BOARD OF HEALTH MINUTES
REGULAR MEETING
Wednesday, May 18, 2016

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

MEMBERS ABSENT: Mike Blankenship, Daniel Hay, Mike Manus

STAFF PRESENT: Dale House, Kelly LeCaire, Alison McGrane, Sandy Perkins, Matt Schanz, Jan Steinbach, Dave Windom

GUESTS: Bob Eugene, citizen; Janine Goodrich, Pastor; Matt Goodrich, Pastor; Geoff Jones, M.D.; Mike Lithgow, Pend Oreille County Community Development Director; Bruce Perkins, citizen; Dorothy Tibbets, Department of Health Drinking Water Office; Scott Torpey, Department of Health Drinking Water Office; Martha Winje, PA-C

CALL MEETING TO ORDER: Chairman Wes McCart called the meeting to order at 10:00 A.M. A quorum was present.

INTRODUCTIONS: Introductions were made by all.

CONSIDERATION OF MINUTES: Brad Miller moved and Lou Janke seconded the motion to approve the minutes of March 23, 2016. Motion carried.

CORRESPONDENCE & INFORMATION: The Hero of the Year is an annual award given at the child abuse awareness walk held each April for child abuse awareness month. Jan Steinbach received the award from the Pend Oreille Crime Victims Services.

The Washington State Environmental Health Directors (WSEHD) of the year award was awarded in memory of Jim Matsuyama who was a founding member of WSEHD. The award recognizes commitment to the profession that Jim pursued for thirty-eight (38) years. “Jim was a trusted leader in Washington State by applying a practical, common-sense approach with comic relief and kindness”. A friend said it best – “When Jim was at the table, the outcome of an issue was always better.”

PUBLIC APPEARANCES: No public appearances were preregistered.

ADDITIONS OR CHANGES TO AGENDA: Steve Parker requested Board discussion regarding the future of Northeast Tri County Health District (NETCHD). Dave Windom asked to add Resolution 06-2016. Wes said the future of NETCHD discussion will be added to the agenda before old business and the resolution will be added as new business item number 7.
Steve Parker asked if the discussion on the future of NETCHD should take place in an executive session since it may have an impact to personnel. Wes McCart said it does not fit the RCW of an executive session. Steve said this is something that has been on his mind for a long, long time. The environment is rapidly changing in terms of the way the structure of health services is going across the board. We have seen a shift and changes with public health and the way the state is moving. We have worked under the model of three (3) county health district for almost forty (40) years. We are in position where our current administrator is taking another position that is in a direction that would re-look at the way public health and other county services might be joined. Steve feels this is a good time for us to do an examination before we just begin moving forward in a direction that we have been on for forty (40) years. Looking just briefly at the structure of NETCHD going back to founding documents, if we are going to make a fundamental change to the structure, the first and biggest change that you can make is to go back to individual county health jurisdictions. Steve said he has been looking at this for about three (3) years as a potential. He went on to say that if we are going to do something like that, this is the proper time to do some examinations. Steve wants to do it together as a tri-county Board, primarily working with commissioners of the other counties to see where we are, what impacts would be, and then do a fairly thorough analysis. In order to do that, even to make that a potential, according to our by-laws, we are obligated to give six (6) months' notice. That would be June 1, 2016 and we are right on that date. Dave Windom said the date would be July 1, 2016 which is not later than six (6) months prior to the end of the year. Steve said that gives us approximately one month to discuss this at the Board level and decide if this is a direction that we even want to pursue. If we do, July 2016 would be the date to start that process. We could make an announcement in July 2016, and get to December 2016 and decide we are going to stick with the same structure; or we are going to stick with the same structure with modification of services; or we are going to go our separate ways. Brad Miller said he has a bit of a problem with that. First of all, he did not know anyone was thinking along those lines. Secondly, since Dave is leaving at the end of this month, it seems like the wrong time. Brad feels that we need to have an administrator to run the organization and trying to do that type of in-depth analysis without an administrator seems problematic. Steve said it would create some difficulties and will not make it easier. Brad said yes, it will make it more difficult. Wes McCart said this is just a conversation and he does not mind having a conversation. Wes said he does not believe that this means any staff are going to be lost. He does not want staff to go home tonight and wonder if they are going to have a job tomorrow. It would be a restructure on how everything is working. The duties that we all perform are still going to have to happen and the folks that are here are qualified or we would not have them in the first place. Steve reiterated that he does not want that message going back about this conversation going on. Wes feels that it is a conversation, it is not a bad conversation to have, and we can talk more about the timing. He said he would hate to hire a new administrator knowing that there is a possibility that seven (7) months from now that position could be gone, unless you are going to hire someone with that understanding. Brad asked who would be managing the District without an administrator. Steve said that would be a discussion to have.
Steve Parker said Stevens County really has not had an in-depth discussion of this topic but has shared this with Wes primarily. Steve stated that yesterday he tried to reach out to each county. He has been toying with the subject, looking at the timing and wondering if this is the time to begin this discussion. Steve went on to say that if we do not do it now, would we ever do it. He wants to be clear that he does not see this as a time to disband staff and cut services. He is talking about a separate function jurisdictionally. Steve asked if we are better to continue with a three (3) county Board model where our services use the same staff across three (3) counties or are we better off to go back to what it was originally envisioned at the state with from stand-alone county health districts. Lou Janke said he is puzzled as to what the problem is. Lou said there always should be an ongoing opportunity to improve operations. You look at the structure and organizations should always be an ongoing management charge. The rational for going to the three (3) county setup is assuming power in numbers where you can work together, cut costs and use the skilled positions that require specific backgrounds and training. There is an advantage to have these across the three (3) counties instead of having one in each county. Lou can see that it is good to look and reaffirm things but just on the surface he does not see a reason to do an in-depth analysis just to look at going back to where we were forty (40) years ago. Steve said things have changed dramatically in forty (40) years. Kathleen Turpin asked if there is something wrong with the three (3) counties working together. Steve said if you go back to fundamental philosophies, he likes having more authority closer to home. This models that in certain ways but with the way the movement is going, he believes that the closer control the better. Steve said we happen to be in a situation where we have a good working relationship with Ferry and Pend Oreille Counties and part of the reason for that is we share the Health District. We capitalize on that with other outreaches to work together on issues, and we are pretty careful not to form governmental units that have decision making authorities, especially when it could impact budgetary considerations. Steve said he hears what is being said and all of these conversations need to come out. Steve added that we would not be doing our due diligence if we did not examine all options at this point. If we are talking about a time when we are in a transition, he feels compelled as a commissioner responsible for his county to look at every option. Brad Miller talked about each of the three (3) counties having to hire managers, etc. and the savings to each county by sharing those staff. Brad said the advantages are pretty obvious and the savings alone is very significant to share with three (3) counties. Brad does not have a problem with having a conversation but does have a problem with the timing of it. Doing this without having an administrator in place is not the right time.

