2020 BUDGET

SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Dec. 10, 2019

Acknowledgements

BOARD OF HEALTH MEMBERS

- **Stephanie Wright**, Chair, Snohomish County Councilmember
- **Kurt Hilt**, Vice-Chair, Lake Stevens City Councilmember
- **Scott Bader**, Everett City Councilmember
- **Christine Cook**, Mukilteo City Councilmember
- **Adrienne Fraley-Monillas**, Edmonds City Councilmember *****
- **Sam Low**, Snohomish County Councilmember
- **Kyoko Matsumoto Wright**, Mayor of Mountlake Terrace
- **Nate Nehring**, Snohomish County Councilmember
- **Liam Olsen**, Bothell City Councilmember
- **Dan Rankin**, Mayor of Darrington
- **Linda Redmon**, Snohomish City Councilmember *****
- **Terry Ryan**, Snohomish County Councilmember
- **Brian Sullivan**, Snohomish County Councilmember *****
- **Shirley Sutton**, Lynnwood City Councilmember *****
- **Jeff Vaughan**, Marysville City Councilmember

***** Budget Ad-Hoc Committee

HEALTH DISTRICT SUPPORT

- **Shawn Frederick**, Interim Administrator
- **Pam Aguilar**, Human Resources Manager
- **Kari Bray**, Communications Coordinator
- **Linda Carl**, Executive Assistant
- **Katie Curtis**, Prevention Services Assistant Director
- **Sarah de Jong**, Administrative Assistant
- **Nancy Furness**, Prevention Services Director
- **Tracey Kellogg**, Finance Manager
- **Lynn Ljungquist**, Graphic Designer
- **Andrea Pellham**, Environmental Health Interim Assistant Director
- **Rich Son**, Accountant
- **Bruce Straughn**, Environmental Health Interim Director
- **Heather Thomas**, Public & Government Affairs Manager

Introduction

HONORABLE BOARD OF HEALTH MEMBERS:

It is my pleasure to submit to you my budget for 2020.

The Snohomish Health District has undergone significant changes in 2019, and leadership at all levels is focused on the future of public health in Snohomish County. The budget presented here addresses necessary operational changes to secure a financially sustainable future.

Several changes to this year's budget involve program and position reductions from across the agency. These are being proposed to improve the financial sustainability of the District; but first, I'd like to report on significant accomplishments in 2019.

Administrative Services: The Administrative Services division has undergone significant leadership changes in 2019 but remains steadfast in securing the resources needed for Prevention Services and Environmental Health to conduct their vital work. The division also has been actively engaged in collaborative population health activities.

- The assessment team provided surveillance and response for a measles outbreak and for vaping-associated lung injuries, as well as collected data on the opioid epidemic in partnership with Providence Regional Medical Center Everett and Swedish Edmonds. A tremendous amount of data on a variety of health indicators also has been processed for the Community Health Assessment report, which will inform health improvement efforts for the county.
- Since the launch of a new website at the end of 2018, the Health District has increased options for the public to find information and stay up to date. These include newsletters on a variety of topics as well as calendars, announcements, a blog, and alerts to which anyone can subscribe.
- The Finance team implemented new financial management software earlier in 2019, as well as a budgeting tool that came online in October.
- Healthy Communities staff have provided opioid prevention outreach to multiple schools, senior centers and community groups. This includes an interactive teen bedroom display for parents called "Not in My House: How to talk to your kids about substance use."
- Human Resources collaborated with District employees from each bargaining unit as well as non represented staff to develop a performance-evaluation procedure and tool for use starting in 2020. The District also streamlined its onboarding process with a new learning management system, and started tracking retention, turnover, and applicant information such as time to hire.
- The HVAC system at the Rucker Building was renovated over the summer, including installation of new units on the roof of the building.
- The District has received 337 public records requests in 2019, a 58 percent increase over last year. Overall, requests are being closed sooner, with a 20 percent decrease in the median number of days to close a request and a 76 percent increase in the number of requests being closed within five business days.
- Public Health Emergency Preparedness and Response (PHEPR) hosted a drill in August with staff and volunteers to practice how medication would be distributed to a large population in the event of a disaster or outbreak.

Environmental Health: The Environmental Health division helps ensure the food, water, and environment of Snohomish County are safe from health threats such as disease, pollution, pests, and other hazards. District staff have made several notable accomplishments and participate in multiple partnerships across the region, among them:

- Increasing outreach to businesses about safe disposal of hazardous waste, including through technical assistance visits, handouts, online resources, and educational booths at events such as the county's Earth Day celebration.

Introduction

- Completing more than 4,500 inspections per year at restaurants, grocery stores, food booths, and other establishments. At the Evergreen State Fair this year, the food safety team inspected more than 70 food booths in one day.
- Inspecting approximately 500 public pools and spas at over 300 seasonal and year-round facilities each year. Staff will complete nearly 1,300 of these routine inspections over a 12-month period.
- Reviewing over 1,000 on site septic permit applications annually as well as nearly 1,500 building permits and land use proposals for compliance with Health District code requirements.

Prevention Services: First and foremost is our responsibility to proactively address communicable disease in the county and work collaboratively to ensure equitable access to needed healthcare resources. Prevention Services staff also focus on children and youth, providing services to some of our county's most vulnerable population. Examples of this include:

- Investigating more than 5,700 sexually transmitted diseases (STDs) in Snohomish County between January 2018 and July 2019.
- Adding confirmatory testing for the District's Viral Hepatitis Outreach program, which provides screenings at the Snohomish County jail and the Snohomish County AIDS Outreach Project/Syringe Exchange.
- Providing services for 289 children and youth with special health care needs.
- Investigating more than 1,000 communicable diseases in Snohomish County from January 2018 to July 2019 and responding to a measles outbreak in 2019, with one case reported in Snohomish County.
- Treating 34 active cases of tuberculosis and performing 45 TB skin tests and 400 blood tests during the first half of 2019.
- Training 47 providers and providing technical assistance to 276 clinicians on vaccine-preventable diseases.
- Reaching nearly 1,200 eligible parents with information about Access to Baby and Child Dentistry, and reaching 1,526 people with education about adverse childhood experiences and resilience.

In any public service discipline, it's difficult to quantitatively demonstrate the full value of preventive services. In public health, successful active and ongoing monitoring and surveillance efforts decrease the potential number of disease cases. Combined with successful public outreach and education on the benefits of immunization against vaccine-preventable diseases, the return on investment in public health is mainly demonstrated by a lack of new cases. It's difficult to demonstrate quantitatively the number of new cases that did not occur due to prevention efforts, making it easy for some to question the value of funding for public health services.

The 2019 measles outbreak and continuing high rate of STDs experienced in Snohomish County serve as reminders that public health is a vital service to the residents of Snohomish County.

Once again, our success is measured by the health of the population and how the county's residents and our customers feel about the services provided by the Snohomish Health District. It's my sincere hope you receive the same positive feedback that I do on everything we're doing to improve the health of individuals, families, and communities.

Your leadership and support for the work of Health District staff has continued unabated through 2019, a fitting tribute to your commitment to make Snohomish County a great place for families to live, work, and play.

Respectfully,

Shawn Frederick, MBA
Interim Administrator

Table of Contents

Table of Contents

Acknowledgements 2

Introduction.....3

About Snohomish Health District.....6

Budget Overview 7
- Chart Indicating Budget Forecast with Fee Increases and Staff Reductions 7
- Organizational Charts.....9
- Assumptions Used in Creation of the Projection 11

Revenues 12
- Chart Indicating Sources of Revenue.....12
- Chart with Revenue Over Previous Years to Include Budget 13

Expenditures.....15
- Simple Chart Labor vs. Non-Labor 15
- Chart Showing Expenditures Over Previous Years to Include Budget.....15

Division Budgets.....16
- Operating Budget Overview 16
- Administrative Services Division.....17
- Environmental Health Division.....19
- Prevention Services Division 22

Capital Request.....25

Non-Capital Request 26

Fund Balance Forecast 27

Policy Discussions.....28

Appendices.....30
- Appendix A, Adoption of the 2020 Budget Resolution No. 19-20
- Appendix B, Budget Comparison

About The Snohomish Health District

The Snohomish Health District works for a safer and healthier community through disease prevention, health promotion, and protection from environmental threats. 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. We're separate from Snohomish County government, although it provides financial support and is an essential partner in many functions.

