

Population Health Trust Advisory Committee Meeting

Skagit County Board of Health
February 4th, 2016



Skagit County Board of Health - Population Health Trust

"Always working for a safer and healthier Skagit County"

Lisa Janicki, Chair
Kenneth A. Dahlstedt, Commissioner
Ron Wesen, Commissioner

Agenda

- Welcome, Introductions and Notes
- Introduction
 - Name and Sector Representation
 - What value did year one have for you?
 - Your hope about our collaboration?
- Accountable Community of Health Update
- Steering Report
- Assessment and Planning Presentation, Carrie J. McLachlan
- 2015 budget summary and 2016 update
- Trust Updates
- Closing remarks and next steps



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Welcome New Members

Barbara	Juarez	Northwest Indian Health Board
Cheryl	Rasar	Swinomish Indian Tribe
Joanne	Lynn	Skagit County Public Health
John	Sternlicht	EDASC
Kevin	Murphy	Skagit Council of Governments
Marilyn	Scott	Upper Skagit Indian Tribe
Mary Ellen	Lykins	Skagit/Islands Head Start & ECEAP
Phil	Brockman	Sedro-Woolley School District
Scott	Hale	Symmetry Healthcare Management



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Introductions

- Name and Sector Representation
- What value did year one have for you?
- Your hope about our collaboration?




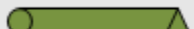



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2015 Timeline





















ID	Population Health Trust Year One Activities	Start	Finish	Duration	2015												2016	
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1	Population Health Trust Meetings	2/5/2015	2/5/2016	52w 16h														
2	Community Health Needs Assessment	4/23/2015	2/2/2016	40w 32h														
3	Forces of Change Assessment (PHT)	4/23/2015	10/30/2015	27w 16h														
4	Quality of Life Survey	4/23/2015	7/31/2015	14w 16h														
5	Data Indicators	7/1/2015	10/30/2015	17w 24h														
6	Community Forums	10/1/2015	12/31/2015	13w 8h														
7	Communication Team	4/9/2015	2/5/2016	43w 16h														
8																		
9																		



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ID	Community Health Needs Aseessment	Start	Finish	Duration	Jul 2015		Aug 2015				Sep 2015				Oct 2015				Nov 2015				Dec 2015					
					7/19	7/26	8/2	8/9	8/16	8/23	8/30	9/6	9/13	9/20	9/27	10/4					11/1	11/8					12/6	
1	Data Group Meets	7/20/2015	7/20/2015	1d																								
2	PHT Board Meeting	8/6/2015	8/6/2015	1d																								
3	Data Group refine local data set for Carousel Work	7/20/2015	8/27/2015	29d																								
4	Board members recruit Carousel Participants	8/17/2015	9/30/2015	33d																								
5	Data Group Carousel Preparation	8/17/2015	9/30/2015	33d																								
6	Multnomah Survey Report Due	8/21/2015	9/1/2015	8d																								
7	Data group Meets to Review Survey Results and Suggested Local Indicators	8/31/2015	8/31/2015	1d																								
8	PHT Board Meeting	9/3/2015	9/3/2015	1d																								
9	Present Data Options to Trust Board and work toward final set for Carousel	9/3/2015	9/15/2015	9d																								
10	Snohomish Data Indicator Set Due	9/3/2015	9/3/2015	1d																								
11	Multnomah Draft Data Prep Report	9/1/2015	9/4/2015	4d																								
12	Multnomah Public Ready Data Graphs Due	9/25/2015	9/25/2015	1d																								
13	Data Group Meets with Multnomah and Carousel Planner to review reports, graphs and plan for community event	9/30/2015	9/30/2015	1d																								
14	PHT Board Meeting	10/1/2015	10/1/2015	1d																								
15	Carousel Event	10/21/2015	10/21/2015	1d																								
16	Multnomah Post Carousel Report Due	10/30/2015	10/30/2015	1d																								
17	PHT Board Meeting	11/5/2015	11/5/2015	1d																								
18	Multnomah Provides Community Forums Report and graphs	11/2/2015	11/13/2015	10d																								
19	Community Forums X3	11/16/2015	11/20/2015	5d																								
20	Multnomah Summary and Final Report Due	11/20/2015	12/31/2015	30d																								
21																												
22																												



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North Sound Accountable Community of Health

Building Healthier Communities Together

in Snohomish, Skagit, Island, San Juan & Whatcom Counties



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15 Minutes



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Steering Report

- The importance of re-defining our group purpose as we transition from assessment to planning (retreat focus)
- Seeking facilitator for retreat
- Structure & content for this Board meeting
- Yes to Snohomish presentation
- Would like to see a 2015 timeline
- Open committee to new members
- City and Mayor March 9th presentation
- Like to see a demo of Insightvision
- Recruiting a few new members, now.



