

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, October 27, 2011 was called to order by Councilmember Dave Crump, Chair, at 12:30 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

## **PRESENT**

Commissioner Al French (arrived at 1:00pm/departed 3:47pm)

Commissioner Todd Mielke (arrived at 12:34pm/departed 3:55pm)

Commissioner Mark Richard (arrived at 12:35pm/departed 3:23 pm)

Councilmember Steve Corker

Mayor Mary Verner, Vice Chair (arrived 1:08pm/departed 3:16 pm)

Councilmember Amber Waldref

Mayor Tom Towey

Councilmember Bill Gothmann

Councilmember David Crump, Chair

Board Member Michael Fisk, DC (arrived at 12:32 pm/departed 2:49 pm)

Board Member Susan Norwood, EdD, RN (departed 2:15 pm)

## **ABSENT**

Board Member Bob Lutz, MD, MPH

*The Chair, Councilmember Dave Crump asked for two Citizen Input opportunities to be held at the meeting. The first as the standing agenda item allowing citizen input and the second for input on Resolution #11-05 Adoption of the 2012 Budget, which will take place before the presentation on the resolution.*

## **CITIZEN INPUT**

- Rose Marie Waldrem, Green Acres, WA—spoke on the risks of approving Resolution #11-07 amending the bylaws to authorize the BOH to issue nonbinding guidelines & recommendations on issues impacting public health.
- Carolyn Pickett, Spokane County, WA – spoke on the agency budget and accreditation efforts and asked for a recall of any monies allocated to the program.

## **CHAIR REPORT – Councilmember Crump**

Emergency contact numbers were updated and distributed in the Board Member packets.

The sign-up sheet for department/agency meetings were distributed to Board Members and would be given to SRHD staff who will contact members to notify them of meeting times and places.

Spokane and Washington State were mentioned in an article in the *NALBOH News Brief* magazine for action against selling e-cigarettes to minors.

## **HEALTH OFFICER REPORT – Joel McCullough, MD, MPH, MS**

### **Flu Update**

There are no reports of flu in Spokane. Nationally, reports are low for the illness with no reports of widespread regional or local flu activity at this time. SRHD is working with the YMCA and YWCA on conducting 2 flu clinics. The first was held on October 22<sup>nd</sup>, which served approximately 350 people and the next clinic is scheduled for October 28<sup>th</sup> from 9am-11am at the Spokane Valley YMCA.

There has been significant media coverage on the flu efforts with 17 newscasts and a reporter from KXLY receiving a televised flu shot at the health district. Health district staff are providing flu clinics for businesses, retirement homes, fire departments and a homeless outreach program. In terms of flu distribution, Spokane County has received about 50,000 doses from DOH and about 30,000 doses have been sent to providers in the community.

### **Tuberculosis Update**

The Spokane Regional Health District is responsible for tuberculosis (TB) control in Spokane County and over the last few months there have been individuals with active TB that is resistant to first line medications. This has been seen globally and throughout the country, but it is the first time it has been seen in Spokane County.

### **State Budget Update**

Included in the agenda packet is document called, “DOH Reduction Options Summary for 2011-2013” dated September 26<sup>th</sup>. This document was produced by DOH when the governor asked for a 10% reduction of general funds. For the DOH, that totals approximately 16 million dollars. The document outlines the potential budget impacts. Given the state budget issues, it is anticipated there will be more cuts than outlined.

This morning there was a conference call with DOH and the Public Health Executive Leadership Forum. Secretary Selecky provided updated information on the budget, which include:

- HIV/AIDS program reductions of \$5.3 million will only be \$3.5 million.
- Newborn screening program planned reductions of \$150,000 will be added back in the budget.
- Maternal and Child Health programs will be reduced by \$2,653,000. Those reductions are relevant to the budget discussion today because it affects care coordination for maxillofacial birth defects, cranial facial anomalies, medical resident training in miscarriage management, and infrastructure in neurodevelopment centers that service children with special health care needs.
- Breast and Cervical Cancer program cuts of \$2,392,000 will be added back into the budget.

Other state agency documents have been released. For the Health Care Authority, the 10% cuts translate to about \$446 million. Their proposed cuts include adult pharmacy benefits, termination of the medical disability lifeline, ADATSA and termination of the basic health plan. Their proposal also called for the termination of the maternal health support services. It was

reported this morning that the governor will add 50% of those dollars back into the budget so the state could receive federal match.

The Department of Social and Health Services (DSHS) is expecting a cut of \$573 million dollars with an additional reduction of \$300 million from other funding sources primarily the federal government.

