



CDHD Board of Health

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Board of Health Meeting Agenda
March 16th, 2026, at 2:00 PM at the Douglas County Public Services Building
140 19th Street NW, East Wenatchee

This Board meeting will be a hybrid of in person and online. Participants can attend via computer, phone or in person. Meeting attendance instructions are posted on the landing page of cdhd.wa.gov

- I. General Business (5 Minutes)**
 - a. Call Meeting to Order – Roll Call
 - b. Approval of the Agenda

- II. Consent Agenda (5 Minutes)**
 - a. Approval of February 23rd, 2026, Board Meeting Minutes
 - b. Approval of February payroll in the amount of \$348,894.01
 - c. Approval of February benefits in the amount of \$108,703.46
 - d. Approval of Payment Vouchers 20260108 – 20260144 in the amount of \$47,288.29
 - e. Approval of Contract Matrix

- III. Public Comment**
 - a. *CDHD is providing opportunities for public comment in person, remotely, or by submitting written comment. The Chair will ask if there are any citizens wishing to address the Board. When recognized, please step up to the microphone (or unmute your screen), state your name and the county jurisdiction you reside in. The Chair will direct Citizen comments to two to three minutes each.*

- IV. Old Business (20 minutes):**
 - a. BOH Position 6/Bylaw Resolution Update (Action)
 - b. Surplus Items (Action)
 - c. Board Rules & Procedures/Code of Ethics Annual Review

- V. New Business (20 Minutes)**
 - a. BOH Travel Reimbursement/Stipend

- VI. Reports (20 Minutes)**
 - a. Health Officer Report – Dr. James Wallace
 - b. Health Administrator Report – Dr. Kristen Hosey

- VII. Board Discussion (if time allows)**
 - a. Public Records and Public Meetings Trainings Reminder

- VIII. Adjournment**



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CDHD Board of Health

Regular Meeting Minutes

February 2026

Chelan-Douglas Health District Board of Health Regular Meeting Minutes February 23rd, 2026

Board Member Attendance

Board Member	P	V	A	E	NV	Board Member	P	V	A	E	NV
Brad Hawkins (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Michael Peterson (7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shon Smith, C (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maggie Higgins (8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Randy Agnew, VC (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kim Newman (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marc Straub (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alma Chacon (9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top Rojanasthein (5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carin Smith (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niko Gabaldo* (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amanda Appel (10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marissa Smith (7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daniel Moody (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C=Chair, VC=Vice Chair</i>						Joseph Hunter (11)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key: P = Present (In-Person), V = Virtual, A = Absent, E=Excused, NV = Non-Voting

*Resigned

Chelan-Douglas Health District Staff Present

Kristen Hosey, Health Administrator
 Erin McCool, Legal Counsel
 Ryan Lamb, Operations Director
 Dominique Gilley, REHS Supervisor

Corey Lawson, Deputy Health Administrator
 Stefano SoloGallegos, Facilities & IT Assistant
 Dr. James Wallace, Health Officer
 Brian Dickey, REHS Supervisor

Public Presence

The meeting was held in person and via zoom and phone conference with members of the public attending and listening to the meeting

Meeting

Chair Shon Smith called the meeting to order at 2:00 PM, then Chair Smith requested the Board Clerk (Corey Lawson) to take attendance.



CDHD Board of Health

Regular Meeting Minutes

February 2026

Approval of Agenda

Marc Straub moved to move approve agenda while moving section 6 to follow reports. Randy Agnew seconded. Motion carried unanimously.

Randy Agnew moved to approve the consent agenda. Marissa Smith seconded. Motion carried unanimously.

Public Comment

- Darlene Crumb, Douglas County – Voiced concerns regarding concerns of COVID-19 Vaccinations
- Bill Sullivation, Chelan County - Voiced concerns regarding concerns of CDHD transparency and actions regarding unpermitted food vendors.
- Lisa Templeton, Informed Choice – King County – Voiced concerns regarding vaccinations

Public Comment Response (Agenda Amendment)

Marc Straub moved to amend agenda to include discussion of the Unpermitted Food Task Force. Randy Agnew Seconds. Motion carries unanimously.

Board discussion occurred regarding unpermitted food vendors.

Old - Business

CDHD Fee Correction

Board discussion occurred regarding the modification of Misc. fees category for the “Infant/Toddler” service line item. Joey Hunter moved to amend the fee title to read “Infant/Toddler – Nurse or Dietitian Consultation Fee”. Randy Agnew seconded. Motion carried unanimously.

Childcare Nursing Consultation Fee Contract Acknowledgement

Board discussion occurred regarding an existing contract fee. Alma Chacon moved to direct District staff to honor the \$88 per hour professional services rates as stated in the current Interagency Agreement with Chelan Douglas Child Services Association for the remainder of the term of that Agreement. Marissa Smith seconded. Motion carries unanimously.

New - Business

FPHS Resolution



CDHD Board of Health

Regular Meeting Minutes

February 2026

Board discussion occurred regarding an FPHS resolution. Alma Chacon moved to approve the FPHS resolution while amending language from HB 1947 to HB 1497. Brad Hawkins seconded. Motion carried unanimously.

Guest Presentation (Helion)

Board discussion occurred regarding the Helion presentation. No action taken.

Reporting

Dr. James Wallace presents the Health Officer's Report.

Board discussion occurred regarding the Health Officer's Report.

Dr. Kristen Hosey presents the Health Administrator's Report.

Board discussion occurred regarding the Health Administrator's Report.

Executive Session – RCW 42.30.140(4)(b)

Executive session entered. Executive session concludes at 4:11 PM.

Board Discussion

Marc Straub moved to direct administrator to work with contractor and architect firm to draw the outstanding claim to a conclusion within her authorized spending limits. Randy Agnew seconded. Motion carried unanimously.

Adjournment

Shon Smith declares the meeting adjourned at 4:12 PM.

X

Shon Smith
Board Chair

X

Corey Lawson
Clerk of the Board



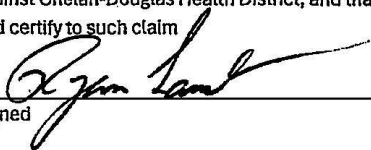
CDHD Payroll & Benefits Approval

February 2026

Chelan-Douglas Health District
Payroll 02-25-26 for pay period 02-01-26 to 02-15-26

Gross Pay	172,770.56
Benefits	54,128.51
Total Payroll Cost	<u>226,899.07</u>
Net Pay	125,156.78
Due to IRS	41,904.76
Due to ESD - SUTA	1,382.16
Due to ESD - WAFMLA	1,952.25
Due to ESD - WACares Fund	919.12
Due to L&I	2,240.12
Due to DRS for PERS	19,619.31
Due to DRS for DCP	1,770.00
Due to PEBB	30,028.82
Due to AFLAC	238.49
Due to Health Equity FSA	259.99
Due to Health Equity H.S.A	223.74
Due to Union	1,203.53
Total Payroll Expenses	<u>226,899.07</u>

I, the undersigned, do hereby certify under penalty of perjury, that the services rendered or the labor performed as described herein and that the \$172,770.56 in salaries and the \$54,128.51 in benefits are just, true and unpaid obligations against Chelan-Douglas Health District, and that I am authorized to authenticate and certify to such claim

Signed 

2-23-26
Date



CDHD Payroll & Benefits Approval

February 2026

Chelan-Douglas Health District
Payroll 03-10-26 for pay period 02-16-26 to 02-28-26

Gross Pay	176,123.45
Benefits	54,574.95
Total Payroll Cost	<u>230,698.40</u>
Net Pay	126,374.68
Due to IRS	44,073.38
Due to ESD - SUTA	1,408.99
Due to ESD - WAFMLA	1,990.11
Due to ESD - WACares Fund	911.84
Due to L&I	2,227.47
Due to DRS for PERS	19,913.97
Due to DRS for DCP	1,845.00
Due to PEBB	30,041.22
Due to AFLAC	238.49
Due to Health Equity FSA	259.99
Due to Health Equity H.S.A	223.74
Due to Union	1,189.52
Total Payroll Expenses	<u>230,698.40</u>

I, the undersigned, do hereby certify under penalty of perjury, that the services rendered or the labor performed as described herein and that the \$176,123.45 in salaries and the \$54,574.95 in benefits are just, true and unpaid obligations against Chelan-Douglas Health District, and that I am authorized to authenticate and certify to such claim


Signed _____

3-5-26
Date



CDHD Payment Vouchers

February 2026

We, the Administrator and President of the Board of the Chelan-Douglas Health District, do hereby certify that the merchandise or services hereinafter specified have been received and that vouchers **No. 20260108** through **No. 20260120** are approved for payment in the amount of \$16,113.22 this 16 day of March, 2026.

Administrator

President of the Board of Health

Voucher Number	Claimant		Description	Amount
20260108	ADP, Inc	16	ADP Comprehensive Services	\$ 4,526.29
20260109	Canon Financial Services, Inc	16	Copier Machine Expense	\$ 829.64
20260110	Cintas Corporation	16	Janitorial Expense	\$ 87.23
20260111	East Wenatchee Water District	16	Utilities Expense	\$ 190.00
20260112	Empire Record Management	16	Storage Lease Agreement for March	\$ 795.00
20260113	Firefly	16	Domain Renewals	\$ 399.47
20260114	Language Link	23/29	Translation Services	\$ 157.09
20260115	Localtel Communications	16	Monthly Phone Expense	\$ 791.46
20260116	Ruelas, AnaMaria	16	Employee Reimbursement	\$ 42.01
20260117	The DOH Associates, PS	16	Building Renovations	\$ 2,133.99
20260118	Tip Top Landscaping	16	Parking Lot Maitnance Expense	\$ 135.50
20260119	Verizon Wireless	MISC	Phone Expense	\$ 2,015.09
20260120	VISA	16/63/70	Training Expense, Field Supplies	\$ 4,010.45
				\$ 16,113.22



CDHD Payment Vouchers

February 2026

We, the Administrator and President of the Board of the Chelan-Douglas Health District, do hereby certify that the merchandise or services hereinafter specified have been received and that vouchers **No. 20260121** through **No. 20260126** are approved for payment in the amount of \$8,599.17 this 16 day of March, 2026.

Administrator

President of the Board of Health

Voucher Number	Claimant	Description	Amount
20260121	Amazon	16/63/70 Office Supplies	\$ 1,122.80
20260122	Cintas Corporation	16 Janitorial Supplies	\$ 143.14
20260123	Douglas County Treasurer	16 Utility Expense	\$ 1,228.84
20260124	ODP Business Solutions, LLC	80 Office Supplies	\$ 61.25
20260125	Pure Water Partners	16 Monthly Water Dispenser Expense	\$ 67.14
20260126	WSALPHO	16 Membership Expense	\$ 5,976.00
			\$ 8,599.17



CDHD Payment Vouchers

February 2026

We, the Administrator and President of the Board of the Chelan-Douglas Health District, do hereby certify that the merchandise or services hereinafter specified have been received and that vouchers **No. 20260127** through **No. 20260144** are approved for payment in the amount of \$22,575.90 this 16 day of March, 2026.

Administrator

President of the Board of Health

Voucher Number	Claimant	Description	Amount
20260127	4ImPrint	15 Field Supplies	\$ 5,067.56
20260128	Cintas Corporation	16 Janitorial Supplies	\$ 123.03
20260129	Code Publishing Company	16 Software Expense	\$ 830.00
20260130	Douglas County PUD	16 Utilities Expense	\$ 653.00
20260131	Health Equity	16 Healthcare Benefit February	\$ 142.40
20260132	Lieurance, Lexy	16 Employee Reimbursement	\$ 176.55
20260133	ODP Business Solutions Inc.	90 Office Supplies	\$ 109.03
20260134	Pilkinton, Lisa	70 Employee Reimbursement	\$ 36.77
20260135	Point & Pay	16 Processing Fee for January	\$ 5,551.50
20260136	RICOH	16 Copier Lease Expense	\$ 1,833.94
20260137	Sound Telecom	12 After Hour On Call Service	\$ 753.31
20260138	SWANA	45 Membership Renewal	\$ 255.00
20260139	Taylor Communications	90 Office Supplies	\$ 365.62
20260140	Townsquare Media	15 Advertising Expense	\$ 768.00
20260141	VISA	MISC Other Expenditures, Training, Office Supplies	\$ 1,455.67
20260142	Water Solutions Inc.	16 Monthly Water Coolers	\$ 128.27
20260143	Willhelm Consulting	16 Coaching Session	\$ 250.00
20260144	Zix Corporation	16 Subscription Expense	\$ 4,076.25
			\$ 22,575.90



Contract Matrix

March 2026

Contract Number	With Whom	Deliverables	New, Renew, or Replace	Term of Contract	Total Amount Of Contract	Impact or Adjustment
Consolidated Contract CLH32044 Amendment #9 Maternal & Child Health Block Grant	Department of Health	The purpose of the SOW is to support local interventions that impact the target population of the MCH Block Grant. The purpose of the Amendment is to add funding for FFY26.	Replace	10/01/25- 09/30/26	\$164,651	+\$30,017
Consolidated Contract CLH32044 Amendment #9 Office of Drinking Water Group A Program	Department of Health	This SOW provides funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems. This Amendment is to decrease surveys, and decrease funding.	Replace	01/01/25-12/31/27	\$36,800	-\$1,200
Consolidated Contract CLH32044 Amendment #9 FFY26 USDA WIC CLIENT SVS CONTRACT	Department of Health	The purpose of the SOW is to provide WIC Services. The purpose for this amendment is to add funding to FFY26.	Replace	10/01/25-09/30/26	\$254,809	+\$48,095



