



**Snohomish Health District
Board of Health Minutes
December 11, 2018**

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

Members Present

Scott Bader, Councilmember, Everett (via phone)
Christine Cook, Councilmember, Mukilteo
Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Chair
Kurt Hilt, Councilmember, Lake Stevens
Sam Low, County Councilmember
Kyoko Matsumoto Wright, Councilmember, Mountlake Terrace
Nate Nehring, County Councilmember
Liam Olsen, Councilmember, Bothell (via phone)
Dan Rankin, Mayor, Darrington
Linda Redmon, Councilmember, Snohomish
Terry Ryan, County Councilmember (via phone)
Brian Sullivan, County Councilmember
Shirley Sutton, Councilmember, Lynnwood
Jeff Vaughan, Councilmember, Marysville
Stephanie Wright, County Councilmember – BOH Vice Chair (via phone)

Members Absent

None

Arrival/Departure

Stephanie Wright departed at 4 p.m.

Call to Order

The regular meeting of the Board of Health was called to order at 3:00 p.m. by Board Chair Adrienne Fraley-Monillas in the auditorium of the Snohomish Health District Rucker Building.

Roll Call

Roll call was taken by Ms. 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. Kurt Hilt to approve the agenda contents and order. The motion passed unanimously.

Approval of Minutes

It was moved by Ms. Linda Redmon and seconded by Mr. Brian Sullivan to approve the minutes of the special meeting of Nov. 6. The motion passed unanimously.

Public Comment

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

Written Reports

Reports are provided in the Board packet.

Consent

It was moved by Mr. Hilt and seconded by Mr. Sullivan to approve the following items on consent:

- a. Approve vouchers and Res. 18-25 authorizing Nov. 2018 expenditures for Health District and PHEPR fund
- b. Authorize the Administrator to notify Summit Law of the Health District's intent to exercise a two-year extension option for labor and employment legal services for the period of Jan. 1, 2019, through Dec. 31, 2020
- c. Confirm the appointment of Patricia Love to fill an unexpired term as the planning sector representative on the Public Health Advisory Council through 2020
- d. Authorize the Administrator to sign the \$125,000 Kresge Emerging Leaders in Public Health grant agreement
- e. Authorize the Administrator to extend short-term lease with Everett Public Schools through June 30, 2019

The motion passed unanimously.

Briefings

Finance Manager's report

Ms. Tracey Kellogg provided financials through September 30. She noted revenues are slightly above projections partly due to money received from the state in June and July, and expenditures are slightly below projections and should remain on that track through the end of the year.

Potala boundary line agreement update

Mr. Shawn Frederick reported agreement regarding the boundary line between Potala Village (to the south) and the Rucker Building has been completed and properly filed with the County. The original paperwork is now safely filed in our building. Legal Counsel Mr. Grant Weed added that there's now a clean boundary line with no encumbrances on the property owned by the Health District.

2019 proposed budget presentation

Mr. Jeff Ketchel presented a budget with less revenues and expenditures for 2019 compared to 2018. Revenue reductions include the cancellation of the Early Intervention Program; grant reductions in Healthy Communities and emergency preparedness; and less funding in assessment, from cities, and from the County. The proposed budget takes these reductions into account, and brings expenditures down to the level of revenue. Expenditure reductions include both non-staff and staff reductions. Staff reductions included planned vacancies, current vacant positions, and three occupied positions. FTEs will go from 137.69 in 2018 to 125.89 in 2019. Components of these reductions include pausing or stopping the accreditation process, a moratorium on staff out-of-state travel unless required by grant or contract, a financial performance audit in the first half of 2019, development of a new budget format and process for the 2020 budget, and a hiring freeze.

The Rucker Building task force has proposed to remove the building from the market; additionally, they've identified several immediate needs to address health and safety issues within the building. Included in the budget is the task force's proposed \$500,000 capital budget to repair the identified needs, including HVAC, roof, and structural.

In 2016, McKinstry analyzed the building and recommended critical infrastructure replacements, space consolidation, and interior renovation totaling \$3.1M. Mr. Ketchel brought this forward as an example of what might be needed to bring the building to a certain health and safety standard, should we remain in the Rucker Building another three to five years or more.

