



**Snohomish Health District  
Board of Health Minutes  
November 12, 2019**

The meeting was held at Snohomish Health District, 3020 Rucker Ave., first floor Auditorium.

**Members Present**

Scott Bader, Councilmember, Everett (via phone)  
Christine Cook, Councilmember, Mukilteo  
Adrienne Fraley-Monillas, Councilmember, Edmonds (via phone)  
Kurt Hilt, Councilmember, Lake Stevens – BOH Vice Chair  
Sam Low, County Councilmember (via phone)  
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace  
Liam Olsen, Councilmember, Bothell (via phone)  
Nate Nehring, County Councilmember  
Dan Rankin, Mayor, Darrington  
Linda Redmon, Councilmember, Snohomish  
Terry Ryan, County Councilmember (via phone)  
Shirley Sutton, Councilmember, Lynnwood  
Jeff Vaughan, Councilmember, Marysville

**Members Absent**

Brian Sullivan, County Councilmember  
Stephanie Wright, County Councilmember – BOH Chair

**Call to Order**

The regular meeting of the Board of Health was called to order at 3:07 p.m. by Vice Chair Kurt Hilt in the auditorium of the Snohomish Health District Rucker Building.

**Roll Call**

Roll call was taken by Ms. Linda Carl who reported there was a quorum present.

**Arrivals/Departures**

Adrienne Fraley Monillas joined via phone at 3:15 p.m.

**Approval of agenda**

It was moved by Ms. Linda Redmon and seconded by Mr. Nate Nehring to approve the agenda contents and order. The motion passed unanimously.

**Approval of Minutes**

It was moved by Ms. Chris Cook and seconded by Ms. Shirley Sutton to approve the minutes of the regular meeting of October 8, 2019, and the special meeting of October 8, 2019. The motion passed unanimously.

**Public Comment**

There were no volunteers to speak during public comment. Public comment was closed.

**Written Reports**

Committee reports are provided in the Board packet.



## **Consent**

It was moved by Mr. Nehring and seconded by Ms. Kyoko Matsumoto Wright to approve the following consent agenda items:

- a. Approve vouchers and Res. 19-24 authorizing September 2019 expenditures for Health District and PHEPR fund.

The motion passed unanimously.

## **Briefings**

*Draft Res. 19-17 regarding expense reimbursement to Board members for meeting attendance (SR 19-078)*

Mr. Shawn Frederick stated that this question came up several months ago regarding the amount and capacity in which Board members are compensated for participating in Board meetings. Comparatives are included in the packet, as well as dollar amounts if the Board decides to change the level of compensation. We currently pay for all committee participation as well. Ms. Redmon and Mr. Nehring mentioned support for doing away with all compensation. Mr. Nehring added that he'd be supportive of keeping it where it is or reducing the amount. Ms. Redmon added that part-time electeds give up time to attend meetings and this could be a consideration for some compensation. Ms. Cook suggested a mileage reimbursement for those who have to travel. Ms. Matsumoto Wright stated that payment doesn't make up for missed time at work, but compensation could be provided for gas money. Mr. Rankin said that mileage reimbursement is nice but not necessary. Mr. Liam Olsen was supportive of a mileage reimbursement only. Mr. Rankin suggested looking at whichever is less--\$55 per meeting or mileage reimbursement. Mr. Hilt recommended that the Administrative and Executive Committees revisit this with today's input, and that it come back to the Board at a later date with a recommendation.

*Preliminary 2020 Health District budget (SR 19-113)*

Mr. Frederick provided a PowerPoint presentation regarding the preliminary budget. He noted that this budget started with a \$1.7M deficit—10% of our entire budget. Currently the budget is balanced with \$16.1M in revenue, which represents a reduction in expenditures over the 2019 amended budget. The 2019 amended budget is projected to have a deficit of over \$400K. The preliminary 2020 budget proposes a reduction of 14.1 FTEs. Some items are carryovers from the 2019 budget, including a moratorium on out-of-state travel, a freeze on open positions unless approved by the Board, completion of the financial performance audit, and an implementation of budgeting software. He reviewed budget assumptions, including transition of the WIC program and reduction of the childcare health outreach and first steps programs. The budget includes all payouts for affected employees, as well as increases in insurance rates.

