BOARD OF HEALTH MINUTES
REGULAR MEETING
Wednesday, July 20, 2016

MEMBERS PRESENT: Mike Blankenship, Daniel Hay, Lou Janke, Mike Manus, Wes McCart, Steve Parker; Karen Skoog, Kathleen Turpin

MEMBERS ABSENT: Brad Miller

STAFF PRESENT: Samuel Artzis, M.D., Dale House, Judy Hutton, Kelly LeCaire, Alison McGrane, Sandy Perkins, Matt Schanz

GUESTS: Annie Bouscal, citizen; Dalene Davies, citizen; Nathan Davis, Ferry County Commissioner; Katie Dunn, Statesman-Examiner; Ray Depuydt, citizen; Aaron Edwards, Chief Executive Officer, Ferry County Public Hospital District #1; Bob Eugene, citizen; Bronwyn Harris, citizen; Margaret Kidwell, Eastern Washington University Early Head Start; Evelyn Kowitz, citizen; Lesley Mann, citizen; Katherine Meade, citizen; Madeline Perry, citizen; Bruce Perkins, citizen; Bill Pifer, citizen; Melissa Rose, citizen; Rosemarie Schmidt, citizen; Maria Schneider, summer intern, Northeast Tri County Health District; Lynn Schott, citizen; Mary Selecky, citizen; Greg Sheffield, Ferry County View; Carolyn Sola, Eastern Washington University Early Head Start; Karrie Stevens, citizen; Peggy Townley, citizen; Leslie Waters, M.D., Providence Northeast Washington Medical Group

CALL MEETING TO ORDER: Chairman Wes McCart called the meeting to order at 10:08 A.M. A quorum was present.

INTRODUCTIONS: Introductions were made by all.

CONSIDERATION OF MINUTES: Steve Parker moved and Daniel Hay seconded the motion to approve the minutes of May 18, 2016. Motion carried.

CORRESPONDENCE & INFORMATION: A letter submitted by a licensed septic system installer in support of keeping Northeast Tri County Health District (NETCHD) as a three (3) county district; a letter thanking Dave Junker for his willingness to help the director and staff at the Riverview Bible Camp; note thanking Doris Hoffman for participating in the Ferry County Memorial Hospital health fair.

PUBLIC APPEARANCES: Mary Selecky will give a presentation.

ADDITIONS OR CHANGES TO AGENDA: There were no changes to the agenda.
HISTORY OF NORTHEAST TRI COUNTY HEALTH DISTRICT: Mary Selecky stated that she has been a resident of Stevens County for forty-two (42) years. She began work in the tri-county area in 1975 and served as administrator of NETCHD from 1979 until 1999, when she became the Washington State Secretary of Health. Mary has worked in public health for many years and her roots are very deep in the tri-county area. Mary’s first job in the area was at the Tri County Economic Development District, which began her work within the three (3) counties. She talked about the long history of various entities and organizations that combine the three (3) counties, including Rural Resources, etc. There has always been talk between county commissioners regarding what to do with public health and issues that drove commissioners to talk about public health responsibilities, since it is the responsibility of the counties by law and how could they do it better. Mary provided some history regarding public health. There weren’t enough staff in any of the single counties to get public health done and environmental health was getting more complicated. Starting in the 1970’s, the federal government was making funds available through the state to do work with moms and babies (maternal-child health), the Women, Infants and Children (WIC) program and grants management was becoming more complicated. The commissioners were talking about how they can do this service better as it was getting tougher for individual counties. Mary noted that the population in each county is a bit different – Ferry is a frontier county, Pend Oreille is dispersed differently and Stevens County has more population. Conversations began with what was then the State Public Health agency that was inside of the Department of Social and Health Services (DSHS). Dr. Ed Gray was the health officer for Ferry and Stevens Counties and each of them were struggling with grants management and how they were going to do these contracts, and the amount of money for either of the two (2) counties wasn’t enough to hire a person to do the work in a way that would make the most sense. The commissioners had the vision and foresight to think that they should talk about combining the counties. There was a lot of assistance from the State of Washington. It wasn’t a mandate or a push, it was a local government decision and took a while to put all of the pieces together. Mary talked about various issues that came up with commissioners and the public that had to be worked through. Other state agencies looked at these three (3) counties as kind of a working unit. In the mid 1970’s, DSHS had a main office in Colville with some outstations in Newport and Republic, so they were already a model. The Department of Commerce (was called the Department of Planning and Community Affairs back then) had money for law and justice, but not a lot of money was assigned for tri-county area. There was some sense that it would be helpful to the area to work together. The counties had a nursing director and environmental health director, but did not have an administrative structure. She noted that she is just talking about a few of the things that really encouraged this. Prior to it being a health district, each county had a health department and each of the counties got some grants from the state. She reiterated that it was starting to get a bit more complicated than just getting some money and using it for a program, the reporting was getting more complicated. In addition, the commissioners were also looking for a level of administrative management that would keep them from having to deal with all of the detail as individual counties.
Mary Selekey said this statement truly describes the formation of NETCHD: **Create one strong entity that could define public health, as a whole, in the tri-county region.** The responsibility for public health is not usually why someone runs for an elected office. You hear about roads, potholes, public lands, etc. but not very many people think about having to deal with bugs, environmental health issues, rabies, etc. You have to spend some time talking about the public health issues of the day and she feels that is one of the real changes that happened when commissioners are met with a public health agenda. Department heads come in one at a time and public health might have been squeezed in and would be more about the management and county piece rather than the responsibilities of public health protection that are lined out in statute and more about grants management. Mary gave an example that it really is about understanding when you have whooping cough, you as the Board of Health (BOH); and the health officer have an incredible amount of authority that if you have outbreak in school you can close the school.

Mike Blankenship arrived at the meeting at 10:19 A.M.

As NETCHD was formed, there were many issues to deal with. The state was able to provide additional funds and hired a level of administration that could take care of the grant work that commissioners weren't as interested in dealing with.

The reporting relationship between NETCHD staff and the BOH is a really important relationship and not just with the BOH chairman, but making sure that you are all informed of what is going on and how the impact on each of your counties happens. The concept and idea of city representation really came from the law and in the beginning of NETCHD, cities actually paid funds to support NETCHD. The law regarding city funding changed in 1995. Mary remembers the discussion with the BOH members about continuing city representation and particularly the commissioners understood that it broadened the discussion having input from the cities. There are some public health issues that might hit concentrated population in a way that don't hit the more rural folks in the counties. Mary feels that perspective is quite important.

Mary said Wes McCart asked for an understanding of what initiated these discussions to create NETCHD, and admits to being bias serving as NETCHD administrator for twenty (20) years. Mary said it worked then and still works today. There were times when recruitment of staff was difficult and NETCHD was able to share staff and cover for one of the other offices in the three (3) counties. Each individual county didn't have to have three (3) people, they had one (1) person who traveled across boundaries in the three (3) counties. That long term vision that the founding commissioners of NETCHD had has held well for nearly forty (40) years and many different kinds of issues have certainly been raised over those years. Public health still has some basic responsibilities that will not ever change that have to do with communicable disease. Our relationships with health care providers in the community have changed. Providers are certainly giving more immunizations than health departments but public health has the responsibility to make sure kids are getting immunized, so it's a slightly different role in today's world.
Mary Selecky went on to say that money is always an issue that will come up. The foundation of the funding formulas that evolved over time really had to do with equitability. The mixture of assessed valuation and population was one that was agreed on back in the early 1980's in terms of the best way to share the cost. Because some policy decisions were made and maybe they have changed more recently, but the Board decided that they were not going to look for full fee recovery of some programs including environmental health when we provide services to not just one individual. The Board wanted to make sure that we had compliance so they were willing to put in local dollars to support those programs in order to keep the fees lower. Many counties are full fee for their environmental health services. That philosophy and specific population that you are serving needs to be looked at often. Workforce issues and staff will always be a challenge in rural areas. In closing, there was efficiency and effectiveness that was improved as a result of the three (3) counties coming together.

