



**Snohomish Health District
Board of Health Minutes
Regular Meeting
March 15, 2016**

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

Members Present

Mark Bond, Councilmember, Mill Creek
Christine Cook, Councilmember, Mukilteo
Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Vice Chair
Benjamin Goodwin, Councilmember, Lynnwood
Kurt Hilt, Councilmember, Lake Stevens
Ken Klein, County Councilmember
Scott Murphy, Councilmember, Everett
Dan Rankin, Mayor, Darrington
Jeff Rasmussen, Councilmember, Monroe
Terry Ryan, County Councilmember
Brian Sullivan, County Councilmember – BOH Chair
Donna Wright, Councilmember, Marysville
Stephanie Wright, County Councilmember

Members Absent

Hans Dunshee, County Councilmember
Sean Richards, Councilmember, Mountlake Terrace

Oath of Office

Oath of office was given by Steve Uberti to new board members Mark Bond and Benjamin Goodwin.

Call to Order

The March meeting of the Board of Health was convened at 3:05 p.m. by Chair Brian Sullivan in the Auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Linda Carl who reported there was a quorum present.

Minutes

It was moved by Mr. Klein and seconded by Mr. Hilt to approve the minutes of the regular meeting held February 9, 2016. The motion carried unanimously.



Consent Agenda

It was moved by Ms. Wright and seconded by Mr. Klein to approve the following items on the Consent Agenda: Resolution 16-006 authorizing February 2016 expenditures for Health District and PHEPR fund totaling \$1,183,087.07 and voucher numbers 61959 through 62098 for February 2016. The motion carried unanimously.

Public Comment

Carolyn McGinty and Hanna Welander spoke regarding the proposed WIC/First Steps transition. Chair Sullivan noted a letter from PhRMA Research was received by the board regarding the pharmaceutical stewardship (drug take-back) program. Chair Sullivan then closed the public comment portion of the meeting.

Chair's Report

No chair's report.

Health Officer's Report

Health Officer Dr. Gary Goldbaum provided an update on the Zika virus infection, which has adverse affects on the nervous system and causes congenital affects. The Center for Disease Control and Prevention advises pregnant women to avoid travel in affected areas; higher altitude areas (above 2,000 feet) are still considered safe. The particular mosquito doesn't live in the Pacific Northwest. Dr. Goldbaum also noted that as of March 8, the state legislature had not approved a supplemental budget nor taken action on most policy bills of public health importance, including Bill 6328 dealing with vaping devices, which would make vaping legal in many public areas with some exceptions. He encouraged board members to reach out to their legislators regarding this bill. On March 2, the Acting Assistant Secretary of Health for the Federal Dept. of Health and Human Services visited Washington State, including to Beverly Elementary School in Lynnwood to talk to students about the Gear Up & Go! project. She will return to the Northwest in July.

Ms. Fraley-Monillas asked the status of Bill 6328; Dr. Goldbaum responded that it's in negotiations between the two houses and has not reached the governor's office yet.

Ms. Cook asked if there's any evidence that the Zika virus could live in the body. Dr. Goldbaum said it's not clear how long it can live in the body; however, most people will build up antibodies fairly rapidly.

Public Hearings and Action Items

Charlene Shambach, SHD Community Health Director, presented Staff Report 16-014 to approve the contract for First Steps funding with Snohomish County Human Services, which expired on Dec. 31,



2015. The maximum award is \$400,000 to support the First Steps program from Chemical Dependency/Mental Health sales tax funds. This program supports pregnant and postpartum women and infants up to age one year.

Mr. Murphy asked if this is the same amount that was contemplated in the budget. Ms. Shambach responded yes.

It was moved by Mr. Murphy and seconded by Mr. Ryan to approve the contract with Snohomish County Human Services. The motion carried unanimously.

