

Carolyn Edmonds, *Board of Health Chair*

BOH Members:

Richard Conlin
Dow Constantine
George W. Counts
Jan Drago
Carolyn Edmonds
Ava Frisinger
Larry Gossett
David Hutchinson
David Irons
Kathy Lambert
Frank T. Manning
Bud Nicola
Margaret Pageler
Alonzo Plough

BOH Staff:

Maggie Moran

KING COUNTY BOARD OF HEALTH MEETING PROCEEDINGS

August 23, 2002
King County Council Chamber

Roll call

- Carolyn Edmonds, Chair
- Dow Constantine
- Jan Drago
- Larry Gossett
- David Hutchinson
- Kathy Lambert
- David Irons
- Joseph Pizzorno
- Alvin Thompson
- Karen Van Dusen

Members absent: Richard Conlin, Ava Frisinger, Margaret Pageler, Kent Pullen

Call to order

The meeting was called to order at 9:40 a.m. by Board Chair, Carolyn Edmonds. Chair Edmonds announced her appointment to the State Board of Health effective September 11th.

Announcement of Alternates

No alternates in attendance.

Chair's Report - Carolyn Edmonds

A. Future Meetings and Agendas

Chair Edmonds indicated the priorities for the September 20th and October 18th Board meeting would be environmental fee packages, a preliminary Department budget overview, and follow-up regarding proposed revisions to the bicycle helmet regulations. She added that selected regulations related to the code merger, and regulations related to hazardous waste would be on future agendas.

Director's Report - Alonzo Plough

A. Bioterrorism Planning and Preparedness Update:

Dr. Plough noted that the Department was the focus of a National Public Radio broadcast. NPR's Medical Director, Richard Knox, featured Seattle. The focus of the NPR session was around some of the issues of smallpox response planning and the U.S. strategy for vaccinating pre-designated first responders with the 500,000 doses available nationwide. He added that the State Board of Health was looking at the very important review of the adequacy of State regulations around reporting infectious disease and notifiable conditions as well as some of the diseases that could be caused by weapons of mass destruction. The State Board of Health would be looking to make sure that the emergency powers of local health officers were sufficient to do the kind of isolation and quarantine activities that would need to happen if there were an exposure from anthrax, smallpox or other diseases.

Discussion: Board Member Lambert stated that the public needed to know quarantine procedures and the importance of media alerts that described those procedures.

General Public Comments

There were no public comments.

Approval of July 19, 2002 Minutes

Discussion: Board Member Thompson reiterated his comments related to the benefits derived from adults maintaining a personal immunization record. He commented that area pharmacists represented a significant resource to assist in that effort.

Motion: A motion was made to approve the minutes of July 19th, 2002. The motion was seconded and passed unanimously.

Board of Health Work Session- Department Budget Overview

Dr. Plough introduced the work session topic and then turned the presentation over to Kathy Uhlorn, Chief Financial Officer.

Ms. Uhlorn indicated that the workshop agenda would provide Board members with a brief background on Public Health funding and an overview of Board authority relative to the budget. Ms. Uhlorn also indicated that she was also interested in learning about what types of information would be desirable by the Board in order for them to make decisions about environmental health fees.

Ms. Uhlorn described the steps leading up to the development of a Department business plan. She added that the City of Seattle termed the process "Managing for Results" and offered the Department the assistance of the consulting firm selected by the City. Ms. Uhlorn circulated a copy of the document as well as a sign up sheet and urged those members to indicate if they wished to receive a copy of said document.

Ms. Uhlorn stated that the overall objective of the workshop was to increase Board members' understanding of the mission of Public Health and how it related to the Department budget. Ms. Uhlorn described the Department's mission as follows: to provide public health services

that promote health and prevent disease to King County residents in order to achieve and sustain healthy people and healthy communities. She added that the Department's vision was that all King County residents would lead healthy lives in a healthy environment.