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Carrie J. McLachlan, MPA

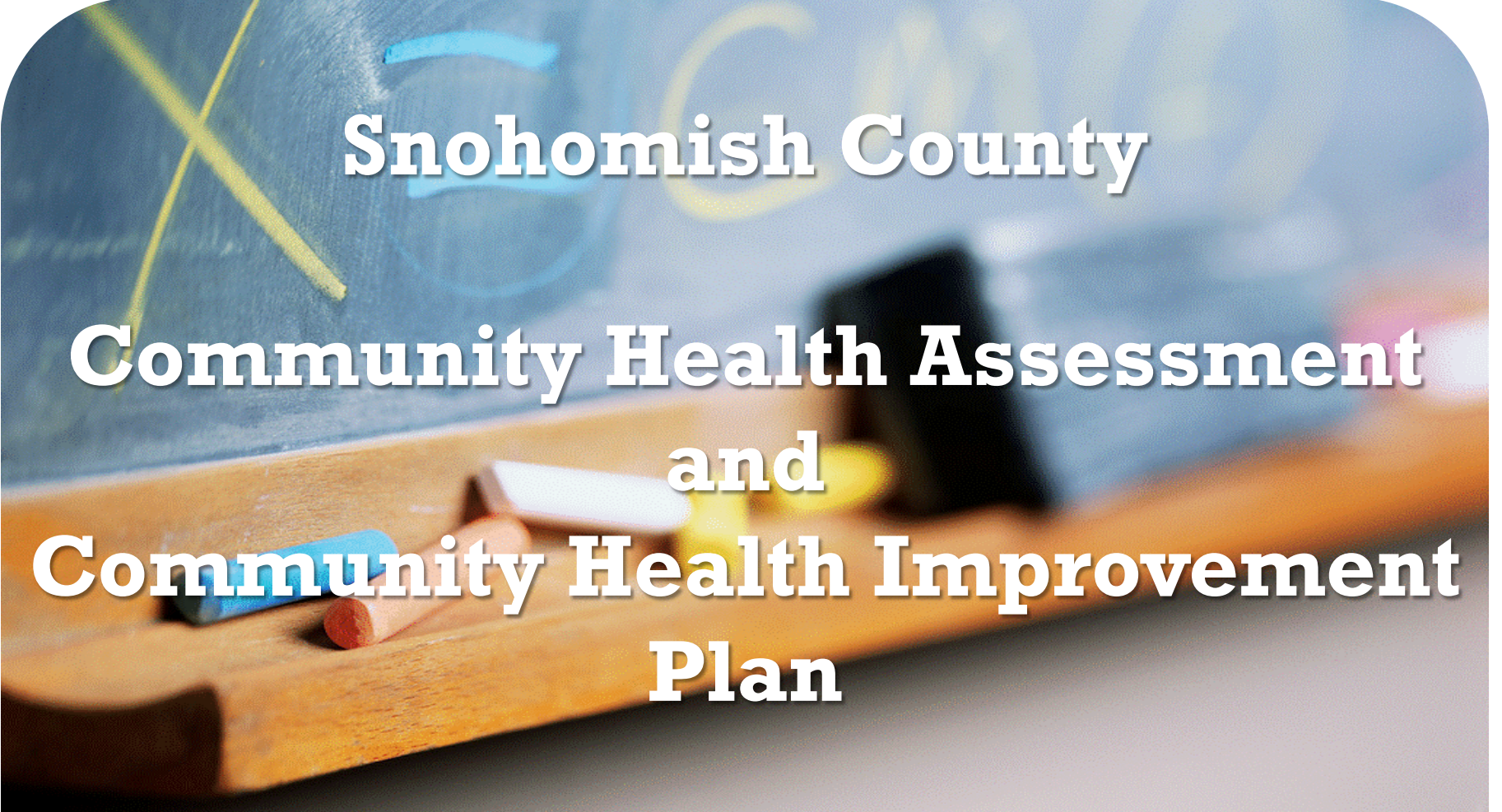
Program Manager

Healthy Communities &
Assessment



The Health of Snohomish County

Community Report Card



Snohomish County Community Health Assessment and Community Health Improvement Plan



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Overview and Update to the
Population Health Trust
February 2016

Objectives

- Share CHA-CHIP Model, Process, Findings and Lessons Learned from
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)
 - CHA-CHIP work in Snohomish and Island Counties

