

Meeting Minutes
February 23, 2022

The meeting was held via Zoom conference call.

Committee members present

Sam Low
Neil Tibbott
Mark James

Committee members absent

Nate Nehring
Joe Neigel

Staff present

Chris Spitters, Shawn Frederick, Nicole Thomsen, Heather Thomas, Pam Aguilar, Sara Centanni, Pia Sampaga-Khim, Stephanie Fuller, Ragina Gray, Sarah de Jong

Call to Order

The regular meeting of the Administration Committee was called to order by Mr. Shawn Frederick at 3:31 p.m. via Zoom video conference.

Roll Call

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

Special Business

Election of Chair and Vice Chair:

Mr. Frederick opened the floor for nominations for the chair of the Committee. Mr. Sam Low nominated Mr. Neil Tibbott as Chair of the Administration Committee. Mr. Tibbott respectfully declined the nomination. Mr. Mark James nominated Nate Nehring as Chair of the Administration Committee. No further nominations were received and Nate Nehring becomes Chair of the Administration Committee for 2022.

Mr. Frederick opened the floor for nominations for the vice chair of the Committee. Mr. James nominated Mr. Neil Tibbott as Vice Chair of the Administration Committee. No further nominations were received and Neil Tibbott becomes Vice Chair of the Administration Committee for 2022.

Mr. Sam Low assumed Chair for the remainder of the meeting.

Confirm 2022 meeting schedule

Committee members agreed that the current meeting date and time worked for their schedules and so no adjustments are necessary.

Approval of Minutes

It was moved by Mr. James and seconded by Mr. Tibbott to approve the minutes for the special meeting of November 22, 2021. The motion passed unanimously.

Public Comment

Mr. Low noted that no public comment was received.

Action

Approve Finance Manager's Report for November 2021, and forward to the full Board as a written report (SR 22-006; S. Centanni)

Approve Finance Manager's Report for December 2021, and forward to the full Board as a written report(SR 22-013; S. Centanni)

Ms. Sara Centanni requested that these two items be presented together as they contain the same information. As of December 31, 2021, all final entries are still getting processed due to a delay on billing. Reports will be rerun once more information is received and entries posted, probably in March. The surplus is about 6.5M as of the report date and is inline with the second budget amendment for last year, with an ending fund balance of about \$18.289M.

It was moved by Mr. Tibbott and seconded by Mr. James to approve Finance Manager's Report for November 2021, and to approve Finance Manager's Report for December 2021, and forward to the full Board as written reports. The motion passed unanimously.

Approve vouchers and Res. 22-11 authorizing Health District expenditures from January 16, 2022, to February 15, 2022, and forward to the full Board on consent.

COVID activities have been the primary driver behind most of the invoices for the past two years. In the coming months, we'll see a lot of things start to drop off, such as rental activities, temporary staff, etc.

It was moved by Mr. Tibbott and seconded by Mr. James to approve vouchers and Res. 22-011 authorizing Health District expenditures from January 16, 2022, to February 15, 2022, and forward to the full Board on consent. The motion passed unanimously.

Authorize the Administrative Officer to sign amendment #1 to the consolidated contract with the Washington State Department of Health, and forward to the full Board on consent (SR 22-009; K. Curtis)

Mr. Shawn Frederick briefed Committee members on the programs and funds included in this amendment. The Foundational Public Health dollars need to be spent by the end of the year or they will be redistributed to other health jurisdictions.

It was moved by Mr. Tibbott and seconded by Mr. James to authorize the Administrative Officer to sign amendment #1 to the consolidated contract with the Washington State Department of Health, and forward to the full Board on consent. The motion passed unanimously.

Briefings

Washington Poison Center 24/7 after-hours call-answering services (SR 22-008; K. Curtis)

Ms. Pamela Aguilar briefed Committee members that the Washington Poison Center (WPC) won the bid for this service and the Health District would be entering into an agreement with them. WPC has been the Health District's provider for this service for several years and the Health District has been pleased with the service they provide. Because the total dollar amount for the agreement doesn't meet the threshold for Board approval, it's being presented as a briefing today. The WPC serves as an after-hours answering service for medical providers to call when a notifiable condition is suspected or confirmed. The Health District receives about 1-3 calls per week.

Policy POL 120.003 concerning telecommuting (SR 22-010; P. Aguilar)

Ms. Aguilar highlighted the changes made since the last time this policy was brought through Committees as a briefing. This will be a permanent policy that will replace the emergency telecommuting policy set in place in 2020 in response to the COVID pandemic. The policy was created in consultation with Summit Law.

Policy POL 130.002 concerning purchasing (SR 22-011; N. Thomsen, S. Centanni)

This policy was originally approved in 2020. Since that time, a request was made to amend the policy based on some audit findings from the previous years. Ms. Nicole Thomsen walked through the changes made to the policy since its last approval. The policy has also been reviewed by legal and they had no suggested changes.