Briefings

Briefing: Update on Pharmaceutical Stewardship Policy Options

Jeff Ketchel, Environmental Health Director, provided the rationale and current status of the pharmaceutical stewardship program – also known as the medicine take-back program. He gave an overview of King County's Board of Health's Secure Medicine Return regulation (passed in 2013) and noted potential startup costs compared to other counties that have implemented the program. An ad hoc committee exploring this issue includes board members Sullivan, Fraley-Monillas, and Hilt, as well as Pat Slack from the Snohomish Regional Drug and Gang Task Force. Mr. Ketchel reviewed the proposed development timeline, including a public comment process starting in March and the first reading and public hearing in May.

Mr. Murphy noted the letter sent by PhRMA indicated that Alameda County's program is not working; Mr. Ketchel noted differences between that county's program and the proposed program here, that if the industry is required to implement a program in our county, they would have a nearby system already in place to expand upon, if they choose.

Chair Sullivan indicated he was the prime sponsor of the bill to implement electronic waste disposal while he was in the state legislature. He expressed concern that medicine stewardship is even a greater concern.

Mr. Ketchel noted that several jurisdictions have passed or are working on passing similar legislation, including King County and Cook County. King County has approved one plan and is in the process of approving a second plan; they plan to go live later this year.

Mr. Klein asked if Mr. Ketchel could respond to PhRMA's letter regarding trucking to hazardous-waste facilities. Mr. Ketchel responded that the closest hazardous-waste facility is in Oregon, but there's one in Spokane as well. Mr. Klein asked if this was included in the costs; Mr. Ketchel responded yes. Mr. Klein asked if there are complications in implementing that system; Mr. Ketchel noted that it is currently working with the government-run system. Mr. Klein noted that he's aware of individuals trading unused medications with their friends, which is a bigger issue than medications found in the trash. Mr. Ketchel responded that it's likely they're getting the medications from parents or



grandparents; therefore, it's a good idea to get the unused medications out of home medicine cabinets.

Ms. Fraley-Monillas added that it's an environmental concern regarding what medications might be in the fish we eat from Puget Sound and it's important to dispose of medications before they can pose a threat to fish and humans. Mr. Klein agreed, but he noted that his frustration is that the state should be handling this program, which is moving outside the core competency of the Health District. He indicated that the Health District seems to be expanding its footprint while at the same time contemplating cutting services provided to women and children. Although it isn't a tax, that cost will be passed along by pharmaceutical companies to those who are unwell and to senior citizens. Ms. Fraley-Monillas noted that costs are always passed along to consumers; in this case, this is a valuable benefit to the citizens of the county. She indicated that police no longer have the capacity to dispose of the medications, and the drug force has indicated that this is the best way of getting drugs off the street. Making it an easier process for citizens to dispose of their medications is a benefit to the community.

Mr. Bond noted that he's been in law enforcement for 25 years. Theft of medications is regulated; there seems to be a lot of room for education. A more efficient way would be to educate our citizens. Mr. Ketchel responded that there currently aren't resources for education. Pharmaceutical companies don't educate their consumers about disposal except to dispose of medications in the trash with kitty litter or coffee grounds, or flush them down the toilet.

Ms. Cook agreed that education is important; people sometimes forget they have old medications.

Mr. Klein asked if there are conversations with pharmacists regarding disposal. Ms. Fraley-Monillas said we've been doing it for years, but Mr. Klein responded that it's on a voluntary basis. Ms. Fraley-Monillas noted that this will remove the program from the Health District purview and Mr. Ketchel added that oversight will remain with the District. Dr. Goldbaum added that the cost would come from a different revenue stream than the Health District's budget, and that the education component would be included. He noted that it is part of the Health District's core responsibilities to keep the public and environment safe. Mr. Klein indicated that the Health District's funding is 34 out of 35 districts in the state, so in the absence of full funding, we need to focus on our core competencies instead of new programs.

Mr. Ketchel noted that there will be upfront costs, but will be less than \$80,000 per year (less than one FTE) once the program is up and running.

Mr. Mayer said that this is an alternative to ending the program completely.

