KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

KITSAP PUBLIC HEALTH BOARD WORK STUDY SESSION AGENDA

June 2, 2016, 1:00 p.m. to 4:00 p.m.
Norm Dicks Government Center
City of Bremerton Mayor's Conference Room (6th Floor)
Bremerton, WA

There will be no public comment during this work study session.

PART ONE: SERVICE DELIVERY

1:00 p.m. 1. **New Landscape of Public Health**
Scott Daniels, Administrator

1:15 p.m. 2. **Foundational Public Health Services**
Susan Turner, Health Officer

1:30 p.m. 3. **Services Prioritization and Foundational Public Health Services Analysis**
Keith Grellner, Environmental Health Director
Suzanne Plemmons, Community Health Director

PART TWO: BUDGET OVERVIEW AND BOARD FUNDING

2:25 p.m. 4. **Budget Overview and Deficit Estimates**
Scott Daniels, Administrator

2:40 p.m. 5. **How Local Government Funding is Used by the District**
Katie Eilers, Assistant Community Health Director
John Kiess, Assistant Environmental Health Director

2:50 p.m. 6. **History of Local Government Funding to the District**
Keith Grellner, Environmental Health Director

PART THREE: DISCUSSION

3:00 p.m. 7. **Service Delivery, Budget Deficit, and Local Government Funding**
Scott Daniels, Administrator

ADJOURN:

4:00 p.m. 8. **Adjourn**

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MEMO

To: Kitsap Public Health Board

From: Scott Daniels, Administrator

Date: May 27, 2016

Re: Overview of Board Work Study Session, June 2, 2016

On June 2nd, the District will meet with the Kitsap Public Health Board in a work study session to discuss the following:

1. 2017 Health District Service Delivery
2. 2016 and 2017 Deficit Reduction
3. 2017 Board Member Contributions to the District for Ongoing Services and 2017 Contributions to the District's Norm Dicks Government Center Debt Service Costs

1. 2017 Health District Service Delivery

We will start the session with three presentations. The first presentation is an overview of the "new landscape of public health" which is driving changes in how local health jurisdictions, statewide and nationally, are providing services. These factors include:

- Recognition of the significance of the Social Determinants of Health and Adverse Childhood Experiences (ACES) in poor health outcomes and health disparities
- Renewed focus on the unique role of public health in developing "policy, systems and environmental" changes to improve population health
- Healthcare Reform (Affordable Care Act)
- Foundational Public Health Services (FPHS)

The second presentation will focus specifically on the Foundational Public Health Services (FPHS). The FPHS are a defined, basic set of governmental public health capabilities and programs that must be present in every community to efficiently and effectively protect all people in Washington State. This information also helps frame the discussion about service expectations (and funding) moving forward.

The third presentation will cover the Service Prioritization and FPHS analysis recently completed by the District. It was conducted to determine how effectively the District is providing the minimum level of FPHS and to help with decisions regarding service delivery changes necessary to address the District's budget deficit. The analysis assigns priority ratings using a four-tier rating system to all 231 identified District services and identifies FPHS gaps.

2. 2016 and 2016 Deficit Reduction

The fourth presentation will be in the second part of the session providing a high-level overview of the District budget, including updated estimates for the 2016 and 2017 budget deficits. The District's current 2016 budget deficit estimate is $209,000. This is a significant drop from the $490,000 reserve spending estimate included in the District's adopted 2016 budget. The resulting positive impact on District reserves in 2016 into 2017 will be discussed along with additional 2016 deficit reduction strategies. Although we are very early in the process, the District's current estimate of the 2017 budget deficit is approximately $516,000. The 2017 deficit reduction strategies will be discussed also.

3. Board Contributions to the District

Following that, the fourth presentation will shift to local government funding for the District including an overview of the history of Board member financial contributions to the District for ongoing services and for a portion of the District's Norm Dicks Government Center debt service. This presentation will also cover which specific District services are funded in 2016 with Board member contributions. A proposed Board resolution will be presented to address Board support for a portion (20%) of the District's debt service costs which is what Board members approximately currently contribute. Collectively, 20% of this cost totals slightly more than $60,000 annually.

4. Discussion

The last hour of the meeting will be devoted to a discussion of the following District decisions:

- **2017 Services Delivery Changes:** Using the service prioritization and FPHS analysis as a guide, the District has decided to transition out of direct Family Planning services in April 2017, leveraging this change, along with staff attrition, to reorganize supervision of the Community Health Division. This change in Family Planning services has been under consideration by the District since 2003. Preliminary calculations indicate the Community Health Division reorganization would save in excess of $200,000 in 2017. This change will allow the District to change its Family Planning focus to a more population-based model, working to address service gaps and care coordination in the community. Of note, the District is aware of another provider which is currently evaluating applying for Title X family planning funding to provide these direct services in Kitsap County. No other major service changes are anticipated in 2017.

Decision Discussion: Transition out of direct Family Planning Services by April 2017, and change the District's role to focus on strengthening the FPHS.

- **2017 Deficit Reduction Strategies:** As previously mentioned, a reorganization of the Community Health Division will lower costs and lower the 2017 budget deficit. Other attrition-related savings are also being evaluated in the Environmental Health Division. The District has also made the decision to move to a Voice-Over-Internet (VOIP) cloud-based phone system to lower telephone costs potentially saving the District over $50,000 a year. Overall, we believe these strategies will lower the projected 2017 deficit to a manageable level. The pursuit of new state and federal revenues prior to the approval of the 2017 budget will also assist in this regard.
  Decision Discussion: Implement a reorganization of the Community Health Division, implement a VOIP phone system, and evaluate and pursue other cost savings through attrition and potential new revenues.

- **2016 Deficit Reduction Strategies:** To improve current reserves, the District is considering a delay in filling the Assistant Environmental Health Division Director when Keith Grellner assumes the position of agency Administrator on July 1st. This hiring delay would reduce reserve spending in 2016 creating an additional cash reserve cushion going into 2017. Additional new revenues acquired in 2016 will further improve cash and investments.
  Decision Discussion: Consider lowering the 2016 deficit estimate by delaying filling the Assistant Environmental Health Director position through 2016, and continue pursuit of new State and federal revenues.

- **2017 Board Member Contributions to the District for Ongoing Community Services:** Because of work underway across the State to acquire State Legislative financial support for the FPHS in 2017, the District is not proposing any changes to the current Board funding process at this time. The District is not recommending creation of a funding formula, or increases in city funding, and is recommending status quo District participation in the County's budget request process along with other junior districts funded by the County. The Washington State Department of Health, the Governor's Office, the Washington Association of County and City Health Officials, and statewide health system partners, are working on an initial legislative ask in 2017 to shore up State funding for basic FPHS at the local level. If additional State funding for FPHS becomes a reality, local funding will shift to District strategic priorities that are considered "additional important services" under the FPHS. The District is not recommending changes to the current Board funding process until the legislative picture becomes clearer.
  Decision Discussion: No change in the Board funding process at this time.

- **2017 Board Member Contributions to the District for a Portion of the District's Norm Dicks Government Center Debt Service Cost:** The District is proposing a Board resolution whereby the Board expresses a commitment to fund 20% of the District's annual principal and interest costs for its offices in the Norm Dicks Government Center until the District's debt for this space is fully paid in 2034. The resolution further supports the District requesting this funding from individual Board jurisdictions each year as part of the budget process. This formalizes Board support for these District funding requests. Previous support for this funding was captured in the minutes from the Board's June 4, 2002, regular meeting when the Board unanimously "committed in principle" to this funding.
  Decision Discussion: Request Board support for a resolution to fund 20% of the District's Norm Dicks Government Center debt services cost through 2034 to more formally confirm the Board's 2002 commitment.

All final decisions regarding program services, funding, and deficit reduction will be finalized by the Board through the 2017 District budget approval process. Each year, that process first involves the Board Finance and Operations Committee in the reviewing the draft 2017 budget, and final Board approval of the Budget in December 2017.

If you have questions, comments or need additional information ahead of our work study session, please contact me at (360) 337-5287, or at scott.daniels@kitsappublichealth.org.

Supporting Documents, Service Delivery:

1. PowerPoint: New Landscape of Public Health
2. PowerPoint: Foundational Public Health Services
3. PowerPoint: Services Prioritization and Foundational Public Health Services Analysis
4. Foundational Public Health Services: A New Vision for Washington State, January 15, 2015
5. Foundational Public Health Services: Revised Definitions, March 2016
6. Kitsap Public Health District, 2011-2021 Strategic Plan, Revised January 5, 2016
7. Kitsap Public Health District, Services Priority Rating Tool, May 17, 2016
8. Kitsap Public Health District, Services Prioritization Matrix, May 2016 (two worksheets, one sorted by priority, one sorted by FPHS)
9. Kitsap Public Health District, Foundational Public Health Service Gaps

Supporting Documents, Deficit Reduction and Board Contributions to the District:

1. PowerPoint: Budget and Deficit Overview
2. Kitsap Public Health District, Month-End Total Cash & Investments, 2012-2016
3. Kitsap Public Health Board Finance & Operations Committee Meeting Packet, August 6, 2015 (describes history of local government funding to the District)

4. Draft Kitsap Public Health Board Resolution: Kitsap Public Health Board Support for Paying Portion of the Kitsap Public Health District's Norm Dicks Government Center Debt Service Costs

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PART ONE:
SERVICE DELIVERY

The New Landscape of Public Health

Board Work Study Presentation
June 2, 2016

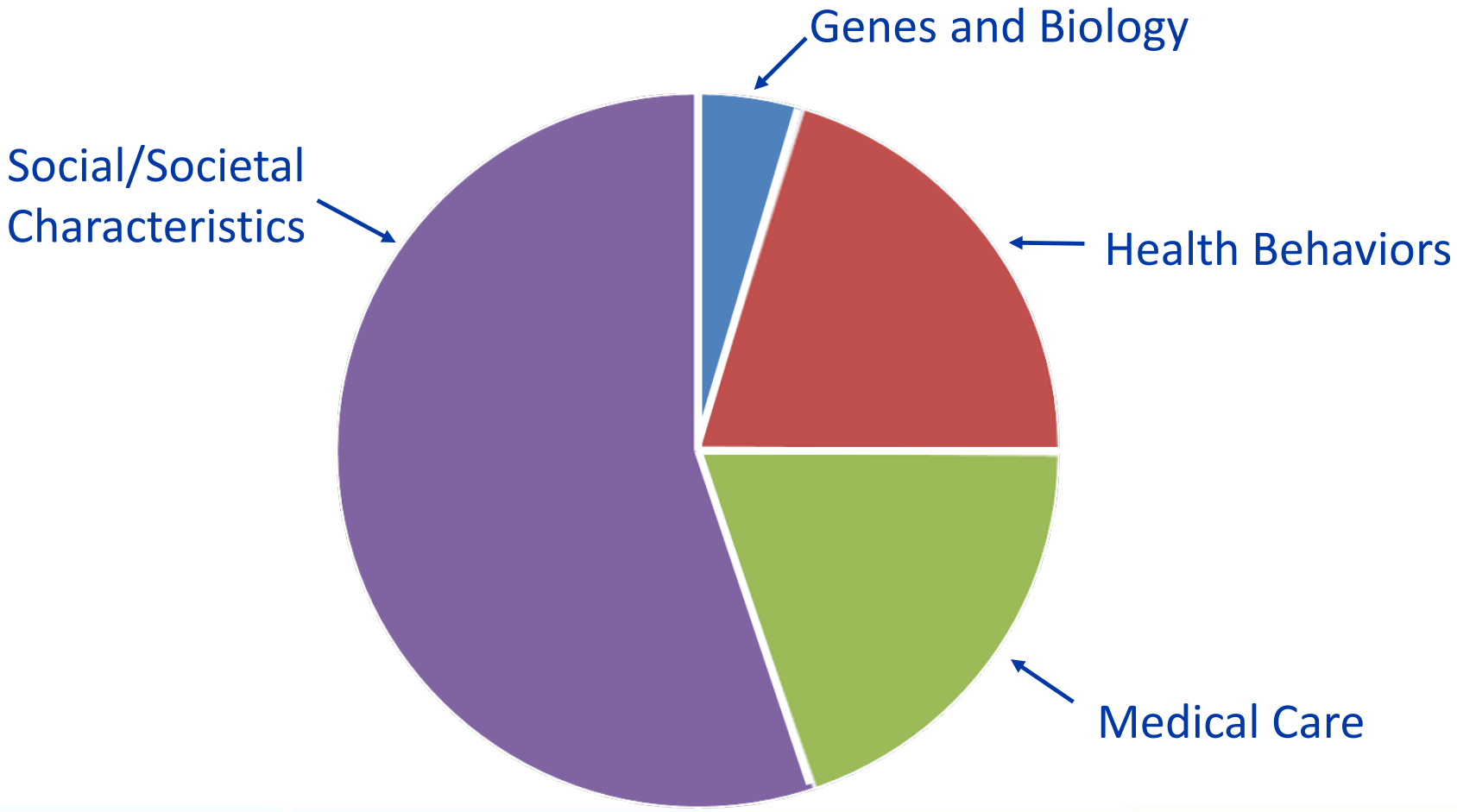
Scott Daniels
Administrator

KITSAP PUBLIC HEALTH DISTRICT

What is **Public Health**?

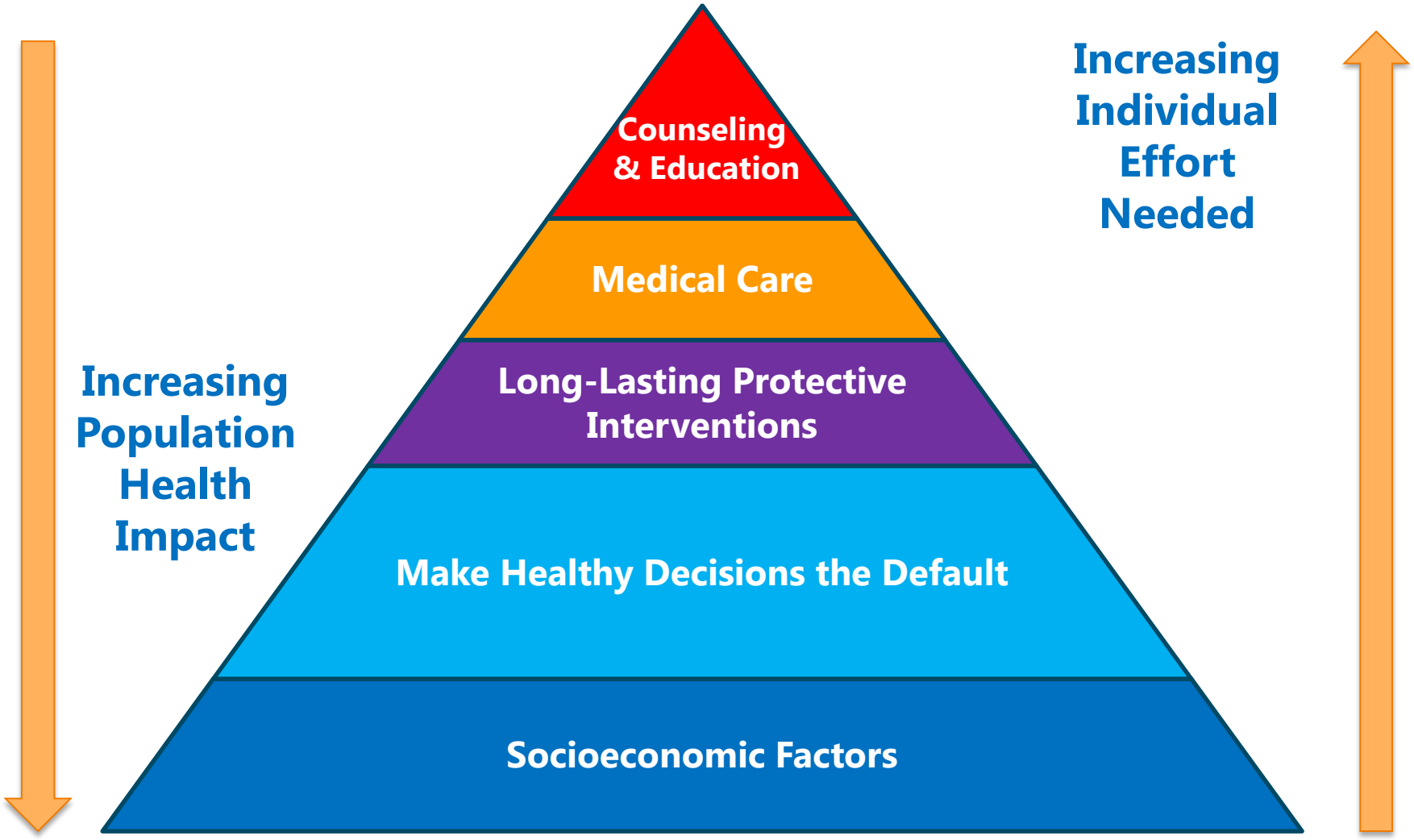
- While a doctor treats people who are sick, public health tries to **prevent** people from getting sick or injured in the first place.
- Protects health of **entire populations** **---** as small as a local neighborhood, or as big as an entire country.
- Identifies causes of disease/disability and **assures the conditions** in which people can be healthy.

What Determines the Health of a Population?



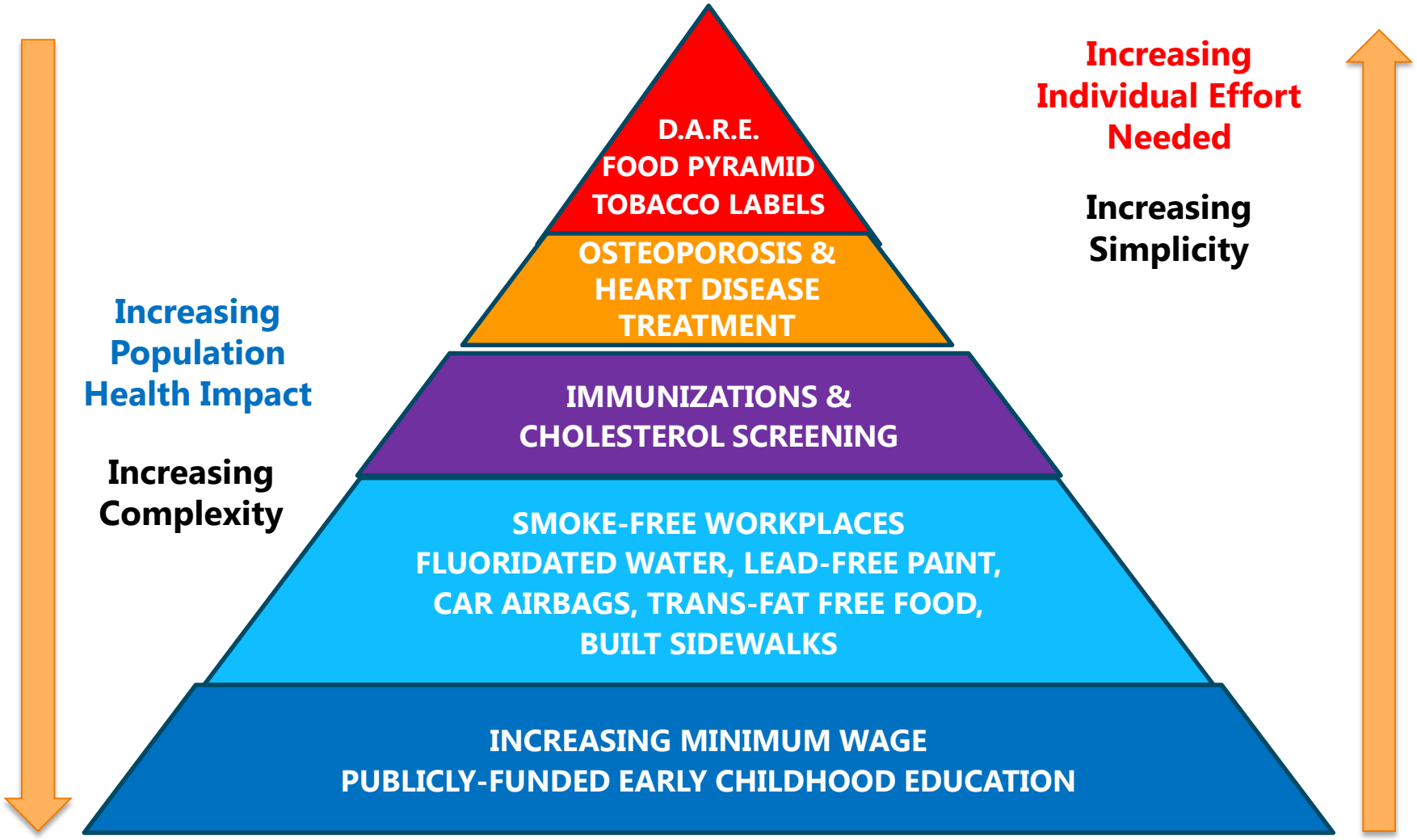
Centers for Disease Control and Prevention. Social determinants of health. http://www.cdc.gov/socialdeterminants/FAQ.html.

The Health Impact Pyramid



Frieden, TR. Framework for public health action: the health impact pyramid. Am J Public Health 2010, 100:590-5.,

The Health Impact Pyramid Examples



New Landscape: Drivers

1. Social Determinants & ACES
2. Renewed Focus on Population Health
3. Healthcare Reform (Affordable Care Act)
4. Foundational Public Health Services

To Address These New Drivers…

Reforms are needed!

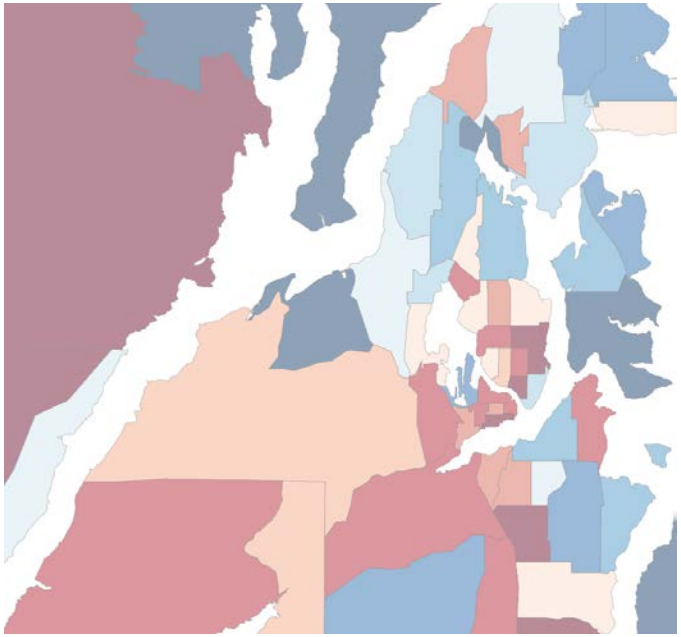
Service Delivery Reform #1

- Less emphasis on:
  - Individual clinical care
  - Isolated health education
- More emphasis on complex prevention & population level solutions to move needle on health
- Community as the client

Public's View of Public Health

Service Delivery Reform #2

- Target specific inequities: populations with disproportionate levels of disease
- Most impacted by social determinants of health
- Deeper dive on data & on evidence-based solutions



Low birthweight (<2,500 grams) infants born at term

Source:
http://www.doh.wa.gov/DataandStatisticalReports/EnvironmentalHealth/WashingtonTrackingNetworkWTN

Service Delivery Reform #2

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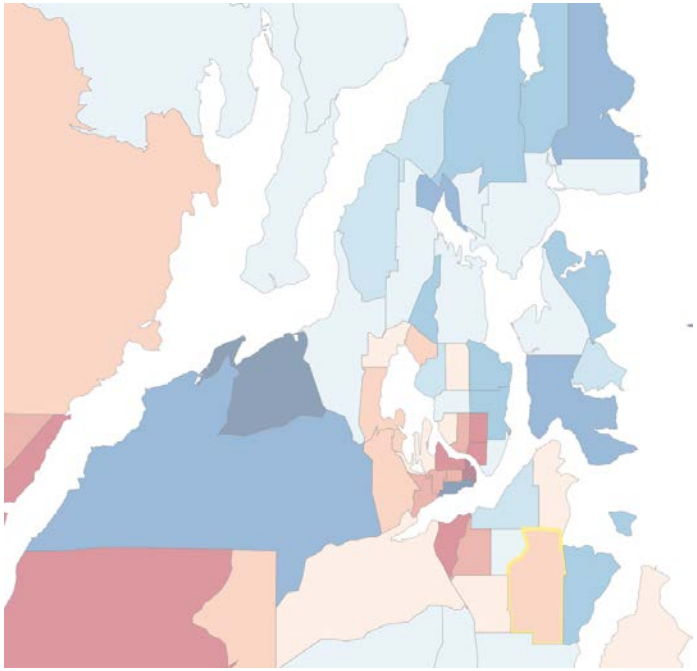
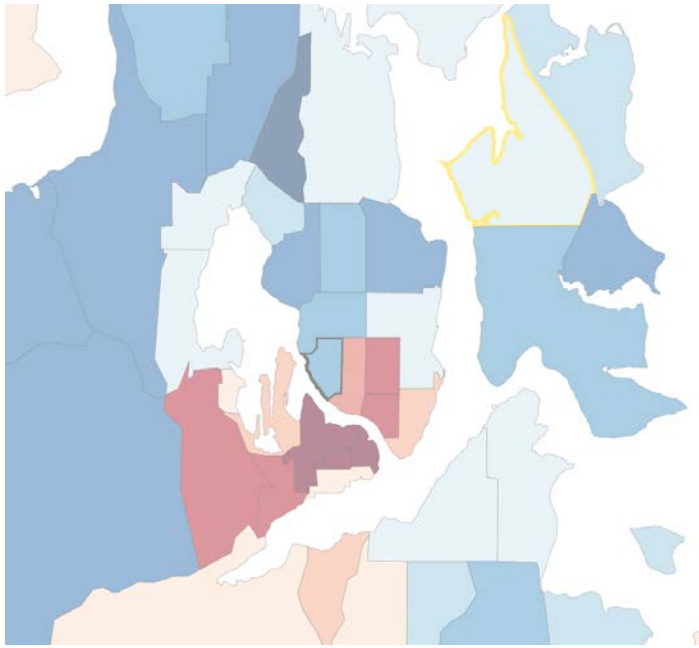


Children under 18 living in poverty

Source:
http://www.doh.wa.gov/DataandStatisticalReports/EnvironmentalHealth/WashingtonTrackingNetworkWTN

Service Delivery Reform #2

- Target specific inequities: populations with disproportionate levels of disease
- Most impacted by social determinants of health
- Deeper dive on data & on evidence-based solutions



Elevated blood lead levels (>10ug/dL), children tested prior to third birthday

Source:
http://www.doh.wa.gov/DataandStatisticalReports/EnvironmentalHealth/WashingtonTrackingNetworkWTN

Service Delivery Reform #3

- **Build medical homes by getting people insurance, and supporting others delivering direct clinical services**

- **Care integration & coordination: whole person care**

Service Delivery Reform #4:
New Tools

1. **Collective Impact** to explore inequities and other health priorities in greater depth

2. **Policy/Systems/Environment**

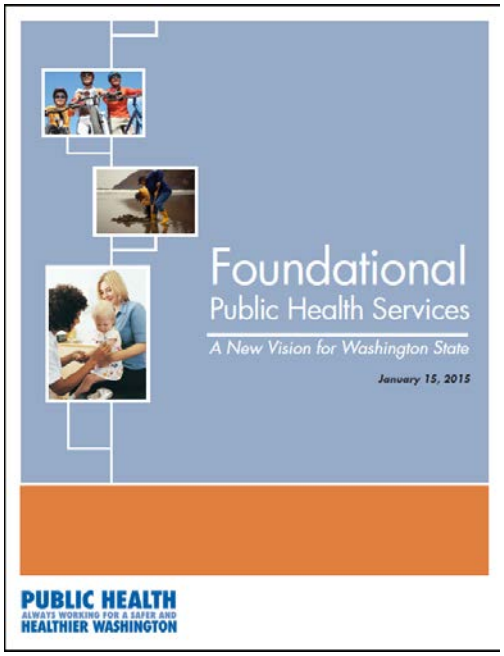
Collective Impact (CI)

- ✓ Common Agenda
- ✓ Shared Measurement Systems
- ✓ Mutually Reinforcing Activities
- ✓ Continuous Communication
- ✓ Backbone Support Organizations

Service Delivery Reform #5:
Foundational Public Health Services

- Ensure minimum level of services
- Justify additional important services
- State may be asked to fund FPHS

Susan will discuss in more detail!



Service Delivery Reform: Examples

- **Olympic Community of Health**
- **Health Navigator**
- **Kitsap Community Health Priorities:**
  - ACES
  - Safe Affordable Housing

Service Delivery Reform:
More Examples

- **Chronic Disease Prevention:**
  - 1422 Grant
  - Built Environment
  - Healthy Food
- **Dental Access Taskforce**
- **Perinatal Task Force**

Key Points: Services

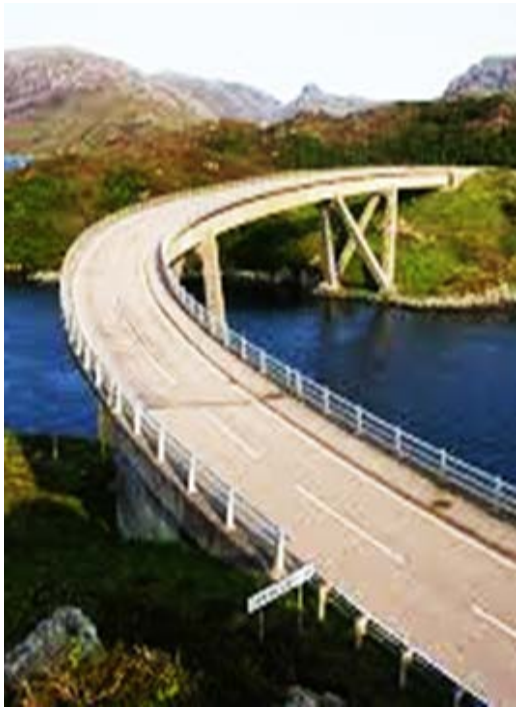
- New Drivers Affecting Our Decisions
- Prioritize Population Health
- Target Inequities
- In Health Care: Medical Homes & Whole Person Care
- Use Tools that Work: PSE & Collective Impact
- Focus on What We Uniquely Qualified to Do

First Law of the Universe

What is a Foundational Public Health Service?

