



**Snohomish Health District  
Board of Health Minutes  
Regular Meeting  
May 10, 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  
Hans Dunshee, County Councilmember  
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  
Sean Richards, Councilmember, Mountlake Terrace  
Terry Ryan, County Councilmember  
Stephanie Wright, County Councilmember

**Members Absent**

Brian Sullivan, County Councilmember – BOH Chair  
Jeff Rasmussen, Councilmember, Monroe  
Donna Wright, Councilmember, Marysville

**Call to Order**

The May meeting of the Board of Health was called to order at 3:10 p.m. by Board member Ken Klein in the auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Linda Carl who reported there were seven members present and therefore there was not a quorum. Members who arrived after roll call were Vice Chair Adrienne Fraley-Monillas (acting as Chair), Hans Dunshee, Benjamin Goodwin, Terry Ryan, and Stephanie Wright, at which point there was a quorum present.

Mr. Klein amended the agenda due to the lack of quorum at the beginning of the meeting.

**Public Comment**

Hanna Welander from the Washington State Nurses Association representing nurses at the Health District spoke regarding the WIC transition. She stated she was disappointed in the County Council's decision to approve the sales tax measure but didn't include public health. She provided a handout to the Board from the Washington Health Alliance titled a "Snapshot of Patient Experience in



Washington State: February 2016.” She noted negative patient-survey results for Sea Mar Community Health Centers for five measures. Ms. Welander added that WSN will work with the Health District in transitioning clients, if that’s the Board’s decision, and are committed to partnering for public health.

### **Committee and Standing Reports**

Pete Mayer, Deputy Director, discussed the finance report. He indicated that the receipting of funds totaling \$488,856 in 2016 for services rendered to Snohomish County Solid Waste will reimburse the general fund balance for those costs incurred in 2015. He noted that Health District staff also performed work under the Coordinated Prevention Grant with the Dept. of Ecology, but payment hasn’t been received due to a delay in executing the agreement. Once the Board approves the agreement (in today’s consent agenda), the Health District will retroactively bill DOE for services rendered in 2015 and costs incurred in 2016. Although it’s not normal business practice to perform work without a contract, there’s a track record over 20 to 25 years with DOE and with Snohomish County, and we have assurance that funds are forthcoming. Some revenues expected in 2016 will not be forthcoming; however, there is a net benefit of \$290K to the general fund as a result of these transactions. Finance is developing a tool to track pending contracts for the Board.

Teri Smith, Human Resources Manager, gave an update on the Rucker Building Ad Hoc Committee meeting that was held yesterday, which included one Board member and two members of the County’s finance department. Ms. Smith reviewed the background and Phase 1 study by McKinstry, which is a review of the critical infrastructure system. They identified several different areas and made recommendations, which were discussed with the ad hoc committee. Those recommendations are: 1) a replacement of the HVAC system, 2) a remodel of the first floor to consolidate outward-facing employees and provide leasing opportunities on the second and third floors, 3) upkeep and upgrades to the exterior of the building, and 4) technology upgrades, such as WiFi. Staff asked for guidance from the ad hoc committee regarding funding options and guidance moving forward and asked for guidance on the following four options: 1) HVAC replacement, 2) HVAC replacement with interior space renovation, 3) HVAC with exterior and technology upgrades, and 4) HVAC replacement, interior space renovation, exterior upgrades, and technology upgrades. Periodic updates will be brought to the Board. Staff directed McKinstry to stop work in order to obtain Board guidance on moving forward. Mr. Mayer added that because Mr. Klein and Mr. Dunshee were unable to attend the ad hoc meeting, Mr. Hilt was the sole participant from the Board; therefore, we’re not prepared at this time to bring to the Board a recommendation for a path forward. Mr. Hilt noted that this building has design abnormalities and a lot of deferred maintenance, making upgrades not optional; it’s a matter of how and when we’ll pay for it.

Board member Scott Murphy indicated he’s on record opposing funding and urges moving at a modest pace; he’s supportive of the HVAC system upgrade but encourages restraint until we have a better handle on what the future holds for the Health District and the current uncertainty about future funding.