The \$500,000 capital budget request would come out of unreserved fund balance, which, at the end of September, was \$5.9M. Next steps for the Rucker Building task force include looking at the cost of consolidating staff to two floors and leasable space.

Public Hearing – 2019 Budget

There were no volunteers to speak during the public hearing. The public hearing was closed.

Action

Approve Res. 18-27 adopting the 2019 budget

It was moved by Mr. Sullivan and seconded by Mr. Nate Nehring to approve Res. 18-27 adopting the 2019 budget. The motion passed unanimously.

Approve Res. 18-24 urging the Washington State legislature to take meaningful action to address kratom (SR 18-063)

Ms. Nicole Thomsen: Board, thank you for inviting us to come talk about Kratom. Back in March, just after my starting, Dr. Beatty started a conversation with you all around kratom and its arise in our community. And so the conversation has been with the Program Policy subcommittee since that time, working on understanding the problem, and then subsequently, potential Board action. So let's just start back at the beginning with a real quick overview about what is kratom. Kratom is a tropical tree plant; can be brewed as a tea, pills, tinctures, all sorts of different things. And the issue here for why Dr. Beatty was concerned about this issue bringing it to you in the first place, is that it binds to the same receptors as are opioids. And in light of our opioid crisis here, the concern is, is, if we're just substituting one opioid for another opioid, what are we really doing to help? Now the science is a little muddled on the topic; there hasn't been any evidence-based research done on that to say ... it's sort of the two camps are: one is that kratom is actually a much less potent opioid, so it's helping people from addiction into recovery more easily. The other side of that camp is we don't know what we don't know, but it does bind to our opioid-receptors, so if it walks like a duck, quacks like a duck, it is a duck.

Why is there a concern? It is considered a supplement. It's nonregulated, so the EPA, the FDA, nobody is really taking action on it at this point, although there is lots of discussion at the federal level around how to approach the regulation or not. In 2016 – no, 2014 – there – oh, sorry, earlier this year – there was a large salmonella outbreak nationwide as a result in the kratom. We had 16 cases here in Washington, one of which was local in our county. The DEA and the FDA have both taken a look at this and said, you know, this really is a level of concern. The DEA went as far as to say that they were going to plan to ban it and put it as a Schedule 1 drug, but they have since walked that back, and it's now listed on their drug of concern, which means it's open for further investigation and may be moving to a Schedule 1 ban. And Dr. Beatty has approached our ME's office and asked if there were any deaths in our county related or caused by kratom. And we had four deaths in our county with kratom on board as a drug, in addition to other drugs at the time of their death.

So is it in Snohomish County? I kind of answered that in the last slide with yes, we have deaths here in the county. Earlier this summer we had an intern onboard and we did a survey of our smoke and vape shops in the county to see what was available for sale – or not for sale here. It does look like most of the stores that are currently with storefronts selling kratom are in our smoke and vape shops. And of those surveyed, roughly over



half of them were selling kratom, either in pill or capsule form. The ones that were not selling, selling kratom, were doing so because they were not really wanting to put their toe in the water, knowing the national dialogue around regulation of kratom or not.

So where is the – you know, if the feds aren't taking any action, what's happening on the state and local levels around kratom. And there's a couple kratom associations across, that are the most vocal in the U.S. And they've been tracking that, and this is a map, sort of, of that. And I have more details on the individual locations. Essentially there are three different approaches – major, I'd say three mainstream approaches – to dealing with kratom thus far. Some states have banned them as a Schedule 1 drug and just added them to their list. Some jurisdictions have restricted age of sale, similar to tobacco and alcohol; they've approached it that way. One jurisdiction has said we're not going to allow human consumption, but we can still have it for sale. And the third option is research. So, and it's kind of a hodge-podge. There's about seven jurisdictions in the nation that have banned kratom as a Schedule 1, there's three that have age restrictions, and then the City of Denver, which is this ban for human consumption but still available for sale.

