

BOARD OF HEALTH PROCEEDINGS
TUESDAY, DECEMBER 2, 2008
CLARK COUNTY, WASHINGTON

The Board convened in the Commissioners' Hearing Room, 6th Floor, Public Service Center, 1300 Franklin Street, Vancouver, Washington. Board members Boldt, Stuart, and Morris, Chair, present.

PUBLIC HEARING: PUBLIC HEALTH FEES

Held a Public Hearing to consider adoption of a resolution approving the 2009 Environmental Public Health Fee Schedule Ordinance, to include increased fees for permits and applications related to: Drinking Water Systems and Private Wells, Pools and Spas, Septic Systems, and Food Permits.

John Wiesman, Director of Public Health: As part of the 2009-2010 biennium budget process and in your role of Public Health you need to adopt fees for the Public Health Department. This hearing today is forum for that to occur. Putting this fee hearing in context of the department overall proposed budget you know that the department started its next biennium budget process 6.1 million dollars out of balance with the baseline budget. A budget that would only maintain all of those services we currently provide. This is 6.1 million shortfalls about 20% of the department's entire budget. Through major reductions and what we call controllables, things like supplies, contracts, travel and training, through elimination of management and administrative positions, and through elimination of vacant positions, grant, and fee related positions that gap was reduced to 1.7 million. Closing the last 1.7 million shortfall with the goal of not losing vital services in Clark County requires a transition plan to non-profit agencies. It also requires one time funding to give us a year to fund agencies that can sustain these services and give adequate time to transition services to a new home. If you adopt the proposed public health budget in your role as the Board of County Commissioners then the department will reduce its staff size by slightly more than 1/3, which is 55.6 FTE. This is the overall budget context in which you're considering the environmental public health fee schedule today. By Board policy the department budgets its environmental public health services for which fees can be charged by setting fees at a level that covers the costs for that work. This is accomplished by determining how long it takes to complete each fee related activity by forecasting the volume of work for each fee related activity and by establishing how many staff it will take to complete the work. Then all the costs that it takes to complete the work are calculated and fees are proposed to cover those costs. The fee schedule you are considering today responses to reduced work volumes in our onsite and drinking water programs by eliminating six FTE from the next biennium budget. This is a 20% reduction of the environmental public health staff. The proposed fee schedule has been prepared in collaboration with the Auditor's Office. Mark Gassaway from the Auditor's Office has prepared the proposed schedule with assistance from Jonni Hyde, her staff, and Jeff Harbinson. The resolution you are considering today also proposes that you continue your recent policy of subsidizing the food fees to cover food borne illness complaints. It also fully subsidizes school food inspection fees for those schools that implement health and nutrition guidelines as outlined in the ordinance. We'd like to have Bernard Veljacic, our attorney, come up and give you just a couple of corrections on

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typos and then at that point, Madame Chair, we're open for any questions you would have.

Morris: Thank you.

Bernard Veljacic: Bernard Veljacic, Deputy Prosecutor and Council for the Board, I have in the table prepared by Public Health we have two on page 2 of 5 two things that should be strikethroughs.

Morris: On which page was that?

Veljacic: 2 of 5, under subheading Grocery, on the right hand column. It's green, if you have colored copies, if not I have colored copies for you. The second line item, Convenience Store, the strikethrough should go all the way through to, also strikethrough \$244. That fee as I understand it is being eliminated.

Morris: I'm going to interrupt you just a second. I do not have that document and I do not have a revised agenda, Mr. Barron.

Barron: I'm sorry?

Morris: I don't have a revised agenda. Were we suppose to have a revised agenda that....

Barron: Right here.

Morris: No, that rearranged the order of the day.

Barron: No.

Morris: Oh, OK. That was just for convenience.

Barron: Correct.

Morris: OK, thank you. But I don't have all the pages. I don't have that page. Thank you.

Boldt: Bernard, you're talking from the resolution? Is that were you are talking from?