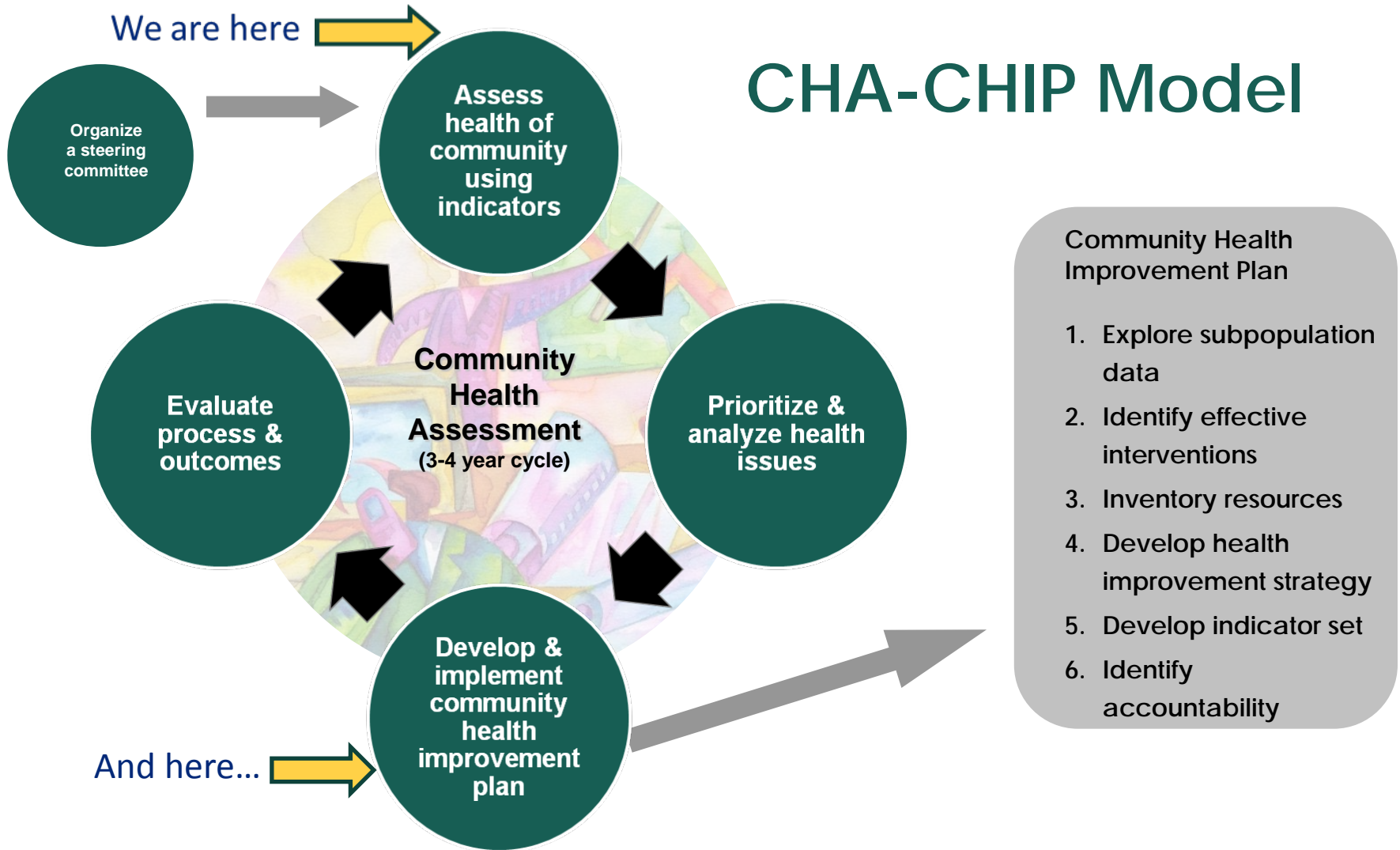


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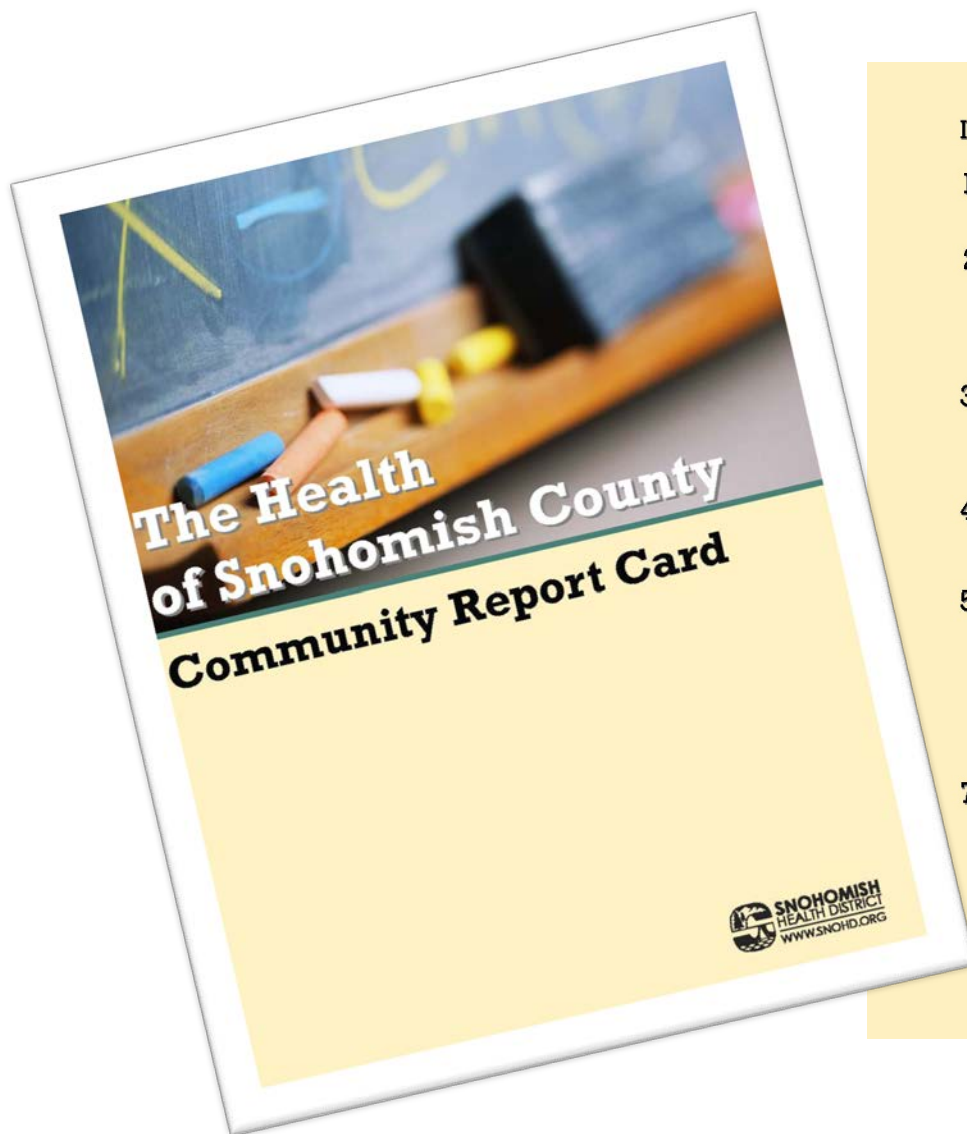
CHAs and CHIPs enable us to:

- Evaluate and report on the comprehensive health status of a community
- Monitor trends in areas of concern; identify emerging issues
- Determine priorities, identify subpopulations most impacted and improvement strategies most likely to be effective
- Increase community awareness of issues
- Engage community partners in solutions that will work in your communities
- Ultimately, improve community health!

CHA-CHIP Model



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In the Report Card

1 Scoring

Demographics

2 General Health

Overall mortality
Childhood mortality
Fair or poor health
Days poor health interfered with daily activities
Disability
Years of healthy life at age 20
Inadequate sleep

3 Substance Use

Youth & adult smoking
Youth & adult binge drinking
Adult heavy drinking
Youth illegal drug use
Youth prescription drug abuse

4 Mental Health

Youth & adult depression symptoms
Inadequate social support
Suicide

5&6 Chronic Disease

Diabetes
Heart disease mortality
Cancer mortality
Mammogram past two years
Pap test past 3 years
Colorectal screening past 5 years
Youth asthma
Youth dental decay
Youth & adult adequate fruits & vegetables
Youth & adult adequate physical activity
Youth & adult obesity

7 Environmental Health

Impaired bodies of water
Particulate matter
Smoke-free homes
Nitrate levels in public water source
Solid waste recycled
Illegal dumping
Toxic releases
Campylobacteriosis
Shiga toxin producing E. coli
Salmonellosis

8 Access

Have health insurance
Have primary care provider
No health care exam past 2 years (adults)
No medical visit due to cost
Youth & adult dental visit past year
Medical visit past year (youth)

9 Communicable Disease

Chlamydia
Influenza immunization & hospitalizations
Active tuberculosis cases
Pertussis
Hepatitis C
Children without full vaccines entering kindergarten

10 Maternal & Child Health

Teen pregnancy
No 1st trimester prenatal care
Low birth weight
Premature births
Smoking during pregnancy
Infant mortality
No breastfeeding
Unintended pregnancy
Alcohol use during pregnancy
Postpartum depression

11 Injury

Motor vehicle crash mortality
Fall hospitalizations & mortality
Unintentional poisoning mortality
Violent crime
Households with children that contain loaded & unlocked firearm

12 Priority Issues

Next Steps



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Criteria for Indicators

- ✓ Simple
- ✓ Understandable
- ✓ Acceptable
- ✓ Measurable
- ✓ Reputable data source
- ✓ Actual local data
- ✓ Data available over time
- ✓ Comparable to national and state

➤ 80 indicators were selected



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Community Health Assessment

- Compare local, state & national data
- Review trends
- Align with national and/or professional association goals
- Prioritize by:
 - size and seriousness of problem
 - intervention effectiveness
 - community values



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Phase I: Analysis of Indicators



- Compared local data to state and nation
- Reviewed data trends, using 1990 as a baseline if possible, and those with at least 3 data points
- Assessed if met HP2020 goals (or other national, state, professional association, or county's best year)
- Score: $(\text{State} + \text{Nation}/2) + \text{Trend} + \text{Goal}$



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Substance Use - Adults & Youth

Indicator	SC	WA	US	Comp Score	SC Trend	Trend Score	Goal	Goal Score	Total
Adults									
Smoking	14.1%	13.7%	19.3%	0.5	↓	1	HP (2020) 12%	-1	0.5
Binge Drinking	15.6%	15.4%	17.1%	0.5	↑	-1	---	---	-0.5
Heavy Drinking	6.4%	5.5%	4.9%	-1	↑	-1	---	---	-2
Youth									
Smoking	16.3%	15.9%	19.5%	0.5	↓	1	HP (2020) 16%	0	1.5
Binge drinking within 2 weeks	11.7%	15%	14.9%	1	↓	1	HP (2020) 8.5%	-1	1
Illegal drug use	14.6%	12.6%	18%	0	---	0	HP (2020) 16.5%	1	1
Prescription drug abuse	6.7%	6.6%	N/A	0	↓	1	---	---	1
					No clear trend		NC = Not Comparable		



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Indicator Score Sheet

Phase II: Criteria for Inclusion

Negative score in at least two areas

- County rate was worse than Washington and/or the United States
- The trend was in the wrong direction
- County did not meet a national benchmark (HP2020 goal) or another goal

Existence of effective interventions

- 27 indicators met the criteria

Phase II: Selection of Priority Issues

- Size of the problem
- Seriousness of the problem
- Effective intervention(s)
- Community value



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Size

Considerations:

A = Actual population affected

P = Potential (at-risk) population affected

- Who is at risk?
- Who would be the target population for an intervention?



