BOARD OF HEALTH MINUTES
REGULAR MEETING
Wednesday, September 19, 2018

MEMBERS PRESENT: Mike Blankenship, Don Dashiell, Johnna Exner, Steve Kiss, Elbert Koontz, Steve Parker, John Ridlington, Karen Skoog

MEMBERS ABSENT: Shirley Sands

STAFF PRESENT: Sam Artzis, M.D., Molly Corvino, Dale House, Judy Hutton, Kelly LeCaire, Matt Schanz, Alyssa Spradley, Logan Worley

GUESTS: Jaime Bodden, Andrew Engell, Leslie Waters, M.D.

CALL MEETING TO ORDER: Chair Karen Skoog called the meeting to order at 10:02 A.M. A quorum was present.

INTRODUCTIONS: Introductions were made by all.

CONSIDERATION OF MINUTES: Steve Parker moved, and John Ridlington seconded the motion to approve the minutes of May 16, 2018. Motion carried.

CORRESPONDENCE & INFORMATION: A thank you letter from the Department of Health (DOH) for co-hosting a DOH sponsored soil workshop; revised brochure outlining services offered by Northeast Tri County Health District (NETCHD).

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.

FOUNDATIONAL PUBLIC HEALTH SERVICES LEGISLATIVE EFFORTS AND COORDINATION WITH WASHINGTON STATE ASSOCIATION OF COUNTIES (WSAC) – JAIME BODDEN, WASHINGTON STATE ASSOCIATION OF LOCAL PUBLIC HEALTH OFFICIALS (WSALPHO) MANAGING DIRECTOR: Jaime Bodden provided a presentation on Foundational Public Health Services (FPHS) basics for boards of health. The vision: “A responsive and viable governmental public health system is essential for health and economically vital communities across Washington”. The goal is to rebuild and transform Washington’s public health system. Jaime said the problems are that the nature of preventable disease has changed with an increase in public health risks, the demand for services has never been greater; core funding has eroded and created instability and inequity across the state; and restricted funding has stayed the same over time.
Jaime Bodden said some solutions are to develop a limited set of core public health services which are FPHS and implemented by all local health jurisdictions (LHJs); FPHS should be funded through state funds and fees which are responsive to changes in demand and cost; FPHS should be able to be maximized for efficiency and effectiveness and are measured and evaluated; local revenue should be invested into local health priorities.

The governmental public health system is made up of the State Board of Health (SBOH), DOH, thirty-five (35) LHJs across the state representing thirty-nine (39) counties, and sovereign tribal nations. The FPHS foundational capabilities provided by the governmental public health system and funded by state and local fees, state government and some federal grants are: assessment, emergency preparedness and response, communication, policy development, community partnership development, and business competencies. Jaime noted that when a fee for service can be charged, it should be charged. Additional important services (AIS) such as control of communicable disease and other notifiable conditions; chronic disease injury and prevention; environmental public health; maternal/child/family health; access/linkage with medical, oral and behavioral health care services; and vital records are provided by many organizations, government and non-government and funded by federal, state, local government, foundations, community-based organizations, community healthcare, etc.

The $12 million one-time funding received in the 2017 biennium is used to strengthen communicable disease prevention and control across the state at local and state levels; pilot project to test three (3) shared service delivery models at the local level; and continue transformation efforts. Matt Schanz noted that NETCHED along with Adams and Lincoln Counties coordinated with Spokane Regional Health District to work on one of the pilot projects. A statewide assessment was conducted by LHJs, DOH, and SBOH to identify capacity, expertise and funding needed for full implementation as well as defining what FPHS within tribal contexts and assess their needs. The goal is to use the statewide assessment to cost-out full implementation of FPHS across the state and develop a governmental public health improvement and investment plan for the legislature. Efforts are ongoing to identify FPHS priorities at the local and state level as well as engagement with health partners and other key stakeholders to align with other health initiatives to address opiates, Accountable Communities of Health, suicide prevention and mental health.

