

KITSAP PUBLIC HEALTH BOARD AGENDA

December 6, 2016

1:45 p.m. to 3:00 p.m.

Norm Dicks Government Center, First Floor Chambers
Bremerton, Washington

- 1:45 p.m. 1. Review and Approval of Agenda
- 1:46 p.m. 2. November 1, 2016, Meeting Minutes - Adoption
- 1:47 p.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report
- 1:48 p.m. 4. Public Comment (*Note: Public Comment on the Proposed Secure Medicine Return Regulations will be taken during Agenda Item #11)
- 1:58 p.m. 5. Health Officer Report / Administrator Report

ACTION ITEMS:

- 2:08 p.m. 6. Resolution 2016-14, Approving the 2017 Kitsap Public Health District Budget
Keith Grellner, Administrator
- 2:13 p.m. 7. Resolution 2016-15, Approving the Classification and Salary Range for Social Worker 3
Karen Holt, Human Resources Manager
- 2:18 p.m. 8. Resolution 2016-16, Authorizing Kitsap Public Health District to Seek Consent to be Its Own Fiscal Agent
Keith Grellner, Administrator
- 2:25 p.m. 9. 2017 Meeting Schedule – Adoption
Keith Grellner, Administrator
- 2:26 p.m. 10. Resolution 2016-17, Calling On the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services in All Communities of Washington State
Keith Grellner, Administrator

Kitsap Public Health Board – Agenda

December 6, 2016

Page 2

- 2:30 p.m. 11. Proposed Secure Medicine Return Regulations – Public Hearing
Dr. Susan Turner, Health Officer
John Kiess, Environmental Health Director
- 3:00 p.m. 12. Adjourn

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
November 1, 2016**

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:47 p.m.

REVIEW AND APPROVE AGENDA

There were no requested changes to the agenda.

BOARD MEETING MINUTES

Commissioner Robert Gelder moved and Commissioner Charlotte Garrido seconded the motion to approve the minutes for the October 4, 2016, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The November consent agenda included the following contracts:

- 1316 Amendment 11, *Washington State Department of Health, Consolidated Contract, Amendment*
- 1545, *Clallam County Health and Human Services, Olympic Community of Health, Interlocal Agreement*
- 1564, *Tacoma-Pierce County Health Department, Food Worker Cards, Interlocal Agreement*
- 1620, *Hood Canal Coordinating Council, Septic Pumping Vouchers, Interlocal Agreement*

Commissioner Garrido moved and Commissioner Gelder seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

Heather Trim, Executive Director of Zero Waste Washington, provided public comment to the Board regarding proposed Secure Medicine Return Regulations. Ms. Trim expressed support for the proposed ordinance in Kitsap and noted the ordinances currently in place in King and Snohomish counties. Additionally, Pierce County is considering one as well. She supports the proposed ordinance for the following reasons: a secure medicine program is the best way to protect our water and our families; medicine that goes unused can cause a number of human health and environmental health issues; trash disposal and similar alternatives are not safe enough. Ms. Trim appreciates that Kitsap is taking a comprehensive approach that includes better funding, citing that many other programs have been dropped due to lack of funding. Lastly, she noted that convenience plays a key role in this plan, and therefore recommends increasing the number of drop box locations due to Kitsap County's size and the difficulty some people may have traveling to specific locations in the county.

There were no further comments.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, addressed the Board regarding the Foundational Public Health Services (FPHS). She noted that, as the legislative session nears, the language of the FPHS may change, and may be referred to as Essential Public Health Services. Additionally, she informed the Board of a new advocacy website, PublicHealthIsEssential.org.

Last week, Communicable Diseases staff convened a provider update, as part of the District's Vaccines for Children program. The theme of the convening was *herd immunity* to remind attendees that when those who can be vaccinated are vaccinated, the members of the community who cannot be vaccinated are protected. This was illustrated by a District employee's baby, who comes to the office as part of the District's wellness program. Because District staff are vaccinated, Sophia is protected from diseases at the office.

As part of the District's monitoring program, staff visit doctors' offices on a regular basis to monitor vaccine storage and opportunities used to provide vaccines to kids, in addition to providing providers with information, such as disaster response, last year's gonorrhea outbreak, and other advisories published by the District. This helps providers feel more comfortable calling District Communicable Diseases staff about notifiable conditions.

There were no further comments about FPHS.

Commissioner Ed Wolfe asked Dr. Turner to provide an update on fentanyl. Dr. Turner noted she has not received any new information on fentanyl since the last Board meeting, and is waiting on data from the coroner's office.

Administrator Update:

Keith Grellner, Administrator, reminded the Board that the District will be transitioning to a new Voice Over Internet Protocol (VOIP) phone system in December. The VOIP phone system will save the District about \$55,000 per year. The District will need to change all of their phone numbers with the new system. Staff numbers will change first and staff will notify partners and clients within their program of the change. The District can continue to use the main phone number for up to one year and plans to have the old number and new number working simultaneously for the first six months of 2017. Additionally, a public outreach process has been established and should make the transition seamless.

At the December Board meeting, the District will present their proposal for the 2017 legislative agenda. This relates to the Foundational Public Health Services (FPHS) and how public health is underfunded in Washington State compared to neighboring states. This is a statewide effort and will be the District's recommended legislative priority. The District recommends all Board members add FPHS to their legislative agendas, which will show unity among Kitsap County.

Mr. Grellner notified the Board that the District will be canceling in-person food handler's courses. Individuals working in restaurants and handling food are required under state law to undergo food handler education and pass a certification test. In 2011, the District implemented online food safety education and testing. The District estimates over 99 percent of food handler's permits being acquired online. Currently, the District offers classes one time a month, in three different locations. Each class costs the District about \$500, averages three attendees or less, and collects a maximum of \$30 in fees. Individuals without internet access at home will still have the opportunity to take the test at the District.

Mayor Patty Lent commented that individuals could also take the test online at any of the nine libraries in the county.

Next, Mr. Grellner addressed the Board regarding school construction approval. Many schools are planning construction projects, especially in Central Kitsap School District. Two weeks ago, Commissioner Wolfe met with Central Kitsap Schools, the Health District and Kitsap County Department of Community Development to discuss how these projects will be managed. The many proposed projects will be a big undertaking for the schools in addition to the entities that do the plan reviews and inspections. The District is concerned about keeping pace with the schedule outlined by the schools and recommends the schools may want to hire a health inspector to be "on-call" throughout the projects. The District's rough estimate of time required to meet the needs of these projects is 300 hours in just 2017, which will impact other services the District provides, as there is not currently enough staff on hand to accommodate the extra school projects. The District plans to create a proposal, which may require amending the current fee schedule to meet the demands.

Commissioner Wolfe commented that just the Central Kitsap high school and junior high school projects are estimated at \$179 million and that additional information will be needed.

Mayor Rob Putaansuu commented that Port Orchard has a fee for expedited review on projects. Commissioner Wolfe responded that these projects may require additional staff, rather just than a higher fee. Commissioner Gelder noted that construction of The Trails project included a paid staff person on site to handle inspection. He also commented that regardless of whether or not a school district decides to pay for an on-site staff person, the plan review and permitting will still need to occur. Mr. Grellner agreed and said the schools will be informed that the level of service received will be dependent on what services they are willing to pay for.

Mayor Erickson commented that Poulsbo offers their clients a list of professionals that can be hired when project timelines require additional or expedited services, and thinks this a proactive approach for the District to take.

Mr. Grellner noted that the District will look into these options and update the Board on the process.

Mr. Grellner informed the Board that there is a scheduled Finance Committee meeting on Tuesday, November 22, and would like to keep this meeting scheduled to discuss plans for Health District banking.

Lastly, Mr. Grellner announced that Suzanne Plemmons, Community Health Director, will be retiring at the end of 2016. Katie Eilers, Assistant Community Health Director, will fill the Community Health Director position on January 1, 2017.

There were no further comments.

OCTOBER 19, 2016, FINANCE & OPERATIONS COMMITTEE REPORT

Commissioner Garrido provided the Board with an overview of the October 19 Finance Committee meeting, which focused on the 2016 Year to Date (YTD) budget and the 2017 Draft Budget. The 2016 YTD budget is status quo, with revenues greater than budgeted through September 2016, and a surplus of \$943,000. The District expects to draw down the surplus during the last quarter, but is projecting to finish 2016 close to balanced. Expenditures are approximately the same as budgeted YTD. The 2016 Approved Budget included a \$490,000 draw on reserves, but the district is projecting it will spend approximately less than half of this. Cash and investments continue to exceed the minimum reserve goal, and this trend will continue through the last quarter.

The 2017 draft budget of \$12.14 million is essentially a status quo budget as compared to 2016 budget of \$11.99 million. The 2017 draft budget is based on prioritized programs and services as discussed and agreed to during the Board's Budget Retreat in June. Current projections suggest the Health District May need to utilize up to \$457,000 of unrestricted funds to balance the budget in a worst-case scenario. As has happened during 2016, the District expects additional revenues between now and the end of 2017 due to differing federal and state funding cycles, and does not expect to draw \$457,000 out of cash reserves to balance the budget.

Commissioner Garrido informed the Board that the Finance Committee supports the District's 2017 Draft Budget.

Mayor Lent commented that the Finance Committee encourages the Board to approve the 2017 Draft Budget.

There were no further comments.

DRAFT 2017 BUDGET PRESENTATION

Mr. Grellner presented a PowerPoint to the Board regarding the Draft 2017 Budget.

Based on public health program service demands and public health funding priorities discussed and agreed to during the Health Board's budget retreat in June 2016, the Health District has prepared a 2017 Draft Budget for the Health Board's review and comment. The 2017 Draft

Budget of \$12,141,859 is essentially a status quo budget as compared to 2016, in order to address continued public health funding challenges/shortfalls at the federal, state, and local levels. At this time, the 2017 Draft Budget proposes to utilize approximately \$457,000 of cash and investment reserve funds to balance the budget (if needed at year's end), while also maintaining operating fund cash and investment reserves in excess of the minimum fund balance required according to Health Board budget policies.

The 2017 draft budget is status quo compared to the 2016 Budget Amendment 1. Draft Budget revenues are up \$187,169 (1.6%) and expenditures are up \$154,385 (1.3%) as compared to 2016 Budget Amendment 1, while the net balance (or deficit in these two cases) has been decreased by \$32,784 (6.7%). In its entirety, the 2017 Draft Budget is virtually a status quo budget as compared to 2016 Budget Amendment 1 (1.3% increase). As with budget years 2015 and 2016, the Health District is proposing to use available designated and restricted fund reserves to balance the 2017 budget at this time.

At this time, 2017 Draft Budget revenues do not include any increases from Health Board member entities. The Health District has requested a 2.4% increase in General Public Health Flexible Funding from all five Health Board member entities. If a 2.4% increase in General Public Health Flexible Funding is approved by each member entity, the net result would be an increase in revenues of \$39,436, further reducing the current projected 2017 deficit to \$417,829.

Health District expenditures are dominated by personnel costs. Greater than three-quarters of the Health District budget is comprised of personnel costs, 2017 more so than 2016 due to reductions in non-personnel expenditures of approximately \$116,000 for 2017. 2017 Draft Budget personnel costs (\$9,556,970) are \$270,589 (2.9%) greater than 2016 personnel costs (\$9,286,381). This increase is primarily the result of a 2% across the board salary increase in accordance with the Health Board's 2016-2018 collective bargaining agreement (net increase of \$114,953), and an 11% increase in health benefit costs (net increase of \$159,202). Several planned retirements in late 2016/early 2017, and some limited staff turnover in 2016, will mitigate some of the increases in personnel costs for 2017.

Non-personnel expenditures in the 2017 Draft Budget have been reduced by \$116,864 (4.3%) as compared to 2016. Although decreases are planned in almost half of the expense line items for 2017, the most significant reductions will be realized through the Health District's conversion to a Voice Over Internet Protocol (VOIP) phone system (approximately \$55,000/year starting in 2017) and elimination of large equipment purchases for 2017 (approximately \$75,000) through good planning and maintenance to prolong the life of the equipment.

2017 expenditures have also been held in-check through the decision to transition out of Family Planning services as discussed during the Health Board's budget retreat in June 2016. The transition out of Family Planning services by April 1, 2017, in addition to some organizational restructuring in the Community Health Division, will also save about \$200,000 in expenses which has helped create a 2017 draft budget that is essentially a status quo budget with 2016.

Current projections estimate a year end cash and investment fund balance total of approximately \$2.7 million; Health Board budget policies require a minimum fund balance of two months operating expenses, or about \$2.02 million based on the 2017 Draft Budget.

In the 2017 Budget – Agency wide Revenues & Other Sources of Funds, the Health District has several designated funds that it may use to help defray program expenses in accordance with the Health Board’s budget policies. In this 2017 Draft Budget, the Health District is proposing to utilize up to \$445,645 of these designated funds to mitigate the 2017 projected deficit of \$457,265, and use an additional \$11,620 of unrestricted/undesignated funds to cover the remaining deficit balance if needed at year’s end.

Again, use of these designated funds for this intended purpose will not reduce the Health District’s cash and investment reserve funds to, or below, the minimum required amount per the Health Board’s budget policy based on current projections.

While the Health District acknowledges that it is not ideal to balance a budget with fund balance reserves, it also recognizes that fund balance reserves, in excess of the minimum required, present an opportunity to maintain essential public health services when funding for public health services is insufficient.

It would appear that the 2016/2017 budget years may present such an opportunity for the Health Board in order to prevent further additional cuts to public health services that both the Health Board and Health District prioritized during the Health Board’s budget retreat in June 2016.

As has happened in 2016, the Health District is confident that additional funding opportunities for public health may materialize over the course of 2017, resulting in increased revenues and a reduced deficit/reduced need to use designated fund reserves to balance the budget.

Using 2016 as an example, the Health District’s budget was approved in January 2016 with a projected deficit / fund balance use of about \$490,000. As of September 30, the Health District had a surplus of \$943,000. Using 2015 as a “worst case scenario” model, the Health District could run into a \$750,000 deficit for the 4th Quarter of 2016. If this occurred, based on the existing surplus, it would still result in a 2016 year-end surplus of \$193,000 instead of the projected \$490,000 deficit. Even in this worst case scenario, it would leave the Health District with total cash and investments of about \$2,750,000 heading into 2017.

Additionally, the Finance Committee asked Mr. Grellner to provide the Board with a report on cost savings and efficiencies for 2017. Savings include phasing out Family Planning services (\$200,000); switching to VOIP phone system (\$55,000); Reduced FTE for a person in the PIC program; reduced non personnel expenses (\$116,000). Additionally, some innovations include email and text alerts, online payments, hiring unpaid interns, regional partnerships, and food program service fee adjustments. In early 2017 food inspectors will transition to using electronic tablet for food inspections.

Mayor Lent commented that the District has been involved with the Naval Residency program for several years, and now with the Harrison Medical Center Residency she expects to see a continued partnership that benefits the Residency as well as the District. Mr. Grellner noted that Dr. Turner has been working with the new residency program and has begun planning what the partnership will look like.

In contrast with cost savings for 2017, Mr. Grellner mentioned the District will experience some unavoidable cost increases, including a 2% market adjustment per the 2016 collective bargaining agreement; 11% increase in health benefits; and a 4% increase in Norm Dicks Government Center operation and maintenance expenses.

The District recommends the Board direct the Health District to prepare a final 2017 Budget for adoption by the Health Board at its next regular meeting in December 2016.

Commissioner Gelder commented that the online food handler's program is effective. He also asked if the District knows what portion of the budget for 2017 are FPHS as currently defined and what our local capacity would be with new funding for FPHS. Mr. Grellner explained that though the District doesn't know what its allotment would be, the state has prioritized communicable disease and chronic disease as the priority areas for local health jurisdictions to focus on with the funding. These two programs use the most intergovernmental contribution and are most in need of this funding. Depending on what the allocation is, the District's budget situation could improve dramatically with this new funding.

Mayor Erickson commented that this budget works and does not need any changes.

There was no further comment.

OCTOBER 20, 2016, POLICY COMMITTEE MEETING REPORT

Mayor Putaansuu provided the Board with an overview of the October 20 Policy Committee meeting, which focused on a safe medicine return ordinance and a naloxone provision as part of the clean syringe exchange program.

Regarding the safe medicine return ordinance, the Health District discussed the lack of safe, convenient, and legal options for the public to properly dispose of unused or unwanted medicines. At this time for Kitsap residents, the only options for properly disposing of medicine are local law enforcement offices.

There are significant challenges for local law enforcement to be the sole depository for unused medicine, including but not limited to: lack of space; lack of adequate facilities to handle many liquid and injectable medicines; and the requirement that two command officers be present when emptying/consolidating containers.

Several options for different types of safe medicine return programs were presented and discussed (e.g., King County, Snohomish County, Pierce County, and City of Bellingham).

Staff recommended that the Health Board consider adopting an ordinance/program modeled after the Snohomish County ordinance, which requires pharmaceutical producers to finance and manage the collection, transportation, and disposal of unused medicine.

The Policy Committee directed the Health District to prepare and present a draft local ordinance, modeled after Snohomish County's Pharmaceutical Stewardship Ordinance, to the full Health Board during their November 1, 2016 meeting.

Regarding the naloxone provision as part of the clean syringe exchange and harm reduction services, Dr. Turner reminded the Policy Committee of past discussions and decisions concerning the prescribing of naloxone as part of the Health District's needle exchange program.

Dr. Turner also presented new data concerning Kitsap's overdose death rates and naloxone services currently provided by other public agencies, and discussed why including naloxone prescription may help reduce overdose deaths and compel some opioid abusers to seek treatment.

Staff recommended that the Policy Committee support the allowance of a staff provision to dispense naloxone through the needle exchange program under standing orders of the Health Officer.

The Policy Committee directed the Health District to establish a budget to sustainably support standing orders by the Health Officer for naloxone distribution, and to bring the budget and a proposal back to the committee for further discussion at a future date.

There was no further comment.

PROPOSED DRAFT SECURE MEDICINE RETURN REGULATIONS

Dr. Turner and John Kiess, Environmental Health Director, addressed the Board regarding the District's proposed Draft Secure Medicine Return Regulations. Dr. Turner noted that, in July, the District informed the Board that Snohomish and Seattle-King Boards of Health each passed regulations to establish secure medicine take back programs. The Board expressed interest in establishing a similar program. There has been citizen and stakeholder demand for a safe program that is financially stable. The Kitsap County Solid Waste Advisory Committee supports this program and requested for the District to pursue this ordinance over time.

Dr. Turner explained that a safe and secure medicine return program has the potential to address the following imperatives in Kitsap County:

- Drug overdoses have surpassed motor vehicle accidents as our leading cause of unintentional injury deaths.
- Like most places across the state, the majority of heroin users report becoming addicted to pain killers or other opiates before turning to heroin.
- One in twelve twelfth graders reported using a prescription drug that was not intended for their use.

- About half of calls to the Washington Poison Center in 2015 for children age six and under in Kitsap County were directly related to medication poisonings.

Mr. Kiess informed the Board that the Secure Medicine Return Regulations, if adopted by the Health Board, will provide the following:

- Expands safe medicine disposal options for Kitsap County residents to reduce risks of misuse, poisonings, and overdoses from unused and/or expired medicines, and reduces the amount of pharmaceuticals entering sewer, septic, and solid waste systems.
- Improves convenience for residents by expanding current locations of secure drop boxes from only law enforcement offices to pharmacies and hospitals, as now allowed under DEA regulations.
- Ensures financial sustainability through a pharmaceutical industry-financed system providing sufficient resources to promote the program and handle larger volumes of returned medicines, and that relieves burdens on local government agencies and taxpayers.

Additionally, Mr. Kiess noted that this ordinance is consistent with the regulations passed in Snohomish and King counties and to the regulations that may soon be adopted in Pierce county. Due to this consistency, with all four counties adopting these ordinances, 52% of the state population would be served by a similar disposal program, which would be beneficial to the manufacturers and/or their collection contractors because they can provide a range of services in a regional area.

The draft ordinance is currently under legal review and will include necessary edits before it is presented at the public listening session.

Dr. Turner informed the Board of the extensive outreach the District has done thus far regarding the ordinance. Information is posted on the District website and has been sent out to the public and stakeholders. A mailing also went out to the pharmacy industry to provide information and collect feedback. The public can provide feedback via phone, District website, by email and in person at the listening sessions.

The District recommends the Board direct the Health District to prepare final draft Secure Medicine Return Regulations for the Health Board's consideration at a formal public hearing during their next regular meeting on December 6, 2016.

Commissioner Gelder asked what the next steps would be, provided the Board agrees at this session and recommends the District move forward. Mr. Kiess explained the District is recommending the Board direct the District to prepare a final draft of the ordinance to present to the Board at the December Board meeting, which would be vetted through a public process in the meantime. There will be a public listening session on Thursday, November 10 and a public hearing at the December 6 regularly scheduled Board meeting.

Mayor Putaansuu asked how quickly the pharmaceutical companies would be required to implement the collection program if the ordinance is adopted by the Board at the December meeting. Mr. Kiess explained there would be a phase-in process. The pharmaceutical companies would have two months to respond with their intent to submit a plan, and an additional six months to implement a plan. The District hopes the implementation would happen more quickly because the pharmaceutical companies would be expanding an area of service with an existing contractor.

Commissioner Garrido asked if the District felt one listening session would be sufficient. Mr. Kiess responded that it should be sufficient because the District has sent out so many communications and notifications. However, he noted that there is concern that if this ordinance is not adopted locally before the end of 2016, it could be preempted by proposed statewide legislation. Therefore, the District is fast-tracking this process.

Commissioner Garrido suggested the District work with the Kitsap County Public Works Solid Waste Division to hold an additional listening session. Mayor Erickson agreed that the District could have a listening session toward the end of November to give an additional opportunity for public discussion. Mr. Kiess confirmed that the District would schedule a second listening session in November.

Mayor Erickson noted there appears to be agreement from the Board for the District to pursue this ordinance, hold two listening sessions in November, and bring a final draft to the December Board meeting for a public hearing and possible adoption.

Mayor Lent commented that this has been an ongoing effort and the county previously went to the legislature to request that pharmaceutical companies pay one half of one percent per prescription to have the companies deliver medication and pick up the unused medication. The legislation lost by one vote. Mayor Lent said there is awareness of the need in our community and supports this ordinance and agrees that it should be passed before state legislation.

Mayor Erickson commented that pharmaceutical companies must include a variety of pick-up locations and options to increase access to citizens, and understands that the ordinance, as it is, will allow the District to enforce this. Mr. Kiess agreed.

There was no further comment.

**EXECUTIVE SESSION: PURSUANT TO RCW 42.30.110(1)(G), DISCUSSION
RELATED TO REVIEW OF PERFORMANCE OF A PUBLIC EMPLOYEE**

At 2:47 p.m., Mayor Erickson announced that the Board would adjourn for approximately 10 minutes for an Executive Session for discussion related to the review of performance of a public Employee. At 2:54 p.m., Mayor Erickson announced that the Executive Session had ended and opened the meeting to regular session.

ADJOURN

There was no further business; the meeting was adjourned at 2:54 p.m.

Becky Erickson
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Council Member Sarah Blossom; Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Rob Gelder; Mayor Patty Lent; Mayor Rob Putaansuu; Commissioner Ed Wolfe.*

Community Members Present: *Deanne Jackson, Substance Abuse Prevention Program, Kitsap County Human Services; Jodie Prescott, Self; Tad Sooter, Kitsap Sun; Heather Trim, Zero Waste Washington.*

Staff Present:

Karen Bevers, Public Information Officer; Karen Boysen-Knapp, Community Liaison, Community Health; Jan Brower, Program Manager, Solid and Hazardous Waste; Daydra Denson, Environmental Health Specialist 2-RS, Solid and Hazardous Waste; Katie Eilers, Assistant Director, Community Health; Yolanda Fong, Public Health Nurse Supervisor, Chronic Disease Prevention; Keith Grellner, Administrator; Johanna Hanssen-Keller, Public Health Nurse, Clinical Services; Karen Holt, Program Manager, Human Resources; Tracey Kellogg, Program Manager, Finance and Performance; John Kiess, Division Director, Environmental Health; Angie Larrabee, Confidential Secretary, Administration; Martha Lefebvre, AmeriCorps VISTA Coordinator, Chronic Disease Prevention; Natalie Logue, Intern, Kitsap Community Health Priorities; Kaela Moontree, Community Health Worker, Community Health; Suzanne Plemmons, Division Director, Community Health; Lacey Rhoades, Management Analyst, Administration; Shelley Rose, Community Liaison, Navigator Program; Linda Tourigny, Public Health Nurse Supervisor, Parent Child Health; Susan Turner, MD, Health Officer; Ruth Westergaard, Community Liaison, Public Health Emergency Preparedness and Response; Jim Zimny, Program Manager, Food and Living Environment.

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: November 30, 2016
Re: Resolution 2016-14, Approving the 2017 Kitsap Public Health District Budget

Please find attached a copy of the proposed 2017 Budget for the Board's consideration and approval. This 2017 Budget is presented to you pursuant to our discussion, and the Board's direction, during the November board meeting.

Summary

The Health District's projected revenues for 2017 have improved since the November Board meeting. Revenue has increased over the last month by \$82,200, due to new revenues in Community Health (\$50,000), Environmental Health (\$20,000), and Public Health Emergency and Response (\$12,200). The Health District is optimistic that we will obtain additional revenues through new grants and contracts over the next six to nine months, as in years' past.

The proposed 2017 Budget remains at \$12,141,859 with staffing at 102.02 Full-Time Equivalent (FTE) employees. Projected revenues now total \$11,766,794, leaving a projected deficit of \$375,065 (decreased from last month's projection of \$457,265) which will be covered --- if needed --- by designated and/or undesignated fund reserves. The Health District's operating fund cash and investment reserves currently stand at approximately \$3.15 million through October 2016, and are projected to be about \$2.8 million at year's end. The minimum required operating fund balance by Health Board budget policy is \$2.02 million.

At this time, the proposed 2017 Budget does not include a 2.4% increase in public health flexible funding requested from the county and the cities. If granted, the 2.4% increase in public health flexible funding would increase revenues by approximately \$40,000, thereby reducing the projected deficit for 2017 to approximately \$335,000.

Memo to Kitsap Public Health Board – Resolution 2016-14, Approving the 2017 Kitsap Public Health District Budget
November 30, 2016
Page 2

Recommended Action

The Health Board may wish to make the following motion:

The Board moves to approve Resolution 2016-14, Approving the 2017 Kitsap Public Health District Budget with total projected sources and uses of funds equal to \$12,141,859 and with 102.02 full-time equivalent employees.

Please contact me with any questions or concerns about this matter at (360) 337-5284, or keith.grellner@kitsappublichealth.org .

Attachment – Proposed 2017 Budget



**KITSAP PUBLIC
HEALTH DISTRICT**

2017 BUDGET

12/6/2016

Kitsap Public Health District

2017 BUDGET

	<u>PAGE</u>
Agencywide Revenues and Other Sources of Funds	1
Agencywide Expenditures and Other Uses of Funds	2
ADMINISTRATIVE SERVICES DIVISION	
Administrative Services Division Summary	3
Administrative Services	4
Assessment and Epidemiology	5
Public Health Emergency Preparedness and Response	6
COMMUNITY HEALTH DIVISION	
Community Health Division Summary	7
Community Health Division Administration	8
<u>Healthy Communities Summary</u>	9
Chronic Disease Prevention	10
Nurse Family Partnership	11
Parent Child Health	12
<u>Clinical Services Summary</u>	13
Communicable Disease	14
Family Planning	15
HIV/AIDS	16
Health Insurance Navigator	17
Infectious Disease Prevention	18
Tuberculosis	19
<i>Community Health Discontinued Programs:</i>	
Juvenile Detention Adolescent Health ¹	20
ENVIRONMENTAL HEALTH DIVISION	
Environmental Health Division Summary	21
Environmental Health Division Administration	22
Drinking Water	23
Food and Living Environment	24
Onsite Sewage	25
Pollution Identification and Correction	26
Solid and Hazardous Waste	27

¹ Discontinued in 2015.