A 15-member Board of Health oversees all matters pertaining to the preservation of life and the health of the population, including policy and budget development. All five Snohomish County council members sit on the Board of Health, 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. Chris Spitters, MD, MPH, serves as the Interim Health Officer for the Snohomish Health District. Shawn Frederick, MBA, was appointed by the Board of Health in June 2019 to serve as the Interim Administrator.

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.

This budget takes that end goal and provides the means and resources to make it happen. We fully realize that the transformation will not happen overnight or even in one budget cycle. Many of these changes will take years to fully implement, and what we think might be the best course today may change as our community evolves. However, each journey begins with an initial step, and that's what is presented in this budget package.

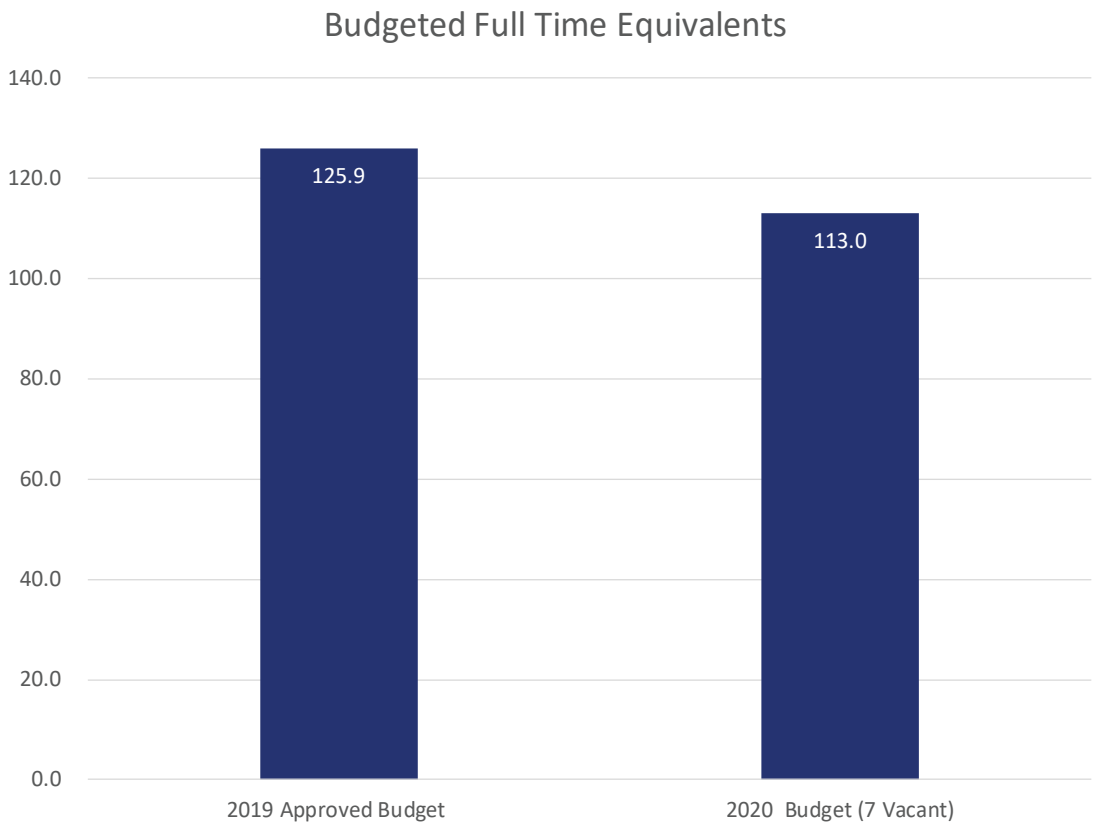
2020 BUDGET

	Admin Services	Environmental Health	Prevention Services	PHEPR	Total	%
Revenue:						
Licenses & Permits	0	4,020,594	0	0	4,020,594	24.00%
Federal Grants	564,622	0	1,869,862	667,780	3,102,264	18.52%
State Grants	3,645,087	455,369	505,163	0	4,605,619	27.49%
Intergovernmental Revenue	1,029,546	8,333	1,600,000	0	2,637,879	15.74%
Charges for Goods & Services	492,741	1,463,313	62,150	0	2,018,204	12.05%
Miscellaneous Revenues	329,944	0	39,501	0	369,445	2.21%
Total Revenues before Reorganization	**6,061,940**	**5,947,609**	**4,076,676**	**667,780**	**16,754,005**	**100.00%**
Proposed Program Reorganization						
Move PHEPR to EH		667,780		(667,780)	0	
Move Vital Records from Admin to EH	(492,741)	492,741			0	
Move Assessment from Admin to PS	0		0		0	
Move Healthy Communties from Admin to PS	(776,418)		776,418		0	
Move Childcare Outreach from EH to PS		0	0		0	
Total Revenues after Reorganization	**4,792,781**	**7,108,130**	**4,853,094**	**0**	**16,754,005**	
Expenditures (Before OH Allocations)						
Labor:						
Salaries & Benefits	**(3,481,787)**	**(4,846,919)**	**(4,171,096)**	**(567,845)**	**(13,067,646)**	**78.00%**
Non-Labor:						
Supplies	(131,968)	(54,019)	(34,957)	(6,000)	(226,943)	1.35%
Professional Services	(887,583)	(91,706)	(270,708)	(5,400)	(1,255,396)	7.49%
Professional Services - Board	(7,150)	0	0	0	(7,150)	0.04%
Communication	(75,609)	(27,937)	(20,027)	(6,828)	(130,401)	0.78%
Mileage & Travel	(30,791)	(13,600)	(9,270)	(4,460)	(58,121)	0.35%
Board of Health Per Diem	(10,380)	0	0	0	(10,380)	0.06%
Advertising	(38,215)	(200)	(1,475)	(1,200)	(41,090)	0.25%
Rents & Leases	(245,182)	(10,800)	(10,710)	0	(266,692)	1.59%
General Insurance	(180,009)	0	0	0	(180,009)	1.07%
Utilities	(75,276)	0	0	0	(75,276)	0.45%
Repairs & Maintenance	(634,814)	(30,500)	(23,000)	0	(688,314)	4.11%
Other Miscellaneous	(75,685)	(14,840)	(2,903)	(1,200)	(94,628)	0.56%
Dues & Memberships	(44,246)	(2,590)	(320)	0	(47,156)	0.28%
Subscriptions	(684)	0	0	0	(684)	0.00%
Printing & Binding	(5,600)	0	0	0	(5,600)	0.03%
Tuition & Registration	(12,710)	(14,350)	(8,534)	(2,460)	(38,054)	0.23%
Software Licences & Support	(162,018)	(143,948)	(178,000)	0	(483,966)	2.89%
Software Licences & Support - Board	(6,500)	0	0	0	(6,500)	0.04%
Vehicles & Computer Equipment	(70,000)	0	0	0	(70,000)	0.42%
Subtotal - Non-Labor	**(2,694,419)**	**(404,490)**	**(559,902)**	**(27,548)**	**(3,686,359)**	**22.00%**
Total Expenditures before Reorganization	**(6,176,206)**	**(5,251,409)**	**(4,730,997)**	**(595,393)**	**(16,754,005)**	**100.00%**
Proposed Program Reorganization						
Move PHEPR to EH		(595,393)		595,393	0	
Move Vital Records from Admin to EH	310,039	(310,039)			0	
Move Assessment from Admin to PS	219,536		(219,536)		0	
Move Healthy Communties from Admin to PS	863,909		(863,909)		0	
Move Childcare Outreach from EH to PS		280,215	(280,215)		0	
Total Expenditures after Reorganization	**(4,782,722)**	**(5,876,626)**	**(6,094,658)**	**0**	**(16,754,005)**	
Surplus / Deficit Excluding Overhead Allocations	**10,059**	**1,231,504**	**(1,241,564)**	**0**	**(0)**	

Budget Overview

This budget includes the following assumptions:

- Transition of Women, Infants and Children (WIC) to community partners effective June 30, 2020.
- Reduction in First Steps and affected nonrepresented staff members effective March 31, 2020.
- Vacation and eligible sick leave payouts for affected employees, as well as anticipated unemployment benefits through Employment Security Department.
- An average increase of 2.32% for 2020 medical rates through Public Employee Benefits Board (eight options), with the minimum increase of .83% and maximum increase of 4.31%.
- An average premium increase of 6.50% for 2020 dental rates through Washington Counties Insurance Fund (two options), with a minimum increase of 3.09% and maximum increase of 9.93%.
- No increase in 2020 vision rates through Washington Counties Insurance Fund (one option).
- PERS employer rates increased from 12.83% to 12.86% as of July 1, 2019.



