

KITSAP PUBLIC HEALTH BOARD - AGENDA

January 2, 2018

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
Commissioner Ed Wolfe, Chair
- 1:46 p.m. 2. Review and Approval of Agenda
Commissioner Ed Wolfe, Chair
- 1:47 p.m. 3. Election of 2018 Board Chair, Vice Chair, and Committee Assignments
Commissioner Ed Wolfe, Chair
- 2:00 p.m. 4. Approval of December 5, 2017 Meeting Minutes
2018 Chair
- 2:01 p.m. 5. Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report
2018 Chair
- 2:03 p.m. 6. Public Comment
2018 Chair
- 2:13 p.m. 7. Health Officer and Administrator Reports
Dr. Susan Turner and Keith Grellner

ACTION ITEMS

- 2:23 p.m. 8. Update of Board Bylaws
Keith Grellner, Administrator
- 2:40 p.m. 9. Update of Board Budget Policy
Keith Grellner, Administrator

DISCUSSION / INFORMATION ITEMS

- 2:45 p.m. 10. Health Disparities Report
Maya McKenzie, Epidemiologist
- 3:00 p.m. 11. Adjourn

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: January 2, 2018
Re: Election of 2018 Board Chair, Vice Chair, and Committee Assignments

Chapter [70.05.040](#) Revised Code of Washington (RCW) requires Health Board members to elect a chair, to serve for a period of one year, at the first meeting of the local board of health each year.

Furthermore, [Kitsap Public Health Board Bylaws](#), Article VI – Officers and Their Duties, requires that:

- The Chair shall be elected by a majority vote of the Board membership at the first regular meeting of each calendar year, and shall serve for a term of one year;
- Board members shall also elect a Vice Chair to serve for a term of one year;
- No Chair or Vice Chair shall serve more than two consecutive terms unless the Board votes to extend their terms and finds special circumstances; and
- The City and County Board members will alternate terms as Chair and Vice Chair.

Commissioner Wolfe served as Chair during 2017, therefore a member from a city should be considered for Chair pursuant to the Bylaws.

Lastly, the Board Bylaws specify three standing committees of the Board: Finance and Operations, Policy, and Personnel (Article X – Committees). Each committee shall consist of up to three Board members, and the Chair shall make committee appointments by calling for volunteers from the Board membership during the first regular meeting of the calendar year. Attached for your reference, please find the 2017 Kitsap Public Health Board Committee Assignments.

Please contact me with any questions or concerns about this matter at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

2017 KITSAP PUBLIC HEALTH BOARD OFFICERS

Chair: Commissioner Ed Wolfe
Vice Chair: Mayor Patty Lent

2017 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

Finance & Operations	Mayor Becky Erickson Commissioner Charlotte Garrido Mayor Patty Lent
Policy	Mayor Becky Erickson Commissioner Rob Gelder Mayor Rob Putaansuu
Personnel	Councilperson Sarah Blossom Mayor Patty Lent Commissioner Ed Wolfe

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
December 5, 2017**

The meeting was called to order by Board Chair, Commissioner Ed Wolfe, at 1:49 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Rob Gelder moved and Commissioner Charlotte Garrido seconded the motion to approve the minutes for the November 7, 2017, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The December consent agenda included the following contracts:

- 1551 Amendment 1 (1779), *Kitsap County, Kitsap Connect*
- 1621 Amendment 1 (1778), *Kitsap County Prosecuting Attorney, Legal Services*
- 1767, *Kitsap County, Therapeutic Court Metrics*

Commissioner Gelder moved and Mayor Patty Lent 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

Commissioner Wolfe asked for public comment and noted that the Public Hearing would be held at 2:15 p.m.

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on influenza (flu) activity. She said that flu activity has increased in Kitsap County, and said that, unfortunately, Kitsap has experienced its first flu-related death, in an older individual. She also noted that there have been two outbreaks in long term care facilities, and reminded the Board that only one case of the flu in a long-term care facility is considered an outbreak. She said flu activity in the state is currently similar to what we are experiencing in Kitsap County. There have been four flu-related deaths, and seven outbreaks in long term care facilities in Washington. Lastly, Dr. Turner noted that Washington surveillance shows mostly type A, H3N2, though type B has been increasing.

Mayor Becky Erickson said she recently saw a news report about the extensive flu activity in the Southeast and the report stated the flu vaccine is only effective 10 percent of the time. She asked if we are seeing a different flu strain in the Northwest. Dr. Turner explained that, based on her research, these two issues are separate. There was a research article that found that one of the components of the vaccine did not seem to protect against one of the circulating viruses. The effectiveness was fine for the other components of the vaccine and should protect against the other circulating strains. Also, the viruses circulating overseas sometimes are genetically different than the viruses we experience in the US. Finally, Dr. Turner noted that we can't be certain about the flu vaccine's effectiveness in the US until the Center for Disease Control and Prevention (CDC) releases their annual effectiveness report.

Next, Dr. Turner provided the Board with an update on the legionella bacteria found in Harrison Medical Center's water supply nine months ago. Last month's testing, of the water system and of people, showed no detection of the legionella bacteria. She explained that the implementation of an expensive and thorough water management program and water restrictions have been successful. Due to the success of the water management program, water restrictions have been lifted. Harrison has also invested in a copper ion purifying system and will shortly become a permitted water system, overseen by the Washington State Department of Health.

Lastly, Dr. Turner told the Board that she has been meeting with each of the school district superintendents to discuss goals and concerns for the coming year. She said the superintendents have many shared interests with public health, including communicable disease communications. Additionally, Dr. Turner spoke with the superintendents about the planned school inspection committee process. She reminded the Board that this would be a six-month process. Dr. Turner said each superintendent has identified a delegate to attend the school inspection committee meetings. The committee will discuss each school district's priorities in addition to the priorities of the Health District and the Board. Dr. Turner explained that, as directed by the Board, the committee will seek a program that ensures the least duplication possible with any other inspections or programs currently being done by the school districts. She said all superintendents have responded positively to the technical assistance and support approach of the Health District with this program. She also said the superintendents appreciate the approach of joint advocacy to remedy any situations that previously lacked resources. Additionally, she said the superintendents appreciate the approach of transparency and creating a unified message. Lastly, Dr. Turner said all the superintendents responded in a positive way to the discussion.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, informed the Board that Initiative 1433, the new Washington State paid sick leave law, goes into effect on January 1, 2018. Mr. Grellner said the Health District's Human Resources Manager, Karen Holt, has been working to update the current leave policy and associated personnel rules to meet the requirements of the new law. The Health District has drafted a proposal to discuss with the union later in the month. Mr. Grellner explained that there won't be a huge impact on the current leave practices for the Health District, but two changes will be needed to bring the District into compliance with the new law:

- Currently, the Health District requires a 6-month probationary period for new staff. During that period, staff may not use accrued leave. The Health District will need to change the policy to allow probationary employees to access their leave starting 90 days after hire if they become ill or meet other criteria as outlined in the new law.
- Per current policy, Health District represented employees may accrue up to 360 hours of general leave. An employee who has reached the maximum accrual level will not accrue additional general leave until his or her balance has been reduced through use. Per the new law, all Health District employees will now be allowed to accrue leave beyond the maximum hours cap until December 31st of each year, after which any balance above the 360 hours will be forfeited.

Mr. Grellner said that once the union and Health District have reached an agreement, he will bring the agreement to the Board for approval.

Next, Mr. Grellner reminded the Board that every local health jurisdiction in Washington State will undergo a self-assessment regarding the Foundational Public Health Services (FPHS), due by January 16th. The Health District executive leadership team (ELT) will work on the self-assessment in December with input from program managers. Once the self-assessment is submitted to the State, and the Health District receives feedback, Mr. Grellner will provide the Board with a report.

Additionally, Mr. Grellner reminded the Board that at the November Board meeting they approved the 2018 Legislative Priorities. Mr. Grellner sent a copy of the priorities to the nine Kitsap legislators yesterday. He has heard back from Senators Angel and Rolfes so far, and said the Health District looks forward to engaging all the Kitsap legislators once the session begins.

Lastly, Mr. Grellner informed the Board that the Kitsap Community Health Priorities (KCHP) Data Convening is scheduled for December 13, 2017 from 9:00 a.m. to 11:00 a.m. in the Meeting Chambers at Norm Dicks Government Center. He invited the Board members to attend.

There was no further comment.