Several cities have confirmed their per capita contributions with several more expected but not confirmed. Projected revenues are similar to the 2019 amended budget. Mr. Frederick noted that the 2016 and 2017 budgets projected a deficit if program changes were not made. He reviewed proposed organizational changes, including moving all operational programs out of administration so that administration can focus solely on support to the operational areas of the agency. This reorganization will also be tied to maximizing leasable space for rental potential.

Regarding revenue by division, Mr. Frederick noted that the PHEPR fund will no longer be a separate fund but will be included in the EH division budget.

New IT servers and switches are a capital request. Non-capital requests include flooring, exterior pressure-washing and paint, window replacement on the third floor, and electronic health record implementation. The fund projected balance is over \$8.7M and includes mandated funds, such as the working capital fund. The six-year forecast shows a balanced budget in 2020, followed by five years of surplus budgets, and a balanced budget in 2026. Mr. Frederick stated that the goal is to take proactive steps to identify new sources of revenue,



deliver public health services more cost-effectively, be innovative, build new partnerships, and find better ways to maximize our fund opportunities.

Mr. Frederick asked the Board to consider continuing the childcare health outreach program for one more year. He stated that this program is looking at ways to provide training statewide at a cost of \$10 per credit, potentially making this a revenue-producing program. Implementing this could also provide a framework for other ways we could deliver public health services throughout the state. To continue the childcare health outreach program for the year would be an additional \$94K in the 2020 budget.

As we continue to modernize the Health District, we need to consider policy issues related to funding models and how we continue to improve financial stability, such as maximizing leasable space in the Rucker Building and forming a public health foundation. Conversations regarding building effective performance measures and policy management will continue into 2020 and beyond. We also need to look at fleet management and digitizing our environmental health records.

### **Special Business**

#### *Public hearing regarding the preliminary 2020 Health District budget*

Vice Chair Hilt opened the public comment portion of the public hearing on the preliminary budget. There were no volunteers to speak. Vice Chair Hilt closed the public comment portion of the public hearing.

Ms. Redmon asked what was the initial deficit of the WIC program. Mr. Frederick responded that the contract with DOH is \$799K to provide WIC services; the Health District's cost is \$1.2M before overhead allocation. The initial deficit is approximately \$430K. With overhead allocation, the WIC program deficit is just over \$1M. The lease cost for the South County building is an additional \$227K. Labor is 81% of total costs. Ms. Redmon asked what options were offered by staff or union reps. Mr. Frederick responded that several staff suggested early-retirement packages or a creation of a grant specialist position. AFSCME has been very engaged in the process and are working with their members; they're expected to bring back a proposal in the next few weeks. Given the trends of usage of WIC, Ms. Redmon asked about right-sizing the program. Mr. Frederick stated they looked at several options, such as going from two clinics to one clinic, adjusting staffing, and separating first steps; however, each scenario took the budget into a deficit beginning in 2020 and increasing in subsequent years. Ms. Redmon asked if there are any non-budgeting factors related to the final decision. Mr. Frederick responded that in conversations with DOH, one thing that was brought up was the absence of wraparound services. The number of WIC clients we've served has steadily declined, and we have high no-show rates. It's likely other providers in the community could provide better overall services, such as well-child checkups.

Mr. Frederick confirmed that this preliminary budget came directly from the budget ad hoc committee, which has met 11 times. Ms. Adrienne Fraley-Monillas added that the committee looked at every possible way to potentially make cuts without affecting staff and programs; it became clear to the committee that WIC could be picked up by other agencies. The Health District is currently overstaffed based on current clients. She said transitioning out of WIC is probably the best way to ensure that clients continue to receive services and that there's a smooth transition for the program and for affected employees.

Vice Chair Hilt closed the public hearing.

### **Action Items**

**Adopt Res. 19-25 regarding intent to take on the responsibility for naloxone distribution and tracking in the county, and tying the program to per capita contributions of at least \$1.00 per resident or direct invoicing to participating cities that do not contribute per capita funding (SR 19-110; H. Thomas)**

Ms. Heather Thomas indicated that the resolution before the Board is a culmination of input from the Board's committees. The recommendation is to tie the countywide naloxone program to tie it to \$1 per capita contributions from the cities. The Health District would be responsible for purchasing, dispersing, and data-



collection, and would work with the per capita cities on outreach and educational events. For non-per capita cities, we could enter into an agreement to purchase naloxone, then invoice them at 32% overhead costs. The cost is approximately \$40-50K for 2020, but we would need to do a full inventory analysis. The AmeriCorps/VISTA member is funded through a CDC grant. That position would be modified to take on some of this work, plus we would do additional outreach through the healthy communities team.

