

**CITY OF MARYSVILLE AGENDA BILL**

**EXECUTIVE SUMMARY FOR ACTION**

**CITY COUNCIL MEETING DATE: 1/22/2018**

<b>AGENDA ITEM:</b>	
Per Capita Health District Funding	
<b>PREPARED BY:</b>	<b>DIRECTOR APPROVAL:</b>
Gloria Hirashima	
<b>DEPARTMENT:</b>	
Executive	
<b>ATTACHMENTS:</b>	
<ol style="list-style-type: none"> <li>1. Letter from Snohomish Health District dated 11/22/17.</li> <li>2. Table identifying commitment by jurisdictions within Snohomish Health District</li> <li>3. Proposed Interlocal Agreement between City of Marysville and Snohomish Health District.</li> <li>4. Board of Health minutes from 12/12/17.</li> </ol>	
<b>BUDGET CODE:</b>	<b>AMOUNT:</b>
	\$
<b>SUMMARY:</b>	

The Snohomish County Health District (“Health District”) is seeking funding from cities in the county on a per capita basis, requesting that each city pay \$2.00 per resident. The City Council approved a payment of \$1.00 per resident for 2017. The Health District’s estimate for Marysville’s population is 65,900. Accordingly, a payment of \$2.00 per resident would be \$131,800 and a payment of \$1.00 per resident would be \$65,900.

In 2017, Snohomish County and the cities of Arlington, Bothell, Darrington, Edmonds, Everett, Granite Falls, Lake Stevens, Lynnwood, Marysville, Mukilteo, Snohomish and Stanwood agreed to provide per capita funding to the Health District. Snohomish County, Darrington, and Snohomish provided funding at \$2 per capita. Mukilteo provided funding at .50 per capita, and the remaining funding partners funded at \$1 per capita. Funding for 2017 was based on 2016 population estimates for each jurisdiction.

As of 1/10/18, the Health District had a 2018 funding commitment from Arlington, Darrington, Edmonds, Everett, Granite Falls, Lake Stevens, and Woodway approved funding at \$1 per capita. Per capita funding was approved at \$1.94 from Snohomish County, \$1.28 from Bothell, \$ .50 from Gold Bar, \$ .88 from Mukilteo, \$1.92 from Snohomish. 2018 funding is based on prior year 2017 population estimates. Other cities’ commitment is unknown or not approved in their 2018 budgets. Attachment #3 to the agenda bill depicts the information for 2017 and 2018.

**RECOMMENDED ACTION: Staff recommends that Council consider whether it wishes to make a payment to the Health District for 2018 and, if so, what level of funding is appropriate. If Council approves a funding level, then it should approve the interlocal agreement with the Health District to authorize payment.**



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.

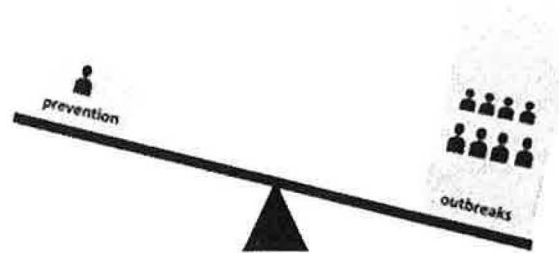
This partnership includes:

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.

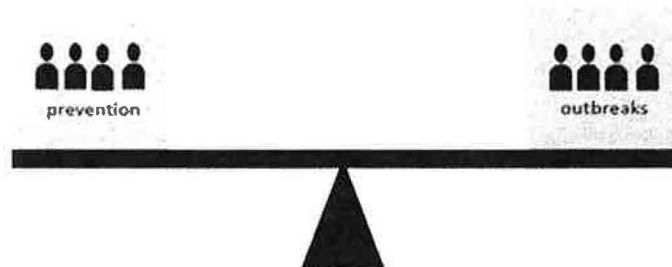
However, in 2017 we began to turn a corner due to city and county investments. We started looking longer-term at health issues in Snohomish County and digging into root causes of poor health. With new resources, we were able to hire an epidemiologist and policy analyst. These key positions are necessary 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](mailto: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

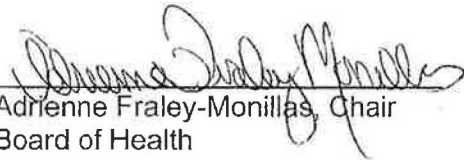
WHEREAS, during the subsequent discussion, and after due consideration at its meeting of August 8, 2017, the Board of Health expressed its desire to continue to operate as an independent municipal corporation and remain separate from the County and unanimously approved a motion stating its intent and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

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

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 12<sup>th</sup> 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](http://www.med-project.org).