**Kitsap Public Health District
2017 BUDGET
AGENCYWIDE REVENUES & OTHER SOURCES OF FUNDS**

REVENUES	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017	DIFFERENCE FROM 2016 (\$)	DIFFERENCE FROM 2016 (%)
CONTRACTS & GRANTS							
Administrative Services: General Services, OCH & Vital Statistics	\$100,000	\$388,000	\$388,000	\$531,243	\$375,634	(\$12,366)	-3.19%
Administration Services: PHEPR & Assessment/Epidemiology	386,001	416,840	491,990	407,048	477,279	(14,711)	-2.99%
Community Health	1,711,752	1,778,393	1,748,422	1,345,957	1,948,016	199,594	11.42%
Environmental Health	947,227	1,266,960	2,547,941	2,263,037	901,321	(1,646,620)	-64.63%
Total Contracts & Grants	\$3,144,980	\$3,850,193	\$5,176,353	\$4,547,285	\$3,702,250	(\$1,474,103)	-28.48%
FEES							
Administrative Services: General Services & Vital Statistics	\$140,230	\$178,200	\$178,200	\$118,859	\$178,200	\$0	N/A
Administration Services: PHEPR & Assessment/Epidemiology	50,015	101,980	124,122	48,328	85,460	(38,662)	-31.15%
Community Health	418,252	446,200	583,755	486,115	618,367	34,612	5.93%
Environmental Health	4,017,373	4,381,227	4,381,227	4,054,069	4,639,081	257,854	5.89%
Total Fees	\$4,625,870	\$5,107,607	\$5,267,304	\$4,707,371	\$5,521,108	\$253,804	4.82%
LOCAL & STATE GOVERNMENT FLEXIBLE FUNDING - GENERAL PUBLIC HEALTH							
Bainbridge Island	\$39,539	\$41,516	\$41,516	\$41,516	\$41,516	\$0	N/A
Bremerton	39,951	41,949	41,949	41,949	41,949	0	N/A
Kitsap County	1,232,835	1,259,486	1,259,486	1,055,177	1,259,486	0	N/A
Kitsap County - Allocated to Tuberculosis Control	99,868	99,868	99,868	83,223	99,868	0	N/A
Port Orchard	8,870	9,314	9,314	9,314	9,314	0	N/A
Poulsbo	9,558	10,036	10,036	10,036	10,036	0	N/A
State Public Health Assistance Funds	997,476	997,476	997,476	997,476	997,476	0	N/A
Total Local Government Flexible Funding	\$2,428,097	\$2,459,645	\$2,459,645	\$2,238,691	\$2,459,645	\$0	N/A
LOCAL GOVERNMENT CONTRIBUTIONS - NDGC MORTGAGE							
Bainbridge Island	\$8,800	\$7,715	\$7,715	\$7,715	\$5,633	(\$2,082)	-26.99%
Bremerton	7,988	7,003	7,003	7,003	9,601	2,598	37.10%
Kitsap County	47,878	42,113	42,113	35,094	41,322	(791)	-1.88%
Port Orchard	1,828	1,602	1,602	1,602	3,274	1,672	104.37%
Poulsbo	1,959	1,717	1,717	1,717	2,420	703	40.94%
Total Local Government NDGC Mortgage	\$68,453	\$60,150	\$60,150	\$53,131	\$62,250	\$2,100	3.49%
MISCELLANEOUS INCOME							
Interest Income	\$18,031	\$15,500	\$15,500	\$17,006	\$17,000	\$1,500	9.68%
Other Income	26,234	4,330	4,330	4,010	4,541	211	4.87%
Total Miscellaneous Income	\$44,265	\$19,830	\$19,830	\$21,016	\$21,541	\$1,711	8.63%
TOTAL REVENUES	\$10,311,665	\$11,497,425	\$12,983,282	\$11,567,494	\$11,766,794	(\$1,216,488)	-9.37%
FUND BALANCE							
Use or (Designate): Drinking Water	(19,662)	71,460	72,852	(17,696)	74,653	1,801	2.47%
Use or (Designate): HIV/AIDS	28,101	6,750	(109,174)	18,327	(53,308)	55,866	-51.17%
Use or (Designate): New Parent Support	0	0	0	0	0	0	N/A
Use or (Designate): On-Site Sewage	(175,098)	(8,188)	3,149	(172,408)	250,202	247,053	7845.44%
Use or (Designate): Solid & Hazardous Waste	24,599	64,627	(77,413)	(108,175)	134,004	211,417	-273.10%
Use or (Designate): Tuberculosis	37,973	(17,073)	(19,056)	(9,623)	9,248	28,304	-148.53%
Use or (Source) of Unrestricted/Undesignated Fund Balance	\$608,544	\$372,473	\$399,901	(\$347,775)	(\$39,734)	(\$439,635)	-109.94%
Total Change in Fund Balance	\$504,457	\$490,049	\$270,259	(\$637,350)	\$375,065	\$104,806	38.78%
TOTAL REVENUES & OTHER SOURCES OF FUNDS	\$10,816,122	\$11,987,474	\$13,253,541	\$10,930,144	\$12,141,859	(\$1,111,682)	-8.39%
REVENUES & OTHER SOURCES OVER (SHORT) OF EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0	

**Kitsap Public Health District
2017 BUDGET
AGENCYWIDE EXPENDITURES & OTHER USES OF FUNDS**

EXPENDITURES	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017	DIFFERENCE FROM 2016 (\$)	DIFFERENCE FROM 2016 (%)
Personnel Costs							
Salaries & Wages	\$6,386,389	\$6,875,031	\$6,927,777	\$5,641,128	\$6,989,984	\$62,207	0.90%
Payroll Taxes	474,680	564,119	566,568	421,230	559,583	(6,985)	-1.23%
Benefits	1,588,245	1,806,605	1,781,556	1,453,279	1,965,807	184,251	10.34%
Unemployment	0	40,626	40,646	0	41,596	950	2.34%
Subtotal Personnel Costs	\$8,449,314	\$9,286,381	\$9,316,547	\$7,515,637	\$9,556,970	\$240,423	2.58%
Non-Personnel Costs							
Supplies	\$262,017	\$239,347	\$239,347	\$215,262	\$215,941	(\$23,406)	-9.78%
Office Equipment <\$5,000	13,794	4,900	4,900	9,875	8,660	3,760	76.73%
Computer Software <\$5,000	22,995	11,100	11,100	13,055	11,400	300	2.70%
Computer Hardware <\$5,000	18,781	23,500	23,500	47,434	19,400	(4,100)	-17.45%
Professional Services	558,482	983,951	2,147,682	1,874,856	966,320	(1,181,362)	-55.01%
Legal Services	60,800	59,402	59,402	48,638	41,600	(17,802)	-29.97%
Communications	157,138	182,898	168,567	130,511	109,544	(59,023)	-35.01%
Travel & Mileage	96,249	88,254	89,754	82,006	95,482	5,728	6.38%
Parking & Commute Trip Reduction	17,634	20,915	20,915	13,577	20,695	(220)	-1.05%
Advertising	14,679	10,000	10,000	2,386	10,650	650	6.50%
Rentals & Leases	52,591	47,218	47,218	41,839	40,738	(6,480)	-13.72%
Insurance	99,653	101,267	101,267	104,338	109,082	7,815	7.72%
Utilities	1,308	1,345	1,345	2,298	1,300	(45)	-3.35%
Repairs & Maintenance	112,002	149,328	149,328	118,260	135,175	(14,153)	-9.48%
Operations & Maintenance: Government Center	291,817	307,485	307,486	256,236	319,714	12,228	3.98%
Training	78,269	67,082	67,082	65,794	88,116	21,034	31.36%
Miscellaneous	55,117	68,351	68,351	52,096	66,822	(1,529)	-2.24%
Equipment >\$5,000	70,359	21,000	106,000	80,952	0	(106,000)	-100.00%
Computer Software >\$5,000	0	0	0	0	0	0	N/A
Computer Hardware >\$5,000	0	13,000	13,000	0	13,000	0	0.00%
Government Center Debt Principal	150,000	150,000	150,000	125,000	165,000	15,000	10.00%
Government Center Debt Interest	155,256	150,750	150,750	125,630	146,250	(4,500)	-2.99%
Non-Expenditures	77,867	0	0	4,464	0	0	N/A
Subtotal Non-Personnel Costs	\$2,366,808	\$2,701,093	\$3,936,994	\$3,414,507	\$2,584,889	(\$1,352,105)	-34.34%
TOTAL EXPENDITURES	\$10,816,122	\$11,987,474	\$13,253,541	\$10,930,144	\$12,141,859	(\$1,111,682)	-8.39%

**Kitsap Public Health District
2017 BUDGET
ADMINISTRATIVE SERVICES DIVISION - SUMMARY**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DIRECT PROGRAM REVENUES	\$788,964	\$1,165,000	\$1,262,292	\$1,179,625	\$1,200,364
State & Local Flexible Funding Needed to Balance	\$361,123	\$306,969	\$233,131	\$78,393	\$333,777
TOTAL REVENUES	\$1,150,087	\$1,471,969	\$1,495,423	\$1,258,018	\$1,534,141
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$1,819,645	\$2,148,385	\$2,219,794	\$1,775,605	\$2,316,601
Payroll Taxes	131,904	175,338	179,900	131,064	184,052
Benefits	491,121	596,295	611,276	487,793	648,461
Unemployment	0	12,775	13,137	0	13,833
Subtotal Personnel Costs	\$2,442,670	\$2,932,793	\$3,024,107	\$2,394,462	\$3,162,947
Non-Personnel Costs					
Supplies	\$76,459	\$75,310	\$75,310	\$74,419	\$82,485
Office Equipment <\$5,000	7,095	2,000	2,000	5,489	3,660
Computer Software <\$5,000	17,833	11,100	11,100	12,318	11,400
Computer Hardware <\$5,000	7,820	7,000	7,000	27,297	18,400
Professional Services	157,252	95,539	100,539	80,053	233,742
Legal Services	23,655	18,500	18,500	30,950	15,020
Communications	109,440	125,220	110,820	88,295	57,292
Travel & Mileage	4,602	11,389	12,889	7,669	12,478
Parking & Commute Trip Reduction	2,968	3,096	3,096	1,633	2,892
Advertising	2,239	1,300	1,300	887	2,150
Rentals & Leases	37,918	34,680	34,680	32,555	30,000
Insurance	99,653	99,653	99,653	104,338	107,468
Utilities	1,259	1,345	1,345	2,272	1,300
Repairs & Maintenance	63,784	86,501	86,501	71,710	89,034
Operations & Maintenance: Government Center	19,571	25,871	23,669	24,184	27,144
Training	25,725	19,775	19,775	32,843	36,195
Miscellaneous	27,850	36,514	36,514	27,236	36,676
Equipment >\$5,000	57,444	0	85,000	74,184	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	13,000	13,000	0	13,000
Government Center Debt Principal	150,000	150,000	150,000	125,000	165,000
Government Center Debt Interest	155,256	150,750	150,750	125,630	146,250
Non-Expenditures	77,867	0	0	4,464	0
Subtotal Non-Personnel Costs	\$1,125,690	\$968,543	\$1,043,441	\$953,426	\$1,091,586
PROGRAM EXPENDITURES	\$3,568,360	\$3,901,336	\$4,067,548	\$3,347,888	\$4,254,533
Administrative Services Overhead	(\$2,418,273)	(\$2,429,367)	(\$2,572,125)	(\$2,089,870)	(\$2,720,392)
TOTAL EXPENDITURES W/OVERHEAD DISTRIBUTED	\$1,150,087	\$1,471,969	\$1,495,423	\$1,258,018	\$1,534,141

**Kitsap Public Health District
2017 BUDGET
ADMINISTRATIVE SERVICES**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Contracts & Grants					
HCA - Accountable Communities of Health	\$100,000	\$388,000	\$388,000	\$480,000	\$0
Kitsap Connects - 1/10th of 1%	0	0	0	48,418	375,634
Non-Revenue - KCHP Passthrough Contributions	0	0	0	2,825	0
Subtotal	\$100,000	\$388,000	\$388,000	\$531,243	\$375,634
Fees					
Birth Certificates	\$78,035	\$76,000	\$76,000	\$70,056	\$76,000
Death Certificates	50,242	90,600	90,600	39,136	90,600
Social Security Verification	12	0	0	136	0
Vital Statistics Postage & Handling	11,941	11,600	11,600	9,531	11,600
Subtotal Vital Statistics	\$140,230	\$178,200	\$178,200	\$118,859	\$178,200
Other Revenues					
Bainbridge - NDGC	\$8,800	\$7,715	\$7,715	\$7,715	\$5,633
Bremerton - NDGC	7,988	7,003	7,003	7,003	9,601
Kitsap County - NDGC	47,878	42,113	42,113	35,094	41,322
Port Orchard - NDGC	1,828	1,602	1,602	1,602	3,274
Poulsbo - NDGC	1,959	1,717	1,717	1,717	2,420
Flex Court Restitution	1,723	900	900	1,182	1,600
Admin - Other	733	2,000	2,000	821	900
Sale of Surplus Property	8,220	0	0	0	0
Donations	267	0	0	68	0
Cashiers' Over/Short	(40)	0	0	1	0
Interest	18,031	15,500	15,500	17,006	17,000
Non-Revenue	15,331	1,430	1,430	1,938	2,041
Subtotal Other Revenues	\$112,718	\$79,980	\$79,980	\$74,147	\$83,791
TOTAL REVENUES	\$352,948	\$646,180	\$646,180	\$724,249	\$637,625
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$1,479,056	\$1,766,519	\$1,860,312	\$1,440,427	\$1,929,426
Payroll Taxes	107,423	144,104	152,085	106,586	153,142
Benefits	384,735	466,684	495,402	384,389	524,674
Unemployment	0	10,492	11,107	0	11,524
Subtotal Personnel Costs	\$1,971,214	\$2,387,799	\$2,518,906	\$1,931,402	\$2,618,766
Non-Personnel Costs					
Supplies	\$74,664	\$73,840	\$73,840	\$71,445	\$79,825
Office Equipment <\$5,000	5,736	2,000	2,000	5,081	3,660
Computer Software <\$5,000	17,724	11,100	11,100	12,318	11,100
Computer Hardware <\$5,000	7,820	7,000	7,000	17,488	17,000
Professional Services	143,413	95,539	95,539	80,053	227,742
Legal Services	23,632	18,500	18,500	27,501	14,420
Communications	94,935	110,774	96,686	76,911	42,635
Travel & Mileage	2,196	8,335	8,335	4,853	9,743
Parking & Commute Trip Reduction	1,726	1,850	1,850	689	1,500
Advertising	2,239	1,300	1,300	887	2,150
Rentals & Leases	36,164	33,060	33,060	27,249	30,000
Insurance	99,653	99,653	99,653	104,338	107,468
Utilities	1,259	1,345	1,345	2,272	1,300
Repairs & Maintenance	59,317	81,851	81,851	62,683	85,880
Operations & Maintenance: Government Center	0	0	0	3,291	1,065
Training	14,761	14,105	14,105	16,285	23,145
Miscellaneous	27,445	36,034	36,034	26,260	36,386
Equipment >\$5,000	57,444	0	85,000	74,184	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	13,000	13,000	0	13,000
Government Center Debt Principal	150,000	150,000	150,000	125,000	165,000
Government Center Debt Interest	155,256	150,750	150,750	125,630	146,250
Non-Expenditures	77,867	0	0	4,464	0
Subtotal Non-Personnel Costs	\$1,053,251	\$910,036	\$980,948	\$868,882	\$1,019,269
PROGRAM EXPENDITURES	\$3,024,465	\$3,297,835	\$3,499,854	\$2,800,284	\$3,638,035
Administrative Services Overhead	(2,622,409)	(2,651,655)	(2,786,420)	(2,291,360)	(2,962,633)
TOTAL EXPENDITURES W/OVERHEAD DISTRIBUTED	\$402,056	\$646,180	\$713,434	\$508,924	\$675,402

**Kitsap Public Health District
2017 BUDGET
ASSESSMENT AND EPIDEMIOLOGY PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Clallam County Assessment Work	\$6,605	\$10,000	\$10,000	\$1,124	\$22,784
Clallam County Behavioral Risk Factor Survey	0	0	0	156	0
Jefferson County Health Department	7,588	14,357	14,357	10,011	12,816
Kitsap Community Resources Kitsap Interagency Coordinating Council	0	3,220	3,220	2,058	11,000
Kitsap Community Resources Assessment Project	0	0	11,287	4,695	0
Kitsap Mental Health Services	6,480	3,244	3,244	65	0
OESD Early Learning Coalition	26,152	0	500	516	0
OESD Kitsap Interagency Coordinating Council	0	2,630	2,630	3,324	0
OESD Behavioral Health Counseling Enhancement	0	8,700	8,700	4,806	8,000
OESD Youth Marijuana Prevention Needs	0	0	10,355	4,776	9,500
1/10 of 1%: Assessment	0	59,829	59,829	16,797	21,360
Other - Assessment	3,190	0	0	0	0
DIRECT PROGRAM REVENUES	\$50,015	\$101,980	\$124,122	\$48,328	\$85,460
State & Local Flexible Funding Needed to Balance	\$245,717	\$260,281	\$164,886	\$216,079	\$284,205
TOTAL REVENUES	\$295,732	\$362,261	\$289,008	\$264,407	\$369,665
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$138,601	\$167,363	\$129,709	\$121,211	\$171,732
Payroll Taxes	10,075	13,662	10,634	8,956	13,677
Benefits	45,620	60,613	47,900	37,594	50,996
Unemployment	0	1,000	776	0	1,021
Subtotal Personnel Costs	\$194,296	\$242,638	\$189,019	\$167,761	\$237,426
Non-Personnel Costs					
Supplies	\$94	\$240	\$240	\$636	\$240
Office Equipment <\$5,000	951	0	0	408	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	0	0	0	2,215	1,400
Professional Services	0	0	0	0	0
Legal Services	0	0	0	812	0
Communications	1,443	1,372	1,060	682	1,644
Travel & Mileage	231	500	500	254	200
Parking & Commute Trip Reduction	1,242	1,176	1,176	779	1,148
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	2,477	2,750	2,750	6,517	3,154
Operations & Maintenance: Government Center	7,236	11,531	8,831	6,548	11,389
Training	3,229	3,200	3,200	3,822	7,050
Miscellaneous	405	480	480	976	290
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$17,308	\$21,249	\$18,237	\$23,649	\$26,515
PROGRAM EXPENDITURES	\$211,604	\$263,887	\$207,256	\$191,410	\$263,941
Administrative Services Overhead	\$84,128	\$98,374	\$81,752	\$72,997	\$105,724
TOTAL EXPENDITURES	\$295,732	\$362,261	\$289,008	\$264,407	\$369,665

Kitsap Public Health District
2017 BUDGET
PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH Con Con PHEPR LHJ Funding	\$294,353	\$300,555	\$300,555	\$244,542	\$300,555
CC PHEPR HC Systems Prep (Coalition)	71,482	66,000	81,356	73,568	79,691
DOH Con Con Tribal Mutual Aid Project Training and Exercises	15,312	0	0	0	0
DOH Con Con Ebola Part A Preparation & Response	1,195	12,000	21,726	5,873	30,000
DOH Con Con Ebola Supplement #2	3,659	12,250	17,250	19,980	12,200
DOH Con Con BP4 Operational Readiness	0	0	0	46,815	0
DOH Con Con BP4 Risk Communication	0	0	16,270	16,270	0
HPP Healthcare Ebola Part A & Special Funds	0	26,035	54,833	0	54,833
Other - PHEPR	0	0	0	0	0
DIRECT PROGRAM REVENUES	\$386,001	\$416,840	\$491,990	\$407,048	\$477,279
State & Local Flexible Funding Needed to Balance	\$66,298	\$46,688	\$991	\$77,639	\$11,795
TOTAL REVENUES	\$452,299	\$463,528	\$492,981	\$484,687	\$489,074
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$201,988	\$214,503	\$229,773	\$213,967	\$215,443
Payroll Taxes	14,406	17,572	17,181	15,522	17,233
Benefits	60,766	68,998	67,974	65,810	72,791
Unemployment	0	1,283	1,254	0	1,288
Subtotal Personnel Costs	\$277,160	\$302,356	\$316,182	\$295,299	\$306,755
Non-Personnel Costs					
Supplies	\$1,701	\$1,230	\$1,230	\$2,338	\$2,420
Office Equipment <\$5,000	408	0	0	0	0
Computer Software <\$5,000	109	0	0	0	300
Computer Hardware <\$5,000	0	0	0	7,594	0
Professional Services	13,839	0	5,000	0	6,000
Legal Services	23	0	0	2,637	600
Communications	13,062	13,074	13,074	10,702	13,013
Travel & Mileage	2,175	2,554	4,054	2,562	2,535
Parking & Commute Trip Reduction	0	70	70	165	244
Advertising	0	0	0	0	0
Rentals & Leases	1,754	1,620	1,620	5,306	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	1,990	1,900	1,900	2,510	0
Operations & Maintenance: Government Center	12,335	14,340	14,838	14,345	14,690
Training	7,735	2,470	2,470	12,736	6,000
Miscellaneous	0	0	0	0	0
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$55,131	\$37,258	\$44,256	\$60,895	\$45,802
PROGRAM EXPENDITURES	\$332,291	\$339,614	\$360,438	\$356,194	\$352,557
Administrative Services Overhead	\$120,008	\$123,914	\$132,543	\$128,493	\$136,517
TOTAL EXPENDITURES	\$452,299	\$463,528	\$492,981	\$484,687	\$489,074

Kitsap Public Health District
2017 BUDGET
COMMUNITY HEALTH DIVISION - SUMMARY

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DIRECT PROGRAM REVENUES	\$2,229,872	\$2,324,461	\$2,432,045	\$1,915,295	\$2,666,251
State & Local Flexible Funding Needed to Balance	2,011,253	1,962,818	2,031,795	1,582,019	1,588,079
Draw from (Increase) Reserves	68,624	(10,323)	(128,230)	8,704	(44,060)
TOTAL REVENUES	\$4,309,749	\$4,276,956	\$4,335,610	\$3,506,018	\$4,210,270
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$2,031,510	\$1,925,045	\$1,933,318	\$1,613,882	\$1,772,885
Payroll Taxes	151,841	157,508	158,023	120,834	143,034
Benefits	458,879	477,931	460,019	384,404	503,709
Unemployment	0	11,194	11,008	0	10,504
Subtotal Personnel Costs	\$2,642,230	\$2,571,678	\$2,562,368	\$2,119,120	\$2,430,132
Non-Personnel Costs					
Supplies	\$147,243	\$121,200	\$121,200	\$115,399	\$91,004
Office Equipment <\$5,000	2,456	0	0	2,534	0
Computer Software <\$5,000	5,162	0	0	11	0
Computer Hardware <\$5,000	8,244	0	0	10,567	0
Professional Services	239,909	389,956	389,956	228,051	445,079
Legal Services	2,661	2,680	2,680	148	2,680
Communications	19,165	18,322	18,391	17,368	21,424
Travel & Mileage	26,716	25,520	25,520	29,547	27,986
Parking & Commute Trip Reduction	5,315	8,049	8,049	4,988	7,113
Advertising	2,202	200	200	0	0
Rentals & Leases	1,680	1,950	1,950	1,167	150
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	32,099	43,569	43,569	31,661	26,883
Operations & Maintenance: Government Center	109,931	109,578	112,633	91,397	108,775
Training	34,368	29,711	29,711	11,983	31,735
Miscellaneous	3,206	9,756	9,756	2,423	6,220
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal NON-LABOR COSTS	\$640,357	\$760,491	\$763,615	\$547,244	\$769,049
PROGRAM EXPENDITURES	\$3,282,587	\$3,332,169	\$3,325,983	\$2,666,364	\$3,199,181
Administrative Services Overhead	\$1,027,162	\$944,786	\$1,009,627	\$839,654	\$1,011,088
Community Health Overhead	0	1	0	0	1
TOTAL EXPENDITURES	\$4,309,749	\$4,276,956	\$4,335,610	\$3,506,018	\$4,210,270

**Kitsap Public Health District
2017 BUDGET
COMMUNITY HEALTH DIVISION ADMINISTRATION**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Other Revenues					
Mason County - Nightingale Notes	\$1,000	\$0	\$0	\$0	\$0
Olympic College Teaching Contract	9,149	9,149	9,149	9,149	2,493
DSHS Medicaid Match - Juvy Residual	0	0	0	420	0
Non-Revenue	72	0	0	0	0
TOTAL REVENUES	\$10,221	\$9,149	\$9,149	\$9,569	\$2,493
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$197,331	\$196,916	\$174,478	\$145,233	\$112,132
Payroll Taxes	14,716	16,264	14,316	10,902	8,917
Benefits	45,136	57,132	49,540	33,311	34,929
Continuing Education	0	0	0	0	0
Flex Benefit	0	0	0	0	0
Benefits	45,136	57,132	49,540	33,311	34,929
Unemployment	0	1,177	1,043	0	671
Subtotal Personnel Costs	\$257,183	\$271,489	\$239,377	\$189,446	\$156,649
Non-Personnel Costs					
Supplies	\$2,917	\$1,200	\$1,200	\$251	\$1,200
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	1,273	0	0	380	0
Professional Services	11,117	14,400	14,400	0	14,400
Legal Services	1,188	1,680	1,680	37	1,680
Communications	1,227	1,602	1,602	750	868
Travel & Mileage	3,001	2,220	2,220	808	3,240
Parking & Commute Trip Reduction	0	45	45	113	45
Advertising	0	0	0	0	0
Rentals & Leases	1,680	0	0	25	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	0	0	0	0	0
Operations & Maintenance: Government Center	0	0	0	0	0
Training	3,810	3,000	3,000	1,169	3,000
Miscellaneous	772	856	856	487	820
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$26,985	\$25,003	\$25,003	\$4,020	\$25,253
PROGRAM EXPENDITURES	\$284,168	\$296,492	\$264,380	\$193,466	\$181,902
Administrative Services Overhead	0	0	0	0	0
Community Health Overhead	(273,947)	(287,343)	(255,231)	(183,897)	(179,409)
TOTAL EXPENDITURES W/OVERHEAD DISTRIBUTED	\$10,221	\$9,149	\$9,149	\$9,569	\$2,493

**Kitsap Public Health District
2017 BUDGET
HEALTHY COMMUNITIES - SUMMARY**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DIRECT PROGRAM REVENUES	\$836,027	\$997,884	\$997,884	\$776,079	\$1,192,396
State & Local Flexible Funding Needed to Balance	\$1,191,908	\$1,182,253	\$1,237,586	\$980,823	\$1,000,563
Draw from (Increase) Reserves	2,550	0	0	0	0
TOTAL REVENUES	\$2,030,485	\$2,180,137	\$2,235,470	\$1,756,902	\$2,192,959
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$838,039	\$863,729	\$884,772	\$725,816	\$852,722
Payroll Taxes	62,850	70,616	72,334	54,569	68,264
Benefits	194,301	202,142	207,118	174,384	221,988
Unemployment	0	5,151	5,277	0	5,078
Subtotal Personnel Costs	\$1,095,190	\$1,141,638	\$1,169,501	\$954,769	\$1,148,052
Non-Personnel Costs					
Supplies	\$8,232	\$10,000	\$10,000	\$8,034	\$9,804
Office Equipment <\$5,000	0	0	0	1,735	0
Computer Software <\$5,000	162	0	0	11	0
Computer Hardware <\$5,000	4,308	0	0	4,166	0
Professional Services	196,397	293,506	293,506	182,621	305,956
Legal Services	58	0	0	0	0
Communications	11,983	9,738	9,807	10,028	10,908
Travel & Mileage	16,489	18,500	18,500	16,582	18,496
Parking & Commute Trip Reduction	4,770	6,254	6,254	3,327	5,318
Advertising	0	0	0	0	0
Rentals & Leases	0	1,950	1,950	150	150
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	11,878	13,869	13,869	14,802	14,683
Operations & Maintenance: Government Center	52,829	54,246	55,531	44,750	54,969
Training	18,941	17,861	17,861	8,214	20,885
Miscellaneous	1,488	2,200	2,200	1,277	2,200
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal NON-LABOR COSTS	\$327,535	\$428,124	\$429,478	\$295,697	\$443,369
PROGRAM EXPENDITURES	\$1,422,725	\$1,569,762	\$1,598,979	\$1,250,466	\$1,591,421
Administrative Services Overhead	\$474,206	\$468,185	\$508,482	\$415,446	\$510,912
Community Health Overhead	133,554	142,190	128,009	90,990	90,626
TOTAL EXPENDITURES	\$2,030,485	\$2,180,137	\$2,235,470	\$1,756,902	\$2,192,959

**Kitsap Public Health District
2017 BUDGET
CHRONIC DISEASE PREVENTION PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH ConCon PHGB CPB Healthy Eating/Active Living	\$44,395	\$0	\$0	\$0	\$0
DOH Healthy Communities Lead Organization (1422)	225,824	300,160	300,160	204,416	364,960
DOH ConCon Snap-Ed IAR	5,314	96,361	96,361	84,561	66,936
NAACHO Health Impact Assessment	15,000	0	0	0	0
5210 Contributions	0	5,000	5,000	0	0
CDP Other	0	0	0	150	0
DIRECT PROGRAM REVENUES	\$290,533	\$401,521	\$401,521	\$289,127	\$431,896
State & Local Flexible Funding Needed to Balance	\$342,781	\$372,957	\$389,085	\$249,263	\$218,167
TOTAL REVENUES	\$633,314	\$774,478	\$790,606	\$538,390	\$650,063
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$236,927	\$265,894	\$272,337	\$198,104	\$203,449
Payroll Taxes	17,944	21,806	22,310	15,038	16,306
Benefits	52,860	59,877	60,801	42,936	46,927
Unemployment	0	1,589	1,627	0	1,216
Subtotal Personnel Costs	\$307,731	\$349,166	\$357,075	\$256,078	\$267,898
Non-Personnel Costs					
Supplies	\$2,222	\$1,000	\$1,000	\$2,827	\$2,200
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	81	0	0	0	0
Computer Hardware <\$5,000	0	0	0	1,692	0
Professional Services	130,345	212,250	212,250	120,691	219,000
Legal Services	0	0	0	0	0
Communications	1,163	1,245	1,314	734	348
Travel & Mileage	2,051	2,500	2,500	2,360	2,500
Parking & Commute Trip Reduction	293	0	0	81	0
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	150	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	166	0	0	2,810	0
Operations & Maintenance: Government Center	15,086	16,574	17,179	12,071	12,843
Training	3,103	4,361	4,361	2,748	4,010
Miscellaneous	302	800	800	317	800
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$154,812	\$238,730	\$239,404	\$146,481	\$241,701
PROGRAM EXPENDITURES	\$462,543	\$587,896	\$596,479	\$402,559	\$509,599
Administrative Services Overhead	\$133,245	\$143,143	\$155,054	\$111,427	\$119,416
Community Health Overhead	37,526	43,439	39,073	24,404	21,048
TOTAL EXPENDITURES	\$633,314	\$774,478	\$790,606	\$538,390	\$650,063

**Kitsap Public Health District
2017 BUDGET
NURSE FAMILY PARTNERSHIP PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Jefferson County Public Health - Thrive by Five	\$50,839	\$87,500	\$87,500	\$65,625	\$87,500
Healthy Start Kitsap	50,336	12,000	12,000	38,079	0
Healthy Start Kitsap Contract 1285	0	50,166	50,166	0	0
Kitsap County 1/10th of 1% - NFP	0	0	0	518	74,213
DIRECT PROGRAM REVENUES	\$101,175	\$149,666	\$149,666	\$104,222	\$161,713
State & Local Flexible Funding Needed to Balance	\$313,443	\$273,797	\$275,969	\$265,197	\$268,020
TOTAL REVENUES	\$414,618	\$423,463	\$425,635	\$369,419	\$429,733
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$174,964	\$166,195	\$166,195	\$155,432	\$166,573
Payroll Taxes	13,003	13,541	13,541	11,568	13,265
Benefits	40,789	39,537	39,537	37,047	42,409
Unemployment	0	991	991	0	994
Subtotal Personnel Costs	\$228,756	\$220,264	\$220,264	\$204,047	\$223,241
Non-Personnel Costs					
Supplies	\$2,631	\$4,000	\$4,000	\$1,039	\$2,604
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	1,563	0	0	792	0
Professional Services	35,220	53,556	53,556	32,661	53,556
Legal Services	0	0	0	0	0
Communications	1,803	2,196	2,196	1,854	1,932
Travel & Mileage	5,004	7,000	7,000	6,172	6,996
Parking & Commute Trip Reduction	115	1,116	1,116	0	180
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	4,612	4,276	4,276	4,797	5,090
Operations & Maintenance: Government Center	5,806	10,293	10,306	8,979	10,694
Training	2,164	4,500	4,500	321	7,875
Miscellaneous	0	500	500	525	500
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$58,918	\$87,437	\$87,450	\$57,140	\$89,427
PROGRAM EXPENDITURES	\$287,674	\$307,701	\$307,714	\$261,187	\$312,668
Administrative Services Overhead	\$99,048	\$88,800	\$94,225	\$88,786	\$99,408
Community Health Overhead	27,896	26,962	23,696	19,446	17,657
TOTAL EXPENDITURES	\$414,618	\$423,463	\$425,635	\$369,419	\$429,733

