



SNOHOMISH HEALTH DISTRICT
RESOLUTION OF THE BOARD OF HEALTH

RESOLUTION NUMBER: 19-14

RESOLUTION SUBJECT: APPROVAL OF THE CALENDAR FOR THE 2020 BUDGET

WHEREAS, the Snohomish Health District budget reflects revenues and expenditures that support public health services throughout Snohomish County; and

WHEREAS, the Board of Health annually adopts its yearly budget in December of the previous year; and

WHEREAS, Board members work with staff during the year to finalize the coming year's budget; and

WHEREAS, by Res. 18-27 the Board directed staff to develop a budget calendar process that can be applied and used in developing the 2020 budget and budgets thereafter; and

WHEREAS, on April 18, the Budget Ad Hoc Committee (consisting of Board members Nehring, Redmon, Sullivan, and Sutton) met with Health District staff and provided guidance in the development of the 2020 budget calendar; and

WHEREAS, the draft calendar proposed by staff was shared with the Budget Ad Hoc Committee for input, then provided to the Administration Committee and the Executive Committee at their May meetings for feedback.

NOW, THEREFORE, the Board of Health approves the final 2020 budget calendar as shown in Attachment A of this resolution.

ADOPTED this 11th day of June 2019.

Stephanie Wright, Chair
Board of Health

ATTEST:

Jefferson Ketchel, MA RS
Administrator

ATTACHMENT A

Snohomish Health District

2020 Budget Calendar

Budget will be to program level, but Board approval required for changes between divisions.

May

- 22 Present calendar to Executive Committee
- 24 Leadership budget retreat
- 30 Pro Forma operating budget (to program level), proposed work plans, report on cost per mandated service

June

- 7 Budget Ad-Hoc meeting #1 (review pro-forma and work plans, develop capital budget calendar)
- 11 Board approves budget calendar
Update Board on request to County Executive, feedback on priorities (non-mandated)
- 18 Leadership team review from #1
- 21 Budget Ad-Hoc meeting #2 (finalize request to County Executive)
- 25 Leadership team review from #2
- 26 Briefings to Executive and Admin Committees
- 27 Submit budget request to County Executive

July

- 12 Budget Ad-Hoc #3 (Adjustment due to final state budget)
- 16 Leadership team review from #3
- 19 Budget Ad-Hoc #4 (finalize presentation to County Executive)
- 23 Leadership team review from #4
- 24 Briefings to Executive and Admin Committees
- 25 Presentation to County Executive
- 31 2020 indirect rate due to DOH

August

- 2 Fee schedule review released
- 9 Budget Ad-Hoc #5 (review agency fee schedule)
- 20 Leadership team review from #5

- 23 Budget Ad-Hoc #6 (recommendation on fee schedule adjustments)
- 27 Leadership team review from #6
- 28 Briefings to Executive and Admin Committees, present recommendation on fee schedule
- 28 Response received from County Executive

September

- 6 Budget Ad-Hoc #7 (Review response from County Executive, review fee schedule feedback from Executive and Admin Committees)
- 17 Leadership team review from #7
- 25 Briefings to Executive and Admin Committees, decision on fee schedule proposal for Board
- 27 Budget Ad-Hoc #8 (develop presentation to County Council, continue capital budget)

October

- 1 Leadership team review for #8
- 8 Board of Health – Present fee schedule
- 11 Budget Ad-Hoc #9 (Review Board fee schedule feedback, final County Council presentation)
- 15 Leadership team review from #9
- 16 Present to County Council
- 23 Briefings to Executive and Admin Committees

November

- 1 Budget Ad-Hoc #10 (finalize presentation and budget packages to Board)
- 5 Leadership team review from #10, budget presentation for Board packet final
- 12 Board of Health – operating and capital budget presentations, fee schedule public hearing and adoption
- 19 County Council final budget
- 22 Budget Ad-Hoc #11 (review final County budget, finalize final operating and capital budget proposals)
- 26 Leadership team review from #11
- 27 Briefings to Executive and Admin Committees

December

- 3 Final operating and capital budgets for Board packet final
- 10 Board of Health – public hearing and final operating and capital budgets adoption

