BOARD OF HEALTH MINUTES  
REGULAR MEETING  
Wednesday, November 29, 2017

MEMBERS PRESENT: Mike Blankenship, Johnna Exner, Steve Kiss, Elbert Koontz, Wes McCart, Steve Parker, Shirley Sands, Karen Skoog

MEMBERS ABSENT: Fran Bolt

STAFF PRESENT: Dr. Sam Artzis, Molly Corvino, Dale House, Judy Hutton, Kelly LeCaire, Alison McGrane, Matt Schanz, Alyssa Spradley

GUESTS: Mel Anderson, Ashley Brown, M.D., Peter Edminster, M.D., Bob Eugene, Kal Kelley, M.D., Bill Pifer, Mary Selecky, Sara Sowerwine, M.D., 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: Mike Blankenship moved and Wes McCart seconded the motion to approve the minutes of September 20, 2017. Motion carried.

CORRESPONDENCE AND INFORMATION: An email from the Colville High School thanking Colville community health staff for providing materials on resources available at Northeast Tri County Health District (NETCHD) during a recent drama production.

PUBLIC APPEARANCES: No public appearances were preregistered.

ADDITIONS OR CHANGES TO AGENDA: New business item number one (1) Resolution 10-2017: Adopting the 2018 Budget will be first on the agenda, because a Board of Health (BOH) member will be leaving the meeting early.

PUBLIC COMMENT: Mary Selecky had submitted a letter in support of the vaping resolution. Mary is the former administrator of NETCHD and past Secretary of Health for the Washington State Department of Health (DOH). Having gone through the issues with tobacco over the last twenty (20) plus years, Mary encouraged adopting the vaping resolution. She stated there is no science indicating that vaping is safe, and we are talking about vaping in public places. Mary encourages us to protect each other and the health of everybody because that is the job of NETCHD, protecting the public’s health and preventing illness. Right now, the federal courts have ordered all tobacco companies to make statements. They are buying full page ads in large newspapers talking about how bad nicotine is and this is a nicotine product.
RESOLUTION 10-2017: ADOPTING THE 2018 BUDGET: Matt Schanz reported that the 2018 proposed budget includes:

- 1% salary adjustment = $10,500
- Increase medical insurance cap from $650 to $700 = $12,600
- Reduce county contributions by 10% = $87,585
- Fund balance usage = $186,761
- Estimated undesignated fund balance at December 31, 2018 = $135,701

Karen Skoog talked about the difficult decision to reduce county contributions by 10%, because many of the counties are in the predicament of not having a balanced budget yet. County reserves are less than what the NETCHD reserves are percentage-wise. Nevertheless, if there is a problem that we experience, something that causes the need for extra money outside of the budget, the counties are still responsible.

Wes McCart moved, and Elbert Koontz seconded the motion to approve Resolution 10-2017: Adopting the 2018 Budget to include the items described above. Motion carried.

RESOLUTION 09-2017: ADOPTING A VAPE RESOLUTION: Matt talked about the proposed vaping resolution highlighting changes from the initial proposal that was given consideration as we went through public hearings in the three (3) counties. Except for the Ferry County Jail facility, all comments we received in person were in support of this resolution. Ferry County jail staff brought forth their concerns about the use of vaping products within their facility. As we talked about this issue at length at the last Board of Health (BOH) meeting, NETCHD visited the facility and understood their issues, and we incorporated provisions within the proposed resolution that would allow them to continue their current practices within that facility as follows:

1. Notwithstanding any other provision of this resolution, smoking is allowed in a correction facility, as defined in this resolution, permitting vaping prior to the effective date of this resolution, and continued use indoors is permitted as determined by the facility, provided vapor from the facility does not migrate into an enclosed area where vaping is prohibited. Washington state law may supersede this exemption.

2. Northeast Tri County Health District adopts the following additional language added to RCW 70.160.020:

   a. “Correctional facility” means a publicly owned and operated facility for the incarceration of persons under state or local warrant, awaiting trial on state or local felony or misdemeanor charges, convicted of state or local charges, but not yet sentenced, or serving a state or local sentence upon conviction. This definition includes prerelease facilities, but does not include work release centers or juvenile community facilities, nor does it include privately owned, or privately-operated facilities regardless of whether any such facility has a contract with any government agency.
Vaping survey results are as follows:

- Feedback was solicited from 143 food establishment owners and operators, including bars and convenience stores.
- We received twenty-eight (28) responses, and 75% of those business owners were in support of adding vaping to the Smoking in Public Places Law. (All comments received were included in the BOH packet).
- Public feedback through a survey was advertised very extensively. Fifty-one (51) members of the public completed the survey. 82% of those supported adding vaping to the Smoking in Public Places Law.

Matt Schanz indicated that our job in public health is to protect public health and in that effort, we are proposing the resolution prohibiting the use of vaping devices including electronic cigarettes in public places and places of employment, just like what has been in place in the Smoking in Public Places Law. It is not meant to infringe on an individual's right to be able to use those products, but it is not allowed in public places or places of employment impacting others.

Mike Blankenship moved, and Elbert Koontz seconded the motion to approve Resolution 09-2017: Adopting a Vaping Resolution.