A one-stop-shop for opioid information and resources was launched and can be found at [www.snohomishoverdoseprevention.com](http://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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Attachment 2

Jurisdiction	2017 Population <sup>1</sup>	2017 Contribution <sup>2</sup>	2018 Contribution	2018 Per Capita Rate	Notes
Snohomish County	349,800	\$ 677,990	\$ 677,990	\$1.94	Approved
Arlington	18,690	\$ 18,620	\$18,690	\$1.00	Approved
Bothell <sup>3</sup>	17,510	\$ 17,390	\$22,500	\$1.28	Approved
Brier	6,560	\$ -	\$0	\$0.00	Declined
Darrington	1,400	\$ 2,700	\$1,400	\$1.00	Approved
Edmonds	41,260	\$ 40,900	\$41,260	\$1.00	Approved
Everett	109,800	\$ 108,300	\$109,800	\$1.00	Approved
Gold Bar	2,125	\$ -	\$1,063	\$0.50	Approved
Granite Falls	3,485	\$ 3,395	\$3,485	\$1.00	Approved
Index	175	\$ -	\$0	\$0.00	Lack of available funds
Lake Stevens	31,740	\$ 30,900	\$31,740	\$1.00	Approved
Lynnwood	36,950	\$ 36,590	\$36,950	\$1.00	<i>unknown, contacted 11/29, 1/2 and 1/9</i>
Marysville	65,900	\$ 64,940	\$65,900	\$1.00	<i>Still deliberating; follow-up late Jan</i>
Mill Creek	19,960	\$ -	\$19,960	\$1.00	<i>unknown, contacted 11/29, 1/2 and 1/9</i>
Monroe	18,350	\$ 18,120	\$0	\$0.00	Discussing in early 2018 for "contract"
Mountlake Terrace	21,290	\$ -	\$21,290	\$1.00	<i>Still deliberating; follow-up late Jan</i>
Mukilteo	21,240	\$ 10,535	\$18,729	\$0.88	Approved
Snohomish	10,010	\$ 19,250	\$19,250	\$1.92	Approved
Stanwood	6,785	\$ 6,635	\$6,785	\$1.00	<i>Still deliberating; follow-up late Jan</i>
Sultan	5,030	\$ -	\$0	\$0.00	Lack of available funds
Woodway	1,340	\$ -	\$1,340	\$1.00	Approved
<b>Total</b>	<b>789,400</b>	<b>\$1,056,265</b>	<b>\$1,098,132</b>		
<b>Cities Only</b>	<b>439,600</b>	<b>\$378,275</b>	<b>\$420,142</b>		
Notes:					
1. Data from <a href="http://www.ofm.wa.gov/pop/april1/poptrends.pdf">http://www.ofm.wa.gov/pop/april1/poptrends.pdf</a>					
2. Per 2017 ILAs, as of September 1, 2017					
3. Population of Snohomish County portion only					

**INTERLOCAL AGREEMENT  
BETWEEN THE SNOHOMISH HEALTH DISTRICT  
AND  
THE CITY OF MARYSVILLE  
PER CAPITA CONTRIBUTION FOR HEALTH DISTRICT SERVICES**

This Interlocal Agreement for Per Capita Contribution for Health District Services is entered into by and between the SNOHOMISH HEALTH DISTRICT, a Washington Municipal Corporation (the District) and CITY OF MARYSVILLE a municipal corporation of the State of Washington (the City) – collectively (the Parties), for the purpose of providing for a per capita contribution by the City for Health District Services.

RECITALS

**WHEREAS**, This Agreement is made pursuant to the Interlocal Cooperation Act, Chapter 39.34 RCW; and

**WHEREAS**, to promote the public health in Snohomish County, Washington, the Board of County Commissioners of Snohomish County, Washington, established a Health District on January 1, 1959, embracing all of the territory within Snohomish County, Washington, and all cities and towns therein; and

**WHEREAS**, in 1966 the Snohomish Health District became the first local health jurisdiction in the state to organize a city-county cooperative health program with cities indicating a willingness to participate financially in support of Health District programs; and

**WHEREAS**, on January 1, 1967, eleven of 18 cities and towns agreed to voluntarily contribute \$0.50 per capita to the Health District in return for public health services; and

**WHEREAS**, per capita contributions from towns and cities continued and in 1986, with such contributions ranging from \$1.60 to \$2.70 per capita until the early 1990s; and

**WHEREAS**, in 1993, counties assumed exclusive financial responsibility for public health relying on Motor Vehicle Excise Tax (MVET) revenues; and

**WHEREAS**, in 2000, the Washington State Legislature repealed MVET and backfilled only 90% of lost public health funds; and

**WHEREAS**, state funding for local public health has decreased 65.7% from a peak of \$27.29 per capita in 2000 to \$9.36 per capita in 2014; and

**WHEREAS**, the Health District has experienced a 22% decrease from its 2005 funding level while the county population has increased by 14 percent in the same 10-year period; and

**WHEREAS**, since the “peak” of 2008, the Health District has reduced its staffing by 37 percent (85 FTE) due to static or declining revenues in the face of increased costs; and

**WHEREAS**, the Health District ranks 34th out of 35 local health jurisdictions in the state for public health expenditures per resident; and

**WHEREAS**, the Health District’s ability to perform its most essential functions have been severely compromised since the great recession; and

**WHEREAS**, the Health District serves an essential public safety function whether ensuring safe food, schools, and septic systems, responding to disasters, or preventing and responding to disease outbreaks; and

**WHEREAS**, threats to the public's health in the form of foodborne illness such as E.coli and salmonella, communicable diseases such as pertussis, tuberculosis, measles, Zika, and Ebola and natural disasters such as the Oso/SR530 mud slide respect no municipal boundaries; and

**WHEREAS**, public health is a shared responsibility and regional public health threats require regional responses and close partnerships with every city and town in Snohomish County; and

**WHEREAS**, consistent with RCW 70.05, the Snohomish County Council is responsible for establishing the Snohomish Health District Board of Health, with jurisdiction coextensive with the boundaries of the county, to supervise all matters pertaining to the preservation of life and health of the people within its jurisdiction; and

**WHEREAS**, an effective, regional public health response to the threats to public health in Snohomish County requires the cooperation, participation and support of Snohomish County and all of the cities and towns in Snohomish County; and

**WHEREAS**, Snohomish County and the cities and towns therein seek to improve and sustain healthy years of life of their residents by engaging in an enhanced partnership with the Health District. This partnership will provide stable funding for public health priorities that would be established to meet the unique needs of each community; and

**WHEREAS**, to further this partnership, the District commits to improvements recommended in the Ruckelshaus report, including finding a sustainable funding model, updating the strategic plan and governance, and establishing county-wide priorities for current funding levels.