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Seriousness

Considerations:

- Death
- Hospitalization
- Premature illness or death
- Disability
- Issue increasing/trend worsening over time
- Economic or social burden
- Consequences if not addressed



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Effective Intervention(s)

- Evidence-based
- Best practices
- Community-based
- Promising practices


Community Value(s)




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2013 Priority Issues

- 
1. Youth physical abuse
 2. Obesity
 3. Suicide
-

- 
4. Youth dental decay
 5. Health care access
 6. Prenatal care



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Community Action on Priorities

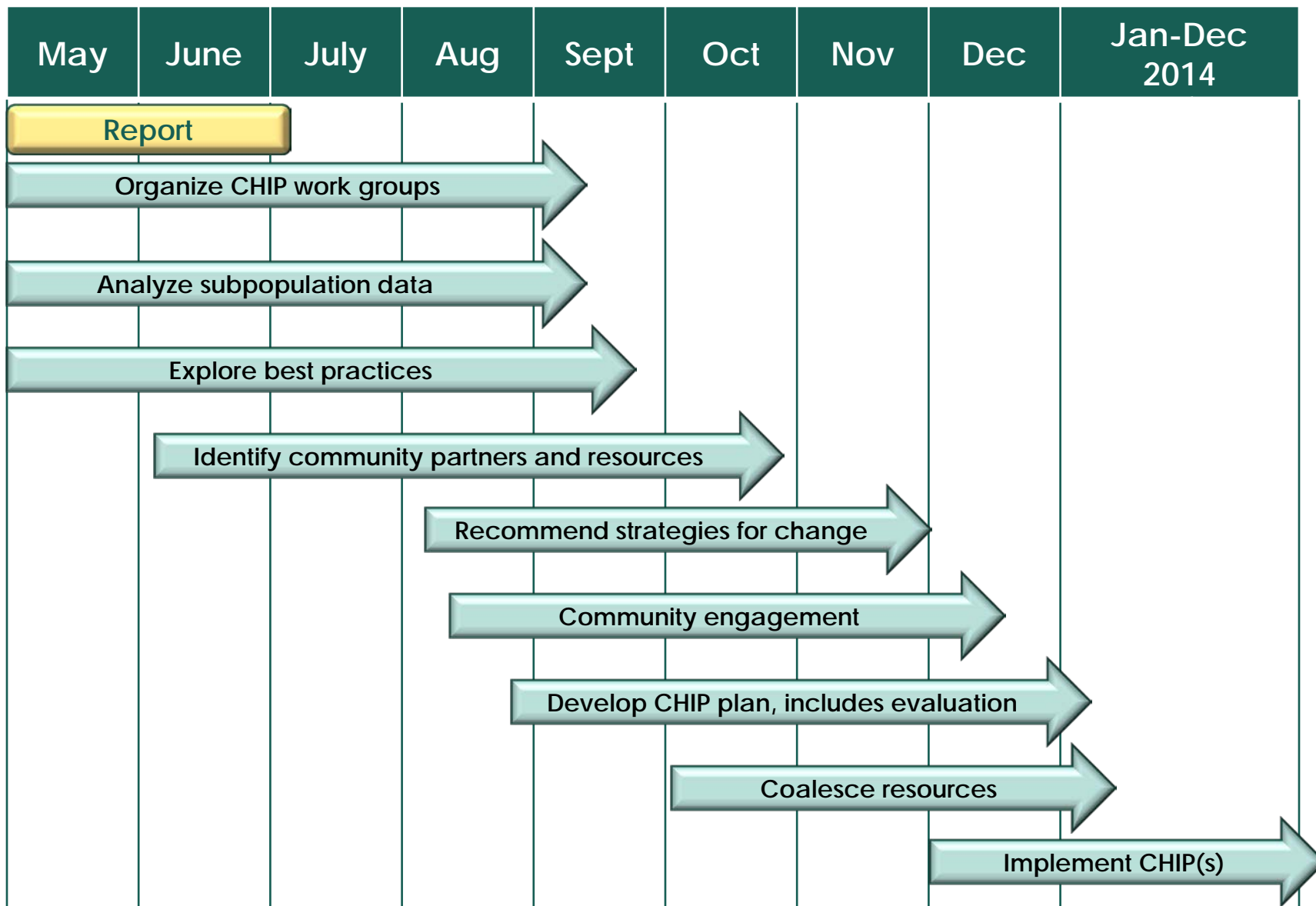
- Public Health Advisory Committee and Snohomish Health District committed to work on the top three issues, to develop the plan but not lead for all strategies
- Other partners addressing priority issues 5-6, including Providence Regional Health System, Swedish/Edmonds, and Verdant, to name a few
- Youth dental access issue to be shared with the Dental Access Committee



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Snohomish County CHA-CHIP Timeline

May 2013 – December 2014



Next Steps: CHIP Teams

- Background: subpopulations, disparities
- Evidence-based interventions and strategies
- Community resources and partners
- Strategies: health education, social marketing, policy recommendations, others
- Commitment to strategies:
 - Community champion
 - Agency accountability



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- Long-term, systematic effort to address issues identified by CHA
- Includes participation by wide range of community partners
- Sets goals, objectives, strategies (2014-2019)
- 27 meetings from June 2013 - Feb 2014, attended by members of 42 organizations



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- Session 1: Subpopulation data, services & resources, gaps, anecdotal trends
- Session 2: Best Practice (BP) strategies, focus on Policy/Systems/Environment changes
- Session 3: Goals & objectives; measurable
- Session 4: Select specific *best practice* strategies
- Session 5: Measuring success, evaluation
- Session 6: Action plans with leads, milestones, timeline
- Session 7: Draft CHIP—Review and comments

CHIP Teams in Action

- Examined disparities among subpopulations
- Determined gaps in community services
- Identified community resources and partners
- Reviewed evidence-based interventions
- Developed goals, objectives, and strategies
- Presented policy strategies to legislators (Dec)
- Digital backbone/organizing for collective impact
- Held trainings on social marketing/social media
- Shared results community-wide (May 2, 2014)



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- Need for resources for strategies
 - Community Awareness Campaigns (Social Marketing, Social Media)
 - Trainings (MHFA)
 - School Health Curriculums (youth mental health/depression/suicide, youth abuse)
 - Staffing to lead these initiatives



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CHIP Needs

Overall Success Depends on Community Participation & Commitment

To make measurable, enduring differences through collective impact, we asked partners to:

- Lead/co-lead an effort focused on a strategy (or two)
- Serve on a task force addressing a specific strategy
- Take accountability for action on a specific strategy & publicly acknowledge you/your agency as an accountable community partner
- Offer in-kind services
- Provide funding to support strategic endeavors
- Provide data for input into InsightVision

Goal:

Reduce the number of Snohomish County youth who experience physical abuse

Objectives Identified

1. Advocate for a “Have a Plan” and/or “Build a Plan” safety plan for every parent and caregiver
2. Increase best-practice, culturally-appropriate supports to parents and caregivers
3. Increase capacity to support and empower all youth
4. Initiate multi-prong strategies throughout the community with the message that all children and youth deserve safe environments



Youth Physical Abuse

Goal: Reduce the rate of suicide in Snohomish County



Suicide

Objectives Identified

1. 90% of primary care providers will screen all patients for depression during wellness visits
2. All Snohomish County school districts will implement a behavioral health curriculum that includes suicide prevention and intervention
3. 1,000 additional County residents will be certified in Mental Health First Aid
4. The Health District will facilitate a community awareness campaign about suicide
5. Include suicide crisis line/resources information in all hospital discharge instructions for patients admitted for a suicide attempt



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- Develop a list of recommended best-practice curriculums and their associated costs to share with school districts and advocate to superintendents and school boards about the need for behavioral health curriculum that includes suicide prevention
- Conduct approximately five Mental Health First Aid training classes per quarter
- Provide 24-Hour Care Crisis Line cards with re-ordering information to hospitals
- Incorporate depression screening questions into patient health questionnaire and educate providers and support staff about the importance of consistent depression screening for patients



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Suicide Strategies Identified

