Snohomish Health District
Board of Health Minutes
Regular Meeting
November 8, 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
Kyoko Matsumoto Wright, Councilmember, Mountlake Terrace
Stephanie Wright, County Councilmember [via telephone]

Members Absent
Hans Dunshee, County Councilmember

Call to Order

The Special Meeting of the Board of Health was called to order at 2:47 p.m. by Board Chair Brian Sullivan in the auditorium of the Snohomish Health District Rucker Building.

Roll Call

Roll call was taken by Linda Carl who reported there was a quorum present.

Health Officer Report

Dr. Goldbaum noted there was an increase in tuberculosis cases and updated recommendations regarding how to manage TB. From 2013 to Sept. 2015, Health District staff managed 24 new cases of infectious TB. Of 356 contacts, 311 were evaluated – TB was diagnosed in six of those. Latent TB was found in 20% of the cases and close to 97% completed treatment.

Social determinants of health are critical factors that influence behavior and health. Everett School District has committed to 100% graduation rate and is focusing on childhood trauma. Since 2001, four-year

graduation rates have increased from 82.4% to 90.2%, and five-year graduation rates have increased from 84.2% to 94.5%.

Snohomish County has an extremely high rate of opioid overdoses; we have 20% of statewide opioid deaths but only 10% of the population. Addressing it will require multiple approaches, including access to treatment, naloxone for first-responders, working upstream in the schools, getting the medical community more responsible in prescribing practices, and getting unused drugs out of homes. Since 2014, Dr. Goldbaum has worked with local pharmacies to enable them to sell naloxone without a prescription; we've helped our local syringe-exchange to provide naloxone to those who are injecting; and we're working closely with Snohomish County Human Services to train first responders on the use of naloxone.

(A corrected report was distributed subsequent to the Board meeting. In the report, Dr. Goldbaum discussed several timely issues: 1) the recent cases of acute flaccid myelitis in Washington State, 2) a study suggesting that a serious complication of measles [subacute sclerosing panencephalitis] is more common than previously believed, 3) the increase in pediatric hospitalizations for opioid overdoses, 4) the continued increases in sexually transmitted infections and hepatitis C [for which the Health District is considering new strategies and the additional resources needed], and 5) two recent events [co-sponosred by the Health District] raising awareness about trauma-informed care.)

Briefings

Opioid Overdose Reporting (SR 16-063)
Dr. Goldbaum stated that someone who has just overdosed is at high risk of future overdoses. Many will end up in the emergency department, but many won't, and it's unlikely they'll get immediately connected to important services. If they get to the emergency department, they may get offered naloxone and referrals for treatment. People rescued from an overdose (i.e., given naloxone to reverse it) are in acute withdrawal – the very state they want to avoid, and so are not prepared to deal with underlying issues. We'd like to connect with them after they've stabilized, assure they have access to naloxone, and potentially get them connected to treatment, especially now that access to treatment in the county has expanded with a new clinic on Colby.

Dr. Goldbaum is proposing to make opioid overdoses reportable, as we do for infectious diseases (TB, measles) and non-infectious conditions (elevated blood-lead levels). Dr. Goldbaum has the authority by state law to make this a reportable condition. However, state and federal laws are stringent on privacy concerns, particularly about mental health and chemical-dependency issues. Dr. Goldbaum is working closely with Providence Hospital and working through their legal advisors' concerns. We've discussed this with our risk insurance pool, Enduris, and they expressed concerns as well. Our legal counsel is aware of the challenges.

The process of reporting opioid overdoses is already underway in Clallam County. Dr. Goldbaum believes this is an important strategy and an important role for public health. One or two people die each week in our county from an overdose. Currently, we're not able to do enough to reverse the trend. Mr. Mark Bond agrees it's a good idea to track saves and multiple saves. Every save is an opportunity for that person to get help. However, he fears that some may view opioid use as less dangerous because it's easy to be saved. If they see fewer people dying of overdoses, they may not see the risk. Many are incarcerated and don't get treatment in jail; plus, jail costs are high. We need treatment options.

