

**A G E N D A**  
**WALLA WALLA COUNTY BOARD OF COMMISSIONERS**  
**MONDAY, MAY 8, 2023**

**Commissioners have resumed in person public meetings and will also continue to host the meetings via WebEx.**

**Following is the website to attend and listen to the meeting and the phone number to call to take part in the meeting. Any questions please email us [wwcocommissioners@co.walla-walla.wa.us](mailto:wwcocommissioners@co.walla-walla.wa.us).**

Call in 1-408-418-9388 access code: 146 784 0290

Meeting link: <https://wwco.webex.com/wwco/j.php?MTID=m6ef6c0710e4eb57be4e10ce0cc827a38>

**PLEASE NOTE: All times are tentative and at the discretion of the Chairman with the exception of advertised bid openings and public hearings.**

**10:00 A.M. COUNTY COMMISSIONERS**

**Chairman Mayberry**

All matters listed within the Consent Agenda have been distributed to each County Commissioner for review and are considered routine. The Consent Agenda will be approved by one motion of the Board of County Commissioners with no separate discussion. If separate discussion is desired on a certain item, that item may be removed from the Consent Agenda at the request of a Commissioner, for action later.

- a) Roll call and establish a quorum
- b) Silence cell phones
- c) Declarations re: conflict of interest
- d) Approval of agenda
- e) Pledge of Allegiance
- f) Public comment period (time limitations may be imposed)
- g) **Action Agenda Items:**
  - 1) Review submitted Employee Payroll Action Forms
  - 2) Review vouchers/warrants/electronic payments
- h) **Public Hearing (10:05 a.m.):**
  - 1) To consider adopting an ordinance amending Walla Walla County Section 8.16.040 related to sewage disposal regulations
- i) **Action Agenda Items:**
  - 1) Ordinance No. 496 – An ordinance amending Chapter 8.16 of the Walla Walla County Code, limiting the circumstances in which staff will develop information relating to septic permits
- j) **Bid Opening (10:15 a.m.):**
  - 1) County legal newspaper
- k) **Consent Agenda Items:**
  - 1) Resolution – Minutes of County Commissioners' proceedings for May 1 and 2, 2023
  - 2) Payroll action and other forms requiring Board approval
- l) **Action Agenda Items:**
  - 1) County vouchers/warrants/electronic payments as follows: \_\_\_\_\_ through \_\_\_\_\_ totaling \$ \_\_\_\_\_; \_\_\_\_\_ through \_\_\_\_\_ totaling \_\_\_\_\_ (travel)



# MEMO

Date: January 27, 2023

To: BOCC

From: Nancy Wenzel  
Administrative Director

Intent: Environmental Health Setting Public Hearing

Topic: Environmental Health Sewage Disposal Regulations

## **Summary**

On September 26, 2022, the Walla Walla Board of County Commissioners signed proposal 2022-09-26 DCH-1 authorizing the Department of Community Health to work with the Prosecuting Attorney to develop an ordinance and set a public hearing for BOCC review of a draft ordinance modifying Walla Walla County Code Section 8.16.040.

As a recap, septic permitting is governed by state statutes and the Washington Administrative Code. Local Health Jurisdictions (which includes the Walla Walla County Board of Health) are responsible for enforcing these statutes at the local level, through the Local Health Officer. As required by the statutes, the Local Health Officer oversees the staff employed by the Department of Community Health.

WAC 246-272A-0200(1) has certain permit requirements that must be submitted by a septic applicant.

Because of the complexity of these requirements, the WAC allows for the Local Health Officer to "develop" the information above. "(3) The local health officer may develop the information required in subsection (1) of this section if authorized by local regulations."

Accordingly, Walla Walla County Code 8.16.040 authorizes the Local Health Officer, through staff, to develop the information required by the WAC.

Essentially, this WAC section, and Walla Walla County Code's adoption of it, allows the Local Health Officer, through the County Community Health staff, to design septic systems for private applicants. Typically, septic systems must be designed by either licensed engineers or licensed septic design professionals. However, WAC 246-272A-0230(1)(b) allows Local Health Officers (through their appropriately certified staff) to

design septic systems. "(b) If the local health officer performs the soil and site evaluation, the health officer is allowed to design a system."

The Department of Community Health along with the Prosecuting Attorney is submitting the draft ordinance for review and a request to set the public hearing.

**Cost**

N/A

**Funding**

N/A

**Alternatives Considered**

N/A

**Acquisition Method**

N/A

**Security**

N/A

**Access**

N/A

**Risk**

N/A

**Benefits**

**Conclusion/Recommendation**

Recommend the BOCC set a public hearing to review draft ordinance that will amend Walla Walla County Code 8.16.040-WAC246-272A-200 Permit Requirements.

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Submitted By

Disposition

Nancy Wenzel, DCH

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Approved

Name      Department      Date

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Approved with modifications

Needs follow up information

Name      Department      Date

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Denied

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BOCC Chairman

Date

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Additional Requirements to Proposal

Modification

Follow Up

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# Proposal

Date: September 21, 2022

Proposal ID: 2022 09-26 DCH-1

To: BOCC

From: Nancy Wenzel  
Administrative Director

Intent: Environmental Health Septic Design Proposal

Topic: Environmental Health Septic Design Proposal

## Summary

Septic permitting is governed by state statutes and the Washington Administrative Code. Local Health Jurisdictions (which includes the Walla Walla County Board of Health) are responsible for enforcing these statutes at the local level, through the Local Health Officer. As required by the statutes, the Local Health Officer oversees the staff employed by the Department of Community Health.