Dave Windom said in the interim Matt Schanz will be the signature authority and some other things will go to Sandy Perkins. Dave pointed out that their jobs are already full. A public health nurse and front desk position from the Colville office won’t be filled and counting the administrator position, that makes three (3) people down in one month leaving only nineteen (19) FTEs. Dave said regardless of whether you change to individual jurisdictions or keep NETCHD as is, you still need somebody in place to manage the day-to-day operations. Dave feels that an administrator needs to be hired to lead the District in whichever direction you go. Steve said that is possible.
Karen Skoog said she does not have an opinion yet but thinks it is a good idea to explore. Karen said Pend Oreille County alone, may not necessarily need an administrator. It may be that staff expand and split duties out broader to fit within the county specifically. Karen reiterated that she can’t make a decision without information. Regarding an administrator, she thinks it would be difficult to leave it hanging and since the counties are remote, they would not be able to help out. Karen added that it wouldn’t be practical or appropriate for Stevens County to carry that extra burden. She suggested meeting in a few weeks so that research can be done. Wes McCart said no matter what we decide, we need to know what the pros and cons are for each of the three (3) structures/options. He said it is sounding like we need an administrator, but they would need to know that before they are hired. Brad Miller agreed, as he just found out about Dave Windom leaving.

Brad asked Dave for his vision of the future of health departments. Dave described what is happening in Mason County, where he is going. Behavioral health, community health, environmental health, planning, building and permitting, code enforcement and some aspects of finance will all fall under one director under county government. You would have county commissioners and directors in public works, county services and community services (new position that he is taking). Dave will answer to the Board of Health and county commissioners. He is not sure how that will mesh under two (2) boards that may have opposite views. Dave talked about what he is seeing in other local health jurisdictions (LHJs) in the next two (2) years. He is on a committee that does nothing but work on foundational public health services in the entire state. The problem being that minimum services are not available at all LHJs due to current funding. Work on public health funding continues including a recent decision to ask the legislature for interim funding in order to keep some small LHJs viable until a larger solution can be presented to the legislature in 2018. Many of the small LHJs have reached a critical point and viability begins to become a serious concern. During 2017, they will work on a proposal on how to restructure how public health is funded so that the foundational pieces such as communicable disease, vital statistics, some environmental health pieces and maternal child health would be funded from the state. The things that are fee for service now would probably continue to be fee for service, such as septic permits, etc. Dave said there could be a requirement that fee recovery be at 100% in order to get state dollars. Also, anything other than the foundational pieces would be considered additional important services funded locally, by grants or other means. The entire funding system may or may not change. Dave went on to say that for small LHJs this may mean that they may continue to be smaller. Some are down to four (4) staff and you have to ask yourself if they are able to be effective in public health. In many cases things are not getting done that should be. Brad asked Dave if he means four (4) people total are trying to do environmental health, etc.? Dave said yes, vital statistics, community health, environmental health, those foundational pieces, and finance as well. Brad does not know how you could do it. Dave said it is a very difficult concept. Dave said if NETCHD were to go in different directions, you would have to take into consideration that NETCHD owns the Colville Dominion building and would have to be sold and divided up by the three (3) counties. The same would go for retirement, sick leave, paid leave, liabilities, etc., and all of those things would have to be divided back out financially. The Newport building also complicates things as well. The contract for another four (4) years that would have to be paid out is $750,000. All of these things need to be part of the discussion that the Board would have in the next month.
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Dave Windom noted that it is going to take a month to advertise and recruit for an administrator, which means a July 1, 2016 timeframe before you could get someone hired. Brad Miller said that goes back to his concern that if we are going to seriously look at this we should have done it a couple of years ago when we had that kind of knowledge. Brad thinks for us as a group of Board members to try and research this without the administration and background knowledge does not see it as being very effective. Lou Janke agrees and said after he just heard about all of the other things involved such as retirement funds, building ownership, etc. he thinks it would be better to focus on our mission and efficiencies with what we have. Lou said we can take the opportunity to look at organization and maybe make some modifications to improve effectiveness and efficiency, but what he does know is that most jobs are very busy. Lou is in favor of staying with what we have which is a viable program and changing it would only dilute the effectiveness across the three (3) counties. Lou said maybe a new administrator would have new ideas and may bring new experiences. He added that trying to do this from a Board level would really take a lot of research and input to make a sound decision and he reiterated that he does not think it would be very effective.