**Kitsap Public Health District
2017 BUDGET
PARENT CHILD HEALTH PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH Con Con MCGBG/MCH	159,855	159,854	159,854	109,529	159,852
DSHS Medicaid Match - PCH	66,991	54,295	54,295	66,629	118,338
DSHS Medicaid Match - Interpreter	11,663	6,121	6,121	8,604	10,989
Healthy Start Kitsap	2,726	0	0	0	0
OESD Head Start/Early Headstart Expansion	55,925	54,400	54,400	41,971	63,024
DSHS Title Nineteen MSS First Steps	89,435	140,000	140,000	128,179	190,200
Jefferson County Public Health - Thrive by Five	43,663	0	0	0	0
Jefferson County - Nightingale Notes	1,688	1,500	1,500	2,650	1,500
Mason County - Nightingale Notes	0	1,000	1,000	0	1,000
Child Care Centers	3,500	0	0	2,105	0
Other - PCH	856	0	0	260	0
KCR Head Start	0	1,500	1,500	0	2,500
Harrison Medical Center - New Parent Support	8,017	0	0	16,518	18,000
Kitsap County 1/10th of 1% - PCH	0	0	0	6,285	0
Harrison Medical Center & OESD New Contracts	0	28,027	28,027	0	33,384
DIRECT PROGRAM REVENUES	\$444,319	\$446,697	\$446,697	\$382,730	\$598,787
State & Local Flexible Funding Needed to Balance	\$535,684	\$535,499	\$572,532	\$466,363	\$514,376
Draw from New Parent Support Designated Funds	2,550	0	0	0	0
TOTAL REVENUES	\$982,553	\$982,196	\$1,019,229	\$849,093	\$1,113,163
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$426,148	\$431,640	\$446,240	\$372,280	\$482,700
Payroll Taxes	31,903	35,269	36,483	27,963	38,693
Benefits	100,652	102,728	106,780	94,401	132,652
Unemployment	0	2,571	2,659	0	2,868
Subtotal Personnel Costs	\$558,703	\$572,208	\$592,162	\$494,644	\$656,913
Non-Personnel Costs					
Supplies	\$3,379	\$5,000	\$5,000	\$4,168	\$5,000
Office Equipment <\$5,000	0	0	0	1,735	0
Computer Software <\$5,000	81	0	0	11	0
Computer Hardware <\$5,000	2,745	0	0	1,682	0
Professional Services	30,832	27,700	27,700	29,269	33,400
Legal Services	58	0	0	0	0
Communications	9,017	6,297	6,297	7,440	8,628
Travel & Mileage	9,434	9,000	9,000	8,050	9,000
Parking & Commute Trip Reduction	4,362	5,138	5,138	3,246	5,138
Advertising	0	0	0	0	0
Rentals & Leases	0	1,950	1,950	0	150
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	7,100	9,593	9,593	7,195	9,593
Operations & Maintenance: Government Center	31,937	27,379	28,046	23,700	31,432
Training	13,674	9,000	9,000	5,145	9,000
Miscellaneous	1,186	900	900	435	900
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$113,805	\$101,957	\$102,624	\$92,076	\$112,241
PROGRAM EXPENDITURES	\$672,508	\$674,165	\$694,786	\$586,720	\$769,154
Administrative Services Overhead	\$241,913	\$236,242	\$259,203	\$215,233	\$292,088
Community Health Overhead	68,132	71,789	65,240	47,140	51,921
TOTAL EXPENDITURES	\$982,553	\$982,196	\$1,019,229	\$849,093	\$1,113,163

Kitsap Public Health District
2017 BUDGET
CLINICAL SERVICES - SUMMARY

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DIRECT PROGRAM REVENUES	\$1,383,624	\$1,317,428	\$1,425,012	\$1,129,647	\$1,471,362
State & Local Flexible Funding Needed to Balance	\$819,345	\$780,565	\$794,209	\$601,196	\$587,516
Draw from (Increase) Reserves	66,074	(10,323)	(128,230)	8,704	(44,060)
TOTAL REVENUES	\$2,269,043	\$2,087,670	\$2,090,991	\$1,739,547	\$2,014,818
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$996,140	\$864,400	\$874,068	\$742,833	\$808,031
Payroll Taxes	74,275	70,628	71,373	55,363	65,853
Benefits	219,442	218,657	203,361	176,709	246,792
Unemployment	0	4,866	4,688	0	4,755
Subtotal Personnel Costs	\$1,289,857	\$1,158,551	\$1,153,490	\$974,905	\$1,125,431
Non-Personnel Costs					
Supplies	\$136,094	\$110,000	\$110,000	\$107,114	\$80,000
Office Equipment <\$5,000	2,456	0	0	799	0
Computer Software <\$5,000	5,000	0	0	0	0
Computer Hardware <\$5,000	2,663	0	0	6,021	0
Professional Services	32,395	82,050	82,050	45,430	124,723
Legal Services	1,415	1,000	1,000	111	1,000
Communications	5,955	6,982	6,982	6,590	9,648
Travel & Mileage	7,226	4,800	4,800	12,157	6,250
Parking & Commute Trip Reduction	545	1,750	1,750	1,548	1,750
Advertising	2,202	200	200	0	0
Rentals & Leases	0	0	0	992	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	20,221	29,700	29,700	16,859	12,200
Operations & Maintenance: Government Center	57,102	55,332	57,102	46,647	53,806
Training	11,617	8,850	8,850	2,600	7,850
Miscellaneous	946	6,700	6,700	659	3,200
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal NON-LABOR COSTS	\$285,837	\$307,364	\$309,134	\$247,527	\$300,427
PROGRAM EXPENDITURES	\$1,575,694	\$1,465,915	\$1,462,624	\$1,222,432	\$1,425,858
Administrative Services Overhead	\$552,956	\$476,601	\$501,145	\$424,208	\$500,176
Community Health Overhead	140,393	145,154	127,222	92,907	88,784
TOTAL EXPENDITURES	\$2,269,043	\$2,087,670	\$2,090,991	\$1,739,547	\$2,014,818

**Kitsap Public Health District
2017 BUDGET
COMMUNICABLE DISEASE PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH Con Con AFIX Immunization	\$19,386	\$28,356	\$28,356	\$32,304	\$28,356
DOH Con Con FA317 Immunization FED	10,218	9,112	9,112	9,112	9,112
DOH Con Con VFC Immunization FED	12,020	14,130	14,107	16,847	14,107
DOH Con Con PPHF VTRCKS-IIS Interface	0	0	4,750	4,750	4,750
DSHS Medicaid Match - CD	101,544	73,811	73,811	106,837	186,159
DSHS Title Nineteen - CD	6,608	10,000	10,000	5,793	10,000
Fees - CD	18,547	15,000	15,000	11,451	15,000
Fees - CD Insurance	494	0	0	19,282	15,000
Other - CD	2,631	500	500	208	500
DIRECT PROGRAM REVENUES	\$171,448	\$150,909	\$155,636	\$206,584	\$282,984
State & Local Flexible Funding Needed to Balance	\$384,052	\$438,807	\$467,728	\$258,160	\$344,186
TOTAL REVENUES	\$555,500	\$589,716	\$623,364	\$464,744	\$627,170
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$252,956	\$273,371	\$292,344	\$214,788	\$276,176
Payroll Taxes	18,753	22,148	23,715	15,980	22,028
Benefits	58,142	62,359	61,876	49,475	85,074
Unemployment	0	1,359	1,353	0	1,567
Subtotal Personnel Costs	\$329,851	\$359,237	\$379,288	\$280,243	\$384,845
Non-Personnel Costs					
Supplies	\$9,967	\$5,000	\$5,000	\$10,685	\$8,000
Office Equipment <\$5,000	571	0	0	391	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	264	0	0	2,993	0
Professional Services	8,019	8,000	8,000	3,882	6,000
Legal Services	35	0	0	0	0
Communications	2,355	3,514	3,514	2,687	4,404
Travel & Mileage	543	500	500	141	500
Parking & Commute Trip Reduction	0	0	0	633	0
Advertising	73	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	548	500	500	153	500
Operations & Maintenance: Government Center	16,794	17,185	18,327	13,470	18,435
Training	3,061	2,500	2,500	519	2,500
Miscellaneous	373	1,000	1,000	299	500
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$42,603	\$38,199	\$39,341	\$35,853	\$40,839
PROGRAM EXPENDITURES	\$372,454	\$397,436	\$418,629	\$316,096	\$425,684
Administrative Services Overhead	\$142,822	\$147,105	\$162,720	\$121,941	\$171,206
Community Health Overhead	40,224	45,175	42,015	26,707	30,280
TOTAL EXPENDITURES	\$555,500	\$589,716	\$623,364	\$464,744	\$627,170

**Kitsap Public Health District
2017 BUDGET
FAMILY PLANNING PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Seattle/King County Public Health BCHP Fees	\$16,483	\$10,000	\$10,000	\$11,393	\$0
Seattle/King County Public Health BCHP Outreach	0	17,000	(1,200)	0	0
DOH Con Con Family Planning State Contracts	149,289	151,556	151,556	113,063	44,452
DOH Con Con Family Planning - Title Ten	55,081	54,832	54,832	40,427	17,262
DSHS MAA Interpreter	354	252	252	30	324
DSHS Medicaid Match - FP	10,749	9,843	9,843	15,074	18,642
DSHS Title Nineteen - FP	19,646	55,000	55,000	7,319	3,000
DSHS Title Nineteen Take Charge - FP	25,448	15,000	15,000	0	1,000
DSHS Title Nineteen Meaningful Use	0	17,000	17,000	0	17,000
Fees - FP	11,232	10,000	10,000	6,683	10,000
Fees - FP Insurance	4,761	0	0	16,124	6,000
Other - FP	7	100	100	445	250
Harrison Medical Center - Centricity EMR	0	0	0	0	0
DIRECT PROGRAM REVENUES	\$293,050	\$340,583	\$322,383	\$210,558	\$117,930
State & Local Flexible Funding Needed to Balance	\$205,478	\$186,431	\$137,386	\$162,984	\$66,628
TOTAL REVENUES	\$498,528	\$527,014	\$459,769	\$373,542	\$184,558
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$210,966	\$219,571	\$193,011	\$164,561	\$78,058
Payroll Taxes	15,583	18,009	15,727	12,155	7,285
Benefits	49,331	55,158	38,148	36,122	21,234
Unemployment	0	1,305	1,029	0	484
Subtotal Personnel Costs	\$275,880	\$294,043	\$247,915	\$212,838	\$107,061
Non-Personnel Costs					
Supplies	\$23,884	\$22,000	\$22,000	\$16,761	\$7,500
Office Equipment <\$5,000	571	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	1,295	0	0	163	0
Professional Services	13,002	12,000	12,000	6,876	2,000
Legal Services	0	0	0	0	0
Communications	685	687	687	537	72
Travel & Mileage	137	300	300	112	50
Parking & Commute Trip Reduction	0	0	0	0	0
Advertising	0	200	200	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	11,990	25,000	25,000	11,915	7,500
Operations & Maintenance: Government Center	14,201	13,996	14,792	10,403	5,018
Training	3,683	1,053	1,053	1,042	250
Miscellaneous	105	0	0	0	0
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$69,553	\$75,236	\$76,032	\$47,809	\$22,390
PROGRAM EXPENDITURES	\$345,433	\$369,279	\$323,947	\$260,647	\$129,451
Administrative Services Overhead	\$119,453	\$121,036	\$108,509	\$92,612	\$46,739
Community Health Overhead	33,642	36,699	27,313	20,283	8,368
TOTAL EXPENDITURES	\$498,528	\$527,014	\$459,769	\$373,542	\$184,558

**Kitsap Public Health District
2017 BUDGET
HIV/AIDS PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH Con Con ADAP State Rebate	\$65,256	\$0	\$374,838	\$274,336	\$450,000
DOH Con Con Client Services ADAP	0	0	0	476	0
DOH Con Con Ryan White	65,248	264,597	0	0	0
DOH Con Con Ryan White Client Services Case Management	48,365	0	0	0	0
DOH Con Con Client Services Administration	47,121	86,606	0	33,448	86,606
DSHS Medicaid Match	24,381	17,573	17,573	21,948	42,408
Pierce County Aids Foundation - HOPWA	5,436	6,917	6,917	3,073	6,917
UW Harborview HIV Clinic	1,376	0	86,606	3,730	0
DSHS Title Nineteen AIDS Case Management	59,640	60,000	60,000	59,900	80,000
AIDS Counseling & Testing	336	200	200	321	500
Donations - HIV	150	0	0	100	0
DIRECT PROGRAM REVENUES	\$317,309	\$435,893	\$546,134	\$397,332	\$666,431
State & Local Flexible Funding Needed to Balance	\$42,675	\$0	\$0	\$0	\$0
Draw from (Increase) HIV/AIDS Designated Funds	28,101	6,750	(109,174)	18,327	(53,308)
TOTAL REVENUES	\$388,085	\$442,643	\$436,960	\$415,659	\$613,123
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$166,665	\$189,029	\$189,029	\$182,274	\$254,609
Payroll Taxes	12,483	15,694	15,694	13,563	20,511
Benefits	45,511	63,114	57,843	54,943	92,365
Unemployment	0	1,129	1,129	0	1,523
Subtotal Personnel Costs	\$224,659	\$268,966	\$263,695	\$250,780	\$369,008
Non-Personnel Costs					
Supplies	\$17,863	\$10,000	\$10,000	\$8,781	\$20,000
Office Equipment <\$5,000	1,314	0	0	408	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	0	0	0	1,031	0
Professional Services*	0	500	500	0	500
Legal Services	0	1,000	1,000	0	1,000
Communications	1,189	1,696	1,696	1,831	2,832
Travel & Mileage	5,031	3,000	3,000	5,520	5,000
Parking & Commute Trip Reduction	45	1,000	1,000	665	1,000
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	126	0	0	0	0
Operations & Maintenance: Government Center	10,906	12,597	12,366	12,489	17,680
Training	2,050	2,000	2,000	976	2,000
Miscellaneous	231	500	500	158	500
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$38,755	\$32,293	\$32,062	\$31,859	\$50,512
PROGRAM EXPENDITURES	\$263,414	\$301,259	\$295,757	\$282,639	\$419,520
Administrative Services Overhead	\$97,275	\$108,416	\$112,795	\$109,121	\$164,397
Community Health Overhead	27,396	32,968	28,408	23,899	29,206
TOTAL EXPENDITURES	\$388,085	\$442,643	\$436,960	\$415,659	\$613,123

**Kitsap Public Health District
2017 BUDGET
HEALTH INSURANCE NAVIGATOR**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Washington Health Benefit Exchange In-Person Assistance Contract	124,079	143,755	143,755	126,325	107,893
DIRECT PROGRAM REVENUES	\$124,079	\$143,755	\$143,755	\$126,325	\$107,893
State & Local Flexible Funding Needed to Balance	\$98,277	\$5,148	\$48,672	\$18,022	\$78,184
TOTAL REVENUES	\$222,356	\$148,903	\$192,427	\$144,347	\$186,077
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$103,279	\$61,193	\$79,160	\$67,193	\$81,707
Payroll Taxes	7,781	5,009	6,539	5,105	6,567
Benefits	23,414	13,646	21,859	16,253	23,941
Unemployment	0	362	470	0	485
Subtotal Personnel Costs	\$134,474	\$80,210	\$108,028	\$88,551	\$112,700
Non-Personnel Costs					
Supplies	\$545	\$1,000	\$1,000	\$2,657	\$500
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	0	0	0	1,834	0
Professional Services	3,371	12,800	12,800	0	5,000
Legal Services	0	0	0	0	0
Communications	282	0	0	26	180
Travel & Mileage	295	800	800	179	500
Parking & Commute Trip Reduction	0	150	150	0	150
Advertising	2,129	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	0	0	0	0	0
Operations & Maintenance: Government Center	6,635	3,946	3,951	4,025	5,402
Training	0	500	500	0	500
Miscellaneous	0	5,000	5,000	105	2,000
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$13,257	\$24,196	\$24,201	\$8,826	\$14,232
PROGRAM EXPENDITURES	\$147,731	\$104,406	\$132,229	\$97,377	\$126,932
Administrative Services Overhead	\$58,226	\$34,126	\$48,092	\$38,531	\$50,224
Community Health Overhead	16,399	10,371	12,106	8,439	8,921
TOTAL EXPENDITURES	\$222,356	\$148,903	\$192,427	\$144,347	\$186,077

**Kitsap Public Health District
2017 BUDGET
INFECTIOUS DISEASE PREVENTION PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH ConCon HIV Prevention - State	\$55,737	\$40,000	\$40,000	\$11,456	\$40,000
DOH ConCon Adult Viral Hepatitis B	0	0	10,816	3,302	10,816
DOH ConCon Adult Viral Hepatitis Prevention	28,314	35,000	35,000	41,686	35,000
DOH ConCon STD Control	29,449	15,420	15,420	0	15,420
KC Solid Waste Tipping Fees (Needle Exchange)	48,329	40,000	40,000	33,968	80,000
DIRECT PROGRAM REVENUES	\$161,829	\$130,420	\$141,236	\$90,412	\$181,236
State & Local Flexible Funding Needed to Balance	\$86,432	\$150,179	\$140,423	\$162,054	\$98,518
TOTAL REVENUES	\$248,261	\$280,599	\$281,659	\$252,466	\$279,754
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$82,519	\$81,397	\$81,397	\$77,421	\$80,335
Payroll Taxes	6,256	6,525	6,525	5,822	6,437
Benefits	14,405	14,478	14,478	13,877	14,735
Unemployment	0	477	477	0	474
Subtotal Personnel Costs	\$103,180	\$102,877	\$102,877	\$97,120	\$101,981
Non-Personnel Costs					
Supplies	\$79,973	\$70,000	\$70,000	\$65,709	\$40,000
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	0	0	0	0	0
Professional Services	1,114	43,750	43,750	32,532	76,223
Legal Services	0	0	0	0	0
Communications	716	860	860	1,115	1,572
Travel & Mileage	0	200	200	0	200
Parking & Commute Trip Reduction	500	600	600	250	600
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	0	0	0	0	0
Operations & Maintenance: Government Center	4,517	5,012	5,018	4,101	4,885
Training	906	600	600	27	600
Miscellaneous	97	200	200	97	200
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$87,823	\$121,222	\$121,228	\$103,831	\$124,280
PROGRAM EXPENDITURES	\$191,003	\$224,099	\$224,105	\$200,951	\$226,261
Administrative Services Overhead	\$44,676	\$43,325	\$45,975	\$42,260	\$45,425
Community Health Overhead	12,582	13,175	11,579	9,255	8,068
TOTAL EXPENDITURES	\$248,261	\$280,599	\$281,659	\$252,466	\$279,754

**Kitsap Public Health District
2017 BUDGET
JUVENILE DETENTION ADOLESCENT HEALTH PROGRAM ¹**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
Kitsap County Juvenile Detention	\$201,884	\$0	\$0	\$0	\$0
DSHS Medicaid Match - Juvy	1,369	0	0	0	0
Other - Juvy	467	0	0	0	0
DIRECT PROGRAM REVENUES	\$203,720	\$0	\$0	\$0	\$0
State & Local Flexible Funding Needed to Balance	\$2,431	\$0	\$0	\$0	\$0
TOTAL REVENUES	\$206,151	\$0	\$0	\$0	\$0
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$115,265	\$0	\$0	\$0	\$0
Payroll Taxes	8,579	0	0	0	0
Benefits	14,735	0	0	0	0
Unemployment	0	0	0	0	0
Subtotal Personnel Costs	\$138,579	\$0	\$0	\$0	\$0
Non-Personnel Costs					
Supplies	\$1,483	\$0	\$0	\$0	\$0
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	5,000	0	0	0	0
Computer Hardware <\$5,000	1,104	0	0	0	0
Professional Services	0	0	0	0	0
Legal Services	1,380	0	0	0	0
Communications	298	0	0	0	0
Travel & Mileage	171	0	0	0	0
Parking & Commute Trip Reduction	0	0	0	0	0
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	3,354	0	0	0	0
Operations & Maintenance: Government Center	0	0	0	0	0
Training	222	0	0	0	0
Miscellaneous	96	0	0	0	0
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$13,108	\$0	\$0	\$0	\$0
PROGRAM EXPENDITURES	\$151,687	\$0	\$0	\$0	\$0
Administrative Services Overhead	\$54,464	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$206,151	\$0	\$0	\$0	\$0

¹ Program Discontinued in 2015

**Kitsap Public Health District
2017 BUDGET
TUBERCULOSIS PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DSHS Medicaid Match - TB	\$242	\$0	\$0	\$3,389	\$20
DSHS Title Nineteen - TB	3,673	6,000	6,000	186	1,000
Kitsap County Tuberculosis Intergovernmental	99,868	99,868	99,868	83,223	99,868
Fees - TB	8,370	10,000	10,000	8,239	10,000
Fees - TB Insurance	36	0	0	3,375	4,000
Other - TB	0	0	0	0	0
DIRECT PROGRAM REVENUES	\$112,189	\$115,868	\$115,868	\$98,412	\$114,888
State & Local Flexible Funding Needed to Balance	\$0	\$0	\$0	\$0	\$0
Draw from (Increase) in Tuberculosis Designated Funds	37,973	(17,073)	(19,056)	(9,623)	9,248
TOTAL REVENUES	\$150,162	\$98,795	\$96,812	\$88,789	\$124,136
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$64,490	\$39,839	\$39,127	\$36,596	\$37,146
Payroll Taxes	4,840	3,243	3,173	2,738	3,025
Benefits	13,904	9,902	9,157	6,039	9,443
Unemployment	0	234	230	0	222
Subtotal Personnel Costs	\$83,234	\$53,218	\$51,687	\$45,373	\$49,836
Non-Personnel Costs					
Supplies	\$2,379	\$2,000	\$2,000	\$2,521	\$4,000
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	0	0	0	0	0
Professional Services	6,889	5,000	5,000	2,140	35,000
Legal Services	0	0	0	111	0
Communications	430	225	225	394	588
Travel & Mileage	1,049	0	0	6,205	0
Parking & Commute Trip Reduction	0	0	0	0	0
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	992	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	4,203	4,200	4,200	4,791	4,200
Operations & Maintenance: Government Center	4,049	2,596	2,648	2,159	2,386
Training	1,695	2,197	2,197	36	2,000
Miscellaneous	44	0	0	0	0
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$20,738	\$16,218	\$16,270	\$19,349	\$48,174
PROGRAM EXPENDITURES	\$103,972	\$69,436	\$67,957	\$64,722	\$98,010
Administrative Services Overhead	\$36,040	\$22,593	\$23,054	\$19,743	\$22,185
Community Health Overhead	10,150	6,766	5,801	4,324	3,941
TOTAL EXPENDITURES	\$150,162	\$98,795	\$96,812	\$88,789	\$124,136

Kitsap Public Health District
2017 BUDGET
ENVIRONMENTAL HEALTH DIVISION - SUMMARY

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DIRECT PROGRAM REVENUES	\$4,964,600	\$5,648,187	\$6,929,168	\$6,317,106	\$5,540,402
State & Local Flexible Funding Needed to Balance	\$558,927	\$462,465	\$494,753	\$147,281	\$398,187
Draw from (Increase) Reserves	(170,161)	127,899	(1,412)	(298,279)	458,859
TOTAL REVENUES	\$5,353,366	\$6,238,551	\$7,422,509	\$6,166,108	\$6,397,448
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$2,535,234	\$2,801,601	\$2,774,665	\$2,251,641	\$2,900,498
Payroll Taxes	190,935	231,273	228,645	169,332	232,497
Benefits	638,245	732,379	710,261	581,082	813,637
Unemployment	0	16,657	16,501	0	17,259
Subtotal Personnel Costs	\$3,364,414	\$3,781,910	\$3,730,072	\$3,002,055	\$3,963,891
Non-Personnel Costs					
Supplies	\$38,315	\$42,837	\$42,837	\$25,444	\$42,452
Office Equipment <\$5,000	4,243	2,900	2,900	1,852	5,000
Computer Software <\$5,000	0	0	0	726	0
Computer Hardware <\$5,000	2,717	16,500	16,500	9,570	1,000
Professional Services	161,321	498,456	1,657,187	1,566,752	287,499
Legal Services	34,484	38,222	38,222	17,540	23,900
Communications	28,533	39,356	39,356	24,848	30,828
Travel & Mileage	64,931	51,345	51,345	44,790	55,018
Parking & Commute Trip Reduction	9,351	9,770	9,770	6,956	10,690
Advertising	10,238	8,500	8,500	1,499	8,500
Rentals & Leases	12,993	10,588	10,588	8,117	10,588
Insurance	0	1,614	1,614	0	1,614
Utilities	49	0	0	26	0
Repairs & Maintenance	16,119	19,258	19,258	14,889	19,258
Operations & Maintenance: Government Center	162,315	172,036	171,184	140,655	183,795
Training	18,176	17,596	17,596	20,968	20,186
Miscellaneous	24,061	22,081	22,081	22,437	23,926
Equipment >\$5,000	12,915	21,000	21,000	6,768	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$600,761	\$972,059	\$2,129,938	\$1,913,837	\$724,254
PROGRAM EXPENDITURES	\$3,965,175	\$4,753,969	\$5,860,010	\$4,915,892	\$4,688,145
Administrative Services Overhead	\$1,219,725	\$1,324,245	\$1,415,127	\$1,116,995	\$1,569,937
Environmental Health Overhead	168,466	160,337	147,372	133,221	139,366
TOTAL EXPENDITURES	\$5,353,366	\$6,238,551	\$7,422,509	\$6,166,108	\$6,397,448

**Kitsap Public Health District
2017 BUDGET
ENVIRONMENTAL HEALTH DIVISION ADMINISTRATION**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
N/A - None	\$0	\$0	\$0	\$0	\$0
TOTAL REVENUES	\$0	\$0	\$0	\$0	\$0
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$123,535	\$112,308	\$102,959	\$99,153	\$99,625
Payroll Taxes	9,302	9,239	8,378	7,549	7,867
Benefits	28,683	29,006	26,308	22,134	21,577
Unemployment	0	670	615	0	596
Subtotal Personnel Costs	\$161,520	\$151,223	\$138,260	\$128,836	\$129,665
Non-Personnel Costs					
Supplies	\$627	\$1,500	\$1,500	\$294	\$1,500
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	488	0
Computer Hardware <\$5,000	174	0	0	597	0
Professional Services	0	0	0	0	0
Legal Services	123	500	500	1,447	1,000
Communications	589	500	500	382	588
Travel & Mileage	1,334	1,080	1,080	439	1,080
Parking & Commute Trip Reduction	0	0	0	0	0
Advertising	0	0	0	0	0
Rentals & Leases	3,360	0	0	40	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	0	4,265	4,265	0	4,265
Operations & Maintenance: Government Center	0	0	0	0	0
Training	149	960	960	603	960
Miscellaneous	590	308	308	95	308
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$6,946	\$9,113	\$9,113	\$4,385	\$9,701
PROGRAM EXPENDITURES	\$168,466	\$160,336	\$147,373	\$133,221	\$139,366
Environmental Health Overhead	(\$168,466)	(\$160,336)	(\$147,373)	(\$133,221)	(\$139,366)
TOTAL EXPENDITURES W/OVERHEAD DISTRIBUTED	\$0	\$0	\$0	\$0	\$0

**Kitsap Public Health District
2017 BUDGET
DRINKING WATER PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOE Well Construction	\$19,608	\$14,000	\$14,000	\$23,538	\$22,821
DOH Con Con Drinking Water Group A SS	11,300	12,750	12,750	4,800	32,750
DOH Con Con Drinking Water Group A TA	750	2,500	2,500	800	2,500
Public Utility District Well Construction	10,000	10,000	10,000	10,000	10,000
Clean Water Kitsap	7,943	10,000	10,000	6,824	10,000
Building Clearances - DW	27,935	27,443	27,443	31,496	34,708
Building Site Applications - DW	158,200	140,000	140,000	170,176	180,920
Certifications - DW	1,810	905	905	0	905
Land Use - DW	5,633	7,083	7,083	4,560	5,711
Water Status Reports (Loan Inspections)	8,264	10,673	10,673	11,186	11,064
Plan Reviews - DW	2,965	4,560	4,560	2,501	4,405
Water Sanitary Surveys	14,103	14,715	14,715	15,681	18,515
Waivers - DW	2,507	2,180	2,180	3,924	4,360
Well Decommissioning	10,824	10,200	10,200	8,200	9,348
Well Site Inspections	18,033	16,418	16,418	11,070	13,715
Other - Drinking Water	1,006	0	0	327	0
DIRECT PROGRAM REVENUES	\$300,881	\$283,427	\$283,427	\$305,083	\$361,722
State & Local Flexible Funding Needed to Balance	\$0	\$0	\$0	\$0	\$0
Draw from (Increase) Drinking Water Designated Funds	(19,662)	71,460	72,852	(17,696)	74,653
TOTAL REVENUES	\$281,219	\$354,887	\$356,279	\$287,387	\$436,375
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$136,632	\$169,377	\$168,317	\$138,558	\$201,547
Payroll Taxes	10,300	13,963	13,874	10,417	16,185
Benefits	32,808	46,682	45,159	35,099	60,838
Unemployment	0	1,007	1,001	0	1,201
Subtotal Personnel Costs	\$179,740	\$231,029	\$228,351	\$184,074	\$279,771
Non-Personnel Costs					
Supplies	\$430	\$500	\$500	\$966	\$1,252
Office Equipment <\$5,000	0	0	0	0	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	0	0	0	108	0
Professional Services	0	400	400	0	400
Legal Services	84	2,500	2,500	0	2,500
Communications	1,318	1,680	1,680	1,034	1,488
Travel & Mileage	2,668	2,321	2,321	2,067	1,905
Parking & Commute Trip Reduction	432	450	450	333	405
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	45	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	0	0	0	0	0
Operations & Maintenance: Government Center	9,076	10,949	10,834	9,190	13,410
Training	15	300	300	701	390
Miscellaneous	148	0	0	238	0
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$14,171	\$19,100	\$18,985	\$14,682	\$21,750
PROGRAM EXPENDITURES	\$193,911	\$250,129	\$247,336	\$198,756	\$301,521
Administrative Services Overhead	\$77,859	\$94,546	\$99,567	\$80,096	\$124,683
Environmental Health Overhead	9,449	10,212	9,376	8,535	10,171
TOTAL EXPENDITURES	\$281,219	\$354,887	\$356,279	\$287,387	\$436,375

