



**BENTON-FRANKLIN HEALTH DISTRICT (BFHD)
BOARD OF HEALTH**

MEETING MINUTES

May 16th, 2018

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IN ATTENDANCE

Benton	<input type="checkbox"/>	Commissioner Beaver	<input checked="" type="checkbox"/>	Jason Zaccaria, District Administrator & Board of Health Executive Secretary, BFHD
	<input checked="" type="checkbox"/>	Commissioner Delvin	<input checked="" type="checkbox"/>	Dr. Amy Person, Health Officer, BFHD
	<input checked="" type="checkbox"/>	Commissioner Small	<input checked="" type="checkbox"/>	Carla Prock, Health People & Communities Sr. Manager, BFHD
Franklin	<input checked="" type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Rick Dawson, Surveillance & Investigation Sr. Manager, BFHD
	<input checked="" type="checkbox"/>	Commissioner Miller	<input checked="" type="checkbox"/>	Lisa Wight, Sr. Human Resources Manager, BFHD
	<input checked="" type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Jeff Jones, Sr. Finance Manager, BFHD
			<input checked="" type="checkbox"/>	Janae Parent, Administrative Analyst/Executive Assistant, BFHD
			<input checked="" type="checkbox"/>	Diane Medick, Administrative Assistant, BFHD
			<input checked="" type="checkbox"/>	Carl Turpen, Lead Systems Analyst, BFHD
			<input checked="" type="checkbox"/>	Jessica Davis, Food Safety Supervisor, BFHD
			<input checked="" type="checkbox"/>	Erin Hockaday, Food Safety Lead Environmental Health Specialist, BFHD
			<input checked="" type="checkbox"/>	Lars Richins, Food Safety Environmental Health Specialist, BFHD
			<input checked="" type="checkbox"/>	Chas Hornbaker, Performance Management Epidemiologist, BFHD
			<input checked="" type="checkbox"/>	Taylor Mortensen, Performance Management Intern, BFHD
			<input checked="" type="checkbox"/>	Visitor – Leslie Rivera, Union Representative and Member, Washington State Nurses Association (WSNA)
			<input checked="" type="checkbox"/>	Visitor – JoDee Peyton, Union Representative and Member, Professional & Technical Employees (PTE) Local 17

CALL TO ORDER

Chairman Shon Small called the meeting to order at 1:30 p.m.

APPROVAL OF MINUTES

Commissioner Delvin moved to approve the February 21st, 2018 meeting minutes.
Commissioner Koch seconded. The motion carried unanimously.



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DISCUSSION ITEMS FROM THE PUBLIC/STAFF

None

UNFINISHED BUSINESS

Syringe Exchange Program Update – Rick Dawson

- a. The Franklin County Syringe Exchange Program (SEP) opened May 11th, 2018. Business was slow, but there were four exchangers and the opening of the program went well. Additionally, systems put in place are working as expected. Patrols of the grounds were completed with no evidence of impact.
- b. The Health District provided a proposal to Benton County under the public safety tax to initiate an SEP in Benton County as well.
- c. Commissioner Peck stated that there was a fair amount of feedback received from the public and provided kudos to staff who took the time to educate the board members.
- d. Commissioner Koch noted that Tim Waters with the Washington State University Extension office stated the experience was different from the Walla Walla visit in that there appeared to be more of the public hanging around the building.

NEW BUSINESS:

1. Finance Sub-Committee Update – Commissioner Shon Small and Jeff Jones

- a. The Board of Health (BOH) Finance Sub-Committee met on May 7th, 2018 to review 1st quarter financials. Handouts of the information reviewed were provided in the packet.
- b. Overall, revenue for the 1st quarter is approximately \$2.8 million, which is 27% of the annual budget. Licenses and permits came in at near budget at 24% and intergovernmental revenue came in at 29%. Charges for goods and services came in slightly below budget at 21%, this number will pick up in the 3rd and 4th quarters with back to school immunizations and flu clinics. Miscellaneous revenues came in at \$7,000.
- c. Expenditures for the 1st quarter came in at \$2.3 million which represents 22% of the annual budget. Supplies and equipment are running below budget at 20%, services and other charges are below budget at 23%, and there were no capital item purchases.
- d. Through March 31st, 2018 the Health District had a net gain of \$493,000 which is typical budget performance for the 1st quarter. Commissioner Peck asked if year over year, the budget at this point is close to last years. J. Jones responded yes. No further questions.

2. Medical and Environmental Health Updates – Dr. Amy Person

- a. Work under the new Foundational Public Health Services (FPHS) model is already underway. Hepatitis C is the most common blood borne infection in the United States and is primarily spread by contaminated needles. This is another reason why the Health District was interested in having a local SEP. Other ways the infection is spread, less commonly, is when there is failure of infection control practices. Recently in Washington State, a hospital and clinic had a few thousand people potentially exposed because a nurse was diverting narcotics.



