issues—youth physical abuse, child and adult obesity, and suicide—that require a community-wide response. Our partners rely on us to identify best practice strategies for programs, systems, policies, and environmental changes to impact the three priority areas.

Proposed Changes:
Public health is uniquely qualified to inform and educate community leaders on policy, systems, and environmental changes that make it easier, more convenient, and more affordable for people to make healthy decisions. Much like proposed changes in Health Education and Promotion, the District will further develop roles where we serve as a coach or advocate on a particular topic. Furthermore, we can leverage the pre-existing relationships with community groups to keep the momentum of past efforts moving forward.

For example, part of the plan to address obesity in Snohomish County includes the incorporation of health issues into transportation and comprehensive planning. The Health District is partnering with the Snohomish County Planning Department to contact all planners working for Snohomish County cities and towns that are required to update their comprehensive plans. The District has also worked with many smaller jurisdictions, especially those without full-time planners, providing assistance in the review of their draft plans.

Another effort is underway with the Healthy Communities Coalition, led by Health District staff. The "5-2-1-0" marketing campaign is providing a consistent nutrition message County-wide regarding greater fruit and vegetable consumption and reduced consumption of sugary beverages. The District has partnered with the City of Lynnwood, Everett Parks, Community Transit, and Snohomish County Parks and Recreation to get signage around public buildings, parks, and trails.

Healthy Starts

The District does not currently have programs organized under a "Healthy Starts" umbrella. However, as we were evaluating the primary outcomes for many of our services, a common theme emerged. **Each of the services highlighted below strive to offer people the healthiest start in life possible**.

Refugee Health. The District manages a refugee program, which is an important effort to ensure that refugees get a positive health foothold as they move to the United States. We will continue to manage this program and will work collaboratively with other community agencies that can provide the required immunizations for these refugees.

Proposed Changes: While we do not envision significant changes to the Refugee Health program, there are always opportunities to partner with local community groups and providers. Additionally, we believe the oral health assessments and fluoride varnish applications for young children would be more efficiently provided by private partners and other organizations. The District will continue to work with these providers in an advisory capacity.

- Services for Special Populations. The District currently offers oral health assessment and fluoride varnish applications to young children served by the WIC/First Steps Clinics. As other providers assume these clinical services, District personnel will continue in an advisory role to ensure that low-income children and adults have increased access to dental care, reduced emergency room visits for dental emergencies, an increased awareness of the importance of prevention measures, and the integration of dental with other health services. In addition, the District will continue in its unique role of assessing the oral health of our residents through mechanisms such as the SmileSurvey and the Dental Health Provider Shortage Area Survey. Staff also work with the Washington State Department of Health on specialized health assessment.

Potential changes for WIC and First Steps are detailed in the case study on the following pages.

- Women, Infants and Children (WIC). 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. WIC also helps clients make a lifelong difference in the health of their young children with monthly checks to buy healthy foods, nutrition and health screenings, and assistance in finding health care and community programs.

- First Steps**.** The program assists women with targeted risk factors—mental illness, alcohol and substance abuse, smoking, domestic violence, hypertension or diabetes—in order to deliver full term, health infants. Public health nurses, a behavioral health specialist, and nutritionists identify and screen the high risk, low-income women in order to provide services designed to draw them into appropriate care. First Steps is a preventive health service that supplements medical coverage for Medicaid eligible women.

Expanding WIC and First Steps Services to the Community

As discussed earlier, funding for public health continues to be challenging. This is even more apparent with services like the Woman, Infants & Children (WIC) program and First Steps. The table on the next page highlights the similarities and differences between the programs, but the common thread is providing healthy starts through pregnancy and beyond.

Funding
WIC is funded by federal monies, passed through to us by the Washington State Department of Health. First Steps is primarily funded by Snohomish County, and last year's budget process demonstrated the significant challenges.

