



**BENTON-FRANKLIN HEALTH DISTRICT  
BOARD OF HEALTH**

**MEETING MINUTES**

**April 20<sup>th</sup>, 2022**

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## IN ATTENDANCE

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<b>Benton</b>	<input checked="" type="checkbox"/>	Commissioner McKay	<input checked="" type="checkbox"/>	Jason Zaccaria, Administrator & BOH Executive Secretary
	<input checked="" type="checkbox"/>	Commissioner Delvin	<input checked="" type="checkbox"/>	Dr. Amy Person, Health Officer
	<input type="checkbox"/>	Commissioner Small	<input type="checkbox"/>	Lisa Wight, Sr. Human Resources Manager
<b>Franklin</b>	<input checked="" type="checkbox"/>	Commissioner Didier	<input checked="" type="checkbox"/>	Jeff Jones, Sr. Finance Manager
	<input checked="" type="checkbox"/>	Commissioner Mullen	<input type="checkbox"/>	Rick Dawson, Sr. Surveillance & Investigation Manager
	<input type="checkbox"/>	Commissioner Peck	<input checked="" type="checkbox"/>	Carla Prock, Sr. Healthy People & Communities Manager
			<input checked="" type="checkbox"/>	Janae Parent, Administrative Services Manager
			<input checked="" type="checkbox"/>	Eric Elsethagen, Information Systems & Security Manager
			<input checked="" type="checkbox"/>	Carl Turpen, Lead Systems Analyst
			<input checked="" type="checkbox"/>	Diane Medick, Administrative Assistant
			<input checked="" type="checkbox"/>	Kirk Williamson, Benton Franklin Community Health Alliance
			<input checked="" type="checkbox"/>	Annette Cary, Editor, Tri-City Herald
			<input checked="" type="checkbox"/>	Kristi Sharpe, KEY Connection
			<input checked="" type="checkbox"/>	Leslie Rivera, WNSA Union Rep

## CALL TO ORDER

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Chairman Mullen called the meeting to order at 1:33p.m.

## APPROVAL OF MINUTES

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Commissioner Delvin moved to approve meeting minutes for February 16<sup>th</sup>, 2022.  
Commissioner McKay seconded. Motion carried.

Commissioner McKay moved to approve meeting minutes for February 23<sup>rd</sup>, 2022.  
Commissioner Delvin seconded. Motion carried.

Commissioner Delvin moved to approve meeting minutes for March 2<sup>nd</sup>, 2022.  
Commissioner McKay seconded. Motion carried.

## DISCUSSION ITEMS FROM THE PUBLIC/STAFF

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There were ten written comments provided to the Board of Health (BOH) ahead of the meeting. Of the ten, there were nine public comments provided to the Board of Health expressing opposition to the State Board of Health's consideration of a COVID-19 vaccine mandate for public schools. With the chair's permission, J. Parent read the



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names of the written commentors into the record who expressed opposition to the mandate including, Charity Bauder, Tina Gregory, Jodi Kendall, Amaryah Daniels, Nathan Clark, Deborah Puku, Melissa Poland-Knapik, Laura Devos, and Lindsay Clark.

There was one final written comment provided by Ron who expressed concern with BFHD website data and information. Additionally, the commenter provided a copy of the Centers for Disease Control and Prevention's (CDCs) Vaccine Adverse Event Report System (VAERS) and a copy of Pfizer's report.

## **UNFINISHED BUSINESS**

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### **1. 1152 Update – Jason Zaccaria**