Contract Matrix

March 2026

2026 Nurse Consultation Agreement_CDHD-ABC	ABC Early Learning Academy (ABC)	The purpose for this agreement is to provide professional Registered Nurse consultation services.	Replace	01/01/25-12/31/26	Unknown	Unknown
Nurse Consultant Contract CODY_Chelan & Douglas	Community Development Institute Head Start	The purpose for this agreement is to provide professional Registered Nurse consultation services.	Replace	05/01/26-04/30/27	Unknown	Unknown
Amendment No. 2 AHP-CC-2025	Action Health Partners	Provide client services related to Medicaid Transformation Project (MTP) 2.0 initiatives, including Health Related Social Needs. The purpose for this amendment is to extend the contract date.	Replace	07/01/25-06/30/26	\$63,391	None
Fatality Review Case Reporting System Data Use Agreement	Michigan Public Health Institute	The purpose of this agreement is to establish the terms and conditions for the collection, storage, and use of data obtained from the fatality case reviews submitted by Fatality Review (FR) teams in Chelan and Douglas Counties, Washington	New	03/12/26	None	None



Contract Matrix

March 2026

		and entrusted to the Receiver as the Pediatric National Fatality Review Case Reporting System (NFR-CRS).				
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Bylaw Resolution Update

March 2026

~~2022~~²⁶

BYLAWS OF CHELAN-DOUGLAS HEALTH DISTRICT BOARD OF HEALTH

ARTICLE I - NAME

The name of this organization shall be the Chelan-Douglas Health District, sometimes hereinafter referred to as the "District" or the "Health District."

ARTICLE II - OBJECTIVES

The objectives of this organization are (1) to promote the arts and sciences of preventive medicine and the betterment of public health; (2) to unite the cities and said counties in a cooperative effort according to Chapter 70.46, Revised Code of Washington; (3) to promote a uniform health policy within said area; and (4) to make possible and invite active participation of all agencies interested in public health including members of the medical, dental and nursing professions and other interested parties.

ARTICLE III – DISTRICT BOARD OF HEALTH MEMBERSHIP

Section 3.1: The Chelan-Douglas Health District shall include all areas of the combined counties including all cities and towns. References in these Bylaws to cities shall be considered references to towns in all instances, unless specifically stated otherwise.

Section 3.2: The Chelan-Douglas Health District Board of Health (the “District Board of Health”) shall consist of twelve (12) members.

Section 3.3: Positions 1-11 shall be appointed by a majority vote of the Chelan and Douglas County commissioners in accordance with RCW 70.46.020(1)(b). Alternate members can fulfill the remainder of their terms, but no additional alternates shall be appointed. Position 12 shall be named by a federally recognized Indian Tribe that holds reservation or trust lands within the health district in accordance with RCW 70.46.020(1)(c). The twelve (12) members of the District Board of Health shall be appointed as follows:

Position 1. Position 1 shall be a Chelan County Commissioner ~~selected by the Chelan County Commissioners.~~

Position 2. Position 2 shall be a Chelan County Commissioner ~~selected by the Chelan County Commissioners.~~

Position 3. Position 3 shall be a Douglas County Commissioner ~~selected by the Douglas County Commissioners.~~

Position 4. Position 4 shall be a Douglas County Commissioner ~~selected by the Douglas County Commissioners.~~



Bylaw Resolution Update

March 2026

Position 5. Position 5 shall be filled by a Mayor or Council Member from the City of East Wenatchee or the City of Wenatchee which shall rotate from term to term. ~~The selection shall be made by the joint vote of the Boards of Commissioners of Chelan and Douglas Counties. The initial term shall be filled by the Mayor or a City Council Member from the City of East Wenatchee. The initial term shall expire on December 31, 2025. The two Boards of County Commissioners shall select a specific alternate from the same City as the primary individual selected to serve and the alternate shall serve in the absence of the primary individual selected by the two Boards of County Commissioners. If during the term of the primary individual or the alternate, a change must be made because the primary individual or the alternate is no longer serving in the position of Mayor or Council Member for the City, the two Boards of County Commissioners shall select a new primary representative or alternate, as applicable, to fill the remainder of the unexpired term of the primary individual or alternate.~~

Position 6. Position 6 shall be ~~an individual selected and appointed by the two Boards of County Commissioners from among~~ filled from the elected Mayors and Council Members from the cities within the two Counties, other than the Cities of Wenatchee and East Wenatchee, and shall be rotated at the end of each term so that the individual appointed to the Position shall be from a small city from one of the two counties in alternate terms. ~~The initial term shall be filled by an individual serving as Mayor or Council Member in a City in Chelan County other than the City of Wenatchee. In addition to the primary person appointed to this Position, the two Boards of County Commissioners shall appoint an alternate to serve in this Position. The alternate shall serve in the absence of the primary person appointed to this Position. The alternate shall be from the same city as the primary representative. The term of the primary appointee and alternate shall coincide. If during the term of the primary appointee or the alternate appointee to this Position, either is no longer serving as the Mayor or a Council Member, the two Boards of County Commissioners shall appoint an individual to serve the remainder of the unexpired term of the person holding the primary Position or the alternate Position. The initial term for the primary appointee and alternate to this Position shall run through December 31, 2025.~~

Position 7. Position 7 shall be filled by an individual who resides in the District and meets the qualifications for the category of “Public health, health care facilities, and providers” as described in RCW 70.46.020(1)(a)(i). The individual appointed to this Position may not be an elected official. ~~In addition to the primary person appointed to this Position, an alternate shall be appointed to serve in the absence of the primary person appointed. Both the primary person and the alternate shall be selected by the two Boards of County Commissioners. If during the term, the primary appointee or alternate appointee to this Position, no longer meet the qualifications to serve in the Position, the two Boards of County Commissioners shall appoint a new primary individual or alternate individual, as applicable, to serve the remainder of the unexpired term for this Position. The initial term of the primary appointee and the alternate shall run through December 31, 2023.~~

Position 8. Position 8 shall be filled by an individual who resides in the District and meets the qualifications for the category of “Public health, health care facilities, and providers” as described in RCW 70.46.020(1)(a)(i). The individual appointed to this Position may not be an elected official. ~~In addition to the primary person appointed to this Position, an alternate shall be~~



Bylaw Resolution Update

March 2026

~~appointed to serve in the absence of the primary person appointed. Both the primary person and the alternate shall be selected by the two Boards of County Commissioners. If during the term, the primary appointee or alternate appointee to this Position, no longer meet the qualifications to serve in the Position, the two Boards of County Commissioners shall appoint a new primary individual or alternate individual, as applicable, to serve the remainder of the unexpired term for this Position. The initial term of the primary appointee and the alternate shall run through December 31, 2025.~~

Position 9. Position 9 shall be filled by an individual who resides in the District and meets the qualifications for the category of “Other community stakeholders” as described in RCW 70.46.020(1)(a)(iii). The individual appointed to this Position may not be an elected official. ~~In addition to the primary person appointed to this Position, an alternate shall be appointed to serve in the absence of the primary person appointed. Both the primary person and the alternate shall be selected by the two Boards of County Commissioners. If during the term, the primary appointee or alternate appointee to this Position no longer meet the qualifications to serve in the Position, the two Boards of County Commissioners shall appoint a new primary individual or alternate individual, as applicable, to serve the remainder of the unexpired term for this Position. The initial term of the primary appointee and the alternate shall run through December 31, 2023.~~

Position 10. Position 10 shall be filled by an individual out of the category of “Other community stakeholders” as described in RCW 70.46.020(1)(a)(iii). The individual appointed to this Position may not be an elected official. ~~In addition to the primary person appointed to this Position, an alternate shall be appointed to serve in the absence of the primary person appointed. Both the primary person and the alternate shall be selected by the two Boards of County Commissioners. If during the term, the primary appointee or alternate appointee to this Position no longer meet the qualifications to serve in the Position, the two Boards of County Commissioners shall appoint a new primary individual or alternate individual, as applicable, to serve the remainder of the unexpired term for this Position. The initial term of the primary appointee and the alternate shall run through December 31, 2025.~~

Position 11. Position 11 shall be filled by an individual who resides in the District and meets the qualifications for the category of “Consumers of public health” as described in RCW 70.46.020(1)(a)(ii). The individual appointed to this Position may not be an elected official. ~~In addition to the primary person appointed to this Position, an alternate shall be appointed to serve in the absence of the primary person appointed. Both the primary person and the alternate shall be selected by the two Boards of County Commissioners. If during the term, the primary appointee or alternate appointee to this Position no longer meet the qualifications to serve in the Position, the two Boards of County Commissioners shall appoint a new primary individual or alternate individual, as applicable, to serve the remainder of the unexpired term for this Position. The initial term of the primary appointee and the alternate shall run through December 31, 2024.~~

Position 12. Pursuant to RCW 70.46.020(1)(e), Position 12 shall be ~~held by “a tribal representative selected by the American Indian health commission.” A primary and an alternate tribal representative shall be designated by a federally recognized Indian Tribe that holds reservation or trust lands within the health district. The tribe must notify the American Indian health commission, in writing a such times as the American Indian health commission may determine.~~



Bylaw Resolution Update

March 2026

If during the term of a member in Positions 1-11, a change must be made because a member is no longer serving in the elected position, the two Boards of County Commissioners shall appoint a new member to fill the remainder of the outgoing member's unexpired term.

Section 3.4: Additional Provisions Applicable to Positions 5 through 11.

~~Primary individuals a~~Appointed members to the Board of Health to Positions 5 through 11 who accumulate four or more unexcused absences from Regular Board Meetings of the Board of Health in any calendar year may be removed from the Board of Health by the two Boards of County Commissioners. Excused absences must be approved by a majority vote of the Board Members in attendance at the Regular Board Meeting that is missed by the individual appointed to the primary Board Position.

Section 3.5: Additional Provisions Applicable to Positions 7 through 11.

~~The primary individual A member~~ appointed to serve on the Board of Health in Positions 7 through 11, may serve only a single term of three or more years. If the primary individual appointed to serve has an initial term of less than three years, that individual may be reappointed by the two Boards of County Commissioners to serve one additional full three-year term. ~~If an individual appointed to serve as the primary individual for one of these Positions has an initial term that extends three or more years, that individual shall not be eligible for reappointment to the Board of Health until at least one full three-year term cycle has passed. Following the initial appointments to these Positions on the Board of Health, all subsequent appointments shall be for three-year terms running from January 1 through December 31 of the third year following the commencement of the term. In the event an individual is appointed to fill the remainder of an unexpired term as the primary individual serving in the position, that individual may fill the unexpired term and may be appointed by the two Boards of County Commissioners to serve one additional full three-year term. Individuals serving as alternates to the primary individual appointed to these Positions may be reappointed as alternates or may be appointed as the primary individual to serve in the position. There shall be no limitation on the number of terms an individual may serve consecutively as an alternate. Service as an alternate shall have no impact on the number of years an individual may serve as the primary individual appointed to one of these Positions.~~

Section 3.6: Additional Provisions Applicable to Positions 7 through 10.

RCW 70.46.020(1)(d) provides that there may be no more than one (1) individual selected to serve on the Board under RCW 70.46.020(1)(a), which includes Positions 7 through 10, from any one type of background or position. The two Boards of County Commissioners shall take this statutory provision into consideration when making appointments to Positions 7, 8, 9, and 10 so that the individuals serving in Positions 7 and 8 are not from the same type of background or position and the individuals serving in Positions 9 and 10 are not from the same type of background or position.



Section 3.7: Mileage Reimbursement.

Individuals serving on the Board of Health shall be reimbursed by the District for mileage expense for attendance at Board of Health and other meetings at which their attendance is requested at the Internal Revenue Service mileage reimbursement rate in effect at the time the mileage is incurred. No other compensation shall be paid by the District to individuals serving on the District Board of Health.

ARTICLE IV - LEGISLATIVE POWERS, DUTIES

Section 4.1: As of the Effective Date of these Bylaws all previously adopted rules and regulations that are in full force and effect will continue to be in full force and effect. Any action taken by the District Health Officer or District Administrator in their capacities to enforce rules and regulations shall be enforced and considered valid. The presently existing rules and regulations may be later amended by the Board of Health.

Section 4.2: It shall be the policy of the District Board of Health to permit the counties, cities, and towns to continue to have the power of adoption of ordinances or to validate the ordinances already in existence for the control of communicable diseases and other health problems, except those ordinances which in any way may be less stringent than or in conflict with the District or State Board of Health rules and regulations. It is desirable that those municipalities anticipating ordinances of a health related nature should submit those to the District Board of Health for review and comment before formal action.

