

The workshop meeting of the Spokane Regional Health District Board of Health held on Thursday, **February 23, 2017** was called to order by Mayor Kevin Freeman, Chair, at 11:07 a.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Mayor Kevin Freeman, Chair
Commissioner Josh Kerns
Commissioner Shelly O'Quinn, Vice Chair (departed at 12:19 p.m.)
Councilmember Lori Kinnear
Councilmember Karen Stratton
Councilmember Sam Wood
Councilmember Mike Munch (arrived at 11:10 a.m.)
Board Member Chuck Hafner
Board Member Bob Lutz, MD, MPH

ABSENT

Commissioner Al French
Councilmember Breean Beggs
Board Member Susan Boysen, EdD, RN

ROLES IN PUBLIC HEALTH EMERGENCIES WORKSHOP

Lyndia Wilson, Disease Prevention and Response Division Director, and Tiffany Turner, Public Health Emergency Preparedness and Response Program Manager, introduced themselves and presented the workshop.

Board of Health and Health Officer Authorities

RCW 70.05 grants authority to the health officer, health departments and the Board of Health to mitigate public health emergencies. After 9-11, funding increased dramatically from the federal government. The funding came in focus areas, which allowed for an increase in staffing. At one point, there were nine FTEs. Staffing included a Local Emergency Response Coordinator (LERC), Regional Emergency Response Coordinator (RERC), and a Bioterrorism Lab. The agency had a prominent presence in the community and led the community including public health in emergency response.

Funding decreased until the outbreak of H1N1. During that period, public health learned to be prepared in all hazards. Current public health emergency response programs are:

- Public health emergency management and response, which develops and sustains public health preparedness, capability and coordinates with other local partners
- Region 9 Healthcare Coalition, which involves 350 healthcare partners that covers 10 counties and three tribes of Eastern Washington. The coalition's goal is to improve planning and to provide a robust and coordinated healthcare system response. During a response, the coalition is responsible for collecting information from healthcare partners and identifying needs of healthcare organizations or facilities.
- Medical Reserve Corps (MRC) is a group of medical and non-medical volunteers that augment and strengthen local communities. In 2016, there were 89 activations that resulted in 2,543 hours of time contributed, which is over \$94,000 in economic value to the community. Volunteers have been involved with clinics, Katrina response efforts, and local wildfires incidences. The MRC has

recently received a grant for over \$13,000 towards training volunteers to train law enforcement officers to administer Naloxone.

Incident Response

Public health receives notification of incidences through various sources (i.e., lab results, provider calls, media). With official notification, SRHD assembles a small group of staff to discuss the type of response that will be needed. Other staff are notified as needed. An incident management team (IMT) is a group of SRHD employees who have received additional training on the incident command system (ICS). This group is activated depending upon the size of an incident.

During an event, notifications are sent to the Department of Health (DOH), Greater Spokane Emergency Management, community partners and the BOH. All Board members enrolled in the SECURES system have notifications sent electronically. A communications strategy is then developed to identify threat and risk to the public and what can be done to protect the public. Coordination with partners during the event to work through the incident and then an incident action plan is developed, which documents the response to the event.

Integration into Community Response

For larger responses, the Emergency Coordination Center (ECC) is activated. The community follows the Comprehensive Emergency Management Plan (CEMP), which has 15 different emergency support functions (ESF) that describes the responsibility of each partner. Public health is part of ESF 8, which is public health, medical and mortuary. Also at the ECC is a joint information center (JIC) where partner public information officers (PIOs) gather to develop coordinated messaging and provide press conferences. Senior elected officials are often represented at the ECC. Board members are encouraged to contact Greater Spokane Emergency Management to have their names included in the list of notifications. The ECC is responsible for resource management and coordination.

Policy and Decision Making Process

SRHD has agreements with agencies and partners for use of resources. Resources can also be procured through the region and state. If an event is large enough, federal resources will be used. A declaration of an emergency by the Sheriff allows the procurement process to be expedited. An expense threshold must be met before reimbursement is allowed.

The Disaster Clinical Advisory Committee, which consists of physicians, medical providers, and the health officer, determines when levels of care are altered during an event. The Multi-Agency Coordination (MAC) group works on community policies during an event. Administrative and jurisdictional authorities of affected areas are also included in the decision making process.

The reason for declaring an emergency is for resource allocation, staffing needs, and funding. Emergencies are declared on a local level first with resource requests sent to the Greater Spokane Emergency Management. Requests then are received from the region, state, then federally.

