



Snohomish County Council

Legislation Details (With Text)

File #: 2024-0302 **Version:** 1

Type: Ordinance **Status:** Approved

File created: 3/7/2024 **In control:** Public Hearings

On agenda: 4/24/2024 **Final action:** 4/24/2024

Title: Ordinance 24-019, approving agreement for health officer coverage between Washington State Department of Health and Snohomish County

Sponsors:

Indexes:

Code sections: Charter 1.30 - Intergovernmental Relations

Attachments: 1. Ordinance 24-019, 2. Agreement - SIGNED, 3. Staff Report, 4. Ordinance Introduction Slip, 5. Hearing Notice & Affidavit of Publication, 6. Enactment Notice & Affidavit of Publication

| Date | Ver. | Action By | Action | Result |
|-----------|------|---|----------------------------------|--------|
| 4/24/2024 | 1 | Public Hearings | Approved | Pass |
| 4/3/2024 | 1 | General Legislative Session | Set time/date for Public Hearing | |
| 3/26/2024 | 1 | Health and Community Services Committee | Moved to Administrative Matters | |
| 3/12/2024 | 1 | Administrative Session | Assigned | |

Executive/Council Action Form (ECAF)

ITEM TITLE:

Ordinance 24-019, approving agreement for health officer coverage between Washington State Department of Health and Snohomish County

DEPARTMENT: Health Department

ORIGINATOR: Rhonda Smids-Osborne

EXECUTIVE RECOMMENDATION: Lacey Harper 3/8/24

PURPOSE: This agreement outlines authorization for the Washington State Department of Health Regional Medical Officer to serve as Acting Health Officer in Snohomish County during periods when the Local Health Officer is physically unavailable or absent from Snohomish County.

BACKGROUND: In the past we have had a need for the Washington State department of Health Regional Medical Officer to provide coverage and we wish to continue this partnership. This ensures that there are no delays in providing essential services to the public.

FISCAL IMPLICATIONS:

| EXPEND: FUND, AGY, ORG, ACTY, OBJ, AU | CURRENT YR | 2ND YR | 1ST 6 YRS |
|---------------------------------------|------------|--------|-----------|
| No exchange of funds | | | |

| | | | |
|--------------|--|--|--|
| | | | |
| | | | |
| TOTAL | | | |

| REVENUE: FUND, AGY, ORG, REV, SOURCE | CURRENT YR | 2ND YR | 1ST 6 YRS |
|---|------------|--------|-----------|
| No exchange of funds | | | |
| | | | |
| TOTAL | | | |

DEPARTMENT FISCAL IMPACT NOTES: Click or tap here to enter text.

CONTRACT INFORMATION:

ORIGINAL X CONTRACT# 6260 AMOUNT \$0
 AMENDMENT _____ CONTRACT# _____ AMOUNT _____

Contract Period

ORIGINAL START Upon execution END One calendar year
 AMENDMENT START _____ END _____

OTHER DEPARTMENTAL REVIEW/COMMENTS: Review/approved by: Risk Management (Sheila Barker 3/7/24), Finance (Nathan Kennedy 3/7/24) and Prosecuting Attorney’s Office as to form only (Rebecca Guadamud 3/6/24)