Two organizational charts are provided in the following pages: one with the current structure and one showing the proposed reorganization in 2020.

Current as of November 2019

BOARD OF HEALTH

ADMINISTRATIVE OFFICER 1.0 FTE

HEALTH OFFICER 1.0 FTE

EXECUTIVE ASSISTANT 1.0 FTE

ADMINISTRATION

Deputy Administrative Officer 1.0 FTE

TITLE	FTE	TITLE	FTE
Privacy and Public Records Officer	*1.0*	CUSTOMER SERVICE	
Business Management Analyst	*1.0*	Customer Service Manager	1.0
ASSESSMENT		*Administrative Assistant*	*1.0*
Epidemiologist II	*1.8*	*Program Specialist II*	*1.9*
Epidemiologist I	*1.0*	Administrative Supervisor	1.0
FINANCE OFFICE		*Program Assistant I*	*3.0*
Finance Manager	1.0	*Program Assistant II*	*5.0*
Program Specialist II	*1.0*		
Accountant	*1.0*	POLICY, OUTREACH & PLANNING	
Purchasing Coordinator	*.50*	Public & Government Affairs Manager	1.0
Financial Analyst	*1.0*	*Communications Coordinator*	*1.0*
Payroll Analyst	*1.0*	*Graphics Designer*	*1.0*
HUMAN RESOURCES		*Health Policy Analyst*	*1.0*
Human Resources Manager	1.0	Outreach & Preparedness Supervisor	1.0
Human Resources Assistant	*1.0*	HEALTHY COMMUNITIES	
MAINTENANCE/FLEET		*Healthy Communities Specialist*	*4.6*
Building & Fleet Maintenance Specialist	*1.0*	*Health Educator*	*1.0*
		EMERGENCY PREPAREDNESS & RESPONSE	
		Emergency Management Specialist	*3.0*

PREVENTION SERVICES

Prevention Services Director 1.0 FTE

Prevention Services Assistant Director 1.0 FTE

TITLE	FTE	TITLE	FTE
HIV/STDs, VHO, CD SURVEILLANCE & RESPONSE		WOMEN, INFANT & CHILDREN (WIC)	
Communicable Disease Supervisor	1.0	WIC Supervisor	1.0
Lead Disease Intervention Specialist STD/HIV	*1.0*	*Registered Dietitian*	*2.7*
Disease Intervention Specialist STD/HIV	*3.0*	*WIC Certifier*	*7.10*
Disease Intervention Specialist VHO	*1.0*	*Program Assistant II*	*2.0*
Public Health Nurse	*3.0*		
Disease Intervention Specialist TB/STD/HIV	*1.0*		
Program Assistant II	*1.0*		
		MATERNAL CHILD HEALTH/FIRST STEPS, VACCINE PREVENTABLE DISEASE	
TUBERCULOSIS & REFUGEE HEALTH			
TB & Refugee Supervisor	1.0		
Registered Nurse	*1.9*	MCH Supervisor	1.0
Outreach Worker II	*2.0*	*Public Health Nurse*	*6.7*
Public Health Nurse	*3.0*	*Vaccine Coordinator*	*1.0*
Program Specialist II	*1.0*	*Program Assistant I*	*1.0*
Program Assistant II	*1.0*		

ENVIRONMENTAL HEALTH

Environmental Health Director 1.0

Environmental Health Assistant Director 1.0

TITLE	FTE
LAND USE & SAFE ENVIRONMENTS	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	*1.0*
Environmental Health Specialist I/II	*6.5*
Registered Dietitian	*.50*
Behavioral Health Specialist	*.50*
Public Health Nurse	*1.0*
LAND USE & SAFE ENVIRONMENTS	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	*1.0*
Environmental Health Specialist I/II	*7.0*
FOOD SAFETY	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	*1.0*
Environmental Health Specialist I/II	*5.0*
Health Education Delivery Specialist	*.25*
FOOD SAFETY	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	*1.0*
Environmental Health Specialist I/II	*6.0*
Health Educator	*.50*

9/4/2019 pea; 11/4/2019

Proposed for 2020 budget

BOARD OF HEALTH

ADMINISTRATIVE OFFICER 1.0 FTE

HEALTH OFFICER 1.0 FTE

EXECUTIVE ASSISTANT 1.0 FTE

ADMINISTRATION

TITLE	FTE	TITLE	FTE
Privacy and Public Records Officer	1.0	FINANCE OFFICE	
Business Management Analyst	1.0	Finance Manager	1.0
Administrative Assistant	1.0	Program Specialist II	1.0
Program Specialist II	.90	Accountant	1.0
COMMUNICATIONS, & POLICY		Purchasing Coordinator	.50
Public & Government Affairs Manager	1.0	Payroll Analyst	1.0
Communications Coordinator	1.0		
Graphics Designer	1.0		
Policy Analyst	1.0		
HUMAN RESOURCES			
Human Resources Manager	1.0		
Human Resources Assistant	1.0		
MAINTENANCE/FLEET			
Building & Fleet Maintenance Specialist	1.0		

PREVENTION SERVICES

Prevention Services Director 1.0 FTE

Prevention Services Assistant Director 1.0 FTE

TITLE	FTE	TITLE	FTE
HIV/STDs, VHO, CD SURVEILLANCE & RESPONSE		HEALTHY COMMUNITIES & ASSESSMENT	
Communicable Disease Supervisor	1.0		
Lead Disease Intervention Specialist STD/HIV	1.0	HC & Assessment Supervisor	1.0
Disease Intervention Specialist STD/HIV	3.0	Healthy Community Specialist	4.6
Disease Intervention Specialist VHO	1.0	Health Educator	1.0
Public Health Nurse	2.0	Epidemiologist II	1.8
Disease Intervention Specialist TB/STD/HIV	1.0	Epidemiologist I	1.0
Program Assistant II	1.0		
		MATERNAL CHILD HEALTH, VACCINE PREVENTABLE DISEASE. CHILDCARE	
TUBERCULOSIS & REFUGEE HEALTH			
TB & Refugee Supervisor	1.0		
Registered Nurse	1.9	MCH Supervisor	1.0
Outreach Worker II	2.0	Public Health Nurse	4.8
Public Health Nurse	3.0	Vaccine Coordinator	1.0
Program Specialist II	1.0	Registered Dietitian	.50
Program Assistant II	1.0	Environmental Health Specialist I/II	.50