SRHD is currently tracking its mumps cases due to the amount of staff and partners involved. Reimbursement is not expected, but the tracking will show the cost to the community, which will affect future funding to public health.

Previous Response and SRHD's Role

The Washington Administrative Code (WAC) establishes that a local health officer must take disease and contamination control measures. Isolation and quarantine are issues that are addressed continually. The Department of Health (DOH) assists SRHD in determining voluntary and involuntary isolation and quarantine and when the courts are to be involved in the process.

There are a variety of strategies in disease control measures. Risk communication is the first and most crucial strategy used in an outbreak. Those who have been exposed during an outbreak may be quarantined. Those who are ill may be isolated. These measures may be voluntary or enforced. Sometimes, there are community closures, which are often controversial due to the economic impact.

Over the years, quarantine and isolation have been used as a strategy. Tuberculosis cases have been isolated in hotel rooms with security guards or detained in jail to prevent exposure. Cease and desist court orders have been issued to those who were HIV infected that were knowingly infecting others. The two 2015 measles cases willingly isolated themselves, but if they were not compliant additional measures could have been taken that could include jail time or fines.

For the current mumps outbreaks, exclusions are being used in the school systems by health officer order. The school districts asked for involuntary exclusions because they are the ones who are responsible for enforcement. Compliance has been relatively good with some schools struggling with staff compliance.

The handout distributed to BOH members explains the three levels of quarantine and isolation. There have been conversations about the community's participation in enforcement.

Scenario Exercise

The current mumps outbreak was used as an exercise for Board members.

BOH Responsibilities

Councilmember Stratton commented that Board members can support public health during events by coordination of messaging to all 311 and 211 phone numbers. SRHD recommends that the Board participate in exercises and trainings, support health officer measures, participate in policy decisions with key stakeholders, assist in prioritizing limited resources, help communicate a consistent message, be an advocate in the community for continuity of operations planning, and be prepared at home.

If Board members are unaware of the current messaging during an event, they can call the health district for information. During an event, the Board Chair is notified first. He advises whether messaging will continue to Board members. All Board members are registered in the Washington SECURES System for emergency notification. Community situation reports are emailed to the Board and community partners.

Board members were asked to complete the emergency contact sheet at their tables and return them to the recording secretary.

REGULAR MEETING OF THE SPOKANE REGIONAL HEALTH DISTRICT BOARD OF HEALTH

The regular meeting of the Spokane Regional Health District Board of Health held on Thursday, **February 23, 2017** was called to order by Mayor Kevin Freeman, Chair, at 12:38 p.m. in room 140 of the Public Health Center, 1101 West College Avenue, Spokane, Washington.

PRESENT

Mayor Kevin Freeman, Chair
Commissioner Josh Kerns
Commissioner Shelly O'Quinn (arrived at 12:52pm)
Councilmember Lori Kinnear
Councilmember Breean Beggs (arrived at 12:44pm)
Councilmember Sam Wood
Councilmember Mike Munch
Board Member Chuck Hafner
Board Member Bob Lutz, MD, MPH

ABSENT

Commissioner Al French
Councilmember Karen Stratton
Board Member Susan Boysen, EdD, RN

CITIZEN INPUT

- Jessica McGuire, Spokane County – Spoke about the students that are being impacted by the SRHD's exclusion order for vaccine exempt students. There are currently six exempt cases and 149 vaccinated students that have been positively diagnosed with mumps. Using the SRHD website figures, vaccinated and exempt students have 2/10th of 1% chance of catching mumps when comparing the total number of exempt and vaccinated students to the cases reported. The website does not break down the exempt individuals by age. There is a chance that none of the exempt cases are school-aged children. Ms. McGuire asked if there is a decline in mumps cases with the removal of exempt students from the school or is this discrimination against those families. The outbreak is not due to non-vaccinations but a vaccine failure. SRHD's solution is that all students receive the vaccine or go home. There is no evidence of improvement in the health of school-aged students being seen. Ms. McGuire recommended all schools closing for two weeks to allow the disease to run its course or let the healthy children back into school because they are clearly not an increased risk. Ms. McGuire recommended the Board find a solution that focuses on the health and well-being of children along with their state granted right to an education.
- Amy Fleck, Spokane County – Spoke on her religious belief not to vaccinate and the discrimination received for being a Christian and not vaccinating her son. Ms. Fleck detailed the events of the day her son was excluded from school. Ms. Fleck was first notified at the second outbreak of mumps at her child's school. None of the questions she had for the school nurse were answered. Her questions were not answered by SRHD. The school district failed to answer questions, as well, and had no plan on how to educate her son while he was excluded from school.
- Sadie Lake, Spokane County – Spoke on the image of those who choose alternative methods such as not vaccinating her children. She requested not to be discriminated against due to her choices. The data shows non-vaccinated children are not contributing to the spread of the disease. She felt the current exclusion should be removed to allow the unvaccinated children to return to school. She asked the Board reevaluate the current order.