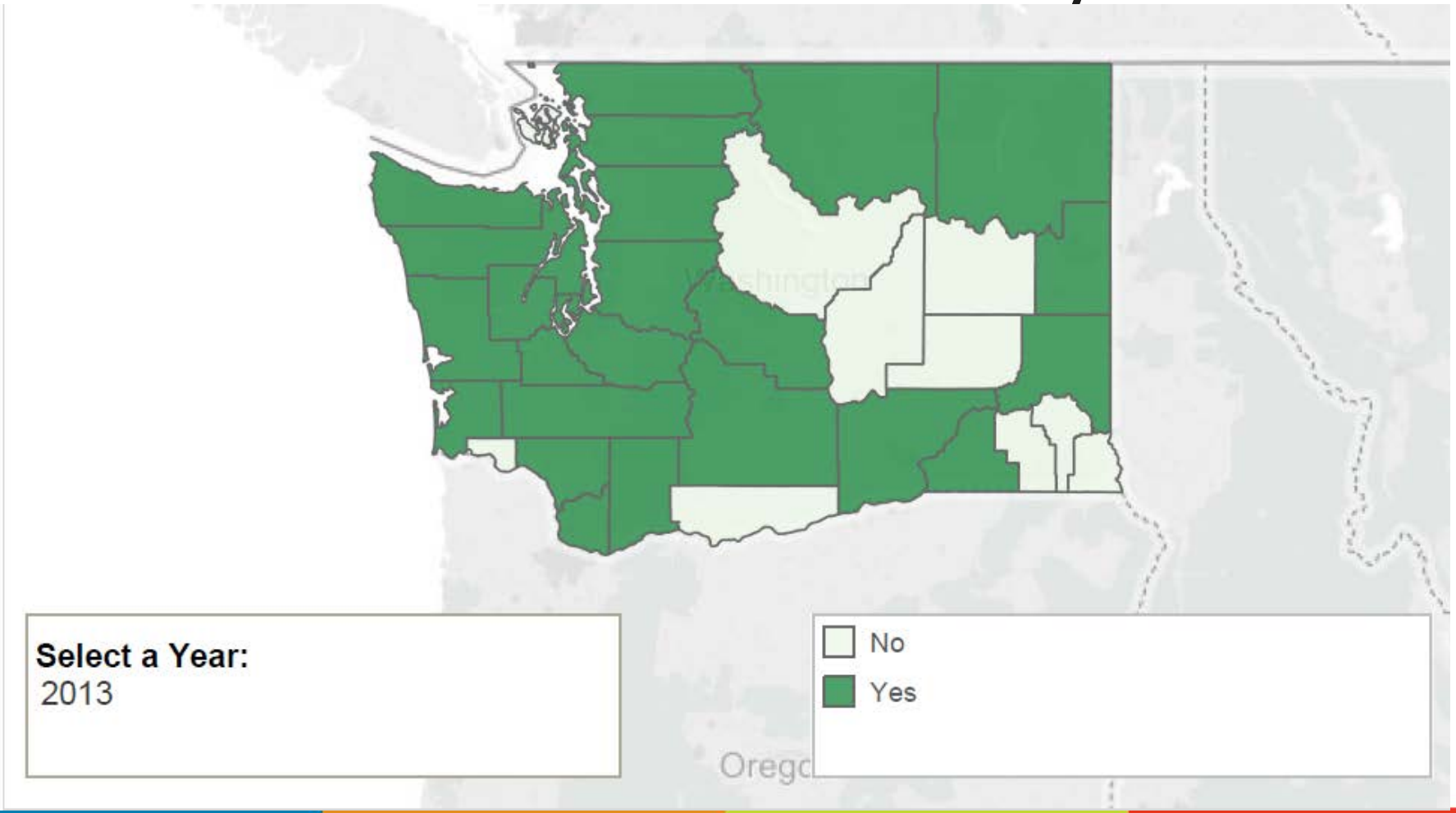
Susan Turner MD, MPH, MS
Health Officer

KITSAP PUBLIC HEALTH DISTRICT



Like public safety (fire, police), public utilities (power, water), and other public infrastructure (roads, sewers), there is a foundational level of public health services that must exist everywhere for services to work anywhere.

Public Health Services Vary
STI Partner Notification by LHJ



CDC: the Public Health Infrastructure

We are a Nation at risk. We face a world of new threats and ancient foes. Is public health's infrastructure prepared to respond?

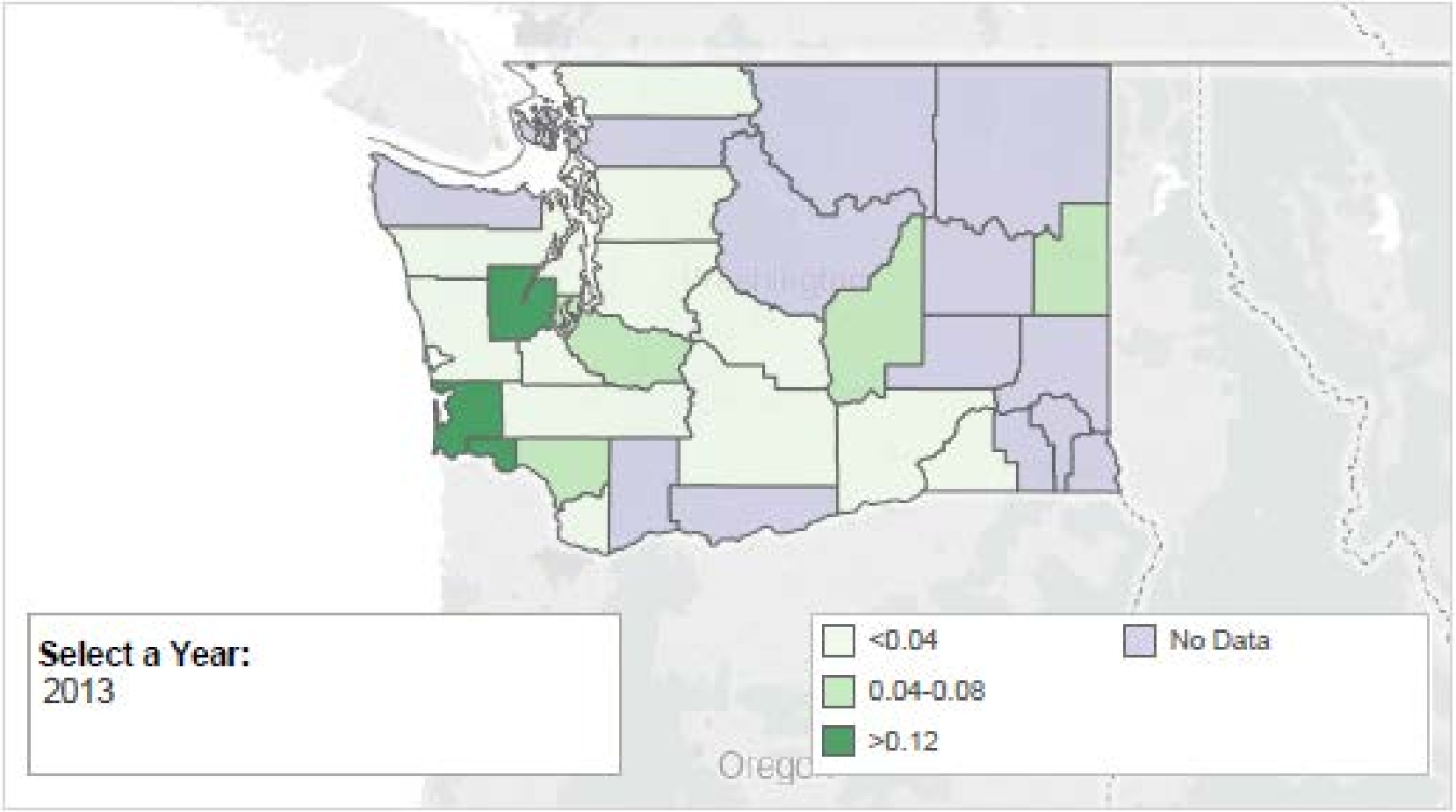
Microbes are coming to our shores, hitching rides on travelers, immigrants, and food – and they are here to stay. West Nile Virus and multi-drug resistant tuberculosis (TB) are but a few examples of the ceaseless traffic across borders that cannot be hermetically sealed.

"In public health terms, every city is a 'sister city' with every other metropolis on earth."
-- *Laurie Garrett,*
Betrayal of Trust

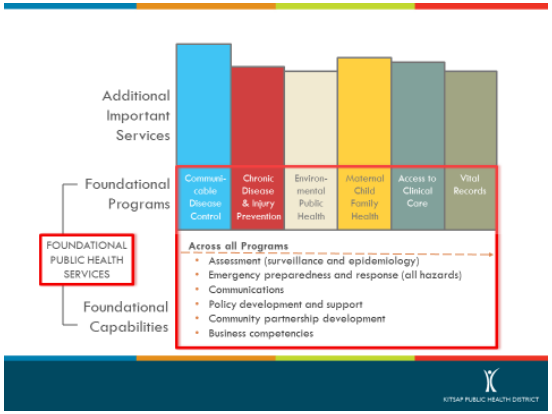
Centers for Disease Control and Prevention. 2000. Public health's infrastructure: a status report. Downloaded from: https://www.uic.edu/sph/prepare/courses/ph410/resources/phinfrastructure.pdf

The Current Generation's Fate

Tobacco-free FTE, 2013, by County Per Ten Thousand Population



The Foundational Public Health Services (FPHS) are a defined, basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington



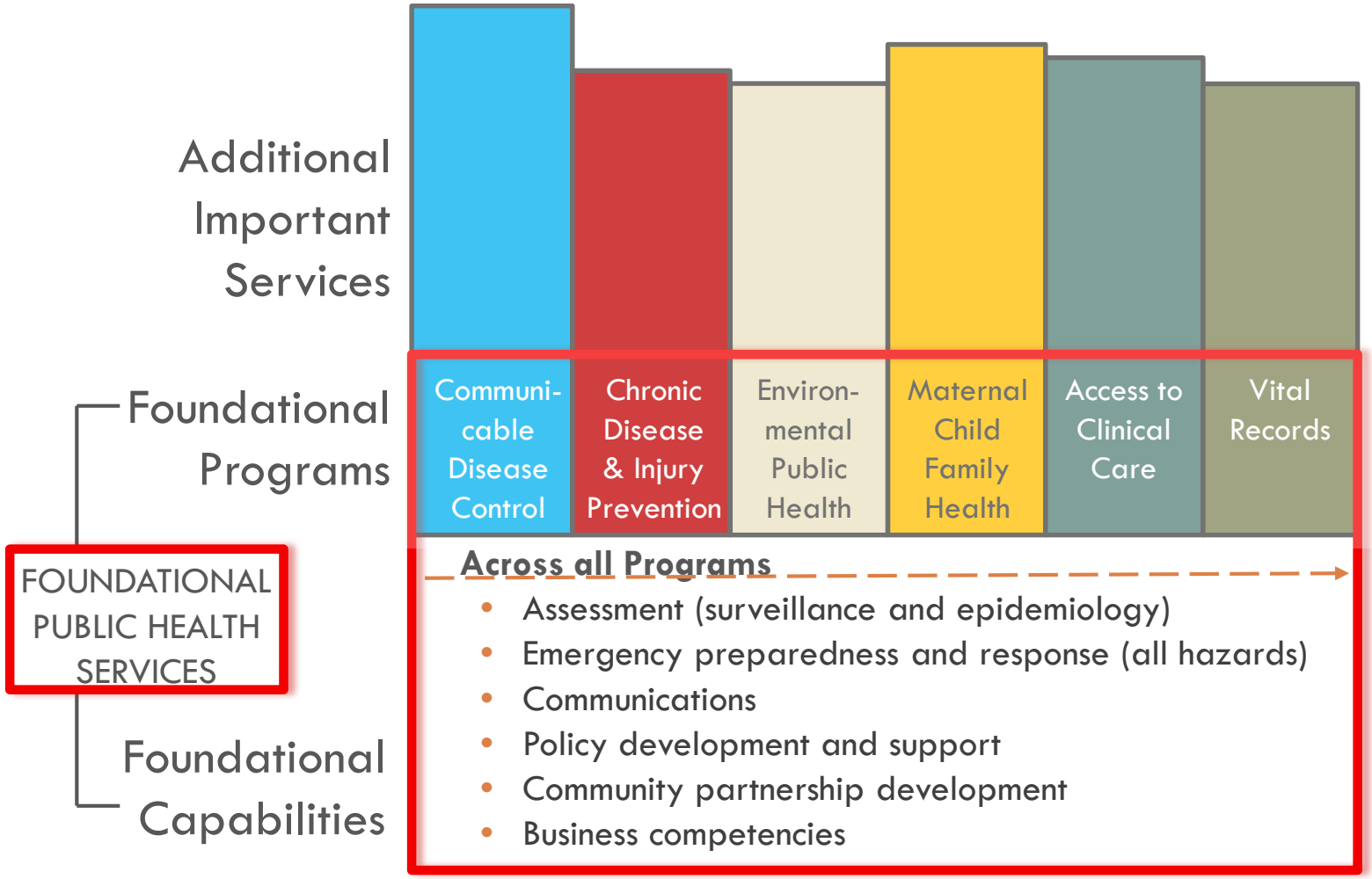
KITSAP PUBLIC HEALTH DISTRICT

Decision-making Criteria for the FPHS

- Important population-based health service (without individually identifiable beneficiaries)

- Governmental public health is the only or primary provider of the service

- Service is mandated by law or contingent on the legal powers granted only to the local health officer/local board of health.


Additional Important Services
Foundational Programs
FOUNDATIONAL PUBLIC HEALTH SERVICES
Foundational Capabilities
Communi-cable Disease Control
Chronic Disease & Injury Prevention
Environ-mental Public Health
Maternal Child Family Health
Access to Clinical Care
Vital Records
Across all Programs
Assessment (surveillance and epidemiology)
Emergency preparedness and response (all hazards)
Communications
Policy development and support
Community partnership development
Business competencies

Foundational Capabilities

FOUNDATIONAL PUBLIC HEALTH SERVICES

Foundational Capabilities

Across all Programs

- Assessment (surveillance and epidemiology)
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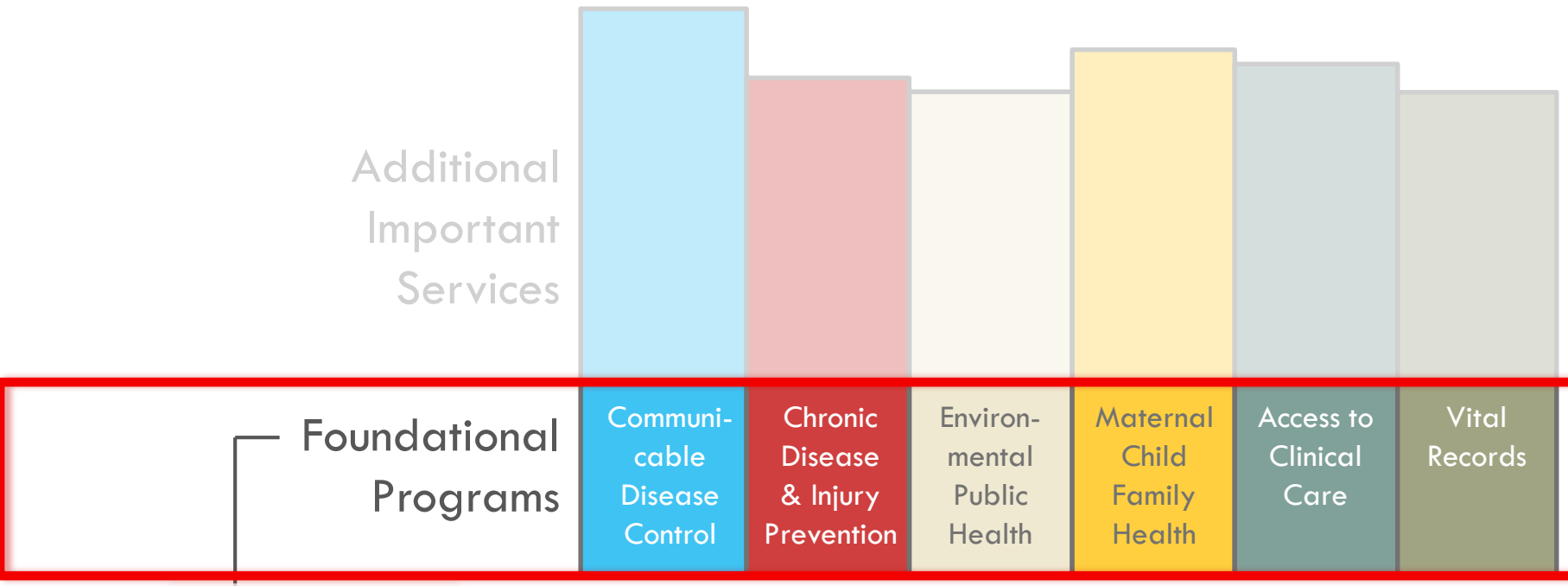
Foundational Public Health Programs



FOUNDATIONAL PUBLIC HEALTH SERVICES

Foundational Capabilities

Across all Programs

- Assessment (surveillance and epidemiology)
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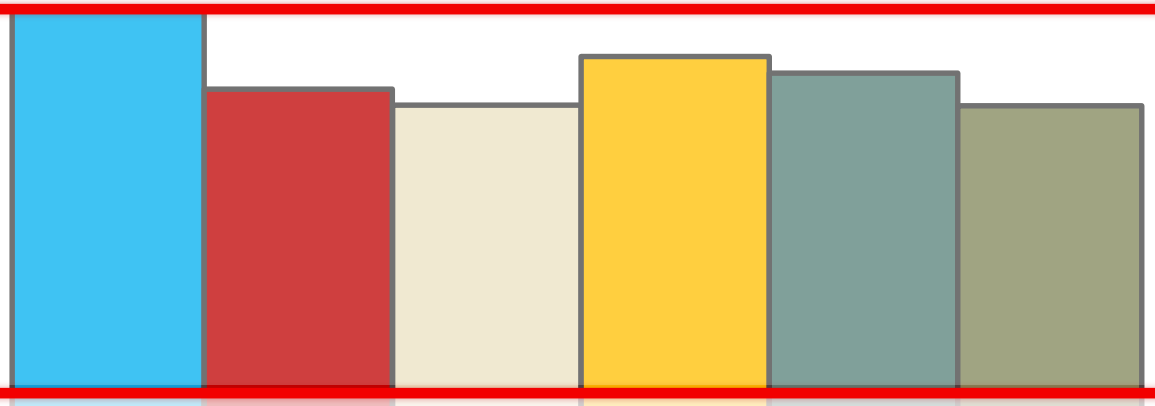
Additional Important Services: Public Health Services Based on Local Needs

Additional Important Services



Foundational Programs

- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal Child Family Health
- Access to Clinical Care
- Vital Records

FOUNDATIONAL PUBLIC HEALTH SERVICES

Foundational Capabilities

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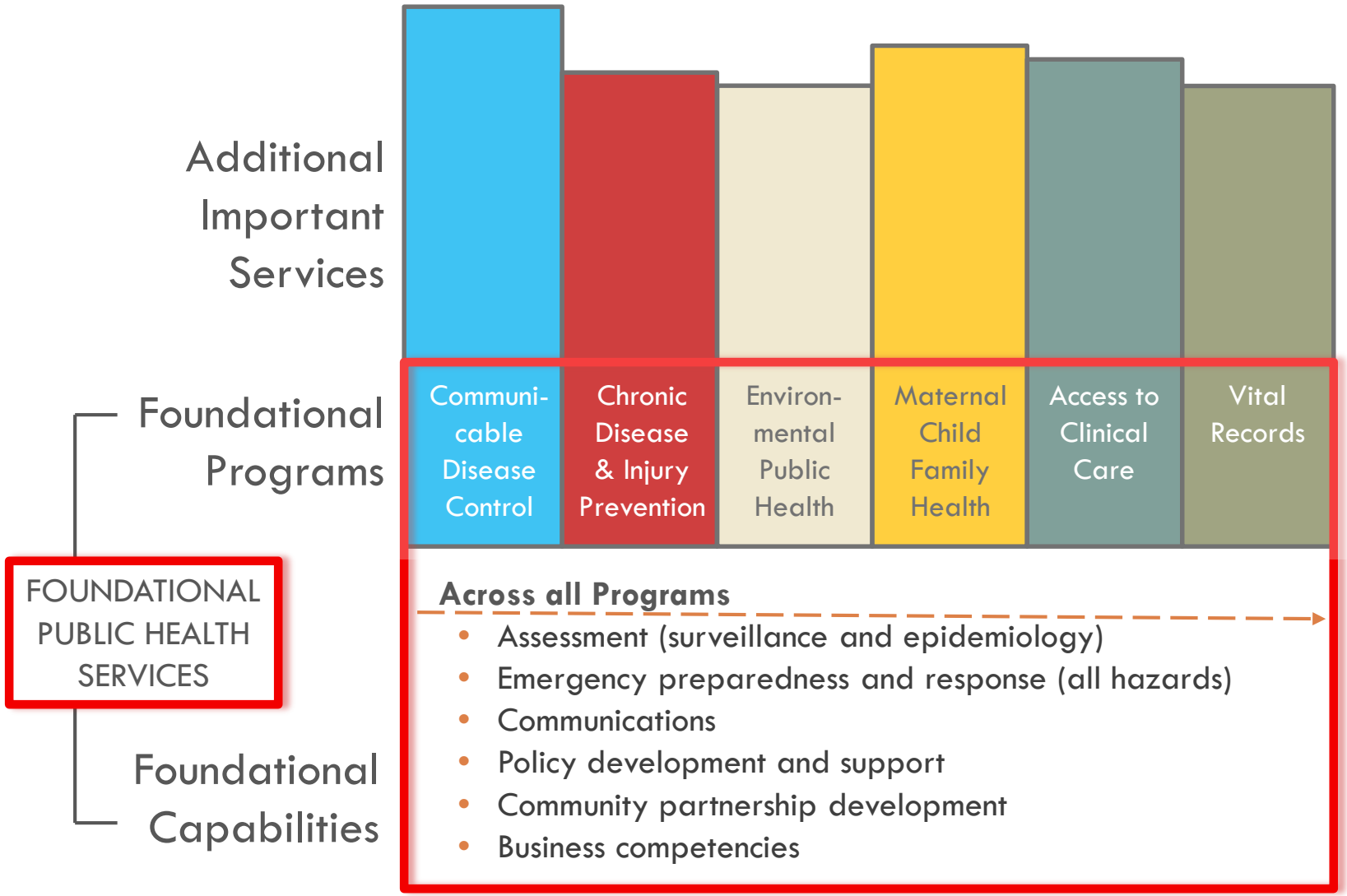
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FPHS Decision Matrix

Population-based To what extent is this a population-based service without individually identifiable beneficiaries?	Mainly provides individual benefits	Partially population based, such as an individual health care service the absence of which would pose a significant community health threat	A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices
Governmental public health To what extent is governmental public health the only or primary provider of this service?	*Never* – many other entities provide this service and they are the most appropriate provider	Sometimes	*Often* – it has to be addressed by governmental public health to be effectively addressed at all
Mandatory Is it mandated by law or contingent on legal powers granted only to the local health officer/ board of health?	Not mandated	Partially or sometimes	Definitely mandated

Foundational Public Health Services	Additional Important Services
Governmental public health **promotes immunizations in all communities** to prevent the spread of disease in all communities. This is a Foundational Public Health Service.	**Actually giving immunization shots is not a Foundational Public Health Service.** In a community with many readily accessible immunization providers, governmental public health may not need to provide this service. In a community without providers, it may be important and valuable for public health to provide this Additional Important Service.
Governmental public health **oversees and enforces state on-site septic system regulations** in every jurisdiction because safe waste disposal prevents disease in every community. This is a Foundational Public Health Service.	Counties with significant shellfish production are concerned about the contribution of failing septic systems to poor water quality, which can cause development of toxins in shellfish. In one of these counties, **efforts to monitor septic system performance more closely than statewide regulations require** could be very important, just as important as any foundational service. But it is not a Foundational Public Health Service because many counties don't have marine shoreline.
WIC services are not Foundational Public Health Services.	In some communities there are several providers of WIC services other than public health, and there is no need for public health to be a WIC provider. But in other communities, there is no other agency providing this cost-effective, evidence-based prevention service and it is important for public health to do so.
Governmental public health **provides treatments to individuals with active contagious tuberculosis** (TB), protecting the community from the spread of TB.	**Providing treatment to individuals with active contagious TB is not an Additional Important Service.**

FPHS Policy Workgroup Members

Co-Chairs, Policy Workgroup

John Wiesman, Secretary
Washington State Department of Health

Todd Mielke, Commissioner
Spokane, District 1

Marilyn Scott, Whe-Che-Litsa (Vice Chairman)
Upper Skagit Indian Tribe

Elected Officials

Jim Hemberry, Mayor
City of Quincy

Obie O'Brien, Commissioner
Kittitas County, District 3

Jim Jeffords, Commissioner
Asotin County, District 3

Patty Lent, Mayor
City of Bremerton

Joe McDermott, Councilmember
King County, Council District 8

Public Health Representatives

Danette York, Administrator
Lewis County Public Health & Social Services

David Windom, Administrator
NE Tri-County Health District

Martha Lanman, Administrator
Columbia County Public Health

Vicki Kirkpatrick, Administrator
Mason County Public Health

Tribal Public Health

Andrew Shogren, Health Director
Quileute Tribe

Barbara Juarez, Director
Northwest Washington Indian Health Board

Victoria Warren-Mears, EPI Center Director
Northwest Portland Area Indian Health Board

Jan Olmstead, Public Health Project Manager
American Indian Health Commission

State Associations

Anne Tan Piazza, President
Washington State Public Health Association

Brad Banks, Managing Director
WA State Association of Local Public Health Officials

Eric Johnson, Executive Director,
Washington State Association of Counties

Ian Corbridge, Clinical Policy Director
Washington State Hospital Association

Judy Huntington, Executive Director
Washington State Nursing Association

Mary Looker, Chief Executive Officer
WA Association of Community & Migrant Health Ctrs

Adrienne Thompson, Co-Chair
Public Health Roundtable

Susie Tracy, Lobbyist
Washington State Medical Association

Co-Chairs, Technical Workgroup

Barry Kling, Administrator
Chelan-Douglas Health District

Jennifer Tebaldi, Assistant Secretary
Disease Control and Health Statistics,
Washington State Department of Health

State Government

Jay Balasbas, Senior Budget Assistant
Office of Financial Management

Richard Pannkuk, Senior Budget Assistant
Office of Financial Management

Robert Crittenden, Sr Health Policy Advisor
Washington State Governor's Office

Scott Lindquist, State CD Epidemiologist
Washington State Department of Health

Department of Health Staff

Karen Jensen, Director
Partnerships, Planning & Performance

Marie Flake, Local Health Liaison
Partnerships, Planning & Performance

Key Milestones – Phase 3	Target Date	Date Complete
Complete DOH contract with BERK	4/30/16	
Steering Committee Milestones		
Steering Committee formed	9/16/15	9/16/15
2017 Legislative proposal content	5/30/16	
Proposal to Governor	9/15/16	
Policy Advisory Committee		
Establish committee	3/31/16	3/31/16
First meeting	5/6/16	
Communications Subgroup		
Work plan developed	4/1/16	
Contracts in place	6/1/16	
Legislative Strategy		
FPHS report requirement in 2016 supplemental budget	3/10/16	4/18/16
Interim work session scheduled	5/1/16?	
Interim work session	TBD	
Statutory & Regulatory Review Subgroup		
Public Health statutes reviewed	4/1/16	3/25/16
First full workgroup meeting	5/31/16	

April Activity

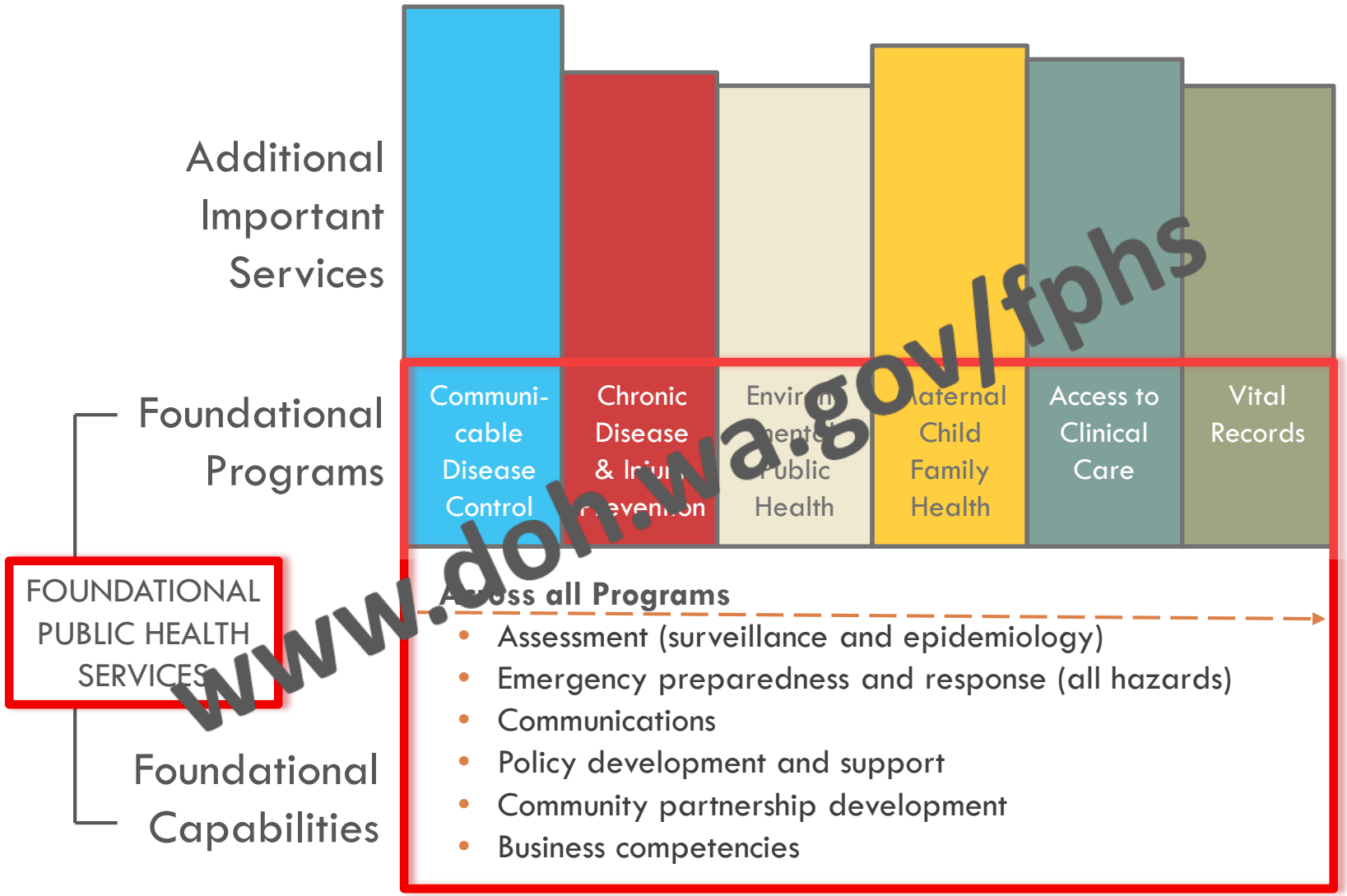
- Successfully achieved requirement in state budget for FPHS report in December 2016 and every 2 years after
- Discuss overall timeline and 2017 legislative proposal content
- Finalize agenda for Policy Advisory Committee
- Key informant interviews
- Working on WSAC legislative priority for FPHS

May Activity

- Key informant interviews continued
- Working on WSAC legislative priority for FPHS
- Finalize overall timeline and 2017 legislative proposal content
- Begin developing language for 2017 legislative proposal

Current Issues

- Content of 2017 legislative proposal
- Separation of communication and advocacy activities
- Funding for communications and advocacy activities



www.doh.wa.gov/fphs

Services Prioritization & Foundational Public Health Services Analysis

Board Work Study Presentation
June 2, 2016

Presented by
Keith Grellner, Environmental Health Director
Suzanne Plemmons, Community Health Director

KITSAP PUBLIC HEALTH DISTRICT

DRAFT Services Prioritization and FPHS Analysis

- Analysis of FPHS and Deficit
- Assigns Priorities to All Services
- Uses a 4-Tier Rating
- Analyzes if We Do FPHS & Gaps
- Identifies Potential Service Level Changes

DRAFT Services Prioritization Rating Tool

Priority A

- **Legal Mandate or Other Mandate**, i.e., service cannot be removed without violation of law or regulation, or loss of critical business function

Priority B

- **Strategic Plan Goals**

2011 – 2021 STRATEGIC PLAN: 2016 Update

Initiative 1: We will decrease communicable disease and their impacts in our community.

