BOARD OF HEALTH MINUTES
REGULAR MEETING
Wednesday, November 30, 2016

MEMBERS PRESENT: Mike Blankenship, Lou Janke, Mike Manus, Wes McCart, Brad Miller, Steve Parker, Karen Skoog, Kathleen Turpin

MEMBERS ABSENT: Daniel Hay

STAFF PRESENT: Samuel Artzis, M.D., Dale House, Joanna Johnson, Angie Jones, Kelly LeCaire, Sandy Perkins, Matt Schanz, Logan Worley

GUESTS: Alison Carl White, John Conner; Caleb Holtzer, Medical Resident; Bruce Perkins; Kyle Rattray, Medical Resident

CALL MEETING TO ORDER: Chair Wes McCart called the meeting to order at 10:05 A.M. A quorum was present.

INTRODUCTIONS: Introductions were made by all.

CONSIDERATION OF MINUTES: Mike Blankenship moved and Mike Manus seconded the motion to approve the minutes of September 21, 2016. Motion carried.

CORRESPONDENCE & INFORMATION: A letter from the Department of Health (DOH) regarding the health officer orientation process for Dr. Artzis; procedure policy for health officer hearing and appeal board hearing for information; a letter from the Hunters Chamber of Commerce thanking NETCHD for efforts in cleaning up an area in their community; a letter from an environmental health customer thanking Tracy Ferrell and Dave Junker for their professionalism, courteous and timely responses in helping with a septic system installation process.

PUBLIC APPEARANCES: No public appearances were pre-registered.

ADDITIONS OR CHANGES TO AGENDA: There were no changes to the agenda.

PUBLIC COMMENT: There was no public comment.
BETTER HEALTH TOGETHER UPDATE: Alison Carl White of Better Health Together (BHT) provided an overview of Accountable Community of Health (ACH). The vision of health is for every person to have longer, more productive, higher quality lives by ensuring access to stable housing, nutritious food and transportation; the opportunity to attain post-secondary education and training; community resources and opportunities for recreational and leisure-time activities; social support networks that allow for emotional, social and psychological well-being. ACH regional health priorities include developing strong community systems that link housing, food security and income stability; dramatically decrease obesity rates across all populations through intervention and improve whole-person care through the integration of behavioral, physical and oral health systems; scaling community-based care coordination to improve health. Alison explained that to realize these bold health goals we must approach this as a movement requiring everyone involved to lead, collaborate and orchestrate work in creative and new ways.

Dr. Artzis arrived at 10:25 A.M.

Alison presented information on the Healthier Washington initiative. Alison also provided an outline of community strategies:

Population Health: Disrupt the intergenerational transfer of adverse childhood experiences; improve oral health; control and prevent type 2 diabetes; prevent environmentally induced asthma, unintended pregnancies, and usage of Triangulum substances and increase cessation supports; increase age appropriate immunization rates.

Social Determinants of Health: Increase access and placement to stable and safe housing; increase access to healthy and affordable food and transportation through innovative partnerships; increase opportunities to stabilize income; improve education attainment; increase access to socially supportive peer-groups.

Integrated Care: Integrate behavioral health, oral health, and primary care; accelerate the transition to value-based payments; scale community based care; increase patient engagement.

To demonstrate the value of multi-sector collaboration and integration in improving health and reducing costs, ACH is launching a pilot community referral hub model that will provide a single point for care coordination. The first pilot will connect individuals transitioning out of the Ferry County jail, and their families, to services needed to improve their health and hopefully reduce recidivism. Individuals and their families will be connected to a community health worker who will guide them along the “pathway” to receiving the care they need and helping in removing barriers along the way.

Alison said within one year, they expect to demonstrate improved health status and savings to both the health care system and county budget.

VAPING OVERVIEW: Argie Jones described electronic nicotine delivery system (ENDS) e-cigarettes as battery operated devices that vaporize a liquid nicotine for inhalation. Sucking on an e-cigarette produces a cloud of nicotine-carrying vapor with fewer toxic by-products of burning tobacco.
Angie Jones provided a several published reports from studies that have been completed on the health effects of secondhand smoke from exposure to e-cigarette vapor:

**National Institute of Health:** “The vapor generated from e-cigarette vapor contains potentially toxic compounds. Formaldehyde – carcinogens to humans; acetaldehyde – possible carcinogens to humans; acrolein – causes irritation to nasal cavity and damage to the lining of the lung; diacetyl – popcorn lung (severe respiratory injury); carbonyl compounds – might cause mouth and throat irritation.”

