



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

**MEETING MINUTES**

**October 17<sup>th</sup>, 2018**

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**IN ATTENDANCE**

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<b>Benton</b>	<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 type="checkbox"/>	Dr. Amy Person, Health Officer, BFHD
	<input checked="" type="checkbox"/>	Commissioner Small	<input type="checkbox"/>	Carla Prock, Health People & Communities Sr. Manager, BFHD
<b>Franklin</b>	<input checked="" 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"/>	Lisa Wight, Human Resources Sr. Manager, BFHD
			<input checked="" type="checkbox"/>	Britt Wilkins, Laboratory Services Supervisor, BFHD
			<input checked="" type="checkbox"/>	Carl Turpen, Lead Systems Administrator, BFHD
			<input checked="" type="checkbox"/>	Eric Elsethagen, Information Systems & Security 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"/>	Wendy Culverwell, Reporter, Tri-City Herald
			<input checked="" type="checkbox"/>	Noel Gomez, Photographer, Tri-City Herald
			<input checked="" type="checkbox"/>	Leslie Rivera, Union Representative, Washington State Nurses Association (WSNA)
			<input checked="" type="checkbox"/>	Mark Nielson, District Manager, Benton County Conservation District

**CALL TO ORDER**

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

**APPROVAL OF MINUTES**

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Commissioner Beaver moved to approve the September 19<sup>th</sup>, 2018 meeting minutes.  
Commissioner Devlin seconded. The motion carried unanimously.

**DISCUSSION ITEMS FROM THE PUBLIC/STAFF**

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**Memorandum of Understanding (MOU) for Sharing Kitchens Across County Lines – Commissioner Bob Koch**

- a. Commissioner Koch asked Rick Dawson if there was an MOU or other process in place for sharing kitchens that cross county lines. R. Dawson responded that there is not currently an MOU in place with any county. However, there are some possibilities being explored on the west side of the state as food processes are changing. With food service becoming more



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mobile, there is some experimentation going on for plan reviews of mobile units, but it is still creating an issue in dealing with inspections of those units. When units are permitted out of Adams County, but inspections are happening in Franklin County this creates continuity of quality and control issues. Revision of food code in the state of Washington is underway and this is one area of focus for that group.

- b. Commissioner Koch asked if the Health District recognizes a restaurant that is certified and permitted in Adams County. R. Dawson responded no, adding that no other local health jurisdiction (LHJ) does either. Additionally, the Health District along with others will provide further education to those requesting permits about the limits of where the mobile unit is permitted to provide food service.

## **UNFINISHED BUSINESS**

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### **Syringe Exchange Program (SEP) Update – Rick Dawson**

- a. At the last Board of Health meeting, Health District staff were asked to provide additional information and documentation for supporting the need of an SEP in the community. To this effort, the Performance Management department has provided to the Board both an SEP Fact Sheet as well as an SEP Talking Points handout. Both documents discuss the five public health benefits of having an SEP in the community, including crime reduction, safety for emergency responders, and in areas where an SEP was fully implemented there was a two-thirds reduction in needle sticks for officers and emergency responders. Additionally, it helps reduce hepatitis C and human immunodeficiency virus (HIV) rates as it helps to eliminate the sharing of syringes and swaps dirty syringes for clean syringes.
- b. While the Health District does not support intravenous drug use, the agency does not want people spreading diseases. The cost of managing an HIV infection is about \$160,000 per year, per infected person. The average cost of managing an SEP is about \$200,000 and is proven to prevent those infections. The source information for both handouts is listed on the sheets and are available for both County Commissioner groups as well as the public for review and education.
- c. There is over prescribing of opioids in the community. In looking at the map of the fact sheet, the red areas of Benton and Franklin counties show that the community does have opioid use issues locally. Having an SEP is one piece of the puzzle to address the opioid abuse crisis. Commissioner Peck asked for the source of the opioid map, and whether it is based on prescriptions per population. R. Dawson responded that the data comes from the Washington State Opioid Response Plan. R. Dawson to follow up with Commissioner Peck regarding the basis of the data provided and used for the map.
- d. Commissioner Small asked about the 2017 cost of \$1.6 million to tax payers for hospital treatment of opioid overdoses in Benton and Franklin counties. R. Dawson clarified that this number reflects the cost for responding to opioid overdoses. Having an SEP may not reduce all of the \$1.6 million but it will reduce overdoses because having an SEP comes with Naloxone distribution. The distribution of Naloxone to users, first responders, and police officers is being used and it is reversing overdoses to where the user does not end up in the hospital system. Reducing the number of people going to the hospital for opioid related overdoses and related wound infections can help to reduce that overall cost.