**Board Discussion:**

- Board Member Fisk asked how the Maternal Health program cuts affect the agency. A) The cuts of \$50,000 affect the maxillofacial care coordination, which has been eliminated for the agency's 2012 budget.
- Councilmember Gothmann clarified that the Maternal Health program reductions were not added back into the budget.
- Commissioner Richard asked what definitively the known budget reductions are. A) The total cuts across all state agencies are \$1.4 billion which is a 10% cut and it is known that the governor will ask for a total of \$2 billion. The 10% is a starting point for future reductions.
- Commissioner Mielke asked if the program that was added back into the Health Care Authority (HCA) budget was related to maternal health. A) The 50% that was added back into the HCA budget was related to maternal health, but didn't affect the reductions to maternal health through DOH.

**CONSENT AGENDA**

Consists of items considered routine which are approved as a group. Any member of the Board may request to remove an item from the Consent Agenda to be considered separately.

Meeting Minutes September 22, 2011

Vouchers paid September 1-30, 2011

**APPROVAL OF MINUTES**

*Motion: To approve the September 22, 2011 Board of Health meeting minutes.*

*Motion/Second: Gothmann/Norwood*

*Approved: Unanimously*

**APPROVAL OF VOUCHERS**

Vouchers audited and certified by the auditing officer as required by RCW 42.24.080, payroll warrants, and those other claims as required by RCW 42.24.090, have been recorded on a listing which has been made available to the Board. Time frame of claims: September 1 –30, 2011. The Board, in a vote as moved by Councilmember Gothmann and seconded by Board Member Norwood, did approve for payment those vouchers included in the following list and further described in the total amount of \$1,633,301.73.

Voucher Numbers:	#212233 - #B&OAUG11	\$ 309,182.72
Payroll Warrants:	#727646 - #727687	\$676,139.72
Advice Numbers:	#DD13134 - #DD13339	

Payroll Warrants:	#729839 - #729878	\$647,979.29
Advice Numbers:	#DD13340 - #DD13547	
	TOTAL	\$1,633,301.73

***Motion: To approve for payment those vouchers included in the above list and further described in the total amount of \$1,633,301.73.***

***Motion/Second: Gothmann/Norwood***

***Approved: Unanimously***

## **ACTION ITEMS**

### **Resolution #11-06 - Requesting approval by the Health Care Authority to participate in the Washington State Insurance Plans – Barb Lorang**

Barb Lorang, Human Resources Program Manager, explained the purpose of the resolution which is to ask the HCA to allow the agency to participate in its health care insurance plans. It is part of the application process and starting January 1, 2012 all employees of the health district will be covered by the Public Employee’s Benefit Board (PEBB).

#### **Board Discussion:**

- Councilmember Crump asked if the plan was a cost savings to the employees of SRHD. A) The plan is a savings to both the employee and the agency.
- Board Member Fisk asked what the cost savings would be. A) The renewal for employee only was \$680 per employee and PEBB averages about \$572. The family renewal is \$2164 a month and PEBB is \$1485.
- Commissioner Mielke questioned the differences in the plans between the previous and new. A) The plans are comparable to the previous plans with lower deductibles than in the past.
- Commissioner Mielke shared that he is aware that the HCA--through the state legislature--is considering changing the employee contribution. A) Those changes do not affect SRHD employees. It is only for state employees. PEBB has 2 different groups (employees and state employees groups). The state employees groups collectively bargain for their contribution rates. Employer groups independently bargain.
- Commissioner Mielke commented that acceptance into the HCA insurance plan is not automatic. A) About 60% of the agency’s employees are currently on PEBB. The agency has been accepted and the resolution is a formality to move the rest of the employees onto the plans.
- Commissioner Richard asked what the projected savings were for the agency. A) The agency’s contribution rate will not be lowered, but plans will allow employees to continue to insure family members without a much higher burden.

***Motion: To approve Resolution #11-06 requesting approval by the Health Care Authority to participate in the Washington State Insurance Plans.***

***Motion/Second: Richard/Corker***

***Approved: Unanimously***

**Resolution #11-07 Amending the SRHD BOH Bylaws to authorize the BOH to issue nonbinding Guidelines and Recommendations on issues impacting public health – Board Member Lutz**

Dr. Lutz was unavailable for the meeting and Dr. McCullough, Health Officer, reported on his behalf. The Guidelines and Recommendations (G&R) allow the health district to have options for making nonbinding recommendations within Spokane County. This is modeled after the Seattle-King County structure adopted by them within the last year. Discussions about the G&R have been held with Michelle Wolkey, the BOH attorney, and Board Members.