Dr. Goldbaum said he's having conversations with the state regarding the cost of treatment in jails; Medicaid won't cover people in jail and counties can't afford the treatments. There are some new options, such as Vivitrol, which is a once-a-month injection and blocks the opioids. People have to be drug-free for one week in order to have Vivitrol.

Drinking Water Updates (SR 16-065)
Mr. Jeff Ketchel, Environmental Health Director, explained that the Hirst decision, made by the State Supreme Court, held that counties have the responsibility under the Growth Management Act to make determinations of water availability for development permit approvals and cannot defer to Ecology or rely on the decisions of others when making those determinations. There's a difference in roles between the County and the Health District relating to water. The Health District is responsible for water quality, and the County is responsible for water quantity. This relationship is both in law and in an interlocal agreement between the two agencies.

The Health District met with its legal counsel and is working on developing disclaimer language for well-site approvals. Health District staff have also met with the County Planning and Development Services Department, the Executive Office, and Ecology regarding how to collaboratively work on the Hirst decision. In their last meeting, the idea of rainwater catchment came up; this can be a drinking-water-supply alternative for people who want a building permit, but can't drill a well or hook up to public water. In these discussions, the idea was presented whereas a homeowner could use rainwater catchment and a cistern not for drinking water but to replenish creeks and streams. Ecology is open to the idea. This would be a huge savings and simplify a complicated problem.

Mr. Ketchel has met with the County's Prosecuting Attorney's office. Mr. Klein noted that MSRC recommends a study before making policy decisions because the Supreme Court's direction is still up in the air. Mr. Grant Weed added that there's a longstanding working relationship between the Health District and the County on water issues and processing permit applications. It's important for both to have clearly defined areas of responsibility regarding who's playing what role in the permit process so both the County and Health District are clear on what they're mandated to do.

Approval of Minutes

It was moved by Mr. Scott Murphy and seconded by Ms. Adrienne Fraley-Monillas to approve the minutes of the regular meeting held October 11, 2016. The motion passed unanimously.

Consent Agenda

It was moved by Ms. Donna Wright and seconded by Mr. Kurt Hilt to approve the following items on consent:

- Resolution 16-016 authorizing October 2016 public health expenditures and voucher check numbers 63304 through 63434 totaling $1,403,036.00.
- Authorize the Deputy Director to renew interlocal agreement with Tacoma-Pierce County Health Department for online food worker cards (SR 16-061).

The motion passed unanimously.

Public Comment

There were no volunteers to speak during public comment. Chair Sullivan noted there are two public hearings also on the agenda. He closed the public comment period.

Public Hearing

SR 16-062 – Environment Health Fee Schedule:
Mr. Ketchel presented fee-schedule options at the October 11 Board meeting. Today the options have been simplified. Option A is a simple 1.8% fee increase, similar to last year. Options B through E are reflective of ongoing Health District budget issues. The septic program is divided into two main areas: permits (design review, installation, etc.) and complaints/enforcement. When legal counsel is necessary, enforcement can become costly. In the 2017 preliminary budget, a $40K profit in the permit program and a $140K cost in the complaint/enforcement program is anticipated, creating a potential deficit of $100K. Staff is proposing options (including up to an 8.3% increase for septic permits in addition to the 1.8% fee increase) for obtaining full or partial coverage of the complaint/enforcement program through permit fees, which is a practice we already do in our food program. We meet monthly with a group of septic professionals called the Septic Issues Committee, which includes septic designers, installers, pumpers, and maintainers. Mr. Brent Hackney is the chair of that group (as well as a member of our Public Health Advisory Council). A letter from this committee, included in the Board packet, states their support for the 1.8% fee increase.

If any fees are approved today, they'll go in effect December 1, 2016, and will be included in the renewals sent out before Thanksgiving.