Ms. Uhlorn referred Board members to the budget workbook distributed at the meeting. She cited Section 2 that described the four funds that comprised the 2002 budget. She noted that the largest fund was the Public Health fund of approximately \$184 million; the emergency medical services fund at \$33,600,000; a small EMS grant fund at \$1.2 million, and the local hazardous waste fund at \$12.7 million. She pointed out that overall the number of FTEs for the Department is around 1,501 employees however that any given payroll the Department had upwards of 2,000 full time equivalents.

Chair Edmonds inquired as to whether or not the funds described by Ms. Uhlorn were dedicated or flexible. Dr. Plough responded that those funds were categorical or dedicated to specific activities. Dr. Plough cited the example of money that the Department received for asthma could not be spent on bioterrorism.

Board Member Irons requested that for a future discussion Ms. Uhlorn breakout the FTEs by area and also identify those areas that were supported by dedicated funds and those that were discretionary funds.

Ms. Uhlorn directed the Board to a pie chart depicting the types of funds. She also described the organizational structure, but indicated that the balance of her presentation would focus on lines of business and what budget dollars supported instead of a focus on programs and divisions.

Dr. Pizzorno inquired about the term TLT. Ms. Uhlorn stated that "TLT" stood for term limited temporary and she then provided the historical context for the Council's decision to all Departments to hire term limited employees for a defined period of time. She pointed out that this ability allowed the Department to quickly staff a new grant supported initiative.

Board Member Hutchinson inquired as to whether or not TLT's received benefits to which Ms. Uhlorn replied that TLTs received the same benefits as career service employees.

Board Member Lambert indicated surprise at the number of FTEs associated with alcohol, tobacco and other drugs. She also wondered about whether or not the cities within the county provided reimbursement for selected services such as EMS.

Ms. Uhlorn responded that two years ago, the County split alcohol and drug services between two departments. She added that the Department's focus remained on prevention and youth and drug and alcohol treatment I services were shifted to the Department of Community and Human Services. Dr. Plough added that the reason the numbers of FTEs were small was due to the fact that community prevention activities were contracted services.

Ms. Uhlorn stated that the Department tracks services, expenditures and revenues related the City of Seattle separate from services provided outside the City of Seattle. Dr. Plough added that the City of Seattle contributed about \$14 million dollars towards selected enhanced public health services.

Ms. Uhlorn described the evolution of the joint City/County Health Department and the population shifts over time in the City of Seattle and the rest of King County.

Board Member Irons inquired as to why there were FTE noted next to the category of contingency reserve. Ms. Uhlorn responded that the use of the term contingency reserve suggested an acknowledgement by the County Council that the Health Department had been successful in securing up to \$7.5 million dollars worth of grants into the Department and a corresponding number of FTEs associated with those funded initiatives. She added that the FTEs represented the adoption of an appropriation level that corresponded with the grant funding that was secured.

Ms. Uhlorn next described the top 10 revenues for the Health Department. She noted that largest single revenue source was the EMS levy followed by the Consolidated Contract from the State Department of Health at the adopted level of \$23 million which she added was allocated over 43 different programs.

Board member Gossett asked whether the consolidated contract revenues were categorical. Ms. Uhlorn responded that the contract dollars were Federal and State pass through dollars and allowed the Department to provide specific core services such as immunizations.

Board Member Drago inquired if the EMS funds were county only. Ms. Uhlorn responded in the affirmative. A follow up question was asked about the Seattle levy dollars. Dr. Plough responded that those dollars went directly to the Fire Department, however he added that the County had regional oversight of those dollars.

Board Member Thompson inquired about jail health services. Ms. Uhlorn stated that the Department services at the downtown jail and the Regional Justice Center in Kent. She added that those funds came to the Department from the Department of Juvenile and Adult Detention and Corrections.

Board Member Hutchinson inquired as to whether or not Ms. Uhlorn intended to provide additional detail about jail health services. Ms. Uhlorn indicated that she would not as part of the budget presentation.

