

KITSAP PUBLIC HEALTH BOARD - AGENDA

May 2, 2017

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

Norm Dicks Government Center, First Floor Chambers
Bremerton, Washington

- | | | |
|-----------|----|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1:45 p.m. | 1. | Call to Order
<i>Commissioner Ed Wolfe, Chair</i> |
| 1:46 p.m. | 2. | Review and Approval of Agenda
<i>Commissioner Ed Wolfe, Chair</i> |
| 1:47 p.m. | 3. | Approval of April 4, 2017 Meeting Minutes
<i>Commissioner Ed Wolfe, Chair</i> |
| 1:50 p.m. | 4. | Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report
<i>Commissioner Ed Wolfe, Chair</i> |
| 1:55 p.m. | 5. | Public Concerns/Comments
<i>Commissioner Ed Wolfe, Chair</i> |
| 2:05 p.m. | 6. | Health Officer and Administrator Reports
<i>Dr. Susan Turner and Keith Grellner</i> |

INFORMATION/DISCUSSION ITEMS:

- | | | |
|-----------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2:15 p.m. | 7. | HIV/AIDS Program and Medical Case Management in Kitsap County
<i>Katie Eilers, Community Health Director</i>
<i>Betti Ridge, HIV/AIDS Medical Case Manager / Program Supervisor</i> |
| 2:40 p.m. | 8. | Secure Medicine Return Program – Implementation Update
<i>John Kiess, Environmental Health Director</i> |
| 2:45 p.m. | 9. | Executive Session: Pursuant to RCW 42.30.110(1)(f), to Receive and Evaluate Complaints or Charges Brought Against a Public Officer or Employee |
| 3:00 p.m. | 10. | Adjourn |

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
April 4, 2017**

The meeting was called to order by Board Chair, Commissioner Ed Wolfe at 1:45 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Rob Gelder moved and Mayor Becky Erickson seconded the motion to approve the minutes for the March 7, 2017, regular meeting. The motion was approved unanimously. Mayor Rob Putaansuu abstained because he was absent from the March 7, 2017 meeting.

CONSENT AGENDA

The April consent agenda included the following contracts:

- 1316 Amendment 13, *Washington State Department of Health, 2015-2017 Consolidated Contract*

Mayor Erickson 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

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided two updates to the board. First, she mentioned that flu season is waning, though influenza-like illness (ILI) visits to the emergency department continue, and the county has not yet returned to baseline.

Second, Dr. Turner mentioned that the Community Health Rankings (CHR) Report was released by the Robert Wood Johnson Foundation in conjunction with the University of Wisconsin. The CHR model shows the many factors that contribute to health outcomes and allows comparison to other counties across the state and country. Kitsap County is ranked 10th for health outcomes among all WA counties. Dr. Turner noted that Kitsap County's access to health care services is high compared to other WA counties. Dr. Turner also noted the areas of concern still include low birthweight, adult smoking, adult obesity, and rate of sexually transmitted infections (STIs).

She also pointed out that the CHR does not highlight the following concerns that are highlighted by the Health District's Indicators report:

- babies are increasingly being born into poverty,
- increasing rates of child poverty,
- high ACEs scores among clients of nurse home visiting programs,
- late prenatal care, especially among women on Medicaid, and the trend is getting worse
- too many pregnant women are still smoking,
- increasing gestational diabetes, and
- low toddler immunization rates.

Dr. Turner concluded that the CHR provides a wonderful communication tool to remind us that there is more to health than healthcare and that we can influence health proactively at multiple points. Additionally, it provides another perspective to our process to ensure nothing is missed.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the Board with legislative updates regarding Foundational Public Health Services (FPHS) HB 1432, which is still moving forward. The Governor included \$25 million in his proposal as a down-payment for FPHS, the Senate budget contained no funding for FPHS, and the House budget included \$40 million. Health District staff have actively supported this bill, and Mr. Grellner recognized Secretary of Health John Wiesman and the Snohomish Health District for leading the state public health system in this effort.

Mr. Grellner also informed the board that King County, the largest health jurisdiction in the state, currently has several disease outbreaks and an antivirus illness. King County has been seeking help from other local health jurisdictions (LHJs). A few years ago, a statewide mutual aid agreement was created between all 35 LHJs in Washington State, which encouraged an LHJ to seek help from other LHJs in the event of an outbreak. King County has reached out to Snohomish, Pierce and Kitsap Counties for help, but due to lack of resources, none of the LHJs could offer help. Mr. Grellner explained that funding for FPHS from HB 1432 would greatly benefit public health and the ability to assist other LHJs in need.

Next, Mr. Grellner provided the Board with an update regarding two Onsite Sewage Systems (OSS) bills, SB 5281, which would have prohibited conditioning septic permits with a maintenance contract, and HB 1476, which would have added additional unfunded state mandates. The Health District opposed both bills. Neither bill appears to be moving forward during the regular session. A third OSS bill, HB 1503, is still alive and specifies that counties shall not prohibit the allowance of homeowner self-inspections of their OSS if the person has met the local certification requirements for inspection. The Health District is neutral on this bill as our local rules already allow for certification of homeowners to do their own inspections and maintenance.

Mr. Grellner also noted that the House budget proposal maintains County Public Health Assistance Account funding at 2015-2017 levels of \$72.8 million. The Senate budget also proposes to maintain funding levels, but included a proviso that counties that provide safe injection sites will not receive funding. This funding comes out of the general state fund. Kitsap Public Health District receives nearly \$1 million a year from this account, most of which funds community health division programs.

A few additional updates included bills regarding Tobacco to 21 and taxing of vapor products, which are both still alive, and SB 5248 regarding opioids and prescription monitoring which is hopeful to pass. Lastly, concerning legislative updates, Mr. Grellner informed the Board that the Model Toxics Control Accounts funding remains desperate because of past legislative cuts and the drop in price of oil. Kitsap Public Health District receives about \$300k a year to support its Solid and Hazardous Waste program. He noted that reductions in this funding will adversely affect the District's ability to address hazardous waste sites, provide hazardous waste handling assistance to local businesses and clean-up of illegal drug labs.

Mr. Grellner informed the Board that the Health District continues to receive word from the National Association of County and City Health Officials (NACCHO) that the president intends to cut some funding streams to state and locals associated with the Center for Disease Control (CDC). The Public Health Fund and Public Health Emergency Preparedness Program Fund have both reportedly been targeted for cuts. Mr. Grellner encouraged Board members to reach out to congressional delegates to oppose these cuts. Kitsap Public Health District receives about \$850k a year through these federal funds to support emergency planning, chronic disease prevention, Medicaid expansion/navigator, and breast and cervical health programs.

On March 11, Mr. Grellner attended two town hall meetings held by Senator Rolfes and Representative Hansen. At these meetings, Mr. Grellner answered questions concerning Kitsap's response to the Seattle West Point Treatment Plant Spill in February. Since that time, the Health District has made an agreement with King County Public Works to share notifications concerning future sewage spills. The Health District has also updated their website with respect to health advisories related to sewage spills based on feedback received from the public and Senator Rolfes.

Mr. Grellner noted some recent press including a positive Kitsap Sun Editorial Board Opinion piece regarding FPHS, a Kitsap Sun story about the Health District's 2016 Water Quality Report, and a story from radio station KNKX regarding the Health District's solid waste staff and the removal and remediation of the Gorst Creek Landfill Site.

Additionally, Mr. Grellner noted the March 15th Kitsap Community Health Priorities Annual Summit at the Kitsap Convention Center went very well and thanked Commissioner Gelder and Mayors Becky Erickson and Patty Lent for attending.