Mr. Klein asked if there was feedback regarding the loan and bond from the County's finance staff present at the ad hoc meeting. Mr. Mayer responded that the County has significant deferred maintenance needs and there was no clear timeframe provided by County staff relative to a potential financing package. Mr. Mayer added that the earliest we will need money is in 2017.

## **Minutes**

Board Vice Chair Adrienne Fraley-Monillas (acting as Chair) announced there is now a quorum present.

It was moved by Mr. Murphy and seconded by Mr. Hilt to approve the minutes of the regular meeting held April 12, 2016. The motion carried unanimously.

## **Consent Agenda**

It was moved by Mr. Klein and seconded by Mr. Murphy to approve three consent agenda items: Resolution 16-008 authorizing April 2016 Public Health expenditures and voucher check numbers 62246 through 62411 totaling \$1,514,791.97; Coordinated Prevention Grant Agreement with the Department of Ecology for solid waste enforcement; and Interlocal Services Agreement with Snohomish County for sanitarian services in unincorporated Snohomish County. The motion carried unanimously.

## **First Reading/Public Hearing**

Mr. Jeff Ketchel, Environmental Health Director, gave a brief presentation and background on the current take-back program with the Sheriff's office. There is now opportunity to expand, but the Sheriff's office is not able to provide additional services, nor are there more resources. The Board formed an ad hoc committee to find a sustainable model for the county; there were four open meetings and an open comment period that ended April 15. Comments from the public are included in the agenda packet. Today is the first public hearing, with the second scheduled for June. If the Board approves the ordinance, it would take effect in July.

Ms. Fraley-Monillas opened public comment. John Gahagan, vice chair of the Board of the Science and Management of Addictions (SAMA) Foundation, spoke first. He spoke of his son's addiction and death at age 18 due to a drug overdose. SAMA worked to pass the Good Samaritan Law to help prevent lethal overdoses and helped Gov. Inslee pass the Safe and Responsible Drug Disposal Act when he served in Congress. He noted that accessible medicine take-back programs are a critical part of the solution to epidemic medicine abuse and poisonings. He said last month's National Take Back Day showed high consumer demand with 893,498 pounds of medicine collected from 5,359 sites across the country for this one-day event. SAMA strongly supports the proposed Snohomish Secure Medicine Disposal Program to counter prescription misuse, abuse, and overdose in the county.



Suellen Mele, spoke next. She is the Program Director for Zero-Waste Washington, which is a nonprofit group that represents the public on recycling and zero-waste issues. They've supported product stewardship of unwanted medicines and other products for over a decade. She said they strongly support the proposed policy because it would provide a safer and environmentally sound alternative to throwing unwanted drugs in the trash. The program will be convenient and accessible for county residents, and it's financially sustainable. Regarding the ordinance, she recommended fine-tuning the new pre-emptive language.

Ms. Fraley-Monillas asked if anyone else in the audience wished to speak. There were no additional volunteers to speak during the public hearing. Ms. Fraley-Monillas closed the public hearing.

Mr. Mayer mentioned that Board Chair Brian Sullivan may be interested in delaying the second public hearing until July to provide for additional discussion with our partners; however, our timeline is to hold the second public hearing in June. Mr. Murphy said for the sake of transparency it's best to stick with the current schedule. Board member Hans Dunshee concurred. Ms. Fraley-Monillas stated that the Board will proceed with the second reading and public hearing in June and will discuss a delay, if desired, at the June meeting. Mr. Klein added that at the request of some stakeholders that staff include a definition of terms.