ENVIRONMENTAL HEALTH

Environmental Health Director 1.0

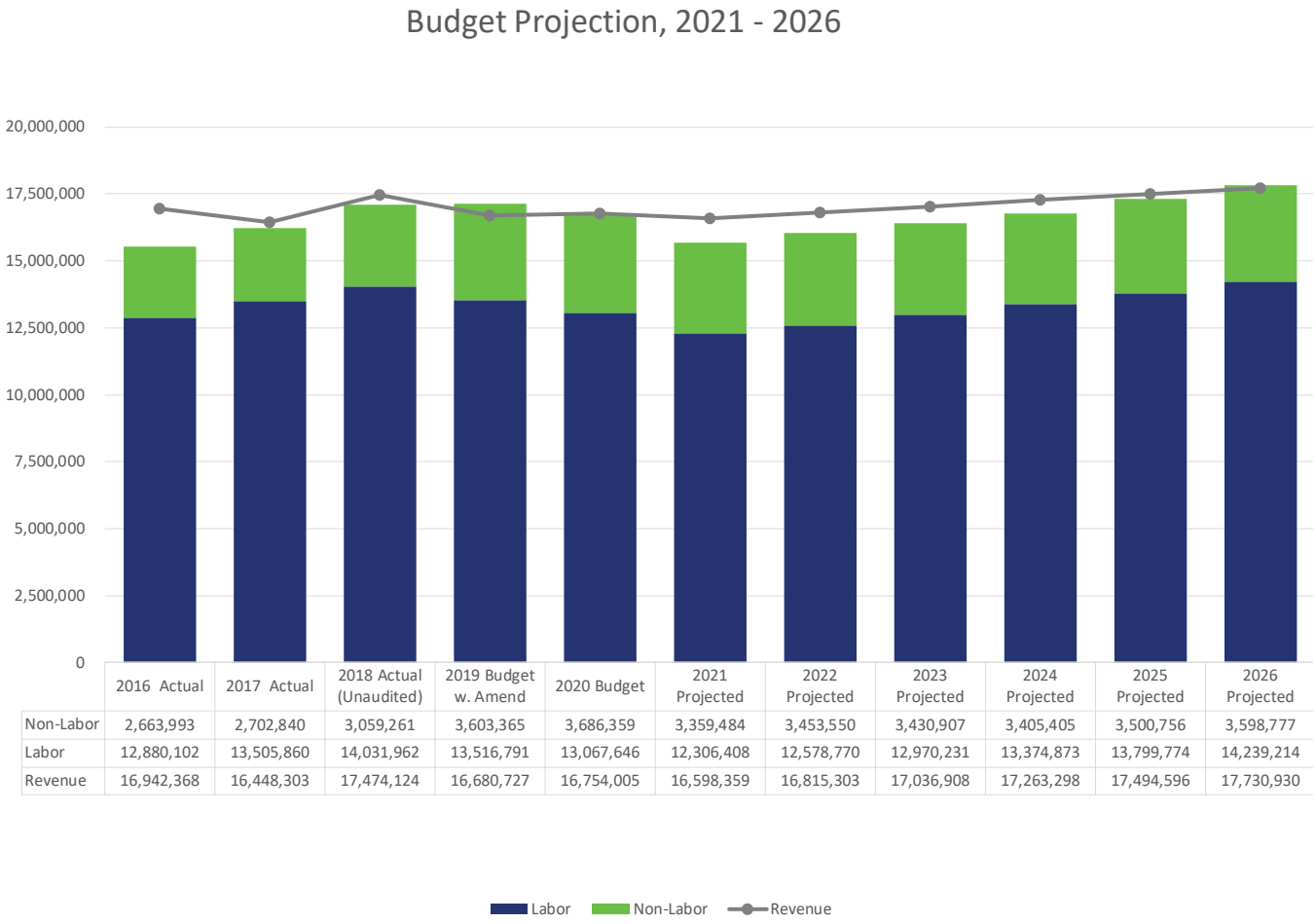
Environmental Health Assistant Director 1.0

TITLE	FTE
Emergency Management Specialist (PHEPR)	3.0
Administrative Supervisor	1.0
Program Assistant I	3.0
Program Assistant II	5.0
Program Specialist II	1.0
LAND USE & SAFE ENVIRONMENTS	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	1.0
Environmental Health Specialist I/II	6.0
LAND USE & SAFE ENVIRONMENTS	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	1.0
Environmental Health Specialist I/II	7.0
FOOD SAFETY	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	1.0
Environmental Health Specialist I/II	5.0
Health Education Delivery Specialist	.25
FOOD SAFETY	
Environmental Health Supervisor	1.0
Environmental Health Specialist III	1.0
Environmental Health Specialist I/II	6.0
Health Educator	.50

9/20/2019 pea; 11/4/2019

Budget Overview

The following chart incorporates expenditure assumptions discussed previously as well as the expected effect of Environmental Health fee increases recently approved. Other revenue is projected based on an historical average increase from 2016-2019 of .56%.

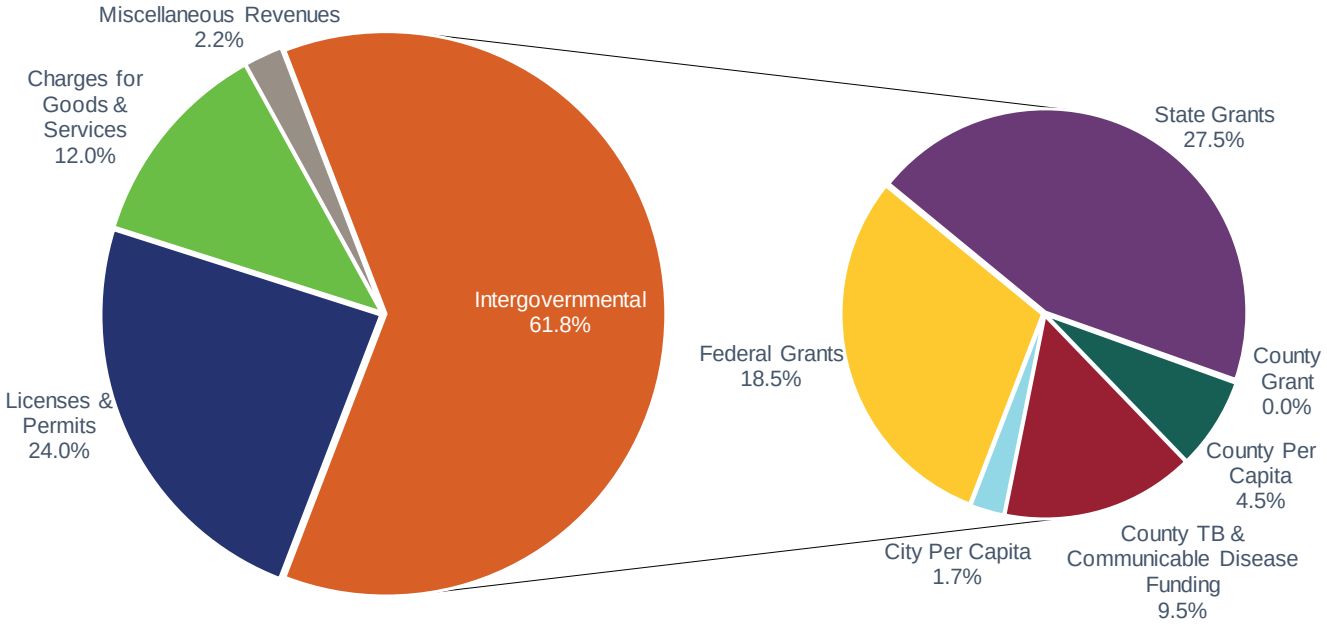


	2016 Actual	2017 Actual	2018 Actual (Unaudited)	2019 Budget w. Amend	2020 Budget	2021 Projected	2022 Projected	2023 Projected	2024 Projected	2025 Projected	2026 Projected
Non-Labor	2,663,993	2,702,840	3,059,261	3,603,365	3,686,359	3,359,484	3,453,550	3,430,907	3,405,405	3,500,756	3,598,777
Labor	12,880,102	13,505,860	14,031,962	13,516,791	13,067,646	12,306,408	12,578,770	12,970,231	13,374,873	13,799,774	14,239,214
Revenue	16,942,368	16,448,303	17,474,124	16,680,727	16,754,005	16,598,359	16,815,303	17,036,908	17,263,298	17,494,596	17,730,930

