



ISLAND COUNTY COMMUNITY HEALTH ADVISORY BOARD

AGENDA REGULAR SESSION

January 8th, 2026, 1:00p.m.
1 NE 6th Street (Admin Room 116) Coupeville, WA 98239
Admin Meeting Room

Meetings are available remotely. Those interested in attending the meetings by computer, tablet, or smartphone may use the following link: [Join Meeting Here](#) or ID: 760 026 4615 **Passcode:** ytR29D

Opening Ceremonies

11:00	Call to Order Roll Call & Determining of Quorum Agenda Review	Taylor Lawson, Deputy Director
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Review of Meeting Minutes: *November 7th, 2025*

11:05		Taylor Lawson, Deputy Director
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11:10	Public Comment: <i>An opportunity is provided for all guests to share any community issues or events that may be of interest or relevant to those present.</i>
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Regular Agenda

11:15	1. BOH Policy Docket Review	Shawn Morris, Director
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Attachments: BOH Year in Review

Action Items: Discussion

11:55	Break
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12:00	2. CHAB Chair Discussion	Taylor Lawson, Deputy Director
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Attachments: CHAB Chair Roles and Responsibilities;

CHAB Steering Committee Roles and Responsibilities

Action Items: Discussion and Next Steps

12:30	3. Review Docket for February Meeting	Taylor Lawson, Deputy Director
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Attachments: None

Action Items: Discussion

12:35	4. Emerging Topics or Issues	Taylor Lawson, Deputy Director
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Attachments: None

Action Items: Discussion and Next Steps

12:40	Comments by Membership	CHAB Membership
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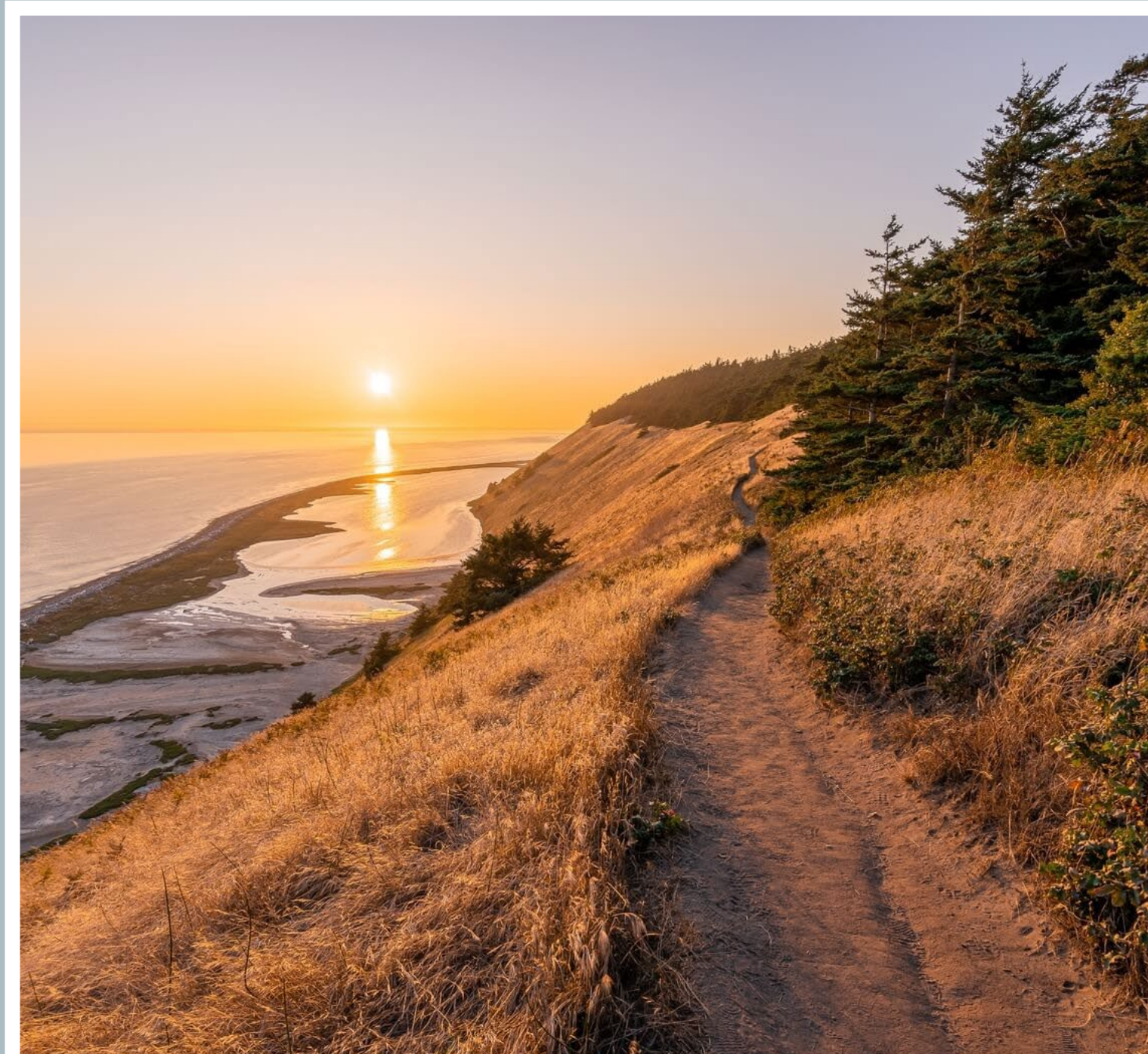
12:55 **Staff Updates**

Public Health
Human Services

Taylor Lawson, Deputy Director
and Kathryn Clancy, Behavioral
Health Services Manager

1:00 **Adjourn**

The next regular session of the Island County Community Health Advisory Board will be held on February 5th from 1PM – 3PM at 1 NE 6th Street (B-102) Coupeville, WA 98239 in the Commissioners Hearing Room.



