



Snohomish Health District Board of Health Minutes Regular Meeting May 13, 2014

Members Present

Adrienne Fraley-Monillas, Councilmember, Edmonds Karen Guzak, Mayor, Snohomish, Chair Linda Grafer, Councilmember, Mukilteo John Joplin, Councilmember, Brier Ken Klein, County Councilmember Sam Low, Councilmember, Lake Stevens Scott Murphy, Councilmember, Everett Terry Ryan, County Councilmember

Members Absent

Suzie Ashworth, Councilmember, Granite Falls Seaun Richards, Councilmember, Mountlake Terrace Sid Roberts, Councilmember, Lynnwood Dave Somers, County Councilmember Stephanie Wright, County Councilmember Brian Sullivan, County Councilmember Donna Wright, Councilmember, Marysville

Call to Order

The regular monthly meeting of the Board of Health was convened at 3:03 p.m. by Vice Chair Adrienne Fraley-Monillas in the Auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Lorie Ochmann, who reported there was a quorum present.

Minutes

It was moved by Ms. Guzak and seconded by Mr. Klein to approve the minutes of the regular meeting held April 8, 2014. The motion carried unanimously.



Consent Agenda

It was moved by Ms. Guzak and seconded by Mr. Murphy to approve the following items on the Consent Agenda: (a) vouchers for April 2014; and (b) Resolution 14-05 authorizing April 2014 expenditures for Health District and PHEPR funds. The motion carried unanimously.

Public Comment

There was no public comment.

Chair's Report

Vice Chair Fraley-Monillas had no report.

Health Officer's Report

Dr. Goldbaum discussed Middle East Respiratory Syndrome (MERS), a viral respiratory illness first reported in Saudi Arabia in 2012. As of May 6, 2014, 261 laboratory-confirmed cases of had been reported to the World Health Organization; 36% were fatal and 18% were asymptomatic. The first MERS case in the US has just been reported in a health-care worker returning from Saudi Arabia. Because this condition is so serious, the public health community has alerted health care providers to immediately report any suspected cases.

After years of success towards eradicating polio, the World Health Organization (WHO) has declared recent spread of the disease an international public health emergency, an unprecedented event. As of April 30, 68 cases had been reported to the WHO for 2014 compared to 24 during the same period in 2013. Travelers to any countries where polio has been reported need to be fully vaccinated before leaving the U.S.

Measles is making a comeback; as of April 26, 134 cases had been reported to CDC for 2014. In contrast, the total number of cases for the entire year was 189 for 2013, and averaged 102 for each of the previous four years. Recent outbreaks have been reported in British Columbia and San Juan and Whatcom Counties, with isolated cases in King and Kitsap Counties. Measles is highly infectious and can be serious, even fatal. More effective strategies, including direct outreach to "vaccine-hesitant" populations, are needed to reduce the proportion of unimmunized children and adults.

Washington State continues to move forward with a regional approach to transforming the health care system. The Health Care Authority has issued a Grant Opportunity Announcement, making available 10 awards of up to \$50,000 each to support planning to create Accountable Communities of Health across the state. In our region, the Whatcom Alliance for Healthcare Advancement is applying to be the facilitator.



Administration Division

Board Members were asked to take a brief survey regarding Board member perspectives and expectations about public policy. The survey link will be emailed to Board Members after the meeting.

Committee Reports

There were no questions regarding the monthly financial standing report.

Program Briefing

Judy Chapman, SHD Business Manager, gave a presentation on the district's Indirect Cost Allocation Plan. An indirect cost allocation plan is a method to determine and assign the cost of central services to the internal users of those services in a reasonable and equitable manner. Indirect costs are those costs incurred for common or joint purposes, benefiting more than one division or program and not readily assignable to a specific division or program. Examples of indirect costs are information technology services, accounting, human resources, facility operations and maintenance, fringe benefits, depreciation or use allowances, and other general and administrative expenses. Cost allocation enables local governments to more accurately account for the full cost of the services it provides and thereby better assess the fees it should charge, and reimbursement rates for grants and other restricted funds. Plan documentation requires identify cost centers and allocable costs, a description of the methods used, and documentation of the allocation. The plan should be reviewed and updated annually. To facilitate the annual review, SHD has employed Glen Halvorsen of Cost Evaluation Services to review our Indirect Cost Allocation Plan, revise where appropriate, and provide a written OMB A-87 compliant cost allocation plan to submit to Department of Health for approval.