WAC 246-272A-0200(1) has certain permit requirements that must be submitted by a septic applicant. These requirements are:

- (1) Prior to beginning the construction process, a person proposing the installation, repair, modification, connection to, or expansion of an OSS, shall report the following and obtain a permit from the local health officer:
  - (a) General information including:
    - (i) Name and address of the property owner and the applicant at the head of each page of submission;
    - (ii) Parcel number and if available, the address of the site;
    - (iii) Source of drinking water supply;
    - (iv) Identification if the property is within the boundaries of a recognized sewer utility;
    - (v) Size of the parcel;
    - (vi) Type of permit for which application is being made, for example, new installation, repair, expansion, modification, or operational;
    - (vii) Source of sewage, for example, residence, restaurant, or other type of business;
    - (viii) Location of utilities;
    - (ix) Name of the site evaluator;
    - (x) Name, signature and stamp of the designer;
    - (xi) Date of application; and

- (xii) Name and signature of the fee simple owner, the contract purchaser of the property or the owner's authorized agent.
- (b) The soil and site evaluation as specified under WAC 246-272A-0220.
- (c) A dimensioned site plan of the proposed initial system, the reserve area and those areas immediately adjacent that contain characteristics impacting design including:
  - (i) Designated areas for the proposed initial system and the reserve area;
  - (ii) The location of all soil logs and other soil tests for the OSS;
  - (iii) General topography and/or slope;
  - (iv) Drainage characteristics;
  - (v) The location of existing and proposed encumbrances affecting system placement, including legal access documents if any component of the OSS is not on the lot where the sewage is generated; and
  - (vi) An arrow indicating north.
- (d) A detailed system design meeting the requirements under WAC 246-272A-0230, 246-272A-0232, 246-272A-0234, and 246-272A-0238 including:
  - (i) A drawing showing the dimensioned location of components of the proposed OSS, and the system designed for the reserve area if reserve site characteristics differ significantly from the initial area;
  - (ii) Vertical cross-section drawings showing:
    - (A) The depth of the soil dispersal component, the vertical separation, and depth of cover material; and
    - (B) Other new OSS components constructed at the site.
  - (iii) Calculations and assumptions supporting the proposed design, including:
    - (A) System operating capacity and design flow;
    - (B) Soil type; and
    - (C) Hydraulic loading rate in the soil dispersal component; and
  - (e) Any additional information as deemed necessary by the local health officer.

Because of the complexity of these requirements, the WAC allows for the Local Health Officer to "develop" the information above. "(3) The local health officer may develop the information required in subsection (1) of this section if authorized by local regulations."

Accordingly, Walla Walla County Code 8.16.040 authorizes the Local Health Officer, through staff, to develop the information required by the WAC.

Essentially, this WAC section, and Walla Walla County Code's adoption of it, allows the Local Health Officer, through the County Community Health staff, to design septic systems for private applicants. Typically, septic systems must be designed by either licensed engineers or licensed septic design professionals. However, WAC 246-272A-0230(1)(b) allows Local Health Officers (through their appropriately certified staff) to

design septic systems. "(b) If the local health officer performs the soil and site evaluation, the health officer is allowed to design a system."

The Department of Community Health (DCH) request approval to work with the Prosecuting Attorney to amend our Walla Walla County Code 8.16.040 – Amends WAC 246-272A-0200—Permit Requirements. The proposed change that we request would remove our Environmental Health staff as septic designers for septic systems except for repairs of failing septic systems that meet criteria for a basic gravity type septic system. We would also like to put in clarifying criteria for repairs if there are unusual site situations that would be better suited for a licensed engineer or licensed on-site sewage treatment system designer.

DCH has reviewed our staffing, training options/length and county risk and we feel this is a strategic move to balance our workload and risk. Design of septic systems is time-consuming, and the current number of septic system applications is stretching staff. Most local health jurisdictions do not design septic systems as a matter of practice.

#### **Cost**

We do not charge for our design service, but we do charge \$900 for the septic application review and permitting. It would be best to allow local businesses to provide design services instead of the County continuing in this role and implementing an hourly design fee. We do not have staffing available to adequately maintain a design program. There is also additional risk to the county to be the designer of septic systems. We feel we would continue designing simple, basic repairs on failing systems due to homeowners not always having funding and because raw sewage is a public health risk. This would be a part of our foundational public health response if the system is a gravity system on a conforming lot.

#### **Funding**

No further funding would be needed.

#### **Alternatives Considered**

The only other alternative is no change and which we would need to increase fees and staffing for septic work.

#### **Acquisition Method**

N/A

#### **Security**

N/A

**Access**

N/A

**Risk**

There may be upset builders and homeowners if a design fee adds to the cost of new homes. We will follow other local health jurisdictions and provide a non-formal list of engineers and licensed designers in our area who will do septic design work.

**Benefits**

DCH will not need to implement hourly design fees. DCH may be able to fulfill regulatory duties with existing staffing models. Reduced risk to the county.

**Conclusion/Recommendation**

Recommend the BOCC allow DCH to work with the Prosecuting Attorney to develop an ordinance and set a public hearing for BOCC review of a draft ordinance modifying Walla Walla County Code Section 8.16.040.

Submitted By

Nancy Wenzel, DCH

Disposition

Approved

Name Department Date

Approved with modifications

Needs follow up information

Name Department Date

Denied

 9-26-22

BOCC Chairman

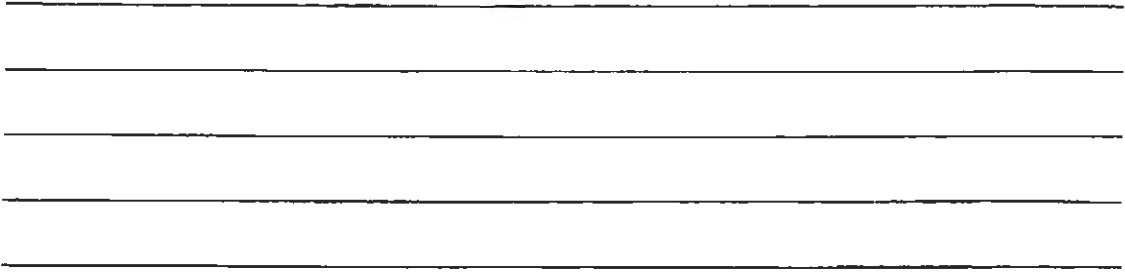
Date

**Additional Requirements to Proposal**

Modification

Follow Up





DRAFT

**BOARD OF COUNTY COMMISSIONERS  
WALLA WALLA COUNTY, WASHINGTON**

**ORDINANCE NO. 496**

**AN ORDINANCE AMENDING CHAPTER 8.16 OF THE WALLA WALLA COUNTY CODE, LIMITING THE CIRCUMSTANCES IN WHICH STAFF WILL DEVELOP INFORMATION RELATING TO SEPTIC PERMITS.**

**Whereas**, Septic permitting is governed by state statutes and the Washington Administrative Code (WAC); and

**Whereas**, Local Health Jurisdictions (which includes the Walla Walla County Board of Health) are responsible for enforcing these statutes at the local level, through the Local Health Officer; and

**Whereas**, As required by the state statutes, the Local Health Officer oversees the staff employed by the Walla Walla County Department of Community Health; and

**Whereas**, WAC 246-272A-0200(1) has detailed permit requirements that must be submitted by an applicant for a septic permit; and

