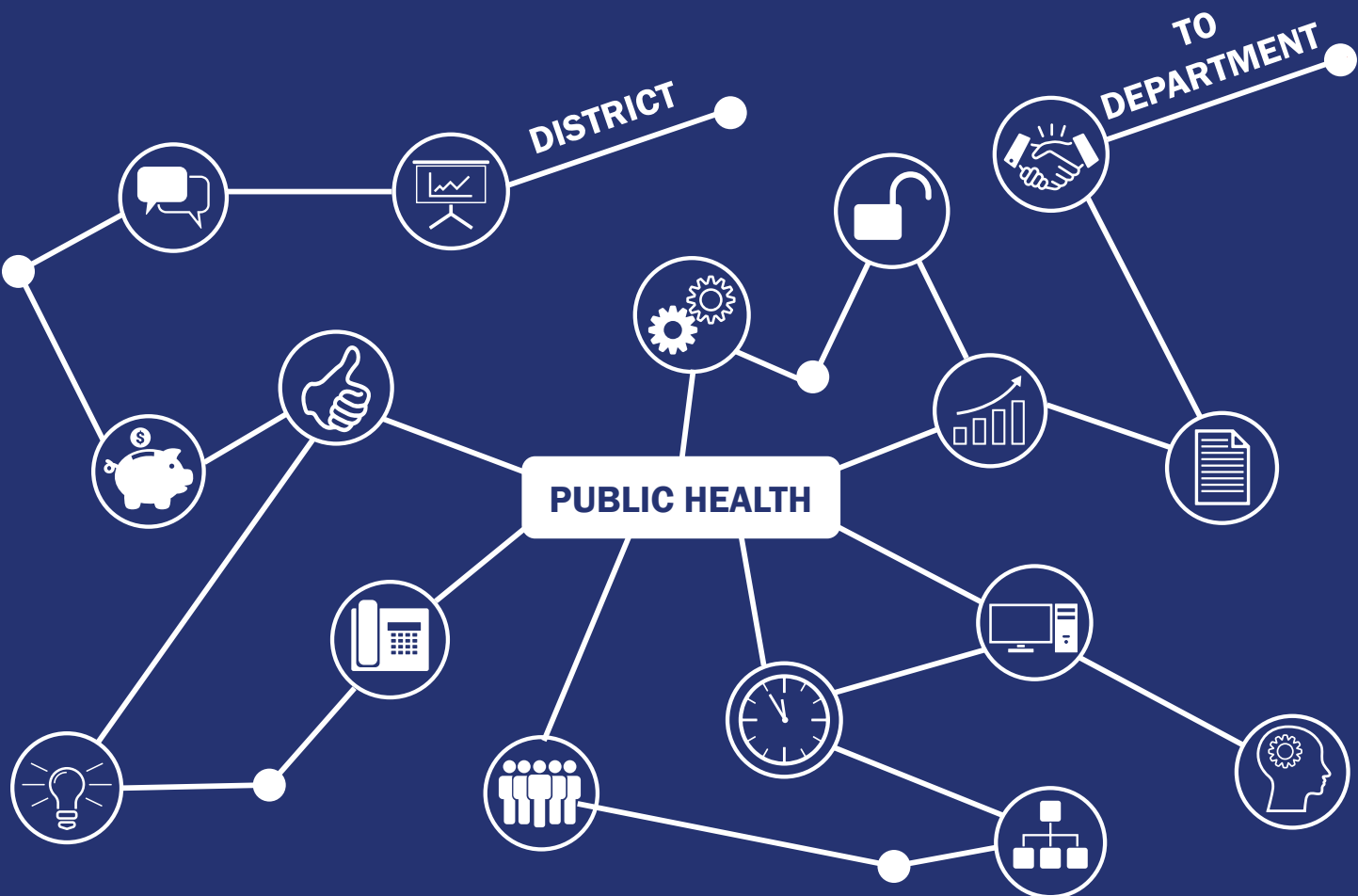


# 2023 PRELIMINARY BUDGET



## TRANSFORMATION



## BOARD OF HEALTH MEMBERS

- **Julieta Altamirano-Crosby**, Chair, Lynnwood City Councilmember
- **Anji Jorstad**, Vice Chair, Lake Stevens City Councilmember
- **Elisabeth Crawford**, Mukilteo City Councilmember
- **Megan Dunn**, Snohomish County Councilmember
- **Joseph Hund**, Sultan City Councilmember
- **Mark James**, Marysville City Councilmember
- **Heather Logan**, Arlington City Councilmember
- **Sam Low**, Snohomish County Councilmember
- **Kyoko Matsumoto Wright**, Mayor of Mountlake Terrace
- **Jared Mead**, Snohomish County Councilmember
- **Nate Nehring**, Snohomish County Councilmember
- **Strom Peterson**, Snohomish County Councilmember
- **Neil Tibbott**, Edmonds City Councilmember
- **Stephanie Vignal**, Mayor Pro Tem of City of Mill Creek
- **Ben Zarlingo**, Everett City Councilmember

## BUDGET AD HOC COMMITTEE

- **Jean Doerge**, Chair-Elect, Public Health Advisory Council
- **Anji Jorstad**, Vice Chair, Lake Stevens City Councilmember
- **Heather Logan**, Arlington City Councilmember
- **Nate Nehring**, Snohomish County Councilmember
- **Stephanie Vignal**, Mayor Pro Tem of City of Mill Creek

## HEALTH DISTRICT SUPPORT

- **Shawn Frederick**, Administrative Officer
- **Dr. James Lewis**, Health Officer
- **Pam Aguilar**, Deputy Administrative Officer
- **Theresa Bengtson**, Finance Manager
- **Kari Bray**, Communications Supervisor
- **Sarah de Jong**, Executive Assistant
- **Katie Curtis**, Prevention Services Director
- **Ragina Gray**, Environmental Health Director
- **Tracey Kellogg**, Finance Manager
- **Lynn Ljungquist**, Graphic Designer
- **Carrie Parker**, Prevention Services Assistant Director
- **Rich Son**, Accounting Supervisor
- **Nicole Thomsen**, Acting Public & Government Affairs Manager

## HONORABLE BOARD OF HEALTH MEMBERS:

I am pleased to present the District's budget for 2023. This will be the final budget of the Snohomish Health District as the County prepares to assume the responsibility of providing public health services for its residents.

Beginning in 2019, the Board and staff leadership have worked to make meaningful improvements to the District. As the Administrative Officer, I was tasked with creating transparency, clarity, and structure. Collaboratively, the Board and staff overcame outbreaks of measles and Hepatitis A, and found itself at the tip of the spear in the response to COVID-19. We partnered with other first responders, the healthcare system, the County, and other governmental and non-governmental agencies to protect our residents and ensure equitable access to resources.

The District overcame a projected \$1.7M deficit in the 2020 budget and took meaningful steps to create improved financial stability. This came after many years during which the District was often limited by financial distress, ever since the economic downturn in the early 2000s. The path to our financial stability has included many diverse avenues, including investments to boost grant writing capacity, improvements in "for fee" services, updates to Health District code, and the creation of a non-profit entity to broaden access to potential grant sources. In the short span of time since 2019, the District's operating budget has nearly doubled, and staff FTEs have grown from approximately 108 FTE to a proposed 171 FTE in the 2023 Budget. The indirect rate for the District has fallen rapidly from over 40% to 10.5% in the same timeframe.