Karen Skoog asked Steve Parker if he received comments from his constituents concerning this matter. She talked about a past vote to increase environmental health fees where Ferry and Pend Oreille Counties voted for the increase and Stevens County did not. Karen said she knows there were complaints about feeling as though their representation was not able to be effective on how their fees were set. She asked Steve if all of this was a result from that vote and if so was there feedback in that way. Steve said yes, that incident was a reality check that we have created that type of a situation where an elected Board of Commissioners can have mandated fee increases come from unelected officials just by simple majority count. Steve said he raised that question at the time and did not get an acknowledgement from other counties other than ‘yes I guess we did that to you but what the heck’ and then business as usual. Steve said he knows we have a lot of business but his point of discussion is could we enter into this as a tri-county Board. He asked if we could discuss this and look at opportunities, pitfalls, and see what kind of information we come up with. Steve said he will be pushing his Board of Commissioners to look at this as it is part of their job. Steve added that he would rather do it together but when it comes down to it, it is a county decision. Wes McCart said he heard from several constituents in and outside of his district that advocated for both ways. Wes said he does not have a problem with having the discussion and thinks it is something that we need to be looking at. Wes suggests looking at what we think is not working and what is working great. Maybe there are just some little tweaks that will make this all seem like this conversation was much to do about little.
Wes McCart said what he is hearing from the majority of the Board is that the conversation is not a bad conversation to have but you feel that we need to go forward with an administrator in the meantime. Wes asked the Board if this is something that they want the entire Board to continue having the discussion or would you like to have a committee work on this (being mindful about not having a quorum), with one commissioner from each county and one of the three (3) cities. Lou Janke said it is important that everybody have the same information in order to make a sound decision in the end, so the manner in which the analysis is done and how it is brought forth should be available to all Board members. Lou suggests using a phased approach to include an in-depth analysis of issues and concerns, things that are and are not working well, then present the facts as it is. The Board can look at opportunities, bring ideas together and continue to analyze. Lou is the Board representative for the City of Colville but also represents several cities and would like their input. Lou also wants input from City of Colville Council Members. This and many of these things would certainly take a substantial amount of time. Wes asked if the rest of the Board feels the same way. Brad Miller said he agrees with Lou that the entire Board needs to be involved as much as possible. Being part of the entire discussion and process gives you a better understanding than if you listened to a presentation.

Matt Schanz said it is incredibly important that the decision involve the opportunity for public input so communities and clients that we work with as well as constituents have an opportunity to voice their opinion. He thinks the likelihood that we would be able to recruit an administrator has significantly diminished given this conversation and needs to be resolved. It would be very difficult for someone to come in to this position. Sandy Perkins agrees there needs to be public involvement. There is a lot to a health district and to local public health that people really do not understand, such as the need for a health officer and a lot involved in doing the things required by law. Those things require specific expertise and being able to share across counties is a very cost effective model. There is an awful lot to think about and consider. Wes said it is important to hear from supervisors and staff as to what it is they are doing day-to-day and how different that may look under another structure. Sandy said what is left of our staff. Wes said he does understand that. His fear and he says this from a broader perspective having just came back from the Legislative Steering Committee talking about fiscal sustainability with county commissioners from almost every county across the state. This is very much being driven by money and he is quite certain this type of conversation is not just happening here. Wes said a similar conversation took place yesterday at the ambulance in-service regarding issues with the reimbursement rates on calls as well as having to hire some staff that were mostly volunteers. Wes said with no objection and no motion on the floor, he would like to move on with the meeting and continue this discussion. Wes said he is hearing from the Board that you would like to hire an administrator and continue the discussions after the administrator is hired. Research and input done will include the entire Board in a workshop process.
Jan Steinbach works in Pend Oreille County as a community health supervisor and public health nurse. Jan previously lived in Stevens County where she had several businesses as well as working for NETCHD in the Colville office. She has been with NETCHD for thirty-eight (38) years and believes in what she does and believes in public health. She talked about the many changes that have taken place in health care. As Board Members talk about their constituents, she asked that they remember that their constituents are people that NETCHD serves as well. In the community health programs that she works in, those people are not the same ones that are going to come to the Board and tell you that they don’t have food in their house for their baby because they don’t have WIC services, or they couldn’t get shots or a blood pressure. There are many things and relationships formed that have worked well such as to collaborate with the Pend Oreille County Hospital District to enable Pend Oreille County to be a little different. Jan remembers when it was individual counties with a city health officer. Dr. Gray was a county health officer before serving as NETCHD health officer. We have went through many steps to get where we are now. Jan said personally as a registered voter, breaking apart NETCHD would be a step backwards. If the Board wants a program to stand on its own financially or to be less of a drain, that should also apply to all of the programs across NETCHD and not just one side of the building. She is not involved in the financial end of things but staff depend on the Board to look at the whole population and whole services.