So the Program Policy subcommittee took a look at all these options, asked some really great questions, and decided that, really, the best position for the Board of Health to take is to really look at a resolution calling on the State Department of Health and the Board of Health to take meaningful action on kratom. You know, it'd be one thing if we took some action, but realistically, there's online sales as well as cross-jurisdictional work that's happening. I think I'd just go down to King or Skagit and come back with it. So what are we really able to do here? This would really be some more meaningful action taken at the state level as the state is beginning their legislative session, we could take the opportunity to discuss the passage of this resolution and our concerns with our state delegation.

So, requiring banning its active ingredients – there's a lot of active constituents and components of kratom, but there are really two of concern. They have options of age restrictions, this ban, additional research/data collection, and then subsequently, in lieu of all of that, taking meaningful action to create some sort of education and awareness and/or recommendations for how other folks who work with population who may be having substance-abuse problems since they're co-morbidities that they can take an action about how do we approach this conversation with our community.

So before you have that resolution and we're asking for your passage. Any questions?

Ms. Linda Redmon: I was wondering if the, if you've looked at the, the recent changes like – where it stems from is Thailand, and the fact that they're actually acting to legalize it currently and how that affects how you think about, what we, what we would recommend. Sorry.

Ms. Thomsen: So the statement – the statement is that Thailand, the country of origin for most of the kratom plants is Thailand. It is currently banned in Thailand, in addition to Myanmar, and there's one other country that also bans it – oh, Malaysia – and the question is, is that Thailand is re-looking at the regulations to unban it. And has that impacted our discussions at all, and I will just say no, because I didn't know that Thailand was looking at reversing the ban.

Ms. Redmon: Yeah, there's actually, there's actually a lot of support right now for the ban to be reversed. The ban was started as a sort of a way for the, the government to keep getting taxes from sale of opium, way, way back when. And this plant was a traditional remedy – I'm half Thai, by the way, so I have a little history. So, so that was sort of a more taxation thing, not a "it's a dangerous plant" type of thing. And then over time, you know – just because it was illegal, people sort of just thought you couldn't use it without being, without being criminalized. But now there's legislation going through to legalize marijuana and this substance as well, currently. So I just kind of wonder about looking at the traditional context and also how that, how it plays out

here in our society. Is there a different, you know, is there a different level that we're using it, or there different forms that we're using it? How really should this be regulated? Is it more like nicotine or, you know, cigarettes, or something like that, or is there really more concern? If we criminalize it, are we preventing research on to it that may or may not be medically useful – we really don't know. So how do we, how do we – what do we refer to the legislature as our recommendation and is it looking at the traditional forms?

Ms. Thomsen: So the resolution as stated doesn't give a preferred recommended action. It just says please look at it. So all those are written into the resolution currently as things the state could do, but we're not stating a preference.

Ms. Redmon: So if they come back to us and say well, what do you want us to do, we're not going to say ... anything?

Ms. Thomsen: The subcommittee did not state a preference.

Dr. Mark Beatty: If I could comment – it, unlike nicotine and marijuana, it is an opioid, and it's an unregulated opioid.

Ms. Redmon: Right.

Dr. Beatty: So it's, it's widely available at a time when we're experiencing an opioid crisis. I think that it's a matter of time before somebody figures out how, how to take the supplement and concentrate it; I don't think it would be very difficult. And, so I do think it's dangerous. It's being used for a lot of different things, like migraines; some people are espousing its value as a treatment for opioid addiction. The problem with that is, we in the U.S., opioid addiction with medical-assisted treatment is medically assisted – there has to be a physician or some other health provider that could guide the patient to a correct dose and make sure that there's not, they're not having any complications, and make sure their other needs – like, commonly, mental-health issues – are being addressed as well. So having it just available, with no regulation, no medical oversight, is probably dangerous and could potentially make it a gateway drug to stronger opioids rather than a treatment. So, I'm not even – I'm fairly certain that most people are, do not realize that it's an opioid. At least from the individual conversations I've had with people I've met that use it. So.