Local Public Health State Mandated Programs

Snohomish Health District

RCW 70.05	Local Health Departments, Boards, Officers - Regulations Requires local public health through its Board and Health Officer to: <ol style="list-style-type: none"> 1. Maintain health and sanitation for the protection of public health. 2. Preserve, promote, and improve public health. 3. Control and prevent dangerous, contagious, or infectious diseases. 4. Prevent, control, and abate nuisances detrimental to public health. 5. Inspect public water systems as necessary. 6. Establish health education or training activities. 7. Establish and collect fees. 8. Implement an on-site sewage management plan
RCW 34.05	Administrative Procedure Act Directs process for enforcement of regulations.
RCW 43.20	State Board of Health Requires local public health to enforce all rules adopted by the state board of health.
RCW 43.70	Department of Health Allows the Secretary of Health to act as the local health officer under certain conditions. New foundational public health services legislation not yet reflected in RCW.
RCW 69.48	Drug Take-Back Program Creates a statewide drug takeback program. Allows local public health to enforce a local ordinance for up to 12 months after the statewide system begins operation.
RCW 70.24	Control and Treatment of Sexually Transmitted Diseases Requires local public health to investigate identified partners of people infected with a sexually transmitted disease, conduct court ordered HIV tests, require HIV tests of individuals who expose first responders or healthcare staff to bodily fluids, and make available HIV testing and counseling to those arrested for prostitution or drug offenses
RCW 70.28	Control of Tuberculosis Requires local health officers to investigate, control, and prevent the spread of tuberculosis.
RCW 70.58	Vital Statistics Requires local public health to act as registrars for birth and death records.
RCW 70.46	Health Districts Defines the creation and governance of a health district.
RCW 70.160	Smoking in Public Places Authorizes local public health to pass laws enforcing smoking in public places and defines those places.

- RCW 70.345 Vapor Products**
Local public health works with the Liquor and Cannabis Board on regulating use of vapor products. Authorizes local public health to pass laws regulating public indoor and some outdoor use.
- RCW 70.105 Hazardous Waste Management**
WAC 173-303 Dangerous Waste Regulations
Local public health works with the Department of Ecology on regulating solid wastes that are hazardous to human health.
- RCW 70.95 Solid Waste Management – Reduction and Recycling**
WAC 173-304 Minimal Functional Standards for Solid Waste Handling
WAC 173-350 Solid Waste Handling Standards
Local public health is required to permit solid waste storage, treatment, processing, handling, recycling, and disposal operations/facilities with the exception for those regulated under MTCA or CERCLA.
- WAC 246-101 Notifiable Conditions**
Local public health is required to track, review, and determine action for notifiable conditions. This includes maintenance of confidential records, notifying facilities regarding their reporting requirements, HIV partner notification, communication with health care providers, and investigating other diseases as deemed necessary by the Health Officer.
- WAC 246-110 Contagious Disease – School Districts and Childcare Centers**
Local public health is responsible for controlling and eliminating the spread of disease in child cares and schools.
- RCW 64.44 Contaminated Properties**
WAC 246-205 Decontamination of Illegal Drug Manufacturing or Storage Sites
Local public health determines contamination and oversees the decontamination of clandestine drug labs and storage facilities.
- RCW 70.90 Water Recreation Facilities**
WAC 246-260 Water Recreation Facilities
Local public health regulates public and limited use pools, spas, and spray pools.
- WAC 246-272A On-Site Sewage Systems**
Local public health regulates on-site sewage systems up to 3,500 gallons per day.
- WAC 246-291 Group B Public Water Systems**
Local public health has the option to regulate small public water systems. SHD has not exercised the option. DOH oversees in Snohomish County
- WAC 246-366 Primary and Secondary Schools**
Local public health regulates health and safety at K-12 schools.

Local Foundational Public Health Services**Snohomish Health District**

(state-only services omitted)

Foundational Public Health Services are a limited statewide set of core services which the governmental public health system is responsible for providing in a consistent and uniform way in every community. These services should be delivered in ways that maximize the efficiency and effectiveness of the overall system, make best use of the public health workforce and evolving technology, and address health equity.

FOUNDATIONAL CAPABILITIES

A. Assessment (Surveillance and Epidemiology). The foundational definition of this capability includes:

2. Ability to access, analyze, and use data from a minimum of eight specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable condition data, (4) certain clinical administrative data sets including hospital discharge, (5) BRFSS, (6) HYS, (7) basic community and environmental health indicators, and (8) local and state chart of accounts.
3. Ability to prioritize and respond to information and data requests and to translate data into information and reports that are valid, statistically accurate, and readable by the intended audiences.
4. Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health.

B. Emergency Preparedness (All Hazards). The foundational definition of this capability includes:

1. Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations.
2. Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
3. Ability to activate public health emergency response personnel in the event of a public health crisis; coordinate with federal, state, and county emergency managers, and other first responders; and operate within, and as necessary lead, the incident management system.
4. Promote community preparedness by communicating with the public in advance of an emergency about steps that can be taken before, during, or after a disaster.

C. Communication. The foundational definition of this capability includes:

1. Ability to maintain ongoing relations with local and statewide media, including the abilities to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served, including use of electronic communication tools.

D. Policy Development and Support. The foundational definition of this capability includes:

1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, they must include evaluation plans.
2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative/promising and include evaluation plans) and that address the social determinants of health and health disparities.
3. Ability to utilize cost benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment.