Initiative 2: We will decrease chronic diseases and their impacts in our community.

Initiative 3: We will protect the public from contaminated water, food, land, and air, and insanitary environments.

2011 – 2021 STRATEGIC PLAN: 2016 Update

Initiative 4: We will promote healthy child development and health equity by ensuring all children have healthy starts.

Initiative 5: We will strengthen our ability to provide the Foundational Public Health Services.

Initiative 6: We will support statewide and regional efforts to address the Triple Aim of health system reform.

DRAFT Services Prioritization Rating Tool

Priority C

- **Foundational Public Health Services** Not Included in a Strategic Plan Goal

  OR

- **Additional Important Services (AIS)** Not Included in a Strategic Plan Objective with Revenue to Cover Direct & Some Indirect Expenses

DRAFT Services Prioritization Rating Tool

Priority D

- Non-Strategic Additional Important Services without Sufficient Revenue to Cover Direct Expenses

- **That is…**
  - ✓ Not legal or other mandate
  - ✓ Not strategic plan goal
  - ✓ Not FPHS
  - ✓ Doesn't cover direct costs

DRAFT Prioritization Rating Tool

RATING	SERVICE LEVEL EVALUATION
A	NO
B	NO
C1 & C2	POSSIBLE
D	YES

Service Rating Summary

94% (217 of 231 services)…

Were Rated A, B, or C

Lowest Rated Services (D Rating)

- Provide Family Planning Services
- Provide Immunizations
- Syringe Exchange
- Provide TB Testing for General Public
- Medical Supervision of Some Program Areas
- Precept College Nursing Students
- Train Students in Epidemiology
- Commute Trip Reduction

FPHS Not Provided, 1 - 4

EMERGENCY PREPAREDNESS: Promote community preparedness in advance of emergency.

POLICY DEVELOPMENT: Use cost benefit information to develop action plan to respond to community health priorities.

COMMUNICABLE DISEASE: Implement prioritized communicable disease control plan and advocate for priority policy initiatives.

CHRONIC DISEASE/INJURY PREVENTION: Reduce community rates of tobacco, alcohol and other drug use.

FPHS Not Provided, 5 - 7

ENVIRONMENTAL PUBLIC HEALTH: Address priority zoonotic conditions (e.g., transmitted by birds, insects, rodents), and air-borne and other environmental threats.

MATERNAL/CHILD HEALTH: Implement prioritized prevention plan and advocate for high priority policy initiatives.

ACCESS/LINKAGE WITH HEALTH CARE, STANDARD K3: Implement prioritized plans for assuring access to clinical services of public health importance (e.g., family planning, maternity support, etc.), and advocate for high priority policy initiatives.

FPHS Partially Provided

COMMUNICATION: No formal communication strategy.

COMMUNICABLE DISEASE: Limited to vaccines for children providers and a small amount of "immunity community" work.

CHRONIC DISEASE/INJURY PREVENTION: No significant injury prevention program or services, or prioritized plan.

ENVIRONMENTAL PUBLIC HEALTH: No program for ongoing mandated school inspections.

ENVIRONMENTAL PUBLIC HEALTH: No significant involvement with land use planning and sustainable development implementation work.

ACCESS/LINKAGE WITH HEALTH CARE: Very limited information sharing with community on health care system.

FOUNDATIONAL PUBLIC HEALTH SERVICES: A NEW VISION FOR WASHINGTON STATE

This is a summary of the findings of the Foundational Public Health Services Policy Workgroup, which was formed to create a Vision and recommendations for how to ensure that a foundational set of public health services are available statewide.

Like public safety, public utilities, and other public infrastructure, there is a foundational level of public health services that must exist everywhere for services to work anywhere. This foundation – the *Foundational Public Health Services* (FPHS) – is a defined, basic set of capabilities and services that must be present in every community in order to efficiently and effectively protect all people in Washington.

These services provide a strong foundation from which the state and local communities can deliver *Additional Important Services* (AIS) that respond to and are local community priorities. AIS are those services which are critical locally and do not necessarily need to be provided by governmental public health for all people throughout Washington.

DELIVERING ON THE VISION

Recommendation 1

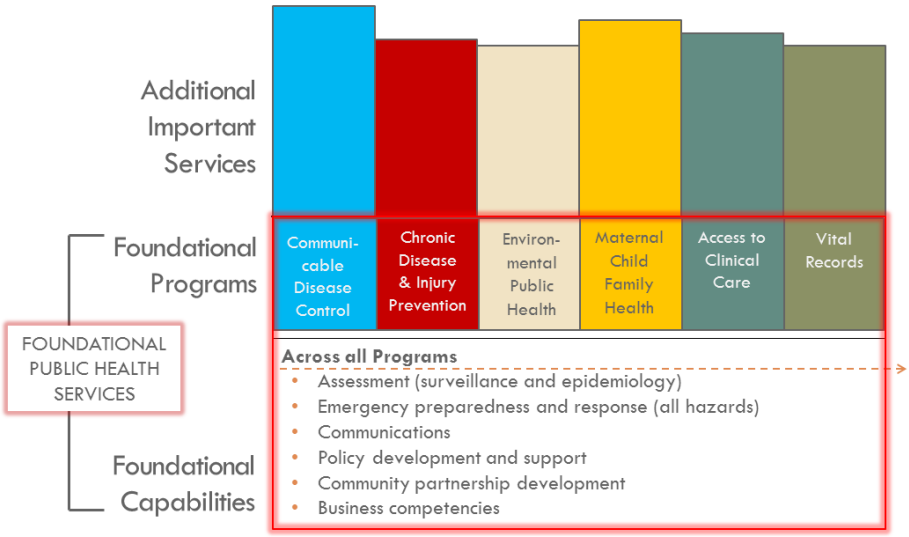
State funding for public health should ensure that the costs of FPHS are covered in every community.

Recommendation 2

FPHS should be funded with statutorily-directed revenues placed in a dedicated FPHS account.

Recommendation 3

Allocation determinations should be a collaborative process between state and local stakeholders.



Recommendation 4

A robust accountability structure that aligns with the FPHS framework should be collaboratively developed by state and local stakeholders to ensure accountability and return on investment.

Recommendation 5

Tribal public health, with support from the Department of Health (DOH), should convene a process to define how the FPHS funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, and local health jurisdictions (LHJs) can work together to serve all people in Washington.

Recommendation 6

Local spending on AIS should be incentivized.

CALL TO ACTION

LEGISLATIVE ACTION

Recommended Legislative Actions in 2015 and 2016

1. Adopt the FPHS framework and definitions.
2. Incorporate FPHS into state public health statutes.
3. Establish a dedicated account for FPHS funds.
4. Begin to statutorily dedicate funding to the FPHS account.

Recommended Legislative Actions after 2016

5. Fully fund FPHS with statutorily-directed funds.

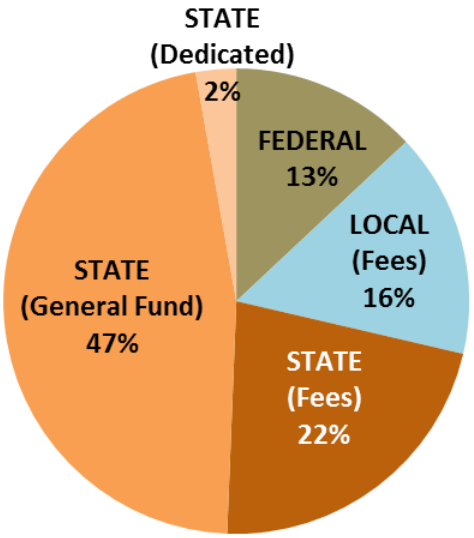
LHJ AND DOH ACTION

1. DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will collaboratively develop an allocation model and accountability structure that aligns with the FPHS framework.
2. DOH and WSALPHO need to continue to identify public health services that should be using a shared delivery system.

TRIBAL, DOH, AND LHJ ACTION

1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions; gather and analyze current spending; and develop an estimate for future costs for delivery of these services.
2. Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.

PROPOSED FPHS FUNDING RESPONSIBILITY



State Sources: 71%

Local Sources: 16%

Federal Sources: 13%

POLICY WORKGROUP ACTION

1. Members should educate their constituents and communities about FPHS.
2. Members and their organizations should educate local and state policymakers about FPHS.

For more information on *Foundational Public Health Services*, including links to all materials, visit: www.doh.wa.gov/FPHS

Washington: Definition of Foundational Public Health Services

FOUNDATIONAL CAPABILITIES

A. **Assessment (Surveillance and Epidemiology)**. The foundational definition of this capability includes:

1. Ability to collect sufficient statewide data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data includes Behavioral Risk Factor Surveillance Survey (BRFSS), Healthy Youth Survey (HYS), and vital statistics and foundational information systems include PHIMS, PHRED, CHARS, and CHAT. ***(state function only)***
2. Ability to access, analyze, and use data from a minimum of eight specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable condition data, (4) certain clinical administrative data sets including hospital discharge, (5) BRFSS, (6) HYS, (7) basic community and environmental health indicators, and (8) local and state chart of accounts.
3. Ability to prioritize and respond to information and data requests and to translate data into information and reports that are valid, statistically accurate, and readable by the intended audiences.
4. Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health.

B. **Emergency Preparedness (All Hazards)**. The foundational definition of this capability includes:

1. Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations.
2. Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
3. Ability to activate public health emergency response personnel in the event of a public health crisis; coordinate with federal, state, and county emergency managers, and other first responders; and operate within, and as necessary lead, the incident management system.
4. Promote community preparedness by communicating with the public in advance of an emergency about steps that can be taken before, during, or after a disaster.

C. **Communication**. The foundational definition of this capability includes:

1. Ability to maintain ongoing relations with local and statewide media, including the abilities to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
2. Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served, including use of electronic communication tools.

D. **Policy Development and Support**. The foundational definition of this capability includes:

1. Ability to develop basic public health policy recommendations. These policies must be evidence-based, or, if innovative/promising, they must include evaluation plans.
2. Ability to work with partners and policy makers to enact policies that are evidence-based (or are innovative/promising and include evaluation plans) and that address the social determinants of health and health disparities.
3. Ability to utilize cost benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment.

E. **Community Partnership Development**. The foundational definition of this capability includes:

1. Ability to create and maintain relations with important partners, including health-related national, statewide, and community-based organizations; community groups or organizations representing populations experiencing health disparities; key private businesses and health care organizations; and key federal, tribal, state, and local government agencies and leaders.
2. Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

F. **Business Competencies**. The foundational definition of this capability includes:

1. *Leadership*. Ability to lead internal and external stakeholders to consensus and action planning (adaptive leadership) and to serve as the public face of governmental public health in the community.
2. *Accountability and Quality Assurance Services*. Ability to uphold business standards and accountability in accordance with federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards.
3. *Quality Improvement*. Ability to continuously improve processes, including plan-do-study-act cycles.
4. *Information Technology Services*. Ability to maintain and access electronic health information to support the public health agency's operations and analyze health data. Ability to support, maintain, and use communication technology.
5. *Human Resources Services*. Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning functions; training; and performance review and accountability.
6. *Fiscal Management, Contract, and Procurement Services*. Ability to comply with federal, state, and local standards and policies.
7. *Facilities and Operations*. Ability to procure, maintain, and manage safe facilities and efficient operations.
8. *Legal Services and Analysis*. Ability to access and appropriately use legal services in planning and implementing public health initiatives.

FOUNDATIONAL PROGRAMS

G. **Control of Communicable Disease and Other Notifiable Conditions**. The foundational definition of this program includes:

1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on communicable disease and other notifiable conditions and their control.
2. Promote immunization through evidence based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.
3. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing important communicable diseases and other notifiable conditions such as influenza and hepatitis, seek resources for and advocate for high priority policy and other control initiatives regarding communicable diseases and other notifiable condition.
4. Ability to receive laboratory reports and other identifiable data; conduct disease investigations, including contact notification; and recognize, identify, and respond to cases and outbreaks/clusters of communicable diseases and other notifiable conditions in accordance with national, state, and local mandates and guidelines.
5. Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to Centers for Disease Control and Prevention (CDC) guidelines.
6. Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy according to CDC guidelines.
7. Assure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.
8. When additional important services are delivered regarding communicable disease and other notifiable conditions, assure that they are well coordinated with foundational services.

H. **Chronic Disease and Injury Prevention**. The foundational definition of this program includes:

1. Provide timely, statewide, and locally relevant and accurate information statewide and to communities on chronic disease (including behavioral health[1]) and injury prevention.
2. Identify statewide and local chronic disease (including behavioral health[1]) and injury prevention community assets, develop and implement a prioritized prevention plan, seek resources for and advocate for high priority policy initiatives.
3. Reduce statewide and community rates of tobacco use through programs that conform to standards set by Washington laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure. Contribute to a reduction in statewide and community rates of alcohol and other drug use by working with partners at the state and local level to identify (1) evidence-based population-based interventions or (2) innovative/promising population-based interventions with valid evaluation studies; and collaborate with partners in generating funding for these interventions.

[1] Note: In these definitions, Behavioral Health Care includes mental health and chemical dependency.

4. Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized program of best and emerging practices aligned with national and state guidelines for healthy eating and active living.
5. When additional important services are delivered regarding chronic disease and injury prevention, assure that they are well coordinated with foundational services.

I. **Environmental Public Health**. The foundational definition of this program includes:

1. Provide timely, statewide, and locally relevant and accurate information statewide and to communities on environmental public health issues and health impacts from common environmental or toxic exposures.
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a prioritized prevention plan to protect the public's health by preventing and reducing exposures to health hazards in the environment, seek resources for and advocate for high priority policy initiatives.
3. Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.
4. Identify and address priority notifiable zoonotic conditions (e.g. those transmitted by birds, insects, rodents, etc.), air-borne conditions, and other public health threats related to environmental hazards.
5. Protect the population from unnecessary radiation exposure in accordance with federal, state, and local laws and regulations. ***(state function only)***
6. Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities, and transportation).
7. When additional important services are delivered regarding environmental public health, assure that they are well coordinated with foundational services.

J. **Maternal/Child/Family Health**. The foundational definition of this program includes:

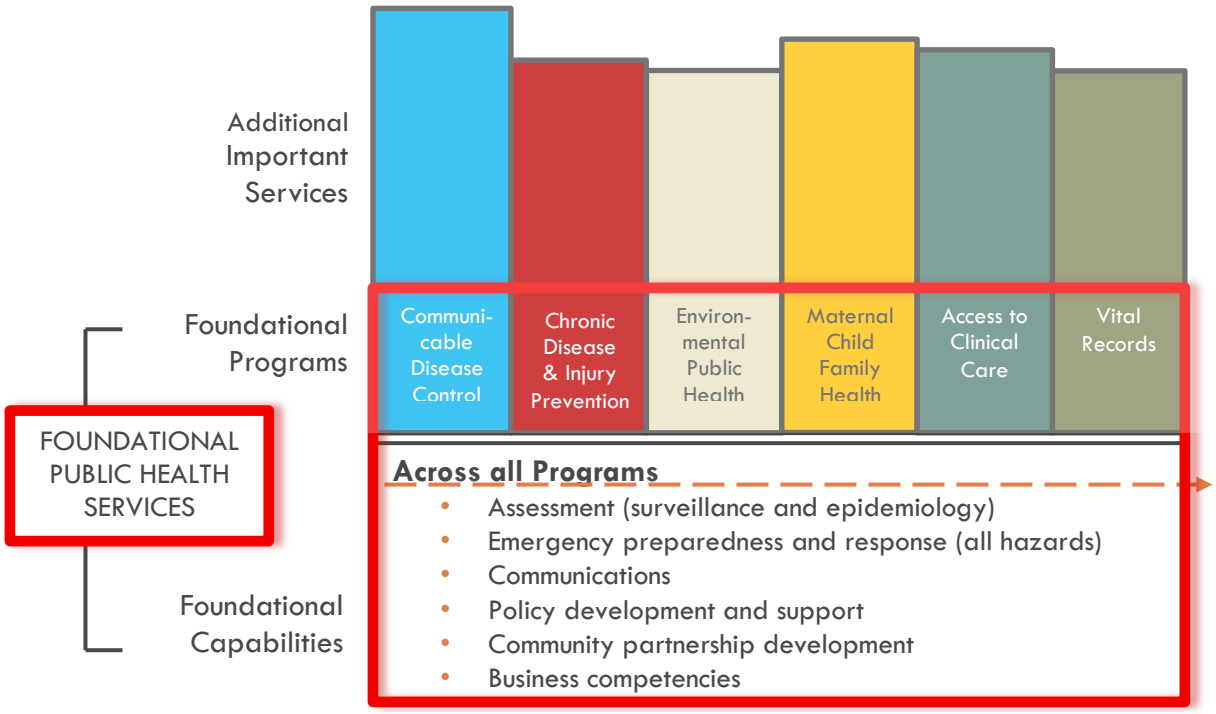
1. Provide timely, statewide, and locally relevant and accurate information statewide and to communities on emerging and on-going maternal child health trends, taking into account the importance of Adverse Childhood Experiences (ACEs) and health disparities.
2. Assure mandated newborn screening done by the state public health lab to test every infant born in Washington to detect and prevent the developmental impairments and life-threatening illnesses associated with congenital disorders that are specified by the State Board of Health. ***(state function only)***
3. Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that optimize lifelong health and social-emotional development.
4. Identify local maternal and child health community assets, develop a prioritized prevention plan using life course expertise and an understanding of health disparities, seek resources for and advocate for high priority policy initiatives.
5. When additional important services are delivered regarding maternal, child, and family health, assure that they are well coordinated with foundational services.

K. **Access/Linkage with Medical, Oral, and Behavioral[2] Health Care Services**. The foundational definition of this program includes:

1. Provide accurate timely, statewide, and locally relevant information statewide and to communities on the medical, oral, and behavioral[2] health care system.
2. Participate actively in local, regional and state level collaborative efforts regarding medical, oral and behavioral[2] systems planning to improve health care quality and effectiveness, reduce health care costs and improve population health.
3. In concert with national, statewide, and local health care providers and groups, develop and implement prioritized plans for assuring access to specific clinical services of public health importance such as family planning, key services for pregnant women and their infants (i.e. maternity support, WIC), and STD and HIV testing and treatment; seek resource for and advocate for high priority policy initiatives.
4. Improve patient safety through inspection and licensing of health care facilities and licensing, monitoring, and discipline of health care providers. ***(state function only)***
5. When additional important services are delivered regarding medical, oral and behavioral health, assure that they are well coordinated with foundational services.

L. **Vital Records**. The foundational definition of this program includes:

1. In compliance with state law and in concert with national, state and local groups, assure a system of vital records. ***(state function only)***
2. Provide certified birth and death certificates in compliance with state law and rule.



[2] Note: In these definitions, Behavioral Health Care includes mental health and chemical dependency.

KITSAP PUBLIC HEALTH DISTRICT

Amended 2011 – 2021 STRATEGIC PLAN

Amendment Approved by the Kitsap Public Health Board on January 5, 2016

Our Mission: ***The Kitsap Public Health District prevents disease and protects and promotes the health of all persons in Kitsap County.***
Our Vision: ***Striving to make Kitsap County a healthy and safe place to live, learn, work, and play.***

Initiative 1	We will decrease communicable diseases and their impacts in our community.
Goals:	○ Enhance tracking and analysis to decrease significant communicable disease threats. ○ Assess and increase immunization rates.

Initiative 2	We will decrease chronic diseases and their impacts in our community.
Goals:	○ Enhance partnerships to prevent chronic disease. ○ Strengthen systems to increase chronic disease data gathering, sharing and evaluation. ○ Promote access and linkage to preventative care across all ages.

Initiative 3	We will protect the public from contaminated water, food, land, and air, and insanitary environments.
Goals:	○ Prevent and reduce the public's exposure to unhealthy and unsafe environments. ○ Develop and implement key policy and enforcement interventions.

Initiative 4	We will promote healthy child development and health equity by ensuring all children have healthy starts.
Goals:	○ Increase evidence-based prenatal and early childhood interventions. ○ Build capacity to assess poor birth outcomes. ○ Increase access and linkage to pre-conceptual, inter-conceptual and prenatal care.

Initiative 5	We will strengthen our ability to provide the Foundational Public Health Services.
Goals:	○ Strengthen our capacity to do assessment, surveillance, and epidemiologic work. ○ Strengthen our capacity for public health emergency preparedness and response. ○ Strengthen our capacity for internal and external public health communication. ○ Enhance our ability to develop and implement strategic Public Health policies. ○ Increase capacity to implement effective business practices and ensure agency sustainability and accountability. ○ Ensure capability to provide Foundational Public Health Programs.

Initiative 6	We will support statewide and regional efforts to address the Triple Aim of health system reform.
Goals:	○ Support regional efforts to establish a collective impact process to improve population health across the region. ○ Participate as a public health stakeholder to accomplish performance-based projects that improve population health.

Kitsap Public Health District

Services Priority Rating Tool

May 17, 2016

RATING	LEGAL MANDATE OR CORE BUSINESS FUNCTION?	STRATEGIC PLAN OBJECTIVE?	FOUNDATIONAL PUBLIC HEALTH SERVICE?	COVERS SOME INDIRECT COSTS?	RATING DESCRIPTION
A	YES				Legally Mandated Services or Core Business Function
B		YES			Strategic Plan Objective
C1		NO	YES		Foundational Public Health Services Not included in a Strategic Plan Objective
C2		NO	NO	YES	Non-strategic Additional Important Services with Revenue to Cover Direct & Some Indirect Expenses
D		NO	NO	NO	Non-strategic Additional Important Services without Sufficient Revenue to Cover Direct Expenses

RATING	SERVICE LEVEL EVALUATION?
A	NO
B	NO
C1 C2	POSSIBLE
D	YES

Foundational Public Health Services (FPHS) Definitions

Foundational Public Health Services (FPHS) are a defined, basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington. These services provide a strong foundation from which the state and local communities can deliver *Additional Important Services* that respond to and are local community priorities.

Full description and definitions of capabilities and programs are available here online.

Additional Important Services (AIS) are those services which are critical locally and do not necessarily need to be provided by governmental public health for all people throughout Washington. AIS are a shared responsibility of federal, state, and local governmental public health and other partners.