Board Member Hutchinson referenced a newspaper headline about Cedar Hills and the populations that could be served in a rehab setting. He stated that he believed Public Health should be an advocate for rehabilitation for certain types of inmates.

Ms. Uhlorn responded that jail health services would be a topic for future discussions in the context of the 2003 budget. Dr. Plough added that cities did pay a type of user for the jail overall, as well as the jail health component.

Board Member Hutchinson commented that the City of Lake Forest Park had moved to housing their incarcerated population to Yakima because of their rehabilitation programs.

Board Member Drago commented that the City of Seattle was also moving to an arrangement with Yakima.

Dr. Plough responded that the subject of jail health was obviously of interest to Board members and could be the focus of a future Board discussion. He added that the downtown jail and the Regional Justice Center's populations consisted of 60% of the people who were deemed seriously mentally ill, and/or drug involved. He stated that he did not know whether or not Yakima would take on those seriously ill patients or whether specific cities that elected to work with the Yakima facility would simply result in the King County facilities serving a more clinically acute patient population and therefore a more expensive jail health population.

Board Member Gossett asked Board Member Hutchinson to clarify his statement about Yakima services. Board Member Hutchinson responded that the Yakima facility was a good one, along the lines of the Northwest Rehab Facility but more modern. He added that the inmates go a system that was rehabilitation oriented and very positive. He stated that the fact that King County was closing NRF and Cedar Hills did not make sense to him in light of the fact that it was a less costly system.

Board Member Drago stated that she believed Seattle had already made their decision.

Board Member Gossett indicated that he had never heard that the public health facilities and staff available to the jail in Yakima were anywhere near as good as the one in King County.

Board Member Drago responded that that was not the point that had been made by various Board members. She stated that Yakima did offer more services across the board, including drug and alcohol treatment. She added that she did not know about acute care and mental health and that there had not been any claims made in terms of Public Health services.

Board Member Hutchinson stated that the population under discussion fit between Public Health and Corrections insofar as the budget was concerned. He added that although the Board was not involved in the Corrections side of the equation, he believed the Board did need to grapple with the issues because more and more money was going to the justice system.

Board Member Van Dusen inquired about State Public Health funding at \$9.5 million and asked how that differed from the State Consolidated Contract?

Ms. Uhlorn indicated that MVET replacement funding was \$9.5 million and the \$23 million was from the Consolidated Contract.

Chair Edmonds stated that the MVET replacement funding issue was a big concern and would be a standing item for discussion at subsequent Board meetings.

Ms. Uhlorn continued her description of the planning process. She noted that due to the complexity of the Public Health budget, the Department decided to take a simplified approach by consolidating 148 projects into 49 programs under five lines of business. She added that Public Health also has multiple sites and for each site there were a number of programs. Therefore the workbook documents were streamlined so as to facilitate Board member's understanding of the Department budget.

Board Member Irons requested that staff break out the lines of business and sub-lines of business that were required by law and those that were discretionary.

Ms. Uhlorn indicated that staff would work on responding to his request.

Chair Edmonds observed that the irony of the situation was that there was money available for discretionary programs, but insufficient funds for mandatory activities.

Dr. Plough stated that the bottom line of the Board briefing was that the mandatory services and programs were funded exclusively from current expense and the MVET replacement dollars were shrinking and did not cover the mandates. He added that the Department actually fulfilled many of the mandates by using grant and categorical funding but he stated that they could not use grant and categorical funding such as the big diabetes grant to bail

them out of insufficient funding to deal with West Nile virus. Dr. Plough stated that Department staff were very good at entrepreneurial grant development around targeted things such as diabetes but that did not help them with CX shortfalls for providing infectious disease control.

