

MARION COUNTY HEALTH ADVISORY BOARD  
Meeting Minutes  
February 18, 2014  
5:30 P.M. to 7:30 P.M.

Present: Patrick Vance, Mike Mann, Sandra Echavarria, Josh Sandeman, Judy Scott, Hanten Day

Absent: Melinda Veliz, Renee Stewart, Tim Murphy

Staff: Rod Calkins, Cary Moller, Pam Hutchinson, Scott Richards, Polly Kuznetsov (Recorder), Rick Sherman, Greg DeBlase, Dawn-Alisa Sadler, Patty Roth

Guests:

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**Call to Order/Introductions/Approval of Minutes – Patrick Vance, Chair**

Patrick called the meeting to order, introductions followed. Patrick entertained a motion to approve last month's meeting minutes, members voted, motion carried, minutes were approved.

**Announcements/Updates:**

E-Cigarettes/Tobacco Free Policy: Patrick mentioned that there was a public broadcast concerning E-Cigarettes. There has been a lot of trouble with eighth graders at schools on the east coast using E-Cigarettes being as there is no current regulations on age restriction. Rod said that related to that we have been working on implementing a Tobacco Free Policy for the past year. We had to gain assent from the Juvenile Department and Bargaining Team Members. At this point Legal Counsel will be reviewing to see if we now need a new ordinance for Marion County. This has given us time to consider E-Cigarettes and roll it into our new ordinance. We have received a lot of support of Health Department Staff. At the HAB meeting next month, we will speak more about this Tobacco Free Policy and consider recommending it to the Board of Commissioners. Pam said that we provide information on Smoking Cessation and hope this will trigger people to consider cessation.

Public Health Accreditation Board (PHAB) update: Mike asked if we received any information on the results of the PHAB meeting. Pam said we did receive a report back from the PHAB. We looked through all the information to make sure it was factual. For every measure except for five we received ratings of fully demonstrated– on the five measures we received a rating of largely demonstrated.. We have sent it back and have agreed that the report was factual. Pam thanked the HAB community members? for their help in assisting with this process. Patrick mentioned that when the time comes we can announce this to the BOC about what the process entailed, and what this means nationally. March is the earliest we will hear results from them and June will be latest.

HAB members decided to move the remaining Announcements and Updates to end of the meeting.

**Environmental Health (Marion County Drinking Water Program) – Greg DeBlase and Rick Sherman:**

Rick Sherman was introduced as the Supervisor of Environmental Preparedness and Vital Statistics. He then introduced the presenter, Greg DeBlase, the lead Sanitarian of the Drinking Water Program (DWP). Greg started by saying that this presentation was going to be an overview of the Public Water System (PWS) and how Marion County works with them and provides oversight. In the 1970's Public Water

System's began to be regulated. The Environmental Protection Agency sets all the standards to protect health and oversees the State programs. The Oregon Health Authority (OHA) oversees 3,600 Public Water Systems in the state of Oregon. They do that by partnering with the County Public Health and the Oregon Department of Agriculture. The Marion County Drinking Water Systems has an agreement with OHA to assume primary responsibility for the PWS located in Marion County. That agreement covers all Public Water Systems serving 3,300 or fewer people and using ground water sources. Surface Water Systems are overseen by the state; one exception is the city of Turner. Turner buys their water from City of Salem who uses Surface Water. We look at the distribution system since the City of Salem's Reservoir is already treated. We get funding from the Oregon Health Authority to administer the program. We have a work plan that we provide monthly reports to OHA.

There are currently 1.2 FTE in Marion County's DWP. The State does a Triennial Review on the County every three years to make sure we've met performance measures. The federal definition of Public Water System is one that has 15 or more connections or regularly serves at least 25 or more people. Each system is classified into different types based on population served and each type has different monitoring requirements. Transient Non-Community serves 25 or more people but these peoples differ. Examples could be restaurants, parks, or campgrounds. Non-Transient Non-Community system serves the same 25 or more person for at least part of the year (at least six months). Examples of these include schools or hospitals. Community Water System serves 25 or more resident's year around, examples would include cities and mobile home parks. The fourth type, which is not recognized by EPA, is the State Regulated Water system. It serves 10 or more people per day at least 60 days of the year or has 4 or more connections. Many are not on the inventory list, and are low priority regarding funding. Enforcement that needs to be done regarding the State Regulated System is on a case by case basis. Marion County has a total of 223 Public Water Systems that serve 339,156 people. The State regulates 16 surface water systems, Marion County regulates 187, and the Oregon Department of Agriculture regulates 20. A majority types of water systems are tied at 60 Community and 60 Non-Community types. There are 33 Non-Transient/Non-Community and 34 Non-EPA.