KITSAP PUBLIC HEALTH DISTRICT
SERVICES PRIORITIZATION MATRIX
May 26, 2016

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	Acct	Budget	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Timekeeping	43.09.200	---	Core Business Function	Y	---	F2, F6	N	A
Admin	Acct	Payroll	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Accounts payable	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Clinic billing	43.09.200	---	Board Fee Schedule	Y	---	F6	N	A
Admin	Acct	General ledger	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Financial reporting	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Provide TA on District policies related to Accounting & Finance	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Coordinate audit and fiscal monitoring activities	43.09.230, 43.09.260	---	Core Business Function	Y	---	F2, F6	N	A
Admin	Acct	Develop or update Accounting policies and procedures	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Cash management	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Contract/Grant billing	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Quality Improvement & Performance Management	---	---	Core Business Function	Y	---	F3	N	A
Admin	Admin	Support to the Kitsap Public Health Board including records management	70.05.045	---	Core Business Function	Y	---	D, F1	N	A
Admin	Admin	Agency leadership, direction, and supervision	70.05.045	---	Core Business Function	Y	---	F1, F2	N	A
Admin	Admin	Direct the Executive Leadership Team	---	---	Core Business Function	Y	---	F1	N	A
Admin	Admin	Direct the Administrative Services Division and agency operations	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Fiscal management and budgeting	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Strategic planning process	---	---	Core Business Function	Y	---	D1, F1	N	A
Admin	Admin	Performance management	---	---	Core Business Function	Y	---	F3	N	A
Admin	Admin	Legal services	---	---	Core Business Function	Y	---	F8	N	A
Admin	Admin	Ensure development/adherence to administrative, personnel and legal policies	---	---	Core Business Function	Y	---	F2, F6	N	A
Admin	Admin	Policy development	---	---	Core Business Function	Y	---	D 1,2,3	N	A
Admin	Admin	Effective partnerships with federal, state, and local agencies and partners	---	---	Core Business Function	Y	---	D2, E1, E2	N	A
Admin	Admin	Compliance with all applicable laws and regulations	70.05.045, 70.05.060 (1)	---	Core Business Function	Y	---	F2, F6	N	A
Admin	Admin	Updates to fee for service schedules	70.05.045, 70.05.060 (7)	---	Core Business Function	Y	---	F2, F6	N	A
Admin	Admin	Contract management	---	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Records management	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Property & liability insurance	---	---	Core Business Function	Y	---	F7	N	A
Admin	Admin	Claims management	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	HIPAA compliance	---	---	Federal HIPAA Law	Y	---	F2	N	A
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	G1-G4,A2,A3		A
Admin	Assess	Communicable Disease health alerts and provider outreach.	70.05.070	---	---	Y	---	G1-G4,C2		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G1-G4,G7,A2,A3		A
Admin	Assess	Communicable Disease routine case investigation & disease control including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G4,G7,B1		A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	HO	Enforce the public heal th statutes of the state, rules of the State Board of Health (SBOH) and the Secretary of Health, and all local health rules, regulations and ordinances within the jurisdiction	70.05.070	---	---	Y	---	G4, I3	N	A
Admin	HO	Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction	70.05.070	---	---	Y	---	I3, I4	N	A
Admin	HO	Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within Kitsap County; notify Drs of responsibility to report; report certain high risk conditions to State Board of Health (SBOH)	70.05.070; 70.05.110	246-100-036 (by ref 246-100-021)	---	Y	---	G4-6	N	A
Admin	HO	Review and determine appropriate action for each reported case or suspected case of a notifiable condition, any disease or condition considered a threat to public health, and each reported outbreak or suspected outbreak of disease	---	246-101-505	---	Y	---	G4	N	A
Admin	HO	Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within Kitsap County	70.05.070	---	---	Y	---	G1, H1, I1, J1, K1	N	A
Admin	HO	Prevent, control, or abate nuisances which are detrimental to the public health	70.05.070	---	---	Y	---	I3	N	A
Admin	HO	Attend all conferences called by the secretary of health	70.05.070	---	---	Y	---	D2	N	A
Admin	HO	Advise the KPHD, Kitsap Community Health Priorities (KCHP)Kitsap Public Health Board (KPHB), and communities regarding a wide range of issues (e.g. community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology, and emergency preparedness/Public Health (PH) disaster response)	70.05.050	---	Employment Contract	Y	---	D1, D2F1	N	A
Admin	HO	Issue Tuberculosis (TB) orders and STD orders as required to control disease and protect the public	70.28.031; 70.28	246-100-211	---	Y	---	G3,G4	N	A
Admin	HO	Establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity deemed necessaryplans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination	---	246-100-036	---	Y	---	B1, G4	N	A
Admin	HO	Order animal quarantine or sacrifice if there is concern of rabies; institute community-wide rabies control activities	---	246-100-197	---	Y	---	G3	N	A
Admin	HO	Act as vital statistics registrar	70.58.020		---	Y	---	L	N	A
Admin	HO	Participate in assessing the health status of the community, including healthcare access	---	---	Employment Contract	Y	---	A4	N	A
Admin	HO	Participation with Executive Leadership Team (ELT) (incldg strategic planning programs, staffing, budget, personnel…)	---	---	Employment Contract	Y	---	F	N	A
Admin	HO	Represent the KPHD at local meetings, and on various state level and national boards and workgroups	---	---	Employment Contract	Y	---	D1, D2	N	A
Admin	HO	Coordinate resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public	---	---	Employment Contract	Y	---	E2, G2, H2, I2, K2	N	A
Admin	HO	Provide guidance in public health promotion and education programs and the prevention of environmental hazards	---	---	Employment Contract	Y	---	H1, I1	N	A
Admin	HO	Inform others about the work of the KPHD	---	---	Employment Contract	Y	---	C2	N	A
Admin	HO	Inform other community leaders about the social determinants of health, including current trends in policy, research, treatment, prevention, education and related issues	---	---	Employment Contract	Y	---	D2	N	A
Admin	HO	Provide guidance on community needs, resources and organizations related to Public Health (PH) and medical care	---	---	Employment Contract	Y	---	K2	N	A

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Admin	HO	Develop and issue public health advisories to medical providers, hospitals and community agencies and the public	---	---	Employment Contract	Y	---	C2	N	A
Admin	HO	Respond to media inquiries regarding county public health issues, disease outbreaks, and other health-related concerns	---	---	Employment Contract	Y	---	C1	N	A
Admin	HO	Consult with physicians in the diagnosis, investigation and treatment of communicable disease of public health significance	---	---	Employment Contract	Y	---	G1	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	C2, G1, H1, I1, J1, K1	N	A
Admin	HO	Supervise staff (Hires, trains, supervises and evaluates staff, established work priorities and performance standards, monitor performance and provide effective feedback, work with staff to correct deficiencies; implement any necessary disciplinary action after appropriate consultation with Administrator and Human Resources (HR) Manager)	---	---	Employment Contract	Y	---	F1, F5	N	A
Admin	HO	Identify and implement evidence-based programs, and participate in policy development (including National Association of County and City Health Officials (NACCHO) involvement)	---	---	Core Business Function	Y	5D	D1, D2	N	A
Admin	HO	Participate with other agencies, organizations, and the public regarding Public Health (PH) issues, and provide analysis (including strategic stakeholder relationships locally, and KPublic Health (PH)D representation at state and national levels	---	---	Core Business Function	Y	---	D2	N	A
Admin	HO	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	D1, D2, E1, E2, J3	N	A
Admin	HR	Maintain hard copy personnel records	42.56 (Public Records Act)	---	---	Y	---	AIS	N	A
Admin	HR	Maintain electronic personnel records	42.56	---	---	Y	---	F2	N	A
Admin	HR	Respond to workers comp claims for any fatalities or serious injuries	---	296-17 (Workers Comp Rules)	---	Y	---	F2	N	A
Admin	HR	Administer employee benefits	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Monitor and implement federal and state Human Resources (HR) requirements such as Equal Employment Opportunity (EEO) and Occupational Safety and Health Administration (OSHA)	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Administer Family and Medical Leave Act (FMLA) and leave requirements	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Process and monitor performance evaluations	---	---	Per Collective Bargaining Agreement	Y	---	F5	N	A
Admin	HR	Administer job classification and compensation plans	---	---	Per Collective Bargaining Agreement	Y	---	F2	N	A
Admin	HR	Conduct salary and benefit surveys and make recommendations	---	---	Per Collective Bargaining Agreement	Y	---	F5	N	A
Admin	HR	Collective bargaining	---	---	Per Collective Bargaining Agreement	Y	---	F2	N	A
Admin	HR	Coordinate and track orientation, training and workforce development activities	---	---	Core Business Function	Y	---	F5	N	A
Admin	HR	Perform recruitment and selection activities	---	---	Core Business Function	Y	---	F5	N	A
Admin	HR	Develop personnel/administration policies and procedures; coordinate review process; provide assistance on policies to staff	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Develop administration policies and procedures; coordinate review process	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Maintain Safety Committee	---	---	Core Business Function	Y	---	F2	N	A

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Admin	HR	Provide technical assistance on employment requirements, personnel rules, Collective Bargaining Agreement	---	---	Core Business Function	Y	---	AIS	N	A
Admin	HR	Maintain relationship with union leadership	---	---	Core Business Function	Y	---	---	N	A
Admin	IT	Maintain network security	42.56 (Public Records Act)		Core Business Function	Y	5E	F4	N	A
Admin	IT	Maintain and develop KPHD databases	42.56 (Public Records Act)		Core Business Function	Y	5E	F4	N	A
Admin	IT	Maintain network infrastructure and hardware	---	---	Core Business Function	Y	5E	F4	N	A
Admin	IT	Maintain KPHD software/applications	---	---	Core Business Function	Y	5E	F4	N	A
Admin	IT	Respond to user Information Technology (IT) requests through our HelpDesk system	---	---	Core Business Function	Y	5E	F3	N	A
Admin	PHEPR	Maintain and update KPHD (Communicable Disease (CD)) emergency response plan and related policies and procedures (includes consultation to Executive Leadership Team (ELT) regarding activation/deactivation of Emergency Response Plan (ERP); Assisting Public Information Officer (PIO) with training/planning; ham radio capacity; Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) Admin; assisting Emergency Coordination Center (ECC) and KPHD Liaison to Emergency Operations Center (EOC); Building emergency preparedness partnerships; coordinating KPHD's work as Emergency Support function #8 (ESF-8) coordinator	---	---	---	Y	---	B1, B2	Y	A
Admin	PHEPR	Maintain mutual aid agreements and accompanying procedures with Tribes, other Local Health Jurisdictions (LHJs), pharmacies, etc.	---	---	---	Y	---	B1, B3	Y	A
Admin	Supt Svces	Issue birth and death certificates	Chapter 70.58 RCW	Chapter 246-491 WAC	---	Y	---	L2		A
Admin	Supt Svces	EH permits intake and visitor/telephone reception	---	---	Kitsap Public Health Board Ordinances	Y	---	I3		A
Admin	Supt Svces	CH in-person client and visitor/telephone reception	---	---	Core Business Function	Y	---	AIS		A
Admin	Supt Svces	Clinic intake	Varied/See individual programs	---	Core Business Function	Y	---	F7		A
Admin	Supt Svces	Purchase supplies for staff and agency	---	---	Core Business Function	Y	---	F6		A
Admin	Supt Svces	Copying, mail room	---	---	Core Business Function	Y	---	F6		A
CH	CD	Communicable disease investigation, reporting, provider education, & follow-up to control the spread of notifiable diseases	RCW 70.05.070 STD - RCW 70.24	WAC 248-100 STD - WAC 248-100-230	---	Y	1A	C2, G4, G5	N	A
CH	CH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	E1, E2, J3	N	A
CH	CH Admin	Write and manage complex grants	---	---	Core Business Function	Y	---	F6	N	A
CH	CH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F1, F2, F5	N	A
CH	CH Admin	Prepare and manage CH budgets	---	---	Core Business Function	Y	---	F6	N	A
CH	IDP	Sexually transmitted infections (STI) - contact tracing and treatment	STD - RCW 70.24	WAC 248-100, STD - WAC 248-100-230	---	Y	1A	G3, G4, G5	N	A
CH	TB	Receive reports of suspect/comfirmed Tuberculosis (TB) cases	RCW 70.26.031	246-100-211	---	Y	---	G4	Y	A
CH	TB	Contact investigations for close contacts of active Tuberculosis (TB) case	RCW 70.28	---	---	Y	---	G4	Y	A
CH	TB	Monitor Tuberculosis (TB) treatment to cure; provide consultation to treating physician	70.26.031	246-100-211	---	Y	---	G6	Y	A

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CH	TB	Receive reports and provide evaluation of B1 immigrants to assess Tuberculosis (TB) risk	70.26.031	---	---	Y	---	G4	Y	A
CH	TB	Provide a Tuberculosis (TB) control program	RCW 70.28	---	---	Y	---	G4	Y	A
EH	DW	Drinking water supply complaints, investigations, and information	70.05.070 (2) & (5)	---	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Conduct sanitary surveys	70.05.070 (2 & 5)	---	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Ensure building sites have an approved source of drinking water before issuing site approvals	19.27.097; 70.05.070	246-290; 246-291	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Conduct well site inspections	18.104	173-160	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Review water system plans and provide oversite for Group B public water systems.	70.05.070 (8)	246-291	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	EH Admin	Building Management, Security, and Access	42.56	---	HIPAA, Core Business Function	Y	---	F7	N	A
EH	EH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide environmental health work groups	---	---	Core Business Function	Y	---	E1, E2, I2	N	A
EH	EH Admin	Write and manage complex grants	---	---	Core Business Function	Y	---	F6	N	A
EH	EH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F1, F2, F5, F7	N	A
EH	EH Admin	Participate in policy development; develop and implement rules & regulations	70.05.060*	---	Core Business Function	Y	3B, 5D	D1, D2, F8	Y*	A
EH	EH Admin	Hear administrative appeals for enforcement actions		---	By local KPHB ordinances	Y		F2	Y*	A
EH	EH Admin	Prepare and manage EH budgets		---	Core Business Function	Y	---	F6	N	A
EH	Food	Food establishment inspections – routine, follow-up, complaints	70.05	246-215	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Food worker training and permits	69.06	246-217	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Food-borne illness complaints and investigations	70.05	246-215	KPHB Ord. 2014-01	Y	3B	G4, I3	Y	A
EH	Food	Facility inspections/complaints - schools	70.05	246-366	KPHB Ord. 2014-01	Y	3B	I3	Y	A
EH	Food	Facility inspections/complaints - pools	70.90.120	246-260&262	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Facility inspections/complaints - camps	70.05	246-376	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Beach monitoring	70.90.120	246-260&262		Y	3A	I3	Y	A
EH	Food	Smoking in Public Places rule implementation.	70.16		KPHB Ord. 2013-01	Y	3B	H3	Y	A
EH	OSS	Provide Property Conveyance Inspection Reports	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Certify septic contractors	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Review septic maintenance and pump reports; respond to system deficiencies	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Review proposed building and land use applications	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Review septic system installation permits	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Investigate and respond to sewage system complaints	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Prepare reports	70.05.060, 70.05.072, 70.118A.030	246-272A	KPHB Ord. 2008A-01	Y	5C	C2, I3	Y	A
EH	OSS	Education and information for onsite sewage system owners	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	AIS	Y	A
EH	PIC	Pollution identification and correction inspections of sewage systems and animal keeping	90.72; 70.05; 70.118; 70.118A	246-272A; 246-203-130	KPHB Ord. 2010-1 & 2008A-01	Y	---	I3	Y	A
EH	PIC	Onsite sewage and animal waste complaints, investigations, and information	70.05; 70.118; 70.118A	246-272A	KPHB Ord. 2010-1 & 2008A-01	Y	---	I3	Y	A
EH	PIC	Sewage spill response	70.05	---	KPHB Ord. 2010-1	Y	3B	I3	Y	A
EH	PIC	Marina sewage collection and disposal	---	---	KCBOH Ordinance No. 1999-13	Y	---	I3	Y	A
EH	SHW	Solid and hazardous waste complaint response	70.95, 70.105	173-303, 173-350	KPHB Ord. 2010-1	Y	---	I3	Y	A
EH	SHW	Solid waste complaint facility permits and inspections	70.95	173-303, 173-350	KPHB Ord. 2010-1	Y	---	I3	Y	A
EH	SHW	Illegal drug lab response and enforcement	64.44	246-205	KPHB Ord. 2005-07	Y	---	I3	Y	A
EH	SHW	Receive elevated blood lead level tests, and take actions per protocol		246-101-505		Y	---	G4	Y	A

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EH	SHW	Emergency response to hazardous chemical spills and releases	70.05	---		N	3B	AIS	Y	A
	HR	Fleet Vehicle Management	---	---	Core Business Function	Y	---	F7	N	A
Admin	Admin	Participate in collaborative efforts to improve health care quality and effectiveness, reduce health care costs and improve population health (Triple Aim)	---	---	---	N	6.B	D1, E1, E2, K2	N	B
Admin	Admin	Ensure that District provides the Foundational Public Health Services to extent achievable	---	---	---	N	5.F	E1, E2	N	B
Admin	Admin	Backbone support for the Olympic Community of Health	---	---	---	N	6.A	---	Y	B
Admin	Admin	Legislative advocacy to serve agency public health interests	---	---	---	N	5.D	D2, E2	N	B
Admin	Admin	Public health accreditation	---	---	---	N	---	F2	N	B
Admin	Assess	Produce routine KPHD data reports: Health Indicators, Health Profiles, Healthy Youth Survey (HYS), County Health Rankings (includes assistance with presentations)	---	---	---	N	5A	A2-A4		B
Admin	Assess	Database development and management (birth and death records, Behavioral Risk Factor Surveillance Survey (BRFSS), Healthy Youth Survey (HYS), etc.).	---	---	---	N	5A	A2		B
Admin	Assess	Preparedness/response activities, e.g., Communicable Disease (CD) plans, Ebola/pan flu/emerging infections, just-in-time Communicable Disease (CD) training for other nursing staff and data entry training for admin staff.	---	---	---	N	5B	G4,G7,B1		B
Admin	Assess	Participate in and provide technical assistance for Public Health Accreditation Board (PHAB), performance management and quality improvement.	---	---	---	N	5E	F2,F3		B
Admin	Assess	Train other KPHD staff to increase capacity in assessment/epidemiology functions and to improve the quality of program data collection.	---	---	---	N	5A	none		B
Admin	Assess	Participate in and contribute to statewide technical advisory committees on Behavioral Risk Factor Surveillance Survey (BRFSS), Community Health Assessment Tool (CHAT), Healthy Youth Survey (HYS), foodborne outbreak procedures.	---	---	---	N	5A	A1,A2		B
Admin	Assess	Lead development of the Community Health Assessment (CHA) as part of the Kitsap Community Health Improvement Planning process and support process for priority setting, monitoring and evaluation.	---	---	---	N	2A, 5A	A2, A3, A4,E1		B
Admin	Assess	Lead development of Regional Health Improvement Planning process for the 3-county Accountable Community of Health including needs assessment, priority setting, monitoring and evaluation.	---	---	---	N	6A	AIS		B
Admin	Assess	KPHD program support (data requests for program planning, monitoring and evaluation, presentations, evaluation design and analysis, survey design and analysis, grant writing and reporting).	---	---	---	N	5A	F3		B
Admin	HO	Provide legislative policy analysis and advocacy	---	---	---	N	5D	D1, D2		B
Admin	HR	Staff succession planning	---	---	---	N	5E	F5		B

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Admin	IT	Maintain Tech Physical Program to improve Information Technology (IT) efficiencies	---	---	---	N	5E	F3	N	**B**
Admin	PHEPR	Coordinate, conduct, and document emergency response trainings & exercises	---	---	---	N	5B	B1	Y	**B**
Admin	PHEPR	Maintain KPHD's duty officer program and answering service contract	---	---	---	N	1A, 5B	B3, G4	Y	**B**
Admin	PHEPR	Maintain emergency messaging/notification system to healthcare providers; transmit messages to providers; ditto for other response partners	---	---	---	N	5B	C2		**B**
Admin	PHEPR	Assist Administrative Services Division in updating/maintaining KPHD's Continuity of Operations (COOP) plan and accompanying policies and procedures; provide consultation to Executive Leadership Team (ELT) re: activation/deactivation; maintain first aide and shExecutive Leadership Team (ELT)er in place supplies; assist safety committee with floor monitor system; provide individual and family preparednessw information/materials to staff; participate in first aid training for staff.	---	---	---	N	5B	F5, F7	Y	**B**
Admin	PIO	Provide information on public health issues and their impacts	---	---	---	N	5B, 5C	G1, H1, I1	N	**B**
Admin	PIO	Serve as the public information officer: maintain working relationships with media, coordinate and respond to information requests from media, public officials, and the public; serve as spokesperson as needed/appropriate.	---	---	---	N	5C	C1, C2	N	**B**
Admin	PIO	Oversee and maintain District web site and social media. Ensure effectiveness, clarity and ease-of-use of website. Manage remodeling of website.	---	---	---	N	5C	C1, C2	N	**B**
Admin	PIO	Manage internal communication including newsletter, managers meeting and all-staff meetings	---	---	---	N	5C	---	N	**B**
Admin	PIO	Develop, implement and monitor communications, public relations and marketing strategies and annual communication priorities. Coordinate publications for content, style, message and brand standards. Collaborate with management and staff to develop story ideas and communications plans for individual programs.	---	---	---	N	5B, 5C	C2	N	**B**
Admin	PIO	Develop, maintain and oversee implementation of District risk communications plan. During an emergency, serves as the public health information officer and is liaison to the Kitsap County County Joint Information Center.	---	---	---	N	5B, 5C	B1, C2	N	**B**
Admin	PIO	Facilitate media and communications training for appropriate staff.	---	---	---	N	5C	C1	N	**B**
Admin	PIO	Coordinate community information meetings (including outreach to promote meetings) public forums and special events for the District.	---	---	---	N	5C	C2	N	**B**
Admin	Supt Svces	Scheduling and referrals for PCH	---	---	---	N	4C	AIS		**B**
CH	CD	Expedited Partner Therapy (EPT) to prevent the spread of Sexually Transmitted Infections (STI)	---	---	---	N	1A	G4	N	**B**
CH	CD	**24/7** receipt of and response to communicable disease reports	---	---	---	N	1A	G4	N	**B**
CH	CD	Assess and increase immunization rates through partnerships and education to providers of Vaccinces For Children (VFC)	---	---	---	N	1B	E1, G2	Y	**B**

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CH	CDP	Oversee county-wide and regional initiatives to prevent diabetes and cardiovascular disease	---	---	---	N	2A, 2C	E1, H4	Y	B
CH	CDP	Promote increased produce access and consumption	---	---	---	N	2A	E1, H4	Y	B
CH	CDP	Facilitate changes to the built environment that promote active living and healthy eating	---	---	---	N	2A, 2B	E1, H4, I6	N	B
CH	CDP	Facilitate active living/healthy eating health promotion campaign/obesity prevention coalition (Kitsap Community Health Priorities (KCHP))	---	---	---	N	.A	E1, H4	N	B
CH	CDP	Kitsap Strong- chronic disease/mental illness/chemical dependency prevention through Adverse Child Experiences (ACEs) prevention and mitigation - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2B	E1, H2, J1	N	B
CH	CDP	High utilizer evidence based crisis response - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2A, 2B, 2C	E1, H2	Y	B
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP))	---	---	---	N	2A, 2B, 2C, 5A	A4, E1, H2, K2	Y	B
CH	CH Admin	Identify and implement evidence-based programs (Nurse Family Partnership (NFP)); particpate in policy development; and educate the public and policy makers on important public health issues	---	---	---	N	4A, 5D	D1, D2, J3	N	B
CH	CH Admin	Leadership role in Olympic Community of Health	---	---	---	N	6A	E2	Y	B
CH	CH Admin	Facilitate Perinatal Task Force and participate in the Executive Leadership team of Kitsap Strong	---	---	---	N	4C	J1, J3, K3	N	B
CH	IAP	Certified Navigators on staff provide to provide community outreach and assistance with health insurance enrollment	---	---	---	N	2.C	AIS	Y	B
CH	IDP	Hepatitis prevention - immunization, screening, linkage to care	---	---	---	N	1A	AIS	Y	B
CH	NFP	Provide evidenced-based Nurse Family Partnership intensive public health nursing program to improve the health and life course of first-time, low-income mothers and their children	---	---	---	N	4A, 4C	AIS	N	B

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CH	PCH	Childcare provider evaluation/consultation/training	---	---	---	N	4A	AIS	Y	**B**
CH	PCH	Children with special health needs--patient services and case management	---	---	---	N	4A	AIS	Y	**B**
CH	PCH	First steps--public health nursing assessment, behavioral health, education, and follow-up	---	---	---	N	4A, 4C	AIS	N	**B**
CH	PCH	New parent support drop-in sessions/lactation services	---	---	---	N	4A	AIS	N	**B**
CH	PCH	Parenting & Social Support Group for Central American Indigenous Immigrants	---	---	---	N	4A	AIS	N	**B**
CH	PCH	Partcipate in injury prevention coalitions	---	---	---	N	4A	H2	N	**B**
EH	EH Admin	Educate the public and policy makers on important public health issues	---	---	---	N	3B	I1	N	**B**
EH	EH Admin	Access and use legal services in planning and implementing initiatives	---	---	---	N	3B, 5D	F8	N	**B**
EH	EH Admin	Identify and implement evidence-based programs and	---	---	---	N	5D	D2	N	**B**
EH	Food	Recreational shellfish bed monitoring	---	---	---	N	3A	AIS	Y	**B**
EH	PIC	Stream, lake, and marine water quality monitoring	---	---	---	N	3A	AIS	Y	**B**
Admin	Assess	Respond to non-strategic external data requests from individuals, media, and organizations.	---	---	---	N	---	A3, G1, H1, I1, K1		**C1**
Admin	PIO	Develop and maintain public notification policies and procedures (news releases, advisories, etc.)	---	---	---	N	---	C1, C2	N	**C1**
CH	CDP	Collaborate with regional partners to prevent youth marijuana use	---	---	---	N		H3	N	**C1**
CH	TB	Provide directly observed therapy, often by Skype	---	---	---	N	---	G4	Y	**C1**
CH	TB	Refer LTBI for primary care treatment	---	---	---	N	---	G6	Y	**C1**
EH	SHW	Initial Investigation of hazardous waste sites	---	---	---	N	---	I1	Y	**C2**
EH	SHW	Site hazard assessments	---	---	---	N	---	I1	Y	**C2**
Admin	Assess	Fulfill community partner agency contracts for data, needs assessments, monitoring and evaluation	---	---	---	N	---	AIS	Y	**C2**
Admin	PHEPR	Represent Region 2 (Kitsap, Clallam, and Jefferson) and KPHD in DOH advisory groups and planning committees	---	---	---	N	---	AIS	Y	**C2**

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	PHEPR	Provide emergency preparedness consultation to Clallam and Jefferson Local Health Jurisdictions (LHJs); conduct regional PHEPR meetings, trainings, and other events; coordinate local and regional healthcare emergency planning via grant-funded healthcare preparedness work	---	---	---	N	---	AIS	Y	**C2**
CH	CH Admin	Teach Public Health Nursing course at Olympic College	---	---	---	N	---	AIS	Y	**C2**
CH	HIV/AIDS	Provide HIV medical case management	---	---	---	N	---	AIS	Y	**C2**
CH	HIV/AIDS	Provide nursing and admin support to Harborview HIV Clinic Physicians	---	---	---	N	---	AIS	Y	**C2**
CH	HIV/AIDS	HIV and STI partner notification, education, testing, and treatment	---	---	---	N	---	G5	Y	**C2**
CH	TB	Provide home visit to active Tuberculosis (TB) cases to assess home setting	---	---	---	N	---	AIS	Y	**C2**
CH	TB	Provide housing if necessary to assist with/ensure compliance with Tuberculosis (TB) therapy	---	---	---	N	---	AIS	Y	**C2**
CH	TB	Provide state-supplied medication for active Tuberculosis (TB) cases	---	---	---	N	---	AIS	Y	**C2**
EH	DW	Provide Water Status Reports for property conveyance	---	---	---	N	---	AIS	Y	**C2**
Admin	Assess	Train students in assessment and epidemiology to build capacity in the future public health workforce.	---	---	---	N	---	none	N	**D**
Admin	HO	Provide medical management of Tuberculosis (TB) and B-1 Immigrant evaluations; Tuberculosis (TB) physical examination, assessment and treatment when needed; Medically supervise all clinical activities; provide consultation to Nurse Family Partnership (NFP) and PCH nurses, EH staff	---	---	---	N	---	AIS	N	**D**
Admin	HR	Commute Trip Reduction Program	---	---	---	N	---	---	N	**D**
CH	CD	Provide adult immunizations	---	---	---	N	---	AIS	N	**D**
CH	CD	Provide children's immunizations	---	---	---	N	---	AIS	N	**D**
CH	CD	Syringe exchange	---	---	---	N	---	AIS	N	**D**
CH	CH Admin	Precept bachelor and masters level nursing and public health students	---	---	---	N	---	AIS	N	**D**
CH	FP	Women's health exams	---	---	---	N	---	AIS	N	**D**
CH	FP	Contraceptive supplies or referral	---	---	---	N	---	AIS	N	**D**

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
CH	FP	Sexually-transmitted infection disease education, counseling, risk reduction	---	---	---	N	---	AIS	N	**D**
CH	FP	Pregnancy tests	---	---	---	N	---	AIS	N	**D**
CH	FP	Sexually-transmitted infection screening, diagnosis, treatment	---	---	---	N	---	AIS	N	**D**
CH	TB	Provide skin testing for general public; assess results and refer if needed	---	---	---	N	---	AIS	N	**D**
CH	FP	Breast and Cervical Health Program (BCHP) outreach and case management	---	---	---	N	---	AIS	N	**D**