**Whereas**, Because of the complexity of these requirements, WAC 246-272A-0200(3) allows for the Local Health Officer to “develop” the information required by WAC 246-272A-0200(1), stating: “(3) The local health officer may develop the information required in subsection (1) of this section if authorized by local regulations;” and

**Whereas**, Current Walla Walla County Code Section 8.16.040 authorizes the Local Health Officer, through staff, to develop the information required by the WAC 246-272A-0200(1); and

**Whereas**, Typically, septic systems must be designed by either licensed engineers or licensed septic design professionals; and

**Whereas**, WAC 246-272A-0230(1)(b) allows Local Health Officers (through their appropriately certified staff) to design septic systems. “(b) If the local health officer performs the soil and site evaluation, the health officer is allowed to design a system,” and

**Whereas**, the Walla Walla County Board of Commissioners has considered adoption of this Ordinance during a regularly and duly called public meeting of said Commission, has given careful review and consideration to said Ordinance, and finds said Ordinance to be in the best interests of the County of Walla Walla.

DRAFT

**NOW THEREFORE,**

**BE IT ORDAINED,** by the Walla Walla County Board of Commissioners that:

**Section I. The Board of County Commissioners Makes the Following Findings of Fact:**

1. Notice of a Public Hearing was published in the Walla Walla Union-Bulletin on February 9 and 16, 2023 and April 27 and May 4, 2023.
2. The Board of County Commissioners held a public hearing on February 21, 2023 and May 8, 2023 for the purpose of receiving testimony on the amendment.
3. Design of septic systems is time-consuming, and the current number of septic system applications is difficult for staff to process.
4. Most local health jurisdictions do not design septic systems as a matter of practice.
5. The County does not have staffing available to adequately maintain a design program.
6. The proposed code change allows staff to continue designing simple, basic repairs on failing systems due to homeowners not always having funding, because raw sewage is a public health risk.

**Section II. Adoption of Amendments.** The amendment to Walla Walla County Code, amending Walla Walla County Code 8.16 is **adopted** as presented to the Board of County Commissioners on this date as attached in Exhibit A.

**Section III. Index.** The index to any chapter of the Walla Walla County Code in which sections are added or removed or in which section titles are changed herein shall also be amended to reflect the section amendments.

**Section IV. Effective Date.** This Ordinance is effective as of the date of signing.

**Section V. Severability.** If any section, subsection, paragraph, sentence, clause or phrase of this Ordinance is declared unconstitutional or invalid for any reason, such decision shall not affect the validity of the remaining parts of this Ordinance.

**Section VI. Publication.** This Ordinance will be published by an approved summary consisting of the title.

PASSED by the Walla Walla County Board of Commissioners in regular session at Walla Walla, Washington, then signed by its membership and attested by its Clerk in authorization of such passage this 8<sup>th</sup> day of May, 2023.

DRAFT

Attest:

\_\_\_\_\_  
Diane L Harris, Clerk of the Board

\_\_\_\_\_  
Jennifer R. Mayberry Chairman, District 1

\_\_\_\_\_  
Todd L. Kimball, Commissioner, District 2

\_\_\_\_\_  
Gunner Fulmer, Commissioner, District 3

*Constituting the Board of County Commissioners  
of Walla Walla County, Washington*

Approved as to form:

\_\_\_\_\_  
Jesse D. Nolte, Chief Civil Deputy Prosecuting Attorney

# DRAFT

## Exhibit A

8.16.040 - Amends WAC 246-272A-0200—Permit requirements.

Subsection (3) of WAC 246-272A-0200 shall read as follows:

(3) The Health Officer may develop the required information specified in subsection (1) of this section for simple gravity flow repairs to failing systems. All other installations, repairs, modifications, connections to, or expansions of an OSS shall require the information be prepared by a licensed septic designer or engineer. The Health Officer shall also perform a site and soil evaluation as specified under WAC 246-272A-0220 for all proposed systems installations, repairs, modifications, connections to, or expansions of an OSS.

**COUNTY COMMISSIONERS (Continued)**

**l) Action Agenda Items (Continued):**

2) Authorize Chairman to execute Memorandum of Understanding between the Greater Columbia Region Municipalities to establish an Opioid Abatement Council

**m) Miscellaneous business to come before the Board**

**n) Review reports and correspondence; hear committee and meeting reports**

**o) Review of constituent concerns/possible updates re: past concerns**

## MEMORANDUM OF UNDERSTANDING BETWEEN THE GREATER COLUMBIA REGION MUNICIPALITIES TO ESTABLISH AN OPIOID ABATEMENT COUNCIL

**Whereas**, the people of the State of Washington and its communities have been harmed by entities within the Pharmaceutical Supply Chain who manufacture, distribute, and dispense prescription opioids;

**Whereas**, certain Local Governments, through their elected representatives and counsel are engaged in litigation seeking to hold these entities within the Pharmaceutical Supply Chain of prescription opioids accountable for the damage they have caused to the Local Governments;

**Whereas**, Local Governments and elected officials share a common desire to abate and alleviate the impacts of harms caused by these entities within the Pharmaceutical Supply Chain throughout the State of Washington, and strive to ensure that principals of equity and equitable service delivery are factors considered in the allocation and use of Opioid Funds;

**Whereas**, Certain Local Governments engaged in litigation and the other cities and counties in Washington desire to agree on a form of allocation for Opioid Funds they receive from entities within the Pharmaceutical Supply Chain;

**Whereas**, Local Governments who receive funds that are governed by the August 2022 One Washington Memorandum of Understanding are required to participate in an Opioid Abatement Council to oversee and approve the plans for the spending of those funds;

**Now therefore**, the Local Governments within the Greater Columbia Region enter into this Memorandum of Understanding ("MOU") relating to the formation of an Opioid Abatement Council.

### A. Definitions

As used in this MOU:

1. "Administering Agency" shall mean the Greater Columbia Behavioral Health, LLC.
2. "Approved Purposes" shall mean the strategies specified and set forth in the Opioid Abatement Strategies attached as Exhibit A.
3. "Greater Columbia Region" shall mean the allocation region as determined by the August 2022 One Washington Memorandum of Understanding between Washington Municipalities (One Washington MOU) made up of the following counties: Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima.
4. "Participating Local Governments" shall mean those local governments that have chosen to sign on to the One Washington MOU. The Participating Local Governments for this MOU are: Asotin County, Benton County, Columbia County, Franklin County, Garfield County, Kittitas County, Walla Walla County, Whitman County, Yakima County, Kennewick, Richland, West Richland, Pasco, Ellensburg, Walla Walla, Pullman, Grandview, Sunnyside and Yakima.
5. "Opioid Abatement Council (OAC)" shall mean the group of representatives from the municipalities receiving funds within the Greater Columbia Region to oversee

Opioid fund allocation, distribution, expenditures and dispute resolution as well as other responsibilities laid out in this MOU. *See also* One Washington MOU.