**Kitsap Public Health District
2017 BUDGET
FOOD & LIVING ENVIRONMENT PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH Con Con Beach NEP	\$16,203	\$27,000	\$27,000	\$11,180	\$20,000
DOH Con Con Shellfish	14,283	14,000	14,000	10,566	14,000
USDA OSPI Interlocal	2,834	0	0	1,526	0
Clean Water Kitsap - Food & LE	6,280	7,800	7,800	7,466	7,800
Clean Water Kitsap - Beach / RSF	14,277	26,000	26,000	23,134	26,000
Clean Water Kitsap - LMP	31,423	32,000	32,000	41,509	32,000
Retail Program Standards Grant - NEW	0	20,000	20,000	0	0
Camps	798	1,041	1,041	931	1,041
Establishments	465,181	586,987	586,987	513,613	586,987
Food Handler Permits	7,735	9,330	9,330	15,448	16,714
Food Handler Permits - TPCHD	81,389	86,400	86,400	80,473	78,303
Plan Reviews - Food & LE	16,096	16,228	16,228	20,609	19,379
Food Establishment Reinspections	30,882	21,800	21,800	42,921	40,796
LE School Plan Review	0	4,500	4,500	0	10,000
LE Reinspections	436	1,090	1,090	1,100	1,318
Pools/Spas	39,693	46,400	46,400	42,118	46,400
Port Gamble S'Klallam Tribe	49	324	324	82	324
School Inspections	0	10,355	10,355	0	0
Temporary Permits	34,289	41,941	41,941	34,894	32,214
Other - Food & Living Environment	0	500	500	162	500
DIRECT PROGRAM REVENUES	\$761,848	\$953,696	\$953,696	\$847,732	\$933,776
State & Local Flexible Funding Needed to Balance	\$168,332	\$44,290	\$42,230	(\$34,037)	\$78,713
TOTAL REVENUES	\$930,180	\$997,986	\$995,926	\$813,695	\$1,012,489
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$434,808	\$460,956	\$454,410	\$378,198	\$466,484
Payroll Taxes	32,977	37,965	37,386	28,553	37,328
Benefits	99,838	113,073	109,636	90,722	119,129
Unemployment	0	2,725	2,685	0	2,757
Subtotal Personnel Costs	\$567,623	\$614,719	\$604,117	\$497,473	\$625,698
Non-Personnel Costs					
Supplies	\$4,147	\$6,000	\$6,000	\$4,789	\$6,000
Office Equipment <\$5,000	0	1,000	1,000	448	1,000
Computer Software <\$5,000	0	0	0	238	0
Computer Hardware <\$5,000	1,272	16,500	16,500	3,146	0
Professional Services	14,768	16,055	16,055	13,310	13,979
Legal Services	660	0	0	318	0
Communications	4,811	6,462	6,462	5,680	5,556
Travel & Mileage	21,961	20,638	20,638	15,933	20,638
Parking & Commute Trip Reduction	2,363	2,310	2,310	1,759	2,310
Advertising	0	500	500	14	500
Rentals & Leases	215	760	760	220	760
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	0	0	0	0	0
Operations & Maintenance: Government Center	29,364	29,234	29,243	24,663	29,995
Training	4,957	2,336	2,336	3,496	2,336
Miscellaneous	2,256	1,850	1,850	2,678	1,850
Equipment >\$5,000	0	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$86,774	\$103,645	\$103,654	\$76,692	\$84,924
PROGRAM EXPENDITURES	\$654,397	\$718,364	\$707,771	\$574,165	\$710,622
Administrative Services Overhead	\$245,937	\$252,389	\$263,279	\$216,464	\$279,129
Environmental Health Overhead	29,846	27,233	24,876	23,066	22,738
TOTAL EXPENDITURES	\$930,180	\$997,986	\$995,926	\$813,695	\$1,012,489

**Kitsap Public Health District
2017 BUDGET
ONSITE SEWAGE PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOH Con Con - PS OSS LMP Implementation	\$30,000	\$45,000	\$45,000	\$32,111	\$65,000
DOH Con Con - EPA NEP Competitive Award	82,222	0	0	0	0
DOH Con Con - EPA NEP Round 4	44,888	0	0	0	0
DOH Con Con - EPA NEP Round 5 & 6	48,496	60,000	60,000	69,409	60,000
Kitsap County Septage Tipping Fees	96,689	120,000	120,000	123,401	0
Clean Water Kitsap	114,657	200,000	200,000	172,742	0
Building Clearances	74,562	75,775	75,775	67,661	80,350
Building Site Applications	291,848	260,000	260,000	306,699	374,930
Building Site Application Waivers	19,838	16,228	16,228	17,658	19,237
Installer Certifications	9,196	7,964	7,964	10,048	9,231
O&M Certifications	7,058	7,058	7,058	7,694	7,059
Septic Tank Pumper Certifications	3,620	3,534	3,534	3,802	6,260
Delinquent Certification Renewals	2,410	723	723	482	723
Land Use	11,516	10,000	10,000	9,475	11,912
Property Conveyance Reports	439,274	427,694	427,694	432,664	510,304
Operations & Maintenance Annual Report Fees	444,174	449,800	449,800	379,998	460,200
Other	3,018	500	500	1,643	2,020
Water Samples	10,148	10,328	10,328	9,928	10,528
Sewage Permits	259,093	230,000	230,000	227,412	248,000
DIRECT PROGRAM REVENUES	\$1,992,707	\$1,924,604	\$1,924,604	\$1,872,827	\$1,865,754
State & Local Flexible Funding Needed to Balance	\$0	\$0	\$0	\$0	\$0
Draw from (Increase) On-Site Designated Funds	(175,098)	(8,188)	3,149	(172,408)	250,202
TOTAL REVENUES	\$1,817,609	\$1,916,416	\$1,927,753	\$1,700,419	\$2,115,956
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$830,603	\$894,842	\$891,096	\$784,210	\$958,355
Payroll Taxes	62,117	73,996	73,456	58,603	76,963
Benefits	222,933	244,966	237,858	215,234	288,645
Unemployment	0	5,324	5,305	0	5,711
Subtotal Personnel Costs	\$1,115,653	\$1,219,128	\$1,207,715	\$1,058,047	\$1,329,674
Non-Personnel Costs					
Supplies	\$7,000	\$5,137	\$5,137	\$3,108	\$5,000
Office Equipment <\$5,000	680	0	0	624	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	804	0	0	2,274	0
Professional Services	8,760	8,009	8,009	11,341	9,592
Legal Services	18,356	21,222	21,222	1,726	4,400
Communications	8,487	7,694	7,694	6,174	8,676
Travel & Mileage	30,823	17,314	17,314	20,561	21,403
Parking & Commute Trip Reduction	2,277	2,000	2,000	2,033	3,955
Advertising	0	0	0	0	0
Rentals & Leases	0	0	0	0	0
Insurance	0	0	0	0	0
Utilities	0	0	0	0	0
Repairs & Maintenance	7,339	7,294	7,294	7,294	9,276
Operations & Maintenance: Government Center	57,115	57,778	56,928	51,769	63,742
Training	1,205	1,500	1,500	2,853	1,500
Miscellaneous	17,302	16,719	16,719	16,405	17,568
Equipment >\$5,000	0	0	0	6,768	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$160,148	\$144,667	\$143,817	\$132,930	\$145,112
PROGRAM EXPENDITURES	\$1,275,801	\$1,363,795	\$1,351,532	\$1,190,977	\$1,474,786
Administrative Services Overhead	\$483,172	\$498,724	\$526,626	\$460,385	\$592,873
Environmental Health Overhead	58,636	53,897	49,595	49,057	48,297
TOTAL EXPENDITURES	\$1,817,609	\$1,916,416	\$1,927,753	\$1,700,419	\$2,115,956

**Kitsap Public Health District
2017 BUDGET
POLLUTION IDENTIFICATION & CORRECTION PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
City of Poulsbo Stormwater	\$3,373	\$0	\$0	\$17,562	\$13,200
DOE CCWF Directed PIC for Burley & Lofall Creek	60,621	84,000	84,000	47,847	64,000
DOE Dyes Inlet Pathogen Removal Project	55,047	21,600	21,600	17,297	0
DOE Nutrient Reductions PIC - Murden Cove	40,803	38,700	38,700	12,150	0
New Unassigned Revenue ¹	0	309,000	42,500	0	150,350
DOE CCWF - Port Orchard Passage - Phase 2	65,761	80,000	80,000	49,319	7,000
DOH Con Con EPA NEP Competitive Award	21,235	0	0	3,991	0
DOH Con Con EPA NEP Competitive Award - KSMP	52,820	34,664	34,664	53,520	40,000
DOE NEP Nutrient Reduction - Lake Symington	29,860	84,000	84,000	28,764	42,600
Environmental Protection Agency Shoreline	7,521	0	0	0	0
Hood Canal Coordinating Council - HCR IMP	40,340	39,996	39,996	35,623	38,500
Kitsap Conservation District - Burley Lagoon	469	0	0	5,877	0
Kitsap Conservation District - Agricultural PIC	2,226	0	0	0	0
Clean Water Kitsap	781,255	888,000	888,000	749,667	1,024,200
Kitsap County Septic Tipping Fees	0	0	0	0	120,000
Notice To Title Recording Fees	0	0	0	73	0
PIC Other	0	0	0	0	0
DIRECT PROGRAM REVENUES	\$1,161,331	\$1,579,960	\$2,735,941	\$2,444,171	\$1,499,850
State & Local Flexible Funding Needed to Balance	\$390,595	\$418,175	\$452,523	\$181,318	\$319,474
TOTAL REVENUES	\$1,551,926	\$1,998,135	\$3,188,464	\$2,625,489	\$1,819,324
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$644,927	\$709,562	\$715,339	\$497,002	\$709,648
Payroll Taxes	48,606	58,732	59,194	37,433	57,037
Benefits	170,190	189,715	190,297	135,503	196,908
Unemployment	0	4,213	4,248	0	4,214
Subtotal Personnel Costs	\$863,723	\$962,222	\$969,078	\$669,938	\$967,807
Non-Personnel Costs					
Supplies	\$20,668	\$22,700	\$22,700	\$14,216	\$22,700
Office Equipment <\$5,000	3,150	0	0	780	0
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	315	0	0	1,226	0
Professional Services	132,194	463,992	1,622,723	1,537,833	257,528
Legal Services	11,344	12,000	12,000	6,936	12,000
Communications	8,898	18,624	18,624	7,257	8,304
Travel & Mileage	6,792	7,992	7,992	5,027	7,992
Parking & Commute Trip Reduction	4,256	3,780	3,780	2,763	3,780
Advertising	1,178	0	0	0	0
Rentals & Leases	9,418	9,828	9,828	7,812	9,828
Insurance	0	1,076	1,076	0	1,076
Utilities	49	0	0	26	0
Repairs & Maintenance	6,123	5,217	5,217	7,075	5,217
Operations & Maintenance: Government Center	44,157	45,653	46,146	33,472	46,391
Training	5,178	7,500	7,500	7,522	9,000
Miscellaneous	1,010	1,200	1,200	1,035	1,200
Equipment >\$5,000	12,915	0	0	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$267,645	\$599,562	\$1,758,786	\$1,632,980	\$385,016
PROGRAM EXPENDITURES	\$1,131,368	\$1,561,784	\$2,727,864	\$2,302,918	\$1,352,823
Administrative Services Overhead	\$375,044	\$393,849	\$420,830	\$291,508	\$431,291
Environmental Health Overhead	45,514	42,502	39,770	31,063	35,210
TOTAL EXPENDITURES	\$1,551,926	\$1,998,135	\$3,188,464	\$2,625,489	\$1,819,324

**Kitsap Public Health District
2017 BUDGET
SOLID & HAZARDOUS WASTE PROGRAM**

	ACTUAL 2015	BUDGET - Amd 1 2016	BUDGET - Amd 2 2016	YTD ACTUAL 10/31/2016	BUDGET 2017
REVENUES					
DOE Coordinated Prevention Grant	\$57,798	\$100,000	\$225,000	\$255,802	\$50,000
DOE Local Source Control Grant (LSC)	122,036	195,000	195,000	143,373	207,600
DOE LSC Secondary Containment Voucher Program	225	0	0	0	0
DOE Site Hazard Assessment Grant	95,265	110,000	110,000	11,101	96,250
Kitsap County Solid Waste Tipping Fees	423,181	460,000	460,000	390,614	463,250
San Juan County: Derelict Vessel Prevention Program	11,243	0	0	0	0
Permits	35,905	40,000	40,000	41,366	46,000
Plan Reviews	109	1,500	1,500	218	1,200
New Unassigned Revenue (Drug Lab Fees)	0	0	0	0	15,000
Other	2,071	0	0	4,819	0
DIRECT PROGRAM REVENUES	\$747,833	\$906,500	\$1,031,500	\$847,293	\$879,300
State & Local Flexible Funding Needed to Balance	\$0	\$0	\$0	\$0	\$0
Draw from (Increase) Solid & Hazardous Waste Designated Funds	24,599	64,627	(77,413)	(108,175)	134,004
TOTAL REVENUES	\$772,432	\$971,127	\$954,087	\$739,118	\$1,013,304
EXPENDITURES					
Personnel Costs					
Salaries & Wages	\$364,729	\$454,556	\$442,544	\$354,520	\$464,839
Payroll Taxes	27,633	37,378	36,357	26,777	37,117
Benefits	83,793	108,937	101,003	82,390	126,540
Unemployment	0	2,718	2,647	0	2,780
Subtotal Personnel Costs	\$476,155	\$603,589	\$582,551	\$463,687	\$631,276
Non-Personnel Costs					
Supplies	\$5,443	\$7,000	\$7,000	\$2,071	\$6,000
Office Equipment <\$5,000	413	1,900	1,900	0	4,000
Computer Software <\$5,000	0	0	0	0	0
Computer Hardware <\$5,000	152	0	0	2,219	1,000
Professional Services	5,599	10,000	10,000	4,268	6,000
Legal Services	3,917	2,000	2,000	7,113	4,000
Communications	4,430	4,396	4,396	4,321	6,216
Travel & Mileage	1,353	2,000	2,000	763	2,000
Parking & Commute Trip Reduction	23	1,230	1,230	68	240
Advertising	9,060	8,000	8,000	1,485	8,000
Rentals & Leases	0	0	0	0	0
Repairs & Maintenance	2,657	2,482	2,482	520	500
Operations & Maintenance: Government Center	22,603	28,422	28,033	21,561	30,257
Training	6,672	5,000	5,000	5,793	6,000
Miscellaneous	2,755	2,004	2,004	1,986	3,000
Equipment >\$5,000	0	21,000	21,000	0	0
Computer Software >\$5,000	0	0	0	0	0
Computer Hardware >\$5,000	0	0	0	0	0
Subtotal Non-Personnel Costs	\$65,077	\$95,972	\$95,583	\$52,168	\$77,751
PROGRAM EXPENDITURES	\$541,232	\$699,561	\$678,134	\$515,855	\$709,027
Administrative Services Overhead	\$206,179	\$245,073	\$252,198	\$201,763	\$281,327
Environmental Health Overhead	25,021	26,493	23,755	21,500	22,950
TOTAL EXPENDITURES	\$772,432	\$971,127	\$954,087	\$739,118	\$1,013,304

Approving the 2017 Kitsap Public Health District Budget

The attached 2017 Kitsap Public Health District Budget, with total projected sources and uses of funds equal to \$12,141,859 and with 102.02 full-time equivalent employees, is hereby approved by the Kitsap Public Health Board, and constitutes the authorized 2017 Budget for the Kitsap Public Health District.

APPROVED: December 6, 2016

Mayor Becky Erickson, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board
From: Karen Holt, Human Resources Manager
Date: November 30, 2016
Re: Approving Classification and Salary Range for Social Worker 3

The Kitsap Public Health District is recommending Kitsap Public Health Board approval of Kitsap Public Health Board Resolution 2016-15, approving the classification and associated salary range for Social Worker 3, a new represented position of the Health Professional and Technical Unit of the Professional and Technical Employees Local 17.

This proposed new position classification is the result the planned reorganization of the Community Health Division, which has been previously discussed with the Board, and subsequent bargaining with the union, Professional and Technical Employees Local 17, to address the impacts of the Community Health Division reorganization plan.

Background

As you know, the Board made the difficult decision to discontinue direct patient care for our Family Planning patients effective March 31, 2017. Additionally, our current Clinical Services Program Manager 2 will retire March 31, 2017. With the planned reduction in clinical services, the District has made the decision to eliminate the position of Clinical Services Program Manager 2 position effective April 1, 2017, coinciding with her retirement.

Moving forward, to better facilitate supervision and operations with the elimination of the Program Manager 2 position, the District proposed adding two internal promotional opportunities in Clinical Services; a Public Health Nurse Supervisor, a represented classification, overseeing our Communicable Disease Program; and a Program Coordinator, a non-union classification, to manage the daily operations of our HIV/AIDS Program. The latter position was proposed because beginning in January 2017, our HIV/AIDS Program will expand as the District has been awarded a two-year contract to provide HIV Community Services regionally. The region includes Clallam, Jefferson, Kitsap and Mason counties.

Local 17 cited their interest to have the Program Coordinator be a represented classification as the expectation is that the incumbent would be assigned supervisory duties, but would also continue to carry a client caseload as other Social Workers in the program.

The District agreed that a new classification would resolve concerns of the potential for bargaining unit work being done by non-represented supervisory personnel and preserve internal equity for represented employees. The Registered Nurses, Clerical, and Environmental Health units all have represented supervisor classifications. Prior to the expansion of the client service region for HIV Community Services and the elimination of the Program Manager 2 position for Clinical Services, there had not been an operational need for this type of work assignment for Social Workers at Kitsap Public Health District.

As the District experiences attrition with our aging workforce, a reduced demand for certain services, and the need to refocus our priorities, we have taken this opportunity to thoughtfully reevaluate our staffing needs and realized cost savings while still adequately meeting our operational and programmatic needs. This process included consideration of internal equity, providing promotional opportunities, and preserving Union positions to ensure a highly skilled, productive, and diverse workforce. The District will continue to reassess staffing and operational needs in the pursuit of our mission, vision, and guiding principles.

Thank you for your consideration of this request. With your approval, the District will memorialize this decision in a Memorandum of Understanding between the Kitsap Public Health District and the Professional and Technical Employees, Local 17.

Attached, please find the following documents related to this request:

1. Kitsap Public Health Board Resolution 2016-15, Approving Classification and Salary Range for Social Worker 3.
2. The Classification of Social Worker 3.

Recommended Action

The Health Board may wish to make the following motion:

The Board moves to approve Resolution 2016-15, Approving Classification and Salary Range for Social Worker 3, which will take effect January 1, 2017.

If you have questions, comments or need additional information, please contact me at (360) 337-5294 or karen.holt@kitsappublichealth.org.

Approving the Classification and Salary Range for Social Worker 3

WHEREAS, the Kitsap Public Health District has put a plan in place to implement changes in the design and organization of the Division of Community Health to address the dynamic and constantly changing landscape of Public Health; and

WHEREAS, the District is experiencing attrition with our aging workforce, a reduced demand for certain services, a need to refocus our priorities, and recognizes now as an opportunity to reevaluate our staffing needs and seek out cost savings; and

WHEREAS, the District recognizes the Professional and Technical Employees, Local 17, as the exclusive bargaining representative for represented employees; and

WHEREAS, the District provided Local 17 the opportunity to bargain the impacts associated with the Community Health Division reorganizational design as provided in the terms of the Collective Bargaining Agreement and as provided by law; and

WHEREAS, Local 17 presented the interest to accrete a proposed unrepresented position of Program Coordinator into the Health Professional and Technical Unit due to its design, which includes managing a client case load as other represented Social Workers in the unit; and

WHEREAS, Local 17 represents other similar classifications in other units of which essential functions include other assignments in addition to supervisory duties; and

WHEREAS, the District recognized the interest of Local 17, and agreed the request was appropriate.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board does hereby authorize and approve the classification and salary range of Social Worker 3 as attached, effective January 1, 2017.

APPROVED: December 6, 2016

Mayor Becky Erickson, Chair
Kitsap Public Health Board

SOCIAL WORKER 3

DEFINITION

Under general supervision, those in the Social Worker 3 classification supervise a public health team or program, and provide professional social work and/or case management and/or mental health care to various populations. Duties include providing counseling, therapy, and education, as well as connecting clients to appropriate public or private resources. Extensive interaction with socio-economic and culturally diverse populations of clients, community-based agencies, medical personnel and District staff to provide social work or case management services is required.

DISTINGUISHING CHARACTERISTICS

This is the supervisory level in the Social Worker series. It is distinguished from Social Worker 1 and Social Worker 2 classifications by its responsibility for direct supervision of professional, paraprofessional and/or support staff. Positions in these assignments perform professional social work or case management services in the treatment of individuals, families and groups. Employees assigned to this classification work independently with minimal supervision. Work assignments are both general and specific in nature, and are received in both verbal and written form. Instructions received define overall objectives, with some specificity regarding how to proceed with assignments. This description reflects the general concept and intent of the classification and should not be construed as a detailed statement of all the work requirements that may be inherent in the position.

EXAMPLES OF DUTIES

- Trains, supervises and evaluates staff; assigns work; establishes work priorities and performance standards; monitors performance and provides effective feedback.
- Assumes direct responsibility for timelines, quality and quantity of work of assigned program(s).
- Monitors activities of program(s) by evaluating compliance with regulations, procedures and protocols, and staff efficiency, to ensure that operational and agency goals are being met.
- Works with staff to correct deficiencies; resolves minor discipline and other staff problems in consultation with the Human Resources Manager and the Program Manager, Assistant Division Director or Director as appropriate; refers more serious personnel matters to management.
- Conducts comprehensive, culturally sensitive psychosocial assessments.
- Interviews clients, reviews, records, and confers with other professionals to evaluate mental or physical condition of client or patient.
- Assesses and advises staff of community and public agency resources for clients and their families.
- Directs case finding, and estimates extent of need.
- Investigates available funding for additional services, such as federal and state grants, and determines impact of grant.
- Develops, prepares and administers contracts with outside agencies and other governmental agencies; reviews and interprets guidelines and requirements.
- Participates in planning for extension, withdrawal and maintenance of specific programs.
- Participates as a committee member in reviewing and proposing revisions to local health district policies and state regulations.

- Conducts staff meetings and training sessions.
- Manages special projects and activities by performing and delegating work assignments, tracking status, monitoring progress and paperwork, presenting findings to management, making and justifying recommendations.
- Interfaces and collaborates with other District programs and public and private community agencies, expanding the scope and reach of public health programs and services.
- Represents the District on community boards and committees to acquire/provide information and respond to questions concerning projects, programs, and activities of community and clinical health services.
- Assists with program budget development; monitors revenues and expenditures; and ensures that program(s) are within budget and as cost-effective as possible.
- Prepares and/or performs final review of complex and/or controversial documents.
- Utilizes appropriate methods for interacting effectively and professionally with persons of all ages and from diverse cultural, socioeconomic, educational, racial, and ethnic, sexual orientations, lifestyles and physical abilities.
- Adheres to ethical principles and District policy in the collection, maintenance, use, and dissemination of data and information.
- Establishes and maintains cooperative, effective working relationships with coworkers, other District employees, and the general public using principles of good customer service.
- Responds to public health emergencies as required by the District.
- Reports for scheduled work with regular, reliable and punctual attendance.
- Performs other work as required.

EDUCATION AND EXPERIENCE REQUIREMENTS

- Master's degree in social work, sociology, counseling, psychology, marriage and family therapy, or a related field from an accredited college or university; and
- Two years of professional social service clinical experience; and
- Two years of social work or case management experience in the area of assignment.

LICENSES, CERTIFICATIONS & OTHER REQUIREMENTS

- A valid license to practice as a Mental Health Professional in the State of Washington is required. (Various credentials are qualifying.)
- Some social workers classified at this level are required to have certification.
- All required licenses must be maintained in an active status without suspension or revocation throughout employment.
- Performance of job duties requires a valid Washington State driver's license and proof of appropriate auto insurance; depending on the assignment, job duties may require the use of the incumbent's personal motor on a regular basis.

KNOWLEDGE & ABILITIES

Knowledge of:

- Professional social work, mental health, and/or counseling principles, methodology, ethics, developments and trends;

- Principles, methods, and procedures for diagnosis and treatment of physical and mental dysfunctions;
- The use of therapeutic relationship to foster client self-determination;
- Human psycho-social development within the context of the family, community and culture;
- Group behavior and dynamics, societal trends and influences, ethnicity and cultures;
- Therapy theories and techniques and understand of therapeutic process;
- Techniques for facilitating client motivation to change behavior problems;
- Human behavior and performance; individual differences in ability, personality, and interest; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders;
- Health and social issues impacting client and community.
- Public health issues, characteristics, and trends affecting health care, social conditions, and population groups.
- Principles and practices of supervision, workforce development, and group dynamics.
- Principles of public relations and customer service.
- Project management, including planning, scheduling, monitoring, and problem solving.
- Trends, principles and practices within assigned specialized areas.
- Health facilities, community resources, and social and economic forces in the area of assignment.
- Correct English usage including grammar, spelling, and punctuation.
- Communication business practices including electronic, telephone or direct public contact.
- Computer operation and a variety of software including word processing, database and other applications related to the area of assignment.
- Practice within the scope of mental health professional licensure.

Skill and Ability to:

- Provide crisis and behavioral intervention;
- Provide client advocacy;
- Provide case management;
- Defuse hostile or violent behavior;
- Apply techniques to deal with high risk situations in the field;
- Detect signs, symptoms and behavioral effects of domestic violence, abuse, depression, mental illness and chemical dependency;
- Gather clinical and psychiatric data to establish a diagnostic impression;
- Develop cooperative relationships with families, the community and other providers;
- Utilize group work therapy and practice.
- Plan, direct and evaluate the work of staff.
- Practice within the scope of social worker licensure.
- Exercise professional judgment in the application of public health principles.
- Understand, interpret, explain and apply best practices, laws, rules and regulations within assigned areas.
- Coordinate, organize, and prioritize work, follow directions, instructions and protocol in the course of duties assigned.
- Make timely decisions considering relevant factors and evaluating alternatives, exercising discretion and sound independent judgment.
- Analyze, compile, record and assess data, i.e., case management plans of action, medical records, etc.

- Demonstrate cultural competency, interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences.
- Assume responsibility for professional growth and development.
- Listen attentively and communicate effectively and persuasively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, concerning complex or sensitive matters, including making presentations to diverse audiences.
- Use tact, discretion, respect and courtesy to gain the cooperation and concurrence of clients, and to establish and maintain effective working relationships with co-workers, representatives of other agencies, and other District personnel.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.
- Fulfill the commitment of the District to provide outstanding and effective customer service.
- Proficiently and accurately operate office and other equipment standard to the area of assignment.
- Utilize computers, databases and related software and automated equipment to produce worksheets and reports, typing with sufficient speed and accuracy to accomplish assignments in a timely manner.
- Perform duties in confidence and under pressure for deadlines, and maintain professional composure and tact, patience and courtesy at all times.
- Work effectively in a dynamic environment that is constantly changing, resulting in continually re-evaluating and shifting priorities.
- Work both independently and within a collaborative team-oriented environment; contribute openly, respectfully disagree, understand the ideas of others, listen well and work for consensus.

WORKING CONDITIONS & PHYSICAL DEMANDS

- Working conditions and physical demands vary by assignment. Depending on assignment, work is performed primarily in (1) a clinic environment; (2) out in the field doing home visits; (3) in various community venues; or (4) an office environment.
- Duties require the ability to communicate with others orally, face-to-face and by telephone. Potential exposure to vaccines, sprays, hazardous materials, contaminants (as determined by MSDS sheets), and bioterrorist related materials and drug-house contaminants; potential exposure to cleaning fluids and antiviral sprays; exposure to blood, needles, reagents, biologics, and chemicals; possible airborne exposure to TB, measles, and other communicable diseases. Regular potential for exposure to clients with infectious disease and sexually-transmitted disease, including HIV.
- Exposure to individuals from the public who are upset, angry, or agitated and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience and courtesy at all times. The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Incumbents typically must be able to carry 30 pounds of paper, equipment, etc.
- May occasionally be required to work a varying schedule which may include evenings and weekends. Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends and holidays.

- Performance of job duties requires a valid Washington State driver's license and proof of appropriate auto insurance. The incumbent may occasionally be required to use a personal vehicle when a District fleet vehicle is not available.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

JOB CLASS INFORMATION & DISCLAIMERS

FLSA Status: Non-exempt
EEO Category: Professional
Bargaining Unit: Health Professional and Technical Unit, PTE Local 17
Classification History: New Classification – Community Health Reorganization
Approved Effective: December 6, 2016

The statements contained herein reflect general details as necessary to describe the principal functions for this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Incumbents may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or to balance the workload.

