



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

MEETING MINUTES

December 12th, 2018

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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 type="checkbox"/>	Commissioner Delvin	<input type="checkbox"/>	Dr. Amy Person, BFHD Health Officer
	<input checked="" type="checkbox"/>	Commissioner Small	<input checked="" type="checkbox"/>	Rick Dawson, BFHD Surveillance & Investigation Sr. Manager
Franklin	<input checked="" type="checkbox"/>	Commissioner Koch	<input checked="" type="checkbox"/>	Carla Prock, BFHD Healthy People & Communities Sr. Manager
	<input checked="" type="checkbox"/>	Commissioner Miller	<input type="checkbox"/>	Lisa Wight, BFHD Human Resources Sr. Manager
	<input checked="" type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Jeff Jones, BFHD Finance & Business Services Sr. Manager
			<input checked="" type="checkbox"/>	Eric Elsethagen, BFHD Information Systems and Security Manager
			<input checked="" type="checkbox"/>	Janae Parent, BFHD Executive Assistant
			<input checked="" type="checkbox"/>	Staff – Diane Medick, BFHD Administrative Assistant
			<input checked="" type="checkbox"/>	Visitor – Kirk Williamson, Benton Franklin Community Health Alliance
			<input checked="" type="checkbox"/>	Visitor – Leslie Rivera, Washington State Nursing Association Union Rep

CALL TO ORDER

Chairman Shon Small called the meeting to order at 9:02 a.m.

APPROVAL OF MINUTES

Commissioner Beaver moved to approve the October 17th, 2018 meeting minutes.
Commissioner Koch seconded. The motion carried unanimously.

DISCUSSION ITEMS FROM THE PUBLIC/STAFF

N/A

UNFINISHED BUSINESS

None to report



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NEW BUSINESS:

1. Benton Franklin Community Health Alliance (BFCHA) Update – Kirk Williamson

- a. K. Williamson provided a summary background of the Benton Franklin Community Health Alliance and the need for three area hospitals to have a centralized location to discuss hospital and community issues. A group of community leaders stepped up to create a politically safe place for the hospitals to work together. The result of this effort is the community now has a Cancer Center that is owned by the three hospitals and is also aligned with Seattle Cancer Care Alliance.
- b. After the Cancer Center came together the taskforce looked for other ways to address community health related issues. The next step the taskforce took was evaluating immunization rates of two year olds, as compared to the state. The taskforce found that immunization rates for two year olds in the community was half the rate of the state average. Today, this rate is now on average with the state rate, going from 40% of two year olds vaccinated, to over 80%.
- c. In the early 2000's the organization restructured itself to become a 501(c)(3) nonprofit and now is connected with more than 100 different community organizations to assist in providing a variety of services.
- d. The vision of BFCHA is for Benton and Franklin counties to be vibrant communities in which all individuals, regardless of their circumstances, experience good health. BFCHA lead to completion the 2013 Community Health Needs Assessment (CHNA) that ended up being a year long process. The two issues addressed were access to care and obesity. Then in 2014 BFCHA created the first Community Health Improvement Plan (CHIP) to address access to care and obesity.
- e. In 2016, the CHNA was updated to add mental health, which tracks along with the work being done under the Washington State Medicaid Transformation work, which is to integrate behavioral health and primary care in the same location. This type of strategy is already being used in Grace Clinic for a diagnosis of diabetes. Once a diagnosis is given, the patient does not leave the clinic until speaking with a counselor. This is to help the patient manage the mental and emotional effects of diabetes. In 2017, the CHIP was updated to add dental health.
- f. BFCHA is now focusing on suicide in the community. A group of three individuals spoke to over 600 Kiwanians in a period of a week about suicide. Additionally, BFCHA is tackling end-of-life care planning. The community as a whole is behind others in having this discussion with family members, so BFCHA has started working with the chaplaincy to have end-of-life dinners. Once a month, clinicians, chaplains, and other care providers are gathering to discuss how to engage the community in a discussion of end-of-life planning.
- g. K. Williamson provided highlights of additional work the BFCHA is leading including partnership with emergency medical service professionals, statewide tip line for suicide and bullying, the Medical-Dental Summit, and the 2019 CHNA ramp up.
- h. K. Williamson also provided a graphical slide showing the biggest concerns that Medicaid enrollees face. Tri-City Community Health asked 652 clients, what their biggest



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concern was. Over 100 respondents said employment, followed by housing, food, and education.

