



***Snohomish Health District
Board of Health Minutes
Regular Meeting
November 4, 2014***

Members Present

Adrienne Fraley-Monillas, Councilmember, Edmonds
Linda Grafer, Councilmember, Mukilteo
Karen Guzak, Mayor, Snohomish
John Joplin, Councilmember, Brier
Ken Klein, County Councilmember
Sam Low, Councilmember, Lake Stevens
Scott Murphy, Councilmember, Everett
Sean Richards, Councilmember, Mountlake Terrace
Sid Roberts, Councilmember, Lynnwood
Terry Ryan, County Councilmember
Brian Sullivan, County Councilmember
Donna Wright, Councilmember, Marysville
Stephanie Wright, County Councilmember, Chair

Members Absent

Suzie Ashworth, Councilmember, Granite Falls
Dave Somers, County Councilmember

Call to Order

The regular monthly meeting of the Board of Health was convened at 3:04 p.m. by Chair Stephanie Wright 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. D. Wright and seconded by Mr. Roberts to approve the minutes of the regular meeting held October 14, 2014. The motion carried unanimously.

Consent Agenda

It was moved by Mr. Murphy and seconded by Ms. Grafer to approve the following items on the Consent Agenda: (a) vouchers 59396-59571 totaling \$1,491,939.49 for October 2014; and (b) Resolution 14-13 authorizing October 2014 expenditures for Health District and PHEPR funds. The motion carried unanimously.



Public Comment

No public comment was given.

Chair's Report

Chair Wright had no report.

Health Officer's Report

Ebola Virus Disease (EVD)

Ebola continues to overwhelm the medical and public health communities, largely in the extraordinary preparations needed as we anticipate the inevitable case and monitor increasing numbers of travelers returning from Liberia, Sierra Leone, and Guinea.

As of October 25, 10,141 cases had been reported to the World Health Organization (WHO), including 4922 deaths. The rate of increase in cases and deaths has slowed nominally in Western Africa, but it is premature to interpret this as a turning point. Until the number of new cases begins dropping significantly, this epidemic will continue to pose a major global threat. The only effective strategy is to dramatically increase the medical staffing, hospital infrastructure, and public health resources in Africa.

As of October 28, there have been no suspect cases in Washington State, but four cases of EVD have been diagnosed and one EVD death has occurred in the U.S. In a rapidly evolving environment, the Centers for Disease Control & Prevention (CDC) and the state Department of Health continue to issue guidances that staff has shared with the local medical community. Providence Regional Medical Center Everett has stepped up to be a regional referral hospital. Fire District 1 and the Everett Fire Department have dedicated special units to respond anywhere in the county. PRMCE and the EMS teams have developed and exercised protocols. The Health District is also participating in exercises and is prepared to manage asymptomatic travelers returning from affected African countries. However, the demands are high, so SHD has activated incident command and staff is working with the County's Departments of Emergency Management, Human Services, and others. Staff is also working with law enforcement to address safety concerns. SHD is creating a short training video for law enforcement personnel.

Ebola is not easily transmitted, persons who are asymptomatic pose no threat to the public.

Executive Session

Pursuant to RCW 42.30.140 The Snohomish Health District Board of Health convened into Executive Session at 3:12 for the purposes of discussing personnel matters. The Board estimated the Executive Session would last twenty minutes. The Board reconvened at 3:36.



Committee and Standing Reports

Finance Report

There were no questions on the finance report.