Next, Mr. Grellner reminded the Board that the regularly scheduled July Board meeting falls on a holiday and needs to be rescheduled. Mayor Putaansuu moved and Mayor Erickson seconded the motion to reschedule the July meeting to Tuesday, July 11, from 1:45p.m. to 3:00 p.m. and

cancel the August Board meeting. The motion was approved unanimously. The Board schedule will be updated accordingly.

Lastly, Mr. Grellner noted that with the departures and retirements of several staff, the Health District has lost over 140 years of leadership experience since June 2016. To address this and other changes, On Friday, April 28, the Health District would be closed at noon to hold its first All Staff Meeting of the year. The Health District has a public notification plan for this closure.

Mr. Grellner also noted that Bremerton Water is celebrating its 100th Birthday. Mayor Lent commented that an exhibit at the Kitsap Historical Museum highlighting Bremerton's water history is open through September.

Commissioner Wolfe asked for an update on the Seattle West Point Treatment Plant Spill and how it affects Kitsap County. Mr. Grellner explained that the main spill occurred on February 9th. On February 16th, the West Point Treatment Plant was able to capture all the wastewater and reroute it through its normal deep water outflow. They are not yet attaining full secondary treatment, but are achieving primary treatment with disinfection. The Health District lifted its public health advisory on February 21 and the Seattle West Point Treatment Plant intends to have the plant running at full capacity by the end of this month. At this time, there are no active health advisories for Kitsap County related to this spill.

There was no further comment.

FOOD INSECURITY NUTRITION INCENTIVE (FINI) GRANT

Yolanda Fong, Community Health Assistant Director, applauded the City of Port Orchard and Mayor Putaansuu for the Get Fit Port Orchard event on May 6th and commented that the Chronic Disease Prevention team at the Health District is excited to see opportunities for physical activity in our community.

Next, Ms. Fong introduced Crystal Nuno, Built Environment Specialist in the Chronic Disease Prevention program. Ms. Nuno explained that "built environment" is a combination of environmental health and community health and presented a PowerPoint to the Board about the (Food Insecurity Nutrition Incentive) FINI program at local farmers markets.

The FINI Program helps families access fresh, local food. Several Kitsap, Jefferson, Clallam and North Mason farmers markets participate in this program, which is funded by the National Institute of Food and Agriculture of the U.S. Department of Agriculture (USDA) through a grant awarded to the Washington State Department of Health. The Health District is a partner in this work and will be the new lead implementing agency for the region. Ms. Nuno estimated Kitsap County's funding amount to be about \$300 thousand, though the exact amount will be shared with the Board once the contract is finalized. Washington is one of eight states selected to participate in this four-year grant. However, the grant was extended to five years and is currently in year three.

The presentation provided an overview of the FINI grant project and explained how it will make it easier for recipients of Supplemental Nutrition Assistance Program (SNAP) benefits to afford more fresh fruits and vegetables by purchasing these locally grown and healthy foods at participating farmers markets. The Health District intends to survey participants of the program to identify the barriers for SNAP recipients accessing fresh fruits and vegetables.

There are three types of SNAP incentive programs: farmers market match, fruit and vegetable prescriptions, and discounts at participating Safeway stores. Ms. Nuno's presentation focused on the farmers market match, which is an incentive provided to SNAP recipients at the point of purchase, in the form of Fresh Bucks. SNAP recipients receive a two dollar incentive for every five dollars spent at the farmers market. A little over \$1 million in Fresh Bucks was used at markets across the state last year.

Commissioner Gelder asked what happens to the program when the grant funding disappears. Ms. Nuno said she believes this is a trial period and will hopefully be available to other states in time, and is dependent on USDA funding. Ms. Fong explained that the Health District will be building a more sustainable plan along the way and mentioned Jefferson County's successful program prior to Fresh Bucks. Commissioner Gelder agreed that creating a sustainable plan is essential, and noted that Kitsap is larger than Jefferson County and may require a different approach.

Mayor Lent commented that local parks and high schools have gardens that donate fresh produce to the food bank and farmers market, which is another way to contribute to a program like this. Mayor Erickson suggested partnering with Master Gardeners as well. Ms. Fong noted that the Health District currently partners with the Washington State University Extension.

There was no further comment.

2016 WATER QUALITY ANNUAL REPORT

Mr. John Kiess, Environmental Health Director, approached the Board regarding the 2016 Water Quality Annual Report. Each year, the Health District's Pollution Identification and Correction Program (PIC) releases an annual report summarizing the previous year's water quality monitoring and clean-up work results. The 2016 Annual Water Quality Report has recently been completed and is being released this week. A copy of the report is available on the Health District's website.

Mr. Kiess introduced Shawn Ultican, Senior Environmental Health Specialist, to present the background and notable findings of the 2016 Annual Water Quality Report.

Most the Health District's water quality monitoring and clean-up work is funded through Clean Water Kitsap, Kitsap County's storm water utility, along with supplemental funds through temporary federal and state grants.

The report included but was not limited to the following:

- The number of streams with Public Health Advisories due to extremely elevated fecal coliform bacteria (FC) trends during summer months has decreased from seven (7) in 2015 to five (5) in 2016;
- 30 of 65 (46%) streams met the FC standards in 2016, an improvement over 2015 when 22 of 60 (37%) of streams met the FC standards;
- 100% (60 of 60) marine water stations met standard; and
- Water quality clean-up projects that were completed by the end of 2016* resulted in 1,096 pollution source tracking inspections, and 123 of 125 (98%) confirmed pollution sources were corrected. (*Note: Clean-up projects may extend over more than one calendar year)

Commissioner Charlotte Garrido commented that this is a remarkable program. Commissioner Wolfe noted that the PIC program is one of the most successful programs in the county and applauded the PIC staff for their work.

Mayor Lent asked if the Health District has walked every inch of Kitsap's shoreline. Mr. Ultican clarified that the Health District has surveyed about 150 of 228 miles of shoreline. The areas that have not been surveyed are heavily forested and difficult to access.

Commissioner Gelder asked Mr. Ultican to address gaps on the map of service areas. Mr. Ultican explained that many of the gaps on the map are either military bases, tribal lands, or remote access areas. Additionally, some areas are dependent on funding. If the PIC program can't get funding for an area, then they can't pay for work to be completed there.

Mayor Erickson commented that the cities have also contributed a lot of money and effort to the water cleanup of the county.

Lastly, Mr. Kiess asked the PIC program staff present to stand for recognition.

There was no further comment.

PROPOSED UPDATES AND CHANGES TO HEALTH BOARD ORDINANCE 1999-6, RULES AND REGULATIONS FOR PRIVATE AND PUBLIC WATER SUPPLIES – STATUS UPDATE

Mr. John Kiess, Environmental Health Director, approached the Board regarding updates and changes to the existing Health Board drinking water regulations, Ordinance 1999-6, Rules and Regulations for Private and Public Water Supplies.

Since the March Board meeting, a public listening session was held on March 16, 2017, and the Health District continued to solicit comments about these proposed regulatory changes via mail and through the Health District's electronic notification system. Comments on the proposed ordinance were welcomed and accepted through the Health District website, phone, email, or regular mail.

The Health District has received over 75 comments covering a range of topics, and is in the process of preparing a responsiveness summary. Input received so far has been around fee structure, fee equity, and how will 'good players' be rewarded. Additionally, concerns were expressed that the program is not necessary and is an intrusion. The Real Estate community, some Group B water systems, water system purveyors, and satellite management agencies (SMAs) are supportive.

Many of the services provided by the Health District since the ordinance was first established in 1991 have been cut or reduced due to lack of funding. The Health District feels that these services are important and developed the proposed ordinance changes with these services in mind.