Board of Health Policy Process

A Governance Framework for the Island County Board of Health

Shawn Morris, ND - Island County Public Health Director



[www.islandcountywa.gov/174/
Public-Health](http://www.islandcountywa.gov/174/Public-Health)



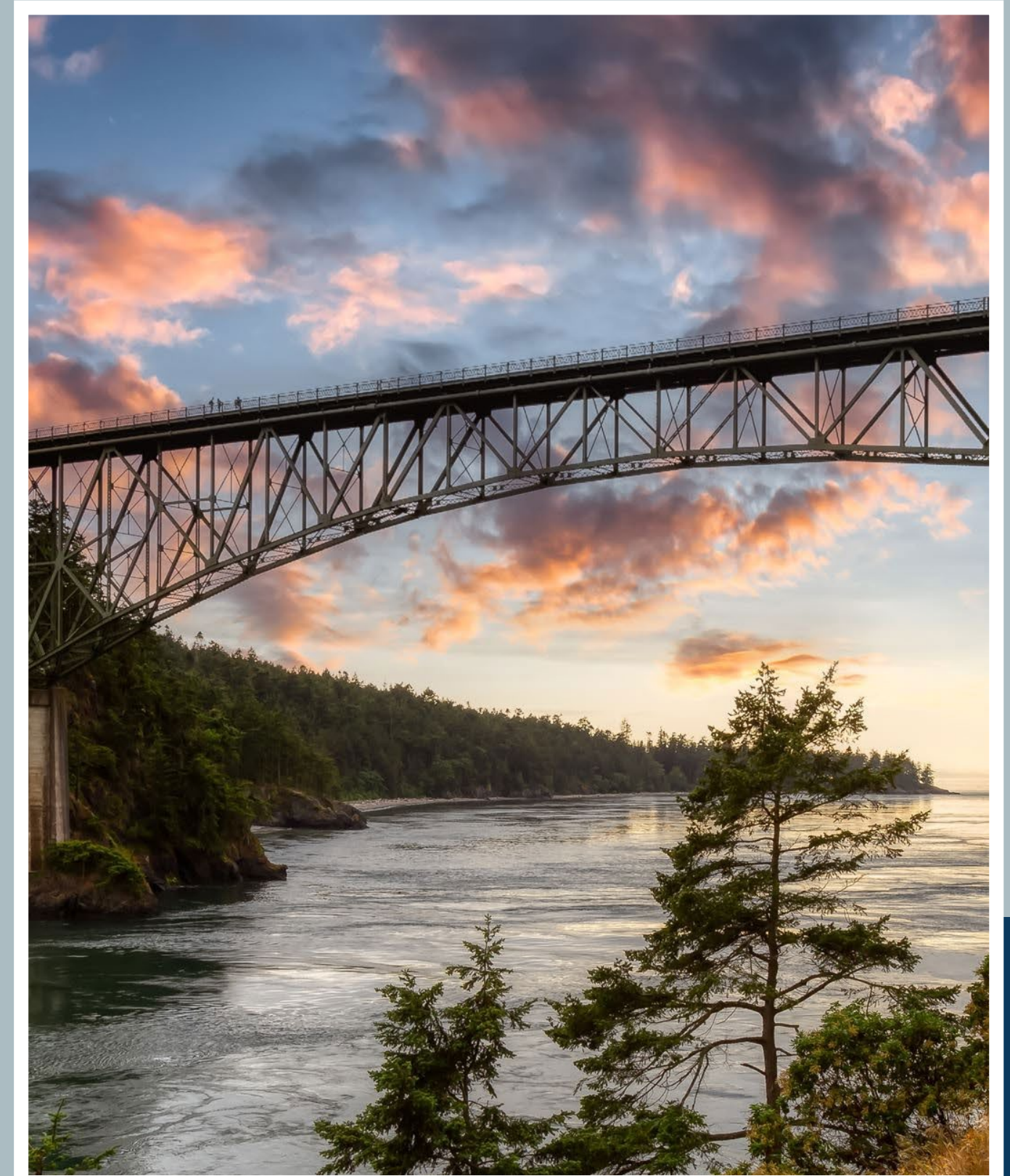
s.morris@islandcountywa.gov

Creating a Policy Structure

This framework establishes a standardized process to make our governance more strategic, transparent, and accountable to community health priorities.

Presentation Overview

- Governance Frameworks
- Policy Review Process
- Community Engagement
- Next Steps



Island County Board of Health

Create Efficiency

Streamline meetings to be predictable and focused on high-level decisions (approx. 90 minutes)

Drive Policy

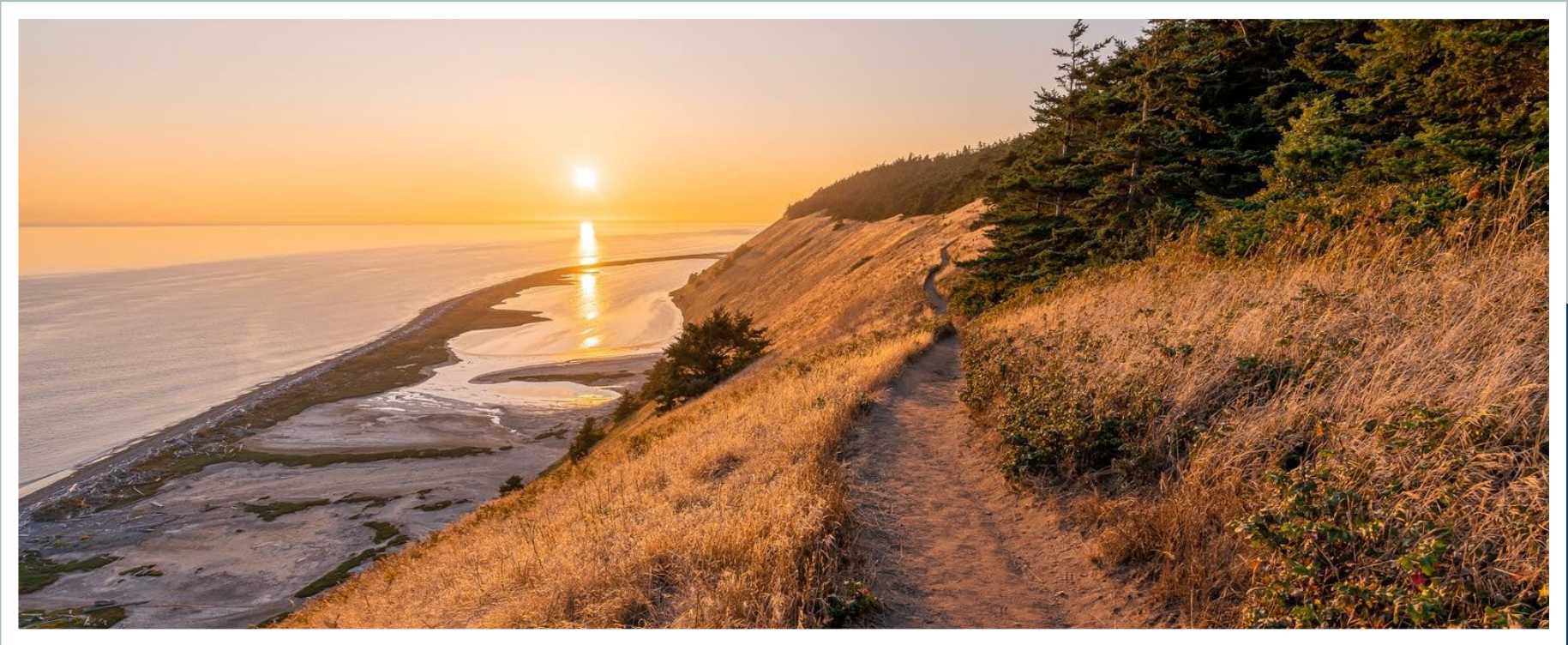
Use a clear, structured process to ensure BOH priorities are consistently developed, adopted, and measured.