Alison McGrane reported that Wes McCart had asked for legal opinion on two (2) different cases. The first case is the entertainment industry coalition versus Tacoma Pierce County Health Department, the issue with the entertainment industry coalition was RCW 71.60.040. It is no good longer good case law and is completely repealed based on the initiative done in 2006. The second case is Biggers versus the City of Bainbridge island that has to do with shoreline management and different interpretations of that under the statute versus what we have here. Wes asked if the proposed vaping resolution is okay if passed. Alison said she believes so and noted that we are not alone in this. Spokane Regional Health District (SRHD) passed an ordinance like this a year or so ago, however, they don’t make any exceptions and they haven’t necessarily had any issues. There are other ordinances around the state as well. Usually when you are a follower and not the leader, you tend to do much better. As discussed previously, these are ordinances and enforcement sometimes become potentially problematic. Usually just having an ordinance will make most people follow it. Elbert Koontz clarified that this is a resolution rather than an ordinance. Alison said yes, resolution. Wes said same force and effect. Alison thanked Wes for bringing the cases to her attention, but she does not believe there is any issue.

Wes understands the situation with the Ferry County jail with vaping and the issue with money, but if he were the owner of a bar and is going to lose revenue because of vaping, he asked why they are treated any different than the jail in Ferry County. He finds it somewhat odd, if it's a health risk, it's a health risk. The only reason that we are carving out a piece for the Ferry County jail is because Ferry County has financial trouble and because it is a big input into their jail revenue.
Elbert Koontz recently discussed the issue at length with the Ferry County Sheriff and most of this has to do with the fact that it calms down the prisoners, and they don't have as much destruction, etc. Vaping is not just for making money, it is used as a tool in that you can take vaping privileges away from an inmate that is misbehaving. Elbert reiterated that it keeps the prisoners calm and is one of those things that unless you run the jail and are there, it is amazing what vaping does. Wes McCart asked why that scenario is different than other scenarios. There are jails in all three (3) counties. We are handpicking one entity to do a carve-out for and it seems unfair. Matt Schanz said that was part of our intent when visiting the Ferry County jail and as Joanna Thomas spoke at length about at the last BOH meeting, much of that was expressed to her during the visit. We also understood the fiscal impact from that as well. Matt sees a difference between that in controlled settings for specific purposes as opposed to a bar. Wes said to pick another entity besides a bar to use as an example. Wes again asked why the Ferry County jail is any different than any of the other two (2) jails. Matt said because they are the ones that currently utilize it and the others don't. Karen Skoog asked Wes if he is suggesting striking the language highlighted above that permits vaping prior to the effective date of this resolution, which would mean opening it up to all correctional facilities at their own discretion. Wes said no, he thinks a double standard is being created.

Dr. Artzis said it has been established that we don't know what is in the vape products or what the carriers are for the nicotine. Matt said we know some of the components, but under the Federal Drug Administration (FDA) requirements each manufacturer is going through a full evaluation of their products. Dr. Artzis said but we aren't there yet. Dr. Artzis said from a health standpoint regarding someone that is smoking outside of the jail and vaping inside the jail, you are basically encouraging that person to see a physician as a chronic obstructive pulmonary disease (COPD) patient and encouraging them to continue that habit and continue to wreck his health in a controlled environment. Dr. Artzis understands comments from the Ferry County Sheriff and from Elbert about the jail, the inmates are not there to enjoy themselves. Dr. Artzis reiterated that he has a difficult time with this from a health care perspective and would be interested in obtaining toxicology screenings from the inmates. His guess is they are getting something that they can inject and there is a reason they are calm. He wonders if they are loading it with something and those are some of the things that concern him. Matt said the products come from the jail facility. Dr. Artzis said if they have a visitor come in, prisoners can be very creative. Dr. Artzis reiterated that it doesn't make sense to him but at the same time he understands. He has had trouble with this conversation and as he thinks about it, we are perpetuating the problem and is that really our job as a government agency, just to keep the inmates happy, that we perpetuate a health problem. Judy Hutton said one of the things discussed at a tobacco meeting in Spokane was for NETCHD to visit jails to aid the prisoners in smoking cessation with the goal being that while they are in jail, they receive help to stop vaping as well as tobacco. This is one of the tasks for the new marijuana/tobacco/vaping grant.

Elbert asked what the penalty would be if the resolution passed and the jail was eliminated but continued to do this. Dr. Artzis asked if we have to make an exception, if the Ferry County jail had to follow the resolution. Steve Parker said there is an enforcement section written into the resolution.
Steve Parker said he struggles with this exception also. He is concerned about the exception that it could apply to the Stevens County jail because the proposed resolution reads, “any correctional facility”. Stevens County citizens could say that they are exempt from indoor vaping and should have the same considerations as they got when they were in the Ferry County jail. Matt Schanz clarified that it speaks to only those that are previously vaping, whereas the Stevens County jail is not, so the exception in the resolution would not apply. Steve P. said he understands that, but he doesn’t know that it would exempt it from being challenged even though it is written that way. Dr. Artzis said the physical plans are different and their argument is they have no ventilation issues for the officers and correctional employees whereas is in the Stevens County jail there are ventilation issues. Dr. Artzis asked if there is going to be second hand vape/smoke that the employees that don’t agree with are going to be exposed to. He has not looked at the physical plan, but they are separating them and have a ventilation system. That would be another issue. Steve P. also noted that with resolutions and ordinances done at the county level, he doesn’t recall anything written that has the standard, but then you make one exception as a carve-out. He said it is extremely unusual as a resolution.

Karen Skoog wanted to clarify that this is about secondhand vaping and secondhand effect rather than disallowing it to someone because it is a legal thing to do. Dr. Artzis said that is only part of it. The other part is that we don’t know what is in the product, there is no standardization and no quality control at this point. He went on to say that if someone is inhaling formaldehyde, which is one of the substances known, he is guaranteeing himself business down the road from that person, which is horrible for him as a public health officer, which he has struggled with from the beginning of this process. It is not a benign substance, so he is allowing people to continue to hurt themselves in a facility where they are not supposed to be doing it.