Revenues

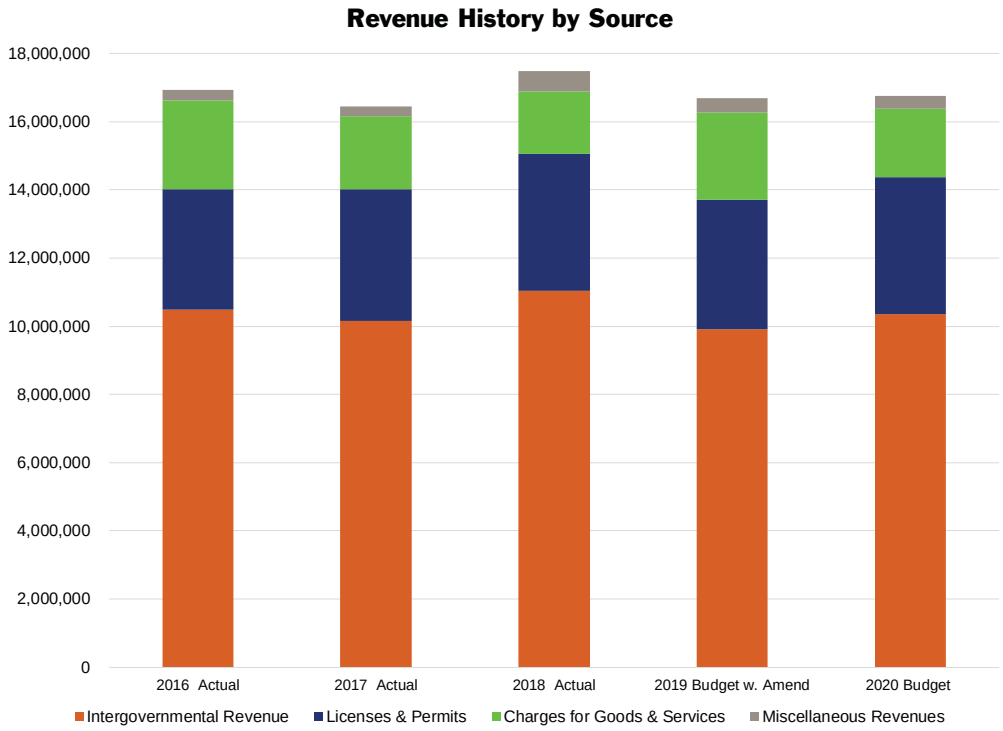
The agency relies heavily on roughly 60 percent of its funding coming from intergovernmental revenue (federal, state, county and city sources) to support public health services. More than two-thirds of the District's revenue is "restricted" or "categorical," which means the majority of the agency's funds can only be used for specific purposes.

2020 Budgeted Revenue By Source



Revenues

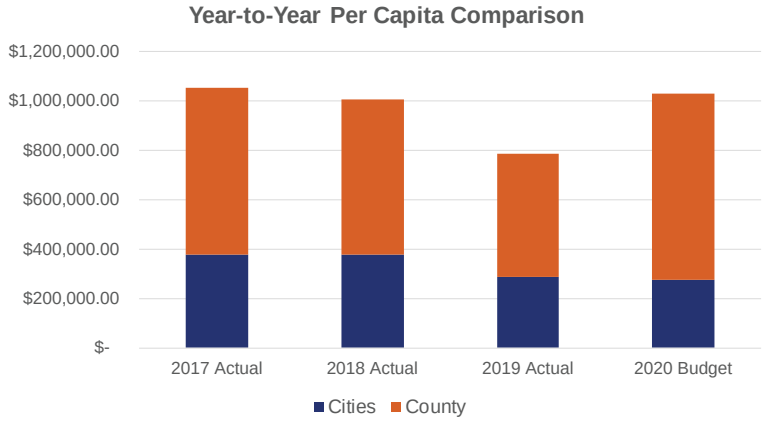
In addition to intergovernmental funds remaining static or declining, these funds are limited term, unpredictable, or fluctuating grants that limit the District's ability to institute change. Grant funding, in particular, does not provide the District with the flexibility needed to begin delivering public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



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

Snohomish County and City Funding

As funding levels have been continuing to decrease and without the ability to levy taxes, the District requested a per capita contribution from the cities, towns, and county starting in 2017. These direct investments in public health by local cities, towns, and Snohomish County have been critical. The chart below reflects annual per capita contributions since 2017.



Revenues

The District has made a request for all cities and the county to provide a per capita contribution for public health funding again in 2020. This budget currently includes $1,029,546 in per capita funding. The table below represents city and county per capita contributions anticipated as of December 4, 2019.

Jurisdiction	2019 Population[1]	2020 Per Capita Rate	2020 Contribution
Snohomish County	365,480	$2.06	$751,618
Arlington	19,740	$0.00	$0
Bothell[2]	18,180	$1.21	$22,000
Brier	6,665	$0.00	$0
Darrington	1,410	$1.00	$1,410
Gold Bar	2,150	$0.00	$0
Edmonds	42,170	$1.00	$42,170
Everett	111,800	$1.00	$111,800
Index	175	$0.00	$0
Lake Stevens	33,080	$0.00	$0
Lynnwood	39,600	$0.97	$38,260
Marysville	67,820	$0.00	$0
Mill Creek	20,590	$0.00	$0
Monroe	19,250	$0.00	$0
Mountlake Terrace	21,590	$1.00	$21,560
Mukilteo	21,350	$1.01	$21,478
Snohomish	10,200	$1.89	$19,250
Sultan	5,180	$0.00	$0
Woodway	1,350	$0.00	$0
Total Budgeted	**807,780**		**$1,029,546**
Pending Requests			
Granite Falls	3,900	$1.00	$3,900
Stanwood	7,020	$1.00	$7,020
Total Requests			**$1,040,466**
Notes:			
1. Data from http://www.ofm.wa.gov/pop/april1/poptrends.pdf			
2. Population of Snohomish County portion only			

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 a fee increase as approved by the Board of Health, effective November 1, 2019.

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.

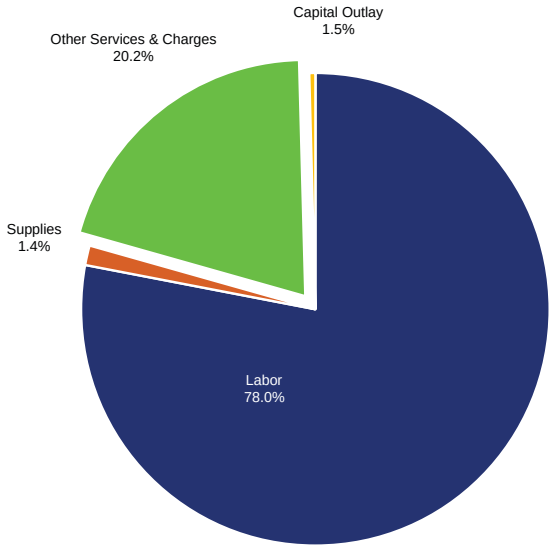
Miscellaneous Revenue

The District has leased a part of the Rucker Building to the General Services Administration on behalf of the Internal Revenue Service for a number of years. While the current lease expires November 30, 2022, the IRS has notified the District of its intent to reduce its square footage. The IRS will need to complete tenant improvements prior to that reduction, so this budget includes their full rental income through June 2020. In addition to lease income, the District receives interest on investments made through the Snohomish County Treasurer's Office.

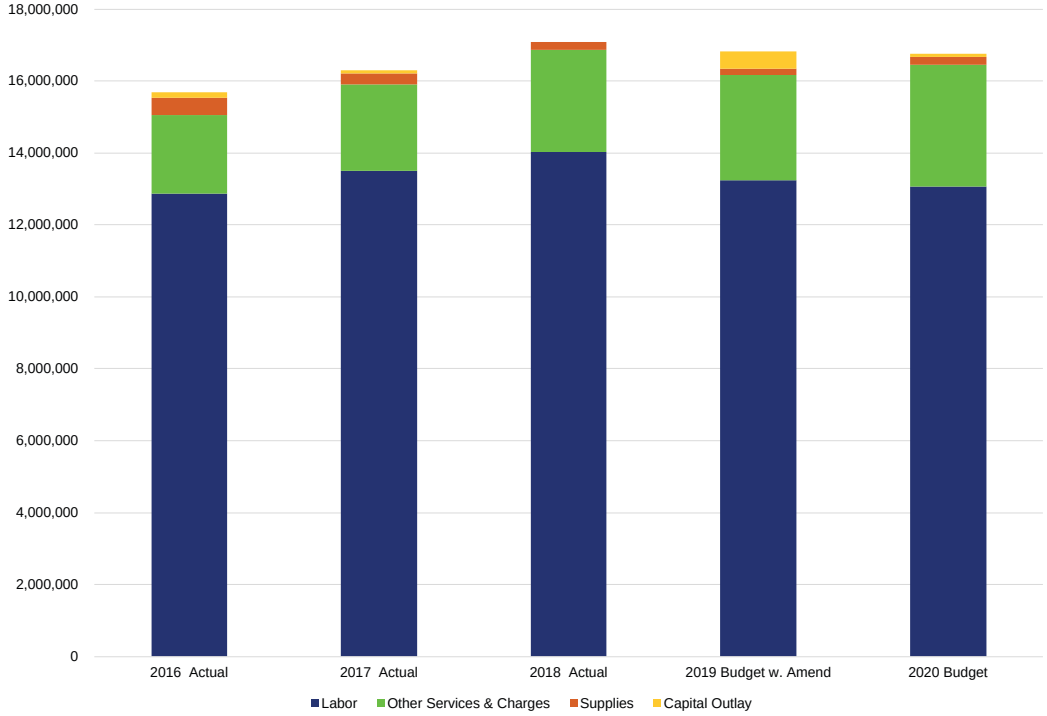
Expenditures

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.