Accountability

Build a transparent, year-round system that clearly defines roles for staff, the BOH, and community partners.

Our Goal: Strategic Governance

This new framework is designed to move the Board of Health to a proactive and strategic governing body.



Island County Board of Health

Standing Agendas

- The "Operating System" for our meetings.
- Creates a predictable, efficient structure for every BOH meeting.

Policy Docketing

- The "Engine" for our work.
- Establishes a formal process for how policies are chosen, developed, and adopted.

The Solution

We achieve these goals by implementing two new administrative structures that work together.



Framework 1: Standing Agendas

The new standing agenda provides a consistent structure that dedicates specific time for oversight, policy, and community feedback.

Key Agenda Blocks:

- **Executive Report** : Integrated updates on CD, EH, finance, and operations.
- **Policy Docket** : The primary slot for discussing and voting on resolutions and policies.
- **Impact Metrics Report**: Quarterly, data-driven updates on performance and CHIP progress.
- **CHAB Feedback**: A dedicated time for the CHAB to provide direct input to the Board.

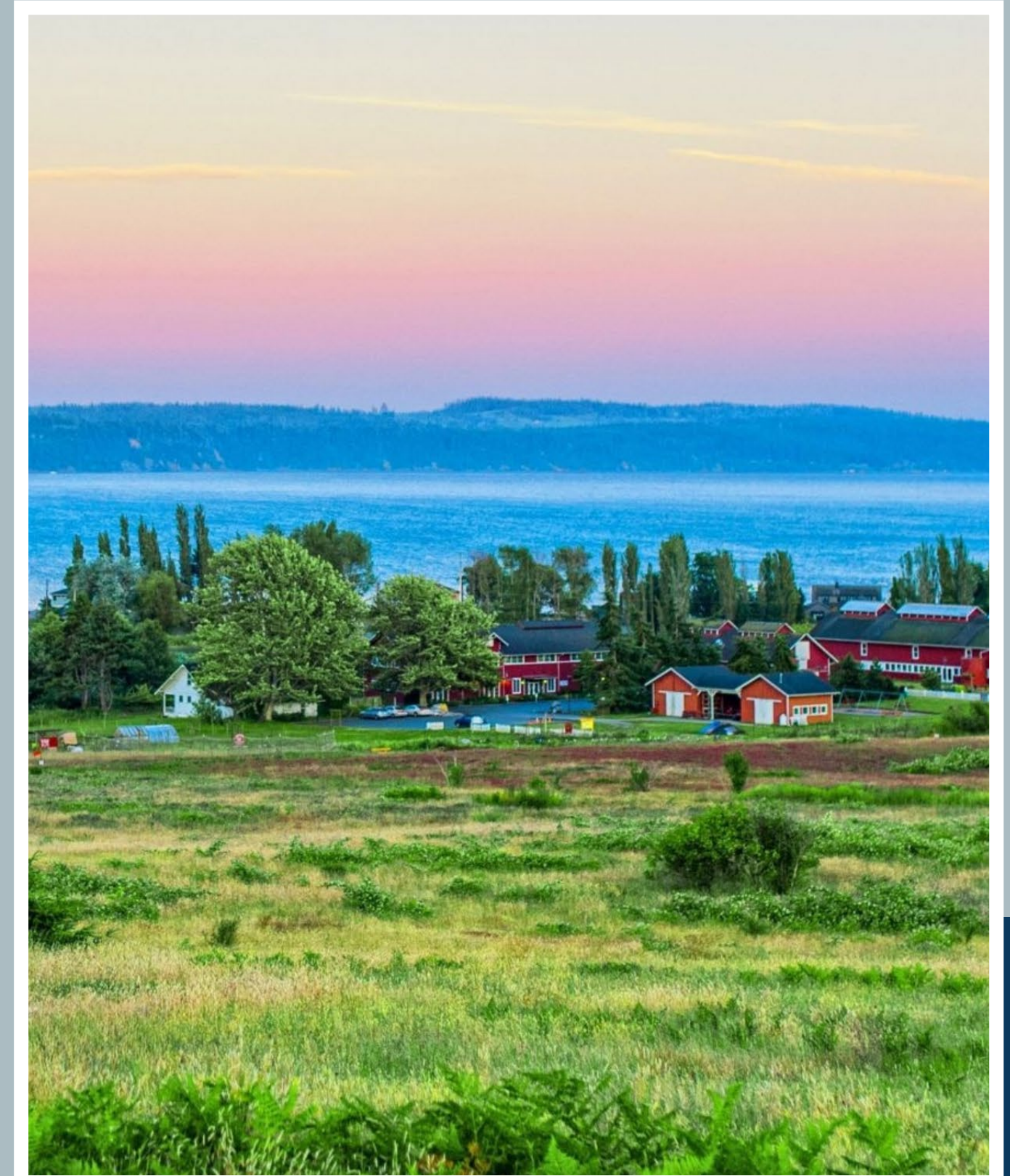


Framework 2: Policy Docket

Prioritize BOH policy development through a transparent, annual 3-phase process.

