



**Snohomish Health District  
Board of Health Minutes  
Regular Meeting  
June 14, 2016**

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

**Members Present**

Hans Dunshee, County Councilmember  
Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Vice Chair  
Kurt Hilt, Councilmember, Lake Stevens  
Scott Murphy, Councilmember, Everett  
Dan Rankin, Mayor, Darrington  
Jeff Rasmussen, Councilmember, Monroe  
Terry Ryan, County Councilmember  
Brian Sullivan, County Councilmember – BOH Chair  
Donna Wright, Councilmember, Marysville  
Stephanie Wright, County Councilmember

**Members Absent**

Mark Bond, Councilmember, Mill Creek  
Christine Cook, Councilmember, Mukilteo  
Benjamin Goodwin, Councilmember, Lynnwood  
Ken Klein, County Councilmember  
Sean Richards, Councilmember, Mountlake Terrace

Chair Sullivan referred to the recent tragedy in Orlando and said that public health is related to preventing violence. Dr. Goldbuam reiterated that preventing violence is a public health issue and included in our community health improvement plan. The use of firearms needs a public health approach, and staff will bring forward to the Board some recommendations at a later date on how we can address this issue locally.

**Call to Order**

The June meeting of the Board of Health was called to order at 3:05 p.m. by Board Chair Brian Sullivan in the auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Linda Carl who reported there was a quorum present.

**Minutes**

It was moved by Mr. Murphy and seconded by Ms. S. Wright to approve the minutes of the regular meeting held May 10, 2016. The motion passed unanimously.

## Consent Agenda

It was moved by Ms. D. Wright and seconded by Ms. S. Wright to approve Resolution 16-009 authorizing May 2016 public health expenditures and voucher check numbers 62412 through 62543 totaling \$1,202,055.17. The motion passed unanimously.

## Public Comment

Hanna Welander from the Washington State Nurses Association representing nurses at the Health District indicated she was pleased with the Board's decision last month not to transition the WIC/First Steps program at this time to other agencies. WSNA stands side-by-side with the Health District to retain these services. She said she read the proposed per capita resolution and noted that First Steps was not mentioned. WSNA insists that First Steps is prioritized as a vital preventative program; costs down the line will be less. She strongly urges the board to continue to focus on retaining and expanding First Steps.

Chair Sullivan closed the public comment period.

## Second Reading/Public Hearing

Mr. Jeff Ketchel, Environmental Health Director, gave a brief presentation on the proposed pharmaceutical stewardship program and how we arrived at the second reading/public hearing. He indicated that the Health District is pursuing this ordinance to prevent overdoses, people from becoming drug-addicted, accidental poisonings, and drugs entering our environment. Many of those who become addicted to heroin first got their start on prescribed medications. Medicine take-back is a component of the national drug strategy and this ordinance is in line with that. Snohomish County Solid Waste prohibits drugs being disposed of in the trash. About one-third of medicines go unused and may end up in the hands of someone who may misuse them, or the drugs are flushed down the toilet and go into our environment.

Mr. Ketchel reported that over 34,000 pounds of unused medications have been collected in Snohomish County since the program's inception; however, this is just a fragment of the potential that could be collected. Our current system is maxed out, evidence rooms are overstocked, and the staffing burden, lack of resources, and capacity are issues that make the current program unsustainable.

The Board of Health formed a steering committee to look at other ways to handle a secure medicine take-back program. The committee included three Board members (Fralely-Monillas, Hilt, and Sullivan) as well as Commander Pat Slack from the Sheriff's Office, as well as Health District staff.

The program will be fully funded and operated by the pharmaceutical companies. This program is sustainable and modeled after programs already in place in California and King County. Prescription and over-the-counter medications will be accepted. Drop-off sites in the county will be increased; currently we have 28 operating sites, with a potential of 175, including pharmacies and hospitals. There will also be the option of prepaid mailers for those who can't get to a site or don't have a site in their community. The ordinance will also require the industry to advertise. Lastly, fees will fund the operation to provide oversight and enforcement.



The cost to run the program will be approximately \$570,000 per year. If passed, the ordinance will take effect in 30 days. Staff will then review submitted plans, with operation projected to begin in the spring of 2017.