KITSAP PUBLIC HEALTH DISTRICT
FOUNDATIONAL PUBLIC HEALTH SERVICES ANALYSIS
May 26, 2016

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	Assess	Participate in and contribute to statewide technical advisory committees on Behavioral Risk Factor Surveillance Survey (BRFSS), Community Health Assessment Tool (CHAT), Healthy Youth Survey, foodborne outbreak procedures.	---	---	---	N	5A	A2	N	B
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	A2		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	A2		A
Admin	Assess	Produce routine KPHD data reports: Health Indicators, Health Profiles, Healthy Youth Survey, County Health Rankings (includes assistance with presentations).	---	---	---	N	5A	A2		B
Admin	Assess	Database development and management (birth and death records, Behavioral Risk Factor Surveillance Survey (BRFSS), Healthy Youth Survey, etc.).	---	---	---	N	5A	A2		B
Admin	Assess	Participate in and contribute to statewide technical advisory committees on Behavioral Risk Factor Surveillance Survey (BRFSS), Community Health Assessment Tool (CHAT), Healthy Youth Survey, foodborne outbreak procedures.	---	---	---	N	5A	A2		B
Admin	Assess	Lead development of the Community Health Assessment (CHA) as part of the Kitsap Community Health Improvement Planning process and support process for priority setting, monitoring and evaluation.	---	---	---	N	2A, 5A	A2		B
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)).	---	---	---	N	2A, 2B, 2C, 5A	A2	N	B
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	A3		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	A3		A
Admin	Assess	Produce routine KPHD data reports: Health Indicators, Health Profiles, Healthy Youth Survey, County Health Rankings (includes assistance with presentations).	---	---	---	N	5A	A3		B
Admin	Assess	Lead development of the Community Health Assessment (Community Health Assessment (CHA)) as part of the Kitsap Community Health Improvement Planning process and support process for priority setting, monitoring and evaluation.	---	---	---	N	2A, 5A	A3		B
Admin	Assess	Respond to non-strategic external data requests from individuals, media, and organizations.	---	---	---	N	---	A3		C1
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)).	---	---	---	N	2A, 2B, 2C, 5A	A3	N	B
Admin	Assess	Produce routine KPHD data reports: Health Indicators, Health Profiles, Healthy Youth Survey, County Health Rankings (includes assistance with presentations).	---	---	---	N	5A	A4		B
Admin	Assess	Lead development of the Community Health Assessment (CHA) as part of the Kitsap Community Health Improvement Planning process and support process for priority setting, monitoring and evaluation.	---	---	---	N	2A, 5A	A4		B
Admin	HO	Participate in assessing the health status of the community, including healthcare access.	---	---	Employment Contract	Y	---	A4		A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)).	---	---	---	N	2A, 2B, 2C, 5A	A4	N	B
Admin	Assess	Communicable Disease routine case investigation & disease control including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	B1		A
Admin	Assess	Preparedness/response activities, e.g., Communicable Disease plans, Ebola/pan flu/emerging infections, just-in-time Communicable Disease training for other nursing staff and data entry training for admin staff.	---	---	---	N	5B	B1		B
Admin	HO	Establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity deemed necessaryplans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination.	---	246-100-036	---	Y	---	B1		A
Admin	PHEPR	Maintain and update KPHD (Communicable Disease) emergency response plan and related policies and procedures (includes consultation to Executive Leadership Team (ELT) regarding activation/deactivation of Emergency Response Plan (ERP); Assisting Public Information Officer (PIO) with training/planning; ham radio capacity; Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) Admin; assisting Emergency Coordination Center (ECC) and KPHD Liaison to Emergency Operations Center (EOC); Building emergency preparedness partnerships; coordinating KPHD's work as Emergency Support Function #8 (ESF-8) coordinator.	---	---	---	Y	---	B1		A
Admin	PHEPR	Maintain mutual aid agreements and accompanying procedures with Tribes, other Local Health Jurisdictions (LHJs), pharmacies, etc.		---	---	Y	---	B1		A
Admin	PHEPR	Coordinate, conduct, and document emergency response trainings & exercises.	---	---	---	N	5B	B1	Y	B
Admin	PIO	Develop, maintain and oversee implementation of District risk communications plan. During an emergency, serves as the public health information officer and is liaison to the Kitsap County County Joint Information Center.	---	---	---	N	5B, 5C	B1	N	B
Admin	PHEPR	Maintain and update KPHD (Communicable Disease) emergency response plan and related policies and procedures (includes consultation to Executive Leadership Team (ELT) regarding activation/deactivation of Emergency Response Plan (ERP); Assisting Public Information Officer (PIO) with training/planning; ham radio capacity; Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) Admin; assisting Emergency Coordination Center (ECC) and KPHD Liaison to Emergency Operations Center (EOC); Building emergency preparedness partnerships; coordinating KPHD's work as Emergency Support Function #8 (ESF-8) coordinator.	---	---	---	Y	---	B2		A
Admin	PHEPR	Maintain KPHD's duty officer program and answering service contract.	---	---	---	N	1A, 5B	B3	Y	B
Admin	PHEPR	Maintain mutual aid agreements and accompanying procedures with Tribes, other Local Health Jurisdictions (LHJs), pharmacies, etc.		---	---	Y	---	B3		A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	HO	Respond to media inquiries regarding county public health issues, disease outbreaks, and other health-related concerns.	---	---	Employment Contract	Y	---	C1	N	A
Admin	PIO	Develop and maintain public notification policies and procedures (news releases, advisories, etc.).	---	---	---	N		C1	N	
Admin	PIO	Facilitate media and communications training for appropriate staff.	---	---	---	N	5C	C1	N	B
Admin	PIO	Serve as the public information officer: maintain working relationships with media, coordinate and respond to information requests from media, public officials, and the public; serve as spokesperson as needed/appropriate.	---	---	---	N	5C	C1	N	B
Admin	PIO	Oversee and maintain District web site and social media. Ensure effectiveness, clarity and ease-of-use of website. Manage remodeling of website.	---	---	---	N	5C	C1	N	B
Admin	Assess	Communicable Disease health alerts and provider outreach.	70.05.070	---	---	Y	---	C2		A
Admin	HO	Enforce the public health statutes of the state, rules of the State Board of Health (SBOH) and the Secretary of Health, and all local health rules, regulations and ordinances within the jurisdiction.	70.05.070	---	---	Y	---	C2	N	A
Admin	HO	Develop and issue public health advisories to medical providers, hospitals and community agencies and the public	---	---	Employment Contract	Y	---	C2	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	C2	N	A
Admin	PHEPR	Maintain emergency messaging/notification system to healthcare providers; transmit messages to providers; ditto for other response partners	---	---	---	N	5B	C2		B
Admin	PIO	Develop, maintain and oversee implementation of District risk communications plan. During an emergency, serves as the public health information officer and is liaison to the Kitsap County County Joint Information Center.	---	---	---	N	5B, 5C	C2	N	B
CH	CD	Communicable disease investigation, reporting, provider education, & follow-up to control the spread of notifiable diseases	RCW 70.05.070 STD - RCW 70.24	WAC 248-100 STD - WAC 248-100-230	---	Y	1A	C2	N	A
EH	OSS	Prepare reports.	70.05.060, 70.05.072, 70.118A.030	246-272A	KPHB Ord. 2008A-01	Y	5C	C2	Y	A
Admin	PIO	Oversee and maintain District web site and social media. Ensure effectiveness, clarity and ease-of-use of website. Manage remodeling of website.	---	---	---	N	5C	C2	Y	B
Admin	HO	Inform others about the work of the KPHD.	---	---	Employment Contract	Y	---	C2	N	A
Admin	PIO	Develop, implement and monitor communications, public relations and marketing strategies and annual communication priorities. Coordinate publications for content, style, message and brand standards. Collaborate with management and staff to develop story ideas and communications plans for individual programs.	---	---	---	N	5B, 5C	C2	N	B
Admin	PIO	Coordinate community information meetings (including outreach to promote meetings) public forums and special events for the District.	---	---	---	N	5C	C2	N	B
Admin	Admin	Support to the Kitsap Public Health Board including records management.	70.05.045	---	Core Business Function	Y	---	D1	N	A
Admin	HO	Provide legislative policy analysis and advocacy.	---	---	---	N	5D	D1	N	B
Admin	Admin	Strategic planning process.	---	---	Core Business Function	Y	---	D1	N	A
Admin	Admin	Policy development.	---	---	Core Business Function	Y	---	D1	N	A
Admin	Admin	Participate in collaborative efforts to improve health care quality and effectiveness, reduce health care costs and improve population health (Triple Aim).	---	---	---	N	6.B	D1	N	B

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	HO	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups.	---	---	Core Business Function	Y	---	D1	N	A
Admin	HO	Advise the KPHD, Kitsap Public Health Board (KPHB), and communities regarding a wide range of issues (e.g. community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology, and emergency preparedness/Public Health (PH) disaster response).	70.05.050	---	Employment Contract	Y	---	D1	N	A
Admin	HO	Represent the KPHD at local meetings, and on various state level and national boards and workgroups.	---	---	Employment Contract	Y	---	D1	N	A
Admin	HO	Identify and implement evidence-based programs, and participate in policy development (including National Association of County and City Health Officials (NACCHO) involvement).	---	---	Core Business Function	Y	5D	D1	N	A
CH	CH Admin	Identify and implement evidence-based programs (Nurse Family Partnership (NFP)); particpate in policy development; and educate the public and policy makers on important public health issues.	---	---	---	N	4A, 5D	D1	N	B
EH	EH Admin	Participate in policy development; develop and implement rules & regulations.	70.05.060*	---	Core Business Function	Y	3B	D1	Y	A
Admin	Admin	Policy development.	---	---	Core Business Function	Y	---	D2	N	A
Admin	Admin	Effective partnerships with federal, state, and local agencies and partners.	---	---	Core Business Function	Y	---	D2	N	A
Admin	Admin	Support to the Kitsap Public Health Board including records management.	70.05.045	---	Core Business Function	Y	---	D2	N	A
Admin	Admin	Legislative advocacy to serve agency public health interests.	---	---	---	N	5.D	D2	N	B
Admin	HO	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups.	---	---	Core Business Function	Y	---	D2	N	A
Admin	HO	Provide legislative policy analysis and advocacy.	---	---	---	N	5D	D2	N	B
Admin	HO	Attend all conferences called by the secretary of health.	70.05.070	---	---	Y	---	D2	N	A
Admin	HO	Advise the KPHD, Kitsap Public Health Board (KPHB), and communities regarding a wide range of issues (e.g. community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology, and emergency preparedness/Public Health (PH) disaster response).	70.05.050	---	Employment Contract	Y	---	D2	N	A
Admin	HO	Represent the KPHD at local meetings, and on various state level and national boards and workgroups.	---	---	Employment Contract	Y	---	D2	N	A
Admin	HO	Inform other community leaders about the social determinants of health, including current trends in policy, research, treatment, prevention, education and related issues.	---	---	Employment Contract	Y	---	D2	N	A
Admin	HO	Identify and implement evidence-based programs, and participate in policy development (including National Association of County and City Health Officials (NACCHO) involvement).	---	---	Core Business Function	Y	5D	D2	N	A
Admin	HO	Participate with other agencies, organizations, and the public regarding Public Health (PH) issues, and provide analysis (including strategic stakeholder relationships locally, and KPHD representation at state and national levels.	---	---	Core Business Function	Y		D2	N	A
CH	CH Admin	Identify and implement evidence-based programs (Nurse Family Partnership (NFP)); particpate in policy development; and educate the public and policy makers on important public health issues.	---	---	---	N	4A, 5D	D2	N	B

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
EH	EH Admin	Participate in policy development; develop and implement rules & regulations.	70.05.060*	---	Core Business Function	Y	5D	D2	Y*	A
EH	EH Admin	Identify and implement evidence-based programs	---	---		N	5D	D2	N	B
Admin	Admin	Policy development.	---	---	Core Business Function	Y	---	D3	N	A
Admin	Admin	Effective partnerships with federal, state, and local agencies and partners.	---	---	Core Business Function	Y	---	E1	N	A
Admin	Admin	Participate in collaborative efforts to improve health care quality and effectiveness, reduce health care costs and improve population health (Triple Aim).	---	---	---	N	6.B	E1	N	B
Admin	Admin	Ensure that District provides the Foundational Public Health Services to extent achievable.	---	---	---	N	5.F	E1	N	B
Admin	Assess	Lead development of the Community Health Assessment (CHA) as part of the Kitsap Community Health Improvement Planning process and support process for priority setting, monitoring and evaluation.	---	---	---	N	2A, 5A	E1		B
Admin	HO	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups.	---	---	Core Business Function	Y	---	E1	N	A
CH	CD	Assess and increase immunization rates through partnerships (Immunity Community) and education to providers of Vaccices For Children (VFC).	---	---	---	N	1B	E1		B
CH	CDP	Oversee county-wide and regional initiatives to prevent diabetes and cardiovascular disease.	---	---	---	N	2A, 2C	E1		B
CH	CDP	Promote increased produce access and consumption.	---	---	---	N	2A	E1		B
CH	CDP	Facilitate changes to the built environment that promote active living and healthy eating.	---	---	---	N	2A, 2B	E1		B
CH	CDP	Facilitate active living/healthy eating health promotion campaign/obesity prevention coalition (Kitsap Community Health Priorities (KCHP))	---	---	---	N	2.A	E1		B
CH	CDP	Kitsap Strong- chronic disease/mental illness/chemical dependency prevention through Adverse Child Experiences (ACEs) prevention and mitigation - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2B	E1		B
CH	CDP	High utilizer evidence based crisis response - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2A, 2B, 2C	E1		B
CH	CH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	E1	N	A
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP))	---	---	---	N	2A, 2B, 2C, 5A	E1	N	B
EH	EH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide environmental health work groups	---	---	Core Business Function	Y	---	E1	N	A
Admin	Admin	Effective partnerships with federal, state, and local agencies and partners	---	---	Core Business Function	Y	---	E2	N	A
Admin	Admin	Participate in collaborative efforts to improve health care quality and effectiveness, reduce health care costs and improve population health (Triple Aim)	---	---	---	N	6.B	E2	N	B
Admin	Admin	Ensure that District provides the Foundational Public Health Services to extent achievable	---	---	---	N	5.F	E2	N	B

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	Admin	Legislative advocacy to serve agency public health interests	---	---	---	N	5.D	E2	N	B
Admin	HO	Coordinate resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public	---	---	Employment Contract	Y	---	E2	N	A
Admin	HO	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	E2	N	A
CH	CH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	E2	N	A
CH	CH Admin	Leadership role in Olympic Community of Health	---	---	---	N	6A	E2	N	B
EH	EH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide environmental health work groups	---	---	Core Business Function	Y	---	E2	N	A
Admin	HO	Participation with Executive Leadership Team (ELT) (including strategic planning programs, staffing, budget, etc.)	---	---	Employment Contract	Y	---	F	N	A
Admin	Admin	Support to the Kitsap Public Health Board including records management.	70.05.045	---	Core Business Function	Y	---	F1	N	A
Admin	Admin	Agency leadership, direction, and supervision	70.05.045	---	Core Business Function	Y	---	F1	N	A
Admin	Admin	Direct the Executive Leadership Team	---	---	Core Business Function	Y	---	F1	N	A
Admin	Admin	Strategic planning process	---	---	Core Business Function	Y	---	F1	N	A
Admin	HO	Advise the KPHD, Kitsap Public Health Board (KPHB), and communities regarding a wide range of issues (e.g. community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology, and emergency preparedness/Public Health (PH) disaster response)	70.05.050	---	Employment Contract	Y	---	F1	N	A
Admin	HO	Supervise staff (Hires, trains, supervises and evaluates staff, established work priorities and performance standards, monitor performance and provide effective feedback, work with staff to correct deficiencies; implement any necessary disciplinary action after appropriate consultation with Administrator and Human Resources (HR) Manager)	---	---	Employment Contract	Y	---	F1	N	A
CH	CH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	F1	N	A
CH	CH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F1	N	A
EH	EH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F1	N	A
Admin	HO	Develop and maintain relationships with region's Health Officers to ensure strong coordinated Public Health (PH) efforts	---	---	---	N	---	F1	N	C
Admin	Acct	Timekeeping	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	General ledger	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Financial reporting	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Provide TA on District policies related to Accounting & Finance	43.09.200	---	Core Business Function	Y	---	F2	N	A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	Acct	Coordinate audit and fiscal monitoring activities	43.09.230, 43.09.260	---	Core Business Function	Y	---	F2	N	A
Admin	Acct	Develop or update Accounting policies and procedures	43.09.200	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Agency leadership, direction, and supervision	70.05.045	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Direct the Administrative Services Division and agency operations	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Ensure development/adherence to administrative, personnel and legal policies	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Compliance with all applicable laws and regulations	70.05.045, 70.05.060 (1)	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Updates to fee for service schedules	70.05.045, 70.05.060 (7)	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Records management	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	Claims management	---	---	Core Business Function	Y	---	F2	N	A
Admin	Admin	HIPAA compliance	---	---	Federal HIPAA Law	Y	---	F2	N	A
Admin	Admin	Public health accreditation	---	---	---	N	---	F2	N	B
Admin	Assess	Participate in and provide technical assistance for Public Health Accreditation Board (PHAB), performance management and quality improvement.	---	---	---	N	5E	F2		B
Admin	HR	Maintain electronic personnel records	42.56	---	---	Y	---	F2	N	A
Admin	HR	Respond to workers comp claims for any fatalities or serious injuries	---	296-17 (Workers Comp Rules)	---	Y	---	F2	N	A
Admin	HR	Administer employee benefits	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Monitor and implement federal and state Human Resources (HR) requirements such as Equal Employment Opportunity (EEO) and Occupational Safety and Health Administration (OSHA)	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Administer Family and Medical Leave Act (FMLA) and leave requirements	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Administer job classification and compensation plans	---	---	Per Collective Bargaining Agreement	Y	---	F2	N	A
Admin	HR	Collective bargaining	---	---	Per Collective Bargaining Agreement	Y	---	F2	N	A
Admin	HR	Develop personnel/administration policies and procedures; coordinate review process; provide assistance on policies to staff	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Develop administration policies and procedures; coordinate review process	---	---	Core Business Function	Y	---	F2	N	A
Admin	HR	Maintain Safety Committee	---	---	Core Business Function	Y	---	F2	N	A
CH	CH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F2	N	A
EH	EH Admin	Supervise and develop managers, staff, and programs			Core Business Function	Y	---	F2	N	A
EH	EH Admin	Hear administrative appeals for enforcement actions			By local KPHB ordinances	Y	3.B	F2	Y*	A
Admin	Acct	Quality Improvement & Performance Management	---	---	Core Business Function	Y	---	F3	N	A
Admin	Admin	Performance management	---	---	Core Business Function	Y	---	F3	N	A
Admin	Assess	Participate in and provide technical assistance for Public Health Accreditation Board (PHAB), performance management and quality improvement.	---	---	---	N	5E	F3		B
Admin	Assess	KPHD program support (data requests for program planning, monitoring and evaluation, presentations, evaluation design and analysis, survey design and analysis, grant writing and reporting).	---	---	---	N	5A	F3		B
Admin	HO	Bring cutting edge public health expertise/practices from National Association of County and City Health Officials (NACCHO) and other national Public Health (PH) meetings of significance back to KPHD	---	---	---	N	---	F3	N	C
Admin	IT	Respond to userInformation Technology (IT) requests through our HelpDesk system	---	---	Core Business Function	Y	5E	F3	N	A
Admin	IT	Maintain Tech Physical Program to improve Information Technology (IT) efficiencies	---	---	---	N	5E	F3	N	B
Admin	IT	Maintain network security	42.56 (Public Records Act)		Core Business Function	Y	5E	F4	N	A
Admin	IT	Maintain and develop KPHD databases	42.56 (Public Records Act)		Core Business Function	Y	5E	F4	N	A

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Admin	IT	Maintain network infrastructure and hardware	---	---	Core Business Function	Y	5E	F4	N	A
Admin	IT	Maintain KPHD software/applications	---	---	Core Business Function	Y	5E	F4	N	A
Admin	HO	Supervise staff (Hires, trains, supervises and evaluates staff, established work priorities and performance standards, monitor performance and provide effective feedback, work with staff to correct deficiencies; implement any necessary disciplinary action after appropriate consultation with Administrator and Human Resources (HR) Manager)	---	---	Employment Contract	Y	---	F5	N	A
Admin	HR	Process and monitor performance evaluations	---	---	Per Collective Bargaining Agreement	Y	---	F5	N	A
Admin	HR	Conduct salary and benefit surveys and make recommendations	---	---	Per Collective Bargaining Agreement	Y	---	F5	N	A
Admin	HR	Coordinate and track orientation, training and workforce development activities	---	---	Core Business Function	Y	---	F5	N	A
Admin	HR	Perform recruitment and selection activities	---	---	Core Business Function	Y	---	F5	N	A
Admin	HR	Staff succession planning	---	---	---	N	5E	F5	N	B
Admin	PHEPR	Assist Administrative Services Division in updating/maintaining KPHD's Continuity of Operations (COOP) plan and accompanying policies and procedures; provide consultation to Executive Leadership Team (ELT) re: activation/deactivation; maintain first aide and shelter in place supplies; assist safety committee with floor monitor system; provide individual and family preparednessw information/materials to staff; participate in first aid training for staff.	---	---	---	N	5B	F5	Y	B
CH	CH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F5	N	A
EH	EH Admin	Supervise and develop managers, staff, and programs	---	---	Core Business Function	Y	---	F5	N	A
Admin	Acct	Budget	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Timekeeping	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Payroll	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Accounts payable	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Clinic billing	43.09.200	---	Board Fee Schedule	Y	---	F6	N	A
Admin	Acct	Coordinate audit and fiscal monitoring activities	43.09.230, 43.09.260	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Cash management	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Acct	Contract/Grant billing	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Fiscal management and budgeting	43.09.200	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Ensure development/adherence to administrative, personnel and legal policies	---	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Compliance with all applicable laws and regulations	70.05.045, 70.05.060 (1)	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Updates to fee for service schedules	70.05.045, 70.05.060 (7)	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Contract management	---	---	Core Business Function	Y	---	F6	N	A
Admin	Supt Svces	Purchase supplies for staff and agency	---	---	Core Business Function	Y	---	F6	N	A
Admin	Supt Svces	Copying, mail room	---	---	Core Business Function	Y	---	F6		A
CH	CH Admin	Write and manage complex grants	---	---	Core Business Function	Y	---	F6		A
CH	CH Admin	Prepare and manage CH budgets	---	---	Core Business Function	Y	---	F6		A
EH	EH Admin	Write and manage complex grants	---	---	Core Business Function	Y	---	F6	N	A
EH	EH Admin	Prepare and manage EH budgets	---	---	Core Business Function	Y	---	F6	N	A
Admin	Admin	Property & liability insurance	---	---	Core Business Function	Y	---	F7	N	A

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Admin	PHEPR	Assist Administrative Services Division in updating/maintaining KPHD's Continuity of Operations (COOP) plan and accompanying policies and procedures; provide consultation to Executive Leadership Team (ELT) re: activation/deactivation; maintain first aide and shelter in place supplies; assist safety committee with floor monitor system; provide individual and family preparednessw information/materials to staff; participate in first aid training for staff.	---	---	---	N	5B	F7	Y	B
Admin	Supt Svces	Clinic intake	Varied/See individual programs	---	Core Business Function	Y	---	F7		A
EH	EH Admin	Building Management, Security, and Access	42.56	---	HIPAA, Core Business Function	Y	---	F7	N	A
EH	EH Admin	Supervise and develop managers, staff, and programs			Core Business Function	Y	---	F7	N	A
	HR	Fleet Vehicle Management	---	---	Core Business Function	Y	---	F7	N	A
Admin	Admin	Legal services	---	---	Core Business Function	Y	---	F8	N	A
EH	EH Admin	Participate in policy development; develop and implement rules & regulations	70.05.060*		Core Business Function	Y	3B	F8	Y*	A
EH	EH Admin	Access and use legal services in planning and implementing initiatives	---	---		N	3.B, 5.D	F8	N	B
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	G1		A
Admin	Assess	Communicable Disease health alerts and provider outreach.	70.05.070	---	---	Y	---	G1		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G1		A
Admin	Assess	Respond to non-strategic external data requests from individuals, media, and organizations.	---	---	---	N	---	G1		C1
Admin	HO	Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within Kitsap County	70.05.070	---	---	Y	---	G1	N	A
Admin	HO	Consult with physicians in the diagnosis, investigation and treatment of communicable disease of public health significance	---	---	Employment Contract	Y	---	G1	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	G1	N	A
Admin	PIO	Provide information on public health issues and their impacts	---	---	---	N	5B, 5C	G1	N	B
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	G2		A
Admin	Assess	Communicable Disease health alerts and provider outreach.	70.05.070	---	---	Y	---	G2		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G2		A
Admin	HO	Enforce the public heal th statutes of the state, rules of the State Board of Health (SBOH) and the Secretary of Health, and all local health rules, regulations and ordinances within the jurisdiction	70.05.070	---	---	Y	---	G2	N	A
Admin	HO	Coordinate resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public	---	---	Employment Contract	Y	---	G2	N	A
CH	CD	Assess and increase immunization rates through partnerships and education to providers of Vaccices For Children (VFC)	---	---		N	1B	G2		B
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	G3		A
Admin	Assess	Communicable Disease health alerts and provider outreach.	70.05.070	---	---	Y	---	G3		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G3		A

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Admin	HO	Issue Tuberculosis (TB) orders and STD orders as required to control disease and protect the public	70.28.031; 70.28	246-100-211	---	Y	---	G3	N	A
CH	IDP	Sexually transmitted infections (STI) - contact tracing and treatment	STD - RCW 70.24	WAC 248-100-230	---	Y	1A	G3		A
Admin	HO	Order animal quarantine or sacrifice if there is concern of rabies; institute community-wide rabies control activities	---	246-100-197	---	Y	---	G3	N	A
Admin	Assess	Communicable Disease surveillance-data entry/cleaning, analysis, and report dissemination.	70.05.070	---	---	Y	---	G4		A
Admin	Assess	Communicable Disease health alerts and provider outreach.	70.05.070	---	---	Y	---	G4		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G4		A
Admin	Assess	Communicable Disease routine case investigation & disease control including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G4		A
Admin	Assess	Preparedness/response activities, e.g., Communicable Disease plans, Ebola/pan flu/emerging infections, just-in-time Communicable Disease training for other nursing staff and data entry training for admin staff.	---	---	---	N	5B	G4		B
Admin	HO	Enforce the public health statutes of the state, rules of the State Board of Health (SBOH) and the Secretary of Health, and all local health rules, regulations and ordinances within the jurisdiction	70.05.070		---	Y	---	G4	N	A
Admin	HO	Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within Kitsap County; notify doctors of responsibility to report; report certain high risk conditions to State Board of Health (SBOH)	70.05.070; 70.05.110	246-100-036 (by ref 246-100-021)	---	Y	---	G4	N	A
Admin	HO	Review and determine appropriate action for each reported case or suspected case of a notifiable condition, any disease or condition considered a threat to public health, and each reported outbreak or suspected outbreak of disease	---	246-101-505	---	Y	---	G4	N	A
Admin	HO	Establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity deemed necessaryplans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination	---	246-100-036	---	Y	---	G4	N	A
Admin	PHEPR	Maintain KPHD's duty officer program and answering service contract	---	---	---	N	1A, 5B	G4	Y	B
CH	CD	Communicable disease investigation, reporting, provider education, & follow-up to control the spread of notifiable diseases	RCW 70.05.070 STD - RCW 70.24	WAC 248-100 STD - WAC 248-100-230		Y	1A	G4		A
CH	CD	Expedited Partner Therapy (EPT) to prevent the spread of Sexually Transmitted Infections (STI)	---	---	---	N	1A	G4		B
CH	CD	**24/7** receipt of and response to communicable disease reports	---	---	---	N	1A	G4		B
CH	IDP	Sexually transmitted infections (STI) - contact tracing and treatment	STD - RCW 70.24	WAC 248-100, STD - WAC 248-100-230	---	Y	1A	G4		A
CH	TB	Receive reports of suspect/comfirmed Tuberculosis (TB) cases	RCW 70.26.031	246-100-211	---	Y	---	G4		A
CH	TB	Contact investigations for close contacts of active Tuberculosis (TB) case	RCW 70.28	---	---	Y	---	G4		A
CH	TB	Receive reports and provide evaluation of B1 immigrants to assess Tuberculosis (TB) risk	70.26.031	---	---	Y	---	G4		A
CH	TB	Provide a Tuberculosis (TB) control program	RCW 70.28	---	---	Y	---	G4	Y	A
CH	TB	Provide directly observed therapy, often by Skype	---	---	---	N	---	G4		C1
CH	TB	Refer LTBI for primary care treatment	---	---	---	N	---	G4		C1

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EH	Food	Food-borne illness complaints and investigations	70.05	246-215	KPHB Ord. 2014-01	Y	3B	G4	Y	A
EH	SHW	Receive elevated blood lead level tests, and take actions per protocol	---	246-101-505	---	Y	---	G4	Y	A
Admin	HO	Issue Tuberculosis (TB) orders and STD orders as required to control disease and protect the public	70.28.031; 70.28	246-100-211	---	Y	---	G4		A
Admin	HO	Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within Kitsap County; notify doctors of responsibility to report; report certain high risk conditions to State Board of Health (SBOH)	70.05.070; 70.05.110	246-100-036 (by ref 246-100-021)	---	Y	---	G5		A
CH	CD	Communicable disease investigation, reporting, provider education, & follow-up to control the spread of notifiable diseases	RCW 70.05.070 STD - RCW 70.24	WAC 248-100 STD - WAC 248-100-230	---	Y	1A	G5		A
CH	HIV/AIDS	HIV and STI partner notification, education, testing, and treatment	---	---	---	N		G5		C1
CH	IDP	Sexually transmitted infections (STI) - contact tracing and treatment	STD - RCW 70.24	WAC 248-100, STD - WAC 248-100-230	---	Y	1A	G5		A
Admin	HO	Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within Kitsap County; notify Drs of responsibility to report; report certain high risk conditions to State Board of Health (SBOH)	70.05.070; 70.05.110	246-100-036 (by ref 246-100-021)	---	Y	---	G6		A
CH	TB	Monitor Tuberculosis (TB) treatment to cure; provide consultation to treating physician	70.26.031	246-100-211	---	Y	---	G6		A
Admin	Assess	Communicable Disease outbreak investigation and follow-up including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G7		A
Admin	Assess	Communicable Disease routine case investigation & disease control including coordination with the WA State Dept. of Health.	70.05.070	246-101-505	---	Y	---	G7		A
Admin	Assess	Preparedness/response activities, e.g., Communicable Disease plans, Ebola/pan flu/emerging infections, just-in-time Communicable Disease training for other nursing staff and data entry training for admin staff.	---	---	---	N	5B	G7		B
Admin	Assess	Respond to non-strategic external data requests from individuals, media, and organizations.	---	---	---	N	---	H1		C1
Admin	HO	Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within Kitsap County	70.05.070	---	---	Y	---	H1	N	A
Admin	HO	Provide guidance in public health promotion and education programs and the prevention of environmental hazards	---	---	Employment Contract	Y	---	H1	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	H1	N	A
Admin	PIO	Provide information on public health issues and their impacts	---	---	---	N	5B, 5C	H1	N	B
CH	CDP	Kitsap Strong- chronic disease/mental illness/chemical dependency prevention through Adverse Child Experiences (ACEs) prevention and mitigation - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2B	H1		B
CH	CDP	High utilizer evidence based crisis response - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2A, 2B, 2C	H1		B
Admin	HO	Coordinate resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public	---	---	Employment Contract	Y	---	H2	N	A
CH	CDP	Kitsap Strong- chronic disease/mental illness/chemical dependency prevention through Adverse Child Experiences (ACEs) prevention and mitigation - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2B	H2		B
CH	CDP	High utilizer evidence based crisis response - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2A, 2B, 2C	H2		B
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP))	---	---	---	N	2A, 2B, 2C, 5A	H2	N	B
CH	PCH	Partcipate in injury prevention coalitions	---	---	---	N	4A	H2	N	B

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CH	CDP	Collaborate with regional partners to prevent youth marijuana use	---	---	---	N		H3		C1
EH	Food	Smoking in Public Places rule implementation.	70.160	---	KPHB Ord. 2013-01	Y	3B	H3	Y	A
CH	CDP	Oversee county-wide and regional initiatives to prevent diabetes and cardiovascular disease	---	---	---	N	2A, 2C	H4		B
CH	CDP	Promote increased produce access and consumption	---	---	---	N	2A	H4		B
CH	CDP	Facilitate changes to the built environment that promote active living and healthy eating	---	---	---	N	2A, 2B	H4		B
CH	CDP	Facilitate active living/healthy eating health promotion campaign/obesity prevention coalition (Kitsap Community Health Priorities (KCHP))	---	---	---	N	2.A	H4		B
Admin	Assess	Respond to non-strategic external data requests from individuals, media, and organizations.	---	---	---	N	---	I1		C1
Admin	HO	Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within Kitsap County	70.05.070	---	---	Y	---	I1	N	A
Admin	HO	Provide guidance in public health promotion and education programs and the prevention of environmental hazards	---	---	Employment Contract	Y	---	I1	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	I1	N	A
Admin	PIO	Provide information on public health issues and their impacts	---	---	---	N	5B, 5C	I1	N	B
EH	EH Admin	Educate the public and policy makers on important public health issues	---	---	Core Business Function	N	3B	I1	N	B
EH	SHW	Site hazard assessments	---	---	---	N	---	I1	Y	C2
EH	SHW	Initial Investigation of hazardous waste sites	---	---	---	N	---	I1	Y	C2
Admin	HO	Coordinate resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public	---	---	Employment Contract	Y	---	I2	N	A
EH	EH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide environmental health work groups	---	---	Core Business Function	Y	---	I2	N	A
Admin	HO	Enforce the public heal th statutes of the state, rules of the State Board of Health (SBOH) and the Secretary of Health, and all local health rules, regulations and ordinances within the jurisdiction	70.05.070	---	---	Y	---	I3	N	A
Admin	HO	Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction	70.05.070	---	---	Y	---	I3	N	A
Admin	HO	Prevent, control, or abate nuisances which are detrimental to the public health	70.05.070	---	---	Y	---	I3	N	A
Admin	Supt Svces	EH permits intake and visitor/telephone reception	---	---	Kitsap Public Health Board Ordinances	Y	---	I3		A
EH	DW	Drinking water supply complaints, investigations, and information	70.05.070 (2) & (5)		KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Ensure building sites have an approved source of drinking water before issuing site approvals	19.27.097; 70.05.070	246-290; 246-291	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Conduct well site inspections	18.104	173-160	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Review water system plans and provide oversite for Group B public water systems.	70.05.070 (8)	246-291	KPHB Ord. 1999-6	Y	---	I3	Y	A
EH	DW	Conduct sanitary surveys	70.05.070 (2 & 5)		KPHB Ord. 1999-6	Y	---	I3	Y	A