Key Agenda Blocks:

- **Phase 1:** Collection (Dec-Jan)
 - Staff, BOH, CHAB, and partners submit policy proposals.
- **Phase 2:** Staff Scoring (Dec-Jan)
 - Leadership staff score all proposals using a standardized matrix.
- **Phase 3:** BOH Prioritization (Jan or Feb Meeting)
 - The BOH reviews staff scores and CHAB input, then holds a vote to adopt the final docket for the year.



What is a BOH Policy?

Tier	Type & Documentation	BOH Role	Examples
Tier 1	Inform; Executive Report OR Coversheet	Receive Briefing (No Vote)	<ul style="list-style-type: none">• Enforcement Procedures• Internal Ops
Tier 2	Endorse; Coversheet + Full Draft	Review & Vote to Support (Alignment)	<ul style="list-style-type: none">• Advocacy Letters• Strategic Plans• Resolutions
Tier 3	Adopt; Coversheet + Full Draft	Discussion & Vote (Legal Action)	<ul style="list-style-type: none">• Sanitary Codes• Fee Schedules• Bylaws

Staff Policy Review

Staff will provide recommendations based on clear, standardized criteria, ensuring our efforts are focused on the most critical issues. Staff will classify all proposals into **Tier 1, 2, or 3** to determine the required Board action (Inform, Endorse, or Adopt).

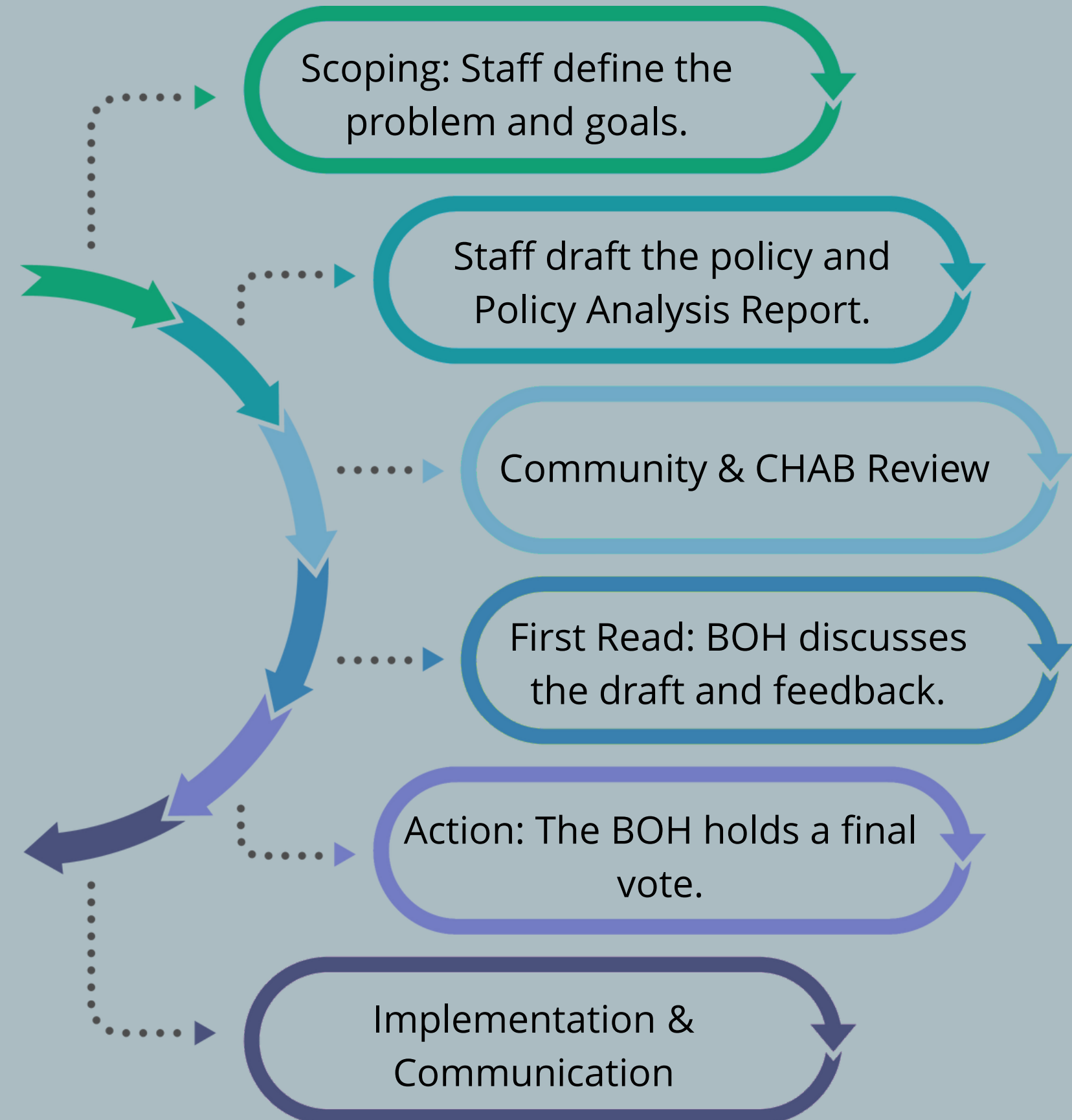
Staff Scoring Matrix (1-5 Scale):

- **Public Health Impact:** Potential to improve health outcomes.
- **Health Equity:** Potential to reduce health disparities.
- **Feasibility:** Financial, legal, and political viability.
- **Community Support:** Level of demand from partners and public.
- **Urgency:** The time-sensitive nature of the issue.

6-Stage Policy Workflow

Once a policy is on the docket, it follows a predictable path with clear touchpoints for BOH and community review.