Michelle Wolkey commented the resolution is presented for its first reading. In order to amend the bylaws, it is required to have 2 readings. An option in the bylaws allows passage on the first reading which requires a 2/3 majority vote of a Board quorum. The idea of the G&R is for the Board to give policy guidance to community partners without making binding rules.

**Board Discussion:**

- Board Member Fisk stated the G&R appears similar to the work completed with the e-cigarette resolution, whereby the Board gave recommendations. He asked if the G&R is similar to that previous work. A) The G&R is similar to a resolution in that respect.
- Commissioner Mielke stated that in the BOH bylaws there is nothing stopping the Board from making nonbinding resolutions. As with the e-cigarettes, the Board took a position and issued a nonbinding resolution that was shared with individual jurisdictions as they considered changing their ordinances. For the district to take a position, it still takes a vote of the BOH. The purpose of the G&R is unclear if the BOH is not already prohibited from doing it. Clarification is needed as to why the G&R is needed. A) A more formal type of collection is needed to give recommendations to community partners. There is nothing currently prohibiting the BOH from providing that type of recommendation.
- Commissioner Mielke stated he would like to continue the conversation on the item until next month's meeting where Dr. Lutz can provide input to address the questions asked, because the BOH has taken action to make recommendations in the past.
- Mayor Towey stated it would be beneficial to have history presented on the pilot program to determine the benefit received from its use.
- Dr. McCullough stated he had no first-hand conversations with Seattle King County about its use. It has been a year or less since the G&R went into effect in Seattle King County; therefore, there may not have been sufficient time to determine its effectiveness. Dr. Lutz would have a better understanding of its effectiveness.
- Councilmember Waldref stated the topic was discussed briefly at the last meeting where some BOH members were not present. There were examples given at that time about how the G&R has been used. She requested that Dr. Lutz bring those examples forward to review at the next meeting.

Councilmember Gothmann moved to table the first reading until Board Member Lutz was present to respond to questions on the resolution.

Councilmember Crump and Commissioner Richard questioned whether the correct motion was to table or continue the first reading of the resolution.

Michelle Wolkey responded the motion should be to continue the first reading.

Councilmember Gothmann moved to continue the first reading of the resolution until Board Member Lutz was present to respond to questions on the resolution.

Discussion on the motion:

- Commissioner Mielke stated his purpose for asking for a continuation is to be fair to the sponsor and allow him to share his observations and research with Board Members. Intent is to hold its place in the process and then it can be determined if the Board would like to continue with the process at the next meeting.
- Councilmember Crump stated it is unsure whether there will anything gained by waiting to move on the resolution approval.

***Motion: To continue the first reading of Resolution #11-07 to the next Board meeting to be held December 1, 2011.***

***Motion/Second: Gothmann/Mielke***

***Approved: 7 yes/3 nays (Fisk, Waldref, Crump)***

### **Resolution #11-05 Adoption of the 2012 Budget – Mike Riley**

Councilmember Crump stated citizen input would be heard first on the action item and then a staff presentation would be made on the resolution.

Commissioner Richard stated for benefit of the audience, the budget presentation should be given first so citizens could better understand the budget before input is allowed. Councilmember Gothmann, Commissioner Mielke and Board Member Fisk concurred.

The order of citizen input and staff budget presentation remained in the original order due to an audience member's request about families with young children present who may not be able to stay.

Councilmember Crump asked that citizen input be limited to 1 minute due to the amount of people signed up to speak. Citizens belonging to a group of people were asked to have one speaker for the entire group. The 1 minute input was not an attempt to limit public input but to keep the meeting from lasting over 3 hours.

Councilmember Crump stated 2/3 of the citizens signed up for input were present to speak on the maxillofacial program cuts.

Mike Riley, Comptroller, gave a brief overview of the cuts to the Children with Special Health Care Needs project that affected the maxillofacial care coordination program. Total cost for the maxillofacial program is \$160,000 with an expected funding of only \$30,000.

Citizen Input was received by 43 residents of Spokane County. The complete list of citizens who spoke is available with the archival minutes.

Board Member Fisk read a note from Susan Norwood who had to leave the meeting. Board Member Fisk and Board Member Norwood requested the budget be reexamined for possible ways to save the program.

Mike Riley, Comptroller, gave a brief presentation on the agency budget. The agency's revenue has decreased by \$2 million and the agency has dropped its capital equipment budget, reduced services and charges, and purchases of supplies were cut to its minimum. Even with those decreases, a reduction in personnel was still needed. The agency will also use \$500,000 of its undesignated fund balance to cover expenses for 2012.