The physical demands described above are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

MEMORANDUM OF UNDERSTANDING
Between
KITSAP PUBLIC HEALTH DISTRICT
And
PROFESSIONAL AND TECHNICAL EMPLOYEES LOCAL 17

The purpose of this Memorandum of Understanding between the Professional and Technical Employees Local 17 (“Local 17”) and the Kitsap Public Health District (“District”) is to memorialize an agreement reached between the parties regarding the introduction of a Social Worker 3 job classification in the Health Professional and Technical Unit Salary Schedule Unit. The parties agree to the following:

- I. **Social Worker 3:** The Social Worker 3 classification is being established as a new represented position within the current Health Professional and Technical (HPT) Unit. This is a new position with duties which include supervisory responsibilities to other mental health professionals and/or interdisciplinary team members in an area of expertise. This position will be introduced beginning in January of 2017 as a promotional opportunity for an internal candidate.
- II. **Related Salary Adjustments:** The Social Worker 3 will be added as shown on the attached HPT Unit Salary Schedules (Attachment A). Incumbents will be placed at the next step which provides them an increase.
- III. **Effective Date:** Subject to Kitsap Public Health Board approval, the revised HPT Unit Salary Schedule and associated Social Worker 3 Classification (Attachment B) will become effective January 1, 2017.

Signed and dated this _____ day of _____, 2016.

KITSAP PUBLIC HEALTH DISTRICT

**PROFESSIONAL AND TECHNICAL
EMPLOYEES, LOCAL 17**

By: _____
Keith Grellner, RS
Administrator

By: _____
Denise Cobden
Union Representative

Date: _____

Date: _____

KITSAP PUBLIC HEALTH DISTRICT							
HEALTH PROFESSIONAL AND TECHNICAL UNIT SALARY SCHEDULE							
EFFECTIVE 1/1/2017 THROUGH 12/31/2017							
Range	Classification	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
HPT-1	Custodian	\$ 2,414	\$ 2,535	\$ 2,662	\$ 2,795	\$ 2,935	\$ 3,082
		\$ 13.93	\$ 14.63	\$ 15.36	\$ 16.13	\$ 16.93	\$ 17.78
HPT-2	Custodian/Maintenance	2,885	3,029	3,180	3,339	3,506	3,681
		16.64	17.48	18.35	19.26	20.23	21.24
HPT-3	Community Health Worker	2,943	3,090	3,245	3,407	3,577	3,756
	Health Services Worker	16.98	17.83	18.72	19.66	20.64	21.67
HPT-4	Licensed Practical Nurse 1	2,913	3,059	3,212	3,373	3,542	3,719
		16.81	17.65	18.53	19.46	20.44	21.46
HPT-5	Licensed Practical Nurse 2	3,212	3,373	3,542	3,719	3,905	4,100
		18.53	19.46	20.44	21.46	22.53	23.65
HPT-6	Social Worker 1	3,650	3,832	4,024	4,225	4,436	4,658
	Disease Intervention Spec	21.06	22.11	23.22	24.38	25.59	26.87
HPT-7	Social Worker 2	4,327	4,543	4,770	5,009	5,259	5,522
		24.96	26.21	27.52	28.90	30.34	31.86
HPT-8	Social Worker 3 - NEW	5,009	5,259	5,522	5,798	6,088	6,392
		28.90	30.34	31.86	33.45	35.12	36.88
HPT-9	Public Health Educator	3,908	4,103	4,308	4,523	4,749	4,986
		22.54	23.67	24.85	26.09	27.40	28.77
HPT-10	Community Liaison	4,482	4,706	4,941	5,188	5,447	5,719
	Outreach & Educ Coord	25.86	27.15	28.51	29.93	31.43	32.99
HPT-11	Laboratory Assistant	2,943	3,090	3,245	3,407	3,577	3,756
		16.98	17.83	18.72	19.66	20.64	21.67
HPT-12	Laboratory Specialist	3,921	4,117	4,323	4,539	4,766	5,004
		22.62	23.75	24.94	26.19	27.50	28.87
HPT-13	Clinic Practitioner 1/PA	5,387	5,656	5,939	6,236	6,548	6,875
		31.08	32.63	34.26	35.98	37.78	39.66
HPT-14	Info Technology Specialist 1	3,530	3,707	3,892	4,087	4,291	4,506
		20.37	21.39	22.45	23.58	24.76	26.00
HPT-15	Info Technology Specialist 2	4,506	4,731	4,968	5,216	5,477	5,751
		26.00	27.29	28.66	30.09	31.60	33.18
HPT-16	Info Technology Specialist 3	4,968	5,216	5,477	5,751	6,039	6,341
		28.66	30.09	31.60	33.18	34.84	36.58
HPT-17	Info Technology Specialist 4	5,477	5,751	6,039	6,341	6,658	6,991
		31.60	33.18	34.84	36.58	38.41	40.33

Memorandum of Understanding – PTE Local 17 – XXXX

KITSAP PUBLIC HEALTH DISTRICT							
HEALTH PROFESSIONAL AND TECHNICAL UNIT SALARY SCHEDULE							
EFFECTIVE 1/1/2018 THROUGH 12/31/2018							
Range	Classification	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
HPT-1	Custodian	\$ 2,463	\$ 2,586	\$ 2,715	\$ 2,851	\$ 2,994	\$ 3,144
		\$ 14.21	\$ 14.92	\$ 15.66	\$ 16.45	\$ 17.27	\$ 18.14
HPT-2	Custodian/Maintenance	2942	3089	3243	3405	3575	3754
		16.97	17.82	18.71	19.64	20.63	21.66
HPT-3	Community Health Worker	3002	3152	3310	3476	3650	3833
		17.32	18.18	19.10	20.05	21.06	22.11
HPT-4	Licensed Practical Nurse 1	2971	3120	3276	3440	3612	3793
		17.14	18.00	18.90	19.85	20.84	21.88
HPT-5	Licensed Practical Nurse 2	3276	3440	3612	3793	3983	4182
		18.90	19.85	20.84	21.88	22.98	24.13
HPT-6	Social Worker 1	3723	3909	4104	4309	4524	4750
		21.48	22.55	23.68	24.86	26.10	27.40
HPT-7	Social Worker 2	4413	4634	4866	5109	5364	5632
		25.46	26.74	28.07	29.48	30.95	32.49
HPT-8	Social Worker 3 - NEW	5109	5364	5632	5914	6210	6521
		29.48	30.95	32.49	34.12	35.83	37.62
HPT-9	Public Health Educator	3986	4185	4394	4614	4845	5087
		23.00	24.14	25.35	26.62	27.95	29.35
HPT-10	Community Liaison Outreach & Educ Coord	4572	4800	5040	5292	5557	5835
		26.37	27.69	29.08	30.53	32.06	33.66
HPT-11	Laboratory Assistant	3002	3152	3310	3476	3650	3833
		17.32	18.18	19.10	20.05	21.06	22.11
HPT-12	Laboratory Specialist	3999	4199	4409	4629	4860	5103
		23.07	24.23	25.44	26.71	28.04	29.44
HPT-13	Clinic Practitioner 1/PA	5494	5769	6057	6360	6678	7012
		31.70	33.28	34.94	36.69	38.53	40.45
HPT-14	Info Technology Specialist 1	3601	3781	3970	4169	4377	4596
		20.77	21.81	22.90	24.05	25.25	26.52
HPT-15	Info Technology Specialist 2	4596	4826	5067	5320	5586	5865
		26.52	27.84	29.23	30.69	32.23	33.84
HPT-16	Info Technology Specialist 3	5067	5320	5586	5865	6158	6466
		29.23	30.69	32.23	33.84	35.53	37.30
HPT-17	Info Technology Specialist 4	5586	5865	6158	6466	6789	7128
		32.23	33.84	35.53	37.30	39.17	41.12

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: November 30, 2016

Re: Resolution 2016-16, Consenting to Kitsap Public Health District to Act as Custodian of Funds

Please find attached for your consideration Resolution 2016-16, Consenting to Kitsap Public Health District to Act as Custodian of Funds. After a brief discussion, the Health Board's Finance and Operations Committee suggested bringing the attached resolution before the full Health Board for consideration during your December meeting.

Background

Senate Bill 5458, Health Districts – Banking, was passed by the Legislature during the 2016 session. SB 5458 was sponsored by Senators Angel, Rolfes, and Hasegawa, and had bipartisan support in both the Senate and the House. SB 5458 was codified into law as RCW 70.46.082 (see attached). Prior to June 28, 2016, local public health districts in Washington State did not have express authority to maintain their own bank account like other special purpose districts (such as fire districts and library districts). The Kitsap Public Health Board supported the health district banking bill, and authorized the Health District to seek passage of a bill since 2014.

In order for a local health district to become custodian of funds, RCW 70.46.082 requires a health district to obtain the consent of the county legislative authority, the county treasurer, the county auditor, and the health district board. If the Health Board approves Resolution 2016-16, then the Health District will pursue consent from the County Commissioners, Treasurer, and Auditor.

If the Health District were allowed to become its own custodian of funds, it would streamline government processes, help government become more efficient and effective, reduce costs, and reduce or eliminate unnecessary duplication of time and effort including:

- Purchasing user licenses for two separate accounting systems (which costs the Health District approximately \$10,000/year).

Memo re: Resolution 2016-16: Consenting to Kitsap Public Health District to Act as Custodian of Funds

November 30, 2016

Page 2

- Posting transactions in two separate accounting systems (the County's and the Health District's), causing duplicate recording, auditing and/or reconciling for each transaction.
- Time constraints and delays for issuing Health District payroll and accounts payable warrants.
- Inability to efficiently invest excess health district funds due to the unavoidable lag time in the county posting cash receipt transactions.
- Delays in collecting non-sufficient fund checks due to the lag time in notification through the duplicate accounting systems.
- Inability to implement a "job costing" system to track and bill contracts and grants because payroll and accounts payable details are recorded in the County's accounting system --- not the Health District's --- necessitating manual data entry.
- Inability to integrate the Health District's Human Resources and Payroll databases, causing additional and unnecessary duplicate database entry.
- Causing Health District staff to make multiple round-trips to the County each month (incurring unnecessary staff time and fuel costs) for payroll processing and picking up checks and benefit warrants.

Additionally, there are several other considerations that support the Health District becoming custodian of its own funds:

- Our Strategic Plan Initiative 5, Goal 5, states that we will strengthen our ability to provide Foundational Public Health Services by increasing our capacity to implement effective business practices and ensure agency sustainability and accountability.
- The Health District is migrating back to an accrual-base accounting system in 2017. By becoming our own custodian of funds, we can build a budgeting and accounting system that best serves the need of the Health District by integrating accounting, payroll, human resources, purchasing, contracting, accounts payable, and accounts receivable.

Recommended Action

The Health Board may wish to make the following motion:

The Board moves to approve Resolution 2016-16, Consenting to Kitsap Public Health District to Act as Custodian of Funds.

Please contact me with any questions or concerns about this matter at (360) 337-5284, or keith.grellner@kitsappublichealth.org .

Attachment – RCW 70.46.082
SB 5458

Consenting to Kitsap Public Health District to Act as Custodian of Funds

WHEREAS, public funds are used to provide government services for the public's benefit; and

WHEREAS, government has an inherent responsibility to make effective use of public funds through efficient management and expenditure of those funds; and

WHEREAS, the Kitsap Public Health District and Kitsap Public Health Board are government agencies that rely on public funding to execute their legal responsibilities under state law to protect public health, including but not limited to enforcing state health statutes; and

WHEREAS, the Washington State Legislature has granted the authority to local health districts to be custodian of funds through Chapter 70.46.082 Revised Code of Washington; and

WHEREAS, the Kitsap Public Health District has the expertise, capability, and institutional controls necessary to be custodian of funds, including but not limited to being supervised by the Kitsap Public Health Board and annual audits by the State of Washington; and

WHEREAS, the Kitsap Public Health Board has supported and been an advocate for Kitsap Public Health District to attain the authority to become custodian of funds since 2014; and

WHEREAS, there is an unnecessary and inefficient expenditure of public funds by way of a duplication of regular accounting activities, purchasing of financial software licenses, time delays for issuing payroll and accounts payable warrants, inability to implement a job costing system to better track the expenditure of public funds in real-time, inability to integrate human resources and payroll databases, and staff time and travel between Bremerton and Port Orchard due to the fact that the Kitsap Public Health District is not custodian of funds.

NOW THEREFORE BE IT RESOLVED that the Kitsap Public Health Board consents to and authorizes the Kitsap Public Health District to become custodian of funds in accordance with RCW 70.46.082, and recommends to the Kitsap County Board of Commissioners, Kitsap County Treasurer, and Kitsap County Auditor to consent to the same.

APPROVED: December 6, 2016

Mayor Becky Erickson, Chair
Kitsap Public Health Board

CERTIFICATION OF ENROLLMENT

SENATE BILL 5458

Chapter 3, Laws of 2016

64th Legislature
Veto Override 2016 1st Special Session

HEALTH DISTRICTS--BANKING

EFFECTIVE DATE: 6/28/2016

Passed by the Senate January 27, 2016
Yeas 48 Nays 0

BRAD OWEN

President of the Senate

Passed by the House March 2, 2016
Yeas 92 Nays 5

FRANK CHOPP

Speaker of the House of Representatives

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5458** as passed by Senate and the House of Representatives on the dates hereon set forth.

HUNTER G. GOODMAN

Secretary

FILED

March 30, 2016

Vetoed March 10, 2016 10:06 PM

JAY INSLEE

Governor of the State of Washington

**Secretary of State
State of Washington**

SENATE BILL 5458

Passed Legislature - Veto Override 2016 1st Special Session

State of Washington

64th Legislature

2015 Regular Session

By Senators Angel, Rolfes, and Hasegawa

Read first time 01/22/15. Referred to Committee on Health Care.

1 AN ACT Relating to health district banking; and adding a new
2 section to chapter 70.46 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.46
5 RCW to read as follows:

6 (1) A health district, with the consent of the county legislative
7 authority, the county treasurer, the county auditor, and the health
8 district board, may act as custodian of funds, may keep the record of
9 the receipts and disbursements, and may draw and may honor and pay
10 all warrants or checks, which shall be approved before issuance and
11 payment as directed by the board.

12 (2) The county may not charge a health district that does not
13 utilize the option in subsection (1) of this section for those
14 services provided.

Passed by the Senate January 27, 2016.

Passed by the House March 2, 2016.

Vetoed by the Governor March 10, 2016.

Filed in Office of Secretary of State March 30, 2016.

--- END ---

RCW 70.46.082**District health funds—Health district as custodian.**

(1) A health district, with the consent of the county legislative authority, the county treasurer, the county auditor, and the health district board, may act as custodian of funds, may keep the record of the receipts and disbursements, and may draw and may honor and pay all warrants or checks, which shall be approved before issuance and payment as directed by the board.

(2) The county may not charge a health district that does not utilize the option in subsection (1) of this section for those services provided.

[**2016 1st sp.s. c 3 § 1.**]

KITSAP PUBLIC HEALTH BOARD

2017 MEETING SCHEDULE

LOCATION: Norm Dicks Government Center
Meeting Chambers, Ground Floor
345 6th Street, Bremerton, WA

TIME: 1:45 p.m. to 3:00 p.m.

DAYS: First Tuesday of the Month

DATES: January 3
February 7
March 7
April 4
May 2
June 6
July 4 – Holiday. May be cancelled or rescheduled.
August 1
September 5
October 3
November 7
December 5

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: November 30, 2016

Re: Resolution 2016-17, Calling On the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services in All Communities of Washington State

Please find attached for your consideration Resolution 2016-17, Calling On the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services in All Communities of Washington State, or in other words, this is a resolution asking the State Legislature to fund the Foundational Public Health Services (FPHS).

In addition to including the funding of FPHS on our local legislative and rulemaking agenda (which will be presented to the Health Board for approval during your upcoming meeting in January 2017), the Washington State Association of Local Public Health Officials (WSALPHO) is requesting each local health jurisdiction to adopt a resolution in support of FPHS. The purpose of the resolution is to demonstrate to legislators the ongoing local support for FPHS funding.

As you may recall, Mayor Lent and Commissioner Gelder are on the state FPHS Policy Advisory Committee, and Dr. Turner gave a presentation about FPHS during the Board's Work Study Session in June 2016. Attached, please find a document titled "Foundational Public Health Services – Current Funding Gaps for Kitsap Public Health, November 2016", which describes significant, existing local funding gaps in our communicable disease and chronic disease program areas that would be prioritized by the Health District for funding should FPHS funding become available.

Additionally, please find attached a copy of the November 2016 WSALPHO Newsletter which provides some more up to date information concerning the state public health system's FPHS funding request to the 2017 Legislature. Note on Page 5 that if the legislature were to fund the initial FPHS budget request, Kitsap Public Health District would be in line to receive approximately \$890,000 in FPHS funding (black shaded column). Not only would this funding eliminate our projected deficit for 2017, but it would allow the Health District to rebuild and expand our work in communicable and chronic disease prevention and response --- allowing us to directly address some of the most pressing public

Memo re: Resolution 2016-17, Calling On the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services in All Communities of Washington State
November 30, 2016
Page 2

health issues in Kitsap County as demonstrated in the first attachment. (*Note: We received permission from WSALPHO to share the newsletter despite the “Internal Discussion Draft” stamp on the last three pages of the newsletter)

Lastly, attached is Resolution 2013-03, Calling on the Washington State Legislature to Maintain Current Levels of Funding for Foundational Public Health Services, which was adopted by the Health Board in March 2013, which demonstrates the Health Board’s past and long-term support of FPHS.

Recommended Action

The Health Board may wish to make the following motion:

The Board moves to approve Resolution 2016-17, Calling On the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services in All Communities of Washington State.

Please contact me with any questions or concerns about this matter at (360) 337-5284, or keith.grellner@kitsappublichealth.org .

Attachments (3)

Calling On the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services in All Communities of Washington State

WHEREAS, the public health system in Washington provides the foundation for the larger health care framework, working to prevent illness and disease while supporting the work of community partners; and

WHEREAS, tracking, responding to, and preventing costly food and water contamination and disease outbreaks is essential to protecting the public's health; and

WHEREAS, state and local public health officials, together with local leaders, have identified an agreed upon set of core public health services that should be available for every Washingtonian; and

WHEREAS, after a century of increasing life expectancies, today these gains are threatened by new and more complex diseases, continued tobacco use and preventable chronic diseases, putting today's children at risk of becoming the first generation to have shorter life expectancies than their parents; and

WHEREAS, the public's well-being is also threatened by public health's inability to meet its basic responsibility to provide these core services due to changes in its funding structure, complex and new diseases, and growing populations; and

WHEREAS, the motor vehicle excise tax was repealed in 2000, leaving the public health system without an adequate and sustainable funding source; and

WHEREAS, Washington state's population has grown by more than one million residents since 2000, and is expected to grow by another two million residents by 2025; and

WHEREAS, Washington state spends less on public health protection (\$38.08 per person) than other states like Idaho (\$54.35 per person) and Wyoming (\$89.75 per person); and

WHEREAS, only fifty-one percent (51%) of Kitsap County children aged 19-35 months are up-to-date on immunizations that protect them against vaccine preventable diseases and the Kitsap Public Health District has not been able to adequately implement population-based measures to raise immunization rates due to funding and staffing reductions over the past five years; and

WHEREAS, Gonorrhea cases have almost doubled in Kitsap County from 2013 to 2015, representing the presence of an outbreak, and the Kitsap Public Health District lacks the resources to expand epidemiological surveillance and assessment to conduct ongoing monitoring and early response to prevent outbreaks, and due to inadequate funding is limited to reactionary responses only to communicable disease outbreaks; and

WHEREAS, over the last four years, state and local public health leaders have developed a plan to modernize the state's public health system, ensuring core services are available everywhere and designating others that can be effectively and efficiently shared between health departments; and

WHEREAS, without securing ongoing, stable, and dedicated funding for core public health services, our communities are left unprepared for emergencies like the SR 530 Slide, and vulnerable to the spread of communicable diseases like Zika and whooping cough; and

WHEREAS, rebuilding and refocusing our public health services means we can better monitor and coordinate emergency responses—keeping our families and communities safe, reducing costs for taxpayers, and protecting our local economy.

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board calls on the Washington state legislature to recognize that public health is essential and provide the critical down payment to support core services, commonly referred to as Foundational Public Health Services, in all communities and allow public health to rebuild its statewide system with added efficiency.

APPROVED: December 6, 2016

Mayor Becky Erickson, Chair
Kitsap Public Health Board

**FOUNDATIONAL PUBLIC HEALTH SERVICES – CURRENT FUNDING GAPS
FOR KITSAP PUBLIC HEALTH
November 2016**

When Foundational Public Health Services funding becomes available, the following service areas are Kitsap Public Health District priorities for use of this funding.

- 1. Increase our Capacity to Control and Prevent Communicable Diseases**
 - a. Increase Immunization Rates to Prevent Communicable Diseases such as measles and mumps (Currently, only 51% of children aged 19-35 months are up to date on immunizations).
 - b. Prepare for and prevent the spread of emerging highly contagious diseases (e.g., Middle Eastern Respiratory Syndrome, Ebola, Zika).
 - c. Reduce sexually transmitted infections through tracking infections to the source and notifying partners for treatment. From 2013 to 2015, Gonorrhea cases have almost doubled in Kitsap County, representing the presence of an outbreak.
 - d. Expand ability to rapidly and thoroughly respond to foodborne and waterborne illnesses (e coli, salmonella, norovirus).
- 2. Prevent and Manage Chronic Diseases through Policy Development and Implementation**
 - a. Reduce use of Tobacco, E-cigarettes, and marijuana through youth and perinatal prevention interventions (smoking prevalence among pregnant women in Kitsap County worse than WA state, 10th grader usage of electronic cigarettes quadrupled from 2012 to 2014).
 - b. Create, implement, and/or expand policies and evidence-based best practices to promote healthy eating and active living for all residents, and to ensure that all children have a healthy start in life (Safe Routes to Schools, nurse family partnership home visiting, lead identification in schools, etc.).
 - c. Ensure prevention is at the forefront of healthcare reform to reduce and eliminate chronic disease.
- 3. Support and Expand Foundational Public Health Capabilities**
 - a. Support and expand epidemiological surveillance and assessment to conduct ongoing monitoring and early response to prevent outbreaks and unneeded illness and death —capacity is currently limited to reactionary response to outbreaks.
 - b. Emergency preparedness training and response protocols and training, especially as relates to a communicable disease emergency such as measles cases, suspect Ebola or other hemorrhagic fever cases.

For more information, please contact Dr. Susan Turner, Health Officer, susan.turner@kitsappublichealth.org, or Keith Grellner, Administrator, keith.grellner@kitsappublichealth.org.

this issue

Update on Foundational Public Health Services

- Fiscal Request
- Allocation Methodology
- Communications Resources

County Leaders Conference & WSALPHO Meetings
Nov 15-18

WSALPHO Managing Director and Contracted Lobbyist Recruitments

WSALPHO Executive Committee

Pete Mayer
Chair / President
pmayer@snohd.org

Chris Bischoff
Vice President
bischoffc@co.cowlitz.wa.us

Andre Fresco
Secretary - Treasurer
andre.fresco@co.yakima.wa.us

Dorene Hersh
Past President
dorene.hersh@kingcounty.gov

Update on Foundational Public Health Services (FPHS)

As we approach the 2017 Legislative Session, WSALPHO members and Department of Health staff continue to prepare and refine materials regarding FPHS. A "2016 FPHS Budget Proviso Report" was requested by the legislature to provide a proposal outlining a plan for implementing FPHS statewide to modernize, streamline, and fund a twenty-first century public system in Washington State. The report will help frame the challenges and opportunities as well as our collective proposal to redefine our system. The report is due December 1st and will be shared with WSALPHO members upon transmittal to the legislature.

Since my last update to you about a month ago, the FPHS workgroups have been working diligently to develop our collective initial "ask" of the legislature. We see this as a "down payment" to address critical FPHS gaps at the LHJ level - in the areas of chronic disease, communicable disease and cross-cutting capabilities.

Fiscal Request

The budget request was developed by the FPHS Steering Committee using previous FPHS cost estimation work, current status of public health agencies, lots of consultation with partners, especially the Office of Financial Management (OFM) and the Governor's office, and dialogue among the SC. It includes (annual numbers):



- \$25 million for the most critical FPHS needs in local public health in the areas of communicable, chronic disease and cross-cutting capabilities.
- \$2 million for two service delivery pilot projects in the areas of communicable disease and assessment
- \$1.9 million for critical FPHS needs at the state health department most of with provide statewide services and support to local public health
- \$1 million for continued planning and development of the public health modernization implementation plan due December 2018

County Leaders Conference & WSALPHO Meetings Nov. 15-18

Secretary of Health to address WSALPHO General Membership

We're just a week away from the annual [County Leader's Conference](#) in Spokane. Preliminary agendas for WSALPHO standing and ad-hoc committee meetings have been posted on the [WSALPHO website](#). The bulk of WSALPHO related meetings will be occurring on Tuesday and Wednesday of the conference. The WSALPHO Board of Directors will be convening in an organizational retreat on Monday, Nov. 14 from 11am to 6pm. Members of the Board have been interviewed by facilitator [Margaret Norton-Arnold](#) or have completed a survey where responses have helped shape the development of the agenda. The primary focus of the retreat is to identify improvements and action steps that will improve the function and effectiveness of WSALPHO's Board of Directors.

Our Secretary of Health, John Wiesman, will address WSALPHO members at the 9am-10am General Membership meeting on Wednesday, Nov. 16, immediately following a regular Board of Director's meeting from 8am-9am where the Board is expected to take action of the proposed 2017 WSALPHO Legislative Agenda and name members to the Overall Allocation Workgroup (OAW) Steering Committee.

WSALPHO General Membership Meeting Call-in Option

For those wishing to join the General Membership meeting but are unable to attend in person, please feel free to join by phone. Just make sure to silence your phones during the call. Dial-in: 1-866-941-8436; Code: 217168#

Allocation Methodology

Together, DOH and WSALPHO have discussed various new funding distributions models. At this juncture there is consensus in using a distribution model based upon some key funding principles (attached). Both of these documents are still considered internal drafts and members are asked to not share beyond their LHJ's. Additionally, there is agreement that these funds will flow through a special account in the DOH budget. DOH has agreed that no agency overhead or indirect will occur on the pass through of these funds to locals.

In addition, local Boards of Health would retain the discretion to address the areas of Foundational Services targeted by these funds in the manner they see fit. They could establish priorities among the foundational services to be delivered, and determine the means and methods used to address them. No prior approval from DOH would be required regarding LHJ uses of the funds, within typical regulations and standards for public expenditures. DOH would assure that the funds were used for the designated foundational services and compile whatever data beyond BARS needed to document this.

The FPHS effort currently underway is complicated, multifaceted and continually evolving. An immense amount of work has been put in, by numerous individuals, committees, organizations and partners to get to this point, and, in fact, an equally immense amount of work still remains. There is much that will happen between now and next June, some of it in our control some of it not. In short, this effort remains highly dynamic and will soon be in the midst of a legislative and political environment where outcomes will be uncertain.

Communications Resources

Many members have requested communications resources to assist them locally in educating local Boards of Health, elected officials, community organizations and media on this effort.

Thanks to the efforts of the FPHS communications workgroup, we have resources to make available to you.

At the WSPHA Annual Conference in October, we kicked off **Public Health is Essential**, the educational campaign associated with this effort. The public-facing website is up at www.PublicHealthIsEssential.org, and there you will find the video, some materials, and a page that has ways organizations and individuals can get involved. If we can add your city/county to that list of supporters, please email info@wspha.org.

Additionally, the communications workgroup has put together an internal webpage that houses the **Public Health is Essential Communications Toolkit**. WSALPHO and DOH will be holding a joint webinar on November 14, 9:30 – 11:00 a.m. to walk through the Communications Toolkit. In the meantime, you can preview the materials at <https://spaces.hightail.com/space/NyNVN>.

WSALPHO Managing Director and Contracted Lobbyist Recruitments

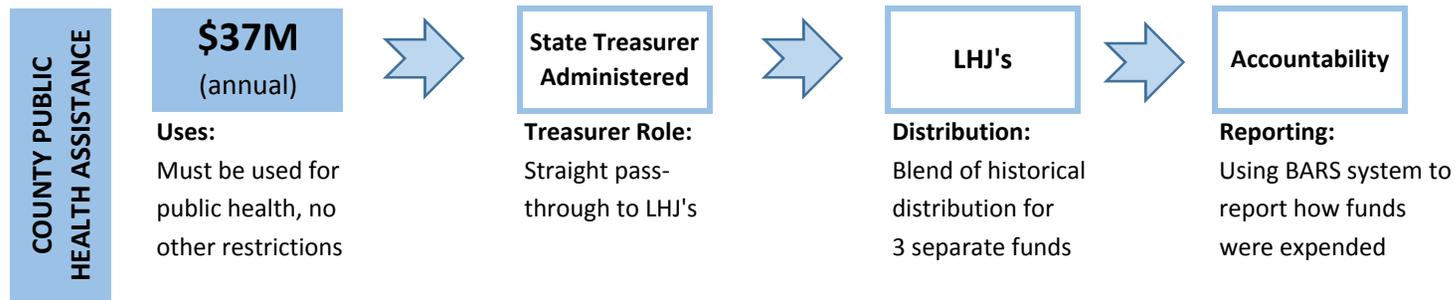
We're actively recruiting for WSALPHO's next Managing Director and contracted state lobbyist. The Managing Director [recruitment flyer and revised position description](#) are posted on [WSALPHO's webpage](#). The position has been posted on regional, state and national public health and association management job center sites, as well as LinkedIn and Indeed. First review of candidates will occur on November 14th with interviews scheduled for Wednesday, November 30. We will work to onboard the successful candidate as soon as possible.

A Request for Proposal (RFP) has been issued soliciting interested individuals/firms to provide lobbyist services in support of our 2017 FPHS legislative request. Interviews will be occurring between November 28th and December 2nd with the intention for work to begin in early December.