Mr. Halverson discussed changes implemented in the new plan. The revised plan is based on prior year actual expenses rather than budgeted expenses, which identifies costs more appropriately charged directly to divisions, the new metrics to better reflect the cost of the benefit received, and captures allowable costs not previously included.

Ms. Chapman summarized next steps as 1) fine-tuning the plan; 2) seeking Board of Health endorsement; 3) submitting the plan to Department of Health for approval; 4) reporting back to the Board of Health; and 5) continuing Cost of Service Study with rate setting implications in 2014-2015.

Information Items

A calendar for scheduled meetings in May and June 2014 was provided to Board Members in their packets.



Work Session

Dr. Goldbaum introduced Margaret Norton-Arnold, who has been contracted by SHD to lead the update to the 2009 Strategic Plan. Dr. Goldbaum reviewed the process to date, including employee listening sessions, a brainstorming session with the Public Health Advisory Council, and ongoing work with SHD Directors. The result of those conversations is the 2014 Draft Strategic Plan Update.

Ms. Norton-Arnold discussed the bold initiatives and fundamental changes in the plan. The plan proposes a new way of doing business, a new way of employing staff, using staff, new locations, new way of using technology, and streamlining work flow. These bold changes can be intimidating. The plan includes key milestones and many opportunities for reflection to ensure things are moving in the right direction, especially those areas that involve community partners.

Ms. Norton-Arnold walked the Board through the draft document, including the background and context for the updated plan. Each of the of eight draft strategic initiatives were reviewed; 1) Move Patients out of SHD Clinics and into Medical Homes; 2) Pursue Continuous Improvement of Environmental Health Business Practices; 3) Optimize Delivery of Early Childhood Development Programs; 4) Implement Community Health Policies/Programs to Address Chronic Disease/Injury; 5) Improve Administrative Support Functions; 6) Institute Workforce Development and Succession Planning; and 7) Improve Health District Funding and Governance; and 8) Become Nationally Accredited. Each of the initiative proposals includes rationale, relationship to the 2009 Plan, benefits, successful examples, issues to be addressed, action steps and key milestones, and assignment of accountability. Pete Mayer, SHD Deputy Director, and SHD Division Directors, Nancy Furness, Communicable Disease Division; Charlene Shambach, Community Health Division; and Randy Darst, Environmental Health Division; added clarification and responded to Board Members questions. Mr. Mayer described the accreditation process and commitment involved over the 18 - 24 month accreditation process. Mr. Klein asked what percentage of health districts are currently accredited and what the cost is to become accredited, particularly in staff time. Dr. Goldbaum explained that only one county in the state is accredited. Three additional counties have applied for accreditation, and the State Department of Health is accredited. Only three other states and approximately 50 of the 3,000 counties across the country are accredited. This is a very new movement. Mr. Mayer addressed the return on investment. Staff are currently participating in quarterly meetings with other agencies pursuing accreditation. This has been a valuable learning process and will better position SHD to monetize the investment in accreditation prior to submitting an application. Board Members were given a list of key partners to be interviewed noting the related initiative. Board Members were asked to comment on the proposed list and offer suggested additions. Interviews will be scheduled over the next several weeks. It was suggested to contact Representative Mike Sells. Mr. Low recommended Bill Tsoukalas, Executive Director of the Boys and Girls Club. Mr. Murphy suggested a representative from schools. Dr. Goldbaum noted that the Superintendent of Lakewood School District is a member of the Public Health Advisory Council. Ms. Guzak suggested Ed Peterson from Housing Hope. Ms. Fraley-Monillas recommended an early childhood care provider. Dr. Goldbaum noted that Terry Clark, Executive Director of Child Strive,



Administration Division

is the Chair of the Public Health Advisory Council. Mr. Mayer requested Board Members consider the permitting side of SHD activities and potential recommendations for those individuals working with the Environmental Health Division. Ms. Fraley-Monillas complimented the consultants on their work, the thoroughness of the plan and the vetting. Ms. Guzak commented that she is very impressed with the plan.

Next steps are to continue work with Directors, staff and key informant feedback in May, final draft discussion at the June 10th Board Meeting and a final plan update by June 20th.

Adjournment	
The meeting was adjourned at 4:46 PM.	
Stephanie Wright, Chair	
Gary Goldbaum, M.D., M.P.H., Secretary	