



2025-2026 Biennial Budget Briefing Board of Health



Budget Briefing Agenda

- Background:
 - RCWs
 - County charter and code – biennial budget
- 2022/2023 Creation of Health Dept Fund
- Budget Overview & Drivers
- County Biennial Budget Timeline
- 25/26 Health Dept FTE, Funding, Expenditure, & fund balance
- 25/26 Spotlight Requests & Priorities

RCW Background – County Budget

70.05 LOCAL HEALTH DEPARTMENTS, BOARDS, OFFICERS—REGULATIONS		
Expenses of state, health district, or county in enforcing health laws and rules— Payment by county.	RCW 70.05.130	All expenses incurred by the state, health district, or county in carrying out the provisions of chapters 70.05 and 70.46 RCW or any other public health law, or the rules of the department of health enacted under such laws, shall be paid by the county and such expenses shall constitute a claim against the general fund as provided in this section.
70.46 HEALTH DISTRICTS		
District health funds.	RCW 70.46.080	Each health district shall establish a fund to be designated as the "district health fund", in which shall be placed all sums received by the district from any source, and out of which shall be expended all sums disbursed by the district. In a district composed of more than one county the county treasurer of the county having the largest population shall be the custodian of the fund, and the county auditor of said county shall keep the record of the receipts and disbursements, and shall draw and the county treasurer shall honor and pay all warrants, which shall be approved before issuance and payment as directed by the board. Each county which is included in the district shall contribute such sums towards the expense for maintaining and operating the district as shall be agreed upon between it and the local board of health in accordance with guidelines established by the state board of health.
County to bear expense of providing public health services.	RCW 70.46.085	The expense of providing public health services shall be borne by each county within the health district.

RCW Background – County Budget

70.30 RCW: Tuberculosis hospitals, facilities, & funding			
Expenditures for tuberculosis control directed— standards— payment for treatment	70.30.045	Each county will budget for the control of tuberculosis but not for treatment of tuberculosis when the individual can pay as assessed by the LHJ	Tuberculosis is a communicable disease and tuberculosis prevention, treatment, control, and follow up of known cases of tuberculosis are the basic steps in the control of this major health problem. In order to carry on such work effectively in accordance with the standards set by the secretary under RCW 70.28.025, the legislative authority of each county shall budget a sum to be used for the control of tuberculosis, including case finding, prevention, treatment, and follow up of known cases of tuberculosis. Under no circumstances should this section be construed to mean that the legislative authority of each county shall budget sums to provide tuberculosis treatment when the patient has the ability to pay for the treatment. Each patient's ability to pay for the treatment shall be assessed by the local health department.
County budget for tuberculosis facilities	70.30.055	Each county will budget for facilities and services for people with tuberculosis. Spending for funds is up to the LHJ and must comply with standards adopted by DOH	In order to maintain adequate facilities and services for the residents of the state of Washington who are or may be suffering from tuberculosis and to assure their proper care, the legislative authority of each county shall budget annually a sum to provide such services in the county. The funds may be retained by the county for operating its own services for the prevention and treatment of tuberculosis. None of the counties shall be required to make any payments to the state or any other agency from these funds except as authorized by the local health department. However, if the counties do not comply with the adopted standards of the department, the secretary shall take action to provide the required services and to charge the affected county directly for the provision of these services by the state.
Admissions to facility	70.30.061	A resident of the state can apply to the local health officer (or licensed physician to be admitted to a facility for care	Any person residing in the state and needing treatment for tuberculosis may apply in person to the local health officer or to any licensed physician, advanced registered nurse practitioner, or licensed physician assistant for examination and if that health care provider has reasonable cause to believe that the person is suffering from tuberculosis in any form he or she may apply to the local health officer or designee for admission of the person to an appropriate facility for the care and treatment of tuberculosis.

Background

- In November 2006, the voters approved an amendment to the Snohomish County Charter to give Council discretion to budget either annually or biennially.
- SCC 4.26.017 Biennial budget authorized commencing in 2024 to adopt a biennial budget for 2025-2026 and so forth.
- RCW sets timeframes for Biennial Budget Adoption – Executive Recommended Budget is due the first Friday in September (9/6/24)
- Includes a mid-biennium review in 2025 as specified in SCC 4.26
- Per SCC 4.26.117, "the Executive's proposed budget modification shall be limited to changes arising from economic conditions and emerging issues."

Creation of County Health Department Fund

Per Sections 2.300.010 Creation and purpose, 4.127.020

Purpose of fund:

- “There is hereby established the Snohomish county health department. It shall be the purpose of the department to preserve, promote and improve the public health.”
- “The purpose of the health department fund is for the administration, planning, development, operation and provision of public health services as authorized under chapter 2.300 SCC.

(Added by Amended Ord. 22-061, Oct. 26, 2022, Eff date Dec. 31, 2022).

