



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

MEETING MINUTES

November 30th, 2016

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IN ATTENDANCE

Benton	<input checked="" type="checkbox"/>	Commissioner Beaver	<input checked="" type="checkbox"/>	Jason Zaccaria, District 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"/>	Lisa Wight, BFHD Sr. Human Resources Manager
Franklin	<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 checked="" type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Janae Parent, BFHD Executive Assistant
			<input checked="" type="checkbox"/>	Rick Dawson, BFHD Land Use, Sewage and Water Supervisor
			<input checked="" type="checkbox"/>	Jessica Davis, BFHD Food Safety Supervisor and Local 17 PTE Union Representative
			<input checked="" type="checkbox"/>	Carol Moser, Benton Franklin Community Health Alliance Executive Director
			<input checked="" type="checkbox"/>	Lynette Marshall, Student

CALL TO ORDER

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

APPROVAL OF MINUTES

Commissioner Beaver moved to approve the October 19th, 2016 meeting minutes. Commissioner Miller seconded. The motion carried unanimously.

DISCUSSION ITEMS FROM THE PUBLIC/STAFF

N/A

UNFINISHED BUSINESS

Review and Approval of Bylaws – Jason Zaccaria

Commissioner Koch presented the final draft of the bylaws. Commissioner Beaver moved for approval of the bylaws as presented. Commissioner Devlin seconded. The motion carried unanimously.

NEW BUSINESS:

1. Medical & Environmental Health Updates – Dr. Person

- a. Influenza activity across the state and in the region has been fairly low, but has been increasing. Other than the two deaths across the state that were reported earlier, there have been no additional deaths.



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- b. The Health District has been involved in a statewide investigation lead by the Department of Health of twelve cases of acute flaccid myelitis (AFM) which have occurred in children ages three to fourteen. This is the second time this outbreak has been seen, the first outbreak was in 2014 which primarily affected Colorado at that time. AFM is a description of a clinical condition, but it is acute onset of paralysis or weakness associated with specific white matter changes in the spinal cord. It can be caused by a number of viruses or infections.
- c. To date there have not been any single agents identified as the cause of AFM. The news originally reported a death associated with AFM, but the child that passed did not have AFM. Even though there is an association with polio virus, there is no association with the polio vaccine.

2. Review and Approval of Fee Schedule – Jeff Jones

- a. J. Jones presented the draft fee schedule for 2017 and reviewed the Revised Code of Washington (RCW) 70.05.060 which describes powers and responsibilities of the Board of Health (BOH) to review fee schedules to ensure that such fees do not exceed the actual cost of providing services.
- b. Per the Health District's fee schedule policy, the fee schedule shall be revised as needed and presented to the BOH for approval. Fees shall be based on the total cost of providing the services including the share of indirect cost. The last fee increase was 2016. All fees were reviewed, however only Environmental Health fees are being increased at this time.
- c. Even with fee increases, the Health District is projecting a deficit of \$40,000 in the On-site Sewage program and \$35,000 in the Food Safety Program for 2017.
- d. J. Jones reviewed all fees that were increased for this fee schedule including, under the solid waste operating permits, a new charge of \$500 for each additional permitted use of a solid waste facility. Under on-site sewage system permits, there was a \$50 increase for permit renewals and permit to repair failing systems increased \$200. Commissioner Small questioned the increase of the permit to repair failing systems. J. Jones explained that the Health District tries to keep fees low to encourage clients to get sewage systems inspected when they need to be repaired, but it also costs the Health District the same amount to go out and do the re-inspections. Commissioner Small asked if a comparison had been done as to what other counties are charging. Rick Dawson responded that the Health District has been significantly less than what Yakima charges for these services, but this increase addresses the costs that the Health District needs to cover for this service. R. Dawson added that the BOH has actually been authorizing a subsidy to cover this service because the cost of performing the work is more than the fee that is being charged. When fees do not cover the cost of services, county contributions cover the difference.
- e. Commissioner Peck asked if R. Dawson had calculated the cost of the process. R. Dawson responded that it is based on the number of hours spent from start to finish including processing the application, site evaluation and visits, reviewing plans, completing inspections and keeping records.