Steve Parker thanked Mary for providing helpful background information and refreshing us on the advantage of why NETCHD came to be as we go forward. He asked Mary if there are any weaknesses in the model that became evident to her during her experience as NETCHD administrator. Mary said she had worked in tri-county area for twenty-five (25) years and the relationships that you need to have with cities and counties is really important in understanding what those differences are and what is unique about each of them. Mary used the example of the tribes when talking about working together. Even though we don’t have jurisdiction, we need to work with them because if they get measles, that would have impact on our counties as well. She talked about the importance of the administrator taking the time to ensure you have those relationships and that you listen well because it transcends into the work that you do when you have a combined Board. The administrator also needs to pay attention to the relationships between these three (3) counties. Mary has seen some health districts break up and it’s usually not over public health but because the commissioners were upset over some other issue. She noted that she has never observed that here with these three (3) counties, in fact if anything it has grown and strengthened here. They have formed the quad-county, worked together on Martin Hall, and Rural Coalition with the Association of Counties. Mary reiterated that she feels the working relationship has strengthened over the years and having city representation brings a different perspective that can sometimes get missed within the courthouse.

From her position Secretary of Health, when understanding challenges and various issues that we have been faced with such as the Zika virus, H1N1, HIV etc., when you have counties that have working relationships and know that the population travels within the tri-county area, when we get into serious trouble from the State standpoint, the fact that you work together well helps us all. There are thirty-nine (39) counties, but there are thirty-five (35) local health jurisdictions. DOH would pull people together and when you have the smaller counties and you wish you had regions to deal with when you are in emergencies. You try to combine people so that working relationships for preparedness and emergency medical services and those kinds of things you are able to have a good cooperative relationship. She noted that it has been more positive than not and from a management of resources it is much more positive than you could find. You can find fault with how things are managed, but the fact that you are managing the resources over a population that covers a geographical area is much more effective and efficient and often times from the provider of funds (DOH) you get more bang for your buck that way.
FUTURE OF NORTHEAST TRI COUNTY HEALTH DISTRICT: Matt Schanz indicated that following the last Board meeting on May 18, 2016 there has been a collective effort by NETCHD staff to put together a packet of information for the Board to help with the conversation as to what is the best decision of how we provide public health in the three (3) counties. The following information was given to the Board in hopes of providing some context to have this discussion of the future of NETCHD:

Section 1: The original Charter of Northeast Tri County Health District that was created at formation of NETCHD on January 18, 1977. There have been updates over the years that have taken place, and those changes are reflected in the Board of Health minutes.

Section 2: Chapter 70.05 RCW – Local Health Departments, Boards, Officers – Regulations.

Section 3: Chapter 70.46 RCW – Health Districts. This outlines how a district can be created, how they are to function, responsibilities, and how you go about dissolving a district.

Section 4: A summary of the history of how NETCHD has functioned over the years including driving forces that lead to the formation of the District. Matt noted that this is the best history that we could put together. Mary Selecky stated that the history is pretty “spot-on”.

Section 5: The following documents describe how NETCHD has dealt with funding from local dollars for support of public health and how that has changed over the years: the county contribution history, funding public health at NETCHD, 2017 assessment formula. Matt included a description of how the funding formula is currently used. The formula is essentially where it was in 2014 in terms of assessed valuation factors and hasn’t changed for a number of years. He said it is locked in on 67% of the funding formula and in years past that was a full funding formula at 100%. Since 2014, county contributions have remained at 67% of that funding formula.

Section 6: A comprehensive program description/review that provides information on what public health programs we work within, including a list of whether the program is mandated or not, expenditure and revenue, FTE and funding source for each program. Sandy Perkins said some programs have various people doing different pieces and very few have a full FTE. She explained how DOH began the consolidated contract method in the 1980’s that combines all contracts into a large document and helps local health jurisdictions more easily manage multiple contracts.

Matt provided information just received from DOH describing how NETCHD currently receives state funding through consolidated contracts and how that might differ if we split into individual jurisdictions. After funds are subtracted for discontinued programs such as family planning, a net benefit of $13,124 is remaining with the NETCHD format. If the counties separate, the loss would be $13,124, which basically comes out as a wash. You could walk away from $13,124, but there are some scale considerations with small programs that may not be worth continuing with individual counties. Sandy used the example of the vaccinations program where NETCHD ensures that storage, handling, and administration of vaccine is appropriate. Ferry County would receive approximately $1,800 for that work and would likely not be able to do it. Sandy noted that DOH has had to take over the program for the counties that chose to discontinue the program.
Section 7: Matt Schanz provided a list of services that are mandated by law that public health in the State of Washington will do: vital statistics services (birth and death records); communicable disease control, prevention and treatment services; tuberculosis services; sexually transmitted disease services; water, food, vector-borne disease services; food services licensing and inspection services; food worker training and certification programs; solid and hazardous waste services; water recreation inspection services; wastewater treatment and disposal services; land development review services for sewage and water adequacy; school sanitation inspection services; clandestine drug lab response services; general sanitation inspection and control (keeping of animals, dead animal disposal, sanitation of public buildings, etc.); outdoor music festivals health and safety services; camp inspection services (established group camps for recreation, education, religious purposes); public health emergency response and control activities to control illness and disease.

Section 8: A statement of net position describes NETCHD assets and liabilities and what the impacts would be if the counties were to separate.

Section 9: NETCHD financial update as of March 31, 2016; fund balance as of April 30, 2016; budget/expenditure/revenue, FTE and county contribution comparison from 2006 to date.

Section 10: NETCHD organization chart illustrating nineteen (19) FTEs compared to twenty-six (26) FTEs in 1978. Matt said the Health District is down to bare-bone staffing levels of where we can continue function. Dr. Artzis said staffing is beyond bare-bones. Sandy Perkins said at the end of August, she will be the only nurse in Stevens County.

Section 11: Environmental health fee comparisons for onsite sewage systems, food, and water recreation with other local health jurisdictions in eastern Washington and Panhandle Health District in Idaho to see how our fees compare with other local health jurisdictions.

At the last meeting, Wes McCart asked for comments from Board members. The only comments received were from Colville Mayor Lou Janke and a list of positives and issues from Stevens County.

Matt indicated that staff tried to address concerns with the informational packet presented. Matt also provided a comparison of local support dollars with staff and environmental health activities. It is not meant to be a comprehensive chart, but rather to demonstrate how the funds are spread out with staffing and levels of activities in each county. The percentage of local support dollars and the percentage of environmental health staff (average) working in environmental health activities for 2015 are almost exact in each county.
Wes McCart asked for comments or questions from the Board. Karen Skoog said the packets are really nice and have a great deal of information. She suggested possibly having an in-depth discussion with our attorney to explain the RCW’s to make sure we understand where we are and the legal requirements of counties and health districts to provide more of a basis to start. Karen noted that it is imperative that we read through it again. Wes asked if she could be more specific, that her request was pretty general. Karen said what specifically is required by law. Matt Schanz asked Karen if she was referring to the mandated services or function and responsibilities of NETCHD. Steve Parker pulled out the list of mandated services and noted that there are a lot of things on the list. Steve said when you put it together with the budget expenditures, it gives you a pretty good idea of the percentage of impact on staff when talking about FTE versus mandated services. Matt referred the Board to the NETCHD program overview that lists each program, expenditure, revenue, allocated FTE, funding source, if it is mandated and a complete description of each program.