- a. The State Board of Health met last week and discussed House Bill (HB) 1152 including discussion of proposed rules under a new chapter in the Washington Administrative Code (WAC) 246-90. During the meeting two members of the State Board of Health (SBOH) reviewed and updated a PowerPoint presentation, including a highlight of WAC 246-90.
- b. The Code Reviser (CR) -102 was filed in late February which then opened the formal comment period that then closed at the end of March this year. The new chapter makes provisions that dictate the scope, applicability, definitions, requirements for non-electeds, recruitment, selection and appointment process for non-elected members, and reviews exceptions to these rules.
- c. At the local level, J. Zaccaria believes the Health District has everything needed to get going on the Board of Health (BOH) 1152 Committee to include identified BOH members, Health District staff including J. Zaccaria, Jeff Jones, Janae Parent, and Lisa Wight. As the revision process moves forward the 1152 Committee will also loop in Keith Johnson, Matt Rasmussen, Jerrod MacPherson, as well as the Health District's general counsel Chris Mertens as needed.
- d. The implementation date is July 1<sup>st</sup>, 2022. The Health District anticipates needing to meet every other week to get started either virtually or in-person. There may be a need to have a few Special Board of Health meetings to get through the recruitment, selection, and appointment process. Internally, Health District staff have been meeting for several months tracking the progress of the State Board of Health and have stood up a Microsoft (MS) Teams site for document collection from the State, legal opinions, handouts, etc. for the 1152 Committee.
- e. The Health District expects to have the first 1152 Committee meeting as early as next week where initial topics discussed will include review of the MS Teams site, updating the BOH By-Laws, and developing a timeline with due dates. There has been discussion amongst many Local Health Jurisdictions (LHJs) with the Department of Health (DOH) and the SBOH about what happens if the local Board of Health does not make the deadline. The response back has been that



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LHJs should at least be making progress towards compliance, and if there is progress there should not be any fines or penalties. Additional items that will be discussed by the 1152 Committee include initial terms for the non-elected members and establishing meeting frequency.

- f. Commissioner Delvin asked if the makeup on the original law changed much. J. Zaccaria responded not really, adding that there were only subtle changes made including grammatical and punctuation changes. Commissioner Delvin then asked about structure and whether it would change from six to twelve members or something different. J. Zaccaria responded saying that there a couple of options with the first being all six electeds (Commissioners) continuing to participate on the Board of Health and then six additional non-elected members would be appointed. The second option would be if a single Commissioner from each county chose to bow out, then the Board of Health could run with four electeds (Commissioners) and four non-electeds.
- g. Commissioner McKay asked if the six non-electeds would have a vote on Board of Health business. J. Zaccaria responded that the non-elected members would be a full voting member apart from permit and fees adjustments. Commissioner McKay clarified that the non-electeds are citizens not Health District staff, J. Zaccaria responded yes, clarifying that the citizens would need to meet the requirements set forth in HB 1152 from one of the three categories provided.
- h. Commissioner Didier asked if non-elected members get to vote on financial matters. Jeff Jones responded that the Health District will need to follow the specific requirements set in HB 1152, adding that non-elected members are voting members of the Board of Health except as it pertains to any decision related to the setting or modification of permitting, licensing, or application fees.

**2. COVID-19 Update – Dr. Amy Person**

- a. At present in Washington State, the Omicron subvariant BA.2 is the predominant circulating strain of COVID-19. Right now, the west side of the state is seeing higher rates due to the spread of the subvariant. Dr. Person anticipates seeing an increase infections rates within the community as a result of BA.2.
- b. The traditional method of determining rate of infection is not as effective as case rates were being used to help identify rate of infection. Testing has seen a significant decrease in the bi-county area due to overall fatigue with COVID-19 and the lifting of restrictions, so tests are not required in as many situations.
- c. There have been 59 reported cases over the last seven days, giving Benton County a case rate of 24 cases per 100,000 over the period of seven days, and Franklin County 10 cases per 100,000 over the period of seven days. Hospitalizations over the last seven days is 2.64 patients. While the numbers are low and can be encouraging, they do not reflect the true level of infection in the community. This is important because there are still individuals who are at risk for



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severe disease. The Health District is still seeing intermittent outbreaks in facilities that care for those at highest risk.

d. No questions.