**NOW, THEREFORE**, in consideration of the agreements set forth below and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the City and the District agree as follows:

**1. Purpose.**

- A. The recitals set forth above are incorporated herein by this reference.
- B. The purpose of this Agreement is to establish and define the terms and conditions for the cooperative efforts to be undertaken by the City and the District to promote, facilitate, and undertake various programs and activities.

**2. Term and Termination.**

The initial term of this Agreement shall be from January 1, 2018 to December 31, 2018. The term may be extended by mutual written agreement of the parties.

This Agreement can be terminated at any time by written notice from either party. In the event a party terminates this Agreement, the City will not be obligated to make any further payment to the Health District.

**3. Scope of Services.**

A. Responsibilities of the City.

The City shall contribute \$\_\_\_\_.00 per capita (\$\_\_\_\_\_) to the Snohomish Health District commencing January 1, 2018. Payment may be made in one lump sum on or before December 31, 2018, or in four (4) equal payments before the end of each quarter in 2018.

B. Responsibilities of the District.

The Health District shall provide basic essential public health services and functions such as ensuring safe food, and inspecting septic systems, responding to disasters, or preventing and responding to disease outbreaks.

The District will provide quarterly reports to the city identifying services provided to Marysville residents and businesses on or before May 31, 2018, August 31, 2018, November 30, 2018, and February 28, 2019.

Additional specific services provided by the Health District to the City may be developed jointly by the parties.

- C. **No Separate Entity.**  
No separate entity is created by this agreement to carry out its purposes. The agreement will be jointly administered by the Chief Administrative Officer of the City and the Director of the District.

**4. Legal Requirements.**

Both parties shall comply with all applicable federal, state and local laws in performing this Agreement.

**5. Public disclosure laws.**

The City and the District each acknowledge, agree and understand that the other party is a public agency subject to certain disclosure laws, including, but not limited to Washington's Public Records Act, chapter 42.56 RCW. Each party understands that records related to this Agreement and the District's performance of services under this Agreement may be subject to disclosure pursuant to the Public Records Act or other similar law.

**6. Insurance.**

Both parties shall maintain membership in a self-insured municipal insurance pool.

**7. Indemnification.**

The District shall protect, save harmless, indemnify and defend the City its elected officials, officers, employees and agents, from and against any loss or claim for damages of any nature whatsoever, including claims by third parties or District employees against which it would otherwise be immune under Title 51 RCW or other law, arising out of any act or omission of the District in performance of this Agreement, its elected or appointed officials, officers, employees or agents, except to the extent the loss or claim is attributable to the negligence or misconduct of the City, its elected officials, officers, employees or agents.

The City shall protect, save harmless, indemnify and defend the District, its elected and appointed officials, officers, employees and agents from and against any loss or claim for damages of any nature whatsoever, including claims by third parties or City employees against which it would otherwise be immune under Title 51 RCW or other law, arising out of any act or omission of the City in performance of this Agreement, its elected or appointed officials, officers, employees or agents, except to the extent the loss or claim is attributable to the negligence or misconduct of the District, its elected or appointed officials, officers, employees or agents.

**8. Notices.**

Any notice/payment to be given to the District under this Agreement shall be either mailed or personally delivered to:

**Snohomish Health District**  
3020 Rucker Avenue, Ste 306  
Everett, WA 98201

Any notice/invoice to the City shall be mailed or hand delivered to:

**City of Marysville**  
1049 State Ave  
Marysville, WA 98270

Receipt of any notice shall be deemed effective three (3) days after deposit of written notice in the U.S. mail with proper postage and address.

**9. Venue.**

The laws of the State of Washington shall apply to the construction and enforcement of this Agreement. Any action at law, suit in equity, or judicial proceedings for the enforcement of this agreement or any provision hereto shall be in the Superior Court of Snohomish County, Everett, Washington.

**10. Disputes.**

The parties agree that, following reasonable attempts at negotiation and compromise, any unresolved dispute arising under this Agreement may be resolved by a mutually agreed-upon alternative dispute resolution of arbitration or mediation.

**11. No third party beneficiaries; no joint venture.**

This Agreement is for the sole benefit of the City and District and shall not confer third-party beneficiary status on any non-party to this Agreement. Nothing contained in this Agreement shall be construed as creating any type or manner of partnership, joint venture or other joint enterprise between the parties. District employees who provide services under this Agreement shall at all times be acting in their official capacities as employees of the District.

**12. Entire Agreement.**

This Agreement constitutes the entire agreement between the parties regarding the subject matter hereof, and supersedes any and all prior oral or written agreements between the parties regarding the subject matter contained herein. This Agreement may not be modified or amended in any manner except by written agreement executed by both parties. Both parties recognize that time is of the essence in the performance and the provisions of this Agreement.