2018 MEETING SCHEDULE

Commissioner Gelder recommended the Board review agenda items out of order to ensure that the Public Hearing for Resolution 2017-03 occurred at or after 2:15 p.m., when it was scheduled to take place. The Board agreed and moved forward to discuss the 2018 Meeting Schedule.

Mr. Grellner informed the Board that a copy of the proposed 2018 Board Meeting schedule was included in their packets. After discussing 2018 schedules with the other Boards that meet on "Super Tuesday," it appeared all Boards intended to meet on the same days and times in 2018 that they had met in 2017. The Health District's regularly scheduled Board meetings would continue to meet the first Tuesday of the month, from 1:45 p.m. to 3:00 p.m. in the Meeting Chambers of the Norm Dicks Government Center. Mr. Grellner noted that the meetings on January 2nd, July 3rd, and September 4th are all immediately adjacent to holidays.

Mayor Lent moved and Commissioner Garrido seconded the motion to approve the 2018 Kitsap Public Health Board Meeting Schedule. The motion was approved unanimously.

There was no further comment.

RESOLUTION 2017-05, RECOGNITION OF BOARD MEMBER CONTRIBUTIONS

Commissioner Wolfe read aloud Resolution 2017-05, Recognition of the Contributions of Board Member Mayor Patty Lent. The resolution reads, as follows:

WHEREAS, the Kitsap Public Health Board was established in 1947; and

WHEREAS, the Kitsap Public Health Board is authorized and empowered under Chapter 70.05 Revised Code of Washington and provides a forum for developing public health policy in Kitsap County; and

WHEREAS, Mayor Patty Lent has served a total of twelve years as a member of the Health Board in her capacities as both a Kitsap County Commissioner (2003-2006) and as Mayor of the City of Bremerton (2010-2017); and

WHEREAS, Mayor Patty Lent has given her time and energy to support and improve public health by actively participating on behalf of the Health Board on state and local committees such as the state Foundational Public Health Services Leadership Advisory Committee, Kitsap Community Health Assessment, and Kitsap Community Health Priorities; and

WHEREAS, Mayor Patty Lent has helped protect the public's health through her role as a Health Board member by passing strategic initiatives and local ordinances such as Smoking in Public Places, Prohibiting Vaping in Indoor Public Places, Secure Medicine Return, and Decommissioning and Assessment of Illegal Drug Manufacturing or Storage Sites; and

WHEREAS, Mayor Patty Lent has served as Chair of the Health Board in 2004, 2005, 2010, and 2014;

NOW, THEREFORE, BE IT RESOLVED, that the Kitsap Public Health Board recognizes and thanks Mayor Patty Lent for her dedicated and outstanding service to the citizens of Kitsap County by working to assure the public's health as a member of the Kitsap Public Health Board.

Commissioner Garrido moved and Mayor Erickson seconded the motion to approve Resolution 2017-05, Recognition of the Contributions of Board Member Mayor Patty Lent. The motion was approved unanimously.

Mayor Lent said she has truly enjoyed her time on the Health Board. She recalled when the Health District first began their strategic planning, and noted she attended almost every meeting, and learned so much from the process, which helped her with her strategic planning for the City of Bremerton. She said the year-long process that she was involved in showed her the dedication of the Health District and she learned what Health District staff pictured as the future of Public Health. Lastly, Mayor Lent said it has been an honor to serve and work side by side with the Board members.

Commissioner Gelder thanked Mayor Lent for her consistent dedication to the City of Bremerton and to Kitsap County.

There was no further comment.

RESOLUTION 2017-03, ENVIRONMENTAL HEALTH SERVICE FEES

Mr. John Kiess, Environmental Health Director presented Resolution 2017-03, Environmental Health Service Fees. He informed the Board that one small change had been made to the proposed fee schedule in their packet, which was on a handout they received at the start of the meeting.

Mr. Kiess reminded the Board that during a previous budget presentation, the Health District had informed the Board that its 2018 projected deficit was primarily attributed to Environmental Health fees associated with application reviews. Upon analysis of the current hourly rate, the Health District determined that the rate was so low that it didn't cover actual costs to perform the application reviews. Mr. Kiess explained that, per Finance Committee recommendation, the Health District is proposing to adjust the hourly rate from \$109 per hour to \$145 in increments over the course of two years. Additionally, the Finance Committee recommended the Health District index fees in subsequent years by following market adjustments for inflation. The Health District, with Finance Committee direction, conducted a public outreach process to inform stakeholders and solicit feedback. The resolution, as proposed, would have a significant positive impact on the 2018 budget, as it would eliminate the majority of the deficit.

Mr. Kiess said the largest group impacted by fee increases is comprised of builders and contractors representing private property owners. He informed the Board that they had a summary table of all the groups the Health District reached out to which includes the Kitsap Building Association and Realtor's Association. Additionally, the Health District posted information on its website, in other public areas, issued press releases, and sent information to all current permit holders that would be affected by these fee increases. The Health District also held a public listening session on November 16, 2017. The Health District gathered feedback, which is summarized along with responses in the Board packet. Mr. Kiess said most comments had been overwhelmingly positive.

Mr. Kiess said the Health District recommends the Board adopt Resolution 2017-03, Environmental Health Service Fees, including two increases over two years to \$145 by 2019 and then indexing fees for each year beginning in 2020.

Commissioner Wolfe asked if indexing fees was the same as an automatic escalator. Mr. Kiess confirmed this and said, per the resolution, if there is an increase in the consumer price index, then the Health District hourly rate would increase by the same percentage. Notification of market price index adjustment is made in April of the year preceding the adjustment. The Health District would then be able to provide adequate notice to the public of a fee increase, if applicable.

Commissioner Wolfe asked if the Finance Committee was unanimous in their recommendations. Mr. Kiess confirmed. Mayor Lent commented that she is on the Finance Committee and that the Finance Committee felt the Health District was falling behind due to the reduction of state and federal grants, and that increasing hourly fees was a method for sustainability. She also said it was Mayor Erickson's recommendation to split the increase between two years and then implement indexing for the third year and beyond. Mayor Erickson confirmed and said the reasoning was that the Health District would never be able to catch up without indexing fees. She also explained that the Health District used to receive substantial funding from the state, which is not happening anymore.

Commissioner Gelder asked if the wording in the resolution meant that, if the market adjustment was two percent, that the Health District fees would increase by two percent. Mr. Kiess confirmed and said that if the market adjustment didn't increase one year, the Health District fees would not increase either.

Commissioner Gelder recommended removing the word "percentage" from the paragraph of the resolution which states: "WHEREAS, the Board wishes to keep the Environmental Health Division fee schedule current with annual market increases for years 2020 through 2026 by automatically adjusting fees each January 1, by the percentage increase, if any, in the April Consumer Price Index - Urban Wage Earners and Clerical Workers Index for Seattle – Tacoma – Bremerton, for the previous year, rounded to the nearest \$5." The Board agreed to remove the word "percentage" from this paragraph.

Commissioner Wolfe thanked Health District staff for its extensive public outreach approach.

Mr. Grellner reminded the Board that the last time the Health District raised the Environmental Health hourly fee was in 2009. The Health District has been able to maintain the fee since 2009 through maximization of state grants and quality improvements. Mr. Grellner also noted that many of the services covered by this fee are mandated services.

There was no further comment.

PUBLIC HEARING: RESOLUTION 2017-03, ENVIRONMENTAL HEALTH SERVICE FEES

Commissioner Wolfe opened the Public Hearing at 2:24 p.m.

Robert Michael, representing Sun Fjord Home Owners Association (HOA), approached the Board with a question regarding seasonal pools. He asked how their facility's spa is classified within the fee schedule, and how this might impact their HOA in terms of inspection frequency. Mr. Grellner said the frequency of inspections would not increase. Mr. Kiess said the hot tub in question would fall under the "additional pools" classification. Mr. Kiess also spoke with Mr. Michael privately to clarify pool and spa classification, and address any other questions he had.

There was no further comment. Commissioner Wolfe closed the Public Hearing at 2:27 p.m.

ADOPTION OF RESOLUTION 2017-03, ENVIRONMENTAL HEALTH SERVICE FEES

Commissioner Garrido moved and Mayor Erickson seconded the motion to approve Resolution 2017-03, Environmental Health Service Fees. The motion was approved unanimously.

There was no further comment.