Budgets - Overview

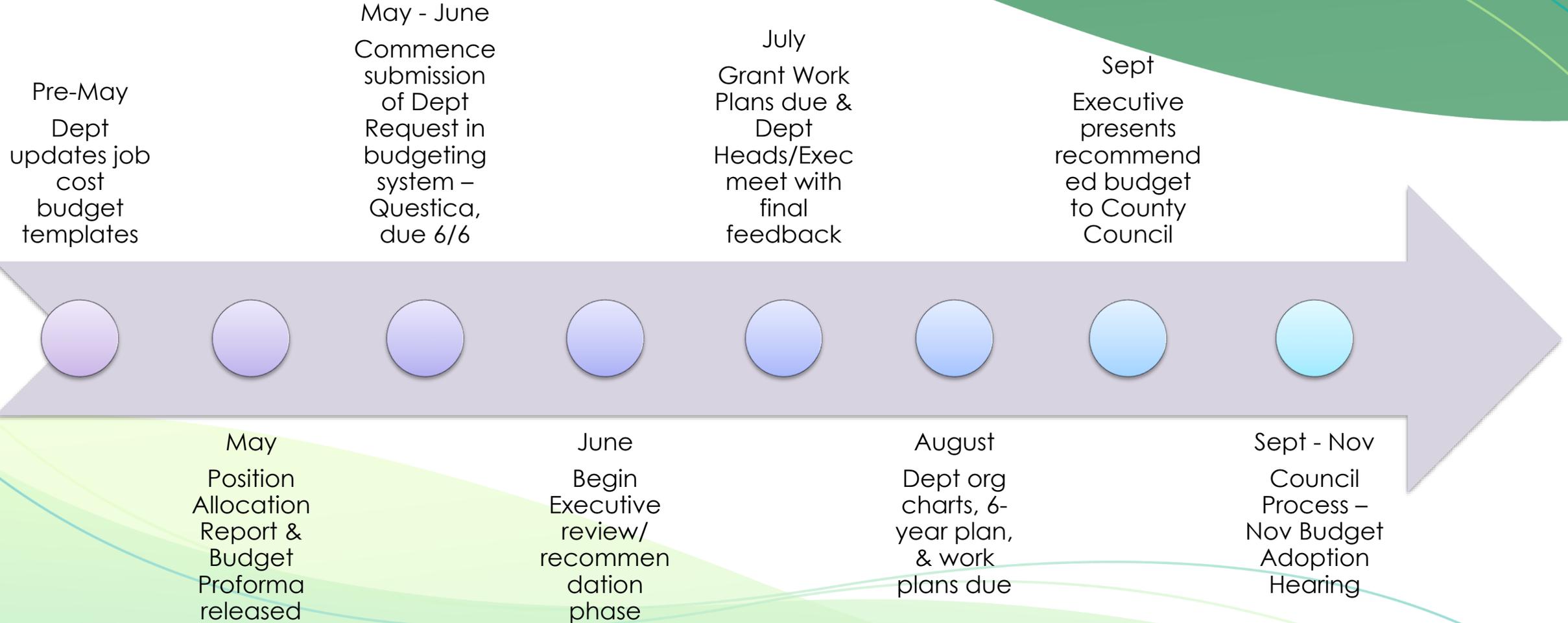
- A reflection of policy – Budget is the means to achieve the goals of agency. What a jurisdiction considers most important will govern how it allocates funds.
- A financial plan – The plan forecasts expenditures and expected revenues then distributes those resource to achieve public health goals. Funding is always a compromise between available funds and cost of delivering expected service levels.
- A management tool – Compare and control actual expenditures to plans and policy objectives, reporting performance provides assurance of success