Wes asked if the original NETCHD charter had been amended. Matt said he believes that it was amended to include cities. Wes said this charter allows cities to be part of the Board. Steve said it would be fair to say that it hasn’t been significantly amended. Matt said he doesn’t know of any modifications to the original document in his fifteen (15) years with NETCHD, but perhaps Mary Selecky may have some more perspective. Mary said this document (the NETCHD charter) has not been amended. It outlined the original setup of the structure and follows the RCW. Wes said there are a couple of items that are not being followed. Wes suggested looking carefully at the document at a later date and noting the changes, one of the areas was Article VI – Sessions, Section 1 (c) that states that a July meeting of each year will be devoted to budget. Mary stated that as the Board, the established dates that are in the charter are amended, not through the charter but through the Board meeting minutes. She said NETCHD made budget decisions before the counties budgets were complete and the decision was made by the Board that adopting the budget was to be done by the December meeting. Mary reiterated that even though the charter itself didn’t change, you can go through the history of the meeting minutes to find where it was changed. Wes said if we amend something, it should be changed or attached to the charter.

Mike Blankenship apologized for not being present at the last Board meeting and asked Wes to describe the atmosphere that brought us to having this conversation and asked if it was Board relationships, financial, constituent driven, or simply a need for review, because he has been saying for a long time that a review was needed of how we do business. He asked if any one of those things is driving this more than others because that’s where we should put the focus first. Mike B. went on to say that he isn’t sure that the public has had the opportunity to know why those first things came out. He had a brief conversation from one Board member right before receiving a phone call from a reporter asking what his feelings were on this subject. He reiterated that he doesn’t know where this came from or how it got to where it did and again asked if any one of those things that he mentioned fit as a driver for this meeting.
Steve Parker agrees that we need to go back and refresh on that. Steve said he is happy to say this is not driven by one board of commissioners being mad at the other and looking for retribution and it is not a relational breakdown. Steve believes that everyone works together well across the counties and that has adequately been shown. The easiest way to say it from his perspective only is that it is jurisdictional in nature. Steve said it goes back to his campaign slogan “bring government back home”, the closer you are to the decision making process the better access you have for flexibility and for being able to manage the dynamics. He said it was pointed out and discussed at a previous meeting when the Board had an increase in fees that impacted Stevens County even though both Stevens County Commissioners on the Board voted against that fee increase. Steve said that wasn’t a deal-breaker but it did bring the question to light and it had constituent input. Stevens County residents looked at that very closely, especially those that follow property rights issues. Also simple due diligence at the juncture of having an administrator turn in his resignation and being at a forty (40) year timeframe from the formation. Steve said it felt like it was our job to go back and review the formation to understand how NETCHD was put together, how it is working, what we are doing and do a complete analysis, and see if we are on the right track or are we better served by looking at alternative methods.

Mike Blankenship said he doesn’t have a problem with the review portion and agrees that a lot of commissioner decision making is constituent driven and he is more than willing to step into that review process. He noted that it is nice to know that relationship is still there and he didn’t think it was damaged or was problematic but wanted to make it clear to the public that the relationships are okay. One of the biggest problems or hurdles in all of this is going to be finances. He has concerns over fees and comparisons with other counties and serious concerns about the mandates that we have and the withdrawal of funding. Mike B. distinctly remembers the counties and their health dollars went away when the $30 license fee was approved by voters and immediately it was public health departments that were scrapping shortly after being assigned as one of the Board members at NETCHD and doesn’t feel that has been fixed. A few dollars still trickle down to us in areas but we are not back where we were in the 1990’s in proportion to everything else. We keep raising rates, fees and permits and the constituents are pushing back. His concern is that we have basically taken money that the state had received before and passed it down to us and now we are passing that on to our constituents because the state isn’t putting it where it was supposed to be and that is what is driving his wanting a review.

Mike Manus indicated that this is not just happening with our local health jurisdiction, it is across the board for counties where the state is driving the cost to counties and they are spending their money in other areas. Mike M. and Wes McCart are currently involved in discussions with the main focus on how do we fix that problem and how do we get the state to provide funding. This is just something that is driven all of the way through state government in unfunded mandates. Mike B. stated that in 2000-2001 the state finally realized that taking money away from the counties current expense budgets through taxes as well as health has impact to the counties twice, once in local health jurisdictions and once in the county budget. There was backfill money to keep us alive for a while but even those are drying up today and since 2008 it has been difficult.
Mike Blankenship said the question is how do we provide public health and along with everything else. He believes it is finance that is driving our issues right now more so than relationship or delivery of services. He added that maybe we are delivering services that we don’t have the funds to deliver so that needs to be part of the review. He is a little disappointed to hear about some of the programs that we are discontinuing because they are beneficial, but it sounds like that is what we have to do. Mike B. wanted to make certain this wasn’t a relationship that needed repaired and feels that part of this is constituent driven.

Matt Schanz pointed out that the financial struggle is not unique to NETCHD, there are other LHJs across the state including larger ones that are in the same situation. The 2017 draft Foundational Public Health Services (FPHS) legislative proposal talks about how we address some of the issues that Commissioner Blankenship mentioned such as loss of dedicated dollars and how those have dwindled over the years and trying to reestablish some of that through FPHS. What is it that those state dollars need to be invested in the public health system both at the state level and local level.

Lou Janke feels there is great advantages to continue as a tri-county Board of Health. In regards to the list of positives and issues from Stevens County Commissioners and listening to other people, he thinks this is an opportunity to improve the operation and provide service to the public. He talked about the Board of Health and NETCHD administrator relationship and guidelines that seems to change based on personalities. Once a new administrator is hired, Lou suggests having a working agreement in addition to the job description that clearly outlines what the administrator may do and what requires consulting with the Board. This agreement would help solve some of the issues on the Stevens County list. Most of the administrators seem to be able to have great latitude on their own and maybe not as good of direction as we need. Developing a procedure in certain areas, particularly in financial may also help. Lou thinks we need to work out a solution that makes sense and is fair to everyone and their constituents. Another issue that has been brought up is city participation on the Board. He represents five (5) other cities/towns in Stevens County and feels that the counties have the lead on this by RCW. He thinks the cities have an important role and to not have the cities on the Board would be a mistake. Lou found it interesting and surprising in the list of positives and issues that there wasn’t much or any discussion on specific programs which reinforced his view that this has much to do with how the Board deals with the administrator. Many things need to be reviewed and he suggested forming a task force made up of one city representative, one commissioner from each county, NETCHD management team, and a knowledgeable member of the public. Steve Parker agrees with Lou and also something that Mary Selecky brought up, especially in epidemiology that the cities are an important part because they are very different in terms of the way outbreaks would react in more confined areas versus in the rural areas. That communication piece is very important to be able to have that interaction going on. Services weren’t so much questioned but he does believe that part of this process needs to be an analysis of all of the things that NETCHD does. Steve feels that has been done internally for some time. The first thing that needs determined is if we are functioning properly on the mandated services, are we able to focus as much time as need be on those and not letting them suffer because of other things that we might be doing. Anc again, he thinks good information has been given to help ask those questions.
Steve Parker said it would help if there was more clarity on where the state is going. With all of the movement going on with them makes it more difficult. Obviously we don’t have the time to wait for that so we just have to look back and let history be our teacher. There are changes being made and some of that is in prioritization, some in funding and some in proposed organizational structures. Sometimes they do a good job and sometimes they create additional problems for us. We need to be able to track and help guide where things are going so they don’t give us more issues to deal with.

