BOARD OF HEALTH MINUTES
REGULAR MEETING
Wednesday, March 23, 2016

MEMBERS PRESENT: Mike Blankenship, Daniel Hay, Lou Janke, Mike Manus, Kathleen Turpin

MEMBERS ABSENT: Wes McCart, Brad Miller, Steve Parker, Karen Skoog

STAFF PRESENT: Samuel Artzis, M.D., Kelly LeCaire, Sandy Perkins, Kay Scamahorn, Matt Schanz, Dave Windom

GUESTS: Bob Eugene, Bruce Perkins, Mary Selecky

CALL MEETING TO ORDER: Commissioner Mike Manus called the meeting to order at 10:03 A.M. (Chairman Wes McCart and Vice Chair Karen Skoog were not present at the meeting).

INTRODUCTIONS: Introductions were made by all.

CORRESPONDENCE & INFORMATION: There was no correspondence or information.

PUBLIC APPEARANCES: No public appearances were preregistered.

ADDITIONS OR CHANGES TO AGENDA: Dave Windom will give a presentation on County Health Rankings & Roadmaps instead of Accountable Communities of Health. The consideration of minutes will take place after Mike Blankenship arrives and there is a quorum.

COUNTY HEALTH RANKINGS & ROADMAPS: Dave gave a presentation on County Health Rankings & Roadmaps from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Sandy Perkins said the Rankings provide a snapshot of the health status of each county. Health factors looked at are health behaviors (tobacco use, diet and exercise, alcohol and drug use, sexual activity); clinical care (access to care and quality of care); social and economic factors (education, employment, income, family and social support, community safety); physical environment (air and water quality, housing and transit). Also assessed are health outcomes including quality and length of life. The data is used to compare like-counties in other states across the country. It is important to know where we are in order to improve the health and quality of living. Dave said the population based collected data also gets media attention. He talked about the various ways the data is used. Sandy talked about health equity through attainment of the highest level of health for all people and achieving health equity requires valuing everyone equally.

Dave explained how measures have changed slightly. In the past, Ferry County was very low in regards to access to exercise activities. In rural areas, they didn’t take into account outdoor recreation activities such as hiking, hunting, biking, etc. Daniel Hay asked about data on use of illegal drugs/marijuana. Dave said there isn’t information on marijuana since it is only legal in Washington and Colorado. Sandy said we could add marijuana use if we pay extra for Behavioral Risk Factor Surveillance System (BRFSS).
Mary Selecky noted that the America’s Health Rankings from the United Health Foundation show rankings by state. The County Health Rankings were developed to be more specific with individual counties. Mary said you may be able to be specific within each state, but nationally is difficult to do. She said it is built on a long history of wanting local data. The Washington State Department of Health began working on BRFSS, and in 1995, this District was the second in the state to do so.

Dave Windom noted that with smaller counties, it doesn’t take much of a swing to change data. The factor is multiplied by rates per 100,000. He stressed that you have to look at those numbers closely. Dave noted that trends are available online. Some of ours are flat while some have improved. Smoking rates are better, but the number of sexually transmitted diseases have not improved, and there is a steady climb in adult obesity.

Mike Blankenship arrived at the meeting at 10:24 A.M. A quorum is present.

Sandy Perkins is sharing the data with other agencies to tell the story of our counties. She talked about intervention and the 6|18 Initiative from the Centers for Disease Control and Prevention (CDC) that is targeting six (6) common and costly health conditions — tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies and diabetes. This initiative offers proven interventions that prevent chronic and infectious diseases by increasing their coverage, access, utilization and quality. CDC is partnering with health care purchasers, payers, and providers to improve health and control health care costs. Lou Janke talked about how we compare with similar regions in the country in areas such as industry, economics, health environment and look at areas we can improve. Sandy said we are looking at similar places to see improvement. Lou said not just focusing on health, but looking at economics. Mike Manus said economics play a huge part. Mike Blankenship talked about the direct correlation between economy and health. Ferry County has been listed as one of the unhealthiest counties and also having the poorest economy. Sandy said health does depend on income/economy. Mike B. also noted that there is a big difference between public health and personal health. Sandy agrees that economic status is a huge factor in health. Dave said a grant proposal driven by this data was applied for in Pend Oreille County that will allow them to place another nurse in the school district.