Section 4.3: The District Board of Health shall have jurisdiction over all matters delegated to it by state or federal statutes to protect the life and health of people within the District.

Section 4.4: The District Board of Health shall enforce through the District Health Officer and District Administrator the public health statutes of the State and rules and regulations promulgated by the State Board of Health and the State Department of Health.

Section 4.5: The District Board of Health shall, through the District Health Officer and District Administrator, supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction.

Section 4.6: The District Board of Health shall enact such local rules and regulations as are necessary in order to preserve, promote, and improve the public health and provide for the enforcement thereof within the District.

Section 4.7: The District Board of Health shall promulgate rules and regulations for the control of communicable diseases and other conditions dangerous to the public health and in conformity with the provisions of the laws of the State of Washington.

Section 4.8: The District Board of Health shall provide for the prevention, control and abatement of nuisances detrimental to the public health.

Section 4.9: The District Board of Health shall make such reports to the State Board of Health through the District Health Officer and/or District Administrator, as the State Board of Health may require.



Bylaw Resolution Update

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Section 4.10: The District Board of Health will review, provide and approve the necessary finances and budget to carry on an adequate public health program.

Section 4.11: The District Board of Health may request and will receive reports from the District Health Officer and/or District Administrator of the activities of the District.

Section 4.12: The District Board of Health shall establish fees for issuing or renewing licenses or permits for such services as are authorized by the laws, rules, and regulations of the State Board of Health.

Section 4.13: The District Board of Health will hold hearings and meetings as prescribed by the open public meetings law of the State of Washington. Those hearings and meetings will be advertised in conformance with the open public meetings law.

Section 4.14: The District Board of Health will cooperate with and coordinate activities, through the District Health Officer or District Administrator, with the local medical, dental, nursing and allied professions including pharmaceutical and all public agencies, including schools, and solicit their cooperation and services in carrying out a sound program of public health administration within the District.

Section 4.15: The District Board of Health shall have all other powers and authorities delegated to the District Board of Health by State law.

ARTICLE V - OFFICERS AND THEIR DUTIES

Section 5.1: There shall be elected from the members of the Board a Chair and a Vice-Chair by majority vote of the District Board of Health in January of each year and the Chair and Vice-Chair shall serve until their successors are elected the next year.

Section 5.2: No Chair or Vice-Chair shall succeed themselves for more than two (2) consecutive terms.

Section 5.3: The Chair shall preside at the meetings of the Board of Health and shall perform such other duties as custom and parliamentary procedures require.

Section 5.4: The Chair shall appoint the members of standing committees as the Chair deems necessary, but whose duties and functions shall not overlap with the duties and functions of any other standing committee.

Section 5.5: The Vice Chair shall perform the duties of the Chair in the event the Chair is absent or unable to perform and shall assume the office of Chair for the unexpired term in the event of a vacancy in that office. If this occurs, a new Vice-Chair shall be elected by the District Board of Health to serve the unexpired term of the Vice-Chair who assumed the Chair position.

Section 5.6: The Chair, Vice-Chair, and District Administrator shall serve as the District Executive Team.

ARTICLE VI – DISTRICT HEALTH OFFICER



Bylaw Resolution Update

March 2026

Section 6.1: The District Health Officer shall be appointed by the Board of Health in accordance with RCW 70.05.050 and RCW 70.05.051, and shall perform such duties as required by law and assigned by the District Administrator in accordance with RCW 70.05.070.

Section 6.2: The District Health Officer shall be paid such salary and be allowed such expenses as shall be determined by the District Board of Health.

ARTICLE VII – DISTRICT ADMINISTRATOR

Section 7.1: The District Administrator shall be appointed by the District Board of Health in accordance with RCW 70.05.040, RCW 70.05.045, and RCW 70.05.051, and shall perform such duties as required by law and assigned by the District Board of Health.

Section 7.2: The District Administrator shall serve at the pleasure of the District Board of Health, act as executive secretary to and administrative officer of the District Board, and shall be paid such salary and be allowed such expenses as shall be determined by the District Board of Health.

Section 7.3: It shall be the duty of the District Administrator or their designee to:

- (a) Announce, advertise, prepare agendas and otherwise publicize meetings of the District Board of Health;
- (b) Record minutes of all meetings of the District Board of Health;
- (c) Be the custodian of all the records, books, and papers belonging to the District;
- (d) Carry on usual correspondence of the District Board of Health including such matters as notifying members and financial participating agencies of meetings and notifying officers of their elections and committees of their appointments and duties;
- (e) Either personally or by a representative attend all public meetings dealing with health problems of the individual governmental agencies and make written recommendations thereon; and
- (f) Perform such other duties as authorized by state law that are not in conflict with these Bylaws.

Section 7.4: The District Administrator shall make such reports concerning District personnel and changes therein as may be necessary.

Section 7.5: Payments of accounts, vouchers and payroll shall be prepared by the District Administrator or their designee and shall be presented monthly to the Chair of the Board of Health. All accounts shall be reviewed by the District Board of Health and approved for payment by the District Board of Health and be paid upon the signature of the Chair of the District Board of Health and the District Administrator or by such other person(s) as authorized by the District Board of Health.

Section 7.6: The Chair, or the Vice-Chair in the absence of the Chair, will review for approval all expenses of the District Administrator.

ARTICLE VIII - TREASURER AND AUDITOR



Bylaw Resolution Update

March 2026

Section 8.1: A District Health Fund shall be created pursuant to Article X, Section 10.2 of these Bylaws. The Chelan County Treasurer shall be the custodian of the fund and the Chelan County Auditor shall keep the record of the receipts and disbursements, and the Chelan County Treasurer shall honor and pay all warrants, which shall be approved before issuance and payment as directed by the District Board of Health. This procedure is in accordance with RCW 70.05.135 and RCW 70.46.080. All warrants shall be paid from the District Health Fund. The District Health Fund shall be exclusive of all tuberculosis related expenses.

Section 8.2: A special fund exclusively for tuberculosis maintenance and control shall be fully funded by the Board of County Commissioners of each respective county and not be the responsibility of any other municipality within the Health District.

Section 8.3: The District payroll function may be handled by a third party vendor pursuant to contract provisions approved pursuant to District Board of Health Resolution No. 2021-003 or such other subsequent resolution(s) which may be approved by the District Board of Health.

ARTICLE IX - MEETINGS OF THE BOARD OF HEALTH

Section 9.1: The District Board of Health shall meet monthly at a regular meeting held pursuant to Chapter 42.30 RCW, the State Open Public Meetings Act. The date, time, and place of the regular monthly meeting shall be determined by resolution of the District Board of Health.

Section 9.2: The meeting in January of each year shall be designated as the annual meeting at which the District Board of Health shall elect officers for the ensuing year, receive the annual report from the District Administrator and the District Health Officer, and hear the proposals for programs to be planned for the coming year.

Section 9.3: The July meeting each year shall be designated as the meeting at which the midyear status of the approved annual budget shall be discussed and the financial conditions and proposed financial needs of the Health District shall be discussed.

Section 9.4: The District Administrator shall prepare and present an annual budget with breakdown of expense and revenue no later than the first meeting in September of each year.

REGULAR MEETING AGENDA - NOTICE

Section 9.5: The District Administrator or their designee shall provide a copy of the preliminary meeting agenda via e-mail to the city clerk for each city in the Health District and to the office of the County Commissioners for each County in the Health District at least three business days prior to each scheduled regular meeting.

Section 9.6: Each of the aforementioned recipients of the preliminary regular meeting agenda shall be requested to post the agenda in a place open to the public and generally used by the receiving governmental entity for the posting of public notices and meeting agendas.

SPECIAL MEETINGS

Section 9.7: Special meetings may be called by the Chair or by a majority of the members of the District Board of Health by delivering written notice to each member of the District Board of



Bylaw Resolution Update

March 2026

Health, the District Health Officer, and the District Administrator in accordance with and otherwise in compliance with RCW 42.30.080.

QUORUM

Section 9.8: The presence of six (6) members of the District Board of Health or their duly appointed alternates shall constitute a quorum for conducting all meetings and business of the Health District.

VOTING

Section 9.9: The Chair of the District Board of Health may vote on all matters. The affirmative vote of a majority of the voting members of the District Board of Health (or their alternates) present at any meeting of the Board of Health and eligible to vote on the matters in accordance with Section 9.11 shall be required for the passage of any formal Resolution or motion of the District Board of Health. In the case of a tie vote, the formal Resolution or motion shall fail. All abstentions shall not be considered votes in favor of passage or against passage of any formal Resolution or motion presented for a vote.

Section 9.10: When a motion and second have been made for the passage of a matter pending before the District Board of Health and a motion to amend the motion is made and seconded, the motion to amend shall be voted on prior to voting on the initial pending motion.

Section 9.11: RCW 70.46.020(1)(l) provides as follows:

“Any decision by the board of health related to setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.”

Individuals serving in Positions 7 through 12 on the District Board of Health shall have equal voting rights to all other members of the District Board of Health, but shall not be entitled to vote on matters that fall within the category of matters identified in RCW 70.46.020(1)(l).

RULES OF ORDER

Section 9.13: Unless otherwise provided in these Bylaws to the contrary, all meetings of the District Board of Health and its committees shall be governed by the parliamentary rules and usages contained in the edition of Robert's Rules of Order in effect at the time of the meeting.

Section 9.14: The Chair may act as parliamentarian, or may designate a parliamentarian if they so desire.

ARTICLE X – FINANCES

EXPENSES AND FUNDING FOR PUBLIC HEALTH SERVICES



Bylaw Resolution Update

March 2026

Section 10.1: The District Board of Health shall be funded pursuant to Title 70 RCW and other State and Federal laws, and the expense of providing public health services shall be borne by Chelan and Douglas counties pursuant to RCW 70.46.085.

Section 10.2: The District Board of Health shall establish a "District Health Fund" pursuant to RCW 70.46.080, in which shall be placed all sums received by the District from any source, and out of which shall be expended all sums disbursed by the District.

Section 10.3: The Maintenance and Operations budget shall be developed and approved by the District Board of Health and shall be funded pursuant to this Article.

Section 10.4: Nothing in these Bylaws shall preclude cities and towns from contributing funds to the District Health Fund in addition to amounts provided by State law, Federal law, and the counties.

ARTICLE XI - WITHDRAWAL

Section 11.1: Any decision by a County to withdraw from the District shall comply with and be processed in accordance with RCW 70.46.090. No withdrawal shall entitle any withdrawing County to a refund of moneys paid to the District nor relieve it of any obligations to pay to the District all sums for which it obligated itself due and owing by it to the District for the year at the end of which the withdrawal is to be effective.

ARTICLE XII - POWERS TO ACQUIRE, MAINTAIN OR DISPOSE OF PROPERTY

Section 12.1: In addition to all other powers and duties the Health District shall have the power to own, construct, purchase, lease, add to and maintain any real and personal property or property rights necessary for the conduct of the affairs of the District.

Section 12.2: The Health District may sell, lease, convey or otherwise dispose of any District real or personal property no longer necessary for the conduct of the affairs of the District.

Section 12.3: The Health District may enter into contracts to carry out the provisions of this Article, in accordance with RCW 70.46.100.

ARTICLE XIII - LICENSE OR PERMIT FEES

In addition to all other powers and duties the Health District shall have the power to charge fees in connection with the issuance or renewal of a license or permit required by law; provided, that the fees charged shall not exceed the actual cost involved in issuing or renewing the license or permit. This article is in compliance with RCW 70.46.120.

ARTICLE XIV - CONTRACTS

In accordance with RCW 70.05.150, the District Board of Health may enter into contracts for the sale or purchase of health services with other local health departments.

ARTICLE XV - LEGAL CHALLENGES



Bylaw Resolution Update

March 2026

Actions and decisions by or through the members of the District Board of Health, the District Health Officer, and/or the District Administrator taken within the scope of their respective powers, duties, and functional responsibilities that were rendered in accordance with the rules and policies adopted in these Bylaws, or otherwise approved by the District Board of Health, shall be deemed the actions of the District. The Health District shall defend and indemnify the Health District, members of the District Board of Health, the District Health Officer, and the District Administrator from and against any claims or legal actions arising out of any such actions and/or decisions.

ARTICLE XVI - SEVERABILITY AND CONFLICT OF LAWS AND REFERENCES TO LAWS

If any section, sentence, clause or phrase of these Bylaws are in conflict with any provision of State or Federal law or are hereafter held to be invalid or unconstitutional by a court of competent jurisdiction, such conflict, invalidity or unconstitutionality shall not affect the validity or the constitutionality of any other section, sentence, clause or phrase of these Bylaws. In the event of a conflict between State law, Federal law, or constitutional law, the section, sentence, clause or phrases of these Bylaws in conflict shall be replaced with the State, Federal or constitutional law with which it conflicts and the remaining portions of these Bylaws shall be read to give meaning to all of the remaining terms of these Bylaws. All references in these Bylaws to State, Federal, or local laws, rules, or regulations, shall be considered references to those laws, rules, and regulations as the same exist now or as they may hereafter be amended.

