



**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