Matt suggested some middle ground with that particular exception. Obviously, it was not written into the original proposal and it was done after quite a bit of BOH discussion and with the jail facility. As Judy Hutton eluded to earlier, we do have a grant funded position that addresses vaping, tobacco and marijuana cessation. Perhaps one of those activities we could at least work towards is some educational outreach to the jail facility about vaping and other measures that maybe could be utilized in the future so that we can hopefully address this. We would allow them to continue with the current practice, but we could educate that there are better ways to approach this subject. Matt reiterated that it could be a practice that we do in support of this resolution to educate that facility about what the health impacts are.

Johnna Exner said she also has had discussions with the Ferry County jail about helping calm the prisoners, which also saves a lot of money on what they would spend on medication and hospitalization of the inmates because they wouldn’t have that outlet they would have with the vaping. And given the budgetary issues Ferry County is faced with, it would be more expensive than dealing with the vaping. Johnna realizes what Dr. Artzis said about not knowing what it is, but it would put Ferry County in a double bind. She asked about trying the educational piece for a ninety (90) day trial and phase out the vaping at the same time and see if it has the same effect.
Matt Schanz asked if there are any health care providers providing services such as Suboxone treatment etc. to the Ferry County jail for someone coming off a drug. Dr. Artzis said Dr. Bacon had been going to jails and evaluating. Matt said his understanding was that the Ferry County facility did not have that option whereas that had been a practice within the Stevens County facility. There is a bit of a difference of saying this may be one means to at least help people that are suffering the effects of other drugs. Matt is not saying right or wrong in terms of use of vaping products, jail staff certainly feel that it helps from a safety standpoint. Dr. Artzis asked if there are any other correctional facilities that allow vaping. Alison McGrane said no, not in Washington. Elbert Koontz said there have been two (2) cases of assaults in the Ferry County jail where inmates went completely crazy and the vaping doesn’t seem to help them. Dr. Artzis said from a medical standpoint, someone that is coming off a drug such as methamphetamine, heroine, etc. before coming to the jail, he is amazed that vaping solves all problems. In a hospital, it takes an intensive care unit setting to medicate these patients to even get them close to any form of controllable behavior. He understands for the average person that is not withdrawing or is not dependent on something is probably going to be okay, but to think that vaping will take care of all is not realistic and it is going to be visits to the hospital whether they are vaping or not.

Mike Blankenship asked to withdraw his original motion. As the health officer, Dr. Artzis asked if the resolution is passed with this exclusion, and there is no standard for it and somebody has a bad outcome such as getting sick from vaping, is there any legal ramifications? And they find out months later that vaping is a horrible thing that they shouldn’t have been doing (this is an extreme case), is there any legal recourse by allowing that exception? Alison thinks the risk is probably more with Ferry County as they are allowing the vaping. Alison noted that no other correctional institutions in Washington or Idaho allow vaping. She said we have already seen this type of thing playout with smoking tobacco, and vaping could be the same type of scenario. The resolution is referring to public places where vaping is prohibited. Alison feels that the legal point made by Wes McCart is correct, that it is unusual to have an exception like this because if we are going to do a resolution, it should be for everyone. SRHD does not make this exception. Legally, a resolution should apply to everyone equally. In looking at the proposed resolution, some of this is trying to get something done rather than nothing. The question is, do you do something with the exception, or if you can’t do it for everyone, do you not do it at all.

Dr. Artzis said inmates stand outside of the Stevens County jail smoking cigarettes, so is that worse than Ferry County. He talked about vaping instead of tobacco. Steve Parker said no one has outlawed tobacco products. Elbert clarified that they aren’t really using the vaping to get off drugs, they are using the vaping to calm the prisoners down. Dr. Artzis noted that nicotine is a drug. Alison said the issue is this covers the public health’s risk of second hand smoking, which they are vaping inside of the jail facility and Stevens County inmates are going outside to smoke, and are at least twenty-five (25) feet from the building. They allow adults who can chose to smoke or not to smoke outside where no one else is affected and that is the difference. There is no smoking allowed inside the Stevens County jail. The smoking is a benefit, as the inmate workers can go outside and have that privilege in compliance with the applicable RCW’s.
Dr. Artzis asked if Ferry County inmates could possibly go outside to vape. Mike Blankenship said he can’t answer that question as he assumed that all smoking and vaping was done within the confines of tobacco legislation within twenty-five (25) feet and therefore would be a voluntary action. If it is being done and allowed inside the building, which it looks like this proposed resolution would allow, he will not support the resolution and withdrew his previous motion. Mike went on to say that when you force people into a facility which you are doing in a correction facility, and then you subject them to the vapor and tobacco smoke, then he has an issue. If they have a provision for going outside, and he has not checked on that yet, then he would say that vaping is fine if it is done voluntarily outside the facility. Mike reiterated that he will not support it if it is done inside where there is second hand smoke. Alison McGrane said this exception is because Ferry County has vaping inside of the jail facility. Johnna Exner said the problem is that Ferry County jail doesn’t have twenty-five (25) feet in the exercise room. Mike said Stevens County takes them out in the yard of the courthouse. Johnna said Ferry County does not have that. Matt Schanz said that was the response back from Ferry County when they were asked if there is another alternative rather than allowing vaping to occur within the enclosed premises because of those concerns. Not just from an inmate standpoint, which was a concern expressed initially by Dr. Artzis for an inmate that is not a vapor user, and what does that subject you to and likewise for an employee. Mike said for himself, he would take issue with that as well.