The Oregon Administrative Rules (OAR) for a water supplier include taking all reasonable precautions to assure that the water delivered to water users does not exceed Maximum Contaminant Levels (MCL). The OAR's also assure that water system facilities are free of public health hazards, and to assure that water system operation and maintenance as required by OAR 333-061. Some of those responsibilities include routinely collect and submit water samples to lab, when MCL are exceeded then take immediate corrective action, maintain at least 20 psi at all times, get plan approval from OHA for modifications, provide certified system operator when required, develop an emergency response plan, and follow up on complaints. Some of the contaminants we monitor for include bacterial, total coliform, and E-Coli. Also monitor chemicals including nitrate, arsenic, lead and copper, 17 in-organics, 21 volatile organics, 30 synthetic organics, radionuclides, disinfection byproducts, and asbestos. The Water System personnel collect the samples, have them analyzed at an accredited lab, and then reports are sent directly to Oregon Health Authority Drinking Water Program. The purpose of the Drinking Water Program (DWP) is to provide services to PWS in order to reduce health risks and to increase compliance with drinking water monitoring. Services that are provided include monitoring contaminants, follow up on reports when contaminants found, ensure follow-up sampling completed, ensure public notice is provided, and ensure violations are corrected or resolved. Last year, there were 45 chemical alerts and 80 coliform alerts.

Rick said that depending on the circumstances, system public alerts can be made by media, door to door, notice from school, alert on website, or social media. Some alerts may be due to improper sampling issues. Primary contaminants can cause a health issue. Secondary contaminants will not likely cause a health issue but causes many calls from the public due to smell of water, taste, color, or other concerns. Greg said that violations are issued by the Oregon Health Authority. Different types of violations have points associated from them. Once a system reaches 11 points or over, the water system becomes a Priority Non-Complier (PNC). Once becoming a PNC we contact them and provide assistance. We

follow up in five months to ensure water system can be returned to compliance in three months by issuing compliance schedule and deadlines. If unable to be ready in three months, Marion County submits a formal enforcement request to OHA.

We do water system surveys every three years for community systems and every five years for NTNC and NC systems. We are currently completing forty surveys a year. Water system must respond within thirty days with plan to fix deficiency. Deficiencies must be corrected within 120 days. If not corrected within 120 days they will be put on a corrective action plan approved by the State. Common deficiencies found during Water System Surveys include: wellhead casing seal not tight, wellhead not protected from flooding, no coliform sampling plan, no Operations and Maintenance Manual, not providing public notice/Consumer Confidence Report (CCR), modifications not approved, and well does not meet setbacks. Services provided include: emergency response, investigate waterborne illness/outbreaks, update online database of PWS, provide regulatory assistance, response to water system complaints, inventory and document new water systems, and plan review of systems. One of the current challenges is arsenic. There are high levels of naturally occurring arsenic in the north parts of the county. The removal treatment is expensive to install and maintain. The Maximum Contaminant Level (MCL) was reduced from 50 ppb to 10 ppb in 2006.

### **Review of Charter for Intellectual/Developmental Disability (I/DD) Advisory Board – Dawn-Alisa Sadler, Patty Roth, Cary Moller:**

Cary introduced Dawn-Alisa and Patty, both who work in the Developmental Disabilities service area at the Health Department. We want to give a brief overview of Development Disability eligibility and some changes in the system. We also want to talk about a conceptual charter that was developed in relationship to a Disabilities Advisory Board.

Dawn-Alisa began by passing out brochures and handouts. We want to give you a brief overview of what qualifications are for Developmental Disabilities. It's when a cognitive or physical condition causes significant impairment to daily functioning. It needs to be life long, have its origin in the brain and occur before the age of 22. There are a couple of types; ID (intellectual disability) originates before the age of 18 and developmental disability originates before the age of 22. A developmental disability has significant impairments in at least two areas of daily functioning: mobility, self care, cognitive, economic self sufficiency, communication, capacity for independent living, and self direction. Our eligibility process is currently covered by Patty. Potential applicants are screened for mental illness, emotional, learning disability, and other types of disorders that impact daily living.