Sandy talked about health gaps and their importance. Giving everyone a fair chance to be healthy does not necessarily mean offering the same resources to all, rather offering resources necessary for good health. Some need extra help and extra effort. Dave talked about starting those efforts by working together in Ferry and Pend Oreille Counties. Better Health Together has done a good job with managed care organizations while public health will be working more on policy. Mary asked what NETCHD will do in the communities and individual counties with in the tri-counties. Mary noted that Patrick Jones from Eastern Washington University has done an analysis of Eastern Washington.

Dr. Artzis arrived at the meeting at 10:40 A.M.

**CONSIDERATION OF MINUTES:** Mike Blankenship moved and Daniel Hay seconded the motion to approve the minutes of January 27, 2016, annual Board of Health meeting. Motion carried.
LANE MOUNTAIN: Matt Schanz provided a copy of the letter from the Washington State Department of Health (DOH) to the Agency for Toxic Substances and Disease Registry (ATSDR) for assistance completing an environmental exposure investigation at the Valley School. Later today, Matt is attending a meeting at the Valley School along with DOH and ATSDR to discuss when the investigation will take place. Matt is hopeful that we will get good data that will answer community concerns.

NORTHPORT LEAD: Matt talked about past discussions regarding the false positive lead screening tests performed by NETCHD in the Northport area. Our recommendation to those people was to have follow-up testing done by a healthcare provider. NETCHD notified area physicians and recommended a venous blood draw. Dave Windom recently attended meetings with the citizens from Northport and Marble along with Ecology and the Environmental Protection Agency (EPA). Dave said the meetings went well. There will be some residential soil sampling done in some areas. Matt noted that even with false positives, there is lead coming from somewhere. There is no data to aid in determining where the fugitive lead is coming from and should there be air quality monitoring to help with that. Mary Selecky asked for an explanation about the false positive testing. Dr. Artzis said NETCHD used the finger stick capillary tube method that is subject to contamination with many factors and variables for potential inaccuracy. The tests that NETCHD performed that were the most elevated, all came back within normal range after the venous blood draw with a healthcare provider. The venous blood draw value is much more reliable. We couldn’t really explain it. The recommendation is to not do capillary testing. Matt said essentially the same thing happened with testing done in Trail, B.C. where Teck Cominco is located. Very extensive testing is happening now using the venous blood draw. According to the Citizens for a Clean Columbia newsletter, the citizens are questioning whether the method of testing used by NETCHD was the right process. Mike Blankenship asked if you found a smoking gun, have you found a substantial amount of people with high levels. Matt said no. NETCHD talked to parents of children with elevated lead levels. 50 percent of those children have been tested by a healthcare provider and all were under the acceptable threshold of 5 ug/dL. However, even though the levels are under the threshold, there shouldn’t be anything there. Mike B. asked if something is there that needs to be fixed. Dr. Artzis reiterated that sampling will be done and see what those results show. He went on to say that even though levels at 2 ug/dL are under the acceptable threshold, do we really know what is going to impact a child? Mike B. asked if the standard set by the government is correct. Dr. Artzis said he believes so. Sandy Perkins said the levels have been lowered several times. The amounts were lowered from 30 ug/dL to 10ug/dL, and now 5 ug/dL. Matt said they will soon begin testing soil south of the Northport city limits to the China Bend area on both sides of the river. If elevated levels are found on a property, it is recommended that you have your children tested with a healthcare provider. Matt feels that air monitoring still needs to be done. Dave noted that Steve Parker wanted the Marble community to be aware of what was happening. Testing of soils where people are is the highest priority, such as lawns, playgrounds, gardens, etc., but they will test anywhere the homeowner wants. Matt will check with Ecology to see about the current status regarding air quality monitoring. Matt will draft a letter of support and bring it to the next Board meeting for consideration. Dave said soil sampling will be mid-August through October when soils are dry.
NEWPORT BUILDING: Mike Manus and Dave Windom met several times with Leo Robinson, owner of the NETCHD building in Newport to discuss reducing the high rent or possible purchase. The current contract states a ridiculously high sale amount. Leo has agreed to entertain a revision of the contract. It was agreed that NETCHD would obtain three (3) appraisals and take the middle appraisal. With the current rent at $4,500 per month, it would be better to buy. Mike M. said the counseling services are needing office space to rent. The NETCHD building would be a perfect location to for some administrative people. Mike M. is taking them on a tour of the building. Matt asked how the purchase process would work. Mike M. said it will be a capital bond with a low interest rate from state funds through Stevens County. Mike M. said that Wes McCart is working on it for next year’s cycle. Dave said the first thing to be done is have Alison McGrane revise the contract and get it to Leo for approval and signature.