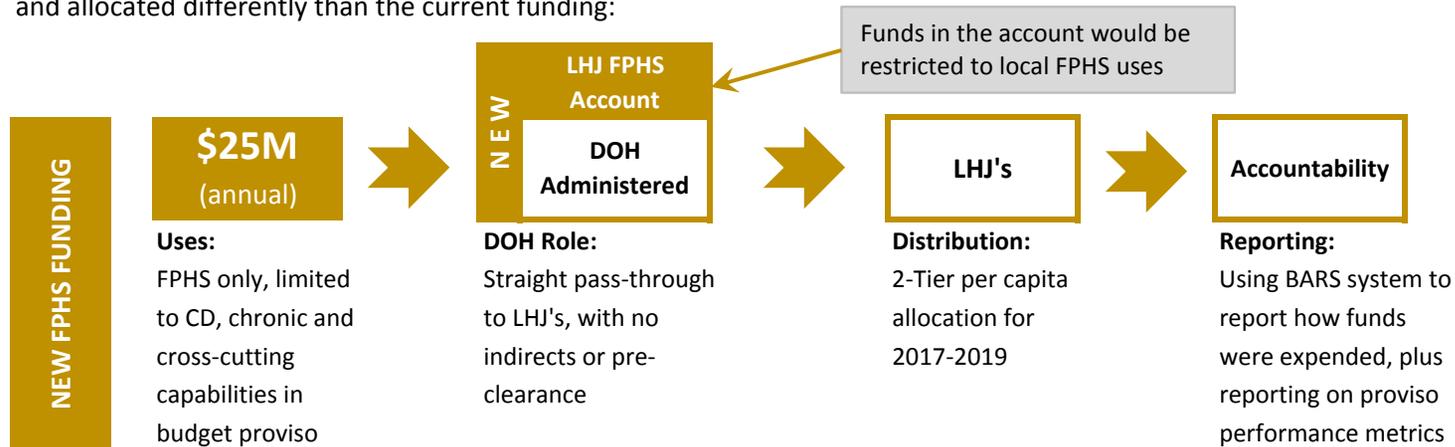
STATE "FLEXIBLE" FUNDS TO LHJs
2017-19 Biennium (Proposed)

Phased approach to implementing Public Health Modernization funding would split state "flexible" funds to LHJs for the 2017-19 Biennium as follows:

A. No Change to current funding levels, uses, or distributions:



B. New funding would be limited to high priority FPHS uses, distributed through a new dedicated FPHS account at DOH and allocated differently than the current funding:



FPHS LEGISLATIVE BUDGET REQUEST

GOALS:

1. Add much needed new funding to address gaps in the state and local gaps in Foundational Programs and Services
2. To include FPHS funding requests in the Governor's 2017-19 Budget Proposal

FUNDING REQUESTS FOCUSED IN THREE AREAS:

1. Funding for LHJ's to address local high priority gaps in Communicable Disease and Chronic Disease/Injury Prevention
2. Funding for statewide priority FPHS gaps
3. Implementation funding, including:
 - a. Shared service pilots
 - b. Statewide assessment of FPHS needs
 - c. Continue development of cross-jurisdictional service delivery and sharing
 - d. Develop allocation formula to distribute state funding for local FPHS
 - e. Develop accountability structure to align service delivery & funding allocation

ALLOCATION OF POTENTIAL NEW LHJ FUNDING

GIVEN THAT:

1. The initial funding request is an interim funding infusion which recognizes that a new funding allocation formula is yet to be developed
2. The current allocation of Public Health County Assistance Funding is a mix of outdated allocation methods for several sources of funding
3. The current allocation results in a wide range of state flexible funding on a per-capita basis

PROPOSAL IS TO ALLOCATED ANY **NEW FUNDING AS FOLLOWS:**

1. Calculate a two-tier per capita funding distribution formula that:
 - a. Calculates an average statewide per-capita value for the recommended LHJ funding level
 - b. Establishes a single per capital funding level for the largest 25 LHJ's by population based on applying a factor of 95-98% of the statewide average
 - c. Calculate a small LHJ per-capita value using the remaining funding divided by the population of the smallest 10 LHJ's

LHJ FUNDING ALLOCATION METHOD (Two-Tier Per-Capita)

Total New Investment	\$25,000,000	
Per-capita (statewide)	\$3.49	
Small LHJ cutoff (population)	25,000	
Small LHJ new \$ add-on	\$7.22	per capita
Non-small LHJ's factor	98.0%	of statewide per cap
Non-small LHJ new \$ add-on	\$3.42	per capita

OBSERVATIONS ON THIS SCENARIO

A 68.8% increase in LHJ funding raises the median LHJ distribution by 92.3%
The smallest LHJ increase is 17.2%, the largest 122.3% and the median increase is 83.5%

	Current Distribution		Distributional Impact			Total	Per Cap
	Funding	Per Cap	New \$	% Chg	LHJ % Inc.		
Lowest	\$93,154	\$2.79	\$16,029	17.2%	17.2%	\$109,183	\$6.21
Highest	\$12,685,521	\$41.98	\$7,233,622	57.0%	122.3%	\$19,919,143	\$49.20
Median	\$263,134	\$4.72	\$243,004	92.3%	83.5%	\$508,331	\$8.14
Statewide	\$36,356,001	\$5.07	\$25,000,000	68.8%		\$61,356,001	\$8.56

LHJ	County Public OFM Health Assistance (FY Population (April 1, 2015) 2015)	Current State Flexible \$ Per Capita	New Funding Per Capita Add-on	Allocation of New Funding	LHJ % Inc. over FY2015	TOTAL Funding (Current + New\$)	Total per Capita Funding (w/ New\$)	
Garfield	2,219	\$93,154	\$41.98	\$7.22	\$16,029	17.2%	\$109,183	\$49.20
Columbia	3,944	\$119,991	\$30.42	\$7.22	\$28,489	23.7%	\$148,480	\$37.65
Wahkiakum	4,042	\$93,181	\$23.05	\$7.22	\$29,197	31.3%	\$122,378	\$30.28
Lincoln	10,321	\$113,917	\$11.04	\$7.22	\$74,552	65.4%	\$188,469	\$18.26
Skamania	11,339	\$111,327	\$9.82	\$7.22	\$81,905	73.6%	\$193,232	\$17.04
Pacific	20,848	\$169,075	\$8.11	\$7.22	\$150,592	89.1%	\$319,667	\$15.33
San Juan	16,252	\$126,569	\$7.79	\$7.22	\$117,394	92.8%	\$243,963	\$15.01
Klickitat	21,026	\$153,784	\$7.31	\$7.22	\$151,878	98.8%	\$305,662	\$14.54
Asotin	22,105	\$159,890	\$7.23	\$7.22	\$159,672	99.9%	\$319,562	\$14.46
Adams	19,254	\$121,213	\$6.30	\$7.22	\$139,078	114.7%	\$260,291	\$13.52
Seattle-King	2,117,125	\$12,685,521	\$5.99	\$3.42	\$7,233,622	57.0%	\$19,919,143	\$9.41
Jefferson	30,466	\$184,080	\$6.04	\$3.42	\$104,094	56.5%	\$288,174	\$9.46
Spokane	490,945	\$2,877,318	\$5.86	\$3.42	\$1,677,421	58.3%	\$4,554,739	\$9.28
Benton Franklin	279,116	\$1,614,337	\$5.78	\$3.42	\$953,661	59.1%	\$2,567,998	\$9.20
Whatcom	212,284	\$1,214,301	\$5.72	\$3.42	\$725,315	59.7%	\$1,939,616	\$9.14
Tacoma-Pierce	843,954	\$4,143,169	\$4.91	\$3.42	\$2,883,554	69.6%	\$7,026,723	\$8.33
Walla Walla	60,338	\$302,173	\$5.01	\$3.42	\$206,158	68.2%	\$508,331	\$8.42
Kittitas	43,269	\$198,979	\$4.60	\$3.42	\$147,838	74.3%	\$346,817	\$8.02
Cowlitz	103,468	\$477,981	\$4.62	\$3.42	\$353,521	74.0%	\$831,502	\$8.04
Snohomish	772,501	\$3,433,291	\$4.44	\$3.42	\$2,639,419	76.9%	\$6,072,710	\$7.86
Grays Harbor	71,122	\$335,666	\$4.72	\$3.42	\$243,004	72.4%	\$578,670	\$8.14
Yakima	248,830	\$1,052,482	\$4.23	\$3.42	\$850,182	80.8%	\$1,902,664	\$7.65
Okanogan	41,516	\$169,882	\$4.09	\$3.42	\$141,849	83.5%	\$311,731	\$7.51
Whitman	48,177	\$189,355	\$3.93	\$3.42	\$164,607	86.9%	\$353,962	\$7.35
Clallam	73,486	\$291,401	\$3.97	\$3.42	\$251,081	86.2%	\$542,482	\$7.38
Thurston	269,536	\$1,046,897	\$3.88	\$3.42	\$920,929	88.0%	\$1,967,826	\$7.30
Clark	459,495	\$1,767,341	\$3.85	\$3.42	\$1,569,965	88.8%	\$3,337,306	\$7.26
Kitsap	260,131	\$997,476	\$3.83	\$3.42	\$888,795	89.1%	\$1,886,271	\$7.25
NE Tri-County	64,731	\$249,303	\$3.85	\$3.42	\$221,168	88.7%	\$470,471	\$7.27
Skagit	121,846	\$449,745	\$3.69	\$3.42	\$416,314	92.6%	\$866,059	\$7.11
Mason	61,023	\$227,448	\$3.73	\$3.42	\$208,498	91.7%	\$435,946	\$7.14
Chelan Douglas	116,178	\$399,634	\$3.44	\$3.42	\$396,948	99.3%	\$796,582	\$6.86
Lewis	75,882	\$263,134	\$3.47	\$3.42	\$259,268	98.5%	\$522,402	\$6.88
Grant	93,259	\$297,762	\$3.19	\$3.42	\$318,640	107.0%	\$616,402	\$6.61
Island	80,593	\$225,224	\$2.79	\$3.42	\$275,364	122.3%	\$500,588	\$6.21
TOTAL	7,170,621	\$36,356,001	\$5.07	\$3.49	\$25,000,000		\$61,356,001	\$8.56

Calling on the Washington State Legislature to Maintain Current Levels of Funding for Foundational Public Health Services

WHEREAS, every Washingtonian has the right to expect a strong network of local public health jurisdictions and public health services; and

WHEREAS, prevention and public health is recognized to play an important role in improving the health of Washingtonians; and

WHEREAS, an effective public health system is essential to decreasing the burden of chronic disease and ensuring our children are healthy and ready to learn; and

WHEREAS, those most essential services that protect everyone — immunizations, water and food safety, infectious disease prevention, and services to vulnerable children and families — must remain strong; and

WHEREAS, there is a continued need to protect people from communicable diseases and other public health threats; and

WHEREAS, the current Washington State budget protects the most critical funding for foundational local public health services; and

WHEREAS, this funding is an immediate, urgent need and is essential to keeping the public health system operational; and

WHEREAS, funding and delivering foundational public health services is a shared responsibility between state and local governments; and

WHEREAS, many local governments have stepped up to ensure this critical component of the broader public safety system in Washington State remains functional; and

WHEREAS, substantial efforts are underway to ensure that the public health successes of the 20th century are carried forward by a nimble, sustainable, responsive, cost-effective and accountable 21st century public health system.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board calls upon the Washington State Legislature to maintain the current level of State funding for the public health system in the 2013-15 biennial budget;

Kitsap Public Health Board Resolution 2013-03

March 5, 2013

Page 2

AND BE IT FURTHER RESOLVED that the Kitsap Public Health Board strongly encourages other local Boards of Health in Washington State to adopt similar resolutions.

APPROVED: March 5, 2013



Mayor Patty Lent, Vice-Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board

From: John Kiess, Environmental Health Director

Date: November 30, 2016

Re: Proposed Secure Medicine Return Ordinance: Regulations Requiring Safe Medicine Disposal

At the November 1, 2016, Kitsap Public Health Board meeting, a draft Secure Medicine Return ordinance was presented to the Board for your consideration and comment. The Health District had previously issued a press release on October 26th about this meeting, announcing the proposed ordinance and soliciting public comment. Based on your direction at the November 1st meeting, Health District staff issued another news release on November 7th to again notify the public of the proposed ordinance and the Board's direction to prepare a final draft for adoption. Community and industry stakeholder groups identified during ordinance development were notified directly through the Health District's electronic notification system.

At the time of the October 26th press release, the draft ordinance, ordinance summary, fact sheets for consumers and pharmacies, associated research summary, and a pharmacy survey were made available to the public via the Health District's website. Comments on the proposed ordinance were welcomed through the Health District website, phone, or mail. In addition, two public listening sessions were scheduled for November 10th and November 29th. A responsiveness summary to all comments received to date is included in your packet. To date, the Health District has received no negative comments on the proposed ordinance.

Public notice of today's possible action on the proposed ordinance was posted in the Kitsap Sun on both November 19 and 30, 2016.

The Secure Medicine Return Regulations will provide the following:

- **Expands safe medicine disposal options** for Kitsap County residents to reduce risks of misuse, poisonings, and overdoses from leftover and expired medicines, and reduce the amount of pharmaceuticals entering sewer, septic, and solid waste systems.
- **Improves convenience for residents** by expanding locations of secure drop boxes from law enforcement offices to pharmacies and hospitals, as now allowed under DEA regulations.

- **Ensures financial sustainability** through a pharmaceutical industry-financed system providing sufficient resources to promote the program and handle larger volumes of returned medicines, and that relieves burdens on local government agencies and taxpayers.
- **Phases-in implementation and compliance with the ordinance** over one year following adoption of the ordinance.

Also included with this memo is the following information:

- Two Secure Medicine Return Ordinance Fact Sheets
- A Summary Fact Sheet that was posted on our website for public review
- Several letters of support

Recommended Action

After a public hearing, the Health Board may wish to make the following motion:

The Board moves to approve Ordinance 2016-02, Secure Medicine Return Regulations effective immediately.

Please feel free to contact me at any time regarding this proposed ordinance. I can be reached at (360) 337-5290, or john.kiess@kitsappublichealth.org with any questions or comments.

SECURE MEDICINE RETURN ORDINANCE

Regulations Requiring Safe Medicine Disposal

WHEREAS, residents of Kitsap County benefit from the authorized use of prescription and non-prescription, or over-the-counter, medicines. The misuse and abuse of unused prescription medicines in the home has emerged as an epidemic in recent years; and

WHEREAS, home medicine cabinets are the most common source of prescription drugs that are diverted and misused. Studies find that about 70% of those who abuse prescription medicines obtain the drugs from family members or friends, usually for free. About 2/3 of teens say it's easy to obtain prescription opioid and stimulants. Prescription and non-prescription medicines are the leading cause of poisonings in the home, with children and seniors especially at risk; and

WHEREAS, unused, expired and leftover medicines that accumulate in homes increase risks of drug abuse, overdoses, and preventable poisonings. A system for the proper disposal of unused or expired medicines is an element of a comprehensive strategy to prevent prescription drug abuse; and

WHEREAS, most prescription and non-prescription medicines are household hazardous wastes under WAC 173-303, *Dangerous Waste Regulations* and KCBH Ordinance 2010-1, *Solid Waste Regulations*; and

WHEREAS, household hazardous waste are prohibited from being disposed into the solid waste stream in Kitsap County. Flushing medicines down toilets and sinks is an inappropriate disposal practice because wastewater treatment facilities are incapable of treating pharmaceutical compounds; and

WHEREAS, existing systems for collection of unused and expired medicines is overburdened and not convenient or equitable for all residents. Public funding sources to operate and maintain a proper collection system are not sustainable; and

WHEREAS, medicine take-back programs provide secure collection and environmentally sound destruction of unwanted medicines, protecting both public health and the environment; and

WHEREAS, the Kitsap Public Health Boards finds it is in the interest of public health to establish a county-wide, secure medicine return program providing convenient and equitable access for all the county's residents that is financed and operated by drug producers selling medicines in or into Kitsap County for residential use. Although producers may not charge a specific point-of-sale or point-of-collection fee, the Board does not otherwise intend to preclude

producers from recouping the costs of their program through other means, including allocating costs to the prices of their covered drugs in Kitsap County; and

WHEREAS, since 2012, a growing number of local governments, in Washington, California and Illinois have enacted ordinances requiring drug producers to design, fund and operate secure and convenient medicine take back programs to safely collect and dispose of unwanted medicines; and

NOW, THEREFORE, BE IT ORDAINED, that the Kitsap Public Health Board Ordinance 2016-02, Secure Medicine Return Regulations, as set forth below and hereby incorporated by reference, be adopted and be effective immediately.

APPROVED: December 6, 2016

Mayor Becky Erickson, Chair
Kitsap Public Health Board

SECTION 1. AUTHORITY, PURPOSE, AND INTENT

- A. Pursuant to Chapter 70.05 RCW and Chapter 70.46 RCW, the Kitsap Public Health Board (Board) of the Kitsap Public Health District (Health District) adopts this Ordinance to protect and preserve the public health, safety and welfare of the residents of Kitsap County. Its provisions shall be liberally construed for the accomplishment of these purposes. This Ordinance governs the protection of human health and safety against the improper handling and disposal of leftover or expired medicines.
- B. It is the intent of this Ordinance to place the obligation of complying with its requirements upon drug producers and other persons designated by this Ordinance within its scope, and any provision of or term used in this Ordinance is not intended to impose any duty whatsoever upon the Health District or any of its officers or employees, for whom the implementation or enforcement of this Ordinance shall be discretionary and not mandatory.
- C. It is expressly the purpose of these regulations to provide for, and promote, the health of the general public and not to create or otherwise establish or designate any particular class or group of persons who will, or should, be especially protected or benefitted by the terms of these regulations.
- D. Nothing contained in these regulations is intended to create, nor shall be construed to create or form the basis for, any liability on the part of the Board or the Health District, or its officers, employees or agents, for any injury or damage resulting from the failure of any person subject to these rules and regulations to comply with these rules and regulations, or by reason or in consequence of any act or omission in connection with the implementation or enforcement of these rules and regulations on the part of the Health District.

SECTION 2. ADMINISTRATION

- A. The Health Officer and/or his or her designated representative shall administer and enforce these regulations under the authority of RCW 70.05.070.
- B. The Health Officer is authorized to take other such actions as he or she deems necessary to maintain public health and sanitation and to administer and enforce these regulations under the authority of RCW 70.05.070. Any additional policies or standards deemed necessary by the Health Officer shall be in writing and readily available for public inspection and viewing.
- C. The Board may charge fees for the administration of these regulations under the authority of RCW 70.05.060.
- D. The Health Officer may collect fees for the administration of these regulations under the authority of RCW 70.05.070.

SECTION 3. APPLICABILITY

- A. These regulations shall apply to all persons and in all territory within the boundaries of Kitsap County.
- B. These regulations apply to residents of Kitsap County, including individuals living in single and multiple family residences and other residential settings, and including other nonbusiness sources of prescription and nonprescription drugs that are unused, unwanted, disposed of or abandoned by residents as identified by the Health Officer.
- C. These regulations apply to all “producers” selling a covered drug in or into Kitsap County, as defined in Section 4 “Definitions”.

SECTION 4. DEFINITIONS

The following definitions shall apply in the interpretation and enforcement of the ordinance:

- A. "Authorized collector" means any person authorized as a collector by the United States Drug Enforcement Administration pursuant to 21 CFR 1317, such as manufacturers, distributors, reverse distributors, retail pharmacies, hospitals/clinics with an on-site pharmacy, or narcotic treatment programs, that gathers unwanted drugs, including controlled substances, from covered entities for the purpose of collection, transportation and disposal. For purposes of this Ordinance, “Authorized collector” shall also include law enforcement agencies.
- B. “Ordinance” means the Kitsap Public Health Board Ordinance 2016-02, Secure Medicine Return Regulations.
- C. "Covered drug" means a drug sold in any form and used by covered entities, including prescription and nonprescription drugs, brand name and generic drugs, drugs for veterinary use, and drugs in medical devices and combination products, including pre-filled injector products with a retractable or otherwise securely covered needle. "Covered drug" does not include:
 - 1. Vitamins or supplements;
 - 2. Herbal-based remedies and homeopathic drugs, products or remedies;
 - 3. Cosmetics, shampoos, sunscreens, toothpaste, lip balm, antiperspirants or other personal care products that are regulated as both cosmetics and nonprescription drugs under the federal Food, Drug, and Cosmetic Act (Title 21 U.S.C. Chapter 9);
 - 4. Drugs for which producers provide a pharmaceutical product stewardship or take-back program as part of a federal food and drug administration managed risk evaluation and mitigation strategy (Title 21 U.S.C. Sec. 355-1);

5. Drugs that are biological products as defined by 21 CFR 600.3(h) as it exists on the effective date of this regulation if the producer already provides a pharmaceutical product stewardship or take-back program;
 6. Injector products and medical devices or their component parts or accessories that contain no covered drug or no more than trace residual amounts of covered drug; or
 7. Pet pesticide products contained in pet collars, powders, shampoos, topical applications, or other forms.
- D. "Covered entities" means residents of Kitsap County, including individuals living in single and multiple family residences and other residential settings, and including other nonbusiness sources of prescription and nonprescription drugs that are unused, unwanted, disposed of or abandoned by residents as identified by the Health Officer. "Covered entities" does not include business generators of pharmaceutical waste, such as hospitals, clinics, doctor's offices, veterinarian clinics, pharmacies, or airport security and law enforcement drug seizures.
- E. "Health Officer" means the Health Officer of the Kitsap Public Health District or the Health Officer's duly authorized representative.
- F. "Drop-off site" means the location of an authorized collector where a secure drop box for all unwanted covered drugs is provided for residents of Kitsap County, or the location of a long-term care facility at which a hospital/clinic or retail pharmacy is authorized by the United States Drug Enforcement Administration to maintain a secure drop box for unwanted covered drugs from residents of the long-term care facility.
- G. "Drug wholesaler" means a corporation, individual or other entity that buys drugs or devices for resale and distribution to corporations, individuals or entities other than consumers.
- H. "Drugs" means:
1. Articles recognized in the official United States pharmacopoeia, the official national formulary, the official homeopathic pharmacopoeia of the United States or any supplement of the formulary or those pharmacopoeias as published by the U.S. Pharmacopoeial Convention and the Homeopathic Pharmacopoeia Convention of the United States;
 2. Substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals;
 3. Substances, other than food, intended to affect the structure or any function of the body of humans or other animals; or

4. Substances intended for use as a component of any substances specified in 1, 2 or 3 of this subsection.
- I. "Independent stewardship plan" means a plan other than the standard stewardship plan for the collection, transportation and disposal of unwanted covered drugs that:
1. May be proposed by a producer or group of producers; and
 2. If approved, is financed, developed and implemented by the participating producer or group of producers, and operated by the participating producer or group of producers or a stewardship organization.
- J. "Long-term care facility" means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients and, for the purposes of this Ordinance, a facility where covered drugs that may be disposed in a secure drop box pursuant to 21 CFR 1317.80 are in the lawful possession of the resident.
- K. "Mail-back services" means a collection method for the return of unwanted covered drugs from covered entities utilizing prepaid and preaddressed mailing envelopes.
- L. "Manufacture" means "manufacture" as defined in RCW 18.64.011, as amended. that is the production, preparation, propagation, compounding or processing of a drug or other substance or device or the packaging or repackaging of the substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages, or labels such substance or device.
- M. "Manufacturer" means a person, corporation or other entity engaged in the manufacture of drugs or devices, as defined in RCW 18.64.011(as amended).
- N. "Nonprescription drug" means a drug that may be lawfully sold without a prescription.
- O. "Person" means a firm, sole proprietorship, corporation, limited-liability company, general partnership, limited partnership, limited liability partnership, association, cooperative or other entity of any kind or nature.
- P. "Pharmacy" means a place licensed by the Washington State Pharmacy Quality Assurance Commission where the practice of pharmacy, as defined in RCW 18.64.011(as amended), is conducted.
- Q. "Potential authorized collector" means any person, such as manufacturers, distributors, reverse distributors, retail pharmacies, hospitals/clinics with an on-site pharmacy, or narcotic treatment programs, that may modify their registration with the United States Drug Enforcement Administration to be authorized for collection of drugs, including controlled

substances. For purposes of this Ordinance, "Potential authorized collector" shall also include law enforcement agencies.

- R. "Prescription drug" means any drugs, including controlled substances, which are required by an applicable federal or state law or regulation to be dispensed by prescription only or are restricted to use by practitioners only.
- S. "Producer" means a manufacturer that is engaged in the manufacture of a covered drug sold in or into Kitsap County, including a brand-name or generic drug. "Producer" does not include:
1. A retailer whose store label appears on a covered drug or the drug's packaging if the manufacturer from whom the retailer obtains the drug is identified under section 5.C. of this regulation;
 2. A pharmacist who compounds a prescribed individual drug product for a consumer; or
 3. A drug wholesaler who is not also a manufacturer.
- T. "Regulation" means the "Secure Medicine Return Regulations" adopted by the Kitsap Public Health Board.
- U. "Retail pharmacy" means a pharmacy licensed by the Washington State Pharmacy Quality Assurance Commission for retail sale and dispensing of drugs.
- V. "Standard stewardship plan" means the plan for the collection, transportation and disposal of unwanted covered drugs that is:
1. Financed, developed, implemented and participated in by producers;
 2. Operated by the participating producers or a stewardship organization; and
 3. Approved as the standard stewardship plan.
- W. "Stewardship organization" means an organization designated by a producer or group of producers to act as an agent on behalf of each producer to develop and implement and operate the standard stewardship plan or an independent stewardship plan.
- X. "Unwanted covered drug" means any covered drug no longer wanted by its owner, that:
1. Has been abandoned or discarded; or
 2. Is intended to be discarded by its owner.

SECTION 5. STEWARDSHIP PLAN – PARTICIPATION

- A. Each producer shall participate in the standard stewardship plan approved by the Health Officer, except that a producer may individually, or with a group of producers, form and participate in an independent stewardship plan if approved by the Health Officer.
- B. The standard stewardship plan and any independent stewardship plan shall be approved by the Health Officer before collecting unwanted covered drugs. Once approved, stewardship plans must have prior written approval of the Health Officer for proposed changes as provided in section 14 of this regulation.
- C. Within sixty (60) days of the date of adoption of this regulation a producer shall notify the Health Officer in writing of the producer's intent to participate in the standard stewardship plan or to form and participate in an independent stewardship plan. A retailer whose store label appears on a covered drug or the drug's packaging must notify the Health Officer of intent to participate or provide written notification that the manufacturer from whom the retailer obtains the drug has provided its notice of intent to participate. For a covered drug not sold in or into Kitsap County at the date of adoption of this regulation, the producer of the covered drug, and, if applicable, the retailer whose store label appears on a covered drug or the drug's packaging, shall notify the Health Officer within six months of the date of initiating sales of the covered drug in or into Kitsap County.
- D. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall meet the following deadlines and standards.
 - 1. Within four months of the date of adoption of this Ordinance:
 - a) Identify a plan operator who is authorized to be the official point of contact for the stewardship plan and provide in writing the name and contact information, including the mailing address, telephone number, and email of the plan operator to the Health Officer; and
 - b) Notify all potential authorized collectors in Kitsap County of the opportunity to participate as a drop-off site in accordance with section 7 of this ordinance. The notification shall include a process for forming an agreement between the plan and interested potential authorized collectors. If a potential authorized collector expresses an interest in participating as a drop-off site in response to the notification, within thirty (30) calendar days of the expression of such interest the producer or group of producers shall commence good faith negotiations with the nonparticipating potential authorized collector.
 - 2. Within six months of the adoption date of this regulation, submit a proposed stewardship plan as described in section 6 of this ordinance to the Health Officer for review.

3. Within three months of the Health Officer's approval of the stewardship plan:
 - a) Provide documentation to the Health Officer that all potential authorized collectors participating in the approved stewardship plan, not including law enforcement, have amended their registrations with the United States Drug Enforcement Administration; and
 - b) Begin operating or participating in a stewardship plan in accordance with this Ordinance.
 4. Annually notify any nonparticipating potential authorized collectors in Kitsap County of the opportunity to participate in a stewardship plan. If a potential authorized collector expresses an interest in participating, the producer or group of producers shall commence good faith negotiations with the nonparticipating potential authorized collector within thirty (30) calendar days of the expression of such interest.
 5. Every four years review and update the stewardship plan, as needed. Any substantive changes to the required components of the stewardship plan shall be explained in writing and be submitted with the updated stewardship plan and review fee to the Health Officer. An updated plan will not be reviewed until the explanation of changes and review fee are submitted. If the producer or group of producers determines that no changes to the stewardship plan are necessary, the producer or group of producers shall notify the Health Officer in writing that no changes are being made to the stewardship plan and no updated plan will be submitted. This section does not exempt producers or groups of producers from compliance with section 14 of this regulation for changes made to the stewardship plans in the time between plan updates.
 6. Pay all administrative and operational costs and fees associated with their stewardship plan as required under sections 10 and 17 of this ordinance.
- E. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan may:
1. Enter into contracts or agreements with stewardship organizations, service providers, or other entities to design, coordinate, or implement all of or a portion of their stewardship plan.
 2. Notify the Health Officer of any producer selling covered drugs in or into Kitsap County that is failing to participate in a stewardship plan.
 3. Perform any other functions necessary to fulfill any or all of the purposes for which the plan is organized.
- F. After the first full year of operation of the approved standard stewardship plan, a producer or group of producers participating in the standard stewardship plan may notify the Health

Officer in writing of intent to form an independent stewardship plan. The notification must identify a plan operator, including the plan operator's telephone, mailing address and email contact information, who is authorized to be the official point of contact for the proposed independent stewardship plan. Within three months of such notification, the producer or group of producers may submit a proposed independent stewardship plan as described under section 6 of this regulation to the Health Officer for review.

- G. If requested by a producer or group of producers, the Health Officer may approve extensions of the submission dates and deadlines in this section. Extension requests and approvals must be in writing.
- H. The Health Officer may, upon request, provide consultation and technical assistance about the requirements of this Ordinance to assist a producer, group of producers or stewardship organization in developing its proposed plan.