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EH	Food	Food establishment inspections – routine, follow-up, complaints	70.05	246-215	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Food worker training and permits	69.06	246-217	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Food-borne illness complaints and investigations	70.05	246-215	KPHB Ord. 2014-01	Y	3B	I3	Y	A
EH	Food	Facility inspections/complaints - schools	70.05	246-366	KPHB Ord. 2014-01	Y	3B	I3	Y	A
EH	Food	Facility inspections/complaints - pools	70.90.120	246-260&262		Y	---	I3	Y	A
EH	Food	Facility inspections/complaints - camps	70.05	246-376	KPHB Ord. 2014-01	Y	---	I3	Y	A
EH	Food	Beach monitoring	70.90.120	246-260&262		Y	3A	I3	Y	A
EH	OSS	Provide Property Conveyance Inspection Reports	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Certify septic contractors	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Review septic maintenance and pump reports; respond to system deficiencies	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Review proposed building and land use applications	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Review septic system installation permits	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Investigate and respond to sewage system complaints	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	I3	Y	A
EH	OSS	Prepare reports	70.05.060, 70.05.072, 70.118A.030	246-272A	KPHB Ord. 2008A-01	Y	5C	I3	Y	A
EH	PIC	Onsite sewage and animal waste complaints, investigations, and information	70.05; 70.118; 70.118A	246-272A	KPHB Ord. 2010-1 & 2008A-01	Y	---	I3	Y	A
EH	PIC	Sewage spill response	70.05			Y	3B	I3	Y	A
EH	PIC	Pollution identification and correction inspections of sewage systems and animal keeping	90.72; 70.05; 70.118; 70.118A	246-272A; 246-203-130	KPHB Ord. 2010-1 & 2008A-01	Y	---	I3	Y	A
EH	PIC	Marina sewage collection and disposal			KCBOH Ordinance No. 1999-13	Y	---	I3	Y	A
EH	SHW	Solid and hazardous waste complaint response	70.95, 70.105	173-303, 173-350	KPHB Ord. 2010-1	Y	---	I3	Y	A
EH	SHW	Solid waste complaint facility permits and inspections	70.95	173-303, 173-350	KPHB Ord. 2010-1	Y	---	I3	Y	A
EH	SHW	Illegal drug lab response and enforcement	64.44	246-205	KPHB Ord. 2005-07	Y	---	I3	Y	A
Admin	HO	Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction	70.05.070	---	---	Y	---	I4	N	A
CH	CDP	Facilitate changes to the built environment that promote active living and healthy eating	---	---	---	N	2A, 2B	I6		B
Admin	HO	Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within Kitsap County	70.05.070	---	---	Y	---	J1	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	J1	N	A
CH	CDP	Kitsap Strong- chronic disease/mental illness/chemical dependency prevention through Adverse Child Experiences (ACEs) prevention and mitigation - Kitsap Community Health Priorities (KCHP)	---	---	---	N	2B	J1		B
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP))	---	---	---	N	2A, 2B, 2C, 5A	J1	N	B
CH	CH Admin	Facilitate Perinatal Task Force and participate in the Executive Leadership team of Kitsap Strong	---	---	---	N	4C	J1		B
Admin	HO	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	J3	N	A
CH	CH Admin	Create and maintain relationships with important partners locally, statewide, nationally; take on leadership roles in state public health organizations, boards, and committees (Washington State Association of Local Public Health Officials (WSALPHO), etc.); and serve on statewide public health work groups	---	---	Core Business Function	Y	---	J3	N	A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
CH	CH Admin	Facilitate Perinatal Task Force and participate in the Executive Leadership team of Kitsap Strong	---	---	---	N	4C	J3		B
CH	CH Admin	Identify and implement evidence-based programs (Nurse Family Partnership (NFP)); particpate in policy development; and educate the public and policy makers on important public health issues	---	---	---	N	4A, 5D	J3		B
Admin	Assess	Respond to non-strategic external data requests from individuals, media, and organizations.	---	---	---	N	---	K1		C1
Admin	HO	Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within Kitsap County	70.05.070			Y	---	K1	N	A
Admin	HO	Makes oral presentations	---	---	Employment Contract	Y	---	K1	N	A
Admin	Admin	Participate in collaborative efforts to improve health care quality and effectiveness, reduce health care costs and improve population health (Triple Aim)	---	---	---	N	6.B	K2	N	B
Admin	HO	Coordinate resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public	---	---	Employment Contract	Y	---	K2	N	A
Admin	HO	Provide guidance on community needs, resources and organizations related to PH and medical care	---	---	Employment Contract	Y	---	K2	N	A
CH	CH Admin	Lead Kitsap Community Health Priorities process (Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP))	---	---	---	N	2A, 2B, 2C, 5A	K2	N	B
CH	CH Admin	Facilitate Perinatal Task Force and participate in the Executive Leadership team of Kitsap Strong	---	---	---	N	4C	K3		B
Admin	HO	Act as vital statistics registrar	70.58.020	---	---	Y	---	L2	Y	A
Admin	Supt Svces	Issue birth and death certificates	Chapter 70.58 RCW	Chapter 246-491 WAC	---	Y	---	L2	Y	A
Admin	Admin	Backbone support for the Olympic Community of Health	---	---	---	N	6.A	---	Y	B
Admin	Assess	Train other KPHD staff to increase capacity in assessment/epidemiology functions and to improve the quality of program data collection.	---	---	---	N	5A	---		B
Admin	Assess	Train students in assessment and epidemiology to build capacity in the future public health workforce.	---	---	---	N	---	---		D
Admin	Assess	Lead development of Regional Health Improvement Planning process for the 3-county Accountable Community of Health including needs assessment, priority setting, monitoring and evaluation.	---	---	---	N	6A	AIS		B
Admin	Assess	Fulfill community partner agency contracts for data, needs assessments, monitoring and evaluation	---	---	---	N	---	AIS	Y	C2
Admin	HO	Provide medical management of Tuberculosis (TB) and B-1 Immigrant evaluations; Tuberculosis (TB) physical examination, assessment and treatment when needed; Medically supervise all clinical activities; provide consultation to Nurse Family Partnership (NFP) and PCH nurses, EH staff	---	---	---	N	---	AIS		D
Admin	HR	Maintain relationship with union leadership	---	---	Core Business Function	Y	---	---	N	A
Admin	HR	Commute Trip Reduction Program	---	---	---	N	---	---	N	D
Admin	HR	Maintain hard copy personnel records	42.56 (Public Records Act)	---	---	Y	---	AIS	N	A
Admin	HR	Provide technical assistance on employment requirements, personnel rules, Collective Bargaining Agreement	---	---	Core Business Function	Y	---	AIS	N	A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
Admin	PHEPR	Provide emergency preparedness consultation to Clallam and Jefferson Local Health Jurisdictions (LHJs); conduct regional PHEPR meetings, trainings, and other events; coordinate local and regional healthcare emergency planning via grant-funded healthcare preparedness work	---	---	---	N	---	AIS	Y	C2
Admin	PHEPR	Represent Region 2 (Kitsap, Clallam, and Jefferson) and KPHD in DOH advisory groups and planning committees	---	---	---	N	---	AIS	Y	C2
Admin	PIO	Manage internal communication including newsletter, managers meeting and all-staff meetings	---	---	---	N	5C	---	N	B
Admin	Supt Svces	CH in-person client and visitor/telephone reception	---	---	Core Business Function	Y	---	AIS		A
Admin	Supt Svces	Scheduling and referrals for PCH	---	---	---	N	4C	AIS		B
CH	CD	Provide adult immunizations	---	---	---	N	---	AIS		D
CH	CD	Provide children's immunizations	---	---	---	N	---	AIS		D
CH	CD	Syringe exchange and harm reduction services	---	---	---	N	1.A	AIS		B
CH	CH Admin	Teach Public Health Nursing course at Olympic College	---	---	---	N	---	AIS		C2
CH	CH Admin	Precept bachelor and masters level nursing and public health students	---	---	---	N	---	AIS		D
CH	FP	Women's health exams	---	---	---	N	---	AIS		D
CH	FP	Contraceptive supplies or referral	---	---	---	N	---	AIS		D
CH	FP	Sexually-transmitted infection disease education, counseling, risk reduction	---	---	---	N	---	AIS		D
CH	FP	Pregnancy tests	---	---	---	N	---	AIS		D
CH	FP	Sexually-transmitted infection screening, diagnosis, treatment	---	---	---	N	---	AIS		D
CH	FP	Breast and Cervical Health Program (BCHP) outreach and case management	---	---	---	N	---	AIS		D
CH	HIV/AIDS	Provide medical case management	---	---	---	N	---	AIS		C2
CH	HIV/AIDS	Provide nursing and admin support to Harborview HIV Clinic Physicians	---	---	---	N	---	AIS		C2
CH	IAP	Certified Navigators on staff provide to provide community outreach and assistance with health insurance enrollment	---	---	---	N	2.C	AIS		B
CH	IDP	Hepatitis prevention - immunization, screening, linkage to care	---	---	---	N	1A	AIS		B
CH	NFP	Provide evidenced-based Nurse Family Partnership intensive public health nursing program to improve the health and life course of first-time, low-income mothers and their children	---	---	---	N	4A, 4C	AIS		B
CH	PCH	Childcare provider evaluation/consultation/training	---	---	---	N	4A	AIS		B
CH	PCH	Children with special health needs--patient services and case management	---	---	---	N	4A	AIS		B
CH	PCH	First steps--public health nursing assessment, behavioral health, education, and follow-up	---	---	---	N	4A, 4C	AIS		B
CH	PCH	New parent support drop-in sessions/lactation services	---	---	---	N	4A	AIS		B
CH	PCH	Parenting & Social Support Group for Central American Indigenous Immigrants	---	---	---	N	4A	AIS		B
CH	TB	Provide home visit to active Tuberculosis (TB) cases to assess home setting	---	---	---	N	---	AIS		C2
CH	TB	Provide housing if necessary to assist with/ensure compliance with Tuberculosis (TB) therapy	---	---	---	N	---	AIS		C2
CH	TB	Provide state-supplied medication for active Tuberculosis (TB) cases	---	---	---	N	---	AIS		C2
CH	TB	Provide skin testing for general public; assess results and refer if needed	---	---	---	N	---	AIS		D
EH	DW	Provide Water Status Reports for property conveyance	---	---	---	N	---	AIS	Y	C2
EH	Food	Recreational shellfish bed monitoring	---	---	---	N	3A	AIS	Y	B
EH	OSS	Education and information for onsite sewage system owners	70.05; 70.118	246-272A	KPHB Ord. 2008A-01	Y	---	AIS	Y	A

Division	Program	Service	RCW	WAC	OTHER MANDATE	MANDATE? (Y/N)	STRATEGIC PLAN GOAL	FPHS#	COVERS A PORTION OF INDIRECT	RATING = A, B, C, OR D
EH	PIC	Stream, lake, and marine water quality monitoring	---	---	---	N	3A	AIS	Y	**B**
EH	SHW	Emergency response to hazardous chemical spills and releases	70.05	---	---	N	3B	AIS	Y	**A**

Kitsap Public Health District
Foundational Public Health Services Gap Analysis
May 20, 2016

Foundational Public Health Services (FPHS) are a defined, basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington. These services provide a strong foundation from which the state and local communities can deliver *Additional Important Services* (AIS)[1] that respond to and are local community priorities.

Of the 55 FPHS in the Washington State FPHS model, 50 are relevant at the local level. The Kitsap Public Health District (KPHD) is able to provide a basic level of service for a majority of the services: 36 of the 50 services. KPHD is not currently able to significantly provide seven of the FPHS and only partially provides an additional seven FPHS. Additional resources would be required to address these current gaps. A list of the gaps is provided below:

Complete Gaps:

- **EMERGENCY PREPAREDNESS, STANDARD B4:** Promoting community preparedness by communicating with the public in advance of an emergency about steps that can be taken before, during or after a disaster.
- **POLICY DEVELOPMENT, STANDARD D3:** Ability to utilize cost benefit information to develop an efficient and cost-effective action plan to respond to priorities identified in a community health assessment.
- **COMMUNICABLE DISEASE, STANDARD G3:** Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing important communicable diseases and other notifiable conditions such as influenza and hepatitis, seek resources for and advocate for high priority policy and other control initiatives regarding communicable diseases and other notifiable conditions.
- **CHRONIC DISEASE/INJURY PREVENTION, STANDARD H3:** Reduce statewide and community rates of tobacco use through programs that conform to standards set by Washington laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation and reduce secondhand smoke exposure. Contribute to a reduction in statewide and community rates of alcohol and other drug use by working with partners at the state and local level to identify (1) evidence-based population-based interventions or (2) innovative/promising population-based interventions with valid evaluation studies; and collaborate with partners in generating funding for these interventions.
- **ENVIRONMENTAL PUBLIC HEALTH, STANDARD I4:** Identify and address priority notifiable zoonotic conditions (e.g., those transmitted by birds, insects, rodents, etc.), air-borne conditions, and other public health threats related to environmental hazards.

[1] AIS are those services which are critical locally and do not necessarily need to be provided by governmental public health for all people throughout Washington.

- **MATERNAL/CHILD/FAMILY HEALTH, STANDARD J4:** Identify local maternal and child health community assets, develop a prioritized prevention plan using life course expertise and an understanding of health disparities, seek resources for and advocate for high priority policy initiatives.

- **ACCESS/LINKAGE WITH HEALTH CARE, STANDARD K3:** In concert with national, statewide, and local health care providers and groups, develop and implement prioritized plans for assuring access to specific clinical services of public health importance, such as family planning, key services for pregnant women and their infants (i.e., maternity support, WIC), and STD and HIV testing and treatment; seek resources for and advocate for high priority policy initiatives.

Partial Gaps (gap shaded):

- **COMMUNICATION, STANDARD C2:** Ability to develop and implement a communication strategy, in accordance with Public Health Accreditation Board standards, to increase the visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks, healthy behaviors, and disease prevention in culturally and linguistically appropriate formats for the various communities served, including use of electronic communication tools. ***(GAP: No formal communication strategy.)***

- **COMMUNICABLE DISEASE, STANDARD G2:** Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. ***(GAP: Limited to vaccines for children providers and a small amount of "immunity community" work.)***

- **CHRONIC DISEASE/INJURY PREVENTION, STANDARD H1:** Provide timely, statewide and locally relevant and accurate information to communities on chronic disease (including behavioral health) and injury prevention. ***(GAP: No significant injury prevention programs or services.)***

- **CHRONIC DISEASE/INJURY PREVENTION, STANDARD H2:** Identify statewide and local chronic disease (including behavioral health) and injury prevention community assets, develop and implement a prioritized prevention plan, seek resources for and advocate for high priority policy initiatives. ***(GAP: No significant injury prevention program/services, and no prioritized plan or resources for injury prevention.)***

- **ENVIRONMENTAL PUBLIC HEATLH, STANDARD I3:** Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations. ***(GAP: There is currently no funding or program for ongoing mandated school inspections.)***

- **ENVIRONMENTAL PUBLIC HEALTH, STANDARD I6:** Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g., consideration of housing, urban development, recreational facilities, and transportation). ***(GAP: Work limited to some land use, transportation, and food access work, and limited involvement with policy implementation.)***

- **ACCESS/LINKAGE WITH HEALTH CARE, STANDARD K1:** Provide accurate timely, statewide, and locally relevant information to communities on the medical, oral and behavioral health care system. ***(GAP: Some of this work is going on with the Olympic Community of Health health system reform work and through our Kitsap Community Health Priorities work, but information is not shared with communities as widely as desired.)***

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

PART TWO:
FINANCING AND BUDGETING

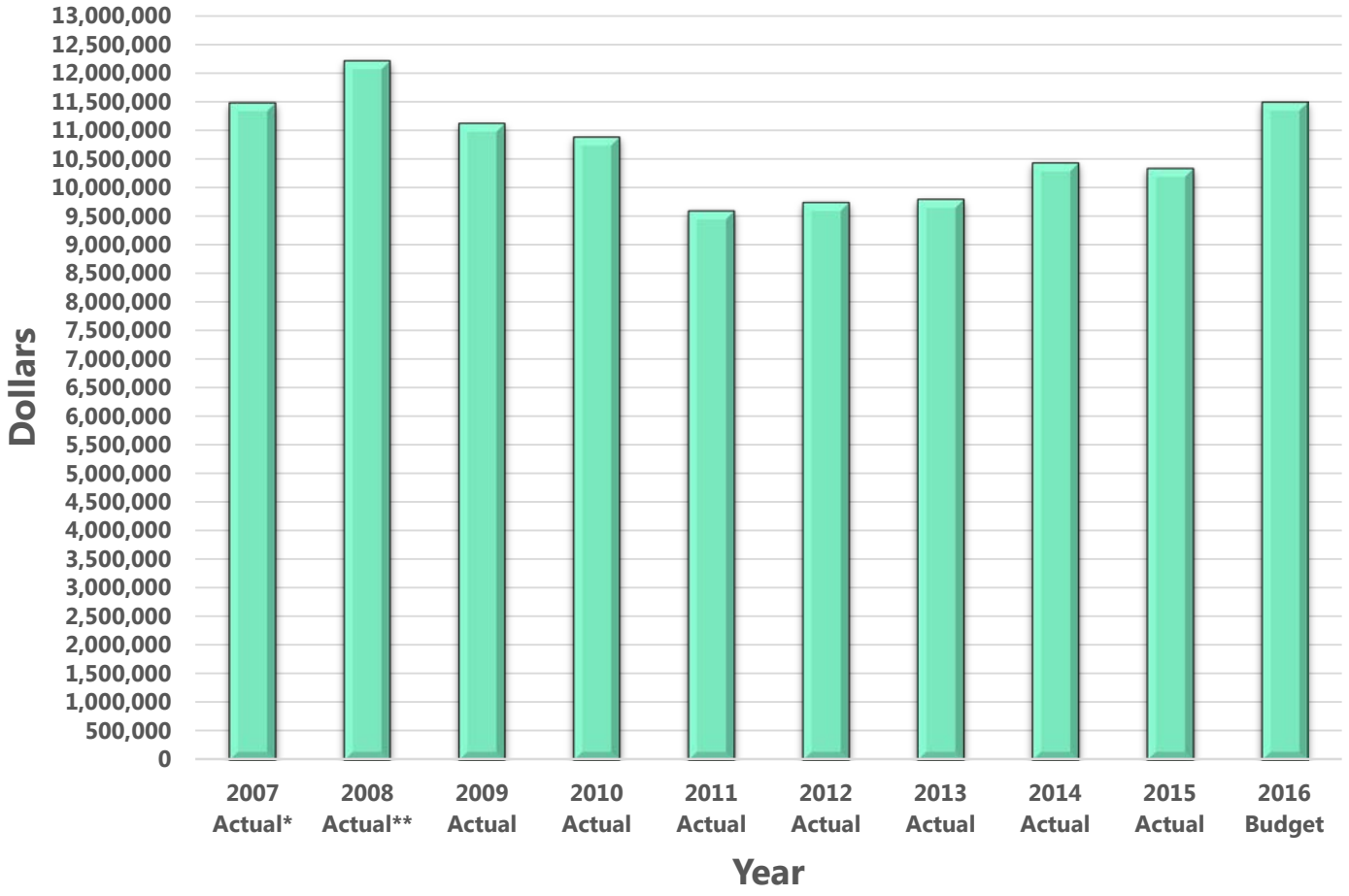
Budget and Deficit Overview

Board Work Study Presentation
June 2, 2016

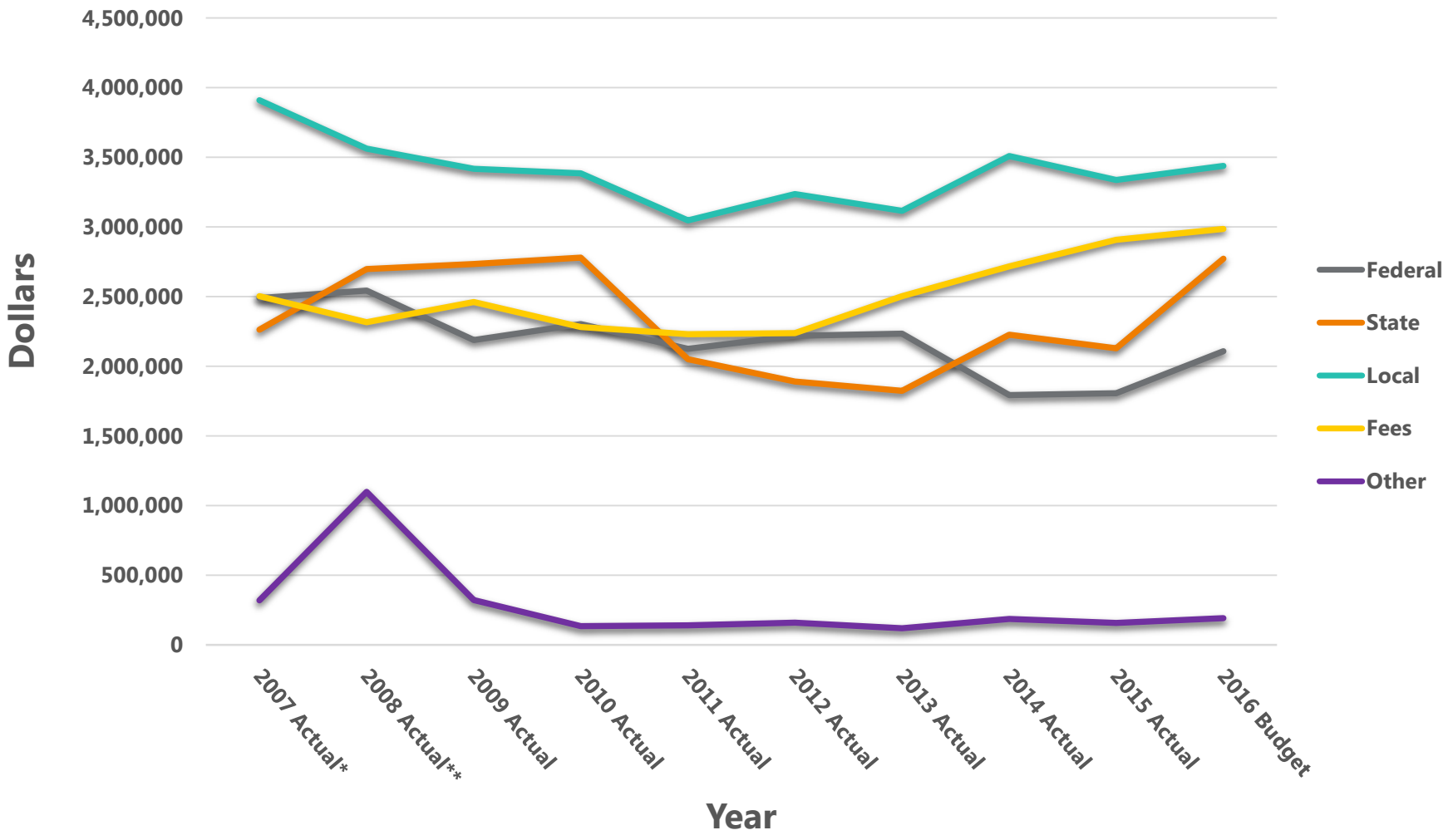
Scott Daniels
Administrator

KITSAP PUBLIC HEALTH DISTRICT

Total Revenue, 2007-2016



Revenue by Source, 2007-2016



Finances: What We Know

1. Except for Fees, Revenues Mostly Flat
2. Some Gains in Categorical Short-Term Revenues
3. Funding Challenges in Community Health
4. Challenges Paying for Admin Infrastructure
5. Wages Increasing
6. Cost Savings through Attrition & Service Prioritization

Finances: What We Don't Know

1. Foundational Public Health Services Funding?
2. Federal Funding?
3. Local Government Funding?
4. Medicaid Waiver Funding?

Deficit Estimates

Also Called Reserve Spending

- **2016 Budget (approved): $490,000**
- **2016 Budget (current estimate): $209,000**

- **2017 Budget (projection): $516,300***

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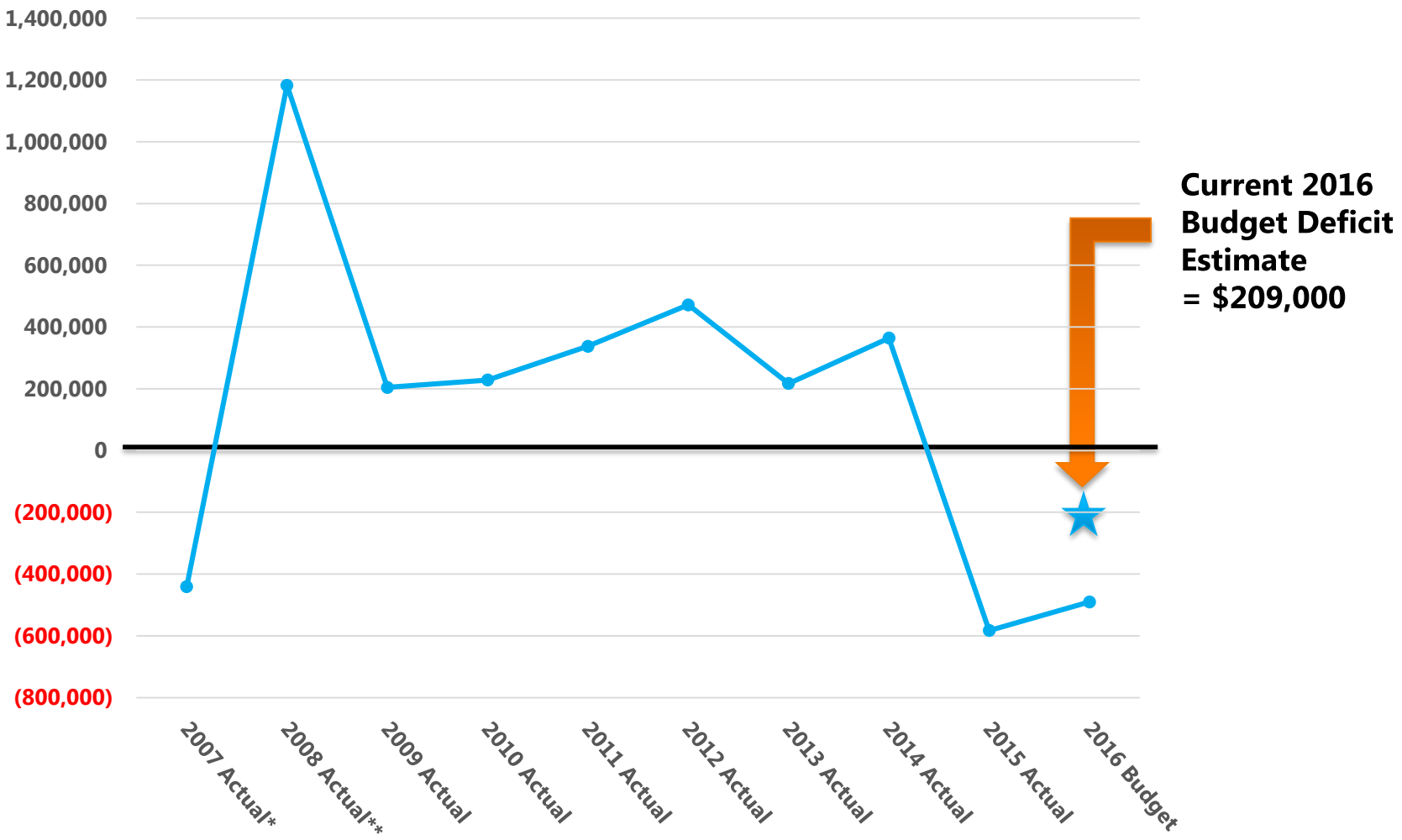
* 2017 projection does not include deficit reduction strategies under discussion.

Cash Surplus/Deficit, 2007-2016



Why Do We Have a Deficit Budget?