Based on the comments received to date, Mr. Kiess believes that some changes to the draft ordinance revision may need to be considered, and that the Health District needs to improve its messaging behind some of the proposed changes before a final draft ordinance revision is brought before the full Board for a public hearing.

Mr. Kiess requested the Board's input concerning whether the Health District should continue to work its proposal through the full Board, or whether it should work the revised proposal and responsiveness summary through the Policy Committee, first, prior to bringing the draft ordinance back to the full Board for consideration.

Mayor Lent stressed the importance of clean water and requested the convening of the Policy Committee to sift through the details and consider all public input to create a program that works for everyone.

Mayor Erickson noted that there are no Group B water systems within Poulsbo city limits, and commented that she agrees with Mayor Lent that the Policy Committee should be convened. She also commented that there should be an incentive for good behavior, while also maintaining a revenue stream.

Commissioner Wolfe asked Mr. Kiess if a draft ordinance is in the works. Mr. Kiess explained that the Health District created a draft ordinance at the beginning of this process that aimed to restore services to a more operational level. However, the Health District would like to consider the Board's comments before bringing forward a final draft.

Commissioner Wolfe asked Mr. Kiess if the Health District thinks this is a public safety matter. Mr. Kiess said the Health District believes that the level of service it currently offers is not protective of public health.

Mayor Putaansuu noted that there aren't any Group B water systems in Port Orchard, and as far as he's aware, no Group B water system managers have requested this. He asked for the commissioners' input because this mostly affects their constituents, and said he has mixed feelings about the proposed changes.

Mayor Lent requested a map or list of which cities have Group B water systems, and how many they have. Mr. Kiess confirmed that he would share this list with the Board.

Mr. Kiess commented that the existing ordinance from 1999 is outdated and needs to be updated to meet county code with the coordinated water system plan, in addition to meeting state rule for Group B Washington Administrative Code (WAC). He stressed the importance of taking action to revise the ordinance in some way, because it does not currently meet state and county requirements.

Commissioner Gelder commented that he supports bringing this issue to the policy committee and requested that the Health District schedule a sufficient amount of time to discuss the issue. He also requested a summary of comments. Mr. Kiess responded that the Health District hopes to have a summary of comments in the next week or two. He also plans to provide the committee with fee analysis, inspection rates, and lessons learned to help shape the process. Commissioner Gelder also asked that the Health District differentiate between what must be done to meet compliance with the county and state, and what is discretionary. Mr. Kiess agreed.

Councilperson Sarah Blossom noted that Bainbridge Island has several Group B water systems. She commented that it is difficult to provide input when there is nothing to react to, and said she would need to see a draft ordinance to provide input. She also commented that it seems like the ultimate goal is to protect the water source, and believes that incentivizing protections is necessary, instead of just collecting fees. Mr. Kiess responded that he understood and provided a brief overview of the changes that have been proposed so far, and explained the need for fees to cover administrative costs of overseeing small water systems. Councilperson Blossom also recommended incentivizing water system managers to switch to SMAs. Mr. Kiess agreed that it could be an option, but also noted that many homeowners are running their water systems correctly and should be rewarded for compliance.

Commissioner Gelder asked how many people attended the listening sessions. Mr. Kiess responded that over 65 people attended the listening sessions, and over 75 written comments have been received to date.

Mayor Erickson commented that it is important find a system to reward the homeowners who are meeting compliance, and find a better way to monitor and keep water safe.

Commissioner Wolfe confirmed that the Board preferred this issue to go to the policy committee for review. He asked the Health District to provide information regarding who, where, fees, and the comments and concerns.

There was no further comment.

ADJOURN

There was no further business; the meeting adjourned at 3:02 p.m.

Ed Wolfe
Kitsap Public Health Board

Keith Grellner
Administrator

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

Community Members Present: Charles Anderson, *Collins Water*; Mia Beattie, *Self*; David Ellingson, *Self*; Monte Levine, *Self*; Jon Rose, *Collins Water*; Tad Sooter, *Kitsap Sun*.

Staff Present:

Karen Bevers, *Public Information Officer*; Dana Bierman, *Community Liaison, Chronic Disease Prevention*; Karen Boysen-Knapp, *Community Liaison, Chronic Disease Prevention*; Yolanda Fong, *Assistant Director, Community Health*; Keith Grellner, *Administrator*; John Kiess, *Director, Environmental Health*; Angie Larrabee, *Confidential Secretary, Administration*; Martha Lefebvre, *AmeriCorps VISTA*; Maya McKenzie, *Epidemiologist 1, Assessment and Epidemiology*; Crystal Nuno, *Environmental Health Specialist 1, Chronic Disease Prevention*; Susan Turner, MD, *Health Officer*; Jim Zimny, *Program Manager, Food and Living Environment*.

MEMO

To: Kitsap Public Health Board

From: Susan Turner MD, MPH, MS, Health Officer

Date: May 2, 2017

Re: Homes for All Leadership Group - Update

Homelessness and insufficient affordable housing are relevant to public health because of the associations of poverty and homelessness with poor health outcomes, namely communicable and chronic diseases. Decreasing communicable and chronic diseases are strategic priorities of the Health District (see Initiatives 1 and 2 of our [Amended 2011-2021 Strategic Plan](#)). Additionally, the Kitsap County Health Priorities (KCHP – see <http://www.kitsapchp.com/>), a community health improvement initiative sponsored by the Health District, Harrison Medical Center, United Way of Kitsap County, Kitsap Community Foundation, and Kitsap County, has prioritized reduction of homelessness and increased access to affordable housing.

The Health District is actively involved to help reduce homelessness in several ways, including providing backbone support to Kitsap Connect; spearheading efforts to establish medical respite housing; participating in community housing partnerships related to housing resources such as Housing First options, Kitsap Community Resources, Kitsap Continuum of Care Coalition, and others; participating in the 2017 Point in Time count; and actively assisting homeless clients to find shelter through our Nurse Family Partnership and Parent Child Health programs.

The Kitsap Homelessness Workshop in June of 2016 resulted in a call for a group of policy makers and leaders to improve policy and innovations to decrease homelessness and increase access to affordable homes in Kitsap County. The Health District has added participation in this group as another strategy to address these priorities and help improve the health of the community. During my Health Officer Report at today's meeting, I will provide an update on the work of that group, now called the Homes for All Leadership Group.