ARTICLE XVII - AMENDMENT OF EXISTING POLICIES

To the extent these Bylaws conflict with existing formal Resolutions, motions, or other policies of the Health District, the conflicting provisions contained in all such formal Resolutions, motions and policies of the Health District are hereby amended to conform to the provisions in these Bylaws.

ARTICLE XVIII - EFFECTIVE DATE

These Bylaws shall be effective June 1, 2022 following passage of a County resolution by the Board of Commissioners for Chelan County and passage of a County resolution by the Board of Commissioners for Douglas County.

ARTICLE XIX - AMENDMENTS

These Bylaws may be amended by the passage of resolutions amending the provisions of these Bylaws by the Board of County Commissioners for Chelan County and the Board of County Commissioners for Douglas County.

Approved by the Board of Commissioners



Bylaw Resolution Update

March 2026

of Chelan County by passage of Chelan
County Resolution No. _____ on the
____ day of _____, 2022.

Approved by the Board of Commissioners
of Douglas County by passage of
Douglas County Resolution No. _____
on the ____ day of _____, 2022.



Surplus Items

March 2026

Item	Quantity
Air Purifier	6
Heaters	3
File Cabinets	8
HP Printer	1
Refrigerator	1
Chairs	2
Metal Shelf	1
Microphones	12
Speaker	1
PC – Tower	1



Board Rules & Code of Ethics Review

March 2026

Rules of Procedure Chelan Douglas Health District Board of Health

This document will guide the procedures and conduct expected of the Members of the Chelan Douglas Health District Board of Health (“Board”), to enhance our ability to meet our responsibilities, and to uphold our Vision and Mission (<https://www.cdhd.wa.gov/about-cdhd>). This document builds upon the Bylaws of the Health District Board of Health (<https://cdhd.district.codes/Bylaws>).

1. BOARD MEMBER ROLES AND RESPONSIBILITIES

1.1 General

The Board is the governing body of the Chelan Douglas Health District (“the District”) and is responsible for the legislative activities or policy decisions of the District, as defined by RCW 70.05.060. The roles of the Board Chair, officers, and Board members are outlined in the Bylaws of the Chelan Douglas Health District Board of Health. The Executive Committee consists of the Chair, Vice Chair, and Administrator.

The Chair (and in the absence of the Chair, the Vice Chair) serves as the spokesperson for the District when questions concerning policies of the Board are directed to the District.

Members and Alternate members shall educate themselves about the Roles and Responsibilities of members of Local Boards of Health, and endeavor to participate in ongoing training for effective public service as their schedules allow. They shall be aware of the 10 Essential Public Health Services described by the CDC as the public health activities that all communities should undertake.

Board members have a responsibility to conduct themselves prudently, responsibly, in furtherance of, and consistent with, the Chelan Douglas Board of Health Vision, Mission, and Bylaws, and in accordance with any and all RCWs pertaining to this role.

1.2 Interactions with staff of the CDHD

Board members, acting in their capacity as Board members, shall not hold direct discussions with any staff member regarding Board matters unless authorized to do so by the Board; instead, Board members should bring questions or comments to anyone on the Executive Committee.

2. MEETINGS

2.1. Respect and Decorum

Board members must maintain dignity and respect for their fellow Board members, for employees, and for members of the public. A Board member must neither substantially delay nor interrupt the proceedings of the meeting, nor disrupt or disparage anyone participating during



Board Rules & Code of Ethics Review

March 2026

meetings. Board meetings shall be governed by Robert's Rules of Order. If there is a conflict between these procedures and Robert's Rules of Order, these procedures shall apply.

2.2. Attendance, Excused Absences

Board members are expected to attend all meetings of the Board. If a member is unable to attend, they shall request to be excused by notifying the Board Clerk, Chair, or Administrator prior to the meeting. Board members are expected to come prepared to the meeting by reading the Board packet in advance of the meeting and be prepared to participate in discussions and decisions. Board members and their Alternates are expected to remain in communication about attendance.

Board alternate members are expected to maintain participation such that they are prepared to stand in during their primary Board member's absence.

2.3. Voting

Board members (or their alternate if a Board member isn't present) should be prepared to vote on all motions. The Chair may call for a roll call vote when clarity of votes is needed. A member has an obligation to abstain if a conflict of interest exists. Members are strongly encouraged to state the reason for any vote in abstention.

2.4. Uphold Decisions

Board members shall uphold decisions made by the Board both during and outside of Board meetings when presenting themselves as a Board member. Board members shall clearly distinguish personal opinions from official Board positions to avoid confusion and maintain consistency with the Board's official messaging. Nothing in these rules is meant to prevent individual members from speaking in their personal capacity but members should clearly communicate that they are speaking in their personal capacity and not on behalf of the Board.

Board members shall not delay, interrupt, or disturb proceedings of the meeting on items that are not on the agenda or aspects of such items that have been decided, unless such decision is the predetermined focus of the topic.

2.5. Recording of Meetings

Except for executive sessions allowed by RCW 42.30.110 and closed sessions, the Board Clerk shall keep the minutes of all meetings of the Board. Audio and/or video recordings will be made of Board meetings and if made shall be available to the public.



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3. BOARD ORDER OF BUSINESS AND AGENDA

3.1 Preparation of Agenda

The agenda serves to introduce items to the Board, to establish the order of business, and to give notice to the public. The agenda serves as a guide for the normal order of business for all regular meetings. In preparing the agenda, however, the Executive Committee has discretion to amend the order of business. Likewise, during a meeting, the Chair and the Board have discretion to amend the order of business.

For items to be added to the agenda, Board members or the Administrator must bring items for consideration to the Executive Committee two weeks prior to a Board meeting. Proposing a topic does not ensure it will be included on the agenda. The agenda may be amended during the regular meetings upon a motion approved by a majority of the Board.

Each agenda item may be accompanied by a time duration in minutes. This is intended to allow for essential agenda items to be addressed during the time allotted for the meeting but can be modified upon agreement by the attending Board members. The Chair shall appoint a timekeeper for each meeting whose job will be to remind the group when a time frame is exceeded. Timekeeper shall be the Vice Chair or other person appointed by the Chair.

3.2 Public Comment

The Board welcomes comments from the public during the public comment period. This is an opportunity for members of the public to inform the governing body about their views. The meeting itself belongs to the governing body. The public does not participate in the decision-making. Instead, they provide input to the governing body, which takes the input into consideration in making its decisions.

The public must state their name and county of residence and then they will have three minutes of comments. The public comment period is not a time for dialogue and Board members should refrain from participating in dialogue during this time. A meeting of a public board is not a meeting of the public. It is a meeting of the board that is held in public.

The public is also encouraged to submit comments to the Board through the Board Clerk.

3.3 Board member discussion

Board members and Alternates may participate in questions and discussion for any agenda topic. To ensure that all members have a chance to speak and that there is sufficient time for essential agenda items, the Chair may ask that members limit their comments to two minutes each until all members have had a chance to speak. Board members and alternates shall refrain from discussion of items in which they hold a conflict of interest.



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3.4 New Business

New business discussion occurs at the end of regular meetings if time allows. Such topics shall be submitted for the agenda two weeks prior to the Board meeting, but their inclusion in the meeting depends upon the Executive Committee's review and available time.

Board members will have two minutes each to present/respond to each item, with the ability to go around more than once upon discretion of the Chair and available time.

Topics should be limited to those under the Areas of Governance of the Board of Health. Topics that have been previously decided shall only be revisited for discussion upon two circumstances: the Executive Committee has approved the item for the agenda and also the majority of the Board agrees to re-visit the topic.

The Board must uphold state and federal laws governing its actions so the Board should not waste time talking about actions that they are not legally allowed to take.

3.5 Adjournment

The Chair shall endeavor to adjourn all Regular and Special Board Meetings no later than 5:30 pm (or 2.5 hours after beginning). In exigent circumstances or where circumstances may require additional time, the Board meeting shall continue beyond 5:30 p.m. upon a majority vote of the Board members or alternatives present.

4. NEW BOARD MEMBER ORIENTATION

The Chair shall conduct training and "onboarding" of each new Board member, to include sharing of all topics, documents and contents of the links included herein.

5. ADHERENCE TO AND VIOLATION OF THE RULES

Board members may ask the Chair to enforce these procedures established by the Board. If the Chair fails to do so, a majority vote of the Board will require the Chair to do so. Board members who violate the terms of this document or the terms of the RCWs or Bylaws may be subject to censure or sanctions.

6. TYPES OF MEETINGS

6.1 Regular meetings

Meeting dates, times, and locations are posted on the web site. Also refer to Bylaws and RCW 42.30.080.

Study sessions and workshops, executive sessions, and closed sessions may be held in accordance with the Open Public Meetings Act RCW 42.30.110.



Board Rules & Code of Ethics Review

March 2026

6.2 Executive Sessions

Executive sessions may be held in accordance with the provisions of RCW 42.30.110. The Board may hold an executive session during a regular or special meeting. Before convening in executive session, the Chair shall cite the purpose of the executive session and briefly describe the reason (not identifying individuals or case numbers) publicly. The Chair shall further announce the time when the Board is expected to return to open session. The Chair may extend an executive session by coming back into open session and announcing the new time when the open session will reconvene. If the executive session is concluded before the stated time, the Board must not reconvene in open session until the previously announced time. All participants in an executive session must keep confidential all information provided to them during executive sessions. Likewise, all who attend an executive session must return any documents that are distributed during the executive sessions prior to the end of the executive session. No final action can be taken during an executive session. Final action must be taken in open session, see RCW 42.30.060(2). The announced purpose of the executive session shall be entered into the meeting minutes.

6.3 Closed Sessions

Under RCW 42.30.140, the OPMA does not apply to certain types of meetings:

- matters under Administrative Procedure Act, and
- collective bargaining matters

Therefore, the public may be excluded from those meetings. If the public is excluded from a meeting that is not subject to the OPMA under this section, then that meeting should be referred to as a "closed" session to distinguish it from an "executive session" under the OPMA.

6.4 Study sessions and workshops

At the call of the Chair or of a majority of the Board, and with no less than 24 hours of notice to the public and local news media, the Board may meet informally in study sessions and workshops (open to the public). All discussions during a study session or workshop shall be informal and do not constitute official actions of the Board, and no final action will be taken during these meetings. Such meetings shall last no longer than three (3) hours. The Board may extend these adjournment times upon approval of a motion by a majority of the Board in attendance.

6.5 Confidentiality

Board members shall keep confidential all written materials and verbal information provided to them during executive and closed sessions to ensure that confidentiality is protected and CDHD's position is not compromised.



Board Rules & Code of Ethics Review

March 2026

Chelan-Douglas Health District Board of Health Code of Ethics

This Code of Ethics is intended to guide the conduct of board members and promote a culture of integrity, responsibility, and trust within the organization. **As a member of this Board I will...**

1. Represent the interests of the communities served by this organization;
2. Not use the organization or my service on the Board for my own personal advantage or for the individual advantage of my friends or supporters;
3. Avoid any conflicts of interest and conform to the provisions of chapters 42.20 and 42.23 RCW;
4. Disclose any potential conflicts as soon as they arise and recuse themselves from decision-making where a conflict exists;
5. Not use my position to secure anything of value or the offer or promise of anything of value that could be reasonably expected to influence any action, or inaction, of a Board member;
6. Not exercise authority as a Board member except when acting in a meeting with the full Board or as I am delegated by the Board;
7. Respect the confidentiality of sensitive information gained through Board service, including matters relating to strategy, personnel, and legal issues. Keep confidential information confidential, even after I cease to be an active member of this Board;
8. Regularly attend Board meetings and be prepared to participate in discussions and decision-making processes. Approach all Board issues with an open mind, prepared to make the best decision for the community and the whole organization;
9. Uphold the trust of the communities we serve;
10. Focus my efforts on the Mission of the organization and not on my personal goals;
11. Acknowledge the integrity of the Board's collective decisions even if I've personally disagreed with the decision; and
12. Treat fellow Board members, staff, volunteers, and stakeholders with respect and professionalism.

Violations of this Code of Ethics could result in censure or sanctions. Board members are required to sign this policy, acknowledging their understanding and commitment to upholding these ethical standards.

Board Member Signature: _____

Kimberly Newman, Board Alternate
Name and Title

Date: _____



BOH Travel Reimbursement

March 2026

Section 3.7: Mileage Reimbursement.

Individuals serving on the Board of Health shall be reimbursed by the District for mileage expense for attendance at Board of Health and other meetings at which their attendance is requested at the Internal Revenue Service mileage reimbursement rate in effect at the time the mileage is incurred. No other compensation shall be paid by the District to individuals serving on the District Board of Health.

Reference:

The District Code and Bylaws can be found online here: <https://cdhd.district.codes/>

The pathway to this language online is: Bylaws → III District Board of Health Membership → Section 3.7



BOH Travel Reimbursement

March 2026



Administrator's Report Cover Page

March 2026

Administrator's Report

Highlights:

Fiscal
Community and Family Health
Emergency Preparedness and Response
Communicable Disease and Epidemiology
Communications and Outreach
Environmental Health
Administrator Update



Fiscal and Operations Report

March 2026

Fiscal and Operations Report and Personnel



Ryan Lamb

Adeline Moralez

Krishna Gonzalez

AnaMaria Ruelas

Operations Director

Fiscal Supervisor

Accountant

Fiscal Assistant



Julian Moro

Stefano SolaGallegos

*Contracts & Procurement
Manager*

Facilities & IT Assistant

Highlights

Ryan Lamb, Fiscal and Operations Director, continues to learn the procedures for the fiscal, operations and IT divisions. Updated policies and SOPs are underway – expect to see an updated Fiscal Policy Manual for approval in the coming months.