Alison McGrane said the legal side of this obviously is the leases of the buildings. There are many things to consider. Remember that you have to provide public health and if you are not doing it together, you are doing it individually. That is the nice thing about this tri-county system. NETCHD is not the only ones doing the ‘tri-county thing’. There are many activities and organizations etc. that are done tri-county because of the abilities to bind three (3) small counties together so that we can have nineteen (19) employees rather than four (4). Alison said she would just caution everybody that this may not be perfect but it is here. If you get rid of it now you might have the Department of Health in your business a lot more than you would like. This is a very multi-level organization with many different things and numerous legal ramifications all the way across the board that you are just going to want to consider. Wes McCart said he does not think anyone is talking about doing away with public health. Wes asked if everyone was okay with the course of action to table the discussion for now. The Board concurred.

**NEWPORT BUILDING:** Dave Windom talked about the agreement buyout. Newport building owner Leo Robinson agreed to one appraisal, unless it is high and gives us an option. Steve Parker moved and Karen Skoog seconded the motion to approve the agreement to modify the commercial lease agreement for the building located at 605 Highway 20, Newport, Washington. Steve did comment on the statement “After the first year, an additional 3% of the prior year’s option payment shall be due...”. Dave said inflation is about 3%. Alison said this is a twelve (12) month option, to do an appraisal and make a decision. The previous contract numbers do not work. Motion carried. Board Chair Wes McCart will sign the agreement. Alison will ensure that signatures are completed. Mike Manus will take two (2) agreements to Leo for signature first.
FAMILY PLANNING: Dave Windom stated that over the past several months the Budget Committee has been looking at trends in family planning. As of October 1, 2016 there won’t be providers in Ferry County and Newport Community Hospital won’t be renewing their contract with NETCHD for providers. The current model in Stevens County with interns from Providence is not a long-term sustainable model. Client numbers continue to drop possibly as part of a reduction in numbers of the 20-34 year old population, which tends to drive our numbers. NETCHD served 791 family planning clients in 2012 and only 419 in 2015. The recommendation from Management Team and the Budget Committee is to discontinue offering family planning services at NETCHD due to many things including financial and provider shortages. Wes McCart asked about people that may fall through the cracks if we are totally doing away with the program. Sandy Perkins stated that foundational public health is moving away from personal care and family planning and WIC are not foundational. Sandy noted that currently WIC is paying for itself. She explained that the applications to renew Title X are due at the end of June 2016 and have even more requirements added in, which also adds more cost. Dave said N.E.W. Health Programs (NEWHP) is going to be applying for Title X. Sandy said NEWHP offer services in clinics in many locations. NETCHD currently has a family planning clinic in Colville half a day one day a week and one day per month each in Newport and Republic. Sandy said we would hope to help coordinate a warm hand-off to ensure that our clients have another provider. We could also help with offering them a location for the clinic if need be.

Brad Miller moved and Steve Parker seconded the motion to discontinue providing family planning services at Northeast Tri County Health District. Providers would cease to see clients as of September 1, 2016, allowing a hand-off of clients to new providers within their communities and a close out of the fiscal elements of billing and grant payments through the end of the grant period, December 31, 2016.

Dr. Geoff Jones clarified that the providers in Colville are residents, not interns. He said those students jump at those opportunities and is not sure where this is coming from, though he is not speaking for Dr. Artzis. Dr. Jones also said he is not sure where the statement came from regarding Pend Oreille County. He said he would volunteer and talked about young teenagers having an alternative for them to access healthcare. He disagrees with adequate access provided, as it is difficult to access healthcare in a timely manner. Martha Winje, PA-C has been a family planning provider since 2013 and has concerns about reducing teenage pregnancies and sexually transmitted diseases.

Lou Janke asked if the rationale for discontinuing is monetary. Dave said the counties contribute $100,000 over and above what we receive from grants. Wes reiterated that NEWHP is applying for Title X and will able to continue with family planning services. Sandy said the Department of Health actually approached NEWHP. Wes said if NETCHD does not apply for Title X renewal, would that mean that we take that portion of county funding and plug fill that gap. Brad Miller asked if NEWHP has clinics in all three (3) counties. Dr. Jones said NEWHP have a fairly minimal presence in Pend Oreille County and said providers have not integrated well into the community. Dave said NEWHP has looked at coming into the Newport area. Dr. Jones said that the Newport Community Hospital could apply for Title X. Dave said it is the tri-county area, not just Newport. Karen Skoog said she had not heard of this. Wes told Karen that Mike Manus is a member of the Budget Committee and was part of these discussions.

Motion carried. Karen Skoog abstained.
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Dr. Jones, Matt Goodrich and Janine Goodrich left the meeting at 11:14 A.M.