Chair Sullivan opened the public comment section.

Snohomish County Sheriff Ty Trenary thanked Dr. Goldbaum and the Health District on the existing partnership. He noted that many drug-addicted youth become opiate addicts through the medicine cabinet. Snohomish County ranks third in the state for opiate overdoses and death. The Sheriff's Office is doing new and innovative things to deal with the heroin epidemic in our county, including having officers carry naloxone to provide life-saving methods to someone who has overdosed. The drug take-back program is a good step in the right direction; a critical step to address the problem is to be able to get rid of the unused drugs. This is another tool for the county to rectify the problem. Sheriff Trenary offered the Board an opportunity to go on a ride-along to see the problem firsthand.

Karen Bowman, Advanced Practice Nurse in Community Health, Specialist in Occupational and Environmental Health, and past EH Specialist for WSNA, residing in Seattle, spoke on behalf of WSNA, which strongly supports this program. She noted the dangerous consequences of teen access to drugs, and that medicine cabinets are their "go-to" place for free medications. WSNA considers programs like this a primary prevention tool for accidental overdose and environmental contamination.

Dean Smith, chair of the Snohomish group of the Sierra Club and member of the Point Gardner neighborhood, spoke in favor of the program, particularly as it relates to the environment and specifically Puget Sound. He urged preventing drugs from reaching sewage effluent through inappropriate disposal.

Suellen Mele, program director of Zero Waste Washington, strongly supports this program. It will be convenient and accessible to county residents and will provide ongoing funding for a sustainable program. Mixed medicines are hazardous waste that shouldn't be disposed of in household trash. There's no one magical solution, but it is an important part of the solution and it will reduce harm. If medications are disposed of in a secure take-back program, they won't be abused, won't contribute to an accidental poisoning, and won't pollute Puget Sound.

Chair Sullivan thanked those who spoke, then closed the public hearing. He opened the floor to questions or comments from the Board.

It was moved by Ms. S. Wright and seconded by Mr. Ryan to adopt Secure Medicine Disposal Program Ordinance 16-001. The motion passed unanimously.

Chair Sullivan congratulated the Board on adopting this program, and special recognition was given to Jeff Ketchel, Commander Pat Slack, and consultant Margaret Shield for their hard work to develop this program.

### **Committee and Standing Reports**

Brant Wood, chair of the Public Health Advisory Council (PHAC), gave an update of the May 25 PHAC meeting. The PHAC reviewed the Board of Health's updated edits to the revised policy agenda and

endorsed those changes. However, Mr. Wood noted that adding more issues in an environment of reduced resources may impact staff's ability to address the most pressing issues. The PHAC continues to be supportive of the Health District's efforts to address youth physical abuse, suicide, and obesity, and is supportive of a supporting role in other issues (like homelessness) that may be better addressed by other agencies. The PHAC also reviewed its membership at the May meeting, and Mr. Ketchel gave a presentation on the pharmaceutical take-back program, which the PHAC supports. The PHAC saw a presentation on the preliminary findings of the community health assessment report and on attempting to develop some consistent metrics around impacts of marijuana use and how legalization may impact overall public health.

### **Action Items**

Dr. Goldbaum reviewed Staff Report 16-033 listing current and proposed community sectors on the PHAC. This range of sectors ensures the broadest possible representation in the community. The staff report also lists the names of PHAC members seeking appointment and reappointment.

It was moved by Ms. D. Wright and seconded by Mr. Murphy to confirm the current membership of the Public Health Advisory Council, including the four newest members appointed by the Chair of the Board and those seeking reappointment. The motion passed unanimously.

It was moved by Ms. D. Wright and seconded by Ms. Fraley-Monillas to confirm five proposed new sectors: higher education, parks and recreation, philanthropy/funders, underrepresented community sectors, and United Way. The motion passed unanimously.

It was moved by Ms. D. Wright and seconded by Mr. Murphy to confirm Ms. Adrian Wieland as the representative of the United Way sector.