- Jaclyn Gallion, Spokane County – Spoke on her experience with the schools and the exclusion order. Every confirmed case extended the exclusion two weeks from the date it was confirmed. The third case was confirmed February 6 extending the exclusion to Feb 17. Her son’s first day back at school will be Tuesday. Her son, a freshman in high school, is 19 days behind in his education. He was given homework assignments with no education and no tutor. Teachers have stated they are unsure how to proceed. The exclusion affects his attendance record and is recorded that his absence was due to a contagious illness. Ms. Gallion provided a letter to each Board member about her family’s experience.
- Carolyn Gallion, Spokane County – Spoke about her grandchildren’s constitutional right to a public education regardless of vaccination status. The exclusion is discrimination on a small minority of people. She recommended closing the schools for a two-week period or giving notice to all families (of the outbreak) and allowing them to choose how to proceed. Ms. Gallion stated she had mumps, measles and chicken pox with no serious side-effects. She requested testing of 30 children with MMR shots and 30 kids with saline shots and reporting the differences in illnesses. She stated no pharmaceutical company should be protected against vaccine side-effects and parents should have the right to vaccinate or not.
- Erin Kranzler, Spokane County – Spoke against the singling out of unvaccinated children and being shamed for their medical choices. She provided the recording secretary copies of *Vaccine Whistleblower-Exposing Autism Research Fraud at the CDC* by Kevin Barry, Esq. for Board members.
- Danielle Loft, Spokane County – Spoke in support of the families of unvaccinated children. Ms. Loft spoke on the corruption and cover up in the CDC. She encouraged the Board to research mumps.
- Laurie Dahl, Spokane County – Spoke about her daughter that can’t be vaccinated due to allergic reaction to vaccines and her exclusion from school. Her daughter is now unable to keep up with her schooling. One of her teachers has allowed Skyping into class, but others are unsure of what to do. She has been given homework, but has received no tutoring. Her daughter has now lost her first chair in her band class and can’t participate in concerts. All the students in her school that have become ill have been vaccinated. Students who receive vaccines are allowed back in school with proof of a shot, but not proof of immunity. She feels that gives great bias to those who don’t have a shot. Ms. Dahl is hoping the Board will allow the unvaccinated students to return to school.

CHAIR REPORT – Mayor Kevin Freeman

A letter from Spokane AIDS Network (SAN) to the BOH Executive Secretary is in the agenda packet. A response letter from the BOH Chair addressing SAN’s concerns is also included in the packet. SAN was asked to contact Lisa St. John, HIV/AIDS Program Manager, to discuss a collaborative response to concerns. The Department of Health has contacted SAN directly to address their concerns as well.

ADMINISTRATOR REPORT

Influenza Update - Malia Nogle, Epidemiologist, Disease Prevention and Response

Flu cases remain elevated and widespread across the state; however, the number is declining. It is believed the season has peaked. There have been 236 hospitalizations reported. All with influenza type A. There have been 12 deaths in Spokane County and 207 deaths across Washington State. During the same period last year, there were 66 hospitalizations and two deaths reported through the end of February; however, the flu season did not peak until March and April. This year is a typical onset of the flu season. Last year was atypical.

Mumps Update – Malia Nogle, Epidemiologist, Disease Prevention and Response

As of February 21, there have been 216 confirmed and probable mumps cases. Other Eastern Washington Counties (Stevens, Ferry, Grant and Yakima) are all experiencing confirmed cases. Over 1,350 cases have

been investigated as part of the outbreak across the state. Sixty-five percent of the state cases are in school-aged children and the remaining are in adults over the age of 20. Since the start of the outbreak, non-immune staff and students have been placed in exclusion in 30 schools in four districts. Fourteen of these schools remain under exclusion and five will be ending this week. The rest will go through mid-March. All have the potential for the date to be extended if there are more cases. The current affected school districts include: Central Valley, Mead, and Spokane Public Schools. We have evidence that the exclusions are effective in preventing disease transmission as there have been non-immune children becoming ill while on the exclusion. This would have been due to being exposed prior to being placed on exclusion.