GROUP B WATER SYSTEMS: Wes McCart said in the veto message one of the things that came out was the Department of Health (DOH) has tried to have a phone conversation with himself and Representative Short. Wes is hoping that the meeting that has been scheduled and rescheduled several times will take place on June 2, 2016. Part of the discussion will be about where we go from here and what do we do. Matt Schanz said he wants Board discussion because these conversations have been going on since 2013. There have been local efforts to try to address the change that the Group B Rule had, what our current options are and to solicit input from this Board. Matt asked for Board guidance on how they would like staff to proceed given the determination of where the bill ended up and what it was trying to solve. More importantly, what can be done at the local level to address helping people get their Group B water systems approved and what measure of public health is appropriate for existing Group B water systems. Matt does not know how much background discussion we want to have with respect to time.

Martha Winje PA-C left the meeting at 11:16 A.M.

Wes said DOH went to the governor and asked that he veto the bill. Wes knows this because of the hostile testimony. Wes sat next to DOH and got accused of being Flint, Michigan and he said that really burns him to this day. Wes said we collectively tried to reach out to DOH to find a solution to this way back and now after all of this time we are kind of back at square one. Wes is hoping that DOH has something to bring to the discussion rather than us solving it, trying to figure out a solution and then going back.

Matt provided an outline of our options:

- **No delegation** of responsibility to implement the Group B Rule at the local health jurisdiction level. There is no Joint Plan of Responsibility (JPR) or other documentation for this arrangement. DOH handles all Group B activities as outlined in the current Group B Rule. All water system plans must be submitted by a Professional Engineer (PE) and cannot be approved if treatment is required to meet water primary quality standards.

- **Delegated authority** under a JPR means the LHJ cannot approve a new or expanding Group B system that doesn't meet the standards outlined in the rule. Delegated authority may be “partial” or “full”. Partial delegation of responsibility to implement the Group B Rule. The LHJ will review and approve all design submittals for new or expanding Group B public water systems intending to serve nine (9) or fewer dwelling units and that may not require submittal by a PE, ensuring compliance with each design approval requirement in chapter 246-291 WAC. DOH will review and approve all design submittals for new or expanding Group B public water systems with ten (10) or more dwelling units and systems that require submittal by a PE for other reasons. (*by “may not” it means those Group B systems that may be exempted from the PE requirement under WAC 246-291-120(4) (a-e).

- **Full delegation** of responsibility to implement the Group B Rule. The LHJ will review and approve all design submittals for new or expanding Group B public water systems intending to serve nine (9) or fewer dwelling units. Ensuring compliance with each design approval requirement in chapter 246-291 WAC.
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Matt Schanz reported that recent developments have happened with those conversations. It appears that at least for a two (2) year period there will be money available to assist local health jurisdictions (LHJs) for implementation. If you implement the JPR would receive approximately $10,000 annually or if you implement your own ordinance you would possibly receive $20,000 per year.

In previous Board conversations, one of the biggest impediments is what can be done for a system that requires treatment for a primary contaminant. Matt said some of those situations have occurred and how do we assist those individuals in being able to go forth and do so in a prudent manner that protects public health as we go forward with treatment options. At the end of the day, that is the biggest issue. Wes McCart said this is the conversation he hopes to have with DOH and Representative Short. Matt said our previous understanding was the only way you could do that is under a local ordinance. There is at least a softening of a position at DOH that we possibly could do that under a JPR if we had some kind of program in place. Matt said conceptually in his mind, he is not sure how that would work because if you are going to have treatment, you would need some triggers in there and probably some kind of local rule that would say this is how we are going to deal with this. Matt thinks we would have to look at the legal aspects of how we could do a JPR and have a program by which we could approve and monitor treatments.

Steve Parker stated that regarding the implementation money, he would say at the outset that he is not interested without details as we are probably better off to do this completely on a standalone rather than any involvement that has to do with finance. Steve said we have been going around this a while now and he has his own opinions as to why we hit the initial roadblock and why its stalled-out for so long. Steve asked Matt a question about his statement regarding a couple of instances when DOH re-wrote the rule that would disallow treatment for this small segment when treatments above it and below it are taken for granted but here was this one block that we are going say disallowed. He asked what Matt has come across in the last several years in terms of people petitioning for a Class B within this categorical group that required treatment that was readily available but not allowed because of DOH current standards. Matt said we had at least one potential 4-lot short plat that had an exceedance for arsenic that chose not to proceed with the Group B water system and instead drilled individual wells. There have been some situations with arsenic exceedances. There was one situation in Pend Oreille County with a fluoridic exceedance and with uranium and the likelihood that we will see more Group B water systems negatively impacted with their ability to go forward increases.

Lou Janke said Matt has asked for direction and he agrees that we need the meeting with DOH first. Lou personally inspected Group B water systems while working for the Forest Service. In some of those systems, he observed some of the worst cases of public danger and health concern. Without any regulation, inspections or requirements for installation they are huge problems. The concern is the individual sickness but many of these systems lead to ground water contamination and possibly into the aquifer. Lou said there are many things that people do with these systems that can cause issues. Lou feels that we definitely need to pursue with DOH in the JPR approach or an ordinance. His experience is that DOH is an ally, have expertise and would like us to work together to come up with a joint plan to address this.
Lou Janke said this is a statewide issue. Wes McCart agrees there are many counties that are in exactly the same position we are. Over one-third of the counties have not signed onto any of this. Wes feels uncomfortable having no discussion with DOH regarding what happened with the bill and asking the Board to give Matt direction on something we don’t have any input on yet. Lou said what happened with the bill, and what the governor did is history and we need to determine how we are going to deal with this. Wes is hoping to have the discussion with DOH then hopes to have a discussion with the Board and DOH all together on what the possibilities are in moving forward. Lou suggested that Matt be a better person to have those discussions at the ground level to look at options and then go through the rest of the process. Wes told Lou that was his opinion.