Dr. Goldbaum brought forward the updated 2016 Proposed Public Health Policy Agenda included in Staff Report 16-034. The updated version includes recommended changes from the Board. It now lists specific issues – mental health, social determinants of health, chronic disease, substance abuse, and public health services – within which there are specific policy concerns that we'd like to address this year. Some of the concerns come directly from the Health District's strategic initiatives and some from our community health improvement plan. Homelessness was added per the Board's recommendation, and pharmaceutical take-back is listed under the substance-abuse heading. This will serve as a guide for staff in moving forward this year.

It was moved by Ms. Fraley-Monillas and seconded by Mr. Hilt to approve the revised "2016 Proposed Public Health Policy Agenda for the Snohomish Health District" as described in Exhibit A. The motion passed unanimously.

Mr. Pete Mayer, Deputy Director and Chief Operating Officer, brought forward Staff Report 16-038, which reflects the Board's dialogue at last September's retreat where the Board looked at various revenue options in support of public health. Two priority items came from that retreat and reflected the consensus of the Board at that time: 1) to pursue some sort of per capita funding from the cities in support of public health, and 2) a public safety sales tax (like the one before voters in August).



He then reviewed the current state of funding and how funding is generated throughout the agency. We've been in a declining revenue environment for a long time, and we anticipate that trend to continue based on our financial forecast. For three years we've been working on a strategy to arrest that decline. There has been a 22% decrease in funding since 2005, whereas the county's population continues to increase, bringing new challenges that strains our ability to respond. We currently receive \$22 per resident on a per capita basis; we rank 34 out of 35 local health jurisdictions in the state, just above Yakima. The national average is about \$40 per resident. There was a 34% reduction in staff in 2007-08, which translates to our inability to respond to issues. The projected deficit in 2018 is zero, with a projected ongoing and significant decline.

Staff has been looking for more flexible, stable and sustainable funding in order to keep pace with the expanding population and new challenges, like the heroin/opioid epidemic. We're also fashioning our service delivery around foundational public health services (FPHS), which will be presented to the state legislature in 2017 as well. Our ability to respond to health threats, such as Zika and Ebola, as well as emergencies like the SR 530 Slide, continue to be a challenge with our declining resources. We also know we need to protect our most vulnerable populations.

We're pursuing multiple fronts to support public health. We've identified a number of initiatives at the local, regional, state and federal levels as we continue to try to stabilize our local funding situation, which this \$2 per capita request is built upon. Regionally we're collaborating with our North Sound partners to share resources and skill sets in order to be as efficient and effective as possible. We're prepared to go to the state legislature in 2017 for a policy ask and a modest financial ask. We will ask the legislature to codify the FPHS model, which will provide the new framework for all local health jurisdictions in the state. We're seeking funding for some high-priority needs across local health jurisdictions and will ask for modest financial funding to support those activities and to make improvements statewide to data, systems, and response capabilities. Federally we're looking at ways to preserve resources to respond to the Zika epidemic and other communicable disease issues.

We continue to face staffing layoffs and service cuts, and our ability to respond to community needs/emergencies will continue to be hampered.

With additional funding, the Health District will be able to go above the bare minimum of what's currently established in law. We'll be able to exercise more leadership in the community and to become more engaged, be involved in events and activities throughout the county (such as school-based activities, and in the solid waste and environment health arena), grow grant-writing in collaboration with our regional partners, and increase policy support and analysis (translating data into evidence-based solutions to the problems we face).

Included in the report is a list of cities and what each would generate on a \$2 per capita contribution – with a total of almost \$2.4M, assuming all the cities contribute and the County increases its current contribution. This investment would significantly arrest the fast revenue decline and will provide some stability over time.

Mr. Mayer indicated that staff is asking the Board to adopt Resolution 16-010 that directs staff to move forward to ask the cities to contribute \$2 per capita dedicated to public health services. We will provide a letter to the County Executive, mayors, and city managers, and pursue presentations in the community to



help provide education awareness about the funding request and how it will support and maintain capacity for the Health District to deliver services. He asks that the Board act as advocates and champions for this initiative in the community, and hopefully celebrate the opportunity to have dedicated funding for the Health District in late 2016, early 2017.

Mr. Mayer asked the Board's approval of the resolution and the draft letter to Snohomish County leaders.