### **Special Business**

Dr. Gary Goldbaum, Health Officer, gave the State of the District and annual report. He provided a brief background regarding how we got to where we are today and what to expect in the future. He gave a brief overview of the history of public health in the state and in Snohomish County, noting that public health has always faced challenges to structure and funding. Now there are new challenges to public health, including new influenza strains such as H1N1 and new viruses like Ebola and Zika. Additionally, there is a new focus on chronic diseases, like heart disease, diabetes, cancer, and Alzheimer's, as well as their underlying causes, like tobacco use and obesity. Injuries, suicide, and overdoses are becoming more prominent. As diseases have changed, so has the ability of the community to respond. Some things remain consistent within public health, such as vital records, communicable-disease control, food safety, clean drinking water, and safety in schools and childcare facilities. Now there is a challenge to address heroin and suicide epidemics. In the future there will be an emphasis on trauma-informed care and adverse childhood events. The Health District is trying to build strategies and programs to deal with these new challenges. Today we have dozens of partners to ensure we can respond regionally and locally and to ensure we can address challenges. In the future, addressing health issues will be outside the doctor's office, including in schools, workplaces, and where we recreate; we must connect with these partners to ensure the role of public health is effective. The real challenge is shaping ourselves to effectively confront these new challenges in a time of constrained resources. With the continued work of dedicated staff and the Board's support, we will succeed.

### **Action Items**



Ms. Margaret Norton-Arnold, facilitator, briefly reviewed the March 15 work session and what's happened since, including clinic visits and staff response to Board questions. Ms. Charlene Shambach, Community Health director, gave a brief summary of the Healthy Starts model, which is an approach to improve the health of infants, children, and families. It works with groups, targeted neighborhoods, agencies, and organizations in the community. The seven focus areas are: 1) early prenatal care, 2) adverse childhood experiences (ACEs) scores, 3) standardized developmental screenings, 4) obesity in children, 5) dental carries in children, 6) youth suicide, and 7) health disparities. Healthy Starts is a customized, community-focused, prevention effort.

Mr. Mayer indicated that Exhibit G in the Board packet provides potential scenarios and Health District costs (based on 2015 data) to support WIC and First Steps in the general fund. The cost of the First Steps program will grow to \$1.1M in 2017 because support from Snohomish County drops to zero for that program. Staff implications are also provided in the packet; there are currently a number of vacancies. The exact potential layoff will be based on factors such as voluntary retirement and current employees transitioning to community partners; there are also potential "bumping" implications for those with seniority both within and outside of the division. Some positions are grant-funded and not impacted by today's decision. Four program scenarios were presented to the board: 1) Healthy Starts model, 2) Healthy Starts and WIC (in Everett only), 3) Healthy Starts and WIC (in two locations), and 4) maintain existing contracts only. Mr. Mayer reviewed all four options and staffing implications. He noted that the first option aligns with the Health District's strategic plan and future vision for the agency based on Board dialogue to date. He then reviewed the financial impacts of all four options from 2016 to 2020. All four options reach a deficit in 2018, which grows larger over time.

Mr. Mayer explained that the Ruckelshaus project is a situational assessment of the Health District's governmental and financial circumstances. This process will deliver a report in August but will not provide a recommendation of the Health District merging with Snohomish County and will not produce or uncover new revenue sources. Regardless of the Health District's structure, the issue of adequate funding still remains. The vote today is to determine what programs and services the Health District will provide regardless of its umbrella organization.

The programming design for the Rucker Building at this point anticipates the ability to locate most of the Health District's services on the first floor, including a clinic, which one community partner has expressed an interest in leasing. The 2017 budget process will get underway in July and August and will reflect today's Board decision. Mr. Mayer acknowledged that there are moving parts, but also that there's an urgency for the Board to make a decision today. He reiterated that the County is eliminating its funding for First Steps as of Dec. 31, 2016. The Health Districts needs a six- to eight-month process for a transition to community partners and to reschedule clients. Additionally, staff openings in other departments are being held open in anticipation of bumping and to incorporate some of the impacted staff. We also want to bring certainty to staff so they can make personal and professional decisions about their future.



He indicated that they heard today that WSNA will stand in collaboration with the Health District regarding a transition. We would include representatives of the Board along with staff representing our three unions, as well as management and community providers to form a steering committee that will help facilitate a smooth transition, address any concerns that arise, and provide recommendations.