6. "Opioid Funds" shall mean monetary amounts obtained through a Settlement as defined in the One Washington MOU.

**B. Opioid Abatement Council**

- a. All Participating Local Governments may have one representative on the OAC subject to the requirements detailed in the One Washington MOU..
- b. The OAC shall meet on a quarterly basis or as needed, as determined by the Administering Agency.
- c. All Participating Local Governments will submit a spending plan to the OAC that complies with the Approved Purposes as outlined in Exhibit A, prior to the Participating Local Governments' expenditure of any Opioid funds.
- d. Responsibilities of the OAC:
  - i. Overseeing distribution of Opioid Funds from Participating Local Governments to programs and services within the Allocation Region for Approved Purposes.
  - ii. Annual review of expenditure reports from Participating Local Jurisdictions within the Allocation Region for compliance with Approved Purposes and the terms of this MOU and any Settlement. To facilitate this process, each Participating Local Government shall submit monthly expenditure reports for each month that funds were distributed.
  - iii. Reporting and making publicly available all decisions on Opioid Fund allocation applications, distributions and expenditures by the OAC or directly by Participating Local Governments.
  - iv. Developing and maintaining a centralized public dashboard or other repository for the publication of expenditure data from any Participating Local Government that receives Opioid Funds, and for expenditures by the OAC in that Allocation Region, which it shall update at least annually.
  - v. Hearing complaints by Participating Local Governments within the Allocation Region regarding alleged failure to:
    1. Use Opioid Funds for Approved Purposes or
    2. Comply with reporting requirements.
  - vi. If necessary, requiring and collecting additional outcome related data from Participating Local Governments to evaluate the use of Opioid Funds, and all Participating Local Governments shall comply with such requirements.
- e. If the OAC concludes that a Participating Local Government's expenditure of its allocation of Opioid Funds did not comply with the Approved Purposes listed in Exhibit A or the terms of this MOU, or that the Participating Local Government otherwise misused its allocation of Opioid Funds, the OAC may take remedial action against the alleged offending Participating Local Government. Such remedial action is left to the discretion of the OAC and may include withholding future Opioid Funds owed to the offending Participating Local Government or requiring the offending Participating Local Government to reimburse improperly



expended Opioid Funds back to the OAC to be re-allocated to the remaining Participating Local Governments within the Region.

- f. All Participating Local Governments and the OAC shall maintain all records related to the receipt and expenditure of Opioid Funds for no less than five (5) years and shall make such records available for review by any other Participating Local Government or OAC, or the public. Records requested by the public shall be produced in accordance with Washington's Public Records Act RCW 42.56.001 *et seq.* Records requested by another Participating Local Government or an OAC shall be produced within twenty-one (21) days of the date the record request was received. This requirement does not supplant any Participating Local Government or OAC's obligations under Washington's Public Records Act RCW 42.56.001 *et seq.*
- g. Each Participating Local Government may elect to have its share re-allocated to the OAC. The OAC will then utilize this share for the benefit of Participating Local Governments within the Allocation Region, consistent with the Approved Purposes set forth in Exhibit A. A Participating Local Government's election to forego its allocation of Opioid Funds shall apply to all future allocations unless the Participating Local Government notifies the OAC otherwise. If a Participating Local Government elects to forego its allocation of the Opioid Funds, the Participating Local Government shall be excused from the reporting requirements set forth in this Agreement.
  - i. In the case where Participating Local Governments chose to forego their allocation of Opioid fund, the OAC shall be responsible for:
    - 1. Approving or denying proposals by Participating Local Governments or community groups to the OAC for use of Opioid Funds within the Allocation Region.
    - 2. Directing the Trustee to distribute Opioid Funds for use by Participating Local Governments or community groups whose proposals are approved by the OAC.
    - 3. Administrating and maintaining records of all OAC decisions and distributions of Opioid Funds.
- h. Participating Local Governments will reserve 10% of the Opioid Funds received for administrative costs related to the OAC. The OAC will provide an annual accounting for actual costs, and any remaining funds may then be used for the Participating Local Government's Approved purpose. The Administering Agency will be responsible for providing staffing and administrative support for the OAC.

## MEMORANDUM OF UNDERSTANDING BETWEEN THE GREATER COLUMBIA REGION MUNICIPALITIES TO ESTABLISH AN OPIOID ABATEMENT COUNCIL

This Memorandum of Understanding between the Greater Columbia Region Municipalities to Establish an Opioid Abatement Council is signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023 by:

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Name & Title \_\_\_\_\_

On Behalf of \_\_\_\_\_

# Exhibit A

## OPIOID ABATEMENT STRATEGIES

Participating Local Governments that receive a direct payment maintain full discretion over the use and distribution of their allocation of Opioid Funds, provided the Opioid Funds are used solely for Approved Purposes. **Reasonable administrative costs for a Participating Local Government to administer its allocation of Opioid Funds shall not exceed actual costs or 10% of the Participating Local Government's allocation Opioid Funds, whichever is less.**

### PART ONE: TREATMENT

#### **A. TREAT OPIOID USE DISORDER (OUD)**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions. Co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction. Including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to:
  - a. Medication-Assisted Treatment (MAT);
  - b. Abstinence-based treatment;
  - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
  - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH condition, co-usage, and/or co-addiction; or

- e. Evidence- informed residential services programs, as noted below.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
  4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing.
  5. Support mobile intervention, treatment, and recovery services, offered by qualified professional and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.
  6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
  7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.
  8. Support training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
  9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
  10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
  11. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
  12. Support the dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
  13. Support the development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

**B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY**

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidenced-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH condition, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
4. Provide community support services. Including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
7. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
8. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.
9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)**

Provide connections to care for people who have – or are at risk of developing – OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or person who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and /or co-addiction or persons that have experienced an opioid overdose.
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to person who have experienced on opioid overdose.
11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
12. Develop and support best practices on addressing OUD in the workplace.
13. Support assistance programs for health care providers with OUD.
14. Engage non-profits and the faith community as a system to support outreach for treatment.
15. Support centralized call centers that provide information and connections to appropriate services and supports for person s with OUD and any co-occurring SUD/MH conditions, co-usage, an/or co-addiction.
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH condition, co-usage, and/or co-addiction.

