



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

MEETING MINUTES

September 19th, 2018

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IN ATTENDANCE

Benton	<input checked="" 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 (via telephone)	<input checked="" type="checkbox"/>	Carla Prock, Health People & Communities Sr. Manager, BFHD
Franklin	<input type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Rick Dawson, Surveillance & Investigation Sr. Manager, BFHD
	<input type="checkbox"/>	Commissioner Miller	<input checked="" type="checkbox"/>	Jeff Jones, Sr. Finance Manager, BFHD
	<input checked="" type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Annie Goodwin, Nutrition & Injury Prevention Supervisor, BFHD
			<input checked="" type="checkbox"/>	Carl Turpen, Lead Systems Administrator, BFHD
			<input checked="" type="checkbox"/>	Janae Parent, Administrative Analyst/Executive Assistant, BFHD
			<input checked="" type="checkbox"/>	Diane Medick, Administrative Assistant, BFHD

CALL TO ORDER

Chairman Shon Small called the meeting to order at 1:29 p.m.

APPROVAL OF MINUTES

Commissioner Beaver moved to approve the July 18th, 2018 meeting minutes. Commissioner Peck seconded. The motion carried unanimously.

DISCUSSION ITEMS FROM THE PUBLIC/STAFF

None

UNFINISHED BUSINESS

None

NEW BUSINESS:

1. Medical & Environmental Health Update – Dr. Amy Person

- a. Dr. Person provided a PowerPoint presentation on the Tri-Cities Recovery Coalition.
- b. This is a new coalition that was established within the last month in response to issues with substance use disorder. Fatal overdoses from opioids are rising in both counties, just as they are across the state. Local rates have doubled, although rates are still lower



**BENTON-FRANKLIN HEALTH DISTRICT
BOARD OF HEALTH
MEETING MINUTES
September 19th, 2018**

as compared to other counties across the state. Fatal overdoses are the end result of the problem.

- c. The top line of the Fatal Opioid Drug Overdoses in Benton & Franklin Counties slide represents the state, Benton County is reflected as the middle line and Franklin County as the bottom. Commissioner Peck asked why there was such a difference between the two counties. Dr. Person responded that it may be that the overdoses are categorized by where they occurred or where the person is from. Many times data is linked to the hospital that someone shows up at. More overdoses are seen going to Kadlec versus other area hospitals. Commissioner Small asked about tracking data based on where the naloxone is dispensed. Dr. Person responded that this Coalition is working on linking with the High Intensity Drug Trafficking Areas (HIDTA) database that the Kennewick Police Department is currently using identifying where the overdoses happen out on the field. This would help capture data for overdoses that do not make it to the hospital. Commissioner Peck asked if there was any reporting error in the data presented. Dr. Person stated there may be some variations amongst the hospitals, but the numbers presented are based on the International Classification of Diseases (ICD) 10 codes.
- d. Based on Washington State's Opioid Response Plan, the Coalition is looking at impacting identification and treatment of opioid use disorder, reducing morbidity and mortality from opioid use disorder, and use of data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluation of interventions. More specifically the Coalition is going to focus locally on improving treatment and recovery options in the Tri-Cities and using data more effectively, thus leading to a reduction in mortality.
- e. Commissioner Peck asked if Dr. Person would consider reviewing a contract that both counties recently signed with a local individual for full time dedication to reducing abuse of opioids and other substances and whether or not it is effective. Commissioner Peck further explained that if the problem is growing and it is an effective tool counties could advocate for increasing the contract. If it is not working then the counties could look at how else to use those funds for this issue. Dr. Person agreed to look at the contract.
- f. The Tri-Cities Recovery Alliance is an off shoot of the Washington Recovery Alliance (WRA). This grass roots organization is working on public policy and public understanding, focusing on changing legislation and reducing stigma and that creates a statewide community that celebrates and advocates for recovery.
- g. The regional coordinator has family that was affected by substance use disorder, thus translating passion into local solutions. The Coalition is currently in the process of applying as a non-profit corporation status. Dr. Person reminded that Board that almost any problem that affects the communities' health, does not just belong to one organization, it requires many different sectors working together.
- h. The Coalition is currently made up of persons in recovery, law enforcement, first responders, behavioral health, housing support, faith-based community, public health, correctional facilities, crisis services, primary care providers, emergency department providers, elected officials, and medication assisted treatment (MAT) providers.
- i. The next meeting is October 4th, 2018 at the Kennewick City Council Chambers. For more information contact Michele Gerber, PhD. at mgerber@charter.net or Dr. Person.