Veljacic: Yes. Right. So, second page 2 of 5, right hand column about halfway down, subheading is Grocery. The second line item there is stuck through, Convenience Store. You'll note the strikethrough does not continue on to the \$244 on the right. So that should be stricken through on the original that's to be signed.

Morris: Are you not going to do convenience stores?

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Veljacic: No. Ms. Hyde answers no.

Hyde: We'll continue to do convenience stores but we'll treat them as a base fee for grocery because essentially they are a small grocery.

Morris: You are right, Commissioner Boldt, I didn't have this sheet at all. I had different (?) and then I had this. So we don't have the right stuff up here. Thanks.

Veljacic: So, second page right hand side, Grocery, so that should be stricken through all the way and establishment permit, immediately below that category, 8th item down, Satellite Kitchen. Instead of being underscored there, that should also be stricken through, the entire line. And that should be reflected in the original that will be signed, if the Board signs it.

Boldt: So we don't have anymore satellite kitchens?

Hyde: The requirements have changed that they would need at least two inspections so they actually go in a different category so when something just duplicates another category we're trying to combine them whenever possible, instead of call it something different. So this would be equivalent to a school cafeteria, like at the jail.

Veljacic: Based on the formatting that 5 of 5 line 88, it says nothing further on this page, when we add in newer table it changed all the formatting.

Morris: This one?

Veljacic: That table is what I'm talking about. When we added.....

Morris: It should be added? Is that correct?

Veljacic: No, it's already in the document that I gave you - that colored copy.

Morris: Alright.

Stuart: So when it says nothing further on this page, what should it say?

Veljacic: It shouldn't say that there at all. That used to be on the previous page and formatting changed and I didn't catch that. And that is all and I will be here for legal questions on fees and things of that nature.

Morris: On page 3 of 5, you have Department of Health waiver, \$100. It is underlined now, is that correct?

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Hyde: Yes. That's a service that we get requested to do that DOH in increasing asking us to do and that we just been doing hourly and decided it would be better to create a set fee.

Morris: And the total revenue generated is? You have a fiscal impact attachment statement but you don't have the total for the fees generated. It's always good to have totals.

Hyde: I know. I showed that it would be approximately \$6,016,000 for the biennium.

Morris: OK would you do that please for us and bring it back. I wish we had it since you want us to adopt this right now.

Wiesman: OK, I have it back in my office but didn't think to bring it, which I should have. What you see on the sheet there is the general fund piece that does the subsidy part. So you would like the total?

Hyde: I think Mark can add it up through this as we go through the rest of the process.

Morris: I thought we were through with the process.

Wiesman: The totals generated by the fees is what you are looking for, right?

Morris: Yes. Just the fee total that you are generating.

Stuart: While they are doing that, I have questions about the budget because it's associated with it. I have a couple of questions associated with the budget since the budget as we sit here as the Board of Health and ultimately will have to change hats and be the Board of Commissioners and approve a budget, obviously these fees are tied into what your planning to do for transition of services and your overall budget strategy. You know that I appreciate the work that you are doing to cut costs especially on controllables and those aspects. You also know that I'm very concerned about the services that you are looking at trying to transition. We're talking about services to some of the most needy people in this county and people who need us the most. We are talking about mothers with small children. We are talking about infant health, prenatal health. We are talking about some really key services for people who need it. My biggest concern with the transition and again you know this, but just to say it and it's on the record, my biggest concerns are with the quality of the service provided and with the oversight and accountability of the organizations that would take over those services. We all have been either part of or aware of nonprofits that haven't worked, that haven't done the job they were suppose to. And I don't want us to be in that situation. We need to make sure that there is some certainty within that and I like the idea of having a one year transition. I think that would be helpful but give me some reasons to feel more comfortable that there will be accountability in oversight and the quality of care will be there for the people that need it.