**International Journal of Hygiene and Environmental Health:** “Our data confirm that e-cigarettes are not emission-free and their pollutants could be of health concern for users and secondhand smokers. In particular, ultrafine particles formed from the supersaturated 1,2-propanediol vapor can be deposited in the lung, and aerosolized nicotine seems capable of increasing the release of the inflammatory signaling molecule NO (Nitric Oxide) upon inhalation. In view of consumer safety, e-cigarettes and nicotine liquids should be officially regulated and labeled with appropriate warnings of potential health effect, particularly of toxicity risk in children.”

**Indoor Air (T. Schripp):** “The consumption of e-cigarettes causes emissions of aerosols and VOCs (Volatile Organic Compounds), such as 1,2 propanediol, flavoring substances, and nicotine, into indoor air. During inhalation of e-cigarette vapor, the aerosol size distribution alters in the human lung and leads to an exhalation of smaller particles. This effect is caused by the evaporation of the liquid particles in the lung and also in the environment after exhalation. The quantity of the inhaled vapor could be observed to depend on the ‘liquid’ delivery system of the e-cigarette in use. Overall, the e-cigarette is a new source of VOCs and ultrafine/fine particles in the indoor environment. Therefore, the question of ‘passive vaping’ can be answered in the affirmative. However, with regard to health-related evaluation of e-cigarette consumption, the impact of vapor inhalation into the human lung should be of primary concern.”

**Washington State Association of Local Public Health Officials (WSALPHO):** “WSALPHO supports policies restricting the use of e-cigarettes in public places and places of employment. It is well established that secondhand cigarette smoke is harmful to the public’s health. The secondhand aerosol created by e-cigarettes, however, has not been studied sufficiently yet to determine the environmental impacts. While e-cigarette vapor almost certainly contains fewer toxins and carcinogens than the 7000 found in traditional tobacco smoke, that fact alone does not mean that breathing e-cigarette vapor is “safe”. No one contends that e-cigarette vapor is chemical-free, and there is not enough evidence to allow anyone to conclude there are no long-term effects of breathing e-cigarette vapor. Only recently have research efforts begun to identify the chemicals found in e-cigarette vapor and examine the short-term health effects of e-cigarette use. Unregulated e-cigarette use in public has the potential to recreate social norms around tobacco use in public and backtrack years of work on clean air laws. Until secondhand aerosol vapor exposure is deemed safe, it is prudent to protect non-users under the assumption that it is best to protect the public from unknown harms.
Angie Jones said the different liquids used in e-cigarettes typically have four (4) ingredients: liquid nicotine, propylene glycol, vegetable glycerin and flavoring. She added that there is no way to know what is being used including marijuana. The liquid is heated into an aerosol that the user inhales. Angie noted that when an e-cigarette battery malfunctions, the injuries can be severe – burns on the hands and face, fractured bones, loss of teeth and eyesight.

Matt Schanz talked about the Smoking in Public Places law that passed ten (10) years ago, aimed at preventing the impacts of second hand smoke on the public as well as the people that work in those environments. Matt asked the Board if they wish to add vaping to what is already in place in the same places as tobacco in our three (3) counties. Wes McCart asked about enforcement. Matt said notification would fall back to NETCHD as well as education. Sandy Perkins said it would be no different than tobacco. Matt said the state law requires notification to public health. He added that if someone refused to comply, ther it becomes a law enforcement issue. NETCHD has had requests to add vaping, and many places have already added it to their own local policies. Lou Janke asked about the beer garden at Colville Rendezvous Days held in the Colville city park. Matt said it shouldn’t be allowed if it is an enclosed space where employees work the area. Lou asked if that would also apply with the fairgrounds. Matt said it should include enclosed spaces, twenty-five (25) feet from a gathering place. Karen Skoog asked about businesses contacting NETCHD. Matt said businesses have contacted NETCHD about allowing vaping. Currently there is no state law that prohibits vaping in public places or places of employment. Sandy noted that we have asked NETCHD clients not to vape in the building. Wes asked the Board for direction. Dr. Artzis said it would be wise for us to include vaping because even though we don’t know what the health effects are, it does not look good and we can begin to educate our citizens. Lou said he is bothered because it is transition and people have rights also. Lou feels that it is more prudent to do an education campaign and let time go by before adding restrictions. Dr. Artzis said we can do both. Karen says it is a bit vague and she is not in favor of precautionary principle. She added that it is different than tobacco smoke and vaping is usually done one time and discretely. Dr. Artzis noted that not all are discrete and not just once. Karen thinks education is the first step and businesses have the right to not allow vaping in their own business. Wes asked if funding NETCHD receives is for youth education only. Angie talked about the importance of educating adults, especially parents and teachers. Matt said the grant money can be broad spectrum. Sandy said the majority of the grant funding is for marijuana. Wes said one way or the other, this is a new program that we would be funding from local dollars. Sandy said yes, possibly. Joanna Johnson said it isn’t about changing regulations but falling in line with what is already being done. The World Health Organization (WHO) has issued recommendations for banning vaping indoors and in August 2016 the Federal Drug Administration (FDA) began treating vaping/e-cigarette products as tobacco products. She reiterated that it would not be creating something new but following along with the precedence set by the FDA and WHO and several other states like California and Colorado who have ordinances in place regarding vaping products. She also noted that e-cigarettes/vaping is not allowed on airplanes. It is clear that there is a precedence set for regulating the use of vaping products in public spaces, treating them as other tobacco products.