Karen Skoog said when the administrator made a career move it opened up an opportunity for us to have a review and sees it as a good thing. As she was trying to say earlier, really the buck stops with commissioners and the counties in making decisions and we know there are obligations to do the things required by law. Commissioners meet with their own departments heads on a regular basis, and it is easy to feel not as connected to the administrator, especially in another county. It isn’t easy to even have a monthly meeting and that is what causes a little bit of disconnection. Karen said we have a stellar staff at NETCHD and there is no doubt that we are really lucky to have all of you who have been “running the show”. This is a really good time to get connected to what our financial and legal obligations are, how best to feel a bit more connected as a tri-county group and feel like we know what is going on without micromanaging because nobody wants to do that. Karen knows there are many resolutions that have been done in the past and some that these Board members have done, such as the resolution regarding fee recovery policy. It would be a lot of work to get together but it would be necessary to really know what our rules are. That is something that a lot of counties suffer from too because they don’t have a code system of ordinances which makes it very hard to follow what your actual guidelines are. Karen sees this as something we could look at as far as goals for improving connection over time.

Mike Blankenship wanted to talk about Steve’s comments about state mandates. When we look at those mandates as a Board and staff, we need to assess whether we are doing more than the state expects of us, therefore it costs us more and therefore we have to charge more. Can we do a lesser degree of what we do and therefore we don’t have the staff spending that much time, therefore we can reduce our costs. We have always strived to do the best we can for the community and sometimes if you are not funded for it, you just can’t do it, and sometimes the best of what you do for your community is what costs the least and saving their money. When we begin examining those mandates, we need to see if we are going way beyond the intent or are we actually doing more than we have to.

Dr. Artzis said we have actually had those conversations at the Board level but when we talked about vaccinations, we talked that whole thing through including cost, what is the benefit, who is going to provide the services, are we duplicating services, etc. In family planning we looked at that for a long time and came to the decision we did with the Board and everyone had their input. We have had these conversations and we do bring these to the Board. The manner in which we present that may need to be improved.
Dr. Arzis agrees that the relationship with a new administrator is very important and it is good to have certain expectations. He feels that we kind of “shot Dave Windom in the foot” so to speak. The Board asked him to go to the state level and be our representative and our voice which resulted in him not being home as much as he probably should have been and kind of shame on us for that. We thought we were doing the right thing at that time but knowing what we know now, better communication is the most important thing. We have been doing all of these things that you are talking about, though we just haven’t been formally calling it that and maybe it needs to be done in a structured format.

Alison McGrane commented on the practical piece of all of this. You have an organization that has been functioning and has been intertwined for almost forty (40) years. She agrees that it is good to always have discussions but feels that a decision needs to be made as to whether you are or aren’t going to do this. Alison feels that being indecisive for very long and leaving staff wondering if they might lose their job, and Ferry Pend Oreille and Stevens Counties have employment issues anyways, you may have a difficult time replacing staff. She noted that right now NETCHD has only one nurse in Stevens County and there are probably lots of nurses in the area that would probably not be looking at NETCHD for a job. Alison urged the Board to look at this for what it is and from a practical standpoint that it is probably very financially driven as there weren’t these problems when there was plenty of money. Money issues are everywhere, not just our district. She went on to say that regarding efficiencies in the three (3) counties, she is the attorney that covers three (3) counties, and same for Dr. Arzis. If each county had to have their own attorney and health officer, you are going to have more problems but now you are each paying an attorney and a health officer. Alison asked the Board to also realize that under the mandates you have to fund this. She totally agrees with Steve Parker about keeping government close to home, but you are probably doing that the best way you can having it close to the three (3) county home for the sheer fact that if a county withdraws, you have to immediately have your own public health department and a health officer. The financial efficiencies that you are already intertwined in are going to be a nightmare because in these forty (40) years together there are buildings, vehicles, many legal things to consider. Her worry for everyone is if we get so into wanting local control, you could create a vacuum and what happens when you create a vacuum, now DOH comes in. Similar to an earlier comment regarding if NETCHD doesn’t do vaccine program, DOH will come in and do them for us and could charge us. We already have something that works pretty well, it doesn’t work perfectly with some financial issues but the financial issues are everywhere in the state. Some counties have solved that by people paying more and some don’t like that. You can always look for financial efficiencies but if you break apart and create a vacuum, you may deal with DOH. She reiterated that she wants everyone to be aware of the legalities of getting out of a forty (40) year health district. That kind of dissolution includes the selling of the property such as vehicles, contracts, retirement plans, and all of the other things are not to be taken lightly obviously. She encouraged this Board to quickly make a decision. We have good working relationships with good things that we see from everybody and to then decide that we are going to take what we have and make it stronger and make it better so that these other things don’t keep coming up. The more you have this uncertainty the worse off you are going to be with trying to keep your professionals in the (3) counties that allow you these efficiencies.
Lou Janke agreed completely with Alison and said if there is one decision that is made today, he feels that it is important to be able to put the staff and public at ease. He would like us to continue with the three (3) counties and reaffirm that decision today and take a look at our needs, our issues and work together to solve them and make us stronger. Lou thinks if we defer and let this simmer any longer, it will be a detriment to the department, the staff and the public and will put us in a poor position to get a new administrator in a timely manner.

Steve Parker agrees with Dr. Artzis that we have been sweeping through doing some of these things and with what Mike Blankenship was talking about, maybe doing a second sweep. Dr. Artzis said it sounded like you felt that we were just making decisions and showing up and telling you and that is definitely not what is happening here.

Steve said he agreed and was hearing that a little differently. Steve said he really heard what Alison is saying and making some good points. He wanted to say for the record honestly, that forty (40) years financially can be complex as far as properties, etc. On the scale of where that fits, it is not the first thing that we need to do. The first thing to look at is are our programs correct, are we doing things the right way and that complex relationship that needs to be considered. The biggest thing that he agrees with is staffing and the uncertainty are issues that we need to always have brought to our awareness. The question that Lou brought up, is there an urgency that we need to make a statement today to give that certainty, he does not believe that is necessary. Steve thinks that if we make the statement that we will be diligent and will do our very best to not misstep, that would be adequate for the public. He went on to say that mature people can understand that there is a need to take our time to do this to make sure that everyone is certain about what they are doing and not react out of feeling like it is urgent.

Mike Blankenship said he is going to differ with Steve Parker. Mike B. said he would hate to be a NETCHD employee right now with the understanding that the job may or may not be there tomorrow. He would like this Board to make some kind of a commitment today that NETCHD staff can look forward and bank on employment. He hasn’t had an employee contact him, but he did reach out to a couple and got a sense without a direct response that there is concern about supporting their families and he doesn’t think anybody should be left in that position. He feels that this Board needs to take some kind of reaction today understanding that whatever we should or would decide today could be changed in the future just as we are sitting here forty (40) years after the initial fact. At the very least an intent to move forward and make it a better place by this Board would at least take some of that concern away from staff and potential employees of this area. There is no way, at least from his perspective, that you are going to get a good candidate for administrator if NETCHD is in limbo. If we are even going to advertise for that position, we have to first say we are going to be here. He added that nobody that he would want to hire would probably not even look at the position if they didn’t know that NETCHD is going to be here in the future. The water may be rocky right now but he thinks we are a good solid ship and we can get through this and that’s the message we need to send forward. He doesn’t consider this being a knee jerk reaction, he does consider it that we have to do this.
Mike Manus said Pend Oreille County actually looked at this and feel like that they could make it work if NETCHD did break up. He does not want the organization to break up because he thinks it works well. Mike M. feels that the board needs to do a better job of trusting our professionals that are doing the work for us because we have an incredible team at NETCHD. When he served as Board Chair last year he was able to work with staff a lot closer as Wes is doing this year. Mike M. thinks that it needs to be looked at from that perspective and that sometimes we have or have had a tendency to micromanage some really quality people that don’t need to be micromanaged. He indicated that the role of a Board member is to give direction and allow staff to do their jobs and right now they can’t do their jobs effectively because we are giving them a hell of a lot of work to do (which is good information). He feels that we need to make a decision today and agrees with Mike B. and are we going to stay as NETCHD or are we going to look at how and when we are going to dissolve. He feels that we owe it to the NETCHD staff to make that decision and be firm in that decision that we are going to stay the course.