SECTION 6. STEWARDSHIP PLANS - COMPONENTS

All stewardship plans shall include the following components:

- A. Contact information for all drug producers participating in the stewardship plan including name, company, mailing address, phone, and email.
- B. A description of the proposed collection system to provide convenient ongoing collection service for all unwanted covered drugs from covered entities in compliance with the provisions and requirements in section 7 of this regulation. The collection system description shall include the following:
 - 1. A list of all collection methods and participating potential authorized collectors and the collection methods used by the participating potential authorized collectors;
 - 2. A list of drop-off sites with addresses;
 - 3. A description of how periodic collection events will be scheduled and located if applicable;
 - 4. A description of how mail-back services will be provided and an example of the prepaid, preaddressed mailers to be utilized;
 - 5. A list of potential authorized collectors contacted by the plan under section 5.D.1 of this regulation; and
 - 6. A list of all potential authorized collectors who offered to participate, and, if any potential authorized collector who offered to participate was not included in the plan, an explanation for the reasons for such decision.

- C. A description of the handling and disposal system including the following:
1. Identification of and contact information for potential authorized collectors, transporters and waste disposal facilities to be used by the stewardship plan in accordance with sections 7 and 9 of this regulation.
 2. A description of the policies and procedures to be followed by persons handling unwanted covered drugs collected under the stewardship plan, including the following:
 - a. A description of how all authorized collectors, transporters and waste disposal facilities utilized in the stewardship plan will safely and securely track the covered drugs from initial collection to final disposal;
 - b. A description of how all entities participating in the stewardship plan will operate under all applicable federal and state laws, regulations and guidelines, including those of the United States Drug Enforcement Administration; and
 - c. A description of how any pharmacy drop-off site will operate under applicable regulations and guidance of the Washington State Pharmacy Quality Assurance Commission.
 - d. A description of how patient information on drug packaging will be kept private and secure during collection, transportation, and recycling or disposal.
- D. A description of the public education effort and promotion strategy required by section 8 of this regulation, including a copy of standardized instructions for residents, signage developed for authorized collectors and required promotional materials.
- E. A proposal stating the short-term (1 year) and long-term (5 year) goals of the stewardship plan for collection amounts (by weight) and public awareness.
- F. A description of how the stewardship plan will consider:
1. Use of existing providers of waste pharmaceutical services;
 2. Separating covered drugs from packaging to the extent possible to reduce transportation and disposal costs, and
 3. Recycling of drug packaging to the extent feasible.

SECTION 7. STEWARDSHIP PLANS – COLLECTION OF DRUGS

- A. This Ordinance does not require any person to serve as an authorized collector in a

stewardship plan. A person may offer to participate as an authorized collector voluntarily, or may agree to participate as an authorized collector in exchange for compensation offered by a producer, group of producers or stewardship organization. Any entities participating as authorized collectors including, but not limited to, retail pharmacies, hospitals and clinics with an on-site pharmacy, and law enforcement agencies shall operate in accordance with this Ordinance as well as state and federal laws and regulations for the handling of unwanted covered drugs, including those of the United States Drug Enforcement Administration. A pharmacy drop-off site shall also operate under applicable regulations and guidance of the Washington State Pharmacy Quality Assurance Commission.

- B. The collection system shall be convenient on an ongoing, year-round basis to adequately serve the needs of covered entities and shall be designed in consideration of equitable opportunities for all Kitsap County residents for the safe and convenient return of unwanted covered drugs, in accordance with this section.
- C. The collection system for all unwanted covered drugs shall be safe and secure, and include the protection of patient information on drug packaging.
- D. The service convenience goal for the standard stewardship plan and any independent stewardship plan is a system of drop-off sites distributed to provide reasonably convenient and equitable access for all residents in incorporated and unincorporated areas of Kitsap County, and meeting the requirements of this subsection. To do so, collection systems shall meet the following standards:
 - 1. There must be at least one drop-off site within the geographical boundaries of every city in Kitsap County. In addition, for any city with a population over thirty thousand residents, there must be at least one additional drop-off site for every additional 30,000 in population. In cities with more than one drop-off site, the drop-off sites must be geographically separated to provide reasonably convenient and equitable access from different locations within and outside the city boundaries.
 - 2. If there is no potential authorized collector within the geographic boundaries of a city, service to those geographic areas shall be supplemented with periodic collection events, mail-back services or a combination of periodic collection events and mail-back services.
 - 3. All collection systems shall prioritize locating drop-off sites at retail pharmacies, hospitals and clinics with on-site pharmacies and law enforcement agencies. If retail pharmacies, hospitals and clinics with on-site pharmacies and law enforcement agencies are unavailable or unable to provide a drop-off site in a particular geographic area, collection plans may consider alternative authorized collectors, potential authorized or long-term care facilities collectors for drop-off sites.
 - 4. Any retail pharmacy, hospital or clinic with an on-site pharmacy or any law enforcement agency that is able to meet the requirements of this Ordinance and requests to be added as a drop-off site shall be added as a drop-off site within ninety (90) days of the stewardship

plan receiving the request unless the requestor asks for additional time.

5. Any potential authorized collector, not including retail pharmacies, hospitals and clinics with on-site pharmacies, law enforcement agencies or long-term care facilities able to meet the requirements of this Ordinance may request be added as a drop-off site. If such a request is received by a stewardship plan, the stewardship plan may add the requestor to their collection system.
- E. Drop-off sites shall accept all covered drugs from covered entities during the authorized collector's normal business hours. Drop-off sites at long-term care facilities shall only accept covered drugs from individuals who reside or have resided at the long-term care facility pursuant to 21 CFR 1317.80.
- F. Drop-off sites shall utilize secure drop boxes in compliance with all applicable federal and state laws, including the United States Drug Enforcement Administration regulations. Secure drop boxes shall be emptied and serviced as often as necessary to avoid reaching capacity. Secure drop box signage shall include a prominently displayed twenty-four (24) hour, toll-free telephone number and website for the stewardship plan. Covered entities or collection authorities must be able to utilize the toll-free telephone number or website to provide feedback on collection activities, including but not limited to the need to empty the secure drop box.
- G. In partnership with participating authorized collectors, a producer or group of producers participating in a stewardship plan shall develop clear, standardized instructions for the use of drop boxes and a readily recognizable, consistent design of drop boxes located at drop-off sites. The Health District may provide guidance on the development of the instructions and design. The instructions shall be available on the stewardship plan's website and posted at drop-off site locations.
- H. Mail-back services shall be free of charge and made available to differentially-abled and home bound residents upon request through the stewardship plan's toll-free telephone number and website. Prepaid, preaddressed mailers may be distributed to persons providing services to differentially-abled and home bound residents, and may also be utilized as a collection method.
- I. If utilized as a collection method, periodic collection events must be arranged with law enforcement personnel and shall be conducted in compliance with United States Drug Enforcement Administration protocols, participating law enforcement agency protocols and with this Ordinance.

SECTION 8. STEWARDSHIP PLANS – PROMOTION

- A. A producer or group of producers participating a stewardship plan must develop and provide a system of promotion, education, and public outreach about safe storage and secure

collection of covered drugs.

B. The education and public outreach strategy shall include the following:

1. A toll-free telephone number and website available for use by the public.
2. Promotion of the locations, hours, and use of the drop-off sites. Included in the promotion materials shall be information on how to return unwanted covered drugs to drop-off sites and how to use other collection options for unwanted covered drugs. The promotion materials shall be published on the stewardship plan's website and distributed to covered entities; pharmacists; retailers of covered drugs; health care practitioners including doctors, dentists, and other prescribers; veterinarians and veterinary hospitals. All promotional materials shall include notices that unused, expired or contaminated pharmaceutical wastes are prohibited from disposal in the garbage system in Kitsap County, pursuant to Kitsap County Board of Health Ordinance 2010-1, Solid Waste Regulations.
3. Educational and outreach resources and materials for covered entities on the legal disposal of and safe storage of covered drugs. Plain language and explanatory images should be utilized to make use of medicine collection services readily understandable by all covered entities, including individuals with limited English proficiency. The educational and outreach materials shall be both published on the website and distributed to pharmacies, health care facilities, county agencies and other interested parties for dissemination to covered entities. The web site and all educational and outreach materials shall include notices that unused, expired or contaminated pharmaceutical wastes should not be disposed in the garbage system in Kitsap County, pursuant to Kitsap County Board of Health Ordinance 2010-1, Solid Waste Regulations.
4. Annual reports evaluating the effectiveness of the promotion, outreach and public education shall be submitted to the Health District.
5. A biennial survey shall be conducted of covered entities and pharmacists, health professionals, and veterinarians in Kitsap County who interact with covered entities. The first survey shall be conducted within 60 days after the first year of operating the stewardship plan. The goal of the survey is to measure the percentage of covered entities, pharmacists, health professionals and veterinarians who are aware of the stewardship plan; to assess the convenience and ease of use of the drop-off sites and other collection methods for covered entities; and to assess knowledge and attitudes of covered entities, pharmacists, health professionals, and veterinarians regarding the risks of abuse, poisoning and overdose from prescription and non-prescription drugs used in the home. Draft survey questions shall be submitted to the Health Officer for review and comment at least thirty (30) days prior to initiation of the survey. Results of the survey shall be reported to the Health Officer and made available to the public on the stewardship plan's website within ninety (90) days of the end of the survey period.

- C. All approved stewardship plans operating in Kitsap County shall coordinate their promotional activities to ensure that all covered entities can easily identify, understand and access the collection services provided by any stewardship plan. Coordination between stewardship plans shall include providing covered entities with a single toll-free telephone number and single website to access information about collection services for all stewardship plans operating in Kitsap County.
- D. Pharmacies and other entities selling medicines in or into Kitsap County are encouraged to promote secure disposal of unwanted covered drugs by covered entities through the use of approved stewardship plans. Pharmacies must provide materials explaining the use of approved stewardship plans to customers upon request.
- E. The Health District and Kitsap County government agencies responsible for health, solid waste management, and wastewater treatment shall promote safe storage and secure disposal of unwanted covered drugs by covered entities through the use of the stewardship plans, the toll-free telephone number and the website for approved stewardship plans through the agencies' standard educational methods.

SECTION 9. STEWARDSHIP PLANS – DISPOSAL OF COVERED DRUGS

- A. Covered drugs collected under a stewardship plan must be disposed of at a permitted hazardous waste disposal facility as defined by the United States Environmental Protection Agency under 40 CFR parts 264 and 265.
- B. The Health Officer may grant approval for a producer or group of producers participating in a stewardship plan to dispose of some or all of the collected covered drugs at a permitted large municipal waste combustor, as defined by the United States Environmental Protection Agency under 40 CFR parts 60 and 62, if use of a hazardous waste disposal facility is not feasible based on cost, logistics or other considerations.
- C. A producer or group of producers participating in a stewardship plan may petition the Health Officer for approval to use alternative final disposal technologies that provide superior, or equivalent protection at a lower cost, environmental and human health protection than permitted hazardous waste disposal facilities or municipal waste combustors in each of the following areas:
 - 1. Monitoring of any emissions or waste;
 - 2. Worker health and safety;
 - 3. Air, water or land emissions contributing to persistent, bio-accumulative, and toxic pollution; and
 - 4. Overall impact to the environment and human health.

SECTION 10. STEWARDSHIP PLANS – ADMINISTRATIVE AND OPERATIONAL COSTS

- A. A producer or group of producers participating in a stewardship plan shall pay all administrative and operational costs related to their stewardship plan, except as provided under this section. Administrative and operational costs related to the stewardship plan include, but are not necessarily limited to:
1. Collection and transportation supplies for each drop-off site;
 2. Purchase of secure drop boxes for each drop-off site;
 3. Ongoing maintenance or replacement of secure drop boxes, as requested by authorized collectors;
 4. Prepaid, preaddressed mailers provided to differentially-abled and home bound residents, and to specific areas of Kitsap County if utilized;
 5. Operating periodic collection events if utilized, including costs of law enforcement staff time if necessary;
 6. Transportation of all collected pharmaceuticals to final disposal;
 7. Environmentally sound disposal of all collected pharmaceuticals under section 9 of this regulation; and
 8. Program promotion under section 8 of this regulation, including costs of providing materials to pharmacies to fulfill customer requests.
- B. No person or producer may charge a specific point-of-sale fee to consumers to recoup the costs of their stewardship plan, nor may they charge a specific point-of-collection fee at the time the covered drugs are collected from covered entities.
- C. Producers are not required to pay for costs of staff time at drop-off sites provided by authorized collectors volunteering for a stewardship plan, but may offer compensation to authorized collectors for their participation.

SECTION 11. STEWARDSHIP PLANS – REPORTING REQUIREMENTS

- A. Within six months after the end of the first twelve-month period of operation, and annually thereafter, the plan operator of the standard stewardship plan and of any independent stewardship plan shall submit a report to the Health Officer on behalf of participating producers describing their plan's activities during the previous reporting period to comply

with this Ordinance. The report must include:

1. A list of producers participating in the stewardship plan;
 2. The amount, by weight, of unwanted covered drugs collected, including the amount by weight from each collection method used;
 3. A list of drop-off sites with addresses, the number of mailers provided for differentially-abled and home bound residents, locations where mailers were provided, if applicable, dates and locations of collection events held, if applicable, transporters used and the disposal facility or facilities used;
 4. Any safety or security problems that occurred during collection, transportation or disposal of unwanted covered drugs during the reporting period and, if so, what changes have or will be made to policies, procedures or tracking mechanisms to remedy the problem and to improve safety and security in the future;
 5. A description of the public education, outreach and evaluation activities implemented during the reporting period;
 6. A description of how collected packaging was recycled to the extent feasible, including the recycling facility or facilities used;
 7. A summary of the stewardship plan's goals for collection amounts and public awareness, the degree of success in meeting those goals in the past year and, if any goals have not been met, what effort will be made to achieve the goals in the next year; and
 8. The total expenditure of the stewardship plan during the reporting period.
- B. The Health Officer shall make reports submitted under this section available to the public.
- C. For the purposes of this section, "reporting period" means the period from January 1 through December 31 of the same calendar year, unless otherwise specified to the plan operator by the Health Officer.

SECTION 12. STEWARDSHIP PLANS – IDENTIFICATION OF PRODUCERS OF COVERED DRUGS

- A. Within sixty (60) days of a request from the Health Officer, any drug wholesaler that sells any covered drug in or into Kitsap County must provide a list of producers of covered drugs to the Health District in a form agreed upon with the Health Officer. Wholesalers must update the list, no more than annually, if requested by the Health Officer.
- B. Any person receiving a letter of inquiry from the Health Officer regarding whether or not it is a producer under this Ordinance must respond in writing within sixty (60) days. If such

person does not believe it is a producer under this Ordinance, it must state the basis for such belief and provide a list of any covered drugs it sells, distributes, repackages, or otherwise offers for sale within Kitsap County, and identify the name and contact information of the manufacturer of the covered drug.

SECTION 13. STEWARDSHIP PLANS – REVIEW OF PROPOSED PLANS

- A. Within six months of the date of adoption of this regulation, a producer, group of producers or stewardship organization shall submit its proposed stewardship plan to the Health Officer for review, accompanied by the plan review fee in accordance with section 17 of this regulation. The proposed plan should indicate whether the plan is proposed as the standard stewardship plan or an independent stewardship plan. If multiple proposals are submitted for the standard stewardship plan, the Health Officer shall designate the standard stewardship plan at time of plan approval.
- B. The Health Officer shall review each proposed stewardship plan to determine compliance with this Ordinance. In reviewing a proposed stewardship plan, the Health Officer shall provide opportunity for written public comment and consider any comments received.
- C. Within ninety (90) days after receipt of the proposed stewardship plan, the Health Officer shall either approve or reject the proposed stewardship plan in writing to a producer, group of producers or stewardship organization and, if rejected, provide reasons for the rejection.
- D. If the proposed stewardship plan is rejected, a producer, group of producers or stewardship organization must submit a revised stewardship plan to the Health Officer within sixty (60) days after receiving written notice of the rejection. The Health Officer shall review and approve or reject a revised stewardship plan as provided under subsections B. and C. of this section.
- E. If the Health Officer rejects a revised stewardship plan, or any subsequently revised plan, the Health Officer may deem the producer or group of producers out of compliance with this Ordinance and subject to the enforcement provisions in this Ordinance.
 - 1. If a revised proposal for the standard stewardship plan is rejected, the Health Officer may, in the Health Officer's discretion, require the submission of a further revised standard stewardship plan or develop and impose changes to some or all components of the rejected plan to constitute an approved stewardship plan. If the Health Officer imposes some or all of the approved plan, the Health Officer may not deem the producers participating in and complying with the approved standard stewardship plan out of compliance with this Ordinance.
 - 2. If a revised independent stewardship plan is rejected, the producer or group of producers submitting the independent stewardship plan shall participate in the standard stewardship plan and are not eligible to propose an independent stewardship plan for six months after the rejection. The Health Officer may not deem a producer whose revised independent

stewardship plan is rejected out of compliance with this Ordinance if the producer participates in and complies with the standard stewardship plan.

- F. In approving a proposed stewardship plan, the Health Officer may exercise reasonable discretion to waive strict compliance with the requirements of this Ordinance in order to achieve the objectives of this Ordinance.
- G. The Health Officer shall make all stewardship plans submitted under this section available to the public both before and after they are approved.

SECTION 14. STEWARDSHIP PLANS – PRIOR APPROVAL FOR CHANGE

- A. Proposed changes to an approved stewardship plan that substantively alter plan operations, including, but not limited to, changes to participating producers, collection methods, convenience and equity of collection methods for covered entities, policies and procedures for handling covered drugs, education and promotion methods or disposal facilities must have prior written approval of the Health Officer.
- B. Any proposed changes shall be submitted to the Health Officer in writing at least thirty (30) days before the change is scheduled to occur and accompanied by the review fee in accordance with section 17 of this regulation.
- C. The plan operator of an approved stewardship plan shall notify the Health Officer at least fifteen (15) days before implementing any changes to drop-off site locations; methods for scheduling and locating periodic collection events or methods for distributing prepaid, preaddressed mailers that do not substantively alter the convenience and equity for covered entities; or other changes that do not substantively alter plan operations under subsection A of this section.
- D. The producer or group of producers participating in an approved stewardship plan shall notify the Health Officer of any changes to the plan operator who is the official point of contact for the stewardship plan within fifteen (15) days of the change. The plan operator shall notify the Health Officer of any changes in ownership or contact information for participating producers within thirty (30) days of such change.

SECTION 15. STEWARDSHIP PLANS – ADMINISTRATION AND ENFORCEMENT

- A. The Health Officer is authorized to administer and enforce these regulations.
- B. The Health Officer is authorized to adopt additional rules or policies consistent with the provisions of these regulations for the purpose of enforcing and carrying out its provisions. Nothing in these rules and regulations is intended to abridge or alter the rights of action by the state or by persons, which exist in equity, common law or other statutes to abate non-

compliance with these regulations.

- C. After presenting official credentials and providing notice of an audit or inspection to determine compliance with this Ordinance or to investigate a complaint, the Health Officer may audit a producer's, group of producers' or stewardship organization's records related to a stewardship plan or request that the producer, group of producers or stewardship organization arrange for the Health Officer to inspect at reasonable times a stewardship plan's or an authorized collector's facilities, vehicles and equipment used in carrying out the stewardship plan.

D. Right of Entry and Inspection

1. Whenever necessary to make an inspection to enforce or determine compliance with the provisions of these regulations, and other relevant laws and regulations, or whenever the Health Officer has cause to believe that a violation of these regulations has or is being committed, the Health Officer or his/her duly authorized inspector may, in accordance with federal and state law, seek entry of any building, structure, property or portion thereof at reasonable times to inspect the same.
2. If such building, structure, property or portion thereof is occupied, the inspector shall present identification credentials, state the reason for the inspection, and request entry.
3. If consent to enter said building, structure, property, or portion thereof is not provided by the owner, occupier, or other persons having apparent control of the premises, the Health Officer may enter said premises only to the extent permitted by federal and state law.

E. Notice and Order to Correct Violation

1. Issuance. Whenever the Health Officer determines that violation of these regulations has occurred or is occurring, he/she, or his/her designee may attempt to secure voluntary correction by sending a Notice and Order to Correct Violation to a producer, group of producers, plan operator, drug wholesaler, or drug manufacturer in violation of this Ordinance.
2. Content. The Notice and Order to Correct Violation shall contain:
 - a) A statement that participation in a stewardship plan is required and a reference to this Ordinance;
 - b) A statement of the action required to be taken to correct the violation and a date or time by which correction is to be completed;
 - c) A statement that each violation of this regulation shall be a separate and distinct offense and in the case of a continuing violation, each day's continuance shall be a separate and distinct violation; and

- d) A statement that failure to obey the notice may result in the issuance of civil penalties, including all costs incurred for enforcement of the Notice and Order to Correct Violation, or other legal action to encourage compliance.
3. Service of Order. The Notice and Order to Correct Violation shall be served upon the producer or group of producers to whom it is directed, either personally or by mailing a copy of the order to correct violations by regular and/or certified mail, postage prepaid, return receipt requested, to the last known address of the violator. Proof of service shall be made at the time of service by a written declaration under penalty of perjury executed by the persons affecting the service, declaring the time and date of service and the manner by which service was made.
4. Time to Correct Violation.
- a) A producer not participating in the standard stewardship plan or an independent stewardship plan and whose covered drug continues to be sold in or into Kitsap County sixty (60) days after receiving a written Health Officer's Notice and Order to Correct Violation may be assessed a penalty under subsection F. of this section.
- b) If the Health Officer determines that a stewardship plan is not in compliance with this Ordinance or its plan approved under Section 14 of this regulation, the Health Officer may send the producer or group of producers participating in the plan a written Notice and Order to Correct Violation stating the plan is in noncompliance. A producer or group of producers whose stewardship plan has been determined by the Health Officer to not be in compliance with this Ordinance, or its plan approved under Section 14 of this regulation has thirty (30) days after receiving a written Health Officer's Notice and Order to Correct Violation to achieve compliance. If the stewardship plan is not in compliance after thirty (30) days, the Health Officer may assess a penalty under subsection F. of this section. This subsection does not preclude the Health Officer from suspending an approved plan, in addition to other penalties, if a violation of this Ordinance or an approved plan creates a condition that, in the Health Officer's judgment, constitutes an immediate hazard. Extension.
- c) Upon written request received prior to the correction date or time, the Health Officer may extend the date set for corrections for good cause. The Health Officer may consider substantial completion of the necessary correction or unforeseeable circumstances that render completion impossible by the date established as a good cause.
- d) Supplemental Order to Correct Violation. The Health Officer may at any time add to, rescind in part, or otherwise modify a Notice and Order to Correct Violation. The supplemental order shall be governed by the same procedures applicable to all Notice and Order to Correct Violations procedures contained in

these this regulations.

F. Enforcement

1. The Health Officer or designee may enforce the requirements and restrictions of this Ordinance by one or a combination of the following after issuance of a written Health Officer's Notice and Order to Correct Violation:

- a) Assessing all costs of enforcement against the producer or group of producers;
- b) Prohibiting certain conduct or directing certain conduct;
- c) Imposing a civil penalty of up to two thousand dollars that may be assessed against a producer or group of producers or drug wholesalers. Each day upon which a violation occurs or is permitted to continue constitutes a separate violation. In determining the appropriate penalty, the Health Officer shall consider the extent of harm caused by the violation, the nature and persistence of the violation, the frequency of past violations, any action taken to mitigate the violation, the financial burden to the violator and the size of the violator's business.

G. The Health Officer or designee is authorized to pursue civil fines and costs, including attorney fees, by commencement of civil action in the name of the Kitsap Public Health District independent of and/or as a means of enforcing written orders of the Health Officer referenced above.

H. The Health District is authorized to enforce the restrictions or requirements of this Ordinance against any person or entity, whether it be a producer, group of producers, or drug wholesaler who is not in compliance; assess all costs of enforcement, including attorney fees, against the person or entity, whether it be a producer, group of producers or drug wholesaler, who is in noncompliance; and otherwise pursue compliance with this Ordinance by commencement of a civil action in the name of the Kitsap Public Health District.

G. Appeal of Public Health Action – Health Officer Administrative Hearing.

1. Any person aggrieved by the contents of a Notice and Order to Correct Violation issued under this regulation, or enforcement action conducted by the Health District, may request a hearing before the Health Officer or his or her designee. The appellant shall submit the request in writing, through completion of an "Application for Administrative Meeting or Appeal Hearing" form with the appropriate fee, and shall include the specific statements of the reason why error is assigned to the decision of Health District. Such request shall be presented to the Health Officer within ten (10) business days of the action appealed. Upon receipt of such request together with the hearing fee, the Health Officer shall notify the person of the time, date, and place of such hearing, which shall be set at a mutually convenient time not more than fifteen (15) business days from the date the request was received. Upon completion of the hearing, the Health Officer shall

provide a decision in writing to the appellant within fifteen (15) business days from the date of the hearing.

H. Appeal of Administrative Hearing/Decision.

1. Any person aggrieved by the findings or required actions of an administrative hearing, or of an administrative decision by the Health Officer regarding the rebuttal of the presumptively reasonable distance, shall have the right to appeal the matter by requesting a hearing before the Public Health Board. Such notice of appeal shall be in writing through completion of an “Application for Administrative Meeting or Appeal Hearing” form and presented, with the appropriate hearing fee as established in the current Health District fee schedule, to the Health Officer within five (5) business days of service of the findings and actions from the administrative hearing. All requests shall contain a description of the action, decision or policy for which the hearing is requested, and the basis on which it is being contested. The appellant and the Health Officer may submit additional information to the Public Health Board for review.
2. The Notice and Order to Correct Violation shall remain in effect during the appeal. Any person affected by the Notice and Order to Correct Violation may make a written request for a stay of the decision to the Health Officer within five (5) business days of the Health Officer’s decision. The Health Officer will grant or deny the request within five (5) business days.
3. Upon receipt of an appeal pursuant to this section together with the hearing fee, the Health Officer shall set a time, date, and place for the requested hearing before the Public Health Board and shall give the appellant written notice thereof. The hearing shall be set at a mutually convenient time not more than thirty (30) business days from the date the appeal was received by the Health Officer.

SECTION 16. STEWARDSHIP PLANS – REGULATIONS, PERFORMANCE STANDARDS, AND REPORT

- A. The Health Officer may adopt regulations necessary to implement, administer and enforce this Ordinance.
- B. The Health Officer may work with the plan operator to define goals for collection amounts and public awareness for a stewardship plan.
- C. The Health Officer shall report annually to the Board concerning the status of the standard and independent stewardship plans and recommendations for changes to this Ordinance. The annual report shall include an evaluation of the secure medicine return system, a summary of available data on indicators and trends of abuse, poisonings and overdoses from prescription and nonprescription drugs and a review of comprehensive prevention strategies to reduce

risks of drug abuse, overdoses and preventable poisonings.

SECTION 17. STEWARDSHIP PLANS – PLAN REVIEW AND ANNUAL OPERATING FEES

- A. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall pay to the Health Officer plan review fees to be established under subsection D. of this section for:
1. Review of a proposed stewardship plan;
 2. Resubmittal of a proposed stewardship plan;
 3. Review of changes to an approved stewardship plan;
 4. Submittal of an updated stewardship plan at least every four years under section 5.D.5. of this regulation; and
 5. Review of any petition for approval to use alternative final disposal technologies under section 9.C. of this regulation.
- B. In addition to plan review fees, a producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall pay to the Health Officer annual operating fees to be established under subsection D. of this section.
- C. A plan operator or a stewardship organization may remit the fee on behalf of participating producers.
- D. Fees shall be set initially by the Board and shall be subject to revision commensurate with the costs of delivering the service and to administering and enforcing this Ordinance. All fees collected under the provision of this Ordinance shall be payable to the Health District.

SECTION 18. SEVERABILITY

If any provision of this regulation or its application to any person or circumstance is held invalid, the remainder of the regulation or the application of the provision to other persons or circumstances is not affected.

SECTION 19. EFFECTIVE DATE

This regulation shall be effective immediately upon adoption by the Board.

SECTION 20. REPEALER

Reserved.