**13. Severability.**

- A. If a court of competent jurisdiction holds any part, term or provision of this Agreement to be illegal or invalid, in whole or in part, the validity of the remaining provisions shall not be affected, and the parties' rights and obligations shall be construed and enforced as if the Agreement did not contain the particular provision held to be invalid.
- B. If any provision of this Agreement is in direct conflict with any statutory provision of the State of Washington, that provision which may conflict shall be deemed inoperative and null and void insofar as it may conflict, and shall be deemed modified to conform to such statutory provision.

**14. Filing.**

As provided by RCW 39.34.040, this Agreement shall be filed with the Snohomish County Auditor, or, alternatively, posted on the website of each party.

**15. Execution in Counterparts.**

This Agreement may be executed in two or more counterparts, each of which shall constitute an original and all of which shall constitute one and the same agreement.

16. **Effective Date.** January 1, 2018

**City of Marysville**

\_\_\_\_\_  
Jon Nehring, Mayor

ATTEST:

\_\_\_\_\_  
City Clerk

Approved as to Form:

\_\_\_\_\_  
Jon Walker, City Attorney

**Snohomish Health District**

\_\_\_\_\_  
Jefferson Ketchel, Interim Administrator

ATTEST:

Approved as to Form:

\_\_\_\_\_  
Grant Weed, Health District Attorney



**Snohomish Health District  
Board of Health Minutes  
December 12, 2017**

The meeting was held at Snohomish Health District, 3020 Rucker Ave., first floor Auditorium.

**Members Present**

Mark Bond, Councilmember, Mill Creek  
Christine Cook, Councilmember, Mukilteo  
Benjamin Goodwin, Councilmember, Lynnwood  
Kurt Hilt, Councilmember, Lake Stevens (via phone)  
Sam Low, County Councilmember  
Kyoko Matsumoto Wright, Councilmember, Mountlake Terrace  
Nate Nehring, County Councilmember  
Dan Rankin, Mayor, Darrington  
Jeff Rasmussen, Councilmember, Monroe  
Terry Ryan, County Councilmember (via phone)  
Donna Wright, Councilmember, Marysville  
Stephanie Wright, County Councilmember – BOH Vice Chair

**Members Absent**

Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Chair  
Scott Murphy, Councilmember, Everett  
Brian Sullivan, County Councilmember

**Arrival/Departure**

Ms. Matsumoto Wright arrived at 3:10 p.m.; Ms. D. Wright arrived at 3:15 p.m.; Mr. Ryan departed at 4:05 p.m.; Mr. Rankin and Mr. Rasmussen departed at 4:50 p.m.

**Call to Order**

The regular meeting of the Board of Health was called to order at 3:05 p.m. by Board Vice Chair Stephanie Wright in the auditorium of the Snohomish Health District Rucker Building.

**Roll Call**

Roll call was taken by Linda Carl who reported there was a quorum present.

**Approval of Agenda Contents and Order**

It was moved by Mr. Dan Rankin and seconded by Mr. Jeff Rasmussen to approve the contents and order of the agenda. The motion passed unanimously.

**Approval of Minutes**

It was moved by Ms. Chris Cook and seconded by Mr. Rasmussen to approve the minutes of the special meeting of Nov. 7, 2017.

**Public Comment**

There were no volunteers to speak during public comment. Public comment was closed.



### **Standing Reports**

Ms. Cook reported on the Nov. 8 Program Policy Committee meeting. The committee was introduced to Julie Frauenholtz, the new Healthy Communities Specialist who is focusing on opioids. Staff then previewed the 2018 proposed opioid legislative agenda, and saw two demos: one on EnvisionConnect Online, Environmental Health's new program that streamlines services for customers and employees, and the other on NeoGov, the online software that streamlines the job search and application process.

Ms. Kyoko Matsumoto Wright reported on the Nov. 29 Administration Committee meeting. The committee reviewed and approved Resolution 17-27 and the list of vouchers for today's consent agenda and were briefed on the financial report. The committee approved the contract renewal with Dr. Chris Spitters for TB-control services and the software maintenance agreement with Netsmart Technologies. Staff briefed the committee on the ODMAP partner agreement. ODMAP is an overdose detection mapping application that provides real-time overdose surveillance across jurisdictions to support public safety and public health efforts. Staff reported that the Health District issued a \$100,000 escrow check for the VOA building, and the City of Everett also provided an escrow check. Responses to the space-planning RFQ were due Dec. 1, and the recommended company will be brought forward today under Action. Mr. Ketchel gave a budget update to the committee and reported that Snohomish County added \$100,000 in its budget for opioids.

Vice Chair Wright reported on the Nov. 30 Executive Committee meeting. The committee reviewed the opioid legislative agenda and provided recommendations. The committee forwarded the legislative agenda to the Board for approval at today's meeting. Staff also briefed the Executive Committee on ODMAP and gave a real-estate update. The committee reviewed and approved the Division of Responsibilities and forwarded it to the Board for approval at today's meeting. The committee then discussed meeting attendance for both Board and committee meetings and potential options. The committee recommended adding the discussion to today's agenda under Briefings. The committee moved its Dec. 28 meeting to Jan. 4.

Ms. Donna Wright reported on the Nov. 22 Public Health Advisory Council meeting. Staff gave a presentation on the chief health strategist model and how this is key to defining the role of the Health District. The council reviewed the 2018 opioid legislative agenda and provided feedback. Staff gave an update on the Multi-Agency Coordination Group on Opioids; the goal of the MAC is to improve prevention and outreach and increase treatment and provider education. Several PHAC members volunteered to be on the committee for the 2018 Community Health Assessment.