Mike Blankenship moved and Brad Miller seconded the motion to begin the process to include vaping in a draft ordinance that would include a public hearing.
Steve Parker said he is a regulator of last resort but the list of chemicals is scary. Steve is in favor of education first and wait and see what happens. Dr. Artzis asked Steve what he will do when he is in a restaurant and someone begins vaping. Steve said there is no law against it. Dr. Artzis asked if it the responsibility of the business owner. Steve asked why they emerged. Matt Schanz said one of the things that made the smoking law successful a decade ago was the driving force behind it. The public wanted to give protection to employees and consideration was given to workplace safety of the employees working in those environments where smoking regularly occurred. Mike Blankenship said he made the motion to protect our citizens. He went on to say that stating that you can’t vape in an enclosed space does not violate or take away a person’s right. Lou Janke said he would like to get a better idea of what is entailed in implementation, but he will support drafting the ordinance along with public comment.

Angie Jones talked about a recent article on developing vaping tools with higher temperatures and stronger heat that causes the particles to become so small that they get into lungs even more than before.

Brad Miller suggested holding a separate public hearing in each of the three (3) counties. Wes McCart said that can be considered. Mike Manus would like the education process started before the public hearings. Dr. Artzis asked if we can broaden the spectrum of what Angie is already doing. Sandy Perkins said we can ramp it up but the grant doesn’t speak of vaping as a specific topic. Wes suggested a public service announcement in newspapers and radio. Angie has written articles in newspapers. Mike B. said media could do a news release since there is an ordinance.

Motion carried.

Matt will begin developing a draft and innovative ways to get comments from the public. Wes asked that the draft be sent to Board members for comment prior to scheduling a hearing in each county.

**GROUP B WATER SYSTEM DRAFT ORDINANCE:** Matt provided a letter from Mike Means, Deputy Director of the Office of Drinking Water, Department of Health (DOH) to environmental health directors regarding financial support for local Group B public water system programs. The document states that Secretary Wiesman approved up to $500,000 per year to support local health jurisdictions (LHJs) implementing a local Group B program as follows:

- LHJ implementing a local ordinance: $20,000 per year
- LHJ implementing a “full” joint plan of responsibility (JPR): $10,000 per year
- LHJ implementing a “partial” JPR: $5,000 per year

A sample memorandum of agreement (MOA) between the State of Washington Department of Health and local health jurisdiction was included in the Board packet.
Matt Schanz provided a draft Group B Public Water Systems Regulation. There was discussion about the provisions to the state rule that would allow non-professional engineers to submit straight forward water system packets and allowing for treatment if a primary contaminant was detected in that water supply. Uranium was added to the list of primary inorganic chemical contaminants testing requirements. Steve Parker asked about chlorination. Matt said Section 20(5) General Requirements states: where continued chlorination is required, the purveyor shall check the free chlorine residual daily, or at a frequency determined by the health officer. The chlorine residual water test takes a few minutes. Wes McCut said we can begin the process of adoption which includes a public hearing.