RESOLUTION 2017-04, APPROVING 2018 KITSAP PUBLIC HEALTH DISTRICT BUDGET

Mr. Grellner presented Resolution 2017-04, Approving 2018 Kitsap Public Health District Budget. He explained that their Board packets included two versions of the 2018 budget: one version with the Environmental Health fee adjustments, which the Board just approved, and one without the Environmental Health fee adjustments. He said the budget numbers have changed very minimally from the version the Board saw at the November Board meeting.

Mr. Grellner noted that total revenues, with the fee increase, are projected to be \$12,077,516 and total expenditures are projected to be \$12,294,507, resulting in a projected deficit of \$216,991. He noted that the budget proposes to cover the deficit with cash reserves, which will still result in sufficient cash reserves to cover at least two months of operating expenses. Additionally, Mr. Grellner noted that the Board has adopted budgets with deficits ranging from \$230,000 to \$350,000, and the Health District has successfully closed the deficit by the end of the year in four out of the last five years. Therefore, he said, the Health District only needed to draw on cash reserves once in the last five years. The Health District predicts it will be able to close this deficit by the end of 2018 as well.

Mr. Grellner reminded the Board that, as they approve the consent agenda each month, they observe that the Health District is able to bring in additional funding through grants and contracts. Mr. Grellner also noted that the 2018 budget is almost a zero-growth budget compared to 2017. He said the Health District feels confident in the 2018 budget and seeks Board approval.

Mayor Lent moved and Mayor Erickson seconded the motion to approve Resolution 2017-04, Approving 2018 Kitsap Public Health District Budget as proposed with the environmental health fee adjustment. The motion was approved unanimously.

There was no further comment

ADDITIONAL BOARD COMMENTS

Mayor Erickson said she hoped to attend the KCHP event on December 13th and was interested to hear about the next phase of the program. Mayor Lent also said she plans to attend, and remarked on how incredible the community and partner agency participation is in contributing to the health of our community.

Commissioner Gelder provided the Board with an update on the Policy Committee, which met on November 30, 2017. He said the Policy Committee discussed drinking water regulations and food inspection score placards. The Policy Committee will likely revisit the drinking water regulations in February 2018, but no decisions have been made yet. Additionally, he said the Policy committee discussed the other jurisdictions that have implemented food inspection score placarding, and the complications with placarding. He said the Policy Committee discussed how placarding can be misleading, and ultimately requested that the District increase the visibility and accessibility of food inspection reports on the Health District website rather than implementing a placarding program. Additionally, he said the Policy Committee discussed moving the comments portion of food inspection reports to the top of the report so members of the public can better understand food inspection scores and what they mean for each restaurant.

ADJOURN

There was no further business; the meeting adjourned at 2:35 p.m.

Ed Wolfe
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *Mayor Rob Putaansuu.*

Community Members Present: *Shannon Furin, Oyster Bay Inn; Pam Hamon, League of Women Voters - Kitsap; Robert Michael, Sunn Fjord HOA.*

Staff Present: *Angie Berger, Administrative Assistant, Administration; Karen Bevers, Communications Coordinator and Public Information Officer; Karen Boysen-Knapp, Community Liaison, Chronic Disease Prevention; Katie Eilers, Director, Community Health Division; Keith Grellner, Administrator, Administration; Dayna Katula, Manager, Food and Living Environment; John Kiess, Director, Environmental Health Division; Melissa Laird,*

Manager, Accounting and Finance; Shelley Smith-Rose, Community Liaison, Communicable Disease; Susan Turner, Health Officer, Administration.

DRAFT

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: January 2, 2018
Re: Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws

Please find attached for your review, comment, and consideration an updated draft of the Kitsap Public Health Board Bylaws in ~~strikeout~~/underline, a clean copy of the updated Bylaws, and proposed Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws.

The Health Board's current [Bylaws](#) were most recently updated through Resolution 2013-10, to:
1) Recognize the Health District's new leadership structure, splitting the position of Health Officer/Director of Health into two positions of Health Officer and Administrator; and 2) Recognize name changes for both the Health Board and the Health District.

Resolution 2013-08, Approving a Health Officer and Administrator Leadership Structure for the Kitsap Public Health District, is also attached for your reference. Article III of the Bylaws describes the history of the name changes for both the Health Board and Health District.

In summary, the draft updated Bylaws include the following additions/revisions:

- References to Chapter 70.05 Revised Code of Washington (RCW), Local Health Departments, Boards, Officers – Regulations, have been updated and clarified;
- Updates of Kitsap County Code references to the Health Board and Health District have been added (see Article III);
- References to the outdated name "Board of Health" have been corrected;
- The provisions for Health Board membership have been clarified (see Article IV);
- Article V has been updated to correct references, terms, and language related to RCW 70.05;
- Article VI has been updated to clarify the role of the Administrator with respect to RCW 70.05 and Resolution 2013-08;
- Article VIII has been revised to clarify how Health Board members may vote on actions; and
- Article X has been revised to clarify the composition of Health Board committees.

Recommended Action:

The Health Board may wish to consider making and taking the following action:

The Board moves to approve Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws.

Please contact me with any questions or concerns about this matter at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

Attachments:

1. Updates to Kitsap Public Health Board Bylaws w/ Strikeout/Underline Revisions
2. Updated Kitsap Public Health Board Bylaws (Clean Version)
3. Resolution 2018-01, Approving Updates to Kitsap Public Health Board Bylaws
4. Resolution 2013-08, Approving a Health Officer and Administrator Leadership Structure for the Kitsap Public Health District

KITSAP PUBLIC HEALTH BOARD

BYLAWS

ARTICLE I - NAME

The name of this organization shall be the Kitsap Public Health Board, hereafter referred to as "Public Health Board".

ARTICLE II - PURPOSE

The primary purposes of the Public Health Board are (1) to serve as the governing body of the Kitsap Public Health District; (2) to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with and enforce the public health statutes of the state and rules promulgated by the state board of health and the state secretary of health; and (4) to create and promote prudent public health policy within the District. (Note: See RCW 70.05, Local Health Departments, Boards, Officers – Regulations)

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ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Commissioners approved a resolution establishing the Kitsap County Board of Health, and the Health District, and solicited membership from the incorporated cities in Kitsap County. The Kitsap County Health District was reaffirmed in 1996 in accordance with RCW 70.46 by individual ordinances adopted by the Kitsap County Commissioners and the legislative bodies of each of the incorporated city members of the Board of Health. Kitsap County reaffirmed the existence of the Health District through Ordinance 455 in 2010. The Health District's name was changed to the Kitsap Public Health District by Kitsap County Ordinance Number 475-2011 in 2011. In 2011, the Board of Health also approved this name change for the Health District, and approved a name change for the Board --- from the Kitsap County Board of Health to the Kitsap Public Health Board --- by Public Health Board Resolution 2011-04. The Public Health Board was reaffirmed and established through Kitsap County Ordinance 524 in 2015.

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ARTICLE IV – MEMBERSHIP

Deleted: (RCW 70.46.031)

1. In accordance with Chapter 70.46.031, Revised Code of Washington, and Kitsap County Ordinance 524-2015, the Public Health Board shall consist of the following seven (7) voting members: three (3) Kitsap County Commissioners; and the Mayor or a Councilmember as appointed by each of the cities of Bremerton, Bainbridge Island, Port Orchard, and Poulsbo. Each city may also appoint an alternate Public Health Board member. An alternate may attend any Public Health Board meeting but is not entitled to vote unless the regular member to whom the alternate is delegated is absent from that meeting. An alternate member may also participate on committees, so long as the regular member to whom the alternate is

delegated is not present during the committee meeting. The Public Health Board shall have the authority to establish and define non-voting categories of community members on the Public Health Board.

2. The term of each Public Health Board member and each alternate shall begin at the first Public Health Board meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official's term of office or as approved annually by the individual cities' legislative bodies.
3. In order to assure representation as outlined in Article IV, Section 1, vacancies on the Public Health Board shall be filled within 30 days by appointment by the legislative body of the City or County whose representative is vacating a Board position. (Note: See RCW 70.05.040)

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ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS

Deleted: (RCW 70.05)

1. The authority of the Public Health Board shall be as prescribed by RCW 70.05.060 and RCW 70.46.060.
2. The Public Health Board shall appoint a Health Officer pursuant to RCW 70.05.050 who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Public Health Board shall evaluate the performance of the Health Officer biennially.
3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The Public Health Board may appoint an Administrative Officer pursuant to RCW 70.05.040 in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board. If an Administrator is appointed, the Public Health Board shall evaluate the performance of the Administrator biennially.
5. The Public Health Board shall set the Administrator's compensation.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry on public health services.
7. The Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060 and in accordance with Public Health Board budget policy.
8. The Public Health Board shall receive regular reports from and through the Health Officer, and the Administrator on the activities of the District.
9. The Public Health Board shall enforce through the local health officer or administrator the public health statutes of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as

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are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof. (Note: See RCW 70.05.060).