Operations

Phone system review is nearing completion. To date, four phone system vendors have been reviewed, to replace the current, outdated phone system. The goals of the updated system include:

- Hybrid communication model for remote employees or emergency operations
- Seamless transition
- Ability to track phone lines, voicemails, and return call times to improve customer service
- Integration with after hours services (if possible) and improved phone tree capability



Fiscal and Operations Report

March 2026

Operations is also close to wrapping up the building construction work – hopefully something we can report as complete at our April BOH meeting.

Fiscal Update

- Fiscal staff are working on the annual report due to the State Auditor's Office on May 30, 2026.
- The Department of Health has scheduled fiscal monitoring for March 18–19, reviewing WIC, PHEP, Immunizations, ELC, PHWFD, and MCH Block Grant reimbursements from Oct–Dec 2025. A final report will be submitted within 90 days after the monitoring.

Essential Data

Through February 28, with 16.7% of the year completed, the District is at 14.1% of budgeted revenue and 15.6% of budgeted expenses.



Fiscal and Operations Report

March 2026

CHELAN-DOUGLAS HEALTH DISTRICT Budget vs. Actuals 2026 Approved Budget YTD February 2026

Income	Actual	Total	
		2026 Budget	% of Budget
640.001.32120.00.000 HEALTH - BUSINESS LICENSES AND PERMITS	321,263.50	797,638.65	40.28%
640.001.32210.00.000 BUILDINGS, STRUCTURES AND EQUIPMENT PERMITS	42,577.50	603,947.00	7.05%
640.001.33310.55.000 SPEC SUPPLEMENTAL NUTRITION PROGRAM-WIC	16,268.90	192,481.00	8.45%
640.001.33393.06.000 PUBLIC HEALTH EMERGENCY PREPAREDNESS	25,094.77	218,000.00	11.51%
640.001.33393.08.000 MEDICAL RESERVE CORP SMALL GRANT PROGRAM	0.00	5,000.00	0.00%
640.001.33393.26.000 IMMUNIZATION GRANT	1,169.99	34,505.00	3.39%
640.001.33393.32.000 EPIDEMIOLOGY/LAB CAPACITY (ELC)	5,595.69	0.00	
640.001.33393.59.000 PERINATAL MENTAL HEALTH COMMUNITY CAPACITY	573.35	14,000.00	4.10%
640.001.33393.77.000 MEDICAID MATCH	58,976.70	206,654.00	28.54%
640.001.33393.96.000 PH INFRASTRUCTURE GRANT	5,583.88	100,000.00	5.58%
640.001.33393.99.000 PREVENTATIVE HEALTH/MCH BLOCK GRANT	9,572.12	112,000.00	8.55%
640.001.33403.10.000 DEPARTMENT OF ECOLOGY	48,487.79	158,476.00	30.60%
640.001.33404.10.000 STATE GRANT DCYF	26,034.61	387,000.00	6.73%
640.001.33404.91.000 DEPT OF HEALTH GENERAL FUND	866.69	37,179.00	2.33%
640.001.33406.90.000 HCA GENERAL FUNDS	8,618.00	31,654.00	27.23%
640.001.33604.24.000 PUBLIC HEALTH ASSISTANCE	199,817.00	399,634.00	50.00%
640.001.33604.25.000 FOUNDATIONAL PUBLIC HEALTH SERVICES	0.00	2,498,000.00	0.00% *
640.001.33862.00.000 PUBLIC HEALTH ASSESSMENTS	76,303.14	457,817.84	16.67%
640.001.33863.00.000 INTERGOVERNMENTAL SERVICES REVENUE	0.00	0.00	
640.001.34620.00.000 PUBLIC HEALTH CLINIC	0.00	5,500.00	0.00%
640.001.34650.00.000 ENVIRONMENTAL HEALTH FEE FOR SERVICES	83,915.50	338,950.63	24.76%
640.001.34670.00.000 OTHER PUBLIC HEALTH FEES (VITAL STATS)	26,041.00	109,989.00	23.68%
640.001.35000.00.000 FINES AND FORFEITS	-4,000.00	0.00	
640.001.36111.00.000 INVESTMENT INTEREST	12,809.46	120,000.00	10.67%
640.001.36700.00.000 CONTRIBUTIONS & DONATIONS, PRIVATE	17,016.03	126,000.00	13.50%
640.001.36900.00.000 OTHER MISCELLANEOUS REVENUES	-23.00	0.00	
Total Income	\$ 982,562.62	\$ 6,954,426.12	14.13%



Fiscal and Operations Report

March 2026

CHELAN-DOUGLAS HEALTH DISTRICT Budget vs. Actuals 2026 Approved Budget YTD February 2026

Expenses	Total		
	Actual	2026 Budget	% of Budget
640.001.56200.10.000 SALARIES & WAGES	699,025.40	4,408,478.73	15.86%
640.001.56200.20.000 PERSONNEL BENEFITS	219,656.14	1,388,513.40	15.82%
640.001.56200.30.000 SUPPLIES	12,103.57	73,320.00	16.51%
640.001.56200.35.200 SOFTWARE	52,279.57	238,037.58	21.96%
640.001.56200.35.300 HARDWARE	314.68	11,000.00	2.86%
640.001.56200.41.100 SERVICES - LEGAL	3,457.90	105,000.00	3.29%
640.001.56200.41.200 SERVICES - AUDIT	3,713.97	40,000.00	9.28%
640.001.56200.41.300 SERVICES - INTERPRETING	157.09	2,350.00	6.68%
640.001.56200.41.450 SERVICES - ANSWERING SERVICE	646.04	2,500.00	25.84%
640.001.56200.41.500 SERVICES - OUTSIDE DRS & DENTISTS	2,275.00	9,100.00	25.00%
640.001.56200.41.600 SERVICES - COMPUTER	9,845.02	120,000.00	8.20%
640.001.56200.41.900 SERVICES - CONTRACTS & MISC	1,025.86	16,560.00	6.19%
640.001.56200.41.920 SERVICES - LANDSCAPING	0.00	1,500.00	0.00%
640.001.56200.41.930 SERVICES - PARKING LOT MAINT	600.34	5,000.00	12.01%
640.001.56200.42.010 TELEPHONE	5,445.48	39,322.82	13.85%
640.001.56200.42.020 POSTAGE	0.00	6,000.00	0.00%
640.001.56200.43.000 TRAVEL/TRAINING	12,171.97	122,320.32	9.95%
640.001.56200.40.000 ADVERTISING	2,054.00	28,855.00	7.12%
640.001.56200.45.000 OPERATING RENTALS & LEASES	1,875.00	10,558.00	17.76%
640.001.56200.46.000 INSURANCE	500.00	140,000.00	0.36%
640.001.56200.47.000 PUBLIC UTILITY SERVICES	4,009.77	18,000.00	22.28%
640.001.56200.48.000 REPAIRS	3,714.63	40,827.15	9.10%
640.001.56200.49.000 PRINTING - OFFICE	143.48	5,250.00	2.73%
640.001.56200.49.001 PRINTING - COPIER	4,978.90	10,000.00	49.79%
640.001.56200.49.200 PAMPHLETS - PRINTED OR PURCHASED	0.00	610.00	0.00%
640.001.56200.49.300 DUES & MEMBERSHIPS	6,391.00	11,212.00	57.00%
640.001.56200.49.400 SUBSCRIPTIONS	0.00	2,178.00	0.00%
640.001.56200.49.500 OTHER EXPENDITURES	38,010.57	83,561.00	45.49%
640.001.56200.49.700 CONTINUING EDUCATION	0.00	7,000.00	0.00%
640.001.56200.62.030 IMPROVEMENTS TO BUILDING	2,381.96	18,000.00	13.23%
Total Expenses	\$ 1,086,777.34	\$ 6,965,054.00	15.60%
Surplus / (Deficit)	\$ (104,214.72)	\$ (10,627.88)	

* reminder that the FPMS fund will be received in one lump sum in August



Fiscal and Operations Report

March 2026

CHELAN-DOUGLAS HEALTH DISTRICT Cash/Investments 2/28/2026

Cash on Hand - Petty Cash	500.00	
General Account - Chelan County Treasurer	82,605.68	
Payroll Clearing Account - Key Bank	44,930.04	
Investment Account - Chelan County Treasurer	4,008,118.13	
<i>Investment broken out as follows:</i>		
Reserves		2,000,000.00
General Investment		2,008,118.13
 Total Cash/Investments	 4,136,153.85	

CHELAN-DOUGLAS HEALTH DISTRICT Budget vs Actuals 2026 Budget YTD February 2026

	<u>YTD</u>	<u>Budget</u>	
Permits	363,841.00	1,401,585.65	26.0%
Federal Grants	122,835.40	882,640.00	13.9%
State Grants	84,007.09	614,309.00	13.7%
State Entitlements	199,817.00	2,897,634.00	6.9%
Assessments/Intergov Rev	76,303.14	457,817.84	16.7%
Fees	109,956.50	454,439.63	24.2%
Interest	12,809.46	120,000.00	10.7%
Other Revenue	12,993.03	126,000.00	10.3%
Total Revenue	<u>982,562.62</u>	<u>6,954,426.12</u>	14.1%
 Wages	 699,025.40	 4,408,478.73	 15.9%
Benefits	219,656.14	1,388,513.40	15.8%
Supplies	68,155.72	322,357.58	21.1%
Services	97,558.12	827,704.29	11.8%
Capital Outlays	2,381.96	18,000.00	13.2%
Total Expenses	<u>1,086,777.34</u>	<u>6,965,054.00</u>	15.6%
 Surplus /Deficit	 (104,214.72)	 (10,627.88)	



Community and Family Health Report

March 2026

Community and Family Health Report and Personnel



Cari Hammond

CFH Director

Lisa Pilkinton

Health Educator

Emily Gilmore

NFP/NHV

Stephanie Snitily

Immunization
Coordinator

Katie Young

NFP Supervisor/NHV



Veniece Ceballos

NFP/NHV

Brianna Rice

Community Health
Dietitian

Ana Macias

WIC Coordinator
& Certifier

Yanet Lozano

WIC Certifier

Nichole Franks

MCH Lead



Quinn Kenoyer

Health Systems
Improvement
Coordinator

Norma Renteria

Program Assistant

Lupita Espinoza

ABCD Coordinator

Garth Donald

Mental Health & Substance
Use Coordinator



Community and Family Health Report

March 2026

Division Highlights

We officially kicked off the [Community in Color Art Contest](#) to engage youth and celebrate public health—we are asking youth, including college students, to submit an original piece of art that shows what makes our community healthy. It’s a creative way to highlight public health, celebrate community strengths, and engage families across our region. We also launched our 2nd annual [Coloring Contest](#) to celebrate National Children’s Dental Health Month.

NFP Success Story: After completing a lactation nursing assessment, an NFP nurse home visitor provided the family with referrals to treatment. After seeking care, and receiving follow-up education with her NFP nurse, the mother reports complete pain relief, satisfaction with her breastfeeding plan and a healthy baby that is growing and developing appropriately.