Ms. Uhlorn summarized additional aspects that contributed to the complexity of the Department budget:

- 2,692 revenue lines in the budget.
- 875 expenditure option accounts [a contract is an expenditure line but could also reflect pass through funds to an agency to provide services.
- labor, job classes and sequent numbers in ARMS [County general ledger system] combinations yields about 30,000 items in the budget.
- 148 projects consolidated into 49 sections under the five lines of business. [20, 21, and 22 of the budget work book].

Ms. Uhlorn described the lines of business: clinical health services or primary care assurance, emergency medical services, management and business practices, population and environmental health services, and targeted community health services.

Dr. Plough commented that jail health services were the biggest single clinically related body of work under clinical health services as well as oral health services.

Board Member Lambert:

Board Member Lambert inquired about contracted services to organizations like Hope Link Dental Center and Gospel Mission's dental center.

Dr. Plough responded that Gospel Mission did not want to be funded because they had an independent mission and wanted to maintain their financial flexibility.

Chair Edmonds mentioned that she thought it would be helpful if the Board understood which programs were State funded, County funded and City of Seattle supplemented. Ms. Uhlorn directed the Board's attention to pp. 26 in their Board packets.

Board Member Van Dusen asked if it would be accurate to state that the summation of programs and populations served and environmental health services were mandated programs and those were for the most part what one might consider the classic Public Health requirements that the county must meet, and that the other programs and services were driven by categorical or opportunistic.

Ms. Uhlorn responded in the affirmative. She added that for example, the Medical Examiner was a state mandated service, but not a mandated Public Health service.

Board Member Lambert asked how much overlap there was between Department Family Planning and Planned Parenthood for example.

Dr. Plough responded that there was not a lot of overlap. He added that the Department services were bundled with maternal and child health services so that family planning was but one component of a more comprehensive maternal and child health program. He added that the Department also served a very different clientele than family planning, and had a very close link between family planning and the sexual transmitted disease program.

Ms. Uhlorn added that the populations served by the Department were typically representative of a lower income, multi-lingual population than typical family planning services. She noted that the Department's programs also had a sliding scale to 0 for medications and services.

Board Member Pizzorno suggested that another way to look at the information presented by Ms. Uhlorn was to think in terms of three categories: health care, disease prevention and health promotion. He asked if the information could be described under those broad headings.

Dr. Plough responded that preventive programs were disbursed throughout a lot of different program areas. He added that CHILD Profile, a computerized version of immunization tracking of kids throughout the County, was clearly a prevention activity, as was the delivery of primary care services with a focus on STD prevention, family planning and WIC. He added that there was a prevention thrust in everything the Department did.

Board Member Irons asked for clarification on the status of tobacco control funds.

Ms. Uhlorn responded that the Department still had \$1.4 million and that money was not affected by the Legislature's decision to securitize the tobacco settlement dollars.

Chair Edmonds added that when the funds were securitized they didn't securitize the whole income stream; only a small piece so that the State would to receive tobacco settlement money into the same account. Chair Edmonds stated that the concern that still existed was that the legislature would do it again in order to balance the budget in subsequent years.

Ms. Uhlorn directed the Board's attention to page 23. She summarized the content as follows:

- revenues by line of business.
- 11 categories rolled up into 379 revenues.
- Federal grants, State grants, State Public Health funding, MVET replacement, intergovernmental funding including patient-generated revenues received from the State as well as general funds in the City of Seattle in that category.
- charges for services, ie., DAD for the jailhouse services
- arrived at the \$17 million number.

Chair Edmonds asked if the listed State grant items were over and above the approximately \$9.1 million.

Ms. Uhlorn responded in the affirmative.

Chair Edmonds stated that when looking ahead at the States' budget development during the upcoming Legislative session, not only was the \$9.1 million theoretically at risk, but should the State decide not to fund programs through targeted grants, then those programs would also be at risk.

Ms. Uhlorn responded that Chair Edmonds assessment was correct. She added that the past legislative session the Department was particularly concerned about AIDS programs because of decreased State grants.

Chair Edmonds asked if the State had reduced WIC program funding.