The goal in 2019 is to implement the first phase of the multi-year FPHS funding request (the goal is $450 million). The long-term, multi-biennial goal is to fully fund and implement the whole FPHS. The focused ask for the 2019-2021 budget is communicable disease, environmental public health, assessment and capabilities that support them. This is the top budget and policy priority for the governmental public health system. Additional objectives are to identify new service delivery models where applicable to increase efficiency and effectiveness, define and implement a funding allocation plan, and identify accountability measures to document improvements.

Jaime explained that local BOH members are important because they are part of the governmental public health system and have local responsibilities to ensure the health and safety of their communities and citizens by helping set local public health policies and enforce local, state, and federal laws. They are a local policymaker with a valuable perspective to share and having a responsive and viable public health system in their community and state enhances the well-being of their communities.
ONSITE SEWAGE SYSTEM REPAIR LOAN PROGRAM MEMORANDUM OF UNDERSTANDING: Alyssa Spradley reported that NETCHD was unanimously voted in to the Washington State Regional On-Site Sewage System Loan Program. Alyssa provided a Memorandum of Understanding (MOU) between NETCHD and the Washington State DOH and Department of Ecology. The purpose of the program is to offer loan assistance to citizens of the participating LHJs to address failing or malfunctioning on-site sewage systems to protect public health and water quality. Karen Skoog asked if NETCHD had been part of this type of program before. Alyssa said this statewide program is new and noted that NETCHD will serve as a facilitator and collaborator of community outreach but will have no liability. Matt Schanz said NETCHD went through a prior program, with much more involvement. Dollars came from Ecology and were loaned through Rural Resources. That program was challenging in many ways, including a risk for NETCHD when someone defaulted on the loan. Matt said our responsibility with this new program is to spread the word. He noted that this was discussed with the BOH at a previous meeting. Johnna Exner said there was a question at the meeting about the program, although she can’t remember what it was. Matt said it was probably if we were eligible. Steve Parker referred to the language on page 2 of the MOU that currently reads: “The LHJs will fulfill their responsibilities for septic system permitting and technical assistance as required by chapter 246-272A WAC,” and asked that the highlighted section be changed to: “as required by law”, in case the WAC changes. Don Dashiell asked who will review the MOU and make the decision as to whether the change is okay. Alyssa said there is a program coordinator that would review the change.

Steve Parker moved, and Elbert Koontz seconded the motion authorizing Alyssa Spradley to sign the Memorandum of Understanding – Regional On-Site Sewage System Loan Program between Northeast Tri County Health District and the Washington State Department of Health and Washington State Department of Ecology with the above change. Motion carried.

SYRINGE SERVICES PROGRAM UPDATE: Judy Hutton reported that NETCHD began the syringe services program (SSP) on August 20, 2018 in Republic, August 21, 2018 in Newport, and August 22, 2018 in Colville. So far, we have not had any participation, which sounds normal. Karen asked if there were counselors available on-site during the SSP in Pend Oreille County. Judy said in Pend Oreille County a counselor is available and a resident physician comes to the Stevens County office. Judy noted that Ferry County doesn’t have the staff to do so, but she has a working relationship with other agencies and if someone needs to be seen, they will work them into their schedules immediately.

RESOLUTION 04-2018: DESIGNATING CUSTODIANS OF NORTHEAST TRI COUNTY HEALTH DISTRICT PETTY CASH ACCOUNTS: Dale House explained that in the past, checks issued to each NETCHD office for petty cash accounts were generic and did not have a specific staff person listed on the check. Banks are refusing to cash the checks without a specific name listed on the check. This has become a bit of an issue over a small amount of money.

Mike Blankenship moved, and Steve Parker seconded the motion to designate Fiscal Manager Dale House and Administration Executive Secretary Kelly LeCaire as custodians of Northeast Tri County Health District petty cash accounts for Ferry, Pend Oreille and Stevens Counties. Motion carried.

Matt will inform BOH members once a date for the audit exit interview has been set.
PROVIDENCE’S HUB AND SPOKE GRANT ON OPIOIDS AND POSSIBLE POSITION FUNDING AT NETCHD:
Matt Schanz reported that Providence Northeast Washington Medical Group (PNEWMG) submitted a grant proposal with very short turnaround to address the opiate crisis in the tri-county area. NETCHD has expressed an interest in participating as a care coordinator to help get these people needed care.