Goal: Increase active living and healthy eating in Snohomish County

Objectives Identified



Obesity

1. Increase school-based best practice policies that promote physical activity for children and families in at least 3 school districts
2. Establish county-wide 5210 social marketing campaign (20 partners)
3. Promote non-motorized transportation and pedestrian friendly urban design in 80% of Comprehensive Development plans and physical activity planning in capital improvement projects
4. Increase fruit & vegetable consumption and family meal times, and decrease sugary beverage intake



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Reducing Obesity



CORE PRINCIPLES:

- Environmental and policy change influences behavior change
- Interconnectivity across sectors is essential
- Strategies are evidence based and continuously evaluated



- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

- County wide messaging on Health & Nutrition
- More than 20 community partners involved in Obesity CHIP



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5210 Around the County

InsightVision Summary

- Goal: Community action resulting in *Collective Impact*
- Strategy mapping platform
- Multiple partners provide data and share strategies
- Showcases numerous efforts all impacting health issue (lead, team, data, reach)
- Scoreboard shows real-time changes



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Reduce Childhood Obesity (PI-CO)

Edit Mode
 Make Default
 Print to PDF
 Print to PPT

Expand All | Collapse All
 Theme Filter: No Theme Filter Applied
 Scorecards: Reduce Childhood Obesity (PI-CO)

Community Health Status

Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	Comments/ Initiatives	Owner
<div> PI-CO: Minimize Childhood Obesity </div>							
PI-CO: % of Children in School who are Obese	22.0%	21.0%	2	14.0%	Year 2012		Alison Chaikittirattana
PI-CO: % of students participating in physical activities	75%	86%	3	85%	Year 2012		PH Administrator
<div> PI-CO: Improve Healthy Eating for Children </div>							
PI-CO: % of students achieving nutritional goals	73.0%	75.0%	5	80.0%	Year 2012		PH Administrator
PI-CO: % of available food meeting nutritional goals	72%	75%	3	90%	Year 2012		PH Administrator
<div> PI-CO: Increase Age Appropriate Activity </div>							
PI-CO: % of youth doing more than 1 hour exercise per day	45%	48%	3	65%	Year 2012		PH Administrator
PI-CO: # of opportunities for physical activity	1	7	1	5	Year 2012		Alison Chaikittirattana
Community Implementation							
<div> PI-CO: Improve School Nutrition & Fitness Programs </div>							
PI-CO: % of Students Getting Presidential Fitness Award	13%	16%	2	15%	Year 2012		PH Administrator



CHIP-Obesity: Establish County-wide Messaging on Health & Nutrition


[Print to PDF](#)

Description

Evidence

From-To Gap

Initiatives

Resources

Edit

Let's Go! 5-2-1-0

Let's Go! is helping kids and families eat healthy and be active. We understand it's important to have a consistent message about healthy habits where you live, learn, work and play. So we partner with teachers, doctors, child care providers, and community organizations to help share the same four healthy habits of "5 2 1 0" everyday:

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

Lead Advocate:
Action Team:
[Return to Strategy Map Here](#)
*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

 Measures Line ▾
[Select](#)

Actions ▾

<input type="checkbox"/>	Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	
<input type="checkbox"/>	CHIP-Obesity: % of 8th graders who consumed 5+ fruits and vegetables per day	28.2%	24.5%	2	28.0%	2012	
<input type="checkbox"/>	CHIP-Obesity: % of Youth with 2 hours or less of recreational screen time	N/A	49.9%	0	52.0%	2012	
<input type="checkbox"/>	CHA-Indicators: % of Youth with (60 mins/day) or more of physical activity	23.3%	22.9%	1	23.0%	2012	
<input type="checkbox"/>	CHA-Indicators: % of Youth drinking 0 sugary drinks per day	67.0%	69.3%	4	70.0%	2012	

Related Objectives

[Select](#)

Actions ▾

Description Activity Evidence From-To Gap Resources

Edit

Certify County Residents in Mental Health First Aid

We will training community members on MHFA in a variety of ways.

- **School District Staff:** HB 1336 requires all school districts to provide training on suicide awareness and prevention to all staff, and Mental Health First Aid (MHFA) is a popular option because the Educational Service District (ESD) has trainers.
- **Community Residents at Large:** We can potentially target child care providers, summer camp counselors, sports coaches in middle school and high school, faith community leaders, transit professionals, library staff, first responders, law enforcement, Family Resource Centers, Senior Services)

Lead Advocate: Potentially someone from Compass Health

Action Team: Sue Walden (Verdant Health Foundation), Sheryl Copeland (Shoreline Community College), Wendi Thomas (Educational Service District), someone from the Family Resource Center and Senior Services.

Return to [Strategy Map Here](#)



Measures Line

Select

Actions ▼

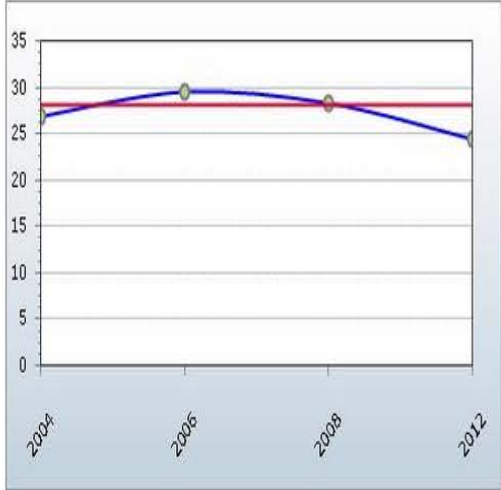
<input type="checkbox"/>	Name	Prior Period	Current Value	Change	Target Value	Most Recent Period	
<input type="checkbox"/>	CHIP-Suicide: # of county residents trained in MHFA	170	380	1	500	2014	
<input type="checkbox"/>	CHIP-Suicide: # of MHFA classes/quarter	1	2	1	5	Q2 '15	

CHIP-Obesity: Increase Consumption of Fruits & Vegetables

Display Settings Apply

CHIP-Obesity: % of 8th graders who consumed 5+ fruits and vegetables per day

Edit Print



Time Period	Target Value	Actual Value
2012	28.0%	24.5%
2008	28.0%	28.2%
2006	28.0%	29.6%
2004	28.0%	26.9%

About Actual Values Add New

Time Period	Target Value	Actual Value	Comments	Created By	Created On	Edit
2012	28.0%	24.5%	The Healthy Youth Survey did not ask the question on the survey in 2010. The question will be asked every other survey from now on. The next results will be available on the 2016 survey.	Jamaal Parker	01/24/2014	

Description Edit

% of County 8th graders who consumed 5 or more fruits and vegetables per day

Data Source: HYS-Healthy Youth Survey

- Collaboration with Whatcom, Island, Skagit, San Juan Counties
- 162 indicators, 95 scored
 - Local choice vs. regional essential
 - Selected based on
 - Established community health indicators
 - WA State Local Public Health Indicators (LPHI)
 - WA State Common Measure Set for Health Care Quality and Cost
 - Maternal-Child Health needs assessment indicators



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CHA 2015-2016

- Salmonella
- Driving & alcohol: 12th graders driving after drinking & 10th graders riding with drivers who had been drinking
- 10th grade cigarette and alcohol use
- Teen pregnancy
- Health screenings age 50+: Mammograms and colonoscopies/sigmoidoscopies
- Adult binge drinking
- 10th grade obesity
- All cause hospitalizations
- Infant mortality
- MVC mortality
- Assault related mortality
- Pertussis rates

DRAFT!!!!