### **Consent Agenda**

It was moved by Mr. Benjamin Goodwin and seconded by Ms. Matsumoto Wright to approve the consent agenda:

- a. Approval of vouchers and Res. 17-27 authorizing November 2017 expenditures for Health District and PHEPR fund
- b. Authorize the Administrator to sign the Limited Medical Services Consultant Agreement for TB-control services with Christopher Spitters, MD, MPH, for the period of January 1, 2018, through December 31, 2019
- c. Authorize the Administrator to pay up to \$70,830 for the purpose of renewing the Software Maintenance Agreement with Netsmart Technologies, Inc., for the period of Jan. 1, 2018, through Dec. 31, 2018

The motion passed unanimously.

## Briefings

### Board and Committee meeting attendance and options (no staff report)

Mr. Ketchel noted that at the last Executive Committee meeting, the committee discussed ways to encourage better attendance at Board and committee meetings. One suggestion is to allow County Councilmembers to send their legislative aides to the meetings as a voting proxy. Mr. Sam Low added that this process has worked well with the North Sound Behavioral Health Organization. Ms. Matsumoto Wright added that this is also done on a board she sits on that includes King County councilmembers. Mr. Low said that staff is briefed beforehand and understands how their councilmember would vote; Vice Chair Wright added that a staff member has the option to abstain if there is new information brought forward during a meeting. After further Board discussion, Mr. Ketchel stated that staff will bring potential options back to the next Executive Committee. Mr. Grant Weed noted that the Executive Committee will also further discuss the option of Board members voting via phone at committee meetings.

### 2018 Budget (SR 17-074)

Mr. Ketchel gave a presentation on the proposed 2018 budget in which he briefed the Board on the community's chief health strategist characteristics, revenues positive/negative, and details on the Syringe Exchange operation and budget impact. He presented two proposed budgets: one that includes the Health District assuming control of the Syringe Exchange (SE), the other that does not. Outstanding budget issues include several collective bargaining agreements and the County IT services agreement.

Mr. Ketchel noted that one of the essential functions of public health is to ensure access to health services, and the SE is one of the services necessary when there is HIV or Hepatitis C in the community, as well as addiction to injectable drugs. He noted that the services provided by the SE is a component of the multi-agency ESF #8 response – connecting people to treatment, reducing collateral damage, generating data, distributing naloxone, and continuing outreach. SEs are an evidenced-based way to prevent the spread of HIV and HepC. Dr. Mark Beatty provided additional data supporting the positive effects of SEs around the country. He stated that 20% of AIDs and 55% of HepC cases are due to injection drug use; therefore, any intervention that reduces the transmission of bloodborne infections will reduce these numbers and cost for treating patients. Needle exchange programs were found to reduce prevalence of HIV from 54% to 13%, and HepC 90% to 63% among injection drug-users over a 10-year period in New York City. The lifetime cost of treating an HIV-infected person is estimated at \$600,000; this cost can be averted through needle exchanges. He stated that the Center for Disease Control (CDC) determined that SEs don't increase injection drug-use, but instead reduce it, as well as reduce needle-stick injuries among first responders. Additionally, fewer discarded needles infected with HIV or HepC is safer for the public. SEs do not increase local crime, and overdose deaths are reduced. Removing a needle exchange program increases the risk of newly-infected HIV patients. Mr. Ketchel added that the Everett SE is in danger of losing the relationship with its current 501(c)(3) and needs new governance.

Mr. Ketchel reviewed lost revenues: site-hazardous assessment, marijuana and tobacco funding, and WIC/First Steps funding. The Health District will receive \$127,669 back in one-time funding from DOH for WIC quality-improvement and LEAN processes in 2018. The Health District is striving to be a sustainable entity; Mr. Ketchel stated this budget is a step in that direction.

## Public Hearing – 2018 Budget

Vice Chair Wright opened the public hearing for the 2018 Budget.

Tim McNamara, Everett: Mr. McNamara is a volunteer physician with Mercy Watch that provides a street medicine clinic for homeless people, acute medical care, and emotional and spiritual support. Mercy Watch

also volunteers at the Everett SE. Mr. McNamara expressed support of the needle exchange program and cited data stating clean needles prevent HIV, HepC, and HepB.

Ms. Becky Craddock, Lynnwood: Ms. Craddock is employed by Everett Recovery Centers and works with the Everett SE to help people get into treatment. She stated that it reduces the number of needles in parks and where children play, and that SE staff trains clientele to administer naloxone, which saves lives. She encouraged the Board to support the needle exchange.

Mr. John Kartek, Snohomish: Mr. Kartek is the newly elected mayor of Snohomish; he stated he's not speaking on behalf of the City of Snohomish nor its citizens. He stated the benefits of a needle exchange program are meant for the safety of those addicted to opioids. However, he's concerned about discarded needles and with helping people continue with destructive behavior.

Frank Busietto, Marysville: Mr. Busietto stated he worked at the Health District for 17 years prior to becoming the healthcare manager at the Monroe Correctional Complex for eight years. He's now retired and volunteers at the Everett homeless family shelter. He's a founding member of AIDS Project Snohomish County, which provides some funding to the needle exchange and expressed support of the SE moving to the Health District.

Dr. Ann Dreyer, Edmonds: Dr. Dreyer practiced in the community for 26 years and is recently retired. She practiced internal medicine in a large HIV practice. Over the last 26 years, the life expectancy of HIV-positive patients has increased from 39 years to about 70. Needle exchanges are known to decrease risky behaviors, help bring people into treatment programs, and help those living with HIV to stay in care. The needle exchange is a critical component of helping individuals, and she expressed support of the SE moving to the Health District.