Dr. Leslie Waters provided a presentation on the Tri County Regional Opiate Crisis Response that Dr. Caleb Holtzer developed and got started. Dr. Waters gave background information on the increase in opiate prescription rates from the late 1990’s and overdose deaths involving opioids. It is very likely that there is a high prevalence of opiate use disorder in our area. The previously high rate of prescription opiate drugs is being reduced due to focused programs to change prescribing practices at PNEWMG and Northeast Washington Health Programs (NEWHP). Drug related crimes are four (4) times higher than four (4) years ago. The rate of opioid-related overdose deaths in Stevens County is 8.6 per 100,000, compared to the Washington State rate of 9.3. There as been an increase in cases of hepatitis C in the tri-county area. Dr. Waters talked about effectiveness of medication assisted therapy (MAT) options such as buprenorphine; methadone; naltrexone and suboxone, which has buprenorphine component and naloxone component.

The hub and spoke project is a regional response to a nationwide crisis through development of a comprehensive regional network to identify and treat opioid use disorder. The project is sponsored by the Health Care Authority/Division of Behavioral Health and Recovery. The funding comes through a competitive award won by PNEWMG to serve as the hub. PNEWMG will receive up to $789,825 over ten (10) months, and possibly renewable for up to five (5) years. A hub and spoke model has been successfully implemented in a variety of settings and states, with Vermont being the best known.

The hub provides the center of technical expertise for MAT induction and maintenance; maintains registry of all patients currently receiving MAT in the tri-county area; will be staffed by physicians, a nurse care manager, and hub care navigator. The spokes are staffed by “spoke care navigators” paid for by the project; agencies where patients with opiate use disorder can be identified and referred to the hub for treatment; refer patients between spokes to provide wrap-around services to include syringe exchange, medical care, social working expertise, legal aid, and housing assistance. The formalized spokes of the tri-county hub and spoke network include:

- NEW Alliance Counseling Services — behavioral health, chemical dependency, potential MAT
- NEW Health Programs Association — comprehensive primary care, dental, pharmacy
- Northeast Tri County Health District — syringe exchange
- Lake Roosevelt Health Centers
- Ferry County Hospital District # 1
- Rural Resources — social and economic services
- Stevens County Prosecuting Attorney
- Providence Northeast Washington Medical Group — Chewelah and Kettle Falls clinics
Dr. Waters noted that other agencies that may participate are county jails and other local hospitals.

Matt Schanz talked about the role of NETCHD as a spoke care navigator to serve at the SSP and reiterated that the program is 100% grant funded. NETCHD would be a subcontractor to PNEWMG who is contracted with the Health Care Authority. One option would be for NETCHD to hire a spoke care navigator that would be an employee of NETCHD; the second option would be for PNEWMG to hire the employee, but they would be housed at NETCHD. Responsibilities of the spoke care navigator include identifying patients at risk for substance use disorder and conduct assessments and evaluations; coordinate referrals to hub and other spokes; administrate SSP; coordinate with the Stevens County Prosecutor’s office to identify patients with substance use disorder; coordination between existing drug courts and PNEWMG for MAT and wrap-around services; drug testing, health coaching; data collection and management; convene and manage opioid work groups; coordination of naloxone distribution to prevent overdose mortality; and administrate a safe medicine program.

Dr. Waters outlined anticipated outcomes and goals of the program to include: more patients treated with MAT in hopes of encouraging 250 new and unique opiate use disorder patients over ten (10) months; improve treatment monitoring and reduce medication diversion through better protocols to standardize treatment among providers, care coordination across agencies, and tracking all patients through a centralized registry to determine treatment response rates and problematic behavior; reduce social stigma to this disease and this therapy; decrease percentage of opioid use disorder patients in the criminal justice system; and save lives. Karen Skoog said conducting an assessment in the jail is a piece that is missing and would be good for Pend Oreille County.

Matt had told Dr. Holtzer what dollar amount would be needed to fully fund the position including benefits. Desired qualifications would be a social services background, or medical science, with a four (4) year degree. Alyssa Spradley asked how long the grant funding is projected to last. Matt said there are ten (10) months of funding remaining but could last five (5) years.