Budgets - Drivers

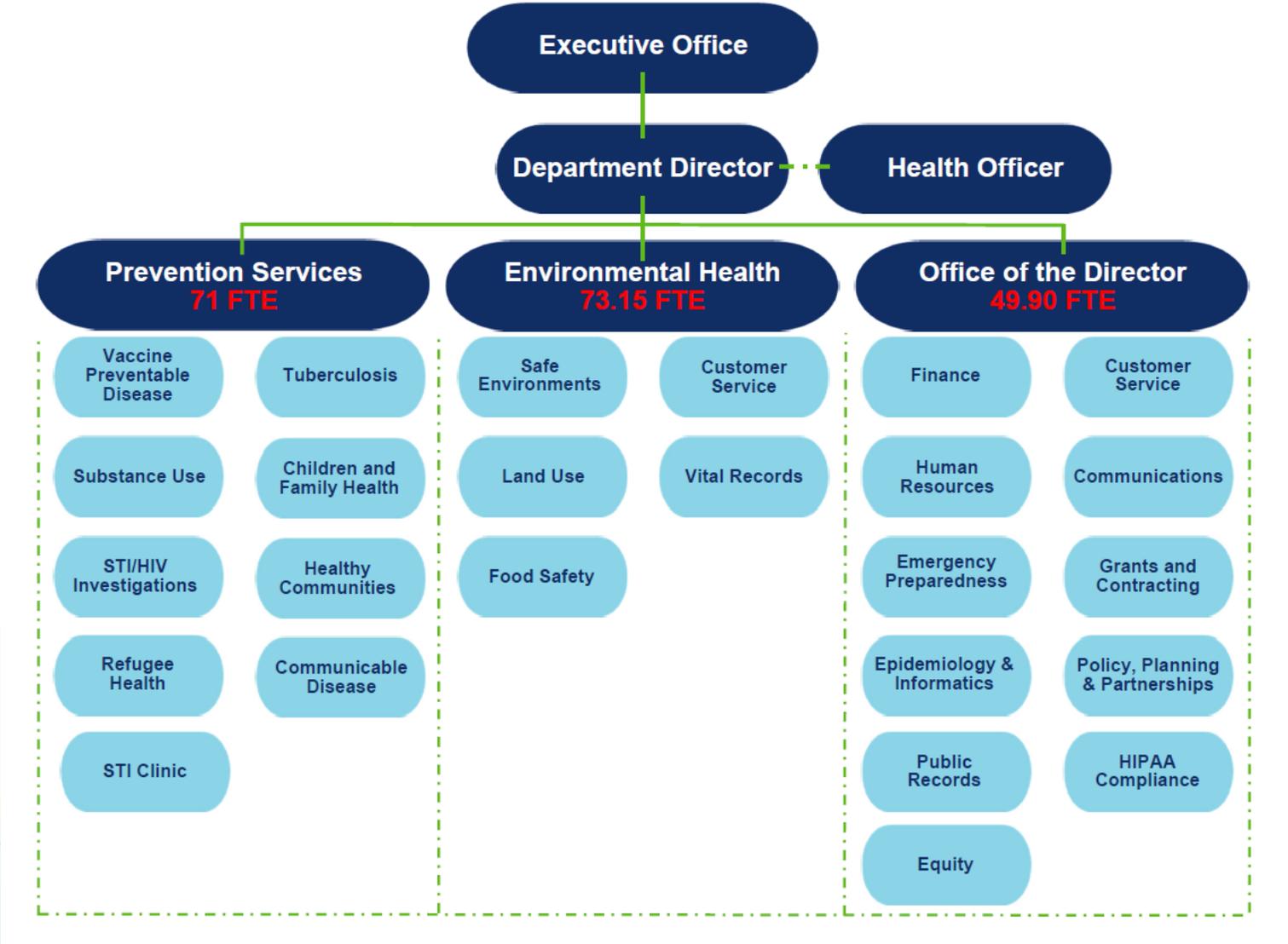
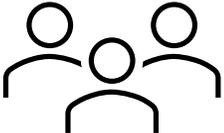


County Budget Division Timeline



2025-2026 Executive Recommended FTE

194.05 FTE



2025-2026 Health Department Funding

Funding Sources	2023 Actual	2024 Adopted Budget	2025 Exec Rec Budget	2026 Exec Rec Budget
<u>Fund 125 – Health Department</u>				
Fund Balance	-	\$4.65M	\$4.24M	\$5.28M
Licenses & Permits	\$4.43M	\$4.08M	\$4.71M	\$4.83M
Charges for Goods & Services	\$2.67M	\$2.61M	\$2.70M	\$2.68M
County Per Capita & TB/CD*	\$2.30M	\$2.30M	\$2.75M	\$2.46M
County General Fund – Savvy Septic (ARPA)*	-	-	\$0.40M	-
Federal Awards	\$4.89M	\$10.43M	\$7.04M	\$4.44M
State Awards	\$0.64M	\$1.04M	\$1.68M	\$1.36M
Foundational Public Health Services (FPHS)	\$7.99M	\$7.28M	\$8.51M	\$8.51M
State Public Health Assistance to Co.	\$3.43M	\$3.44M	\$3.44M	\$3.44M
Misc Revenue	\$0.84M	\$0.15M	\$0.43M	\$0.35M
Subtotal – Fund 125	\$27.19M	\$35.97M	\$35.88M	\$34.62M
<u>Other Funding Sources</u>				
Fund 124 – Health Dept/Human Services				
Chemical Dependency/Mental Health (CD/MH)*	-	\$0.97M	\$1.12M	\$1.17M
ARPA*	\$0.56M	\$2.81M	-	-
Opioid Settlement Funds*	-	\$0.25M	\$0.47M	\$0.46M

