

5/17/79

Introduced by: Patricia Thorpe

79-732

MOTION NO. 4268

A MOTION authorizing the County Executive and Council Chairman to sign a memorandum of understanding with Clallam, Island, Jefferson, Kitsap, Pierce, San Juan, Skagit, Snohomish, and Whatcom Counties and Seattle and Tacoma for implementation of the agreement with the Puget Sound Health Systems Agency.

WHEREAS, Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish, and Whatcom Counties form Health Services Area #1, Washington State, for implementation of PL 93-641, the National Health Planning and Resources Development Act of 1974, and

WHEREAS, the ten Counties and the Cities of Seattle and Tacoma have had voting membership on the Board of the Puget Sound Health Systems Agency (PSHSA) which was established under PL 93-641, and

WHEREAS, the local governments and the PSHSA have negotiated an agreement dated July 12, 1978, which will allow for more effective local government participation in health planning activities, and

WHEREAS, it is necessary for the local governments to establish a process for their participation in health planning activities;

NOW THEREFORE, BE IT MOVED by the Council of King County:

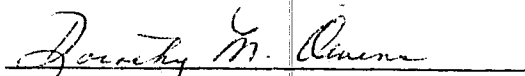
The County Executive and Chairman of the King County Council are hereby authorized to sign the attached Memorandum of Understanding for Local Government Implementation of the PSHSA-Local Government Agreement of July 12, 1978.

PASSED this 29th day of May, 1979.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON


Chairman

ATTEST:


Deputy Clerk of the Council

MEMORANDUM OF UNDERSTANDING
FOR
LOCAL GOVERNMENT IMPLEMENTATION
OF THE
PSHSA-LOCAL GOVERNMENT AGREEMENT OF JULY 12, 1978

I. PREAMBLE

P.L. 93-641, the National Health Planning and Resources Development Act of 1974, authorized the designation of health systems agencies throughout the country for the purposes of improving health; increasing the accessibility, acceptability, continuity and quality of health services; and restraining unnecessary duplication of health resources. The agencies designated to carry out these responsibilities must represent both consumer and provider interests and the membership of their governing body must include public elected officials and other representatives of governmental authorities in the health service area. They may be either private nonprofit, or public agencies.

The Puget Sound Health Systems Agency (PSHSA), a private nonprofit agency, was designated by the U. S. Department of Health, Education and Welfare to serve Health Service Area #1 in Washington State which encompasses the ten counties of Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish and Whatcom. A study, conducted in 1977, concluded that the PSHSA's governing structure lacked sufficient local government participation and, therefore, public accountability. Negotiations following the study led to the signing of an agreement between the local governments and the PSHSA on July 12, 1978 one effect of which is to increase direct local government representation in the PSHSA's organizational and operational structure. The agreement is attached hereto as Attachment A.

There currently exists no process by which the local governments in the ten counties of the Health Service Area can implement the terms of the July 12, 1978 agreement, particularly with respect to appointments to the PSHSA and

its Subarea Council boards and committees. The local governments recognize the need to create such a process and formalize arrangements by which effective involvement in health-related issues can be realized.

II. PARTIES TO THE MEMORANDUM OF UNDERSTANDING

The parties to this agreement are the Counties of Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish and Whatcom, and the Cities of Seattle and Tacoma, these being the entities which heretofore had direct representation on the PSHSA Board through a provision in the PSHSA's bylaws.

III. PURPOSE

The purpose of the Memorandum is to create a process through which elected official representatives from the ten counties in Health Service Area #1, Washington State, (hereinafter called the Health Service area, can cooperate with the PSHSA in the implementation of the July 12, 1978 agreement between local governments and the PSHSA and can participate effectively in health planning.

IV. DEFINITIONS

1. Health Service Area -- that geographic area known as Health Service Area #1, Washington State, encompassing the Counties of Clallam, Island, Jefferson, King, Kitsap, Pierce, San Juan, Skagit, Snohomish and Whatcom.
2. Local elected official -- an elected chief executive or a member of a legislative body of general purpose government.
3. Local government organization -- for the purpose of this Memorandum there shall be six local government organizations:
(a) the King Subregional Council; (b) the Pierce Subregional Council; (c) the Kitsap Subregional Council; (d) the Snohomish Subregional Council; (e) the Northwest Regional Council; and (f) Clallam and Jefferson Counties combined.

4. Subregional Council (SRC) -- one of four permanent semi-autonomous bodies of the PSCOG, representing the member jurisdictions within the respective geographic area of King, Kitsap, Pierce, and Snohomish Counties.