Mr. Ketchel added that in July 2016, EH implemented a 100% time-tracking system. Next July, the division plans to overhaul the fee-schedule to align with actual costs of the work. The Septic Issues Committee will participate in the review. Some fees may go up, down, or go away completely. In response to Mr. Murphy's question, Mr. Ketchel stated that the $140K figure is normally stable, unless there's a large court case.

Chair Sullivan opened the public hearing.

Mr. Ryan McIrvin spoke on behalf of the Snohomish County-Camano Association of Realtors. He stated the Association prefers Option A (limiting the fee increase to 1.8% with no additional fees for septic permits) and would also be interested in participating in the process of looking at the fee schedule more in-depth next year.

With no more volunteers to speak, Chair Sullivan closed the public hearing and opened the floor to Board discussion.

Chair Sullivan noted that the budget ad hoc committee has reviewed this issue as well, and he's inclined to go with the 1.8% fee increase. He doesn't wish to impart unnecessary burden on developers. Mr. Hilt, also on the budget ad hoc committee, added that the 8.3% increase is built into the 2017 preliminary budget. Ms. D. Wright asked for more information on the complaints we receive, such as the type and how many. Mr. Ketchel will follow up with Ms. Wright with this information.

Ms. Fraley-Monillas questioned if we're jumping the gun if we're going to look at fee increases in more depth next year. Mr. Ketchel indicated that the 1.8% increase would help offset the general cost of doing business, including employee's health insurance and COLA increases. This will help minimize dependence on the general fund. He and Mr. Pete Mayer have discussed if, in the future, they should look at regular CPI pertaining to the fee schedule or consider three- or five-year projections with larger increases periodically. This is a conversation that will be considered next year.

Mr. Terry Ryan stated he's supportive of Option A. He indicated that if we study this again early next year and are considering larger than inflationary increases, then it gives businesses time to prepare. Mr. Murphy agreed that doing nothing may not be fiscally prudent and Option A is a reasonable step forward.

Action Items

SR 16-059 – Environmental Health Fee Schedule:

It was moved by Mr. Ryan and seconded by Mr. Murphy to approve Option A (1.8% fee increase) of the Environmental Health fee schedule for onsite sewage program fees and for those fees to be in effect December 1, 2016. The motion passed unanimously.

SR 16-068 – Approval of Resolution 16-017 Funding Core Public Health Services Legislative Request: Mr. Pete Mayer said that foundational public health services is in the Health District's strategic planning effort and we continue to develop the concept and framework. This is part of a fiscal request to the 2017 State legislature. Mr. Mayer noted the challenges of public health funding. He said cities supported public health through the use of MVET dollars, but that was swept in the 90s, and a portion of the MVET dollars was transferred to the counties to provide public health services. However, this wasn't the full amount to support public health, so there already was a deficit at that time. In 2000, the MVET was repealed by voter initiative. There has been some backfill funding, but not sufficient for what is needed. We've therefore been on a trajectory of reduced state contributions for local public health throughout the state. The property-tax cap further aggravated the delivery of municipal services. There is also increased categorical restrictions on federal dollars. Flexible (general fund) dollars are becoming scarcer and highly competitive. There is about a $100M/year gap in core public health services in the state.

Mr. Jeff Ketchel talked about the ideal state of public health where we have prevention activities, such as inspections, communications, and working with different community partners to make sure premature death, illness, or injury are prevented before they happen. However, we're spending more time on outbreaks and less on prevention because we're not adequately staffed to do both. Consequently, the less time spent on prevention will lead to more outbreaks.

The Health District is a key part of the entire public health system in Washington. Working with the Tribes, the State, and other agencies, we've identified foundational (aka essential) public health services. There are 55 essential public health services that every Washingtonian should be afforded, regardless where they live.