The state department of health (DOH) and Washington Poison Control Center have both provided tremendous amounts of help and support through the investigation. We have received reports of some mumps complications from the Westside. Fourteen cases have had orchitis, four cases have developed hearing loss, and one person has been hospitalized. There is no data on complications as of yet for Spokane County. Several isolates from the lab specimens have been sent for sequencing at the Centers for Disease Control (CDC). Washington currently has the genotype G virus, which is covered by the current vaccination and is consistent with the outbreaks across the state.

For an immunization update, at least 3,600 doses have been administered at community and workplace sponsored vaccine clinics for the MMR vaccination since December 21, 2016. The number of adults with at least one MMR has continued to rise and has increased to over 4,000. Some of the partner agencies that SRHD has been working with include the Spokane Pharmacy Association, local pharmacies, Spokane Mobile Clinic, and the Salvation Army.

Board Member Lutz acknowledged his gratefulness for work done by SRHD staff. SRHD provided local clinics with resources on how to identify, test, and educate parents on the mumps. SRHD staff have been very good at responding to providers with questions.

Ms. Nogle responded to questions from Commissioner Kerns. Children who receive the mumps vaccine are allowed to return to school the next day. Immunity after vaccination can take up to several weeks to develop. There can be risks of contracting mumps with the recently vaccinated children returning to school, but consideration is given to the fact that children can be out of school for a very long time. SRHD can request school closures. There have been incidences where schools were closed during the 2009 H1N1 outbreak for cleanup and to prevent the spread of the disease. School days missed during a closure would be made up at the end of the school year. There are circumstances where the Office of Superintendent of Public Instruction (OSPI) would waive the requirement for "make up" days. Children who have been exposed have between 12 and 25 days of incubation.

Ms. Nogle answered questions from Councilmember Munch. Children are continuing to develop mumps despite the school exclusions because they most likely had close, prolonged contact with children who were in the long mumps incubation period. Children can be contagious and spread the disease before they show symptoms. Mumps can be transmitted to those who have been vaccinated when there has been very long, close contact with the disease. SRHD has seen cases that have been sibling-to-sibling or sibling-to-parent.

Health Officer Search Update – Torney Smith, Administrator

As of today, there have been two applicants for the health officer position. The application deadline is March 3. If no more applications are received, the deadline will be extended. Snohomish County search

for a health officer resulted in six applicants. Three from within state and three out of state. All were interviewed and none were selected for the position. The county has now gone out for another search.

Commissioner O'Quinn requested the application deadline be changed to "opened until filled."

The health officer search is national, but concentrating in the Northwest. If there are no additional applicants in the next three weeks, the current applicants will be interviewed. The time period between Dr. Thorburn and Dr. McCullough was approximately seven months. Dr. Sam Artzis is the current, interim health officer. Snohomish County is also requesting a .75 FTE position and contracting the .25 FTE to a neighboring county. The SRHD .75 FTE position request is not believed to be impacting the applicant pool and is not required, but preferred.

SRHD Accreditation Process – Torney Smith, Administrator

SRHD has been accredited since February 2013. The next reaccreditation process will be different from the 2013 process and will take place in the first quarter of 2018. SRHD expects to have grant opportunities as an accredited agency. If that is not seen within the next five-year cycle, SRHD may not seek accreditation again. The cost to the agency over a five-year period is \$40,000 not including staff time spent on the process.

HIV/AIDS Program Update – Torney Smith, Administrator

The HIV/AIDS program has hired four new case managers. Three of the managers are from SAN. A new program manager has been hired as well. All new hires will start on March 1. Many of the transitioning clients will have the same case managers as they had in SAN.

Medical Reserve Corps (MRC) – Torney Smith, Administrator

The MRC has been awarded a \$13,000 National Association of Cities and County Health Officials (NACCHO) grant to assist in the prevention of opioid overdoses.

John Auerbach Visit – Torney Smith, Administrator

John Auerbach, Executive Director of the Trust for America's Health, met with public health leaders in the state. Mr. Auerbach has been working through a non-profit organization called *Resolve* looking at the criteria for high achieving health departments in 2020. The concept is for chief health strategists to influence policy to reduce disease and to address upstream prevention. There are seven promoted practices for public health. SRHD has been identified as one of the health departments leading the movement in the nation. Mr. Auerbach's PowerPoint is available on the BOH website.