Steve said at some point, he still wants to discuss the $20,000 funding from DOH for implementing a local ordinance. Matt said the MOA would add $20,000 to the NETCHD consolidated contracts and our adopted local regulation/ordinance would need to be submitted along with the signed MOA. Mike Manus noted that the MOA states that either party may terminate upon thirty (30) days written notice Wes said since DOH has changed its direction, nineteen (19) local health jurisdictions have signed the MOA for implementation. Mike Blankenship asked how the MOA fits on tribal reservations. Matt said this would not be applicable on reservation trust lands. Federal government agencies, such as the Environmental Protection Agency (EPA), would be involved. Wes asked that a draft copy of the regulation be sent to Board members.

**TASK FORCE CHARTER REVIEW:** Wes asked for comments on changes made by the task force to the NETCHD Charter and Bylaws. Steve disagrees with the following statement in Article VI – Sessions – Section 3. Voting: ‘An affirmative vote from one county commissioner of each respective county is required for decisions relating to regulations, fee schedules, budget or budget amendments.’ Steve feels there is fundamental and foundational aspect to it and should be rewritten. He feels that as a safeguard to citizens, the full Board of Commissioners should vote and bring that back to the Board of Health. Wes asked that any proposed changes be sent to Matt and Wes for further discussion with the task force. The task force will review the document and will have it ready for the January Board meeting. Brad Miller asked Steve if he would approve if specific language were included such as restricted to budget, fees etc. The Board would need to be able to have a decision made without having to go back to County Boards of Commissioners. Steve said yes, we are putting one Board member out there at risk. Mike B. agreed that just having one commissioner troubled him too. He noted that it is now included that you can attend a meeting electronically, which was our logic behind it. Wes said when fee increases are proposed, he would hope that those are being shared far enough in advance that Boards of Commissioners are being involved so that when you come to the meeting you are ready to vote.

Caleb Holtzer and Kyle Rattray left the meeting at 11:45 A.M.

Matt said Mary Selecky shared some thoughts on Article V – Officers and Their Duties – Section 6 – Committees: ‘Budget Committee: a commissioner from each respective county’. Mary feels that city perspective is important as budget impacts services that are provided and if services are discontinued, the heaviest impact may be centered on people who live in incorporated areas.
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Dr. Artzis asked if it is a requirement that a health officer be a physician, as stated in the Charter. Sandy Perkins said it is required that a health officer be an experienced physician. Dr. Artzis talked about Article V – Officers and Their Duties – Section 3. Executive Secretary/Health Officer – b) that states ‘the health officer shall perform such duties as prescribed by law and as directed by the Board.’ Dr. Artzis noted that there are occasions when a health officer makes decisions without Board approval.

RESOLUTION 08-2016: CANCELLING OUTSTANDING WARRANT:  The following outstanding warrant was not cashed and needs cancelled: Warrant#: 145631 – Date: 08/26/2015 – Amount $41.68

Mike Blankenship moved and Mike Manus seconded the motion to approve Resolution 08-2016: Cancelling Outstanding Warrant described above. Motion carried.

RESOLUTION 09-2016: AUTHORIZING THE GENERAL FUND BUDGET AMENDMENT:  Wes McCart noted that revenue from Spokane Regional Health District for the tobacco and marijuana program did not come to NETCHD appropriately.

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**Grants/Fees:**

**Revenue**

| Spokane Regional Health District – Tobacco & Marijuana Program | $62,000 |
| Fund Balance                                                  | $1,000 |

**Grand Total Revenue** $63,000

**Amendment Expenditures:**

**Expenditures**

| Salaries and Wages – Tobacco & Marijuana Program | $46,300 |
| Benefits – Tobacco & Marijuana Program           | $15,700 |
| Benefits – Life Flight                            | $1,000 |

**Grand Total Expenditures** $63,000

Steve Parker moved and Brad Miller seconded the motion to approve Resolution 09-2016: Authorizing the General Fund Budget Amendment as described above. Motion carried.

RESOLUTION 10-2016: ADOPTING THE 2017 BUDGET: Matt Schanz noted that the 2016 budget came in under 5%.

The 2017 proposed budget includes:

- 10% increase in county contributions
- Revised salary schedule
- $46 Life Flight allowance per employee
- No medical insurance cap increase
- $151,000 fund balance usage
Matt Schanz said using $151,000 of the fund balance will result in a zero balance. Lou Janke asked if there is a two (2) month reserve. Wes said yes and a vehicle fund. Matt said we deem that the designated fund.