Maternal Child Health

Activity	Description	Count/Reach	Notes
Doula outreach	Work to improve access to culturally responsive, affordable and quality healthcare during pregnancy, birthing process and maternal recovery	3	In-person/Virtual meetings
		5	Emails sent
Community partner meetings	Collaboration to improve care for CYSHCN	3 meetings	Wenatchee Alliance for Youth, VAST, FYSPT
Material Distribution	Care Passports	14	Brave Warrior & VAST shared passport with 14 families
HOPE Framework	Presented to CDHD staff	2 presentations/17 people	Now certified as a HOPE Facilitator
Systems Improvement	Identifying gaps in Medicaid covered services to help reduce disparities and improve services for Medicaid enrolled individuals	Identified 4	-Medicaid doesn’t reimburse birthing or post-partum classes -At home lactation services not covered by insurance -Doulas need assistance with becoming a Medicaid provider



Community and Family Health Report

March 2026

			-Those that are above the poverty level have little support as new parents and cannot afford private pay help
--	--	--	---

Childcare Consultation

Completed 1 childcare consultation: education provided on separation anxiety, transitioning from bottle to whole foods, lead testing levels and how to reduce exposure

Nurse-Family Partnership

Number of Families Enrolled	Number of Families Served	Number of Children Served	New Clients Enrolled	Clients Closed	Number of Graduates	Total Completed Encounters for the period	Total Outgoing Referrals to Other Services
50	39	29	1	*0	0	56	25

**Dismissed from program for other reasons (moving out of area, unable to contact)*

Women Infants & Children (WIC)

November 2025*	Total Women Enrolled	Total Infants Enrolled	Total Children Enrolled	Total Caseload
East Wenatchee	113	113	377	608
Leavenworth	1	0	4	

**December & January caseload data not yet available*

JANUARY CLINIC APPOINTMENTS				
TYPE OF APPTS	TOTAL	ATTENDED	CANCELLED	MISSED
Initial Certification (IC)	24	19	2	3



Community and Family Health Report

March 2026

Subsequent Certification (SC)	59	37	8	14
Mid-Certification Assessment (Mid Cert-HA)	49	32	2	15
Nutrition Education (NE-I)	139	91	22	26
Nutrition Education with RD (NE-I-RD)	0	0	0	0
Food Benefits Only (FBI)	24	19	2	3
Breastfeeding Education (BFE)	0	0	0	0
High-Risk Nutrition Education (RD)	16	11	2	3
Anthropometrics (ANTHRO/LAB)	19	14	4	1

Total Number of Scheduled Clinic Appointments	330
Total Number of Missed Appointments	47
Clinic Show Rate	85%

Immunizations

VFC Site Visits	IQIP Visits	Unannounced S & H Visits	IIS Trainings for Providers	Trainings related to regional scope of work	Vaccine Clinics
3	5	0	1	3	0

Access to Baby & Child Dentistry

Number of Children Enrolled	Number of Community Outreach Events / total # reached	Total Outgoing Referrals to Other Services
7	2/20	3

Community Connect

Number of Clients Enrolled	New Referrals Received	New Clients Enrolled	Clients Discharged	Total Outgoing Referrals to Other Services	Number of Community Outreach and/or Networking Events / total # reached
29	0	4	0	*	1/100

*Data report not available yet



Community and Family Health Report

March 2026

Lifecourse Program

Safety & Prevention

Event	Attendance/# of meetings and/or events
Child Fatality Review (CFR) Orientations	3 new members oriented to CFR Process
Naloxone Trainings	2 trainings, 16 community members trained
Community Anti-Drug Coalitions of America (CADCA) Leadership Forum- Gained knowledge on evidence-based strategies for substance misuse, prevention, community organizing and policy advocacy	N/A

Health Education

Event	Attendance/# of meetings and/or events
Community in Color Art Contest- Collaboration with NCW Libraries, local school districts, Wenatchee Valley College, local artists, YMCA, Sustainable NCW, CAFE, and others to promote this opportunity	N/A
After School Program (ASP) + YAB- 5 YAB Members facilitated SEL Lessons on Confidence & Belonging at ASP	23 students
Dementia Friendly Chelan Douglas Coalition- Focused on increasing community awareness and support for individuals living with dementia and their families	6 active community members on the coalition

Community Health Nutrition

Event	Attendance OR # of meetings and/or events
STEAM Activity night-	106 students and family members



Community and Family Health Report

March 2026

Presented impacts of added sugar	
After School Program	10 Students
WIC Nutrition Counseling	11 High Risk Appointments Completed
NCW Food Council	60 participants at Inaugural Meeting
Weight Loss Support Group	10 participants attended

Definitions:

NFP- Nurse-Family Partnership

NSO- National Service Office

ABCD- Access to Baby and Child Dentistry

YAB- Youth Advisory Board

CADT- Center for Alcohol & Drug Treatment

WIC- Women, Infants, Children

CVP- Childhood Vaccine Program

VFC- Vaccine for Children

HCA- Health Care Authority

AVP- Adult Vaccine Program

USDA- U.S Dept of Agriculture

CHIP- Community Health Improvement Plan

VAST- Valley Autism Support Team

CD/I/V Prevention- Chronic Disease, Injury, Violence Prevention

MCH- Maternal Child Health

Lifecourse= MCH, Access & Linkage to Care, CD/I/V Prevention

CYSHCN- Children & Youth with Special Health Care Needs

S&H- Storage & Handling

FMNP- Farmers Market Nutrition Program

MCHBG- Maternal Child Health Block Grant

MOUD- Medications for Opioid Use Disorder

IQIP- Immunization Quality Improvement for Providers

CCRJ- Chelan County Regional Jail

FNS- Food and Nutrition Services

TBI- Traumatic Brain Injury

FYSPRT- Family Youth System Partner Round Table



Emergency Preparedness and Response Report

March 2026

Emergency Preparedness and Response Report and Personnel



Kaila Smith

Lexy Lieurance

Griselda Lozano

*Regional Emergency
Response Coordinator*

*Local Emergency
Response Coordinator*

Program Assistant

Division Highlights

The Emergency Preparedness and Response division strengthened partnerships, advanced emergency planning and exercise development, enhanced volunteer integration within the agency and expanded community preparedness education efforts.

Medical Reserve Corps

The Medical Reserve Corps (MRC) program coordination remained a priority, including the monthly MRC meeting, National MRC Office Hours, and discussions regarding integration of MRC volunteers with Communicable Disease and Epidemiology (CD-Epi) to enhance training and response capacity. Work also included development of illness investigation phone scripts and administrative updates following staff transitions.

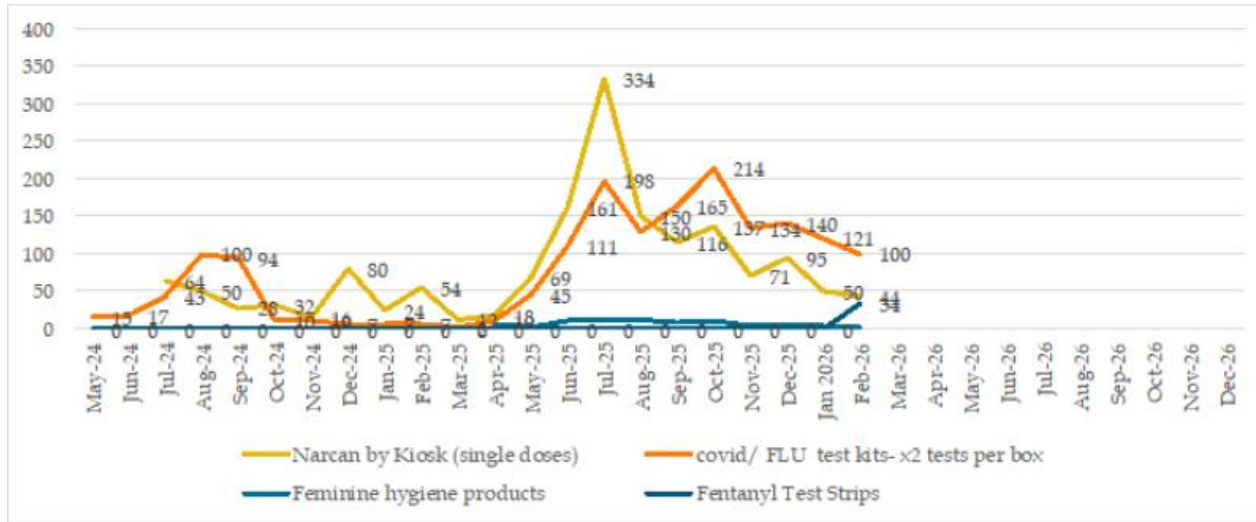
Community Medical Needs Vending Machine

The Community Medical Needs Vending Machines, located in Lake Chelan and at the Chelan-Douglas Health District office, continue to demonstrate consistent community utilization over the past several months. These machines provide accessible health and safety supplies to community members and remain an important strategy for reducing barriers to essential resources and supporting public health outreach efforts. The vending machine in Lake Chelan has shown a significant increase in COVID and Flu tests being distributed to that community in January and February 2026, compared to last year at this time.

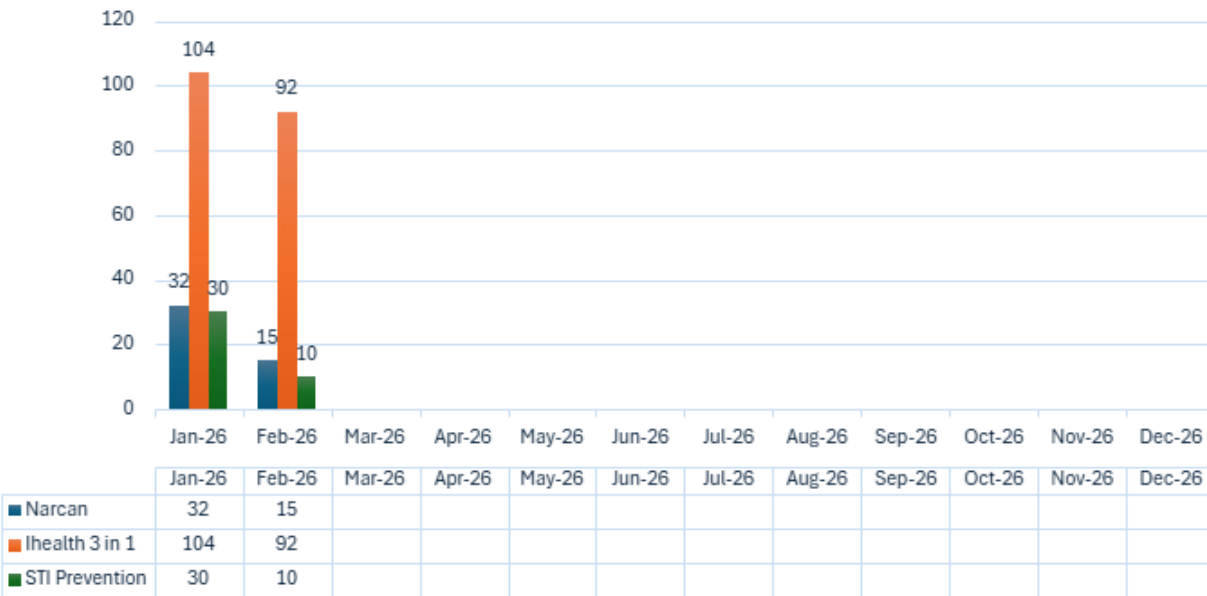


Emergency Preparedness and Response Report

March 2026



Chelan-Douglas Health District Vending Machine 2026





Communicable Diseases & Epidemiology Report and Personnel



Elizabeth Austin

Alissa Sindelar

Jenny Ezpeleta

Vacant

Vacant

Regional Epidemiologist & Biostatistician PHN II: TB & CD Specialist

Regional Assessment Coordinator PHN II OR III

PHN II or III

Division Highlights:

- Our PHN II Devin has gone back to school (we wish him luck in school!) and we are currently hiring a new PHN II or PHN III to join the team!
- The CD-Epi team is in division continuity of operations and being supported by surge staffing from other divisions.

Communicable Disease and Notifiable Conditions

About this Division: *The Communicable Disease (CD) team plays a vital role in preventing and controlling communicable diseases in Chelan and Douglas counties by tracking and investigating outbreaks, notifiable conditions, coordinating public health lab testing, and providing locally relevant responses in accordance with the FPHS Standards.*

Case Investigations:

In February, the CD team conducted 59 case investigations, which included:

- Notifiable Conditions
- sexually transmitted infections (STIs)

Top 3 Notifiable Conditions (February 2026)	Number of Cases
Carbapenem-Resistant Enterobacteriaceae (CRE)	<10
Animal Bites	<10
Campylobacteriosis	<10

Overdose Reporting: 0

There have been zero overdoses reported to the Chelan-Douglas Health district so far this year (between January 1- February 28th, 2026).

Other Reporting:

School absenteeism rates were higher in the month of February. There was a total of 13 reports of absenteeism above the threshold of >10% from 6 different schools. There was one influenza outbreak reported in a long-term care facility, and two influenza-associated deaths associated with this outbreak.



Communicable Diseases/Epi Report

March 2026

In 2025, the CD team updated their tracking system and this year we will compare 2025 and 2026 cases each month to gather insight on case trends. The following graphs, developed by our Regional Epidemiologist, show notifiable conditions (graph 1) and STIs (graph 2) investigated from January 2025 through February 2026.