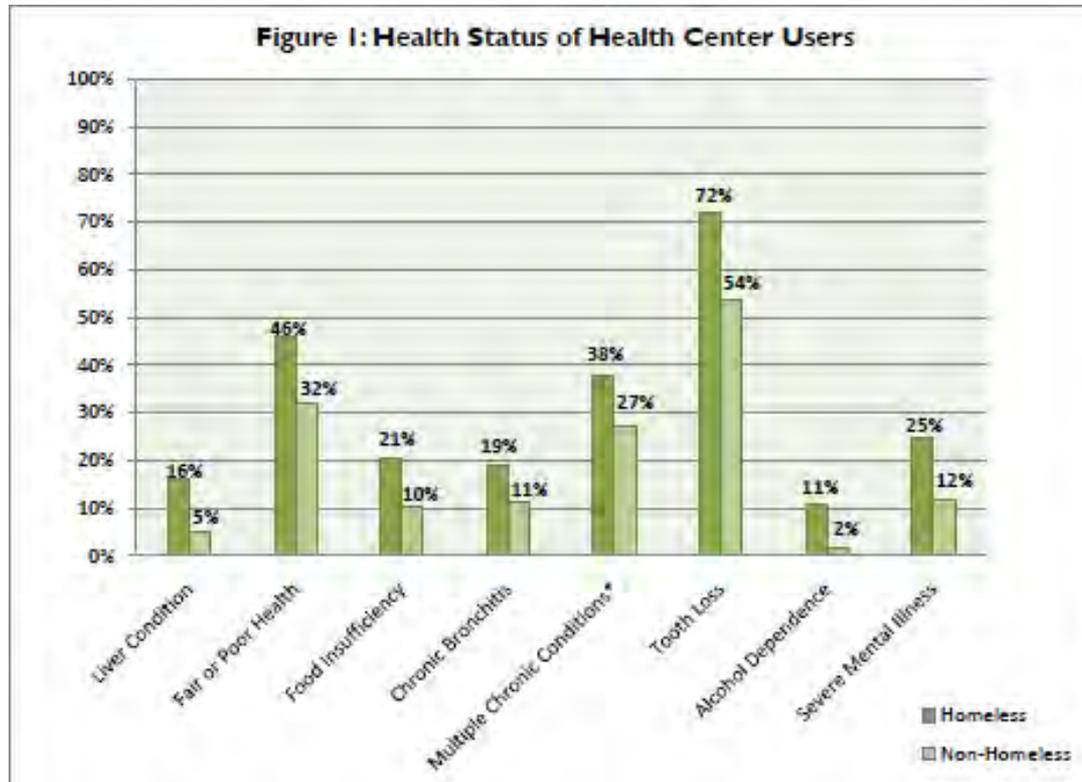
Update: Homes for All Leadership Group

Susan Turner MD, MPH, MS
Health Officer



KITSAP PUBLIC HEALTH DISTRICT

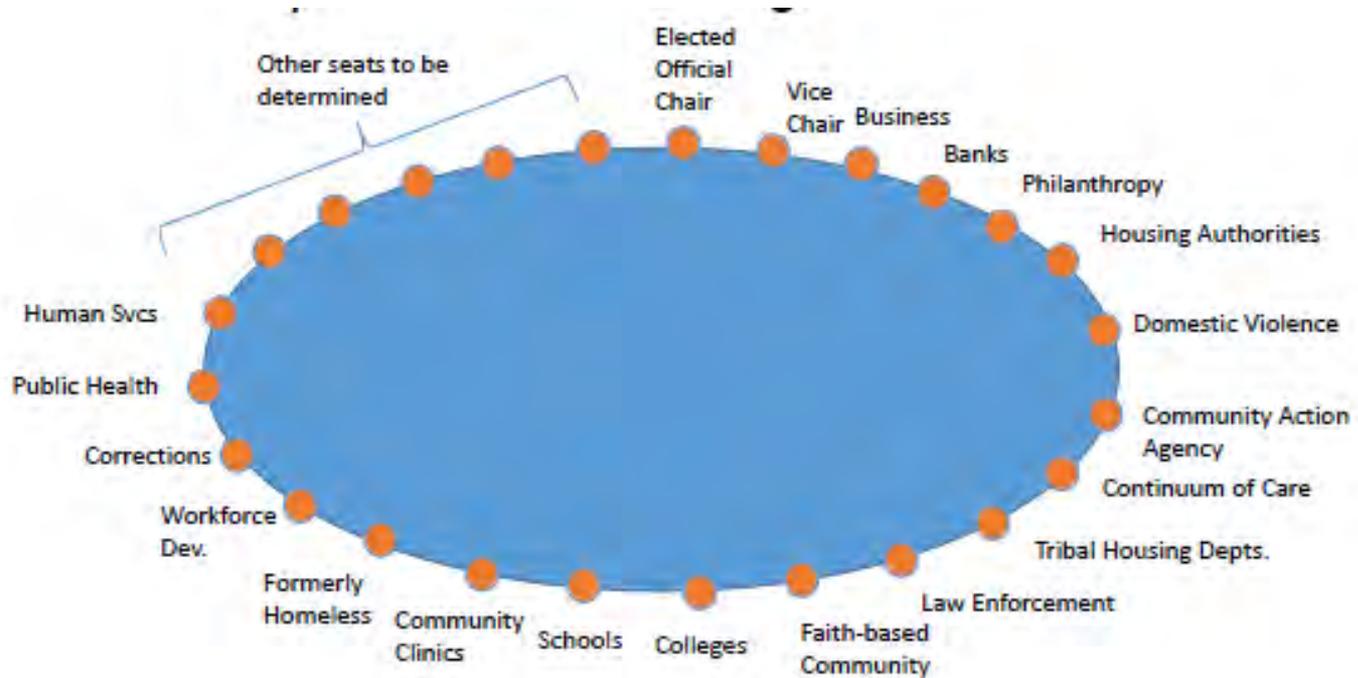
Homeless Individuals have High Rates of Acute and Chronic Illness



https://www.nhchc.org/wp-content/uploads/2011/09/HIn_health_factsheet_Jan10.pdf



Homes for All Leadership Group



Homes for All Leadership Now, April 2017

- Co-sponsored by Cities of Bremerton, Poulsbo, Bainbridge Island and Port Orchard, with Suquamish Tribe and Kitsap County—2nd Tuesdays Salv. Army
- Goals:
 - Housing First project for 2-10 people
 - Alternative housing modules for 20 people
- Four subcommittees working between meetings:
 - Affordable housing
 - Data
 - Regulation
 - Funding
- Multiple presentations of alternative housing options used in other areas
 - Boarding Houses
 - Tiny House Villages
 - Multi-module building projects



Accomplishments

- Transitory Accommodation Code Passed
- Matrix of homeless housing gaps completed
- Map: poverty/social services/transit in process
- Public forums on homelessness Saturday April 22, and Thursday May 25
- Last meeting produced commitments to:
 - Build and display three tiny houses by mid-summer to raise community buy-in and interest in support
 - Focus United Way Great Give and Day of Sharing on funding/building tiny houses
 - Provide/find property for tiny home villages in three areas of Kitsap





Save the Date

You are invited to a

**Kitsap
Veteran
Homelessness
Symposium**

Thursday, May 25, 2017
8:30am – 3:00pm *(times are tentative)*
Bremerton, WA

Registration information will be available in late April at:
<http://www.kitsapgov.com/hs/housing/veteransinitiative.htm>

The Kitsap Homes for All Who Served Leadership Group and its community partners invite you to a symposium on veteran homelessness to celebrate success and discuss next steps to ensure homes for all veterans. Let's end veteran homelessness together!

Who is invited? Everyone with an interest in this topic!

- Elected Officials
- Interested Citizens
- Veterans
- Veteran Housing Providers
- Landlords
- Property Managers
- Veteran Service Organizations
- Social Service Providers
- Government Agencies



For Information about the Health District's role on
Homes for All Leadership Group, please contact:

Susan Turner MD, MPH, MS, Health Officer
Kitsap Public Health District

360-728-2250

Susan.turner@kitsappublichealth.org



MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: May 2, 2017

Re: Group B Water Systems by Jurisdiction

During our discussion concerning the draft revised drinking water regulations at the April 4, 2017, Health Board meeting, Mayor Lent requested a map of the number of Group B water systems by jurisdiction.

