



November 22, 2017

The Honorable Jon Nehring
City of Marysville
1049 State Ave.
Marysville, WA 98270

RE: Marysville/Snohomish Health District Relationship and Financial Sustainability

Dear Mayor Nehring and Members of the Marysville City Council:

First and foremost, thank you for Marysville's partnership with the Snohomish Health District in 2017. Your contributions have enabled the Health District to deliver much-needed public health services to Marysville and throughout Snohomish County. Also, thank you for hosting me on September 25. I wanted to follow up and make one final request for per capita funding and partnership.

This has been a year of transition for the Health District, from leadership changes and working toward the sale of the Rucker Building, to a consideration of merger with Snohomish County. Through it all we have continuously focused on internal and external improvement, specifically moving toward a simpler, safer, and healthier Snohomish County.

It has also been a year with headlines dominated by the public health epidemic of opioids. Not a single community or neighborhood has been spared. Multiple cities requested the Health District respond to the epidemic, and we did, as outlined in our 2017 per capita funding request. We had a plan and, with the support of cities and Board of Health, we made progress on some of the immediate problems outlined in our plan while working to build long-term answers for others.

Our Board of Health Chair Adrienne Fraley-Monillas and I co-wrote the attached op-ed in the Everett Herald last month. In it we outline the Health District's response to opioids and our plan for future direction.

Consideration of Merger with Snohomish County

On September 12 the Board of Health unanimously passed Resolution 17-22 (attached) stating its desire to remain independent of Snohomish County. This was in response to the Snohomish County/Health District Merger Issues Analysis prepared by Dave Gossett for the Snohomish County Executive. While the analysis did not provide a specific recommendation, it gave compelling reasons for the Health District to remain separate from the county.

While Mr. Gossett commended the Health District for its prudent fiscal management through challenging financial times and ability to respond to public health crises, he also provided recommendations for improving the agency. A key recommendation was to create **mission clarity**. From outward appearance, the Health District is a collection of services that don't appear to align with a specific focus, set of goals, or line of business. It's true that the Health District has broad program areas, and much of that is derived from state law that directs our work. Specifically RCW 70.05.060 states, among other things, that local boards of health shall *supervise the maintenance of all health and sanitary measures for the protection of public health within its jurisdiction*.

The Health District must continue to improve communicating its role in the community. We will do this by leveraging our ability to adapt and evolve to meet emerging demands and financial challenges while

taking advantage of new opportunities. We strive to be a high-achieving agency, and we believe we're on the right path as the community's chief health strategist.

What's Next?

Over the past several years, the Health District has undertaken a series of strategic initiatives, including pursuit of accreditation through the Public Health Accreditation Board (PHAB). This initiative was never adequately resourced, but we have recently reassigned an employee to be our full-time coordinator and plan to be completed in 2019. There is no better time than now to pursue this goal. We strive to meet the highest standards in providing public health services. Becoming accredited demonstrates our commitment to value and dedication to community.

We also continue to pursue financial sustainability and stability. Areas we're working on include:

1. Increased maximization of grants and contracts. This has been improved with new monitoring procedures, but we're also updating our financial software system (current one is from 1997), which will provide us greater oversight.
2. A new environmental health fee schedule based on the actual costs of delivering services. A one-year time-study was conducted, and the Board of Health approved the new schedule at the November Board meeting. This will provide better cost-recovery for many of our services.
3. Working with other local public health agencies, the state Department of Health, State Board of Health, and the Legislature on adequately funding all foundational public health services through the Public Health is Essential campaign. The state's 2017-19 budget provided a small down-payment for these services.
4. Development of a way to ease between up and down years through use of our fund balance. This is something that will be developed in 2018.

Continued Partnerships

We seek long-term, mutually beneficial partnerships with all the cities and towns in Snohomish County.

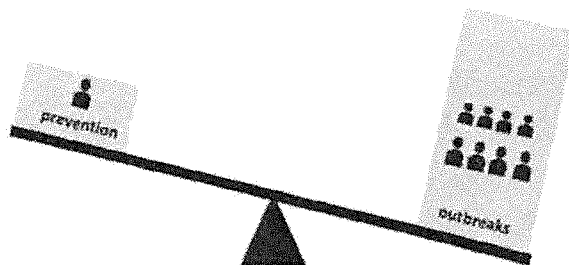
This partnership includes:

1. Planning, prevention, and response to emerging and ongoing public health issues including, but not limited to, the opioid epidemic.
2. Ongoing executive connection and engagement with Marysville and coalitions within your city that work to achieve positive health outcomes.
3. Specialized data and report services.
4. Health-related policy development and communication services.
5. Supporting Marysville's priorities and goals. Whether it's education, transportation, economy, or public safety, it's all connected with public health, and we have something to contribute.

Without city participation and association, public health services will be diminished, specifically around prevention. Over the past several years, the majority of the Health District resources have been spent on response/outbreaks rather than prevention, which becomes a downward, self-defeating spiral. As we invest more of our resources on response/outbreaks, we invest less in prevention, resulting in more outbreaks, etc.