Ms. Uhlorn responded that the State had reduced their contribution.

Board Member Hutchinson asked what the prognosis was for MVET money for public health.

Chair Edmonds prefaced her remarks by stating that what she planned to impart was her own editorial comments. She stated that she believed the Board needed to stop referring to the money as " MVET replacement money." She stated that the words certainly conveyed the source of the funds, but she urged Board members to start talking about the money as the State's obligation to fund public health. She added that it did not matter to counties what revenue sources were identified by the State to pay counties, just that they had an obligation to local Boards of Health, local Health Departments to fund them.

Chair Edmonds stated that she had heard from colleagues in Olympia that legislators understood that if the State did not fund public health dollars health people in their respective districts would die. She added that they must continue to emphasize the state's obligation. She stated that the problem was that there was currently no dedicated revenue source due to the fact that the State had moved funding of public health from MVET to the general fund, and thus every year public health advocates used up a lot of time, energy and resources in order to make sure that funding remained secure. Chair Edmonds stated that the overall objective leading into the next session was to secure a dedicated revenue source for public health so that they could take the time, attention and resources and turn that towards the job of serving the communities.

Board Member Pizzorno reminded his colleagues that the reason local health departments became dependent on MVET was because of the loss of revenue from the cities as the County tax base shrunk. He added that County revenues have shrunk while the cities have grown and that the cities were getting services from the County that they were no longer paying for directly. He wondered whether or not it would be advantageous to go back and consider cities paying for their share of the expenses picked up by the County.

Board Member Hutchinson responded that the cities did not have the money either.

Chair Edmonds responded that she was not at all opposed to considering difficult questions, however she did not believe it was the year to address Board Member Pizzorno's question.

Board Member Pizzorno made a request that the Department inform the Board how much of the county revenues were going to provide services to those cities outside of Seattle. He added that as far as he could tell, Seattle was paying its own way.

Dr. Plough responded that staff could provide that type of information as well as provide trend data about the most serious public health problems. Dr. Plough commented that that type of data would probably reveal a mismatch between the funding availability and the problems and the corresponding contributions.

Board Member Hutchinson suggested that that information also contain data about city contributions so as to provide a balanced perspective.

Board Member Van Dusen stated that she wanted to reinforce the importance of the State funding because of the State's efforts to develop a Public Health improvement plan wherein State and local partners had established some parameters around the basic public health protection from the State. She cited the Jack-in-the-Box outbreak, West Nile virus, wastewater and ground water issues as examples of situations that were not restricted to

King County, but were statewide issues. She stated the importance of State funding for basic programs because of the cross-jurisdictional nature of public health problems.

Board Member Hutchinson asked about the historical arrangement between suburban cities and the county related to public health services. He noted that his recollection was the prior to MVET legislation, the suburban cities paid King County directly for health services.

Ms. Uhlorn agreed and pointed out that there was a contract with each jurisdiction.

Board Member Hutchinson stated that post MVET legislation, the responsibility for public health was ceded to the County.

Ms. Uhlorn stated that when the legislation was enacted, cities were not given the same level of MVET reimbursement from the State, and that the State then took that funding and gave it to the counties.

Dr. Plough added that 2.95% of a city's MVET, when there was MVET, was taken off the top to go to counties as a replacement for funding to public health.

Board Member Gossett wanted to know why City contributions should be more than that amount.

Dr. Plough responded that that amount was what was being called essential State funding. Dr. Plough stated that further discussion was needed about the MVET logic of funding, in that it was supposed to be a fund that grew. He added that people acknowledged and understood that there would be new challenges and the notion of having a fixed amount of money for a growing public problem full of mandates like Public Health, wasn't workable. Dr. Plough stated that beauty of MVET was that it would grow and be stable, which has not been the case. Dr. Plough stated that that was why Chair Edmonds continued to call for alternative funding strategies for public health. He added that he was also that the City and the County, the Mayor and the Executive were also interested in working towards an alternative funding source for public. Dr. Plough stated that the direction of the effort needed to be about reaching agreement about a fair and equitable basis for a regional public health funding source.