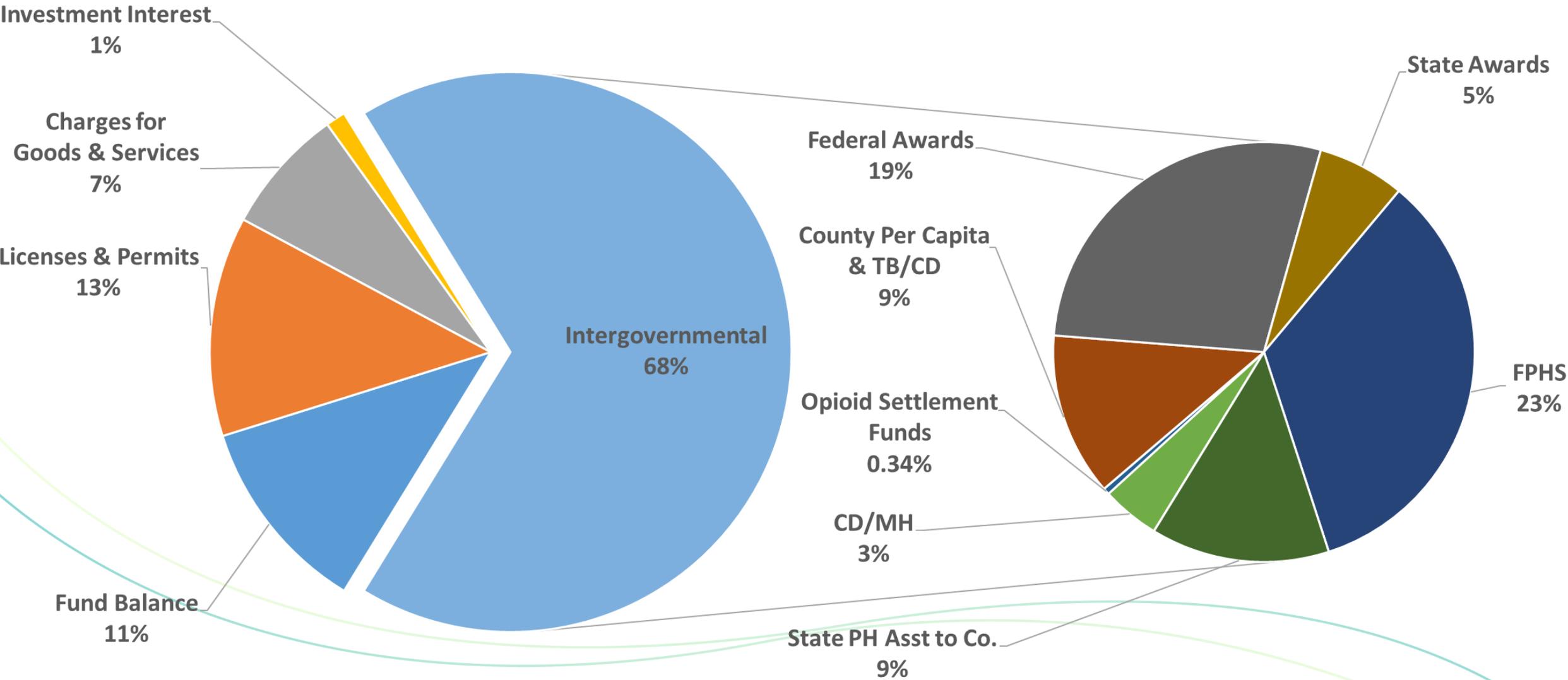
*County funding source

NEW County Funding – Health Dept

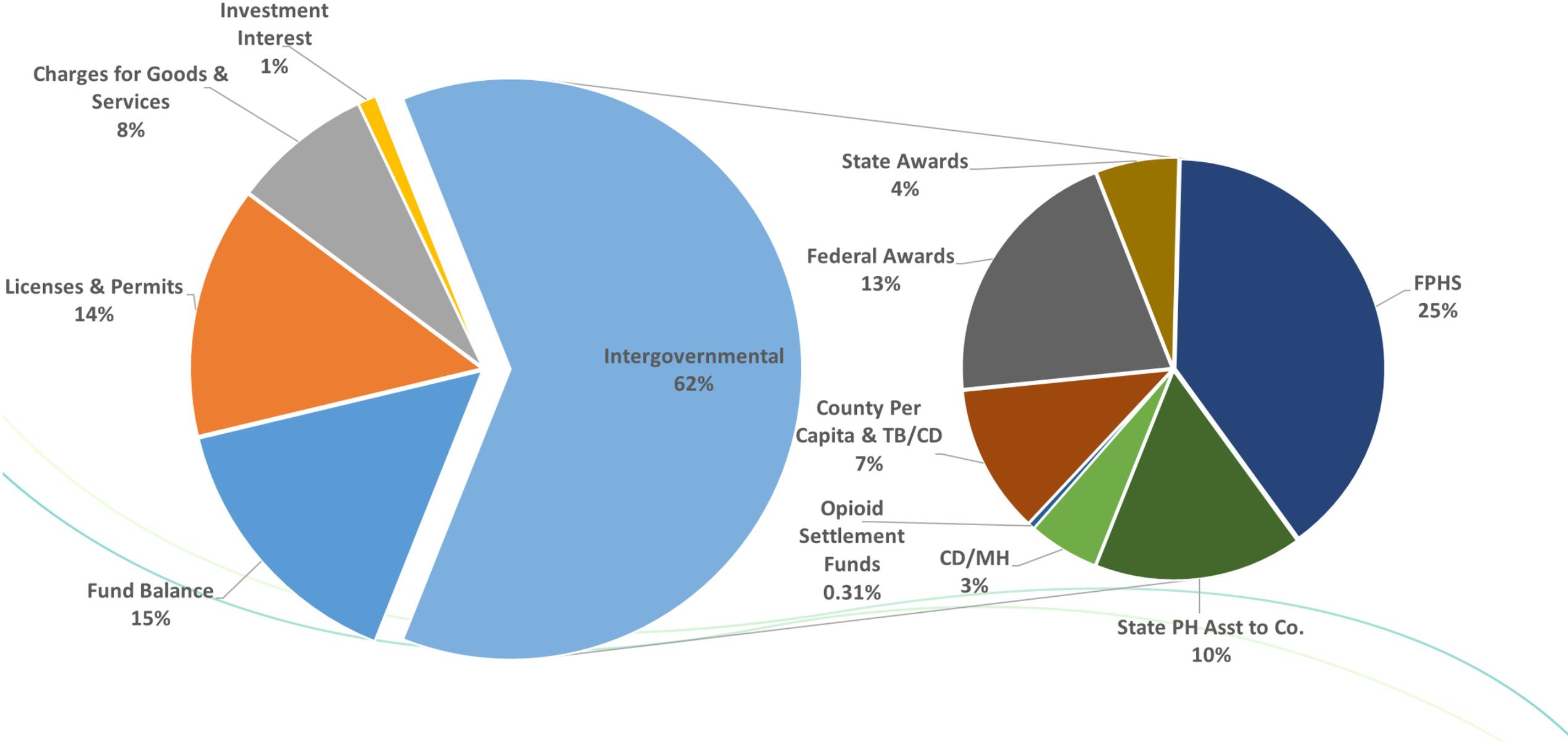
Funding Sources	2023 Actual	2024 Adopted Budget	2025 Exec Rec Budget	2026 Exec Rec Budget
<u>Fund 125 – Health Department</u>				
County Per Capita & TB/CD – one time*	-	-	\$0.45M	\$0.16M
County General Fund – Savvy Septic (ARPA) – one time	-	-	\$0.40M	-
<u>Subtotal – Fund 125</u>	-	-	\$0.85M	\$0.16M
<u>Other Funding Sources</u>				
Fund 124 – Health Dept/Human Services Chemical Dependency/Mental Health (CD/MH)	-	\$0.97M	\$1.12M	\$1.17M
ARPA – one time	\$0.56M	\$2.81M	-	-
Opioid Settlement Funds	-	\$0.25M	\$0.47M	\$0.46M
Total New County Funding	\$0.56M	\$4.03M	\$1.59M	\$1.63M

*2027 onwards revert to ongoing annual 3.5% growth on 2026 County Per Capita \$2.46M