Ms. Fraley-Monillas asked about the status of the Ruckelshaus Center report. Mr. Mayer responded that they're about halfway through interviews, and we anticipate that the ad hoc committee will meet in August to review the report. He noted that regardless of what "flag" flies over the Health District or how it's organized, adequate funding will remain a challenge. The Ruckelshaus report is not a feasibility study, and the purpose is not to determine if it makes sense for the Health District to move to the County or not.

Ms. S. Wright would like to have time to talk to her fellow council members and come back later with a more robust discussion with the Board on where the County's finances are. She mentioned she misses Board committees, such as the administrative committee, where this could've gone through with a pre-discussion or workshop before coming to the full Board. She's not ready to take action or vote on this today.

Mr. Hilt noted his agreement with Ms. S. Wright. As a new Board member, he doesn't feel he has the understanding needed and would like additional time.

Ms. D. Wright asked what authority the Health District has to assess cities; Chair Sullivan responded that there is no authority to assess the cities.

Ms. Fraley-Monillas asked Dr. Goldbaum the gist of the conversations he's already had with the cities and if they're receptive. Dr. Goldbaum responded that there's been a "quiet response"; however, presentations to date have not been with this Board's endorsement as a need to move forward, nor have we had all the budget tools to make an adequate case. Ms. Fraley-Monillas said she's comfortable moving forward and happy to go back to her city and lobby for funding. Dr. Goldbaum clarified that in previous talks with the cities, this has been raised as only a possibility, not a specific request to step up. Ms. Fraley-Monillas said in her conversations with other councils and council members, there seems to be some receptive interest.

Mr. Murphy noted the funding struggles he's witnessed over the last three years as a Board member and agrees we need additional funding; however, he would favor a balanced approach that includes additional funding and a review of expenses. He mentioned the Board's chance last month to make a difficult decision to make changes to a program that lacks sustainable funding, yet the Board chose not to make that decision. He stated he can't go to the City of Everett and lobby for additional funding when the Board hasn't made the difficult decisions that need to be made from the expense standpoint. He's not inclined to take action tonight, but would vote no if moved and seconded. His other concern is the public safety sales tax in August; he understands that if it passes, the County could designate a portion of those funds for public health. At this time it's premature to go to the cities until we know the outcome in August and whether or not the County is willing to carve out a portion of that potential funding for the Health District.

Mr. Dunshee noted that 40% of the sales tax revenue is designate for cities and two-thirds of it is undesignated and could be a possible source for the Health District and heroin/opioid prevention.



Mr. Mayer stated the intent is to raise awareness of the need and to get “in front of the line” prior to and after the August vote. Also, we want to be in the cue for the County Executive’s and cities’ budget processes.

Mr. Ryan noted there are too many moving parts, and August should be the timeline for consideration. By then the County Council will have a better handle on this and have had a chance to weigh in. The Executive has already recommended how to apportion the money if the public safety vote passes, including a larger police presence, more prosecutors in the court system, and more social workers. There hasn’t been discussion of what funding, if any, would go to the Health District. He doesn’t think the County Council will be prepared to talk about this before August.

Ms. S. Wright suggested taking this summer to review budgets and have informal discussions with respective councils and with the councils of the cities each Board member represents.

Chair Sullivan noted that this is not an unusual model; for instance, in King County, Seattle voluntarily pays 40% of the budget for public health and Sound Cities contributes as well. Mr. Mayer added that there are several funding models and this is not an unusual approach.

Ms. Fraley-Monillas indicated that since there are cities that don’t attend the Board meetings, she feels it’s appropriate to send a letter to the cities stating that this is something being considered. That way all the cities receive the same message in case they want to consider it in their budgets.

Mr. Rasmussen has reached out to the cities he represents and thinks it’s appropriate to let them know about this discussion, then come back in August with their feedback.

Ms. S. Wright added that we could also invite cities to the August Board meeting to provide input.

Mr. Ryan suggested saying in the letter to the cities that this is a proposal – one of the things being proposed that would impact your city – and letting them know it will be discussed at the August Board meeting.