Proposed Secure Medicine Return Ordinance Feedback

	How feedback submitted	By whom	Comments	In favor / against	Issue/concerns	Response
1	Web submission	Karen Johnson	I think this is a great idea. I know personally we hold on to medicines we no longer need and hope we don't miss the drop off date at the sheriff's office. My concern, however, is that the pharmaceutical companies will just add the cost to them of providing this program by increasing the price of prescription medicine. It won't wind up being a "free" program to us at all.	IN FAVOR	Cost passed on from drug companies to public	Unfortunately, it is very likely that drug companies will pass the cost of this program on to consumers as has happened with other programs such as electronics recycling. These regulations are in place in King and Snohomish Counties, and are under consideration in Pierce County as well. Because of the huge volume of prescriptions filled in these counties and state-wide, it is expected that the cost increase would be less than 1 cent per subscription. Prescription drug coverage would also make the impact of this small increase to Kitsap residents negligible. The Kitsap Public Health Board believes that the benefits of this program outweigh the possibility of a small increase in prescription costs.
2	Web submission	anonymous	Concern: proposed drug take back needs to happen and soon. I work where people constantly come and ask if we take drug for disposal and we don't. I send them to the Kitsap County Sheriff's office which is the only place that does. Even Group Health no longer takes back their own drugs for disposal because of the expense and the laws. this also should be something the pharmaceutical company should have to pay for since not only is it their problem but they get enough money from their prescriptions that this would not be a huge expense for them	IN FAVOR	n/a	n/a
3	Web submission	Steve and Kate Shaughnessy	We support the proposed secure prescription drop off ordinance. Thanks!	IN FAVOR	n/a	n/a
4	Web submission	Dr. Chris Bock, DMD	I'm fully in favor of the proposed new regulation.	IN FAVOR	n/a	n/a

Proposed Secure Medicine Return Ordinance Feedback

5	Email	Doug Washburn, Kitsap County Dept. of Human Services	We highly support you on this and our prevention coalition folks lead by Laura have been watching with great enthusiasm as you move forward. Thanks.	IN FAVOR	n/a	n/a
6	11/10 listening session	Doug Washburn, Kitsap County Dept. of Human Services	n/a	IN FAVOR	n/a	n/a
7	Web submission	Susan Woolley	<p>This year I dropped off unused medications for myself and my 94 year old mother at the sheriff's office. I had been saving them in a plastic bag for about three years, because I could never make it to the previous "take back" events due to scheduling conflicts on the weekend, or due to simply not hearing about it in time. I believe this project is potentially valuable for the following reasons:</p> <ul style="list-style-type: none"> *Removes unused prescription drugs from senior's homes, where misuse or overdose might occur due to simple confusion. *Hopefully assisted living facilities would promote and facilitate "take back" day. *Removes unused meds from home medicine cabinets where teens, housekeepers, contractors might access them *Keeps them out of the watershed. My guess is that a lot of people are still flushing or putting in household garbage. *Prevents access to meds which could be used to overdose for an individual having a mental health crisis. Contrary to popular stereotypes, people will use anything in an attempt to overdose, not just sedatives or opiates, so removing unused prescription pharmaceuticals would curtail access to meds most likely to have a small margin of 	IN FAVOR	No concerns but has implementation ideas/suggestions.	<p>Outreach has been done in the community about the proposed ordinance, and additional outreach will be done if the ordinance passes. The regulations require pharmaceutical manufacturers to develop and pay for a coordinated secure medicine return system in Kitsap County which includes outreach in the community to generate awareness of the program. Most manufacturers will combine their resources and hire a company to coordinate the system. This is already in process in King and Snohomish Counties.</p> <p>The Kitsap Public Health District will review all pharmaceutical stewardship plans for the program, and make sure that there is adequate outreach locally – including outreach to assisted living communities.</p> <p>If this ordinance passes, any business or location that meets the Drug Enforcement Agency requirements for drug take-back organizations would be</p>

Proposed Secure Medicine Return Ordinance Feedback

			<p>safety and most likely to create kidney damage or other long term health problems.</p> <p>Suggestions: Consider doing the take-back in libraries, once/month, staffed by vetted volunteers or health care professionals. Law enforcement in Kitsap is stretched as it is. Or, would the pharmacies be willing to release staff one day a month for this as community service?</p> <p>Consider enlisting aid of health care organizations such as Franciscan to have take-back containers available one day a month at all clinics so that people could turn in their meds to front desk staff as they arrive for their PCP appointments. Thank you.</p>			<p>allowed to participate – at no cost. The DEA requires that a take back location:</p> <ul style="list-style-type: none"> • Be a registered pharmacy with the Washington State Pharmacy Assurance Commission. • Amend registration with the Drug Enforcement Administration (DEA) to become a collector. • Authorize two employees to maintain keys to the secure drop-box. • Lock the drop-box when the site is closed. • Manage and maintain required documentation <p>So unfortunately, while convenient, the library would not qualify because it does not meet the DEA criteria.</p> <p>We encourage people to reach out to their pharmacies or medical facilities that do qualify under the DEA rules and encourage them to participate.</p>
8	Web submission	Heather Carrell	Please support this proposal so medicines are not dumped into septic systems, sewage systems, landfills, and our streams and ocean.	IN FAVOR	None	n/a
9	Web submission	Robin Villiers-Furze	<p>I believe the pharmaceutical companies SHOULD provide convenient drop off locations (any pharmacy) and they should pick up disposal charges, including needles.</p> <p>We currently have to pay, at Fred Meyer, for needle returns. By charging and inconvenient drop off locations, it encourages people to just throw drugs and bio hazard waste into landfill.</p>	IN FAVOR	Concerned about disposal of sharps.	Sharps disposal is not included in this proposed ordinance. However, free disposal for syringes and needles (known as "sharps") is available. Sharps can take sharps to one of the following drop-off facilities listed on Kitsap County's website free of charge. Before dropping them off at one of these facilities, the sharps should be placed in a manufactured sharps

Proposed Secure Medicine Return Ordinance Feedback

						<p>container or a 2-liter PET plastic pop bottle (such as a plastic pop bottle or juice container). Manufactured sharps containers can also be purchased at most pharmacies. The lid must fit tightly and should be taped shut for added safety. If a plastic pop bottle or other container is used, it should be labeled with the warning: "SHARPS, DO NOT RECYCLE." This is a short tutorial video on properly disposing of household sharps.</p> <p>The Health District also has information on the website on what to do if discarded sharp are found in public. The District has staff trained and available to handle discarded sharps.</p>
10	Web submission	Denise Hughes, MSN, RN, GMHC	Thank you for taking this step toward making our citizens safer. I am a psychiatric nurse and have clients who have multiple medications with a polypharmacy abuse history. Assisting them to reduce the sheer number of medications is usually one of my goals and when we can do this we often have the problem of disposal. Designated stations in convenient locations would go a long way in helping reduce medication mismanagement by some of our most vulnerable citizens.	IN FAVOR	None	n/a
11	Web submission	Patricia Gordon-Rice	Concern: This is in response to the secure medicine return proposal. This county definitely needs a way to safely dispose of all medications. This is not only to keep medications out of the hands of others but also to keep them out of our landfills and water. I fully support a safe way to do this! However, as someone who	IN FAVOR	Inquired about how to handle illicit drugs.	<p>While the Kitsap Public Health Board recognizes that illicit drug use is a serious issue, this ordinance does NOT address disposal of illicit drugs.</p> <p>The Kitsap Public Health District's Solid & Hazardous Waste staff reached out</p>

Proposed Secure Medicine Return Ordinance Feedback

			<p>has worked in the drug abuse treatment field for over 30 years, I know you also need to find a way for citizens to get rid of street drugs. Currently, there is no way to get rid of them! So what does a person or family member who has/finds heroin, methamphetamines and other street drugs to do with them? You don't hear about this because people are afraid and don't know what to do. This is a big problem as most people give them to another, throw them in the trash or flush them. We really don't want that. Please develop a way for people to securely, anonymously and safely get rid of them! The county needs to take responsibility to rid our county of these drugs. Thank you.</p>			<p>to several other agencies to determine the best course of action in the situation you describe. KPHD recognizes that while the most appropriate and legal response anytime illicit drugs are found is to contact law enforcement, many parents would be too scared to do that.</p> <p>If a parent or family member finds a small amount of illicit drugs, law enforcement recommends that they 1) contact law enforcement and/or 2) destroy the drug by putting it in wet coffee grounds and throwing it in the trash or taking it to a household hazardous waste facility.</p> <p>If someone finds illicit drugs in public (at a park, etc.) or a large quantity of illicit drugs, they should immediately notify law enforcement.</p>
12	Web submission	Alice D Gray	<p>Thank you for this. Please also get this word out to physicians! I was told recently BY A DOCTOR that throwing medications in the trash is okay! Not! I make every effort to dispose of medications properly, and having the facilities to do this makes it so much easier to protect our fragile and precious environment. I take my medications to the Kitsap County Sheriff's Office. Having more locations for proper disposal would be immensely helpful. Thank you.</p>	IN FAVOR	<p>Suggested we do outreach to physicians about regulations.</p>	<p>Outreach has been done to inform medical clinics, pharmacies and physicians about the proposed ordinance, and additional outreach will be done in the medical community if the ordinance passes.</p>

Proposed Secure Medicine Return Ordinance Feedback

13	Web submission	Barbara Burns	Kitsap Public Health Board seeks feedback on proposed ordinance requiring pharmaceutical companies to fund local medicine return program. My feedback is YES YES YES, a thousand times YES! If you need me to submit my comments via some other avenue, please let me know. I am happy to do that.	In FAVOR	n/a	n/a
14	Web submission	Janine Rinehart	1. The US Mail should not be used to return drugs. Drug users steal mail all the time and that would be an additional incentive. 2. Does this proposal include needles? If not, it should, both used and unused.	IN FAVOR	1) Concerns about mail theft 2) Concerns about proposal not including needles	1) The mail-order option is intended to serve those that may be home-bound. While there may be a small risk of mail theft, the Health District believes the benefit of this program greatly outweighs this risk. Drugs being sent via mail is not uncommon - mail order pharmacies mail medication every day. 2) This proposal does not include sharps. Please see response to #7 above.
15	Letter of support	Dr. Gary Goldbaum, MD, MPH Health Officer and Director, Snohomish Health District	Submitted letter of support sent to Dr. Susan Turner. Copy available upon request.	IN FAVOR	n/a	n/a
15	Web submission	Steven and Kathleen Shaughnessy	We support the proposed return program (second statement of support submitted).	IN FAVOR	n/a	n/a
16	Web submission	Barbara Meyers	I strongly support a program to provide a pick up location for unused medications. Having to drive to Silverdale to the Sheriff's office is inconvenient. I believe the best alternative would be return unused medications to businesses that fill prescriptions as they already are set up to	IN FAVOR	n/a	n/a

Proposed Secure Medicine Return Ordinance Feedback

			secure meds that may be of interest for illegal use.			
17	Letter of support	Dr. Aaron Leavell, superintendent Bremerton School District	Submitted letter of support sent to Dr. Susan Turner. Copy available upon request.	IN FAVOR	Concerns about mail theft	The mail-order option is intended to serve those that may be home-bound. While there may be a small risk of mail theft, the Health District believes the benefit of this program greatly outweighs this risk. Drugs being sent via mail is not uncommon - mail order pharmacies mail medication every day.
18	11/29 listening session	Laura Hyde Human Services, Kitsap County	Attended in support of proposed regulations. Dept. of Human Services willing to help with distribution of materials for program when implemented.	IN FAVOR	Wanted to make sure that pick-up frequency at sites would be adequate to ensure that boxes would not get full or overflow.	KPHD will ensure that pick-up frequency is addressed in plan review and that adequate educational materials are available for distribution.
19	Web submission	Thomas J. Shandera, RN, MPH, CIC Infection Preventionist	<p>Programmatic Suggestions</p> <ol style="list-style-type: none"> 1. Expand Section 3 to specifically state how this Ordinance applies on Federal Land such military installations as well as how it applies on Tribal Land. 2. Expand Section 7.D.1 & 2 to specify how stewardship will be provided in <u>unincorporated</u> portions of the county to meet the “<u>service convenience goal</u>”. 3. Expand Section 16.C to include a) environmental monitoring listed in Section 9.C.1-4 as well as b) data related to antibiotic resistant organisms identified in water and fish and c) results of reports listed in Section 8.B.4 & 5. 4. Sharpen focus on “...individuals with limited English proficiency.” (Section 8.B.3) by using this language each time public education, signage, forms, and public telephone/internet 	IN FAVOR	Programmatic and formatting suggestions.	<p>Programmatic Suggestions</p> <ol style="list-style-type: none"> 1. This ordinance covers all city and county jurisdictions and all residents regardless of where they live. 2. Comments related to convenience will be addressed on a case by case basis as part of the plan review process. 3. Outside the focus of this regulation. Section 8.B.4 does not appear to be relevant to Section 9C. 4. Comments related to convenience and outreach will be addressed on a case by case basis as part of the plan review process. 5. Reverse distribution is not a component of this program. Can only be used by Pharmacies and

Proposed Secure Medicine Return Ordinance Feedback

			<p>communications are addressed throughout the ordinance (e.g., Section 7.F,G, Section 8.A,B.1,C,D,E).</p> <p>5. Address how a producer, a group of producers and a stewardship organization shall report/utilize revenue generated by Reverse Drug Distribution (e.g., Section 10, Section 11.A.8, Section 17.D). For example, should these monies be a line item in a report and should these monies be reinvested exclusively into stewardship activities?</p> <p>6. Clarify Section 1.A compared with Section 1.B. These two section seem to be inconsistent. Section A speaks about "...provisions shall be liberally construed for the accomplishment of these purposes." Section B states in part "...is not intended to impose any duty whatsoever upon the Health District or any of its officers or employees, for whom the implementation or enforcement of this Ordinance shall be discretionary and not mandatory." <i>I suggest breaking Section B into two sentences. Consider placing a period at the end of line 2 after "...within its scope". Then phrase the second sentence such as: The duty upon the Health District, its officers and employees is to implement and enforce this Ordinance.</i></p> <p>7. Clarify Section 4.C.2 compared with Section 4.H.1. Section H defines a drug to include "...Articles recognized... in the Homeopathic Pharmacopoeia Convention". However Section C.2 specifically <u>excludes</u> "...homeopathic drugs, products or remedies." <i>I suggest deleting the conflicting language in Section C.2.</i></p>		<p>other industry entities prior to being prescribed to consumer. Once a drug has been prescribed to consumer it is no longer eligible for reverse distribution.</p> <p>6. Language is required by our legal counsel to protect KPHD against litigation</p> <p>7. The Health District will modify these sections to be consistent. It may not be possible to address homeopathic drugs under this ordinance as they are produced by a different group of producers. "Drugs" are a larger universe than covered drugs. The Ordinance only applies to covered drugs.</p> <p>8. Agree.</p> <p>9. Comments related to convenience or implementation will be addressed on a case by case basis as part of the plan review process.</p> <p>10. Comments related to convenience or implementation will be addressed on a case by case basis as part of the plan review process.</p> <p>Readability Suggestions</p> <p>11. We will take this recommendation under advisement and modify where intent is not clear.</p> <p>12. Outline and other format inconsistencies will be addressed</p>
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Proposed Secure Medicine Return Ordinance Feedback

			<p>8. Modify Section 5.C to lean proactively when drugs are brought into system after adoption of this Ordinance. <i>I suggest changing the last sentence of the Section from "...within six months of the date of initiating sales..." to read <u>before initiating sales.</u></i></p> <p>9. Expand Section 7.E & F to specify if liquids, ointments/prescription toothpastes and chemotherapeutic agents will be placed in separate containers. As you know, only tablets may be placed in container at Sheriff's office.</p> <p>10. Expand Section 8.B.4 & 5 to specify exactly which person or organization is responsible for generating the report and the biennial survey. I further suggest that some standards should be stipulated for the creation and administration of the survey as well as methodology for evaluating effectiveness so that useful, actionable information is obtained.</p> <p>Readability Suggestions</p> <p>11. Reevaluate Section 4.D and Section 4.O so that the terminology meets common usage and, more importantly, so that the same terms are used consistently throughout the Ordinance.</p> <ol style="list-style-type: none"> a. Common usage would define "covered entity" using language in Section 4.O. b. Common usage would define "person" using language in first sentence of Section 4.D. c. Within this Ordinance, a human being living in Kitsap county is identified by seven various 		<p>in editing prior to publishing the final regulation.</p>
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Proposed Secure Medicine Return Ordinance Feedback

			<p>terms, including: resident, covered entity, public, individual, customer, consumer, and even person.</p> <p>12. Evaluate Section 15.E.4.b from this point to end of Section 15. I think that the outlining ceases to be consistent. The word "Extension" looks to be the heading for the next subsection, which then impacts the remainder of the section's outline organization.</p>			
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WORKING DOCUMENT

Proposed Secure Medicine Return Regulations



There is currently a lack of safe, convenient and legal disposal options for unused medications in Kitsap County. Unused, unwanted and expired medicines in your home pose a risk to you, your family, our community, and the environment.

Medicine take-back programs provide a secure and environmentally-sound way to dispose of leftover or expired medicines, and are a part of a comprehensive approach to preventing prescription drug abuse.

The Kitsap Public Health Board is considering regulations that would make medication disposal safe, available, convenient and free for Kitsap residents. The secure medicine return program would:

- Provide convenient drop-off locations for unused medications throughout Kitsap County at no cost to residents;
- Provide an option for homebound residents to dispose of unused medicine by mail at no cost;
- Require drug manufacturers to pay for these options.

**Learn more about the proposed regulations by visiting
www.kitsappublichealth.org.**

The public is invited to submit feedback or comments in any of the following ways:

- 1) **Online** (www.kitsappublichealth.org) or via email to infoweb@kitsappublichealth.org
- 2) **In writing** via mail or in person at the Kitsap Public Health District offices. Written feedback must be received by **Wednesday, November 30 at 4:30 p.m.**

Secure Medicine Return Regulation
Kitsap Public Health District
345 6th St., Ste. 300
Bremerton, WA 98310

- 3) **By phone** by calling 360-337-5293.
- 4) **In person** at the **listening sessions** scheduled from 4:30 - 6 p.m. on Thurs., Nov. 10 (Norm Dicks Government Center Chambers in Bremerton) or Tues., Nov. 29 (Poulsbo City Hall Chambers); or at the **public hearing** on Tues., Dec. 6 at 1:45 p.m. (Norm Dicks Government Center Chambers in Bremerton).



**KITSAP PUBLIC
HEALTH DISTRICT**

345 6th Street
Suite 300
Bremerton, WA 98337

360-337-5235 t.
360-337-5291 f.

kitsappublichealth.org

Proposed Secure Medicine Return Regulations

Pharmacy Fact Sheet



There is currently a lack of safe, convenient and legal disposal options for unused medications in Kitsap County. Medicine take-back programs provide a secure and environmentally-sound way to dispose of leftover or expired medicines, and are a part of a comprehensive approach to preventing prescription drug abuse.

The Kitsap Public Health Board is considering a local ordinance to establish a convenient secure medicine return system for residents that provides convenient drop-off locations for unused medications throughout Kitsap County at no cost to residents. The regulations propose to:

- Expand safe medicine disposal options for Kitsap County residents to reduce risks of misuse, poisonings, and overdoses from leftover and expired medicines, and reduce the amount of pharmaceuticals entering sewer, septic, and solid waste systems.
- Improve convenience for residents by expanding locations of secure drop-boxes from law enforcement offices to pharmacies and hospitals, as now allowed under DEA regulations.
- Provide an option for homebound residents to dispose of unused medicine by mail at no cost.
- Ensure financial sustainability through a pharmaceutical industry-financed system providing sufficient resources to promote the program and handle larger volumes of returned medicines, and that relieves burdens on local government agencies and taxpayers.

Pharmaceutical Stewardship

These proposed regulations, modeled after regulations recently passed in King and Snohomish Counties, require pharmaceutical manufacturers to develop and pay for a coordinated secure medicine return system in Kitsap County. This concept is called pharmaceutical stewardship. Most manufacturers will combine their resources and hire a company to coordinate the system.

How Do Pharmacies Fit In?

In the proposed regulation, retail pharmacies can volunteer to host a secure drop-box for people to drop off unwanted medicine (see page 2 or visit www.kitsappublichealth.org for details).

Learn more and give us your feedback by completing our short pharmacy survey at: <https://goo.gl/1G7uVj>.



KITSAP PUBLIC
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345 6th Street
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Frequently Asked Questions

How can I sign-up to participate?

To participate, you must:

- Be a registered pharmacy with the Washington State Pharmacy Assurance Commission.
- Amend registration with the Drug Enforcement Administration (DEA) to become a collector.
- Authorize two employees to maintain keys to the secure drop-box.
- Lock the drop-box when the site is closed.
- Manage and maintain required documentation.

I am a pharmacy but don't want to host a drop-box. Is that okay?

Yes, you aren't required to host a drop-box. However, if you choose not to participate, you will be required to share educational materials with customers on medicine return programs and drop-box locations in Kitsap County.

Our pharmacy is a compounding-only pharmacy. Can we participate?

Yes. Any pharmacy registered with the Washington State Pharmacy Assurance Commission and authorized by the DEA as a collector can participate to host a drop-box. The only exception to this is pharmacies run by facilities that handle and administer drugs for their patients. These facilities must follow existing laws regarding business disposal of medications.

What will it cost to host a drop-box?

The cost should be minimal, but may include some staff time to maintain the drop-box. The pharmaceutical industry and stewardship organization will purchase and install the drop-box and will securely collect, transport and destroy unused medications. They will give you educational materials on the medicine return program for your customers. Since there must be a minimum number of drop-boxes throughout the county, pharmacies can negotiate payment for their participation.

What type of medicine is accepted in the drop-boxes?

Most prescription, pet medication and over-the-counter medicine from the home is accepted. This includes controlled substances. Not accepted:

- Vitamins and supplements.
- Herbal based remedies and homeopathic drugs.
- Personal care products regulated as both cosmetics and nonprescription drugs under the federal Food, Drug and Cosmetic Act.
- Injector products and medical devices that contain no covered drug.
- Biological products.
- Pet products containing pesticide, like flea collars.
- Schedule I drugs, like marijuana.

Where can I find a copy of the proposed regulation?

A copy of the draft regulation is available at www.kitsappublichealth.org.

How do we sign up?

The Kitsap Public Health District will notify all pharmacies if the regulation passes. You can sign-up for updates at www.kitsappublichealth.org/subscribe, or by taking our survey at <https://goo.gl/7vfZxD>.

When does the program start?

If the ordinance is approved, drug producers must submit a proposed stewardship plan no later than six months after the proposed regulation is adopted. Producers must begin operation of the stewardship plan no later than 3 months after the plan is approved by the Kitsap Public Health Board. Visit www.kitsappublichealth.org for key dates and details on the ordinance review/approval process.

This summary overviews key provisions of the proposed ordinance. For all requirements, see the full text at <http://www.kitsapublichealth.org>

The Kitsap Public Health Board is considering a local ordinance to establish a convenient secure medicine return system for residents that:

- **Expands safe medicine disposal options** for Kitsap County residents to reduce risks of misuse, poisonings, and overdoses from leftover and expired medicines, and reduce the amount of pharmaceuticals entering sewer, septic, and solid waste systems.
- **Improves convenience for residents** by expanding locations of secure drop boxes from law enforcement offices to pharmacies and hospitals, as now allowed under DEA regulations.
- **Ensures financial sustainability** through a pharmaceutical industry-financed system providing sufficient resources to promote the program and handle larger volumes of returned medicines, and that relieves burdens on local government agencies and taxpayers.

Pharmaceutical Stewardship

The proposed regulation is a product stewardship policy where the manufacturers of the medicines sold in the county are required to finance and coordinate the secure medicine return system. Residents cannot be required to pay a fee for this service when purchasing or returning medicines.

Medicine producers will develop a stewardship plan explaining how they will meet the performance requirements defined in the proposed regulation. The Kitsap Health District (KPHD) will review the stewardship plan and oversee the approved program for safety and compliance.

Medicines accepted for return

Residents can return leftover or expired prescription and non-prescription (over-the-counter) medicines, including legally prescribed controlled substances such as opioids and amphetamines. Items not accepted include: over-the-counter drugs that are also personal care products like toothpaste, sunscreen, medicated shampoos; vitamins and supplements; and pharmaceutical wastes from businesses.

Secure Drop-off Sites and Other Collection Methods

Drug producers must arrange for secure drop boxes throughout the county at retail pharmacies, hospitals/clinics, law enforcement facilities, and other authorized collectors. Producers must partner with any pharmacy, hospital/clinic with on-site pharmacy, or law enforcement agency that volunteers to be a drop-off site.

Any areas of the county that lack the minimum number of drop-off sites defined in the regulation will be served through periodic collection events and/or mail-back programs. Prepaid, preaddressed mailers can also be requested for home bound or disabled residents.

Collectors may offer to participate voluntarily, or may agree to serve in exchange for compensation offered by the drug producers.

Program Education and Evaluation

Drug producers must promote safe storage of medicines and how to use the secure medicine return system to residents, pharmacists, retailers, and health professionals. Promotion must include providing a website, toll-free phone number, and materials to pharmacies, health care facilities, and others.

Pharmacies must provide program materials to customers upon request.

Local government agencies must help promote the program through their outreach to residents.

Drug producers must report annually on the pounds of medicines collected and evaluate their effectiveness in meeting goals for collection amounts and public awareness. Public awareness surveys must be conducted after the first program year and biennially thereafter.

Secure Medicine Handling & Environmentally Sound Disposal

Medicines must be safely handled and tracked from collection through final disposal in compliance with all applicable laws and regulations, including security procedures required by the DEA.

Collected medicines must be destroyed at a properly permitted hazardous waste facility. Permission may be granted to use a large municipal waste combustor (e.g. waste-to-energy facility) due to logistical or cost barriers. Alternative disposal technologies that provide superior environmental and health protection may also be approved.

Cost Responsibilities

Producers are responsible for all costs for operating their stewardship plan, including:

- costs of secure drop boxes and collection supplies for drop-off sites.
- costs of prepaid mailers and of any collection events.
- costs of transportation and final disposal of collected medicines
- costs of program promotion and evaluation.
- costs of program administration.
- payment of fees to KPHD to reimburse costs of plan review and annual oversight.

Participation by authorized collectors such as pharmacies, hospitals and law enforcement is voluntary. Producers are not required to pay for staff time at drop-off sites, but may offer compensation to collectors.

Oversight and Enforcement by Kitsap Health District

KPHD will oversee the stewardship plan(s) to ensure compliance and safety. KPHD oversight authority includes: review and approval of stewardship plan(s), monitoring of program operations, inspections as needed, review of substantive changes to the approved plan(s), and review of annual reports.

The Health Officer may impose changes to a proposed stewardship plan if the producers' proposed plan is rejected several times as not meeting the requirements of the regulation.

The Health Officer may issue a Health Officer's Order, a penalty, and/or suspend any stewardship program that is not operating in compliance with their approved plan.

Costs for KPHD services will be recovered through plan review and annual operating fees from producers.

Timing of Program Implementation

Drug producers must submit a proposed stewardship plan no later than 6 months after the proposed regulation is adopted. Producers must begin operation of the stewardship plan no later than 3 months after the plan is approved by KPHD.

Note: Significant portions of this document were created by Snohomish County Health District and are being used with the knowledge and consent of SCHED.



KITSAP COUNTY DEPARTMENT OF PUBLIC WORKS

614 DIVISION STREET (MS-26), PORT ORCHARD, WA 98366-4699 | KITSAP1: 360.337.5777 | KITSAPGOV.COM

November 16, 2016

Secure Medicine Return Regulation
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

Re: Proposed Secure Medicine Return Regulations

To the Kitsap Public Health Board:

The Kitsap County Solid Waste Advisory Committee (SWAC) would like to take this opportunity to voice our support for the Proposed Secure Medicine Return Regulations currently being considered by the Kitsap Public Health Board.

Each county is required by statute [RCW 70.95.165(3)] to establish a SWAC “to assist in the development of programs and policies concerning solid waste handling and disposal and to review and comment upon proposed rules, policies, or ordinances prior to their adoption.” Kitsap County’s SWAC consists of fifteen members representing a balance of interests throughout the County, including representatives from each of the County’s three Commissioner districts, four incorporated cities, and two tribes; two solid waste haulers; the U.S. Navy; and commercial, organics, and agricultural interests.

SWAC members have reviewed information furnished by Kitsap Public Health District about the proposed regulations to establish a convenient county-wide medicine return system for residents to dispose of leftover and unwanted medicines. SWAC believes this proposed ordinance will provide residents with a secure and safe program for management of these medicines, taking harmful pharmaceuticals out of the local waste stream and providing an avenue for proper handling and disposal. Through this system, the amount of pharmaceuticals entering the solid waste, sewer and septic systems will decrease, thus minimizing potentially harmful environmental impacts. SWAC also supports the product stewardship elements of the proposed regulations, making manufacturers, rather than ratepayers, responsible for proper end-of-life costs and management.

On behalf of the Kitsap County SWAC, I am submitting this letter of support for the proposed regulation to provide options to County residents and protection for human health and the environment.

Sincerely,

Stephanie Bailey
Chair, Kitsap County Solid Waste Advisory Committee

Cc: Keith Grellner, Kitsap Public Health District
Patricia Campbell, Kitsap County Public Works, Solid Waste Division





November 28, 2016

Susan Turner, MD, MPH
Kitsap Public Health District
345 6th St, Suite 300
Bremerton, WA 98310

RE: Secure Medicine Return Regulation

Dear Dr. Turner:

The Snohomish Health District strongly supports Kitsap Public Health District's proposed Secure Medicine Return Regulation. This regulation will ensure convenient drop box locations that the residents of Kitsap County can utilize to properly dispose of unwanted or expired pharmaceuticals.

Most pharmaceuticals are designated as dangerous waste under the Washington Administrative Code. Trash disposal is not allowed and it is not secure. Flushing medicines into the sewer is not acceptable because wastewater treatment facilities cannot treat all pharmaceutical compounds, and flushed pharmaceuticals are thus released directly into the environment. There is a strong demand for a convenient, safe, and proper method of disposal of unwanted or expired medicines, in order to prevent pharmaceutical waste from contaminating the environment and getting into the hands of children or teenagers. The misuse of controlled substances can lead to unintentional poisonings and even deaths. This program is an important step toward ending the opioid epidemic by removing expired or unused medicines from homes.

Requiring that manufacturers of the pharmaceuticals be responsible for program cost reduces the burden on local government and taxpayers. Funding for the program will be sustainable and will provide the resources needed to maintain a large number of collection sites.

Similar programs are already underway across the region. King County's Secure Medicine Return Regulation passed in 2013, with a medicine disposal program to start in January 2017. The Snohomish Health District passed the Pharmaceutical Stewardship Ordinance on June 14, 2016, and a countywide program is expected to start in 2017. The Tacoma-Pierce Health Department Board of Health will vote on its proposed regulation on December 7, 2016. Once Kitsap County Health District implements a local ordinance, more than half of Washington State's population will be covered under a strong, secure, and financially sustainable pharmaceutical stewardship program. As more county ordinances are passed, there will be a push for a strong statewide bill, so that all of Washington State's population will be served by the same convenient pharmaceutical disposal program.

For all the above reasons, I urge the Kitsap County Board of Health to pass its Secure Medicine Return Regulation. It is important to continue to work together to prevent prescription drug abuse in Washington State.

Sincerely,

Gary Goldbaum, MD, MPH
Health Officer and Director



November 22, 2016

Susan Turner, MD, MPH, MS
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

Dear Dr. Turner:

Thank you for reaching out to local area school district superintendent's regarding the lack of safe, convenient and legal disposal options for unused medications.

Our District has personally experienced what happens when student's get ahold of medications not intended for them.

Having shared this letter with our nursing staff, we wanted to share our collective thoughts with you regarding one of the proposed medicine return regulations that would allow for the disposal of unused medicine by mail at no charge. While we appreciate the understanding that the cost of postage may be a factor for some, just the idea of medications in mail boxes is troubling. Our belief is this option would possibly increase access to medications by having them available in mail boxes that are already seen as an opportunity for theft.

We completely support finding easier ways for disposal of unused medications. However, the option of mail boxes where most are unsecured is a troubling one that likely would be counter productive. With thousands of cases nationwide of mail theft, it does not seem worth the risk to our community.

Thank you again for reaching out to us. We are hopeful this feedback is helpful to you and the Board as you problem solve this growing problem.

Sincerely,

Aaron Leavell, Ed.D.
Superintendent

/pg