Services Critical to a Healthy Community
Both programs address critical gaps in prenatal and early childhood service, especially for some of our most vulnerable populations. While such programming will always be an essential need in the community, it may not always be best served primarily by the Health District. With the continued shrinking of budgets, and without changes to our service delivery methods, the program benefits will also dwindle. **Instead, we must look for creative ways to assure that the outcomes we seek—healthy pregnancies and first years of life—can still be achieved across the community.**

District personnel will work to build community capacity to deliver comprehensive WIC and First Steps programs over the next 2-3 years. We envision staff to begin initial efforts now and act as conveners, bringing together a variety of partners and services to strengthen and enrich the network of clinical services. The District's ongoing role will evolve over the course of the remaining years and beyond this transition, likely working to coordinate, facilitate, and evaluate the efforts of partner agencies. For example, staff might work with managed care organizations to assist in meeting their contract requirement to coordinate and refer pregnant enrollees to First Steps services.

This will not happen overnight. Many of these changes will take years to fully implement, and what might be the best course today may change as our community evolves. However, ensuring comprehensive care for these services will be the top priority.

	Women, Infants, & Children (WIC) Program	First Steps Program
Program Goal(s)	*Improve nutrition and health for women, infants, and children.*	*Promote healthy birth outcomes, increase access to early prenatal care, and reduce infant morbidity and mortality.*
Offered by District Since	2005	1989
Target Population	Pregnant, postpartum, and breastfeeding women, infants and children under 5 years of age. *(Parents, step-parents, guardians and foster parents can receive benefits on behalf of infants and children under 5 years)*	Low-income pregnant, postpartum, and parenting women and infants.
Eligibility Requirements	Nutrition risk and low-income (income at or below 185% of federal poverty guideline)	Qualify for Washington Apple Health (Medicaid)
Services Provided	Provides nutrition education, supplemental nutrition, and screening and referrals to other health and social services.	Provides access to medical and health care, social, and health services for pregnant and postpartum women and infants, care coordination, case management, health education, emotional and parenting support.
Participants	6,640 authorized WIC caseload (as determined by the state and Medicaid)	3,700
Trends	Declining; likely due to improving economy and easier access to food stamp programs	Slight decline; eligibility is for a shorter duration than WIC
Annual Expenses	$1.5 million (Includes direct and indirect expenses)	$1.6 million (Includes direct and indirect expenses)
Funding Source(s)	84% federal • US Department of Agriculture 16% local • Snohomish Health District	100% local • Snohomish County Chemical Dependency/Mental Health Sales Tax • Medicaid fee-for-service • Snohomish Health District
Other Providers in the County	Pregnancy Aid/WIC (6 locations) Tulalip Tribe (1 location)	SeaMar Community Health Centers (3 locations) Step by Step (Pierce County-based, serves part of Snohomish County)
Agency Oversight	Washington State Department of Health	Washington State Health Care Authority

Programs for a Healthy Environment

Environmental Health Services
The District oversees compliance with a number of regulations that are designed to protect the public from health risks. Although current services are relatively limited to inspections and the dissemination of educational materials, these could be expanded to include greater emphasis and awareness related to healthy communities, including outreach to schools, food service organizations, planning, and policy development. Likewise, there is a noticeable gap in enforcement and education related to indoor air quality. No County agency has the responsibility to respond to citizen requests related to poor indoor air quality, nor is any agency charged with the dissemination of information related to this issue.

Proposed Changes:
The District will leverage the expertise of staff who are already working in the field to participate in a more integrated way with community health and outreach programs. The District will pursue the possibility of leading the efforts to inform public policy about indoor air quality.

These services are currently being provided and clearly meet the Foundational guidelines. They will continue to remain under the purview of the Health District.

Solid Waste – Staff inspect landfills and other solid waste sites and facilities to ensure that materials are being handled and disposed of safely and that they do not constitute a hazard to public health.

Septic/Land Use – District personnel inspect septic systems to keep the community safe from human waste. Personnel also provide advice on land use decisions that could impact the safe operation of septic and other waste systems.

Food Safety – District inspectors make certain that restaurants and other food service providers are complying with food handling regulations, keeping the community safe from food borne illnesses.

Drinking Water – the District works with individual and public drinking water sources to ensure they are free from contamination.

Living Environment – The District is responsible for inspections of water recreation areas (beaches and pools), campgrounds, and schools. This program is especially aimed at keeping children safe.