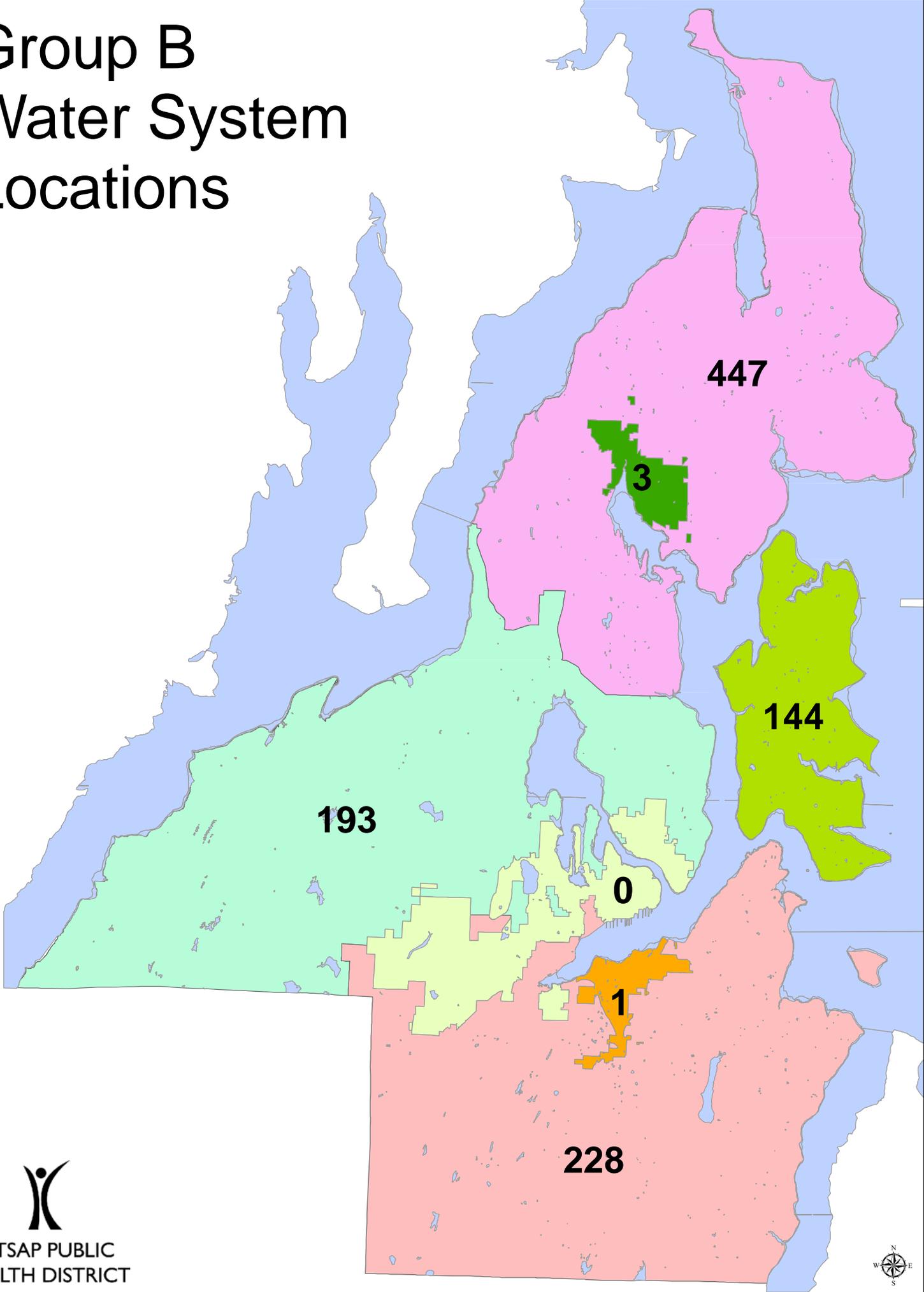
Please find attached for your information a map of the number of Group B water systems by jurisdiction.

If you have any questions, please let me know.

Attachment:

Map of Group B water systems by jurisdiction

Group B Water System Locations



MEMO

To: Kitsap Public Health Board

From: Betti Ridge, HIV/AIDS Medical Case Manager/Supervisor

Date: May 2, 2017

Re: HIV Medical Case Management Kitsap County

The World Health Organization (WHO) has established a goal of ensuring that 90% of all persons infected with HIV know of their infection, that 90% of diagnosed persons are on antiretroviral therapy (ART), and that 90% of those on ART are virally suppressed. If each of these objectives is met, 73% of all HIV-infected persons – 81% of all HIV diagnosed persons - will be suppressed. Closely related to this international objective, the U.S. National HIV/AIDS Strategy (NHAS) has established the following goals: 1) reduce new HIV infections, 2) improve health care access and HIV-related health outcomes, and 3) reduce HIV-related disparities.

HIV/AIDS prevention is a strategic priority under Initiative 1 in the Health District's [Amended 2011-2021 Strategic Plan](#).

At today's meeting the HIV Case Management Team will present the history of HIV Case Management in Kitsap County and how case management is working to meet the goals set forth by WHO, NHAS, and our Strategic Plan including the following:

- History of case management in Kitsap County, including epidemiology of the disease and progress toward achieving the goals of the NHAS and WHO objectives.
- History and epidemiology of Clallam and Jefferson Counties
- HIV Case Management including Washington State Case Management Standards and process for engagement and retention in care, acuity levels and services available.
- Madison Clinic/Kitsap Satellite. This was the first clinic of its kind in Washington State made available to serve HIV/AIDS clients across the Sound who would need to spend hours traveling to Seattle to obtain specialty care due prior lack of that care here.

Recommended Action

None – informational only.

Please contact me at (360) 728-2242, or betty.ridge@kitsappublichealth.org with any questions or comments.

HIV Program

Betti Ridge, MA, LMHC, CCTP
Medical Case Manager/Supervisor
Kitsap Public Health Board
May 2, 2017



KITSAP PUBLIC HEALTH DISTRICT

History of HIV Case Management in Kitsap County

- ❖ HIV Case Management Began in 1988
- ❖ 593 Clients were served 1988-2017, 86 died during those years
- ❖ Awarded Mason County Contract 2015
- ❖ Awarded Contract for Clallam/Jefferson 2017



New HIV Cases in Kitsap and WA, 1981-2015

Location	Cumulative Diagnoses 1981 – 2015 #, (%)
Kitsap Co.	352 (2%)
WA State	20,444 (100%)



New HIV Cases in Kitsap and WA, 2010-2015

Location	2010	2011	2012	2013	2014	2015	2010-15 Total # (%)	2010-15 Rate per 100,000	% Late Diagnosis (2010-15)
Kitsap Co.	2	6	11	7	6	9	39 (2%)	3.1	--
WA State	557	495	510	457	443	446	2,351 (100%)	6.8	32%