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10. The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction.

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11. The Public Health Board shall make reports to the state board of health through the local health officer or administrator as required by the state board of health.

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12. The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.

13. The Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by or against the District.

14. The Public Health Board has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

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ARTICLE VI - OFFICERS AND THEIR DUTIES

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. No Chair or Vice Chair shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances. The City and County Board members will alternate terms as Chair and Vice Chair. The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.

2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform.

3. In accordance with Chapter 70.05.045, Revised Code of Washington, the Administrator shall serve as Executive Secretary and Administrative Officer for the Public Health Board.

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A. It shall be the duty of the Executive Secretary to (1) record minutes of all meetings of the Public Health Board; (2) maintain a book of numbered and dated resolutions and

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ordinances passed by the Board; (3) be custodian of all records, books and papers belonging to the Board; and (4) carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.

B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, Section 3, the Health Officer may delegate such duties to other personnel employed by the Health District.

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4. The Administrative Officer shall be responsible for administering the operations of the Public Health Board including such other duties as required by the Public Health Board, except for duties assigned to the Health Officer pursuant to RCW 70.05.070 and other applicable state law.

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5. Pursuant to Kitsap County Ordinance 524-2015, the Administrative Officer shall also serve as the Administrator for the Health District, and have the authority to hire and fire personnel, enter into contracts with third parties and other agencies within the budget set by the Public Health Board, and purchase needed supplies and equipment.

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6. The Administrator's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Administrator, but the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.

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ARTICLE VII - HEALTH OFFICER

The Health Officer shall perform such duties as are provided by law and directed by the Public Health Board. He/she shall be responsible to the Public Health Board for his/her official actions. The Public Health Board may, by separate resolution, delegate additional authority to the Health Officer including, but not limited to, the authority to hire and fire personnel, enter into contracts with third parties and other agencies within the budget set by the Public Health Board, and purchase needed supplies and equipment if an Administrator has not appointed by the Board. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may take action as needed pursuant to RCW 70.05.070 and Title 246 of the Washington Administrative Code, and in light of the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.

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ARTICLE VIII - MEETINGS AND QUORUM

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the calendar year.

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2. Special meetings may be called by the Chair at his/her discretion, at the request of the Health Officer, Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. Four (4) members of the Public Health Board shall constitute a quorum for conducting the business of the Health District.
4. Approval of all actions taken by the Public Health Board shall be by a majority of the votes cast. Only those Public Health Board members, or a City's appointed alternate, present and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions as necessary.

ARTICLE IX - BUSINESS OF REGULAR MEETINGS

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda.

ARTICLE X - COMMITTEES

1. The standing committees of the Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two, but no more than, three, Public Health Board, members. A maximum of three members is considered optimum so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.
3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all of the above committees as desired.

ARTICLE XI - RULES OF BUSINESS

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

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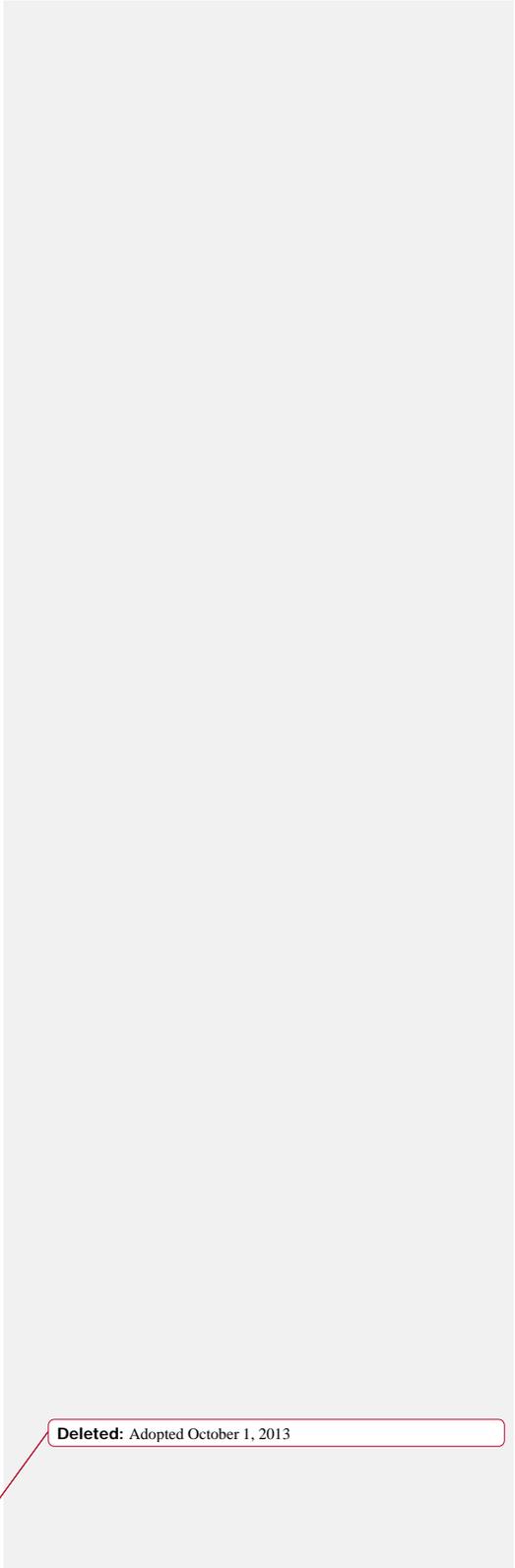
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ARTICLE XII - AMENDMENTS TO THESE BYLAWS

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.



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KITSAP PUBLIC HEALTH BOARD

BYLAWS

ARTICLE I - NAME

The name of this organization shall be the Kitsap Public Health Board, hereafter referred to as "Public Health Board".

ARTICLE II - PURPOSE

The primary purposes of the Public Health Board are (1) to serve as the governing body of the Kitsap Public Health District; (2) to unite the municipalities and the county in a cooperative effort to supervise all matters pertaining to the preservation of the life and health of the citizens within its jurisdiction; (3) to comply fully with and enforce the public health statutes of the state and rules promulgated by the state board of health and the state secretary of health; and (4) to create and promote prudent public health policy within the District. (Note: See RCW 70.05, Local Health Departments, Boards, Officers – Regulations)

ARTICLE III – PUBLIC HEALTH BOARD/HEALTH DISTRICT ESTABLISHED

On November 3, 1947, pursuant to Chapter 183 of the Laws of 1945, the Kitsap County Commissioners approved a resolution establishing the Kitsap County Board of Health, and the Health District, and solicited membership from the incorporated cities in Kitsap County. The Kitsap County Health District was reaffirmed in 1996 in accordance with RCW 70.46 by individual ordinances adopted by the Kitsap County Commissioners and the legislative bodies of each of the incorporated city members of the Board of Health. Kitsap County reaffirmed the existence of the Health District through Ordinance 455 in 2010. The Health District's name was changed to the Kitsap Public Health District by Kitsap County Ordinance Number 475-2011 in 2011. In 2011, the Board of Health also approved this name change for the Health District, and approved a name change for the Board --- from the Kitsap County Board of Health to the Kitsap Public Health Board --- by Public Health Board Resolution 2011-04. The Public Health Board was reaffirmed and established through Kitsap County Ordinance 524 in 2015.

ARTICLE IV – MEMBERSHIP

1. In accordance with Chapter 70.46.031, Revised Code of Washington, and Kitsap County Ordinance 524-2015, the Public Health Board shall consist of the following seven (7) voting members: three (3) Kitsap County Commissioners; and the Mayor or a Councilmember as appointed by each of the cities of Bremerton, Bainbridge Island, Port Orchard, and Poulsbo. Each city may also appoint an alternate Public Health Board member. An alternate may attend any Public Health Board meeting but is not entitled to vote unless the regular member to whom the alternate is delegated is absent from that meeting. An alternate member may also participate on committees, so long as the regular member to whom the alternate is

delegated is not present during the committee meeting. The Public Health Board shall have the authority to establish and define non-voting categories of community members on the Public Health Board.