The primary reason for being in the program must be a developmental disability, although they can have other types of co-occurring disability. A few common developmental disabilities that we treat people for are autism, cerebral palsy, fetal alcohol syndrome, epilepsy, down syndrome, and intellectual disability. Mike asked how long the services are for and if there's an age that services end at. Dawn-Alisa replied that they serve from birth to death. The disability should have developed before the age of 22, no matter the age of applicant. The goal is to promote staying at home as long as possible; all funds come from the state and federal collaboration of funds. It's a person centered approach and the person selects staff or even a relative to assist.

Hanten asked about the reimbursement for group homes. Dawn-Alisa responded that it depends on the tier and the tier depends on how many beds available and functioning level of residents. We provide many types of services including residential agency settings, foster homes, families and individual's homes, and employment/activity program settings. Services can include advocacy and assistance with schools or other agencies and support living in their own home. In the Marion County Developmental Disabilities Program (MCDDP) there are 2,160 eligible residents currently enrolled. The ages are from six months through eighty eight. Residents can self refer or are referred by doctor. It is a voluntary service. The new

State Medicaid Plan will allow for a six percent increase match with the federal government. These services help those stay in their own home and remain independent and safe. Patty said that the Medicaid State Plan will help those children get eligible based on their income rather than their families income. Cary said that the K Plan is the intention to help those keep those in the community and assist those in their own home who would otherwise be in the institutions. Mike asked if there are surveys to see how happy residents are with these services provided. Dawn-Alisa responded there is a new survey for the national core indicators, OHSU did do a survey last year and will do one this year.

Cary said that we are required to have an advisory committee for Developmental Disabilities. We would like to see the Intellectual and Developmental Disabilities Advisory Committee (IDDAC) be a subcommittee of the Health Advisory Board. With HAB member permission they would like to mirror the structure and liaison that the Local Alcohol and Drug Planning Committee has with the Health Advisory Board. We would like a member of the IDDAC be a member of the HAB and a HAB member be a part of the IDDAC. Patrick remarked that we do indeed have an opening for a HAB member currently. The members of the Health Advisory Board all agreed with this plan. Cary passed around the draft version of the bylaws for the Intellectual and Developmental Disabilities Advisory Committee. In the past there had been a Developmental Disabilities Advisory Committee. This bylaws is a conceptual idea of how we want the Advisory Board structured and we want the HAB members ideas about it. Patrick suggested that the Chair appoint a small subcommittee to meet about the bylaws. When we come back for our next meeting, the subcommittee will give their report and we can discuss this further. Mike, Josh, Patrick, and Sandra volunteered to be a part of the subcommittee. They will plan on meeting or communicating their ideas through Polly. Rod said that we will send the draft of the bylaws out electronically to HAB members for review and if they wanted to track changes.

#### **Remaining Announcements/Updates:**

Coordinated Care Organization (CCO) – Rod started by saying the CCO is doing well and membership is up. We have seen a lot more people coming through for request for services. Cary commented that there has been a 45% increase in the request for services.

Health Department Expansion – The Health Department is expanding. There has been a demand in services. We have been investing in growing services in Woodburn. We will be building the Woodburn space out a bit. The Marion County Justice Court will be moving and we will be taking over that space. We are looking at recruiting 21 FTE as a result of the eight or nine grants that we were awarded. We are currently in a growth mode when we thought we would be growing smaller.

Recruitment for Vacancies – Rod began by saying that Cathy Crocker, Volunteer Coordinator can put in her recruitment flyer what exactly we are looking for or what our target requirement is for Health Advisory Members: advocates, students, professionals, geographic representation, family members, or anything else. We need to think about what exactly we are missing in our Health Advisory Board members. Sandra mentioned that she has been working with Pacific Islanders and HAB members agreed that ethnicity has been growing in Marion County. Patrick said that we need to find people who are advocates or a person to represent an older age group. Patrick then led a discussion on finding students to fill the student spot. Patrick asked if Sandra could speak with a member of Human Development Coalition to see if she knows of anyone who would be a good fit and interested. Patrick suggested doing a public relations piece or place an ad for one of the rural outlying cities and putting the word out of what we are exactly are looking for in a Health Advisory Board member.

#### **Other Business:**

No other business discussed.

The chair motioned to adjourn, members voted and approved.  
**HAB Meeting Adjourned.**

**Recorder:** Polly Kuznetsov  
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Marion County Health Department  
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**2014 Meeting Schedule:**  
January 21, 2014  
February 18, 2014  
March 18, 2014  
April 15, 2014  
May 20, 2014

June 17, 2014  
September 16, 2014  
October 21, 2014  
November 18, 2014  
December 16, 2014