Ms. Redmon: And I'm not advocating that it's not regulated, I'm just saying that, we can't – if it's criminalized, it makes it harder to do the research to see if it is something that is a medically-assisted treatment option or something like that – we just don't know. I'm just responding to the fact that we don't know, really, hardly anything about it, and—

Dr. Beatty: Sure.

Ms. Redmon: I wouldn't want to see that ability to find out more complicated. Yes?

Dr. Beatty: So it would be, if it were a treatment – so right now the available drug is not, we have no idea what any, what any individual packet has in terms of concentration. So if it were used in treatment in a serious clinical study, it would be akin to using something like morphine because it's a full agonist. And I think we're at a time when we're moving away from that kind of treatment to things like Suboxone, which, which is a partial agonist. And so it has a ceiling effect that prevents you from getting high. It will keep the withdrawal symptoms away so that you don't feel, I mean, so that you're feeling more normal, but it's not going to give you a high, no matter how much you take of it. So I think, and I'll also say, no one is seriously looking at it as a treatment for opioid addiction in terms of FDA drug trials. I don't think that would necessarily prevent it from happening, but it

would have to be purified – the active ingredients – and then go through a safety study, just like everything else—

Ms. Redmon: Right.

Dr. Beatty: And we already have some concerns about safety with this drug, so, I, if you, you'd have a tough time convincing a pharmaceutical company to pick this up and start moving forward with it.

Mr. Sam Low: Dr. Beatty, has Kathy Lofy, the state health officer, have you had a conversation with her or does she have an opinion on this that you know of?

Dr. Beatty: Jeff, do you want to talk about that?

Mr. Jeff Ketchel: I have – she's not mentioned it to me.

Dr. Beatty: So he did a, but you did a survey of other counties to see if there's any activity.

Mr. Ketchel: Oh, I did a survey of other local health jurisdictions and no other local health jurisdiction has – board – has considered this.

Dr. Beatty: We've brought it up. I mean, I brought it up at the local health – the health officer meetings, which Kathy participates on, and, I mean, the feeling, obviously right now, is that there are a lot of other things going on, and so it requires more time to consider, whether action should be taken. However, I will say that last year there was a – how do you call it – a group of people showed up in Olympia to, in support of kratom to prevent, if there was any movement towards trying to get it banned. So, you know, it is a little bit of a political hot potato and continues to be. That's what's stopping FDA, is that Congress – people lobbied Congress to prevent FDA from changing its status. And so Congress said, you need to get more data. And so that's, that – so we're in this limbo of trying to figure out what this pure, what does the drug itself do and how much of that is responsible for the deaths that have occurred and the addiction that potentially could occur with a drug like this.

Mr. Kurt Hilt: So you mentioned that there are four deaths in Snohomish County in 2018, 2017.

Dr. Beatty: No, just this year – this year.

Mr. Hilt: Just this year. So you said that those are poly-drug overdoses, so they could've been alcohol, barbiturates, name the gamut, as many of those deaths are. Is this—

Dr. Beatty: Yes, which is often the case.

Mr. Hilt: This a—yes, it usually is. This alone, will it kill someone?

Dr. Beatty: We don't know. But we can say that one of the people who died had exceedingly high levels of it in their system. I mean, in, in the thousand-fold higher than, than others that we normally see. And so it does raise those concerns. And, and actually two of the patients, when they took photos of the death scene, actually had bottles of kratom right next to the body. So they clearly were not just sipping it. They were consuming a lot. And it probably was using, used in ways that heroine and methamphetamine are used – one offsets the interaction of the other, but the combination, like benzodiazepine and heroine, can be dangerous.

Chair Adrienne Fraley-Monillas: Anybody have any more questions? Kyoko? Ms. Wright?

Ms. Kyoko Matsumoto Wright: So, it says that you can, it can be brewed as a tea, chewed, or used in capsules, but are people smoking it too? Because they're, they're in vape shapes, and, and I, and I, as I go along Highway 99 in King County, just before Snohomish County, there is a huge sign out there, says 'Kratom sold here.'

Dr. Beatty: There's one up on Everett and Colby—

Ms. Matsumoto Wright: Okay.