Board Member Irons redirected the discussion and posed a question about the information on page 24 regarding the EMS levy.

Ms. Uhlorn stated that the EMS levy showed up in two different lines of business because the administration of the EMS leadership our program staff is under Management and Business and the service component was under another line of business called Emergency Medical Services.

Ms. Uhlorn continued after the break, by referring the Board to Section 3 of their workbooks. She noted that the pie chart in Section 3 described funds that provided the Department with more flexibility, prior to MVET replacement funding.

A discussion ensued about selecting alternative words for "MVET replacement". The Board elected to henceforth refer to this money as "State obligation" within the context of their discussions, recognizing that it might not be appropriate to use that term in discussions with stakeholders and funders for example.

Board Member Gossett inquired as to whether the City of Seattle contributed almost as much as the County.

Ms. Uhlorn responded in the affirmative. Dr. Plough added that the City of Seattle restricted their contribution to programs and services that were not mandated by law and would be provided to Seattle residents.

Board Member Irons asked about the agreement with the City of Seattle and whether or not the Department had to track those expenditures separately.

Dr. Plough responded that it was true that they did need to track those expenditures separately.

Ms. Uhlorn picked up the thread of her presentation and described those revenue sources by lines of business. Ms. Uhlorn highlighted the following points:

- 2001 and 2002 biennial budget City of Seattle identified and withheld funding to Public Health because of concerns that King County or the Health Department was not in compliance with the terms of the 1996 Interlocal Agreement.
- City Council was concerned that the Seattle contribution to Public Health was supporting critical public health services rather than supporting enhanced services to Seattle residents.
- The resolution of that negotiation is outlined in an interlocal agreement with the City of Seattle and the City did release the funds in question to the Department through an account called Finance General.
- Relevant WAC [Washington Administrative Code] was used as a basis to define critical public health services. Although the WAC used was never formalized and put into effect; nevertheless at the time the Interlocal was written it was the document that defined critical public health services.
- In identifying critical public health services, it was also determined that there were enhancements to critical services in programs provided by Public Health; ones that Seattle supported and wanted to target their funding on.
- Some services were not classified, such as the contingency reserve, because the Department did not know what kind of grants would be received and accepted.
- Critical public health services defined as those services that the County assumed responsibility as proscribed in State statutes.
- Department used County current expense and State Public Health obligation funding to fund those critical public health services.
- \$668,000 in General Fund -on the basis of the agreement --- was being removed from critical public health services. The City Council decided to keep that amount within Public Health's budget and use it to fund additional enhanced services such as Best Beginnings which is an enhancement to a Public Health nursing program and to fund a methadone program that was considered an enhancement to Seattle residents.

Board Member Pizzorno commented that the WAC and the corresponding appendix did not appear to assign any responsibilities to the State.

Ms. Uhlorn stated that the list focused only on what locals were supposed to provide. She added there were examples where the State had lead responsibility. She cited the example of drinking water where the State had for the purity of drinking water. She added that the State provided local health departments with funding to assist the State in meeting that obligation. Ms. Uhlorn also noted that the WAC in question was specific to local health

jurisdictions and that there was a separate WAC that spelled out the responsibilities of the State Health Department.

Board Member Pizzorno asked for specific State level responsibilities.

Dr. Plough responded that the State had very broad authority to take care of critical health problems if a county failed to do so. He stated that in certain jurisdictions counties were unable to meet the requirements for reporting a reportable disease within the 24 hours time period or failed to inspect restaurants more than once per year. Dr. Plough stated that in those situations, the State was in a position to step in and provide those services and turn around and charge the county for providing said services. Dr. Plough pointed out that he was not aware that the State had elected to take such action. Dr. Plough stated that the State had control over Class A water systems and local government had regulatory authority over Class B water systems -through regulations developed by the State. Dr. Plough added that in Washington State the county health departments were the major provider of public health services and the State assumed the role of regulator and funder in contrast to New England or New York where the State Health Departments were the majority provider of public health services.