There were no additional speakers. Vice Chair Wright closed the public hearing.

## **Action**

### ***Approve Res. 17-29 or Res. 17-30 adopting the 2018 SHD budget (SR 17-074)***

#### Board discussion:

Mr. Sam Low stated he had the opportunity a few weeks ago to tour the Everett needle exchange and saw incredible love and compassion. He acknowledged that many of those speaking during the public hearing focused on the needle exchange program but clarified that today's discussion is whether or not we want this program under the Health District. For 21 years it's been a separate entity. He feels competent outside organizations can do a great job, and he favors leaving it as a separate entity. He stated that in the future, should it not be available to our citizens, then that will be the time to discuss whether or not it should be a part of the Health District.

Vice Chair Wright emphasized that she has heard many good things and general support of the needle exchange, and she doesn't want this discussion to be misconstrued as lack of support for the program; however, the discussion today is to consider whether or not to bring it under the Health District or to keep it separate. The Board must consider where this fits in the Health District's budget, timing, strategic plan, and other priorities as we're grappling with WIC funding and other programs.

Mr. Terry Ryan stated he wants the program to remain separate; in addition, this should be a one-for-one needle exchange, and he's not in favor of more needles given out than are turned in. Mr. Ketchel clarified that it is a one-for-one exchange but Mr. Ryan stated he's heard differently. Nonetheless, Mr. Ryan stated that for a variety of reasons it should not be under the Health District. [At this point Mr. Ryan departed the meeting.]

Ms. Matsumoto Wright expressed concern that the funding would be taken away; Mr. Ketchel clarified that the funding will remain but the 501(c)(3) governance structure is uncertain.

Ms. Cheri Speelman, program director of the AIDS Outreach Project/Snohomish County Syringe Exchange in Everett, stated that the SE is under an umbrella agency but it's unclear how much longer this arrangement will be in place. She reiterated that they do a one-for-one exchange and generally take in more than they give out.

Mr. Nate Nehring stated that he also toured the facility a few weeks ago and was there for a couple hours. He stated he was uncomfortable with a few things: he watched a couple dozen people go through the exchange but he didn't see a single one-for-one exchange; in every instance he watched, more needles were given to the individual than were taken in. Along with the needle, clients were given tourniquets and other supplies and were shown how to inject themselves. Our goal should not be to have people inject as safely as possible, but ultimately to get as many people as possible out of addiction and into treatment, which is where he'd like to see our resources allocated. He stated that he talked to the mayors in his district and to mayors around the county who are contemplating per capita funding to the Health District; he heard concerns of the syringe exchange and its effects on per capita funding, particularly in North County and the Smokey Point area where they're dealing with homeless and drug-abuse problems. He's been working with the City of Arlington on an embedded social worker program to go into encampments to connect individuals with services. Mayor Tolbert expressed to him that a mobile needle exchange in that area would undermine the city's efforts. He stated that as a Board of Health, we need to represent our communities and constituents, and he feels there are issues that need to be resolved before we bring this program under the Health District.

Dr. Beatty reiterated that CDC data shows there's no study that shows increased HIV or local crime rates, or that people will be more likely to use drugs due to a needle exchange. The program has shown to be effective not only for users, but for the community, families, and police.

Mr. Nehring acknowledged the statistics and the benefits of the exchange; however, he stated that he goes back to, "What is our goal?" He feels the goal of his constituents is to get people out of addiction and into treatment. He sees harm-reduction is well-intentioned, but the goal of the needle exchange is for people who are addicted to inject as safely as possible. He thinks the Health District should have a different goal.

Vice Chair Wright acknowledged Mr. Nehring's point that we haven't had the discussion about whether our goal is the same or if we'd like to augment the program with treatment options and what we'd like to see as the outcome.

Mr. Mark Bond stated he's been a police officer in the county for 27 years and has interacted with people who have struggled with addiction. He said that many people who struggle with addiction have lost the life lottery. This is an epidemic that's been years in the making with no fix. Those who die don't have a shot at whatever the fix may be in five or ten years. He doesn't want to accommodate those in a self-destructive state, but he does want to provide them help, which takes time. Well-intentioned people may attempt to fill the void, but then there are unintended consequences in the community. Unless there's a compelling argument that another entity will do it and do it right, he's supportive of the Health District taking this on and believes it's money well spent. If we can keep individuals healthier, keep our community healthier, possibly reducing costs, then maybe we can find a solution to the addiction problem in the future.

Mr. Dan Rankin stated that in the heroin epidemic, this is one thing we do to treat the symptom. The Health District can provide the format with transparency and integrity to continue the program. If we can prevent syringes in parks, where kids play, or where people work, we've succeeded. HIV and Hepatitis C are health

issues, and we as the Board of Health should be a part of it. If not, then we're not engaging in what's important to the health of our constituency, our county, and our state.

Mr. Jeff Rasmussen sees the value in the program but doesn't think the Health District at this time is the entity to move forward with the program, even though it fits within our scope. Taking it on would include a \$40,000/year deficit, at the same time we're asking the cities for more money and taking hits to other programs. The program has value, and we might be able to offer assistance in finding the alternative governance entity. But taking it on doesn't align with the Health District's sustainability.