Dr. Beatty: At the, at the vape shop there. I don't think it's being smoked. I think the issue is that that population that frequents vape shops is also interested in the use of this product. So when I go to vitamin and health shops and ask them about kratom, they're like, 'Oh, no. We don't, we don't make it available here at all.'

Ms. Matsumoto Wright: Okay.

Dr. Beatty: So it's, it's kind of a cult-following, basically, and it's hard to prove or disprove when each side is, doesn't want to believe in the evidence that's being provided, so it's, it's kind of a sticky situation.

Ms. Thomsen: I would just add to that, that in our survey that we did this summer, it's mostly in pills and powders. It's not in like a loose-leaf variety.

Ms. Matsumoto Wright: So they're just taking it in capsules rather than brewing it in tea.

Ms. Thomsen: Or they're adding it like a, like a fiber supplement into their water and mixing it up. It dissolves in the water as they're drinking it.

Dr. Beatty: It comes with no instructions, no dose. Just—

Ms. Thomsen: Correct.

Dr. Beatty: Just take what you want. But you could go to the American Kratom Society website and they have a lot of suggestions about, about the benefits of kratom, but in a rather one-sided discussion.

Chair Fraley-Monillas: Is there any other questions? Or comments?

Mr. Dan Rankin: Comment. So, coming from the policy group that brought this forward, with Dr. Beatty, I mean we deliberated a lot of these same, identical concerns, and that's why we came down to, you know, this is basically sold and designed for human consumption, yet it's completely unregulated. There's a lot of things on this planet that are entering this country to put into our bodies that are unregulated as well, but this being an opioid, we felt that it was something that needed to be looked at, you know, given the crisis at hand. And given the salmonella outbreak earlier in the year and, and different things that, tied to the – it wasn't just that, yeah, we need to do something; okay, let's move onto the next thing. We deliberated very well and very long on not only the negative aspect but some the positives that individuals have brought forward. So, and, and so this recommendation is, is more about looking at it from – you know, we felt that Washington State needed to look at it with, you know, and not just be something of non-significance. That it could be something – you know, when we have four deaths in Snohomish County in one year in this type of report, we should be looking at it [inaudible] what's going on in King County, Thurston County.

Ms. Thomsen: Thank you.

Chair Adrienne Fraley-Monillas: Is there any other comments? I'd love to hear a motion for a resolution.

Mr. Rankin: I'll make that motion.

Chair Adrienne Fraley-Monillas: For Resolution No. 18-24, Mayor Rankin?

Mr. Brian Sullivan: Second.

Chair Adrienne Fraley-Monillas: It's been properly moved and seconded. Discussion on the motion?

Mr. Hilt: Yeah. I don't not – how do I phrase this? I think there's great intent with this motion, but I think it's stepping into something that we're not quite sure what we're stepping into, as far as policy and politics within the state and local community. I like how you stated, really the question is, how should this be regulated? Or how we evaluate the role in our society or our state with this, with this substance. I guess I'm just, I'm not comfortable supporting this as it's written. I could support something that was a little more vague, asking the legislature to investigate – hey, what is this, how does this fit into Washington State, does it fit into Washington State? Something that's a little more – I don't want to use the word 'robust,' but a little more – 'vague's' not the right word, either – I guess as a summary, I'm not comfortable with it.

Chair Fraley-Monillas: Is there any other discussion?

Mr. Low: Yeah.

Chair Adrienne Fraley-Monillas: Mr. Low.

Mr. Low: Yeah, sounds like other health care professionals in Washington State are aware of it and doesn't sound like anybody else is taking up the charge on this, and so, clearly they have more expertise in this than I do, so I'm not going to support the motion today.

Chair Fraley-Monillas: If nobody else wishes to speak, I'll speak. I am going to be supporting the motion just because I've served on this Health District for a very long time, and we've done some pretty radical things, that haven't been done across the state that have been done in Snohomish County regarding smoking and vaping and the work we've done on opioids, and I think if there's any opportunity or possibility that, that this drug could be getting into children's hands, or getting into hands of those that probably shouldn't be taking this sort of level of drug, I think it's worth at least looking into, and I think that's all this resolution says, is to have, is continued to be looked into. And I think you said it, Mayor Rankin, that it, it had been vetted pretty clearly through committee. So I'll be supporting this. Discussion? Ms. Wright?

