

Meeting Minutes
March 24, 2021
Regular Meeting

The meeting was held via Zoom conference call.

Committee members present

Scott Bader
John Joplin
Sam Low

Committee members absent

Christine Frizzell
Nate Nehring

Staff present

Shawn Frederick, Chris Spitters, Heather Thomas, Pam Aguilar, Ragina Gray, Katie Curtis, Nicole Thomsen, Rich Son, Ann Weinzierl, Linda Carl, Sarah de Jong

Call to Order

The regular meeting of the Administration Committee was called to order by Mr. Scott Bader at 3:30 p.m. via Zoom video conference.

Roll Call

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

Approval of Minutes

It was moved by Mr. Sam Low and seconded by Mr. John Joplin to approve the minutes for the regular meeting of January 27, 2021. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Action

Approve vouchers and Res. 21-11 authorizing March 2021 Health District expenditures, and forward to the full Board on consent (no staff report; S. Frederick, R. Son)

It was moved by Mr. Low and seconded by Mr. Joplin to approve vouchers and Res. 21-11 authorizing March 2021 Health District expenditures, and forward to the full Board on consent. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Approve Finance Manager's report for December 2020 (updated), and forward to the full Board as a written report (SR 21-036; S. Frederick, R. Son)

Mr. Shawn Frederick reported the books have yet to be finalized for 2020 but the Health District is currently sitting at \$12,500,000. Of that, \$1,500,000 is for non-spendable items, such as vital statistics fees, payroll related approval fees, and environmental health permits. December 2020 cash and investment balances are significantly lower than previous years, and revenues by month show a significant increase over previous years in revenues, which is almost exclusively attributed to the received County CARES Act funding at that time. There is also a consistent increase over the last six months of the year as CARES activities, such as testing and contact tracing, begin to wrap up. There are funding sources expected through the State largely focused on COVID-response activities. Additionally, the mass vaccination site activities are expected to be funded through FEMA public

assistance, but it is not an influx of funds so much as a reimbursement of expenditures. All participants of the mass vaccination sites are eligible to submit those expenses through the Health District for reimbursement as part of that program as well.

It was moved by Mr. Low and seconded by Mr. Joplin to approve the Finance Manager's report for December 2020, and forward to the full Board as a written report. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Approve Finance Manager's report for January 2021, and forward to the full Board as a written report (SR 21-037; S. Frederick, R. Son)

Discussions regarding fund balance are still preliminary, as this report is for the first month of the year. Cash and investment balances for January 2021 are nearly \$3,000,000 lower than January 2020. There are several contributing factors for this, such as CARES Act or other COVID-related activity funds that have not yet been returned to the Health District. Other regular revenues are also trailing slightly for January 2021. Historically, the primary drivers in January revenues are from invoicing fees for food service establishments and funds received from the Department of Health (DOH) for biannual grant installments. Expenditures by month are slightly higher than in previous years and are almost exclusively attributed to testing site activities and staff to support these operations.

It was moved by Mr. Low and seconded by Mr. Joplin to approve the Finance Manager's report for January 2021, and forward to the full Board as a written report. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Approve the reciprocal agreement with the Sound Foundation for Public Health, and forward to the full Board for action (SR 21-032; H. Thomas)

A draft of the reciprocal agreement between the Health District and the Sound Foundation for Public Health is complete. The agreement incorporates a physical address for the foundation at a school district/library headquarters. The foundation is finalizing documentation to be submitted to the Secretary of State that will allow for it to become a nonprofit corporation. If the agreement is approved at the next full Board of Health meeting, the agreement would not be able to become fully executed until the foundation has achieved nonprofit corporation status. Most elements are similar in concept to what has been discussed in previous committee meetings. At the recommendation from legal counsel, staff are recommending this item goes to the full Board as action so any questions in the interim can be addressed.

It was moved by Mr. Low and seconded by Mr. Joplin to approve the reciprocal agreement with the Sound Foundation for Public Health, and forward to the full Board for action. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Approve the agreement and memorandum of understanding between Snohomish Health District and Washington State Nurses Association, effective when fully executed, through December 31, 2022, and forward to the full Board for action (SR 21-034; P. Aguilar)

Ms. Pam Aguilar reviewed some of the highlights of the agreement:

- 2% cost-of-living adjustment (COLA), retroactive to Jan 1, 2021, and 2% COLA in 2022
- Employees who have health insurance for themselves and dependents (children and/or spouse) would be placed on the percentage plan, same as non-represented and other bargaining units
- Employee-only insurance coverage would still have a flat \$880 coverage
- The option to become a member of the association has been added due to the AFSCME Supreme Court decision
- Notice to the union of new employees has been changed from monthly to the 1st and 15th
- Union representatives would be able to meet for 30 minutes within the first 90 days of hire

A memorandum of understanding has been drafted for two of the registered nurses with the refugee health program who requested to be moved to the public health nurse (PHN) pay range because they

both have a bachelor's degree, which is a requirement for public health nurses. These nurses would then be able to be utilized as PHNs working with the TB program. They would be able to request this change within 30 days of the MOU being ratified.