In order to provide these 55 essential services, we must also have adequate infrastructure: finance, communications, emergency preparedness, and assessment. Public health is a shared responsibility. On the local level, we have specific areas of increased need, such as suicide prevention, opioid overdose

prevention, and reducing syphilis rates. For our legislative ask, we plan to focus on communicable disease and chronic disease – two significant areas that aren't funded adequately and that cause loss of life.

Mr. Mayer said this foundational public health services model reflects over a decade of work, which involves many community partners, including organized labor, heart and lung associations, the State Department of Health, and local health jurisdictions. We're working collaboratively with the Office of Financial Management and the Governor's Office, and we're hopeful it will be included in the Governor's budget. The ask is for $60M biennially:

- $50M for local public health jurisdictions for communicable and chronic diseases.
- $6M for the State Department of Health to make investments in the state public health system, including the capacity to manage and better prevent communicable diseases, address outbreak investigations, support the state laboratory, and continue the implementation process to modernize the public health system. These funds are a lifeline to address critical gaps in immediate areas.
- $4M for modernizing the public health system.

Mr. Ketchel co-chairs a statewide committee that's focused on different ways to deliver public health services through a shared-services model, cross-jurisdictional sharing, or other creative models in delivering public health services across counties. Pilot projects would inform our efforts to reimagine the local public health system. Currently in our 39-county state we have 35 local health jurisdictions; each one performs services differently with different levels of service. We recognize the value of local programs and want to embrace opportunities to address local needs; however, there may also be other opportunities to deploy services or govern ourselves that might provide for greater efficiencies and effectiveness. Mr. Ketchel and his committee are helping define what that looks like. We're working diligently with our partners – Skagit, Whatcom, Island, and San Juan Counties – to be ready to be one of the pilot projects. We should be well-positioned to receive those dollars if they come.

If the legislature approves the full amount, the Health District would receive $2.6M/year. This could be instrumental in helping us address local issues, such as emerging public health threats and the opioid and heroin epidemic. We want to ensure capability and capacity to address issues early on and to develop appropriate programs, policies, or services to work with our partners to address those issues. We also want to adequately address the needs of our most vulnerable population. We would also work with our healthcare and other partners to address outbreak protocol and procedures to support the healthcare community more effectively. The $2.6M does not include money for potential pilot projects.

Ms. Heather Thomas stated that this is a multi-year process, and about six months ago it began shifting into a communications, outreach, and communications campaign. Ms. Thomas sits on a public health roundtable comprised of local partners; the communications subcommittee worked on the campaign, which launched a few weeks ago and is called "Public Health is Essential". The website is publichealthisessential.org. Ms. Thomas then showed a brief video from the website. They're trying to build a list of supporters and get counties to help in this effort. The Twitter handle is @PHisEssential, and the video is on YouTube. The campaign is paid for and sponsored by the Washington State Public Health Association. Right now it's an educational component, but at some point lobbyists will take over and do more of the work on the legislative ask.

In the Board packet is also a one-page example of the work being done and what's at stake, and the other is two-page flyer that goes into more depth on the legislative ask. Both are available on the website, and Ms. Thomas can also provide copies. She noted that part of the process included a statewide focus group to find out what resonated with legislators and people from various communities and who they trust as spokespeople. The focus group came up with nurses, community health partners, and firefighters/paramedics. Ms. Thomas thanked Mr. Hilt for volunteering to represent firefighters in the video.

Mr. Mayer brought forward the resolution for the Board that all boards of health in the state are being asked to endorse. The resolution seeks to endorse the approach to the legislative ask for 2017.

Mr. Murphy asked if there is a framework in place for allocating the $50M at the local level. Mr. Mayer said part of his responsibility as the president of WSALPHO is to negotiate the allocation methodology among the 35 local health jurisdictions and to get agreement on how dollars will be allocated. Mr. Ketchel indicated there's a current flexible-dollar funding base that goes to LHJs, about $37M/year. Larger LHJs were given an even per-capita rate, while smaller jurisdictions were given a higher amount. Mr. Mayer added that this is a temporary allocation method; extensive analysis of costs to deliver foundational public health services across the state is underway. Cost estimates are getting refined, so that in 2019 (second phase) we'll have the total cost to assure this foundational level of services is provided.