LEGISLATIVE UPDATE – Linda Graham, Health Policy Specialist

A list of bills related to the BOH legislative agenda was included in the packet.

- Foundational Public Health Services (FPHS) HB1432 has passed through Appropriations. Votes in both the Fiscal and Policy committees have been along party lines. The Senate version is stalled in Ways and Means. Tomorrow is the final cutoff for bills to make it out of Fiscal committees. Talking points for FPHS are included in Board member packets. If these bills continue to the budget making process, the amount of funding will need to be determined.
- Substance Abuse Prevention and Treatment/Restrictions on Prescription for Opioid Drugs HB1339 is now in the Rules committee.
- Substance Abuse Prevention and Treatment/Prescription Monitoring Program HB1426 will be heard today in Appropriations.

- Substance Abuse Prevention and Treatment/Opioid Treatment Programs HB1427 is in the Rules Committee.
- Substance Abuse Prevention and Treatment/Safe Injection Sites HB1761/SB5223 –the Senate version of the bill is now in the Rules Committee.
- Substance Abuse Prevention and Treatment/Prescription Monitoring Program SB5248 has stalled in Ways and Means.
- Mental Health/Substance Abuse System Reform/Behavioral Health Integration with Primary Care SB5779 is new since the January report. It is now scheduled for an executive session in Ways and Means today.
- Oral Health/Dental Licensure and Residency HB1411 has moved on to the Rules Committee.
- Oral Health/Pilot Program SB5540 is in an executive session today in Ways and Means. The program is modeled after the ABCD Program operated at SRHD. It involves special training with dental providers to serve those with diabetes and those who are pregnant. The providers receive a higher reimbursement rate for completing the training. There is an increased amount of allowed appointments for those patients.
- Tobacco 21 SB5025 was pulled from the Health Committee into the Commerce, Labor and Sports Committee. The day it was to be heard, the committee chair declared Democrat Day and turned the hearing over to the ranking minority member to run the hearing. The ranking minority member brought forward other bills to be heard. SB5025 was heard, but may not move forward. Efforts are being made to move the House version of the bill (HB1054) into the Healthcare Committee rather than the Commerce Committee.
- Safe Medication Return HB1047 will be moving into the Rules Committee.
- Lead Poisoning HB1805/HB1842/HB1925 have not moved, but SB5745 appears to be the preferred bill and will be heard in an executive session in the Ways and Means Committee today. The biggest hindrance to the bill is that it puts the cost on the utilities.
- Traffic Safety/Distracted Driving HB1371 and SB5289 are in the Rules Committee in both houses.
- Traffic Safety/Impaired Driving HB1614 will be heard in an executive session today.
- Educational Opportunity/Student Achievement HB1518 is in executive session today.
- Educational Opportunity/Suspension and Expulsion of Early Elementary School Students SB5155 is now on its second reading in the Rules Committee.
- Homeless Youth/Access to Homeless Housing and Assistance HB1570 is receiving a hearing today in Appropriations.
- Homeless Youth/Ending Homelessness SB5656 has had opposition to the bill due to its provisions. It creates two new misdemeanors and issues around civil liberties. The bill allows the state to limit local jurisdiction action. Action on the bill seems to have stalled.

Board Members were asked to report to Linda Graham if they contact legislators regarding the Foundational Public Health Services bills.

COMPTROLLER REPORT – Mike Riley, Comptroller

The 2016 end-of-year calculations have not been finalized. The billing deadline for end-of-year grants is in 90 days. Numbers will be finalized, presented to SRHD’s Executive Leadership Team, BOH Budget and Finance Committee and reported at the March 30 BOH meeting. The auditors are expected in April.

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: January 26, 2017
2016 Vouchers paid: January 1 – 31, 2017

Voucher Numbers: #241826 - #242128 and EFT B&ODec2016	\$ 1,276,320.91
Payroll Warrants: #952851 - #952867 Advice Numbers: #DD37895-#DD38097	\$721,875.96
Payroll Warrants: #954716 - #954731 #955974 - #955980	
Advice Numbers: #DD38098 - #DD38299	\$715,460.62
TOTAL	\$2,713,657.49

Motion: To approve the consent agenda including meeting minutes and vouchers as presented.