The transition from Health District to Snohomish County Health Department has been underway for several months. The opportunity for improvements in the delivery of public health services is far greater for the new Department than the current District. Dr. Lewis will continue his role as the Health Officer, providing continuity in the direction of public health initiatives. While still relatively new to the District, he has already taken proactive steps that signal increased capacity to develop and operationalize information and improve the delivery of public health in our communities. His leadership and that of the new Department Director will be instrumental in the success of the new venture. The new Department benefits from a full complement of leaders who have been tested throughout the pandemic. They are capable, motivated, and focused on future growth and improvement of the health department.

As you know, I will be stepping down at the end of the year. This was not an easy decision and required many hours of deep reflection. I want to thank each of you as the current Board and former Board of Health members for the honor and privilege of serving as the Administrative Officer for the last three years. I also want to thank each staff member for their tireless work, innovative problem solving, and compassion for the citizens of Snohomish County. Any measure of success that could be observed is because of their incredible work each day. I am humbled to have had the opportunity to work by their side.

Sincerely,



---

Shawn Frederick, MBA  
Administrative Officer

## HONORABLE BOARD OF HEALTH MEMBERS:

I am happy to endorse the administration's budget for 2023, the final budget for the Health District as we transition into a Health Department within the county government.

Since starting my tenure as Health Officer on August 1, 2022, it has been my great pleasure to work with our Administrative Officer Shawn Frederick and the rest of the management team, and to learn about the progress the District has made over the past several years and throughout the pandemic.

I believe the hard work of this team, under the leadership of Mr. Frederick and the previous Health Officer Dr. Spitters, has put Snohomish County Public Health in an excellent position for continued progress and growth. While I am sad to see Mr. Frederick leave the Health District, I am appreciative of the position he has left the organization in and excited for its future trajectory outlined by the contents of this budget.

It is my sincere hope that the transition to Snohomish County government will provide opportunity to expand services through strategic growth in a way and at a pace that would be impossible without this more direct support from, and integration with, county government. While the transition has brought hardship already and I am sure there will be more to come, growth and improvement rarely occur without sacrifice.

I look forward to growing the services of the soon-to-be Health Department to include increased direct services such as immunization provision, more robust sexual health services, and expanded refugee health and tuberculosis services. Additionally, I am very excited to sustain and grow our community partnerships with a focus on social determinants of health and centering equity and social justice. I hope to develop programs that will solidify existing relationships and create new relationships with our communities of color as well as other communities that are disproportionately impacted by many negative health outcomes, including LGBTQIA+, immigrant, and unsheltered communities.

I am impressed with the work done by the District over this past year and throughout the COVID pandemic, and I look forward to being proud of the work that will be done over the next year and years to come.

Thank you for giving me the opportunity to lead this amazing team through this newest transition and into what I believe will be a bright and productive future.

Respectfully,



---

James Lewis, MD, MPH  
Health Officer

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# About The Snohomish Health District



The Snohomish Health District's mission is to spearhead efforts to protect, promote and advance the collective health of our community. We focus on activities that are grounded in a set of foundational public health services, including:

- Communicable diseases & notifiable conditions
- Chronic diseases & injuries
- Environmental health
- Maternal, child & family health
- Vital records
- Ongoing, critical public health issues
- Access to medical, dental & mental health care
- Building sustainable public health programs

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.

The Snohomish Health District was created in 1959 as an independent special-purpose district responsible for public health in Snohomish County. Effective January 1, 2023, local public health services and staff will move to a new Snohomish County department.

As an independent district through the end of 2022, a 15-member Board of Health oversees the work of local public health, including policy and budget development. All five Snohomish County council members sit on the Board, 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. James Lewis, MD, MPH, serves as the Health Officer for the Snohomish Health District. Shawn Frederick, MBA, serves as the Administrative Officer.

The 2020 Strategic Plan outlines the Snohomish Health District's vision, mission and value statements as approved by the Board of Health.

## **Vision Statement**

By leading and partnering with our communities we create a resilient and healthy community throughout Snohomish County.

## **Mission Statement**

The Snohomish Health District spearheads efforts to protect, promote, and advance the collective health of our community.

## **Values**

### **Commitment to our community:**

Dedicated to those we serve and pursuing the common good. We engage our community and partners to help solve problems, share new ideas, and explore perspectives. Holding a very inclusive and broad view of the entire community and its needs, we focus our collective energy on producing positive benefits.

### **Advancing clear, open, and honest communication:**

Prioritizing good communication with the Board of Health and the community is fundamental to the effective operation of the District. This includes speaking openly, practicing active listening and prioritizing timely internal and external communications, not only ad hoc, but also through formalized processes and channels. An environment that strives to be free of surprises, helps build trust, and fosters teamwork across the organization and with the community.

### **Responsible use of resources**

We are deliberate stewards of the public resources with which we are entrusted. We commit to employing evidence-based strategies, careful deliberation and transparency of decisions. We demonstrate integrity through smart spending of time and money and establishing measurable and attainable expectations.

### **Driven by diversity, equity, and inclusion**

We are open to different opinions and ideas, inclusive of everyone, and committed to understanding the inequities that are barriers to healthy lives and living. We adapt to changes in the community, its composition and demographics, its needs and concerns, and strive to provide services equitably. The organization celebrates and respects the uniqueness of cultures, communities, and diverse ideas, and strives to reflect the community's demographics.

### **Operating as a team**

The District works as a team and is accountable to each other in improving the health of the community by taking pride and ownership in our work, meeting our agreed timelines and celebrating our successes. We trust and respect each other and can acknowledge our mistakes, and we individually and collectively strive to deliver quality services.

# Budget Overview



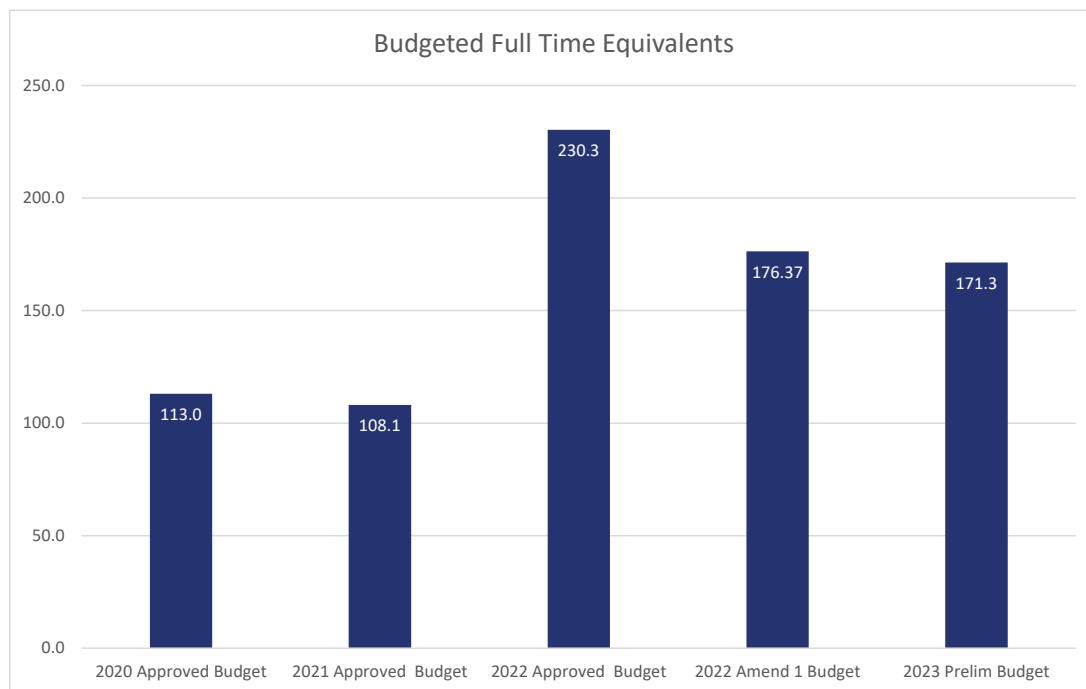
The Health District has been in the midst of transformation over the last several years. We have embarked on a series of efforts to examine and align strategies, evaluate programs and services in the context of foundational public health, and keep pace with the reformation of the healthcare system. It's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