Matt said one of the biggest changes is the salary schedule modification. The current salary schedule has a thirty (30) year step process comprised of fifteen (15) steps. The $35 increase every two (2) years was not a whole lot and doesn’t fall in line with what other counties are doing. The proposed schedule consists of a ten (10) step system. Matt said the overall salary increase is 2%, which is 2% under the budgeted 2016 salary amount. Matt explained that step increases are based on a favorable evaluation (without ratings of “below expectations”) before an employee can advance to the next step. Wes noted that increase is not automatic. If an employee were to get an unsatisfactory evaluation, they can be held at the current step. Matt said step adjustments will be evaluated annually based on the anniversary of the employee’s hire date. Brad Miller noted that the overall effect on budget there is still a -2% in salary because of unfilled positions.

Mike Manus suggested considering the proposed salary schedule change before adopting the budget. The Board concurred.

RESOLUTION 11-2016: ADOPTING PERSONNEL POLICY CHANGE: Mike Manus moved and Karen Skoog seconded the motion to approve Resolution 11-2016: Adopting Personnel Policy Change as described above. Motion carried.

Brad Miller moved and Mike Manus seconded the motion to approve Resolution 10-2016: Adopting the 2017 Budget as described above. Motion carried.

2015 AUDIT REPORT: Matt provided the Board with the NETCHD 2015 audit report. The status of past audit recommendations included the following prior exit items:
- Use of fuel cars – resolved
- Cash-receipting – unresolved
- Financial statement preparation – unresolved

Matt said the issue with fuel cards was resolved. Dale House said NETCHD has an exemption with the Stevens County Treasurer allowing us to deposit on a weekly basis rather than daily. The cash-receipting recommendation from the auditor was due to weekly deposits not being completed in one of the outer offices. The financial statement preparation was a revenue expenditure classification that was not in the right category.

APPOINTMENT OF NOMINATING COMMITTEE: Board Chair Wes McCart appointed Mike Blankenship, Mike Manus and Steve Parker as members of the Nominating Committee to bring nominations for the 2017 Chair and Vice-Chair of the Board of Health to the Annual Meeting of the Northeast Tri County Health District Board of Health.
BOARD MEMBERS RECOGNITION: Wes McCart thanked Lou Janke and Kathleen Turpin for their time on the Board. Due to city rotations, this is their last Board meeting. Kathleen joined the Board in January 2015 and Lou in April 2015. Wes recognized Brad Miller for twelve (12) years of service on the Board from 2005-2016. Brad served two (2) years each as Board Chair and Vice Chair. Brad is retiring his position as Ferry County Commissioner at the end of 2016.

CHAIR REPORT: Wes talked about the Hirst decision made by the Washington Supreme Court. The ruling requires counties to make decisions about legal water availability and requires the county to consider permit exempt wells to ensure uses do not impair instream flows and closures. Many have fears this ruling will limit the construction of new homes relying on individual exempt wells. This will be a major issue that the legislature deals with during the next session.

BOARD OF HEALTH MEMBERS REPORTS: Matt Schanz asked Mike Manus for an update on the possible contract revision for the NETCHD Newport office. Mike M. said Leo Robinson was supposed to have made a change to the contract to state that if the appraisal wasn’t what he thought it should be that he could back out of the contract placing us back in the same terms of purchase.

Lou reported that construction on the Colville Reservoir Three Replacement Project that consists of a 1,000,000 gallon partially buried, cast-in-place reservoir continues and the city’s new solar array/generator is nearing completion.

Brad reported that the Curlew sewer system is complete.

HEALTH OFFICER REPORT: Dr. Artzis reported that he is currently functioning as interim health officer for Spokane Regional Health District (SRHD) until a replacement is found. SRHD is restructuring and he is unsure how long it will be going on. He did note that this allows us some resources that he didn’t know existed.

Dr. Artzis questioned the timing of the letter from DOH previously discussed in correspondence and information. He had already completed the three-year orientation process while serving as health officer in training under Dr. Gray.

COMMUNITY HEALTH REPORT: Sandy Perkins submitted the community health report. She welcomes Joanna Johnson to the Stevens County community health staff as Health Educator/Health Communities Specialist. Joanna has a Master in Public Health from Indiana University and most recently worked as the State Healthcare Associated Infection Coordinator and Epidemiologist for the Alabama State Department of Health. Prior to that she worked as a case manager for clients with mental health issues, making home visits to assist clients in obtaining and maintaining services. Her work will include disease investigation, improving communicable disease reporting and response in the tri-county area, working with families with Children with Special Health Care Needs as well as other Maternal and Child Health Block Grant programs. She will also participate in population health improvement activities for NETCHD.
The family planning clinic services in the Health District are no longer seeing patients and we are in the process of going through the activities necessary for closure per the terms of our contract with DOH. This will include an audit of the program that will be due to the state by the end of March 2017.