SNAP-ED: At the last Board meeting, Dave talked about the Supplemental Nutrition Assistance Program Education (SNAP-Ed) that is funded from the United States Department of Agriculture (USDA) to the Washington State Department of Social and Health Services (DSHS), and implemented by the Washington State Department of Health (DOH) and Washington State University (WSU) Extension Food Sense Program. DSHS is the overall contractor for USDA at the federal level. DSHS was putting out a proposal to change how they contract. Dave was notified that WSU will do the management of that program. Everything changed and went in a different direction. Our piece will be very minimal.

RESOLUTION 01-2016: CANCELLING OUTSTANDING WARRANTS: Mike Blankenship moved and Lou Janke seconded the motion to approve Resolution 01-2016: Cancelling Outstanding Warrant. Motion carried.

FAMILY PLANNING: Dave reported that family planning numbers continue to decline for various reasons, including the Affordable Care Act. NETCHD had been contracting with Newport Community Hospital for a provider and we were notified that we no longer have a provider for Newport. It has been very difficult to get any providers in Stevens County. Mike M. said Pend Oreille County is having a provider shortage. In 2012, Dave was instructed by the Board of Health Budget Committee that the family planning program needed to stand on its own financially. It is not standing on its own and won’t be able to. In the three (3) clinics, we saw a total of 419 individual clients in 2015. We have to ask if we are providing a service that is necessary and what is this Board willing to do to provide those services? This question applies to other services as well, and do we need to move our public health in other areas completely? Sandy Perkins noted that our teen birth rates aren’t as bad as other areas. The demographics of the clients we see have shifted to ages 20-34. Dave said staff worked hard on the revenue cycle, there are still some balances over ninety (90) days. Many issues factor in to the financial piece. Medicaid only pays a certain amount for each service/procedure. We bill insurance companies and the uncovered amount is then billed to the client. Often times the sliding fee scale is applied and the client ends up paying little or nothing. Sandy noted that one of the services we offer is Plan B emergency contraception, which is available over-the-counter at a pharmacy or from a healthcare provider. There are other options available. Mike B. asked if the number of teen pregnancies are growing or are they diminishing in the tri-county area? Sandy said they are diminishing.
Board of Health Minutes
March 23, 2016
Page 5

Dr. Artzis said if we discontinue the program, there will likely be things that come up that we hadn’t thought of. If NEW Health Programs takes over Title X Family Planning Program, it would help knowing there will be access. Sandy Perkins said the state is ensuring that there will be clinics available. Dr. Artzis said sometimes getting an appointment isn’t always very timely. Sandy said we will need to bid with an application to apply to be a provider for Title X. Dr. Artzis said the provider model we are using in Stevens County isn’t sustainable. Sandy said resident physicians from Providence are providing family planning services one afternoon per week under the supervision of either Dr. Artzis or Dr. Leslie Waters. We have a clinic one day per month in Newport and Republic. At a recent audit, DOH expressed concern about the small amount of clinic time and decline in number of clients. Dr. Artzis reiterated that something different would have to be done in Stevens County, as it is going to get harder to get providers.