17. Develop or support a National Treatment Availability Clearing house – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

**D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS**

Address the needs of persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as:
  - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
  - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
  - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
  - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
  - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative;
  - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or
  - g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.
4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are leaving jail or prison have recently

left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who have immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, case management, or other services offered in connection with any of the strategies described in this section.

**E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME**

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
4. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.
6. Support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

**PART TWO: PREVENTION**



## **F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing to educate prescribers on appropriated opioid prescribing.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PSMPs), including but not limited to improvements that:
  - A. Increase the number of prescribers using PDMPs;
  - B. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or
  - C. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.
6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
  - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.
  - b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

## **G. PREVENT MISUSE OF OPIOIDS**

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.
2. Public education relating to drug disposal.

3. Drug take-back disposal or destruction programs.
4. Fund community anti-drug coalitions that engage in drug prevention efforts.
5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
6. Engage non-profits and faith-based communities as systems to support prevention.
7. Support evidence-informed school and community education programs and campaigns for students. Families, school employees, school athletic programs, parent-teacher and student associations, and others.
8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

#### **H. PREVENT OVERDOSE DEATHS AND OTHER HARMS**

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
10. Support mobile units that offer or provide referrals to treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
11. Provide training in treatment and recovery strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
12. Support Screening for fentanyl in routine clinical toxicology testing

## PART THREE: OTHER STRATEGIES

### **I. FIRST RESPONDERS**

In addition to items C8, D1 through D7, H1, H3 and H8, support the following:

1. Current and future law enforcement expenditures relating to the opioid epidemic.
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

### **J. LEADERSHIP, PLANNING AND COORDINATION**

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

#### **K. TRAINING**

In addition to the training referred to in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Invest in infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.)

#### **L. RESEARCH**

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
5. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
6. Research on expanded modalities such as prescription methadone that can expand access to MAT.

**10:20 PUBLIC WORKS DEPARTMENT**

**Tony Garcia**

- a) Department update and miscellaneous

**Walla Walla County Public Works  
990 Navion Lane  
Walla Walla, WA 99362**



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To: Board of County Commissioners

From: Tony Garcia, P.E. – Public Works Director

Date: 2 May 2023

Re: Director's Report for the Week of 1 May 2023

**Board Action: 8 May 2023**

Update only (10:20 a.m.)

**MILL CREEK FLOOD CONTROL ZONE DISTRICT:**

- Continuing Authorities Program (CAP) 205 project: In the design phase.

**ENGINEERING:**

- Dell Sharpe Bridge: Working on right of way.
- Wallula/Gose: Finishing sidewalk and paving roundabout.
- Mill Creek Road MP 6.5 to MP 8.0: Finalizing design survey.

**MAINTENANCE/FLEET MANAGEMENT:**

- South Crew – Graveling and blading roads.
- North Crew – Graveling and blading roads and brooming for chip seal.
- Vegetation & Signs – Sign maintenance and vegetation spraying as weather allows. Temporary center tabbing for chip seal.
- Garage – Routine services and repairs, patrol car up-fits and prepping equipment for summer projects.

**ADMINISTRATION:**

- Conducted our weekly Road Operations, Staff, Fiscal, and Engineering meetings.
- Attended our monthly Elected Official/Department Head meeting.
- Met with the TriState Steelheaders to go over their plans to improve fish passage just downstream of Gose St. Bridge.
- Finalizing Department-wide Quarterly Counseling.

**10:30 HUMAN RESOURCES/RISK MANAGER**

**Josh Griffith**

- a) Department update and miscellaneous
- b) **Active Agenda Items:**
  - 1) Possible discussion/decision re: any pending claims against the County
- c) **Action Agenda Items:**
  - 1) Revised Job Description Approval Form – Lead Foreman, Road Maintenance for Public Works Department
  - 2) Revised Job Description Approval Form – Senior Administrative Assistant for Public Works Department
  - 3) Revised Job Description Approval Form – Health Educator Nutrition and Oral Health Services for Community Health Department
- d) Possible executive session re: qualifications of an applicant for employment and/or review performance of a public employee (pursuant to RCW 42.30.110(g)), collective bargaining negotiations (pursuant to RCW 42.30.140(4)(a)(b)), and/or litigation or pending litigation (pursuant to RCW 42.30.110(i))

# Walla Walla County

New Position

Revised Job Description

Job Description

## Approval Form

Position: Lead Foreman, Road Maintenance      Date: 05/08/2023

Department: Public Works

Pay Range: 7, Full-time (40 hrs./wk.); Benefits Apply, FSLA Exempt

Union (Identify): \_\_\_\_\_ Non-Bargaining: \_\_\_\_\_X\_\_\_\_\_

<input checked="" type="checkbox"/> Regular Full Time	<input type="checkbox"/> Additional	<input type="checkbox"/> Contract
<input type="checkbox"/> Regular Part Time	<input type="checkbox"/> Replacement	<input type="checkbox"/> Temporary/Intermittent

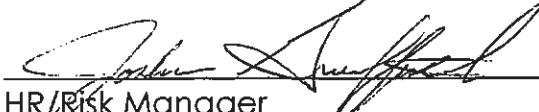
This updated job description replaces the previous Foreman, Road Maintenance position. By adjusting adding additional responsibilities and requirements.

Major Changes:

1. Pay grade moved from a 6 to a 7 and exempt.
2. Serves as a primary advisor to the Chief of Road Operations & Maintenance and the Director of Public Works on the status and conditions of roads county-wide.
3. Coordinates with all Foremen, planning of activities and projects, provides advice on technical and public issues, and supports the success of the team. Works closely with Emergency Management for possible upcoming events and with County Dispatch 24/7 for emergency call outs.
4. Serves as the Titus Creek Water Superintendent, manages the Titus Creek gate maintenance, adjusts the gate during high water events to ensure the proper flow.
5. Manages the maintenance and repairs of the Mill Creek Levee system and concrete channel.
6. Develops and maintains the equipment operator training program, updates the qualifications as needed to continue to produce safe qualified operators.
7. Coordinate the needs and our services with the school districts within the county.
8. Operate various office equipment including computers (PC's), printers, scanner, fax machine, copier, postage meter, and Public Works radio system.

