

BENTON-FRANKLIN HEALTH DISTRICT BOARD OF HEALTH

MEETING MINUTES

October 18th, 2017

IN ATTENDANCE

Benton	\boxtimes	Commissioner Beaver	\boxtimes	Jason Zaccaria, BFHD District Administrator & BOH Executive Secretary
	\boxtimes	Commissioner Delvin	\boxtimes	Lisa Wight, BFHD Sr. Human Resources Manager
	\boxtimes	Commissioner Small	\boxtimes	Jeff Jones, BFHD Sr. Finance Manager
Franklin	\boxtimes	Commissioner Koch	\boxtimes	Carla Prock, BFHD Sr. Healthy People and Communities Manager
	\boxtimes	Commissioner Miller	\boxtimes	Bonnie Hall, Contracts and Billing Services Manager
		Commissioner Peck	\boxtimes	Heather Hill, BFHD Clinic Services Supervisor
			\boxtimes	Britt Wilkins, Lab Services Supervisor
			\boxtimes	Carl Turpen, BFHD Systems Analyst
			\boxtimes	Janae Parent, BFHD Admin Analyst/Executive Assistant
			\boxtimes	Diane Medick, BFHD Administrative Assistant
			\boxtimes	Visitor-Jon Kim, Nursing Student, Washington State University
			\boxtimes	Visitor-Jessie Crandell, Nursing Student
			\boxtimes	Visitor- Chawntelee Solomon, Nursing Student
			\boxtimes	Visitor-Chas Hornbaker, BFHD Student/Intern
			\boxtimes	Visitor-Leslie Rivera, WSNA Union Representative
			\boxtimes	Visitor-Laili Abd Latif, PTE Local 17 Union Representative

CALL TO ORDER

Chairman Bob Koch called the meeting to order at 1:30p.m.

APPROVAL OF MINUTES

Commissioner Beaver moved to approve the September 20th, 2017 meeting minutes. Commissioner Delvin seconded. The motion carried unanimously.

DISCUSSION ITEMS FROM THE PUBLIC/STAFF

N/A

UNFINISHED BUSINESS

None to report



NEW BUSINESS:

1. Request to Approve Incremental 1.5FTE for Foundational Public Health Services – Carla Prock & Jeff Jones

- a. Along with a new statement of work and deliverables, new funding was received for Foundational Public Health Services to support an additional 1.5FTEs in the area of Communicable Disease and related support.
- b. The Health District is lacking the ability to analyze data related to specific diseases, which hampers the ability to effectively evaluate and prioritize current strategies when forecasting and monitoring communicable diseases.
- c. Of the 1.5FTEs, 1.0 will go towards an epidemiologist. Expanding this staffing will allow the Health District to better respond to potential disease concerns and look at other notifiable conditions that may be unusual within the community, including opioid overdoses and suicide data. This expansion of staffing is fully funded by the state.
- d. Commissioner Miller agreed that this expansion and outcome is important to public health and the community. Commissioner Small asked about increases to opioid overdose rates over the last two years, including how much the rate has increased.
- e. C. Prock responded that data is currently unavailable to the Health District, but hiring the epidemiologist will help provide answers to those types of questions.
- f. Commissioner Beaver moved to approve the incremental 1.5FTEs as requested. Commissioner Miller seconded. Motion carried unanimously.

2. Lab Partnership with Benton County Conservation District (BCCD) - Britt Wilkins

- a. Benton County used to be a part of the Lower Yakima Valley Groundwater Management Area, but a proposal was made to leave due to inefficiencies and minimal benefit to residents in Benton County. As part of the proposal to leave, the Health District supported the Conservation District applying for a grant to study nitrates in groundwater in Benton County.
- b. There are already known pockets of high nitrates within the area and nitrates can be a health risk for pregnant women and children under the age of one. When BCCD wrote the grant, the three main goals were to identify possible activities in the area that are contributing to high nitrate groundwater, describe the occurrence, movements, and sources of nitrates as well as identifying areas of high risk including high concentration. Lastly, the grant would create a baseline to help reduce nitrates by being able to compare data. Commissioner Koch asked if the wells have been tested previously. B. Wilkins stated that the study is targeting private wells, where public water systems are already required to test for nitrates. There is not currently a baseline for private well systems and the study will expand on what is already known through public water systems.
- c. The study is in progress now with approximately two years' worth of samples and data now available. There have already been over 1,200 samples run, with major sampling events in the fall and spring of each year. During these run periods, approximately 300-400 samples are tested.



- d. Combining new data with historical data has provided a bigger picture of nitrate levels within the county. As expected nitrates are higher in shallow wells, lower in deeper wells, and lower in wells located in close proximity to major water sources. The study also showed that distribution of nitrates has not changed significantly over time, but the average concentrations have increased.
- e. B. Wilkins reviewed several topographical figures with the Board. Yellow areas are low nitrate levels, orange areas are moderate nitrate levels, and red is considered high nitrate levels.
- f. A non-regulatory work group has formed, made up of farmers, industry and citizens to come up with non-regulatory means to help address nitrates in the area, including irrigation efficiency. Commissioner Beaver asked that copies of the presented figures be emailed to members for further review.

