



**BENTON-FRANKLIN HEALTH DISTRICT  
BOARD OF HEALTH**

**MEETING MINUTES**

**February 15<sup>th</sup>, 2017**

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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 & BOH Executive Secretary
	<input type="checkbox"/>	Commissioner Delvin	<input checked="" type="checkbox"/>	Dr. Amy Person, BFHD Health Officer
	<input checked="" type="checkbox"/>	Commissioner Small	<input checked="" type="checkbox"/>	Lisa Wight, BFHD Sr. Human Resources Manager
<b>Franklin</b>	<input checked="" type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Jeff Jones, BFHD Sr. Finance Manager
	<input checked="" type="checkbox"/>	Commissioner Miller	<input checked="" type="checkbox"/>	Carl Turpen, BFHD Systems Analyst
	<input type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Janae Parent, BFHD Executive Assistant
			<input checked="" type="checkbox"/>	Rick Dawson, BFHD Sr. Surveillance and Investigation Manager
			<input checked="" type="checkbox"/>	Carla Prock, BFHD Sr. Healthy People and Communities Manager
			<input checked="" type="checkbox"/>	Jessica Davis, PTE Local 17 Union Rep

**CALL TO ORDER**

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Chairman Koch called the meeting to order at 1:31p.m.

**APPROVAL OF MINUTES**

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Commissioner Small moved to approve the November 30<sup>th</sup>, 2016 meeting minutes.  
Commissioner Miller seconded. The motion carried unanimously.

**DISCUSSION ITEMS FROM THE PUBLIC/STAFF**

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N/A

**UNFINISHED BUSINESS**

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**1. Existing Structures in Conjunction with Possible Future Development – Rick Dawson**

- a. At the November 30<sup>th</sup>, 2017, Commissioner Peck brought forward a concern regarding use of existing buildings and the requirements that the Health District occasionally puts on continued use when there is new development on a property. Regarding instances where this has occurred in the past, Commissioner Peck wanted to know where the Health District was coming up with these requirements and what authorities were requiring it.
- b. R. Dawson explained in detail each of the previous situations that were in question to the Board. In the first situation with a local winery, a subdivision of the land occurred and no one realized the properties were connected to the same sewage system, the outcome resulted in a granted variance for continued use by the Health District. This is not something that the Health District likes to have happen and from a regulatory



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perspective each property should have its own sewage system and be in control of its sewage system.

- c. In the second situation, a church wanted to build a new building on the same property as the existing building, however there were land size limitations and the sewage system could not handle both the new building and the existing building. A choice was made to abandon the existing building, which in turn required the owners of the existing building to disconnect from the sewage system and remove the plumbing. There was never a concern about the church not following instructions, but rather something happening long term, where a new owner comes in and unknowingly connects the systems back together and now there is more sewage being generated on the property than the sewage system is capable of handling.
- d. Commissioner Peck had previously asked specifically what rules give the Health District authority to do this. R. Dawson stated that growth management dictates that an occupied building have adequate provisions for sewage and water. If the building does not have adequate provisions, the question becomes whether the building should have plumbing in it at all. Additionally, BFHD rules state that if a building is going to be occupied there must be a water flow toilet system and its own sewage system. If the building does not have its own sewage system, the question becomes whether the owner can have a water flush toilet system.
- e. R. Dawson stated that these situations do not happen very often and when they do come up, the Health District evaluates each situation to determine what works for the client, what will protect public health and what will protect the environment.
- f. Commissioner Koch asked if there was any Revised Code of Washington (RCW) or Washington Administrative Code (WAC), health or internal policy that directs an owner to remove plumbing. R. Dawson responded no, it's based on what is practical. R. Dawson further added that if a client has a problem with requirements set by the Health District, there is an appeals process that allows the client to appeal to the Health Officer. If the client is not happy with the Health Officer's response it can then be appealed to the Board.
- g. Commissioner Koch asked if a policy should be written for these types of situations. R. Dawson expressed concern about creating a policy, as it ties entities to one solution versus having the flexibility to make decisions based on what works for the client and public health. Flexibility also allows the client to state their case and determine how they want to respond if they do not like the response. Creating a policy will restrict options for clients.
- h. Commissioner Koch thanked R. Dawson for bringing forward a response to the concern. There were no further questions.

**NEW BUSINESS:**

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**1. Election of New Officers – Bob Koch**

- a. Commissioner Koch looked for volunteers for the officer positions. Jason Zaccaria noted that the revised bylaws state that the chairman may serve for two consecutive terms. Commissioner Beaver nominated Commissioner Koch to serve an additional term. Commissioner Small seconded. The nomination passed unanimously.



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- b. In regards to the vice chair position, Commissioner Beaver nominated Commissioner Delvin. Commissioner Small seconded. The nomination passed unanimously.

**2. Medical & Environmental Health Updates – Dr. Person**

- a. The state of Washington is experiencing a mumps outbreak. Since November 2016 there have been 362 cases of the mumps, predominantly on the west side of the state and in Spokane. Usually the state sees fewer than 10 cases per year, so this has been a significant caseload increase for a lot of the state. The Health District has not had any mumps cases associated with this mumps outbreak.
- b. A lot of work is being done with providers as the community is asking how to test for mumps. The Health District has also been working with the media to provide education about vaccination which is the best way to prevent getting mumps. Comparing last year's vaccinations to this year, there has been a 50% increase in the amount of Measles, Mumps and Rubella (MMR) vaccinations given.
- c. There have also been capacity issues with the state lab, due to the increased mumps testing. The state has been using labs in California and Minnesota to meet the additional testing need. It's also a capacity issue for local public health. As with many outbreaks, it's not just the cases but it's the investigation and identification of additional contacts. With the current number of cases, there were an additional 300 people that had to be investigated.
- d. Influenza season is winding down, this has been a difficult season this year with 172 influenza related deaths, which is the highest seen in the last 7 to 8 years. This year's predominant strain was Influenza A, H3N2, which is associated with a more serious disease predominantly in the elderly. Benton and Franklin counties have not seen any deaths.
- e. Commissioner Beaver asked if there were any cases of mumps in Benton County. Dr. Person responded that there about 5-10 cases that were investigated, five were sent for testing and 4 of the results that have come back so far were negative. The Health District took the opportunity to remind healthcare facilities and schools to know the immunization status of not just kids, but of staff. On the west side they have seen in the K-12 school system it has actually been more of the school staff affected then the kids.