HR-Approved Job Description Attached.

Reviewed:

 \_\_\_\_\_ Date 5/2/2023

Approved:

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

BUDGET NOTES:



**Walla Walla County  
Position Description**

**JOB TITLE:** Lead Foreman, Road Maintenance  
**DEPARTMENT:** Public Works  
**REPORTS TO:** Chief, Road Operations and Fleet Management  
**PAY GRADE:** 7; FTE 40 hours; FSLA Exempt; Benefits apply

**JOB SUMMARY:** Serves as a primary advisor to the Chief of Road Operations & Maintenance and the Director of Public Works on the status and conditions of roads county-wide. Responsible for all road maintenance activities in an assigned Road Maintenance District. Position plans, organizes, directs and controls the overall maintenance of approximately one half of all county roads and bridges. Exercises considerable judgment in the use of personnel, equipment, and materials with the application of methodology and procedures. Work requires response to public complaints and resolution of problems relating to road maintenance.

**SUPERVISORY RESPONSIBILITIES:** Daily supervision of 10 or more employees of an assigned Maintenance District. Supervises up to 20 or more employees on specific maintenance activities. Coordinates with all Foremen, planning of activities and projects, provides advice on technical and public issues, and supports the success of the team. Works closely with Emergency Management for possible upcoming events and with County Dispatch 24/7 for emergency call outs.

**ESSENTIAL FUNCTIONS:**

- Plans, organizes, directs, and controls the repair and maintenance of all district roads and bridges to ensure safe and continuous use of county roads by the general public.
- Assists the Chief of Road Operations & Maintenance in developing the annual maintenance budget and manages district budgets as assigned.
- Serves as the Titus Creek Water Superintendent, manages the Titus Creek gate maintenance, adjusts the gate during high water events to ensure the proper flow.
- Manages the maintenance and repairs of the Mill Creek Levee system and concrete channel.
- Oversees and manages the safe operation of over \$2.5 million of road maintenance equipment.
- Develops and maintains the equipment operator training program, updates the qualifications as needed to continue to produce safe qualified operators.
- Coordinate the needs and our services with the school districts within the county.
- Directs, implements, and controls the district pavement management program.
- Regularly responds to and resolves issues and complaints from concerned citizens.
- Ensures crew compliance with established county and department policies and conducts routine counseling, performance appraisals, disciplinary action and other administrative supervisory requirements.

**EXAMPLE OF DUTIES:**

- Plans, organizes, directs and controls daily maintenance activities for the district.
- Ensures safety devices are in place for all maintenance operations.
- Represents the Department to the public and other agencies.
- Responds to complaints in a timely, tactful and appropriate manner.

- Conducts performance appraisals and disciplinary actions of subordinate employees.
- Manages training budget for district employees.
- Manages small tool and equipment budget for district.
- Assists with selection of major pieces of equipment needed.
- Exercises discretion in decision making and confidentiality appropriate for issues addressed.
- Ensures equipment is maintained on a regular basis and used appropriately.
- Reviews and approves equipment repair requests.
- Reviews and coordinates work schedules with supervisor to meet overall priorities of department.
- Coordinates work and equipment usage with other district maintenance foremen.
- Assists other districts as needed.
- Provides administrative documentation (usage reports, timecards, etc.) in a timely manner.
- Supervises seal-coating program countywide on a rotating basis.
- Works with other public works sections to develop and improve district infrastructure.

**EQUIPMENT TO BE USED:** Light and heavy motorized and non-motorized equipment; various hand tools and chain saws; handheld calculator and computer. Operate various office equipment including computers (PC's), printers, scanner, fax machine, copier, postage meter, and Public Works radio system.

**WORKING ENVIRONMENT/ PHYSICAL ABILITIES:** Work performed both indoors and outdoors, day or night, in a variety of weather conditions and in an assigned vehicle. Requires ability to lift up to 100 pounds repeatedly, bend, reach, twist, walk, stand, and sit for extended periods. When required, wear safety equipment, gloves, glasses, shoes or other personal protection as needed for environmental and cleaning elements. Physical strength to perform repetitive manual tasks for extended periods.

**KNOWLEDGE AND ABILITIES:**

- Knowledge of standard methods, materials, tools and equipment used for road and bridge maintenance.
- Knowledge of maintenance management principles and practices.
- Knowledge of personnel management principles and practices.
- Basic knowledge of engineering principles, practices, materials and equipment involved in maintenance and construction work.
- Knowledge of traffic control and safety practices.
- Ability to understand, interpret and apply administrative policies and guidelines to work situations.
- Ability to establish and maintain effective and harmonious working relations with supervisors, co-workers, other departments, other agencies and the public.
- Ability to develop skills in the use and care of new equipment.
- Ability to use office equipment including computers and county computer software.
- Ability to understand and execute oral and written instructions.
- Ability to communicate effectively in writing thorough reports and oral assessments.
- Ability to interpret basic engineering plans and specifications with respect to maintenance and construction projects.

**EDUCATION AND EXPERIENCE:**

- Five (5) years of general road maintenance work experience; or
- Any combination of experience, education and training which provides the level of knowledge and ability required.
- High School diploma or equivalent required.

**LICENSES AND OTHER REQUIREMENTS:**

- Possession of a valid Combination Driver's License – Class A with tanker endorsement.
- First Aid and CPR certification.
- Flagging certification.
- **Must successfully pass a background check and a driving record check.**

**THIS POSITION DESCRIPTION DOES NOT CONSTITUTE A CONTRACT FOR EMPLOYMENT.**

# Walla Walla County

New Position

Revised Job Description

Job Description

## Approval Form

Position: Senior Administrative Assistant

Date: 05/08/2023

Department: Public Works

Pay Range: 4, Full-time (40 hrs./wk.); Benefits Apply, non-exempt

Union (Identify): \_\_\_\_\_ Non-Bargaining: \_\_\_\_\_X\_\_\_\_\_

<input checked="" type="checkbox"/> Regular Full Time	<input type="checkbox"/> Additional	<input type="checkbox"/> Contract
<input type="checkbox"/> Regular Part Time	<input type="checkbox"/> Replacement	<input type="checkbox"/> Temporary/Intermittent

This updated job description replaces the previous Senior Office Assistant/Receptionist position. By adjusting adding additional responsibilities and requirements.