**BENTON-FRANKLIN HEALTH DISTRICT
BOARD OF HEALTH
MEETING MINUTES
September 19th, 2018**

- j. Regarding influenza, the Health District is starting to see flu related activity and it is here. Dr. Person asked everyone to start thinking about getting a flu shot.
- k. In follow up with an issue that Commissioner Peck raised at the last meeting regarding tick paralysis, all tick borne diseases are reportable in Washington State. The typical diseases seen statewide are Lyme disease or relapsing fever. Typically there are only a couple of cases of tick paralysis a year across the state. Looking at data back to 2000, the community has not seen any of these cases. Every spring the Health District sends out messaging and media outreach to make the community aware of all the tick borne diseases.

2. Women, Infants & Children (WIC) Program Update – Annie Goodwin

- a. A. Goodwin provided a PowerPoint presentation on WIC Technology through the Ages.
- b. A. Goodwin reminded the Board that this is one of the premier public health nutrition programs in the country that is administered by the United States Department of Agriculture. The data provided is for Benton and Franklin Counties for 2017.
- c. The agency WIC program put in over \$3 million dollars to local grocery stores, almost \$20,000 into the local farmers markets, 75% of the clients are working families, and 45.9% of the clients breastfeed more than six months.
- d. WIC is a time limited process and program, where clients receive benefits to help children start school and grow into successful citizens. Commissioner Peck asked if the full \$3 million to local grocery stores was federal. A. Goodwin responded yes.
- e. A. Goodwin started working at the Health District in 1978. At that time A. Goodwin's responsibility was to write paper checks at Whitman County Health Department, everything was completed on paper, and access to a computer was through punch cards.
- f. In the mid-eighties forms were completed by hand, that information was then sent to Kansas where the data was entered into a computer and the Health District would receive checks back pre-printed. If information needed to change on a check, this was still completed by manually writing a check.
- g. In the late eighties Washington State decided to develop software for the WIC program and formed a group to help with the development that A. Goodwin was able to participate on. The group met on a semi-regular basis for almost 10 years, working with software developers on identifying business practices.
- h. In 1999, the newly developed software Client Information Management System (CIMS) was implemented. At that time desktops and laptops were deployed to WIC program staff. This created a technology learning curve for staff to learn hand and eye coordination to be able to use the new computers.
- i. Now, 20 years later technology has changed again the WIC program has already started the process of switching over to a new system. The program is moving to a web based system called Cascades. The new software will feature e-signatures, scanning and scoring documents, as well as an electronic benefits card (EBT). Instead of clients receiving three checks and having to go through the stigma of the grocery line, the clients can swipe their card to pay for their food and the new software will automatically separate for appropriate items, and the grocery store will receive payment in a timely



**BENTON-FRANKLIN HEALTH DISTRICT
BOARD OF HEALTH
MEETING MINUTES
September 19th, 2018**

manner. There is also a WIC application that clients can use on their phones to check balances and scan the Universal Product Code (UPC) number at the store to know if the item is a WIC approved food.

- j. To support this new software, discussions started nearly a year ago with the Information Systems & Security department providing clients access to the internet to download the application to a mobile phone in the facility. The next step will be to begin training staff in February 2019, with a roll out in August 2019.