It was moved by Mr. Joplin and seconded by Mr. Low to approve the agreement and memorandum of understanding between Snohomish Health District and Washington State Nurses Association, effective when fully executed, through December 31, 2022, and forward to the full Board for action. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Authorize the Administrative Officer to execute the data-sharing agreement with the Department of Health for access to vital record information through February 28, 2026, and forward to the full Board for action (SR 21-035; S. Frederick)

With changes imposed by the State regarding vital records now in effect, we're able to move forward with resuming a data-sharing agreement (DSA) with The Herald, but first there must be a DSA in place with the Department of Health. The agreement details the requirements of handling data and reporting any changes or violations to the use or access of the data. It also stipulates requirements that must be in any subsequent agreements between the Health District and anyone who requests the data from us.

It was moved by Mr. Low and seconded by Mr. Joplin to authorize the Administrative Officer to execute the data-sharing agreement with the Department of Health for access to vital record information through February 28, 2026, and forward to the full Board for action. The motion passed with 3 yes votes, 0 no votes, and 2 absent (Frizzell, Nehring).

Briefings

Proposed Environmental Health division restructure (SR 21-025; R. Gray)

This item came to the Public Health Program Policy Committee meeting on March 18. During discussions, that committee recommended some minor changes regarding budget impact, which have been updated for this committee. Subsequent to that meeting, it was also recommended for this item to be changed from an action to a briefing to allow feedback from all committees and then bring through for committee approvals next month. Ms. Ragina Gray recognizes items of this nature typically come before the Board as part of the budget process; however, with starting a new role during COVID last year, there was not enough time for Ms. Gray to fully digest the structure of the Environmental Health division before the budget process in 2020. A brief overview of the current organizational structure of the land use and safe environments programs in Environmental Health was given by Ms. Gray, who also explained the two programs are united by name only and currently operate as though they are two separate programs. Allowing supervisors discretion over their individual programs would help provide better and faster service to the community. There is a surplus in the 2020 budget, due to solid waste work having a lower priority compared to COVID activities. Ms. Gray would like to place additional emphasis on these activities in 2021 by designating special-projects pay for a staff member to have a concerted effort into redesigning the solid waste program in 2021. Additionally, there is a .5 FTE health educator who reports to the food program, and Ms. Gray would like a reassignment for that position to report to the division assistant director, allowing all Environmental Health staff to utilize the position, instead of being exclusive to the food program. The budgeting of this position would be reassigned to multiple programs instead of one, but the actual amount budgeted would not change.

2021 Environmental Health policy work plan (SR 21-026; R. Gray)

Ms. Gray has been working with Ms. Nicole Thomsen regarding the 2021 policy workplan, and three priority efforts have been identified to move forward in 2021. A chart is included with the staff report that gives step-by-step months of when items would be taken through stakeholder groups and the Board.

The three main areas of focus are:

1. Food safety program fee schedule – This was not updated in the 2021 budget cycle and is currently not achieving full cost recovery. There is a desire to reinstate conversations with the Food Advisory Committee, and consult with other stakeholders such as the Washington

Hospitality Association to gain input from facilities that would be paying these fees. It would need to be completed by October/November to be incorporated in the 2022 budget cycle.

2. Health District enforcement code – The focus for this would be as it relates to food establishments. The code is overdue for review, and staff perform these actions regularly for food establishments. This is a priority for the Health District to ensure it remains in good legal standing. As the code is reviewed, it may be appropriate to expand the focus to other facilities (water recreation facilities, solid waste facilities, etc.), but this won't be known until the codes are looked at more closely.
3. Land use code – There are currently several unofficial and outdated documents that need to be reviewed and either reversed and eliminated or formally adopted by the Board. There is the intent to reinstate the Septic Issues Committee and consult with other stakeholder groups, such as the Master Builders Association, to gain input and ideas from the industry that will be ultimately paying the program fees. In the fall of 2021, a revision of the Washington State code affecting land use activities will go into effect and is a primary driver for the timeline of this code review.