Dr. Goldbaum acknowledged this is a difficult situation and asked the Board to provide clear direction. He noted that research supports that early years of life form a critical foundation for a healthy adulthood. This proposal allows the Health District to continue this critical work in a practical and sensible way. It doesn't solve the financial problems of the Health District, but it makes an impact. If we don't move forward with the transition, it would further dismantle public health in the county and further decrease our spending on public health and secure our spot at the bottom of the list of public health agencies in the state. It also cuts our staff to a point where we may never fully recover.

Mr. Murphy asked about new or additional services for the Healthy Starts model. Ms. Shambach responded that staff looked at community needs and the seven prioritized areas she mentioned earlier and worked with appropriate community agencies to share data, look at best practices, and address needs. In particular, the plan is to work with Therapeutic Health Services (THS), Cocoon House, and Everett Gospel Mission. Public health nurses are onsite at least twice a month at THS to provide group education designed specifically for their clients. This agency serves alcohol- and drug-dependent clients as well as those with mental illness.

Mara Marano-Bianco, Community Health Program Manager, reported that the Health District has worked with THS since 2013 when they saw an emerging trend of pregnant and parenting women entering treatment. THS determined their expertise was in treatment, not in pregnancy and parenting; many of their clients were not engaging in maternity care nor coming to WIC and First Steps. THS requested to have Health District nurses onsite to visit with their clients. Due to addictive personalities and mental illness, traditional means of care did not necessarily work with this population. The Health District looked at new approaches and began developing an education component and curriculum that met their needs. THS has seen an increase of pregnant and parenting women using their services.

Mr. Murphy indicated that the ACEs score is a powerful test and asked how we plan to continue to that priority. Ms. Marano-Bianco responded that this is part of the curriculum onsite at THS, and additionally, we're engaging school districts to address trauma-informed practices in a holistic, community approach. Ms. Shambach added that several years ago the Children's Commission in conjunction with the Children's Museum sponsored an event that dealt with ACEs to raise awareness for parents and grandparents.

In order to understand the program better, Board member Stephanie Wright asked for more concrete details, such as what elements we're already doing that are dovetailed in, FTEs, financial amounts, and what are new services. She would like a full understanding of what's being presented and what's still undefined at this point.



Acknowledging that the work is essential, Board member Mark Bond also noted that the four scenarios aren't financially sustainable beyond 2019. He asked how they will be paid for in the future; for instance, will we go to the cities to ask for funding?

Board member Dan Rankin asked if there's been any research on the social impacts if the Health District does not provide these programs.

Ms. Shambach said the key to the transition plan is working with community agencies and organizations to address the seven prioritized areas in a customized local effort, working in concert with targeted neighborhoods to meet their specific needs. Dr. Goldbaum added that the First Steps format currently has a public health nurse who meets one-on-one with clients to help educate and provide referrals. In the Healthy Starts model, the public health nurse would work with populations of high-risk women and families in group settings. Healthy Starts would continue to provide education and referral opportunities and the services needed to bring about the outcomes we want, but it's also now about our reaching out to these populations. The Health District can't sustain the funding for First Steps; with the Healthy Starts model we can reach more of those high-risk families over time than we can with a program that's continually shrinking. This transition provides an opportunity to potentially serve more clients.

Dr. Goldbaum added that we're building programs with the hopes that we can identify funding sources; however, we don't have the dollars in-hand. This transition will help us to sustain a program that reaches clients while giving us an opportunity to seek other funds. The Health District will not be able to provide the quantity and quality of service after funding is gone, and this transition provides an opportunity to move these services into the community where they will still be provided. Otherwise, we'll have to draw on reserves and only have one year before we're met with a serious financial challenge, including additional, inevitable layoffs.

Mr. Rankin noted the caliber of care within the Health District is higher than we see elsewhere, and the communities he represents don't have a lot of access to programs. In the end, what are the additional societal impacts down the road of not having these programs?

Mr. Dunshee said there is no magic bullet, and he'd vote no on the transition because it doesn't solve the larger problem. We have to address the larger issues of drug addiction and mental illness, and the cities ought to be partners in that.