Mr. Frederick noted that the associated costs are not included in the budget but could be for the December Board meeting.

Ms. Thomas added that if the Board agrees to move forward, staff will notify cities and police departments tomorrow. She said in surveying police departments, there was interest in having a coordinating entity take this over, specifically inventory management, data collection, and training. Staff has not yet proposed the per capita tie to the cities pending Board agreement.

Ms. Fraley-Monillas said this is a perfect example of what the Health District can do voluntarily that has a major community impact. Mr. Rankin asked if there's data on contract cities' naloxone usage. Ms. Thomas said that Snohomish County Human Services provided a map of naloxone usage. The Sheriff's office contracts with some cities that may also be per capita cities; in this case, the Sheriff's office could cover the cost of the naloxone, but we could provide data tracking, monitoring, and coordinated outreach to the community.

It was moved by Ms. Redmon and seconded by Ms. Matsumoto Wright to adopt Res. 19-25 regarding intent to take on the responsibility for naloxone distribution and tracking in the county, and tying the program to per capita contributions of at least \$1.00 per resident or direct invoicing to participating cities that do not contribute per capita funding. The motion passed unanimously.

#### **Approve Health District 2020 legislative priorities (SR 19-109)**

At the request of some cities, the Health District has developed a list of its own priorities, which was developed looking at the State Department of Health's and WSALPHO's list of priorities, and including some Board members' input. This is a combined federal and state public health priority list; the top three items have funding tied to them, and the others are policy priorities, plus some position statements. There was a request to add opioids, which was added under funding. Rep. Strom Peterson has already pulled together a team to look at a sharps product stewardship (listed under our policy priorities); Ms. Thomas and Ms. Nicole Thomsen sat on that call earlier today.

Mr. Nehring indicated that for the County's legislative agenda, they've been looking at shared marijuana revenues from the state. He indicated that \$38M per year goes to the state from Snohomish County, but we only get \$1M back for the opioid and drug-related responses. He suggested adding shared marijuana funding to the Health District's legislative agenda requesting a greater portion come back to the local level. Ms. Thomas added that the Health District receives \$16K from the state for marijuana prevention. Based on the discussion, staff will add wording to the legislative agenda that requests a greater portion of the marijuana funding to come back to the local level.

It was moved by Vice Chair Hilt and seconded by Ms. Matsumoto Wright to approve the Health District 2020 legislative priorities as shown in Exhibit A, amended as discussed regarding marijuana funding from the state. The motion passed unanimously.

#### **Confirm the appointment Karri Matau to fill an unexpired term on the Public Health Advisory Council through June 2021 (SR 19-107)**

Ms. Karri Matau is currently the CEO of the Community Foundation of Snohomish County and is recommended to fill the philanthropy/funders vacancy on the PHAC.

It was moved by Ms. Redmon and seconded by Ms. Cook to confirm the appointment Karri Matau to fill an unexpired term on the Public Health Advisory Council through June 2021. The motion passed unanimously.



### **Executive Session**

The Board convened into executive session for the purpose of pending litigation pursuant to RCW 42.30.110(1)(g). Vice Chair Hilt announced that executive session is expected to last up to 10 minutes, unless extended, and the Board will reconvene into regular session at 4:20 p.m. and is not expected to take action.

The Board announced two five-minute extensions and reconvened into regular session at 4:30 p.m. They took no action.

### **Interim Administrator's Report**

Mr. Frederick had no report.

### **Interim Health Officer's Report**

Vice Chair Hilt stated that Dr. Spitters is on vacation.

### **Information Items**

Vice Chair Hilt announced that the next Board meeting is on December 10 at 3 p.m.

### **Adjournment**

The meeting was adjourned at 4:32 p.m.

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Stephanie Wright, Chair

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Shawn Frederick, Interim Administrator / Secretary