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DOING WELL

- Unintentional Injury Mortality
- Fall Related Mortality
- Communicable diseases: Shiga Toxin producing E-Coli & Campylobacteriosis
- Immunizations: older adults immunized for flu and pneumonia and 19-35 month olds with complete vaccinations series
- 8th grade bullying
- 10th grade screen time/video/computers
- 10th grade depression
- Suicide rates
- Adults who smoke
- Adults with a primary care provider

DRAFT!!!!



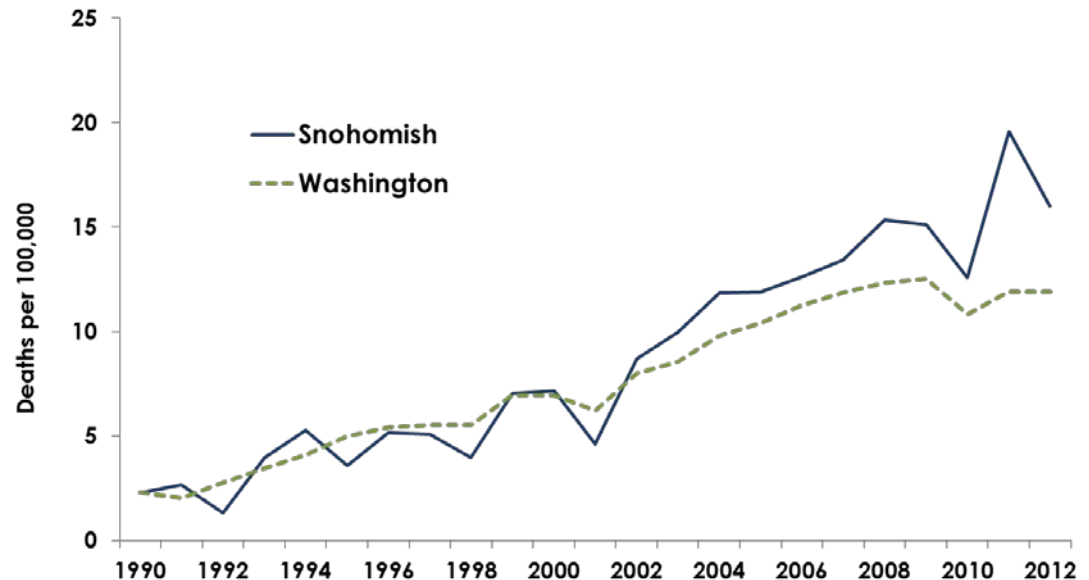
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NEEDS IMPROVEMENT

CHAs Can Identify Emerging Issues

- Unintentional poisonings (heroin, e-cigs, energy drinks)
- Other issues (e.g. e-cigs, marijuana, falls, impact of ACA)