Ms. S. Wright concurred with Mr. Dunshee, noting that if it doesn't solve the problem, then why are we changing course? She knows First Steps works and is therefore hesitant to move to a different model when we're trying to tackle funding options. If we're seeking money from the legislature, it's a stronger argument for long-term funding if we've done everything we can to keep these programs in place. If we transition the programs out, then the legislature may question why we need funding to make us whole. This makes a very good case if we've made a last-ditch effort to maintain programs. She stated she'll vote no to transition at this time.



Mr. Klein said it will be a year before we know a decision from the legislature, and what position will we be in if we wait another year to make this decision?

Mr. Mayer said that at the end of the year we'll have no further County support for First Steps, which had totaled \$900K until 2014. We'll use fund balance and be in deficit spending to support First Steps for the remainder of the year. We won't receive new revenue unless something is forthcoming through County deliberations or if cities opt to dedicate a portion of their public safety tax revenue (assuming a favorable public vote in August).

Ms. Judy Chapman, Business Officer Manager, indicated that Option 3 shows Healthy Starts with WIC programs continuing in Lynnwood and Everett and shows a negative fund balance in 2018. She said we have just under \$7M in fund balance and reserves, including about \$2M for working capital and some for building improvements, plus the liability for compensated absences (about \$1.8M).

Ms. S. Wright said she might support Option 3, but it doesn't change the bottom line. She asked if the Health District will request additional funds from the County Council this year.

Ms. Heather Thomas, Communications Strategist and PIO, clarified that Healthy Starts has 12.5 FTEs, about five of which are with its existing contracts. The 2016 budget is predicated on the fact that First Steps funding is gone when County funding runs out. The plan is to go to the cities with a voluntary \$2 per capita request. If all the cities complied, the Health District would be in the black through 2020. The request to the legislature does not include WIC and First Steps as foundational public health services; the legislature considers those additional health services to be funded at the community level.

Ms. S. Wright responded that it's possible to shift general fund dollars if we received funding from the legislature. If the Health District asks the County and cities for money, why not ask for that money specifically for First Steps? She added that if we're not getting any money and not doing anything differently (for instance, switching to Healthy Starts), then how does it change the total picture?

Mr. Mayer said that the Healthy Starts model is a lower-cost model consistent with foundational public health services for which the legislature is anticipated to incorporate into statute in 2017.

Subsequently, funding will be associated with foundational public health services for which WIC and First Steps are not included. We're trying to deploy fewer resources in a different area that's uniquely aligned with what public health can do at less cost and for which there's no offsetting revenue source.

Ms. S. Wright added that if we can get funding for Healthy Starts next year, still have First Steps, develop Healthy Starts, and know where they intermix, it makes sense to wait one more year to see what the legislature does.





Mr. Mayer said that approach rests with the County Council and the cities because as of Dec. 31, we no longer have funding for First Steps. We're going to the legislature in 2017 with potential funding in 2018.

Ms. S. Wright pointed out that keeping First Steps one more year instead of transitioning to Healthy Starts is almost the same budget scenario.

Dr. Goldbaum responded that the Healthy Starts model could be managed on a smaller scale, but it's very difficult to provide First Steps on a smaller scale given the requirements of the State and the nature of the type of service we deliver. Having fewer staff to support a one-on-one model is more difficult. He recommends that if the Board is concerned about funding any new program, then the recommendation should be no to First Steps. If the Board is willing to take a chance that there will be sufficient funding for all programming as it currently exists – recognizing there are deep concerns with “kicking the can down the road,” which will put us in a real financial bind next year – he'd suggest approving the program recommended by staff, even though it would still require budget reserves and only offer a modest savings. Another option would be for staff to come back with a new Healthy Starts model at a much lower cost.