Flu cases are beginning to be reported anecdotally in the community. It is not required to report influenza unless there is a death. It is not too late to get your flu shot!

**ADMINISTRATION REPORT:** Matt Schanz submitted the administration report. An outcome of this summer’s discussion with the Board of Health was the formation of a task force to work on specific issues. The task force (Mike Blankenship, Lou Janke, Wes McCart, Mary Selecky, Karen Skoog, NETCHD Management Team members) have had several meetings. The task force has reviewed the original NETCHD Charter and provided a draft update to the Board for review. Based on recommendations from the task force and further discussion by the Board at the September 21, 2016 meeting, a draft local Group B rule has been put together that is substantially based on the state rule but adds the ability to treat for contaminants, non-professional engineers to submit basic water system designs and added uranium to the testing parameters.

In late October, the NETCHD Management Team and Board Chair Wes McCart met with Cathy McMorris Rodgers at the NETCHD Colville office. The conversation centered on community health programs; Lake Roosevelt mosquito control coordination with the National Park Service; and essential public health services and the push to support stable funding.

After a century of effectively preventing death and illness and increasing the quality of life of our residents, the public health system faces the dual challenges of a severe funding crisis and change in nature of preventable disease and illness in our state. Public health officials and local leaders have defined a set of core services that government must provide in all communities in our state. To maximize return on investment and ensure that these core services are available statewide, DOH and LHJs are looking at how services are currently provided and developing new models for how we deliver them. A proposal is being developed for the Governor and 2017 Legislature to implement the framework for a 21st century public health system in Washington. The proposal is part of a multi-year plan and will include a funding request to address some of the most critical gaps in core services at the state and local level. These funds at the local level would be aimed at communicable disease investigation and response, and chronic disease prevention. This proposal will be the center point of the WSALPHO legislative agenda. At the January 2017 Board of Health meeting, more information will be provided about this legislative request.

Based on a review of the usage of the NETCHD website, members of the public accessed our website 3,360 times during the month of October 2016. Staff have been active in using the website and social media for outreach activities.

Sandy Perkins has indicated an intent to retire in February 2017. The recruitment process for community health director will begin in mid-December 2016.
ENVIRONMENTAL HEALTH REPORT: Matt Schanz submitted the environmental health report. Based on locally driven interest, DOH formally requested the Agency for Toxic Substances and Disease Registry (ATSDR) for assistance in completing an environmental exposure investigation at the Valley School. Following public outreach activities in June 2016, ATSDR initiated air monitoring activities to determine if crystalline silica dust has the potential to impact the health of staff and students at the school. ATSDR finished collecting air samples from the school and nearby locations at the end of September 2016. Sampling went smoothly and according to plan. They are currently waiting to get the sampling data back from the lab, and hope to be able to share a more comprehensive update in early 2017.

The United States Geological Survey (USGS) announced on November 18, 2016 that they will be moving forward with work to better understand the occurrence and distribution of naturally occurring uranium in Northeast Washington.

On-site sewage applications received through October 2016 exceed year-end previous three (3) year averages by 15%. In the month of October saw much higher numbers of applications than normal.

Interviews for environmental health director are scheduled for December 7, 2016. The interview process will be broken into two interview panels. The first interview will be conducted with the NETCHD Management Team and Board of Health Personnel Committee. A second meeting and interview will be conducted by environmental health staff. To date, three (3) applicants are scheduled to be interviewed. Until the job is offered and accepted, the position does remain open and we will continue to accept applications for the position.

Only a very limited number of applications have been received for the environmental health specialist position in the Newport office. In moving forward with the hiring process, we would like to first fill the environmental health director position, and then work on re-advertising the position, showcasing the great place that Pend Oreille County is to live and work.

ACCOUNTS: Attached to these minutes are benefits and payroll amounts from October 5, 2016 through November 4, 2016; and voucher amounts from September 21, 2016 through November 18, 2016.

ADJOURNMENT: Board Chair Wes McCart adjourned the meeting at 12:25 P.M. The next annual meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, January 18, 2017 in Stevens County.

Respectfully submitted,

Samuel A. Artis, M.D., Health Officer

By Kelly D. LeCaire, Executive Secretary

Wes McCart, Chair
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2016

General Fund:

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Payroll September: $85,977.65 | 10/5/2016 |