Wes McCart said once a motion has been made and seconded, it belongs to the body and cannot be withdrawn. It must be voted down or amended. Karen Skoog asked Mike if that was his closing statement as maker of the motion. Mike said that is his closing statement. Dr. Artzis asked if it can be tabled until we get further information. Wes said as an amendment you could table it until the next meeting, you can amend it to language that is here, you can table it indefinitely, because that is a motion that would supersede the previous motion.

Karen asked for further discussion. Johnna referred to wording in the resolution “local governing bodies to make and enforce, within their limits”, and asked if Ferry County had to be involved in this resolution or they could be excluded. Johnna asked if Pend Oreille and Stevens Counties could pass a vaping resolution, and could Ferry County pass its own vaping resolution with the exception for their correctional facility. Matt said it would be done so under the authority of this BOH and health officer and doesn’t think that you can break that apart. Johnna asked if NETCHD is considered a local governing body rather than the counties. Mike said yes, because as a county we gave that authority here. Matt said this subject refers to RCW 70.05 and 70.46 of local boards of health. This is a decision being made under the authority of local boards of health and the health officer.

Karen called for a vote on the original motion. All opposed. Motion failed.

Matt proposed striking through the language described above that specifically deals with that exception. Alison said this resolution treats vaping just like tobacco smoking. Wes asked Ferry County what they would like to do with the resolution. Steve Parker suggested bringing detailed information to the next BOH meeting since so much time has been spent on this. Mike said he would like to see the resolution written so that vaping is governed just like the tobacco smoking. Mike said there has to be cigarette smoking at the jail and there has to be some method to deal with that, though he is not aware of it, but will be by the next BOH meeting.
Wes McCart moved, and Mike Blankenship seconded the motion to table the discussion on Resolution 09-2017: Adopting a Vaping Resolution until the next BOH meeting to allow time for Ferry County Commissioners to assess a potential solution to the issue that would eliminate the provision described above. Motion carried.

PROPOSED CONTRACT FOR SERVICES WITH PROVIDENCE HEALTH & SERVICES AND COLVILLE RURAL RESIDENCY TRAINING TRACK: Matt Schanz talked about the proposed agreement between NETCHD and the Colville Rural Residency Training Track. Effective January 1, 2018, Providence Health & Services (PH&S), through the Colville Rural Residency Training Track (RTT) will provide practitioner services to NETCHD at the NETCHD facility. Such services will include vasectomy procedures and may include additional services, such as family planning services in geographic areas within the jurisdiction of NETCHD with unmet need.

Wes is in favor of the agreement, but said it specifically states that “RTT will provide professional liability insurance” and “RTT is responsible for all employee benefit compensation and represents and guarantees that all employees provided pursuant to this agreement will be covered by Labor and Industries insurance”, but it doesn’t specifically list medical malpractice insurance. Alison McGrane said professional liability insurance is another way of saying malpractice insurance. In other agreements that Wes has seen, like the one in Spokane that this agreement was copied from, it specifically listed malpractice insurance also. Matt said this agreement was modeled after an existing contract that NETCHD had with PH&S and this is the same language that was used. Wes said if Alison feels that it is covered, he is fine with it. Alison said she could get some clarification, but it certainly wouldn’t hurt to change the wording to read “professional liability malpractice insurance” to make sure that it is entirely clear. Alison asked Dr. Waters if there would be a problem changing the wording. Dr. Waters agreed that professional liability insurance and malpractice insurance are the same thing, but did not think the contract had been sent for legal review at PH&S yet, so it would not cause a delay.

Wes McCart moved, and Johnna Exner seconded the motion to approve the contract between Providence Health & Services, through the Colville Rural Residency Training Track and Northeast Tri County Health District for practitioner services as described above with the addition of “medical malpractice” being specifically addressed.

Steve Parker asked for clarification on specific services potentially provided under this contract. Matt said specifically vasectomy services are offered through the program. In other areas where Title X services are not currently offered, such as Newport and Republic, there is a potential for residents to provide those services in areas of unmet need and this contract would at least pave the way for that. Steve asked what services are specific to Title X. Judy Hutton said some of the services include women’s health care exams, birth control, and sexually transmitted disease (STD) services. Dr. Artzis said also Plan B emergency contraception is part of Title X. Steve asked about Plan B. Judy said it is also called “the morning after pill”, if someone forgets to take their birth control pill, the Plan B pill can assure they do not get pregnant unintentionally. Steve asked if Plan B was known by some as the abortion pill. Judy said no. Dr. Artzis said it has been called that originally when it first came out, but is not known as that. Dr. Artzis said you can get Plan B over the counter in a pharmacy without a prescription. NETCHD offered Plan B in our family planning program through Title X.
There was discussion about past conversations concerning NETCHD discontinuing providing Title X services and NEW Health Programs (NEWHP) taking over the Title X program. Matt Schanz noted that a very important part of those past discussions was to ensure that there wouldn’t be gaps of coverage and this is an attempt to address those unmet needs in areas where there are not those services currently being provided. Steve Parker has always felt that this was an area that as a public health agency we were stepping farther away from specific public health concerns and stepping into an area that really is not a county concern. Though he knows it has some connections to the overall social health of the family, he is not in favor of reinstating these services as a part of NETCHD. Dr. Artzis said it is interesting that it was never framed in that light, as he felt that NETCHD discontinuing Title X services was because of a financial consideration and the fact that our numbers had dropped so much, that it was a huge impact financially that we couldn’t justify. Dr. Artzis did not think there were ethical concerns, which is why he brought up Plan B because he wanted Steve P. and the BOH to know that it was part of the program. Steve P. said he did not know that and the program was always just described and talked about as "family planning". Dr. Artzis noted that you cannot parse out Title X. We aren’t calling it Title X because it is not, and we aren’t suggesting that we are going to start those services right away. Dr. Artzis reiterated that this is to address the unmet needs in specific areas.