2. The term of each Public Health Board member and each alternate shall begin at the first Public Health Board meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official's term of office or as approved annually by the individual cities' legislative bodies.
3. In order to assure representation as outlined in Article IV, Section 1, vacancies on the Public Health Board shall be filled within 30 days by appointment by the legislative body of the City or County whose representative is vacating a Board position. (Note: See RCW 70.05.040)

ARTICLE V - LEGISLATIVE POWERS, DUTIES AND FUNCTIONS

1. The authority of the Public Health Board shall be as prescribed by RCW 70.05.060 and RCW 70.46.060.
2. The Public Health Board shall appoint a Health Officer pursuant to RCW 70.05.050 who shall serve in accordance with RCW 70.05.070. It is preferred that the Health Officer shall be a qualified physician trained and experienced in public health, but may have other qualifications provided in RCW 70.05.050 through RCW 70.05.055. The Public Health Board shall evaluate the performance of the Health Officer biennially.
3. The Public Health Board shall set the Health Officer's compensation per RCW 70.05.050.
4. The Public Health Board may appoint an Administrative Officer pursuant to RCW 70.05.040 in addition to, and separate from, the Health Officer to serve as Executive Secretary to the Board. If an Administrator is appointed, the Public Health Board shall evaluate the performance of the Administrator biennially.
5. The Public Health Board shall set the Administrator's compensation.
6. The Public Health Board will annually review and approve the Health District's finances and budget to carry on public health services.
7. The Public Health Board shall review and approve a fee schedule for services provided by the Health District pursuant to RCW 70.05.060 and in accordance with Public Health Board budget policy.
8. The Public Health Board shall receive regular reports from and through the Health Officer and the Administrator on the activities of the District.
9. The Public Health Board shall enforce through the local health officer or administrator the public health statutes of the state and rules promulgated by the state board of health or secretary of health. The Public Health Board shall enact such local rules and regulations as

are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof. (Note: See RCW 70.05.060)

10. The Public Health Board shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control and abatement of nuisances detrimental to the public health within its jurisdiction.
11. The Public Health Board shall make reports to the state board of health through the local health officer or administrator as required by the state board of health.
12. The Public Health Board may hear testimony from persons or groups appearing before it at regular meetings.
13. The Public Health Board shall contract with an attorney whose duties shall be to advise and assist the Board and the Health District in routine legal matters. The Public Health Board may contract with special counsel for specific litigation by or against the District.
14. The Public Health Board has any and all such other authority as allowed under the law and as necessary to carry out the functions and purposes of the Health District.

ARTICLE VI - OFFICERS AND THEIR DUTIES

1. The presiding officer of the Public Health Board shall be a Chair, who shall serve for a term of one (1) year. The Public Health Board shall elect the Chair from the Board membership by a majority vote of the Board members present at the first regular meeting of each calendar year. No Chair or Vice Chair shall serve more than two (2) consecutive terms unless the Public Health Board votes to extend their terms and finds special circumstances. The City and County Board members will alternate terms as Chair and Vice Chair. The Chair shall preside over all meetings; shall state and put to vote all motions presented; shall enforce the procedural rules of the Public Health Board during meetings; and shall act as the signatory for all decisions, acts, and orders of the Public Health Board. The Chair may participate in all deliberations and vote on motions. If a vacancy in the Chair position occurs, the Vice Chair shall automatically become Chair of the Board for the remainder of the unexpired term of the Chair.
2. The Public Health Board shall elect a Vice Chair, who shall serve for a term of one (1) year. The election of the Vice Chair shall be no later than the first meeting of the year. If a vacancy occurs, a new Vice Chair shall be elected from Public Health Board members to fill the unexpired term at the next regular or a special meeting. The Vice Chair shall perform the duties of the Chair in the event of the Chair's absence or inability to perform.
3. In accordance with Chapter 70.05.045, Revised Code of Washington, the Administrator shall serve as Executive Secretary and Administrative Officer for the Public Health Board.
 - A. It shall be the duty of the Executive Secretary to (1) record minutes of all meetings of the Public Health Board; (2) maintain a book of numbered and dated resolutions and

ordinances passed by the Board; (3) be custodian of all records, books and papers belonging to the Board; and (4) carry on the usual correspondence of the Board, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon.

- B. The Executive Secretary shall be empowered to employ such technical and other personnel as allowed in the approved budget to carry out the functions of the Health District. In fulfilling his or her duties prescribed under Article VI, Section 3, the Health Officer may delegate such duties to other personnel employed by the Health District.
4. The Administrative Officer shall be responsible for administering the operations of the Public Health Board including such other duties as required by the Public Health Board, except for duties assigned to the Health Officer pursuant to RCW 70.05.070 and other applicable state law.
 5. Pursuant to Kitsap County Ordinance 524-2015, the Administrative Officer shall also serve as the Administrator for the Health District, and have the authority to hire and fire personnel, enter into contracts with third parties and other agencies within the budget set by the Public Health Board, and purchase needed supplies and equipment.
 6. The Administrator's appointment shall be at the will of the Public Health Board. No term of office shall be established for the Administrator, but the Administrator shall not be removed from office until after notice is given and an opportunity for a hearing before the Public Health Board as to the reason for the Administrator's removal is provided.

ARTICLE VII - HEALTH OFFICER

The Health Officer shall perform such duties as are provided by law and directed by the Public Health Board. He/she shall be responsible to the Public Health Board for his/her official actions. The Public Health Board may, by separate resolution, delegate additional authority to the Health Officer including, but not limited to, the authority to hire and fire personnel, enter into contracts with third parties and other agencies within the budget set by the Public Health Board, and purchase needed supplies and equipment if an Administrator has not appointed by the Board. The Public Health Board acknowledges that in the event of a health emergency, the Health Officer may take action as needed pursuant to RCW 70.05.070 and Title 246 of the Washington Administrative Code, and considering the exigencies of an extreme emergency if there is no time for the Public Health Board to meet and confer before such action is necessary.

ARTICLE VIII - MEETINGS AND QUORUM

1. The Public Health Board shall meet on a regular basis. All meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30, RCW. The dates, times and locations of meetings shall be established for each following year at the last meeting of the calendar year.

2. Special meetings may be called by the Chair at his/her discretion, at the request of the Health Officer, Administrator, or on the written request of a majority of the Board members, provided that written notice is given as provided by RCW 42.30.080.
3. Four (4) members of the Public Health Board shall constitute a quorum for conducting the business of the Health District.
4. Approval of all actions taken by the Public Health Board shall be by a majority of the votes cast. Only those Public Health Board members, or a City's appointed alternate, present and constituting a quorum of the Board shall be allowed to cast votes.
5. In accordance with RCW 42.30.110, the Public Health Board may call executive sessions as necessary.

ARTICLE IX - BUSINESS OF REGULAR MEETINGS

The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Health Officer's Report; Administrator's Report; Action Items; Discussion Items/Reports; Public Concerns; and Adjourn. The Chair and Executive Secretary shall have discretion as to the order of items on a meeting's agenda.

ARTICLE X - COMMITTEES

1. The standing committees of the Public Health Board are the Finance and Operations Committee, the Policy Committee, and the Personnel Committee. Each committee shall consist of at least two, but no more than three, Public Health Board members. A maximum of three members is considered optimum so as not to create a quorum of the Public Health Board.
2. The Chair of the Public Health Board shall make committee assignments by calling for volunteers from the Board membership at the first meeting of the calendar year.
3. The Public Health Board may establish and appoint members for temporary committees as needed to carry out the Board's work.
4. The Chair may participate in any or all of the above committees as desired.

ARTICLE XI - RULES OF BUSINESS

Business of the Public Health Board is ordinarily conducted in accordance with the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto. The Public Health Board legal counsel shall serve as parliamentarian.

ARTICLE XII - AMENDMENTS TO THESE BYLAWS

These bylaws may be amended at any regular or special meeting of the Public Health Board by a majority vote of members present, provided that the amendment has been presented in writing to the members of the Public Health Board at least ten (10) business days prior to said meeting.