**BETTER HEALTH TOGETHER MEDICAID TRANSFORMATION PLANS AND NETCHD’S COLLABORATION WITH BOTH COUNTY HEALTH CARE COALITIONS AND PARTNERING PROVIDER PLANS:** Matt stated that with the hub and spoke grant proposal, we were already headed down a pathway with Better Health Together (BHT) by working with coalitions in each of our counties with county plans with opiates and overdose prevention and coordinated care services, etc. That plan was due in June 2018. Matt provided information on a partnering provider transformation plan by BHT. NETCHD would work to support and implement elements of the county collaborative transformation plan on the opioid use crisis. Specific activities of NETCHD’s overall plan include convene an opioid workgroup that will meet regularly during the transformation project (providers, pharmacists, public health, legal justice professionals, first responders, emergency medical services, schools, managed care organizations, interested tribal partners, and community-based organizations); support of NETCHD’s SSP; coordination of naloxone availability; and assist and coordinate establishment of safe medicine return and storage programs.

Matt said we applied for this through BHT because there would have been enough money to hire a person in July 2019, however, this was before we knew about the hub and spoke project with PNEWMG.
Matt Schanz noted that with these two (2) projects occurring, one may compliment the other, however, if the hub and spoke project is approved, it may not be necessary to fund a position through BHT.

Discussion on the hub and spoke grant project continued. Jaime Bodden said the governor is very keen on continuing funding of opiate prevention programs. The likelihood of continued funding of the hub and spoke project is very high. Matt Schanz asked the Board if they wanted NETCHD to hire the staff person or would they rather have PNEWMG hire the staff. Karen Skoog said that since PNEWMG is not in all three (3) counties, this wouldn’t help Pend Oreille County at all. Dr. Artzis thinks the staff person would be available in all three (3) counties. Matt said yes, that was the intention, but he will confirm with Dr. Holtzer. Dr. Artzis said Pend Oreille County has mental health already and he didn’t want to step-on-toes. Matt said the intention is for that staff person to coordinate services as well as distribution of naloxone in all three (3) counties. Dr. Waters said this type of coordinating position would be better done by NETCHD rather than PNEWMG where their expertise is treating patients. Johanna Exner asked if the position will be fully funded. Dr. Artzis said NETCHD would have one (1) staff person and NEW Alliance Counseling Services would have two (2) positions. Dr. Artzis reiterated the benefit to this happening in our area. Karen believes the best way for effectiveness is for the entire community to become involved. Dr. Artzis said there has been concern from law enforcement that the SSP would bring people in and would increase crime and drug use. According to counties that are already doing a needle exchange, they aren’t having these problems. Judy Hutton talked about the need for wrap-around service to help these people and support them.

Karen asked for Board comment, given the short turnaround. Steve Parker said he tends to be cautious and would prefer more time. He feels that due diligence needs to be done, especially since we haven’t seen the grant. He noted that he cannot legally commit Stevens County to a grant without legal review of the contract as well as review by all three (3) commissioners. Matt appreciates that perspective and will ask PNEWMG if they will allow us to review the contract and bring it to the next BOH meeting on November 21, 2018. Elbert Koontz asked if this were approved today, would we be able to hire someone now? Matt said PNEWMG would like someone hired quickly so they may begin training right away. There are a lot of things that must happen before we hire someone. Elbert added that possibly the position will only last for one (1) year. Matt said yes, that is correct. Dr. Artzis said one advantage to doing this sooner rather than later, is it will give us a chance to tailor-make it how we would like, rather than be stuck in a cookie-cutter program with rules by the state if we were to wait a few years. Steve P. said as early adapters, it would be nice, but legally he can’t. Logan Worley said it is different with various entities and he is unsure how counties are tied to NETCHD in that respect. Matt said we have the information about the program available, but not the contract. Matt reiterated that he can let PNEWMG know of our interest and that we need to review the contract. If PNEWMG can’t wait until the November BOH meeting, PNEWMG will need to proceed and hire the staff person themselves. Karen said the attorney for Pend Oreille County doesn’t review contracts that NETCHD enters in to, NETCHD has their own attorney to do that. We would be allowing NETCHD to find out more information, but we don’t have any fiscal responsibility in this and aren’t giving authority to give any money. Matt said it can go both directions based upon the Board of Commissioners as to their preference of wanting their own legal review or not.
The monthly cost for suboxone is $150, which was a question asked earlier.