Ms. D. Wright asked if there are legislative sponsors, and Ms. Thomas replied that the public health roundtable has been coordinating with supporters, including the Washington State Medical Association, the Washington State Hospitals Association, Washington State Nurses Association, as well as the Governor's Office and OFM. They also have outreached to large businesses, such as Amazon and Boeing. Reps. June Robinson and Lori Jenkins are public health employees and are supporting this legislation. Mr. Ketchel added that next week is the Washington State Association of Counties conference, and public health representatives will be there to urge broad county support. Ms. Thomas said they're working to be included in as many legislative agendas as possible – such as WSAC, the counties, the Prevention Alliance, WSHA – so that everyone is speaking with the same voice. Mr. Mayer thanked Ms. S. Wright for her leadership in including this item on the County's legislative agenda. We're also working with the Managers & Administrators Group in the county to make this a regional priority. County lobbyists and our community partners are also working with us.

In response to Mr. Hilt's request for an example of a pilot project, Mr. Ketchel said they're looking at two models: one regarding assessment and the other communicable disease. Regarding communicable disease, he said that in some cases, jurisdictions may lack the expertise and staffing to respond to an outbreak. With a pilot project, perhaps a regional epidemiologist (individual or team with a high degree of expertise) could respond to the outbreak and give support to the local health jurisdiction and work in the area until it's resolved. There was a measles outbreak in Clallam County a few years ago, and since they were understaffed, the State Department of Health sent several staff to assist. Mr. Mayer added that it's about acquiring new resources to support a full deployment of some of these models. We need capacity-building, including metrics to demonstrate the value of these dollars.

It was moved by Mr. Benjamin Goodwin and seconded by Ms. Fraley-Monillas to approve Resolution 16-017 calling on the Washington state legislature to recognize that public health is essential and provide the critical down-payment to support core services in all communities and allow public health to rebuild its statewide system with added efficiency. The motion passed unanimously.

Briefings

Executive Committee Update:
Chair Sullivan informed the Board that at the December meeting the Board will be asked to endorse reinstituting three committees: Executive Committee, Public Health Program Policy Committee, and Administrative Committee. The governance ad hoc committee has been working on the proposal.

Mr. Mayer noted that the Executive Committee has convened, and the Chair is finalizing representation on that committee. Staff will be prepared to come to the come to the December Board meeting with a proposed charter and initial work plan for the Board's approval and endorsement.

Health Officer / Administrator Leadership Structure:
Chair Sullivan said the governance ad hoc committee has been looking at the leadership structure and how we manage day-to-day operations. With Dr. Goldbaum's retirement in March, we began evaluating the change to separating the Health Officer and Director responsibilities into two positions, a Health Officer and an Administrator. We're required by law under RCW to have a Health Officer, but Boards may appoint a separate Administrator; many Boards of Health across the state have this model. We're also looking at potentially sharing a portion of this position with Skagit Count, which could provide a cost-savings.

Dr. Goldbaum added that he feels strongly that the Board should consider future leadership models. There are few local health jurisdictions in the state where the physician is both the Health Officer and Administrator. These are very different roles. Ten years ago it was easier to step into both roles; however, both the scientific and administrative worlds have become more complicated since then. He plays a role as Health Officer in many committees and groups around the region and therefore it's become more challenging to do his job. It's reasonable to look at a model that separates those two roles. Snohomish County has 760K residents who deserve a physician dedicated to public health concerns. This also gives us an opportunity to explore cross-jurisdictional sharing and potential cost-savings.

