



**Snohomish Health District
Board of Health Minutes
Regular Meeting
September 13, 2016**

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

Members Present

Mark Bond, Councilmember, Mill Creek
Christine Cook, Councilmember, Mukilteo
Kurt Hilt, Councilmember, Lake Stevens
Ken Klein, County Councilmember
Jeff Rasmussen, Councilmember, Monroe
Brian Sullivan, County Councilmember – BOH Chair
Donna Wright, Councilmember, Marysville

Members Absent

Hans Dunshee, County Councilmember
Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Vice Chair
Benjamin Goodwin, Councilmember, Lynnwood
Scott Murphy, Councilmember, Everett
Dan Rankin, Mayor, Darrington
Sean Richards, Councilmember, Mountlake Terrace
Terry Ryan, County Councilmember
Stephanie Wright, County Councilmember

Call to Order

The September meeting of the Board of Health was called to order at 3:16 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 not a quorum present.

Minutes and Consent Agenda

Chair Sullivan changed the agenda order and began with briefings in order to see if other members of the Board arrived to reach a quorum.

Briefings

Ruckelshaus Center Assessment Report

Deputy Director Pete Mayer introduced Amanda Murphy and Kevin Harris of the Ruckelshaus Center who will facilitate today's discussion regarding the assessment report. Mr. Harris introduced Anna Mikkelsen, project intern, and Michael Kern, director of the Ruckelshaus Center. He noted that the Ruckelshaus Center is third-party neutral, which works with leaders across sectors (public, private, and civic) to build consensus, improve public policy, and resolve conflicts. Work is done on an "upstream basis" as



organizations build, design, and implement policy. He reviewed the general stages of a collaborative process, beginning with assessment. This stage involves understanding the issues and who's affected by them, what their interests are, and if there's interest in collaboration. The next stage is process design, which includes specific timelines.

Ms. A. Murphy noted that Ruckelshaus staff interviewed 73 people, including Health District staff, the Board, ad hoc committee members, the Public Health Advisory Council, and others. During the assessment process they paid close attention to key themes, although Ms. A. Murphy noted that the number of interviewees that mentioned an issue did not necessarily define its importance. She also mentioned that their summary of key themes was not an exhaustive list. After they completed the report, Ruckelshaus staff went back to the interviewees and asked them to correct anything that was not factually accurate. There were a few minor corrections and small additions.

Mr. Harris then reviewed key themes they found in the interview process:

- Vision for public health
- Service delivery and role of the Health District
- Public and partner engagement
- Funding
- Board of Health
- Internal operations
- Organizational structure
- Interest in collaborative process

Ms. A. Murphy then reported the overarching conclusions reached by the assessment team:

- Identity and purpose of District are tied closely to quality reputation and historical delivery of services
- Confusion and disagreement around the transition in service delivery
- Support at this time for improving governance, compared to organizational change
- The Board's membership structure and decision-making process are in conflict
- Long-term funding solutions require combined leadership and commitment from all parties – no single options will solve funding issues
- Potential for facilitative and/or collaborative process exists

She then reviewed the report's recommendations:

- Identified: Potential for opportunity for collaborative action in the 2017-18 strategic plan
- First step: Decision about the organizational model (at this time)
- If a decision is made to stay with the current model: Address elements of organization and governance to help reach full potential
- Formalize governance and enhance collaborative leadership capacity
 - Clarify, develop, and agree on governance structure, functions, and operations of the Board of Health and the Health District.
 - Agree on resource stewardship and a funding strategy for the Health District.



- Include collaborative skill-building and the use of less formal processes to build the spirit of collaboration with the PHAC, Health District staff, and the larger public health community.
- Build agreement between Health District leadership and staff

Ms. A. Murphy opened the floor to questions from the Board.

Mr. Ken Klein stated that the “silver bullet” is moving the Health District to the County, particularly with the failure of Prop 1. Even with increased funding from the cities and the County, the Health District will still operate in a deficit by 2020. Snohomish County is the fourth highest in contributions to public health behind King, Pierce, and Whatcom – including fees, licenses, and permits, it increases to third in the state. The status quo cannot continue. He’s concerned about a statement in the report saying that some interviewees are skeptical of the financial situation we’re in, which speaks to a lack of trust. If we can’t agree that we’re in a dire situation, then we can’t fix the problem. We need to do something different.

Chair Sullivan stated that he didn’t anticipate that today we’d have all the solutions. We need to leave today with a funnel to make decisions in a collaborative process; we need to take a serious look at our governance.

Mr. Hilt said he would like additional interpretation on what this report means, saying there’s still ambiguity.