Board Discussion:

- Mayor Verner apologized for needing to leave the meeting and thanked the public for its input. The public testimony demonstrated a need to have coordination information delivered in more than one way within the community and Mayor Verner offered to assist in finding a solution to the current situation.
- Councilmember Crump requested Mike Riley address the costs of delaying the approval of the budget. A) The next Board of Health meeting is scheduled in December. If the budget is not approved until December, it would not allow enough time to notify staff and the unions of layoffs.
- Councilmember Corker commented the legislature will meet November 27th and the budget impacts from those meetings will not be known until the first or second week in December.
- Commissioner Richard apologized for needing to leave the meeting because of another obligation. He proposed setting a special session meeting in November to discuss the budget with a possible passage at the regular meeting in December. The ability to solve the issue in a short period of time is difficult. A solution may be to consider a fee for service program to cover the cost of the program or possible organize fund raising efforts within the community.
- Commissioner Mielke asked how many FTE's would be affected by the reductions. A) A total of 17 FTEs were affected by the reductions. Some of those losses were expected such as with the loss of the Senior Nutrition program and the loss of the Laboratory director position.
- Torney Smith stated the budget shortfall identified is the best case scenario. The Governor is proposing a reduction of the local public health backfill by 20%, which is \$400,000 a year. That would mean an additional \$200,000 reduction in 2012. The agency is expecting the 5930 funds for immunization outreach to be lost and the \$2,653,000 reduction from the Department of Health will affect oral health programs, care coordination and family health hotlines. Until the proposed agency budget is approved, the health district can't approach community partners to work on transition and expenses for the agency will increase, which will put the agency at further risk.
- Commissioner Mielke stated expected revenue from the state was optimistically reported in the budget. Major funding categories were projected to be the same as a year ago. The legislature starts the Monday after Thanksgiving and large reductions are expected in many programs. There is tremendous pressure from the legislature to have health districts move away from servicing individuals to population-based health. Monies coming from the legislature will be tied to various programs that may or may not address the needs of the community.
- Councilmember Gothmann shared it is not realistic to expect less cuts from the state. The health district has done its best to create the best possible budget. Management staff has

worked with a program called, "Logical Decisions" and reviews were done by the executive management to make final decisions on the budget.

- Councilmember Gothmann suggested a special Board of Health meeting time of Thursday, November 10<sup>th</sup>. Several Board Members and the county commissioners were not available at the proposed time.
- Councilmember Crump requested the recording secretary research times for a special Board meeting with at least a 7 day notification to the public. The meeting would be an official meeting to allow the option of approving the budget at that time.
- Councilmember Waldref stated she had concerns about the transition, but work on it can't start until the budget is approved. She stated she supports having another meeting where transition ideas can be discussed.
- Mayor Towey stated there is a critical shortage in funding in state and local agencies. The solution to the issue is to meet with staff and citizens.
- Commissioner Mielke stated there is another time sensitive issue he wanted to address before the Board about licensing of wineries. There is confusion among the wineries about being required to license. A) Torney Smith stated the permitting is already included in the health code and Dr. McCullough addressed it in a recent email. The wineries were asked to contact the Food Safety Program in Environmental Public Health.

Councilmember Gothmann moved that the Board of Health consider Resolution #11-05 at a yet to be determined meeting that the executive secretary will arrange. Michelle Wolkey responded it would be clearer to "continue" the discussion of the resolution.

***Motion: To continue the discussion of Resolution #11-05 to a special Board of Health meeting yet to be determined.***

***Motion/Second: Gothmann/Corker***

***Approved: Unanimously***

Councilmember Crump stated the 2 reports on the agenda not given at the meeting will be moved forward to the next regular meeting on December 1<sup>st</sup>.

Councilmember Crump requested an email be sent to each Board Member to ask about concerns on the budget and to determine the structure of the special meeting.

Councilmember Waldref would like to have questions answered on partnerships already developed for proposed program transition.

Councilmember Corker requested that Board Members be asked to respond to staff about budget concerns by Monday at the latest and asked the Chair to recognize there was no longer a quorum and to adjourn the meeting.

## **NEXT BOARD OF HEALTH MEETING**

The next regular Board of Health meeting is scheduled at 12:30 p.m. on December 1, 2011, but the agency will be working with the Board of Health to determine the date of the upcoming special meeting.

**ADJOURNMENT**

The Board recognizing that a quorum was no longer present adjourned the meeting at 3:57 p.m.

APPROVED: David R. Crenshaw  
Board of Health Chair

Date: 12-1-11

Ann R. [Signature]  
Recording Secretary