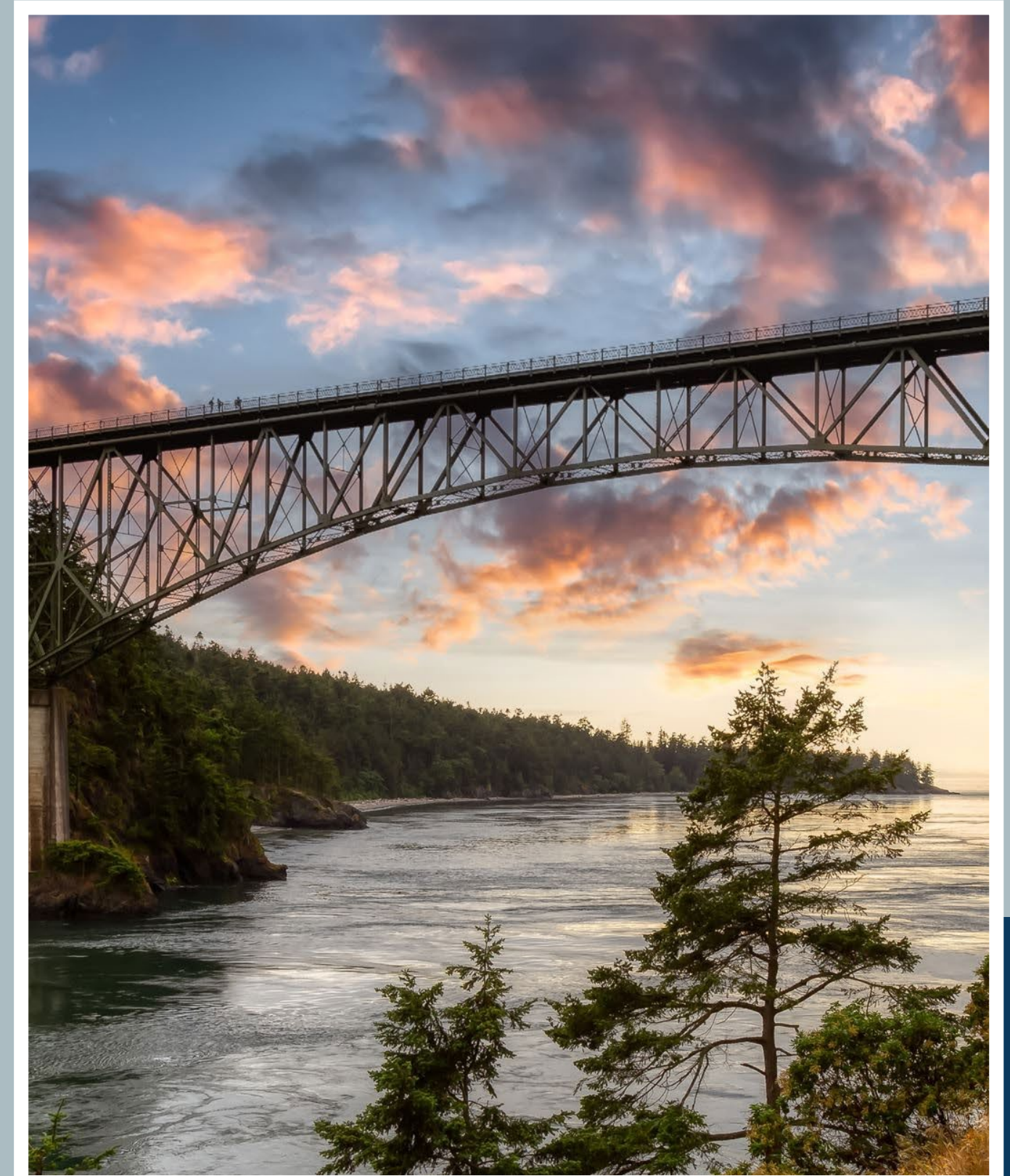
Note: This 6-stage workflow applies primarily to Tier 2 (Endorse) and Tier 3 (Adopt) policies. Tier 1 items are generally presented via the Executive Report.



CHAB & Partner Engagement

This framework integrates the Community Health Advisory Board (CHAB) into the policy process:

- **Advising on the Docket:** The CHAB formally reviews and provides recommendations on the *draft* policy docket before the BOH votes to adopt it.
- **Reviewing New Policies (Function A):** Provides an equity lens and partnership recommendations on all policies in development.
- **Reviewing Existing Programs (Function B):** Provides community-level feedback on existing health department programs to ensure they are accessible and meeting needs.



Summary & Next Steps

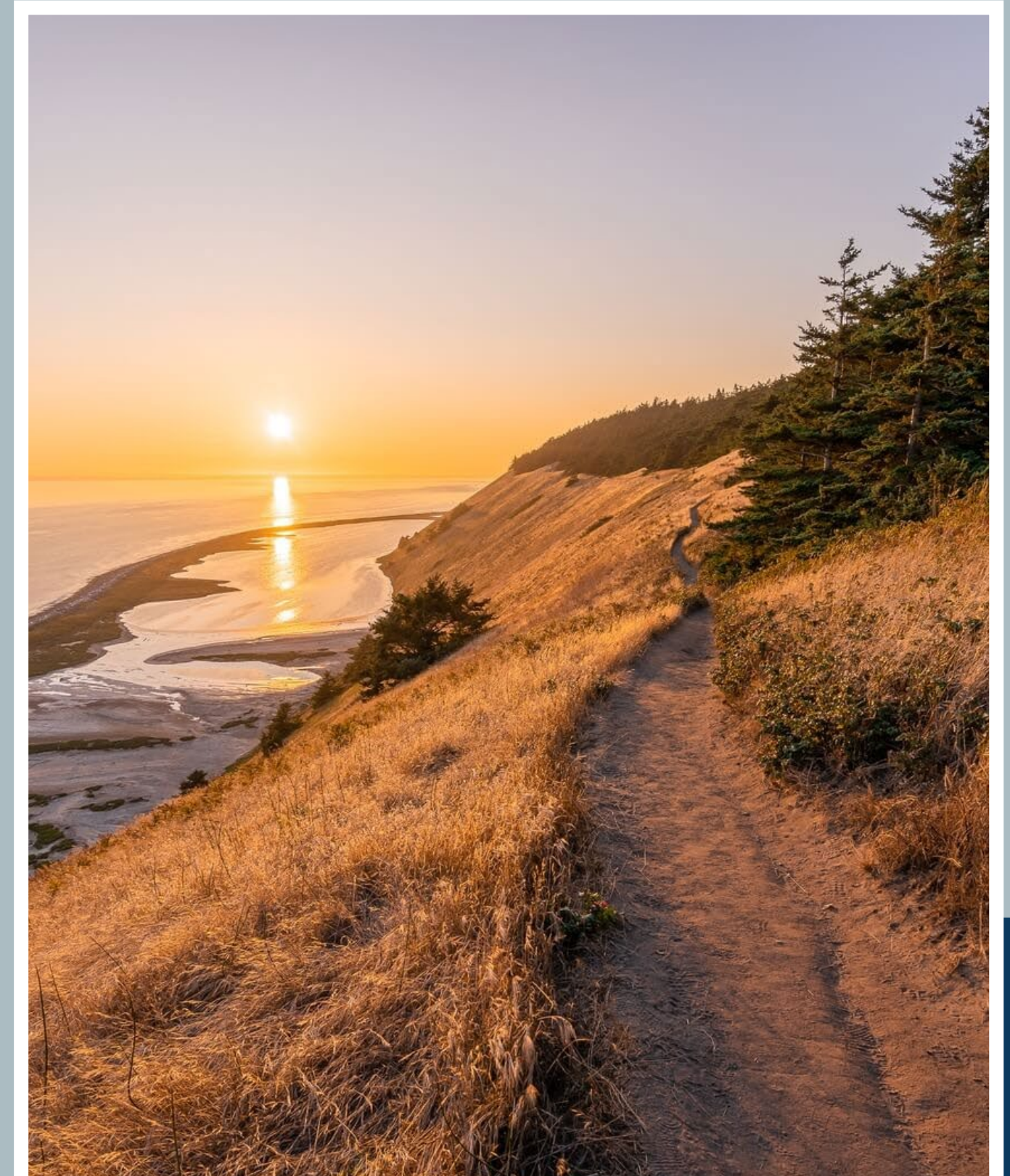
This new structure provides the tools for the BOH to be more strategic, transparent, and accountable.