Major Changes:

1. Pay grade moved from a 3 to a 4 and non-exempt.
2. Performs several finance duties including: payroll, purchasing, accounts payables and receivables.
3. Types forms, reports, correspondence, requisitions, tabulations, and other materials from copy, rough draft or simple oral instructions and prepares form letters.
4. Assists with all facets of departmental payroll system from data entry to form distribution.
5. Assists with accounts receivable and accounts payable, including voucher control, payment and associated accounting functions.
6. Serves as a Flagging Instructor and Traffic Plan Coordinator.
7. Accounts for and maintains inventory and use of the county road supplies and materials, vehicles and equipment, equipment repair parts, real property and fixed assets.
8. Performs operation and maintenance of the automated fuel reporting systems.
9. Responsible for keeping accident reports in compliance with County Road Administration Board's (CRAB) reporting.
10. Responsible for processing annual property inventory.
11. Provides support to the Chief Fiscal Officer.
12. Assist with flagging operations as needed for chip seal.

HR-Approved Job Description Attached.

Reviewed:



HR/Risk Manager

Date

5/2/2023

Approved:

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

BUDGET NOTES:

**Walla Walla County  
Position Description**

**JOB TITLE:** Senior Administrative Assistant

**DEPARTMENT:** Public Works

**REPORTS TO:** Administrative Services Supervisor

**PAY GRADE:** 4, FTE, Benefits apply, FSLA non-exempt

**JOB SUMMARY:** Provides support and assistance to Public Works office and staff functions and other related work as requested. Act as front desk, counter clerk or receptionist, answering routine inquiries of the public and giving out forms and documents and referring callers to proper sources. Position performs clerical, auditing and accounting duties for Public Works accounts and funds. Performs several finance duties including: payroll, purchasing, accounts payables and receivables.

**SUPERVISORY RESPONSIBILITIES:** No supervisory responsibilities.

**ESSENTIAL FUNCTIONS:**

- Answers multi-line phones, responds to routine inquiries of the public and gives out forms and documents upon request.
- Performs data entry into fiscal and other records according to standard procedures; prepares simple report data including tabulation of posted data and basic arithmetical computations.
- Types forms, reports, correspondence, requisitions, tabulations, and other materials from copy, rough draft or simple oral instructions and prepares form letters.
- Sorts and files documents, forms and records according to predetermined classifications, maintaining alphabetical order, index and cross-reference files.
- Assists with all facets of departmental payroll system from data entry to form distribution.
- Assists with accounts receivable and accounts payable, including voucher control, payment and associated accounting functions.
- Serves as a Flagging Instructor and Traffic Plan Coordinator.
- Accounts for and maintains inventory and use of the county road supplies and materials, vehicles and equipment, equipment repair parts, real property and fixed assets.
- Performs operation and maintenance of the automated fuel reporting systems.

**EXAMPLE OF DUTIES:**

- Performs counter clerk duties and answers the phone and dispatches the radio.
- Performs all related clerical and secretarial duties.
- Performs data entry.
- Acts as office runner; going to Courthouse, Post Office, bank and other places.
- Responsible for keeping accident reports in compliance with County Road Administration Board's (CRAB) reporting.
- Responsible for processing annual property inventory.
- Provides support to the Chief Fiscal Officer.
- Assist with flagging operations as needed for chip seal.

**EQUIPMENT TO BE USED:** Operate various office equipment including computers (PC's), printers, scanner, fax machine, copier, postage meter, and Public Works radio system.

**WORKING ENVIRONMENT/PHYSICAL ABILITIES:** Work involves both indoor work and outdoor work in varying types of weather throughout the year. Lifting up to 10 pounds may be required. There will be sitting and standing for extended time during work hours.

**KNOWLEDGE AND ABILITIES:**

- Knowledge of business English and specialized terminology as required by the position.
- Knowledge of office methods and equipment.
- Ability to work well with the public handling customers with courtesy and respect.
- Knowledge of accounting principles, theories, concepts, practices and terminology.
- Knowledge of governmental (BARS) accounting and budgeting principles and procedures.
- Knowledge of data processing principles and accounting applications.
- Knowledge of payroll, purchasing and general fiscal practices and procedures.
- Knowledge and ability in computerized spreadsheets, word-processing and accounting software.
- Ability to work well with the public handling customers with courtesy and respect.
- Ability to work well with the public handling customers with courtesy and respect.
- Ability to operate standard office equipment.
- Ability to learn office rules and policies.
- Ability to understand and follow simple oral and written instructions.
- Ability to work independently after becoming familiar with each work procedure or function.
- Ability to establish and maintain effective working relationships with staff, other agencies, vendors and the public.

**EDUCATION AND EXPERIENCE:** Minimum high school or GED graduate. Knowledge and skills normally associated with someone who has an AA or AS degree in Accounting or Finance and three (3) years of related experience, or five (5) years of successful work experience which, in the opinion of management, would be considered equivalent. Or an equivalent combination.

**LICENSES AND OTHER REQUIREMENTS:** Must possess valid driver's license. Certified Washington State Traffic Control Supervisor, OR the ability to obtain. Certified Traffic Control Trainer (flagging instructor), OR the ability to obtain. Must successfully pass a background check and a driving record check.

**THIS POSITION DESCRIPTION DOES NOT CONSTITUTE A CONTRACT FOR EMPLOYMENT.**

# Walla Walla County

New Position

Revised Job Description

Job Description

## Approval Form

Position: Health Educator – Nutrition and Oral Health Services Date: 05/06/2023

Department: Community Health

Pay Range: 6, Full-time (40 hrs./wk.); Benefits Apply, FSLA exempt

Union (Identify): \_\_\_\_\_ Non-Bargaining: \_\_\_\_\_ X \_\_\_\_\_

<input checked="" type="checkbox"/> Regular Full Time	<input type="checkbox"/> Additional	<input type="checkbox"/> Contract
<input type="checkbox"/> Regular Part Time	<input type="checkbox"/> Replacement	<input type="checkbox"/> Temporary/Intermittent


This updated job description replaces the previous Health Educator position. By adjusting adding additional responsibility and requirements.

Major Changes:

1. Pay grade moved from a 5 to a 6 and non-exempt.
2. This person may supervise paraprofessional staff and volunteers.
3. Develops and provides ongoing professional training for local dentists on the state of Washington's Access to Baby and Child Dentistry (ABCD) program.
4. Trains families using ABCD funds on appropriate use of dentists and how to access dental care system.
5. Coordinates screening and referrals for eligible children needing dental care with local dental ABCD providers.
6. Records and reports activities electronically utilizing outcome-based language.