5. Subarea Council (SAC) -- one of six health planning councils in the Health Service Area recognized by the PSHSA as an advisory body to the PSHSA.

6. PSHSA Board -- the governing body of the Puget Sound Health Systems Agency as that term is defined in the National Health Planning and Resources Development Act of 1974.

V. LOCAL GOVERNMENT PROCESS

The six local government organizations, as defined in Article IV, Paragraph 3 of this Memorandum agree to appoint one local elected official representative each, except the King SRC which shall appoint two representatives, to a committee which shall carry out local government responsibilities under the terms of the July 12, 1978 agreement with the PSHSA. A member of the PSCOG Executive Board will serve as non-voting chairman of the committee.

The committee will meet as necessary to implement appointment and joint review procedures; and to take positions on health-related issues of significance to the entire Health Service Area. The committee will provide a single focal point for liaison between local governments and the PSHSA.

The committee will receive necessary staff support from the PSCOG according to a work program and budget negotiated annually by the members of the committee. The staff support will be financed by the ten counties and the Cities of Seattle and Tacoma on a per capita basis, the total amount for a given year not to exceed \$5,000.00.

VI. LOCAL GOVERNMENT APPOINTMENTS

A. PSHSA Board -- the parties agree to the following procedures for appointment of 25% of the PSHSA Board of

directors:

1. The local government organizations except the King SRC, will each have one position for appointment to the 30-member PSHSA Board. The King SRC will have two positions.

2. Each of the six local government organizations except the King SRC, will select for appointment one consumer or, one provider and a consumer alternate for selection by the committee established in Article V. The King SRC will select at least two persons for appointment, one to represent the City of Seattle and one to represent King County. At least one of the two persons selected by the King SRC must be a consumer.

The persons selected may be local elected officials, their staff representatives, or citizens living within the geographic area of the respective local government organization.

3. The committee established in Article V will automatically accept for appointment the names of consumers submitted by local government organizations when only a consumer name is submitted. The committee will accept no more than three provider names for appointment.

4. The PSHSA Nominating Committee will select twelve names from the SAC Boards and nine at-large names by a process agreed to between local governments and the HSA. If, following these procedures, it is impossible to fulfill the representational requirements of P.L. 93-641, the Nominating Committee may ask the committee established in Article V of this Memorandum to resubmit a name for one of their seven appointments.

B. PSHSA Nominating Committee -- each of the six local government organizations will appoint one person to serve on the HSA Nominating Committee. Appointments will be made through the committee established in Article V which will have the responsibilities for assuring that the majority of the appointed

persons have had at least one year of active involvement with the PSHSA, that there are two providers and four consumers among the six appointments, and that the appointments are broadly representative of provider and consumer categories.

C. Subarea Council Boards, Executive Committees and Nominating Committees -- the parties agree to the following procedures:

The affected local government organizations for each of the six PSHSA subareas will negotiate with the respective Subarea Council Board of Directors as to the number of direct appointments to be made by the organization to the SAC board, executive committee and nominating committee, and will develop the process by which the appointments will be made. The process agreed upon must be consistent with P.L. 93-641, the agreement of July 12, 1978, and the implementation procedures agreed to. At least one of the appointments will be an elected official per se, the others may be representatives. Such appointments shall be consistent with the composition requirements of P.L. 93-641. The number of direct appointments agreed to shall be specified in memoranda of understanding between Subarea Councils and the affected local government organizations.

VII. DELEGATION OF APPOINTMENTS

The process developed by the local government organization may include delegation of some or all of its positions for appointment to be made directly by the individual governments within the organization. In any such case the resultant appointments must satisfy the representational requirements of P.L. 93-641 and provide a link between health planning and the comprehensive planning carried out by the respective local government organization. Such requirements shall be stated by the local government organization as part of its delegation and the resultant appointment verified by the local government organization being submitted to the HSA.

VIII. REVIEW AND RENEWAL OF MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding shall be reviewed annually by each party 60 days prior to its anniversary date. It shall be extended for an additional year unless a party proposes its amendment in which case agreement must be reached on the proposed amendment prior to its extension for an additional year.

Clallam County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
Island County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
Jefferson County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
King County	<u>Chairman, County Council</u>	<u>Date</u>
	<u>County Executive</u>	<u>Date</u>
Kitsap County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
Pierce County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
San Juan County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
Skagit County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
Snohomish County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
Whatcom County	<u>Chairman, Board of Commissioners</u>	<u>Date</u>
City of Seattle	<u>President, City Council</u>	<u>Date</u>
	<u>Mayor</u>	<u>Date</u>
City of Tacoma	<u>Mayor</u>	<u> </u>