Key Benefits:

- Efficient meetings focused on decisions
- A clear, prioritized annual policy docket.
- A formal, integrated role for the CHAB.
- A centralized online Policy Library for public access.

Next Steps:

- Finalize draft 2026 docket for BOH review.
- Action for Next Meeting: Resolution for the proposed framework.



Island County Board of Health

Thank You!

For additional questions, please contact:

- Shawn Morris, ND—Island County Public Health Director

s.morris@islandcountywa.gov



Island County Board of Health

Policy Process Framework

Purpose: To establish a standardized process for prioritizing, developing, adopting, and monitoring public health policies, resolutions, and fee schedules that reflect the Board’s strategic priorities, equity commitments, and statutory duties. This framework also distinguishes Board-level policy authority from operational authority delegated to the Public Health Director and Health Officer, ensuring alignment with RCW 70.05.070 and Washington State Model Rules of Procedure (WAC 246-90).

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Framework Overview

Purpose and Authority

This framework aligns the Board’s policy-making functions under RCW 70.05.060, ensuring that all actions are transparent, equitable, and strategically aligned with community health priorities and applicable public health standards. The framework establishes a year-round policy docket that organizes emerging topics into a consistent development cycle with CHAB input, staff review, partner convening and feedback, and public engagement before Board adoption. This framework also distinguishes Board-level policy authority from operational authority delegated to the Public Health Director and Health Officer, ensuring alignment with RCW 70.05.070 and Washington State Model Rules of Procedure (WAC 246-90).

Three-Tier Policy Structure

Policies are categorized into three tiers to clarify the Board's role and expected action:

Tier 1: Inform (Director-Level Administrative Policies)

- Purpose: Keep BOH informed about internal standards that guide operations.
- BOH Role: Receive briefing; ask high-level questions; no formal vote.
- Examples: Enforcement consistency protocols, internal complaint processes, workforce policies.

- **Documentation:** Routine administrative updates are summarized in the Executive Report. Significant operational changes (e.g., enforcement protocols) are presented using the Policy Analysis Coversheet.

Tier 2: Endorse (External-Facing Public Health Policies)

- **Purpose:** Policies that affect the public or partners but remain operationally managed by the Department. Board backing builds trust and legitimacy.
- **BOH Role:** Review, offer policy-level comments, and formally endorse via resolution or statement.
- **Examples:** Advocacy letters, Health in All Policies (HiAP) reviews, Strategic Frameworks, Health Observance Resolutions.

Tier 3: Adopt (Formal BOH Action Required)

- **Purpose:** Regulations with legal implications, fiscal impacts, or code-level changes under RCW 70.05.060.
- **BOH Role:** Full review, public discussion, and formal vote to adopt.
- **Examples:** Public Health Code updates (Solid Waste, OSS), Fee Schedules, BOH Bylaws, County Ordinances related to health.

Transparency and the Policy Library To ensure the public and partners have continuous access to current regulations and Board positions, the Department shall maintain an online **BOH Policy Library**.

- **Resolutions & Codes (Tier 3):** Must be indexed by year and topic.
- **Advocacy & Endorsements (Tier 2):** Must be posted to a "Board Actions" page to demonstrate strategic leadership.
- **The Annual Docket:** The current year's Work Plan will be prominently displayed to manage community expectations.

Policy Development Stages

Once a policy is prioritized and adopted onto the annual docket by the Board of Health (as described in Part 3), it proceeds through the following development stages:

Stage	Description	Lead	Board Role
1. Scoping	Begins after a policy is placed on the adopted Annual Docket. Staff define the specific problem, goals, and scope of the prioritized policy.	Director and Deputy Director	Receive initial scope as an information item.
2. Drafting & Internal Review	Staff prepare a draft policy and Policy Analysis 1-Pager; Legal and Health Officer review.	Director and Delegated Staff	Optional first read.
3. Community & CHAB Review	Circulate draft to CHAB for input; invite partner feedback and consider partner presentations.	Director (for stakeholder engagement) Deputy Director and	Receive summary of recommendations.

		CHAB Chair (for CHAB)	
4. First Read / Discussion	Introduce draft to BOH for comment and refinement. Note for Tier 1 Policies: Significant Tier 1 items may be presented at this stage as "Information Only" using the Policy Analysis Coversheet to ensure transparency. They do not proceed to Stage 5 (Adoption).	Director	Discussion only.
5. Second Read / Adoption	Vote to adopt, amend, or defer.	Chair	Formal action (Tier 3) or Endorsement (Tier 2).
6. Implementation & Communication	Adopted policies are posted to the official BOH Policy Library on the website within 10 business days. CHIP metric tracking and departmental progress tracked in Executive and Quarterly Metrics Reports.	Deputy Director / Staff	Receive updates quarterly.