HR-Approved Job Description Attached.

Reviewed:

 \_\_\_\_\_ Date 5/2/2023

Approved:

\_\_\_\_\_  
Chair Commissioner Commissioner

BUDGET NOTES:

**Walla Walla County  
Position Description**

**JOB TITLE:** Health Educator -- **Nutrition and Oral Health Services**

**DEPARTMENT:** Community Health

**REPORTS TO:** Program Manager, Population Health

**PAY GRADE:** **6**, Full-time (40 hours/week); Benefits Apply

**JOB SUMMARY:** The Health Educator will lead, plan, develop, implement and evaluate county-wide comprehensive health education programs by working collaboratively with professional groups, providers and other agencies while addressing national, **statewide and local strategic goals** of “improving the health of all Americans by encouraging collaborations across communities and sectors, empowering individuals toward making informed health decisions and measuring the impact of prevention activities”. Work may involve writing grant applications or major program proposals; requires considerable community needs assessment and consistent evaluations of program effectiveness and involves addressing a wide range of audiences. Work is performed with considerable latitude for independent judgment and will be reviewed through conference, observation and public comment.

**SUPERVISORY RESPONSIBILITIES:** This person may **supervise paraprofessional staff and volunteers.**

**ESSENTIAL FUNCTIONS:**

- Leads, plans, trains and reviews health education programs and interventions.
- Consults with Community Health Department personnel and other professionals to plan, develop, evaluate, and implement health education programs and projects.
- Coordinates the provision of health education services by other Community Health Department staff.
- Assesses individual and community needs for health education.
- Evaluates and assesses effectiveness of health education programs.
- Acts as a resource person in health education.
- Coordinates long range planning of health education programs.
- Attends and participates in various professional organizations and group meetings as assigned to advance the cause of public health and health education.
- Represents the County Community Health Department health education program to professional organizations, healthcare providers and the community.
- **Develops and provides ongoing professional training for local dentists on the state of Washington's Access to Baby and Child Dentistry (ABCD) program.**
- **Trains families using ABCD funds on appropriate use of dentists and how to access dental care system.**
- **Coordinates screening and referrals for eligible children needing dental care with local dental ABCD providers.**
- **Records and reports activities electronically utilizing outcome-based language.**



### **EXAMPLE OF DUTIES:**

- Plans, organizes and conducts a program of public health education to meet the needs of the community; to include communicable disease prevention and response, preparation for and response to public health emergencies caused by pandemic disease, earthquake, flood or terrorism; prevention and management of chronic diseases and disabilities; promotion of healthy families and the development of children; assessment of local health conditions, risks, trends and evaluation of the effectiveness of intervention efforts; and environmental health concerns.
- Designs and implements primary and secondary school and community education programs addressing current public health issues.
- Prepares in-services, workshops and/or information materials as requested by various community or governmental organizations and schools.
- Communicates orally and in writing, health education needs, concerns and resources.
- May train employees or interns in their areas of work in health education methods and techniques.
- Provides assistance and materials to teachers, nurses, other professional persons, and to community groups concerned with teaching health.
- Assists in budgeting and fiscal grant management.
- Advises, consults and assists staff members with the identification of individual and group needs for health education, and with development of educational materials, tools and techniques
- Maintains resource file for health education materials.
- **Coordinates ABCD screenings of Medicaid eligible children.**
- **Coordinates with dentists on their needs and interactions with ABCD eligible families.**
- **Consults with the Population Health Manager about client and community needs and other non-routine issues as they arise.**
- **Performs related duties as assigned.**

**EQUIPMENT TO BE USED:** Standard office equipment including PC or computer work station and related software, fax, photocopy machines, video equipment, overhead projector, power point, multi-line phone system and cell phone will /can be utilized.

### **WORKING ENVIRONMENT/PHYSICAL ABILITIES:**

- Work will be performed both inside and outside the health department and within the county at large.
- Be proficient in use of email and internet, Microsoft Office, and other software packages.
- Requires manual dexterity and visual acuity to operate a personal computer and peripherals.
- Requires the ability to drive an automobile, fly in an airplane and travel as required.
- Requires the ability to lift and carry twenty-five to thirty (25-30) pounds.
- Requires sufficient hearing and speech ability to communicate verbally.
- Requires ability to work with multi-cultural, multi-lingual and challenged individuals and families.

### **KNOWLEDGE AND ABILITIES:**

- Knowledge of techniques to motivate behavior and health.
- Knowledge of health education and principles of change.
- Ability to collect and statistically analyze data.
- Ability to develop surveys appropriate to the subject matter.
- Ability to write clear reports, organize materials and make effective oral presentations before groups.

- Ability to maintain excellent communication and relationships with personnel in own and other disciplines.
- Ability to exercise initiative, tact, discretion and judgment in carrying out work.
- Ability to take a health concept and plan, develop and implement a full health education program.
- Ability and willingness to work under a potential risk of exposure to infectious diseases in the line of duty.

**EDUCATION AND EXPERIENCE:** A Bachelor's degree from an accredited college or university with major course work in health education, health promotion education or closely related field is required. A Master's of Public Health degree and two (2) years' experience in Public Health is highly desirable.

**LICENSES AND OTHER REQUIREMENTS:**

- Maintain a current driver's license and vehicle insurance.
- Access to a vehicle during work hours.
- Provide documentation of immunization status, proof of immunity to vaccine preventable diseases, or sign an exemption and participate in the employee health program.
- May require a background check.
- Must not use tobacco products or smoke "electronic cigarettes".

**THIS POSITION DESCRIPTION DOES NOT CONSTITUTE A CONTRACT FOR  
EMPLOYMENT**

**10:45 PROSECUTING ATTORNEY**

**Gabriel Acosta/Jesse Nolte**

- a) Miscellaneous business for the Board
- b) Possible executive session re: acquisition of real estate (pursuant to RCW 42.30.110(b)), and/or litigation or potential litigation (pursuant to RCW 42.30.110(i))
- c) Possible action re: pending or potential litigation

**11:00 COUNTY COMMISSIONERS**

- a) Miscellaneous or unfinished business to come before the Board

**- A D J O U R N -**

*Walla Walla County is ADA compliant. Please contact TTY: (800) 833-6384 or 7-1-1 or the Commissioners' Office at 509/524-2505 three (3) days in advance if you need any language, hearing, or physical accommodation.*

*Please note that the agenda is tentative only. The Board may add, delete, or postpone items and may take action on an item not on the agenda.*