2020 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

2020 BUDGET

	Admin Services	Environmental Health	Prevention Services	PHEPR	Total	%
Revenue:						
Licenses & Permits	0	4,020,594	0	0	4,020,594	24.00%
Federal Grants	564,622	0	1,869,862	667,780	3,102,264	18.52%
State Grants	3,645,087	455,369	505,163	0	4,605,619	27.49%
Intergovernmental Revenue	1,029,546	8,333	1,600,000	0	2,637,879	15.74%
Charges for Goods & Services	492,741	1,463,313	62,150	0	2,018,204	12.05%
Miscellaneous Revenues	329,944	0	39,501	0	369,445	2.21%
Total Revenues before Reorganization	**6,061,940**	**5,947,609**	**4,076,676**	**667,780**	**16,754,005**	**100.00%**
Proposed Program Reorganization						
Move PHEPR to EH		667,780		(667,780)	0	
Move Vital Records from Admin to EH	(492,741)	492,741			0	
Move Assessment from Admin to PS	0		0		0	
Move Healthy Communties from Admin to PS	(776,418)		776,418		0	
Move Childcare Outreach from EH to PS		0	0		0	
Total Revenues after Reorganization	**4,792,781**	**7,108,130**	**4,853,094**	**0**	**16,754,005**	
Expenditures (Before OH Allocations)						
Labor:						
Salaries & Benefits	**(3,481,787)**	**(4,846,919)**	**(4,171,096)**	**(567,845)**	**(13,067,646)**	**78.00%**
Non-Labor:						
Supplies	(131,968)	(54,019)	(34,957)	(6,000)	(226,943)	1.35%
Professional Services	(887,583)	(91,706)	(270,708)	(5,400)	(1,255,396)	7.49%
Professional Services - Board	(7,150)	0	0	0	(7,150)	0.04%
Communication	(75,609)	(27,937)	(20,027)	(6,828)	(130,401)	0.78%
Mileage & Travel	(30,791)	(13,600)	(9,270)	(4,460)	(58,121)	0.35%
Board of Health Per Diem	(10,380)	0	0	0	(10,380)	0.06%
Advertising	(38,215)	(200)	(1,475)	(1,200)	(41,090)	0.25%
Rents & Leases	(245,182)	(10,800)	(10,710)	0	(266,692)	1.59%
General Insurance	(180,009)	0	0	0	(180,009)	1.07%
Utilities	(75,276)	0	0	0	(75,276)	0.45%
Repairs & Maintenance	(634,814)	(30,500)	(23,000)	0	(688,314)	4.11%
Other Miscellaneous	(75,685)	(14,840)	(2,903)	(1,200)	(94,628)	0.56%
Dues & Memberships	(44,246)	(2,590)	(320)	0	(47,156)	0.28%
Subscriptions	(684)	0	0	0	(684)	0.00%
Printing & Binding	(5,600)	0	0	0	(5,600)	0.03%
Tuition & Registration	(12,710)	(14,350)	(8,534)	(2,460)	(38,054)	0.23%
Software Licences & Support	(162,018)	(143,948)	(178,000)	0	(483,966)	2.89%
Software Licences & Support - Board	(6,500)	0	0	0	(6,500)	0.04%
Vehicles & Computer Equipment	(70,000)	0	0	0	(70,000)	0.42%
Subtotal - Non-Labor	**(2,694,419)**	**(404,490)**	**(559,902)**	**(27,548)**	**(3,686,359)**	**22.00%**
Total Expenditures before Reorganization	**(6,176,206)**	**(5,251,409)**	**(4,730,997)**	**(595,393)**	**(16,754,005)**	**100.00%**
Proposed Program Reorganization						
Move PHEPR to EH		(595,393)		595,393	0	
Move Vital Records from Admin to EH	310,039	(310,039)			0	
Move Assessment from Admin to PS	219,536		(219,536)		0	
Move Healthy Communties from Admin to PS	863,909		(863,909)		0	
Move Childcare Outreach from EH to PS		280,215	(280,215)		0	
Total Expenditures after Reorganization	**(4,782,722)**	**(5,876,626)**	**(6,094,658)**	**0**	**(16,754,005)**	
Surplus / Deficit Excluding Overhead Allocations	**10,059**	**1,231,504**	**(1,241,564)**	**0**	**(0)**	

Division Budgets

ADMINISTRATIVE SERVICES DIVISION

The Administrative Services 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.

Communications
The Communications and policy team supports agency initiatives through development and implementation of plans, strategies, and tools to effectively deliver public health information. The department also manages health-awareness campaigns, social media, website content, community outreach, and media relations.

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 department.

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 department administers federal, state, and agency-wide policies and procedures, Labor Relations Act mediations, labor negotiations, and bargaining agreement administration. The department also provides recruitment and retention initiatives, compensation and benefits administration, and training and professional development.

Information Services
The District's data and technology systems are managed and maintained by the Information Services department. Service delivery includes systems planning, design, deployment, and support of technology assets. Services also include network planning, security, user training, and helpdesk response. In providing these services, the department maintains compliance with patient health protection requirements.

Division Budgets

ADMINISTRATIVE SERVICES DIVISION

2020 BUDGET	
	Admin Services
Revenue:	
Licenses & Permits	0
Federal Grants	564,622
State Grants	3,645,087
Intergovernmental Revenue	1,029,546
Charges for Goods & Services	492,741
Miscellaneous Revenues	329,944
Total Revenues before Reorganization	**6,061,940**
Proposed Program Reorganization	
Move PHEPR to EH	
Move Vital Records from Admin to EH	(492,741)
Move Assessment from Admin to PS	0
Move Healthy Communties from Admin to PS	(776,418)
Move Childcare Outreach from EH to PS	
Total Revenues after Reorganization	**4,792,781**
Expenditures (Before OH Allocations)	
Labor:	
Salaries & Benefits	**(3,481,787)**
Non-Labor:	
Supplies	(131,968)
Professional Services	(887,583)
Professional Services - Board	(7,150)
Communication	(75,609)
Mileage & Travel	(30,791)
Board of Health Per Diem	(10,380)
Advertising	(38,215)
Rents & Leases	(245,182)
General Insurance	(180,009)
Utilities	(75,276)
Repairs & Maintenance	(634,814)
Other Miscellaneous	(75,685)
Dues & Memberships	(44,246)
Subscriptions	(684)
Printing & Binding	(5,600)
Tuition & Registration	(12,710)
Software Licences & Support	(162,018)
Software Licences & Support - Board	(6,500)
Vehicles & Computer Equipment	(70,000)
Subtotal - Non-Labor	**(2,694,419)**
Total Expenditures before Reorganization	**(6,176,206)**
Proposed Program Reorganization	
Move PHEPR to EH	
Move Vital Records from Admin to EH	310,039
Move Assessment from Admin to PS	219,536
Move Healthy Communties from Admin to PS	863,909
Move Childcare Outreach from EH to PS	
Total Expenditures after Reorganization	**(4,782,722)**
Surplus / Deficit Excluding Overhead Allocations	**10,059**

Division Budgets

ENVIRONMENTAL HEALTH DIVISION

Revenues and expenditures are expected to be mostly flat, with the exception of the Child Care Health Program. Increases in revenues reflect the fee increase adopted October 8, 2019, and increases in expenditures reflect increased employment costs (salaries and benefits). No new programs or FTE increases in existing programs are proposed. The Environmental Health division includes:

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).