Ms. Matsumoto Wright expressed concern regarding the timing and possible gap from when the SE loses its supporting entity and when the Health District might take it on. If this is a large gap, it's possible they may not exist at all. She concurs with Mr. Nehring regarding treatment; however, there is a step before treatment, which is the desire to want treatment, otherwise it won't work. This is a key part that's missing in our current system. She's concerned that if we say no to this program, there will be no place for individuals to go for help.

Mr. Ketchel responded that we currently don't have information for when the governing entity may no longer support the SE.

Mr. Goodwin asked what happens if the grant no longer is available, and what is the possibility of finding another entity to provide the service. He's not confident the Health District has discussed the topic enough to know what our responsibilities are if we take it on. Could we continue the discussion over the next few months, then do a mid-year budget amendment if needed? The money will be in the budget unless the Board decides to put it elsewhere.

Vice Chair Wright confirmed with Mr. Ketchel that if the Board wants to continue the discussion to understand the program better, our long-term commitment, and where that fits with our other services and priorities, we could send it to committee.

Dr. Beatty stated that the CDC recognizes the value of these programs and the Health District could consider applying for a grant through the CDC. The U.S. government recognizes the need and realizes we should have started these programs much earlier in the HIV outbreak to help save lives.

Mr. Ketchel added that we started early conversations with two sizable entities that have interest in helping to fund the exchange; however, nothing is set at this point.

Vice Chair Wright stated that if the Board chooses not to include it in the budget, we might prioritize finding that partnership with an entity that could house it. That way we're a part of making sure it's sustainable and the community has that important service, but it isn't housed here as we're considering our long-term priorities.

Mr. Nehring stated the answer to drug addiction isn't a hardline approach, and he's supportive of mitigation-assistant treatment, embedded social work, and needle pick-ups; however, he doesn't believe the only way to build relationships with those struggling with addiction and to help them back on their feet is to give them a needle, tourniquet, and show them how to inject themselves. The embedded social worker program in North County is extremely successful. There are other ways to build relationships to help get people into treatment.

Ms. Cook stated that needle exchanges aren't the only way to build relationships, but the data shows that it's a good way. It fits in with our mission statement very well. Other aspects can be included as well, such as nutritional and educational, and finding people at the time they're ready for help. She's supportive of taking on the SE or potentially taking it on later. She's supportive of this type of work because the opioid epidemic is the biggest health problem we currently have. We need to listen to the expertise of our health officer and someone

like Councilmember Bond who is in the public safety arena. It's important to get the needles out of circulation to prevent police officers and paramedics from getting stuck. She's not opposed to talking about it further, but the fiscal argument is important, as well as the argument of those who are in public health and public safety.

Mr. Kurt Hilt supports this because our function is population health and this is an effective tool in disease-prevention. He also echoed what Councilmember Bond said.

Vice Chair Wright thanked Councilmembers Hilt, Low, and Nehring for taking the time to visit the needle exchange.

Mr. Bond stated that 10 years ago, he didn't meet a lot of people who knew a heroin addict; however, it's different today. There's a lot of support in our communities because people are struggling with addiction or dying from overdoses, and this program buys some time until they can get into treatment. This program helps the least fortunate and those most removed from resources. We do good work by helping those who are really struggling, and we should continue.

Mr. Goodwin does not want to discuss this into perpetuity. However, in this instance, he's unclear what we're taking on. When he has that information, he can make a better, more informed decision. He needs to know what some of the issues are so that we can make a plan to work through them. Until then, he doesn't support taking this on.

Vice Chair Wright agreed it's important to make sure we have a firm grasp of what we're taking on and feel confident in our ownership, or she wants to make sure we find a home elsewhere.

Ms. Heather Thomas reported that this topic was presented previously to the Program Policy Committee and the Administration Committee, and they requested we talk to the Department of Health to find out what moving the grant to the Health District would entail. DOH is supportive of moving to the Health District because the largest counties in the state have syringe exchanges within their health department or health district (Seattle-King, Tacoma-Pierce, Skagit, Spokane, and Clark Counties). We have a consolidated contract with DOH, so this would be an easy move. If the Health District has ownership of the SE, other investors would potentially support us with operation or capital costs. The program would report to Ms. Thomas; it fits within the grant similar to tobacco, suicide, and marijuana grants, and it fits within the MAC strategy objective that by March 31 we'll expand services with the SE by 25 percent. This would be hampered if it's not under the Health District's purview. Thanks to a suggestion from Councilmember Low, one topic that's being discussed is setting up one or two nights a month that are focused on treatment, which would connect the client with in- and outpatient treatments. Ms. Speelman estimates there are 50 to 60 clients who might go into treatment if the opportunity were available.

Mr. Low reiterated that no one here is disputing statistics and data, but it comes down to if we want this to be a part of the Health District or do we want it to be run by a separate agency. He feels it should be run outside the Health District.

Ms. Cook noted that if it were a part of the Health District, then we could make changes and accentuate other aspects that we feel are helpful to the community.

Mr. Nehring stated that he'd like to see what changes, if any, are made before we agree to take this program under the Health District. He'd like to move this back to committee, take changes into consideration, and have more discussion before taking action.

It was moved by Mr. Nehring to approve Res. 17-30 adopting the 2018 SHD budget without the Syringe Exchange and seconded by Mr. Low.

Discussion:

Mr. Rankin feels this is a program we need to take on but if not everyone is comfortable until we know what we're getting, then he questions if this is direction we want to go. He suggested adding language that includes revisiting this discussion for a budget amendment.