3. Syringe Exchange Discussion - Carla Prock

- a. The Health District was approached earlier this year by the Blue Mountain Heart-to-Heart program in Walla Walla with a request to partner with the program to bring a Syringe Exchange Program (SEP) to the Tri-Cities. The program has reported that there are consistently 25 people per month from the Tri-Cities accessing the SEP in Walla Walla.
- b. Yakima has also started an SEP over the last couple of years. Yakima does not collect data in the same way that Walla Walla does, but has notified the Health District of an increase in residents accessing the SEP in Yakima County that are from western Benton County.
- c. The Health District conducted several discussions both internally and with partnering agencies, and the Pasco office was selected as the best location for the program as there is currently space being used for storage with its own entrance so that it would not disrupt the flow of other programs or businesses. If the Health District partners with Blue Mountain for the location, the program will provide all the staffing, supplies and disposals to run the program. This means there would be no additional cost to the Health District to bring the exchange program to the local community.
- d. SEPs have been identified as a strategy to reduce morbidity and mortality associated with opioids in the 2017 Washington State Inter-Agency Opioid Working Plan. Fatal overdoses due to opioids in Benton County and in the community have doubled over the last 10 years. Return on investment of SEPs is highest in regards to communicable diseases. Costs of treatment and medication for diseases like Hepatitis C are significantly higher in cost as compared to an SEP.
- e. SEPs provide the ideal opportunity to connect with the highest risk patients for harm reduction methods like testing, education and encouragement of treatment. Additionally, from a solid waste perspective, having an SEP provides a legal and appropriate location for disposal of used syringes. The absence of this type of service for patients' increases likelihood that used syringes will end up in improper areas, including in household garbage or through illegal dumping in public areas.



- f. The Health District has reached out to tenant partners and the City of Pasco and is awaiting feedback regarding any concerns with the Health District moving forward with the stated location.
- g. Heather Hill, Clinic Services Supervisor of the Health District's Human Immunodeficiency Virus (HIV) Case Management program, spoke of time spent on the HIV State Planning group. The group reports findings to constituents and the governor. Additionally, through the End AIDS 2020 document presented, SEPs are specifically called out as part of the strategy for risk reduction. H. Hill spoke about time spent working directly in case management and the difficulties reaching and educating the highest risk patients and how having an SEP creates a bridge for the Health District staff to reach this population. Additionally, the Health District has received an increase in phone calls from providers and Crisis Response inquiring about patients looking for clean syringes and the closest SEPs are either in Yakima or Walla Walla.
- h. Commissioner Delvin asked what grant sources Blue Mountain receives money from. H. Hill responded that Blue Mountain has several grant sources including Department of Health (DOH) for supplies and other large national organizations. DOH is watching the Health District closely and is continuing to receive questions as to when the Health District will start considering an SEP. Commissioner Koch asked what the expected drop in rate would be if an SEP is started. H. Hill responded that it will initially be a trickle and could grow to as many as 20 people during the 4-hour block of time the SEP is open each week.
- i. The ultimate goal is to get the users into drug and alcohol treatment programs, clean, sober and disease free. Commissioner Small agreed with this goal and expressed that an SEP should not be a buffet, but rather a way to reach the high risk population to do outreach activities including education and treatment.
- j. A deadline for feedback from the City of Pasco and other tenants is October 27th, 2017. Some questions were raised by the WSU Franklin County Extension office about volume of traffic. Staff reassured WSU that there would not be high volumes of clients waiting outside the building.
- k. Commissioner Koch provided background on the request timeline and direction given to talk with both the City of Pasco and WSU. Commissioner Koch spoke directly with WSU to address concerns and working to accommodate any issues through the planning process. J. Zaccaria added that the intention is to gather input and respond to it appropriately. Part of the mitigation process will be proper signage to direct traffic.

ANNOUNCEMENTS

J. Zaccaria stated that the Health District's current strategic plan is expiring at the end of this calendar year. The agency rekindled the strategic planning team back in August to come up with a revised strategic plan for the 2018-2020 period. It includes a cross-representation of employees across the organization, including leadership, management and staff. It will follow best practices by using the National Association of County and City Health Officials (NACCHO) planning guides. The process sequentially goes through several modules and the team is about

half way through the process. A Strengths, Weakness, Opportunities and Threats (SWOT) survey will be sent out to the board in the near future to provide feedback into the revised plan. The end goal is to have the plan rolled out to all staff in January 2018.

APPROVAL OF VOUCHERS

Commissioner Beaver moved to approve vouchers numbered 67-2017 through 73-2017, in the amount of \$748,126.88. Commissioner Small seconded the motion and the motion carried unanimously.

EXECUTIVE SESSION

Per RCW 42.30.140, an executive session was called at 2:01pm, for 10 minutes to review collective bargaining. At 2:08pm the regular session was called back, with no action taken.

DATE OF NEXT MEETING

Date of next meeting is scheduled for November 15th, 2017. Per Commissioner Koch this will need to be rescheduled due to conflicting meeting dates.

ADJOURNMENT

Chairman Bob Koch adjourned the meeting at 2:09p.m.

Chairman Bob Noon adjourned the mooting at 2.00p.m.					
Signature on file	Signature on file				
Bob Koch	Jason Zaccaria				
Chairman of the Board	Executive Secretary				