3. Youth Suicide Prevention Program Update – Carla Prock

- a. September is Suicide Prevention Month and there has been a significant amount of community activity regarding suicide prevention. At the beginning of the month Health District staff worked on publication of a community resources guide containing local prevention and intervention resources related to suicide prevention for community partners to utilize and to help in the development of the summit project.
- b. The Health District supported a speaking tour to all local Kiwanis and Rotary groups with 15 minute presentations covering signs of suicide and safe language which encouraged local community members to check in with each other. The group is trying to take the stigma of tough questions outside the behavioral health system and make them a part of every day conversations with neighbors and friends.
- c. On September 15th, 2018 was the Walk About to Talk About Suicide that is a community walk to honor those who have been lost to suicide. At this event families are welcome to come and share stories of their loved ones with the community.
- d. Also, the Health District partnered with Ranch & Home to support the local Locks for Life event. Locks for Life is a local not for profit organization that was recently created by two youth locally that wanted to have an impact to the community after losing two friends to suicide last year. The first car arrived at Ranch & Home at 5:00am with the event not scheduled to start until 9:00am. The store was full to the very back by 8:30am and the last ticket for a lock box as claimed by 10:30am, with over 475 lock boxes distributed. Ranch & Home was a supportive partner in this event and fed all the volunteers after the event was over.
- e. The Youth Suicide Prevention Summit was held on September 18th, 2018 at the United Way. The purpose of this event was to have a collective impact effort, bringing community partners together and create a suicide prevention plan for the community. There were over 60 partners at the Summit. The agenda included parent stories and safe language discussion, as well as a data walk the Health District's Performance Management Department that was instrumental in creating the walk. Instead of having general conversations about slides and data, staff put up posters around the room with questions and asked participants to walk around to process the information and come back to the tables for group discussion. There was also a panel that highlighted successful community partnerships and events that are happening to prevent youth suicide and also to talk about gaps. The day was closed out with an assessment, utilizing discussion techniques and new technology called Mentometer that surveyed attendees and help prioritize areas of focus for the community action plan.



**BENTON-FRANKLIN HEALTH DISTRICT
BOARD OF HEALTH
MEETING MINUTES
September 19th, 2018**

- f. Additionally, a new employee was hired at the beginning of September to help with Youth Suicide Prevention Program work. Commissioner Peck asked C. Prock if the global data on suicide for the two counties could be shared. C. Prock responded yes and will work with the Performance Management Department to share the information that staff pulled together for the event.

ANNOUNCEMENTS

1. 2017 Financial Statement Audit & Federal Single Audit – Jeff Jones

- a. A copy of the audit report was handed out to each member. J. Jones stated the audit was for the 2017 Financial Statements and the Federal Single Audit. The Health District had a clean audit with no findings or management letters.
- b. The total cost of the audit was approximately \$12,000. The audit next year will also include the Accountability audit, so the cost will be approximately \$26,000.

2. 2019 Budget Development – Jason Zaccaria

- a. The Health District has begun work on the budget for 2019. Similar to last year the agency has developed a budget calendar with significant milestones and is currently going through the process of program reviews with individual managers and supervisors.
- b. Concurrently, the position budget is developed and then a draft budget is assembled. The draft budget then goes out for review to Senior Staff. After Senior Staff have reviewed, the draft budget goes back out to managers and supervisors for a final review.
- c. In early November there will be a Board of Health Finance Committee meeting to review the draft budget, concluding with a full Board of Health review and approval in either the November or December meeting.

3. Foundational Public Health Services (FPHS) Funding Update – Jason Zaccaria

- a. At the last meeting, J. Zaccaria discussed the initial Ask for FPHS to the Office of Financial Management (OFM) and the Governor. That dollar amount has now changed due to better data being provided to determine what exactly is needed to fully fund FPHS statewide.
- b. DOH along with Washington State Association of Local Public Health Officials (WSALPHO) and Washington State Association of Counties (WSAC) together presented a decision package to the OFM that will ultimately be sent to the Governor and the state Legislature. The new revised amount for the biennium is \$295 million. J. Zaccaria will keep the Board updated on the status of the Ask as it moves forward.

4. Professional & Technical Employees (PTE) Local 17 Collective Bargaining – Jason Zaccaria

The Health District will be engaging with PTE Local 17 Collective Bargaining Unit for a new agreement that needs to be made as the current one expires at the end of 2018. There are a series of meetings starting in the middle of November 2018.



**BENTON-FRANKLIN HEALTH DISTRICT
BOARD OF HEALTH
MEETING MINUTES
September 19th, 2018**

APPROVAL OF VOUCHERS

Commissioner Delvin moved to approve vouchers numbered 58-2018 through 74-2018, in the amount of \$1,811,359.99 with a question. Commissioner Peck seconded the motion.

Commissioner Delvin asked about voucher 73-2018 and why there was a written total. J. Jones responded that the information shown on the summary page is correct, but the staff person listed the summary total manually rather than printing a new page. J. Jones reassured the board that this would not happen again. The motion passed unanimously.

EXECUTIVE SESSION

There was no executive session held.

DATE OF NEXT MEETING

Date of next meeting will be October 17th, 2018.

ADJOURNMENT

Chairman Shon Small adjourned the meeting at 2:09 p.m.

SIGNATURES

Signature on file

Shon Small
Chairman of the Board

Signature on file

Jason Zaccaria
Executive Secretary