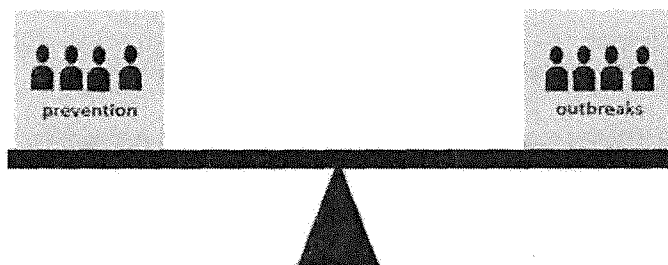
However, in 2017 we began to turn a corner due to city and county investments. We started looking longer-term at health issues in Snohomish County and digging into root causes of poor health. With new resources, we were able to hire an epidemiologist and policy analyst. These key positions are necessary to support the important work of public health nurses, disease intervention specialists, environmental health specialists, and others at the Health District to break away from the previous status quo.

The Health District Previous Status Quo



Public health is a shared responsibility. We request Marysville continue to contribute to the Health District to support our partnership and critical services, and to achieve more of an "ideal state" for the Health District. This ideal state is where prevention and outbreak/response are balanced and we're able to prevent illness, injury, and premature death, regardless of its source.

The Health District Ideal State



We are humbly asking for \$2 per capita contributions from Snohomish County and each city in 2018. We understand each jurisdiction has different resources and needs. While the funding is important, the relationship is more so. Any investment will pay dividends for Marysville, as we hope you found this year.

If you have questions, please contact me at jketchel@snohd.org or on my mobile at (425) 512-6294.

Sincerely,

Jefferson Ketchel, MA RS
Administrator
Snohomish Health District

cc: Marysville City Council
Nate Nehring, Snohomish County Council

Att: BOH Res. 17-22
Op-Ed – The Everett Herald



SNOHOMISH HEALTH DISTRICT
RESOLUTION OF THE BOARD OF HEALTH

RESOLUTION NUMBER: 17-22

RESOLUTION SUBJECT: STATING THE BOARD OF HEALTH'S INTENT FOR THE SNOHOMISH HEALTH DISTRICT TO CONTINUE TO OPERATE AS A SEPARATE AND INDEPENDENT MUNICIPAL CORPORATION PURSUANT TO CHAPTER 70.46 RCW

WHEREAS, the Snohomish Health District was originally established by resolution of Snohomish County Board of County Commissioners on November 24, 1958, with an effective date of January 1, 1959; and

WHEREAS, the Snohomish Health District has operated pursuant to a Charter originally created January 1, 1959, and last amended December 13, 2016; and

WHEREAS, the Snohomish Health District is an independent municipal corporation, incorporated under the provisions of Chapter 70.46 RCW, with Snohomish County, cities, and towns within Snohomish County as members of the Snohomish Health District; and

WHEREAS, in March 2016, the Health District entered into a contract with the William D. Ruckelshaus Center to conduct a situation assessment regarding perspectives on how the Health District should provide public health services, fund those services, provide effective and efficient governance, and identify opportunities for collaboration. On Sept. 13, 2016, the final report dated Sept. 9, 2016, was presented to the Board of Health; and

WHEREAS, on October 31, 2016, Snohomish County entered into a contract with Mr. Dave Gossett to "provide consulting services to County Executive leadership regarding a preliminary analysis of issues associated with the possibility of Snohomish County taking over all or some of the Snohomish Health District's activities"; and

WHEREAS, on August 8, 2017, Mr. Gossett presented his findings and written report to the Snohomish Health District Board of Health; and

WHEREAS, during the subsequent discussion, and after due consideration at its meeting of August 8, 2017, the Board of Health expressed its desire to continue to operate as an independent municipal corporation and remain separate from the County and unanimously approved a motion stating its intent and directing the preparation of this Resolution; and

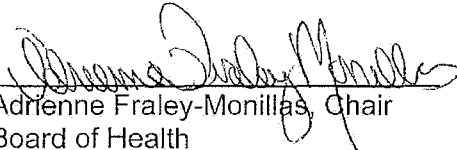
WHEREAS, this resolution formalizes the Board's desire to continue to operate as an independent municipal corporation;

Resolution 17-22 of the Board of Health

NOW, THEREFORE, be it resolved that it is the Board of Health's desire for the Health District to continue to operate as a separate and independent municipal corporation under Chapter 70.46 RCW.

ADOPTED this 12th day of September 2017.

ATTEST:



Adrienne Fraley-Monillas, Chair
Board of Health



Jefferson S. Ketchel
Interim Administrator

Opioid epidemic and the future of Snohomish Health District

A year ago, the health district had not fully engaged with the problem. That's changed.

Saturday, October 7, 2017 1:15pm | [LIFE](#)

By Adrienne Fraley-Monillas / Board of Health

and Jefferson Ketchel / Snohomish Health District

Just a year ago, the Snohomish Health District stood at a crossroads as described in a Sept.19, 2016, Daily Herald article: "Once excellent" Snohomish Health District now "crumbling away."