Motion/Second: Hafner/O'Quinn

Approved: Unanimously

ACTION ITEMS

There were no Action Items.

REPORTS

Violence Report/Child Abuse and Neglect Prevention Work in Community and Family Services – Rowena Pineda

This report is a follow up to last month's *Violence Report*. In 2014, there were 5,431 victims of child abuse among Spokane County's children, which is a rate of 48.9 per 1,000 children. Overall, the child abuse rate increased over the last decade. SRHD works to build healthy and secure attachments between children and their caregivers with the following programs: Nurse Family Partnership (NFP), Women, Infant and Children (WIC) Nutrition Program, Parenting from the Heart, and Kaleidoscope Play and Learn. SRHD is unique because its services impact individual relationships, communities and society.

NFP is an evidence-based, one-on-one program serving very vulnerable parents. There are currently 162 families in the caseload. The enrollment is for first-time mothers who are prior to 28-weeks in pregnancy. The mothers receive frequent visitations by a public health nurse that continue until the child reaches age two. The program has served over 900 clients since it started. All of the clients live in poverty, 58% receive food stamps, 90% are on Medicaid, 38% are on TANF, 88% are on WIC. Nationally, participation in the program has resulted in a 48% reduction in child abuse and neglect.

WIC encourages healthy and secure attachment between parents and children through promoting breastfeeding. Breastfeeding promotes interaction and attachment between mother and child.

Parenting from the Heart is a partnership with Sacred Heart Medical Center (SHMC) that offers parenting classes. There are four, two-hour sessions at both SHMC and Holy Family.

Kaleidoscope Play and Learn is the newest program to be launched, which is a partnership with Community-Minded Enterprises, Spokane Library District and the City of Spokane Library. The program works with family, friends, neighbors, caregivers and parents to support them in preparing children for success in school and life through quality early childhood experiences. The program offers 90-minute, weekly playgroups requiring attendance of parents and children. The playgroups offer child-directed play and coordinated group activities for parents and children. A protective factor that prevents child abuse and neglect is for parents to have social connections. Kaleidoscope Play and Learn seeks to accomplish social connections by connecting parents with one another. The SRHD Safe Routes to School program also promotes parental connection.

Neighborhoods Matter collaborates with a broader range of allies including those at the neighborhood level and in non-health sectors building healthier and more vital communities. Neighborhoods Matter has worked in East Central and in Airway Heights. This summer the program is partnering with Project Hope and the City of Airway Heights on a community garden project that involves six to eight, elementary and middle school students. The youth will help with the garden project, which started in response to the residents' desire to address food insecurity in the community as well as youth engagement.

SRHD is working with systems to become more trauma informed. Responses to child abuse and neglect are complex and must be addressed by different systems. Currently, SRHD has a partnership with Division of Children and Family Services (DCFS) on a project called *Fostering Healthy Connections* to provide trauma-informed parenting classes to foster parents who are caring for children zero to eight years old. The foster parents are new to the system and one of the project goals is to reduce the number of foster parents who leave the system.

In March, a four-part pilot training will be launched with the Airway Heights Police Department. The trainings explore trauma-informed policing. Two public health nurses provided an ACEs presentation to the Spokane Regional Law and Justice Council. As a result, SRHD was approached to provide training to probation. The Airway Heights training will be piloted and then modified for probation with the goal to start the training in May.

SRHD will continue to participate in collaborative efforts to prevent child abuse and neglect by working with the Spokane Prevention of Child Abuse and Neglect (SPO-CAN) Council on the *Our Kids, Our Business*.

SRHD public health nurses created a 1-2-3 Care Tool Kit for caregivers, which include parents, grandparents, childcare providers, teachers and others who care for children daily. The kit is organized by topic each offering a brief overview and tools that can be used with children and how to find additional resources.

SRHD can compile and provide resources to BOH members upon request. Board Member Lutz requested the list of resources.

Councilmember Beggs commented that the Safe Routes to School program was presented to the City of Spokane last week. The program targets seven low-income schools currently and is looking to expand district-wide through the District 81.

BOARD MEMBER CHECK IN

Sex Trafficking Efforts – Councilmember Wood

Councilmember Wood commented on a sex trafficking presentation by Caleb Altmeyer and suggested placing the topic on a BOH agenda to discuss. Councilmember Kinnear commented a resolution that was passed last year addressing sex trafficking. The City of Spokane Police Department has been asked to make the issue a priority, and the Public Safety Committee received a report on the issue on Monday. Councilmember Kinnear will send statistics and information on the issue to Councilmember Wood. The committee continues to meet with the coalition through the Lutheran Community Services. There is a concerted effort in the community to abate human trafficking.