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- b. Many public health problems are interrelated like the opioid crisis intersecting with increasing rates of Hepatitis C. The challenge with Hepatitis C is that only half of the people infected realize it. The mortality rate from Hepatitis C is now six times higher than what is seen with Human Immunodeficiency Virus (HIV). Hepatitis C has become a growing concern and estimates are showing that about 1.3% of the population is infected.
- c. Another area for evaluation is the collection of quantitative, qualitative, and financial data to show that work being done using FPHS funds is effective. Quantitative data is focusing on communicable disease, with one outcome measure being Hepatitis C case reporting and follow up. Looking back at the first part of this decade, in Benton and Franklin counties, there were very small numbers reported which is not reflective of the true burden of the disease. Rather, it is reflective of what happens when you have limited resources and focus is put on ongoing outbreaks and diseases that are eminent threats.
- d. Commissioner Peck stated that looking at some of the per capita correlations based on number of reports, the Kittitas county line stands out when compared to numbers of Franklin County. Dr. Person stated that Benton and Franklin Counties were under reported due to limited staffing resources that were focused on higher priority issues like outbreaks of chlamydia. Additionally, to understand the burden of disease healthcare leaders need to have numbers that are meaningful. Carla Prock added that difference in numbers between counties could also be tied to standardization of reporting. In smaller counties with fewer healthcare facilities it is easier to standardize reporting requirements, where larger areas that have many healthcare facilities often face more challenges in implementing standardized reporting practices.
- e. As part of the receipt of FPHS funding the Health District was able to hire an Epidemiologist and a part time Health Services Worker whose job is to improve communicable disease reporting, not only with the Health District but also with providers.
- f. For cases of chronic Hepatitis C, in the time from when the report was received to when the investigation was completed, the Health District has already seen a significant improvement in its capacity to do surveillance. Last year the average was 32 days, this year the average is 7.5 days.
- g. Once the Health District is able to better understand the cases it has and the demographics of those, it will help staff with prevention and ensuring that those who are infected are receiving appropriate treatment and resources. This has become important for Hepatitis C because 15 years ago treatment for Hepatitis C was not very effective with a lot of side effects, so most people were not using it. Treatments now are more effective and the state is looking at making End Hepatitis C an initiative as they did with End AIDS 2020.

3. HIV Program Update – Heather Hill

- a. The first case of HIV in Washington State was diagnosed in 1981. H. Hill, over the last 35 years has worked directly in and /or supervised staff in the HIV program.



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- b. Funding for the program has been up and down of the years. Initially in 1988, the Health District received a significant amount of money to try and deal with HIV cases. Eventually funding decreased, including prevention funds which were re-directed to Spokane, King and Vancouver areas since they had the highest rates.
- c. Even though other areas were given higher priority with funding, H. Hill continued to bring data and the unique population to the state showing Yakima Valley's significant HIV rates, in particular the disparities with the Hispanic population that is HIV positive.
- d. Over the last year, the Health District was offered several opportunities through the Department of Health (DOH) for funding which resulted in the Health District hiring an HIV Hispanic Educator position. Now DOH is offering the Health District the opportunity to hire two Peer Navigators and a Housing Specialist. Especially in the local community, staff struggle with HIV positive clientele getting stable housing, and part of being adherent to treatment is stable housing. When clients are homeless the last concern they have is being adherent to medication and going to doctor visits.
- e. DOH is looking at the Yakima Valley to make a concerted effort with targeted interventions to find the hardest to reach population of HIV positives, get clients in, and get them treated.
- f. Commissioner Delvin asked where the boundaries are of the Yakima Valley. H. Hill stated funding was provided to the Hope Clinic in Yakima, Yakima Health District, and Benton-Franklin Health District. In addition to hiring additional HIV staff, the Health District will also be using funds to ensure that when the SEP is open that HIV program staff are present for referrals on HIV, Syphilis, and Hepatitis C testing.

4. Request to add 2.5 FTE Health Service Workers for HIV (Peer Navigators and Housing Specialist) – Rick Dawson

- a. During last year's budget approval, the Health District asked for additional positions for the HIV Program including a Hispanic Case Manager and Educator which were both approved. In the meantime DOH has proposed doing additional work for the local community that would require an additional two full time Peer Navigators and a part time Housing Specialist.
- b. A budget request was submitted to DOH under the Consolidated Contract work to fund the additional staff. The request was made at the full cost of the program, including salaries, benefits, and necessary equipment.
- c. The Health District is proposing that if the funding comes through, permission is given to hire these additional staff and if funding goes away in the future, the positions would also go away.
- d. Commissioner Delvin asked if DOH has indicated how long funding would be available. R. Dawson said the original statement made from DOH was a minimum 18 months and up to the year 2020. Additionally Commissioner Delvin asked how housing money provided by the county to Human Services plays a role in this service provided by the Health District. R. Dawson responded that housing money used by the Health District is for emergency housing for clients like paying a month's rent. However money is not for



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getting clients set up in low-income housing. Staff would help with referrals and work with Human Services to get clients into stable low-income housing.

- e. Commissioner Peck clarified that funds for this service and for staff come from the state and not from the county. R. Dawson said yes they are DOH funds.
- f. Commissioner Peck moved to approve the new positions, contingent upon state funding. Commissioner Miller seconded. Motion carried unanimously.