Daniel Hay moved and Mike Blankenship seconded the motion to continue as a three (3) county health district as Northeast Tri County Health District to include Ferry, Pend Oreille and Stevens Counties as it has been operating, that we continue to review as needed and if there are problems that arise seek them out, evaluate and correct them and then let’s get back to doing what Northeast Tri County Health District is supposed to be doing.

Karen Skoog wanted to talk more about the idea Lou Janke had about having some kind of task force even though this is not part of the motion. This may be a legal question, but how does a Board work and would that be applicable. Is that something we could consider, knowing that we have struggled even with those quarterly meetings. Karen said she is in favor of this motion. Wes McCart said under a committee structure we could. It is not part of the motion, but it could be amended or a separate motion could be done. Wes asked for any other discussion from the Board.

Dr. Artzis wanted to make sure he understood the motion correctly. NETCHD will continue to function as it has been with the understanding that there are some governance issues that we need to work out and we will look at programs which we do already, but will do so more formally now. Dr. Artzis asked Daniel Hay if that was a la correct. Daniel said yes that is correct.

Wes McCart asked for public comment before the motion is voted on. He asked that comments be two (2) minutes or less and on this subject only. There will be time later on for another subject.

Ferry County Commissioner Nathan Davis said he is not on the Board of Health and can’t speak for Brad Miller but in conversations he has had with Brad, he is in support of NETCHD and is willing to look at problems and figure out a solution. Nathan appreciated the very thorough packet of information put together by NETCHD staff. His thought on efficiency is that it makes sense to be a tri-county agency. He realizes there are also other issues and is willing to address those and work towards a solution. Nathan indicated that he is in favor of maintaining what we have, because honestly, Ferry County on its own would have a very tough time. Ferry County has already transferred Ferry County Connections to Rural Resources due to lack of staffing and lack of qualified people. They just wanted it to function and serve its purpose and had trouble doing that as a county. He said Ferry County is financially very strapped and that is not going to get better in the short term.
Matt Schanz added that when it does come to a vote, Ferry County Commissioner Brad Miller did indicate his willingness to be available by cell phone to cast a vote should that be necessary.

Dr. Leslie Waters is a physician in Colville and runs the rural track residency program that is a training for rural doctors. She is pleased to hear thoughtful conversations taking place about this subject. She talked about the many challenges facing public health such as poverty, oral health, reduced longevity in our counties versus other counties that are more wealthy, lead poisoning and other environmental exposures, epidemic of drug addiction in our county, potential for HIV epidemic, maternal health, child health, child development, immunizations, and all of these things are very critical. Our three (3) counties are the poorest in the state. She is supporting the need to maintain NETCHD. Dr. Waters knows that it may change due to a move for public health to move towards being more of a strategizer versus a provider of services. Also having the infrastructure of people that are trained and who may be doing a few other services but if something comes up, like a measles epidemic or something that needs to be responded to like training for Ebola, there needs to be people in place who know what they are doing and who know the community. If the Board dissolves NETCHD, it is gone and you start from scratch and you may not be able to respond to an emergency. If public health doesn’t do it, who is going to do it. It is not going to be doctors in clinics because they are understaffed in terms of physicians and doctors in hospitals and they lean towards individuals, not communities. She thinks the task force is a great opportunity to rethink the future and work to improve the health of our communities while doing it efficiently, and figure out what things to continue doing and how to do them better. Dr. Waters said there is a lot of anxiety and applauds the Board for taking action today.

Bruce Perkins is a Chewelah resident with nearly forty (40) years of experience in public health for Benton Franklin Health District (BFHD). During that time, no less than ten (10) times was there a proposal to split up BFHD and generally because one of the counties wanted to have control or because of money. One county felt it was costing too much money and didn’t think the other county was paying their fair share. Every time this happened, after calculations were done, it was determined that they were actually paying less money than what they should have and they also found that if they were to split off and develop their own health department it would cost them 40-70% more. Bruce said he is really amazed that NETCHD can function with the minimum number of staff they do now because there are a lot of things that are critical in public health in the tri-counties and he doesn’t think there are enough staff now to handle the demands. If there was a public health emergency, he doesn’t see any way that NETCHD could handle it without getting outside help. If you had three (3) separate county health departments you would be in a world of hurt because there would be nothing that could happen and you would have to have the state or federal government come in and it wouldn’t go well because they don’t have the local information and resources necessary to handle those kinds of situations.
Carolyn Sola is the Director of Eastern Washington University (EWU) Early Head Start (EHS) program. EWU EHS does home visiting in the tri-counties for pregnant women, infants and toddlers and have been doing that since 1992. Their service area is the tri-counties and have had situations over time where they held contracts with NETCHD. She is reminded of a pertussis outbreak and EWU EHS had a child with pertussis in the Onion Creek area and in the same outbreak in Newport. EWU EHS staff were exposed and they travel in all in of the tri-counties including Spokane. During that outbreak, EWU EHS relied on NETCHD and Joanie Christian who was the community health director at the time. Joanie worked with EWU EHS and helped us develop the policies to communicate which was a twenty-four (24) hour-a-day job of constantly working together for several weeks. Carolyn noted that if EWU EHS would have had to work with different nurses in different counties, it would have been very difficult. She talked about the difficulty in finding nurses to fill part time positions and also in retaining them for a long time. NETCHD has long term staff such as Judy Hutton and that is a tremendous asset. If you want local, you’ve got deep and local right here. Judy knows the people and she knows the roads. EWU EHS families don’t know the boundaries between the three (3) counties. The families are very transient between the tri-counties and even though there is a lot of families in poverty and they are moving around. She added that we really are a unit and we function well as a unit. We are efficient as a unit and I really applaud the effort to try to make the efficiencies of NETCHD continue to work.