Mr. Klein noted that the addition of more drop-boxes for voting doesn't improve voting; therefore, just because we provide more opportunity for disposal doesn't mean people will use it. He's concerned we don't have the bandwidth to handle it.



Chair Sullivan noted that increased opportunity for electronic waste disposal will increase the amount of disposal. The whole electronics-disposal program is paid for by the industry with no cost benefit to those dropping off electronics.

Mr. Klein noted that WIC/First Steps has been provided by the Health District since 1989, and he reiterated his concern about taking on a new program.

Mr. Rankin noted that the low-hanging fruit is education, the responsibility for which should be put on the state. Septic systems can be harmed by medications; Darrington doesn't have a disposal area.

Mr. Ketchel asked if we can proceed with the comment period; Chair Sullivan responded yes.

Briefing: Update regarding SHD employee handbook (no presentation)

Mr. Mayer noted that staff brought forward revisions to the employee handbook at the January board meeting, which the Board subsequently approved for all non-represented District employees. At that time we were in the process of engaging union representatives regarding the proposed revisions. As a result of recent collaborative dialogue there are no substantive changes being proposed by the unions. The final handbook with minor modifications is attached as Exhibit A to the board packet. The handbook will now apply to all represented and nonrepresented employees. Collective bargaining agreements take precedence over the handbook where they may differ, and where it's silent, the handbook prevails. Mr. Mayer acknowledged and thanked the union representatives, union agents, and HR Manager Teri Smith for their work on this.

Finance Report

There were no questions on the finance report.

Information Items

The next board meeting is Tuesday, April 12 from 3 to 5 p.m. in the auditorium of the Health District.

The Public Health Advisory County (PHAC) meets on March 23, and the Pharmaceutical Stewardship Ad Hoc Committee meets on March 31.

Chair Sullivan noted that everyone is invited to attend any of the meetings.

Work Session

Transition Plan for WIC and First Steps

Mr. Mayer introduced Margaret Norton Arnold, today's facilitator and the person guiding the Health District through this transition plan.



Ms. Arnold said that the key goal today is that the plan is done well and right and that no clients are left behind or fall through the cracks. The board will need time to review and discuss information and make a decision at the April 12 board meeting.

Heidi Keller, a consultant in the health field, gave a brief presentation on what WIC and First Steps are. After the 2009 economic downturn, there was a loss of state revenue, with the First Steps budget cut nearly in half from 2009 to 2010 and subsequently a 66% decrease in funding over five years, but only an 11% decrease in caseloads. SHD is one of three providers of First Steps services in Snohomish County. Many local public health agencies are transitioning out of these services due to limitations in the reimbursement structure.

Ms. Keller then discussed WIC, which is a proven program that improves birth outcomes and saves healthcare dollars. The location and provider of WIC services is a locally driven decision based on a variety of factors specific to each community.

Mr. Mayer provided historical and financial context. The Health District's commitment remains with the community and with the client. Even in the face of diminished resources, we have a responsibility to act – which is why there is so much effort to identify where public health is best positioned and uniquely qualified. He discussed the need to reach more people by moving away from a one-on-one model toward a population-based model that benefits the broader community and works collaboratively with community partners. He noted the strategic plan update in 2014 highlighted optimizing the delivery of early childhood development programs focused on pregnancy and early childhood. This was the first time the Board of Health formally endorsed transitioning services like WIC and First Steps into the community. The “futures” document adopted by the Board in May 2015 laid out a plan to build capacity within the community to ensure eligible families can access WIC and First Steps services as we transition to a more population-based service over the next two to three years.

Mr. Mayer noted that the Health District has had a 22% decrease in funding since 2005, but the population has increased by 14% in the same period. Since 2008, the agency has eliminated 74 FTE – a reduction of 34% due to static or declining revenues and increased costs. Similarly, the First Steps program went from 16 FTE in 2012 and 2013 to the current 8.5 FTE serving 3,700 clients. WIC has also seen decreases in authorized caseloads.