Ms. A. Murphy said the key themes reflect perceptions, which includes a lack of clarity and a desire to obtain clarity. Ruckelshaus staff then took what they heard and, based on that, provided recommended processes and things to put in place in order to begin to address clarity and understanding. Mr. Harris added that they heard implied consensus around not moving to the County at this time, and the Board now has enough information at this time to make a decision, even if it’s temporary. If you don’t move to the County, the next phase would be looking at that process and collaborative capacity-building.

Mr. Kern acknowledged that this is a complicated process, with structural challenges that make it more difficult. It’s important to look at the challenges and take time to move to a new way of operation. Whatever the Board decides to do, the more effective the process, the better the results.

Mr. Harris added that it’s not unusual in this process that governance issues rise to the top.

Ms. Donna Wright stated that attendance is an issue; how can we conduct business without a quorum? The previous structure of committee workgroups provided a place to get work done, but Board members didn’t attend. We need committed and involved Board members. Ms. A. Murphy responded that there are process-based ways to address attendance issues and manage workgroups.

Dr. Goldbaum said that despite the fact that there’s no quorum today, staff would still like a commitment to move forward and some direction on how.

Chair Sullivan noted that the report touched on broad opinions, but he would like to identify different types of governance boards and build a consensus regarding moving toward that end. Public health won’t leave, but we all need to work together.



Mr. Hilt said the assessment appeared divided into three groups: staff, elected, and external stakeholders. He asked if they each had different opinions on governance.

Ms. A. Murphy responded that regarding governance and other key themes, they were the same across the board and shared throughout interviews. Overarching was getting agreement and moving forward on the responsibility of public health and what that means. She noted that it went back to the vision of healthy and safe people and healthy and safe communities; and in order to do that, it requires being less “siloed,” less reactionary, and finding funding viability. These were across-the-board comments.

Mr. Harris said Ruckelshaus staff interviewed all but one Board member, all of whom provided self-reflection and critique. The conflict is between the Board’s decision-making process and structural issues, which is tying your hands. That’s why the report’s recommendations goes quickly to dealing with structure first.

Ms. D. Wright asked how the structure was established. Mr. Steve Uberti, legal counsel, responded that the Health District is established pursuant to statute and created in 1958 by County resolution, in which the County Council established a health “district.” The Health District is not restricted by RCWs as cities and the County are. He suggested to put in place a short-term governance structure in which the Board can effectively run its meetings and make decisions; then look at long-term solutions and funding options.

Mr. Kern added that there were lots on questions in the interview process (such as if there is a charter). He mentioned that when structure matches purpose, Board members have the incentive to attend meetings.

Mr. Mayer stated that the lack of Board member attendance today is disappointing, especially when we’re dealing with a subject that’s so critical to public health in Snohomish County. It’s incumbent on the Board members here today to decide if we want to move forward. The County Council retains the ultimate authority to determine if they want to be the sole Board of Health; they can change the Board construct immediately, if they so choose. They cannot, however, abandon the Health District without a prescribed process. Regardless of the mechanics, Mr. Mayer asked if the Board wants to move forward, and if so, how. Do you want to move forward as a full board or with a subcommittee that brings forward a recommendation? If the Board agrees we have a problem, how do we address it?

Ms. Chris Cook would like to have more tools on how to move forward. Talking about healthy and safe communities is critical; how can our individual communities benefit, what does it mean to communities? How can Board members be a liaison? It might encourage councilmembers to attend and make it more relevant.

Ms. Donna Wright has been on the Board a long time and sees a pattern that the commitment isn’t always there – for both city and County representatives. She likes the idea of a smaller group as a way to move this forward.

Mr. Mark Bond apologized for missing meetings. He competed to get this spot on the Board and took it from another councilmember who wanted it as well. It should be a rare exception to miss a meeting. The lackadaisical approach of some of the Board members is not acceptable and should be addressed immediately. There are those who want to be on this Board, so let them participate instead. We have big



issues ahead of us and we can't even pass our consent agenda. The report did a good job of quantifying the problem; we're trying to do good work with limited resources. We have to cut funding and make structural changes. However, the first thing is to talk about attendance. We have to ask the County Council if they all want to be on the Board; maybe there are other cities that would like to participate. It's not rare to struggle with a quorum; we must have enough people in attendance to vote.

Mr. Jeff Rasmussen would like to move quickly, but there are a lot of moving pieces. He noted that this is an important issue, and we have a lot more work to do before we can give direction to staff on which way to go.