Melissa Rose has lived in the Ferry County area for twenty-five (25) years and has done a lot of community organizing and currently serves as the consumer representative for the local Emergency Medical Services (EMS) district board. She is speaking as a citizen and would submit that she agrees with the comments made that if you want local government/governance for this discussion, you already have the best structure to do that because you have strong representation from all of the tri-counties and with the comments about NETCHD staff, you are more prepared to meet the needs and also far more prepared to approach Olympia to talk about funding and other issues as a larger unit. You have really formed a much stronger bond for the local governance and the local oversight. She said in addition to the employment issues that Mike Blankenship and others talked about, there are a lot of folks in the community including resort owners, restaurant owners, business owners, etc. that are very concerned about this situation. Melissa applauds the Board for having this discussion and voting soon because the sooner you can make the decision to stay together and figure out how you can best do your jobs to move forward the sooner everything will all settle down which needs to happen. For Ferry County with Kinross leaving and with all the other economic issues that they have, she applauds the Board for going forward on that and she hopes the structure can be made stronger and finds the areas in each individual county where you need to have the strong representation to make sure each county gets what it needs.
Madeline Perry is a resident of Ferry County and has worked as a public health nurse on both sides of the divide between individual county and tri-county. Everything she knows about nursing is probably thirty (30) years out of date but she would like to enlarge a little bit on Mary Selecky's historical perspective. She said communicable diseases are about the second scariest part of this right after finances. The situation with communicable diseases were very different in the 1970's when the talk first began in forming NETCHD. Giardia had just arrived in this area, bubonic plague had not moved very far out of California, nobody in this area knew anything about HIV/AIDS, there was no West Nile virus in this area, we hadn't heard of it anywhere else, there was no hantavirus. If you contrast it with today, all of those things exist in Washington State and the situation for transmission is getting a lot more complicated. It was more difficult in the 1970's to pick up something out of the country and bring it home to Ferry County before its incubation period had run out. Environments that harbor insects, vectors, and rodent vectors are changing. Some diseases like bubonic plague are picking up new hosts. The situation is getting a lot more complicated and now is not the time to go back to the 1970's. She feels that we need to keep NETCHD and not go back to what we had before.

Bill Pifer lives in Colville but has been a resident of Stevens County for almost fifty (50) years. He had a number of concerns, one of which is simply the cost of running the operation. He noticed in a newspaper article that staff had reduced to twenty (20) from a high of forty-four (44) in 1995. If NETCHD broke up and with individual counties that have already mentioned financial difficulties as far as being able to meet the state mandated responsibilities, he thinks that would make the burden even more. He talked about a comment made a few minutes ago that they don’t see how NETCHD staff do their work with nineteen (19) or twenty (20) staff, and that is really significant. Something in an article that Mary Selecky mentioned was that NETCHD has much more capability of getting grants and help than if they were individual counties and that is also very important. In a recent Spokesman Review article about life expectancy had these three (3) counties with a low life expectancy compared to all of the counties around, even though those other counties are also rural. One of the key reason they emphasized was that it had to do with low income and underserved uninsured individuals. And to disassemble this organization and put it on individual counties seems to be really impractical, and in terms of it is almost like going back to the technologies of the 1970's. Bill said the issue of local control comes to mind and sounds good in terms of a phrase, but worries him because the more local you get the more important individual points of view are. Colville has a particle matter (PM10) issue and PM10 was described by a county official as simply “hanky stuff that got caught in your nose”. PM10 is actually breathed deeply into the lungs. Bill apologized for the emotion while he is speaking, but his wife died of acute respiratory distress syndrome (ARDS) just seven (7) months ago. She was a longtime resident of Colville and knowing that PM10 is a significant issue in Colville, even though a local official seemed to think that it was only “hanky stuff”. He went on to say that if we go to local officials that have significant influences like that and they make “good decisions”, and he says good decisions in quotation marks, he is worried about that and would like a broader perspective. As he listens to the many different points of view at this table, he feels that making it too local is dangerous in terms of leaving people who are vulnerable to be underserved.
Bob Eugene is a citizen of Pend Oreille County and urged the Board to vote in favor of the motion. The following are three (3) very positives that he sees for good government that is included in the motion: an effectiveness to make sure you are doing the right thing, he sees this as being efficient and was reflected in Mary Selecky’s and others comments that the three (3) counties can be served much better in one cohesive group than can be done separately; it is much more efficient to have one set of administrators managing grants and programs etc.; it is economically sound and you are getting the most bang for your buck and are more apt to receive grants etc. by having a larger size of area and population.

Aaron Edwards is the Chief Executive Officer for Ferry County Public Hospital District #1. Aaron told the Board as they are making their decision that they cannot overestimate the difficulty in finding staff. If NETCHD is looking to break up and you want to find a nurse or a physician for each county, be prepared because it is possible that you may not find one for quite a while, let alone the cost. He realizes that the Board has a difficult decision to make, but noted that from the perspective of long term this problem gets worse. All of the estimates say it is going to be harder to find a nurse and harder to find a physician for quite some time. We don’t see that getting much better.

Wes McCart asked for any further discussion. Wes talked about the difficulty in being a Board member and realizes that sometimes what might happen looks awful, but you have to have the discussions in public so citizens are informed. Sometimes it is a bit uncertain as to what is going to happen and that all has to be out in the open. There are good and bad points to that. For those of you that have some anxiety over this please note that all of the members of the Board probably have had a lot of anxiety and have thought about this for a long time. It was not brought up lightly.

Wes called for a vote on the following motion: Daniel Hay moved and Mike Blankenship seconded the motion to continue a three (3) county structure as Northeast Tri County Health District to include Ferry, Pend Oreille and Stevens Counties as it has been operating, that we continue to review as needed and if there are problems that arise seek them out, evaluate and correct them and then let’s get back to doing what Northeast Tri County Health District is supposed to be doing. Motion carried unanimously.

There was brief discussion on Lou Janke’s idea for a task force.

Lou Janke moved and Karen Skoog seconded the motion to form a task force to address the current issues that have been discussed and listed and as well as programs and procedures. The task force will include one (1) commissioner from each county, one (1) city representative, Northeast Tri County Health District Management Team (health officer, administrator, community health director, environmental health director). Board Chair Wes McCart will assign people to fill the roles. Motion carried.

Bruce Perkins asked if there was thought about putting members of the public on the task force as they have great impact and probably have information and knowledge to be shared.

Lou Janke moved and Karen Skoog seconded the motion to have one (1) representative of the public serve on the task force. Lou Janke knows of a public person that would be knowledgeable in public health services and has a lot of local history. Motion carried.
Steve Parker noted that we have accomplished a very thorough discussion and appreciates the quality input from the public.

Mike Blankenship asked Matt Schanz and Kelly LeCaire if there was a time that the NETCHD Board met monthly. Kelly said in her almost twenty-seven (27) years, the Board used to meet five (5) times per year in January, April, July, October, and November or December. During the time that Carol Villiers was administrator, the last meeting of the year was discontinued. This Board changed to meet every other month, January, March, May, July, September and November. Mike B. said he isn’t very supportive of a monthly meeting because it just adds one more meeting and adds to staff workload. Matt Schanz said this gets back to what Karen Skoog was talking about finding ways to balance out some of those conversations at a local county level. Matt referenced some things that Mary Selecky did while administrator such as to go out and visit with individual county boards and talk about what is working and asking what they would like to talk about and then further those conversations holistically as a group at the next Boarc meeting. Matt feels that some of those things that you can do just through exercising good boardsmanship at the administrator level. Wes McCart asked Matt to hold that thought for the task force, as he is assigned.

**STRATEGIC PLAN:** As Board Chairman, Wes concurred with Dr. Artzis and staff and felt that it was important that the Board adopt the strategic plan.

Mike Manus moved and Lou Janke seconded the motion to approve Resolution 07-2016: Adopting Northeast Tri County Health District 2016-2018 Strategic Plan.

Lou thinks the strategic plan can go a long way to solving some of the issues if we actually do what is in the plan. He thinks three (3) years is a pretty short period for a strategic plan and proposed making this a five (5) year plan. Wes said the reason the plan has been shortened to three (3) years is due to the changes that are happening drastically at the state level. It was felt that if we kept the timeframe shorter we would be looking at it sooner when those foundational pieces came up at the state level.