Chair Edmonds added that the State also had the responsibility for licensing of selected professionals, such as health care professionals.

Ms. Uhlorn stated that the referenced WAC was used to determine what services were to be billed to suburban cities.

Board Member Drago inquired whether or not any suburban cities did provide enhanced health services. She commented that some of the suburban cities' budgets were in better shape than the City of Seattle or King County. She also added that it might be an opportunity to engage in some conversations with those suburban cities whose budgets were in good shape.

Ms. Uhlorn responded that several suburban cities provided support to community health centers.

Ms. Uhlorn then walked the Board through the material related to Current Expense described on page 32 of their workbooks. She differentiated between the terms "critical" and "integral". "Integral" was meant to include enhanced critical, critical, and legally mandated services such as the Medical Examiner, and then those not classified for grants that were outstanding and uncommitted.

Board Member Irons stated that the bottom line was that the only money that the Department had to apply to all of the mandated critical services was the sum total of County current expense and the State Public Health funding. He added that everything else was deemed categorical, grant funded, patient generated revenue, non-fundable. He stated that what he understood was that the Department did not have much money that could be moved around and the money that could be moved around was dedicated to provide core critical services.

Ms. Uhlorn stated that it was \$25 million out a budget of \$231 million that the Department could exercise some flexibility towards critical public health services.

Board Member Irons inquired, in reference to page 32 of the workbook, about the compound rate of inflation between 1993 and 2002 related to the CX and public health funds. He further

inquired about whether the Department was providing the same services now as they were in '93

Ms. Uhlorn stated that the Department was using the same basic list of services as outlined in the WAC. She did point out that they were probably doing a little more of some programs and services in 2002 than they did in 1993 and that the overall expenditures were significantly larger.

Board Member Irons pointed out that the total had increased twofold plus. He inquired as to the reason for the difference. Ms. Uhlorn responded that grants were the primary reason. Dr. Plough added that patient generated revenues were also a factor.

A discussion ensued about the expansion of services, the percent of those services that were discretionary versus mandatory, and the impact of grant funding on the Department's ability to expand services.

Board Member Hutchinson called for additional detail about what the actual cost to provide mandated services which factors in the increasing number of mandates as well as the growth in the population.

Dr. Plough stated that one of the challenges was that the Department had been successful in securing other sources of revenue, which made it difficult to make a case for additional CX funding. He stated for example that the Department's revenue had gone up 2 and a half times...or an increase of \$2 million. He said that in reality the money was going to other services, not to critical services that continued to take a big hit.

Board Member Hutchinson suggested that the Department tease out the information so as to get at the issue of basic resources not keeping pace with the demand for basic services.

Ms. Uhlorn referred the Board to the critical list of programs. She pointed out that there was not a mutually agreed upon list by the City and the County Budget Offices. She stated that it was simply Public Health's attempt at putting the programs into alignment with the WAC. She mentioned the change in focus with the 2001-2002 budget; specifically the attempt to allocate general fund to enhanced services and gradually over a three-year period unallocate general fund for critical public health services.

Ms. Uhlorn stated that in October she would provide the Board with updated figures including the changes in CX support and general fund support in the Executive and Mayor's budgets that would reflect the challenges that both the City and the County were facing in terms of the availability of local dollars.

Ms. Uhlorn referenced the information on page 40 of the workbook. She stated that in November, after passage of I-695, no State Public Health funding was available for the first six months of that year. She added that King County did step forward and provide additional funding for Public Health, although not at the full replacement value, but sufficient to help offset the withdrawal of State funding. Ms. Uhlorn stated that in 2003, "state obligation" funding would only be available for six months. and the 2002 budget we'll talk more about that next month.