Approving Updates to Kitsap Public Health Board Bylaws

WHEREAS, the Kitsap Public Health Board changed the leadership structure of the Kitsap Public Health District through Resolution 2013-08, to include one appointed individual as Health Officer in accordance with RCW 70.05.050 and RCW 70.05.051, and another appointed individual as Administrator under the provisions of RCW 70.05.040 and RCW 70.05.045; and

WHEREAS, the Kitsap Public Health Board, Kitsap Public Health District, and the Health District's leadership structure was reaffirmed by Kitsap County Ordinance 524-2015; and

WHEREAS, the Kitsap Public Health Board recognizes that it would be beneficial to have written policies and procedures to outline the Board's responsibilities and provide methods to efficiently and effectively attend to matters brought to the Board for consideration; and

WHEREAS, it is in the public interest to have such written policies and procedures addressing Kitsap Public Health Board responsibilities and processes; and

WHEREAS, the Kitsap Public Health Board adopted revised bylaws on November 5, 2013, and now requires revisions to those bylaws to reflect Kitsap Public Health District's current leadership structure, updates to state law references, and general updates to the roles of Board members and the policies and procedures related to these roles.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board approves the attached Kitsap Public Health Board Bylaws.

APPROVED: January 2, 2018.

_____, Chair
Kitsap Public Health Board

**Approving a Health Officer and Administrator
Leadership Structure for the Kitsap Public Health District**

WHEREAS, over its history, the Kitsap Public Health District has employed a single individual to serve as both the District's Health Officer and Administrator and in recent years has classified this position as the District's Director of Health/Health Officer; and

WHEREAS, on March 6, 2001, the Board approved the job classification and provisional appointment of a Deputy Director, recognizing the need to provide consistent administrative leadership during the recruitment of a new District Director of Health/Health Officer and during the orientation period thereafter; and

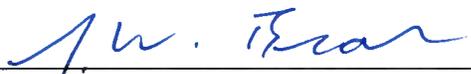
WHEREAS, on April 1, 2002, the provisional appointment of the Deputy Director became a regular appointment; and

WHEREAS, the Board now recognizes that the District's current leadership structure, with one individual serving as the Director of Health/Health Officer, and another individual serving as the Deputy Director, should be updated in light of modern challenges in managing a complex public agency and addressing public health issues in a rapidly changing environment; and

WHEREAS, the Board has determined that a new District leadership structure should be implemented with one individual appointed as Health Officer in accordance with RCW 70.05.050 and other applicable state law, and another individual appointed as Administrator under provisions in RCW 70.05.040 and RCW 70.05.045.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board approves the new District leadership structure described above effective immediately.

APPROVED: November 5, 2013



Commissioner Josh Brown, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board
From: Keith Grellner, Administrator
Date: January 2, 2018
Re: Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy

Please find attached for your review, comment, and consideration an updated draft of the Kitsap Public Health Board Budget Policy in ~~strikeout~~/underline, a clean copy of the updated policy, and proposed Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy.

The Health Board's current budget policy was last updated in 2011.

In summary, the draft updated Budget Policy includes the following additions/revisions:

- Name change updates for the Health Board and Health District;
- Updates to clarify that the Administrator is responsible for budget preparation, implementation, ongoing monitoring, and compliance;
- Updates to reflect changes in state law, specifically RCW 70.46.082, which conditionally allows Health District's to be custodian of funds; and
- General editorial and formatting changes.

Recommended Action:

The Health Board may wish to consider making and taking the following action:

The Board moves to approve Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy.

Please contact me with any questions or concerns about this matter at (360) 728-2284, or keith.grellner@kitsappublichealth.org.

Memo to Kitsap Public Health Board – Approving Updates to Kitsap Public Health Board Budget Policy
January 2, 2018

Page 2

Attachments:

1. Updates to Kitsap Public Health Board Budget Policy w/ Strikeout/Underline Revisions
2. Updated Kitsap Public Health Board Budget Policy (Clean Version)
3. Resolution 2018-02, Approving Updates to Kitsap Public Health Board Budget Policy

KITSAP PUBLIC HEALTH BOARD

BUDGET POLICY

Adopted January 2, 2018

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ARTICLE I: PURPOSE

This policy sets forth the basic framework for the development, adoption, and administration of the Kitsap Public Health District's annual budget. The Kitsap Public Health Board (Board) and the Kitsap Public Health District (District) are accountable to the citizens of Kitsap County for the efficient use of financial resources, and to use those resources to address the priority health needs in the county. Budgeted funds will be used, to the extent possible, to address the health priorities identified and approved by the Board.

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ARTICLE II: DEFINITIONS

- A. Designated Funds:** Funds that are designated for a specific use by Health District Administration or the Kitsap County Board of Health, but are not otherwise restricted by State or Federal law or contractual obligations.
- B. Operating Funds:** Funds that can be used by the Health District for any activity in which it can legally engage. These funds are not restricted and are used for current operations.
- C. Restricted Funds:** Funds that are limited in their use due to provisions established by State or Federal law, or contractual obligations.
- D. Un-Restricted Funds:** Equals designated funds plus operating funds.

ARTICLE III: BUDGET GOALS

- A.** To ensure diversified annual financial resources that are sufficient to provide for regular and ongoing operations, including resources necessary to ensure efficient cash flow.
- B.** To balance recurring operating expenses and debt service to recurring operating revenue.
- C.** To work towards the goal of providing adequate liquidity to provide for limited interruptions in revenues (natural disasters, unexpected loss of revenue source, etc.).
- D.** To maintain public trust and confidence by utilizing resources in the most efficient manner possible.
- E.** To ensure the legal use of public assets through an effective system of internal controls and to ensure that all local, state, and federal rules are followed.
- F.** To maintain a budgetary control system to ensure compliance with the approved budget policy.

Kitsap ~~Public Health Board~~ Budget Policy

~~January 2, 2018~~

Page 2

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- G. To assist the State Auditor’s Office with completion of an annual audit and issuance of a financial opinion. The annual audit shall be distributed to the Board, and any other interested party.
- H. To provide budget and accounting reports demonstrating the status of financial activity and results on a timely basis to the Management Team, the Board’s Finance Committee, and the State Auditor.
- I. To the extent possible with available resources, to build a budget based on Board strategic priorities, as those priorities are updated.
- J. To develop the annual budget in a format that is clear and understandable to the Board and the general public.

ARTICLE IV: BUDGET RESPONSIBILITY

The District’s Administrator is responsible to prepare, monitor, and implement the District’s budget and ensure District compliance with this Budget Policy.

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ARTICLE V: BUDGET PERIOD - ANNUAL

The District will establish an annual budget with the calendar year as the budget period.

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ARTICLE VI: BUDGET BASIS

Both the District’s budget and accounting will recognize financial activity on a cash basis, i.e., revenues will be recognized when received and expenses recognized when paid.

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ARTICLE VII: BUDGET ORGANIZATION

The District’s budget will be organized into program budgets and reported on a program budget basis. According to funding requirements, some program budgets may have multiple cost centers within a single program budget in order to provide accounting for specific revenue sources. Each program budget will be balanced meaning total estimated revenues equal total proposed expenditures. The District’s budget will be balanced overall. A balanced budget means that the beginning fund balance plus revenues equals expenditures plus ending fund balance.

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ARTICLE VIII: BUDGET SCHEDULE

The District’s Administrator, or designee, will forward annual budget preparation instructions to the District’s program managers each year. The District’s annual program budgets will be submitted in draft form to the Administrator each July or as directed. The Administrator and the Finance & Accounting Program Manager will meet with each budget program manager and their

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director prior to the release of the first draft of the budget in September. The first draft of the budget will typically be reviewed by the Board's Finance Committee in September and/or October. The draft budget and the recommendations of the Finance Committee then go to the full Board in November for first review. Following the November Board meeting, the Finance Committee may review final revisions to the budget later in November. The final budget goes to the full Board for approval in December of the year preceding the budgeted year.

Kitsap Public Health Board Budget Policy
January 2, 2018
Page 3

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ARTICLE IX: BUDGET ADOPTION

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The annual budget appropriation will be authorized by the Board.

ARTICLE X: BUDGET ADMINISTRATION – EXPENDITURES

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- A. Expenditure estimates included in program budgets will be based on estimates of cash to be paid out (disbursements) in the budget year.
- B. For purposes of maintaining adequate internal control of expenditures, the budget will be administered at a greater level of detail than that at which it is legally adopted. Accordingly, appropriations will be controlled by the following expenditure categories within each program budget:
 - 1. Personnel Costs (salaries and benefits)
 - 2. Non-Personnel Costs (supplies, services, and other non-personnel costs)
 - 3. Overhead

There will be no transfer allowed between these expenditure categories without the approval of the District's Executive Leadership Team, except for adjustments made for hours worked by staff, assigned and paid for in one program budget, who are working some hours in another program budget. Program managers shall be limited to expending the amount appropriated within the program for each of these expenditure categories, unless otherwise approved by the Administrator.