Mike Lithgow talked about some challenges faced by a business owner going through the Group B water systems state process. No process is perfect, but the state process that a bed and breakfast (B&B) business in Pend Oreille County recently went through was challenging and very difficult for the owner to open her small business. Pend Oreille County does not have enough transient accommodations. Mike said they look at B&Bs and different types of smaller lodging accommodations in the rural areas that are a lot of times not on Group A systems and need to develop their own system. He thinks that from that experience, he can see it moving forward just having more local control and a little more flexibility with treatment and possibly engineering requirements that can be expensive for really these small systems. This can make it really difficult for those that are trying to eke out a living on a small transient accommodation to do so. He talked about the big upfront start-up costs. Mike said he may not be able to attend those meetings as discussions move forward he wanted to get the point across that there is local concern here that the state system is not local.

Karen Skoog asked Wes if he is suggesting that there be another discussion at the July 2016 Board meeting. Wes said yes. Karen asked that each Board member buckle down on homework on this issue. She said this has gone on too long and we need to come to a determination to move forward on it and decide what direction we are going to go. Matt had extended an invitation to Representative Short to attend this meeting and due to a conflict she was not able to attend. The purpose really with this group and as a whole Board of Health is to discuss how we solve the issues locally with the tools we have at our disposal. Wes said we could probably do that in a workshop if we know what our options are and if there are solutions to bring to the Board and it sounds like there have been some conversations with them on that. Wes said he has been going back and forth with Drew Bouton with DOH for weeks now on this. Wes once again brought up the need for the phone call with DOH. Matt said he thinks there might have been a call. Wes said there was and he was the only one on it because Representative Short and DOH weren’t able to attend. Wes said the meeting is rescheduled and he is working on it.

Dorothy Tibbets, Scott Torpey and Mike Lithgow left the meeting at 11:30 A.M.
ADMINISTRATOR POSITION: Dave Windom said he would like to advertise for an administrator. Wes McCraty said page 5 on the job description listed the position as non-exempt. Dave said that is an error. Lou Janke asked if any type of Bachelor’s degree would work. Dave said yes. Steve Parker asked who would be on the interview panel. Management Team and members of the Personnel Committee (Wes McCraty, Brad Miller, Steve Parker and Kathleen Turpin) will participate in the interview process. There was discussion about the salary and ‘depending on experience’. Steve said typically you list the annual salary range and add ‘depending on experience’. Lou Janke said listing the range is better. Kathleen Turpin moved and Brad Miller seconded the motion to approve the job description for the administrator of Northeast Tri County Health District with described changes. Motion carried.

Lou asked about length of time this will take and noted that it is okay to tax people for a short time. Dave said the plan is to interview in July and the hiring at the July 20, 2016 Board of Health meeting. Wes said Matt Schanz and Sandy Perkins were asked to take on the duties and should be paid in the meantime. Wes suggested giving them $500 per month each during the interim. It was decided that Dale House would also receive compensation.

Lou Janke moved and Karen Skoog seconded the motion to increase the gross monthly salary by 10% for Dale House, Sandy Perkins and Matt Schanz until the hiring of a new administrator.

Bruce Perkins asked the Board if anyone has asked Dale, Sandy and Matt if they want to do this work. Wes said Dave had stated that yes he had checked with them. Sandy said she would be willing for a short term. Kathleen asked if that was enough money. Steve asked Matt and Sandy if this amount seems to be adequate compensation. Matt said in all honesty, he is more than willing to do his part so that this District will go on. Matt said the money does not mean that much to him. Matt said what means more to him is where this District is going. He added that if he can do this, this is the most important thing for the District. Sandy said it is better than nothing and reiterated that she can’t do it long-term, that she has her health to look after and will be setting limits on her own time. Dale said he appreciates the thought and will be okay for the short term.

Wes said we will move forward with motion the way it is and instructed Dale, Sandy and Matt to let him know if the compensation is not enough and it would be brought back to the Board for consideration. Brad Miller said he does not feel that is enough and suggested increasing to 15%.

There was a vote on the original motion of a 10% salary increase. Motion failed.

Brad Miller moved and Karen Skoog seconded the motion to increase the gross monthly salary by 15% for Dale House, Sandy Perkins and Matt Schanz until the hiring of a new administrator. Motion carried.

RESOLUTION 02-2016: ADOPTING A WORKPLACE SAFETY POLICY: Steve Parker moved and Lou Janke seconded the motion to approve Resolution 02-2016: Adopting a Workplace Safety Policy. Motion carried.
RESOLUTION 03-2016: ADOPTING A PERSONNEL POLICY CHANGE: The following revisions to Chapter 8 – Procedure 8.2 – Northeast Tri County Health District Personnel Policy – Shared Leave Program – Shared Leave Recipient Criteria – sections 4-6:

4. The maximum number of donated hours that an employee may use will be equivalent to eight (8) weeks (three-hundred (300) hours for 100% full-time equivalent or pro-rated based on full-time equivalent percentage) during a twelve (12) month period. *(After the twelve (12) month period has elapsed, any unused donated leave cannot be used).* No shared leave will be allowed for employees found unable to return to work through certification of their physician.

