

Public Health Advisory Council

Meeting Minutes

June 24, 2025

5:30-7:30 PM



Members Present: Elma Blum, LoraLynn Lord, Emily Estes, Laurie Schacht, Chad Williams, Marla Sanger, Sandra Brown, Kimberly Dauphin, Kurt Truong, Paul Childers, Scott Johnson, Michael Watkins, Tracey Fernandez, Tyler Clary, Breein Scarlett-Fiser, Councilor Wil Fuentes (ex-officio), Alan Melnick (ex-officio)

Members Absent: Ashley Mariscal, Franklin Johnson, Kevin Fischer, Mark Collier, Robert Ferrier

Staff: Jeff Harbison, Danette York, Brianna da Silva Bhatia, Mallori Berry, Amy Wilson, Amy Koski, Caroline Adams, Melissa Martin

Public Guests: Jaime Bodden

Welcome and call to order

Chair Sandra Brown opened the meeting and completed a roll call of the PHAC members.

PHAC Business

- May 27, 2025, meeting minutes were unanimously approved.

Public Comment

- None

Board of Health Model discussion

- Jaime Bodden presented PHAC members with an in-depth presentation and discussion on the different Board of Health Models.



Board of Health
Models.pdf

Public Health in Action

- Heat Watch Campaign
 - Amy Wilson and Amy Koski shared the presentation that will be provided to the Board of Health on 6/25/25.
 - You can sign up for public alerts at <https://www.publicalerts.org/>.



Heat Watch
Presentation.pdf

Budget update

- The 2026 budget has been one of the more difficult budget processes to work through due to the number of moving parts taking place at different times.



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- Received information back on Foundational Public Health Services grant funding (FPHS)
 - Governor Ferguson's original budget would have resulted in a \$1.8M reduction to Clark County Public Health per year. The result ended up being \$175,000 annual reduction.
 - A \$75,000 reduction to a categorical Water System Capacity allocation, which could be made up through Environmental Public Health fees.
 - A \$100,000 Communicable Disease Data Modernization allocation, which is spread across three of our Communicable Disease programs.
- We are still waiting for additional information around our Clark County indirect charges for 2026 and are still waiting for final labor budget data so we can finalize the below:
 - Current budget shows ten vacant positions slated for elimination.
 - Still looking at a \$250,000 deficit; we are not done balancing the budget.
 - Looking for guidance from PHAC members on EPH fees, after review of the presentation that was also given to the individual councilors on 6/16/25. The presentation is then taken to the technical advisory committees, and then we receive final input at the Board of Health work session on 7/23/25. We present the final ordinance at September's Board of Health public hearing; what is approved then, will go into code for our 2026 fees.
- The purpose of the presentation is to give consideration for adjustments to our Environmental Public Health fee schedule, which is a critical element of our annual budget process.
 - We brought forward three scenarios for initial consideration. Board of Health can request additional options as they set this policy.
- Currently we have 11 programs in Environmental Public Health, eight of which receive user fees:
 - Drinking water programs (2), drinking water protection, operation and maintenance, recreational water safety, solid and hazardous waste, onsite septic permitting, onsite septic operations and maintenance, food safety, and school health and safety.
- EPH fees have no profit built into them.
- Our fee model has been reviewed by the State Auditor's Office on three separate occasions and has always been given a clean bill of health.
- From 2011 to 2018, program costs were supplemented by county general funds to cover 'greater good activities.'
 - Examples of greater good include complaint and investigation around residential waste, outbreak investigations, etc.
- Beginning with 2019, Board of Health made the policy decision to move back towards full cost recovery. The General Fund was challenged to continue funding work deemed greater good.
- In late 2021, they approved the ordinance which set fees at full cost recovery, except for drinking water protection and onsite septic permitting, which are set at 90% recovery. We have been at this model since 2022. The 90% cost recovery allows for nominal funding in an economic downturn.
- Notes for 2026 adjustments:
 - The average salary budget expense for our EPH field staff went up 15.93% year-over-year.
 - The average medical coverage expense for staff went up 14.69% in year-over-year.
- We presented three scenarios to the Clark County councilors.
 - Scenario 1
 - Aligned with the Board of Health initial policy that was adopted in 2021, where we keep the drinking water protection and onsite septic permitting at 90% cost recovery.
 - 16.67% collective fee increase in fee revenue. One outlier is the drinking water operations/maintenance, which is at just under 320%. 2025 was the first year that

this program existed, at a .60 FTE, and it did not take long to realize that additional FTE's were required for this program. In 2026 this program is budgeted at 1.5 FTE, and this program lost the \$75,000 Water System Capacity grant.

- Scenario 2
 - This scenario further advances cost recovery by taking those two programs that were at 90% cost recovery and advances them to full cost recovery.
 - If we go to full cost recovery, that could free up some general funding that we could use elsewhere to help sustain positions.
 - While we do not prefer to raise user fees, if we can save a position or part of a position, we will look at raising user fees as a scenario for the Board of Health.
- Scenario 3
 - We would use scenario two and advancing all the fees to 100% cost recovery. However, would utilize Dept fund balance (savings) temporarily to keep any individual fee from raising more than 5.0%. School Health and Safety is the outlier, with a 19.9% increase in revenue. This is assuming that 1/3 of all schools will undergo their environmental health assessments in 2026. This is not an increase in the fees, there are just more people paying the fees, so the revenue is going up.
- Next steps:
 - Bring to PHAC
 - Take to the Technical Advisory Committees
 - Take to Board of Health Work Session scheduled for 7/23/25
 - Present ordinance at September Board of Health public hearing
 - Go into code for 2026 budget
- PHAC members are in support of the recommendation of option three.

PHAC Updates

- PHAC Member/Community Updates
 - None

Closing

The next PHAC meeting is scheduled for July 22, 2025, from 5:30-7:30 and will be held *in-person* at Center for Community Health (1601 E 4th Plain Blvd. Vancouver, WA. 98661).

Adjournment

The meeting adjourned at 7:28pm.



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