2023 PRELIMINARY BUDGET					
	Administration Services	Environmental Health	Prevention Services	Total	%
<b>Revenue:</b>					
Licenses & Permits	0	4,113,758	0	\$4,113,758	14.34%
Federal Grants	0	3,500	6,400,703	6,404,203	22.32%
COVID-19	0	0	3,598,091	3,598,091	12.54%
State Grants	3,433,292	485,216	116,464	4,034,972	14.07%
FPHS	0	0	5,190,099	5,190,099	18.09%
Intergovernmental Revenue	626,616	0	1,865,026	2,491,642	8.69%
Charges for Goods & Services	0	2,076,938	627,791	2,704,729	9.43%
Miscellaneous Revenues	150,530	0	0	150,530	0.52%
<b>Total Revenues before Reorganization</b>	<b>4,210,438</b>	<b>6,679,412</b>	<b>17,798,174</b>	<b>28,688,024</b>	<b>100.00%</b>
<b>Expenditures (Before OH Allocations)</b>					
<u>Labor:</u>					
Salaries & Benefits	(3,393,208)	(7,627,438)	(8,797,202)	(\$19,817,848)	70.70%
<u>Non-Labor:</u>					
Supplies	(43,500)	(147,270)	(197,035)	(\$387,805)	1.38%
Professional Services	(968,676)	(427,200)	(2,582,410)	(3,978,286)	14.19%
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Rents & Leases	(247,624)	(13,800)	(11,474)	(272,898)	0.97%
General Insurance	(180,009)	0	0	(180,009)	0.64%
Utilities	(75,540)	0	0	(75,540)	0.27%
Repairs & Maintenance	(550,955)	(30,665)	(16,800)	(598,420)	2.13%
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Capital	(70,000)	0	0	(70,000)	0.25%
Subtotal - Non-Labor	(\$2,804,859)	(\$1,023,791)	(\$4,384,367)	(\$8,213,017)	29.30%
<b>Total Expenditures Excluding Overhead</b>	<b>(\$6,198,067)</b>	<b>(\$8,651,229)</b>	<b>(\$13,181,569)</b>	<b>(\$28,030,865)</b>	<b>100.00%</b>
<b>Net Revenue</b>	<b>(\$1,987,629)</b>	<b>(\$1,971,817)</b>	<b>\$4,616,605</b>	<b>\$657,159</b>	

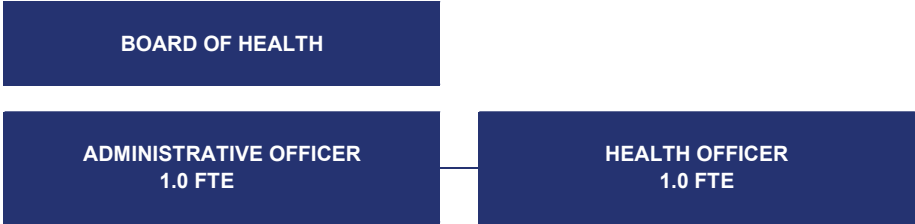


This budget includes the following assumptions:

- Medical, dental and vision rates were updated to Snohomish County rates.
- PERS employer rates changed to 10.39% effective 9/1/2022 (from 10.07%).
- Adding 12.50 FTE (8.5 FTE in Prevention Services, 2.0 FTE in Environmental Health, and 2.0 FTE in Administration).
- Continuing into 2023 with 11.0 FTE added through board approval or budget amendment 1 during 2022 (5.0 FTE in Prevention Services, 2.0 FTE in Environmental Health, and 4.0 FTE in Administration).
- The indirect rate will be 10.5%.



The agency's organizational chart, omitting current COVID-19 activities, is shown on the next page.



# Organizational Chart

ADMINISTRATION			
TITLE	FTE	TITLE	FTE
Deputy Administrative Officer	1.0	Executive Assistant	1.0
Privacy and Public Records Officer	1.0	Administrative Assistant	1.0
Program Specialist II	1.0	Program Specialist II	0.9
Business Management Analyst	1.0		
		COMMUNICATIONS & POLICY	
		Public & Government Affairs Manager	1.0
		Communications Supervisor	1.0
MAINTENANCE/FLEET			
Building & Fleet Maintenance Specialist	1.0	Communications Coordinator	2.0
		Graphics Designer	2.0
		Grants Coordinator	1.0
FINANCE OFFICE		Program Specialist II	1.0
Finance Manager	1.0	Program Assistant II	1.0
Accounting Supervisor	1.0		
Accountant	2.0		
Program Specialist III	3.0		
Purchasing Coordinator	1.0		
HUMAN RESOURCES			
Senior Human Resources Specialist	1.0		
Human Resources Specialist	1.0		

PREVENTION SERVICES			
Prevention Services Director 1.0 FTE			
Prevention Svcs Assistant Director	1.0	Prevention Svcs Assistant Director	1.0
TITLE	FTE	TITLE	FTE
Health Educator	2.0		
TUBERCULOSIS & REFUGEE HEALTH		MATERNAL CHILD HEALTH/FIRST STEPS, VACCINE PREVENTABLE DISEASE	
TB Supervisor	1.0	MCH Supervisor	1.0
Lead PHN	1.0	Public Health Nurse	4.8
Public Health Nurse	3.0	Environmental Health Specialist I/II	0.5
Disease Investigation Specialist TB	1.0	Behavioral Health Specialist	1.0
Outreach Worker	2.0	Program Specialist II	1.0
Program Specialist II	1.0		
		HEALTHY COMMUNITIES	
Refugee Health Supervisor	1.0	Healthy Communities Supervisor	1.0
PHN or Registered Nurse	1.5	Healthy Community Specialist	8.0
Outreach Worker	1.0	Health Educator	2.0
Program Assistant II	1.0	Health Equity Advisor	1.0
STD/HIV		ASSESSMENT	
STD/HIV Supervisor	1.0	Informatics & Analytics Supervisor	1.0
Lead Disease Investigation Specialist	1.0	Lead Epidemiologist	1.0
Disease Investigation Specialist STD/HIV	6.0	Epidemiologist II	3.0
ARNP	0.5	Epidemiologist I	1.0
Program Specialist II	1.0	Database Analyst	1.0
HIV/STDs, VHO, CD SURVEILLANCE & RESPONSE		COVID/MPV	
CD/PHEPR Supervisor	1.0	COVID/MPV Supervisor	1.0
Public Health Nurse	2.0	Disease Investigation Specialist	4.0
Disease Investigation Specialist VHO/CD	2.0		
Infection Preventionist	1.0		
Emergency Management Specialist	3.0	VACCINE CLINIC	
Program Assistant II	1.0	Vaccine Clinic Supervisor	1.0
		PHN	1.0
		Registered Nurse	1.0
		Vaccine Coordinator	1.0
		Medical Assistant	1.0