**NEW BUSINESS:**

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**1. Request for approval of 2 Human Immunodeficiency Virus (HIV) Case Management Full-Time Equivalents (FTEs), including a Health Services Worker (HSW) and Case Manager – Jeff Jones**

- a. The Health District put in a request to DOH to increase funding in providing HIV Case Management services. DOH has agreed to the increase and is providing the Health District with an increase of \$165,000 to support an additional 1.0 FTE HSW for a total compensation of approximately \$59,000, and 1.0 FTE Social Worker to serve as a Case Manager for a total compensation of approximately \$78,000. The positions would be contingent on continued grant funding from DOH.
- b. Commissioner Delvin asked if the Health District is currently offering these services. J. Jones stated yes, adding that the Health District currently has three Case Managers and the new Case Manager and HSW positions would help the Health District meet the current demand. All are being paid for now by DOH.
- c. Commissioner McKay asked about longevity and how long it would run for. J. Jones stated that the funding for this program is part of the Consolidated Contract which can fluctuate year to year, noting sometimes there are decreases and other times increases. J. Jones anticipates the funding remaining level for the next couple of years.
- d. Commissioner McKay asked what the current workload is and if there was information to support the need. J. Jones said yes, in fact there used to be four case managers, but then the program had to reduce the number of staff. J. Zaccaria reassured that if funding goes away, then the employee goes away, ideally based on a decrease in caseload.
- e. Commissioner Delvin moved to approve the request for 2 HIV Case Management FTEs including 1.0 HSW and 1.0 Case Manager. Commissioner McKay seconded. Motion passed unanimously.

**2. COVID-19 & Wastewater Testing Update – Dr. Amy Person**

- a. For the reasons stated earlier, the Health District has been identifying better ways to continue to monitor COVID-19 activities in the communities. This effort is being performed primarily to ensure that public health and health care systems can anticipate a surge, so that the systems are not overloaded.
- b. Wastewater surveillance is a methodology that has some advantages over traditional COVID-19 testing, as it is not as behavior dependent. Traditional COVID-19 testing can be influenced by whether someone has access to testing



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and over the counter tests that are not required to be reported. Additionally, testing patterns are also dependent on whether someone is required to get a test whether for surgery, travel, or work. Wastewater surveillance is not dependent on this type of behavior.

- c. Wastewater surveillance has been used in other areas, although for COVID-19 it is new. Dr. Person provided a graph depicting the detection of COVID-19 in wastewater. The Health District is fortunate that a number of municipalities are participating in this strategy and are providing samples to DOH and CDC for measurement. Municipalities participating include Richland, West Richland, Pasco, and Kennewick.
- d. The dark maroon line in the graph indicates the seven-day average concentration in wastewater and that is overlaid with the blue dotted line which is the seven-day hospitalization rate. Data only goes back to October, so evaluation has only been through the Omicron surge. Similar to case ascertainment, the Health District sees that the concentrations in wastewater tend to proceed the increases in hospitalizations. This is reassuring in that it mirrors what was saw with case counts, as typically case counts rise before hospitalizations.
- e. The Health District with DOH and CDC anticipates being able to get better detail as to what the data means for monitoring and identify before hospitals become overloaded, so the community can prepare. Specimens can be sequenced so it is also a way to look for the emergence of new variants. It can also be used to monitor other diseases in wastewater. For additional information Rick Dawson did a short video with basic explanations that is available to the public on the Health Districts Facebook page. Carla Prock added that the graphic provided to the Board of Health will be available next week to the public on the Health District's website.
- f. Commissioner McKay asked how much the wastewater surveillance was costing the Health District. C. Prock stated there are no local funds involved in this surveillance. If there are any costs it would be absorbed by the municipalities that are collecting the water samples for DOH.
- g. Commissioner Delvin noted that this wastewater surveillance technology has been around for some time, adding that there was a time when wastewater was being monitored to help determine how much medication that the community takes ends up in the wastewater and could subsequently affect the environment.

**3. May is Mental Health Month – Carla Prock and Kristi Sharpe**

- a. C. Prock reminded the BOH that next month, May, is mental health month. It is a time for everyone to look at awareness of issues with mental health in the community as well as available resources. The Benton Franklin Community Health Alliance (BFCHA) has a Behavioral Health Sub-Committee. That Sub-



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Committee has a planning group that is working on planning activities for awareness and events for May.