Ms. Matsumoto Wright: Well, one of the things that it says is placing age restrictions. So, can a ten-year-old go and buy that today? I don't know. But if there's no age restrictions, I feel that it's not a – it's an opioid but it's not a, it's not marijuana, it's not cigarettes, it's – so if a ten-year-old can buy it—

Mr. Ketchel: Yup.

Ms. Matsumoto Wright: I think we should probably look at having at least the age restriction on it and then, and some of these other things, to get, to make the public and the other elected officials, health board people, understand that this might be a problem. That we probably should look at. Look it how long it took marijuana to get to where it is, so I don't really want to have to wait another 40 to 50, 60, 100 years for this. How many deaths it's going to take before it gets – I'd like to find out now. At least start looking at it.

Dr. Beatty: I'll make one other comment. So during the health officer's report, I'll talk about cannabidiol, and, which has been associated with some, what's called TIC, so disseminated – people bleed out, basically, consuming it. The state is interested in restricting this drug – or, this supplement – because it, restaurants want to add it to food that they serve, and their approach is going to be that it's not on the safe food additive list. So now we're talking about something that hasn't caused any deaths in the state, but the state is requesting that counties take action against it. So it's a little bit of a slippery slope, I think. Being first isn't always a bad thing.

Chair Fraley-Monillas: Is there any other discussion?

Mr. Brian Sullivan: So this, this is really about data-collection though, right?

Dr. Beatty: No, it's about making it known that, you know, at a time when we were one of the counties – the second largest county with deaths associated with opioids that, you know, we're trying to do everything possible.

Mr. Sullivan: Right. Well, this is – I understand that part, but, but in order for us to move forward, we need the legislature to act in some way to collect data, to, to move on into the future. And—

Dr. Beatty: We can actually access data. I have been to Ideal Options, and discussed with them the kratom problem, and they said quite frankly, they see patients that are addicted, and they're willing to share their statewide data with us to look at it.

Mr. Sullivan: Okay. So based on that, I'm happy to support this motion.

Mr. Nate Nehring: And I'll just speak as another member of the Program Policy Committee. I, I think we really tried to keep it more vague than it really was heading, and asking, you know, as it's written for the legislature to take meaningful action. And we had a suite of options on there for the legislature to choose from, and one of those, I think, was a public education campaign – I don't know if we saw the slide, but. So if that's the direction the legislature wanted to decide to go, that might be more appropriate. If there's a need for more research, more data, and those sorts of things, but I think that's included within this resolution. So I'll be supporting it.

Chair Fraley-Monillas: Well, seeing we've got—Oh, sorry. I'm sorry, I think it's Ms. Cook, and then back to you, Ms. Sutton.

Ms. Chris Cook: So yeah, I agree with the Chair. The Chair mentioned that we need to be proactive leaders in terms of preventative measures in our community. That's part of our, an important part of our role that was in the mission statement that was up there. And this, I think, provides that leadership, and it, but it gives the state – it's big enough, I believe, in, for me to be comfortable with it, in that it gives a menu of options, and one of the options is just providing an educational campaign. That could be chosen in, with exclusions to any of the other by the state. I don't think we're prescribing anything very specific. I think we tried to keep it vague. So I do support it, but, I mean, maybe, Kurt, you want to make an amendment to make it even vaguer, if that, if that helps – or less directive.

Mr. Hilt: No, I—

Ms. Cook: But I think in this case it that, it gives a lot of options to the state.

Mr. Hilt: No, and I appreciate what the policy committee did. I, maybe for me the biggest thing is because this is something new, we're being asked, or I'm being asked to evaluate this and pass a resolution and send it to

the state legislature, the first time I'm seeing it. Right? So for me this is something new and I would rather, I would rather have a little more time – maybe in January I could support this, having a little more time, a little more thought on it. But because it's something new and there's, there are some specific things in here, I'm not going to vote on it today.