People Living with Diagnosed HIV, Kitsap County and Washington State*

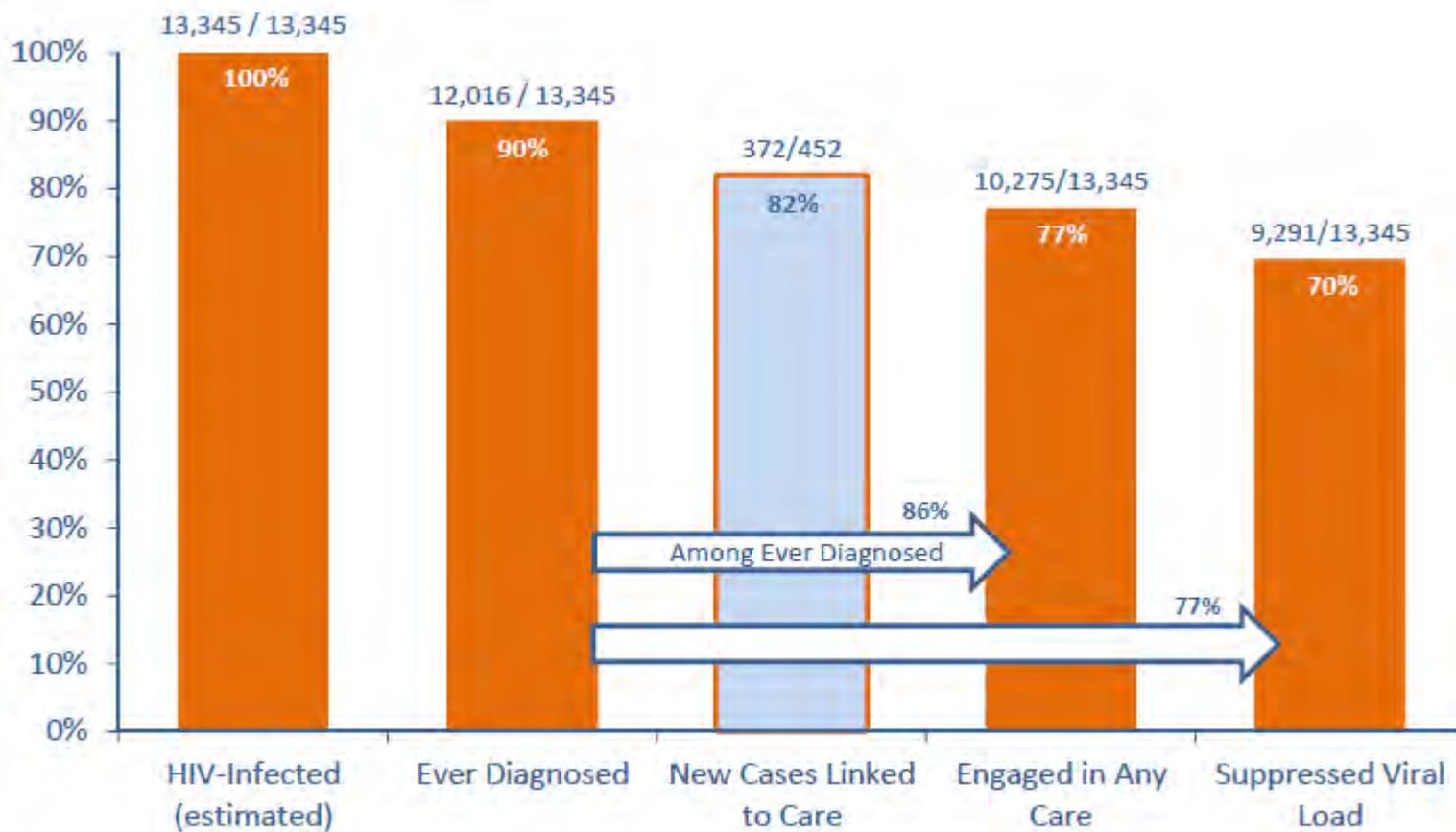
Location	HIV (<i>not</i> AIDS)			AIDS			All Cases of HIV Disease		
	#	%	Rate [^]	#	%	Rate [^]	#	%	Rate [^]
Kitsap Co.	123	2%	48.1	168	2%	65.7	291	2%	113.7
WA State	5,647	100%	81	6,935	100%	99.5	12,582	100%	180.6

* Data reflect surveillance data reported to WA DOH as of December 31, 2015

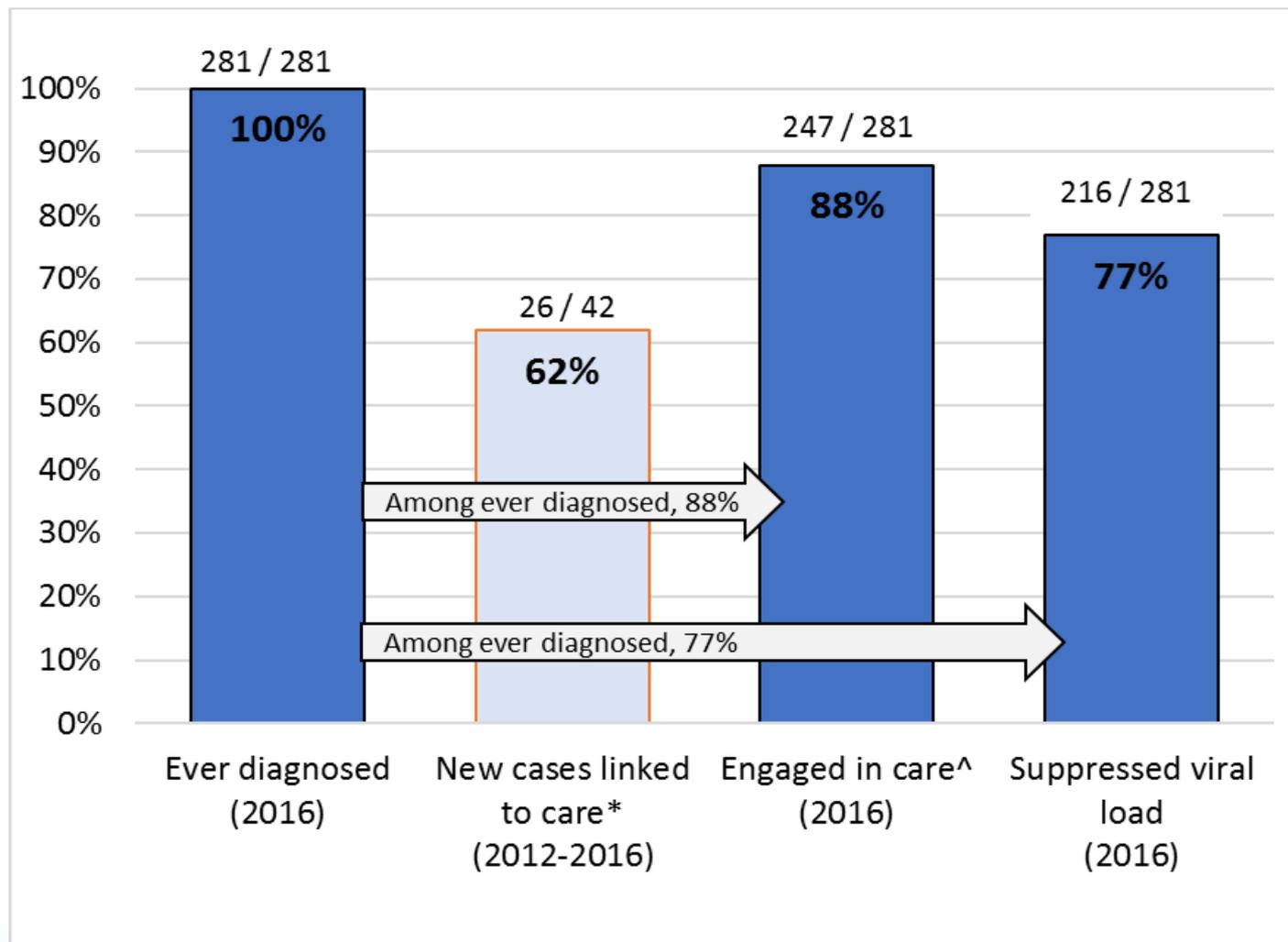
[^] Rates are per 100,000 people



HIV Care Continuum



HIV Care Continuum, Kitsap County, 2016



* Based on only newly diagnosed cases; due to small numbers of new diagnoses per year must use estimate based upon an aggregate of several years worth of data.

