



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

MEETING MINUTES

August 19th, 2015

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IN ATTENDANCE

Benton	<input checked="" type="checkbox"/>	Commissioner Beaver	<input checked="" type="checkbox"/>	Jason Zaccaria, BFHD Administrator & BOH Executive Secretary
	<input checked="" type="checkbox"/>	Commissioner Delvin	<input checked="" type="checkbox"/>	Dr. Amy Person, BFHD Health Officer
	<input checked="" type="checkbox"/>	Commissioner Small	<input checked="" type="checkbox"/>	Nick Boukas, BFHD Operations Director
Franklin	<input checked="" type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Cody Lewis, BFHD Information Systems Manager
	<input checked="" type="checkbox"/>	Commissioner Miller	<input checked="" type="checkbox"/>	Lisa Wight, BFHD Sr. Human Resources Manager
	<input type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Jeff Jones, BFHD Sr. Finance Manager
			<input checked="" type="checkbox"/>	Staff – Janae Parent, Admin Analyst/Executive Assistant
			<input checked="" type="checkbox"/>	Staff – Carla Prock, Field Services Supervisor
			<input checked="" type="checkbox"/>	Staff – Marie Hutson, Nurse-Family Partnership Supervisor
			<input checked="" type="checkbox"/>	Staff – Richard Edwards, Region 8 Coordinator
			<input checked="" type="checkbox"/>	Visitor – Karen Queen, WSNA Union Rep
			<input checked="" type="checkbox"/>	Visitor – Jessica Davis, PTE Local 17 Union Rep
			<input checked="" type="checkbox"/>	Visitor – Kristie Myhrum, PTE Local 17 Union Rep

CALL TO ORDER

Chairman Beaver called the meeting to order at 1:28 p.m.

APPROVAL OF MINUTES

Commissioner Small moved to approve the June 17th, 2015 meeting minutes. Commissioner Miller seconded. The motion carried unanimously.

DISCUSSION ITEMS FROM THE PUBLIC/STAFF

No discussion items from the public or staff.

UNFINISHED BUSINESS

No unfinished business.

NEW BUSINESS:

1. Medical & Environmental Health Updates – Dr. Person

- a. West Nile Virus (WNV) Update:



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- Continuing to see increased WNV activity in the state, predominantly in Benton and Franklin counties. There are 14 reported human cases in Washington State, with 11 of those cases from Benton County, and 1 from Franklin County.
 - A number of the reports have been the severe neuroinvasive cases, so work continues with partners in mosquito control, providing location information for any alterations in spraying based on reported cases.
 - The Health District is also working with media to talk about prevention, as there is no specific treatment for WNV. Feedback from patients indicated misperceptions about mosquito locations, so additional communications were sent back out that mosquitos like any standing water, and do not just congregate near the rivers.
 - WNV will be around until the first frost, and the season started earlier this year, so the Health District is seeing more and more activity.
- b. Region 8 – Emergency Preparedness Update:
- Work and assistance continues with various partners and counties.
 - Walla Walla's, *Gentleman of the Road* festival. Walla Walla set up outdoor medical services, using some of Region 8's alternate care facilities.
 - The Health District provided Public Information Officer support for the Chelan fires.
 - Set-up an Incident Command for back to school immunization rush. Used preparedness principals, and worked through the most efficient way to usher clients through, and ensure staff were aware of the increased volume. Once the rush is over, an after action will be completed to evaluate what worked and what didn't work well.

2. PHAB Accreditation Update – Jason Zaccaria

- a. An accreditation update packet was provided to the board members, including a timeline of significant events and milestones. As discussed in the past, the Health District is pursuing national accreditation from the Public Health Accreditation Board (PHAB). Accreditation consists of a set of nationally accepted standards that each local health jurisdiction should meet, along with performance measures.
- b. Accreditation provides framework for local health jurisdictions to identify and implement performance improvement opportunities, creditability to the community and partners, as well as potential assistance to the Health District in obtaining future funding opportunities.
- c. The provided timeline shows initiation of the accreditation process in March 2013, with a preliminary required PHAB training and process planning.
- d. In June of 2013 a Standards and Accreditation Team was stood up, and the team began reviewing standards and measures to identify the documentation that would be needed to pass accreditation. This review also included identification of any gaps.
- e. In December 2013, a letter of intent was submitted, notifying PHAB of the Health District's intent to apply for accreditation. Then several months later the Health District formally submitted its application for accreditation to PHAB and it was accepted. The Accreditation Team meetings continued monthly to determine gaps and to produce the best available documentation to meet the standards.