Mr. Kurt Hilt agreed that it's important to be here. Each city Board member volunteered to be here and committed to it; the County Council members are automatically on the Board and ostensibly "paid" to be here. The question is, how can we engage our fellow Board members?

Chair Sullivan said that by statute, he's required to sit on 12 Boards. We have a hard-working County Council that's required to be on many Boards statewide and locally. This is a joint problem for the Board. He reiterated that he wants to get through the funnel by consensus and together; hopefully we can get to a conclusion by the end of the year or first of next year. He suggested extending this conversation to the next meeting to hear from more Board members, and he will encourage attendance.

Mr. Mayer noted that the challenge we have is annual turnover. If the Board decides to move forward, keep in mind the horizon for the work to occur, considering we may lose some Board members by January. How do we get beyond that challenge? Are Board members prepared to extend their term into 2017 in order to see through these changes?

Dr. Goldbaum said he knows this is a committed group and is gratified by the comments of the Board. He acknowledges that County Council members are hard-working, and this is not a personal failure of our electeds but more a structural challenge that's been building over time. In the past we had two committees of the Board – administration and program/policy – but people weren't showing up and work wasn't getting done, so we moved to an ad hoc model. We've tried alternative strategies. He believes we should move beyond the structure of the organization; for now he doesn't think we should dissolve the Health District and move under the County. He agrees with the report, which is a summary of what they heard from interviewees: it's time to address the governance issue first. There are many alternatives that could create the makeup of the Board, including possibly alternates and non-electeds committed to public health. It's worth our investment of time and energy to pursue an alternative structure. Beyond that, we also need to have rules in place – how we conduct business and what is expected of the Board members? He asked for guidance from those present today on how to move forward to address governance.

Mr. Grant Weed, new legal counsel, indicated that he sees his role as developing a clear understanding of how he can help the Board, directors, and staff regarding how to achieve goals and find alternatives within the bounds of the law. The Health District charter was enacted in 1959 and last amended in 1997. Is it time to revisit that and bring it up to date?

Mr. Jeff Ketchel, Environmental Health Director, noted that he runs the regulatory arm of this agency. He said they get few complaints from those we regulate due to the reputation and expertise of his staff. They



are two-time winners of an international food-safety award in 1987 and 1994. That's where we want to be again. Last week, the Benton-Franklin Health District became the sixth nationally accredited public health agency in this state; but we're not on that list. Our excellent staff wants to be led by the Board; we need guidance in order to become a great agency once again.

Ms. Charlene Shambach, Community Health Director, said that sometimes important tasks seem overwhelming; it's often helpful to break them into smaller pieces. She encouraged the Board to think in small pieces and short-term process improvements, then gain agreement on those so that we (including staff and constituents) can feel some success. Then move onto other substantial governance issues.

Ms. Nancy Furness, Communicable Disease Director, thanked those in attendance. She said it's exciting to know there are those who competed to be on this Board. She said the recent communitywide disease responses are just the tip of the iceberg of what staff does. CD staff are committed and very interested in what the Board does, and leadership staff is very committed to help with this process.

Ms. Heather Thomas, Public and Government Affairs Manager, said that Health District staff has been waiting almost a year now regarding a possible merge with the County. This uncertainty hampers our ability to work and contributes to losing staff. It also hampers being effective community partners. There is a staff Q&A scheduled for Thursday to talk about today's discussion. Health District leadership is making presentations to the city councils, which provides an opportunity to see how other councils are run and how effective and efficient they are at accomplishing business. A lot of effort and planning goes into Board agendas, and today we're not able to pass even our consent agenda. This is important to the 140 people that work here and impacts their day-to-day work; she would like to see some resolution quickly.

Mr. Kern suggested two different meetings of the Board, such as a business meeting and a work session. He also suggested an ad hoc committee to address governance structure and the Charter, followed by facilitated conversations with the goal to put together a package of ideas on which to move forward. To him it appears that everyone knows what needs to happen – it's just a matter of agreeing on the best way to get there.

Mr. Mayer said we've heard themes, but he's not sure where we are collectively and how to characterize today's conversation. What's our takeaway and next steps?

Ms. A. Murphy responded that no matter what, this conversation needs to continue with the full Board, and she heard Chair Sullivan say he was willing to call Board members. She sees a "coalition of willing" and energy around reaching out to Board members in order to move forward. You're asking to be united, and that requires attendance.

Mr. Harris added that there is an ad hoc group that was formed to address this assessment, and that could be a tool in moving forward.

Chair Sullivan would like to keep this process going. He thanked the staff for their hard work during a time of uncertainty. We as a Board need to get these questions answered so that this organization can continue to do the good work that it does.