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Wiesman: So I'm looking at the quality and the accountability. In the quality piece we will be working with the state agency who actually contract this - Department of Health and DSHD - in selecting partners from the community, nonprofits, who would be able to do this work. So we will be actively engaged in the selection of those agencies. We will provide technical assistance to those agencies in any transition once one is selected and we move forward. We will also provide training to those staff. We would encourage those new providers that, I assume they will need to hire staff, so we would encourage that they interview any of our staff who are interested in moving to the nonprofit sector since they have the experience we think that would be a win-win for everyone. So that's what we would do on the quality side. In terms of sharing accountability we would seek to gain positions on their board of directors to be part of the overall oversight of the agency. We would monitor their annual audits and report to the nonprofits that go with their usual audits. We would ask to be part of the site visit teams when the State comes down to do the actual program reviews so we would look to have participation on that. All these things we would negotiate with the state agencies and the nonprofits at the time. We are proposing that as we move forward on this that we would come back to you as the Board of Health with that plan and tell you exactly what that plan is and make sure you're comfortable with that.

Stuart: That's great. That's very good. I appreciate your work on that, John. That's much better.

Hyde: I have an answer to your question. For one year, \$1,983,835.

Morris: Thank you. If we adopt these, Mr. Wiesman, you have a balanced budget.

Wiesman: As long as you adopt the rest of my budget, yes.

Morris: And let me make it clear. You are cutting 6 environmental health personnel. Tell us you they do so we know what we are losing.

Wiesman: That's correct. Jonnie do you want to address that.

Hyde: We've primarily have cut - we done a lot of moving around and cross-training so we've cut four positions from the front office trying to preserve our environmental specialist since they are harder to come by and can do the fieldwork. We've cut a disk, Information Specialist, and eliminated some vacate positions that could have been filled one for an onsite design reviewer but we have someone else now doing that role. So we've moved people around and made those shifts and we still have about three staff that are cross trained, very flexible, and can float from program to program depending on demand.

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Morris: How many people in your department, Mr. Wiesman, have a job today that won't have a job in February or January?

Wiesman: For the beginning of next year we will be eliminating 20.9 FTE, of those 10.8 are currently filled.

Morris: So, essentially you're going to have 20 less people.

Wiesman: Come the beginning of the year and then by the end of 2009 of a total of a loss of 55, after we go through the program transition.

Morris: And how many totals do you have?

Wiesman: We have about 147 FTE right now.

Morris: So you are losing 1/3 of your staff.

Wiesman: A 1/3 of our staff.

Stuart: How does that play out as far as space within your building? Obviously with the Center for Community Health fewer people means space available. What are we doing, and I'm looking at you Mr. Barron on this as well, what are we doing to fill that space with paying customers as it were.

Wiesman: Depending on what happens with WIC services and who provides those my suspicion is that a nonprofit won't have enough space for those so they may want to continue providing services out of the existing space and that would be the biggest space gap what would get created. If that happens then we will be in fine position.

Stuart: That would be really good. I mean obviously the Center of Community Health is a one stop shopping center for people who need us so to be able to have those services provided in that center makes good sense.

Barron: We are hopeful that that will happen. If not, we will very, very actively market this with not for profits if there is a loss of space to fill that space and we have a couple, I believe, couple of the agencies already looking to expand.

Stuart: OK

Morris: Mr. Wiesman or Mr. Barron, how many staff came to us when we assumed responsibility for the health district?

Barron: I believe it was in excess of 170, if I'm not mistaken from the SW Washington Health District. I believe it was 170 and we reduced that during the transition from the

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district to the department and Mr. Wiesman has since implemented significantly other efficiencies in that regard.

Morris: So when we absorbed the health district, between then and now we are operating with about 40% of the staff that they had. At the end of 2009 we will be operating with about 40% of the staff they had.

Barron: Yes.

Morris: I want to compliment you on your efficiency.

Wiesman: Thanks.

Morris: Really stunning. Absolutely stunning and when we talk about merging departments of government that are deliver service departments you've certainly set a high standard.

Wiesman: Thank you.