- i. Commissioner Peck stated that having over 100 clients express concern for needing employment is a healthy indicator that clients want to be able to take care of things for themselves.

2. BFHD Enrollment into Benton County Investment Pool – Jeff Jones

- a. The Health District was able to build up and sustain cash reserves, so the agency is now looking to invest some of those reserves. J. Jones proposed using the Benton County Treasurer's Investment Pool to invest the reserves. The investment is relatively low risk, and being able to pool those funds will help the economies to scale and provide a greater diversification than the Health District could on its own, including with higher yields.
- b. The investment pool is liquid, and if it is under \$10 million, the Health District can get out of the pool with one day notice. The cost for the pool is five basis points and is assessed on an average monthly basis at .05%. Commissioner Koch asked if this was a state fund. J. Jones responded that is a county investment pool, however the county invests a significant amount of its money into the state.
- c. Commissioner Peck asked if J. Jones knew what the Benton County Treasurer was invested in. J. Jones responded that significant portion is in the state, some if it is treasury notes or municipal bonds. Commissioner Beaver added that none of it appears to be long term and is primarily 90-120 term investments. Commissioner Peck asked for clarification that the county investment pool does not diversify outside normal and customary framework for investing its funds. Commissioner Beaver responded that Benton County has an investment fund policy that keeps investments inside the box and does not allow for investments outside the normal and customary.
- d. Commissioner Miller moved to transfer reserve account investments into the proposed Benton County Investment Pool. Commissioner Beaver seconded. Motion carried unanimously.

3. Review and approval of 2019 Budget – Jeff Jones

- a. The Board of Health Finance Committee has reviewed the proposed budget and a copy of the report was provided in the meeting packet.
- b. The 2019 budget is \$10,485,154, which is approximately \$292,068 over the 2018 budget, or a 2.9% increase. The budget presented is balanced and no cash was used to balance it.
- c. Under revenues, licenses and permits are projected to see an increase of \$63,000, which is 4.7% higher than 2018. This increase is based on projected volumes, not based on fee increases. There are no proposed fee increases for 2019. Under intergovernmental revenues, there is an overall increase of \$349,000, or 4.9%, which includes state and federal grants with an increase of \$198,000. There are some expected changes to grant funding including a decrease in the Women, Infants and Children (WIC) grant of \$144,000 and Emergency Preparedness funding for hospital



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- preparedness will go down \$65,000. Grants that saw an increase include Tobacco Prevention for \$25,000 and Ryan White funding is going up \$250,000.
- d. Under state and local discretionary funds, overall there will be an increase of 5.5% related to foundational public health services funding. There are no increases in county contributions for 2019.
 - e. Under charges for goods and services, overall the agency is expecting a decrease of 7.7% or \$134,000, primarily due to contracts for nurse consulting services and staffing changes. Immunization fees will go down approximately \$67,000 as compared to 2018 this includes child immunizations as well as the flu and travel clinics.
 - f. Overall, expenditures are expected to increase including an increase for salaries for \$107,000 or 1.9% and a net decrease in full time equivalents (FTEs) of 0.74. Personal benefits will increase to \$139,000 or 6.8%, which includes retirement, family medical leave insurance, and medical insurance. Commissioner Beaver asked about the 0.74 FTE. J. Jones responded stating this is due to several changes that have transpired across several positions including some staff retiring and other combining of time equivalency.
 - g. Supplies and equipment will remain flat for the 2019 budget, with a slight increase of \$2,000. Services and other charges will receive a slight increase as well for \$14,000. Capital items is budgeted for \$64,000 to include a server replacement, purchase of a time keeping system, and one vehicle replacement.
 - h. Since no cash was used to balance the budget, the agency is expecting the cash balance to remain flat for 2019. There is a projected loss of \$241,000 for 2018, which is primarily due to issues with the immunizations program. Health District staff have revised the immunization structure for 2019 so that it does not take any further loss. Additionally, the WIC grant saw a decrease in caseload last year and the agency was not able to rebuild caseload volume due to state issues. In addition, the Human Immunodeficiency Virus (HIV) Case Management was slow to implement last year, so the agency did not realize as much revenue as projected for 2018.
 - i. At the beginning of 2019, the projected fund balance will be approximately \$2.7 million, which represents 93 days of working capital.
 - j. Revenue sources for 2019 include 44% from state and federal grants, 28% from state and local intergovernmental, 15% from fee for service, and 13% from licenses and permits. Under expenditures, 74% comes from salaries and benefits, 17% from services and other charges, 8% from supplies and equipment, and less than 1% for capital items.
 - k. Under staffing changes, there was a net decrease of 0.74 FTE. The total FTEs for 2019 is 90.75. There were a number of changes that occurred including the addition of 0.2 administrative assistant, 0.5 clerk stenographer, .15 dental hygienist, 0.5 environmental health specialist, 2.0 health service workers, and 1.0 health educator. There were reductions of 0.25 clerk typist, 1.0 licensed practical nurse, 0.20 nutritionist, 0.60 nutrition aide, 0.26 peer counselor, 1.5 public health nurses, 1.0 health specialist, and 0.28 social worker. Commissioner Peck asked about drivers behind reductions in listed positions. J. Zaccaria responded that reductions are primarily driven by changing grants,