Action Items

Grant Application

The Washington State Department of Health's Office of Healthy Communities has recently been awarded a grant of \$3.52 million to reduce chronic diseases and their impacts in the state of Washington. The grant, awarded by the Centers for Disease Control and Prevention (CDC) titled, *Heart Disease and Stroke Prevention Program and Diabetes Prevention State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke* requires the state to sub-award at least 50 percent of the funds to local communities. Up to six communities will be selected in Washington from the defined geographic regions of the state through a competitive process based on disease risk/burden, potential to reach and affect outcomes for large numbers of adults, and readiness to implement all of the 15 required strategies. Communities are defined as a county, Metropolitan Statistical Area (MSA), or a group of contiguous counties. The work of each community is to focus on implementation of community-wide policy, system and environmental changes to combat uncontrolled high blood pressure, reduce the risk for type 2 diabetes, reduce obesity, and address health equity in populations impacted by these three conditions. Snohomish Health District submitted a letter of intent (LOI) to apply as the regional lead agency for Region 2 (Snohomish, Whatcom, Skagit, Island, and San Juan Counties) to the Washington State Department of Health for the Heart Disease, Stroke, and Diabetes Prevention grant. All 15 required strategies aimed at reducing death and disability from diabetes, heart disease, and stroke, and reducing the prevalence of obesity among Snohomish County residents will be addressed. The letter of intent was accepted and Snohomish Health District has been invited to submit a request for funding application to support the work proposed in our letter of intent. Should funding be awarded in the first year, it is anticipated the grant will be renewed in year two, year three, and year four, pending availability of state funding. Should the District be awarded funding, staff will return to the Board for review of the scope of work including staffing assignments and seek authority to sign the contract. Any amendments to the Agency's 2015 budget that may be required will be noted and Board authorization sought. No direct agency in-kind match is required, however, agency indirect cost reimbursement is limited to 22%, leaving 12.8 % (\$49,506) to be borne by Snohomish Health District.

Staff is seeking permission to submit a full grant application for the amount of \$471,857 for the first year of the grant. In order to successfully complete the scope of work in the grant application with implementation of the 15 required strategies and development of a North Sound Healthy Communities Collaborative, additional staff is needed. This work will require 4.1 FTE, which includes the following: 1. four new positions including one Project Manager, two Healthy Communities Specialists with expertise in the areas of urban/transportation planning and



nutrition, and one regional clinical coordinator; and 2. one existing program support position funded part-time with the grant.

Mr. Murphy asked for clarification on operational period of the grant. Ms. Shambach noted that while the initial grant application is for one year, there is a high likelihood of funding for years two, three and four.

Ms. D. Wright asked if the proposal was for new or existing staff and how staffing would be addressed if the funding was reduced or eliminated. Ms. Shambach stated that the request is for new FTE and those FTE would be dependent on grant funding, therefore if the funding is reduced or eliminated, the staffing will likewise be reduced or eliminated.

Mr. Richards requested clarification regarding the source of funding for the \$49,506 in non-reimbursable indirect costs. Ms. Shambach indicated the unrecoverable costs would be covered by agency discretionary dollars.

Chair Wright asked when grant recipients would receive notification. Ms. Shambach answered that notification will be in mid-December.

It was moved by Ms. Guzak and seconded by Mr. Joplin to approve the submission of a grant application to Washington State Department of Health's Office for Healthy Communities for the Heart Disease, Stroke, and Diabetes Prevention project. The motion carried unanimously.

Presentation and Public Hearing on SHD's 2015 Preliminary Budget

Pete Mayer, SHD Deputy Director started the presentation by highlighted select Board Policies: Maintenance of assets addressed on a current need basis rather than deferred into the future; a Six Year Capital Program developed annually; "Pay as you go" approach- using available resources; and consider projects with potential for reductions in operating and maintenance costs.

Judy Chapman, SHD Business Manager provided an overview of the Capital Improvement Plan. The one-time requests include technology requests for both hardware and software totaling \$850,500; vehicle replacements for \$40,000; and building upgrades for \$174,500 for a grand total of \$1,065,000 in capital improvements.

Mr. Sullivan asked for clarification regarding Rucker Building ownership. Cities, with the exception of Mukilteo, contributed to the building purchase, are city names on the deed, and is there an obligation to fund maintenance costs?

SHD legal counsel, Steve Uberti responded that cities have no legal obligations.

Mr. Mayer provided divisional summaries to Board Members. Communicable Disease Division total expenditures are \$3,122,653, a reduction of \$748,018 from 2014. The FTE total on January 1 will be 32.45 with a further reduction to 26.55 July 1, for a total reduction of 9.47 from 2014.