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- C. As long as expenditures do not exceed the program's total appropriation, program managers may transfer appropriation authority within the line items of their budget as necessary, except as provided in Article X.B. above.

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ARTICLE XI: BUDGET ADMINISTRATION – REVENUES

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Revenue estimates included in program budgets will be based on estimates of cash to be received (receipts) in the budget year. Failure of any program to realize budgeted revenues may necessitate corresponding reduction of authorized expenditures in order to maintain the integrity of the District budget.

ARTICLE XII: BUDGET ADMINISTRATION – FEES

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The goal for the District’s Environmental Health Division and Administrative Services Division fees is to recover the cost of service for fee related activities. The goal for the District’s Community Health Division fees is to recover the cost of service to the extent practicable without significantly impacting access to services.

ARTICLE XIII: BUDGET ADMINISTRATION – DESIGNATED FUNDS

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The following designated funds will be established and defined as follows:

Kitsap Public Health Board Budget Policy
January 2, 2018
Page 4

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- A. Operating Reserve:** Funds designated by the District to maintain a minimum cash and investment reserve to 1) ensure efficient cash flow necessary to cover expenses, and 2) use as necessary for unplanned emergency expenditures that cannot be accommodated by budgeted appropriations. The District’s minimum operating reserve goal should equal no less than the cost of two months of budgeted operating expenses.
- B. General Leave Payout:** Funds designated to cover the cost of general leave paid out to employees who leave District employment. Funds designated for this purpose should equal the District’s liability for general leave payouts for departing employees based on 25% of the estimated amount of leave accrued for all regular employees at year end.
- C. Insurance Deductibles and Co-Pays:** Funds designated to cover liability insurance co-pays and deductibles as established in the District’s liability insurance policy. Funds designated for this purpose should equal the cost of the maximum deductible payable under the District’s liability insurance coverage.
- D. Unemployment Insurance Payments:** Funds designated to cover the cost of State unemployment insurance payments to qualifying employees who leave District employment during the course of the year. Funds designated for this purpose equal one percent of annual budgeted salaries.
- E. Tuberculosis (TB) Services:** Funds designated to cover District costs associated with the mandatory isolation of TB patients. Funds for this purpose equal no less than \$100,000.
- F. Other:** Other designated funds may be established to cover vehicle depreciation, information technology upgrades, and other necessary large planned expenditures.

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ARTICLE XIV: BUDGET ADMINISTRATION – BUDGET AMENDMENTS

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A. Budget amendments are required when:

1. The District’s total expenditures will exceed its approved Board appropriations; or
2. As otherwise determined by the Administrator.

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B. Amendments shall be approved by the Board. If the requested adjustment changes the authorized appropriation, the Administrator will verify that sufficient resources are available in the budget for the adjustment. The Administrator shall prepare a resolution for consideration by the Board to accomplish the change. The Administrator will present the resolution to the Board for approval or disapproval.

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ARTICLE XV: BUDGET ADMINISTRATION – APPROPRIATIONS AT YEAR END

Unspent appropriations will lapse at year end.

Kitsap Public Health Board Budget Policy

January 2, 2018

Page 5

ARTICLE XVI: BUDGET MONITORING AND REPORTING

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A. Each program manager will be responsible for monitoring their program budget(s). The District's Finance & Accounting Program Manager will send out monthly expenditure and revenue reports to each program manager and division director. These monthly reports will list expenditures and revenues that match the expenditure and revenue categories in the annual budget. When requested by the Administrator, program managers will explain all major deviations as to why a program is over in expenditures or under in revenue collections.

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B. The Administrator shall inform the Board when there are major deviations to the approved budget that may result in result in revenues not meeting projections or expenditures exceeding appropriations.

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C. At the end of each budget year, the District will report on the financial status of each program budget. The report will include a summary of performance measures by program.

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ARTICLE XVII: BUDGET FUNDS AND INVESTMENTS

A. As required in RCW 70.46.080, the District's funds shall be placed in a "health fund" managed by the Kitsap County Treasurer. All sums received by the District from any source shall be placed into this fund, and all sums disbursed by the District shall be expended from this fund. Kitsap County manages the District's investments according to the procedures specified in the County's approved investment policy.

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B. Pursuant to RCW 70.46.082, the District may act as custodian of funds with the consent of Kitsap County, Kitsap County Treasurer, Kitsap County Auditor, and the Board. The Administrator shall work with the Board to amend this Budget Policy before the District begins acting as custodian of funds.

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First Amended Policy Adopted January 5, 2010.

Second Amended Policy Adopted November 1, 2011.

This Amended Policy Adopted January 2, 2018

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KITSAP PUBLIC HEALTH BOARD

BUDGET POLICY

Adopted January 2, 2018

ARTICLE I: PURPOSE

This policy sets forth the basic framework for the development, adoption, and administration of the Kitsap Public Health District's annual budget. The Kitsap Public Health Board (Board) and the Kitsap Public Health District (District) are accountable to the citizens of Kitsap County for the efficient use of financial resources, and to use those resources to address the priority health needs in the county. Budgeted funds will be used, to the extent possible, to address the health priorities identified and approved by the Board.

ARTICLE II: DEFINITIONS

- A. Designated Funds:** Funds that are designated for a specific use by Health District Administration or the Kitsap County Board of Health, but are not otherwise restricted by State or Federal law or contractual obligations.
- B. Operating Funds:** Funds that can be used by the Health District for any activity in which it can legally engage. These funds are not restricted and are used for current operations.
- C. Restricted Funds:** Funds that are limited in their use due to provisions established by State or Federal law, or contractual obligations.
- D. Un-Restricted Funds:** Equals designated funds plus operating funds.

ARTICLE III: BUDGET GOALS

- A.** To ensure diversified annual financial resources that are sufficient to provide for regular and ongoing operations, including resources necessary to ensure efficient cash flow.
- B.** To balance recurring operating expenses and debt service to recurring operating revenue.
- C.** To work towards the goal of providing adequate liquidity to provide for limited interruptions in revenues (natural disasters, unexpected loss of revenue source, etc.).
- D.** To maintain public trust and confidence by utilizing resources in the most efficient manner possible.
- E.** To ensure the legal use of public assets through an effective system of internal controls and to ensure that all local, state, and federal rules are followed.
- F.** To maintain a budgetary control system to ensure compliance with the approved budget policy.

- G.** To assist the State Auditor's Office with completion of an annual audit and issuance of a financial opinion. The annual audit shall be distributed to the Board, and any other interested party.
- H.** To provide budget and accounting reports demonstrating the status of financial activity and results on a timely basis to the Management Team, the Board's Finance Committee, and the State Auditor.
- I.** To the extent possible with available resources, to build a budget based on Board strategic priorities, as those priorities are updated.
- J.** To develop the annual budget in a format that is clear and understandable to the Board and the public.

ARTICLE IV: BUDGET RESPONSIBILITY

The District's Administrator is responsible to prepare, monitor, and implement the District's budget and ensure District compliance with this Budget Policy.

ARTICLE V: BUDGET PERIOD - ANNUAL

The District will establish an annual budget with the calendar year as the budget period.

ARTICLE VI: BUDGET BASIS

Both the District's budget and accounting will recognize financial activity on a cash basis, i.e., revenues will be recognized when received and expenses recognized when paid.

ARTICLE VII: BUDGET ORGANIZATION

The District's budget will be organized into program budgets and reported on a program budget basis. According to funding requirements, some program budgets may have multiple cost centers within a single program budget to provide accounting for specific revenue sources. Each program budget will be balanced meaning total estimated revenues equal total proposed expenditures. The District's budget will be balanced overall. A balanced budget means that the beginning fund balance plus revenues equals expenditures plus ending fund balance.

ARTICLE VIII: BUDGET SCHEDULE

The District's Administrator, or designee, will forward annual budget preparation instructions to the District's program managers each year. The District's annual program budgets will be submitted in draft form to the Administrator each July or as directed. The Administrator and the Finance & Accounting Program Manager will meet with each budget program manager and their director prior to the release of the first draft of the budget in September. The first draft of the budget will typically be reviewed by the Board's Finance Committee in September and/or October. The draft budget and the recommendations of the Finance Committee then go to the full Board in November for first review. Following the November Board meeting, the Finance Committee may review final revisions to the budget later in November. The final budget goes to the full Board for approval in December of the year preceding the budgeted year.