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- f. Under the food establishment permit fees, in general there were \$10-\$15 increases on most of permits shown. Under 54.06 the fee was decreased to align to the hourly rate. Commissioner Small inquired about the Modified Atmosphere Packaging fee. Jessica Davis said that this is a specialized process that requires the food establishment to submit a detailed plan on how use MAP safely, that is reviewed and decisioned by staff. Commissioner Small asked why there was a significant increase from last year to this year. J. Davis responded that MAP is a specialized process as compared to the fees above that are charged to grocery stores. Commissioner Small asked how many of these fees are charged each year. J. Davis responded that the Health District receives two a year. Commissioner Peck asked for more clarification on what the MAP process is. J. Davis explained the process and unique risks, including ensuring that food establishment staff are trained on the process correctly to avoid food poisoning. R. Dawson said this process is unique and only typically seen in wholesale processing.
- g. Commissioner Peck inquired about the demonstrator with potentially hazardous foods fee. J. Davis explained the process and where these types of environments these types of fees are seen.
- h. J. Jones said the final significant change was the elimination of the discount for non-profits for temporary permits. Commissioner Delvin inquired about the deficits mentioned previously and Commissioner Beaver asked how the deficit would be addressed. J. Jones responded that the fees will continue to slowly increase over the next few years, but primarily the Health District is looking for ways to reduce costs and look into time saving efforts. Commissioner Peck asked if the fee based services are supposed to be fully fee based funded. J. Jones stated that there is no other source of funding to cover, but there are statutes that require this service but do not provide funding to support the requirement.
- i. Commissioner Delvin moved to approve the proposed 2017 Fee Schedule as presented. Commissioner Beaver seconded. Commissioner Peck inquired on the \$100 hourly rate and what the breakdown of the calculation was. J. Jones responded that is based on average of salaries and benefits, supplies, mileage and indirect cost allocation. The motion passed with four in favor and two opposed. Commissioners Peck and Small opposed.

3. Review and Approval of 2017 Budget – Jeff Jones

- a. J. Jones provided introductory remarks explaining the budget process that transpired internally, including reviews with Management staff, Senior Staff with a final draft presented to the BOH Finance Committee.
- b. The proposed 2017 budget is \$9,838,599, approximately \$51,000 over the 2016 budget. The budget presented is balanced and no cash was used to balance the budget. At the beginning of 2017 the projected fund balance will be approximately \$2.2 million, which is 82 days cash on hand.
- c. This budget contains adequate funding to cover the Health District's payroll obligations and labor agreements. The Health District is proposing a staffing level of 89.89 FTEs, which is a .10 increase of 2016. It also provides funding for capital expenses including



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critical network upgrades, firewall servers and routers. Overall salaries and benefits make up 73% of the budget, supplies and equipment make up 8%, other services and charges are 18% and 1% for capital items. Commissioner Peck asked what was included in other services and charges. J. Jones responded that this area includes professional services, liability insurance or services that other people would provide for BFHD.

- d. In regards to revenue, 43% of the budget will be funded by state and federal grants, 26% by intergovernmental revenue, 31% funded by fees and services. This budget does not contain any increase of county contributions.
 - e. The BOH Finance Committee has reviewed this budget and recommending the Board adopt it as presented. Commissioner Peck asked how much the budget is impacted by the fee changes. J. Jones responded not significantly, but the Health District is trying to move the programs to become more self-sufficient. Commissioner Small asked how much the budget increased over last year. J. Jones stated 0.5%.
 - f. Commissioner Peck moved to approve the proposed 2017 Budget as presented. Commissioner Beaver seconded. The motion passed unanimously.
- 4. Approval of Resolution #16-02; In Support of Public Health is Essential & Foundational Public Health Services – Dr. Person**
- a. There have been cuts to public health funding that have impacted how public health services are being delivered. A majority of dedicated public health funds have been cut or eliminated over the last ten years. This includes the repeal of the motor vehicle excise tax, capping of property taxes, loss of tobacco funding, which resulted in a \$100 million dollar shortfall, yearly in the delivery of core public health services across the state. Some counties are at risk of no longer being able to function.
 - b. Ideally, public health wants to balance the focus between prevention activities and outbreak response. Currently the balance has shifted toward response to communicable disease outbreaks, food and water contamination rather than the ideal where public health would be preventing these situations from happening to begin with.
 - c. In this region there has been valley fever and anencephaly which have been unique and complex and require significant resources. Public health is primarily responding to emergencies and outbreaks and it does not have the resources to prevent them. Chronically high rates of sexually transmitted diseases in our area is an example of this.
 - d. Over the last few years Department of Health, Washington State Association of Local Health Officials, and Local Health Jurisdictions have been working on a way to identify a core model services that anyone should expect to have no matter where they are located in the state. Core Services include Communicable Disease control, Chronic Disease and Injury Prevention, Maternal Child Health, Access to Clinical Care, Environmental Public Health and Vital Records.
 - e. The ask that is going forward to the legislature is not with the assumption that the state will fund all of public health. The idea is that the state would cover core services and local dollars would be used to support public health needs specific to the community. The legislative ask is \$50 million over the biennium, to support local health jurisdictions.