Heroin Deaths in Snohomish County & Washington, 1990-2012

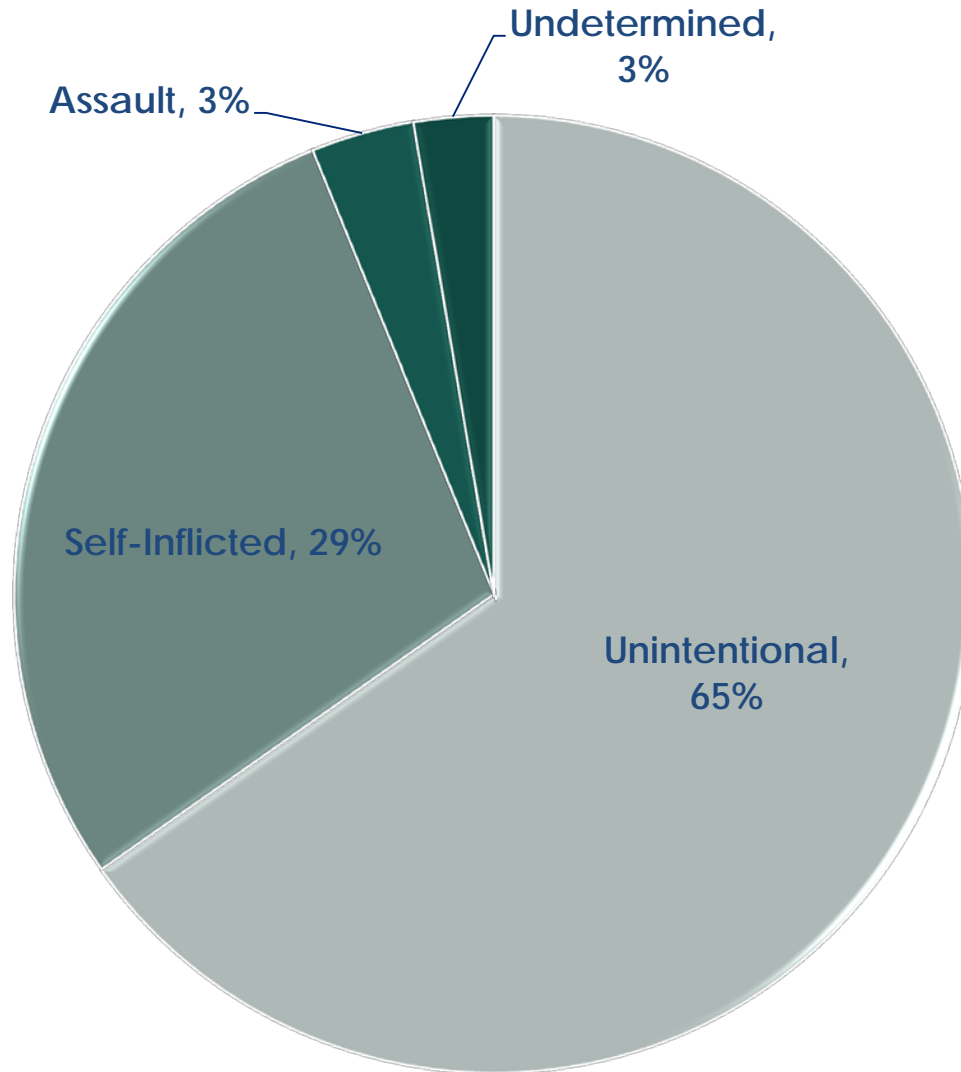


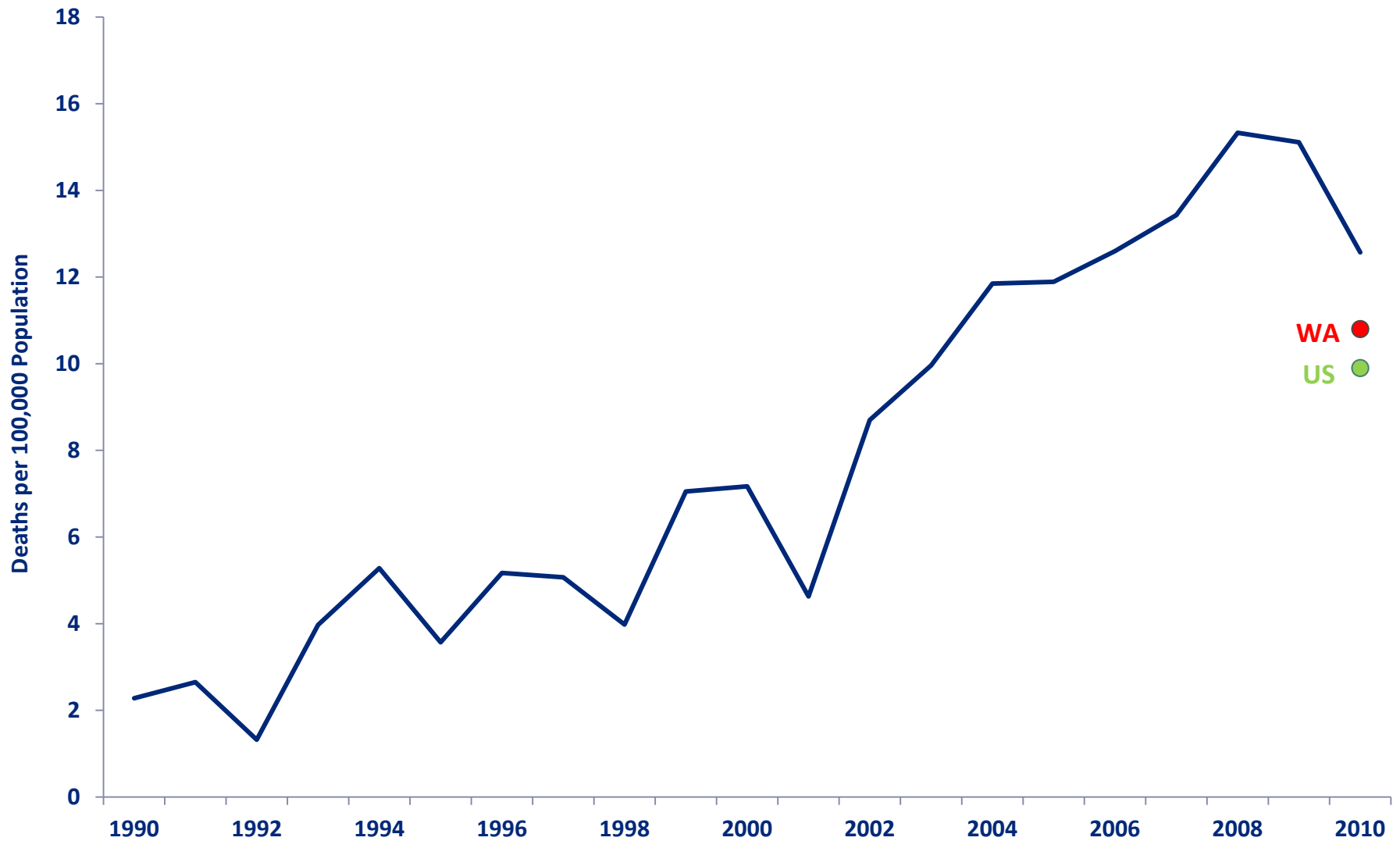


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Unintentional Poisonings

Injury Mortality by Intent Snohomish County, 2010





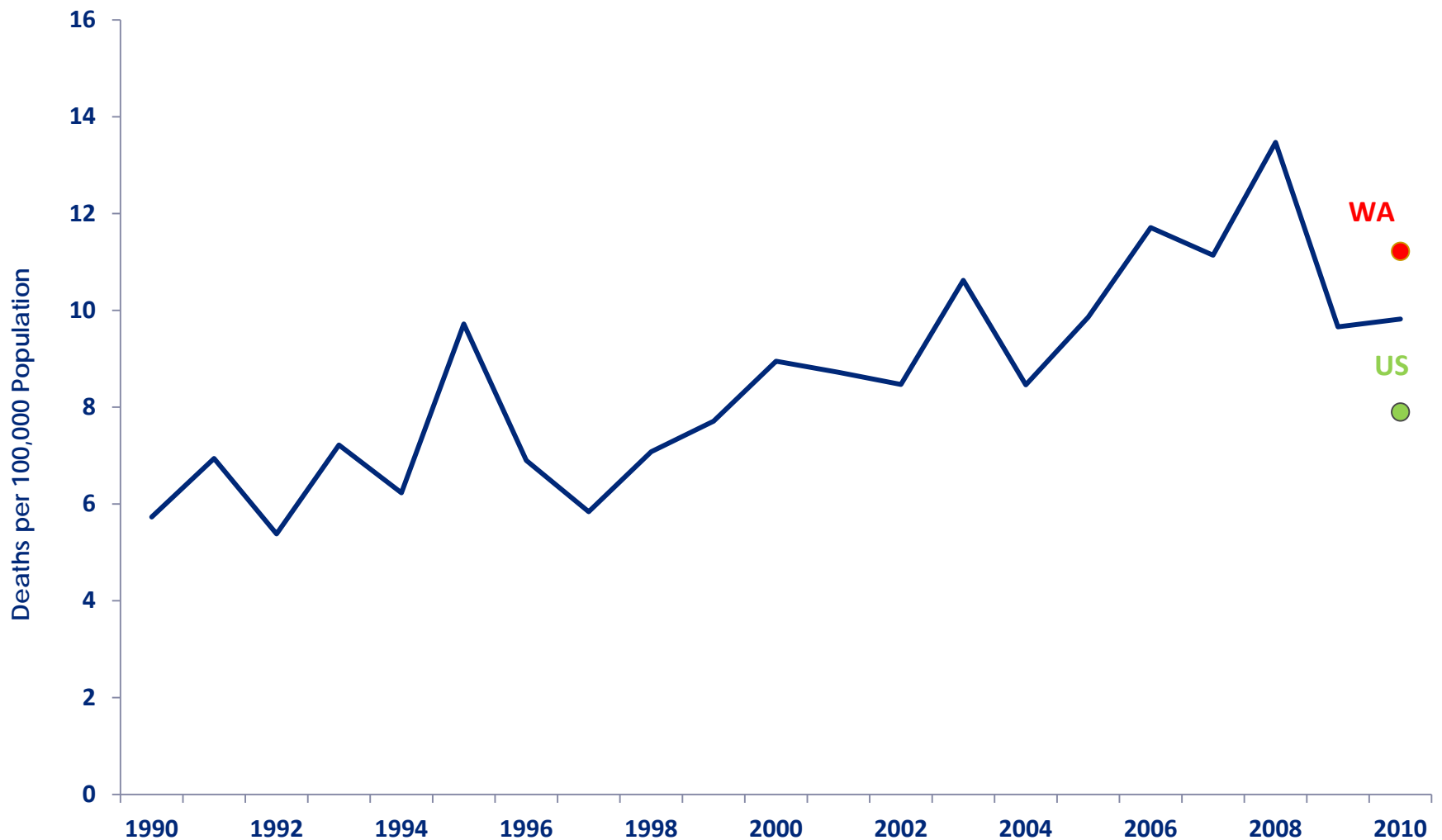
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Unintentional Poisoning Mortality Rates Snohomish County, 1990-2010