- Revenues not keeping pace with costs
- Revenues slower to materialize to address new priorities
- Commitment to pay staff fairly

Use of State & Local Flexible Funding

Board Work Study Presentation
June 2, 2016

Katie Eilers, Assistant Community Health Director
John Kiess, Assistant Environmental Health Director

KITSAP PUBLIC HEALTH DISTRICT

Use of State & Local Flexible Funding, 2016

Parent Child Health	$535,499	19.60%
Communicable Disease Program	438,807	16.06%
Pollution Identification & Correction	418,175	15.31%
Chronic Disease Prevention	372,957	13.65%
Nurse Family Partnership	273,797	10.02%
Assessment & Epidemiology	260,281	9.53%
Family Planning	$186,431	6.82%
Infectious Disease Prevention	150,179	5.50%
Public Health Emergency Preparedness & Response	46,688	1.71%
Food & Living Environment	44,290	1.62%
Health Insurance Navigator	5,148	0.19%

Overview of Board Contributions to the District

Board Work Study Presentation
June 2, 2016

Keith Grellner
Environmental Health Director

KITSAP PUBLIC HEALTH DISTRICT

Overview of Board Contributions to District: RCW 70.46.085

- **County** has responsibility to fund public health
- **Cities** have no legal responsibility to fund
- **City** funding needed for services not described in RCW
- **Cities** also have representation on Board, involved in public health decisions

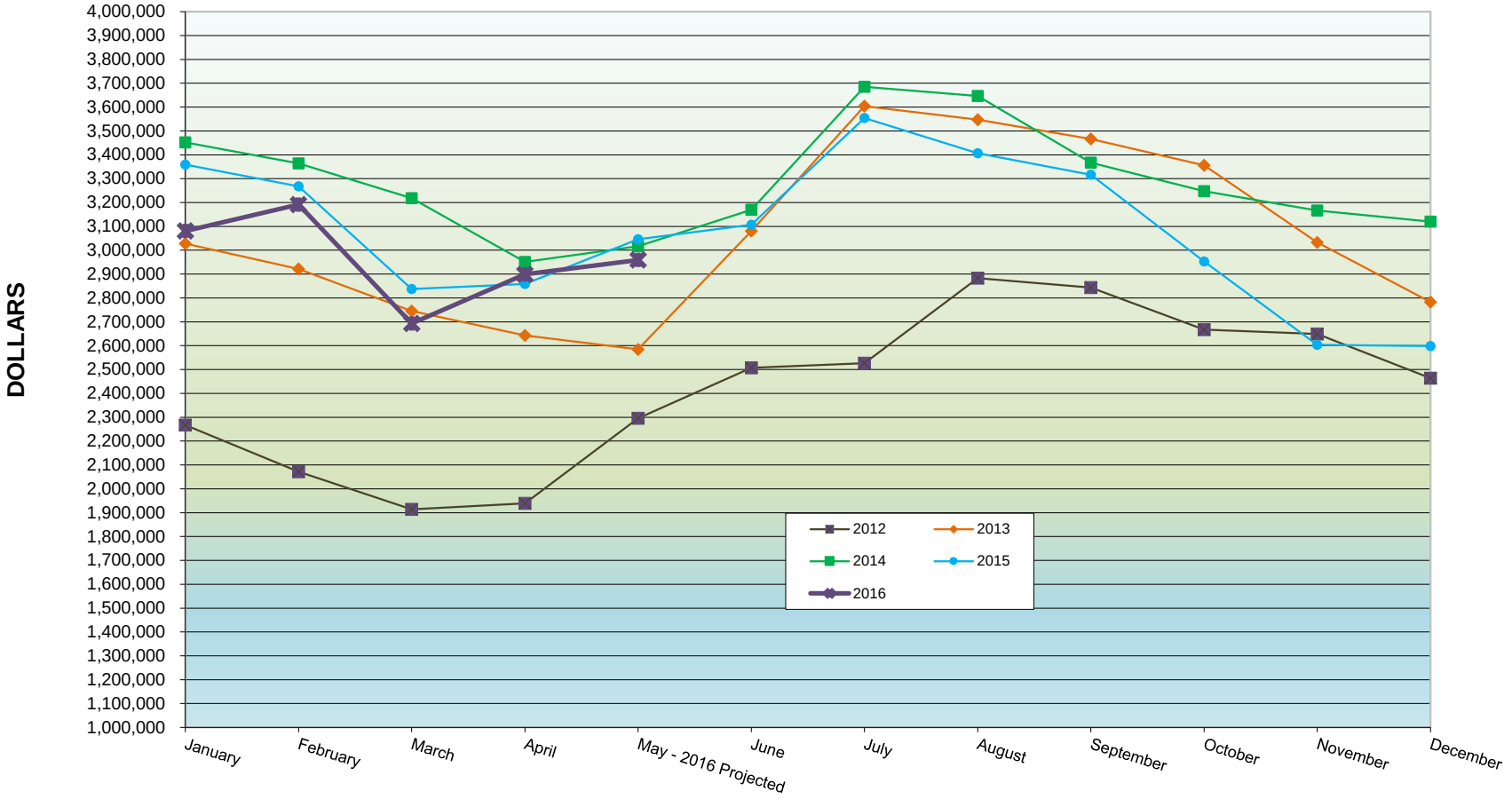
Board Contributions to District

- Funding history provided in packet, 1978-2016
- No funding formula currently exists
- Basis of current Board funding shares unknown
- Not all programs receive Board funding
- Funding formula based on delivery of services in each jurisdiction “problematic”
- Requesting status quo on process due to FPHS discussion underway

Board NDGC Contributions to District

- NDGC considered critical to County & City economic development
- District was unable to pay full cost
- In 2002, Board "committed in principle" to fund 20% share of District debt service costs 2005 - 2034
- 20% of cost equals approx. $60,000/year
- Funding requests made to Board jurisdictions annually

KITSAP PUBLIC HEALTH DISTRICT
MONTH-END TOTAL CASH & INVESTMENTS
2012 - 2016



KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

Kitsap Public Health Board
Finance & Operations Committee Meeting
Thursday August 6, 2015
1:30 – 3:00 p.m.
Kitsap Public Health District Office
345 6th Street, Bremerton, WA
Sinclair Room (Room 409, 4th Floor)

AGENDA

1. Local Government Funding to the Health District

- **ATTACHMENT 1:** October 2, 2001, Bremerton-Kitsap County Board of Health Meeting Minutes and Packet Information
- **ATTACHMENT 2:** June 4, 2002, Bremerton-Kitsap County Board of Health Meeting Minutes and Packet
- **ATTACHMENT 3:** October 3, 2006, Kitsap County Board of Health Meeting Minutes and Packet Information
- **ATTACHMENT 4:** Summary of Local Government Flexible Contributions, 2007-2015

Action Requested: The Committee will be asked to consider and recommend a local government funding methodology to the Kitsap Public Health Board for discussion at the Board's September 1st meeting.

2. Board Approval of State Master Contract Purchases Exceeding $50,000

Action Requested: The Committee will be asked to recommend whether the full Board should approve District purchases in excess of $50,000 from vendors on the State Master Contract.

3. Finance Committee Report to the Board

Action Requested: The Committee will be asked to assign a Board member to report on the Committee's recommendations at the Board's September 1st meeting.

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

MEMO

To: Kitsap Public Health Board Finance Committee

From: Scott Daniels, Administrator

Date: July 30, 2015

Re: **1) Local Government Funding to Kitsap Public Health District**
2) Board Approval of State Master Contract Purchases Exceeding $50,000

At the August 6th Kitsap Public Health Board Finance Committee meeting, we will discuss the issue of local government funding to the Health District --- principally flexible funding, not targeted contract funding --- and funding for the District's Norm Dicks Government Center mortgage. We will review the history of local government funding to the Health District, present funding options, and discuss next steps in the decision process. It is our hope to bring the matter back to the full Board for discussion at their meeting on September 1st.

We will also discuss the issue of District purchases from approved vendors on a State Master Contract where the purchase exceeds $50,000. Details on each agenda item are provided below.

1. Local Government Funding Overview

RCW 70.46.085 specifies that the County has the responsibility to bear the expense of providing public health services or covering expenses incurred by the Health District to carry out public health laws and rules adopted by the State Department of Health. Legally, the cities have no requirement under State law to provide payment to the Health District for public health services. However, there are two key considerations regarding city funding:

- The District provides services directly to city residents, including services not spelled out in RCW 70.46.085, and services supporting municipal operations. When enacted, RCW 70.05 and 70.46 mandated limited public health responsibilities for health districts and departments, much more limited than the services we currently provide. We provide essential public health services to the cities not mandated in the RCW or by the State Department of Health including, but not limited to, public health emergency preparedness and response, community health planning, parent child health (home visiting nurses), epidemiology services, food worker card classes, etc.

- The cities have seats, and full representation, on our Kitsap Public Health Board, enabling the cities to be directly involved in decisions affecting services, public health policy and planning, governance, and financing. The cities provide a very modest, yet important, financial contribution to the District.

2. Brief History of Local Government Funding to the District

A brief chronology of local flexible government funding to the District follows below:

A. Pre-1978: Dedicated State Funding (Millage)

Before 1978, local public health agencies received a dedicated millage established by the State Legislature. No county or city flexible funding existed.

B. 1978-1983: Counties Collect and Distribute Millage / Board Adopts Funding Formula

In 1978, the dedicated millage was discontinued by the Legislature, and the counties began to collect those taxes. The first year of the transition, the County contributed the 1977 millage rate as baseline funding to the District. Soon thereafter, all the cities and the County began contributing to the District using a formula developed by a consultant and approved by the Board of Health. Copies of the actual calculations cannot be found. Based on historic documents, the formula was described as being based on 1) percent of population, 2) percent of "activity" for each entity, and 3) percent of assessed property valuation. In 1983, the County provided additional funding for TB control in addition to the local government contribution formula funding.

C. 1996-2000: The Impacts of MVET and Initiative 695

In 1996, the State Legislature redirected 2.95% of the Motor Vehicle Excise Tax (MVET) from the cities to local public health agencies. Across the State, and in Kitsap County, cities withdrew flexible financial support for their local public health agencies. Then, in 2000, Initiative 695 passed which resulted in the elimination of MVET. Following that, the Legislature approved "backfill funding" to partially replace lost MVET funding. Only about 90% of the lost revenue was backfilled and, despite inflation and rising public health needs and service demands, the level of funding remained virtually static until additional funding was earmarked for Communicable Disease in 2008.

D. 2001: City Funding Resumes

Following the loss of MVET revenue in 2000, in 2001, the Board of Health approved re-establishing a local government contribution funding formula to supplement State backfill funding. This time, however, the formula and the calculations were clearly based only on the average of percent population and percent assessed property value. The request for the 2001 budget was to apply a 3% increase to the calculated totals. See the October 2, 2001, Bremerton-Kitsap County Board of Health meeting minutes and packet in Attachment #1.

E. 2002: County and Cities Contribute to District Mortgage Cost

Following much discussion with Kitsap County and the full Board, the Health District moved into the Norm Dicks Government Center in late 2004. In 2002, to make the move possible for the District, the Board agreed that the County and the cities would contribute 20% of the District's debt service costs for the Government Center. These payments were in addition to their regular public health contributions. See the June 4, 2002, Bremerton-Kitsap County Board of Health meeting minutes and packet in Attachment #2.

F. 2006-2009: In 2006, the Board evaluated the local government contribution formula and options for funding. They decided that contributions from local governmental entities would be decided upon during the budget development process and would occur earlier in the year. For the 2007 budget, they decided that the local contributions from each jurisdiction be increased by five percent over 2006 funding. A local funding formula was not applied. That level of funding was maintained by the cities through 2009. County contributions varied throughout this period. See the October 3, 2006, Kitsap County Board of Health meeting minutes and packet in Attachment #3, which also provides a summary of local government funding to the District for the period 1962-2006.

G. 2010-2015:

In 2010, a four percent increase to the cities' contributions was approved and that funding level has remained constant for the cities through the current 2015 budget. County contributions again varied through this period, decreasing from 2008 to 2011 due to the recession, and increasing slowly since that time. See Attachment #4 which provides a summary of local government funding to the District for the period 2007-2015.

3. Local Government Funding Summary and Options

Since 1978, local government jurisdictions in Kitsap County have contributed funding to the Health District using a variety of different approaches, including using funding formulas. Currently, no funding formula exists to allocate contributions between Board jurisdictions. In 2007 and 2010, incremental percentage increases were requested and approved. County contributions have been much more variable in nature through the years, and are based on specific funding requests formally submitted to the County each year during the County's budget process.

There are many different funding approaches the Board can take to fund the District. District staff will cost out and discuss different funding approaches with the Finance Committee on August 6th. Potential funding approaches for the 2016 budget (and beyond) could include:

A. **Status Quo Funding:** No change in 2015-level funding requested in 2016. This option does not identify a longer-term funding formula or methodology. This is the "punt until 2017" option, and could be used if additional time-intensive analyses are requested by the Committee or Board.

B. **Incremental Annual Funding Increase:** Could either apply a straight percentage increase to County and city 2015 funding levels for 2016 (as was applied in 2007, and 2010 for just the cities), or could, as a longer term option, utilize cost-of-living or other economic indicators as the basis for the annual funding requests.

C. **Funding Formula:** The District could re-implement a funding formula. In the past, funding formulas have been based on percentage of population and assessed value in the jurisdictions, and, in one formula, also included the amount of District activity in the jurisdictions. The later measure would, however, be potentially subjective in nature and difficult to assess due to the diverse array of services currently provided by the District. However designed, the formula would result in a restructuring of current funding allotments from the jurisdictions. The formula could apply to both the County and the cities, or to just the cities. It could be applied to current 2015 funding levels. This option does not identify a process for needed funding increases, it would just determine the allotted percentages that would apply to future increases, if requested.

D. **Program-Specific Funding Requests:** Increases could also be proposed each year to the jurisdictions for specific programs or projects, including new or expanded evidence-based programs and services, strategic initiatives, etc. The allotment of these costs to the jurisdictions could be based on current or restructured jurisdictional funding percentages.

The District has not analyzed local government funding methodologies used by other junior government districts in Kitsap County, and has not employed a financial consultant to further identify options. Whatever option is supported, it is the District's hope that the agreed upon approach does not result in a net loss of funding to the District in 2016 and beyond, but rather supports needed programs and services valuable to the residents of Kitsap County and its local governments.

4. Board Approval of State Master Contract Purchases Exceeding $50,000

In addition to the issue of local government funding, we will also ask the Finance Committee for a recommendation regarding whether the Board should approve District purchases from approved vendors on a State Master Contract where the purchase exceeds $50,000. Purchases off the State Master Contract do not require a District contract, only a purchase order. Currently, the Board approves District contracts in excess of $50,000 (under a District administrative policy) but not purchase orders. There is no legal requirement for the Board to approve contracts or purchase orders in advance of $50,000. The District has a neutral position on whether the Board needs to approve these purchases.

Let me know if you have any questions in advance of the meeting. I can be reached at (360) 337-5294 office or (360) 620-3704 cell, or at scott.daniels@kitsappublichealth.org.

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

ATTACHMENT 1

BREMERTON-KITSAP COUNTY BOARD OF HEALTH
MINUTES
October 2, 2001

The meeting was called to order at 10:10 a.m.

MINUTES

The minutes were approved as circulated.

EXECUTIVE SESSION

A 10-minute Executive Session to discuss union negotiations and legal matters was announced, and the Board adjourned to this session at 10:11 a.m. The public session was resumed at approximately 10:21 a.m.

CORRESPONDENCE

Copies of a letter and registration material for the 4th Local Boards of Health Leadership Workshop were distributed. Elaine Croteau asked the Board members to contact her if they are interested in attending.

ACTION ITEMS

a. Resolution 2002-14 – Approving Union Contract with the Health Professional and Technical Unit, Local 17

Elaine Croteau reviewed the proposed union contract terms as outlined in Resolution 2002-14. After discussion Weatherill/Endresen moved and seconded to approve Resolution 2001-14. The motion was approved unanimously.

b. Resolution 2001-15 – Approving Emergency, Biological, and Chemical Preparedness Program

Dr. Lindquist discussed this proposed resolution. This program is being developed in partnership with the Department of Emergency Management and other community partners to implement the emergency response plan already in place in Kitsap. The Health District's role in this plan centers around educating the medical community, pharmacists, and other health care providers on bioterrorism, along with developing the public health response in case of an attack. Council member Shepherd stated that this is a good start, but he asked:

- "What are the costs to implement this plan?"
- "What about state stockpiles of antibiotics and other supplies?"
- "What are you doing for prevention?"

Dr. Lindquist responded that at this time the District has no dollars budgeted for this program. It is currently costing the District the Health Officer's time only. Dr. Lindquist did state that he will need a part-time nurse to help coordinate this effort. He stated he will provide budget information has soon as it is available. He further explained that the state has a plan to deliver within 12 hours the stockpiled supplies needed if there is a bioterrorism event in any area of the state. As for prevention, Dr. Lindquist stated that a bioterrorist act is different from a communicable disease outbreak. We can immunize the public for many communicable diseases, but since the specific biological agent in a bioterrorism act is unknown until there are patients with symptoms, it is difficult to do traditional public health prevention, except for education. After further discussion Weatherill/Botkin moved and seconded to approved Resolution 2001-15. The motion was approved unanimously.

ADMINISTRATION

a. 2000 Audit Report

Copies of the 2000 audit report were distributed in the Board packets. Elaine Croteau reported that this was a clean audit. Chair Sutton stated that he attended the exit conference with the state auditor, who complimented the District's staff regarding the District's cash handling and reporting practices.

b. Local Government Contributions for 2002

Dr. Lindquist provided the Board with a historical review of the cities and county contributions from 1980 to 2001. He reminded the Board that in 1996 all member entities of the Board of Health approved ordinances agreeing to continue to participate in the governance and financing of the Health District, and the Board has been operating in accordance with those ordinances ever since. He then provided the Board with specific data on the majority of public health services provided to the citizens of each Board jurisdiction for the period July 1, 2000 through June 30, 2001. Finally, Dr. Lindquist requested that the Board of Health approve the staff proposed local government contributions to the Health District for 2002 and recommend these contribution levels for 2002 to the cities and county as the minimal level of financial support needed for the public health services provided within each jurisdiction by the Health District. In summary, Dr. Lindquist stated that the overall goal in maintaining this kind of financial support from the various Board of Health member jurisdictions is to maintain the cities and county representation in governance, service provision, financing, and public health planning within this community. After much discussion Shepherd/Botkin moved and seconded to approve the proposed local government contributions for 2002 as outlined in Table 5 of Dr. Lindquist's memo to the Board. The motion was approved unanimously.

PUBLIC COMMENT

Nancy Friedrich from Bainbridge Island expressed her concern regarding the threat of bioterrorism and urged the Board of Health to consider implementing a disaster drill as soon as possible. Dr. Lindquist responded that a large-scale disaster drill was held a year ago, and three disaster drills are being scheduled, with two very soon. Commissioner Endresen stated that Initiative 747 will have a huge impact on local government and its ability to respond in case of a bioterrorism event. Council member Shepherd stated that this information needs to get out to the press on what I-747 means to all of us. Mayor Sutton stated that the public needs information on how this initiative will affect governmental services at the local level. Discussion continued.

There was no further business, and the meeting was adjourned at 10:45 a.m.

Mayor Dwight Sutton, Chair
Bremerton-Kitsap County Board of Health

Scott W. Lindquist, MD, MPH
Director of Health

Board Members Present: Council member Carol Arends; Commissioner Tim Botkin; Mayor Donna Jean Bruce; Council member Lois Curtis; Commissioner Chris Endresen; Council member Mike Shepherd; Mayor Dwight Sutton; Mayor Leslie J. Weatherill.

Staff Present: Dr. Scott Lindquist; Scott Daniels; Elaine Croteau; Suzanne Plemmons; Jerry Deeter

Public Present: Melinda Anthony, Louann Bear, Diane Lenius, Doug Earl, Melinda Earl, M. Diane Manning, Jan West, Leadership Kitsap; Nancy Friedrich, self; Lloyd Pritchard, *The Sun*

Bremerton ❖
Kitsap County
Health District

Willa A. Fisher, MD, MPH, Director
109 Austin Drive
Bremerton, WA 98312
(360) 478-5235
FAX (360) 478-5298

DATE: September 24, 2001

TO: Board of Health

FROM: Scott W. Lindquist, MD, MPH

RE: LOCAL GOVERNMENT CONTRIBUTIONS TO THE HEALTH DISTRICT – HISTORICAL PERSPECTIVE

Prior to the passage of the 1993 health reform legislation, local public health operated under varying structures and financing; however, some local public health jurisdictions experienced dissension among their cities and counties over governance and financing issues. Under the 1993 Washington Health Services Act (Health Reform) as amended in 1995, the governance and financing structures for local public health jurisdictions were modified by the Legislature in an attempt to address this dissension. (As you know, the Bremerton-Kitsap County Board of Health never experienced any dissension regarding the finance or governance of this District.) In summary, the amended governance and financing provisions included sections which:

- Clearly define the counties' responsibilities for providing and financing local public health services.
- Maintain local flexibility for cities and counties in defining local public health governance structures.
- Allow the option of city and non-elected representation on local boards of health.
- Allow for the shift of 2.95% of the Motor Vehicle Excise Tax (MVET) in the Public Health Services Act for distribution to local public health jurisdictions as the direct cities' contributions assuring that each local public health jurisdiction would retain the same level of funding as it had received from the cities in 1995.

As you may recall, during 1996, all entity members of the Bremerton-Kitsap County Board of Health individually approved ordinances agreeing to continue to participate in the governance and financing of the Bremerton-Kitsap County Health District, with the local funding for the District being provided through the MVET (cities) and county contributions. These ordinances also set forth a formula for distributing any additional costs (supplemental budgets) among the Board entities (a copy of your ordinance is attached). For the basic Health District budget, until the year 2000, the county contributions were adjusted annually in amounts comparable to the MVET adjustments as estimated by the Washington State Department of Community, Trade and Economic Development (DCTED).

As you are aware, with the passage of Initiative 695 in 1999, the MVET was reduced to $30/vehicle, and any funding received from that source was eliminated for local governments. The Health District had originally budgeted $618,024 from the MVET for the budget year 2000. The Legislature, however, did

approve an 18-month appropriation for the period of July 1, 2000 through December 31, 2001 to local public health to partially ameliorate the loss of the MVET funds. The Bremerton-Kitsap County Health District received $813,111 for the 2000-2001 biennium, and is scheduled to receive approximately $557,798 in 2002 for the first half of this current biennium. Also, for your information, in the recently approved state budget, the Legislature did not include any language regarding its intent to continue this funding for local public health in the future. In summary and for your information, the attached Tables 1, 2 and 3 show the county and city contributions along with the MVET and I-695 replacement funding to the Health District from 1980 through 2001.

5a

Bremerton ❖
Kitsap County
Health District

Willa A. Fisher, MD, MPH, Director
109 Austin Drive
Bremerton, WA 98312
(360) 337-5235
FAX (360) 337-5298

DATE: August 10, 2001

TO: Board of Health

FROM: Scott Daniels, Deputy Director
Elaine Croteau, Director of Administrative Services

RE: 2002 BUDGET – LOCAL GOVERNMENT CONTRIBUTIONS

Background

As you are aware, with the passage of Initiative 695 in 1999, the Motor Vehicle Excise Tax (MVET) was reduced to $30/vehicle, and any Health District funding received from that source was eliminated for local governments. Prior to the elimination of these funds, the Health District had budgeted $618,024 from the MVET for budget year 2000. After the passage of I-695, the Legislature, however, did approve an 18-month appropriation for the period of July 1, 2000 through December 31, 2001 to local public health to partially ameliorate the loss of the MVET funds. The Bremerton-Kitsap County Health District received $813,111 for the 2000-2001 biennium, and is scheduled to receive approximately $557,798 in 2002 for the first half of this current biennium. Also, of importance to the Health District, the Legislature, in the recently approved state budget, did not include any language regarding its intent to continue I-695 replacement funding for local public health in the future.

The 2002 I-695 replacement funds budgeted for the Health District in the state budget include a 3% increase. As in the past, this same increase has been applied to the funding proposed from the Board of Health entities for 2002 as set forth in the attached Tables 1 and 2. Staff, however, are also requesting additional funding from the Board members through a Supplemental Budget Initiative to support facilities planning activities in 2002. Details of the proposed Supplemental Budget Initiative are provided in the attached memo dated July 31, 2001.

2002 Local Government Contributions

For the 2002 Health District budget, the Board of Health will need to consider several factors:

1. Determine the appropriate level of funding from the Board of Health members for 2002. A 3% increase in base-level contributions is recommended (see attached Tables 1 and 2 for details).

2. Review and support the 2002 Supplemental Budget Initiative for an additional $50,000 proposed by the Health District staff for facilities planning (see attached Table 2 and the July 31st memo for details).

Board of Health Budget Committee Recommendations

The Board of Health Budget Committee met on July 31 and recommended that the Board of Health:

1. Reaffirm the formula used for distributing the local contributions as set forth in attached Table 1 to include population and assessed value as approved in the past, and approve this as the formula to use in the future when distributing local government contributions among the Board members.

2. Approve increasing the base level local government contributions to the Health District for 2002 by 3% over the 2001 funding levels as set forth in attached Table 2.

3. Support funding for the 2002 Supplemental Budget Initiative proposed by the Health District (see attached memo dated July 31, 2001) and agree to the cost sharing formula approved herein as set forth in the attached Table 2.

Swwqbcd/admin/scott/admin/budgets/2002budgets/BOHcontribution2002.doc

Table 1
2002 FORMULA FOR DISTRIBUTION OF LOCAL GOVERNMENT CONTRIBUTIONS
USED 2000 POPULATION AND 2000 ASSESSED VALUATION (for Tax Year 2001)

Entity	2000 Population[1]	% of Total County Population	2000 Assessed Value[2]	% of Total County Assessed Value	Average % Population + % Assessed Value
Bainbridge Island	20,150	8.75%	$ 2,792,261,436	14.32%	11.54%
Bremerton	36,160	15.71%	$ 1,482,231,297	7.60%	11.66%
Port Orchard	7,270	3.16%	$ 394,953,363	2.03%	2.59%
Poulsbo	6,500	2.82%	$ 536,737,478	2.75%	2.79%
Subtotal Cities	70,080	30.44%	$ 5,206,183,574	26.70%	28.57%
Kitsap County	160,120	69.56%	$ 14,291,868,100	73.30%	71.43%
Total	230,200	100.00%	$ 19,498,051,674	100.00%	100.00%

[1] Used OFM April 2000 estimate for 2000 population.

[2] Used Kitsap County Assessor 2000 Assessed Values for Tax Year 2001.

Table 2
2002 PROPOSED CONTRIBUTIONS[1,2]

Source	1998	1999	2000	2001	2002 Base Level Budget	2002 Base + Supplemental Budget Initiative
Kitsap	$ 1,100,479	$ 1,155,503	$ 1,154,145	$ 1,213,278	$ 1,249,676	$ 1,285,386
Bainbridge Island	MVET	MVET	MVET	$ 29,946	$ 30,349	$ 36,119
Bremerton	MVET	MVET	MVET	$ 29,411	$ 30,665	$ 36,495
Port Orchard	MVET	MVET	MVET	$ 6,684	$ 6,809	$ 8,104
Poulsbo	MVET	MVET	MVET	$ 6,929	$ 7,336	$ 8,731
Cities MVET	$ 600,912	$ 585,756	$ -	$ -	$ -	$ -
I-695 Replacement	$ -	$ -	$ 271,037	$ 542,074	$ 557,798	$ 557,798
Totals	$ 1,701,391	$ 1,741,259	$ 1,425,182	$ 1,828,322	$ 1,882,633	$ 1,932,633

[1] Propose 3% increase over 2001 funding levels in local government contributions + $50,000 supplemental budget initiative for facilities planning.

[2] Proposal for the Cities' contributions is the difference between the I-695 replacement funds and the amount necessary to reach the 3% increase over the 2001 MVET replacement levels.

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

ATTACHMENT
2

BREMERTON-KITSAP COUNTY BOARD OF HEALTH MINUTES
June 4, 2002

The meeting was called to order at 10:15.

MINUTES
The minutes were approved as circulated.

CORRESPONDENCE
A letter from Jerry Van Fossen concerning the Health District's move to the Government Center was discussed. Dr. Lindquist spoke with Mr. Van Fossen. Mr. Van Fossen, who lives in the Poulsbo area, was not aware that Health District services are available at the Poulsbo office in addition to Bremerton. Dr. Lindquist assured him that there were no plans to close the District's Poulsbo clinic.

EXECUTIVE SESSION
A five-minute Executive Session to discuss personnel and legal matters was held, beginning at 10:18 a.m. The Board returned to public session at 10:23 a.m.

ADMINISTRATION/FINANCIAL
a) Health District Audit
Dr. Lindquist reported that the state auditors conducted an entrance interview. No problems have been identified to date. Members of the Board will be invited to attend the exit interview.

b) NALBOH Handout
A NALBOH handout was distributed without comment.

ENVIROMENTAL HEALTH DIVISION
a) Self-help OSS repair program
Mr. Deeter introduced a new program, The Self-Help On-Site Sewage Repair Program, to the Board. This program assists two or three low-income families per year to repair failed on-site sewage systems. The Health District has organized a committee that includes representatives from the on-site industry and the Health District. The committee screens applicants and coordinates gathering materials, coordinating volunteers, and providing a licensed contractor. All materials and labor are free-of-charge to the owner of the failing on-site system. The first repair was profiled in Mr. Deeter's PowerPoint presentation. The repair was completed on June 1, 2002, for a property in South Kitsap. Mr. Deeter presented certificates of appreciation to all the volunteer participants.

b) On-Site Alternative Septic System Failure Analysis
In response to a Board request at the April meeting, Mr. Deeter presented an analysis of the failure rate of alternative on-site sewage systems compared with conventional systems from 1999-2001. The data did not reveal a higher rate of failure of the alternative systems compared with the conventional systems. Mr. Deeter attributed the reliability of alternative systems to the operations and maintenance requirement that owners must hire a certified O&M specialist to conduct regular inspections on their systems.

HEALTH OFFICER
Dr. Lindquist told the Board of a new protocol he wrote that is designed to protect children who may have been exposed to methamphetamine use or production. Once identified as being at risk, children will be referred to a medical provider who will complete an exam that includes an immunization review, a medical and developmental history, physical examination (including careful evaluation of possible physical or sexual abuse), labs, and a written assessment.