^ Defined as having 1 or more visit in last 6 months



History of Clallam and Jefferson Counties Case Management Program

Barbara Ward, BA
Social Worker 1
Kitsap Public Health Board
May 2, 2017



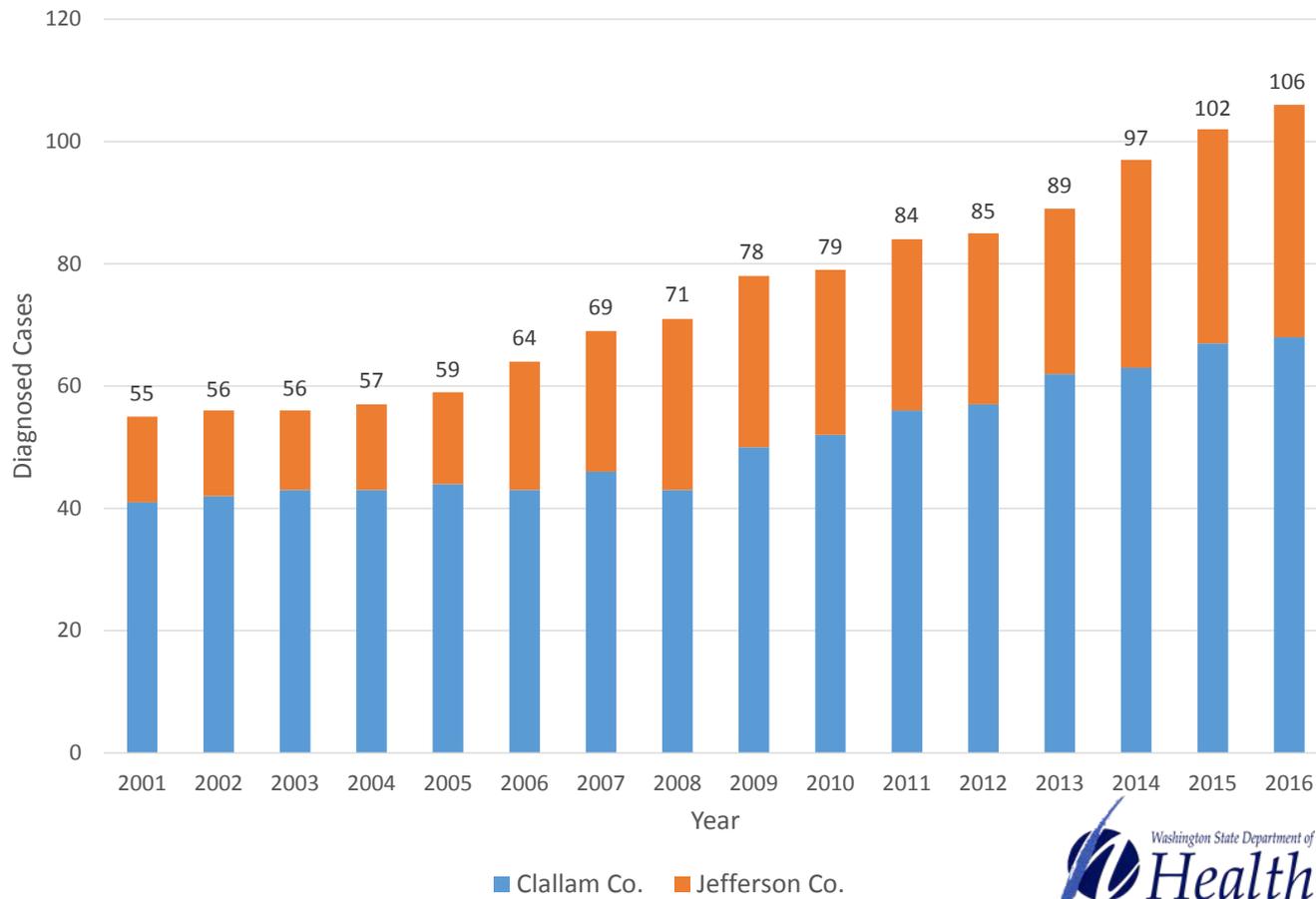
KITSAP PUBLIC HEALTH DISTRICT

Transition case management from non-profit to the Health Department

Non profit organization – CLASP – (Clallam County AIDS Services Project) failed over a period of time due to members leaving the area.



People Living with HIV Infection in Clallam Co. and Jefferson Co., 2001-2016



Counts based on HIV surveillance data reported to the Washington State Department of Health as of March 31, 2017



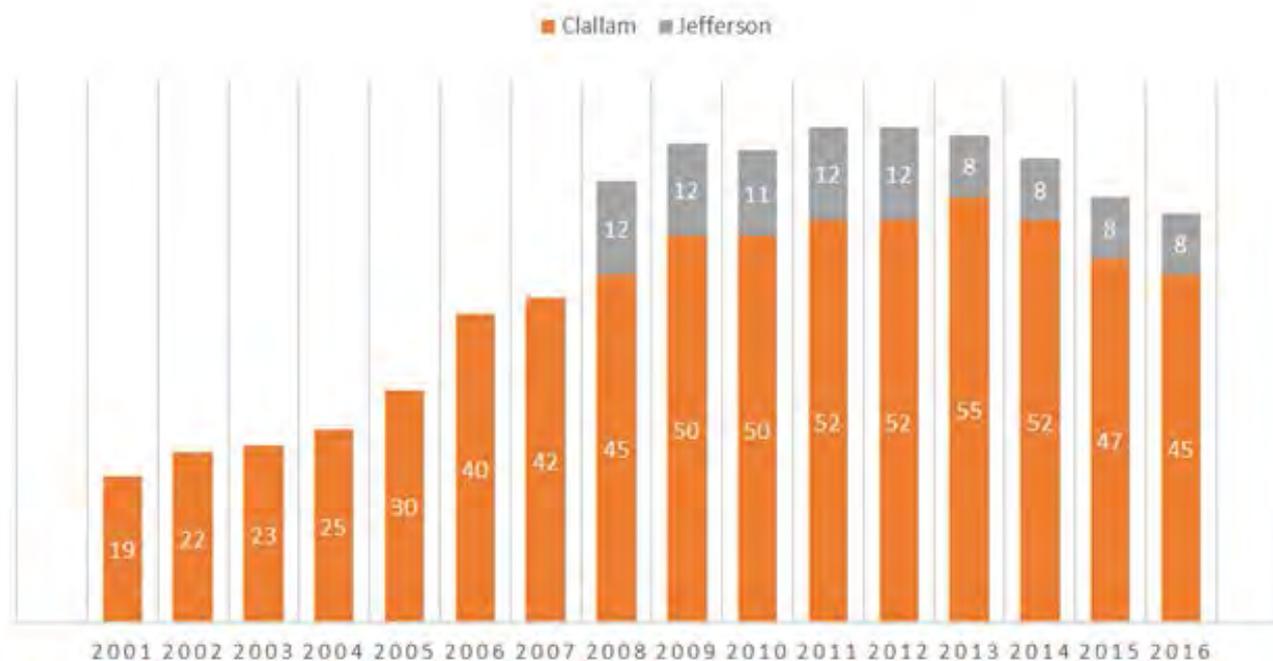
Case Management

Kaela Moontree, BA
Social Worker 1
Kitsap Public Health Board
May 2, 2017



KITSAP PUBLIC HEALTH DISTRICT

Case managed clients in Jefferson and Clallam Counties



What is HIV Case Management?

“Case managers assist clients in addressing barriers while providing services that are flexible to the client’s current medical and social needs. Medical Case Management reflects a philosophy that affirms a client’s right to privacy, confidentiality, respect, nondiscrimination, dignity and self-determination.”



What is HIV Case Management?

- The goal of case management is to help clients gain & maintain access to primary medical care and treatment.
- Case managers play a vital role in helping clients navigate and access HIV/AIDS care.



Statewide Standards for HIV Medical Case Management

- Policies and Procedures
- Personnel
- Client Intake and Eligibility
- Comprehensive Assessment
- Individual Service Plan (ISP)
- Service Plan Implementation
- Transition and Discharge

Statewide standards apply to programs providing Ryan White or Title XIX targeted HIV case management Services. Standards establish minimum requirements for agencies in Washington State provide case management.