Chair Fraley-Monillas: Ms. Sutton, you were next.

Ms. Shirley Sutton: I thank you very much. You know, this is sort of reminds me of the days I was a substance-abuse coordinator for a school district. And at that time the drug of choice for young folks was sniffing glue. And, and I remember sitting with parents and talking with them about the situation in terms of what this does to the brain of children, young folks, and of course, at that time sniffing glue was something that parents couldn't wrap their mind around. They just didn't understand. Well, it's kind of interesting that as we have progressed from sniffing glue to legalizing marijuana, now we've got some other drug that's creeping in and making its way in our society. And I will be supporting this because I've already walked this path before. And I have seen children and young, and older seniors – now we're, you know, I'm talking about myself here – because we also are a part of this upcoming epidemic of opioid abuse, and kratom, more so because it's cheap. You know, they don't have money so they'll do something like this to get their – whatever it is they want to get their high or whatever. So I'm, I'm very emotional about this, so I'm going to be supporting this.

Chair Fraley-Monillas: Thank you. Further discussion?

Ms. Cook: Just a quickie that, that I understand Councilmember Hilt's concern. I have the advantage of having been on the policy committee and being able to talk about it for a couple hours, maybe longer. And so if I were just sitting here and it's presented to me right now, I totally understand your, your concerns. And I think I probably started out that way because I do actually know some individuals, one in particular, who is really quite a fan of this and believes that it has helped him, in a, with an opioid addiction. And so I came to this very, very unsure about what to do. But after, especially some discussion with Dr. Beatty and with the other members, I became much more comfortable. So I appreciate the decision that you're [inaudible].

Chair Fraley-Monillas: Okay. So seeing no further discussion, we're going to move to a roll call vote since – it's rare actually. Thanks, everybody, for good discussion on both ends, actually. And this is rare that we actually have this sort of debates. I think it's healthy. But so we don't move through a voice vote, we'll move through a roll call vote. And, Ms. Carl.

The motion to approve Res. 18-24 urging the Washington State legislature to take meaningful action to address kratom passed 11 to 3.

Aye: Bader, Cook, Fraley-Monillas, Matsumoto Wright, Nehring, Olsen, Rankin, Redmon, Ryan, Sullivan, Sutton

No: Hilt, Low, Vaughan

Absent: S. Wright

Chair Fraley-Monillas: Thank you very much, Ms. Carl. And thank everybody for the great discussion here. I think that's good.

Approve Res. 18-26 amending language to the Health District charter regarding membership and city representation (SR 18-074)

Mr. Weed was asked to review the current Board appointment process and bring back suggestions for adding clarity to the process. He reviewed his recommendation for amended language to the charter, including the implementation of a rotation process in each Council district.



It was moved by Mr. Low and seconded by Mr. Hilt to approve Res. 18-26 amending language to the Health District charter regarding membership and city representation.

The Board discussed the motion, during which rotation between the cities and other details of the amended language were discussed. Board members expressed concern that city appointments may not be made in time for the January 8 Board meeting. Mr. Weed offered a possible amendment to the resolution to include language allowing for the incumbent to remain seated (if eligible) until the appointment is made.

The motion was amended to include language to the resolution allowing for the incumbent to remain on the Board (if eligible) until the annual appointment is certified for the coming year. The motion passed with one nay (Nehring).

Authorize the Administrator to sign a letter to Kidder Mathews cancelling the client and listing agreements, effective Dec. 31, 2018 (SR 18-069 (SR 18-069))

Per the Rucker Building task force recommendation, staff drafted a letter canceling the client and listing agreement with Kidder Mathews. Kidder Mathews has been notified, and they indicated there are no outstanding costs associated with the contract.

It was moved by Mr. Low and seconded by Ms. Linda Redmon to Authorize the Administrator to sign a letter to Kidder Mathews cancelling the client and listing agreements, effective Dec. 31, 2018. The motion passed unanimously.