Mike Manus asked if the Board would like to move ahead and have the Budget Committee look at the financial aspect of this. Matt Schanz asked if there were dollars that would support outreach efforts more geared towards education in sexually transmitted diseases and pregnancies. Dave said there is grant money for a health educator for marijuana and tobacco and another for diabetes and obesity. Maybe the direction we go is education and prevention in schools. Mike Blankenship said we need to make a list the things that NETCHD is currently doing, what is mandated by law, and take those lists to the legislature and ask them what they don’t want us to do and what are they willing to fund. Dave said Secretary of Health John Weisman is doing a good job describing what public health is needing, but that system design is at least two (2) years out and we may not have that much time. Mike B. said Ferry County may not have that much time either. Dave said Management Team and the Budget Committee will meet right away to look at what we do and where we need to shift focus.

CHAIRMAN REPORT: Chairman Wes McCart was not in attendance.

BOARD OF HEALTH MEMBERS REPORTS: Kathleen Turpin met with David Ennis regarding some dump sites in her area.

Lou Janke said Northwest Medstar is integrating its critical care transport program into Life Flight Network. There will be a helicopter base in Colville. They have been in contact with the Colville Municipal Airport and details will be worked out later in the month.

HEALTH OFFICER REPORT: Dr. Artzis talked the patient centered medical home (PCMH) that is primarily focused on preventive health care. He said the intent is great but the problem is it won’t have funding or resources and may go broke before it gets better. At the national level, they are still not sure they want to go down this road. Change is coming and needs to come, but how will all of this be paid for? It can be years before we would see the benefit. Unfunded mandates are not only for public health and counties, they are also in the medical world and are going to have to change. Mike M. said the entire health care system is the target. Hospitals are looking at it as what other services are we going to have to take on to be a viable entity to keep the doors open. Dr. Artzis said they may have to take care of mental health first. Mike M. agrees that mental health has to come to the forefront. He talked about the lack of spacing for mental health in Pend Oreille County. They don’t want to spend a lot of money on this because it may end up in the hospital or connected to the hospital.
COMMUNITY HEALTH REPORT: Sandy Perkins reported that Kay Scamahorn is retiring at the end of April, 2016. She thanked Kay for twenty-five (25) years of service to the citizens of the tri-counties. Kay will be greatly missed.

Sandy provided information from the Washington State Office of Financial Management from the Washington State Health Services Research Project regarding Maternal and Newborn Inpatient Stays with a Substance Use or Use-Related Diagnosis. The rates of marijuana and opiate use reported by Northeast Washington women delivering babies is pretty concerning. Between 1990 and 2006, the rates per 1,000 maternal stays with an opiate-related diagnosis increased by 5.5 percent per year, from a low of 1.5 per 1,000 maternal discharges (126 cases) in 1990 to 4.9 per 1,000 (436 cases) in 2006; that is, the rates more than tripled over those seventeen (17) years. However, from 2006 to 2014, the upward trend in the rates markedly increased statewide to 19.4 percent per year, going from 4.9 per 1,000 stays in 2006 to 17.9 (1,524 cases) in 2014. In Eastern Washington, the overall rate, by comparison is low at 8.0 per 1,000 maternal stays. Relative to that underlying rate, the tri-county region’s rate, 16.0, is high. The rate for maternal stays with marijuana-only diagnosis in Eastern Washington as a whole was 5.5. The high-rate for the tri-county region was 10.1. Mike Blankenship asked if there is a correlation between these rates and birth defects. Sandy said this report didn’t go into that or long term neurological issues. Sandy is concerned that even if a baby is born healthy, the environment is not conducive to promote proper brain development and the future of the child is not very good. Mike B. said this is not being talked about. You hear a lot of talk about marijuana being okay but here we sit, and this will be a problem for counties and public health and the tax payer will end up paying for it. Sandy said in the WIC program we talk with moms about substance abuse and often times the response is that their healthcare provider said marijuana is okay. Kay Scamahorn noted that affects from maternal tobacco and marijuana smoking is really showing up in grades 3 – 4 and schools may have that data.