Overall Objectives of Medical Case Management

- Provide linkage to high quality of care through case managers
- Gather information to assess and determine each client's needs
- Develop and implement a service plan



Individual Service Plan

16 Domains addressed in Case Management

- Clinical/Medical
- Treatment/Medication Adherence
- Basic Necessities/ADL
- Insurance Benefits
- Mental Health/Psychosocial
- Substance/Alcohol Use
- Housing/Living Situation
- Support System
- Employment Financial
- Transportation
- Legal Needs
- Cultural/Linguistic
- Self-Efficacy
- HIV Education/Prevention
- Referral Needs
- Other



Individual Service Plan

Individualized Service Plan (ISP)				
Client Name:			Client ID	Date
Indicated Needs	Start Date	Completion Date	Person Responsible for Action	Activity Commitment/Goal
1	Clinical/Medical			
2	Treatment/Medication Adherence			
3	Basic Necessities/ADL			
4	Insurance Benefits			
5	Mental Health/Psychosocial			
6	Substance/Alcohol Use			
7	Housing/Living Situation			
8	Support System			
9	Employment Financial			
10	Transportation			
11	Legal Needs			
12	Cultural/Linguistic			
13	Self-Efficacy			
14	HIV Education/Prevention			
15	Referral Needs			
16	Other			
Comments (Additional space provided on the back of this form)				
Client Signature			Date	Client was offered a copy of ISP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Manager Signature			Date	



Madison Clinic

Lisa Linden, MA, ATR-BC
Social Worker 2
Kitsap Public Health Board
May 2, 2017



KITSAP PUBLIC HEALTH DISTRICT

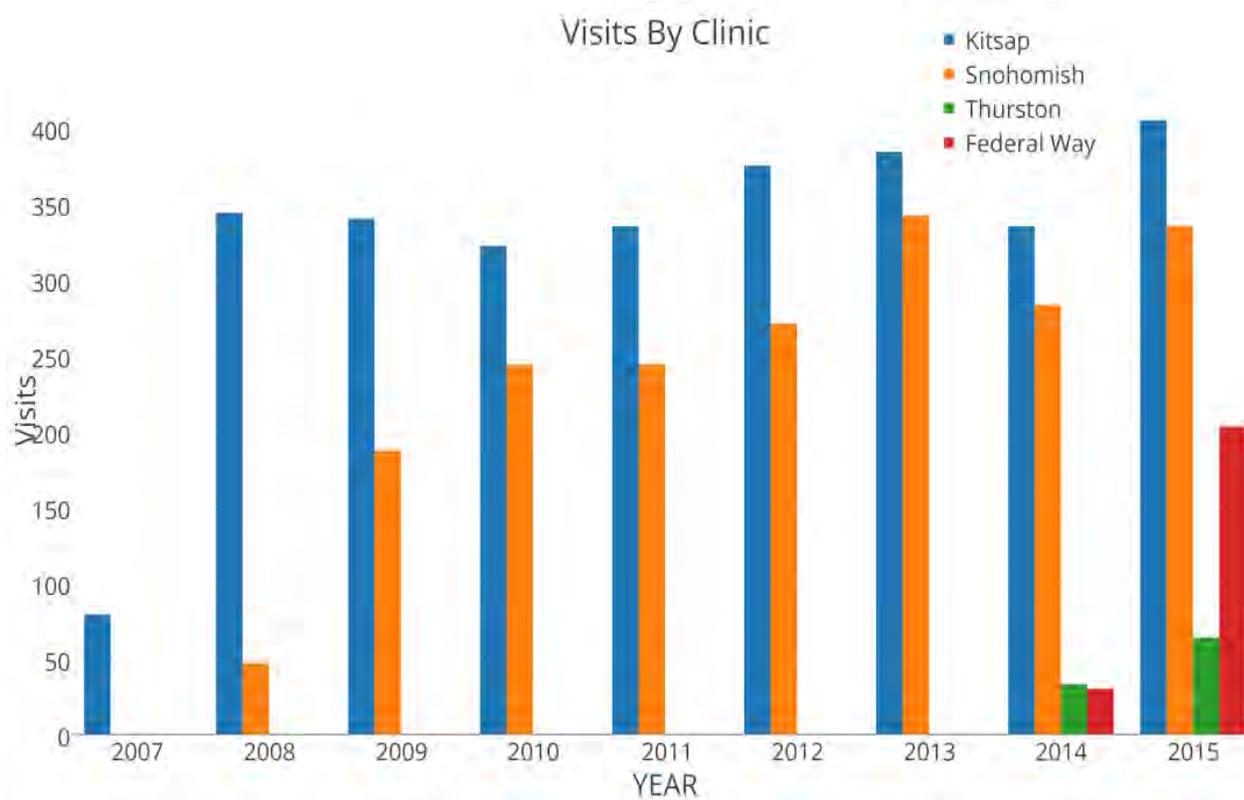
Madison Clinic Satellite Program

- Partnership between Madison Clinic, Kitsap Health District and WA DOH
- HMC provides physicians, administrative support and supplies
- Kitsap Health District provides nurse, space and admin support
- Washington DOH provides funding
- Currently serves > 200 HIV+ patients on the peninsula



Madison Clinic Satellite Program

Visit number by clinic and year



MEMO

To: Kitsap Public Health Board

From: John Kiess, Environmental Health Director

Date: May 2, 2017

Re: Secure Medicine Return Regulations - Implementation Update

During today's Kitsap Public Health Board meeting, I will provide a brief update on the implementation of the new Secure Medicine Return Regulations, Kitsap Public Health Board Ordinance 2016-02, passed by the Health Board in December 2016.

Since passage of Ordinance 2016-02, the following steps have been completed by the Health District:

- **Pharmaceutical “producer” notice of intent to participate notification** – Letters were sent to 389 producers in January, 2017. The producers on the mailing list were generated from those currently affiliated with the Pharmaceutical Product Stewardship Work Group's (PPSWG).
- **Producer notification of intent to participate** – In February, 2017, KPHD was notified that PPSWG would be representing a list of 307 producers and was identified as Project Stewardship Plan administrator.
- **Pharmaceutical “wholesaler” notification and outreach to non-PPSWG affiliated producers** – In March, 2017, letters were sent to 1179 “wholesalers” using a list provided to the KPHD from the Washington Department of Health (DOH).
- **Identification of stewardship plan operator and notification of all authorized collectors** – In April, 2017, the PPSWG identified MED-Project as the stewardship plan operator and provided the required contact information.
- **MED-Project notified pharmacies and other potential authorized collectors** within Kitsap County of the opportunity to participate as a drop-off site. MED-Project also provided an updated list of producers to KPHD that will fall under its stewardship plan, raising the number to 367.
- **Meeting with local law enforcement** – In April, 2017, Health District staff will be meeting with local law enforcement agencies to discuss the Ordinance and continued involvement by local law enforcement agencies.

- **Med-Project Stewardship Plan is expected to be submitted by June 6, 2017**

The most significant challenge thus far in the implementation process has been staff capacity to respond to inquiries resulting from the large amount of notification letters sent to wholesalers and producers, answering questions about the program requirements and applicability, and correlating lists of producers being provided by wholesalers with the Med-Project represented producers list.

Health District staff have been working diligently to coordinate with our neighboring counties who have also implemented medicine return programs to minimize duplication wherever possible. Communication among the four counties is maintained as necessary to collaborate and learn from one another's challenges and successes.

Lastly, Legislative efforts to pass a state-wide medicine return bill that would not preempt existing local regulations, [HB 1047](#), did not make through during the regular session, but was reintroduced and could be heard again during the special session. The language and intent of HB 1047 was supported by the Health Board and Health District through our 2017 Legislative Priorities.

Recommended Action

None – informational only.

Please contact me at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.