Mr. Murphy indicated that he dislikes ending the program, but when he looks at the projected fund balance after backing out compensated absences and working capital requirements, then we're down to about \$1.1M. He expressed concern for a \$15M/year operation to deplete its fund balance to something that puts the organization in jeopardy. He also said that given the challenges the legislature faces, such as with education, the likelihood of us getting funding to keep these programs alive is slim to none. If we take a vote, he'd vote to support the staff recommendation. Moving to Healthy Starts is in alignment with our strategic plan and gives us a chance to transition in a responsible and thoughtful way. If we defer for a year and we're not successful in getting additional funding, we may be forced to make dire and drastic changes without the luxury of transition. Given the available options, approving the staff recommendation is a prudent way to move forward.

Ms. S. Wright said we don't know what the legislature and cities are or aren't kicking in, nor what the County Council and Executive are going to do, and these are big pieces to the puzzle. She'd hate to make changes when we don't know what three major entities will do. She would prefer not to make changes based on a lot of “maybes” when we'll know soon. We'll know what the cities and County Council will do by the end of the year and what the legislature will do by the first half of next year. In the meantime, she'd like to let the pieces quit moving so we're confident in how we move forward. We likely don't need \$1.8M for compensated reserve, so we might consider revisiting that policy. Those funds might be better utilized for other programs. Let's see where the three entities land before making a decision.

Board member Terry Ryan pointed out that the County has a \$10M deficit for this year and is not flush with cash. There's a lot of competition for dollars.



Ms. S. Wright said there could be other options, such as a potential to kick in for Healthy Starts with the mental health sales tax.

Mr. Ryan asked Mr. Dunshee what the likelihood is of the legislature responding positively to a dire request from the Health District next year. And if we were successful in our ask, when would those dollars show up? Mr. Dunshee said there are people in the legislature who are very sympathetic to these programs and strong advocates for early learning and prenatal programs. He suspects the legislature will go six months, possibly longer. If they finish before July, then money shows up by July 1.

Mr. Klein said we've gone to the cities, the County, and the State and have always been turned down. He doesn't foresee the cities or the County providing funding. We need to start making the decision as to how we think we should move forward as an organization. He thinks Healthy Starts is a better model because we can expand our reach and he'll support the staff's recommendation.

Mr. Murphy moved to approve the Snohomish Health District's plan to transition WIC and First Steps programming to community partners by the end of 2016 and to optimize the delivery of early childhood development programs as described in Exhibit F of the Board packet. It was seconded by Mr. Goodwin.

Those voting in favor of the motion: Board members Goodwin, Klein, Bond, and Murphy.

Those voting against the motion: Board members Dunshee, Fraley-Monillas, S. Wright, Ryan, Cook, and Rankin.

Absent for the vote: Board members Sullivan, Rasmussen, D. Wright, Richards, and Hilt.

The motion failed by a vote of four in favor, six against.

## **Chair's Report**

Ms. Fraley-Monillas asked Dr. Goldbaum to report on yesterday's sales tax vote of the Council. Dr. Goldbaum reported that the County Council approved going to the voters for an increase in sales tax of 2/10s of one percent dedicated to public safety only.

## **Information Items**

Ms. Fraley-Monillas mentioned the three upcoming meetings:

- 1) Public Health Advisory Council (PHAC) – May 25, 7:45 – 9:15 a.m.
- 2) Washington State Board of Health – June 6, 9:30 a.m. – 2 p.m. (Auditorium)
- 3) Board of Health – June 14, 3:00 – 5:00 p.m.

Mr. Mayer announced that legal counsel Steve Uberti is retiring. The County's prosecuting attorney's office is not in a position to provide temporary legal services; therefore, staff will bring a contract for temporary legal services through the first part of next year to the Board. Mr. Uberti will continue to



provide legal services through the transition. Mr. Mayer and Ms. Fraley-Monillas thanked Mr. Uberti for his service to the Health District. Mr. Uberti said he's looking forward to retirement and will come in as necessary.

### **Adjournment**

The meeting was adjourned at 5:19 p.m.

### **Training**

Board members Benjamin Rasmussen and Dan Rankin stayed for the Open Public Meetings Act provided by staff member Nancy Blevins, Privacy and Public Records Officer.

---

Brian Sullivan, Chair

---

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