Food Safety Program
This program includes food safety activities. These activities are primarily plan review and inspections of permanent and temporary retail food establishments. It also includes all related complaint investigation and enforcement activities.

Liquid Waste
This program includes all activities related to the design review, permitting and inspection of on site sewage disposal systems.

Living Environment
Camps (primarily summer youth camps) are permitted and inspected under this program. It also is used to track time spent on myriad of other issues for which there is no dedicated Environmental Health program. Examples include indoor air quality, vector-borne diseases, and water quality of rivers and lakes.

Local Source Control
Businesses that produce hazardous and dangerous waste are provided with 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.

Onsite Septic
Time spent on repairs of failing septic systems as well as complaint investigation and enforcement activities related to failing septic systems are tracked in this program. It includes some limited funding from the Washington State Department of Health.

Private Public Water Supplies
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.

Public Health Emergency Preparedness Response (PHEPR)
The PHEPR program is responsible for helping public health in Snohomish County and the four counties in Region 1 (Skagit, Whatcom, San Juan, and Island) prepare for and respond to public health emergencies, including disease outbreaks, storms, earthquakes, and other natural or manmade disasters. Staff maintains agency response plans, provides training and exercises to test the plans, and supports communications for public health and other healthcare partners throughout the region. Disease surveillance and response is a critical component of the PHEPR program and the District's ability to protect the public from communicable diseases. The District also coordinates the local Medical Reserve Corps, a volunteer organization with surge capacity during an emergency.

Sanitary Survey and Technical Assistance
This program performs sanitary surveys of 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 State Department of Health via consolidated contract.

Schools
Plan review for new or remodeled schools and the periodic inspection of all K-12 schools in Snohomish County are included in this program. The primary funding source is fees based on inspection times.

Shellfish
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).

Smoking in Public Places
This program tracks time investigating complaints related to violation of smoking laws in public areas of buildings.

Solid Waste Activities
This program encompasses most activities related to 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.

Solid Waste Enforcement
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).

Surface Water Management
A contract for some limited activities related to the Snohomish County Surface Water Management Division's Pollution Identification and Correction Program. The contract expires March 2020.

Vital Records
This program provides birth and certificates for anyone born in Washington State from 1907 to present, while death certificates are available for all deaths occurring in Everett from 1953 and the remainder of Snohomish County from 1960 to present.

Water Recreation Facilities
This 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.

Water Well Construction
Newly constructed water wells are inspected during the construction process. This program also includes inspection of decommissioned wells. Activities are funded through a contract with the Washington State Department of Ecology.

Division Budgets

ENVIRONMENTAL HEALTH DIVISION

2020 BUDGET	
	Environmental Health
Revenue:	
Licenses & Permits	4,020,594
Federal Grants	0
State Grants	455,369
Intergovernmental Revenue	8,333
Charges for Goods & Services	1,463,313
Miscellaneous Revenues	0
Total Revenues before Reorganization	**5,947,609**
Proposed Program Reorganization	
Move PHEPR to EH	667,780
Move Vital Records from Admin to EH	492,741
Move Childcare Outreach from EH to PS	0
Total Revenues after Reorganization	**7,108,130**
Expenditures (Before OH Allocations)	
Labor:	
Salaries & Benefits	**(4,846,919)**
Non-Labor:	
Supplies	(54,019)
Professional Services	(91,706)
Professional Services - Board	0
Communication	(27,937)
Mileage & Travel	(13,600)
Board of Health Per Diem	0
Advertising	(200)
Rents & Leases	(10,800)
General Insurance	0
Utilities	0
Repairs & Maintenance	(30,500)
Other Miscellaneous	(14,840)
Dues & Memberships	(2,590)
Subscriptions	0
Printing & Binding	0
Tuition & Registration	(14,350)
Software Licences & Support	(143,948)
Software Licences & Support - Board	0
Vehicles & Computer Equipment	0
Subtotal - Non-Labor	**(404,490)**
Total Expenditures before Reorganization	**(5,251,409)**
Proposed Program Reorganization	
Move PHEPR to EH	(595,393)
Move Vital Records from Admin to EH	(310,039)
Move Childcare Outreach from EH to PS	280,215
Total Expenditures after Reorganization	**(5,876,626)**
Surplus / Deficit Excluding Overhead Allocations	**1,231,504**

Division Budgets

PREVENTION SERVICES DIVISION

The 2020 budget reflects the transition of WIC on June 30, 2020, and First Steps on March 31, 2020, to other community partners. The budget maintains full staffing in all other maternal-child health and mandated communicable disease programs. The supplies and services budget includes an annual software cost, limited continuing education funds, and supplies based upon historical need.

Assessment

The public health functions of community assessment, policy development, and assurance of service delivery are essential elements in achieving the objectives of health reform in Washington State (RCW 43.70.520). The program is responsible for providing detailed analysis of existing public health and health-related data and development of projects using scientific methods to capture and analyze data related to emerging issues and communicable disease.

Child Care Health

Childcare Health Outreach Program – provides consultation, education and training on a variety of health, safety, and nutrition topics to childcare providers and preschools throughout Snohomish County. They are available to help promote healthy eating and active play in child care and early learning programs. Additionally, they offer on-site visits and consultations, online distance learning, and resources to help prevent illness.

Communicable Disease Surveillance and Response

This program is mandated by WAC 247.101. It includes investigation of over 60 diseases and conditions that are reportable to public health, along with work to interrupt disease transmission, contain outbreaks, and alert the public and providers of disease risks.

Healthy Communities

This is an integrated team of healthy communities specialists and a health educator focused on prevention of injuries and chronic diseases. Their work is focused on changing policies, community systems, and environments in the areas of opioid use, youth marijuana use, tobacco/vaping, suicide prevention, vaccine-preventable diseases, and healthy eating and active living.

HIV/STD

HIV/STD prevention services include case and contact investigations, STD testing, and client vouchers for community provider testing and treatment.

Maternal-Child Health

This program provides services to families in promotion of healthy parenting outcomes, mitigates adverse childhood experiences, and trains providers on universal developmental screening. It's funded with a Washington State Maternal-Child Health block grant and Medicaid Administrative Claiming funds.

Perinatal Hepatitis B

This program conducts activities to prevent perinatal hepatitis B infection in newborns and case management of infants born to hepatitis B-positive mothers.

Population-Based Parent Child Health

Building on community partnerships, staff work with programs that support healthy parenting. This program is focused on population results rather than one-on-one services.

Refugee Health

This program offers a comprehensive health screening and referral to primary and specialty care for refugees. Care is initiated within 90 days of arrival in the U.S. This program is funded through the Department of Social and Health Services.

Tuberculosis Control and Elimination
This program focuses on prompt evaluation, treatment, and case management of active TB cases. Staff perform contact investigations of individuals exposed to tuberculosis. It is mandated by WAC 247.170.

Vaccine Preventable Diseases
Childhood immunizations are promoted through community and provider education and outreach in Snohomish County and other counties in Region 1 (Skagit, Whatcom, Island, San Juan). Activities are partially funded by a Washington State Department of Health contract.

Viral Hepatitis Outreach
This program provides targeted counseling, testing, education, and referrals to people who have used or currently use injection drugs. Grant funds are used to focus on testing individuals in the jail setting.