Dr. Waters said the previous agreement between NETCHD and PH&S required NETCHD to pay for a physician to provide services, whereas this is being provided at no cost to NETCHD because it is a good teaching and training opportunity for the residents. Dr. Artzis clarified that the training opportunity is for residents to perform pap smears, pelvic exams etc., and educating patients on health and well-being, not encouraging Plan B. Steve P. said he wants to know that this is part of the internal package, and he disagrees with it. Dr. Artzis said at this point, if that service was needed, his guess is the patient would be evaluated by a resident in their own clinic. He clarified that there won’t be specific pharmaceutical inventory available at NETCHD like there was before. Matt added that Title X services are already provided by NEWHP in Stevens County, but those services are not available in Newport and Republic.

Chair Karen Skoog called for a vote on the motion. Steve Kiss and Steve Parker voted against the motion. Motion carried.

**WORK SCHEDULE UPDATE:** Matt provided information as a follow up to the last BOH meeting about NETCHD office hours and work schedules specific to Pend Oreille and Stevens Counties locations. We aren’t proposing any changes in Ferry County currently because of already limited staffing availability. Matt was directed to look at office hours and work schedules with the guidance that was very clear about looking at how we can maximize our services to the public. Looking at our existing work schedules, primarily the four (4) day work week, we evaluated how we could better serve the public. We cannot continue to be closed Fridays to provide services both in Pend Oreille and Stevens Counties.

Wes McCart left the meeting at 11:00 A.M.

Gaps in services were looked at and while the easiest approach would have been to revert to the traditional 7 ½ hour work week, Monday through Friday based on a 37 ½ hour work schedule. He said it is important to have some benefit to a schedule, first and foremost ensuring that we are meeting public needs as it relates to public health.
The schedule for full time employees in the Colville and Newport offices will be 7:30 A.M. – 4:30 P.M., Monday – Thursday with closure from 12:00 noon – 12:30 P.M. for lunch break, and Friday from 7:30 A.M. – 11:00 A.M. Steve Parker thinks it is a great step. Karen Skoog thanked Matt Schanz for working on this and staff that shared comments and suggestions.

SATELLITE MANAGEMENT AGENCY REQUIREMENTS AND GROUP B WATER SYSTEM APPROVALS: Matt indicated that the Satellite Management Act passed in the mid 1990’s, is a tangled web of how that interacts with public drinking water laws. It states that if you are a new public water system, it is required to be either owned or operated by a satellite management agency (SMA) that is responsible for monitoring and upkeep on that water system, ensuring that it is meeting the public drinking water requirements. In our three (3) counties, there has typically been three (3) entities, a public utility district (PUD), and two (2) other private companies that provide those services for a fee to new drinking water systems. If you look at the regulations that deal with public water systems, Group A water systems that serve more than twenty-five (25) people or have more than fifteen (15) connections. In many ways, it makes sense that these systems be managed by an SMA and that was what that act had originally intended to do. At the time, Group B water systems which are three (3) connections up to fourteen (14) connections and serving less than twenty-five (25) people, had more requirements for monitoring and maintenance of those systems. Because of the ongoing requirements, there was justification for SMAs to manage Group B water systems.

In January 2017, NETCHD adopted our Group B water systems rule with verbatim language from the WAC. When we adopt a regulation at our local level, we cannot be less stringent than what the state rule says. Our public drinking water system rule says any new Group B water system must comply with SMA requirements outlined under the applicable RCW. We have been applying that standard of saying if you are even a one (1) connection Group B water system serving a winery or bed and breakfast, you must hire the services of an SMA. This has caused some disapproval from some that are proposing Group B water systems. The monthly fee for service from the SMA has been questioned, under the new Group B water system rules, unless there is treatment required, there is no ongoing monitoring or maintenance requirements. We consulted Alison McGrane to see if there is an exception to this. As we interpret this, we would be in violation of state law if we were to approve a Group B water system that was not owned or operated by an approved SMA. Matt asked the BOH if they agree with his interpretation. Is the next step to meet with a legislator to ask if this is still an applicable requirement, given the change to the Group B rules at the state level? Alyssa Spradley asked if possibly it should be something that we change in regulations so that it is only applicable to those systems that require treatment. Alison thinks it is one of those things that the legislature probably didn’t realize the problem that was caused. The problem is that you can’t read it any other way, it’s pretty clear. Karen asked if any of our legislators have been made aware of this issue yet. Matt said no they have not. Karen suggested meeting with Senator Short or Representative Maycumber and see what can be done. Mary Selucky suggested speaking with the Washington State Association of Counties (WSAC) as they were involved when it was originally passed. Karen suggested working on this together and bring back information. Steve Parker said ultimately this needs to be taken care of and one of those issues he probably happening quite a bit. It seems that it could be a relatively easy writing fix, and we could supply some language for our legislators to consider.
Steve Parker wondered if it is possible within the domain of NETCHD to find a way that we can locally provide that outlet for those institutions that this applies to. Is there a way that we can create the oversight necessary so that as a Group B system is ready to come online rather than the environmental health division telling them to find a provider of service, we can be the guide that tells them what service they need because they fit this model? Matt Schanz said his understanding is that we would have to stay within the confines of the RCWs that states that it must be an SMA compliant water system. The only way to address that would be through a legislative change that would give LHJs the flexibility to provide that allowance or oversight. There are legitimate questions at DOH to say, how does this law fit now with this revised Group B rule. The conversations may begin by asking environmental health directors how they see this and what are some potential solutions.