Mr. Bader requested for the proposals to be out in time for public comment to give Board members time to react if any public input is received.

Finance policy (SR 21-027; N. Thomsen)

Over the last year, the Health District has been working to establish the Program Policy Foundation to ensure policies are consistent with the equity policy approved in 2020. A commitment made during the budget season last year was to look at the finance policies, which have not been updated since 2013 or 2016, depending on the document. These policies are now at least five years old, making them out of compliance with established review standards and updated guidance documents from the State Auditor's Office. The process for the finance policy began in September 2020 and resulted in a presentation to the budget ad hoc committee in November of that year to show the progress to date. The current approved policy is narrative-heavy, and any given paragraph may have up to five nested policies within one sentence. As a result, staff decided there was a need to split the policy into three separate policies: finance, budget, and asset management. The plan is for the finance and budget policies to work through committees as briefings this month and to solicit feedback and direction from committee members. Staff will then meet to discuss the requested changes, incorporate them into the documents, then bring back through committees for further direction.

Ms. Thomsen pointed out specific parts of the finance policy to request feedback from committee members. The first is regarding a part that states revenues and expenditures will come to the Board on a quarterly basis. Lately they've been coming to the Board monthly, and staff have requested the wording changed to "no less than quarterly." The committee members present agreed to that change. Feedback was also requested from committee members regarding the intended business difference between the emergency reserve and working capital reserve, whether committee members want to maintain these funds separately, and if staff need to provide additional definitions about what funds are accessed at which point. There is subtlety in how the two funds were created and how they are intended to be used. The working capital requires 45 days to access, and there must be a plan to replenish the funds after use. The emergency fund is a set-aside dollar value meant for emergency repairs in the building or short-term high-intensity events. Historically the funds have been used for multi-drug-resistant TB patients who require extensive care and services; last year it was authorized by the Board for the COVID response. The working capital is a business best-practice model, with the idea that if the Health District lost all routine funding sources, there would still be operating capital to continue operations. One thing of note in the policy is a specific callout for Board action to increase the working capital amount from 30 to 45 days and a note in the document to be moved to 60 days. Mr. Frederick recommended the working capital fund change to 60 days, and, recognizing the Health District's Board processes could span several months in any approval cycle, allowing for a second iteration of approval pushes up against the 60-day threshold for decisions.

Budget policy (SR 21-028; N. Thomsen)

This is the first budget-specific policy for the Health District and incorporates parts from the current finance policy. Ms. Thomsen pointed out some proposed changes in the document to create more concise and clear language. One particular suggestion to firm up language is seen in section 13.d, regarding variances of budget-to-actual expenditures, suggesting a potential negative trend, stated in the current policy as “ongoing significant decline in revenues or expenditure growth, will be promptly reviewed with the Board.” Staff recommend that to be changed to “total revenue or expenditure variance of more than 5%.” There are also provisions inserted that variances at the program level would be reviewed by the Administration Committee and variances at the division and/or District level would be reviewed by the Board of Health Chair before review by the Administration Committee. Mr. Bader voiced concern about the type of scale metrics used because 5% at the program level could be very different than 5% at the division or District level. Mr. Frederick stated that with the previous budgeting system, all financial reports were based on annualized figures, and did not have any forecasting taken into account. The newer budgeting system allows more visibility regarding real-time budget. At the recommendation of Mr. Bader, staff will look at other models to see if there is a more stratified signal other agencies use.

Legislative update (no staff report; N. Thomsen)

Many cutoffs have occurred and bills have transitioned to the opposite chamber. There are two bills staff is focusing heavily on this session. The first is HB 1152 regarding health and long-term care, which had a hearing today in the Senate and is related to comprehensive public health districting. This is currently on its third revision and amendments to clean up language are anticipated, but it is unclear what the final resolution will look like. The bill no longer has language about restructuring. It establishes a couple other levels of organization and oversight, with the Public Health Advisory Board (PHAB) at the top, and works with existing steering committee in relation to the Washington State Administration of Local Public Health Officials (WSALPHO). This bill would codify that steering committee to become a permanent committee and report to the PHAB. There would be four shared service hubs, and each local health jurisdiction in the state would have to contract with one of the hubs. The hub itself would need to be worked through and negotiated with the newly established board and committee to create alignment for that work and how the money will be spent, similar to the established Centers for Excellence. The accompanying conversation regarding funding of public health services is ongoing and is currently awaiting the Senate and House budgets, which are expected to drop soon.