5. Food and Drug Administration (FDA) Risk Factor Study – Jessica Davis

- a. Food code and inspections are modeled after the FDA food code. There is a voluntary retail standards protocol that the Health District enrolled in back in 2014. In late 2016 the Food Safety Program began focusing on Standard 9 which is a Risk Factor Study. The study was conducted over the last 9 months and was led by Erin Hockaday, the Lead Environmental Health Specialist and Lars Richins, Environmental Health Specialist, both in the Food Safety Program.
- b. For Standard 9, the Health District received a \$20,000 grant to conduct a Risk Factor Study. As part of the study, the FDA asks that staff go into the restaurant community and study the presence of foodborne illness risk factors in the restaurants that are regulated in Benton and Franklin Counties. The five specific risk factors for the study are the practices and behaviors that are most often linked to foodborne outbreaks. These risk factors are measurements that show not only how restaurants are performing but also how the Health District is performing. If these behaviors and practices are reduced/eliminated then foodborne outbreaks should also go down.
- c. The study was conducted in 2017 and included, planning, education, data collection and analyzing of results. The study was run on 6 different types of restaurant facilities including full service, quick service, schools, grocery store deli's, grocery store produce departments, and grocery store seafood departments. Staff then looked for those five risk factors in each of the facility types surveying over 200 facilities.
- d. Of those facilities studied, the top 5 most out of compliance risks found where cold holding, cooling improperly, cooling methods, manual warewashing and hands washed is required. It was also found through the study that schools are doing a good job in following food safety protocols.
- e. L. Richins and E. Hockaday further discussed how having a Certified Food Protection Manager (CFPM) plays a role in lowering foodborne illness risk factors and costs for restaurants to certify an employee. An additional method identified for lowering foodborne illnesses included having employee health policies that identify what symptoms of illness an employee must report, diagnosed illnesses that should be reported, a procedure for restriction/exclusion of ill food workers, and training of staff.
- f. There was further discussion regarding Certified Food Protection Managers and their role in training other employees of a food establishment. Commissioner Peck stated that restaurants will not be able to make all of their employees CFPMs, but for those that are trained, ensuring that they train other employees.



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ANNOUNCEMENTS

1. 2017 BFHD Annual Report Publication– Jason Zaccaria

The annual report was sent out to the board in March for review and feedback. J. Zaccaria thanked those members who provided feedback. The report was then sent for printing at the end of March and was distributed at the beginning of April, coinciding with National Public Health Week.

2. Washington Legislature Update – Youth Suicide Prevention Program Funding – Carla Prock

The Health District received notice through Senator Brown (Information Sharing) that the Washington State Legislature has put in a budget proviso to provide a Youth Suicide Prevention Program Evaluation in Benton and Franklin Counties. The Health District is the only agency receiving funding which will go through DOH as part of the Consolidated Contract and funding will begin July 1st. State funding has been eliminated, so Benton and Franklin Counties are part of a pilot project to develop a program and materials that can be modeled as a tool kit across the state. Commissioner Peck asked what the target age group was. C. Prock responded 10-24. Commissioner Peck suggested that during the planning meetings that staff consider veterans that fall in that age group who have high suicide rates as well and what can be done to support them. While funding remains unknown at this point, it is likely at a future meeting the Health District will be asking for an FTE for this program.

APPROVAL OF VOUCHERS

Commissioner Delvin moved to approve vouchers numbered 15-2018 through 39-2018, in the amount of \$1,512,050.15. Commissioner Koch seconded the motion.

Commissioner Peck asked when a meeting is cancelled or delayed, how it impacts the agency's ability to pay bills when the vouchers have not been approved. J. Zaccaria stated that there is enough money in the account at the time, to cover such expenses. Commissioner Peck expressed concern with those vendors waiting for payment from the Health District and whether or not vendors are willing to wait for the Board to approve vouchers. J. Jones added that the state auditor allows some flexibility in processing payments and the time lapse to voucher approval. Commissioner Peck expressed concern with situations that other counties have gotten into and wanted to make sure that the Board's processes were not holding up other payment processes or keeping the Health District from being compliant. Commissioner Peck stated based on J. Jones response the initial concern was addressed. The motion carried unanimously.

EXECUTIVE SESSION

Per RCW 42.30.140, an executive session was called at 2:27pm, for 10 minutes to review collective bargaining. At 2:40pm the regular session was called back. Commissioner Delvin moved to approve the Benton-Franklin Health District and Washington State Nurses Association



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Agreement, ratified on May 1st, 2018 for a 5% market adjustment and COLA for 2018 and a 1% COLA and 2.5% increase to the top step of the compensation plan for 2019, and additionally to approve a 3% across the board pay increase effective January 2018 for exempt and non-bargaining staff members. Commissioner Peck seconded. The motion carried unanimously.

DATE OF NEXT MEETING

Date of next meeting will be June 20th, 2018.

ADJOURNMENT

Chairman Shon Small adjourned the meeting at 2:42pm.

Signature on file

Rick Miller
Vice-Chair of the Board

Signature on file

Jason Zaccaria
Executive Secretary