Steve P. asked how we design something that fulfills the obligation of the RCW but provides the service. Matt said thankfully the Stevens County PUD has helped so far, but how do we deal with it in Ferry and Pend Oreille Counties. Karen Skoog asked if there is always an additional monthly cost. Alyssa Spradley said not always, the PUD did not charge the winery that was recently approved. Their contract stated that “upon needed services” they would then begin to charge. Alison McGrane said there is nothing that prohibits anyone to be their own SMA, though it may be more expensive. If you complete the requirements, they have that opportunity as well. Matt said it is an additional $491 every five (5) years to go through the application process. Alyssa thinks there are education and certification requirements as well. Alison said RCW 70.119A.060, subsection (2) states: “No new public water system may be approved or created unless: (a) It is owned or operated by a satellite system management agency established under RCW 70.116.134 and the satellite system management system complies with financial viability requirements of the department; or (b) a satellite management system is not available and it is determined that the new system has sufficient management and financial resources to provide safe and reliable service.” Alison said the issue is that we have SMAs available in Stevens County, so because they are available in Stevens County, she stopped reading the RCW. Steve P. wonders if the fix is in the RCW. Alison said yes potentially, you could change that a lot of different ways. Matt said currently a Group B water system must send out a letter to all three (3) SMAs asking if they are willing to provide services to their system, and if one (1) of them responds and says yes, you would have to accept it or become your own SMA. Alison said the RCW is clear and like it or not, this is what we are supposed to be enforcing. She said the satellite system management agencies definitions are found in RCW 70.116.134, and RCW 70.119A.060 outlines public water system mandate and conditions for approval or creation of new public water systems, and department and LHJ duties. Alyssa will discuss the issue with the environmental health directors as well as work on some draft language to bring to the BOH. Alison is curious if any other LHJ is having the same issue and how they are handling it. Steve P. agreed it would be interesting to find out who else is struggling with this and what potential solutions they have come up with.

HEALTH OFFICER BACK-UP AGREEMENT WITH SPOKANE REGIONAL HEALTH DISTRICT: Matt said the memorandum of understanding is to formalize those short-term backup responsibilities of health officers between NETCHD and Spokane Regional Health District (SRHD). Historically we had an agreement with Dr. Gray and by default, we continued that practice but without the benefit of a formal agreement with SRHD.
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This agreement is a draft, and if we choose to go forward with it, there are a few modifications that would need to be made including updating the date entering into the agreement on page 1, updating the term on page 2, and the date to review would need to be changed to 2020. Matt Schanz said Wes McCart had reviewed the agreement and had questions on what terms would we engage in during the review for extending this out. In response to his question, Matt would think that at that time before the expiration of this agreement, there would be discussion about what was working, what was not, and make those modifications if we wanted to continue with the agreement. Matt doesn’t think we could include all those provisions within the agreement.

Elbert Koontz moved, and Steve Parker seconded the motion to authorize formalizing and entering into the Memorandum of Understanding for Short-Term Health Officer Back-up Coverage Between Northeast Tri County Health District and Spokane Regional Health District with the above described modifications. Motion carried.

**FOUNDATIONAL PUBLIC HEALTH SERVICES PILOT PROJECT FOR SHARED SERVICES:** Matt talked about efforts to support foundational public health services (FPHS) to LHJs. When that specific legislation went through establishing FPHS, $42,000 was allocated to NETCHD for 2018 to support the aim of FPHS. Along with that legislation, there were two (2) pilot projects that were approved. We participated in one of the pilot projects with SRHD acting as lead agency. Two (2) things were funded under that pilot project based out of SRHD. One of which is to work on regional communicable disease (CD) coordination and epidemiology to strengthen our response to CD so that we have a much better coordinated approach, and that will help us strengthen those relationships. It doesn’t have anything to do with the authority of the health officer to make decisions locally. Approximately $6,000 will be spent on training new staff in CD response and preparedness, with the bulk of the funding to support staff at SRHD.

The other part of the pilot project is support to NETCHD for community health needs assessments within our three (3) counties. The last time a community health needs assessment was done was 1995. Mary Selecky said we were the first rural community health needs assessments in the state. Matt said other entities such as Providence Health & Services, Ferry Memorial County Hospital, Newport Community Hospital, and Rural Resources Community Action all engage in similar types of assessments. Our goal is to determine how we can share resources and do a very comprehensive community health needs assessment for each of our three (3) counties. NETCHD will have conversations with local groups about how we can best coordinate our efforts and produce a comprehensive document that will help guide where we invest our energies in the future. Karen Skoog asked how the money will be tracked. Matt said funding will go through DOH to SRHD, and NETCHD will form an agreement with SRHD to get reimbursed for some of our training costs. Judy Hutton reported that Healthy Ferry County received a grant to do a community health assessment in Ferry County so NETCHD will join their efforts.
HITEST SILICA HEALTH IMPACT ASSESSMENT: Karen Skoog reported that the HiTest Silica company that purchased land south of Newport are holding a public meeting tonight. There has been a great deal of opposition, even before the application has been done. In attendance at the meeting will be HiTest Silica, Department of Ecology (DOE), DOH, Pend Oreille County Planning and Idaho Commerce. A health impact assessment could be requested to provide the public with accurate information. Karen would like the community to know if this BOH supports the impact assessment. Matt Schanz said if the BOH chooses to support the health impact assessment, he will draft a letter.

Mike Blankenship left the meeting at 11:31 A.M.