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- e. Commissioner Delvin asked about the statement regarding high prescribing rates and why this is an issue for the area. R. Dawson responded that at this point the why is still unknown, but the Health District is working through a number of channels about prescribing practices as the licensure is being done at the state level. The state is working on procedures for monitoring prescribing practices amongst all physicians.
- f. R. Dawson added that fifteen years ago opioids were marketed as safe and not a cause for addiction. Additionally, it was about the time that pain level became a part of the fifth vital sign. When a patient visits the doctor typically the office will now collect information about pain level on a scale of one to ten and any level of pain has become less acceptable.
- g. Commissioner Delvin asked if since the last Board of Health meeting if there have been any additional issues come up in Franklin County. Commissioner Peck stated that the Commission is still getting criticism from constituents that are skeptical of the purpose and need. Through an investigative process to understand the program, remaining open minded, and asking questions Commissioner Peck was able to see the value of the program. Commissioner Peck stated that support for these types of programs can be gained when they are well constructed, carefully executed, and well monitored.
- h. Additionally, Commissioner Peck noted that the degree of effort and time committed to talk to a user about treatment should be more than a quick exchange and that more time could be invested in recovery conversations. Strategical shifts in behavior are going to be the most difficult to accomplish and therefore take the most time and the most effort, but they are also the most beneficial. The Health District should not lose sight of the strategic mission in favor of short term gains. Commissioner Small was supportive of the information shared in the handouts including the two-thirds reduction in needle sticks to first responders and police officers.

**NEW BUSINESS:**

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**1. Information Systems & Security (ISS) Update – Carl Turpen**

- a. C. Turpen provided a PowerPoint presentation and overview on Solar Winds, a security information and event manager (SIEM). Solar Winds offers a suite of tools to help monitor data and traffic across the agency. It also provides log event management (LEM), network configuration management (NCM), network performance management (NPM), and a network traffic analyzer (NTA).
- b. After having recently reviewed the Health Information Portability and Accountability Act (HIPAA) compliance requirements and well as a voluntary assessment for compliance by MossAdams, the Health District was provided a recommendation to implement the ability to look at infrastructure all at once, which could be accomplished by purchasing a SIEM.
- c. Solar Winds was selected as the software vendor. Solar Winds is also used by other high value targets within military branches as well as other high profile civilian and intelligence agencies. Solar Winds is an American made company that is recognized as a global leader in SIEM products.
- d. The network infrastructure are the roads employees use when accessing or retrieving information. Solard Winds' SIEM product allows ISS staff to monitor and manage the



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roads that have hundreds of devices or endpoints that are supported. The SIEM monitors and manages phones, desktop computers, laptops, and tablets, as well as servers and services being provided. The Health District has a large infrastructure with numerous servers, switches, and virtual server hosts.

- e. Solar Winds brings all the devices and the network infrastructure together under a single pane of glass, in one place. This software allows ISS staff to see what is coming up, not what already happened. The system reads event logs in real time and alerts staff if there is unusual or suspicious behavior. The software monitors over 500 events per minute, or over one million events in a day. Previously, the process was for ISS staff to go in and review event logs once a month, with the SIEM the system monitors events 24/7 and prompts staff when there is an issue.
- f. Under the network configuration and monitoring component there are over 60 devices, each reporting on three metrics, with 37 network interfaces making up the core and perimeter.
- g. The software was implemented three months ago and it has already assisted with resolving network connection issues. C. Turpen provided an example where Solar Winds was able to identify a path of connection to a new web-based system that the vital records program was using. After review of the connection path, it was evident that the issue existed beyond the Health District's scope, and the ISS department had proof that communication was successfully being transmitted up until the point of access to the new external web based system.
- h. Commissioner Delvin asked about the type of system and the role it plays with the firewall. C. Turpen responded that it is not a firewall, but it does read the firewall to see what has been happening including whether or not an external party has been attempting to break through the firewall. Commissioner Delvin asked how many attempts there were to penetrate the firewall, C. Turpen said that it averages over 50 a day.
- i. Commissioner Small asked if the ISS department was satisfied with the purchase and that it is working as expected. C. Turpen responded yes, adding that the implementation was helpful for ISS staff.

**2. Review and Approval of the Benton County Community Nitrate Management Plan – Britt Wilkins**

- a. Britt Wilkins provided a PowerPoint presentation on the Benton County Groundwater Nitrate Community Action plan. A copy of the draft plan was provided in the Board of Health meeting packet.
- b. The Health District was originally a part of the Lower Yakima Valley Ground Water Management area of the Groundwater Management Area (GWMA). The Health District withdrew from the GWMA as the group was focused primarily on water quality in a very small portion of the Benton County area.
- c. As part of that withdrawal, the Health District supported Benton County Conversation District in applying for a grant from the Department of Ecology to study nitrates in the groundwater. It was already known that there were pockets of nitrates in groundwater which is a health risk for pregnant women and children under the age of one. The Health District wanted to come up with a proactive approach by coming up with non-regulatory,



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voluntary measures to address water quality issues to avoid federal involvement like what happened in Yakima Valley.