5. *Should an employee’s employment records indicate a consistent lack of more than five (5) days accumulated sick leave or a persistent pattern of using one or more sick leave days per month (without evidence of chronic illness), the employee will not be able to receive shared leave.*

6. *All requests to receive donated leave will be reviewed by the supervisor and/or division director and the administrator.* The administrator has final approval authority.

Lou Janke moved and Kathleen Turpin seconded the motion to approve Resolution 03-2016: Adopting Personnel Policy Change as described above. Motion carried.

RESOLUTION 04-2016: ADOPTING A PERSONNEL POLICY CHANGE: The following revisions to Chapter 4 – Management Procedure 4.3 – Northeast Tri County Health District Personnel Policy – Fair Labor Standards Act (FLSA) Exempt and Non-Exempt Status – the following positions will be changed to exempt to bring us in compliance with the FLSA:

- Network Manager/Payroll Secretary
- Public Health Nurse III
- Environmental Health Specialist III

Brad Miller moved and Steve Parker seconded the motion to approve Resolution 04-2016: Adopting Personnel Policy Change as described above. Motion carried.

RESOLUTION 05-2016: APPOINTMENT OF AGENT TO RECEIVE CLAIMS: Lou Janke moved and Karen Skoog seconded the motion to approve Resolution 05-2016: Appointment of Agent to Receive Claims – appointing Matt Schanz as agent to receive claims for Northeast Tri County Health District. Motion carried.

RESOLUTION 06-2016: PUBLIC EMPLOYEES RETIREMENT SYSTEM: Public Employees Retirement System (PERS) members employed by Northeast Tri County Health District (NETCHD) were reported to the Washington Department of Retirement Systems (DRS) as if employees of Stevens County since its inception, January 1977. A PERS account has been created effective June 1, 2016, with PERS members employed by NETCHD to be reported to DRS under the new PERS account with the July 5, 2016 payroll cycle. Karen Skoog moved and Steve Parker seconded the motion to approve Resolution 06-2016: Public Employees Retirement System as described above. Motion carried.
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**CHAIRMAN REPORT:** Wes McCart restated that said he is anxiously awaiting the phone call from DOH in hopes of resolving the matter of Group B water systems.

**BOARD OF HEALTH MEMBERS:** Steve Parker encouraged people to let your desires be known regarding the Colville National Forest.

Lou Janke talked about the PM-10 exceedance from February 2016. The Environmental Protection Agency (EPA) will determine what they want to do if anything next spring. He indicated a meeting held last week to discuss Lifelift housing one helicopter in Colville in the fall 2016 to serve the tri-county area.

Brad Miller said he remembers when Stevens County Commissioners were unhappy with the increase in fees for environmental health. Brad said he did not pay close enough attention. He suggested looking at changing the way we do business and that it goes back to the cities and counties for ratification.

Karen Skoog said Pend Oreille County still has a moratorium in place on marijuana retail sales.

**HEALTH OFFICER REPORT:** Dr. Artzis was not in attendance and had no report.

**COMMUNITY HEALTH REPORT:** Sandy Perkins reported that she attended a meeting with Early Head Start and Washington State University School of nursing regarding providing education to physicians about lead testing children.

Public Health Nurse Kay Scamahorn has retired and we are certainly missing her presence! Additionally, Cindiee O’Brien Secretary/Receptionist in our Colville office will be leaving us at the end of this month. We will all miss her smiling face and cheerful attitude!

Although there are some sporadic influenza cases occurring around the state, Dr. Artzis has declared flu season to be over, which means that staff members at healthcare facilities who were not immunized against flu no longer must wear masks while providing patient care.

Work has begun on the youth marijuana/tobacco program as a sub-contractor to the Spokane Regional Health District. At the time of this report, interviews for a health educator to work in this program are in process. Currently, the funding for the program is certain through June 30, 2017. Recruitment for the new position is a temporary grant-funded position. Work will focus on prevention youth initiation of use with one of the major measurements of the effects of the program measured by the responses collected as part of the Healthy Youth Survey.

The WIC program in Colville has changed its schedule. Walk-in clients will be on Mondays as opposed to Thursdays as has been the practice in the past. With Kay’s retirement, front desk staff will add additional WIC responsibilities. Community health staff across the Health District are being affected by the retirement of Kay, the impending departure of Cindiee as well as the impending departure of Dave Windom as responsibilities are being spread across existing staff. Sandy thanked everyone for doing their best!
ADMINISTRATION REPORT: Dave Windom said lead seems to be a big thing and we have always dealt with it here. Wes McCart said the same is true about uranium.

The Pend Oreille Health Coalition (POHC) and Ferry County are both moving ahead with mini-Acountable Communities of Health. The Critical Access Hospital Network continues to support the coalitions as well as Amerigroup and Molina who are becoming even more involved. POHC has begun grant writing and recently awarded a grant that will pay a school nurse to provide care coordination within the Newport school system. Ferry County is working on some governance issues and fiduciary concerns as they put together partners and long range plans. Jan Steinbach and Judy Hutton will be stepping up to be that NETCHD leadership in those organizations. Groups from across the state are watching the progress made here and are looking to emulate it. The Stevens County Health Care Roundtable may provide a springboard for similar efforts in Stevens County.