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- f. In May 2015, Core Accreditation Team meetings were set-up to assist in identifying opportunities for improvement in process and momentum. From that a FastTrack process was initiated, with single domain team meetings clearly identifying and bringing to closure any gaps.
- g. Mock reviews are underway now. This review will help identify true readiness for the future on-site visit by PHAB.
- h. Path forward actions will include submitting all the documentation to PHAB at the end of September. The Health District will prepare for the on-site visit in 2016 by continuing to provide education and training to staff, the BOH and our community partners.
- i. Commissioner Delvin asked about the reporting to PHAB and frequency of the accreditation process. J. Zaccaria responded stating that the District will not have to re-apply for accreditation for five years after successfully passing this initial accreditation.
- j. Commissioner Small added that all staff needs to be involved in the process, preparing staff accordingly for on-site visits and ensuring an integration of the accreditation process happens at all staff levels. J.Zaccaria responded that BFHD has engaged staff about accreditation in multiple venues, from departmental to all-staff meetings, and will continue the engagement process in the future.

3. Maternal Child Health and Adverse Childhood Experiences Program Update – Carla Prock

- a. Adverse Child Experiences (ACEs), is a study first conducted in 1995 on over 17,000 participants. The study asked questions to each participant about childhood maltreatment, family dysfunction, as well as items related to current health status and behaviors. Tracking of these participants continues today to assess the relationship between adverse childhood experiences, health care use, and cause of death.
- b. The physical, behavior and economic consequences resulting from ACEs exposure and impact goes well beyond public health. A PowerPoint presentation was provided highlighting types of abuse and neglect, indicators of family dysfunction, the ACE burden in Washington State, conditions of collective impact, and participating partners was shown.
- c. An ACE score of 4 or more puts a person at a higher risk for poor social, physical and mental health. An ACE score of 6 can increase the risk for early death by 20 years. The higher the ACE score, the higher the rates for chronic disease and early death.
- d. A map provided in the presentation shows an average of 26.5% adults in Washington state have an ACE score of 3 or more. There are significant areas of Benton and Franklin Counties that have a higher rating of 31-38% with an ACE score of more than 3. Rates are from 2009-2011.
- e. When efforts are made to reduce ACEs scores, and increase resilience in the population, the community will see a decrease in abuse and neglect rates of children, a decrease of involvement in the juvenile justice system, higher high school completion rates, a better prepared workforce, improved economic outlook, decreased health care costs, decreased chronic disease and decreased chronic disability, especially related to mental health.



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- f. The Health District has an ACEs and Resilience Collaborative that began meeting in November 2014. An ACEs Workgroup Story Board handout was provided, showing the collective impact model, ensuring community member buy in and efficiency in processes that are being used.
- g. The Health District is the back bone of this collaborative, bringing together community partners. There are over 34 participants working together on this collaborative. The collaborative is working on four key areas including, increasing awareness of available community resources, increasing community awareness of ACEs and their effects in general, assessing and collating community parent support programs, and increasing availability for youth mental health services.
- h. Commissioner Small asked why Kennewick, Richland, and Benton County law enforcement offices have not been involved. C. Prock responded stating that there is not a clearly identified community liaison, and it is not always feasible to have an officer in the field attend these types of meetings. C. Prock also noted that an existing resource contact list was used to extend invites to these meetings, which is sent to already identified law enforcement that deal with accidental traumas for all named entities.