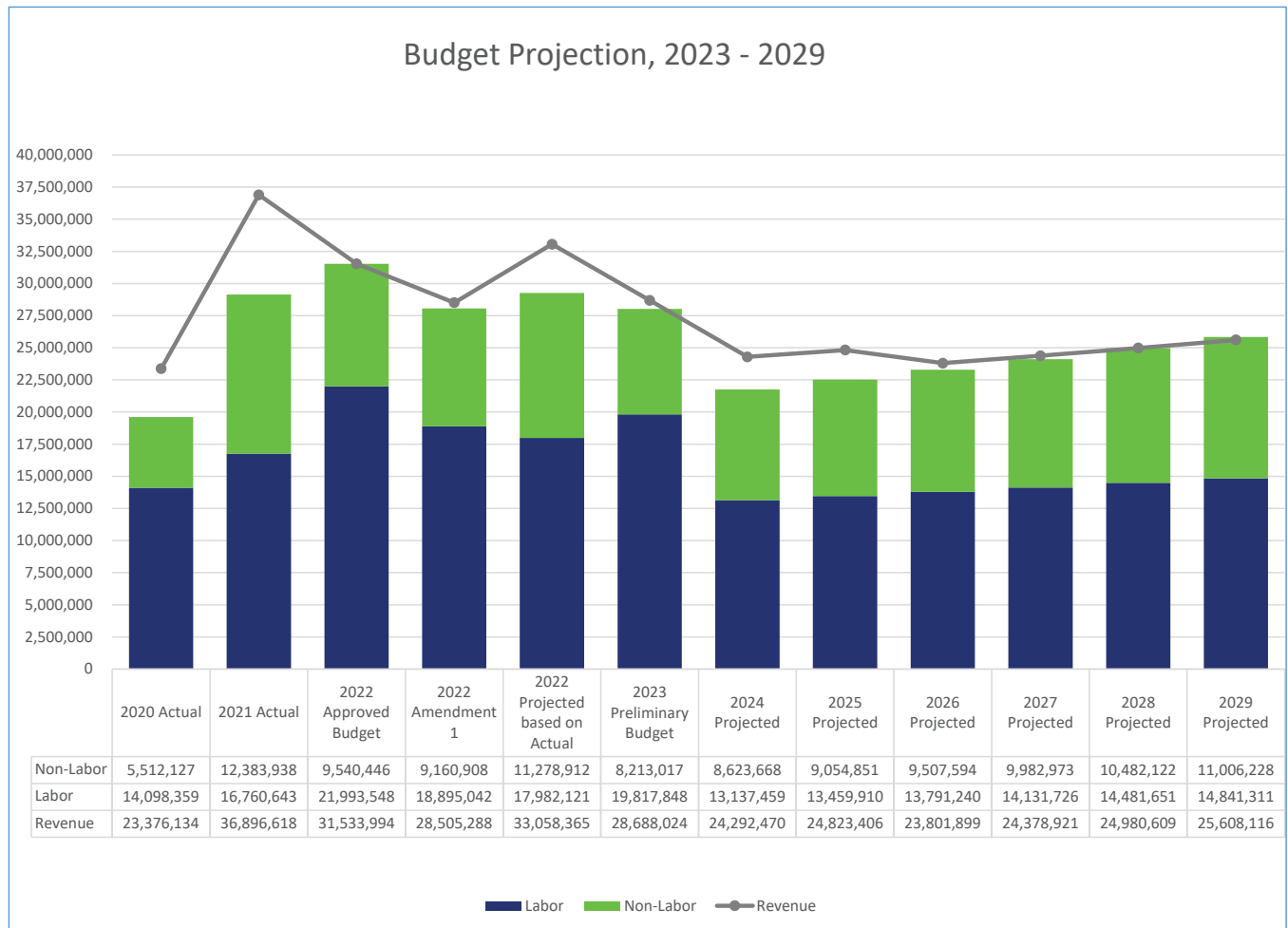
ENVIRONMENTAL HEALTH			
Environmental Health Director 1.0 FTE			
EH Assistant Director	1.0	EH Assistant Director	1.0
TITLE	FTE	TITLE	FTE
Technical Writer (EHS III)	1.0		
Administrative Supervisor	1.0	FOOD SAFETY	
Program Specialist II	2.0	Environmental Health Supervisor	3.0
Program Assistant II	10.0	Environmental Health Specialist III	3.0
		Environmental Health Specialist I/II	15.0
SAFE ENVIRONMENTS		Health Education Delivery Specialist	0.4
Environmental Health Supervisor	1.0	Health Educator	0.75
Environmental Health Specialist III	2.0		
Environmental Health Specialist I/II	9.0		
LAND USE			
Environmental Health Supervisor	2.0		
Environmental Health Specialist III	3.0		
Environmental Health Specialist I/II	10.0		
Health Educator	2.0		
Program Specialist II (Permit Techs)	2.0		



# Budget Overview



The following chart incorporates expenditure assumptions discussed previously as well as the expected effect of Environmental Health fee increases recently approved.