Mr. Mayer reviewed the budget forecast and noted that continuing to rely on fund balance to support WIC and First Steps was not sustainable either financially or with staffing. Transitioning WIC and First Steps is just one piece of the puzzle, not a complete solution to the financial challenge.

Ms. Keller then reviewed what other local health jurisdictions are doing regarding First Steps. She noted that 60% of local health jurisdictions do not provide First Step services, eight are the sole providers, and six are one of multiple providers. Nine counties have no First Step providers within their borders. WIC is more likely to be offered through the local health department – about 66% of



local health jurisdictions are WIC providers. The most common reasons for local health jurisdictions not offering these services was that the cost wasn't covered by state reimbursements and others in the community were also providing these services.

Regarding WIC, enrollment is down at both the state and national level, partly related to the experience clients have at the grocery store (such as possible confusion about qualifying products, paper checks, and food stamp eligibility).

Spokane County opted out of First Steps in 2010 and transitioned it to a qualified health center, which was eligible for additional federal funding. Today they have two providers. Although fewer women and infants are being seen, the number of visits has increased. This data is currently being assessed.

Ms. Keller noted that lessons learned are: Allow time to identify new providers and work out transition details, and invest in staff training and career counseling. It's important to empathize with staff and recognize that this is a difficult change. After the transition, maintain a partnership with the new providers. Then evaluate the impact of the change and ensure that people are getting the services they need.

Ms. Shambach introduced Cathy Franklin, nutrition coordinator for the WIC program at the Dept. of Health; Krista Linden, founder and executive director of Step-by-Step; and Dr. Afsaneh Rahemian, Director of preventive services director for SeaMar.

Ms. Franklin provided the state's perspective on WIC and First Steps as well as the RFP process. WIC was started 40 years ago. In 2014, 305,000 women, infants, and children were served by WIC statewide; 47% of all babies in Washington are on WIC (number holds true throughout the U.S.); there are 61 contractors, 212 clinics, and about 900 staff.

Ms. Franklin reviewed the transition plan DOH takes when a transition is considered. They will let partners know in the community and do something similar to (but less formal than) an RFP process. They will then meet with agencies and develop a plan. Larger programs, such as the one at SHD, may take more time than smaller transitions. Ms. Franklin mentioned that nine months to one year is a reasonable time for a transition.

Ms. Linden talked about Step-by-Step and her role as founder. They have 30 staff and work in three counties – predominately in Pierce County, as well as some in King and Snohomish. Step-by-Step is funded mostly by grants and fundraising. They provide predominately in-home services. She is willing and open to discuss options for this transition.

Dr. Rahemian noted that SeaMar has health centers throughout Western Washington and provides medical, behavioral health, dental, and other services. They provide maternal support services since 1990; currently this service is provided in eight counties and 23 locations. They have the capacity to partner with Step-by-Step to provide services in Snohomish County. SeaMar currently has sites in Marysville, Everett, and Monroe. They provide home visits and connect mothers and babies to a



medical “home”; they work closely with pediatricians and primary care physicians. They are a federally qualified health center and qualify for federal subsidies.

The board then took a 15-minute break for dinner.

Ms. Arnold then opened the meeting to questions from board members and discussion regarding the proposed transition.

Ms. Linden noted that currently a list of eligible pregnant women is provided by the Health Care Authority; half the families on the list are referred to the Health District and the other half to SeaMar and to Step-by-Step.

Ms. Shambach described how pregnant clients on Medicaid (Apple Health) are referred to First Steps. For high-risk clients, Apple Health is required to make a referral. In 2015 they referred about 4,000 women in Snohomish County. Clients are then divided geographically between SHD, Step-by-Step, and SeaMar.

Ms. Linden indicated that their structure is different from the Health District – such as their nurses are contracted – and they rely on grants and fundraising to meet costs. Ms. Linden raised \$1.5M last year for Step-by-Step. There is a reduced amount of time (units) with clients across the board.

Ms. Rahemian added that SeaMar is federally funded and has a different reimbursement option and is subsidized. Because they are federally qualified, they can stretch non-billable units to provide the same quality of service with fewer units.