Elbert Koontz said we need to express interest and possibly call a special meeting. Johnna Exner asked if there would be a difference in availability of services in all three (3) counties if NETCHD hired the person versus PNEWMG hiring the person. She said PNEWMG might not encompass that we need a voice and services equally in each county. Matt Schanz noted that PNEWMG had stated that they would prefer NETCHD hiring the person. Don Dashiell asked about burden to Matt and NETCHD staff with a job description, etc. if NETCHD were to hire the person. Matt said we already have a job description for that position.

Elbert Koontz moved, and John Ridlington seconded the motion to express interest in the Providence Northeast Washington Medical Group opioid hub and spoke program.

Dr. Artzis suggested forming a sub-committee to meet with Dr. Holtzer to answer questions and to ensure that all three (3) counties are well represented. Matt asked if he could call a special meeting if need be. Steve Parker said yes, and clarified that he would like all documents available for BOH review, including exact terms of the grant, contract, etc. Karen Skoog will be on the sub-committee, and appointed Johnna Exner, John Ridlington, and Steve Parker. Dr. Waters said it can be fast-tracked to accommodate what is needed.

Motion carried.

Dr. Waters left the meeting at 12:10 P.M.

PRELIMINARY BUDGET REPORT: Matt reported that the Budget Committee met on September 12, 2018 to discuss salary adjustments, an increase in the medical insurance cap, and the possibility of reestablishing county contribution amounts back to 2017 levels after the 10% reduction in 2018. The Budget Committee will schedule another meeting prior to the November 21, 2018 BOH meeting.

COUNTY HEALTH INSIGHTS WEBSITE (FOUNDATIONAL PUBLIC HEALTH SERVICES PILOT PROJECT) DEMONSTRATION: Matt will send out a “County Health Insights” link to BOH members.

CHAIR REPORT: Karen Skoog reported that four (4) public meetings will be held regarding the proposed silicon smelter near Newport. After public input is considered, Ecology will finalize what will be included in the state’s environmental review.

BOARD OF HEALTH MEMBERS REPORTS: There were no reports from Board of Health members.

HEALTH OFFICER REPORT: There was no health officer report.
ADMINISTRATION REPORT: Matt Schanz submitted the administration report as follows:

- **American Lung Association of Washington**, working in conjunction with NETCHD, received a grant from Empire Health Foundation. This summer the grant is funding the distribution of fifty (50) high-efficiency particulate arresting (HEPA) air filters to elderly individuals with chronic obstructive pulmonary disease (COPD) to protect against the health impacts of wildfire smoke events throughout the three (3) county area.

- Through the District’s Public Health Emergency Preparedness and Response program, staff have been working throughout the wildfire season to:
  - Secure additional air monitors within our jurisdiction
  - Provide updates on air quality
  - Coordination with county emergency services managers and incident command structure on public health related issues
  - Provide particulate masks in areas heavily impacted by wildfire smoke

- Administration staff are currently working on updates to personnel policies to ensure compliance with changes in sick leave laws, domestic violence leave, family care leave, etc. Following internal review, this information will be shared with the BOH Personnel Committee and then for BOH approval by resolution at the November 21, 2018 BOH meeting.

- In the District’s Colville office building, much of the carpeting and flooring (installed in the early 1990’s) is in rough shape. Administration staff are working to secure bids for either partial or full replacement. In the past, we have deferred some building maintenance needs that will need to be addressed including some roofing repairs and painting in areas of the building.

- A significant amount of time has been spent on working with county collaboratives on the Better Health Together Transformation Project, which has included the development of county plans for addressing opioids and teaming up with partnering providers for the specifics of opioid plan implementation.

- The State Auditor’s Office recently completed their on-site audit and are working to complete the full audit in the next few weeks. BOH members will be invited to attend the exit interview and the full audit report will be shared as well.