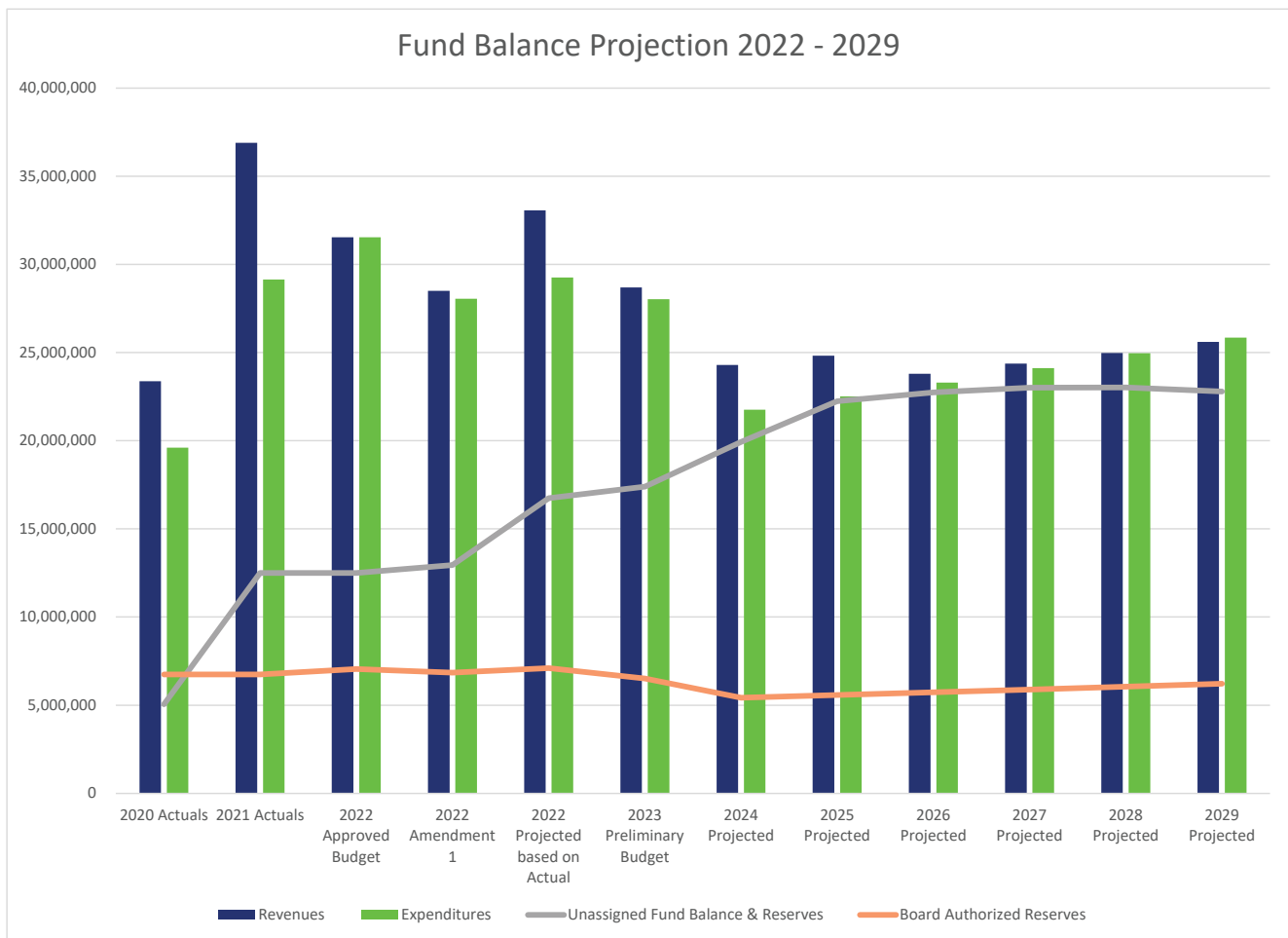


# Budget Overview



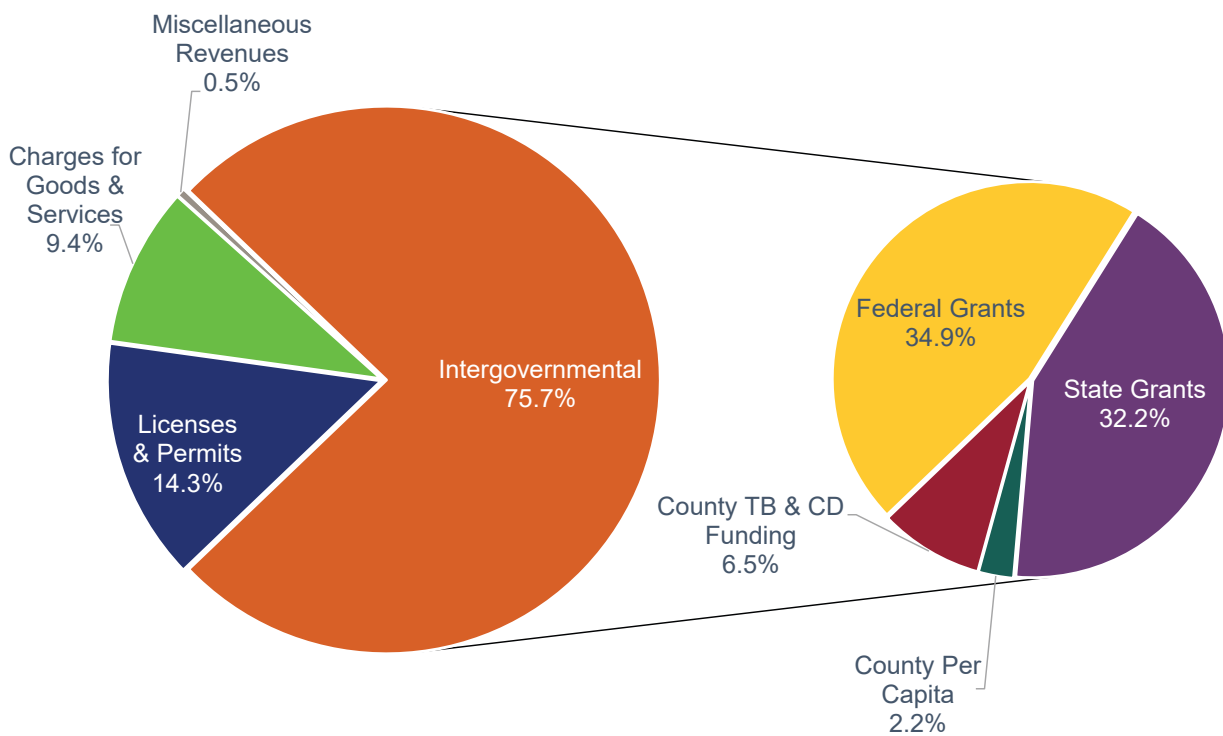
Projected revenues through 2029 are sufficient to cover projected expenditure increases. Effective July 2021, the State Legislature has approved increased Foundational Public Health Funding through the end of June 2023, and preliminary increases anticipated for FY24-25.

While 2022 through 2025 are fairly stable, due to unknown future legislation, securing new and sustainable funding sources is critical to the agency's long-term financial stability.



The agency relies heavily on roughly 75 percent of its funding coming from intergovernmental revenue (federal, state, county, and city sources) to support public health services. More than two-thirds of the District's revenue is "restricted" or "categorical," which means the majority of the agency's funds can only be used for specific purposes.