Public Health Emergency Preparedness & Response (PHEPR) total expenditures are \$671,752, a reduction of \$500 from 2014. The total FTE is 4.650, an increase of .32 over 2014. The Community Health Division total expenditures are \$4,533,691, a reduction of \$228,161, with total FTE of 47.05, a reduction of 2.75 from 2014. Environmental Health Division total



expenditures are \$4,383,457, an increase of \$179,691 over 2014 and FTE totaling 43.75, an increase of 3.2 over 2014. In Administration total expenditures are \$3,917,838, an increase of \$142,697 over 2014, with FTE totaling 17.5, a decrease of .5 FTE from 2014. The increased cost is largely due to the cost reassignment of the Systems Analyst position previously shared between CH and CD. The Total Agency Request is \$17,157,489, a decrease of \$929,299 from 2014, with a total FTE of 145.2 as of January 1, and 136.25 as of July 1. One challenge in FTE tracking is the small portions of position funding coming from grants that frequently adjust throughout the year. Mr. Mayer presented graphs depicting the ten-year history of revenue versus expenses and the SHD ten-year financial reserves history. In the last five years SHD overall expenses increased by 10%, health benefit costs increased by 5.7% annually to about 29%, salary costs increased by approximately 7.2%, general costs of goods and services have increased on average approx. 11%, and PERS doubled (5.29% in 2009 to 11% in 2015). On the revenue side, over the last five years overall revenue has declined by 10%, and continues to trend downward. The proposed budget is balanced, with necessary reductions. Included in the budget proposal is an amended timeline for Strategic Plan Initiative #1: Move patients out of SHD Clinics and into medical homes. This move eliminates both vacant and occupied positions, in total 5.9 FTE within the CD Division.

Dr. Goldbaum explained the rationale behind transitioning the Immunization Clinic services by July rather than December. Funding demands focus on Foundational Services, rather than individual level services. While assuring access to immunizations is important, administering immunizations is not foundational. SHD's current client subsidy cost is \$65 per client (without indirect costs), suggesting that this service can be provided in the community more cost effectively. Community providers are better positioned to recover costs through bill third party payers. Health Care Reform has expanded access to preventative care, including immunizations. The greater public health need is addressing the vaccine-hesitant populations, those who avoid rather than seek vaccinations. One gap remaining in the community is travel services to the very young, those clients two years of age and younger.

Nancy Furness reviewed for the Board some client volume statistics. SHD administers vaccines to less than 1% of the county's population. Unduplicated client numbers are declining, 5,097 clients were served in 2012, 4,679 in 2013, and 3,703 projected in 2014. Included in annual numbers are 300 King County residents. Ms. Furness reminded the Board of the Third Party Billing Feasibility Study conducted earlier this year. It was determined that without changes to the SHD service model to a more efficient system, SHD was unlikely to achieve greater reimbursement from third party billing.

Peter Browning of Browning Solutions, has been engaged by Snohomish Health District to facilitate transitioning Immunization Clinic clients into medical homes. Mr. Browning spoke briefly about the Federally Qualified Health Centers (FQHC). FQHCs are funded by the federal government to fill the gaps in low income communities. SeaMar and Community Health Centers operate in Snohomish County. Providence Medical Group, although not a FQHC, has a mission to serve all in need, and is well positioned to fill gaps in the community. With these resources in



the community, public health no longer needs to be the provider of last resort. If the Board adopts this plan, a transition plan would be implemented alerting clients to the available services. The transition plan would include information on the SHD website, working with the media to get the message out, and meetings in the community. Engaging the hospitals to assist in educating the community would also be a valuable tool. The Board was provided with a map depicting locations of immunization services within the county.

Ryan Sundquist, MHA, Clinic Manager, SeaMar Community Health Centers; Greg Sanders, MD, Clinical Director, SeaMar Community Health Centers; and Bob Farrell, MD, CEO, Community Health Centers, each spoke to the capacity within their organizations to absorb SHD clients and provide medical homes, and additional social services.

Public Hearing

Comment was offered by Debra Cartmell, Hanna Welander, and Teresa Rugg.

Board Members discussed at length the implications for clients if the Immunization Clinic were to close by July 1, 2015 instead of by December 31, 2015. Board Members questioned the communications and transition plan for clients. Staff was directed to prepare two budget scenarios with Immunization Clinic transitions plan options for Board consideration and potential adoption at the December meeting.

Information Items

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

Adjournment

The meeting was adjourned at 5:25 PM.

Stephanie Wright, Chair

Gary Goldbaum, M.D., M.P.H., Secretary