Legislative update (no staff report; N. Thomsen)

Ms. Thomsen provided an update on the legislative session, which is now past week six. These updates included:

- House Bill 1074 is concerning overdose and suicide fatality and is analogous to work the Health District does with the child death reviews. The intent is to identify trends and patterns in deaths for adults in the areas of suicide and overdose fatalities, with the express intent for identifying prevention and intervention moments that public health could move and act on. The bill has made its way through the Senate Committees and contains one amendment to add death caused by withdrawals as well as a request to the State Department of Health to give a larger look at population health. Right now, the bill is waiting to be moved to the floor and is sitting in senate rules so we're hopeful it will be picked up and placed on the floor calendar for a vote.
- OFM released its revised revenue projections last week which as an increase of almost \$1.5B into revenue projections. This is a supplemental budget only. The larger categories were for COVID and has roughly \$250-300M for the state to look at dispersion across local health jurisdictions.

Ms. Heather Thomas shared that staff are continuing to watch the funding packages and still have a request for about \$150k through Congresswoman Del Bene's office that would help fund the electronic health record system. Once the federal government approves a budget for this year, we'll hopefully see some of that but for now are in a holding pattern.

Committee members discussed the bill regarding sugar tax which did not make it out of any committees in the 2021 session and is not expected to move forward in the current session.

ABCs for healthy kids (SR 22-012; H. Thomas)

Ms. Thomas presented the ABCs campaign to Committee members. This campaign runs through the end of 2022 and every two weeks a new letter will be unveiled with a message that corresponds with it. Articles and activities regarding that topic will be shared on a consistent basis and will also coordinate with different events in the community, when possible.

Health Officer update (no staff report; C. Spitters)

COVID

Cases in the current wave peaked around 16,000 per week and have gone down drastically to about 1,400 cases reported last week, which is about a 90% reduction. The current levels are still comparable to the peak of the delta wave but the impact on society has receded greatly because there is a lot less illness and hospitalization associated with this variant compared to the delta variant. Hospitalizations are also trending down but at a slower pace than cases.

Looking at school-related cases around the end of January, where there was still a lot of COVID activity in the community and schools, school-aged children 0-14 had some of the highest rates among all age groups and cases for school-aged children increased greatly after coming back to school after the holidays.

The positive trends in cases have led to policy shifts at the state level regarding masking. On January 11, Dr. Spitters issued an updated order that rescinded the local masking order put in place in August. This was done to harmonize with the Secretary's order to create a sustainable and harmonized response. The statewide masking order that remains in effect in Snohomish County and throughout the state sunsets March 21. The order is for indoor settings and also includes schools but does not apply to

healthcare, shelters, long-term care, corrections, or public transportation settings. The federal transportation mask order remains in effect and is currently set to expire March 18, which is ahead of the State's masking order. Masks will be continued to be recommended for many activities and settings, including schools, but will not be a requirement. Employers and employees will need to follow Labor and Industries (L&I) guidance. The goal for the L&I guidance is to harmonize with the Governor's health-oriented aspects of the order and to ensure that workers are protected if they choose to wear a mask, even if it's not required.

It's important to note that COVID will never completely go away and may have resurgences in the future, the size of which will be determined by what the cause is – if the prevalent strain remains to be Omicron, we could expect a smaller and less severe resurgence in the winter. There is also the potential for a new variant to emerge that could somehow escape immunity from prior infection or immunization which would present a larger challenge.

Moving forward, public health goals are to limit severe disease, death, and disability. As we learn more about the emergence of long-COVID syndromes, we find there is a striking proportion of affected people, around 30-40% of those who had moderate to severe disease, that have lingering symptoms of difficulty breathing, cough, brain fog, or fatigue for up to three to six months later. Ultimately the goal of public health is to protect the healthcare system from becoming overburdened. Some key methods to achieving that goal is for:

- Continuing access to vaccinations and testing, with a shift to the healthcare system
- Self-management of isolation and quarantine
- Addressing outbreaks in higher risk congregate settings, such as long-term care, shelters, corrections, and schools

Measles

Over the weekend, an infant that had symptoms of a rash and fever was taken to the emergency room and a measles diagnosis was confirmed. Health District staff responded rapidly and worked quickly to identify close contacts to the child and whether they are immune or should be given a measles vaccine. Neighboring local health jurisdictions are working on the child's hospital exposure and also potential exposure that happened at the airport. The CDC will work on exposures that happened on the plane and assign it to the various jurisdictions where those people live. There is an incubation period of 21 days to be on the lookout for any further transmission.

Information Items

Next Board of Health meeting date: Tuesday, March 8, 3 p.m.

Next committee meeting date: Wednesday, March 23, 3:30 p.m.

Adjournment

The meeting was adjourned at 5:00 p.m.