Sandy talked about vaccinating preteen boys and girls to protect them against cancers caused by human papillomavirus (HPV). The prevalence of HPV infections in adolescent girls in the United States has declined by 2/3 since the HPV vaccine was introduced in 2006, according to a new study by the Centers for Disease Control.

Mike Manus said Newport has a moratorium on marijuana that is very controversial. He talked about what it will cost law enforcement and also ‘sin taxes’. Matt Schanz said we are close to sixty (60) facilities in our three (3) counties, which is an astonishing number. The permitting process takes up a pretty significant amount of staff time. Mike B. asked how many state inspectors are checking up on the facilities. Matt said the Washington State Liquor and Cannabis Board (WSLCB) carries out state laws and regulations but their interest is not conforming to local regulations. When a building is in disrepair and will become a place of employment, it’s difficult when there is no interest in that. Kathleen Turpin said in Ione, all state, city and county requirements have to be met before they can get the business up and running. There was discussion about having water connection to a marijuana business. Mike B. said they have to have a water right and is not supposed to operate with domestic water for commercial use. Matt noted that it is complicated in regards to what is federally illegal.
Board of Health Minutes
March 23, 2016
Page 7

Sandy Perkins reported that the number of influenza cases and influenza deaths statewide has been on the rise. In March, 2016 there have been two (2) deaths within the tri-county area although one was a resident of Idaho. The CDC encourages continued vaccination. This year’s vaccine appears to have a 60% efficacy rate.

As mentioned earlier, the Department of Health (DOH) conducted a site visit in Colville to evaluate NETCHD’s family planning clinic activities as well as program administrative policies. Although the formal report with our results have not yet been received, DOH expressed concern about the decline in the numbers of patients in our clinics. We know that we need to work on our community education component as well as the rejuvenation of the Information and Educational Materials Committee which requires representation from community members as well as a member or two (2) from the Board of Health. We welcome any volunteers who would like to serve on the committee which meets briefly one or two times per year.

Staff members have been learning more about the Zika virus, especially in regard to how it appears to affect pregnant women.

ADMINISTRATION REPORT: Dave Windom reported that some of the flooring upstairs in the Colville office will be replaced using some money that we have set aside. The flooring has worn out and is a safety issue. We will use the Stevens County small works roster.

Dave presented a draft copy of the 2016-2018 Northeast Tri County Health District Strategic Plan that represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The Strategic Plan provides the organizational guideposts for staff and management to discuss and determine where to focus time and resources. At the broadest level, the implementation of the three (3) year plan occurs through the development and monitoring of the annual work plan. Change is the only thing that we can count on. How do we set ourselves up to go with the changes that come? Dave said he wants to keep the current staff and give them new skills.

Mary Selecky left the meeting at 12:05 P.M.

Dave talked about the need to revise the shared leave recipient and donation criteria. A draft copy was given to Board members for review. Staff will have an opportunity for comment as well. A revision in the form of a resolution will be brought to the next meeting.