Mike M. concurred with Wes that three (3) years is the right length at this point, since we don't know what health care is going to look like in five (5) years, if you extend the strategic plan length you would have to change it. Matt agreed and said there has been this transition even amongst other organizations such as environmental public health directors around the state used to have a five (5) year strategic plan and have condensed that to a three (3) year strategic plan. The Washington State Association of Local Public Health Officials (WSALPHO) went through that similar iteration due to the dynamic time period right now.

Motion carried.

**NEWPORT BUILDING UPDATE:** Matt said this is a follow up to the conversation at the last Board meeting and wanted to provide an opportunity to see if there were any updates with the lease discussions. Mike M. said there are no updates with everything up in the air but would be willing to speak to Leo Robison before the next meeting. Wes said yes, that was the intent, unless there is an objection from the Board we will so instruct you to go back to Leo.
GROUP B UPDATE: Wes McCart said the quad-county commissioners (Ferry, Okanogan, Pend Oreille, Stevens) met with DOH on the Group B issue. The consensus at the meeting was that we should go back and work with DOH to figure out the details. It sounds like DOH has put something together to solve the issues that were out there for quite some time. Wes is glad to see that we are moving in a positive direction. Matt Schanz asked the Board if they would like a sub group to approach DOH or would they like Matt to invite DOH to the next Board meeting. Wes said if there is no objection from the Board, the same members that are on the task force can help you with DOH on that issue. The Board concurred.

FOUNDATIONAL PUBLIC HEALTH SERVICES: Sandy Perkins talked about the foundational public health services (FPHS) 2017 draft legislative proposal summary. The Washington State Association of Local Public Health Officials (WSALPHO) and DOH are working together in hopes of funding the FPHS at the local level. Those FPHS include: control of communicable disease and other notifiable conditions; chronic disease and injury prevention; environmental public health; maternal/child/family health; access/linkage with medical, oral, and behavioral health care services; vital records. The state will be funding those activities should the legislative proposal be successful. They feel that the budgetary proposal being worked on at this time is a really solid proposal of programs. Sandy urged Board members to talk to legislators. Mike Manus said our former administrator Dave Windom was deeply involved in helping prepare the proposal. Sandy said yes there are several committees at various levels. Dave was on one of the committees and she isn’t sure if he is continuing that as part of Mason County or not.

PUBLIC COMMENT: Mary Selecky thinks a statement on record needs to be made regarding what is happening with family planning, where services will be provided, etc. Family planning is really important for there to be a presence for young people, people with no insurance (there are still a lot of people with no insurance) can get that advice and access to other levels of service. Sandy said through the Affordable Care Act, people are able to have insurance that have never had it before and are eligible for expanded Medicaid. Many of them have their private health care provider that they see for gynecology care, obstetrics care, respiratory illness care etc., so they can choose to see those providers. At this point in time, NEW Heath Programs (NEWHPs) has a family planning program in all of their clinic locations and will be providing Title X services to include a sliding fee schedule down to zero for those clients that are eligible just like NETCHD does. Sandy said we have had clients tell us they don’t need to come to NETCHD any longer because they have medical coverage for everything and can see their doctor for family planning now. We will be assisting clients with the transition to a provider along with their medical records etc. Family planning at NETCHD has had a very long history and yes, it is a hard change to make. When NETCHD had nurse practitioners on staff, it was very easy to staff those clinics. There is currently a competitive application for Title X dollars that is due at the end of this month. Sandy said NEWHP is applying for that and possibly Newport. The competitive application now would have increased our costs even more to continue doing the family planning program as we are doing it at NETCHD. Even though we have electronic medical records, the requirements for them have increased as far as sending prescriptions and interoperability with laboratories and other providers, the need to have contracts with private providers for referral was highly increased as well as requirements to have contracts with as many insurance companies as possible.
Mary Selecky asked about NEWHP clinic locations. Sandy Perkins said NEWHP has a clinic in Chewelah, Colville, Selkirk/Ione, Lake Spokane/Nine Mile, Loon Lake, Northport, Kettle River/Orient, and Springdale. Mary asked about Republic. Sandy said Orient is the closest location to Republic and added that the number of clients in the NETCHD Republic office are very small. Mike Manus said he does not think the Newport Hospital & Health Services (NHHS) is applying for the Title X grant. NHHS is taking on that responsibility and have already been doing it for the most part and they also operate on a sliding fee scale. Wes McCart said there have been newspaper articles from NEWHP regarding family planning. Wes and Sandy had a conversation about that and are hoping to work with NEWHP to get the word out in a more coordinated effort. That will be forthcoming. Sandy said that all of our clients that have come to one of our clinics in the last two (2) years are receiving a letter about the clinic closing along with every phone number of every provider possibility in the three (3) county area. Mike M. noted that NHHS has talked to Jan Steinbach about getting her services to do the education piece on the family planning and have a separate contract with her.

CHAIRMAN REPORT: Wes said with the absence of an administrator, he has been meeting with the environmental health director, community health director and health officer every other week to help put together this information packet and to lend some assistance while we don’t have an administrator. Wes said it has been working really well and he knows that everyone is working really hard and he appreciates that.

BOARD OF HEALTH MEMBERS REPORTS: There were no reports.

HEALTH OFFICER REPORT: Dr. Artzis said the tri-county group effort went into action just a week ago with a bat bite on a child in Curlew. The bat was sent in to the lab and came back rabid. We are five (5) days into this and the mother obviously very upset called Matt who was out of town, Matt called Dr. Artzis to get things started. The child needed immune globulin and rabies vaccinations, which sounds like it would be pretty easy to do to have those things in a hospital. Because they don’t get used enough, they are very expensive and are not stocked. After several phone calls to hospitals and pharmacies to locate the vaccine, Dr. Artzis had pharmacists make an infusion plan so that the child could get the first shots at Providence Holy Family Hospital, which wasn’t convenient but it was done. By the next morning a separate infusion plan was in place in Republic so they could order what was needed. A nurse actually went to their home in Curlew and administered the next three (3) doses. If we had three (3) separate counties with three (3) separate health officers, not only would it be inefficient but there could be difficulty in getting ahold of them because they are all part time and have busy schedules etc. We have made it part of what we do to be available and just knowing who to call and how to get things done would have been a nightmare for this child and mom who was completely and understandably upset. The efficiency of having the three (3) counties and knowing who to call, knowing how it works, being able to cover each other, and being able to get done what needs to be done, that the biggest part is taking care of the patient, and all of that was able to be done within one (1) hour.
COMMUNITY HEALTH REPORT: Sandy Perkins noted that there was a little bit of a bone of contention with some of the Board about the marijuana youth prevention program. Angie Jones has been hired as the health educator to implement the activities of the youth marijuana prevention/tobacco use prevention grant. Angie worked for NETCHD previously and her familiarity with the area will be of great value as the work on the grant progresses. The Board was given information on the Washington Legalization and Regulation, Initiative 502 that passed in November 2012. The proposed measure legalized the production, possession, delivery and distribution of marijuana. Recreational marijuana sales began July 8, 2014. An article came out in the Statesman Examiner about Initiative 502 and the law, explaining many things that many people don’t understand the law regarding selling marijuana. Another article was about marijuana edibles and things you should know. The idea of the program is to keep youth from starting to use marijuana because the brain continues to develop and is developing and generating synapse connections until you are about twenty-six (26) years old and guys take a little longer. The use of marijuana does have effects on developing brain which is why it is important that kids don’t begin using marijuana too soon. It is legal for those twenty-one (21) and over to buy it. There are parents who use marijuana that are allowing their kids to use it also. The goal of our education campaign is to educate not only kids about the harms of marijuana but also adults around them. An example of shared services is the posters we have are courtesy of the main contractor, Spokane Regional Health District (SRHD) who have many more resources. The slogan ‘Need to Know’ that looks like ‘Weed to Know’ is one of the poster phrases. It is emphasized that the age for individuals to possess recreational marijuana is twenty-one (21) years of age or older as many assume that the age is eighteen (18). Another part of the law that is commonly ignored is it is illegal to open or use any form of marijuana in view of the general public. Angie is working on connecting with the current substance abuse coalitions across the three (3) counties and working on public relations kinds of activities. You will be seeing ‘listen to your selfie’ which is a statewide program teaching kids about marijuana. Angie will use all of those things as she educates youth where they gather such as football games etc.