The vaping legislation did pass and becomes law on July 1, 2016. State preemption covers licensing, fees and penalties while the local jurisdictions have the ability to determine use. By that, the legislature allows local health jurisdictions to determine whether they will include vaping under the indoor air quality regulations and to what extent. The Board will need to address what direction it wants to take concerning vaping at the July 20, 2016 Board of Health meeting.

Kay Scamahorn, Public Health Nurse and Supervisor at the Colville office retired this month after twenty-five (25) years with NETCHD and will be missed very much. Cindie O’Brien is moving to Texas to be closer to family and will also be very much missed. We have decided not to fill these positions at this time but rather to spread those duties across remaining staff.

Dave said the NETCHD reserve use for 2016 will most likely use much of our fund balance. NETCHD received a $92,000 grant but spreading the workload from Kay and Cindie takes up any slack we may have. We are recruiting for a health educator to work in youth marijuana and tobacco prevention, the first health educator we have had on staff since 2009 and a position that has been sorely missed as public health moves into a more primary prevention rather than direct service.

Our FTE’s stand at 19.2 down three (3) FTE from my last report in March 2016.

Dave said over the past six (6) years we have seen huge changes in public health and he has no doubt that change will be the only constant for some time to come. He thanked the Board for supporting him for the past six (6) years. The Board members thanked Dave as well. Dave said he is truly grateful for all of the great experience and opportunities he has gained by working at NETCHD and will miss all of the team members. He appreciated the cooperation of staff and hopes that his future experiences will go as well. NETCHD truly has the rock stars of public health. Dave said he wishes everyone at NETCHD every success.
ENVIRONMENTAL HEALTH REPORT: Matt Schanz talked about staffing issues. He said with respect to the past discussion on the future of the Health District, he expressed concern about retention of qualified staff.

There was a general discussion about media interest in lead in drinking water. While water systems have been dealing with lead issues for some time and there have been education efforts geared towards environmental exposure to lead, schools have not been the subject to many of these concerns until recently. In terms of what they should do regarding testing, etc., really has never been on their radar as much as it is now. Wes McCart asked why we are not hearing about changes in uranium. Matt said there has been a recent interpretation that uranium should be evaluated for Group B systems in certain areas of the state. With respect to the handout in the Board packet regarding on-site sewage system remediation systems, Wes said to give comments on remediation technology to Matt. There was some discussion about why a review process was needed on these types of systems. Matt said there needs to be an upfront review to make sure it is an appropriate use of the technology to fix a failing system and that it did not create a situation where treatment of wastewater is circumvented. Wes talked about a pre-1971 system that is failing and wants to use this method. He asked if this method can’t be used. Matt said that is covered under the rule and is some circumstances, it could be used. An evaluation would need to be done to make sure.

As a follow up to past Board of Health discussion regarding Valley School District and Lane Mountain Silica, on March 31, 2016 Agency for Toxic Substances and Disease Registry (ATSDR) approved the request to complete an environmental exposure investigation. Currently, an exposure investigation protocol, plan for the site, and timeline are being developed. The Department of Health (DOH) is assisting with communication and outreach plan.

The Environmental Protection Agency (EPA) is focusing on testing for metals, including lead, in soils around Northport. EPA received 134 access agreements from property owners to sample soils. EPA inspectors are visiting with property owners now and will commence sampling in the summer of 2016. Citizens from the Northport area have also raised concerns regarding possible on-going air quality impairments, including lead emissions, from Teck. Approximately eight (8) individuals have sent requests to EPA requesting further air testing.
When existing on-site sewage systems fail to work, the required course of action is to replace the system with new components (septic tank and/or drainfield.) Under WAC, this requires a repair permit, of which NETCHD charges ½ the cost of a new system permit. Recently, two (2) area companies have started to use proprietary remediation systems to “fix” failing drainfields. Based on requirements to permit a repair of the system, these remediation processes fall outside the typically sought approaches. A waiver of the rule is required and it seems appropriate to have some level of public health protection to ensure that use of a proprietary remediation system resolves the failure of the system and ensures that ground and surface water is protected from disease causing organisms associated with wastewater. Matt Schanz attached a draft document, based on DOH interim guidance, to address this issue. NETCHD staff proposes to work with the current area companies to finalize the document and develop a reduced fee for permitting its use in NETCHD.

Each Board member received a copy of the Northeast Tri County Health District 2015 Annual Report and Strategic Plan.

There was a brief discussion about transgender bathrooms.

Brad Miller reported that Curlew is moving forward with their sewer project.

**PAYROLL & VOUCHERS:** Attached to these minutes are benefits and payroll amounts from April 5, 2016 through May 5, 2016; and voucher amounts from March 16, 2016 through May 11, 2016.

**ADJOURNMENT:** Chairman Wes McCart adjourned the meeting at 12:16 P.M. The next regular meeting of the Board of Health of Northeast Tri County Health District will be on Wednesday, July 20, 2016 in Ferry County.

Respectfully submitted,

[Signature]
Samuel A. Artzis, M.D., Health Officer

By
Kelly D. LeCaire, Executive Secretary

Wes McCart, Chairman
Northeast Tri County Health District

The following voucher/warrants are approved for payment:

2016

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