Gail Danforth, behavioral specialist at Step-by-Step spoke to risk factors and recidivism. Every client they see is pregnant and low income. Other risk factors include age, previous pregnancies, mental health, substance abuse, tobacco use, developmental disability, domestic violence, CPS cases, and alcoholism. Each risk factor is broken down by severity or degree. Anything under 37 weeks is considered pre-term delivery; low birth weight is considered 5 lbs 8 oz or less. Other risk factors could include lack of transportation or housing.

Ms. Shambach then presented the Health District’s transition plan that confirms the course endorsed previously by the Board of Health. Strategic Initiative 3 (Optimize the Delivery of Early Childhood Development Programs) from the Strategic Plan Update is a transition plan developed to explore how Health District programs and services aimed at healthy pregnancies and early childhood can be best coordinated, managed, and delivered in order to maximize the Health District’s contribution toward prevention and to ensure clients have access to the programs they need.

The goal of the transition plan for WIC is to build community capacity to provide WIC services. The Washington State Department of Health WIC office will be responsible for the identification, selection, and startup of new WIC contractors for the program in the county. They will work directly with agencies to ensure WIC services. In 2016, SHD will continue to provide WIC services while the state



WIC office works with potential WIC agencies. If the Board approves the transition plan, the Health District would stop providing services by December 31, 2016.

The goal of the transition plan for First Steps is to build capacity to provide First Steps services and continue to work with Step-by-Step and SeaMar to ensure delivery of service. We would increase the number of referrals to Step-by-Step and SeaMar. By January 2017, all First Step referrals would be addressed by Step-by-Step and SeaMar.

The third area of focus in the transition plan is Healthy Starts, the goal of which is to improve the health of infants, children, and families through community-based prevention work that emphasizes more population-based health improvement.

Healthy Starts focuses on seven priority areas: early prenatal care, high ACE scores, standardized development screening, obesity in children, dental care in children, youth suicide, and health disparities. Healthy Starts adopts a new way to organize services, and it divides work into interdisciplinary teams serving five consolidated “health planning areas.” It engages partner organizations, translates staff expertise, and incorporates existing contracted work. It also focuses on prevention and community-level strategies and works in and with the community on early childhood development.

Mr. Mayer emphasized that this is doing less with less, but it’s about staying true to the “why” of public health. Our investment in Healthy Starts requires ongoing, continued contribution of Health District resources. Mr. Mayer reviewed staff and budgetary impacts of implementing Healthy Starts, which includes an estimated reduction of 17.8 FTE and anticipated general fund support in 2017 of just over \$1.3M (a decrease of 4.3% from 2016).

Mr. Mayor acknowledged this difficult time for staff who have devoted their careers to helping women and children in our community. SHD will work with impacted staff regarding new opportunities, learning new skills, retirement options, or other career-related needs. Mr. Mayer indicated we’re at a critical juncture where the board’s confirmation is needed to move forward, with a formal endorsement requested at the April 12 Board of Health meeting. Delays could jeopardize the process.

Ms. Arnold asked if the board sees gaps in the plan, is willing to provide a general endorsement today, and is willing to provide a general endorsement of Dept. of Health’s RFP process today. She then opened it up to questions and further discussion.

Staff responded to board member questions, including funding. Ms. Shambach noted that three existing contracts will carry over and the rest is discretionary money. Mr. Mayer indicated that absent \$400K funding from the County, the Health District is in a deficit situation. This is a step in our strategic plan to leverage partners and allow us to focus on the seven areas identified for Healthy Starts. This does not, nor was it intended to, resolve our financial dilemma.



Chair Sullivan noted that counties are required by RCW to fund health districts, but cities are not (after I-695). The County faces its own financial challenges. Chair Sullivan expressed his concern for employees; he understands financial situation of the Health District but is open to all options to continue the program.