Ms. Uhlorn stated that the Department was committed to honoring the JEC plan and towards targeting MVET and CX funds to support critical Public Health programming.

Board Member Pizzorno asked if the Department had done any projections about how the budget would have looked had MVET not been repealed.

Ms. Uhlorn responded that they had not done that type of projection.

Ms. Uhlorn gave a synopsis of the State Public Health obligation funding was supporting in the 2002. She stated that pages 43 through 50 provided a much more detailed impact statement and assessment of program reductions and the corresponding impacts of those reductions.

Ms. Uhlorn indicated that the last section of the workbook dealt with changes in the Department's proposed budget for 2003. She indicated that additional information would be given to the Board at their October and November meetings. She stated that in advance of those meetings, she had provided information related to the enabling legislation that allowed and required the Department to provide selected services and to charge fees and correspondingly allowed the Board to determine said fees. Ms. Uhlorn stated that those items on the list with an asterisk would be up for consideration at the next Board meeting. Ms. Uhlorn added that they were looking carefully at personal health fees, but would not be bringing forward a proposal for the Board's consideration until next year.

Ms. Uhlorn concluded her remarks by stating that she was open to additional requests from Board members regarding their information needs in preparation for the October meeting.

Board Member Van Dusen asked that information be provided about: the status of site applications and the impact that might have on the fee structure; the level and type of stakeholder participation in the process, and whether or not school inspection fees were to be addressed. She added that she was interested in the school district's input and the risk management elements. She mentioned a recent meeting of risk managers, school district employees, the Health Department and the Department of Labor and Industry.

Chair Edmonds observed that Board and Department staff appeared to have captured the questions raised throughout the meeting and thus there might not be the need for additional Board discussion as was planned. She stated that it would be important that the Board be able to slice and dice the information so that each Board member could get a picture in his/her head that made sense.

Chair Edmonds stated that the October Board meeting would be dedicated to a discussion and review of selected as well as information about the proposed budget.

Ms. Uhlorn stated that her understanding was that the County intended to transmit the budget to the County Council on the 14th of October, therefore the Department would be able to discuss budget details at the next Board meeting.

Board Member Van Dusen called for additional information about the Board's fee setting authority and the issues with the public around that. She also suggested a presentation of any additional County dollars that are allocated towards infrastructure to support some of the basic public issues in contrast to individual issues..

Chair Edmonds inquired as to whether the Board in the past had held public hearings on fee increases. Ms. Moran responded in the affirmative. Ms. Moran added that a briefing on the proposed fee increases was slated for the October meeting as well as time set aside to receive public comments. She stated that time had also been set aside on the November agenda as well in the event that the Board elected not to take action in October.

Board Member Drago inquired about whether the Department had undertaken a review as to whether or not there was any duplication of services and if there were other providers who could provide said services.

Dr. Plough responded in the affirmative. He added that that was part of the Department's Business plan.

Board Member Thompson commented about a recent Kaiser Daily Network report he had read that detailed a decision by the Los Angeles County Board of Supervisors to close 11 of the County's 18 Public Health clinics. He stated that their plan would also reduce funds for child immunizations, tests for sexually transmitted diseases and examinations for communicable diseases and would result in the lay offs of 4,200 health care workers.

Dr. Plough inquired about the basis for their decision to which Board Member Thompson stated that it was related to budget deficits.

Dr. Plough commented that the LA public health system had been bailed out by the previous administration with special funding through Medicaid that was not being continued by the current Federal administration. He added that the LA system managed three hospitals and that in his opinion they had made unwise decision to keep their investment in the acute in-patient side which devastated their investment on the community side.

Ms. Uhlorn asked that Board members bring their workbooks to the October meeting as they might wish to refer to the materials.

Chair Edmonds asked that staff provide a reminder for Board members to bring their copies of the workbook to the October Board meeting.

Chair Edmonds adjourned the meeting.

KING COUNTY BOARD OF HEALTH

Carolyn Edmonds, Chair