2025 Health Department Funding



2026 Health Department Funding

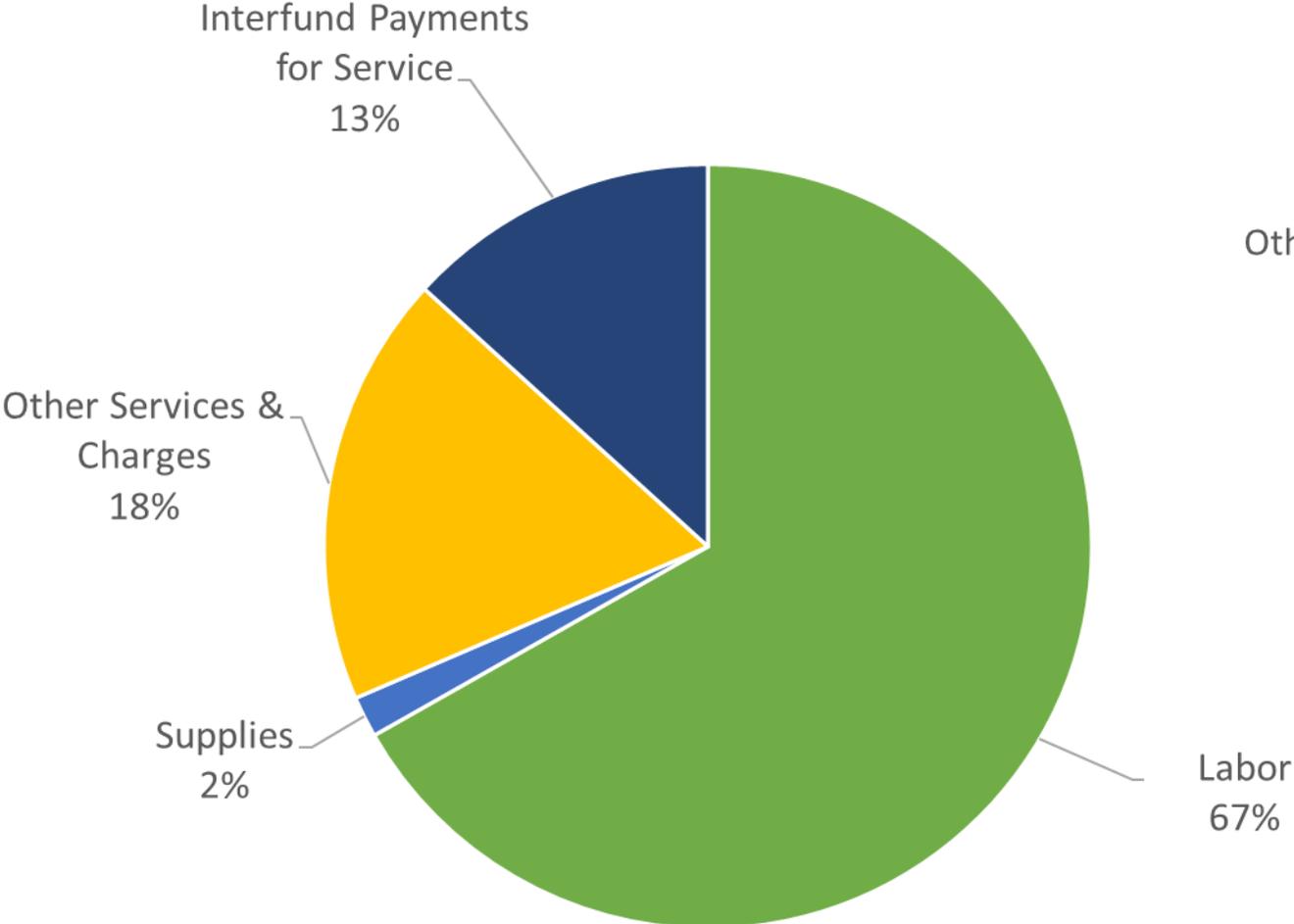


2025-2026 Fund 125 Health Dept Expenditure

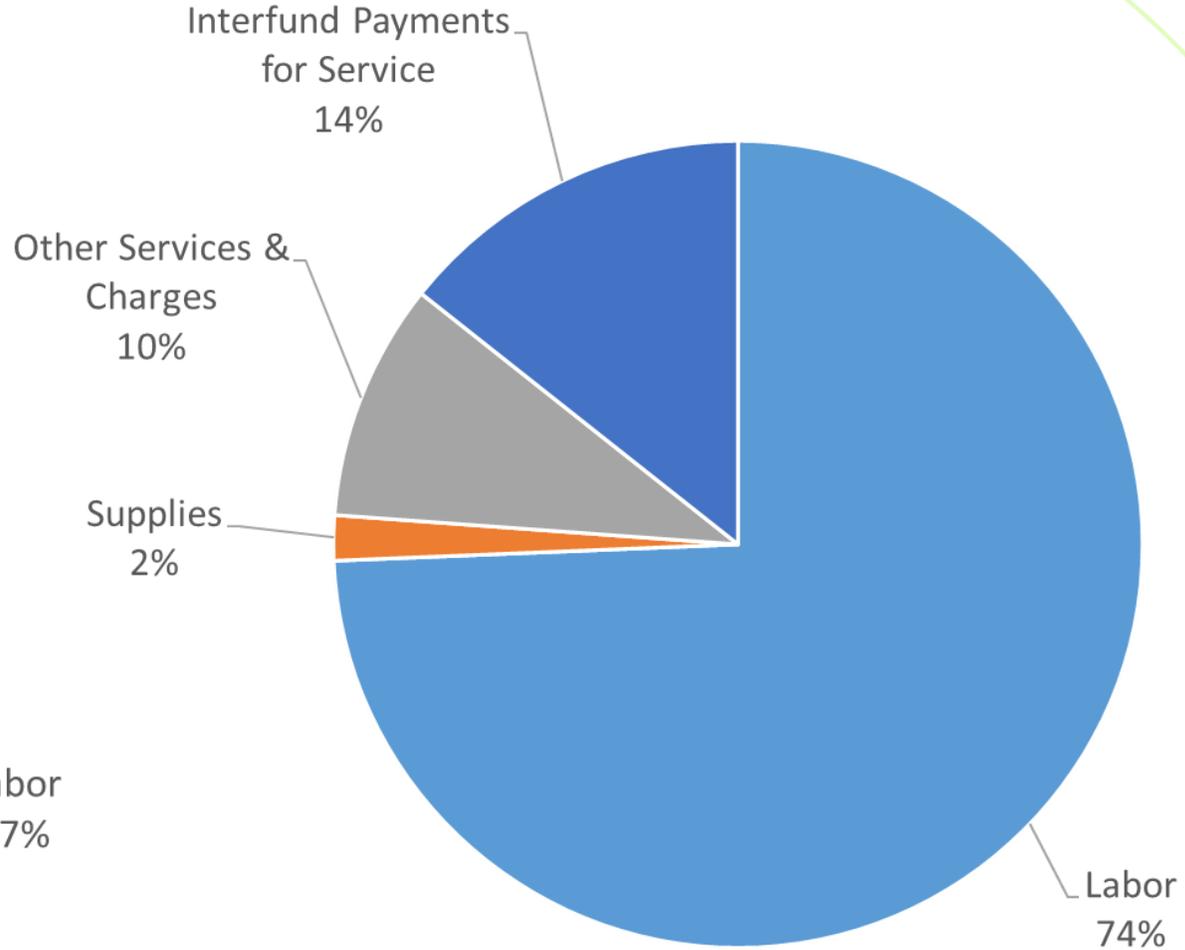
	2023 Actual	2024 Adopted Budget	2025 Exec Rec Budget	2026 Exec Rec Budget
Labor	\$18.4M	\$22.98M	\$23.96M	\$24.79M
Supplies	\$0.82M	\$0.63M	\$0.62M	\$0.60M
Other Services & Charges	\$3.21M	\$6.03M	\$6.55M	\$3.17M
Capital	\$0.71M	\$3.20M	-	-
Interfund Payments for Service	\$1.26M	\$3.13M	\$4.75M	\$4.78M
Total Appropriation	\$23.79M	\$35.97M	\$35.88M	\$33.35M