- Work has been ongoing in the collaborative effort with Spokane Regional Health District, funded through a Foundational Public Health Services pilot project, to complete Community Health Needs Assessments individually for Ferry, Pend Oreille and Stevens Counties. Focus group meetings have been held within Ferry and Pend Oreille Counties and will now start in Stevens County.
Through a shared service approach, and funded by a Foundational Public Health Services pilot project, there has been significant work done to complete a website dedicated to health indicators for the three (3) counties. **County Health Insights** is being designed to provide data and information about the well-being of each county’s population, with a focus on health indicators. Public health officials, community leaders, and community partners use this information to identify community issues and needs, prioritize interventions and evaluate and continuously improve over time. While not completed, the website is functional at [www.countyhealthinsights.org](http://www.countyhealthinsights.org).

**COMMUNITY HEALTH REPORT:** Judy Hutton submitted the community health report as follows:

Harm Reduction and Safe Syringe Services Program started in Ferry County on Monday, August 20, 2018; Pend Oreille County, Tuesday, August 21, 2018; and Stevens County, Wednesday, August 22, 2018. The start has been very slow; however, this is typically the case with new programs. Staff is continuing with outreach by getting posters and information out into the community.

Yet another report has been published on the increase in sexually transmitted disease (STD) infections within the United States, specifically gonorrhea, syphilis and chlamydia. The increase can be attributed to lack of education on sexual health, lack of screening patients, patients not asking for screening or treatment, and underfunding of public health efforts to prevent, diagnose, and treat the infections. The lack of funding of public health infrastructure, which in turn results in a lack of public health investigators talking with people regarding STD infections and track down recent contacts, has contributed to the spread of STD infections. The opioid crisis, specifically sex for drugs is another factor in the increase of sexually transmitted infections.

There has also been a quadruple increase in opioid use disorder in women giving birth within the United States. This is just another reason public health needs to respond swiftly, along with other health care partners to the opioid crisis.

Recent reports have shown an increase in the number of teens and young adults receiving the human papillomavirus (HPV) vaccine. In 2017, 66% of adolescents 13-17 years of age received their first dose of vaccine and nearly 49% finished the series. This is a definite improvement, but, we still have work to do in promoting the vaccine and preventing the cases of cancers caused by HPV.

**ENVIRONMENTAL HEALTH REPORT:** Alyssa Spradley submitted the environmental health report as follows:

**Proposed Food Code Changes:** “RCW 43.20.145 requires the State Board of Health (board) to consider the latest version of the Food and Drug Administration (FDA) Food Code in adopting our state food safety rules. The current chapter is based on the 2009 FDA Food Code. Since then, the FDA has published updated versions of the Food Code in 2013 and 2017. The board needs to revise Chapter 246-215 WAC to reflect the new standards”. 
“The board filed a CR-101 to consider amending several existing sections to address issues that stakeholders have raised such as mobile food unit standards and donated food. In addition, the board will incorporate changes relating to Substitute House Bill 2639, Mobile Food Units - Commissary or Servicing Area Requirements, from the 2018 legislative session. The law exempts the requirement for commissary kitchens and service areas for mobile food units that meet certain criteria. The board will also consider making technical and editorial changes where appropriate.”

**Proposed Onsite Septic System Code Changes:** “The Department of Health recently conducted a review of Chapter 246-272A WAC, On-site Sewage Systems to determine the chapter’s overall effectiveness and areas needing revision. The Department of Health reported the results of the rule review and made recommendations to the State Board of Health to begin rule making. View the report, Evaluation of the Effectiveness of Chapter 246-272A WAC. The State Board of Health filed a CR-101 Preproposal Statement of Inquiry to consider revisions to the chapter. Priority issues include local management plans, property sale inspections, treatment levels, ultraviolet disinfection, and licensing of operations and maintenance providers. The Board of Health may consider other technical and editorial changes as needed.”