ARTICLE IX: BUDGET ADOPTION

The annual budget appropriation will be authorized by the Board.

ARTICLE X: BUDGET ADMINISTRATION – EXPENDITURES

- A.** Expenditure estimates included in program budgets will be based on estimates of cash to be paid out (disbursements) in the budget year.
- B.** For purposes of maintaining adequate internal control of expenditures, the budget will be administered at a greater level of detail than that at which it is legally adopted. Accordingly, appropriations will be controlled by the following expenditure categories within each program budget:
 - 1. Personnel Costs (salaries and benefits)
 - 2. Non-Personnel Costs (supplies, services, and other non-personnel costs)
 - 3. Overhead

There will be no transfer allowed between these expenditure categories without the approval of the District's Executive Leadership Team, except for adjustments made for hours worked by staff, assigned and paid for in one program budget, who are working some hours in another program budget. Program managers shall be limited to expending the amount appropriated within the program for each of these expenditure categories, unless otherwise approved by the Administrator.

- C.** As long as expenditures do not exceed the program's total appropriation, program managers may transfer appropriation authority within the line items of their budget as necessary, except as provided in Article X.B. above.

ARTICLE XI: BUDGET ADMINISTRATION – REVENUES

Revenue estimates included in program budgets will be based on estimates of cash to be received (receipts) in the budget year. Failure of any program to realize budgeted revenues may necessitate corresponding reduction of authorized expenditures to maintain the integrity of the District budget.

ARTICLE XII: BUDGET ADMINISTRATION – FEES

The goal for the District's Environmental Health Division and Administrative Services Division fees is to recover the cost of service for fee related activities. The goal for the District's Community Health Division fees is to recover the cost of service to the extent practicable without significantly impacting access to services.

ARTICLE XIII: BUDGET ADMINISTRATION – DESIGNATED FUNDS

The following designated funds will be established and defined as follows:

- A. Operating Reserve:** Funds designated by the District to maintain a minimum cash and investment reserve to 1) ensure efficient cash flow necessary to cover expenses, and 2) use as necessary for unplanned emergency expenditures that cannot be accommodated by budgeted appropriations. The District's minimum operating reserve goal should equal no less than the cost of two months of budgeted operating expenses.
- B. General Leave Payout:** Funds designated to cover the cost of general leave paid out to employees who leave District employment. Funds designated for this purpose should equal the District's liability for general leave payouts for departing employees based on 25% of the estimated amount of leave accrued for all regular employees at year end.
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- B.** Pursuant to RCW 70.46.082, the District may act as custodian of funds with the consent of Kitsap County, Kitsap County Treasurer, Kitsap County Auditor, and the Board. The Administrator shall work with the Board to amend this Budget Policy before the District begins acting as custodian of funds.

Original Policy Adopted December 20, 2007.

First Amended Policy Adopted January 5, 2010.

Second Amended Policy Adopted November 1, 2011.

This Amended Policy Adopted January 2, 2018

Approving Updates to Kitsap Public Health Board Budget Policy

WHEREAS, the Kitsap Public Health Board recognizes that it is beneficial to have written policies and procedures to outline the Board's responsibilities and provide methods to efficiently and effectively attend to matters brought to the Board for consideration; and

WHEREAS, the Kitsap Public Health Board and Kitsap Public Health District are accountable to the citizens of Kitsap County for the efficient use of financial resources, and to use those resources to address priority health needs and meet legal mandates in the county; and

WHEREAS, the annual Kitsap Public Health District budget appropriation is authorized by the Kitsap Public Health Board; and

WHEREAS, revisions to the current budget policy, approved by the Board in 2011 through Resolution 2011-07, are needed to update the official names of the Kitsap Public Health Board and Kitsap Public Health District; clarify that the District's Administrator is responsible for budget preparation, implementation, monitoring, and compliance; and to memorialize general grammar and format improvements; and

WHEREAS, revisions to the current budget policy are needed to reflect changes in Chapter 70.46 Revised Code of Washington, which allows health districts to be approved to be custodian of funds.

NOW, THEREFORE, BE IT RESOLVED that the Kitsap Public Health Board approves the attached Kitsap Public Health Board Budget Policy.

APPROVED: January 2, 2018.

_____, Chair
Kitsap Public Health Board

MEMO

To: Kitsap Public Health Board
From: Maya McKenzie, Epidemiologist, Assessment and Epidemiology Program
Date: January 2, 2018
Re: 2018 Kitsap County Health Disparity Report

The Kitsap County Health Disparity Report (“Disparity Report”) is a companion to the Kitsap County Core Public Health Indicators Report. The full report is in the process of being finalized, and will be released by the end of January 2018. During your meeting today, I will present and discuss key findings of the soon-to-be finalized Disparity Report.

Indicators in the Disparity Report were selected based on the availability of data by subpopulations: age, gender, race/ethnicity, and sexual orientation. The Disparity Report is organized by age categories: infancy to early childhood (age 0-4), childhood to adolescence (age 5-17), early adulthood (age 18-34), middle adulthood (age 35-64), and late adulthood (age 65+). Within each age category, there are 7 subgroup population categories: male, female, White, Non-White, Hispanic or Latino, straight, and lesbian/gay/bisexual/transgender/queer (LGBTQ).

Data by subgroup population is compared to identify disparities. Disparities are differences in health outcomes between populations, and many times occur due to inequities (i.e., a lack of fairness or justice). Disparities also may be indicative of challenges a person may experience because of social determinants of health --- social factors that influence health outcomes (e.g., poverty, trauma, injustices, or access to quality education).

Data in the report come from standard public health sources: vital records, surveys, and the U.S. Census. Data sources are footnoted throughout and described in the “Sources” and “Background” sections. Data have limitations and should be interpreted as estimates. The disaggregated indicators presented in this report have many implications for public health practice, policy, and services. These indicators are presented to provide sound, reliable data that can be used to help focus resources, encourage new and existing partnerships, and support the work necessary to make Kitsap County a healthy and safe place for all residents to live, learn, work, and play.

Below, please find highlights of the report by subgroup population.

Highlights: Disparities among Kitsap County Residents by Subgroup Population

MALES: Compared to females, Kitsap males are at higher risk for experiencing chronic diseases as evidenced by lower rates of having health insurance in early adulthood, lower reports of being at a healthy weight in middle and late adulthood, as well as having higher rates of diabetes-related hospitalization in middle and late adulthood.

FEMALES: Compared to males, Kitsap females are at higher risk for experiencing adverse health outcomes due to a higher risk of experiencing challenges associated with social determinants of health - disproportionately more females reported living in poverty. Females had higher rates of drug-related and diabetes-related hospitalizations in early adulthood.

NON-WHITE: Compared to White residents, Kitsap Non-White residents are at higher risk for experiencing chronic diseases as evidenced by lower reports of adolescents engaging in the recommended level of physical activity and lower reports of being at a healthy weight. Also, Non-Whites are at higher risk for experiencing behavioral health problems associated with childhood adversity and fewer support systems as evidenced by higher reports of adolescents reporting ever being physically hurt on purpose by an adult and lower reports of having an adult to turn to for help when feeling sad or hopeless, as well, fewer adults in middle adulthood report that they and people in their community do favors for each other often or very often. In addition, Non-White residents are experiencing disproportionately adverse birth outcomes as evidenced by overall higher infant mortality rates and low birthweight births and lower rates of starting prenatal care in the first trimester of pregnancy among women in early adulthood.

HISPANIC OR LATINO: Compared to White residents, Hispanic or Latino residents are at higher risk for experiencing adverse health outcomes due to a higher risk of experiencing challenges associated with social determinants of health as evidenced by lower rates of having more than a high school education and higher rates of living in poverty. Kitsap Hispanic or Latino residents are experiencing barriers to health care as evidenced by lower rates of having health insurance in early and middle adulthood and lower rates starting prenatal care in the first trimester of pregnancy among women in early adulthood.

LGBTQ: Compared to residents identifying as straight, Kitsap LGBTQ adolescents are at higher risk for experiencing behavioral health problems associated with childhood adversity and fewer support systems as evidenced by higher reports of ever being physically hurt on purpose by an adult and lower reports of having an adult to turn to for help when feeling sad or hopeless. Kitsap LGBTQ adolescents have higher rates of current smoking.

No action is required by the Board at this time; the presentation is for Information and discussion purposes only.

Please contact me with any questions or concerns about this matter at (360) 900-6052, or Maya.Mckenzie@Kitsappublichealth.org.