Emergency Communications Ballot – Commissioner O'Quinn

Commissioner O'Quinn reminded Board members of the emergency communications 1/10th tax renewal on the April ballot. The request is not a tax increase but a renewal to fund emergency communications

including dispatch to 911, Crime Check, and fire and law communications. Information on the ballot is available on the Spokane County website.

BOH Emergency Response Training – Mayor Freeman

Mayor Freeman thanked all Board members that attended the workshop and reminded members to complete and send the emergency contact sheets to the recording secretary.

Public Comment on Vaccinations – Councilmember Beggs

Councilmember Beggs acknowledged and thanked those who gave public testimony regarding vaccines and school access. He acknowledged the need for excluded children to be provided educational services and testimony by the public to put pressure on the schools to provide services.

School Exclusions Due to Mumps – Councilmember Mike Munch

Councilmember Munch acknowledged the public testimony and emails he has received regarding mumps school exclusions. He made a motion to rescind the mandatory portion of the mumps exclusion order and make the mumps exclusion orders voluntary allowing those parents who have unvaccinated children to choose whether their children attend school or not.

Mayor Freeman asked the BOH attorney, Michelle Fossum, for a response to the motion. Ms. Fossum noted it is practice to place major motions on the agenda so the public has an opportunity to be heard on the issues rather than happening without advanced notice. Councilmember Munch responded that time sensitive matters are appropriate to address and the exclusion-ordered children have missed two months of school and the next BOH meeting is at the end of March.

Commissioner O’Quinn questioned whether the Board had the authority to overturn the health officer decision. Ms. Fossum noted the health officer has authority and it is uncertain whether the Board could overturn the decision. Commissioner O’Quinn requested to know whether the BOH has authority before proceeding.

Councilmember Wood asked whether the Board had authority to make a recommendation to the health officer. Ms. Fossum replied the Board could make a recommendation and the Board could also hold a special meeting and place the issue on the agenda for discussion with notice to the public. Councilmember Munch responded he would be accepting of either option.

Councilmember Beggs made a friendly amendment to the motion requesting to make a recommendation to the school districts and the health officer. He requested representatives from the various school districts and the health officer be invited to a special meeting, if held, to discuss the issues and current gaps.

Councilmember Wood requested Ben Small, from the Spokane Valley School District, be invited to the meeting.

Councilmember Munch was agreeable to the amended motion as long as it is addressed in a timely manner.

Commissioner Kerns clarified that there are currently three school districts (Mead, Spokane Public Schools, and Central Valley) that have exclusion orders.

Commissioner O'Quinn encouraged Board Members and the public who have relationships with school superintendents to contact them and encourage the schools to provide accommodations for learning to students who are not able to attend school including providing tutors.

Councilmember Hafner requested the Board attorney identify state regulations and school district laws that address the outbreak issue.

Councilmember Munch clarified his motion to hold a special meeting within the shortest time possible to have all affected parties to decide whether the mandatory exclusion is fitting for the current outbreak of mumps and provide appropriate services to the degree that exclusion is authorized. Councilmember Wood seconded the motion.

Torney Smith, Administrator, requested clarification whether the Board would like representation from the medical community who has knowledge of immunization. Councilmember Munch agreed and requested the health officer attend the meeting.

Commissioner O'Quinn clarified that the special meeting would take place prior to the next regular meeting of the BOH.

Motion: The Board will hold a special meeting within the shortest time possible, prior to its next regular meeting, and having all affected parties available to decide whether the mandatory exclusion is fitting for the current outbreak of mumps and to provide appropriate services to the degree that exclusion is authorized.

Motion/Second: Munch/Wood

Approved: Unanimously

Board Member Hafner questioned whether there would be a reason to have a meeting if the Board had no authority to change the health officer order. Councilmember Beggs replied the meeting would be informational as well as to take possible action if able.


NEXT BOARD OF HEALTH MEETING

The next Board of Health regular meeting is scheduled at 12:30 p.m. on March 30, 2017.

ADJOURNMENT

There being no further business before the Board the meeting was adjourned at 2:13 p.m.

APPROVED:


Board Member Name and Title

Date: 3/30/2017


Recording Secretary