- b. In advance of the next ask on the agenda, the Health District has invited Kristi Sharpe, a Community Coordinator from Key Connection to share information about what is going to be going on in the community. Key Connection is a local coalition that supports efforts in Kennewick focusing on youth substance prevention and illness initiatives.
- c. K. Sharpe stated that the mission of the coalition is to prevent youth substance use and promote good mental health in youth. Key Connection has partnered with the BFCHA Behavioral Health Sub-Committee and other local organizations including similar coalitions in Pasco and Benton City, Lutheran Community Services, Boys & Girls Club, and Suicide Coalition. The group came together to come up with ideas on how to promote Mental Health in the month of May.
- d. K. Sharpe stated that the purpose of this recent effort is to promote resources and reduce stigma around mental health. The group has decided to put together a couple of campaigns for youth and adults. One of the campaigns being used was developed by the Health Care Authority called, "No Shame in Your Brain." The second campaign was developed by Providence (Kadlec) called, "Work to be Well." This campaign will be promoted on all forms of social media and on radio once a week, on Mondays. There will also be Monday morning announcements at local schools with tips and tools for youth on coping strategies and to help reduce stress and anxiety. Lastly there is a common hashtag that will help unite all mental health efforts across the greater Tri-Cities in making resources available to adults and youth.

**4. Review and approval of Resolution #22-01, Mental Health Month – Carla Prock**

- a. C. Prock asked if the Board of Health would support these efforts by passing Resolution #22-01, May is Mental Health Month, which will help with earned media and kick off the campaigns and other items described by K. Sharpe.
- b. Commissioner Delvin moved to approve Resolution #22-01, Proclaiming May as Mental Health Month in Benton and Franklin counties. Commissioner McKay seconded. Motion passed unanimously.

**5. Benton Franklin Community Health Alliance Update – Kirk Williamson**

- a. K. Williamson provided a PowerPoint presentation to the Board of Health. In summary three local hospitals were in an arms race with each other competing on new or better technology and strategies. Community business members asked for a better way to convene on like items together with a neutral convener at the center.
- b. BFCHA initially started as a task force for the Cancer Center, which resulted in the present day Tri-Cities Cancer Center that is known around the world. After



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that, and with many other initiatives completed, the task force formally became known as BFCHA and filed for the 501c3 tax exempt status, and continues to be a neutral convener for the bi-county health care systems.

- c. K. Williamson provided a summary of work completed over the last several years including suicide prevention wallet cards and Boxes of Hope for families that have lost a loved one to suicide.
- d. BFCHA also works with the Human Services Coalition and Youth Suicide Prevention Coalition, which sponsored a workshop in 2018 that Senator Brown supported. Washington State is developing, as a result in part to the first review that was done by BFCHA, a 24/7 multi-platform including social media, chat, telephone, and website that will give Washingtonian's access to a 24/7 line of support to prevent suicide. Washington will join 21 other states in providing this access.
- e. K. Williamson also went over the Patient Safety Coalition, Oral Health Coalition, Food Access and Security Coalition, Ben Franklin Transit Mobility Advisory Task Force, and Tri-Cities Diabetes Coalition all of whom BFCHA supports.
- f. Current work includes providing a framework for the Health District to perform a Community Health Needs Assessment, as well as Kadlec/Providence. This assessment is performed every three years, and there is currently a community survey out as well as some listening sessions with Veterans, Seniors, and other broad community representatives.
- g. Funding for BFCHA is provided by all three hospitals and Greater Columbia Accountable Communities of Health (GCACH). The Health District provides a number of services that help get the job done for BFCHA as well.

## **ANNOUNCEMENTS**

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C. Prock informed the BOH that the Health District is working with the Steering Committee to host two behavioral health forums in May and two related to housing and homelessness. The first forums will be held at United Way in the afternoon of May 17<sup>th</sup> for the Behavioral Health forum and the morning of May 18<sup>th</sup> for the housing and homelessness forum.

## **APPROVAL OF VOUCHERS**

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Commissioner Delvin moved to approve vouchers 13-2022 through 31-2022 in the amount of \$1,815,012.45 with the Chairman to sign the vouchers on behalf of the Board of Health. Commissioner McKay seconded. Motion carried.

## **EXECUTIVE SESSION**

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Not needed.





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**DATE OF NEXT MEETING**

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Date of next meeting will be May 18<sup>th</sup>, 2022.

**ADJOURNMENT**

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Chairman Mullen adjourned the meeting at 2:31p.m.

*Signature on file*

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Commissioner Rocky Mullen  
Chairman of the Board

*Signature on file*

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Jason Zaccaria  
Executive Secretary