Pend Oreille and Ferry Counties are both moving ahead with mini-Accountable Communities of Health. The Critical Access Hospital Network paid for consultants to attend the meetings and spend a day with each group to map out priorities, resources, problems and to begin to define possible solutions. The Ferry County group is about a year behind Pend Oreille County but coming on fast. The Stevens County healthcare roundtable may provide a springboard for similar efforts in Stevens County.
Dave Windom reported that public health across the state in conjunction with the Department of Health (DOH) continues to look at how we’re organized and funded. More than three (3) years ago NETCHD was part of a pilot program to put a dollar number to “what we do” and to define those things which are considered foundational and those which are important but could be done by others besides public health depending on the wishes of the community. That work continues to move forward but in a much more expansive way. To account for inflation and the program changes that have occurred since the original pilot, a new study will be conducted this spring to refine those financial estimates. The study serves two functions; to place a value on foundational public health services and to produce a base by which to look at how funding from the state and federal governments is distributed across the health jurisdictions.

Effective December 26, 2015, the Washington State Human Rights Commission (HRC) adopted new rules requiring that individuals be allowed to use gender-segregated facilities, such as restrooms, locker rooms, dressing rooms, and homeless or emergency shelters, that are consistent with their gender expression or gender identity. So, for example, persons are listed on their birth certificate as male but identify as female cannot be denied access to a women’s restroom, locker room, or other gender-segregated facilities. Local governments, as well as other covered entities, must comply with these new rules. With the exception of the Colville building, our restroom facilities are already “single occupant” facilities. We are in the process of converting the last two gender segregated restrooms to single occupant in order to comply with this ruling.

Legislatively there are still some bills we are following concerning raising the smoking age to twenty-one (21). As this is written, the legislature has just gone into special session with the primary purpose of adopting a budget amendment for the rest of this biennium. We could see some public health issues continue to come forward if deemed necessary to implementing the budget. At this point, House Bill 2061 regarding Group B water systems has passed both houses and has been referred to the Governor for signature. The Governor has threatened to veto all bills until the budget work is complete so it’s unclear what will happen to HB 2061. One bill regarding public health banking, while passed through both houses, was vetoed. This is not a bill which affects NETCHD directly.

Dave provided current financial information. Our reserve use for last year, if taken on an accrual basis, was just under $95,000. Our projected use was over $200,000.

In August, 2015 DOH announced that the funds for youth marijuana intervention programs would be regionalized with our regional funding being managed by Spokane Regional Health District (SRHD). Negotiations with SRHD have resulted in a $92,000 grant for youth marijuana and some youth tobacco work coming to NETCHD. We are still developing the work plans and staffing for those funds.

Dave said NETCHD FTE’s stand at 22.3.
ENVIRONMENTAL HEALTH REPORT: Matt Schanz reported that after many years, construction may begin as early as April, 2016 on the Curlew Sewer District to tie in to individual properties. Matt said they had to secure funding. Mike Blankenship said they ended up going back to a monthly charge.

Matt talked about the heroin and opioid use in our three (3) counties. He is getting feedback about needles being thrown into portable toilets that are left in public areas such as a park etc. Pumper have said they have never seen so many needles and how problematic disposal is. The sharps containers that law enforcement used for confiscated syringes and needles used to take 3-4 months to fill up are now full in one (1) month. Matt wants to start conversation about ideas for some type of sharps container collection in our communities. It's a trend that seems to be worsening and continuing. Kittitas and Yakima Counties have started a program. Matt said there are 700 people that show up for treatment every morning at a methadone treatment facility in Spokane.

House Bill 2061 regarding Group B water systems passed the house and senate. The Governor has a twenty (20) day window to veto if he so choses. If he signs it and it becomes the law, each county will assign a person to approve, monitor and then send out reports on those systems. Matt is not sure how each county will do that and what involvement NETCHD would have in this process. If the bill becomes law, we would need to talk to each county.

In March, 2016 the DOH made the determination that for all new Group B systems in Spokane, Okanogan, Ferry, Stevens, and Pend Oreille Counties testing for uranium will be required. Under the Group B rule, testing for uranium is not specifically required. However, WAC 246-291-170(2)(c) states "in areas known or suspected to have contaminants of public health concern, on raw source water sample analyzed for the contaminant(s)" may be required by the department or health officer.