Foundational Capabilities

The District will maintain the levels of support needed internally to ensure that the organization runs smoothly and is in compliance with all state and federal regulatory requirements. In addition, the District has recently implemented a number of customer service initiatives aimed at improving service at all levels of the organization. This includes the regular solicitation of customer feedback, streamlined work processes, reduced transaction times, and investments in e-commerce capabilities.
Foundational capabilities for the District include:

Administrative Leadership - Directors will remain in key leadership roles to manage and oversee the work of the entire organization.

Information Services - Electronic health information will be maintained to support public health operations and analyze health data.

Communication - Communication functions will be maintained to ensure quick and thorough dissemination of health-related information throughout the County, including a comprehensive communication strategy, press relationships, and the use of electronic media. As the District moves into a different realm of service delivery, marketing and public outreach campaigns will increase significantly. Campaigns emphasizing the importance of exercise, access to healthy foods, and enhanced awareness of preventable diseases and health risks will become a hallmark of new approaches toward public health improvements for all of Snohomish County.

Human Resources - Oversees the development and maintenance of a competent workforce, including recruitment, retention, succession planning, training, employee safety, performance reviews and accountability.

Financial Management – Manages the financial resources of the District, including budgeting, disbursements, contracts, and grants.

Vital Records – The District issues birth and death certificates, and provides education and information about these documents to the greater Snohomish community. These vital 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. District staff work with the Medical Examiner and funeral directors to ensure accurate and complete death certificate information so that certificates can be approved and burial permits issued. The program also provides accurate data needed to monitor and understand the causes of death such as chronic disease, injury, and communicable disease.

Public Health Emergency Preparedness and Response (PHEPR) – The District must be prepared to respond to public health emergencies, including disease outbreaks, storms, earthquakes, and other natural or manmade disasters. In 2014, District staff were activated to the Snohomish County Emergency Operations Center during the SR 530 mudslide and flood response, and had an on-site presence for the rescue and recovery effort. The District is the lead agency to coordinate Emergency Support Function (ESF) 8/Health and Medical response with community partners. Epidemiological surveillance and response is a critical component of SHD's ability to protect the public from communicable diseases such as Ebola or measles. The PHEPR program is also responsible for helping the other local health jurisdictions in Region 1 (Skagit, Whatcom, San Juan, and Island) to prepare for and respond to emergency events. This is a foundational program that will continue to be maintained.

CONCLUSION

As this document has explained, the Snohomish Health District needs to continue its efforts to transition to a population-based model of service. We looked at the different roles the District has in the programs and services we currently offer. We also evaluated areas where we can expand or transform our roles moving forward. **The goal is not to cut the District down to bare bones. Instead, we want to focus on areas where public health is most uniquely qualified and positioned to make an impact.**

> *"We have an obligation to reach out to the community—especially the low-income and most vulnerable—to make sure they have access to the help they need. We haven't been able to do this as much as we should because of limited resources. We need to redirect those resources to do better, and to build capacity in the community in order to help us. It will take time to shift to this new model."*
> *– Dr. Gary Goldbaum, 2/7/15*

At its core, **viewing the community as our client** becomes the focus of the District's work. We have started this with transitioning immunization services into the community. Using that same collaborative framework, we can look to expand resources available for other programs. Looking at grant applications like *Growing Healthy Together*, how can we partner with other organizations to make the biggest impact for the populations we serve? **This will not happen overnight; it will take several years to fully realize.**

However, to achieve this transformation, we need:

- Commitment to the transformation of public health locally
- Sustained funding for us through transition period and to support the vision long-term
- Endorsement of process towards a new governance and structure

With the Board of Health and our senior leadership working together, we will be best positioned to **continue advocating for sustained funding, ensuring that the most vulnerable are served, and communicating the important work that public health does.**

Appendix:
Local Public Health Funding Resources

The Impact of Budget Cuts on Public Health. Washington State Budget and Policy Center, October 21, 2009.