Division Budgets

PREVENTION SERVICES DIVISION

2020 BUDGET	
	Prevention Services
Revenue:	
Licenses & Permits	0
Federal Grants	1,869,862
State Grants	505,163
Intergovernmental Revenue	1,600,000
Charges for Goods & Services	62,150
Miscellaneous Revenues	39,501
Total Revenues before Reorganization	**4,076,676**
Proposed Program Reorganization	
Move Assessment from Admin to PS	0
Move Healthy Communties from Admin to PS	776,418
Move Childcare Outreach from EH to PS	0
Total Revenues after Reorganization	**4,853,094**
Expenditures (Before OH Allocations)	
Labor:	
Salaries & Benefits	**(4,171,096)**
Non-Labor:	
Supplies	(34,957)
Professional Services	(270,708)
Professional Services - Board	0
Communication	(20,027)
Mileage & Travel	(9,270)
Board of Health Per Diem	0
Advertising	(1,475)
Rents & Leases	(10,710)
General Insurance	0
Utilities	0
Repairs & Maintenance	(23,000)
Other Miscellaneous	(2,903)
Dues & Memberships	(320)
Subscriptions	0
Printing & Binding	0
Tuition & Registration	(8,534)
Software Licences & Support	(178,000)
Software Licences & Support - Board	0
Vehicles & Computer Equipment	0
Subtotal - Non-Labor	**(559,902)**
Total Expenditures before Reorganization	**(4,730,997)**
Proposed Program Reorganization	
Move Assessment from Admin to PS	(219,536)
Move Healthy Communties from Admin to PS	(863,909)
Move Childcare Outreach from EH to PS	(280,215)
Total Expenditures after Reorganization	**(6,094,658)**
Surplus / Deficit Excluding Overhead Allocations	**(1,241,564)**

Capital Request

The item below represents estimated costs associated with upgrading and replacing information technology equipment.

2020 Capital Budget Request			
	Quantity	**Unit Cost**	**Extended Cost**
IT Switches, Servers	1	$70,000	$70,000
Grand Total			$70,000

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.

Non-Capital Requests	
Large Repairs & Maintenance Projects	
Replace Carpet - Suites 104, 200, 203, 204, 208	$56,125
Pressure Washing and Exterior Paint	150,000
Window Replacement	47,726
Other Deferred Building Maintenance	45,227
Subtotal - Repairs & Maintenance	$299,078
EHR Implementation	100,000
Total Non- Capital Requests	**$399,078**

Fund Balance Forecast

Entering into 2020, the projected Beginning Fund Balance will be approximately $8,736,841. However, planned expenditures for building improvements and other capital investments are expected in 2020 as the Health District moves to better maximize leasing opportunities in the Rucker Building.

January 1, 2020 Projected Fund Balance *	
Non-Spendable	$180,000
Board-Approved Reserves:	
Working Capital (45 days) **	2,140,019
Compensated Absences **	1,700,000
Capital Improvements	500,000
Emergency	500,000
Rucker Building - Reserve from 2015 Water Damage	134,822
Unreserved	$3,582,000
Total Fund Balance	**$8,736,841**
* Based on 9/30/2019 fund balance as of 11/06/2019 and average shrinkage between September & December for 2017 and 2018.	
** Per adjustments presented in the Finance Manager's Report for Board meeting 11/12/2019	

Policy Discussions

Comprehensive Policy Review and Increased Agency Transparency, Clarity, Structure

In 2020, we will undertake a significant review of Health District's existing policies at both the administrative and governance levels. This work is needed. The vast majority of policies, policy statements, and adopted resolutions have not been revisited since they were originally adopted. There is no current mechanism in place to undertake periodic reviews to ensure that the whole body of governance documents are consistent with current organizational structure, practices, or Board policy direction.

Prior to this work commencing, a policy management program will need to be adopted by the Board to create the necessary structure for all policies moving forward. There are significant challenges that will be addressed, likely over several years, as we slowly integrate the disparate elements of policy, codes, and resolutions into a cohesive body of work. The end state of this work is a singular body of governance and administrative policy documents that accurately reflects public health policy and operations of the District.

Rucker Building

For several years, maintenance on the Rucker Building has been deferred while the District debated whether it was beneficial to relocate or leverage the revenue potential of the building through leasing. As part of the 2019 budget, $500,000 was allocated for improvements to the HVAC system, sidewalk, and structural features on the roof. In January 2019, the Rucker Building task force directed that the building be removed from listing for sale.

In 2020, we will continue to work on completing long overdue maintenance items as we continue to move toward the path of leveraging the building's leasable space as a revenue source to improve financial sustainability. This includes remediation to the former clinic space, flooring throughout the building, repairs to window seals and tinting, exterior pressure-washing and painting, and space planning and consolidation onto the lower levels of the building.

South County Building

With the pending transition of WIC and First Steps to other providers, options for the continued lease or negotiated exit should be considered. The location provides an opportunity to relocate staff in the Environmental Health food team to South County, creating efficiencies in inspection and foodborne illness complaint investigations. It also decreases the footprint of the District staff at the Rucker Building, increasing the availability of leasable space and our internal capacity to generate revenue.

If the District decides not to designate a new use for the building, it can buy out the lease for its remaining value, sub-let the space per the existing lease agreement, or work with the property managers to find and contract with a replacement renter and negotiate the cost of tenant improvements and the balance between the old and new lease. This third action would be the most resource-intensive but would yield the greatest savings to the agency.

Performance Leadership and Management

In 2020, the District will work to increase transparency and clarity in its operations. The work needed to define meaningful performance measures is already underway at the leadership level. Collaboratively, the Board and staff will refine measures and reporting mechanisms that provide a clear picture of the valueable services provided by the District.

Through regular leadership meetings and implementation of a performance management program, supervisors, managers, directors, and the administrative office will seek to improve agency performance and begin a continuous improvement cycle that looks for efficiencies and improves consistency in leadership expectations across the divisions.

Central to the performance leadership and management model will be education of staff at all levels. Investment in training staff in leadership strategies and effective management skills will remain as long as we continue to modernize and transform public health delivery in Snohomish County.

Policy Discussions

Public Health Foundation

Should the Health District pursue the development of a public health foundation?

In the very recent past, there was a Snohomish Public Health Foundation originally incorporated in 1993. This entity effectively dissolved in April 2019 due to inactivity and several years of missing annual reports. While public health foundations exist in many areas across the United States, there's no evidence of any currently existing in Washington State.

If the District ultimately develops a 501(c)3, tax-deductible, nonprofit entity, the entity would have access to grant opportunities that are currently inaccessible to government agencies and, in time, could conduct other potential fundraising opportunities. Significant engagement with the Board, Public Health Advisory Council, and other potential stakeholders would need to be implemented in the planning process to identify the ultimate structure, purpose, and funding models.

Funding Model and Financial Stability

How does the District improve its financial stability?

In 2020, grants represent over 40% of the District's revenue and many are typically managed at the staff level. The District has limited resources available to identify new potential funding sources. A dedicated grant management position or additional training for staff currently engaged in grant management gives the District the ability to improve its access to grant funding opportunities.

Another element to the funding model is collection of per capita dollars from the county and municipalities in Snohomish County. This was started in 2017 as a stop-gap measure for pending Foundational Public Health Services funding from the state legislature. The number of participating cities has gone down recently and the legislature has not fully funded FPHS for the public health system.

Fund balance is one of several issues that are expected to be addressed during the pending performance audit. How much should our restricted and unrestricted fund balances be and how should they be defined? We currently have reserves for Working Capital, Compensated Absences, Capital Improvements, Emergency, and Rucker Building funds related to water damage in 2015. We do not have a reserve for Unemployment Insurance claims, which are currently paid directly by the District as we do not pay into the unemployment insurance pool.

Fleet Management

How does the District implement a more sustainable fleet management system?

The District will need to establish a system for management and rotation of the existing fleet. In addition, there will need to be decisions on the proper mix and number of vehicles and when to purchase replacement vehicles.

Environmental Health Records

How does the District move to digitize a large number of historical documents and drawings in its vaults?

The District has thousands of records that need to be scanned and electronically filed. Not only will this improve efficiency of operations, but it will help decrease the needed footprint for storage. However, this task is anticipated to be quite expensive and time-consuming. Decisions need to be made on timeline, format, whether to outsource, etc.

Appendices

Appendix A:
Budget Resolution

Appendix B:
Comparison Budget

SNOHOMISH HEALTH DISTRICT
3020 Rucker Ave, Suite 306
Everett, WA 98201

PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY