

NOTICE OF MEETING AND AGENDA  
SNOHOMISH DISTRICT BOARD OF HEALTH  
May 10, 1966  
First Presbyterian Church

AGENDA

1. Call to Order
2. Minutes of April 12, 1966
3. Auditing Committee
4. Old Business
5. New Business
  - A. Mrs. Manley
  - B. Mr. Ingram
6. Reports
  - A. Health Officer
  - B. Sanitation
  - C. Vital Statistics
  - D. Financial
7. Authorization of Accounts
8. Adjournment

Clifford Anderson, M.D.,M.P.H.  
District Health Officer

MINUTES  
SNOHOMISH DISTRICT BOARD OF HEALTH  
May 10, 1966

Present: Members, Mrs. Simpson, Mr. Alexander, Mr. Krekow, Mr. Kraetz, Mr. Wyatt, Mr. McCollum, and Dr. Stocker. Also, Dr. Anderson, Dr. Darrough, Dr. Millard, Miss Findlay, Mr. Stockton, Mrs. Carleton, Mrs. Schultz, Miss Hoeschen, Mrs. Manley, Mrs. Mortvedt, Mrs. Celeen, Mr. Dybfest, Mrs. Julian, Mr. Ingram, and Mrs. Supper.

Minutes Moved by Mr. Krekow, seconded by Mr. McCollum, and carried that the minutes of April 12, 1966, as previously circulated to members, be approved as written.

Auditing Committee Mr. Kraetz appointed Mr. Krekow and Mr. McCollum as the auditing committee.

Family Planning Clinic Dr. Anderson announced that in accordance with the request of the Board, he had checked into Federal Funds for the proposed family planning clinic, and inasmuch as funds could not be guaranteed for more than fifteen months, he felt that the plan should be dropped at this time.

Mental Health Mrs. Beryl Manley, Snohomish Health District Mental Health Consultant, outlined her activities and the mental health program during the past year. She provided each member with a copy of the attached complete Mental Health Grant-in-Aid Program and a copy of "Mental Health Is", a reprint by the Mental Health and Mental Retardation Foundation, Inc. of Snohomish County, Washington, of a pamphlet copyrighted by the National Mental Health Association.

Public Health Law Mr. William Ingram, Attorney for the Snohomish District Board of Health, related his impressions and conclusions gathered during the recent continuing education seminar on public health law, which he attended with Dr. Anderson and Mr. Stockton. He read a letter by Dr. Bernard Bucove dated May 6, 1966, regarding State Health Department support in the matter of charging cities and towns for services. Mr. Ingram concluded that we have good public health laws, as far as they go and although they are a bit antiquated, but that they do not cover present day problems which are pressing immediately. He feels that this health district will have to keep pushing for laws which are precise and which will stand up in court. He warned that if the local and state governments do not provide such legislation, the Federal government will step in.

He stated that although Dr. Lane has worked out a formula for charging the cities and towns within a health district, it must come from Olympia over Dr. Bucove's signature in

order for this district to use it effectively. He also stated that the State has not to this date set minimum standards for the operation of a Health Department by a city with over 20,000 population, namely Edmonds; nor have they established minimum criterion for the operation of a health department by a non-primary city within a Health District in the event such city elects to withdraw from the Health District.

**County Vehicles** Dr. Anderson stated that the Snohomish Health District desires to eliminate all agency owned automobiles and instead pay all employees who would use their own vehicles for the agency 10¢ a mile in reimbursement. He cited figures on agency costs and agency problems in maintaining and replacing their present fleet of automobiles. Mr. Petter Dybfest, who is in direct charge of Health District vehicles, presented further figures of present costs and anticipated savings in personnel time and agency monies. Discussion followed, and the Board agreed to consider this request and make their decision at a future meeting.

**Health Officer's Report** Dr. Anderson read a letter by Dr. Lane dated May 6, 1966, stating that Dr. Bucove could not attend the Board of Health meeting because he was out of state. This was in reply to Dr. Anderson's request that Dr. Bucove attend this Board meeting.

Dr. Anderson asked the Board to indicate their wishes at the next meeting in regard to the 1967 budget for the Snohomish Health District, so that preliminary planning may commence.

Dr. Anderson informed the Board that there are three cases of whooping cough in Snohomish County. This is the first occurrence of this disease in many years.

**Sanitation** Mr. Stockton announced that the Emander Dump sludge pit and the sludge pit at Lake Stevens will probably be closed within the next month. A private operator had intended opening a pit May 25th under the supervision of the Health District. However, due to zoning regulations, he will need a conditional use permit and must await a hearing before the Board of Adjustment.

Mr. Stockton also warned that the Emander Garbage Dump is now filled to capacity and that another site must be obtained very quickly.



# SNOHOMISH HEALTH DISTRICT



CLIFFORD ANDERSON, M.D., M.P.H., Director

COURT HOUSE, EVERETT, WASHINGTON 98201

## MENTAL HEALTH GRANT-IN-AID PROGRAM Beryl Manley, Mental Health Consultant - - AL 9-1488

### A. History

Snohomish County Health District (composed of Snohomish County and the City of Everett) launched a Grant-In-Aid Mental Health Program on May 1, 1965. Following the death of the Health Officer, and a lengthy period without full time professional leadership, the Board of Health hired Dr. Clifford Anderson, in August, 1963, as Health Officer. His appraisal of Health District services, community resources, community climate, etc., soon convinced him that the Health District faced a responsibility and a challenge. He saw the need for a mental health program within the Department, both to fill a gap in the agency's service and to stimulate and add impetus to some previously fragmented community forces that were trying to stimulate and mobilize the community for better integrated and more comprehensive mental health services. The most vocal, but actually small, community groups seeking a responsive ear were the local Governor's Task Force on Mental Health and Mental Retardation, and the Snohomish County Mental Health Association (a small, local organization not affiliated with the National Mental Health Association). The stimulating forces in launching the Grant-In-Aid Program can therefore be identified as the Health Officer, these and some other spotty and less vocal groups, and the umbrella of sanction of the State Health Department. Recruitment of personnel took about a year. This was really not lost time, however, as it was a period of "percolation".

### B. Definition and Philosophy

The Grant-In-Aid Mental Health Program ties in with the definition and philosophy of the Health District, which is documented as follows: "The Snohomish Health District is a public health agency established by law which seeks to achieve for the people within its jurisdiction a state of complete physical, mental and social well-being by maintaining, protecting and improving the public health. It is the belief of this agency that every individual should be enabled to realize his birthright of health and longevity. This mission is accomplished by the employment of professionally trained persons of many disciplines who apply the art and science of public health practice."

The program as it now stands is a one-man service by a psychiatric social worker that provides a combination of mental health consultation, coordination and community organization. We have some large, bold and creative goals for the latter, which should lead to the development of comprehensive community based mental health and mental retardation programs. Such developments ultimately would take this aspect of Grant-In-Aid mental health services outside the public health agency program.

Secretarial help was added on February 1, 1966. There is no plan for the further expansion of mental health personnel within the agency at this time.

Services provided are as follows:

1. Direct Service

a. Information and referral

This is primarily a telephone service and directs individuals and personnel of other agencies to appropriate resources for meeting expressed needs.

- b. Diagnostic and evaluatory interviews to determine what is needed. This service includes interviews with individuals and/or concerned relatives who are seeking help for a wide range of emotional and social problems. Problems include the apparently psychotic, the severe neurotic, the character disorder, the severe dependent, the alcoholic, the sex deviate, the drug addict, the senile, the acting out semi-delinquent, etc. The person is then referred to the best available resource to meet the need. The Public Health Nurse is sometimes this resource. Techniques range from the supportive, the suggestive, to direct case management, according to individual need.

2. Precommitment mental illness evaluations for the Superior Court

This service includes direct interviews and the gathering of information at the pre-petition level. Dispositions include:

- a. Acceptance by the patient of a plan for voluntary admission, and where indicated, preparation of patient and hospital for his application.

- b. Recommendation for a commitment hearing and follow-through until the patient is hospitalized. This includes participation in the filing of the petition, the hearing, the getting of information to the hospital, and the giving of information to the family.

- c. An honest confrontation that the person is not a candidate for hospitalization (with confirmation from the hospital where indicated), and that there is no service to meet the need.

3. Liaison between Northern State Hospital and the community. This includes liaison with families, "bridging the gap", setting the therapeutic stage, and frequently acting as coordinator between the hospital and agencies within the community.

4. Consultation

a. Within agency

- (1) In-service training of public health nursing staff through individual case conferences and occasionally,

through regular staff meetings. The purpose is to further staff understanding of, and make suggestions for, their handling of individual cases, to help them recognize when referral to some other agency more effectively can meet the needs, and to help further their knowledge of community agencies, resources and disciplines other than their own.

- (2) Group consultation with Public Health Nursing students on field placement from the University of Washington. This is on invitation by the Student Nurse Instructor and involves participation in weekly case presentations.

b. Within community

This service is not too well developed yet. Consultation is provided on request. The service is being used by some agencies, including the Department of Public Assistance and the Everett Police Department, on an individual case basis. At this time, requests from other agencies, schools, etc., are more for the coordinating, liaison aspects of the service.

