



# Snohomish County Council

## Legislation Text

File #: 2022-0228, Version: 1

### Executive/Council Action Form (ECAF)

**ITEM TITLE:**

Motion 22-103, confirming the appointment of Katrina Delplato to the Snohomish County Developmental Disabilities Citizen Advisory Board

**DEPARTMENT:** Human Services

**ORIGINATOR:** Megan Edmonds

**EXECUTIVE RECOMMENDATION:** Approve - Lacey Harper

**PURPOSE:** To recommend the appointment of Katrina DelPlato to the Snohomish County Developmental Disabilities Citizen Advisory Board.

**BACKGROUND:** The Developmental Disabilities Citizen Advisory Board is comprised of citizens who serve in an advisory capacity to the Developmental Disability (DD) staff of the Snohomish County Human Services Department. The Board meets monthly and is comprised of up to 15 members, drawing from all areas of the county and a range of backgrounds, including family members, individuals with developmental disabilities, professionals and advocates.

- \* Ms. DelPlato resides in Council District 5 Ms.
- \* DelPlato is a family member and has a twin brother who experiences autism
- \* Ms. DelPlato has an MBA in Healthcare Management, Bachelor of Science in Rehabilitation Studies, and Bachelor of Science in Applied Behavior Analysis
- \* She has worked across multiple settings including school districts, medical facilities, autism centers, and in-home settings
- \* Ms. DelPlato is currently the Director of Operations for an autism center
- \* Ms. DelPlato is not a member of any other County committee or council
- \* Ms. DelPlato is recommended for an initial three-year term upon appointment

**FISCAL IMPLICATIONS:**

EXPEND: FUND, AGY, ORG, ACTY, OBJ, AU	CURRENT YR	2ND YR	1ST 6 YRS
<b>TOTAL</b>			

REVENUE: FUND, AGY, ORG, REV, SOURCE	CURRENT YR	2ND YR	1ST 6 YRS
<b>TOTAL</b>			

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

**CONTRACT INFORMATION:**

ORIGINAL \_\_\_\_\_ CONTRACT# \_\_\_\_\_ AMOUNT \_\_\_\_\_  
AMENDMENT \_\_\_\_\_ CONTRACT# \_\_\_\_\_ AMOUNT \_\_\_\_\_

**Contract Period**

ORIGINAL START \_\_\_\_\_ END \_\_\_\_\_  
AMENDMENT START \_\_\_\_\_ END \_\_\_\_\_

**OTHER DEPARTMENTAL REVIEW/COMMENTS:** Reviewed/approved by Finance