> "The ability of Washington's public health system to accomplish its mission has been limited by financial strain even prior to the current recession. **In 2000, public health lost its share of Washington's motor vehicle excise tax, which would have dedicated revenues from cities to local public health agencies while accounting for inflation and population growth.** After the repeal of MVET, there was some additional funding provided by the Legislature, but large gaps emerged that local governments could not fill.
>
> **From 1994 to 2004, in the 34 local health jurisdictions outside of King County, total funding from local sources dropped by 27 percent**; between 1998 and 2004, Seattle & King County's inflation-adjusted funding declined by 19 percent when non-grant, non-categorical state and county funding is considered. **Overall, local health agencies were operating with only half the resources needed for their services, with a shortfall close to $200 million.**
>
> Additional cuts in public health funding only further diminish the capacity to meet the mandate of improving the health and well-being of all Washingtonians."

APPENDIX D — 2016 BUDGET ADOPTION RESOLUTION

SNOHOMISH HEALTH DISTRICT
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Administration Division

SNOHOMISH HEALTH DISTRICT 15-16
RESOLUTION OF THE BOARD OF HEALTH
RESOLUTION NUMBER: 15-16

RESOLUTION SUBJECT: **ADOPTION OF THE 2016 BUDGET**

WHEREAS the 2016 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 2016 Snohomish Health District Budget reflects revenues and expenditures that support the continued implementation of the 2014 Strategic Plan Update and the "Futures" document (Supported and Sustainable: The Future of Public Health in Snohomish County dated April 8, 2015) previously endorsed by the Board of Health, and

WHEREAS the Snohomish Health District is guided by specific capital planning policies, and has created a Capital Improvement Plan for 2016 that identifies estimated costs for improving and replacing assets associated with the Rucker Building, replacing the District's vehicle fleet, upgrading equipment and replacing information technology systems, and

WHEREAS the Board of Health is empowered pursuant to RCW 70.05.060 to establish fee schedules for licenses, permits or for such services as are authorized by law and hereby adopts the agency's fee schedules as reflected in the District's 2016 budget summarized below and in Staff Report 15-093, 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 the total budgeted positions in 2016 is 143.75 full time equivalents (FTE), representing a decrease in 1.45 FTE from 2015,

WHEREAS all union and non-represented regular employees will receive a cost of living adjustment (COLA) to final year 2015 salaries and wages, reflecting an increase of 2 percent effective January 1, 2016,

WHEREAS the Snohomish County Council has approved a 2016 County budget with reduced First Steps funding of $400,000, with the understanding that County funding for First Steps will cease beginning in 2017, and

WHEREAS, the Board of Health hereby authorizes one-time supplemental funding in the amount of $828,146 to support First Steps programming through 2016 and modest investments needed to begin implementing the future vision endorsed by the Board earlier in 2015, as well as an additional $1,073,815 needed for capital improvements, and

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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 2016 to determine what that strategy entails in the absence of continued and adequate agency funding, and

NOW THEREFORE, pursuant to the authority granted to the Snohomish Health District Board of Health in RCW 70.46 and in the Charter of Snohomish Health District, the Board does hereby adopt the 2016 Snohomish Health District Budget as presented on December 8, 2015, and as follows below and as attached in Exhibit A:

Snohomish Health District 2016 Budget	Revenue	Expenditures	Change in Fund Balance
GENERAL FUND			
Administration	4,623,481	4,093,472	
Communicable Disease	2,600,539	3,049,333	
Community Health	2,530,811	3,982,292	
Environmental Health	5,242,975	4,700,855	
Total General Fund Operations	14,997,806	15,825,952	(828,146)
Capital Projects	3,000,000	4,073,815	(1,073,815)
Total General Fund	17,997,806	19,899,767	(1,901,961)
PUBLIC HEALTH EMERGENCY PREPAREDNESS RESPONSE FUND			
Communicable Disease	794,164	794,164	-
TOTAL DISTRICT BUDGET	18,791,970	20,693,931	(1,901,961)

ADOPTED this 8th day of December, 2015.

ATTEST:

Sam Low, Chair
Board of Health

Gary Goldbaum, MD, MPH
Health Officer and Director

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PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY

SNOHOMISH HEALTH DISTRICT

The Snohomish Health District works for a safer and healthier community through disease prevention, health promotion, and protection from environmental threats.