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including funding increases, decreases, or retirement, as well as global planning for the future.

- I. Administration accounts for 23% of revenues, Healthy People and Communities accounts for 31%, and Surveillance and Investigation accounts for 46%. Under expenditures, Administration accounts for 36% of expenditures, Healthy People and Communities accounts for 25%, and Surveillance and Investigation account for 39%.
- m. J. Jones reviewed division budgets including revenues and expenditures for each division, noting that Administration is primarily funded by state and local discretionary funds, Healthy People and Communities is primarily funded by state and federal grants, and Surveillance and Investigation is primarily funded by permit and fee revenue along with state and federal grants.
- n. Commissioner Koch moved to approve the draft 2019 budget. Commissioner Beaver seconded. Commissioner Peck noted appreciation for the progress the agency has made in slowly building up cash flow, transparency, and clear answers to questions asked. Motion carried unanimously.

4. Election of Officer Positions – Commissioner Shon Small

Commissioner Peck suggested electing officer positions in the first meeting of 2019. Members agreed by consensus to postpone elections to the first meeting of 2019.

ANNOUNCEMENTS

1. Fatherhood Summit Planning – Carla Prock

Since the early 1980's the Health District has been a participant on the Teen Parent Advisory Board to support local teen parent programs in the high schools. It has historically been working with Tri-Tech and New Horizons for the Graduation Reality and Dual Skills (GRADS) program that works with teen mothers and fathers. The group has recently changed names to include the expansion of partners and work that is being done, and is now called the Healthy Young Parent Collaborative and is helping working on a fatherhood initiative.

The Health District along with the Healthy Young Parent Collaborative is working with partners on a national fatherhood initiative community mobilization approach. Last week was the initial community mobilization training and the group hopes to come up with a community action plan by July 2020. The group is looking for representation from several key sector areas.

The goal of the leadership summit is to help leaders from across the sectors combat father absence and promote responsible fatherhood as well as helping leaders capture a vision on how to promote responsible fatherhood in the action plan.

2. Thank you to Commissioner Rick Miller – Jason Zaccaria

J. Zaccaria thanked Commissioner Miller for years of service and dedication serving on the Board of Health, and helping the Health District in bringing it to its place of success today.



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APPROVAL OF VOUCHERS

Commissioner Koch moved to approve vouchers numbered 84-2018 through 103-2018, in the amount of \$1,319,663.03. Commissioner Peck seconded the motion. The motion carried unanimously.

EXECUTIVE SESSION

Commissioner Small requested an Executive session for ten minutes at 9:56 a.m. citing review of collective bargaining per Revised Code of Washington (RCW) 42.30.140. At 10:06 a.m., the regular session was called back into order.

Commissioner Beaver motioned for approval of the Benton-Franklin Health District PTE Local 17 Agreement for a 3% cost of living allowance (COLA) increase for 2019, and 3% COLA for 2020.

In addition, Commissioner Beaver moved to approve a 3% across the board pay increase effective January 2019, and 3% pay increase for 2020 for both exempt and non-bargaining staff members.

Commissioner Miller seconded. Commissioner Peck questioned the difference between the stated 3% COLA for PTE Local 17 and 3% pay increase for exempt and non-bargaining. J. Zaccaria responded that there is no perceived difference. The motion carried unanimously.

DATE OF NEXT MEETING

Date of next meeting will be on January 16th, 2019.

ADJOURNMENT

Chairman Small adjourned the meeting at 10:07 a.m.

Signature on file

Commissioner Bob Koch
Acting Chairman of the Board

Signature on file

Jason Zaccaria
Executive Secretary