The community health report submitted included information about Sandy’s involvement in the Population Health Community Action Committee for the Better Health Together Accountable Communities of Health region. The committee is working to develop a strategy for investing in “upstream” strategies to improve health on a population level. Sandy also attended the Public Health 3.0 meeting in Spokane where public health leaders from around the state met with representatives from the United States Department of Health and Human Services to discuss and provide input into the future of public health, local, state and federal examining topics to include: data, analytics and metrics; flexible and sustainable funding; workforce and leadership; essential public health infrastructure; strategic partnerships.
ADMINISTRATION REPORT: Wes McCart asked if Dale House had anything to add. Dale said this conversation could have happened probably eight (8) years ago with the financial struggles etc. The Board has had the foresight and we have been blessed to have a pretty good fund balance and that’s what has kept us afloat and he thanked the Board for that. NETCHD has a couple more years to really search out funding.

Matt Schanz added that this has definitely been a work amongst the staff as a whole. Matt completely and whole heartedly appreciates the people that he works with, Sandy Perkins, Dale and the administrative staff. He reiterated that the information put together was most definitely a group effort. Matt appreciates Wes’s involvement at every other week meetings which really was instrumental in giving us that direction. The current situation is not sustainable, but we are making that work from a shared administrator duty standpoint. One of the big questions as we move forward is what do we do with that administrative position in terms of a budget/fiscal standpoint. The Budget Committee has met once and drafted out somewhat of a direction of where to go as we prepare for the 2017 budget.

Sandy asked for direction on whether to replace a nurse in the Colville office. Matt indicated that a public health nurse in Stevens County turned in her resignation two (2) weeks ago. Wes asked if this was a void that really can’t be filled within. Dr. Artzis said Sandy is retiring soon and we really need to fill that position. Wes asked if there was any objection from the Board to fill that position. Dr. Artzis said and we need to be proactive about it for exactly what Aaron Edwards spoke about earlier regarding recruitment of nurses. Public health nursing wages are low compared to private practices and hospitals, so it may take a while to happen. We need to make a move and do this right away. Steve Parker clarified that we are filling an existing position. He asked just for curiosity if the reason the nurse was leaving was to transition to the private sector. Sandy said yes, higher pay at a hospital was one reason and a little bit from the instability that was being felt about NETCHD. Mike Blankenship said he assumes there is money in the budget for the position. Sandy said yes, this is simply filling an existing position.

Mike Blankenship moved and Mike Manus seconded the motion to fill the vacated position of public health nurse in the Northeast Tri County Health District Colville office. Motion carried.

Dale said the task force does need to look at different programs. He said currently yes, there are funds in the budget, but if you look at the long term to get through until or if the state comes up with some money to fund foundational pieces, we need to figure out if we are going to survive the next couple of years. Steve said if Sandy is going to retire, and it’s already an existing position, we need to fill the position so that Sandy can begin the training process. Wes said we have approved it because no one objected.
Wes McCart reminded everyone that we already have approval from this Board to hire an administrator. It wasn’t the intention of us not to hire an administrator. Wes said Dr. Artzis, Matt and Sandy didn’t feel that the initial applicant pool that was received was broad enough to actually get what we would consider a good applicant pool. Now that this decision has been made to continue as NETCHD, we will go ahead and re-advertise the administrator position and move forward in hopes of getting a more robust applicant pool. Members of the Personnel Committee will be involved in the interview process. Matt Schanz talked how expensive it is to re-advertise in newspapers. Since the ads have already appeared in newspapers, he suggested advertising through WSALPHO and other public health list serves rather than re-advertising through local newspapers. Wes agreed that was a good idea to save money and if don’t have applicants coming in like we had anticipated, then we can take the next step. Karen Skoog asked if we were working with Stevens County human resources for some of those other connections. Wes said Matt has those connections. Matt said we can absolutely get the word out for certain.

Matt said information was sent to Board members on how to get the large attachments through an electronic portal. Many times when we send out emails to Board members with large attachments, they bounce back and you don’t receive those attachments. We will continue to work through that process to get a good portal so you can have links to get that electronic information and it will be archived as well. That is definitely something that we are working towards. Matt said we won’t replace mailing out correspondence to the Board unless we know that the system in place is working well and everyone is comfortable with it. Karen said Pend Oreille County I.T. sent an email to Kelly LeCaire with a link for her to upload the attachments. It worked really well and was super quick and kudos to Kelly for getting that information on the link.

ENVIRONMENTAL HEALTH REPORT: The environmental health report submitted included information about the Valley School environmental exposure investigation. As a follow up to past Board discussion regarding Valley School District and Lane Mountain Silica, on June 29, 2016 the Agency for Toxic Substances and Disease Registry (ATSDR) and DOH hosted an open house to inform the community about the upcoming environmental exposure investigation as part of an on-going communication and outreach plan.

Staff at NETCHD have been working to increase our efforts on education and information sharing. This has included recent efforts to advertise in local newspapers and updating information on our website. Recent education efforts have included dog bite prevention, food safety while camping, and what not to burn in barrels and campfires. Administrative staff developed processes that link information posted on our website with the Health District’s Facebook and Twitter pages.

Through a sponsorship from the National Environmental Health Association, NETCHD has a summer intern. Maria Schneider is a master’s student from Finley, Ohio and will be assisting the environmental health division for ten (10) weeks during the summer. Along with learning and assisting with programs, Maria will be working on a uranium project in our three (3) county area.
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During the summer months, environmental health staff respond to increased reports of exposures to bats and other animals that bite humans. Considerable staff time has been spent responding to these incidents which include a recent rabid bat found in Curlew where there was human and other animal exposure. During the week of July 4, 2016 five (5) individuals were being treated with rabies post exposure prophylactic medication.

NETCHD staff have been working with county solid waste representatives and consultants on an effort to end post closure care on landfills that closed in the early 1990’s. Ending post closure care requires verification of settlement stability, limited amounts of methane gas production, and demonstration of compliance with water quality monitoring without exceedances. This would affect Deer Valley and lone landfills (Pend Oreille), Torboy (Ferry) and the Kettle Falls Closed Cell (Stevens). We have been lending out our methane gas monitor to counties to help with this demonstration.

Through the first half of 2016, on-site sewage permit applications are above the previous three (3) year averages, most notably in Stevens County with 180.

PAYROLL AND VOUCHERS: Attached to these minutes are benefits and payroll amounts from June 3, 2016 through July 5, 2016; and voucher amounts from May 18, 2016 through July 20, 2016.

ADJOURNMENT: Chairman Wes McCart adjourned the meeting at 12:32 P.M. The next regular meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, September 21, 2016 in Stevens County.

Respectfully submitted,

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

By____________________________________
Kelli D. LeCaire, Executive Secretary

By____________________________________
Wes McCart, Chairman
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2016

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<tr>
<th>Voucher #</th>
<th>Total</th>
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<tr>
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Payroll May $ 101,414.50 6/3/2016
Payroll June $ 89,264.77 7/5/2016 BOH 7/20/2016