E. Community Partnership Development. The foundational definition of this capability includes:

1. Ability to create and maintain relations with important partners, including health-related national, statewide, and community-based organizations; community groups or organizations representing populations experiencing health disparities; key private businesses and health care organizations; and key federal, tribal, state, and local government agencies and leaders.
2. Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

F. Business Competencies. The foundational definition of this capability includes:

1. *Leadership.* Ability to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the public face of governmental public health in the community.
2. *Accountability and Quality Assurance Services.* Ability to uphold business standards and accountability in accordance with federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards.
3. *Quality Improvement.* Ability to continuously improve processes, including plan-do-study-act cycles.
4. *Information Technology Services.* Ability to maintain and access electronic health information to support the public health agency's operations and analyze health data. Ability to support, maintain, and use communication technology.
5. *Human Resources Services.* Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning functions; training; and performance review and accountability.
6. *Fiscal Management, Contract, and Procurement Services.* Ability to comply with federal, state, and local standards and policies.
7. *Facilities and Operations.* Ability to procure, maintain, and manage safe facilities and efficient operations.
8. *Legal Services and Analysis.* Ability to access and appropriately use legal services in planning and implementing public health initiatives.

FOUNDATIONAL PROGRAMS

G. Control of Communicable Disease and Other Notifiable Conditions. The foundational definition of this program includes:

1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on communicable disease and other notifiable conditions and their control.
2. Promote immunization through evidence based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.
3. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing important communicable diseases and other notifiable conditions such as influenza and hepatitis, seek resources for and advocate for high priority policy and other control initiatives regarding communicable diseases and other notifiable condition.
4. Ability to receive laboratory reports and other identifiable data; conduct disease investigations, including contact notification; and recognize, identify, and respond to cases and outbreaks/clusters of communicable diseases and other notifiable conditions in accordance with national, state, and local mandates and guidelines.
5. Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to Centers for Disease Control and Prevention (CDC) guidelines.
6. Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to CDC guidelines.
7. Assure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.
8. When additional important services are delivered regarding communicable disease and other notifiable conditions, assure that they are well coordinated with foundational services.

H. Chronic Disease and Injury Prevention. The foundational definition of this program includes:

1. Provide timely, statewide, and locally relevant and accurate information statewide and to communities on chronic disease (including behavioral health¹) and injury prevention.
2. Identify statewide and local chronic disease (including behavioral health¹) and injury prevention community assets, develop and implement a prioritized prevention plan, seek resources for and advocate for high priority policy initiatives.
3. Reduce statewide and community rates of tobacco use through programs that conform to standards set by Washington laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure. Contribute to a reduction in statewide and community rates of alcohol and other drug use by working with partners at the state and local level to identify (1) evidence-based population-based interventions or (2) innovative/promising population-based interventions with valid evaluation studies; and collaborate with partners in generating funding for these interventions.
4. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized program of best and emerging practices aligned with national and state guidelines for healthy eating and active living.

5. When additional important services are delivered regarding chronic disease and injury prevention, assure that they are well coordinated with foundational services.

I. Environmental Public Health. The foundational definition of this program includes:

1. Provide timely, statewide, and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures.

2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources for and advocate for high priority policy initiatives.

3. Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.

4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions, and other public health threats related to environmental hazards.

6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities, and transportation).

7. When additional important services are delivered regarding environmental public health, assure that they are well coordinated with foundational services.

J. Maternal/Child/Family Health. The foundational definition of this program includes:

1. Provide timely, statewide, and locally relevant and accurate information statewide and to communities on emerging and on-going maternal child health trends, taking into account the importance of Adverse Childhood Experiences (ACEs) and health disparities.

3. Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.

4. Identify local maternal and child health community assets, develop a prioritized prevention plan using life course expertise and an understanding of health disparities, seek resources for and advocate for high priority policy initiatives.

5. When additional important services are delivered regarding maternal, child, and family health, assure that they are well coordinated with foundational services.

K. Access/Linkage with Medical, Oral, and Behavioral Health Care Services. The foundational definition of this program includes:

1. Provide accurate timely, statewide, and locally relevant information statewide and to communities on the medical, oral, and behavioral health care system.

2. Participate actively in local, regional and state level collaborative efforts regarding medical, oral and behavioral systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health.

3. In concert with national, statewide, and local health care providers and groups, develop and implement prioritized plans for assuring access to specific clinical services of public health importance such as family planning, key services for pregnant women and their infants (i.e. maternity support, WIC), and STD and HIV testing and treatment; seek resource for and advocate for high priority policy initiatives.

5. When additional important services are delivered regarding medical, oral and behavioral health, assure that they are well coordinated with foundational services.

L. **Vital Records.** The foundational definition of this program includes:

2. Provide certified birth and death certificates in compliance with state law and rule.