2025-2026 Fund 125 Health Dept Expenditure

2025 Expenditure Budget

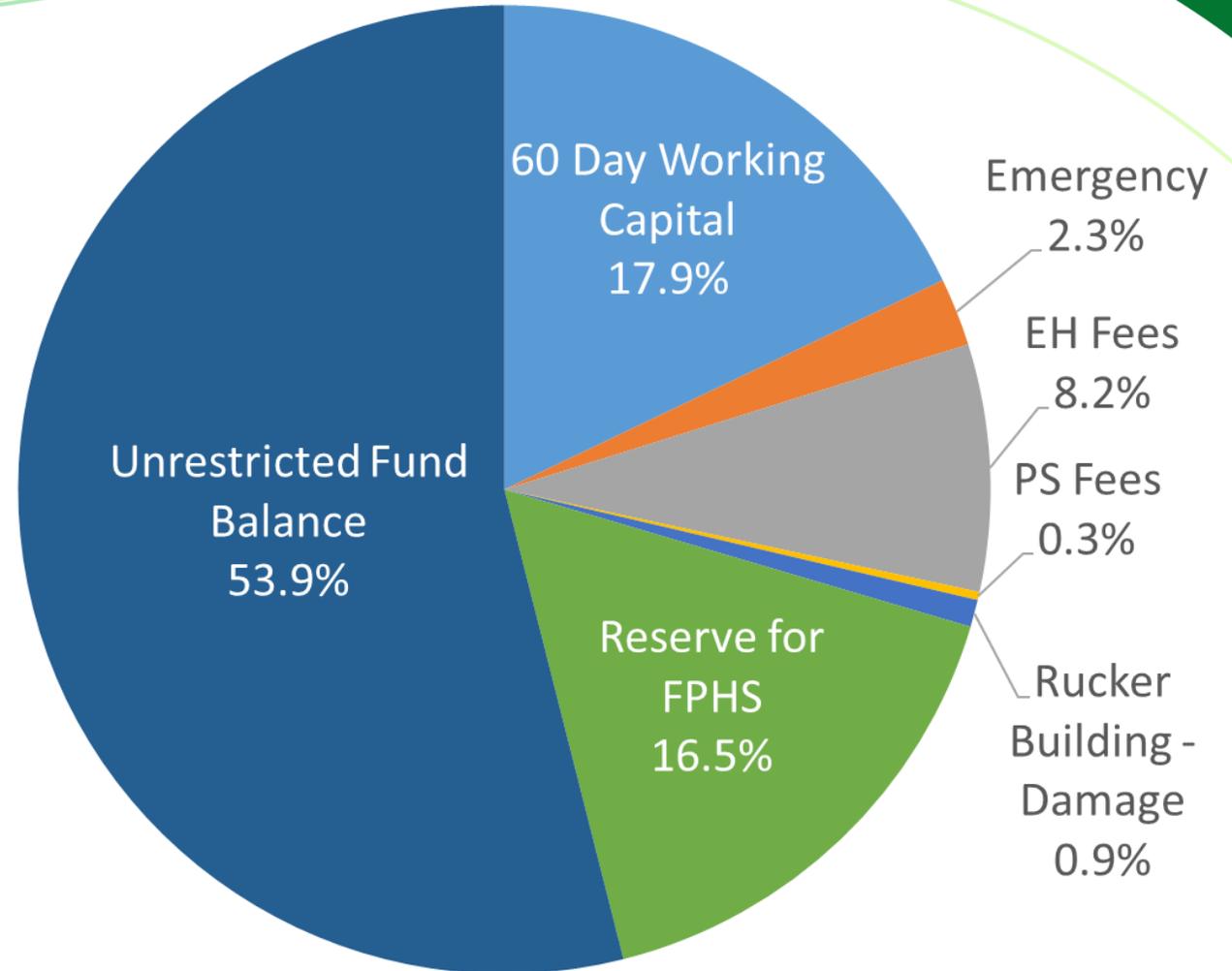


2026 Expenditure Budget



2023 Ending Fund 125 Fund Balance

	Total
60 Day Working Capital	\$3.95M
Emergency	\$0.50M
EH Fees	\$1.82M
PS Fees	\$0.06M
Rucker Building - Water Damage	\$0.20M
Reserve for FPHS	\$3.64M
Unrestricted Fund Balance	\$11.91M
2023 Total Ending Fund Balance	\$22.08M



FTE Requests for 2025/2026

- 2024 FTE requests approved via motion April 2024
 - 1.0 FTE Epidemiologist 2 – Emerging Infections Program (EIP) Network
 - 0.50 FTE Epidemiologist 1 – Emerging Infections Program (EIP) Network
- 2025/2026 – 194.05 FTE
 - Continue 2.0 FTE project Program Specialist 2 – Permit Technicians with Environmental Health Food Safety program through 12/31/2026
 - CDMH Fund 124 project roles through 12/31/2026 and break 1.0 FTE regular role to 2 - 0.50 roles
 - 1.0 FTE project Healthy Communities Specialist in Substance Use program
 - 1.0 FTE project Health Educator in Substance Use program
 - 1.0 FTE project Health Communities Specialist in Child Death Review program
 - 1.0 FTE regular Health Policy Analyst currently underfilled at .50 FTE, separate this FTE to make an additional .50 FTE
 - Swap a 1.0 FTE regular Epidemiologist 2 with Fund 125 to Fund 124, Current REGULAR employee doing the work
 - Use swapped 1.0 FTE project as listed with CDMH role and request to move to a regular FTE utilizing opioid settlement funds and reclassify to a Healthy Communities Specialist
 - Continue 1.0 FTE project Sound Foundation Manager role through 12/31/2026

STI Clinic Continuation

- Funding for trial period is finite – unfunded request to continue
- Opened a sexually transmitted infections clinic in December 2023 to serve those in the community that are unable to access traditional healthcare settings
- Since December, clinic has provided services to almost 300 residents (as of May) utilizing just 1 nurse practitioner
- In May of 2024, added a clinical manager position and a medical assistant position to enhance clinical services
- The clinical manager and medical assistant positions were hired as project FTEs and are invaluable to clinic operations
- Included in the budget to reclassify positions to regular, ongoing

Opioid Settlement Funding

- Continue the Epidemiologist II (regular) now filled, to improve data quality and timeliness as well as expand data sources:
 - Including qualitative data from community partners and those directly affected by the opioid crisis.
 - Increase staffing closer to a reasonable level for this body of work.
 - Diversify and optimize data visualization for consumption by the public as well as external partners and media.
- Exec recommended budget includes additional \$50,000 in funds to purchase Narcan for use by community groups outside of the leave behind program. Support the first responder leave behind program to reduce the number of overdose deaths by making Narcan more readily available via our Fire/EMS and other first responder communities.
- On Hold: Request for a Primary Prevention Educator (1.0 FTE listed on previous slide) to provide school-based education to mitigate occurrences of substance use disorder. This is identified in Phase II of the spending plan.



Environmental Health Software

- Replace the software system EH is utilizing. The current vendor potentially will not support EnvisionConnect through the end of this biennium.
 - Will utilize fund balance EH fee reserves to fund software.
 - \$500,000 implementation costs for new software.
 - \$316,000 for annual licensing fees.
 - Central IT services support issues with EnvisionConnect.
 - Is currently IT's #2 support request.
 - In 2023, 304 tickets were received by the help desk.
 - Through 6/22/2024, 363 tickets received.

Benefits of replacing the system

1. Well functioning system that is easy to use will ensure the division works efficiently
2. Will provide a better customer service experience
3. Additionally, the system will no longer be supported by vendor and will need to be supported internally by County IT



Questions?

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