4. Nurse-Family Partnership Program Update – Marie Hutson

- a. Nurse-Family Partnership (NFP) is an evidence based program, that serves low-income women, pregnant with their first child. Each high risk mom is partnered with a registered nurse early in the pregnancy, and received ongoing home visits until the child's second birthday.
- b. NFP helps families and community become stronger while saving money for the local, state, and federal governments. Research has shown that up to \$5.70 is saved for every \$1.00 spent on the NFP program. The program goal is to improve pregnancy outcomes, by helping women with preventive health practices including, thorough prenatal care from their health care providers, improving diets, and reducing the use of cigarettes, alcohol and other illicit substances.
- c. The program also works to improve child health and development by helping parents provide responsible and competent care. Additionally NFP improves economic self-sufficiency of the families by helping parents develop a vision for their own future, plan future pregnancies, continue education, and go to work.
- d. The Franklin County NFP program can serve 100 families. To-date the NFP program in has seen over 160 moms and while not all have stayed through completion of the program, the NFP has seen 111 children with 2,300 home visits since its implementation in 2013. The NFP case load is currently at 84 first time moms, 65 children, with 9 clients having just graduated.
- e. NFP handouts were provided showing the present value and costs per family served in Washington State. There has been a 52% reduction in crimes and arrests from the ages of 11-14 and 59% reduction in alcohol, tobacco, and marijuana use in ages 12-15.
- f. Commissioner Delvin asked if there were any follow up studies done to show lasting effects. M. Hutson responded saying that the first trial was done 37 years ago and the NFP program is still following the kids, and still seeing results. NFP kids that enter



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school have higher reading and math scores, are more likely to graduate, and are less likely to be arrested.

ANNOUNCEMENTS

1. Audit Updates – Jeff Jones

- a. Auditors arrived on-site on July 1st, 2015, and completed on-site work last week. The scope included a federal grant compliance audit, a financial statements audit, and accountability audit.
- b. The federal grant compliance audit completed with no findings or recommendations. The financial statement audit is complete as well, with some minor changes in some of the schedules, but Jeff stated he does not anticipate any findings or recommendations. The accountability audit for 2013 and 2014, is currently wrapping up. J. Jones does not anticipate any major issues, but there likely will be a couple of exit items.
- c. The exit conference will be the first week of September, with the total expected cost being \$22,000.00.

2. 2016 Budget Process Update – Jason Zaccaria

- a. The agency is starting to begin the 2016 budgeting process for next year. It will be a similar process as to last year, developing a calendar of significant milestones for identifying the budget process to ensure transparency to management staff and board.
- b. The team will be conducting program reviews with Managers and Supervisors to understand any changes in program status, any changes in revenues and expenditures, any new programs that may be proposed.
- c. A position budget will be developed, and then the team will provide group and one-on-one training. A multiple review process will be engaged, including a review by management staff, and then the Board of Health Finance/Budget sub-committee together in the first week of November, and finally a review and approval to the full board of health at the November 18th, 2015 meeting.
- d. Commissioner Delvin asked how the new financial system was working with the audit and budgeting process. J. Jones responded that most of the audit for 2014 was done in the prior system, as the new system did not go live until this year. Next year's audit will be with the new system.
- e. Commissioner Beaver asked how big the variables were for the cash flow from the state. J. Zaccaria responded saying that the Health District receives a public health assistance fund that is spread out based on how it can be applied, and allows some flexibility in applying needed dollars to programs that are worthwhile for the community but don't necessarily support themselves. This will also be reviewed in the budgeting process.

APPROVAL OF VOUCHERS

Commissioner Small moved to approve vouchers numbered 41-2015 through 56-2015, in the amount of \$1,601,799.37. Commissioner Koch seconded the motion and the motion carried unanimously.



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EXECUTIVE SESSION

No executive session was held.

DATE OF NEXT MEETING

Date of next meeting will be September 16th, 2015.

ADJOURNMENT

Chairman Beaver adjourned the meeting at 2:05pm.

Signature on file

James Beaver
Chairman of the Board

Signature on file

Jason Zaccaria
Executive Secretary