Table 1:

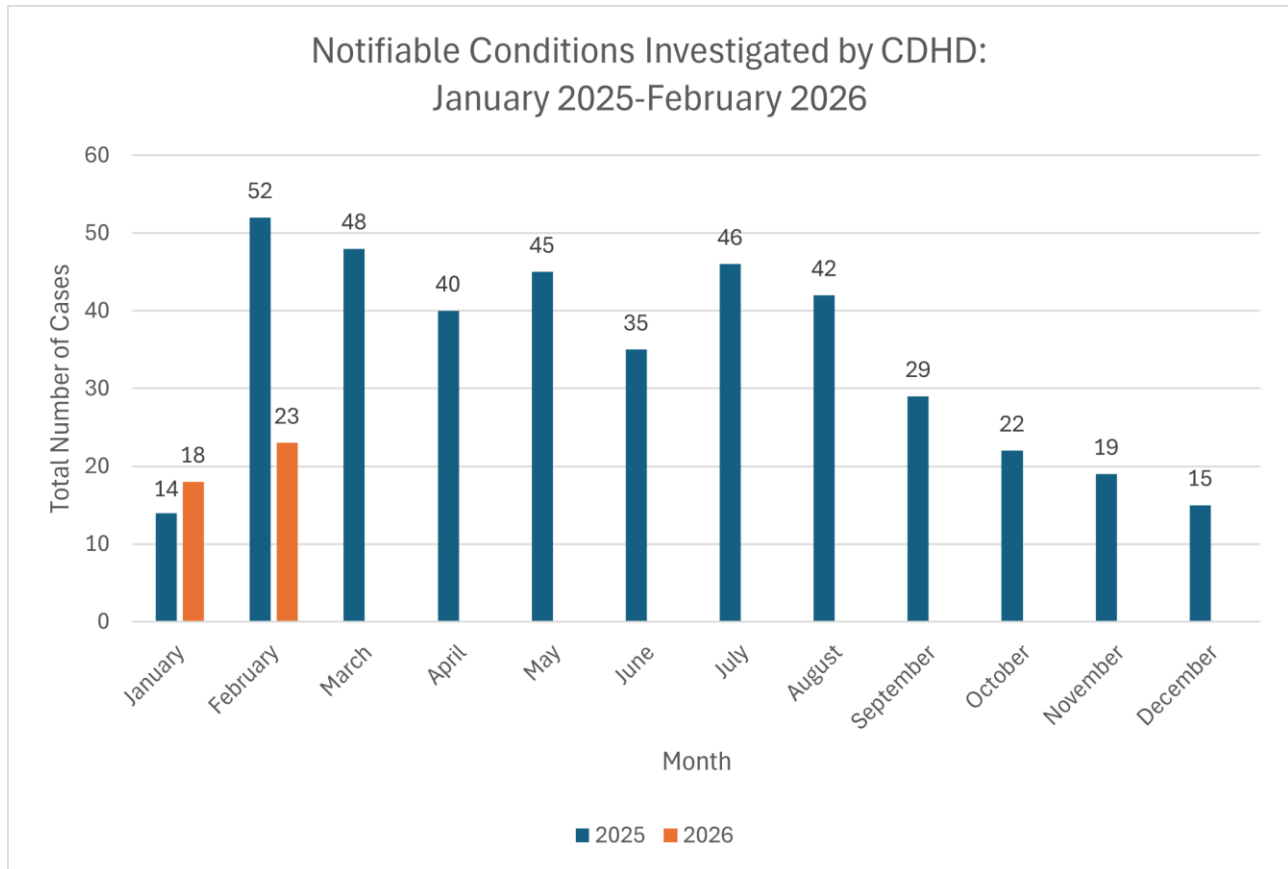
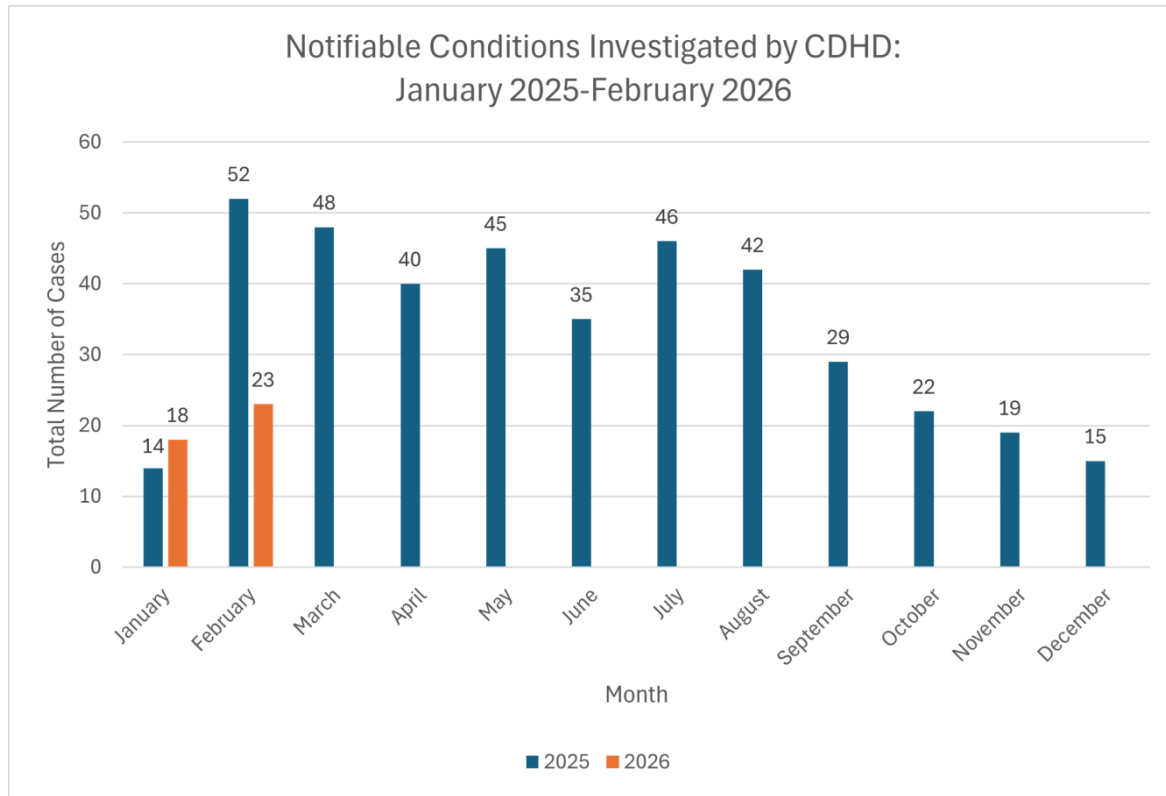




Table 2:



Epidemiology, Assessment and Surveillance

About this Division: The CD-Epi team plays a critical role in assessment, surveillance and epidemiology by gathering and managing essential data, analyzing trends to identify community health priorities, and using that insight to inform planning, guide decisions and support public health actions. This work is supported in part by regional funding and staff provide epidemiology and assessment support to Chelan, Douglas and Okanogan counties.

Community Health Assessment (CHA): The Regional Assessment Coordinator has worked with the Communications team to publish 5 “CHA Chapters” on the CDHD website in 2025. A final chapter, related to Nutrition in Chelan-Douglas Counties, will be posted in Q2. Information from these assessments are informing the Community Health Improvement Plan (CHIP) that is underway and will drive programming and strategic planning. Check them out here: <https://cdhd.wa.gov/health-data>

Viral Respiratory Illness Dashboard: The Regional Epidemiologist published the new Viral Respiratory Illness Data Dashboard to the Chelan-Douglas website (available at <https://www.cdhd.wa.gov/providers>). The dashboard displays local and regional trends of respiratory illness including disease activity thresholds for emergency department visits. It provides a data-based tool for healthcare providers to guide public health planning and decision-making for enhanced infection prevention measures at the local and regional level.



Communications and Outreach Report

March 2026

Communications and Outreach Report and Personnel



Maria Christina Monroe

*Communications &
Language Access Director*

Miriam Pamatz

*Public Health
Communications &
Outreach Coordinator*

Adelaida Caballero

Outreach Worker

Introduction

In February, our department remained highly engaged, ensuring that all website pages, documents, images, and videos met ADA compliance standards in alignment with the launch of the new website. Note, the BOH Meeting materials are all available on our website, but video recordings of the meetings before 2026 were not ADA-compliant, so were not uploaded on the site – but notice that they are available by request has been added to the CDHD website.

In addition, we provided timely promotional support for the coloring contests spearheaded by CDHD, helping to increase visibility and community engagement.

Highlights:

- Collaborated with ABCD Program to promote 2nd Annual Coloring Contest
- Supported Health Administrator with 2nd Notifiable Conditions Series-Legionella
- Met with Kittitas Health District to discuss Bilingual Policy
- Scheduled bilingual assessment exam for qualified staff
- Completed necessary requirements to make website 100% ADA Compliant

Partnerships:

The Communications and Language Access Director and the Public Health Communications and Outreach Coordinator collaborated and met with the following groups and agencies:

- Attended quarterly Regional PIO meeting



Communications and Outreach Report

March 2026

- Attended FPHS-Language Access Services
- LHJ PIO Check-in
- Met with several CDHD departments to prep and release communication
- Met with Fortinet to continue discussion on possible new phone system
- Attended Wenatchee School District Inter-Agency Meeting
- Attended CAFÉ coalition zoom meeting

Outreach Events:

The Outreach team participated in the following:

2/6: Wenatchee Wild Non-Profit Night @ TTC

2/18: Science/Family Night @ Vale Elementary, Cashmere

2/20: Building Dreams, Creating Futures @Valley Academy

2/26: STEM Night @ Mission View Elementary, Wenatchee

Outreach had a total of **405 individual interactions** for the month of February.



2/20: Building Dreams, Creating Futures @Valley Academy



2/6: Wenatchee Wild Non-Profit Night @ TTC



Environmental Health Report

March 2026

Environmental Health Report and Personnel

Food and Living Environment



Dominique Gilley

Reid Brownlee

Giovanni Cervantes

Lisa O'Daffer

Ericka Bentancourt

Supervisor

Inspector

Inspector

Inspector

Inspector

Onsite, Land-use, and Drinking Water



Richmond Petty

Juanita Garibay

Dom Cimmiyotti

Susan Baker

Supervisor

Inspector

Inspector

Program Assistant

Solid Waste



Brian Dickey

Javier Ramos

Karina Castro

Supervisor

Technician

Health Educator



Environmental Health Report

March 2026

Administrative

- Scheduling for the first Unpermitted Food Vendor Task Force continued – with the first meeting held with partner agencies on March 11th, 2026
- An unpermitted-food vendor database is under active development to better enhance enforcement and share data and resources amongst partner agencies
- The Environmental Health team continues to assist in ongoing Legionella cases and Environmental Assessments

Food and Living Environment

- The Food & Living Environment team continues to support the Wenatchee Jail temporary Kitchen having included a walkthrough and project approval
- The Food Program is continuing ongoing support for HACCP plans submitted for review to utilize reduced-oxygen packaging of food items in a local facility.
- CDHD and City of Chelan officials are collaborating to align requirements and eliminate inconsistencies with codes affecting mobile-food vendors
- The Food & Living Environment team continues to support continuity of operations of Communicable Diseases by supporting enteric disease investigations

Onsite-Wastewater

- Increased knowledge and education regarding Fentanyl contaminated surfaces
- Attended educational series regarding bed-bug guidance
- Issued Greater Wenatchee Landfill operating permit

Solid Waste

- OSS Team completed field training for new well installations
- Policy development underway for site-removal of nitrification-field materials
- 2025 annual reporting metrics completed



Environmental Health Report

March 2026

Statistics and Data

Food Program Essential Data				
	December	January	February	Total
Routine Inspections	29	109	40	178
Pre-Opening Inspections	3	11	2	15
Plan and Menu Review	3	9	23	35
Temporary Event Permits	2	9	23	34
Exempt Temporary Event Permits	0	0	0	0
Complaints	4	8	5	17

Water Recreation Program Essential Data				
	December	January	February	Total
Routine Inspections	0	0	4	4
Pre-Opening Inspections	0	0	0	0
Complaints	0	0	0	0
Injury Investigations	0	0	0	0
Variance Reviews	0	0	0	0

Solid Waste Essential Data				
	December	January	February	Total
Facility Inspections	5	11	3	19
Solid Waste Complaints	13	16	24	53
Misc. Complaints	13	7	17	37
PPA Visits/Screening	9	11	14	34

On-Site Wastewater Essential Data				
	December	January	February	Total
Septic System Reviews	0	12	27	39
OSS Permits	29	10	23	62
Project Reviews	5	2	4	11
Drinking Water Reviews	1	2	9	12
Private Water Reviews	3	1	6	10
Public Water Reviews	1	1	3	5
Land Use Reviews	0	3	10	13
Plat/CUP Reviews	16	8	10	34
Mylar Reviews	5	1	2	8
Misc. Reviews	1	3	0	4
Field Inspections	50	21	26	97
Occupancy Approvals	19	8	19	46
Complaints	4	6	7	17



Chelan-Douglas Health Administrator's Update



Kristen Hosey

*Administrator
CD/EPI Director*



Corey Lawson

*Deputy Administrator
EH Director
Clerk of the Board*



Susan Jacques

*Human Resources
Director*



Tammy Miller

Deputy Registrar & Public Records Officer



Maria Gonzalez

Clerk III

Highlights

We have set up an **Incident Management Team (IMT)** to help support the Communicable Disease team on a Legionella outbreak and increased number of Legionella cases over the last few months. We currently only have 1 FTE CD Investigator/TB RN and so surge staffing is supporting day-to-day operations as well as Environmental Health. Sit-Rep reports will be sent to the BOH weekly by the Emergency Preparedness and Response team.

Corey and Environmental Health staff hosted the first **Unpermitted Food Vendor Task Force** meeting last week (March 11). Chair Shon Smith and board member Alma Chacon are both on this task force.



Administrator's Report

March 2026

All staff have completed their public records training at CDHD – working to wrap up the last few Board members certificates. Please send any copies to Tammy, our Public Records Officer.

Kristen was on PTO for part of March and Corey successfully provided coverage while Kristen was out. Progress on wrapping up final documents related to building renovations is nearly complete.

FPHS Funds and Monitoring

Kristen has continued to meet regularly (usually a few times a week) with WSALPHO regarding legislative updates and the current state of FPHS.