Chair Sullivan said the Executive Committee will continue looking at this issue and will bring back recommendations to the full Board. He added that the Snohomish County Executive initiated a contract with a consultant to do a study to acquire the Health District. The Chair met with the Executive and was assured the Executive initiated the study in order to better understand the functions of the Health District should a decision be made that the County Executive has to absorb this organization. Chair Sullivan noted we continue to work on the governance issue, that cities are contributing per capita dollars in their budgets, and we've created new momentum and partnerships with the cities. It's his hope that we continue these partnerships with the cities.

Public Hearing

Chair Sullivan thanked Councilmembers Stephanie Wright, Hilt, and Murphy for their diligent work and input on the budget committee. Mr. Mayer also thanked the budget ad hoc committee for their work on developing the budget. He noted the staff report provided today is an updated version.

Mr. Mayer stated that staff initially started this process anticipating the elimination of over 18 FTE in order to bring forward a balanced budget that doesn't rely on one-time fund-balance dollars. However, what's

brought forward today, based on the recommendation from the budget ad hoc committee, is the restoration of those positions that are currently occupied, but eliminating over 11 FTEs of vacant positions. The budget is built on continuing First Steps and WIC programs and providing COLAs based on bargaining agreements. The proposed budget includes $1.9M for critical capital infrastructure needs, the scale and scope of which will be further developed pending the disposition of the Rucker Building. The budget is built on the 1.8% CPI increase for EH fees. It also includes the 8.3% increase for septic system programs that the Board has elected not to impose; therefore, staff will rework the budget without this included. The budget utilizes just over $450K of fund balance to cover gaps in expenses and revenues, and it reflects and an increase in our working capital reserves from 30 days to 60 days, based on best practice and the Government Finance Officers Association recommendations.

The bulk of FTE reductions (9.65) are within Community Health. Overall, the Health District will go from 145.45 FTE in 2016 to 133.80 in 2017 – a change of 11.65 FTE. He noted that capital expenditures were scaled down in the preliminary budget; the bulk of authorized capital expenditures weren't spent in 2016, recognizing that it was best to wait until a decision is made regarding the Rucker Building. He reviewed projected revenues and their sources as well as capital expenditures. In the operating budget for capital expenditures are vehicles, IT infrastructure upgrades and phones, and EH software. One-time capital investments include replacements of the financial system and upgrades/improvements for the Rucker Building (HVAC system, carpeting, parking lot security, and customer-service counter improvements). The customer-service counter has immediate needs, but will be scaled back pending disposition of the Building.

The ending fund balance for 2016 is just over $6.9M. The budget is not in balance and requires fund balance support of $453,975; this number will go up reflecting the Board's decision today on the septic fees. One-time capital expenditures are $1.9M. The projected ending available fund balance for 2017 is just over $500K.

Mr. Mayer noted that the budget ad hoc committee recommends increasing our working capital reserve from 30 days ($1.35M) to 60 days ($2.7M). This is highly recommended by Mr. Dan LeFree, Accounting Supervisor, and brings us closer to GFOA recommendations. The 60-days is built into the preliminary budget.

Mr. Mayer said that when accounting for all reserves, we have a negative ending fund balance for 2017. It's unlikely we'll spend all of the reserves next year; however, it's important to note the downward trend in the six-year forecast. We're working to control expenses through elimination of FTEs, which reduces the level of services we provide.

Items that are not in this preliminary budget are the final per-capita contributions from cities, which will help restore prioritized vacancies; the disposition of the Rucker Building, which will be further discussed in an ad hoc committee; and the result of the 2017 legislative ask. These items could positively impact the bottom line.

Mr. Mayer updated the Board on the status of the per-capita contributions from the cities, including nine that have confirmed, one that has declined (Mountlake Terrace), and 10 with ongoing discussions. Additionally, the Snohomish County Council unanimously pledged to contribute $2 per capita for

unincorporated county. We know currently that the City of Everett's mayor's budget doesn't include a per-capita contribution; however, this could change if another large city agrees to contribute.