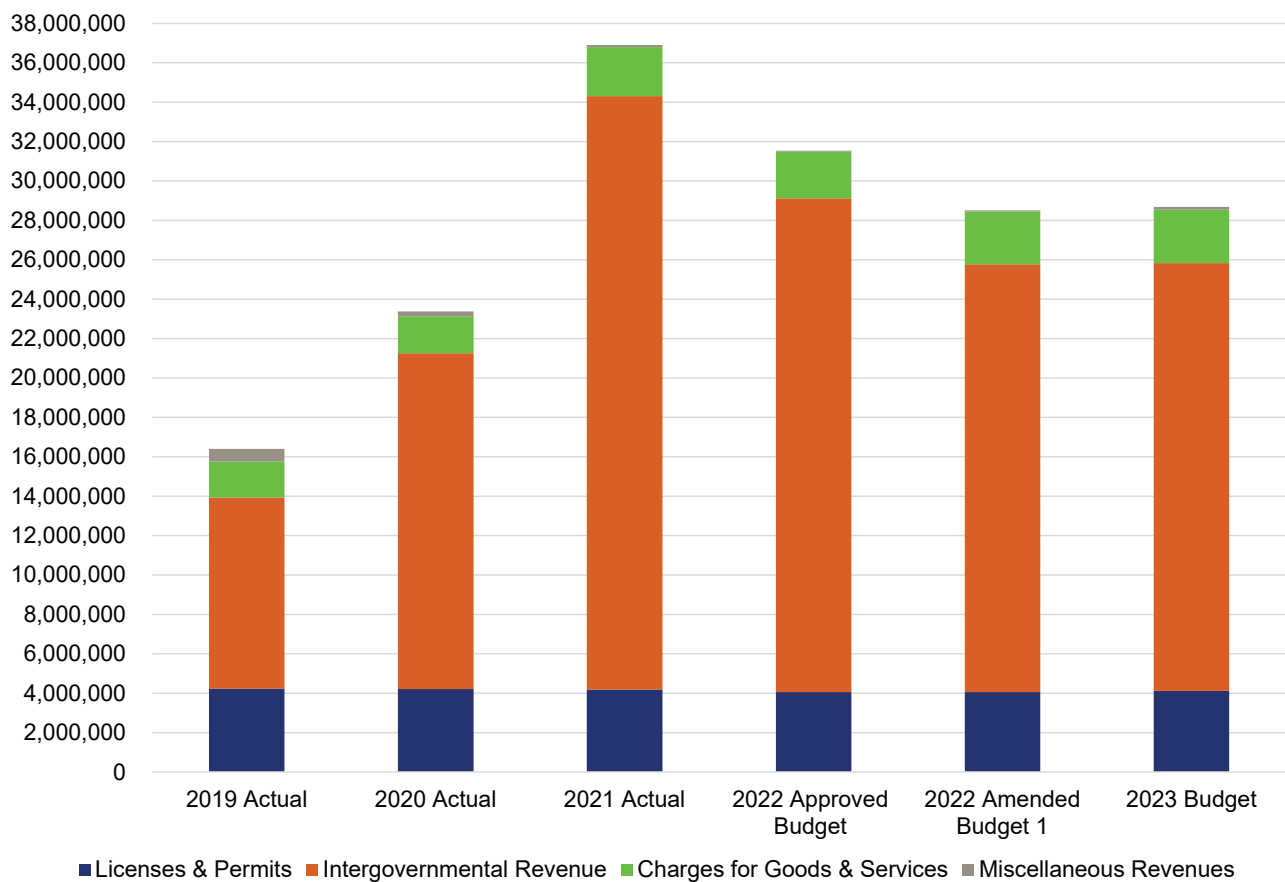
2023 Budgeted Revenue By Source



In addition to intergovernmental funds remaining static or declining, these funds are limited term, unpredictable, or fluctuating grants that limit the District's ability to institute change. Grant funding, in particular, does not provide the District with the flexibility needed to begin delivering public health services through broader, more community-based mechanisms. The chart below depicts the District's revenue by source for a five-year period.

The 2022 Amended Budget reflects the demobilization of COVID-19 activities that correlates with reduced COVID-19 funding. Most of that funding is currently set to expire by the end of FY23. While we anticipate receiving extensions and additional dollars in 2023 related to transitioning to public health related recovery activities, nothing has been confirmed so this budget does not include those projections.

Revenue History by Source



District-generated revenues (licenses and permits; charges for services), along with Snohomish County funding per capita contributions, compose "local revenue."

## 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 ensure safe and sanitary operations. This budget includes fee increases as approved by the Board of Health, effective November 9, 2022, and January 1, 2023.

## Charges for Services

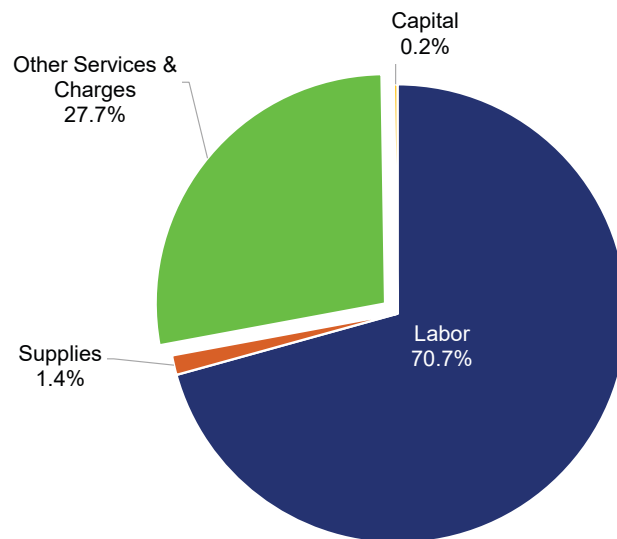
The District charges clients for some communicable disease-related services, including refugee health, vaccine-preventable disease, and tuberculosis-monitoring services. Environmental Health charges include public/private water supplies, solid waste, liquid waste, and food safety program activities. The District also provides services related to solid and hazardous waste management to Snohomish County via a fee-for-services interlocal agreement. Tasks include monitoring and inspecting County and non-county facilities, responding to complaints and taking enforcement actions, educating and coordinating prevention activities, and providing performance reports on such activities.

## Miscellaneous Revenue

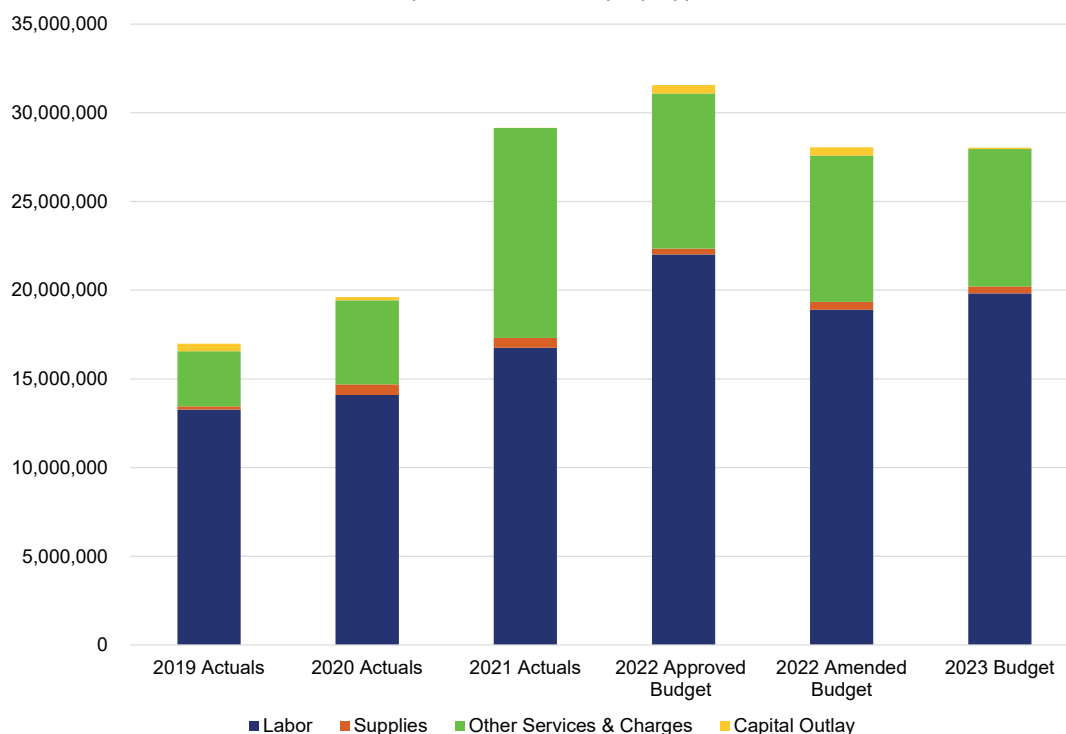
The District receives interest on investments made through the Snohomish County Treasurer's Office and non-governmental grants.

As a public service agency delivering 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, and utilities). Breakdowns of expenditures by type are shown in the charts below.

2023 Budgeted Expenditures by Type



Expenditure History by Type





# Division Budgets



The table below provides an overview of revenues and expenditures by division. Additional details by division are included in the following pages.

## OPERATING BUDGET OVERVIEW

2023 PRELIMINARY BUDGET					
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<b>Total Expenditures Excluding Overhead</b>	<b>(\$6,198,067)</b>	<b>(\$8,651,229)</b>	<b>(\$13,181,569)</b>	<b>(\$28,030,865)</b>	<b>100.00%</b>
<b>Net Revenue</b>	<b>(\$1,987,629)</b>	<b>(\$1,971,817)</b>	<b>\$4,616,605</b>	<b>\$657,159</b>	

## ADMINISTRATION DIVISION

The Administration Division includes:

### Administration

Administration provides overall direction and management for District staff and operations, as well as support activities for the divisions. The Health Officer and Administrative Officer 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. This budget includes continuing a 1.0 FTE Program Specialist to support our public records team in responding in a timely manner to the increased requests the District has received over the last few years.