Dr. Goldbaum said that at our next Board meeting, if all show up, eight of the 15 will not have heard this conversation and will have to start at ground zero. He asked, since those here today are informed, can we form a small group that can meet with staff and then bring forward a summary of today's conversation and perhaps a recommendation on how to move forward to the full Board next month.

Ms. Thomas reminded the Board that we're also in our budget process, which is consuming staff time in the next three months. It's important that we have adequate time to address this decision as well as budget issues.

Chair Sullivan asked the Board if they'd prefer to wait and continue the conversation next month, or if they'd like to form a committee to meet prior to the October Board meeting.

Mr. Bond said others not in attendance today can read the report. He said to let them know the next Board meeting will include a conversation on governance, attendance, and the process to remove those who can't commit to attending. He understands everyone is busy, but attendance translates to priorities. The first thing he would address is attendance, then second he'd talk about governance.

Chair Sullivan, Mr. Hilt, and Ms. Cook volunteered to meet with staff before the next Board meeting to summarize this conversation and perhaps bring forward ideas on how to proceed.

Ms. A. Murphy said that Board members here today will then lead next month's conversation with those who weren't in attendance. Mr. Kern added that he heard the group say that it's important to get input from absent members prior to the next Board meeting. In the interim, today's group should reach out to others and let them know about today's conversation, encourage them to attend next month, and let them know the plan is to come through this process with a structure that's helping rather than impeding the Board.

Ms. Thomas said a decision needs to be made about going to the County – yes, no, or even table it for several months as we move through this process. Until a decision is made by the Board, it continues to hamper staff's ability to work effectively.

Mr. Mayer said it's highly desirable to have a threshold decision about merging with the County; however, he's not sure the Board is ready to make the decision. He would urge the Board to make a decision about when the Board would like to make a decision; for instance, table it for a specific period while we work through the governance issue. This would help staff focus and prioritize in the meantime.

Chair Sullivan stated he would like to have facilitation assistance, if available, for the governance workgroup prior to the next meeting of the full Board. He said this is the most serious discussion he's engaged in on governance and feels positive about moving forward.

Special Business

Chair Sullivan thanked Mr. Steve Uberti for his years of service as legal counsel to the Health District and read the proclamation:

WHEREAS, Steve Uberti graduated from the University of Washington and received his law degree from the University of Puget Sound; and



WHEREAS, since 1976, Steve has been actively practicing law in Everett, and in the early 1980s became the legal counsel for the Snohomish Health District; and

WHEREAS, in over 35 years with the Health District, Steve provided exceptional legal advice and counsel. He consistently attended monthly Board of Health meetings, committee meetings, and ad hoc meetings. He was always prepared, professional, knowledgeable, and helpful while providing Board members and Health District staff with sound legal counsel; and

WHEREAS, Steve worked diligently with the Board of Health and staff to enact ordinances for a healthier Snohomish County, including guidelines for smoking in public places, restrictions on vaping products, and the secure medicine return program; and

WHEREAS, Steve is a member of the Snohomish County Bar Association, the Washington State Bar Association and the Washington State Trial Lawyers Association/Washington State Association of Justice. Martindale-Hubbell Peer Review has awarded Steve its highest rating for legal abilities and ethical standards; and

WHEREAS, Steve has been actively involved in the Everett community with organizations such as the Everett Public School Foundation, Snohomish County Red Cross, United Way of Snohomish County, Everett Chamber of Commerce, and the Rotary Club of Everett; and

WHEREAS, after a long and distinguished career in the law profession, Steve is finally ready to retire and enjoy some well-deserved relaxation.

NOW, THEREFORE, BE IT RESOLVED that the Snohomish Health District Board of Health recognizes Steve Uberti for his dedicated service as general legal counsel to the Snohomish Health District and thanks him for his professionalism, commitment, integrity, and sound counsel. We wish Steve and Connie all the best in their retirement years together.

Adopted this 13th day of September 2016, and signed by the Board of Health Chair.

Chair Sullivan then read and presented a plaque to Mr. Uberti:

In appreciation and recognition of Steven D. Uberti for over 35 years of dedicated service as general legal counsel to the Snohomish Health District. Thank you for your time, passion, commitment, and integrity in helping us make Snohomish County a health place to live and work.

Mr. Uberti thanked everyone and added that he enjoyed working for the Health District and appreciated all the staff he worked with throughout his years of service.

Chair Sullivan invited everyone to stay after the meeting for a short reception honoring Mr. Uberti.

Adjournment

The meeting was adjourned at 5:16 p.m.

Brian Sullivan, Chair

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