Ms. Fraley-Monillas presented this list to the Edmonds City County yesterday, but she was told by the mayor that many large cities aren't contributing. Mr. Murphy indicated that Everett does not want to step forward if a large majority of cities bow out. He's pleased to see the progress of more cities contributing and will work to get Everett to step up as more cities pledge to contribute.

Mr. Mark Bond said that if Everett's not onboard – even if it's one time – other cities will follow suit. He stands a better chance of convincing his council if Everett has pledged to contribute.

Ms. D. Wright noted that the North County Mayors have agreed to contribute. Ms. Chris Cook said that Mukilteo adopted its budget last night and included a 50-cents per-capita contribution. During discussions they agreed to review financials at the end of the second quarter and determine if they can increase their contribution to a full dollar.

Ms. Kyoko Matsumoto Wright said compared to other association dues, the per-capita contribution was the highest. She said the South County Mayors meet regularly and apparently have decided not to contribute.

Mr. Mayer noted the potential impact of per-capita contributions will arrest the financial decline and gets us more in balance through 2020.

The directors then provided their division overviews. Ms. Nancy Furness indicated that in Communicable Disease, most of their positions are being maintained at the current level of staffing. They're eliminating a vacant .5 registered dietician in the childcare program and reallocating staff to focus on increased STD cases. PHEPR will stay stable, based on the assumption that we'll received the same amount of funding from the federal contract. There are 5.9 FTE that are supported by this grant.

Mr. Ketchel said EH continues to pursue FDA food-inspection standardization; they received a grant and have been assigned to partner with another jurisdiction farther along in the process. King County is pursuing restaurant-rating, and Mr. Ketchel recommends the Health District first complete standardization prior to considering our own rating system. EH is also maximizing technology to allow more options for customers to access, apply, and pay for inspections online. Healthy housing assessment, including lead-poisoning, is also a priority.

Ms. Charlene Shambach started by saying that all 11 positions proposed for elimination in Community Health are vacant. In Healthy Communities, a vacant, part-time, non-grant-funded specialist position is being eliminated. We anticipate new grant-funding for Healthy Communities in 2017, which will work with local schools on nutrition and daily activity. In the Assessment program, we're eliminating a vacant, full-time epidemiologist. Funding from Snohomish County for the First Steps program will be reduced from $400K in 2016 to zero in 2017. Several vacancies in management and staff are proposed to be eliminated; half of the vacancies of six public health nursing positions will be the result of retirements. In the Oral Health program, a portion of a part-time FTE will be eliminated; the work will be refocused to community-level prevention, which will continue through a grant.

CH will continue to receive the Youth Marijuana Prevention and Education Grant in 2017, totaling about $91K/year. Revenue from WIC is confirmed at over $1M. New in 2017 will be about $81K/year for youth tobacco and vapor-product prevention. CH will also receive a new grant from SNAP-Ed. CH expenditures are less than in 2017, including position reduction/elimination.

In the Administrative budget, Mr. Mayer indicated it includes the reduction of a vacant policy analyst position. We continue to focus on statewide funding efforts, address the assessment recommendations from the Ruckelshaus report, expand communication and outreach, and continue investment in modernized technology.

Chair Sullivan opened the public comment portion of the public hearing. There were no volunteers to speak during public comment. Chair Sullivan closed the public comment portion.

Chair Sullivan opened the floor to questions from the Board. There were no questions.

Mr. Mayer thanked the budget ad hoc committee for their work. The next ad hoc meeting is on Nov. 29, after which we'll bring forward a final budget by Dec. 8 for budget approval at the Dec. 13 Board meeting. Final budget books will be produced and distributed in January.

Chair Sullivan said if Board members have questions regarding the budget, please contact Mr. Mayer or Dr. Goldbaum.

Informational Items

Chair Sullivan asked the Board to review upcoming meetings.

Adjournment

The meeting was adjourned at 4:45 p.m.

Brian Sullivan, Chair

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