Our director and health officer of 10 years had announced his retirement, the Ruckelshaus Center had released its situation assessment report painting a picture of disengagement and obscurity, and the weight of a potential merger with Snohomish County and chronic underfunding persisted.

In parallel with these operational issues, the opioid epidemic was ravaging our communities, and the health district had not fully engaged with the problem. State law mandates that the district "supervise the maintenance of all health and sanitary measures for protection of the public health within its jurisdiction," but it was limited in how it could use the majority of the funding — and opioids were not a funded item.

A change of direction was critical if the health district was going to deliver on this mandate and its mission "to improve the health of individuals, families, and communities through disease prevention, health promotion and protection from environmental threats." Our leadership, with Board of Health support, approached cities and Snohomish County to form a partnership to protect existing programs and to enhance public health services, as well as address opioids. Each city and the county was asked for \$2 per capita. They answered positively, and we launched our enhanced opioid efforts.

System changes to address opioids

From a public health perspective, opioid use disorder is a disease, not a failure of will. As a society, we create systems and environments that make illness or wellness easier or more difficult to achieve.

Several decades ago, tobacco use was prevalent throughout society, and smoking indoors was the norm. This norm was supported by policies that allowed this behavior, as well as a system that promoted tobacco use. Through system change, we began limiting advertising and the locations where products could be used, while also working to make services to aid quitting more available. This resulted in a decline in tobacco use by helping users quit and preventing youth from starting.

The same approach goes for opioids. We must change the system of how and why people misuse and abuse, as well as provide treatment options and reduce the collateral damage. We do not have a single silver bullet for prevention, but we do have many solutions at our disposal. In the past six months, the health district and its many community partners have made significant strides:

We implemented the eighth secure medicine take-back program in the nation, funded by the pharmaceutical industry. It now operates at local law enforcement locations and pharmacies around the county. Information can be found at www.med-project.org.

A one-stop-shop for opioid information and resources was launched and can be found at www.snohomishoverdoseprevention.com.

Community syringe cleanup kits are available at the health district's Everett location, as well as from some other government partners.

We have distributed lock bags at community events so prescription drugs can be securely stored at home.

Innovative sources of data to report and track the opioid epidemic are being explored and carried out, such as the seven-day overdose count we oversaw in July.

We've maintained our services of working with law and code enforcement officers to clean up nuisance properties.

Our WIC/First Steps programs and public health nurses continue to work with at-risk and addicted parents to break the cycle by raising a healthy next generation.

And we're collaborating with multiple local partners in developing the next phase. A lot has been accomplished, but there is still much more to do.

The future

We envision a future where the Snohomish Health District is viewed as the community's chief health strategist. As the world changes, we must also change to meet current and future demands. Being the chief health strategist means knowing in real time the health of the community, being nimble and adaptable to new causes of illness and injury, and targeting those causes of illness quickly and effectively. It means collaboratively working with traditional and nontraditional partners to get the job done by being approachable and accountable, customer-savvy, and modern through the use of technology. We have also started the journey to national public health accreditation and expect it to be completed in 2019.

The Ruckelshaus Center stated in its assessment that "interviewees envisioned a future where public health would be recognized, relevant and of value to the people of Snohomish County."

We couldn't agree more, and if the past six months are an indication of the next six years, we are well on our way.

Adrienne Fraley-Monillas is the chairwoman of the Board of Health and a member of the Edmonds City Council. Jefferson Ketchel is the interim administrator of the Snohomish Health District.



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EXHIBIT A

Jurisdiction	2017 Population	2017 Contribution	2018 Per Capita Rate	Notes
Snohomish County	349,800	\$677,990	\$1.92	Approved
Arlington	18,690	\$18,690	\$1.00	Approved
Bothell	17,510	\$17,390		Waiting 2018 confirmation
Brier	6,560	0	0	Not funding
Darrington	1,400	\$2,700	\$2	Spoke with Diane, \$2/capita in budget
Edmonds	41,260	\$40,900		\$2/capita requested by Council. Waiting confirmation
Everett	109,800	\$108,300	\$1	\$1/capita in budget for both 2017 and 2018
Gold Bar	2,125	0		
Granite Falls	3,485	\$3,395		December meeting date for consideration on 2018 funding
Index	175	0		On Dec. 4 Council meeting
Lake Stevens	31,740	\$30,900	\$1	Approved
Lynnwood	36,950	\$36,590		
Marysville	65,900	\$64,940		
Mill Creek	19,960	0		
Monroe	18,350	\$18,120		
Mountlake Terrace	21,290	0	0	Does not appear to be funding, contacted finance department who was unfamiliar with the request and budget item.
Mukilteo	21,240	\$10,535		Budget approval request for next week. Preliminary budget has \$20,000 for 2018. Their 2017 budget stated up to \$10,000 from the 30% marijuana excise tax to the Snohomish County Health District.
Snohomish	10,010	\$9,250	\$2	In current budget (noted by Health District)
Stanwood	6,785	\$6,635		
Sultan	5,030	0	0	Not funding
Woodway	1,340	0		