Authorize the Administrator to sign materials for the Rural Communities Opioid Response Program - Planning grant application (SR 18-072)

This grant is focused on rural communities and eligible areas would be Darrington, Gold Bar, Index, southeast Monroe, and southeast Sultan. The grant is due January 15; if awarded, it would be up to \$200,000 with an option for renewal. The bulk of the grant is for planning, but there is a provision for implementation.

It was moved by Mr. Low and seconded by Mr. Ranking to Authorize the Administrator to sign materials for the Rural Communities Opioid Response Program - Planning grant application. The motion passed unanimously.

Authorize the Administrator to sign the Medicaid Administrative Claiming professional services agreement with the Health Care Authority for the term Jan. 1, 2019, through Dec. 31, 2020 (SR 18-073)

This contract allows the Health District to claim reimbursement for services for Medicaid-related outreach and services performed by staff. By mid-year 2018 we've received approximately \$49,000 in reimbursements.

It was moved by Mr. Low and seconded by Ms. Kyoko Matsumoto Wright to authorize the Administrator to sign the Medicaid Administrative Claiming professional services agreement with the Health Care Authority for the term Jan. 1, 2019, through Dec. 31, 2020. The motion passed unanimously.

Authorize the Administrator to renew the community-based lease agreement with the Health Care Authority for the term Jan. 1, 2019, through Dec. 31, 2020 (SR 18-075)

Two HCA staff members provide Medicaid outreach to Health District clients and are housed in the Rucker Building; space is provided to them free of charge. This contract renews the previous contract started in 2014 to allow for the HCA staff members to remain housed in the building.

It was moved by Mr. Low and seconded by Mr. Hilt to authorize the Administrator to renew the community-based lease agreement with the Health Care Authority for the term Jan. 1, 2019, through Dec. 31, 2020. The motion passed unanimously.

Administrator's Report

The Administrator did not provide a report.

Health Officer's Report

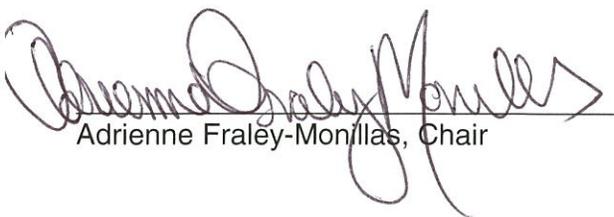
Dr. Mark Beatty reported that he recently released a health alert for a measles outbreak in Israel that resulted in imported cases on the East Coast and measles transmission in the US; this was a similar situation to what happened in Snohomish County in June. However, in our case, we were able to contain the outbreak, and there were no cases outside the host family. We recently received a call from Sultan High School regarding the wrestling team developing conjunctivitis; infectious conjunctivitis is uncommon in this age group, and the fact that only wrestlers were affected was also odd. The Health District contacted health care providers who examined the children to confirm the diagnosis before sending out a schoolwide notice about infection conjunctivitis. We learned this was not infectious conjunctivitis; instead it was a temporary UV injury to the cornea called photo keratitis. This is to the eye what sunburn is to skin and, in fact, some wrestlers also had a patch of sunburn. Environmental Health staff visited the school the next day and discovered ultraviolet lamps were used to sterilize the mats, but the mats are not to be used when the lamps are on. The school agreed to remove the lamps and return to other standard techniques for cleaning the mats. Lastly, Environment Health issued a cease-and-desist order to a coffee shop that started adding cannabidiol—a non-psychoactive derivative of the hemp plant—at patrons' request. There is a growing fad purporting the health benefits of cannabidiol. However, cannabidiol is not on the list of FDA-approved food additives and therefore this is in violation of health code for food establishments to add this to prepared menu items. DOH is recommending this approach but has not yet recommended an enforcement approach. In the last few years there have been a number of deaths associated with contaminated cannabidiols.

Information Items

Chair Fraley-Monillas reviewed the list of upcoming meetings.

Adjournment

The meeting was adjourned at 4:55 p.m.



Adrienne Fraley-Monillas, Chair



Jefferson Ketchel, Administrator / Secretary