**Adopted revised Solid Waste Handling Standards:** August 1, 2018 the Rule-Making Order (CR-103P) was signed by the director of the Department of Ecology. The review process lasted more than four years. The revised rule is effective as of September 1, 2018 applies to both new and existing facilities. Existing facilities have up to 24 months to come into compliance with some requirements. Interested parties should consult the final rule language and the Concise Explanatory Statement for more information. In summary, they:

- Standardized language and construction to improve usability and consistency across the rule.
- Updated and added definitions.
- Revised record keeping and reporting requirements.
- Added a new section to improve user ability to identify solid wastes apart from commodities, and support material recovery and recycling activities while protecting public health and the environment.
- Adopted criteria under the Model Toxics Control Act to distinguish between clean and contaminated soils and dredged material and clarified management requirements.
- In sections with permit requirements, we placed exemption criteria in tables that are easier to understand.
- Relocated content between two sections dealing with recycling facilities and intermediate solid waste handling facilities (now addresses transfer stations and drop box facilities), so that material recovery facilities are aligned with recycling activities.
- Revised requirements for handling of moderate risk waste.
- Repealed one section on inert waste and consolidated requirements in the landfill disposal of inert waste section.
- Revised standards for the temporary storage of wastes in piles.
- Revised requirements for waste tire storage and split one section on waste tire storage and transportation, into two sections.
- Revised requirements for limited purpose landfills.
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- Revised requirements for groundwater monitoring at surface impoundments and limited purpose landfills.
- Revised requirements for surface impoundments and tanks.
- Revised financial assurance criteria.
- Revised requirements for permitting.
- Revised criteria for facilities undergoing remedial action.

**Stevens County Landfill:** The landfill continues to make progress in management of their leachate and storm water. Added efforts have been made with increasing evaporation with floating misting systems. They report efforts to isolate storm water for diversion. They are working closely with CH2M Hill to develop their corrective actions and contingency plan.

**FDA Grant/Envision Connect:** We are moving forward with development of our software for online applications for food permits, online payment options for applications and renewals, and online complaint submissions. This activity is funded by an FDA grant.

**Fish Advisories:** Washington State Department of Health issues advice about eating fish from specific waterbodies when chemicals found in certain fish species may harm your health. These fish advisories are now available on the internet. These advisories are separated into marine and freshwater bodies. They can be found here: [https://www.doh.wa.gov/CommunityandEnvironment/Food/Fish/Advisories](https://www.doh.wa.gov/CommunityandEnvironment/Food/Fish/Advisories)

**Air Quality and Wildfires:** Air quality continues to be impaired off and on throughout the state. Wind shifts, and weather patterns are affecting where the smoke is coming from and how much we get. This is expected to continue through the end of summer and into fall. A temporary monitoring station has been installed in Republic. Permanent stations in Colville, Inchelium and Wellpinit are operational and reporting regularly. Status updates are being emailed daily to designated school representatives of our three (3) counties, as well as camps, parks and recreation leaders, library districts, local media outlets, and public information officers.

Alyssa Spradley also reported that the silica production facility, Lane Mountain Company (LMC) located in Valley has not had an air permit. Changes to controls on their equipment triggered a requirement to obtain an air quality approval order. A Department of Ecology public comment period began on September 12, 2018 for the request made by LMC for an air quality permit. LMC is replacing two (2) existing dust collection scrubbers with a single new baghouse. The new baghouse will provide a greater control efficiency for particulate matter emissions and will allow for stored material to be more readily re-incorporated into the process. This new operation will allow LMC to more readily reduce the size of its storage piles. Emissions from the new hopper will be decreased by the replacement baghouse. Ecology has determined this proposal satisfies the requirements WAC 173-400-091. Ecology expects to approve this project, and the public is invited to comment. A public hearing will be held if Ecology determines there is significant public interest. Documents related to the project are available on the NETCHD webpage and at Colville City Hall.
PAYROLL AND VOUCHERS: Attached to these minutes are benefits and payroll amounts from June 5, 2018 through September 5, 2018; and voucher amounts from May 16, 2018 through September 5, 2018.

ADJOURNMENT: Board Chair Karen Skoog adjourned the meeting at 12:20 P.M. The next regular meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, November 21, 2018 in Stevens County.

Respectfully submitted,

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

By
Kelly D. LeCaire, Executive Secretary

Karen Skoog, Chair
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

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| 53469     | $31,766.68 | 9/5/2018   | BOH 09/19/2018

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