Karen asked if an independent party does the assessment, would NETCHD pay for that assessment. Matt said HiTest Silica could hire their own company to do the assessment or enter into an agreement with DOH. Dr. Artzis noted that the challenge becomes who HiTest hires. He spoke with DOH about the process and was told they would try to stay out of this as much as possible, though the state toxicologist could be involved. He is curious how unbiased these were, that’s why he made the call. You can always get the numbers you want. Matt said his understanding of the last assessment done is that they must reach certain thresholds. Pend Oreille County could oversee who does the assessment. Elbert Koontz said it took twelve (12) years with Kinross and are still being looked at. Karen said there is a great deal of permitting and testing to go through. She noted that the silicon metal will be used for solar panels. Dr. Artzis asked if NETCHD would weigh in. Shirley Sands stated that though some people are in favor of it, there is a lot of negativity coming from the public, including opposition from the Kalispel Tribe. It would be in their best interest to get facts and impacts. Dr. Artzis thinks NETCHD should outline exactly what we can do, in case there is an unrealistic expectation. Mary Selecky said it is legitimate for the BOH to ask the state what our role is and how they can help us. Matt will develop a document with the facts and the extent of our involvement. Mary said the best comparison is the impact study on Lake Roosevelt. Matt said the difference is we aren’t going to wait for something to happen in this situation. Karen talked about an analysis done by DOE. Mary said the statement would be directed at what does this do to humans. Karen reiterated that it would be impactful if the BOH supported the health impact assessment, to obtain simply the facts, and doesn’t create any liability for NETCHD. Shirley said there is involvement from Washington as well as Idaho. With the unknown, the fear factor comes tenfold. Shirley doesn’t think HiTest has all the answers either. The outcome could have been different if they would have asked first. Steve Kiss thinks an independent health assessment may be calming to the people.

Shirley Sands moved, and Elbert Koontz seconded the motion to authorize the signature of the Board of Health Chair asking the Department of Health for an independent health impact assessment on HiTest Silica in Pend Oreille County. Motion carried.

APPOINTMENT OF NOMINATING COMMITTEE: Board Chair Karen Skoog appointed Johanna Exner, Steve Kiss and Steve Parker as members of the nominating committee to bring nominations for the 2018 Chair and Vice-Chair of the Board of Health to the annual meeting of the Northeast Tri County Health District Board of Health.
CHAIR REPORT: Chair Karen Skoog had nothing to report.

BOARD OF HEALTH MEMBERS REPORTS: Shirley Sands reported that she has been elected as third-term mayor of Newport. In addition to the HiTest Silica causing a great deal of commotion, she said Newport contracting for police services has caused disapproval as well.

HEALTH OFFICER REPORT: Dr. Artzis reported that he is now in private practice with NEWHP. He talked about the elevated opioid use in our area and the challenge in having enough help to deal with it. After talking with the State, he realized we are going to have to do something ourselves as the State is overwhelmed also. He was asked by the State to approach the Accountable Communities of Health (ACH) to try and get grants, etc. Matt Schanz said there are dollars with Better Health Together (BHT) for the opioid component. Dr. Artzis met with a representative from the State that isn’t aware of anything formal and indicated that there are people to do it, just no money. The question is how would it look and how would we fund it. Matt suggested meeting with Alison Carl White at BHT. Dr. Artzis met with PH&S and NEWHP to ensure they are working on this collaboratively. Matt talked about BHT transformation dollars in which opioid was a dedicated task for the Medicare and Medicaid population. Karen asked if our counties are the worst in the state for opioid use. Dr. Artzis said Ferry and Stevens Counties are the worst, with Pend Oreille following close.

ADMINISTRATION REPORT: Matt submitted the administration report as follows:

Significant effort has been directed at improving our records management and retention policy and procedures. A draft document has been developed to ensure records maintained by the District:

- Meet the mandated statutory requirements for the minimum retention and final disposition of records;
- Adequately protect records from damage or loss;
- Protect confidential staff and client information;
- Ensure that all employees know about the proper protection and retention of District related records that they create, send, or receive; and
- Allow for effective accessibility for public records requests.

Specifically addressed is how we manage and retain electronic mail, text messaging, social media posts, and web content. The proposed policy has been reviewed by staff and is undergoing a legal review.

A new website and social media policy has been developed and is under review. The policy is intended to apply to all employees, contracted agents, and volunteers who act on behalf of the District. The policy is intended to govern the use of the District’s website and various forms of social media used to disseminate information to the public.

At the District’s October 2017 all-staff meeting, the focus was on staff trainings relating to public records requests and records management.
Based on recommendations from Enduris (our risk and liability insurer) we will have to address the new distracted driving law that became effective in July 2017 through a policy that employees will have to review and sign.

In the past, the District had an employee advisory committee to provide input on various subjects. This committee was discontinued for a multitude of reasons years ago. I’ll be working to put together this group again with very established ground rules for how it functions and provides input. Some of bigger ticket issues such a group could help with would be to evaluate our medical and benefits package. I also want to take a very comprehensive look at our personnel policies and update these. An employee advisory committee would be instrumental in such a review.

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

Our Accountable Communities of Health (ACH) has not picked maternal child health (MCH) as one of their projects. Their plan is to attempt to weave this into the strategies they have selected, which were Bi-Directional Integration of Care, Care Coordination, Chronic Disease Management and Opioid Response. It looks as though our proposal for the Bright Futures project and the Nurse Family Partnership will not receive funding. We did receive funds for the Health Systems Inventory that was submitted in August 2017.

WIC staff from all three (3) offices attended a WIC conference in Seattle in October 2017. This is the first time in many years that WIC has offered a statewide conference. There were good speakers with good topics and staff learned a lot during the two (2) day conference.

WIC has notified the Health District that the WIC budget is being cut due to decreasing caseload. Since that time, WIC Coordinator Erin Zawadzki, myself and Matt Schanz are developing a response plan. We can submit proposals to WIC for funding to address the decreasing caseload and what we plan to do to address the issue.