- d. Benton County Conservation District grant application includes three primary areas of focus including establishing a baseline evaluation of nitrates in the groundwater, partnering with the Health District's water laboratory. Second, the group would establish a stakeholder committee to review findings from the baseline that would include industry, farmers, citizens, and other representatives. Third, the group would prepare an action plan using the voluntary measures and incentives in efforts to reduce groundwater nitrates in the future.
- e. From the study, Benton County was sub-divided into six area including Prosser, Benton City-Kiona, Richland Wye, Finley, Badger Coulee, and Horse Heaven Hills. The study confirmed that there are pockets of high nitrates in groundwater.
- f. The Stakeholder Committee has prepared and established the Benton County Groundwater Nitrate Community Action Plan that was presented in the packet. The plan develops and encourages implementing a series of coordinated Best Management Practices (BMPs) to reduce nitrate off-site migration and deep percolation, collects and incorporates existing nitrate data into a shared data management system for nitrate groundwater testing records, establishes on-going nitrate in groundwater monitoring to track nitrate concentration trends and monitor progress of BMPs, and establishes education programs for the public focusing on protecting groundwater quality and to educate residents on nitrates in groundwater.
- g. R. Dawson stated that part of the process presented is to gain approval on the plan from the Board of Health, that this is an effort that the Health District can participate in by providing education, assisting in sampling, and providing input in an advisory capacity to the Stakeholders Committee. Commissioner Devlin asked what would happen after the plan was adopted and approved. Mark Nielson stated that it would be a combination of the Benton County Conservation District, the Health District, and private land owners to help. The plan is not prescriptive or regulatory, but rather identifies what agencies and land owners/managers are already doing. The plan provides a forum for agencies and citizens to share resources and information.
- h. Commissioner Small asked if this was stepping stone to making the Health District water meter patrol. M. Nielson said that this plan does not commit the County to anything, nor is it a stepping stone. It is a formal recognition of the work that the local community has been doing, including the work the Health District to educate and keep the public safe.
- i. Commissioner Delvin moved to accept the Benton County Community Nitrate Management Plan as presented by the Benton County Groundwater Stakeholder Committee. Commissioner Beaver seconded. Commissioner Peck asked about the inter-local agreement between the two counties and whether one county has the authority to approve plans or programs in another county. Commissioner Peck recommended that Commissioners from Franklin County abstain from voting and let Commissioner from Benton County vote the decision. Commissioner Delvin responded that the Board of Health member is present on behalf of the Health District. The Health District is working with the Benton County Conservation District and does not see it as an overstep for Board of Health to vote. M. Nielson added that the plan still needs to go to the next



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Benton County Commissioner meeting for review and approval before the plan can be implemented.

- j. Commissioner Peck noted concern that if members from Franklin County voted no, and a member from Benton County voted no, Benton County's majority voice would not be heard in the final decision. Commissioner Delvin stated that the Board of Health members are acting on behalf of the Health District in this case and would be fine with Franklin County Commissioner participating in the vote. Commissioner Peck agreed with Commissioner Devlin's response, adding that Franklin County should not directly or indirectly dictate what happens in Benton County. Commissioner Beaver thanked everyone involved in preparing the plan and appreciated the work done to keep the community safe. Commissioner Beaver added that the more the community defines its future locally and not at the state level, future it will have.

## **ANNOUNCEMENTS**

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### **2019 Budget Development – Jason Zaccaria**

Health District staff are continuing work on the draft 2019 budget. Program reviews with individual managers are complete along with the position budget. The management team has until the end of the week to submit departmental budgets. J. Zaccaria hopes to be scheduling a Board of Health Finance Committee meeting in mid to late November 2018, after which a draft budget will be brought to the full Board at the next meeting.

Commissioner Peck asked J. Zaccaria if there were any expected or significant budget shifts. J. Zaccaria responded that it was too early to tell, but initially there are not any expected major shifts. However, if Foundational Public Health Services (FPHS) funding does become available statewide next year, many health districts will bring on services through a phased approach based on what the agency can bring online.

## **APPROVAL OF VOUCHERS**

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Commissioner Delvin moved to approve vouchers numbered 75-2018 through 83-2018, in the amount of \$238,696.76. Commissioner Peck seconded the motion. The motion carried unanimously.

## **EXECUTIVE SESSION**

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Per RCW 42.30.140, an executive session was called at 2:21 p.m. for ten minutes to review collective bargaining. At 2:29 p.m. Chairman Small called the regular session called back into order with no decisions made.

## **DATE OF NEXT MEETING**

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Date of next meeting will be December 5th, 2018.



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**ADJOURNMENT**

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Chairman Shon Small adjourned the meeting at 2:30 p.m.

**SIGNATURES**

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*Signature on file*

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Shon Small  
Chairman of the Board

*Signature on file*

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Jason Zaccaria  
Executive Secretary