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Falls



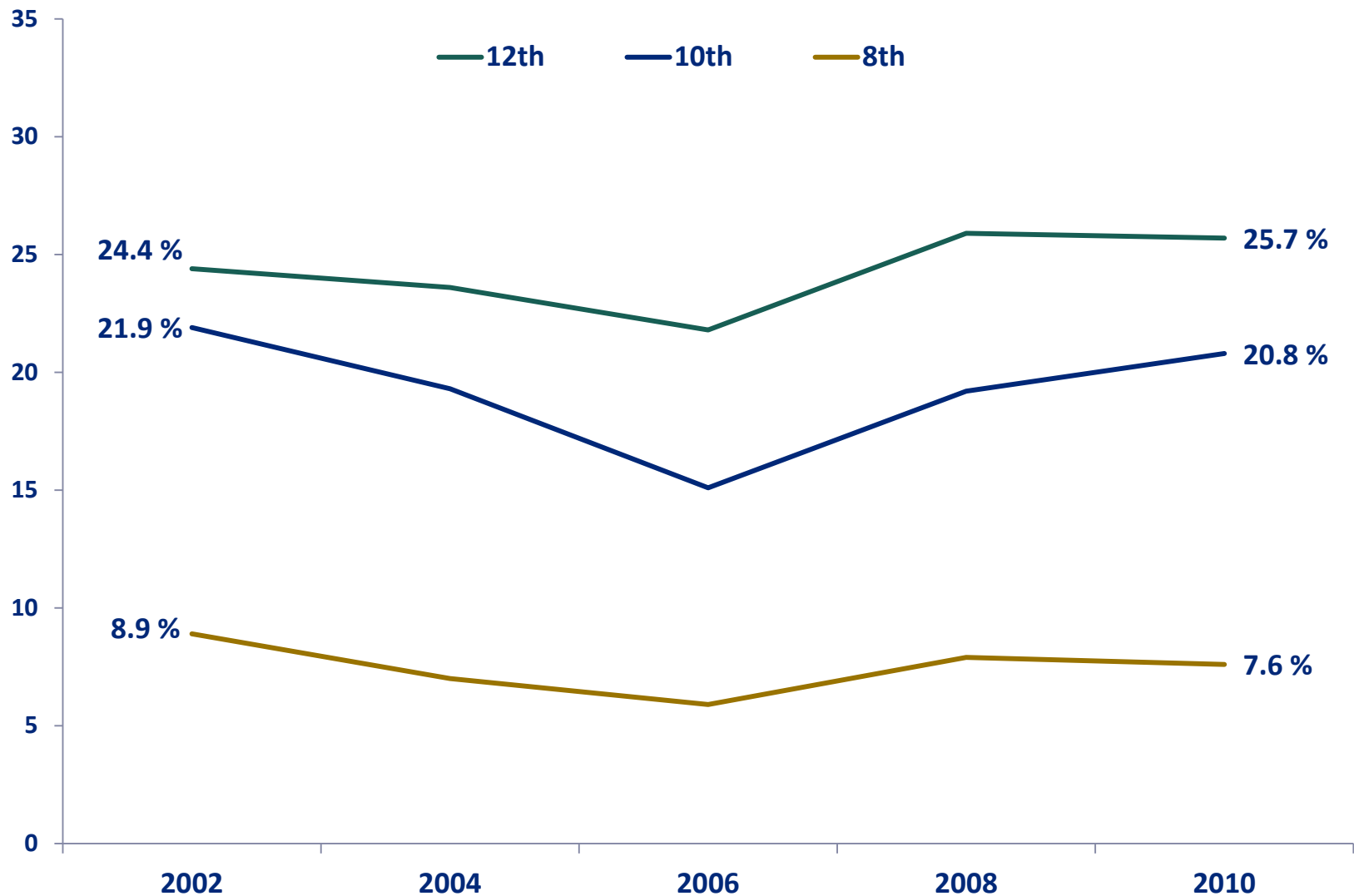
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Fall Mortality Rates
Snohomish County, 1990-2010



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Substance Use



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**Youth Current Use of Marijuana by
Grade Snohomish County 2002-2010**

2003 CHAB's top 4 priority areas

Early Support for Infants /Parents

- Parent Support
- Parent Education
- Child Care Choice

Preventive Health & Screening

- Adult Immunization
- Colonoscopy
- Pap Test
- STD Rates
- Pediatric Dentistry

Mental Health Services & Resources

- Child/Teen
- Uninsured
- Prevention
- Resources
- Depression

Physical Activity/ Chronic Disease

- Overweight
- Hypertension
- Diabetes
- CVD
- Depression

2007 Priority Issues in IC

Communicable Disease

- Childhood immunizations
- Adults > 65 immunizations (flu/pneumonia)
- STD rates
- Rates for food/waterborne diseases

Maternal-Child Health

- Reading to Child
- Prenatal Care Access in First Trimester
- Pregnant women not smoking
- Firearms in the home (loaded and unlocked)

Physical Activity/ Chronic Disease

- Overweight and obese adults
- Overweight Children and Youth
- Screen Time
- Youth-Moderate Physical Activity
- Falls



Questions?

For more information visit

www.snohd.org/assessment

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Assessment

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E-Mail: cmclachlan@snohd.org



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Skagit County Board of Health - Population Health Trust

"Always working for a safer and healthier Skagit County"

*Lisa Janicki, Chair
Kenneth A. Dahlstedt, Commissioner
Ron Wesen, Commissioner*

In Kind Contribution

	Members	Rate	PHT Hours	Interval	Hours	Total
PHT	24	25	3.5	10	840	\$ 21,000
Steering	7	25	1.5	10	105	\$ 2,625
Survey	6	25	2	4	48	\$ 1,200
Indicators	24	25	2	2	96	\$ 2,400
BAC	7	25	2	3	42	\$ 1,050
Other	10	25	2	4	80	\$ 2,000
					1211	\$ 30,275



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Population Health Trust 2015 Budget

Survey	\$ 11,700	\$ 13,303
Data Indicators	\$ 34,652	\$ 17,146
Community Forums	\$ 14,461	\$ 12,955
Priorities Report	\$ 10,700	\$ 5,100
Media and Communications	\$ 9,800	\$3,957
Total	\$ 81,313	\$ 52,461
Received		\$ 62,619
Balance		\$ 10,158



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Population Health Trust 2016 Budget

2016 Projected Budget

Data Indicator Web services from Eastern Washington University to display live and current data to the public. (One time set up cost)	\$ 75,000
Insightformation Collective Impact Web based Database	\$ 23,000
February Retreat (presenter, venue, logistics)	\$ 6,000
Yearly meeting cost	\$ 4,800
Production of a 7 minute Public Announcement (SRH Will provide In	\$ -
Planning contractor services (strategic planning, consultation, research)	\$ 42,000
Sub Total	\$ 150,800
Contingency Budget 10%	15,080
Total funds needed for 2016	165,880
Skagit Regional Health Pledge	(30,000)
Skagit County one time contribution	(50,000)
2015 Balance Forward	(10,158)
Total	75,722



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Updates

- Policy Committee starts Feb 16th Jennifer Johnson Chair
- March 9th 3:15 to 4:30 Government Presentation
- March 30th Retreat at ESD 189, contracting with Vic Coleman
- Final assessment report may be done middle Feb (readers?)
- Response to Forums
- Website being updated
- Gathering Opioid Data
- Cancel April 7th Trust meeting
- Patrick Jones indicator presentation next month



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Next Steps

- **Closing remarks**
- **Next meeting March 3rd**
- **Northwest Career & Technical Center**
- **Time: 9:00 to 12:00**



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