### Communications and Outreach

The communications and policy group supports agency initiatives through delivery of public health information. The communications team manages health-awareness campaigns, including annual campaigns from the District and specific campaigns in partnership with other agencies or organizations. The team also assists with event coordination, comprehensive advertising campaigns, social media, website content, community outreach, and media relations. Internal messaging as well as requests from other staff to meet specific internal or external outreach needs are supported by the communications group, as well. The public and government affairs team also supports the agency in the research, writing, and application of grants and overall grant performance coordination.

### Facilities and Fleet Management

Fleet costs such as fuel and repairs are charged directly to the program where the vehicle is assigned, and depreciation is included in the equipment-depreciation allocation. Staffing costs are allocated based on the number of staff per division.

### Finance

Finance supports financial and business needs of the agency, which includes purchasing, accounting, payroll, internal audit services, monthly and annual financial reports, budgeting and financial analysis, and management.

### Human Resources

Human Resources provides agency-wide coordination, assistance, and guidance on employee management. The group administers federal, state, and agency-wide policies and procedures, Labor Relations Act mediations, labor negotiations, and bargaining agreement administration. The group also provides recruitment and retention initiatives, compensation and benefits administration, and training and professional development.

## ADMINISTRATION DIVISION

2023 BUDGET	
	<b>Administration Services</b>
<b>Revenue:</b>	
Licenses & Permits	0
Federal Grants	0
COVID-19	0
State Grants	3,433,292
FPHS	0
Intergovernmental Revenue	626,616
Charges for Goods & Services	0
Miscellaneous Revenues	150,530
<b>Total Revenues before Reorganization</b>	<b>4,210,438</b>
<b>Expenditures (Before OH Allocations)</b>	
<u>Labor:</u>	
Salaries & Benefits	<b>(3,393,208.00)</b>
<u>Non-Labor:</u>	
Supplies	(43,500.00)
Professional Services	(968,676)
Communication	(83,876)
Mileage & Travel	(14,855)
Board of Health Per Diem	(10,380)
Advertising	(87,500)
Rents & Leases	(247,624)
General Insurance	(180,009)
Utilities	(75,540)
Repairs & Maintenance	(550,955)
Other Miscellaneous	(40,367)
Dues & Memberships	(47,030)
Subscriptions	(5,033)
Printing & Binding	(4,360)
Tuition & Registration	(24,775)
Software Licences & Support	(344,879)
Software Licences & Support - Board	(5,500)
Capital	(70,000)
Subtotal - Non-Labor	<b>(\$2,804,859)</b>
<b>Total Expenditures Excluding Overhead</b>	<b>(\$6,198,067)</b>
<b>Net Revenue</b>	<b>(\$1,987,629)</b>

## ENVIRONMENTAL HEALTH DIVISION

Revenues in the 2022 budget reflect a minor fee increase, which helps to offset the cost of living adjustment the Board of Health approved for staff members for 2022. Two additional FTEs have been added — an environmental health specialist (EHS) III for Land Use permitting, and an EHS III for Safe Environments. These positions will assist with span of control in growing programs.

### Environmental Health Administration

This program tracks expenses related to the Environmental Health director position. It may also include some expenses that are not specific to an individual program (i.e., some legal costs).

### Drinking Water Program

This program ensures safe drinking water is available to all proposed residences prior to construction. This program includes activities related to the review and approval of new individual water supplies. Most often, this is associated with development of vacant land where a public water source is not available, but also provides regular sanitary surveys and technical assistance for small Group A water systems with 15 to 100 residential connections. It's a small program with 15 to 20 surveys per year. Technical assistance may also be provided to water system purveyors. Activities are funded by the Washington State Department of Health via the consolidated contract.

### Food Safety Program

The Food Safety program includes food safety activities that include the following:

- Food establishment plan review – includes new establishments, remodels and change of ownership
- Routine inspections of permanent and temporary retail food establishments (special events, farmer's markets etc.)
- Foodborne illness complaint investigations
- Educational outreach to establishment owners on food code changes and food safety topics
- Outreach to Donated Food Distribution Organizations (DFDOs)

### Living Environment

Living Environment is made up of a variety of projects including:

- **Camps**, primarily summer youth camps, that are permitted and inspected through the Health District.
- **Pollution Prevention Assistance**, formerly known as Local Source Control, is a program that works with businesses that produce hazardous and dangerous waste to provide technical assistance on the proper handling, disposal, and re-use of the waste products. Activities are funded by a contract with the Washington State Department of Ecology.
- **The Schools program** includes plan review for new or remodeled schools and the periodic inspection of all K-12 schools in Snohomish County. The primary funding source is fees based on inspection times.
- **Shellfish** and mussels are harvested, primarily in summer months, to be sent to a Washington State Department of Health laboratory for analysis for toxins. This program is funded by the State Department of Health (consolidated contract).
- **The Smoking in Public Places** program tracks time investigating complaints related to violation of smoking laws in public areas of buildings.
- **The Water Recreation Facilities** program includes plan review, permitting, and routine inspection of all public pools and spas. Most are municipal pools and those in health clubs, apartments, and condominiums.

## Onsite Sewage

Onsite Sewage includes all activities related to the design review, permitting and inspection of onsite sewage (OSS) disposal systems. It includes the following activities:

- **OSS Monitoring and Maintenance** staff ensure that required monitoring and maintenance inspections are being performed and recorded for pre-existing onsite sewage systems.
- Staff also perform all activities related to permitting and inspecting repairs to OSS systems, and activities related to complaints and associated enforcement.

## Solid Waste

Solid Waste activities are associated with both solid waste handling facilities and complaints regarding improper storage or disposal of solid waste.

- **The Solid Waste Facility program** includes all activities associated with the review, permitting, and inspection of solid waste handling facilities. These facilities include open and closed landfills, solid waste transfer stations, and recycling facilities. The program is funded by permits and a contract with Snohomish County Public Works.
- **Enforcement activities** for this program concern improper storage or disposal of solid waste. They can also include enforcement related to permitted facilities. It's funded by contracts with Snohomish County Public Works and the Washington State Department of Ecology (Local Solid Waste Funding Assistance).

## Vital Records

Vital Records provides birth certificates for anyone born in Washington State from 1907 to present, while death certificates are available for all deaths occurring in Everett from 1953, the remainder of Snohomish County from 1960, and all State of Washington deaths from 2016 to present. In January of 2021, Washington State became a closed records state, which means that people requesting a vital record will need to show proof of relationship to the person on the record.

## ENVIRONMENTAL HEALTH DIVISION

2022 BUDGET	
	Environmental Health
<b>Revenue:</b>	
Licenses & Permits	4,113,758
Federal Grants	3,500
COVID-19	0
State Grants	485,216
FPHS	0
Intergovernmental Revenue	0
Charges for Goods & Services	2,076,938
Miscellaneous Revenues	0
<b>Total Revenues before Reorganization</b>	<b>6,679,412</b>
<b>Expenditures (Before OH Allocations)</b>	
<u>Labor:</u>	
Salaries & Benefits	(7,627,438.00)
<u>Non-Labor:</u>	
Supplies	(147,270.00)
Professional Services	(427,200)
Communication	(36,816)
Mileage & Travel	(36,770)
Board of Health Per Diem	0
Advertising	0
Rents & Leases	(13,800)
General Insurance	0
Utilities	0
Repairs & Maintenance	(30,665)
Other Miscellaneous	(101,000)
Dues & Memberships	(17,400)
Subscriptions	(600)
Printing & Binding	(11,650)
Tuition & Registration	(37,770)
Software Licences & Support	(162,850)
Software Licences & Support - Board	0
Capital	0
Subtotal - Non-Labor	(\$1,023,791)
<b>Total Expenditures Excluding Overhead</b>	<b>(\$8,651,229)</b>
<b>Net Revenue</b>	<b>(\$1,971,817)</b>

## PREVENTION SERVICES DIVISION

The Prevention Services Division is responsible for investigating communicable diseases, providing care and treatment for tuberculosis, ensuring families have connections to supports in the community, responding to emergencies and disasters, and examining data to help our staff, leadership, and community partners make the best decisions based on the available information. As laid out in the 2023 budget, new programs have been added to the Division, which represents an investment in ensuring residents of Snohomish County have access to needed services. New for 2023, the Division will be implementing the following programs:

### Vaccine Services

A small team will provide vaccination services to areas of the county where access to vaccine is limited.