5. Special Community Services

a. Community Organization

At the request of the recent Governor's Task Force on Mental Health and Mental Retardation, and the Snohomish County Social Planning Council, the Mental Health Consultant is serving as organizer and is secretary of the newly incorporated Mental Health and Mental Retardation Foundation of Snohomish County. This is a new citizen-action group of laymen and professionals who will, as an outgrowth of the Governor's Task Force, be attempting to meet the mandate of providing comprehensive mental health and mental retardation planning and services in Snohomish County, in line with Federal and State emphasis and guidelines. It is conceivable, as plans develop, that Grant-In-Aid funds may be requested as one source of financial support, as programs develop.

b. Geriatrics

Some administrative functions as a trustee of the Council on Aging, specifically in the operation of a new Senior Activity Center, which is operated by volunteers and without professional staff. The responsibility is essentially the coordination and in-service training of voluntary staff.

c. Alcoholism

The Mental Health Consultant is serving as a trustee and secretary of a new Council on Alcoholism, being launched by the Mayor of Everett, which plans to move into an action program along State Health Department guidelines. The Mental Health Consultant will be helping with this program and with coordination of planning and activities between this Council and the Mental Health and Mental Retardation Foundation.

C. Support

Sources of financial support are the Grant-In-Aid program and Snohomish Health District. Grant-In-Aid provides salaries, employee benefits for the consultant and capital outlay. The Health District provides office space, telephone, supplies, travel expense and employee benefits for the secretary.

D. Acceptance

The services appear to be well received, and to be growing in acceptance, primarily through "satisfied consumers". The service is becoming identified as one that sees to it that what needs to be done gets done.

E. Major Problems

There really are not any at this time.

F. Immediate Plans and Long Range Hopes

Through education and continuing demonstration, develop the consultant and coordinating aspects of the agency mental health program, at the same time putting all possible effort into helping the Foundation reach its goals. The long range hope is that community citizen leadership will develop the mental health center concept, and that the community will have an expanded, integrated range of services to meet the full range of mental health and mental retardation needs. Some of the Health District mental health services will then undoubtedly shift to and be integrated into new community programs.



MENTAL HEALTH IS . . . These are some of the characteristics of people with good mental health:

**1** They feel comfortable about themselves.

They are not bowled over by their own emotions—by their fears, anger, love, jealousy, guilt or worries.

They can take life's disappointments in their stride.

They have a tolerant, easy-going attitude towards themselves as well as others; they can laugh at themselves.

They neither under-estimate nor over-estimate their abilities.

They can accept their own shortcomings.

They have self-respect.

They feel able to deal with most situations that come their way.

They get satisfaction from the simple, every-day pleasures.

**2** They feel right about other people.

They are able to give love and to consider the interests of others.

They have personal relationships that are satisfying and lasting.

They expect to like and trust others, and take it for granted that others will like and trust them.

They respect the many differences they find in people.

They do not push people around, nor do they allow themselves to be pushed around.

They can feel they are part of a group.

They feel a sense of responsibility to their neighbors and fellow men.

**3** They are able to meet the demands of life.

They do something about their problems as they arise.

They accept their responsibilities.

They shape their environment whenever possible; they adjust to it whenever necessary.

They plan ahead but do not fear the future.

They welcome new experiences and new ideas.

They make use of their natural capacities.

They set realistic goals for themselves.

They are able to think for themselves and make their own decisions.

They put their best effort into what they do, and get satisfaction out of doing it.

MENTAL HEALTH AND MENTAL RETARDATION FOUNDATION, INC. OF SNOHOMISH COUNTY, WASHINGTON - Daniel J. Kershner, President

For Further Information  
Call . . . AL 9-1488  
or Write . . .  
3011 ROCKEFELLER  
EVERETT, WASHINGTON 98021

Mental Health Chairman,  
Mrs. J. Sherman Mills

BIRTHS AND DEATHS OCCURRING IN SNOHOMISH COUNTY  
AS OF March 31, 19 66

<u>BIRTH TOTAL</u> Male-345 Female-297		Total to Date	Total for Month	Total County Res.	Total Non Res.
	<u>BIRTHS</u>	642	206	190	16
	<u>FETAL DEATHS</u>	9	3	3	
<u>DEATH TOTAL</u> Male--248 Female-180	<u>DEATHS</u>	428	146	135	11
"Motor vehicle"accidents		13	3	3	
Adult accidental deaths		10	2	1	1
Infant accidental deaths		2	1	1	
All other infant deaths		17	6	6	
Suicide		3	1	1	
Homicide		1			
Undetermined (of above)		1			
Infectious diseases		1			
Malignant neoplasms		61	15	15	
Cerebral vascular accident		66	21	18	3
Acute coronary		21	7	5	2
All other deaths		232	90	85	5