BUILDING

Mr. Daniels presented an update on the estimated costs of moving the Health District office from 109 Austin Drive to the Government Center in downtown Bremerton. The Health District estimates it will need approximately 27,000 square feet of space, which is 27 percent of the total office space in the proposed Government Center at a cost of $6,480,000 to be paid over 30 years. The Health District expects to be able to cover 80 percent of the debt service. Potential revenue sources have been identified including using the Health District's facilities reserve fund, liquidating the 109 Austin Drive property, savings from subletting or not renewing current office leases, and potential grant revenue and federal appropriations. The Health District requested that the Board take the following actions:

1. Approve District staff continuing to actively pursue all possible funding sources for the proposed office space at the Government Center, and authorize District staff to budget for 80% of the debt service costs in the future.
2. Commit in principle to funding a 20% share of the debt service beginning in 2005 and make this recommendation to the Board of Health local government member entities.
3. Agree that any additional revenues received for the District's building fund would be used to lower the principal owed, thereby reducing the annual debt service payments for all parties.

Commissioner Botkin moved to approve the above staff recommendations. Mayor Kordonowy seconded the motion, which was approved unanimously.

There was a general discussion in support of changing the Health District's name to more accurately reflect its role providing public health services for the entire county. Mayor Kordonowy moved the Health District's name be changed from the Bremerton-Kitsap County Health District to the Kitsap County Health District when it moves into the new building in 2004. Mayor Weatherill seconded the motion. The motion carried unanimously.

PUBLIC COMMENT

There was no public comment.

There was no further business, and the meeting was adjourned at 11:05 a.m.

Commissioner Chris Endresen, Chair
Bremerton-Kitsap County Board of Health

Scott W. Lindquist, MD, MPH
Director of Health

Board Members Present: Commissioner Jan Angel; Commissioner Tim Botkin; Mayor Donna Jean Bruce; Council Member Lois Curtis; Commissioner Chris Endresen; Mayor Darlene Kordonowy; Council Member Will Maupin; Mayor Jay Weatherill

Staff Present: Dr. Scott Lindquist; Elaine Croteau; Scott Daniels; Jerry Deeter; Keith Grellner, Leslie Hopkins; Suzanne Plemmons

Public Present: Brent Fox, *Action On-Site Services*; Julie McCormick, *Bremerton Sun;* David Needham, *Earthmovers;* Tom Needham, *Earthmovers;* Bremerton City Council Member Mike Short; Carl Zimmer, *Zimmer Construction*

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

ATTACHMENT
3

KITSAP COUNTY BOARD OF HEALTH
Regular Meeting
October 3, 2006

The meeting was called to order at 11:23 a.m.

MINUTES
The minutes for the September 12, 2006, meeting were approved as circulated.

DIRECTOR'S REPORT
The Director's Report was deferred to the November Board meeting.

2007 LOCAL GOVERNMENT BUDGET CONTRIBUTION DISCUSSION AND RECOMMENDATIONS
Dr. Lindquist led a review of the history of the way local government contributions were set from 1962 to present. Following this review, Lindquist recommended a change in the way the local government contributions are determined beginning with the 2007 budget year. Under this proposal, the contributions from local governmental entities would be decided upon during the budget development process and would occur earlier in the year. A discussion followed about the proposed change and the proposed funding options. Councilmember Arends commented for the record that it will be essential that the mayors of all the cities in the county as well as council members from the cities be involved in the discussion about this proposed funding formula change. Commissioner Lent moved and Mayor Quade seconded that the local contributions from each jurisdiction be increased by 5 percent for the 2007 budget.

PUBLIC COMMENT
There was no public comment.

ADJOURN
There was no further business; the meeting was adjourned at 12:07 p.m.

RECONVENE BOH FOR LABOR NEGOTIATION BRIEFING PURSUANT TO RCW 42.30.140(4)
The Board reconvened for a non-public meeting pursuant to RCW 42.30.140(4) to receive a briefing about labor negotiations.

Mayor Darlene Kordonowy, Chair
Kitsap County Board of Health

Scott W. Lindquist, MD, MPH
Director of Health

Board Members Present: *Mayor* Kim Abel; *Commissioner* Jan Angel; *Councilmember* Carol Arends; *Mayor* Darlene Kordonowy; *Commissioner* Patty Lent; *Mayor* Kathryn Quade; *Councilmember* Dianne Robinson; *Councilmember* Chris Snow

Staff Present Eva Crim, *Health Information Resources Program;* Melanie Dalton, *Information Technology Program;* Scott Daniels, *Deputy Director;* Jerry Deeter, *Director Environmental Health;* Leslie Hopkins, *Program Coordinator, Administration;* Keith Grellner, *Deputy Director, Environmental Health;* Scott Lindquist, M.D., *Health Officer;* Mike Means, *Drinking Water Program;* Suzanne Plemmons, *Director of Community Health;* Martin Stansbery, *Administration;* Denise Turner, *Accounting, Administration;* Rod Younker, *Contract Labor Negotiation Attorney*

Public Present: Julie McCormick, *Kitsap Sun*

KITSAP COUNTY HEALTH DISTRICT

SCOTT W. LINDQUIST, MD, MPH, DIRECTOR
345 6TH STREET, SUITE 300
BREMERTON, WA 98337-1866
(360) 337-5235

September 28, 2006

Dear Kitsap County Health District Board of Health Members,

Enclosed is a series of documents that outline the history of Kitsap County Health District local government contributions (yellow copy). This is a history of contributions from 1962-2006. It is a fascinating history of the Health Districts funding and I have included footnotes to help guide you as to why there have been changes over the years.

The second document (blue) details the current application of the formula based on population and assessed value. This also reflects the addition of a portion (20%) of the Government Center mortgage costs.

The third document (green) is a menu of local government contribution options discussed by the finance committee.

The purpose of this session of the BOH agenda is to answer two basic questions:

1. What is the philosophical belief of the BOH regarding local contributions? Historically it has accounted for 21% - 56% of the total budget. Since 2000 it has lowered to 14% - 21%. What is the ideal percentage of local contribution?

2. What is the actual dollar amount for 2007? This is a critical issue for us as your local governmental agencies are asking for that amount right now for your local budget planning.

I look forward to an interesting board discussion at our BOH meeting on October 3, 2006. Feel free to contact Mayor Darlene Kordonowy to discuss this matter if you are unable to attend the BOH meeting. Her number is 206-842-2545. If I can help with any further clarification or details, please contact me at the number above, or my cell phone 206-718-2664.

Sincerely,

Scott Lindquist MD MPH

KITSAP COUNTY HEALTH DISTRICT
LOCAL GOVERNMENT CONTRIBUTION COMPARISONS

Board of Health Member	1962	1963	1966	1967	1968	1969	1970
Bainbridge Island/Winslow	$ 480	$ 485	$ 532	$ 616	$ 633	$ 1,410	$ 210
Bremerton	$ 18,636	$ 18,636	$ 19,500	$ 16,000	$ 18,082	$ 25,289	$ 3,800
Port Orchard	$ 1,650	$ 1,658	$ 1,825	$ 1,855	$ 1,925	$ 2,874	$ 419
Poulsbo	$ 764	$ 792	$ 831	$ 848	$ 866	$ 1,365	$ 209
Cities' Subtotal	$ 21,530	$ 21,571	$ 22,688	$ 19,319	$ 21,506	$ 30,938	$ 4,638
Kitsap County	$ 13,291	$ 10,792	$ 10,791	$ 10,792	$ 10,792	$ 44,477	$ 7,100
TB/PH Millage	$ 54,488	$ 29,975	$ 37,592	$ 40,094	$ 42,979	$ 45,200	$ 54,482
Total Contributions	**$ 89,309**	**$ 62,338**	**$ 71,071**	**$ 70,205**	**$ 75,277**	$ 120,615	**$ 66,220**
% of Total Budget	**56.85%**	**40.56%**	**34.89%**	**26.96%**	**29.36%**	**44.16%**	**22.66%**

Board of Health Member	1971	1973	1974	1975	1976	1977	1978*
Bainbridge Island/Winslow	$ 677	$ 556	$ 1,224	$ 1,224	$ 308	$ 1,131	$ 2,467
Bremerton	$ 12,997	$ 10,012	$ 17,469	$ 17,469	$ 4,520	$ 16,574	$ 49,589
Port Orchard	$ 1,331	$ 1,100	$ 2,113	$ 2,113	$ 542	$ 2,070	$ 5,395
Poulsbo	$ 676	$ 412	$ 1,149	$ 1,149	$ 337	$ 1,410	$ 3,565
Cities' Subtotal	$ 15,681	$ 12,080	$ 21,955	$ 21,955	$ 5,707	$ 21,185	$ 61,016
Kitsap County	$ 21,782	$ 21,193	$ 37,365	$ 84,202	$ 10,535	$ 40,815	$ 98,127
TB/PH Millage	$ 96,229	$ 145,023	$ 146,749	$ 166,175	$ 260,278	$ 300,857	$ 300,857
Total Contributions	**$ 133,692**	**$ 178,296**	**$ 206,069**	**$ 272,332**	**$ 276,520**	**$ 362,857**	**$ 460,000**
% of Total Budget	**37.02%**	**40.49%**	**42.43%**	**49.99%**	**42.86%**	**34.75%**	42.54%

[1]In 1978 the dedicated public health and TB millages were discontinued by the Legislature, and the counties collected those taxes. This first year of the transition from the dedicated millage funding, the county contributed the 1977 millage rate as baseline funding. All the cities and the county began contributing to the Health District using a formula developed by a consultant and approved by the Board of Health. This formula distributed funds based on the average of percent per capita and % assessed value. In 1979 the Board retained the same contribution rates as in 1978 without updating the formula. The formula was fully implemented beginning in 1980.

KITSAP COUNTY HEALTH DISTRICT
LOCAL GOVERNMENT CONTRIBUTION COMPARISONS

Board of Health Member	1979	1980	1981	1982	1983*	1984	1985
Bainbridge Island/Winslow	$ 2,467	$ 8,004	$ 9,660	$ 7,440	$ 7,853	$ 12,521	$ 11,334
Bremerton	$ 49,589	$ 110,952	$ 108,675	$ 115,320	$ 117,338	$ 140,515	$ 134,395
Port Orchard	$ 5,395	$ 18,814	$ 21,735	$ 18,367	$ 18,709	$ 21,057	$ 25,638
Poulsbo	$ 3,565	$ 14,076	$ 16,905	$ 15,345	$ 15,938	$ 24,984	$ 19,970
Cities' Subtotal	$ 61,016	$ 151,846	$ 156,975	$ 156,472	$ 159,838	$ 199,077	$ 191,337
Kitsap County	$ 398,984	$ 308,154	$ 326,025	$ 308,528	$ 302,122	$ 370,041	$ 384,400
Kitsap County TB Control					$ 63,040	$ 37,831	$ 35,263
Total Contributions	**$ 460,000**	**$ 460,000**	**$ 483,000**	**$ 465,000**	**$ 525,000**	$ 606,949	$ 611,000
% of Total Budget	31.79%	26.17%	25.33%	26.75%	28.43%	29.49%	27.83%

[2]In 1983 the county provided additional mandated funding for TB control over and above the local government contribution formula.

Board of Health Member	1986	1987	1988	1989	1990	1991*	1992
Bainbridge Island/Winslow	$ 11,834	$ 11,262	$ 12,252	$ 13,705	$ 14,246	$ 107,995	$ 157,589
Bremerton	$ 136,378	$ 132,331	$ 133,411	$ 146,618	$ 151,597	$ 196,110	$ 209,072
Port Orchard	$ 20,851	$ 19,709	$ 21,781	$ 24,561	$ 25,687	$ 36,307	$ 38,926
Poulsbo	$ 20,288	$ 19,709	$ 27,227	$ 29,439	$ 30,273	$ 36,042	$ 45,833
Cities' Subtotal	$ 189,351	$ 183,011	$ 194,671	$ 214,323	$ 221,803	$ 376,454	$ 451,420
Kitsap County	$ 374,194	$ 380,101	$ 485,998	$ 529,537	$ 544,586	$ 683,599	$ 804,268
Kitsap County TB Control	$ 26,455	$ 12,888	$ 27,827	$ 23,611	$ 28,079	$ 29,751	$ 36,014
Total Contributions	**$ 590,000**	**$ 576,000**	**$ 708,496**	**$ 767,471**	**$ 794,468**	$ 1,089,804	$ 1,291,702
% of Total Budget	21.57%	19.54%	35.63%	31.54%	26.53%	31.07%	33.09%

[3]In 1991 the funding changed due to the annexation of Bainbridge Island into Winslow to form the new City of Bainbridge Island.

KITSAP COUNTY HEALTH DISTRICT
LOCAL GOVERNMENT CONTRIBUTION COMPARISONS

Board of Health Member	1993	1994	1995	1996*	1997	1998	1999
Bainbridge Island	$ 161,499	$ 171,120	$ 176,120	$ -	$ -	$ -	$ -
Bremerton	$ 223,210	$ 224,940	$ 245,680	$ -	$ -	$ -	$ -
Port Orchard	$ 44,642	$ 48,300	$ 56,240	$ -	$ -	$ -	$ -
Poulsbo	$ 43,329	$ 45,540	$ 47,360	$ -	$ -	$ -	$ -
Cities' Subtotal/MVET	$ 472,680	$ 489,900	$ 525,400	$ 525,400	$ 543,650	$ 559,794	$ 586,806
Kitsap County	$ 840,320	$ 890,100	$ 954,600	$ 954,600	$ 983,238	$ 1,013,915	$ 1,062,786
Kitsap County TB Control	$ 57,000	$ 79,442	$ 81,500	$ 81,500	$ 83,945	$ 86,564	$ 90,736
Total Contributions	**$ 1,370,000**	**$ 1,459,442**	**$ 1,561,500**	**$ 1,561,500**	**$ 1,610,833**	**$ 1,660,273**	**$ 1,740,328**
% of Total Budget	28.81%	27.71%	23.45%	22.94%	21.73%	21.33%	21.59%

[4]In 1996 in response to Health Reform legislation, the Legislature designated 2.95% of the motor vehicle excise tax, taken from the cities, to support local public health. Under this legislation, the 2.95% MVET would replace the cities contributions to the Health District. The first year the MVET funding was implemented, the local public health jurisdictions received the same baseline funding from the MVET as they received from the cities in 1995. The county also chose to retain the same support to the District in 1996 and contributed in 1995. Thereafter the adjusted its contributions to the District at the same rate the MVET funding level changed.

Board of Health Member	2000*	2001*	2002	2003	2004*	2005*	2006
Bainbridge Island	$ -	$ 29,946	$ 30,349	$ 31,260	$ 31,885	$ 43,458	$ 45,132
Bremerton	$ -	$ 29,411	$ 30,665	$ 31,585	$ 32,217	$ 42,886	$ 44,577
Port Orchard	$ -	$ 6,684	$ 6,809	$ 7,013	$ 7,153	$ 9,584	$ 9,960
Poulsbo	$ -	$ 6,929	$ 7,336	$ 7,556	$ 7,707	$ 10,313	$ 10,718
Cities' Subtotal	$ -	$ 72,970	$ 75,159	$ 77,414	$ 78,962	$ 106,241	$ 110,387
I-695 Backfill Funding	$ 271,037	$ 542,074	$ 557,798	$ 334,679	$ 554,669	$ 554,669	$ 554,669
Kitsap County	$ 1,062,968	$ 1,117,540	$ 1,151,745	$ 1,087,745	$ 1,109,500	$ 1,219,239	$ 1,277,488
Kitsap County TB Control	$ 91,177	$ 95,738	$ 97,931	$ 97,931	$ 99,900	$ 105,000	$ 110,250
Total Contributions	**$ 1,425,182**	**$ 1,828,322**	**$ 1,882,633**	**$ 1,597,769**	**$ 1,843,031**	**$ 1,985,149**	**$ 2,052,794**
% of Total Budget	17.79%	21.34%	21.88%	16.04%	14.26%	17.26%	18.01%

[5]In 2000 I-695 was approved by the voters, discontinuing the Moter Vehicle Excise Tax. The Legislature approved backfill funding for local public health to partially replace the lost MVET revenue. In 2000, the District received half of this replacement funding.

[6]In 2001 the Board of Health approved re-establishing the local government contribution funding formula, and the cities began contributing to the Health District to supplement the decreasing funding available from the I-695 backfill.

[7]The District moved into the Government Center in late 2004.

[8]In 2005 the cities and county began paying 20% of the debt service costs for the Health District Government Center office space plus their regular public health contributions.

Kitsap County Health District

APPROVED FORMULA WITH 2004 ESTIMATED POPULATION/2006 ASSESSED VALUATION

Entity	2004 Estimated Population	% of Total County Population	2006 Assessed Value	% of Total County Assessed Value	Average % Population + % Assessed Value
Bainbridge Island	20,920	8.73%	$ 4,746,579,812	14.93%	11.83%
Bremerton	37,530	15.67%	$ 2,222,892,524	6.99%	11.33%
Port Orchard	8,060	3.37%	$ 590,880,351	1.86%	2.61%
Poulsbo	7,450	3.11%	$ 905,352,282	2.85%	2.98%
Subtotal Cities:	73,960	30.88%	$ 8,465,704,969	26.63%	28.76%
Kitsap	165,540	69.12%	$ 23,320,361,965	73.37%	71.24%
Total	239,500	100.00%	$ 31,786,066,934	100.00%	100.00%

Source: Kitsap County Assessor's 2004 Est. Population and 2006 Assessed Values.

LOCAL GOVERNMENT CONTRIBUTION COMPARISONS 2001-2007 (includes 20% of the Government Center Mortgage Costs beginning in 2004)

Board of Health Member	2001	2002	2003	2004		
				Gen. Public Health	NDGC Mortgage	2004 Total
Bainbridge Island	$ 29,946	$ 30,349	$ 31,260	$ 31,885	$ 4,668	$ 36,553
Bremerton	$ 29,411	$ 30,665	$ 31,585	$ 32,217	$ 4,237	$ 36,454
Port Orchard	$ 6,684	$ 6,809	$ 7,013	$ 7,153	$ 970	$ 8,123
Poulsbo	$ 6,929	$ 7,336	$ 7,556	$ 7,707	$ 1,039	$ 8,746
Cities' Subtotal	$ 72,970	$ 75,159	$ 77,414	$ 78,962	$ 10,914	$ 89,876
I-695 Backfill Funding	$ 542,074	$ 557,798	$ 334,679	$ 554,669	$ -	$ 554,669
Kitsap County	$ 1,117,540	$ 1,151,745	$ 1,087,745	$ 1,109,500	$ 25,382	$ 1,134,882
Kitsap County TB Control	$ 95,738	$ 97,931	$ 97,931	$ 99,900	$ -	$ 99,900
Total Contributions	**$ 1,828,322**	**$ 1,882,633**	**$ 1,597,769**	**$ 1,843,031**	**$ 36,296**	$ 1,879,327
% of Total Budget	21.34%	21.88%	16.04%	14.26%		14.54%

Board of Health Member	2005			2006		
	Gen. Public Health	NDGC Mortgage	2005 Total	Gen. Public Health	NDGC Mortgage	2006 Total
Bainbridge Island	$ 33,479	$ 9,979	$ 43,458	$ 35,153	$ 9,979	$ 45,132
Bremerton	$ 33,828	$ 9,058	$ 42,886	$ 35,519	$ 9,058	$ 44,577
Port Orchard	$ 7,511	$ 2,073	$ 9,584	$ 7,887	$ 2,073	$ 9,960
Poulsbo	$ 8,092	$ 2,221	$ 10,313	$ 8,497	$ 2,221	$ 10,718
Cities' Subtotal	$ 82,910	$ 23,331	$ 106,241	$ 87,056	$ 23,331	$ 110,387
I-695 Backfill Funding	$ 554,669	$ -	$ 554,669	$ 554,669	$ -	$ 554,669
Kitsap County	$ 1,164,975	$ 54,264	$ 1,219,239	$ 1,223,224	$ 54,264	$ 1,277,488
Kitsap County TB Control	$ 105,000	$ -	$ 105,000	$ 110,250	$ -	$ 110,250
Total Contributions	**$ 1,907,554**	**$ 77,595**	$ 1,985,149	**$ 1,975,199**	**$ 77,595**	$ 2,052,794
% of Total Budget	16.58%		17.26%	17.33%		18.01%

LOCAL GOVERNMENT CONTRIBUTION OPTIONS FOR 2007

Board of Health Member	Formula to Distribute Local Gov Funds	2007 with 10% Increase of Gen PH / With Formula Fully Implemented			2007 with 5% Increase of Gen PH / With Formula Fully Implemented		
	Gen. Public Health	Gen. Public Health	NDGC Mortgage	Total	Gen. Public Health	NDGC Mortgage	Total
Bainbridge Island	11.83%	$ 170,507	$ 9,979	$ 180,486	$ 162,756	$ 9,979	$ 172,735
Bremerton	11.33%	$ 163,300	$ 9,058	$ 172,358	$ 155,877	$ 9,058	$ 164,935
Port Orchard	2.61%	$ 37,618	$ 2,073	$ 39,691	$ 35,908	$ 2,073	$ 37,981
Poulsbo	2.98%	$ 42,951	$ 2,221	$ 45,172	$ 40,999	$ 2,221	$ 43,220
Cities' Subtotal	28.75%	$ 414,376	$ 23,331	$ 437,707	$ 395,541	$ 23,331	$ 418,872
I-695 Backfill Funding		$ 554,669	$ -	$ 554,669	$ 554,669	$ -	$ 554,669
Kitsap County	71.25%	$ 1,026,932	$ 54,264	$ 1,081,196	$ 980,253	$ 54,264	$ 1,034,517
Kitsap County TB Control	0.00%	$ 121,275	$ -	$ 121,275	$ 115,763	$ -	$ 115,763
Total Contributions	100.00%	**$ 2,117,252**	**$ 77,595**	$ 2,194,847	**$ 2,046,226**	**$ 77,595**	$ 2,123,821
% of Total Budget		16.77%		17.39%	16.21%		16.83%

Board of Health Member	Distribute Local Gov Funds	2007 with 10% increase of Gen PH/ With Partial Implementation of Funding Formula			2007 with 5% Increase of Gen PH / With Partial Implementation of Funding Formula		
	Gen. Public Health	Gen. Public Health	NDGC Mortgage	Total	Gen. Public Health	NDGC Mortgage	Total
Bainbridge Island	5.92%	$ 85,253	$ 9,979	$ 95,232	$ 81,378	$ 9,979	$ 91,357
Bremerton	5.67%	$ 81,650	$ 9,058	$ 90,708	$ 77,939	$ 9,058	$ 86,997
Port Orchard	1.31%	$ 18,809	$ 2,073	$ 20,882	$ 17,954	$ 2,073	$ 20,027
Poulsbo	1.49%	$ 21,475	$ 2,221	$ 23,696	$ 20,499	$ 2,221	$ 22,720
Cities' Subtotal	14.38%	$ 207,188	$ 23,331	$ 230,519	$ 197,770	$ 23,331	$ 221,101
I-695 Backfill Funding		$ 554,699	$ -	$ 554,699	$ 554,669	$ -	$ 554,669
Kitsap County	85.62%	$ 1,234,048	$ 54,264	$ 1,288,312	$ 1,177,955	$ 54,264	$ 1,232,219
Kitsap County TB Control		$ 121,275	$ -	$ 121,275	$ 115,763	$ -	$ 115,763
Total Contributions	100.00%	$ 2,117,210	**$ 77,595**	$ 2,194,805	**$ 2,046,157**	$ 77,595	$ 2,123,752
% of Total Budget		16.77%		17.39%	16.21%		16.83%

Board of Health Member	Formula to Distribute Local Gov Funds	2007 with Increase of Gen PH Contributions to Reach 20% of Budget / Partial Formula Implementation		
	Gen. Public Health	Gen. Public Health	NDGC Mortgage	Total
Bainbridge Island	5.92%	$ 104,998	$ 9,979	$ 114,977
Bremerton	5.67%	$ 100,560	$ 9,058	$ 109,618
Port Orchard	1.31%	$ 23,165	$ 2,073	$ 25,238
Poulsbo	1.49%	$ 26,449	$ 2,221	$ 28,670
Cities' Subtotal	14.38%	$ 255,172	$ 23,331	$ 278,503
I-695 Backfill Funding		$ 554,699	$ -	$ 554,699
Kitsap County	85.62%	$ 1,519,846	$ 54,264	$ 1,574,110
Kitsap County TB Control		$ 121,275	$ -	$ 121,275
Total Contributions	100.00%	$ 2,450,991	$ 77,595	$ 2,528,586
% of Total Budget		19.42%		20.03%

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
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360-337-5235

ATTACHMENT
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Kitsap Public Health District
Local Government Flexible Contributions, 2007-2015

Funding Source	2007	2008	2009	2010	2011	2012	2013	2014 [1, 2]	2015
	Without Norm Dicks Government Center Mortgage Funding								
Bainbridge Island	36,911	38,018	38,018	39,539	39,539	39,539	39,539	39,539	39,539
Bremerton	37,295	38,414	38,414	39,951	39,951	39,951	39,951	39,951	39,951
Port Orchard	8,281	8,529	8,529	8,870	8,870	8,870	8,870	8,870	8,870
Poulsbo	8,922	9,190	9,190	9,558	9,558	9,558	9,558	9,558	9,558
Subtotal - Cities	**91,409**	**94,151**	**94,151**	**97,918**	**97,918**	**97,918**	**97,918**	**97,918**	**97,918**
I-695 Backfill	554,669	554,669	554,669	554,669					
Public Health Assistance Funds					519,725	554,669	554,668	997,476	997,476
Kitsap County	1,284,385	1,322,917	1,293,813	1,190,308	1,106,986	1,108,398	1,199,352	1,199,353	1,226,422
Kitsap County Designated TB	115,763	119,236	116,613	107,284	99,774	99,868	99,868	99,867	99,868
Total Contributions	**2,046,226**	**2,090,973**	**2,059,246**	**1,950,179**	**1,824,403**	**1,860,853**	**1,951,806**	**2,394,614**	**2,421,684**
% of Total Budget	**16.70%**	**18.30%**	**17.75%**	**17.34%**	**17.95%**	**19.47%**	**19.85%**	**22.66%**	**21.67%**
	With Norm Dicks Government Center Mortgage Funding								
Bainbridge Island	46,890	47,997	47,997	49,518	49,518	49,518	49,518	48,030	48,339
Bremerton	46,353	47,472	47,472	49,009	49,009	49,009	49,009	47,659	47,939
Port Orchard	10,354	10,602	10,602	10,943	10,943	10,943	10,943	10,634	10,698
Poulsbo	11,143	11,411	11,411	11,779	11,779	11,779	11,779	11,448	11,517
Subtotal - Cities	**114,740**	**117,482**	**117,482**	**121,249**	**121,249**	**121,249**	**121,249**	**117,771**	**118,493**
I-695 Backfill	554,669	554,669	554,669	554,669					
Public Health Assistance Funds					519,725	554,669	554,668	997,476	997,476
Kitsap County	1,338,649	1,377,181	1,348,077	1,244,572	1,161,250	1,162,688	1,253,642	1,245,548	1,274,300
Kitsap County Designated TB	115,763	119,236	116,613	107,284	99,774	99,868	99,868	99,867	99,868
Total Contributions	**2,123,821**	**2,168,568**	**2,136,841**	**2,027,774**	**1,901,998**	**1,938,474**	**2,029,427**	**2,460,662**	**2,490,137**
% of Total Budget	**17.33%**	**18.98%**	**18.42%**	**18.03%**	**18.71%**	**20.28%**	**20.64%**	**23.29%**	**22.28%**

[1] In 2014, the Washington State Department of Health Public Health Assistance Funds increased to offset the loss of the former Blue Ribbon & LCDF funding targeted to Community Health.

[2] In 2014, the Norm Dicks Government Center mortgage was refinanced.

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH BOARD
RESOLUTION 2016-XX

Kitsap Public Health Board Support for Paying a Portion of the Kitsap Public Health District's Norm Dicks Government Center Debt Service Costs

WHEREAS, in December 2004, the Bremerton-Kitsap County Health District, now named the Kitsap Public Health District (hereinafter referred to as "District'), moved its operations into the Norm Dicks Government Center (hereinafter referred to as "Government Center") with the support of the Bremerton-Kitsap County Board of Health, now named the Kitsap Public Health Board (hereinafter referred to as "Board"), to allow the District to operate efficiently in a larger more functional office space and to help support efforts to improve economic development in Bremerton and Kitsap County; and

WHEREAS, when the District relocated to the Government Center, the District was unable to pay the full cost of the debt service payments for its office space at the Government Center and made that known to the Board's local government member entities; and

WHEREAS, at its June 4, 2002, regular meeting, the Board unanimously approved the District's recommendations for the Board to take the following actions:

1. Approved District staff continuing to pursue all possible funding sources for the proposed office space at the Government Center, and authorized the District to budget for 80% of the debt service cost in the future; and

2. Committed in principle to funding a twenty percent share of the District's debt service cost for Government Center beginning in 2005 and to make that recommendation to the Board local government member entities; and

WHEREAS, the District liquidated its previous office space at 109 Austin Drive in Bremerton, and used the proceeds to help pay a portion of the debt service costs for new offices at the Government Center, and also used District reserves for this purpose; and

WHEREAS, Board local governmental members have actively contributed approximately 20% of the District's debt service costs for the Government Center since 2005; and

WHEREAS, there is no formal agreement to demonstrate support for these payments and the Board has requested that a formal agreement be drafted for this purpose.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board:

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH BOARD
RESOLUTION 2016-XX

1. Is committed to funding twenty percent of the District's annual principal and interest costs for its offices in the Norm Dicks Government Center until the District's debt for this space is fully paid in 2034, and supports the District requesting this funding from the Board jurisdictions each year as part of the annual budget process; and

2. During its annual budgeting process, the District will calculate twenty percent of the District's annual principle and interest costs for its offices in the Norm Dicks Government Center and will calculate each Board jurisdiction's proportional share of this cost based on each jurisdiction's percentage of the total population for Kitsap County according to the most recent annual population estimates developed for each jurisdiction by the Washington State Office of Financial Management.

APPROVED: DATE

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Mayor Becky Erickson, Chair
Kitsap Public Health Board