The board then discussed why cities don't participate. Mr. Mayer noted this is an 18- to 24-month journey, which included a retreat where there was discussion about revenue sources (including taxes) to support local public health. Sentiment at the retreat was that there was no support for those additional revenue options, which led us to look at a possible change in organizational structure. We're here today because the transition trajectory is a six- to nine-month timeframe.

Mr. Ryan indicated that County funding is precarious, and the County's preliminary budget will likely not reach Council until August. Council will have to make decisions based on what other possible funding sources are available.

Mr. Mayer provided costing for the Healthy Starts model. If the board endorses moving forward, the deficit in 2017 is manageable. Farther out in the forecast, there is a deeper deficit. Even working with the state legislature, there likely won't be any state help until 2018, if at all.

Ms. Fraley-Monillas gave a brief background on why cities don't contribute, including the downturn that affected city budgets. She asked for a breakdown of the affected FTEs and how many will be laid off, how many will retire, etc. She would like to have more information from the County regarding funding sources before making a decision to move forward.

Mr. Mayer indicated that the Health District's budget forecast is based on the same flat amount contributed by the County (just over \$2M).

Mr. Bond asked how the \$8M deficit is reached. He commented that this transition is simply the beginning of future budget cuts, driven by flat revenues and rising costs. Chair Sullivan added that it also is the result of the lack of city funding and reduced state funding.

Mr. Goodwin agreed that something needs to be done, but doesn't necessarily agree that cutting programs like this is the way to do it. It's important to make a decision quickly so we can be successful in the event we decide to move forward with the transition. We can take ideas back to city councils to see if there are other funding options.

Mr. Rasmussen noted that his biggest concern is ensuring the same level of service is still available if the transition is carried out. He would like to hear from the five cities that he represents and get their feedback before making a decision. He would like to hear from service providers in the community as well as the Health District.

Ms. Cook understands the concept of a population-based service, but we also have to do right by employees and the people they serve. She would like to see these programs in action. She also



agreed that cities should be helping in some way. She'd like to investigate ways cities can help and talk to her council and constituents regarding what they might be interested in doing.

Mr. Murphy would like to see programs continue and make sure Step-by-Step and SeaMar can ramp up to take on new clients. He would like to hear they have a financial commitment and can provide the same or better quality/level of service. He would like know how the transition will work for clients prior to Dec. 31.

Mr. Rankin noted concurrence in creating direction. He indicated he's impressed with the board and leadership with the care given to employees; we need to make sure we're doing right by them.

Ms. D. Wright added that we're between a rock and a hard place and have asked much of our staff over the years. She commented that she wouldn't expect much help financially from the cities.

Ms. S. Wright indicated she would appreciate more time, recognizing that board members representing cities need to go back to their respective councils. We need to ensure we've communicated to partners before moving forward in order to get the best possible outcome.

Ms. Fraley-Monillas added that it's the Health District's responsibility to determine how health services are acquired and shared; however, she noted that she's not comfortable where we are right now.

Ms. Shambach asked for clarification on "level of service" mentioned by several board members.

Chair Sullivan noted that he senses some board members are not ready to make a decision, and he is open to allowing board members to get more information and perhaps have the board meet again before the next board meeting on April 12. He gave some definitions of "level of service," including how many cases averaged over several years, how many hours an employee is in the field or in the office, the overall overhead, and are cases falling through the cracks.

Mr. Rankin added the definition could include what service are we providing in this program and what is the change after the transition; will clients receive comparable care, will we miss anyone (such as in outlying small cities)?

Mr. Mayer added that the unions and employees have strong feelings of quality and level of service. It's important to note the perspective from those who deliver the service.

Dr. Goldbaum asked board members to ask themselves this question: "If we don't do this, what is the consequence?" Staff has looked at the consequence of not taking action and its impact on the budget. We've built a budget that tries to build a new approach and alternative program to providing access to services in our community; we're relying on community partners to take up services we can no longer provide. There is \$1M less to support services.



Ms. Arnold will provide a report of the work session that will include action steps.

Adjournment

The meeting was adjourned at 6:45 PM.

Brian Sullivan, Chair

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