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If the legislature approves the full ask, Benton and Franklin counties would receive \$950,000 over the biennium. This would allow the Health District to start focusing on prevention and education activities, rather than just surveillance and response. It will also allow the Health District to work on improving the mental health system and building child resiliency by reducing adverse childhood experiences.

- f. There is recognition across the state that the public health system is at a tipping point and public health is essential. Partners across the state recognize that public health is an important piece in maintaining healthy vibrant communities.
- g. There has been a variety of information and resources developed by the Washington State Public Health Association that are available on the Public Health is Essential website.
- h. Dr. Person presented the resolution to the Board and asked for support. Commissioner Delvin stated he would work with his legislators to support this effort. Commissioner Delvin moved to approve Resolution #16-02; In Support of Public Health is Essential & Foundational Public Health Services. Commissioner Peck seconded with discussion.
- i. Commissioner Peck questioned who the supporting local leaders are that are stated in the resolution. Dr. Person said support has come from the medical community, focus groups across the state also identified citizens' expectations of public health. Commissioner Beaver asked how the ask will stack up against the education effort that was passed down to the local level. Commissioner Delvin stated based on his experience he did not see this resolution coming back on local governments, but rather a show of support for public health across the state.
- j. The motion passed with four in favor and two opposed. Commissioners Small and Miller opposed.

5. Update on Greater Columbia Accountable Community of Health – Carol Moser

- a. At the beginning of October the Health Care Authority was notified that there was an agreement in principle of an amount of \$1.15 billion dollars for Medicaid transformation in the state of Washington. The state as the primary provider of Medicaid, made the statement that it could save the state even more money by focusing and concentrating on cost saving measures with the Medicaid population.
- b. The Healthier Washington Initiative is collaboration between state organizations including the Department of Health, Health Care Authority and Department of Social and Health Services. Their goals are to improve whole person health and improve how services are paid for. The United States spends more per capita on healthcare than other countries, but health outcomes rank much lower.
- c. The Greater Columbia Accountable Community of Health (GCACH) includes the Yakama Nations and all counties from Kittitas to Asotin. The Medicaid from within the GCACH population is 35% of the total population for this area, and is one of the highest in the state.
- d. This mission of the GCACH is to advance the health of the population by decreasing health disparities, improve the efficiency of healthcare delivery and empower individuals and communities through collaboration and community engagement. C. Moser reviewed



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the GCACH structure, where the state mandated that there be a very broad based board of directors. The only slot that has not been filled yet is business.

- e. Looking at all the measures for the counties fell short as compared to the rest of the state, areas included access to care, exercise opportunities, mental health providers, children in poverty, healthy community design, median household income and poor academic performance.
- f. As a result of those assessments five committees were formed including, Oral Health Access, Improving Care Coordination, Chronic Disease, and Behavioral Health, Healthy Youth in Equitable Communities.
- g. Project required of all the ACHs include several taskforces and assessments like value based payment (VBP). VBP is trying to get the state into a situation where the costs of medical care are covered by a population of people. The VBP will model will pay a hospital a lump sum of money for this group of people and will no longer be fee for service.
- h. Another focus area is how the region will provide the workforce necessary to deliver some of these services. Systems population health management, need to come together to figure out how to provide a system of care. (2373)

**6. Use of Existing Structures in Conjunction with Possible Future Development –
Commissioner Brad Peck**

- a. Commissioner Peck has received several concerns from citizens where they were told by Health District staff that they need to pull out existing plumbing from a building that is being remodeled. Commissioner Peck would like to know who or what mandates the replacement of plumbing and then consider how to change this requirement.
- b. R. Dawson agreed to research this request and come back at a future meeting to present findings.

ANNOUNCEMENTS

No announcements were made.

APPROVAL OF VOUCHERS

Commissioner Beaver moved to approve vouchers numbered 79-2016 through 92-2016, in the amount of \$751,757.33. Commissioner Small seconded the motion and the motion carried unanimously.

EXECUTIVE SESSION

Per RCW 42.30.140, an executive session was called at 2:57pm, for 10 minutes. At 3:01pm, the regular session was called back.

Commissioner Delvin moved to the Professional Technical Employees Union 17 Agreement, ratified on November 30th, 2016 for a 1.75% COLA across the board pay increase for 2017 and 2018 with a 50/50 cost sharing for health insurance premium increases. Also, to approve the



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same financial terms for exempt and non-bargaining staff. Commissioner Peck seconded with clarification that it is the same amount for January 2017 and January 2018. J. Zaccaria confirmed. The motion passed unanimously.

DATE OF NEXT MEETING

Date of next meeting will be January 18th, 2017.

ADJOURNMENT

Chairman Koch adjourned the meeting at 3:02pm.

Signature on file

Commissioner Robert Koch
Chairman of the Board

Signature on file

Jason Zaccaria
Executive Secretary