Policy Ranking Process and Creation of Annual Docket

Part 1: Annual Policy Docket Table (Template)

Staff develop excel table to serve as the official list of all policy issues proposed for consideration by the Board of Health for the upcoming year. Found here: [PolicyProposals BOH 2026.xlsx](#)

Part 2: Policy Ranking Process for Public BOH Meeting

This multi-phase process creates a transparent and structured approach to prioritizing the policy docket.

Phase 1: Staff Screening (Pre-Meeting)

- 1. Collecting Submissions (October – November):** Leadership staff send out call for policy proposals for annual items to divisions, CHAB, BOH members, BOCC members, leadership from municipalities, and Human Services. Each year between November and December, a survey will be shared with stakeholders calling for policy items and defining the scope and intent of BOH policies. Leadership will also maintain a list of key public health codes and last update, and any recommendations on regulatory updates for the year ahead.
- 2. Jurisdictional Check (December):** Staff review initial proposals and determine if the proposal falls within the BOH's legal authority.
- 3. Tier Classification (December):** Staff classify each proposal into the appropriate Authority Tier (Tier 1: Inform, Tier 2: Endorse, Tier 3: Adopt) to determine the level of Board action required.
- 4. Initial Recommendation (December):** Staff assign an initial recommendation (e.g., "Proceed to Full Review," "Further Research Needed," "Not Recommended").

5. **Docket Publication:** The draft docket is prepared for the next phase, including scoring outlined below.

Phase 2: Staff Scoring (Pre-Meeting)

Prior to the public BOH meeting, senior staff independently score each policy proposal using the standardized matrix below. The scores are then averaged and compiled for presentation to the Board.

Scoring Matrix (Scale of 1-5, where 1 = Low and 5 = High)

(To be completed by staff for each policy proposal)

Criteria	Description	Score (1-5)
Public Health Impact	The potential for the policy to improve health outcomes and reduce morbidity/mortality in the population.	
Health Equity	The policy's potential to reduce health disparities among vulnerable or marginalized populations.	
Feasibility	Considers the financial, legal, and political viability of implementing the policy.	
Community Support	The level of known support or demand from the community and key stakeholders.	
Urgency	The time-sensitive nature of the health issue that the policy aims to address.	
Total Score	Sum of all criteria scores (out of 25).	

Phase 3: Public Meeting Deliberation and Final Ranking

This phase takes place during the scheduled public Board of Health meeting.

1. **Staff Presentation of the Annual Docket:**

- The Director presents the complete annual docket.
- The presentation is centered around the following summary table, which includes the average pre-meeting scores calculated by staff and the assigned Authority Tier.

2. **Board Member Discussion:**

- Board members discuss the merits of each proposal, referencing the scoring summary, staff presentation, public comment, and any invited testimony from partners or subject matter experts.
- Members may ask clarifying questions of staff or each other.

3. **Final Ranking & Voting:**

Tiered Prioritization: Board members vote to place each item into one of three **Priority Groups** (renamed to avoid confusion with Authority Tiers):

- **Priority A: High Priority** (Action within 6 months)
- **Priority B: Medium Priority** (Action within 12 months)
- **Priority C: Lower Priority** (Monitor & Re-evaluate next cycle)

4. Adoption of the Prioritized Docket:

- The votes are tallied by staff, and the final ranked list of policy priorities is established.
- A formal vote is taken to adopt the official BOH Policy Docket for the upcoming year. Staff is then directed to develop action plans for the Priority A priorities and propose a policy docket and timeline at the following meeting.
- The prioritized docket and any related policies and resolutions will be published on the BOH website and inform communication efforts to promote transparency.

Role of the Community Health Advisory Board (CHAB)

Purpose: The CHAB provides structured community and partner input into BOH deliberations, ensuring that new policies and existing programs reflect lived experience, local data, and equity considerations. The CHAB has three primary functions, detailed below.

Function A: Policy Development Input (For New Policies)

This function focuses on CHAB's role in the creation of new policies as outlined in Part 2.

Key Roles:

- **Early Input:** Review scoping drafts for new policies and identify community implications.
- **Equity Lens:** Evaluate potential unintended consequences for vulnerable populations.
- **Partnership Building:** Recommend community partners or outreach strategies for policy development.
- **Communications Coordination:** Recommend communication channels, partners, and marketing approaches to reach community members.

Process:

- CHAB meeting agendas include one "Policy Docket Review" item per quarter to review policies currently in development.
- CHAB feedback is compiled by staff and attached to the BOH policy packet.
- The CHAB Chair (or designee) provides a 5-minute summary during the BOH "CHAB & Partner Feedback" agenda slot.
- CHAB input becomes part of the policy record and informs revisions before adoption.

Function B: Community Program Review (For Existing Programs)

This function provides a continuous quality improvement loop by leveraging the CHAB's community perspective to review existing Health Department programs.

Key Roles:

- **Program Context:** Provide a community perspective on whether program goals and services are clear, accessible, and meeting community needs.
- **Partnership Identification:** Identify potential community partners (e.g., businesses, agencies, non-profits) that are missing and could strengthen a program's reach.

- **Program Advancement:** Recommend opportunities for improving a program's impact, promotion, or alignment with other services (e.g., a Health in All Policies approach).

Process:

- **BOH Direction (Annually):** As part of its annual priority-setting, the BOH, in consultation with the Health Director and Deputy Director, identifies **8-10 existing programs** for the CHAB to review in the upcoming year (approx. one program per CHAB meeting).
- **Staff Preparation (Per Meeting):** The lead staff for the selected program provides the CHAB with the program's official webpage link and a 1-page summary. Staff may also give a brief 5-minute presentation at the CHAB meeting if requested.
- **CHAB Review (During CHAB Meeting):** The CHAB dedicates a portion of its meeting to a guided discussion on the selected program, focusing on its community **context, partnerships, and advancement** opportunities.
- **Feedback Loop (Post-Meeting):** The CHAB's discussion, synthesis, and recommendations are formally documented by staff and included in the **existing CHAB Feedback Report template**. This report is provided to the program's lead staff and the Health Director for review and consideration.
- **BOH Update (Following Meeting):** The Deputy Director or lead staff provides a brief update to the BOH on the CHAB's feedback and any resulting action items or considerations, closing the loop.