On March 8, 2016 NETCHD was notified that the Trail B.C. wastewater system was exceeding their permitted discharge limit for sewage effluent by over a million gallons entering the Columbia River. Recent high rainfall and snow melt conditions resulted in overflows from sewage lagoons and discharges into the river. Smaller quantities of raw sewage had also been discharged into the river system from overflows within the sewage collection system. Flows of approximately 486,000 gallons per second in the Columbia River near the International Boundary helped dilute the impact. NETCHD sent out information to local media and to contacts within the Northport area and recommended river users exercise caution if they are in contact with river water in the area near the border.
Matt Schanz reported that in November, 2013 plans were approved for the Sacheen Lake wastewater collection and treatment project. This past summer, construction was completed and the system is now operating. From a public health perspective, completion of this system is a substantial step forward from what had existed previously around the lake, protecting both ground and surface waters. Efforts to see this work to completion were extensive and provides a good example to other lake communities that this kind of project be completed successfully. However, due to unforeseen construction costs and difficulties encountered because of terrain, the cost for constructing the system rose significantly. The initial projection for a monthly assessment was estimated at $110 per household. Because of the actual cost to construct the system (approximately $15 million), this monthly fee has escalated to $164. Sacheen Lake Water and Sewer District is seeking an additional $2.5 million of proviso money from the state legislature to reduce the monthly rates that lake residents are required to pay. NETCHD has supported the effort to secure additional funds by sending letters of support to elected officials.

Dave Windom briefly talked about the vaping bill that defines vapor products to include e-cigarettes and other vaping devices, as well as the nicotine solutions that go into the device. It would also require sellers of vapor products to become licensed through the Washington State Liquor and Cannabis Board, and vaping would be banned from places such as child care facilities and schools. Dave talked about a bill that would mean that they would look at how public health is funded every two (2) years. Brad Banks got the bill pushed through and stands a good chance to go to the governor.

PAYROLL & VOUCHERS: Attached to these minutes are benefits and payroll amounts from February 5, 2016 through March 4, 2016; and voucher amounts from January 27, 2016 through March 9, 2016.

ADJOURNMENT: Commissioner Mike Manus adjourned the meeting at 12:28 P.M. The next regular meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, May 18, 2016 in Pend Oreille County.

Respectfully submitted,

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

By, Kelly D. LeCaire, Executive Secretary

Mike Manus, Commissioner

Wes McCarty, Chair
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

General Fund:

<table>
<thead>
<tr>
<th>Voucher #</th>
<th>Total</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>27856</td>
<td>$16,705.27</td>
<td>1/27/2016</td>
</tr>
<tr>
<td>28014</td>
<td>$17,955.46</td>
<td>2/3/2016</td>
</tr>
<tr>
<td>28108</td>
<td>$33,479.27</td>
<td>2/5/2016 Benefits</td>
</tr>
<tr>
<td>28219</td>
<td>$6,648.59</td>
<td>2/10/2016</td>
</tr>
<tr>
<td>28456</td>
<td>$8,208.91</td>
<td>2/17/2016</td>
</tr>
<tr>
<td>28718</td>
<td>$14,318.42</td>
<td>2/24/2016</td>
</tr>
<tr>
<td>28877</td>
<td>$3,789.83</td>
<td>3/2/2016</td>
</tr>
<tr>
<td>28946</td>
<td>$34,323.76</td>
<td>3/4/2016 Benefits</td>
</tr>
<tr>
<td>29023</td>
<td>$9,474.94</td>
<td>3/9/2016 BOH 3/23/16</td>
</tr>
</tbody>
</table>

Payroll

<table>
<thead>
<tr>
<th>Payroll</th>
<th>Total</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>$97,224.48</td>
<td>2/5/2016</td>
</tr>
<tr>
<td>February</td>
<td>$97,194.59</td>
<td>3/4/2016 BOH 3/23/16</td>
</tr>
</tbody>
</table>