- Perform outreach to clients and providers regarding the WIC program. WIC has given us good suggestions about where to “find” clients that we may not have considered.
- Educate our community partners about the WIC program and what it is. WIC is often seen as an entitlement program when in fact it is a supplemental food program with a very heavy nutrition education component as part of the requirements
- Proposing an off-site WIC clinic in Chewelah. We were able to obtain numbers of children and pregnant women that may be eligible for WIC but are not being served, divided by zip codes. We were startled to find that the Colville, Chewelah and Newport zip codes had the highest number of unserved clients.

We are asking for funding from WIC to address the above strategies. The proposal for the off-site clinic in Chewelah has been submitted, and we are waiting to hear back. Erin is working on the proposal for funds to increase outreach. We should hear something by December 15, 2017.
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WIC sent out letters to Medicaid clients who would be eligible for WIC, referring them to the program. When this was done previously, the Health District had one person report they had received the letter. As of November 8, 2017, numerous people reported receiving the letter and are coming in for services. Erin informed the state that our numbers have increased by at least fifteen (15) since the beginning of November 2017.

Molly Corvino, the new communicable disease investigator started on October 15, 2017 and is learning the job nicely. We will interview for the Health Educator for the marijuana, tobacco and vaping program on November 13, 2017.

As part of the foundational public health monies, a project to increase immunization education and availability is being discussed, including traveling immunizations to the schools. Collaboration and partnering with providers, school nurses and school administrators is imperative, so, a plan on how best to address this is being developed.

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

The Stevens County landfill has been fighting an ongoing battle with containment and disposal of leachate since the extra wet spring we had this year. Through added efforts, their leachate ponds have significantly reduced their volume in the last couple of months. The current added efforts are a temporary fix and a long-term solution is in the works. Ecology and Stevens County are still working on drafting a Memorandum of Agreement to resolve the ongoing issues.

The USGS lab results on uranium in groundwater have finally started to come in for the new wells that have been tested. The two wells sampled in our area, one in Stevens and one in Pend Oreille, are both below standards for uranium. Values were 22.0 and 1.03. Landowners should have their hard copy letters in hand as of last month. Northern Lincoln had one exceedance and so far, Spokane has three. Waiting on results for two more sites. Interestingly, none of the 13 sites sampled had arsenic exceedances. In fact, nothing above 5.5.

Through collaboration with Department of Ecology and Department of Health, we aim to help work through the public unrest and questions regarding the potential incoming development of the HiTest Silicon smelter. There is a public meeting this evening from 6-8 P.M. at Sadie Halstead Middle School. The company, HiTest, has recently purchased land in Pend Oreille County with the intent to develop a smelting plant. They will have an extensive process of review and permitting with various agencies prior to development as well as ongoing compliance regulations to meet.

Currently the Department of Health is providing a sum of $20,000 for jurisdictions such as ours that have adopted a local group B ordinance. It was announced that this can only be continued until June 2018 unless general fund state budget is approved by legislation next session. This could mean a loss of $10,000 for us if the budget is not approved by legislation.
We have not yet received an update regarding whether our applications for funding for an FDA grant have been approved. A grant for $3,000 was applied for to allow for attendance to trainings that will provide our inspectors with valuable information critical to maintaining conformance with FDA standards. A second grant for $17,500 was applied for to propose upgrades to our database and reports. These would increase compliance with the FDA standards and provide better customer service to our public by making food records searchable online. There is also the potential to decrease the number of violations in establishments and reduce occurrences of foodborne illness.

Coordinated Prevention Grants (CPG)/Local Solid Waste Assistance Fund (LSWAF) – Solid Waste Funding: Ecology asked for $15M for LSWAF for the remainder of the FY2017-19 biennium. If Ecology’s budget request is granted there will be $3M for solid waste enforcement (20% of $15M). Ecology is currently in process of creating a new draft 2017-19 LSWAF allocation table based on our supplemental budget request of $15,000,000 dollars. This is tied to the capital budget which remains unfunded at this time.

The House and Senate continue disagreement on the capital budget/Hirst fix. It appears the legislature is waiting on November election prior to moving forward. We won’t get a capital budget until there is a fix for Hirst in the legislature. We don’t expect anything to move until December 2017 or next session in January 2018.

**PAYROLL AND VOUCHERS:** Attached to these minutes are benefits and payroll amounts from October 5, 2017 through November 3, 2017; and voucher amounts from September 20, 2017 through November 15, 2017.

**ADJOURNMENT:** Board Chair Karen Skoog adjourned the meeting at 12:03 P.M. The next annual meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, January 17, 2018 in Stevens County.

Respectfully submitted,

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

By: [Signature]

Kelly D. LeCaire, Executive Secretary

Karen Skoog, Chair

Steve Parker, Vice Chair
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2017

| General Fund: | | | Total | Date |
|---------------|----------------|
| Voucher #     | through       | $        | Date   |
| 43932         | 43940         | 11,815.53| 9/20/2017 |
| 44104         | 44114         | 6,115.58 | 10/4/2017 |
| 44242         | 44246         | 31,100.95| 10/5/2017 |
| 44333         | 44350         | 21,347.19| 10/11/2017 |
| 44509         | 44521         | 4,003.13 | 10/18/2017 |
| 44744         | 44756         | 24,413.31| 10/25/2017 |
| 44969         | 44972         | 29,925.34| 11/3/2017 |
| 44974         | 44989         | 6,775.35 | 11/8/2017 |
| 45205         | 45250         | 24,831.29| 11/15/2017| BOH 11/29/2017 |

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