Mr. Murphy concurred and suggested a slight change to the draft letter saying “the Health District Board has been discussing a proposal” as opposed saying “the Health District has passed a resolution.” The Health Officer could then send out the letter, which would be helpful when talking to respective councils.

Ms. D. Wright stated her concurrence.

Chair Sullivan suggested making the appropriate modification to the letter and sending it out to the cities in the hopes that representatives, at a minimum, take it back to your councils for discussion.

Ms. S. Wright asked that the Board be informed when the letter is sent out.

Mr. Mayer indicated that staff will make the adjustments to the letter and will engage cities in continued dialogue to explore the potential. Cities will be invited to attend the August meeting to provide direct feedback to the Board.

Mr. Rankin added that for small rural communities, a visit from the Health District is proactive and generally well-received.

Chair Sullivan added that we're in a budget funnel, and we're slowly dismantling this organization over time. Sooner or later we'll come to an apex and have to make some serious and difficult decisions.

Mr. Mayer introduced the next action item (Staff Report 16-035) asking for authorization to solicit firms for legal services as well as labor/employment counsel and to issue one RFP for both. A draft scope of work and timeline is included in the report.

It was moved by Mr. Hilt and seconded by Mr. Rankin to authorize the Deputy Director to issue a request for proposal for legal services to acquire labor and employment and/or general counsel legal services. The motion passed unanimously.

Mr. Ketchel introduced the next action item (Staff Report 16-040), which asks for approval of a fee description revision to support procedural changes. Snohomish County PDS is supportive of the change, which combines two steps into one and modifies the Health District's process to a single review of plat proposals. The fee (which remains unchanged) will now be collected at the initial stage when most of the Health District's work is completed.

It was moved by Mr. Ryan and seconded by Ms. Fraley-Monillas to approve the amendment of the approved 2016 Environmental Health fee schedule consistent with the process for reviews of sewerer plats. The motion passed unanimously.

Mr. Ketchel referred to Staff Report 16-041 regarding vaping. He cited a report that came out with new research saying that adolescents who vape are six times more likely to smoke cigarettes in early adulthood. The notion that vaping is a harm-reduction device continues to be eroded as more evidence comes up. This staff report has two components: to amend the Health District's vaping ordinance and to rescind our vaping fees.

In April 2016, Governor Inslee signed the new vaping legislation that was approved by the state legislature. Also going into effect in August is the FDA's rule regulating vaping devices. Therefore, since the time our vaping ordinance was passed by the Board, the state and the FDA have taken action, and we want to reflect that in our amended ordinance.

The state preempted our ordinance regarding the notion of permitting, licensing, and inspecting vaping establishments. We propose to take that out of the ordinance and rescind the vaping fee; a summary of refunds is included in the staff report (minus a \$21 administrative fee per our fee ordinance). The state also preempted us regarding outdoor vaping. We can only regulate in outdoor spaces that are occupied by children and where they congregate. That is now clear in the amended ordinance. In addition, state law allowed us to expand it to all indoor places. We also took out the ventilation requirements because we cannot create requirements regarding the licensing of these facilities.

Mr. Murphy noted that it appears the state has a more "watered down" version of what we proposed. He asked if we can have more stringent regulations or if we're also required to "water down" our ordinance. Mr. Ketchel responded that where the state preempted us, we cannot be more stringent. In cases where the

state has no requirement (for instance, the 25-foot rule), we can create our own requirement. In the ordinance that is proposed, there is a variance process for the 25-foot rule.

Mr. Rasmussen stated that vaping near playgrounds is a discussion at the Monroe City Council. Mr. Ketchel indicated that there are two ways to approach this: 1) places where we know children will be present, such as schools and playgrounds; or 2) places where children are expressly prohibited, such as a beer garden. We chose the side where children are definitely going to be; therefore, we're not proposing to ban vaping on sidewalks or other public places. Cities are prohibited from banning vaping in places where children don't normally congregate.

Mr. Uberti indicated that the state is going through a rule-making process that may tweak some of the loopholes in current state legislation. The approach taken by Health District staff is that where it's clear, we'll do it, and where it may be questionable, we'll avoid it for the time being until we know what the rule-making decides, which is expected to take about a year.