The biggest, most timely update relates to this current year – meaning a reduction of FPHS funding to the current budget. Here is a summary of that information:

- While the Legislature increased FPHS' spending authority in the Dedicated FPHS Account in 2025, SB 5814's change to the definition of tobacco products cause vapor tax revenue to be swept away from the dedicated FPHS Account effective 1.1.26
- The Dedicated FPHS Account that is funded through Vapor Tax revenue has a shortage of \$3,595,800 for FY 26
- FPHS Underspend will be utilized first, currently estimated at \$1,370,500 – so we anticipate FPHS shortage close to \$2,216,300 for 2026 which needs to be resolved by 6.30.26
- FPHS Steering Committee is looking to make those reductions to address the shortfall – so they have asked each sector (DOH, LHJs, Tribes and State BOH) determine additional unspent funds to close that shortfall
- LHJs are looking at how to address sector cuts as a team – two solutions involve re-allocation (unlikely to get approved this year) or an across the board cut to LHJs

What does this mean for CDHD? We anticipate a potential cut, possibly a percentage cut, over the next few months, which may result in a budget amendment – more info as we learn more.

An anticipated \$21million for the Y26-27 budget is also expected. FPHS Steering Committee will be reviewing next steps across the FPHS system in the coming weeks.

Staffing Updates

We are currently hiring for 1 to 2 Public Health Nurse II or III TB and Communicable Disease Specialist (depending on experience/qualifications). The position application is located here: <https://cdhd.wa.gov/work-at-chelan-douglas-health-district>

Contract Updates

Contracts between \$10,000 - \$25,000: none.

Executive Team Contracts between \$25,001-\$65,000: none.



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Chelan-Douglas Health District Health Officer Update

James Wallace, MD, MPH

March 16th, 2025

Chelan-Douglas Health Officer Update

Respiratory Illness Update

- Respiratory illness declining
- RSV season extended
- Measles in WA

Community Health Assessment

- 5 chapters to date

Respiratory Illness Season - Acute Respiratory Illness - CDHD

Acute Respiratory Illness (ARI)

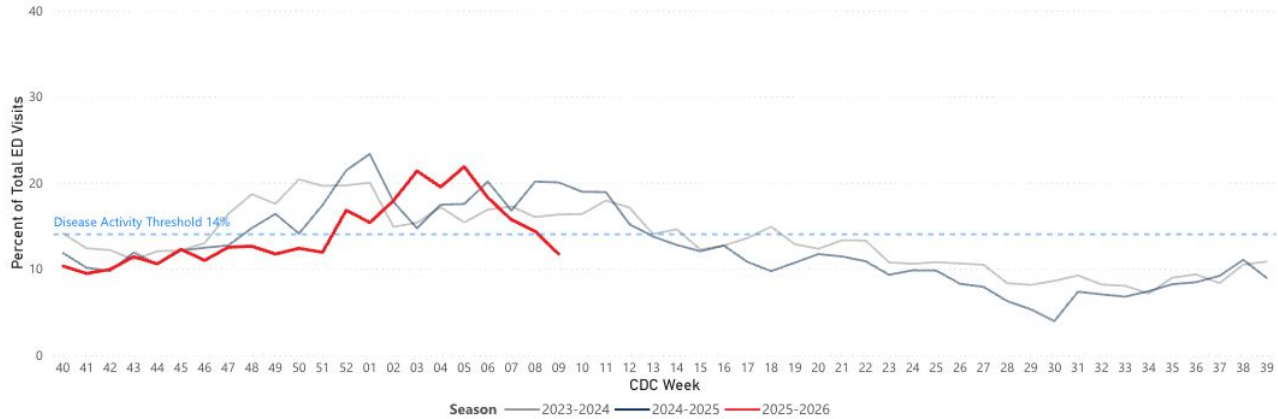
COVID-19

Influenza

Respiratory Syncytial Virus (RSV)

Visits by Age Group

Percent of Emergency Department Visits for Acute Respiratory Illness by County & Region
2023-24 through 2025-26 Seasons



The data is displayed by CDC week, with each week starting on Sunday and ending the following Saturday.

Chelan-Douglas Okanogan Regional

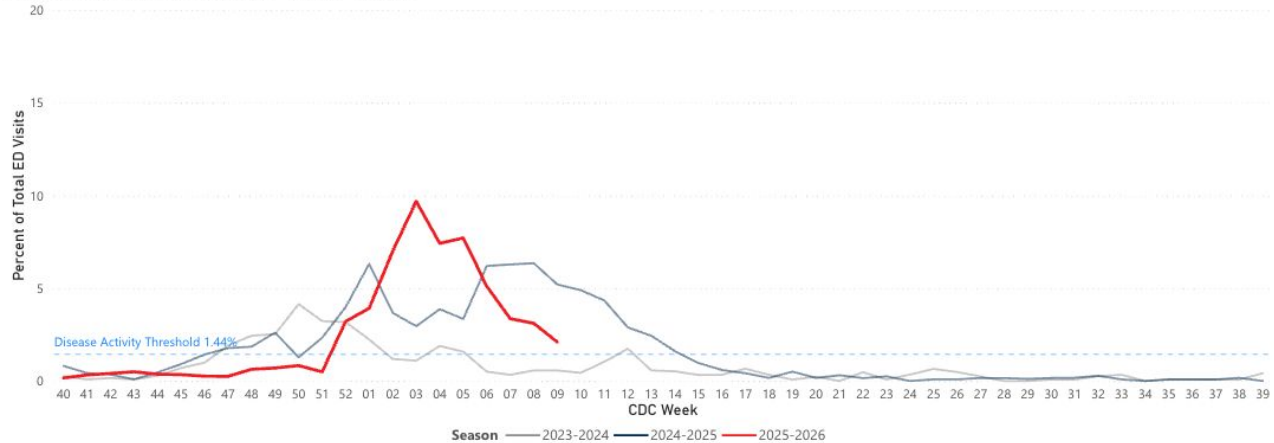
Regional data includes Chelan, Douglas and Okanogan counties combined.

Respiratory Illness Season - Influenza - CDHD

Acute Respiratory Illness (ARI) COVID-19 Influenza Respiratory Syncytial Virus (RSV) Visits by Age Group

Influenza ED Visits Hospitalizations

Percent of ED Visits for Influenza – Chelan-Douglas



The data is displayed by CDC week, with each week starting on Sunday and ending the following Saturday.

Chelan-Douglas Okanogan Regional

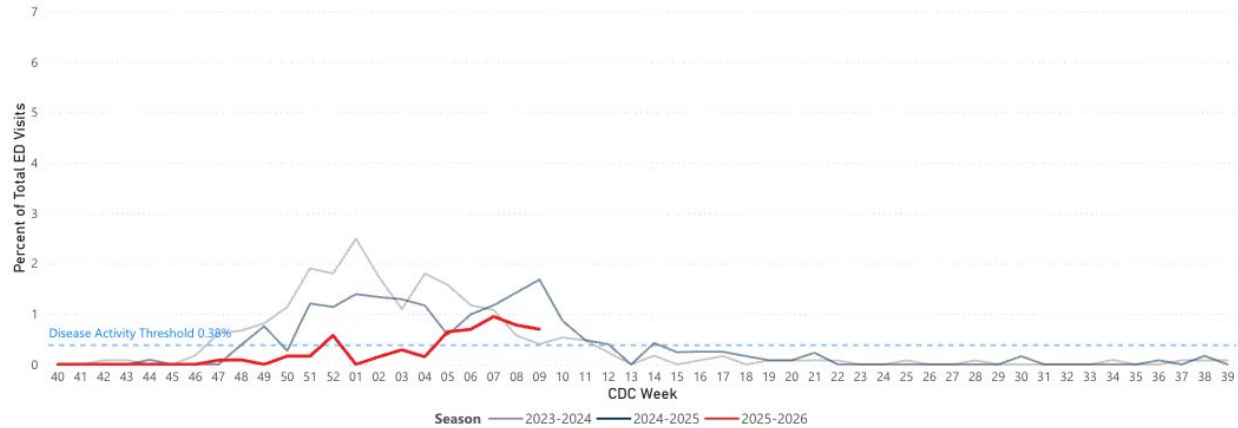
Regional data includes Chelan, Douglas and Okanogan counties combined.

Respiratory Illness Season - RSV - Chelan-Douglas

Acute Respiratory Illness (ARI) COVID-19 Influenza Respiratory Syncytial Virus (RSV) Visits by Age Group

RSV ED Visits Hospitalizations

Percent of ED Visits for RSV – Chelan-Douglas



The data is displayed by CDC week, with each week starting on Sunday and ending the following Saturday.

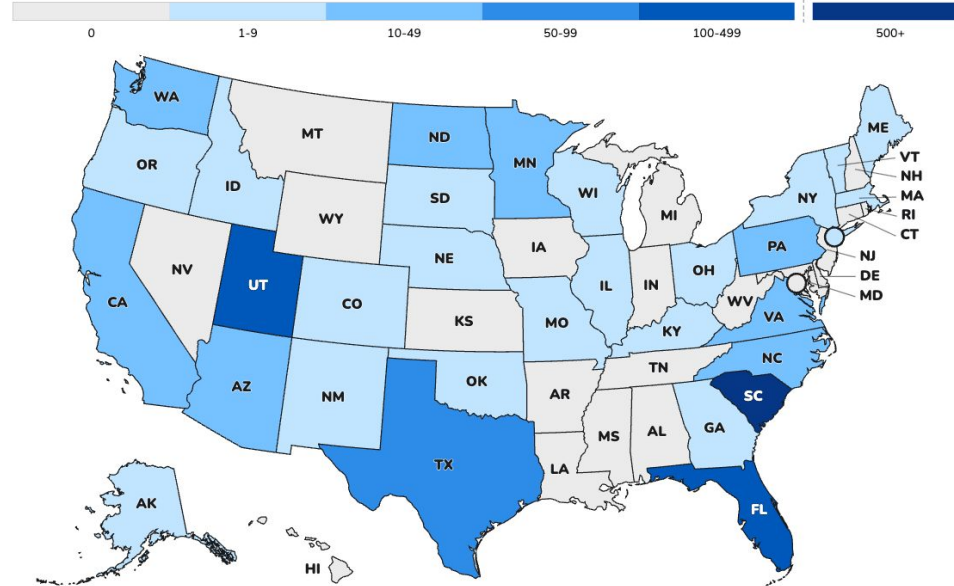
Chelan-Douglas Okanogan Regional

Regional data includes Chelan, Douglas and Okanogan counties combined.

Measles in WA

Map of measles cases among U.S. residents

as of March 12, 2026



Measles in WA

2026 Measles Cases and Outbreaks

Case Counts	Number of Cases	Percent of Total Cases
Measles Cases linked to a WA Outbreak*	21	81%
Measles Cases not linked to a WA Outbreak**	5	19%
Case confirmed, under investigation	0	0%
Hospitalizations	0	0%
Deaths	0	0%
All 2026 Confirmed Cases	26	100%

*A **Measles Outbreak** is declared when 3 or more measles cases are related.

A **WA Outbreak** is a measles outbreak happening in the State of Washington.

** Cases **not linked to a WA Outbreak** are cases of measles in Washington that are linked to other cases of measles outside of Washington State.

<https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state>

Measles in WA

2026 Measles Cases by County of Residence

County of Residence	Number of Cases	Percent of Total Cases
Snohomish	14	54%
Clark	8	31%
Stevens	3	12%
Kittitas	1	4%
Total Measles Cases	26	100%

Refer to the Local Health Jurisdiction measles webpages linked above for more information about measles cases in that county.

2026 Measles Cases by Vaccination Status

Vaccine Status	Number of Cases	Percent of Total Cases
Unvaccinated	24	92%
1 dose of measles-containing vaccine***	0	0%
≥2 doses of measles-containing vaccine	0	0%
Unknown	2	8%
Total Measles Cases	26	100%

***Measles-containing vaccines include MMR (Measles, Mumps, Rubella), MMRV (Measles, Mumps, Rubella, Varicella), and others.

<https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state>

Community Health Assessment

Chapters to date:

- Demographics
- Behavioral Health
- Maternal & Child Health
- Chronic Disease
- Injury and Violence Prevention

COMMUNITY PROFILE



To put **chronic disease** findings into context, it's important to consider the residents in Chelan and Douglas counties.

🔍 Chelan and Douglas counties encompass **7.1%** of the land in the state yet only contain **1.6%** of the total population.^{1d,2d}

Indicators	Chelan	Douglas	WA State
Population ^{3d}	79,518	43,733	7,740,984
Median Age ^{6d,7d} White, not Hispanic Hispanic or Latino	49.1 25.0	47.9 25.1	43.3 25.8
Annual Household Income, Median ^{13d}	77K	72K	98K
Low-Income Population (<200% of Federal Poverty Level) ^{17d}	29%	27%	23%
No High School Diploma (Adults 25+) ^{23d}	15%	18%	8%



¡HOLA! Spanish is spoken at home **2X to 3X** more here compared to the state average.^{9d}

<https://cdhd.wa.gov/health-data>



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