**3. Strategic Plan Update – Jason Zaccaria**

- a. J. Zaccaria provided a strategic plan handout to the Board. The first four pages in the handout reflect the goals that have been completed in 2016. The last two pages show what goals are in progress for 2017.
- b. J. Zaccaria provided review of significant goals that were achieved. The review highlighted Goal 1, Exceling at Internal and External Customer Service where social media capabilities were enhanced. Outcomes of this enhancement included the development of a social media policy, user guidance for staff, initiation of a Facebook page and regular postings to all three media platforms.
- c. Goal 3, Expanding Partnerships with Community Partners, the strategy for this last year was to inform community partners about the Health District. This was achieved through distribution of the 2015 Annual Report, staff participation in local and state work groups



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and advisories boards, creation of program brochures for partners to use and increased social media presence through the Community Outreach Coordinator.

- d. Goal 5, Managing Resources with Fiscal Responsibility and Efficiency, the objective was to increase grants and other funding opportunities. This was achieved through an accreditation status from the Public Health Accreditation Board.
- e. J. Zaccaria highlighted several in-progress goals including Goal 2, which will develop a plan to address obesity and assess the need for an adult injury reduction program. J. Zaccaria also reviewed Goal 4 which includes redesign of the Health District's website, protecting technology resources and development an emergency response plan for adverse information technology events.
- f. Lastly, J. Zaccaria reviewed Goal 6, which will be completed with promoting continuing education, cross training and development of a worksite wellness plan. Additionally, J. Zaccaria asked that the Board take a look at the entire handout as the foundation has been firmly laid for achieving goals for 2017. J. Zaccaria stated that credit for this work needs to go to the Management Team and staff who are here at the heart of public health.
- g. Commissioner Small thanked J. Zaccaria and the entire team for their hard work over last several years.

**4. Request to Approve Incremental 0.5FTE in Emergency Preparedness – Jeff Jones**

- a. Jeff Jones presented a handout requesting an incremental 0.5 full-time equivalent for a Learning Specialist 1 for the Emergency Preparedness program. This increase with salary and benefits would cost \$37,000 and be funded with hospital preparedness funds and continuance of this position would be contingent on continual grant funding.
- b. For the last five grant cycles, the Health District has been underspending funds by 43%. Going into the next grant cycle that will begin in July 2017 the Health District was allocated \$195,274, but because of the history of under spending these funds, the award was reduced by 43% and the final award was \$110,915. It's important to fill this position, spend these funds and meet the grant deliverables so that funding can be secured going forward.
- c. Commissioner Small confirmed that this increase was grant funded and that if the grant goes away the position goes away. J. Jones confirmed.
- d. Commissioner Small motioned to approve the incremental Emergency Preparedness Learning Specialist 1. Commissioner Miller seconded. The motion passed unanimously.

**5. Quarterly Financial Update – Jeff Jones**

- a. The Board of Health Finance Committee met on February 7<sup>th</sup>, 2017 to review the 4<sup>th</sup> Quarter financials for the Health District. The report provided is a summary of what was reviewed.
- b. Overall, revenue received through December 2016 was \$9.7 million which represents 99% of the annual budget. Notable line items include licenses and permits that came in at \$1.4 million or 116% of budget. Intergovernmental revenues were running slightly below budget at 94%. There are three main categories that contribute to this item, state and federal grants which came in at 99%, state and local discretionary funds came in at



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88% which is primarily due to the Benton County Nurse-Family Partnership program that didn't get started until June 2016 and Medicaid fee for service that came in at 58%, which only represents 1.5% of the total budget.

- c. Overall, expenditures through December 2016 were \$9.2 million which represents 94% of the annual budget. J. Jones provided highlights of expenses noting that salaries and benefits were at \$6.7 million, which represents 73% of the total operating budget and came in at 94% of budget. This was under due to a number of position vacancies including the Operations Director, three Nurse-Family partnership positions and a part-time Learning Specialist. Supplies and equipment came in at 97% of budget, other services and charges were at 89% of budget and capital items were over budget at 243%, due to the purchase of the Coroner's cadaver storage of which Emergency Preparedness funds were used to purchase.
- d. Through December 2016 there was a net gain of \$509,000, so 2017 began with 89 days cash on hand. Commissioner Small was pleased with the report and noted that J. Jones has been good addition to the Health District.

**ANNOUNCEMENTS**

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No announcements were made.

**APPROVAL OF VOUCHERS**

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Commissioner Miller moved to approve vouchers numbered 93-2016 through 11-2017, in the amount of \$1,386,150.36. Commissioner Beaver seconded. The motion carried unanimously.

**EXECUTIVE SESSION**

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No executive session was held.

**DATE OF NEXT MEETING**

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Date of next meeting will be March 15<sup>th</sup>, 2017.

**ADJOURNMENT**

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Chairman Koch adjourned the meeting at 2:12pm.

*Signature on file*

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Commissioner Robert Koch  
Chairman of the Board

*Signature on file*

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Jason Zaccaria  
Executive Secretary