Morris: And I compliment you, Mr. Barron, on your choice for hiring Mr. Wiesman.

Barron: Thank you.

Morris: OK, anyone in the audience who would like to comment on the...we are not adopting the Board of Health budget right now, but we are talking about increases in their fees. Is there anyone here who would like to speak to the fee increase?

Mark Collier: I think there's a sign up list back there too. My name's Mark Collier with ASD 2 Corporated Collier Septic Consulting Design, also a member of the Public Health Advisory Council. Environmental Health met with the designers for comments on the fees and we had a good meeting. They explained on how they went and did it – a kind of time analysis study and they had done that in the past but I think they did it more refined so the fee increases probably even more now reflect fee for service. They took our comments and there was some clarifications done. I think as a group we are fairly comfortable with the fee schedule compared with two years ago. This fee schedule is a lot easier to understand. There's less categories and there were some little things like basically doing the same service but there's a little bit of fee difference. They've shortened up the fee schedule and it's just a lot easier to work with and explain to the public. Also, what we like about it is, the process with the new sewage rules there's being more put on us septic designers than engineers. When we are hired to do the whole project, the soils, evaluation, septic, we are doing more of the work and we're paying a less fee to the health department. What it has done is make things happen in a more timely fashion. During the course we've had technical review committees on 2-3 policies that are more clarified that has made things work a lot easier too. So, as much as we hate

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to see fees go up they're going up somewhat but I think as septic designers we realize they'll probably go up but we are fairly comfortable with it. If you have any questions?

Stuart: Mr. Collier, I just wanted to thank you for your work on the septic rules and your work on the fees as well. We got a report at our last Board of Health meeting about some of the outcomes – the preliminary outcomes that we're seeing from the changes in the rules and the additional information as well as some real safety concerns that have been dealt with because of the new rules and because of the work you guys are doing out in the field to find not only failing but in danger septic systems and fixing them before they become a big problem for people's drinking water or become big problem for the homeowner to have to pay for a whole new system. So it sounds like it's working out and I appreciate your work with it.

Collier: I think the operation maintenance program has been a big success. The numbers are just unbelievable in what the (?) specialists are catching. That was kind of a last link in sewage systems. You have good site evaluations, good designs, good inspections. Now we've got the operation maintenance program and the level of professionalism is really increased and I think we'll continue to increase.

Stuart: Excellent.

Morris: Anyone else? Close public testimony. Is there a motion?

Boldt: I move that we approve Resolution 2008-12-01 as amended.

Stuart: Second

Morris: Moved and Seconded to approve Resolution 2008-12-01 as amended. All those in favor say aye.

Stuart: Aye.

Boldt: Aye.

Morris: Aye. Motion carries. If there is no further business to come before the Board...

Wiesman: I would just like to, you thank me often I would like to have a chance to thank Jonnie Hyde, Tom Gonzales, and Gary Bicket who have really been the ones who have worked on these efficiencies in the program, worked with the industry, and the customers to really turn things around and I'm just very grateful what they do every day.

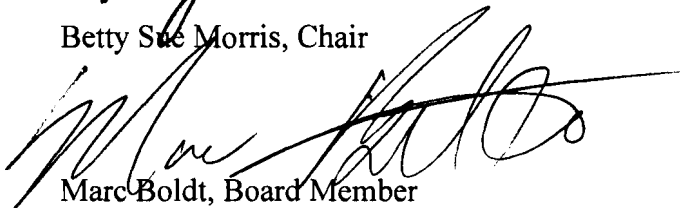
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Morris: Well, you make good choices, too. OK, we are adjourned as the Board of Health.

BOARD OF HEALTH



Betty Sue Morris, Chair

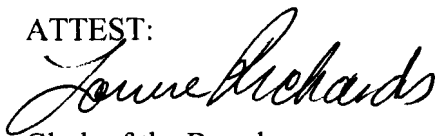


Marc Boldt, Board Member



Steve Stuart, Board Member

ATTEST:



Clerk of the Board

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