Mr. Grant Weed indicated that the Board can make an amendment to the motion, can make a separate motion to study the issue, or can provide informal direction to staff.

Mr. Bond stated he would vote no on this motion and should it fail will make a motion to approve Res. 17-29 that includes the needle exchange. It's the right thing to do, it fits within our scope of what we're trying to accomplish in our community, and he supports the budget with the exchange. There's no compelling argument of who will fill the void otherwise.

Mr. Low moved to amend the motion to bring the topic back in the second quarter; it was seconded by Mr. Goodwin.

Discussion:

Mr. Ketchel reviewed the list of items the Board raised today as questions or concerns they'd like addressed between now and the second-quarter revisit, including: monitor and report on status of the syringe exchange's 501(c)(3); search for other entities to assume control of the syringe exchange; assemble detailed plan that demonstrates how the syringe exchange currently or could support ESF#8/MAC functions; how the syringe exchange aligns with direction of the Health District; funding sustainability of DOH grant; pursuit of supplemental funding; and report to BOH in the second quarter of 2018.

Mr. Low added to encourage Board members to visit the SE if they haven't already.

Mr. Low and Mr. Goodwin accepted the additional language to their amendment to the original motion. There was no further discussion on the amendment.

Vice Chair Wright called for a vote.

**Roll call vote:**

Ayes: Cook, Goodwin, Low, Matsumoto Wright, Nehring, Rankin, Rasmussen, D. Wright, S. Wright  
Nays: Bond, Hilt

Motion on the amendment passed 9 to 2.

Discussion on the original motion:

Ms. Cook said she's sympathetic to Mr. Nehring's concerns; however, she noted that if the Health District has more ownership over the program, it could provide more opportunity to address some of those concerns.

Vice Chair Wright added that she appreciates what Ms. Thomas said regarding treatment options available in the evenings to connect individuals to services.

Mr. Rasmussen asked which cities have committed to the \$417,370 per capita funding that's included in the 2018 proposed budget. Ms. Thomas responded that we've received official word from Snohomish County,

Arlington, Edmonds, Lake Stevens, Mukilteo, Everett, and Granite Falls; we're still waiting to hear from others, and four have declined.

Mr. Nehring acknowledged Ms. Cook's comment and stated it's a good conversation to have of whether there could be potential changes and improvements if the program comes under the Health District; however, he'd like to see what those improvements or changes might be before bringing it under the Health District.

Mr. Goodwin agreed that he would like to discuss this information and learn what we can do to make sure the controls are in place. There are conflicting reports on how the program is run and how can we make it better if it's under the Health District's purview.

Vice Chair Wright called for a vote.

**Roll call vote:**

Ayes: Goodwin, Low, Nehring, Rasmussen, D. Wright, S. Wright

Nays: Bond, Cook, Hilt, Matsumoto Wright, Rankin

Motion to approve Res. 17-30 with added amendment passed 6 to 5.

***Approve Res. 17-28 adopting the revised Division of Responsibilities (SR 17-073)***

Vice Chair Wright requested that this item be moved to the January agenda.

***Approve the 2018 Opioid Legislative Agenda (no staff report)***

It was moved by Ms. Cook and seconded by Ms. Matsumoto Wright to approve the 2018 Opioid Legislative Agenda. The motion passed unanimously.

***Authorize the Administrator to sign the contract with Dykeman for facility assessment and space planning for an amount not to exceed \$75,000 (SR 17-075)***

Ms. Thomas thanked the Board for allowing staff to bring this contract to the Board today. Staff went through the RFQ process, and legal counsel was involved throughout the process. Six firms submitted proposals; two were invited to interview last week. The selected firm, Dykeman, has experience with the VOA building. Their proposal is for \$67,000; there's a buffer in the not-to-exceed amount of \$75,000 in the event something unexpected arises. Dykeman has committed to meeting the 90-day timeframe; staff will provide updates to the Administration Committee, with a full presentation to the Board prior to the end of the 90 days. In response to a question by Mr. Low, Legal Counsel Grant Weed stated that the process used to select Dykeman was one required by law and the agreement will provide the Health District with information regarding suitability and cost data. He stated that in response to Mr. Low's question, the contract is in the best interest of the Health District if this site is under serious consideration.

It was moved by Mr. Low and seconded by Mr. Nehring to authorize the Administrator to sign the contract with Dykeman for facility assessment and space planning for an amount not to exceed \$75,000. The motion passed unanimously.

**Executive Session**

Vice Chair Wright convened the Board into executive session for the purposes of:





- Collective bargaining matters pursuant to RCW 42.30.140(4)(a) and (b)
- Potential litigation pursuant to RCW 42.30.110(1)(i) (i & ii)

Vice Chair Wright stated that executive session is expected to last 10 minutes and the Board will reconvene at 5:04 p.m. and is not expected to take action. The Board reconvened into regular session at 5:05 p.m. No action was taken.

### **Chair's Report**

Vice Chair Wright did not have a report.

### **Interim Administrator's Report**

Mr. Ketchel did not have a report.

### **Health Officer Report**

Dr. Beatty did not have a report.

### **Information Items**

Vice Chair Wright reviewed the information items.

### **Adjournment**

The meeting was adjourned at 5:10 p.m.

### **Reception**

Board members, staff, and audience were invited to join a brief reception in honor of Marysville Councilmember Donna Wright's 16 years of service on the Board of Health.

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Adrienne Fraley-Monillas, Chair

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Jefferson Ketchel, Administrator / Secretary