Staff continue to monitor the America Rescue Plan that’s making its way to Olympia and have communicated with the budget writers to ensure the language is carried through allocations for public health, but the amount is still to be determined. Also being monitored is a \$4,500,000 bill for public health infrastructure introduced by Senator Murray’s office.

Health Officer update (no staff report; C. Spitters)

Tuberculosis. Dr. Chris Spitters noted that today is World Tuberculosis Day, which commemorates the date of Robert Koch’s discovery 139 years ago of the bacterium causing TB. Worldwide, TB kills more than any other infectious disease, including HIV, and a third of those who die from HIV have TB as the imminent cause of death. Snohomish County has around 20-30 cases per year and one to two deaths. Non-medical interventions, such as improved housing, nutrition, and better hygiene that occurred in the late 19th through early 20th centuries resulted in a large drop in TB cases. Present-day cases are now flattening out. The work public health performs in Snohomish County is to catch all the cases. TB is diagnosed by healthcare providers, and public health treats and performs case investigations to discover all the contacts to have them tested and, if appropriate, treated. We also get involved with targeted testing and treatment for latent TB (from which active TB arises) among refugee and high-risk immigrants.

COVID-19. The whole state has seen a leveling off of the decline in the case rate, and this could either be indicative of a plateau or the shape of things to come. There are currently over 30,000 cases with over 500 deaths for Snohomish County. Other metrics, such as the hospitalization rate, mortality, long-term care cases, etc. continue to see improved numbers. There are only two outbreaks in all long-term

care facilities, and for the first time today, only 20 COVID patients in hospitals countywide. These improved numbers are not driven by vaccination, but by behavior. Out of 300,000 doses allocated to the Health District through the end of last week, 280,000 have been administered. Next Wednesday, there will also be a large addition of people eligible to receive the vaccine. While this is good, it also presents a challenge because adding more groups drives the demand higher. Overall, almost 200,000 people have received their first dose and 100,000 have completed their series. The vaccine has been distributed fairly evenly across most race ethnicity groups with the exception of Latinos who are running about 20% behind. Much of this equitable distribution can be attributed to the vaccine system being accessible as well as the outreach efforts by staff to reach special populations.

There are concerns regarding variants being more transmissible and potentially more severe. Variant B.1.1.7 is reported to be more transmissible and potentially a little more severe with reports of higher mortality but hospitalization reports have yet to show an increase. Another concern is regarding the impact on immunity, either from vaccination or disease. Although there are signals of concern in laboratory tests assessing the effectiveness against this strain of antibodies from recovered cases and vaccinated people, it still shows the vaccine is effective against these strains at preventing severe illness, hospitalization, and death. The State Health Department is running a sampling system to have at least 5% of positive cases gene sequenced to learn more. The countermeasures for these variants are no different than for the original strain but because infection rate is higher, it could ultimately lead to more hospitalizations. With optimal supply moving forward, we could have 90% of the vaccination goal achieved sometime early August through the end of the year.

Recommended travel guidance by the CDC is currently in effect locally. The Governor rescinded his post-travel quarantine recommendations, and now instead of staying quarantined for 10 days after travel, the time can be reduced to 7 days if a negative test result is obtained from a specimen collected on or after day five following returning from travel.

As most agree now, there is a need to get children back in school and onsite requirements from the Governor are in effect that by April 5, K-5 must allow some in-person learning. That will be extended by April 19 to include up to grade 12. The social distancing requirement for schools is also being reduced from 6 to 3 feet if other measures, including ventilation, are in place. Since school sports have resumed, we are having trouble with some resistance to cooperation from athletes, their parents, and sometimes coaches. We don't want to have sustained transmission in sports settings for its own sake and to prevent a negative impact on the progress toward in-person learning.

The state is currently in phase 3 of the roadmap to recovery. Most commercial and retail venues are at 50% capacity.

Executive Session

The Snohomish Health District Board of Health Administration Committee convened into executive session for the purpose of discussion of wages for a class of employees pursuant to RCW 42.30.110(1)(g) and collective bargaining matters pursuant to RCW 42.30.141(4). Executive session is expected to last up to 5 minutes. Unless extended to a later time, the committee will reconvene into regular session at 5:11 p.m. and is not expected to take action. The committee reconvened at 5:11 p.m. and did not take action.

Information Items

Next committee meeting date: Wednesday, April 28, 3:30 p.m.

Adjournment

The meeting was adjourned at 5:11 p.m.