Function C: Annual Docket Advisory (Strategic Planning) Purpose: To ensure the annual Policy Docket reflects community priorities before it is finalized by the Board. **Key Roles:**

- **Review Draft Docket:** Review the staff-scored draft list of policies.
- **Advisory Recommendations:** Provide a formal recommendation on which items should be prioritized (e.g., suggesting an item move from Priority B to Priority A). **Process:**
- **November/December Meeting:** CHAB reviews the draft docket and staff scores.
- **Report to BOH:** The CHAB Chair presents these recommendations during the Public BOH Docketing Meeting (Phase 3).

Island County Community Health Advisory Board

CHAB Chair Roles and Responsibilities (Grouped)

Group Facilitation

1. Lead meetings
2. Attend planning calls
3. Engage presenters as needed
4. Review and confirm agendas
5. Identify topics from CHAB or CHIP meetings which should get on docket for future meetings (more in-depth discussion) - put on parking lot as Renee used to say
6. Cross reference our agenda to BOH agenda to ensure alignment

BOH Engagement

1. Type up summary of meetings and send to Melissa for BOH) after group review)
2. Attend BOH meetings
3. Present at BOH meetings re: CHAB at least once per quarter
4. Attend annual WSALPHO Conference (when invited)
5. Attend related events
6. Type up other communications and submit for CHAB review

CHA/CHIP Participation

1. Attend CHA/CHIP meetings
2. Participate in surveys
3. Socialize events with contacts
4. Attend data walks and other community engagement activities
5. Identify topics for deeper discussion on CHAB meetings

Membership and Recruitment

1. Review current member list
2. Recommend renewals as appropriate
3. Identify gaps in membership
4. Engage in recruitment activities (such as meeting with potential members, partners, etc.)
5. Recommend recruitment activities

Public Health Dept Engagement

1. Work with Deputy Director and Director to ensure alignment
2. Identify ways CHAB can best work with them and the BOH
3. Support their CHAB-related efforts (attend events, meetings, etc.)

Island County Community Health Advisory Board

Steering Committee Roles and Responsibilities

Steering Committee Charge

To provide oversight, planning, and facilitation of CHAB meetings, coordination and communication between CHAB and the Health Department, as well as between CHAB and the Board of Health (BOH). The traditional Steering Committee membership included the CHAB Chair, CHAB Co-Chair, Health Department staff liaison, and Health Department Administrative Staff support. An alternative model is also described below, in which the CHAB Chair position is divided into two Co-Chair positions and the other members remain the same.

Primary Functions of Steering Committee

1. Planning

- a. Attend monthly agenda planning meetings to discuss topics of interest, priority areas, and action items to be addressed during the following meeting.
- b. Develop a draft agenda with the support of the Health Department staff liaison and coordinate next steps (i.e. reaching out to guest speakers, assigning tasks for content development and/or coordination, etc.)
- c.

2. Meeting Facilitation

- a. Meeting facilitation required the facilitator to be familiar with the [Roberts Rules of Order](#) of which our CHAB follows some of the basic rules, but not all.
- b. The facilitator follows the flow of the agenda and supports the group with keeping time, involving all members when possible, managing participation, and identifying areas for further discussion and/or need for a vote of the Board.
 - i. Traditionally, the CHAB Chair has been primarily responsible for facilitating monthly CHAB meetings, with the co-chair and Health Department staff liaison being back up in the Chair's absence.
 - ii. If no CHAB Chair is assigned, an alternative approach would be to either assign one of the two (2) co-chairs to lead meeting facilitation,

or have each co-chair take turns facilitating meetings throughout the year.

3. Communication

- a. The Steering Committee is responsible for facilitating communication (written, verbal, meetings, and presentations) between CHAB and the Health Department and between CHAB and the BOH.
- b. Traditionally, the CHAB Chair has taken lead on summarizing CHAB meeting content and action items to be presented to the BOH via email each month following a CHAB meeting. This could also be a task assigned to one co-chair.
- c. CHAB representation at BOH meetings is helpful to facilitate communication and relationship building between the CHAB and BOH. Traditionally, CHAB has asked for volunteers to attend each month. If membership participation is limited, it may be suitable to assign a member of the Steering Committee to attend each month or rotate between Chair and/or Co-Chairs.
- d. Traditionally, the CHAB Chair has taken lead on synthesizing and presenting a draft letter of recommendation to CHAB membership at large to discuss and refine as needed. These recommendations originate from previous CHAB meeting content explored and discussed within the last 3 months, as the recommendation letter is presented to BOH on a quarterly basis. Alternative approaches include assigning a co-chair to lead and/or reserving additional time at a Steering Committee monthly meeting to draft a letter together before sending to CHAB membership for review.

4. Recruitment

- a. Recruiting new members is a responsibility shared among all CHAB members.
- b. It is the responsibility of the Steering Committee to monitor gaps in representation, opportunities for intentional recruitment, and support with building relationships with key stakeholders in an effort to support CHAB recruitment.
- c. CHAB Chair and/or Co-Chairs participate in additional meetings and outreach events in which recruitment is the primary goal, as well as sharing information about CHAB more generally with the public at large.
- d. The Steering Committee is also tasked with regularly reviewing existing CHAB membership to ensure that membership does not lapse, that required

trainings have been completed, and that contact information remains up to date.

- e. The Steering Committee, primarily the Health Department staff liaison, is responsible for monitoring and supporting on and offboarding activities – included but not limited to:
 - i. Onboarding:
 - 1. Reviewing applications
 - 2. Determining “fit” based on existing Board representation and experience
 - 3. Coordinating a meeting with eligible applicants to talk through a structured questionnaire.
 - 4. Determining whether the applicant’s nomination should be brought forth to vote by CHAB membership.
 - 5. If nominated, coordinating required documentation to present nomination to the BOH to seek appointment.
 - 6. If appointed, communicating with the applicant regarding their acceptance onto CHAB and providing the necessary onboarding documentation and meeting schedule so they can be successful.
 - ii. Offboarding:
 - 1. Receiving communications from current CHAB members regarding their desire to resign.
 - 2. Communicating resignation to CHAB membership.
 - 3. Drafting a thank you letter for the member.
 - 4. Coordinating CHAB Chair or Co-Chair signature, along with BOH Chair signature.
 - 5. Sharing signed letter with Health Department staff liaison so the letter can be mailed to the CHAB member who has resigned.