### Sexually Transmitted Disease Testing and Treatment

The District will add a part-time Advanced Registered Nurse Practitioner who can complete STD testing and provide treatment within our clinic.

### Analytics and Informatics

The District will add additional staffing to increase our capacity to collect and analyze data.

### Other accomplishments in the Division include:

### Communicable Disease Surveillance and Response (CDSR), Public Health Emergency Preparedness and Response (PHEPR), and Viral Hepatitis Outreach (VHO):

- **CD/PHEPR:** Experienced a reorganization that merged the technical expertise of our emergency preparedness and response and communicable disease programs to be more adept at planning for and responding to incidents.
- **CDSR:** Investigated 422 notifiable conditions, responded to measles case in collaboration with Public Health – Seattle & King County, the CDC, and Seattle-Tacoma International Airport.
- **VHO:** Investigated 454 chronic HCV infections and connected individuals with chronic hepatitis infection to low-barrier treatment partners
- **CD:** Completed over 225 Infection Control Assessment and Response (ICAR) assessments with long-term care facilities (an additional 80 completed by a state Department of Health team as a part of our partnership). We also started a LTC newsletter that's a joint effort between CD and PHEPR, designed to provide resources, guidance updates, and ways that long-term care facilities can be more prepared for incidents and events.
- **PHEPR:** Welcomed 3 new staff, created a new preparedness and response newsletter for community members and partners, and has been heavily focused on training and plan revision.
- **Perinatal Hep B:** Continued our support of healthcare and community partners

### Tuberculosis and Refugee Health Screening in Snohomish County, January – September 2022:

The TB program continues to care for and treat people with active TB and others that have Latent TB.

- Treated 22 active TB patients, provided screening to 39 suspected/possible cases
- Treated 35 patients/contacts who had latent Tuberculosis Infection (thus preventing further active cases)

### Refugee Health:

During mid-2021 through 2022, the United States welcomed Afghani and Ukrainian arrivals through specific federal-assistance programs due to instability within their home countries.

- Provided medical screenings to 259 new arrival refugees in 2022 (more than double the new arrivals in 2021)
- Total arrivals from Afghan Operation Allies Welcome (OAW) from October 2021 to August 2022 in Washington State was 3,181
- Applications submitted for Uniting for Ukraine Supporters in Snohomish County April 25 to September 9, 2022, is 1,905

## Maternal and Child Health

Work with parents and young children continued throughout the year. Program staff connect parents of children with special health care needs to services in the county and provide home visits where we can answer questions. The team also does extensive trauma and resilience work both with public health staff and community partners.

## Healthy Communities

Healthy Communities has been active in ensuring access to the opioid overdose reversal drug Narcan/naloxone in the county for both law enforcement but also our community partners. We are also working on increasing COVID health literacy in the community through a federal grant from Health and Human Services.

## Sexually Transmitted Diseases

While rates of sexually transmitted diseases have continued to rise at the local, state, and national level during the pandemic, the STD/HIV disease intervention specialist (DIS) team remains dedicated to work under challenging conditions to reach out to those impacted by STD/HIV in the county. They assist through screening, access to treatment, and services as needed. We have stepped up during the surge of Monkeypox (MPV) cases as a resource and have assisted in case investigation.

## Assessment

The Assessment program started work on a Community Health Assessment (CHA) that examines key health indicators impacting the people of Snohomish County. This work will continue into 2023 with the creation of the Community Health Improvement Plan (CHIP) that goes along with the CHA.



## PREVENTION SERVICES DIVISION

2022 BUDGET	
	<b>Prevention Services</b>
<b>Revenue:</b>	
Licenses & Permits	0
Federal Grants	6,400,703
COVID-19	3,598,091
State Grants	116,464
FPHS	5,190,099
Intergovernmental Revenue	1,865,026
Charges for Goods & Services	627,791
Miscellaneous Revenues	0
<b>Total Revenues before Reorganization</b>	<b>17,798,174</b>
<b>Expenditures (Before OH Allocations)</b>	
<u>Labor:</u>	
Salaries & Benefits	<b>(8,797,202.00)</b>
<u>Non-Labor:</u>	
Supplies	(197,035.00)
Professional Services	(2,582,410)
Communication	(31,508)
Mileage & Travel	(14,125)
Board of Health Per Diem	0
Advertising	(1,008,500)
Rents & Leases	(11,474)
General Insurance	0
Utilities	0
Repairs & Maintenance	(16,800)
Other Miscellaneous	(21,100)
Dues & Memberships	(1,400)
Subscriptions	(600)
Printing & Binding	(131,264)
Tuition & Registration	(130,150)
Software Licences & Support	(238,001)
Software Licences & Support - Board	0
Capital	0
Subtotal - Non-Labor	<b>(\$4,384,367)</b>
<b>Total Expenditures Excluding Overhead</b>	<b>(\$13,181,569)</b>
<b>Net Revenue</b>	<b>\$4,616,605</b>

The item below represents estimated costs associated with upgrading and replacing information technology equipment. The Health District anticipates large remodeling expenses in 2023, but does not have estimates from the architectural team. Those planning efforts will be brought at a later date for review and approval.

2023 Capital Requests	
Continued Updates to IT Switches & Servers	70,000
<b>Total Capital Requests</b>	<b>\$70,000</b>

# Non-Capital Request



As the District looks toward a more sustainable future, it needs to invest in both its headquarters and organizational capacity. The items below represent estimated costs for much-needed operations and maintenance work for the Rucker Building. Implementing a new electronic health record system is a critical need for data infrastructure reliability and client tracking.

<b>2023 Non-Capital Requests</b>	
<u>Large Repairs &amp; Maintenance Projects</u>	
Carpet Replacement	\$56,125
Infrastructure Repairs & Maintenance: water heaters, HVAC, electrical, etc.	50,137
Window Replacement	47,725
Emergency Repairs Placeholder	15,000
Other Deferred Building Maintenance	72,912
Subtotal - Large Repairs & Maintenance Projects	\$241,899
Records Digitization Project	\$200,000
Community Partner Outreach - HHS Health Literacy (grant funded)	994,500
Community Partner Outreach - Vaccine Outreach (grant funded)	300,000
Professional Services related to Rural Communities Opioid Outreach (grant funded)	102,500
Clinical Services Need Assessment	100,000
Envision Connect System Migration	250,000
New Financial System Implementation	60,000
Electronic Health Records Implementation	150,000
<b>Total Non-Capital Requests</b>	<b>\$2,398,899</b>



**SNOHOMISH HEALTH DISTRICT**  
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**PUBLIC HEALTH**  
always working for a safer & healthier  
**SNOHOMISH COUNTY**