Dr. Goldbaum highlighted where our existing local ordinance had stronger language, which is the tastings. Under state rule, it's simple for a retailer to obtain a permit for tastings without constraints, except that the site must be restricted to adults. Our local rule intended to prevent a sampling site from morphing into a lounge; however, the state legislation is more flexible. Dr. Goldbaum noted his concern with the potential that this can be exploited, and the Health District won't have the authority to enforce. It would be impossible to determine who's sampling and who's vaping his or her own substance. We can't take any further action at this time.

It was moved by Mr. Ryan and seconded by Ms. S. Wright to approved the adoption of Ordinance 16-002 amending chapter 14 of the Snohomish Health District sanitary code entitled "Restrictions on the Use, Sale and Availability of Vapor Products in Snohomish County." The motion passed unanimously.

It was moved by Mr. Ryan and seconded by Ms. S. Wright to rescind the Vapor Product Retailers Fee Schedule as contained in the 2016 Snohomish Health District fee schedule. The motion passed unanimously.

### **Chair's Report**

Mr. Mayer spoke on behalf of the Chair. Traditionally the Board forms an annual budget ad hoc committee that includes several members of the Board and staff. There will be three to four meetings between July and November, dependent on the County's budget process. Staff recommends that the Rucker Building ad hoc committee be wrapped into the budget ad hoc committee. Also, we're seeking three to four Board members to be on the legal services RFP review and interview team. Dates are fluid, but include scoring of the submittals and interviews, likely in the July timeframe.

Volunteers for the budget ad hoc committee are Mr. Hilt and Ms. S. Wright. Mr. Dunshee was nominated by Ms. S. Wright. Volunteers for the RFP legal services review and interview team are Ms. Fraley-Monillas, Mr. Murphy, and Chair Sullivan.

Mr. Mayer thanked the volunteers for their participation.

## Health Officer Report

Dr. Goldbaum noted there are good things happening in our community. For instance, in 2015 Snohomish County EMS administered naloxone 839 times to 625 patients. This equals about two or three a day. This is not reportable to public health, although we're working to try to create a system whereby we'll get reports from the emergency department. But it does give us an idea of the magnitude of the problem.

The anti-diarrheal drug loperamide (Imodium) is being abused by some and has even been attributed to two recently reported deaths. Fentanyl-laced heroin is 50 to 100 times more potent than heroin and can easily cause an overdose in an unsuspecting heroin-user. Fentanyl is the reported cause in Prince's death. Reversing a fentanyl overdose requires higher doses and more frequent administration of naloxone.

We continue to provide naloxone through our syringe exchange in collaboration with Human Services staff, who in turn ensure all our law enforcement has access to naloxone. Dr. Goldbaum is working with local pharmacies that will, upon request, sell naloxone with a prescription. Dr. Goldbaum has collaborative drug treatment agreements with many pharmacies. Walgreens will provide this service nationwide as well.

The Health District is ahead of the game in many ways. He congratulated the Board on approving the pharmaceutical take-back program. The Health District has always addressed the use of other drugs, such as nicotine. We have major prevention programs, particularly in schools to help kids avoid or get addicted to nicotine; now we have funding from the state for marijuana-prevention activities. Resisting those drugs is important for resisting other drugs as well.

Our WIC and First Steps programs also confront chemical-dependency issues, and we continue to be involved in other activities around the county.

Mr. Rankin asked if there's an emphasis on rural communities that don't have access to methadone clinics. Dr. Goldbaum is in discussions with the medical community about this issue. Unlike methadone, which can only be administered in specific facilities that are federally authorized, buprenorphine (or suboxone) can be administered by any physician with eight-hour training, who can then receive a waiver to be permitted to prescribe it. There are challenges with the medical community and it's a slow process for physicians – one reason being is that Medicaid reimbursement rate is low. We're talking with Human Services staff who are interested in expanding access and potentially augmenting the reimbursement rate. Nurses can manage the program under physician oversight.

## Adjournment

Chair Sullivan deferred the last two items to the July meeting. The meeting was adjourned at 4:52 p.m.

---

Brian Sullivan, Chair

---

Gary Goldbaum, M.D., M.P.H., Secretary